

IRS e-file Signature Authorization

▶ **ERO must obtain and retain completed Form 8879.**
▶ **Go to www.irs.gov/Form8879 for the latest information.**

Submission Identification Number (SID) ▶

| | |
|--|--|
| Taxpayer's name AKARSH VARRE | Social security number 809-51-4735 |
| Spouse's name | Spouse's social security number |

Part I Tax Return Information – Tax Year Ending December 31, 2022 (Enter year you are authorizing.)

Enter whole dollars only on lines 1 through 5.

Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.

| | | |
|--|----------|----------|
| 1 Adjusted gross income | 1 | 194,046. |
| 2 Total tax | 2 | 38,280. |
| 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 | 3 | 42,526. |
| 4 Amount you want refunded to you | 4 | 4,246. |
| 5 Amount you owe | 5 | |

Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at **1-888-353-4537**. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

I authorize GLOBAL TAXES LLC to enter or generate my PIN

| | | | | |
|---|---|---|---|---|
| 1 | 4 | 7 | 3 | 5 |
|---|---|---|---|---|

 as my signature on the income tax return (original or amended) I am now authorizing.

Enter five digits, but don't enter all zeros

I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ _____ Date ▶ _____

Spouse's PIN: check one box only

I authorize _____ to enter or generate my PIN

| | | | | |
|--|--|--|--|--|
| | | | | |
|--|--|--|--|--|

 as my signature on the income tax return (original or amended) I am now authorizing.

Enter five digits, but don't enter all zeros

I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ▶ _____ Date ▶ _____

Practitioner PIN Method Returns Only—continue below

Part III Certification and Authentication – Practitioner PIN Method Only

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.

| | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| 2 | 2 | 2 | 4 | 9 | 6 | 6 | 1 | 9 | 8 | 9 |
|---|---|---|---|---|---|---|---|---|---|---|

Don't enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and **Pub. 1345**, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature ▶ _____ Date ▶ _____

ERO Must Retain This Form – See Instructions
Don't Submit This Form to the IRS Unless Requested To Do So

Filing Status [X] Single [] Married filing jointly [] Married filing separately (MFS) [] Head of household (HOH) [] Qualifying surviving spouse (QSS)
Check only one box. If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent:

Form fields for personal information: Your first name and middle initial (AKARSH), Last name (VARRE), Your social security number (809-51-4735), Home address (360 HUGUENOT ST, NEW ROCHELLE, NY 10801), and Presidential Election Campaign checkbox.

Digital Assets At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) [] Yes [X] No

Standard Deduction Someone can claim: [] You as a dependent [] Your spouse as a dependent [] Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness You: [] Were born before January 2, 1958 [] Are blind Spouse: [] Was born before January 2, 1958 [] Is blind

Table for Dependents with columns: (1) First name, Last name, (2) Social security number, (3) Relationship to you, (4) Child tax credit, Credit for other dependents.

Main income table with rows 1a through 15, including sub-rows 2a-2b, 3a-3b, 4a-4b, 5a-5b, 6a-6b, 7, 8, 9, 10, 11, 12, 13, 14, 15. Total taxable income: 181,096.

| | | | | |
|------------------------|-----------|--|-----------|---------|
| Tax and Credits | 16 | Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____ | 16 | 38,182. |
| | 17 | Amount from Schedule 2, line 3 | 17 | |
| | 18 | Add lines 16 and 17 | 18 | 38,182. |
| | 19 | Child tax credit or credit for other dependents from Schedule 8812 | 19 | |
| | 20 | Amount from Schedule 3, line 8 | 20 | |
| | 21 | Add lines 19 and 20 | 21 | |
| | 22 | Subtract line 21 from line 18. If zero or less, enter -0- | 22 | 38,182. |
| | 23 | Other taxes, including self-employment tax, from Schedule 2, line 21 | 23 | 98. |
| | 24 | Add lines 22 and 23. This is your total tax | 24 | 38,280. |

| | | | | |
|-----------------|-----------|---|------------|---------|
| Payments | 25 | Federal income tax withheld from: | | |
| | a | Form(s) W-2 | 25a | 42,428. |
| | b | Form(s) 1099 | 25b | |
| | c | Other forms (see instructions) | 25c | 98. |
| | d | Add lines 25a through 25c | 25d | 42,526. |
| | 26 | 2022 estimated tax payments and amount applied from 2021 return | 26 | |
| | 27 | Earned income credit (EIC) <input type="checkbox"/> NO | 27 | |
| | 28 | Additional child tax credit from Schedule 8812 | 28 | |
| | 29 | American opportunity credit from Form 8863, line 8 | 29 | |
| | 30 | Reserved for future use | 30 | |
| | 31 | Amount from Schedule 3, line 15 | 31 | |
| | 32 | Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits | 32 | |
| | 33 | Add lines 25d, 26, and 32. These are your total payments | 33 | 42,526. |

| | | | | |
|--------------------------------------|------------|--|------------|--------|
| Refund | 34 | If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid | 34 | 4,246. |
| | 35a | Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/> | 35a | 4,246. |
| Direct deposit? See instructions. | b | Routing number 0310000053 c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings | | |
| | d | Account number 8406856243 | | |
| | 36 | Amount of line 34 you want applied to your 2023 estimated tax | 36 | |

| | | | | |
|-----------------------|-----------|---|-----------|--|
| Amount You Owe | 37 | Subtract line 33 from line 24. This is the amount you owe . For details on how to pay, go to www.irs.gov/Payments or see instructions | 37 | |
| | 38 | Estimated tax penalty (see instructions) | 38 | |

Third Party Designee Do you want to allow another person to discuss this return with the IRS? See instructions **Yes**. Complete below. **No**

Designee's name _____ Phone no. _____ Personal identification number (PIN) _____

Sign Here Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

| | | | |
|---|---------------------------------|---|---|
| Your signature _____ | Date _____ | Your occupation SR ROBOTICS ENGINEER | If the IRS sent you an Identity Protection PIN, enter it here (see inst.) _____ |
| Spouse's signature. If a joint return, both must sign. _____ | Date _____ | Spouse's occupation _____ | If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) _____ |
| Phone no. (267) 632-3517 | Email address AV12@IITBBS.AC.IN | | |

Paid Preparer Use Only

| | | | | |
|--|---|--------------------|-----------------------------|---|
| Preparer's name SYAM PRIYA RAM SAGAR GUPTA TALLAM | Preparer's signature SYAM PRIYA RAM SAGAR GUPTA TALLAM | Date 02/21/2023 | PTIN P02082703 | Check if: <input type="checkbox"/> Self-employed |
| Firm's name GLOBAL TAXES LLC | Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816 | | Phone no. (678) 965-9522 | Firm's EIN 84-3171965 |

**SCHEDULE 1
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

Attach to Form 1040, 1040-SR, or 1040-NR.

Go to www.irs.gov/Form1040 for instructions and the latest information.

OMB No. 1545-0074

2022
Attachment
Sequence No. **01**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR
AKARSH VARRE

Your social security number
809-51-4735

Part I Additional Income

| | | | | |
|-----------|---|---------------|-----------|----------|
| 1 | Taxable refunds, credits, or offsets of state and local income taxes | | 1 | |
| 2a | Alimony received | | 2a | |
| b | Date of original divorce or separation agreement (see instructions): _____ | | | |
| 3 | Business income or (loss). Attach Schedule C | | 3 | |
| 4 | Other gains or (losses). Attach Form 4797 | | 4 | |
| 5 | Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E | | 5 | -16,800. |
| 6 | Farm income or (loss). Attach Schedule F | | 6 | |
| 7 | Unemployment compensation | | 7 | |
| 8 | Other income: | | | |
| a | Net operating loss | 8a () | | |
| b | Gambling | 8b | | |
| c | Cancellation of debt | 8c | | |
| d | Foreign earned income exclusion from Form 2555 | 8d () | | |
| e | Income from Form 8853 | 8e | | |
| f | Income from Form 8889 | 8f | | |
| g | Alaska Permanent Fund dividends | 8g | | |
| h | Jury duty pay | 8h | | |
| i | Prizes and awards | 8i | | |
| j | Activity not engaged in for profit income | 8j | | |
| k | Stock options | 8k | | |
| l | Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property | 8l | | |
| m | Olympic and Paralympic medals and USOC prize money (see instructions) | 8m | | |
| n | Section 951(a) inclusion (see instructions) | 8n | | |
| o | Section 951A(a) inclusion (see instructions) | 8o | | |
| p | Section 461(l) excess business loss adjustment | 8p | | |
| q | Taxable distributions from an ABLE account (see instructions) | 8q | | |
| r | Scholarship and fellowship grants not reported on Form W-2 | 8r | | |
| s | Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d | 8s () | | |
| t | Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan | 8t | | |
| u | Wages earned while incarcerated | 8u | | |
| z | Other income. List type and amount: _____ | 8z | | |
| 9 | Total other income. Add lines 8a through 8z | | 9 | |
| 10 | Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8 | | 10 | -16,800. |

For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule 1 (Form 1040) 2022

Part II Adjustments to Income

| | | | | |
|------------|--|------------|------------|--|
| 11 | Educator expenses | | 11 | |
| 12 | Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 | | 12 | |
| 13 | Health savings account deduction. Attach Form 8889 | | 13 | |
| 14 | Moving expenses for members of the Armed Forces. Attach Form 3903 | | 14 | |
| 15 | Deductible part of self-employment tax. Attach Schedule SE | | 15 | |
| 16 | Self-employed SEP, SIMPLE, and qualified plans | | 16 | |
| 17 | Self-employed health insurance deduction | | 17 | |
| 18 | Penalty on early withdrawal of savings | | 18 | |
| 19a | Alimony paid | | 19a | |
| b | Recipient's SSN | | | |
| c | Date of original divorce or separation agreement (see instructions): _____ | | | |
| 20 | IRA deduction | | 20 | |
| 21 | Student loan interest deduction | | 21 | |
| 22 | Reserved for future use | | 22 | |
| 23 | Archer MSA deduction | | 23 | |
| 24 | Other adjustments: | | | |
| a | Jury duty pay (see instructions) | 24a | | |
| b | Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit | 24b | | |
| c | Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m | 24c | | |
| d | Reforestation amortization and expenses | 24d | | |
| e | Repayment of supplemental unemployment benefits under the Trade Act of 1974 | 24e | | |
| f | Contributions to section 501(c)(18)(D) pension plans | 24f | | |
| g | Contributions by certain chaplains to section 403(b) plans | 24g | | |
| h | Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions) | 24h | | |
| i | Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations | 24i | | |
| j | Housing deduction from Form 2555 | 24j | | |
| k | Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041) | 24k | | |
| z | Other adjustments. List type and amount: _____ | 24z | | |
| 25 | Total other adjustments. Add lines 24a through 24z | | 25 | |
| 26 | Add lines 11 through 23 and 25. These are your adjustments to income . Enter here and on Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a | | 26 | |

**SCHEDULE 2
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Additional Taxes

Attach to Form 1040, 1040-SR, or 1040-NR.
Go to www.irs.gov/Form1040 for instructions and the latest information.

OMB No. 1545-0074

2022
Attachment
Sequence No. **02**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR
AKARSH VARRE

Your social security number
809-51-4735

Part I Tax

| | | | |
|----------|--|----------|--|
| 1 | Alternative minimum tax. Attach Form 6251 | 1 | |
| 2 | Excess advance premium tax credit repayment. Attach Form 8962 | 2 | |
| 3 | Add lines 1 and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 17 | 3 | |

Part II Other Taxes

| | | | |
|-----------|---|-----------|-----|
| 4 | Self-employment tax. Attach Schedule SE | 4 | |
| 5 | Social security and Medicare tax on unreported tip income. Attach Form 4137 | 5 | |
| 6 | Uncollected social security and Medicare tax on wages. Attach Form 8919 | 6 | |
| 7 | Total additional social security and Medicare tax. Add lines 5 and 6 | 7 | |
| 8 | Additional tax on IRAs or other tax-favored accounts. Attach Form 5329 if required. If not required, check here <input type="checkbox"/> | 8 | |
| 9 | Household employment taxes. Attach Schedule H | 9 | |
| 10 | Repayment of first-time homebuyer credit. Attach Form 5405 if required | 10 | |
| 11 | Additional Medicare Tax. Attach Form 8959 | 11 | 98. |
| 12 | Net investment income tax. Attach Form 8960 | 12 | |
| 13 | Uncollected social security and Medicare or RRTA tax on tips or group-term life insurance from Form W-2, box 12 | 13 | |
| 14 | Interest on tax due on installment income from the sale of certain residential lots and timeshares | 14 | |
| 15 | Interest on the deferred tax on gain from certain installment sales with a sales price over \$150,000 | 15 | |
| 16 | Recapture of low-income housing credit. Attach Form 8611 | 16 | |

(continued on page 2)

Part II Other Taxes *(continued)*

| | | | |
|-----------|---|------------|-----------|
| 17 | Other additional taxes: | | |
| a | Recapture of other credits. List type, form number, and amount: _____ | 17a | |
| b | Recapture of federal mortgage subsidy, if you sold your home see instructions | 17b | |
| c | Additional tax on HSA distributions. Attach Form 8889 | 17c | |
| d | Additional tax on an HSA because you didn't remain an eligible individual. Attach Form 8889 | 17d | |
| e | Additional tax on Archer MSA distributions. Attach Form 8853 | 17e | |
| f | Additional tax on Medicare Advantage MSA distributions. Attach Form 8853 | 17f | |
| g | Recapture of a charitable contribution deduction related to a fractional interest in tangible personal property | 17g | |
| h | Income you received from a nonqualified deferred compensation plan that fails to meet the requirements of section 409A | 17h | |
| i | Compensation you received from a nonqualified deferred compensation plan described in section 457A | 17i | |
| j | Section 72(m)(5) excess benefits tax | 17j | |
| k | Golden parachute payments | 17k | |
| l | Tax on accumulation distribution of trusts | 17l | |
| m | Excise tax on insider stock compensation from an expatriated corporation | 17m | |
| n | Look-back interest under section 167(g) or 460(b) from Form 8697 or 8866 | 17n | |
| o | Tax on non-effectively connected income for any part of the year you were a nonresident alien from Form 1040-NR | 17o | |
| p | Any interest from Form 8621, line 16f, relating to distributions from, and dispositions of, stock of a section 1291 fund | 17p | |
| q | Any interest from Form 8621, line 24 | 17q | |
| z | Any other taxes. List type and amount: _____ _____ | 17z | |
| 18 | Total additional taxes. Add lines 17a through 17z | | 18 |
| 19 | Reserved for future use | | 19 |
| 20 | Section 965 net tax liability installment from Form 965-A | 20 | |
| 21 | Add lines 4, 7 through 16, and 18. These are your total other taxes . Enter here and on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b | | 21 |

**SCHEDULE E
(Form 1040)**

Supplemental Income and Loss

OMB No. 1545-0074

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

2022
Attachment
Sequence No. **13**

Department of the Treasury
Internal Revenue Service

Attach to Form 1040, 1040-SR, 1040-NR, or 1041.

Go to www.irs.gov/ScheduleE for instructions and the latest information.

Name(s) shown on return

Your social security number

AKARSH VARRE

809-51-4735

Part I Income or Loss From Rental Real Estate and Royalties

Note: If you are in the business of renting personal property, use **Schedule C**. See instructions. If you are an individual, report farm rental income or loss from **Form 4835** on page 2, line 40.

- A** Did you make any payments in 2022 that would require you to file Form(s) 1099? See instructions Yes No
B If "Yes," did you or will you file required Form(s) 1099? Yes No

1a Physical address of each property (street, city, state, ZIP code)

A Nagole HYDERABAD TELANGANA IN 500068

B
C

| 1b Type of Property (from list below) | 2 For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions. | Fair Rental Days | | Personal Use Days | QJV |
|---------------------------------------|--|------------------|---|-------------------|--------------------------|
| | | A | B | C | |
| A 3 | | 365 | | 0 | <input type="checkbox"/> |
| B | | | | | <input type="checkbox"/> |
| C | | | | | <input type="checkbox"/> |

Type of Property:

- 1 Single Family Residence 3 Vacation/Short-Term Rental 5 Land 7 Self-Rental
 2 Multi-Family Residence 4 Commercial 6 Royalties 8 Other (describe) _____

| Income: | Properties: | | |
|---|-----------------------|---|---|
| | A | B | C |
| 3 Rents received | 3 600. | | |
| 4 Royalties received | 4 | | |
| Expenses: | | | |
| 5 Advertising | 5 | | |
| 6 Auto and travel (see instructions) | 6 | | |
| 7 Cleaning and maintenance | 7 1,000. | | |
| 8 Commissions | 8 | | |
| 9 Insurance | 9 | | |
| 10 Legal and other professional fees | 10 | | |
| 11 Management fees | 11 800. | | |
| 12 Mortgage interest paid to banks, etc. (see instructions) | 12 | | |
| 13 Other interest | 13 | | |
| 14 Repairs | 14 4,800. | | |
| 15 Supplies | 15 2,800. | | |
| 16 Taxes | 16 | | |
| 17 Utilities | 17 8,000. | | |
| 18 Depreciation expense or depletion | 18 | | |
| 19 Other (list) _____ | 19 | | |
| 20 Total expenses. Add lines 5 through 19 | 20 17,400. | | |
| 21 Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198 | 21 -16,800. | | |
| 22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) | 22 (16,800.) | | |
| 23a Total of all amounts reported on line 3 for all rental properties | 23a 600. | | |
| b Total of all amounts reported on line 4 for all royalty properties | 23b | | |
| c Total of all amounts reported on line 12 for all properties | 23c | | |
| d Total of all amounts reported on line 18 for all properties | 23d | | |
| e Total of all amounts reported on line 20 for all properties | 23e 17,400. | | |
| 24 Income. Add positive amounts shown on line 21. Do not include any losses | 24 | | |
| 25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here | 25 (16,800.) | | |
| 26 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2 | 26 -16,800. | | |

Additional Medicare Tax

If any line does not apply to you, leave it blank. See separate instructions.
 Attach to Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS.
 Go to www.irs.gov/Form8959 for instructions and the latest information.

Name(s) shown on return
 AKARSH VARRE

Your social security number
 809-51-4735

Part I Additional Medicare Tax on Medicare Wages

| | | | | | |
|----------|---|----------|----------|---------|-----|
| 1 | Medicare wages and tips from Form W-2, box 5. If you have more than one Form W-2, enter the total of the amounts from box 5 | 1 | 210,846. | | |
| 2 | Unreported tips from Form 4137, line 6 | 2 | | | |
| 3 | Wages from Form 8919, line 6 | 3 | | | |
| 4 | Add lines 1 through 3 | 4 | 210,846. | | |
| 5 | Enter the following amount for your filing status: | | | | |
| | Married filing jointly \$250,000 | | | | |
| | Married filing separately \$125,000 | | | | |
| | Single, Head of household, or Qualifying surviving spouse \$200,000 | 5 | 200,000. | | |
| 6 | Subtract line 5 from line 4. If zero or less, enter -0- | 6 | | 10,846. | |
| 7 | Additional Medicare Tax on Medicare wages. Multiply line 6 by 0.9% (0.009). Enter here and go to Part II | 7 | | | 98. |

Part II Additional Medicare Tax on Self-Employment Income

| | | | | | |
|-----------|---|-----------|--|--|--|
| 8 | Self-employment income from Schedule SE (Form 1040), Part I, line 6. If you had a loss, enter -0- (Form 1040-PR or 1040-SS filers, see instructions.) | 8 | | | |
| 9 | Enter the following amount for your filing status: | | | | |
| | Married filing jointly \$250,000 | | | | |
| | Married filing separately \$125,000 | | | | |
| | Single, Head of household, or Qualifying surviving spouse \$200,000 | 9 | | | |
| 10 | Enter the amount from line 4 | 10 | | | |
| 11 | Subtract line 10 from line 9. If zero or less, enter -0- | 11 | | | |
| 12 | Subtract line 11 from line 8. If zero or less, enter -0- | 12 | | | |
| 13 | Additional Medicare Tax on self-employment income. Multiply line 12 by 0.9% (0.009). Enter here and go to Part III | 13 | | | |

Part III Additional Medicare Tax on Railroad Retirement Tax Act (RRTA) Compensation

| | | | | | |
|-----------|--|-----------|--|--|--|
| 14 | Railroad retirement (RRTA) compensation and tips from Form(s) W-2, box 14 (see instructions) | 14 | | | |
| 15 | Enter the following amount for your filing status: | | | | |
| | Married filing jointly \$250,000 | | | | |
| | Married filing separately \$125,000 | | | | |
| | Single, Head of household, or Qualifying surviving spouse \$200,000 | 15 | | | |
| 16 | Subtract line 15 from line 14. If zero or less, enter -0- | 16 | | | |
| 17 | Additional Medicare Tax on railroad retirement (RRTA) compensation. Multiply line 16 by 0.9% (0.009). Enter here and go to Part IV | 17 | | | |

Part IV Total Additional Medicare Tax

| | | | | | |
|-----------|---|-----------|--|-----|--|
| 18 | Add lines 7, 13, and 17. Also include this amount on Schedule 2 (Form 1040), line 11 (Form 1040-PR or 1040-SS filers, see instructions), and go to Part V | 18 | | 98. | |
|-----------|---|-----------|--|-----|--|

Part V Withholding Reconciliation

| | | | | | |
|-----------|--|-----------|----------|-----|--|
| 19 | Medicare tax withheld from Form W-2, box 6. If you have more than one Form W-2, enter the total of the amounts from box 6 | 19 | 3,155. | | |
| 20 | Enter the amount from line 1 | 20 | 210,846. | | |
| 21 | Multiply line 20 by 1.45% (0.0145). This is your regular Medicare tax withholding on Medicare wages | 21 | 3,057. | | |
| 22 | Subtract line 21 from line 19. If zero or less, enter -0-. This is your Additional Medicare Tax withholding on Medicare wages | 22 | | 98. | |
| 23 | Additional Medicare Tax withholding on railroad retirement (RRTA) compensation from Form W-2, box 14 (see instructions) | 23 | | | |
| 24 | Total Additional Medicare Tax withholding. Add lines 22 and 23. Also include this amount with federal income tax withholding on Form 1040, 1040-SR, or 1040-NR, line 25c (Form 1040-PR or 1040-SS filers, see instructions) | 24 | | 98. | |

FORM 40 Alabama 2022 Individual Income Tax Return RESIDENTS & PART-YEAR RESIDENTS



For the year Jan. 1 - Dec. 31, 2022, or other tax year:

Beginning: ● Ending: ●

Your social security number

● 809-51-4735

Spouse's SSN if joint return

●

Check if primary is deceased
Primary's deceased date (mm/dd/yyyy) ●

Check if spouse is deceased
Spouse's deceased date (mm/dd/yyyy) ●

Your first name

● AKARSH

Initial

●

Last name

● VARRE

Spouse's first name

●

Initial

●

Last name

●

Present home address (number and street or P.O. Box number)

● 360 HUGUENOT ST 1911

City, town, or post office

● NEW ROCHELLE

State

● NY

ZIP code

● 10801

Check if address is outside U.S.

Foreign Country

▶ CHECK BOX IF AMENDED RETURN ●

| | | | | |
|---|---|---|------------------------------|-------------|
| Filing Status/ | 1 ● <input checked="" type="checkbox"/> \$1,500 Single | 3 ● <input type="checkbox"/> \$1,500 Married filing separate. Complete Spouse SSN ● | <input type="checkbox"/> NRA | |
| Exemptions | 2 ● <input type="checkbox"/> \$3,000 Married filing joint | 4 ● <input type="checkbox"/> \$3,000 Head of Family (with qualifying person). Complete Schedule HOF | | |
| Income and Adjustments | 5a Alabama Income Tax Withheld (from Schedule W-2, line 18, column G) | A - Alabama tax withheld | | |
| | 5b Wages, salaries, tips, etc. (from Schedule W-2, line 18, column I plus J): | 5a ● | 8,189 | |
| | 6 Interest and dividend income (also attach Schedule B if over \$1,500) | 6 ● | 210,846 | |
| | 7 Other income (from page 2, Part I, line 9) | 7 ● | -16,800 | |
| | 8 Total income. Add amounts in the income column for line 5b through line 7 | 8 ● | 194,046 | |
| | 9 Total adjustments to income (from page 2, Part II, line 16) | 9 ● | | |
| | 10 Adjusted gross income. Subtract line 9 from line 8. | 10 ● | 194,046 | |
| | 11 Box a or b MUST be checked. Check box a, if you itemize deductions , and enter amount from Schedule A, line 27. Check box b, if you do not itemize deductions, and enter standard deduction (see instructions) | ● a <input checked="" type="checkbox"/> Itemized Deductions ● b <input type="checkbox"/> Standard Deduction | | 11 ● 12,269 |
| | 12 Federal tax deduction (see instructions) DO NOT ENTER THE FEDERAL TAX WITHHELD FROM YOUR FORM W-2(S) | 12 ● | 38,182 | |
| | 13 Personal exemption (from line 1, 2, 3, or 4) | 13 ● | 1,500 | |
| 14 Dependent exemption (from page 2, Part III, line 2) | 14 ● | | | |
| 15 Total deductions. Add lines 11, 12, 13, and 14 | 15 ● | 51,951 | | |
| 16 Taxable income. Subtract line 15 from line 10 | 16 ● | 142,095 | | |
| 17 Income Tax due. Enter amount from tax table or check if from ● <input type="checkbox"/> Form NOL-85A | 17 ● | 7,063 | | |
| 18 Net tax due Alabama. Check box if computing tax using Schedule OC ● <input type="checkbox"/> , otherwise enter amount from line 17. | 18 ● | 7,063 | | |
| 19 Additional taxes (from Schedule ATP, Part I, Line 3) | 19 ● | 0 | | |
| 20 Alabama Election Campaign Fund. You may make a voluntary contribution to the following: a Alabama Democratic Party <input type="checkbox"/> \$1 <input type="checkbox"/> \$2 <input type="checkbox"/> none | 20a ● | | | |
| b Alabama Republican Party <input type="checkbox"/> \$1 <input type="checkbox"/> \$2 <input type="checkbox"/> none | 20b ● | | | |
| 21 Total tax liability and voluntary contribution. Add lines 18, 19, 20a, and 20b | 21 ● | 7,063 | | |
| 22 Alabama income tax withheld (from column A, line 5a) | 22 ● | 8,189 | | |
| 23 2022 estimated tax payments/Automatic Extension Payment | 23 ● | | | |
| 24 Amended Returns Only - Previous payments (see instructions) | 24 ● | | | |
| 25 Refundable Credits. Enter the amount from Schedule OC, Section F, line F4 | 25 ● | | | |
| 26 Payments from Schedule CP, Section B, Line 1 | 26 ● | | | |
| 27 Total payments. Add lines 22, 23, 24, 25, and 26 | 27 ● | 8,189 | | |
| 28 Amended Returns Only - Previous refund (see instructions) | 28 ● | | | |
| 29 Adjusted Total Payments. Subtract line 28 from line 27 | 29 ● | 8,189 | | |
| 30 If line 21 is larger than line 29, subtract line 29 from line 21, and add line 31 and enter AMOUNT YOU OWE. Place payment, along with Form 40V, loose in the mailing envelope. (FORM 40V MUST ACCOMPANY PAYMENT.) | 30 ● | | | |
| 31 Penalties (from Schedule ATP, Part II, line 3) (see instructions) | 31 ● | | | |
| 32 If line 29 is larger than line 21, subtract line 21 from line 29, and enter AMOUNT OVERPAID | 32 ● | 1,126 | | |
| 33 Amount of line 32 to be applied to your 2023 estimated tax | 33 ● | | | |
| 34 Total Donation Check-offs from Schedule DC, line 2 | 34 ● | | | |
| 35 REFUNDED TO YOU. (CAUTION: You must sign this return on the reverse side.) If line 32 is greater than zero, subtract lines 31, 33, and 34 from line 32 | 35 ● | 1,126 | | |
| For Direct Deposit, check here ● <input checked="" type="checkbox"/> and complete Part V, Page 2. | | | | |

Deductions

If claiming a deduction on line 12, you must attach page 1, 2 and Schedule 1 of your Federal Return, if applicable.



PART I

1 Alimony received 1 ●

2 Business income or (loss) (attach Federal Schedule C or C-EZ) (see instructions) 2 ●

3 Gain or (loss) from sale of Real Estate, Stocks, Bonds, etc. (attach Schedule D) 3 ●

Other Income (See instructions)

4a Total IRA distributions 4a ● 4b Taxable amount (see instructions) 4b ●

5a Total pensions and annuities 5a ● 5b Taxable amount (see instructions) 5b ●

6 Rents, royalties, partnerships, estates, trusts, etc. (attach Schedule E) 6 ● -16,800

7 Farm income or (loss) (attach Federal Schedule F) 7 ●

8 Other income (state nature and source — see instructions) 8 ●

9 **Total other income.** Add lines 1 through 8. Enter here and also on page 1, line 7 9 ● -16,800

PART II

1a Your IRA deduction 1a ●

b Spouse's IRA deduction 1b ●

2 Payments to a Keogh retirement plan and self-employment SEP deduction 2 ●

3 Penalty on early withdrawal of savings 3 ●

4 Alimony paid. Recipient's last name _____ SSN ● _____ 4 ●

5 Adoption expenses 5 ●

Adjustments to Income (See instructions)

6 Moving Expenses (Attach Federal Form 3903) to:
City _____ State _____ ZIP _____ 6 ●

7 Self-employed health insurance deduction 7 ●

8 Payments to Alabama College Counts 529 Fund or Alabama PACT Program 8 ●

9 Health insurance deduction for small employer employee (see instructions) 9 ●

10 Costs to retrofit or upgrade home to resist wind or flood damage 10 ●

11 Deposits to a catastrophe savings account 11 ●

12 Contributions to a health savings account 12 ●

13 Deposits to an Alabama First-Time and Second Chance Home Buyer Savings Account (see instructions) 13 ●

14 Firefighter's Insurance Premium 14 ●

15 Contributions to an Achieving a Better Life Experience (ABLE) savings account 15 ●

16 Total adjustments. Add lines 1 through 15. Enter here and also on page 1, line 9 16 ●

PART III

1 Total number of dependents from Schedule DS, line 1b 1 ●

2 **Amount allowed.** Multiply total number of dependents claimed on line 1 by the amount on the dependent chart in the instructions. Enter amount here and on page 1, line 14 2 ●

PART IV

1 **Residency** Check only one box Full Year Part Year From _____ 2022 through _____ F _____ 2022.

2 Did you file an Alabama income tax return for the year 2021? Yes No If no, state reason _____

3 Give name and address of present employer(s). Yours JUSTWORKS EMPLOYMENT GROUP LLC P.O. BOX 7119 CHURCH STREET STATION NEW YORK NY 10008
Your Spouse's _____

All Taxpayers Must Complete This Section. (See instructions)

4 Enter the Federal Adjusted Gross Income ● \$ 194,046 and Federal Taxable Income ● \$ 181,096 as reported on your 2022 Federal Individual Income Tax Return.

5 Do you have income which is reported on your Federal return, but not reported on your Alabama return (other than your state tax refund)? Yes No
If yes, enter source(s) and amount(s) below: (other than state income tax refund)

Source ● Amount ●
Source ● Amount ●

PART V For Direct Deposit of your refund, complete 1, 2, 3, and 4 below. (See Page 17 of instructions to see if you qualify.)

Direct Deposit

1 Routing Number: 031000053 2 Type: Checking Savings 3 Account Number: 8406856243

4 Is this refund going to or through an account that is located outside of the United States? Yes No

Drivers License Info

DOB (mm/dd/yyyy) ● Your state ● DL# ● Iss date (mm/dd/yyyy) ● Exp date (mm/dd/yyyy) ●
DOB (mm/dd/yyyy) ● Spouse state ● DL# ● Iss date (mm/dd/yyyy) ● Exp date (mm/dd/yyyy) ●

I authorize a representative of the Department of Revenue to discuss my return and attachments with my preparer.
Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Sign Here In Black Ink Keep a copy of this return for your records.

Your Signature _____ Date _____ Daytime Telephone Number (267) 632-3517 Your Occupation SR ROBOTICS ENGINEER

Spouse's Signature (if joint return, BOTH must sign) _____ Date _____ Daytime Telephone Number _____ Spouse's Occupation _____

Preparer's Signature _____ Date 02/21/2023 Check if Self-employed Preparer's SSN or PTIN P02082703 E.I. Number 84-3171965

Paid Preparer's Use Only
Firm's Name (or yours if self employed) GLOBAL TAXES LLC Daytime Telephone No. (678) 965-9522 ZIP Code 08816
Address 245 ROONEY CT E BRUNSWICK NJ

**SCHEDULES
A, B, & DC
(FORM 40)**



(Schedules B and DC are on back page)

ATTACH TO FORM 40 — SEE INSTRUCTIONS FOR SCHEDULE A

| | |
|--|---|
| Name(s) as shown on Form 40 AKARSH VARRE | Your social security number 809-51-4735 |
|--|---|

The itemized deductions you may claim for the year 2022 are similar to the itemized deductions claimed on your Federal return; however, the amounts may differ. Please see instructions before completing this schedule. **PART-YEAR RESIDENTS:** A resident of Alabama for only a part of the year should list below only those deductions actually paid while a resident of Alabama.

| | | | | |
|---|---|-----|--------|-----------|
| CAUTION: Do not include expenses reimbursed or paid by others. | | | | |
| Medical and Dental Expenses | 1 Medical and dental expenses..... | 1 | 0 | 00 |
| | 2 Enter amount from Form 40, line 10. | 2 | | 00 |
| | 3 Multiply the amount on line 2 by 4% (.04). Enter the result..... | 3 | | 00 |
| | 4 Subtract line 3 from line 1. Enter the result. If zero or less, enter -0-..... | 4 | • | 00 |
| Taxes You Paid | 5 Real estate taxes..... | 5 | | 00 |
| | 6 FICA Tax (Social Security and Medicare) and Federal Self-Employment Tax..... | 6 | 12,269 | 00 |
| | 7 Railroad Retirement (Tier 1 only)..... | 7 | | 00 |
| | 8 Other taxes. (List - include personal property taxes.) ▶ | 8 | | 00 |
| | 9 Add the amounts on lines 5 through 8. Enter the total here..... | 9 | • | 12,269 00 |
| Interest You Paid | 10a Home mortgage interest and points reported to you on Federal Form 1098..... | 10a | | 00 |
| | b Home mortgage interest not reported to you on Federal Form 1098. (If paid to an individual, show that person's name and address.) ▶ | | | |
| | | 10b | | 00 |
| | 11 Reserved for future use..... | 11 | | 00 |
| | 12 Points not reported to you on Form 1098..... | 12 | | 00 |
| Gifts to Charity | 13 Investment interest. (Attach Form 4952A.)..... | 13 | | 00 |
| | 14 Add the amounts on lines 10a through 13. Enter the total here..... | 14 | • | 00 |
| | CAUTION: If you made a charitable contribution and received a benefit in return, see instructions. | | | |
| | 15 Contributions by cash or check..... | 15 | | 00 |
| Casualty and Theft Loss (Attach Form 4684) | 16 Other than cash or check. (You MUST attach Federal Form 8283 if over \$500.)..... | 16 | | 00 |
| | 17 Carryover from prior year..... | 17 | | 00 |
| | 18 Add the amounts on lines 15 through 17. Enter the total here..... | 18 | • | 00 |
| Job Expenses and Most Other Miscellaneous Deductions | 19a Enter the loss from Federal Form 4684, either A <input type="checkbox"/> line 15, or B <input type="checkbox"/> line 16..... | 19a | | 00 |
| | b Enter 10% of your Adjusted Gross Income (Form 40, line 10) if box B is checked, otherwise enter zero..... | 19b | | 00 |
| | c Subtract line 19b from line 19a. If zero or less, enter -0-..... | 19c | • | 00 |
| Other Miscellaneous Deductions | 20 Unreimbursed employee expenses — job travel, union dues, job education, etc. You MUST attach Federal Form 2106 if required. See instructions. ▶ | 20 | | 00 |
| | 21 Other expenses (investment, tax preparation, safe deposit box, etc.). List type and amount. ▶ | 21 | | 00 |
| | 22 Add the amounts on lines 20 and 21. Enter the total..... | 22 | | 00 |
| | 23 Multiply the amount on Form 40, line 10 by 2% (.02). Enter the result here..... | 23 | | 00 |
| Qualified Long-Term Care Ins. Premiums | 24 Subtract line 23 from line 22. Enter the result. If zero or less, enter -0-..... | 24 | • | 00 |
| | 25 Other (from list in the instructions). List type and amount. ▶ | | | |
| Total Itemized Deductions | | 25 | • | 00 |
| | CAUTION: Do not include medical premiums. | | | |
| Total Itemized Deductions | 26 Enter amount here..... | 26 | • | 00 |
| | 27 Add the amounts on lines 4, 9, 14, 18, 19c, 24, 25, and 26. Enter the total here. Then enter on Form 40, page 1, line 11 and check 11a, Itemized Deductions..... | 27 | • | 12,269 00 |



SCHEDULE
ATP

ALABAMA DEPARTMENT OF REVENUE
INCOME TAX ADMINISTRATION DIVISION
Additional Taxes & Penalties

2022

NAME(S) AS SHOWN ON THE TAX RETURN

AKARSH VARRE

SOCIAL SECURITY NUMBER

809-51-4735

DO NOT MAIL

PART I Additional Taxes

| | | | | |
|---|---|---|---|---|
| 1 | Consumer Use Tax (see instructions). If you certify that no use tax is due, check box <input checked="" type="checkbox"/> | 1 | • | 0 |
| 2 | Catastrophe savings tax (see instructions) | 2 | • | |
| 3 | Total Additional Taxes. Add line 1 and line 2. Enter here and also on Form 40, page 1, line 19 | 3 | • | 0 |

PART II Penalties

| | | | | |
|---|--|---|---|--|
| 1 | Estimated Tax Penalty (see instructions). Farmers and Fishermen that meets IRC §6654, check box <input type="checkbox"/> | 1 | • | |
| 2 | First-time Second chance Home Buyer Savings Account penalty (from Schedule HBC, Part IV, Line 4) | 2 | • | |
| 3 | Total penalties. Add line 1 and line 2. Enter here and also on Form 40, page 1, line 31 | 3 | • | |

E-FILE ONLY ^F

DO NOT MAIL



Alabama Department of Revenue
Wages, Salaries, Tips, etc.

Schedule W-2 must be completed fully and included with your return in order to receive proper credit for your Alabama income tax withheld. Attach a copy of all withholding statements to your return.

NAME(S) AS SHOWN ON TAX RETURN
AKARSH VARRE

PRIMARY'S SOCIAL SECURITY NO. SPOUSE'S SOCIAL SECURITY NO.
809-51-4735

| A | B | C | D | E | F | G | H | I | J | |
|-----------------------------------|---|----------------------------|----------------------------|------------|------------------------------------|-----------------------------------|-----------------------------------|--|---|--|
| Employee's Social Security Number | Employer's Identification Number (EIN) | Statutory Employee | Schedule C/C-EZ Filed? | State Code | Alabama Employer's State ID Number | Alabama State Income Tax Withheld | Federal Wages (Box 1 of Form W-2) | Alabama State Wages (Box 16 of Form W-2) | Additional Taxable Wages - Other States | |
| 1 • 809-51-4735 | • 462283648 | • <input type="checkbox"/> | • <input type="checkbox"/> | • AL | • 009082278 | • 8,189 | • 210,846 | • 210,846 | • | |
| 2 • | • | • <input type="checkbox"/> | • <input type="checkbox"/> | • | • | • | • | • | • | |
| 3 • | • | • <input type="checkbox"/> | • <input type="checkbox"/> | • | • | • | • | • | • | |
| 4 • | • | • <input type="checkbox"/> | • <input type="checkbox"/> | • | • | • | • | • | • | |
| 5 • | • | • <input type="checkbox"/> | • <input type="checkbox"/> | • | • | • | • F | • | • | |
| 6 • | • | • <input type="checkbox"/> | • <input type="checkbox"/> | • | • | • | • | • | • | |
| 7 • | • | • <input type="checkbox"/> | • <input type="checkbox"/> | • | • | • | • | • | • | |
| 8 • | • | • <input type="checkbox"/> | • <input type="checkbox"/> | • | • | • | • | • | • | |
| 9 • | • | • <input type="checkbox"/> | • <input type="checkbox"/> | • | • | • | • | • | • | |
| 10 • | • | • <input type="checkbox"/> | • <input type="checkbox"/> | • | • | • | • | • | • | |
| 11 • | • | • <input type="checkbox"/> | • <input type="checkbox"/> | • | • | • | • | • | • | |
| 12 • | • | • <input type="checkbox"/> | • <input type="checkbox"/> | • | • | • | • | • | • | |
| 13 • | • | • <input type="checkbox"/> | • <input type="checkbox"/> | • | • | • | • | • | • | |
| 14 • | • | • <input type="checkbox"/> | • <input type="checkbox"/> | • | • | • | • | • | • | |
| 15 • | • | • <input type="checkbox"/> | • <input type="checkbox"/> | • | • | • | • | • | • | |
| 16 | TOTAL ALABAMA TAX WITHHELD FROM W-2s. Total lines 1-15, Column G and enter the amount here . . . | | | | | • 8,189 | | | | |
| 17 | ALABAMA TAX WITHHELD FROM 1099s AND W-2Gs. Enter the total Alabama Income Tax Withheld from all Form 1099s and Form W-2Gs received. See instructions on where to report the income from these statements. | | | | | • 0 | | | | |
| 18 | TOTAL WAGES AND TOTAL ALABAMA TAX WITHHELD FROM W-2s, 1099s, AND W-2Gs. See instructions. | | | | | • 8,189 | • 210,846 | • 210,846 | • | |

E-FILE ONLY

DO NOT MAIL

THIS SCHEDULE CAN ONLY BE SUBMITTED AND/OR PRINTED VIA LANDSCAPE



(From Rental Real Estate, Royalties, Partnerships, S Corporations, Estates, Trusts, REMICs, etc.)

▶ **ATTACH TO FORM 40.** ▶ **SEE INSTRUCTIONS FOR SCHEDULE E (FORM 40).**

| | |
|--|---|
| Name(s) shown on return AKARSH VARRE | Your social security number 809-51-4735 |
|--|---|

PART I **Income or Loss From Rental Real Estate and Royalties**

Note: If you are operating under a Federal Employer Identification Number, report income and expenses from your business of renting personal property on Schedule C or C-EZ.

| 1 Show the kind and location of each Rental Real Estate Property : | 2 For each rental real estate property listed on line 1, did you or your family use it during the tax year for personal purposes for more than the greater of: • 14 days, or • 10% of the total days rented at fair rental value? | Yes | No |
|---|---|--------------------------|-------------------------------------|
| A VACATION / SHORT-TERM NAGOLE HYDERABAD | | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| B | | <input type="checkbox"/> | <input type="checkbox"/> |
| C | | <input type="checkbox"/> | <input type="checkbox"/> |

| Income: | Properties | | | Totals | |
|--|------------|----|----|---------------------------|------------|
| | A | B | C | (Add Columns A, B, and C) | |
| 3 Rents received | 600 | 00 | 00 | 3 | 600 00 |
| 4 Royalties received | 00 | 00 | 00 | 4 | 00 |
| Expenses: | | | | | |
| 5 Advertising | 00 | 00 | 00 | | |
| 6 Auto and travel | 00 | 00 | 00 | | |
| 7 Cleaning and maintenance | 1,000 | 00 | 00 | | |
| 8 Commissions | 00 | 00 | 00 | | |
| 9 Insurance | 00 | 00 | 00 | | |
| 10 Legal and other professional fees | 00 | 00 | 00 | | |
| 11 Management fees | 800 | 00 | 00 | | |
| 12 Mortgage interest | 00 | 00 | 00 | 12 | 00 |
| 13 Other interest | 00 | 00 | 00 | | |
| 14 Repairs | 4,800 | 00 | 00 | | |
| 15 Supplies | 2,800 | 00 | 00 | | |
| 16 Taxes | 00 | 00 | 00 | | |
| 17 Utilities | 8,000 | 00 | 00 | | |
| 18 Other (list) ▶ | 00 | 00 | 00 | F | |
| | 00 | 00 | 00 | | |
| | 00 | 00 | 00 | | |
| | 00 | 00 | 00 | | |
| 19 Add lines 5 through 18 | 17,400 | 00 | 00 | 19 | 17,400 00 |
| 20 Depreciation expense or depletion | 00 | 00 | 00 | 20 | 00 |
| 21 Total expenses. Add lines 19 and 20 | 17,400 | 00 | 00 | | |
| 22 Income or (loss). Subtract line 21 from line 3 (rents) or line 4 (royalties) | -16,800 | 00 | 00 | | |
| 23 Total Real Estate and Royalty income or (loss). Add columns A, B, and C from line 22 and enter the result here | | | | 23 | -16,800 00 |

PART II **Income from Partnerships, S Corporations, Estates, and Trusts**

| (g) Name and Address | (h) Check One Partnership Estate or Trust S Corporation | (i) Employer Identification Number | (j) Amount |
|--|---|------------------------------------|----------------------|
| | | | 00 |
| | | | 00 |
| | | | 00 |
| | | | 00 |
| 24 TOTAL INCOME FROM PARTNERSHIPS, S CORPORATIONS, ESTATES, AND TRUSTS. Add the amounts in column (j). Enter the total here and include on line 25 below. ▶ | | | 24 00 |
| 25 TOTAL INCOME OR (LOSS). Combine lines 23 and 24. Enter the total here and on Form 40, page 2, Part I, line 6 ▶ | | | 25 -16,800 00 |

Your first name and initial: **AKARSH** Last name: **VARRE**

If a joint return, spouse's first name and initial: _____ Last name: _____

Home address (number and street). If a P.O. Box, see instructions: **360 HUGUENOT ST** Apt. no.: **1911**

City, town or post office, state, and ZIP code: **NEW ROCHELLE NY 10801**

Your social security number: **8 0 9 : 5 1 : 4 7 3 5**

Spouse's soc. sec. no. if joint return: _____

Telephone number (optional): **(267) 632-3517**

| Part I | |
|--|-----------|
| 1 Alabama taxable income (Form 40, line 16 or Form 40NR, line 18) | 1 142,095 |
| 2 Total tax liability (Form 40, line 21) or Net tax due (Form 40NR, line 20) | 2 7,063 |
| 3 Total payments (Form 40, line 27 or Form 40NR, line 26) | 3 8,189 |
| 4 Refund (Form 40, line 35 or Form 40NR, line 33) | 4 1,126 |
| 5 Amount you owe (Form 40, line 30 or Form 40NR, line 29) | 5 |

Part II

1 Routing number: **0 3 1 0 0 0 5 3**

2 Account number: **8 4 0 6 8 5 6 2 4 3**

3 Type of account: Checking Savings

4 Type of transaction: Direct Deposit Direct Debit

5 Paper Check (Check this box to have your refund issued by a paper check.)

Part III

Declaration of Taxpayer
(Sign only after Part I is completed.)

Under penalties of perjury, I declare that I have compared the information contained on my return with the information I have provided to my electronic return originator and that the amounts described in Part 1 above agree with the amounts shown on the corresponding lines of my 2022 Alabama individual income tax return. To the best of my knowledge and belief, this return, including any accompanying schedules and statements, is true, correct, and complete. Also, I hereby authorize the Alabama Department of Revenue to disclose to my ERO described below, any information concerning the disbursement of the refund requested or any problems encountered in the processing of my return.

I authorize a representative of the Department of Revenue to discuss my return and attachments with my preparer.

Sign Here ▶

Your signature _____ Date _____ Spouse's signature. If a joint return, BOTH must sign. _____ Date _____

Part IV

Declaration of Electronic Return Originator (ERO) and Paid Preparer
(See instructions.)

I declare that I have reviewed the above taxpayer's Alabama individual income tax return and that the entries on this form are complete and correctly represented based on all information of which I have any knowledge. I also declare that I have followed all other requirements described in IRS PUB. 1345, Revenue Procedures for Electronic Filing of Individual Income Tax Returns (Tax Year 2022), and the Alabama Handbook for Electronic Filers of Individual Income Tax Returns (Tax Year 2022). By using a computer system and software to prepare and transmit my client's return electronically, I consent to the disclosure of all information pertaining to my use of the system and software to create my client's return and to the electronic transmission of my client's tax return to the **Alabama Department of Revenue**, as applicable by law. **If I am also the paid preparer, under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete.**

ERO's Use Only

ERO's signature: _____ Date: **02/21/2023** Check if also paid preparer: Preparer's PTIN: _____

Firm's name (or yours if self-employed) and address: **GLOBAL TAXES LLC** E.I. No. **88-2145487**
245 ROONEY CT E BRUNSWICK NJ ZIP Code **08816**

Paid Preparer's Use Only

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete.

Preparer's signature: _____ Date: **02/21/2023** Check if self-employed: Preparer's PTIN: **P02082703**

Firm's name (or yours if self-employed) and address: **SYAM PRIYA RAM SAGAR GUPTA TALLAM** E.I. No. **84-3171965**
245 ROONEY CT E BRUNSWICK NJ ZIP Code **08816**

DO NOT MAIL TO ALABAMA DEPT. OF REVENUE

