IRS e-file Signature Authorization

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

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

Submission Identification Number (SID)

Тахрау	er's name	Social secur	ity numb	er				
VIV	EK BHANDARI	588-77	-3305	5				
Spouse	o's name	Spouse's so	cial secu	irity number				
SWA	TI GUPTA	133-77	-873	7				
Par	t I Tax Return Information – Tax Year Ending December 31, 2022 (Er	iter year you a	are aut	horizing.)				
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	292,592.				
2	Total tax		2	45,250.				
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	53,964.				
4	Amount you want refunded to you		4	12,216.				
5	Amount you owe		5					
Part	Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)							

Under penalties of periury. 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

				EBO firm name		Ē	r
X	I authorize	GLOBAL	TAXES	LLC	to enter or generate my PIN		-
			-			1.7	1

7	3	3	0	5	00 mV
Ent don	as my				

7

8

7

Enter five digits, but don't enter all zeros

7

as mv

3

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

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

Spouse's PIN: check one box only

X I authorize GLOBAL TAXES LLC ERO firm name

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

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 – Prac	titioner PIN Method Only				
ERO's EFIN/PIN. Enter your six-digit EFIN followed by you	r five-digit self-selected PIN. 2 2 2 4 9 6 6 1 9 8 9				

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 🕨	
	in This Form — See Instructions In to the IRS Unless Requested To Do So	
E. B		E 9970 (D 01 0001)

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

to enter or generate my PIN

1040		artment of the Treasury-Internal Revenue Servi S. Individual Income Tax		urn	202	2	OMB No. 1545	-0074	IRS Use Only	—Do not w	rite or staple	in this space.
Filing Status Check only one box.	lf yo	Single X Married filing jointly U checked the MFS box, enter the n son is a child but not your dependent	ame of	-	separately (N use. If you cl					spor	use (QSS)	-
Your first name	and mi	iddle initial	Last n	ame						Your so	cial securi	ty number
VIVEK			BHA	NDARI						588-	77-330	5
	oouse's	first name and middle initial	Last n									- curity number
SWATI			GUP'	ГΑ						133-	77-873	7
	(numbe	r and street). If you have a P.O. box, see	1					A	Apt. no.			on Campaigr
45 RIVER									1807		nere if you,	
		ce. If you have a foreign address, also co	mplete	spaces be	low.	Sta	ate	ZIP c				ntly, want \$3
JERSEY C		,				N		073		0		Checking a
Foreign country				Foreign p	rovince/state/o				n postal code		ow will not cor refund.	`
											You	Spouse
Digital Assets		ny time during 2022, did you: (a) rec ange, gift, or otherwise dispose of a						-		. ,	Yes	X No
Standard	Som	eone can claim: 🗌 You as a de	pender	nt 🗌	Your spouse	e as	a dependent					
Deduction		Spouse itemizes on a separate retur	n or yo	u were a	dual-status	alier	1					
Age/Blindness	You:	Were born before January 2, 1	958	Are b	lind Spo	ouse	: 🗌 Was bor	n befo	ore January 2	2, 1958	🗌 ls bl	ind
Dependents	s (see	instructions):		(2) S	Social security	,	(3) Relationsh	ip (4) Check the bo	ox if quali	fies for (see	instructions):
If more	(1) Fi	irst name Last name			number		to you		Child tax cr	edit	Credit for ot	her dependents
than four											[
dependents, see instructions											[
and check											[
here 🗌											[
Income	1a	Total amount from Form(s) W-2, b			,					. <u>1</u> a		56,272.
	b	Household employee wages not re	•		. ,					. 1b		
Attach Form(s) W-2 here. Also	с	Tip income not reported on line 1a						• •		. <u>1</u> c		
attach Forms	d	Medicaid waiver payments not rep				nstrı	uctions)	• •		. <u>1</u> d		
W-2G and 1099-R if tax	е	Taxable dependent care benefits f								. 1e	•	
was withheld.	f	Employer-provided adoption bene	fits fro	m Form 8	8839, line 29					. 1f		
lf you did not	g	Wages from Form 8919, line 6 .								. 1g		
get a Form	h	Other earned income (see instruct	ions)					· ·		. 1h	1	0.
W-2, see instructions.	i	Nontaxable combat pay election (s	see ins	tructions)			1 i					
	Z	Add lines 1a through 1h	···							. <u>1</u> z	3!	56,272.
Attach Sch. B	2 a	Tax-exempt interest	2a			bΤ	axable interest			. 2b)	
if required.	3a	Qualified dividends	3a			b	Ordinary divide	nds .		. 3b)	
	4a	IRA distributions	4a			bΤ	axable amoun	t		. 4b)	
Standard	5a	Pensions and annuities	5a			bΤ	axable amoun	t		. 5b)	
• Single or	6a	Social security benefits	6a			bΤ	axable amoun	t		. 6b)	
Married filing	С	If you elect to use the lump-sum e	lection	method,	check here	(see	instructions)		[
separately, \$12,950	7	Capital gain or (loss). Attach Sche	dule D	if require	d. If not requ	ired	l, check here		[7		
Married filing	8	Other income from Schedule 1, lin	e 10							. 8	- 6	63,680.
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7	, and 8	. This is y	our total inc	om	е			. 9	2	92,592.
surviving spouse, \$25,900	10	Adjustments to income from Sche	dule 1,	line 26						. 10		
Head of	11	Subtract line 10 from line 9. This is	s your a	adjusted	gross incon	ne				. 11	29	92,592.
household, \$19,400	12	Standard deduction or itemized	deduc	tions (fro	m Schedule	A)				. 12		25,900.
If you checked	13	Qualified business income deduct	ion fror	n Form 8	995 or Form	899	95-A			. 13		
any box under Standard	14	Add lines 12 and 13								. 14		25,900.
Deduction, see instructions.	15	Subtract line 14 from line 11. If zer	ro or le	ss, enter	-0 This is y	our	taxable incom	е.		. 15		66,692.

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Form **1040** (2022)

Form 1040 (2022	2)									Page 2
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 🗌 881	4 2 4972	3 🗌		16	51	,677.
Credits	17	Amount from Schedule 2, lin	e3					17		
	18	Add lines 16 and 17						18	51	,677.
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812			19		
	20	Amount from Schedule 3, lin	e8					20	7	,500.
	21	Add lines 19 and 20						21	7	,500.
	22	Subtract line 21 from line 18	If zero or less,	enter -0				22	44	,177.
	23	Other taxes, including self-er	mployment tax,	from Schedule	e 2, line 21 .			23	1	,073.
	24	Add lines 22 and 23. This is	your total tax					24	45	,250.
Payments	25	Federal income tax withheld								
-	а	Form(s) W-2				25a 53	3,964			
	b	Form(s) 1099				25b				
	с	Other forms (see instructions	s)			25c	0			
	d	Add lines 25a through 25c						25d	53	,964.
If you have a	26	2022 estimated tax payment	s and amount a	pplied from 20	21 return			26		
If you have a l qualifying child,	27	Earned income credit (EIC)				27				
attach Sch. EIC.	28	Additional child tax credit fror				28				
	29	American opportunity credit	from Form 8863	3, line 8		29				
	30	Reserved for future use .				30				
	31	Amount from Schedule 3, lin				31	3,502			
	32	Add lines 27, 28, 29, and 31.	These are your	total other pa	ayments and ref	· · · · · · · · · · · · · · · · · · ·		32	3	,502.
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments	· · · ·			33	57	,466.
Refund	34	If line 33 is more than line 24						34	12	,216.
neiuliu	35a	Amount of line 34 you want I	efunded to you	J. If Form 8888	3 is attached, che	ck here	🗆	35a	12	,216.
Direct deposit?	b	Routing number 0 2 1					Savings	;		
See instructions.	d	Account number 4 8 3	0 5 7 6	5 1 3 '	7 5 5		-			
	36	Amount of line 34 you want a	applied to your	2023 estimate	ed tax	36				
Amount	37	Subtract line 33 from line 24	This is the amo	ount vou owe						
You Owe	•	For details on how to pay, go						37		
	38	Estimated tax penalty (see in				38				
Third Party	Do	you want to allow another				? See				
Designee		structions	•				omplete	below.	X No	
-		signee's		Phone			onal ider	tification		
	nai			no.			iber (PIN)			
Sign		der penalties of perjury, I declare the			1 2 0		,		,	0
Here		ief, they are true, correct, and com	piete. Declaration (1	ased on an informati				•
	Yo	ur signature		Date	Your occupation				nt you an Ide IN, enter it h	
Joint return?					SOFTWARE	ENGINEER		e inst.)		
See instructions.	Sp	Spouse's signature. If a joint return, both must sign. Da			SOLIMAKE ENGINEEK			he IRS sei	nt your spou	se an
Keep a copy for your records.									ection PIN, e	nter it here
your records.					SOFTWARE	ENGINEER	(se	e inst.)		
		one no. (718)915-575		Email address	VIVEK8646	@GMAIL.COM	1			
Paid		eparer's name	Preparer's signat	ture		Date	PTIN		Check if:	
Preparer	VENK	ATA SAI PAVAN KUMAR DUDIPALLI				01/31/2023	P024	70833	Self-e	mployed
Use Only	Fir	m's name GLOBAL TAX					Ph	one no. (678)965	5-9522
	Fir	m's address 245 ROONE	CT E BRU	NSWICK N	J 08816		Fir	m's EIN	88-21	L45487
Go to www.irs.ge	ov/Forn	n1040 for instructions and the late	st information.		BAA	REV 01/24/23 PRO			Form	040 (2022)

SCHEDULE	1
(Form 1040)	

Department of the Treasury

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 20 2

Attachment Sequence No. **01** Internal Revenue Service Name(s) shown on Form 1040, 1040-SR, or 1040-NR Your social security number VIVEK BHANDARI & SWATI GUPTA 588-77-3305

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 3 Business income or (loss). Attach Schedule C 3 4 Frant income or (loss). Attach Schedule F 5 6 Farm income or (loss). Attach Schedule F 6 7 Unemployment compensation 7 0 Other income: 8a (a Net operating loss 8a (6 Farmi norme or (loss). Attach Schedule F 7 7 Unemployment compensation 8a (9 Gambling 8a (1 Prevention 8a (8 Bab 8a (9 Income from Form 8853 8d 1 Income from Form 8859 8d 1 Alixik duty pay 8g 1 Alixik duty pay 8d 1 Nor or profit but were not in the business of renting such property 8d 1 Income from the rental of personal property if you engaged in the rental for profit but were not in the	Par	t I Additional Income			
2a 2a b Date of original divorce or separation agreement (see instructions): 2a c Dubre of original divorce or separation agreement (see instructions): 3 -63,680. 4 Other gains or (losse). Attach Schedule C . 4 5 5 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E . 6 6 7 Unemployment compensation . 6 6 7 Unemployment compensation . 8a (7 8 Other income : 8a (7 9 Cambling . 8b 6 C Cancellation of debt . 8c 6 d Foreign earned income exclusion from Form 2555 . 8d (7 9 Alaska Permanent Fund dividends . 8g 8h 1 Income from Form 8853 . 8i 8h 1 Prizes and awards . 8i 8k 1 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 . 8k 1 Income from born 851A(a) inclusion (see instructions) . 8n 8n 9 Section 951A(a) inclusion (see instructions) . 8n 8n 9 Section 951A(a) inclusion (see instructions) . 8a 1	1	Taxable refunds, credits, or offsets of state and local income taxes		1	
b Date of original divorce or separation agreement (see instructions): 3 -63,680. 3 Business income or (loss). Attach Schedule C 3 -63,680. 4 Other gains or (losse). Attach Form 4797 4 5 Rental real estate, royatties, partnerships, S corporations, trusts, etc. Attach Schedule E 5 6 Farm income or (loss). Attach Schedule F 7 7 Unemployment compensation 8a (9 Other income: 8a (a Net operating loss 8a (c Cancellation of debt 8c c Cancellation of debt 8c d Foreign earned income exclusion from Form 2555 8d (g Alaska Permanent Fund dividends 8g h Jury duty pay 8h j Activity not engaged in for profit income 8i 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 8m m Section 951A(a) inclusion (see instructions) 8a s Soction 951A(a) inclusion (see instructions) 8a g Taxable distributions from a nongualified deferred compensation plan or a nongovernmental section 457 plan 8a t Rension or annuity from a nongualified defered compensation pla	2a			2 a	
3 Business income or (loss). Attach Schedule C 3 -63,680. 4 4 4 5 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 5 6 Farm income or (loss). Attach Schedule F 5 7 Unemployment compensation 6 7 Other income: 8a (0 Net operating loss 8a (Cancellation of debt 8c 7 6 Foreign earned income exclusion from Form 2555 8d (7 Income from Form 8853 8e 9 Income from Form 8853 8d 1 Income from Form 8853 8d 1 Activity not engaged in for profit income 8i 1 Activity not engaged in for profit income 8i 1 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 8n 1 Inclusion (see instructions) 8n 2 Section 951(4) inclusion (see instructions) 8n 3 Section 951(4) inclusion reported on Form W-2 8r 2 Sholarship and fe	b	Date of original divorce or separation agreement (see instructions):			
4 Other gains or (losses). Attach Form 4797 4 5 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 5 6 Farm income or (loss). Attach Schedule F 5 7 0 0 8 Other income: 6 9 Net operating loss 8a (1 Net operating loss 8a (2 Cancellation of debt 8a 4 5 6 7 8d (7 8 Cancellation of debt 8a 4 5 6 7 8d (7 9 Income from Form 8853 8d 1 Income from Form 8853 8d 1 Income from Form 8889 8d 1 Prizes and awards 8d 1 Prizes and awards 8d 1 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 8d 1 Income from ABLE account (see instructions) 8n 2 Section 951(a) inclusion (see instructions)	3			3	-63,680.
6 Farm income or (loss). Attach Schedule F. 6 7 Unemployment compensation 7 8 Other income: 8a () a Net operating loss 8b 8c c Cancellation of debt 8c 8d () d Foreign earned income exclusion from Form 2555 8d () 8d () e Income from Form 8853 8e 8d () g Alaska Permanent Fund dividends 8g 8d i Prizes and awards 8h 8d j Activity not engaged in for profit income 8k 8d 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 8m 8m l Income from B1(a) inclusion (see instructions) 8m 8a 8a o Section 951(a) inclusion (see instructions) 8a 8a 8a g Taxable distributions from an ABLE account (see instructions) 8a 8a 8a r Scholarship and fellowship grants not reported on Form W-2 8a 8a 8a g Taxable distributions from an ABLE account (see instructions) 8a 8a 8a 8a t Pension or annuity from a nonqualifed deferred co	4			4	
7 Unemployment compensation 7 8 Other income: 8a (9 Net operating loss 8a (0 Gambling 8b c Cancellation of debt 8c d Foreign earned income exclusion from Form 2555 8d (d Foreign earned income exclusion from Form 2555 8d (g Alaska Permanent Fund dividends 8d g Alaska Permanent Fund dividends 8d j Activity not engaged in for profit income 8i j Activity not engaged in for profit income 8i j Activity not engaged in for profit income 8i j Activity not engaged in for profit income 8i j Activity not engaged in for profit income 8i j Notower paralympic medals and USOC prize money (see instructions) 8m n Section 951(a) inclusion (see instructions) 8n o Section 951(a) inclusion (see instructions) 8a g Taxable distributions from an ABLE account (see instructions) 8a s Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a	5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Atta	ach Schedule E .	5	
8 Other income: a () a Net operating loss	6	Farm income or (loss). Attach Schedule F.		6	
8 Other income: a () a Net operating loss	7	Unemployment compensation		7	
b Gambling Bb c Cancellation of debt Bc d Foreign earned income exclusion from Form 2555 Bd d Income from Form 8853 Be f Income from Form 8853 Be g Alaska Permanent Fund dividends Be h Jury duty pay Bh i Prizes and awards Bh j Activity not engaged in for profit income Bi j Activity not engaged in for profit income Bi k Stock options Bk 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 Bk l Income from 51(a) inclusion (see instructions) Bn s Section 951A(a) inclusion (see instructions) Bn Bg s Section 951A(a) inclusion (see instructions) Ba Bg g Taxable distributions from an ABLE account (see instructions) Ba s Scholarship and fellowship grants not reported on Form W-2 Sr s Nontaxable amount of Medicaid waiver payments included on Form Bs 100 Other income. List type and amount:<	8				
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 8g g Alaska Permanent Fund dividends 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 8i 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 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 8t m Olympic and Paralympic medals and USOC prize money (see instructions) 8n n Section 951(a) inclusion (see instructions) 8n s Section 951(a) inclusion (see instructions) 8n g Section 951A(a) inclusion from an ABLE account (see instructions) 8g g Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d 8s	а	Net operating loss	8a (
d Foreign earned income exclusion from Form 2555 8d (e Income from Form 8683 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 8i j Activity not engaged in for profit income 8i j Activity not engaged in for profit income 8i j Activity not engaged in for profit income 8i j Activity not engaged in for profit prome 8i j Activity not engaged in for profit prome 8i j Comme from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property 8i m Olympic and Paralympic medals and USOC prize money (see instructions) 8m n Section 951A(a) inclusion (see instructions) 8n s Section 961A(a) inclusion (see instructions) 8n g Taxable distributions from an ABLE account (see instructions) 8g s Nontaxable amount of Medicaid waiver payments included on F	b	Gambling	8b		
e Income from Form 8853 86 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 8i j Activity not engaged in for profit income 8i j Activity not engaged in for profit income 8i j Activity not engaged in for profit income 8i j Activity not engaged in for profit personal property if you engaged in the rental for profit but were not in the business of renting such property 8i m Olympic and Paralympic medals and USOC prize money (see instructions) 8m n Section 951(a) inclusion (see instructions) 8n o Section 951(a) inclusion (see instructions) 8n g Taxable distributions from an ABLE account (see instructions) 8a r Scholarship and fellowship grants not reported on Form W-2 8r s Sas () t Pension or annuity from a nonqualifed deferred compensation plan or a nongovernmental section 457 plan 8t w Wages earned wh	С	Cancellation of debt	8c		
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 8i j Activity not engaged in for profit income 8i j Activity not engaged in for profit income 8i j Activity not engaged in for profit income 8i 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 8k m Olympic and Paralympic medals and USOC prize money (see instructions) 8n o Section 951(a) inclusion (see instructions) 8n o Section 951A(a) inclusion (see instructions) 8n g Taxable distributions from an ABLE account (see instructions) 8c r Scholarship and fellowship grants not reported on Form W-2 8r s Nontaxable amount of Medicaid waiver payments included on Form 10400, line 1a or 1d 8s (u Wages earned while incarcerated 8u u Wages earned while in	d	Foreign earned income exclusion from Form 2555	8d (
g Alaska Permanent Fund dividends 8g h Jury duty pay 8h i Prizes and awards 8i j Activity not engaged in for profit income 8i j Activity not engaged in for profit income 8i j Activity not engaged in for profit income 8i j Activity not engaged in for profit but were not in the business of renting such property 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 8k m Olympic and Paralympic medals and USOC prize money (see instructions) 8n n Section 951(a) inclusion (see instructions) 8n o Section 461(l) excess business loss adjustment 8p g 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 8s (u Wages earned while incarcerated 8u 8u z Other income. List type and amount: 8z 8z g Total other income. Add li	е	Income from Form 8853	8e		
h Jury duty pay	f	Income from Form 8889	8f		
 i Prizes and awards j Activity not engaged in for profit income k Stock options 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 m Olympic and Paralympic medals and USOC prize money (see instructions) n Section 951(a) inclusion (see instructions) o Section 951A(a) inclusion (see instructions) m Section 951A(a) inclusion (see instructions) m Section 951A(a) inclusion (see instructions) m Activity not engaged in the rental for profit but were not in the business of renting such property n Section 951A(a) inclusion (see instructions) m Section 951A(a) inclusion (see instructions) m Taxable distributions from an ABLE account (see instructions) m Scholarship and fellowship grants not reported on Form W-2 s Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d t Pension or annuity from a nonqualifed deferred compensation plan or a nongovernmental section 457 plan w Wages earned while incarcerated w Wages earned while incarcerated t Other income. List type and amount: m Wages earned while incarcerated m Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8 	g		8g		
 j Activity not engaged in for profit income k Stock options 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 m Olympic and Paralympic medals and USOC prize money (see instructions) n Section 951(a) inclusion (see instructions) o Section 951(a) inclusion (see instructions) g Taxable distributions from an ABLE account (see instructions) r Scholarship and fellowship grants not reported on Form 1040, line 1a or 1d t Pension or annuity from a nonqualifed deferred compensation plan or a nongovernmental section 457 plan u Wages earned while incarcerated z Other income. List type and amount: g Total other income. Add lines 8a through 8z f Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8 	h	Jury duty pay	8h		
k Stock options 8k I 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 8k 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 451(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 (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	i				
I 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 81 m Olympic and Paralympic medals and USOC prize money (see instructions) 81 n Section 951(a) inclusion (see instructions) 8n o Section 951A(a) inclusion (see instructions) 80 p Section 951A(a) inclusion (see instructions) 80 g Taxable distributions from an ABLE account (see instructions) 8g g Taxable distributions from an ABLE account (see instructions) 8g s Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d 8s (t Pension or annuity from a nonqualifed deferred compensation plan or a nongovernmental section 457 plan 8t g Total other income. Add lines 8a through 8z 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	j				
for profit but were not in the business of renting such property 8 m Olympic and Paralympic medals and USOC prize money (see instructions) 8 n Section 951(a) inclusion (see instructions) 8n o Section 951A(a) inclusion (see instructions) 8n o Section 951A(a) inclusion (see instructions) 8a p Section 461(l) excess business loss adjustment 8g q Taxable distributions from an ABLE account (see instructions) 8g 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 (k		8k		
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) 8n o Section 951A(a) inclusion (see instructions) 8o p 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 (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	I.				
Instructions) Section 951(a) inclusion (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) 8g 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 nonqualifed deferred compensation plan or a nongovernmental section 457 plan 8t u Wages earned while incarcerated 8u 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 -63, 680.			81		
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 nonqualifed deferred compensation plan or a nongovernmental section 457 plan 8t u Wages earned while incarcerated 8u 8u g 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 -63, 680.	m				
o Section 951A(a) inclusion (see instructions) 80 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 nonqualifed deferred compensation plan or a nongovernmental section 457 plan 8t 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		,			
p Section 461(l) excess business loss adjustment 8p 8p q Taxable distributions from an ABLE account (see instructions) 8q 8q r Scholarship and fellowship grants not reported on Form W-2 8r 8r s Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d 8s (9 t Pension or annuity from a nonqualifed deferred compensation plan or a nongovernmental section 457 plan 8t 8u u Wages earned while incarcerated 8u 8z 9 Total other income. Add lines 8a through 8z 8z 9 -63, 680.	n				
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 nonqualifed 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	ο				
 r Scholarship and fellowship grants not reported on Form W-2	р				
 s Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d	q				
1040, line 1a or 1d 10	r		8r		
t Pension or annuity from a nonqualifed 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 8z 10 Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8 10	S				
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 9z 10 Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8 10			8s (
u Wages earned while incarcerated	t				
z Other income. List type and amount: 8z 8z 9 Total other income. Add lines 8a through 8z					
9 Total other income. Add lines 8a through 8z	u		8u		
9 Total other income. Add lines 8a through 8z	Z	Other income. List type and amount:			
10 Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8 10 -63, 680.					
	-				<u> </u>
	-				

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

Schedule 1 (Form 1040) 2022

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 Temployed health insurance deduction 17 19 Alimony paid 19a 19 Alimony paid 19a 20 IRA deduction 21 21 Reserved for future use 22 23 Archer MSA deduction 21 24 Actor fush customer reported on line 8 from the rental of personal property engaged in for profit 24a 24 24a 24a 24d 24a 24a	Par	t II Adjustments to Income					8
officials. Attach Form 2106 12 13 Health savings account deduction. Attach Form 8889 13 14 15 15 Deductible part of self-employment tax. Attach Schedule SE 15 16 Self-employed SEP, SIMPLE, and qualified plans 16 17 18 Penalty on early withdrawal of savings 18 19a Alimony paid 19a 19a 19a Alimony paid 12 20 21 Student loan interest deduction 21 22 23 Acted of ruture use 22 22 24 Other adjustments: 23 24a 24 24a 24a 24a 24 24a 24a 24a 25 Archer MSA deduction 23 24a 24 24a 24a 24a 24a 24a 24a 24a </th <th>11</th> <th>Educator expenses</th> <th></th> <th></th> <th></th> <th>11</th> <th></th>	11	Educator expenses				11	
officials. Attach Form 2106 12 13 Health savings account deduction. Attach Form 8889 13 14 15 15 Deductible part of self-employment tax. Attach Schedule SE 15 16 Self-employed SEP, SIMPLE, and qualified plans 16 17 18 Penalty on early withdrawal of savings 18 19a Alimony paid 19a 19a 19a Alimony paid 12 20 21 Student loan interest deduction 21 22 Reserved for future use 22 23 Archer MSA deduction 23 24 Other adjustments: 23 25 Represent MSA deduction of the value of Olympic and Paralympic medias and USOC prize money reported on line 81 from the rental of personal property engaged in for profit 24a 24a 24a 24a 24d 24a	12	Certain business expenses of reservists, performing artists, and fee	-basi	is qoverni	ment		
13 Health savings account deduction. Attach Form 3889 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 17 Self-employed SEP, SIMPLE, and qualified plans 16 17 Renalty on early withdrawal of savings 18 19a Alimony paid 19a b Recipient's SSN 18 c Date of original divorce or separation agreement (see instructions): 20 21 Student loan interest deduction 21 22 23 24 24 Other adjustments: 24 a Jury duty pay (see instructions) 24a b Deductible expenses related to income reported on line 81 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 24d g Contributions to section 501(c)(18)(D) pension plans 24d g Contributions to section 501(c)(18)(D) pension plans 24d i Attorney fees and court costs for actions involving certain unlawful discrimination c		officials. Attach Form 2106				12	
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 18 19a Pencipient's SSN 20 21 Student loan interest deduction 21 22 23 Archer MSA deduction 22 23 Archer MSA deduction 22 24 Other adjustments: 24 24 Other adjustments: 24 24 Other adjustments: 24 24 Other adjustments: 24 24 Archer MSA deduction 24 24 Other adjustments: 24 24 24 24 24 24 24 24 24d 24d 24	13					13	
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 18 19a Pencipient's SSN 20 21 Student loan interest deduction 21 22 23 Archer MSA deduction 22 23 Archer MSA deduction 22 24 Other adjustments: 24 24 Other adjustments: 24 24 Other adjustments: 24 24 Other adjustments: 24 24 Archer MSA deduction 24 24 Other adjustments: 24 24 24 24 24 24 24 24 24d 24d 24	14	Moving expenses for members of the Armed Forces. Attach Form 3903				14	
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 19a c Date of original divorce or separation agreement (see instructions): 20 21 Student loan interest deduction 21 22 Reserved for future use 22 23 Archer MSA deduction 22 24 Other adjustments: 24a 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 24a c Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m 24c 24d 24d 24d 24d 24d 24d g Contributions to section 501(c)(18)(D) pension plans 24d g Contributions to section 501(c)(18)(D) pension plans 24d 24d 24d 24d 24d 24d 24d </td <td>15</td> <td></td> <td></td> <td></td> <td></td> <td>15</td> <td></td>	15					15	
17 Self-employed health insurance deduction 17 18 Penalty on early withdrawal of savings 18 19a Alimony paid 19a b Recipient's SSN 19a c Date of original divorce or separation agreement (see instructions): 20 21 Student loan interest deduction 21 22 Reserved for future use 22 23 Archer MSA deduction 23 24 Other adjustments: 23 a Jury duty pay (see instructions) 24a 24 24b 24b 24 24d 24d 24d 24d 24d 24f 24	16					16	
18 Penalty on early withdrawal of savings 18 19a Alimony paid 19a b Recipient's SSN 19a c Date of original divorce or separation agreement (see instructions): 20 20 IRA deduction 21 21 Student loan interest deduction 21 22 Reserved for future use 22 23 Archer MSA deduction 23 24 Other adjustments: 23 a Jury duty pay (see instructions) 24a b Deductible expenses related to income reported on line 81 from the rental of personal property engaged in for profit 24a c Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m 24d 24d 24d 24d 24d 24d 24d g Contributions to section 501(c)(18)(D) pension plans 24g f Contributions by certain chaplains to section involving certain unlawful discrimination claims (see instructions) 24h i Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions) 24i j Housing deductio	17						
19a Alimony paid 19a b Recipient's SSN 19a c Date of original divorce or separation agreement (see instructions): 20 20 IRA deduction 21 21 Student loan interest deduction 21 22 Reserved for future use 23 24 Other adjustments: 24a 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 c Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m 24c g Contributions by certain chaplains to section folls) plans 24g f Contributions by certain chaplains to section folls) plans 24g g Contributions by certain costs for actions involving certain unlawful discrimination claims (see instructions) 24g j Housing deduction from Form 2555 24i z 24i 24i 24i 24i 24i 24i 24i 24i 24i 24i	18					18	
b Recipient's SSN	19a						
c Date of original divorce or separation agreement (see instructions): 20 20 IRA deduction							
20 IRA deduction		Date of original divorce or separation agreement (see instructions):					
21 Student loan interest deduction 21 22 Reserved for future use 22 23 Archer MSA deduction 23 24 Other adjustments: 23 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 24a c Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m 24d e Repayment of supplemental unemployment benefits under the Trade Act of 1974 24d g Contributions to section 501(c)(18)(D) pension plans 24d g Contributions to section 501(c)(18)(D) pension plans 24d g Contributions by certain chaplains to section with an award from the IRS for information you provided that helped the IRS detect tax law violations 24i 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 24i z 24i 24i 24i 24i 24i 24i 24i 24i 24i 24i 24i 24i 24i	20					20	
22 Reserved for future use 22 23 Archer MSA deduction 23 24 Other adjustments: 24a a Jury duty pay (see instructions) 24a b Deductible expenses related to income reported on line 8 from the rental of personal property engaged in for profit 24a 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 24d g Contributions to section 501(c)(18)(D) pension plans 24f g Contributions to section 501(c)(18)(D) pension plans 24g i 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 z Other adjustments. List type and amount: 24z 24z 24z 24z 24a 24z 24i 244							
23 Archer MSA deduction 23 24 Other adjustments: 24 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 24f g Contributions to section 501(c)(18)(D) pension plans 24g f Contributions by certain chaplains to section 403(b) plans 24g t Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions) 24h j Housing deduction from Form 2555 24i j Housing deduction sof section 67(e) expenses from Schedule K-1 (Form 1041) 24k z 24k 24k z4i 24k 24i z4i 24k 24i z4i 24k 24i z4i 24k 24i z4i 24i 24i							
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 24b c Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m 24c 24c d Reforestation amortization and expenses 24d 24d e Repayment of supplemental unemployment benefits under the Trade Act of 1974 24f 24e g Contributions to section 501(c)(18)(D) pension plans 24g 24g g Contributions by certain chaplains to section 403(b) plans 24g 24h i Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions) 24h 24h j Housing deduction from Form 2555 24i 24i 24i 24i 24i 24i 24i 24k zother adjustments. List type and amount: 24z 24i 24i 25 Total other adjustments. Add lines 24a through 24z 24z 24z 25 Total other adjustments. Add lines 24a through 24z 24z 24z 24z <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>							
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 24d g 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) 24i j Housing deduction from Form 2555 24i i Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041) 24k i Other adjustments. List type and amount: 24i 24i 24i 24i							
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) 24i j Housing deduction from Form 2555 24i j Housing deduction sof section 67(e) expenses from Schedule K-1 (Form 1041) 24k z Other adjustments. List type and amount: 24k z4z 24z z4z 24i z4z 24i		•	24a				
 rental of personal property engaged in for profit Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m d Reforestation amortization and expenses e Repayment of supplemental unemployment benefits under the Trade Act of 1974 f Contributions to section 501(c)(18)(D) pension plans g Contributions by certain chaplains to section 403(b) plans h Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions) 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 j Housing deduction from Form 2555 z Other adjustments. List type and amount: 24i 	_						
 c Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m			24b				
and USOC prize money reported on line 8m 24c d Reforestation amortization and expenses e Repayment of supplemental unemployment benefits under the Trade Act of 1974 Act of 1974 24e f Contributions to section 501(c)(18)(D) pension plans g Contributions by certain chaplains to section 403(b) plans h Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions) 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 j Housing deduction from Form 2555 k Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041) iOther adjustments. List type and amount: 24i 225 Total other adjustments. Add lines 24a through 24z 26	c						
d Reforestation amortization and expenses e Repayment of supplemental unemployment benefits under the Trade Act of 1974 Act of 1974 24e f Contributions to section 501(c)(18)(D) pension plans g Contributions by certain chaplains to section 403(b) plans h Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions) 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 j Housing deduction from Form 2555 i Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041) i Other adjustments. List type and amount: 24i 24i 24i 24i 24i 24i	· ·		24c				
 e Repayment of supplemental unemployment benefits under the Trade Act of 1974	b						
Act of 1974 24e f Contributions to section 501(c)(18)(D) pension plans g Contributions by certain chaplains to section 403(b) plans h Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions) 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 j Housing deduction from Form 2555 k Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041) z Other adjustments. List type and amount: 25 Total other adjustments. Add lines 24a through 24z 26 Add lines 11 through 23 and 25. These are your adjustments to income. Enter here and on							
 f Contributions to section 501(c)(18)(D) pension plans	Ũ		24e				
 g Contributions by certain chaplains to section 403(b) plans	f						
 h Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions). 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 j Housing deduction from Form 2555. k Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041) z Other adjustments. List type and amount: 24i 24i<td>-</td><td></td><td></td><td></td><td></td><td></td><td></td>	-						
 discrimination claims (see instructions)			9				
 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 j Housing deduction from Form 2555 k Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041) 24i 24j 24k 			24h				
<pre>from the IRS for information you provided that helped the IRS detect tax law violations</pre>	i						
tax law violations 24i j Housing deduction from Form 2555 k Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041) z Other adjustments. List type and amount: 24j 24k 24k 24z 24z 24z 25 Total other adjustments. Add lines 24a through 24z 26 Add lines 11 through 23 and 25. These are your adjustments to income. Enter here and on		from the IRS for information you provided that helped the IRS detect					
 j Housing deduction from Form 2555			24i				
k Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041) 24k 20 Other adjustments. List type and amount: 21 24k 22 24z 23 Total other adjustments. Add lines 24a through 24z 26 Add lines 11 through 23 and 25. These are your adjustments to income. Enter here and on	i						
1041) 24k Z Other adjustments. List type and amount: 25 Total other adjustments. Add lines 24a through 24z 26 Add lines 11 through 23 and 25. These are your adjustments to income. Enter here and on	J k						
z Other adjustments. List type and amount: 24z 24z 25 Total other adjustments. Add lines 24a through 24z 25 25 26 Add lines 11 through 23 and 25. These are your adjustments to income. Enter here and on 25	r\		24k				
25 Total other adjustments. Add lines 24a through 24z 24z 25 26 Add lines 11 through 23 and 25. These are your adjustments to income. Enter here and on 25	7					-	
 25 Total other adjustments. Add lines 24a through 24z	~		247				
26 Add lines 11 through 23 and 25. These are your adjustments to income. Enter here and on	25					25	
						20	
	20					26	
BAA REV 01/24/23 PRO Schedule 1 (Form 1040) 20							1 (Earm 1040) 00

SCHEDULI	Ξ2
(Form 1040)	

Additional Taxes

OMB No. 1545-0074

22

20

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

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

Department of the Treasury Attachment Internal Revenue Service Sequence No. 02 Name(s) shown on Form 1040, 1040-SR, or 1040-NR Your social security number VIVEK BHANDARI & SWATI GUPTA 588-77-3305 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 -

6	Uncollected social security and Medicare tax on wages. AttachForm 89196		
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 \ldots	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	1,073.
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	
	(00)	ontinu	ued on page 2

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

2)

Schedule 2 (Form 1040) 2022

Par	t II Other Taxes (continued)			
17	Other additional taxes:			
а	Recapture of other credits. List type, form number, and amount:			
		17a		
b	Recapture of federal mortgage subsidy, if you sold your home			
		17b	-	
	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		
е	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			
Ŀ.	fractional interest in tangible personal property	17g	-	
n	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		
I	Tax on accumulation distribution of trusts	171		
m	Excise tax on insider stock compensation from an expatriated	47		
	corporation	17m	-	
п	Look-back interest under section 167(g) or 460(b) from Form 8697 or 8866	17n		
ο	Tax on non-effectively connected income for any part of the			
	year you were a nonresident alien from Form 1040-NR	170	-	
р	Any interest from Form 8621, line 16f, relating to distributions	17-		
a	from, and dispositions of, stock of a section 1291 fund Any interest from Form 8621, line 24	17p 17g	-	
q z	Any other taxes. List type and amount:		1	
2		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 taxe			
	on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b		21	1,073.
	BAA	REV 01/24/23 PRO	Schedu	ule 2 (Form 1040) 2022

Additional Credits and Payments

OMB No. 1545-0074 20

2

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

	partment of the Treasury ernal Revenue Service Go to www.irs.gov/Form1040 for instructions and the latest information.				At	tachment equence No. 03
Name	cial se	ecurity number				
		& SWATI GUPTA undable Credits		588-7	7-33	05
Par					_	
1	0	credit. Attach Form 1116 if required		ł	1	
2	Credit for cl Form 2441	hild and dependent care expenses from Form 244			2	
3	Education cr	edits from Form 8863, line 19...........			3	
4	Retirement s	avings contributions credit. Attach Form 8880			4	
5	Residential e	energy credits. Attach Form 5695			5	
6	Other nonref	undable credits:				
а	General busi	ness credit. Attach Form 3800	6a			
b	Credit for pri	or year minimum tax. Attach Form 8801	6b			
с	Adoption cre	edit. Attach Form 8839..............	6c			
d	Credit for the	e elderly or disabled. Attach Schedule R	6d			
е	Alternative m	notor vehicle credit. Attach Form 8910	6e			
f	Qualified plu	g-in motor vehicle credit. Attach Form 8936	6f	7,500.		
g	Mortgage int	erest credit. Attach Form 8396	6g			
h	District of Co	lumbia first-time homebuyer credit. Attach Form 8859	6h			
i	Qualified ele	ctric vehicle credit. Attach Form 8834	6i			
j	Alternative fu	el vehicle refueling property credit. Attach Form 8911	6j			
k	Credit to hol	ders of tax credit bonds. Attach Form 8912	6k			
Т	Amount on F	Form 8978, line 14. See instructions	61			
z	Other nonref	undable credits. List type and amount:				
			6z			
7	Total other n	onrefundable credits. Add lines 6a through 6z			7	7,500.
8	Add lines 1	through 5 and 7. Enter here and on Form 1040, 1040)-SR, or 104	40-NR,		
	line 20			•••	8	7,500.
						ed on page 2)
For Pa	perwork Reduction	on Act Notice, see your tax return instructions. BAA	REV 01/24/23	PRO S	chedule	e 3 (Form 1040) 2022

Schedu	le 3 (Form 1040) 2022				Page 2
Par	t II Other Payments and Refundable Credits				
9	Net premium tax credit. Attach Form 8962			9	
10	Amount paid with request for extension to file (see instructions) .			10	
11	Excess social security and tier 1 RRTA tax withheld			11	3,502.
12	Credit for federal tax on fuels. Attach Form 4136			12	
13	Other payments or refundable credits:				
а	Form 2439	13a			
b	Credit for qualified sick and family leave wages paid in 2022 from Schedule(s) H for leave taken before April 1, 2021	13b			
С	Reserved for future use	13c			
d	Credit for repayment of amounts included in income from earlier years	13d			
е	Reserved for future use	13e			
f	Deferred amount of net 965 tax liability (see instructions)	13f			
g	Reserved for future use	13g			
h	Credit for qualified sick and family leave wages paid in 2022 from Schedule(s) H for leave taken after March 31, 2021, and before October 1, 2021	13h			
z	Other payments or refundable credits. List type and amount:	13z			
14	Total other payments or refundable credits. Add lines 13a through	n 13z		14	
15	Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040 line 31		or 1040-NR,	15	3,502.
	BAA REV	/ 01/24/23 F	PRO	Schedul	e 3 (Form 1040) 2022

SCHEDULE C (Form 1040)

ortmont of the Tr

Profit or Loss From Business (Sole Proprietorship)

OMB No. 1545-0074 20 22

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

	Revenue Service Attach to F	orm 10	40, 1040-SR, 1040-NR, or	1041;	partnerships must generally file Fo	orm 106	5. Sequence No. 09
Name	of proprietor					Social	security number (SSN)
SWAT	TI GUPTA					133-	77-8737
A	Principal business or profession	on, inclu	ding product or service (se	e instru	uctions)		r code from instructions
	SOFTWARE SERVICES					5	19200
С	Business name. If no separate	busine	ss name, leave blank.				oyer ID number (EIN) (see instr.)
	GUPTA SOFTWARE SER	VICE	S			•	
E	Business address (including si			R DR	S, Apt. 1807		
	City, town or post office, state				, NJ 07310		
F		Cash			Other (specify)		
G	• • • •	_			2022? If "No," see instructions for li	mit on lo	sses . 🗙 Yes 🗌 No
Н							
1					n(s) 1099? See instructions		
J							
Part		1					
1	Gross receipts or sales. See in	nstructio	ons for line 1 and check the	box if	this income was reported to you on		
-	•					1	
2	Returns and allowances					2	
3	Subtract line 2 from line 1 .					3	
4		42) .				4	
5	Gross profit. Subtract line 4 f	rom line				5	
6	Other income, including feder	al and s	tate gasoline or fuel tax cre	dit or r	refund (see instructions)	6	
7			•		· · · · · · · · · · · ·		
Part			s for business use of yo				
8	Advertising	8		18	Office expense (see instructions) .	18	
9	Car and truck expenses			19	Pension and profit-sharing plans .	19	
· ·	(see instructions)	9		20	Rent or lease (see instructions):		
10	Commissions and fees	10		а	Vehicles, machinery, and equipment	20a	
11	Contract labor (see instructions)	11		b	Other business property	20b	32,400.
12	Depletion	12		21	Repairs and maintenance	21	
13	Depreciation and section 179			22	Supplies (not included in Part III) .	22	
	expense deduction (not included in Part III) (see			23	Taxes and licenses	23	
	instructions)	13		24	Travel and meals:		
14	Employee benefit programs			а	Travel	24a	
	(other than on line 19)	14		b	Deductible meals (see		
15	Insurance (other than health)	15			instructions)	24b	2,400.
16	Interest (see instructions):			25	Utilities	25	4,680.
а	Mortgage (paid to banks, etc.)	16a		26	Wages (less employment credits)	26	
b	Other	16b		27a	Other expenses (from line 48)	27a	24,200.
17	Legal and professional services	17		b	Reserved for future use	27b	
28	Total expenses before expen	ises for	business use of home. Add	l lines 8	8 through 27a	28	63,680.
29	Tentative profit or (loss). Subt	ract line	28 from line 7			29	-63,680.
30	Expenses for business use c	of your l	home. Do not report these	e expe	nses elsewhere. Attach Form 8829		
	unless using the simplified me						
	Simplified method filers only	: Enter	the total square footage of	(a) you		.	
	and (b) the part of your home	used for	r business:		. Use the Simplified		
	Method Worksheet in the inst	ructions	to figure the amount to en	ter on l	line 30	30	
31	Net profit or (loss). Subtract	line 30 f	from line 29.		,		
	• If a profit, enter on both Sch checked the box on line 1, see					31	-63,680.
	• If a loss, you must go to line	e 32.			J		
32	If you have a loss, check the b	box that	describes your investment	in this	activity. See instructions.		
	• If you checked 32a, enter th SE, line 2. (If you checked the Form 1041, line 3.		•		· · ·		All investment is at risk.
	• If you checked 32b, you mu	st attac	h Form 6198. Your loss ma	ay be li	mited.	-	at risk.

REV 01/24/23 PRO

	le C (Form 1040) 2022			Page 2
Part	Cost of Goods Sold (see instructions)			
33	Method(s) used to value closing inventory: a Cost b Lower of cost or market c Other (attac	h exp	planation)	
34	Was there any change in determining quantities, costs, or valuations between opening and closing inventory If "Yes," attach explanation	·?	<i>,</i>	🗌 No
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35		
36	Purchases less cost of items withdrawn for personal use	36		
37	Cost of labor. Do not include any amounts paid to yourself	37		
38	Materials and supplies	38		
39	Other costs	39		
40	Add lines 35 through 39	40		
41	Inventory at end of year	41		
42	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4	42		
Part	Information on Your Vehicle. Complete this part only if you are claiming car or tr are not required to file Form 4562 for this business. See the instructions for line 13 Form 4562.			
43 44	When did you place your vehicle in service for business purposes? (month/day/year)		for:	
а	Business b Commuting (see instructions) c Oth	her _		
45	Was your vehicle available for personal use during off-duty hours?		🗌 Yes	No
46	Do you (or your spouse) have another vehicle available for personal use?		Yes	No No
47a	Do you have evidence to support your deduction?		🗌 Yes	No No
⊳ Part	If "Yes," is the evidence written?	. 30.	. 🗌 Yes	No No
	· · ·			
BA	CK OFFICE OPERATIONAL EXPENSES			24,200.
48	Total other expenses. Enter here and on line 27a	48		24,200.

	ONDE	
Form	0750	
1 01111		

Department of the Treasury

Internal Revenue Service Name(s) shown on return

(Rev. December 2022)

Qualified Plug-in Electric Drive Motor Vehicle Credit

(Including Qualified Two-Wheeled Plug-in Electric Vehicles and New Clean Vehicles)

OMB No. 1545-2137

%_

Attach to your tax return.

Attachment Sequence No. 69

Go to www.irs.gov/Form8936 for instructions and the latest information.

Identifying number 588-77-3305

VIVEK BHANDARI & SWATI GUPTA

	narato						
electric vehicles acquired before but placed in service in 2022, and new clean vehicles placed in service after 2022. See separate							
instructions for vehicle definitions and other requirements.							
Part I Tentative Credit							
Use a separate column for each vehicle. If you need more columns, use additional Forms 8936 and include the totals on lines 12 and 19. (b) Vehicle 2	;2						
TESLA							
1 Year, make, and model of vehicle . . 1 MODEL 3							

2	Vehicle identification number (see instructions)	2	5YJ3E1EB2NF343433	
3	Enter date vehicle was placed in service (MM/DD/YYYY)	3	08/15/2022	
4a	If the vehicle is a two-wheeled vehicle, enter the cost of the vehicle. If the vehicle has at least four wheels, see instructions	4a	7,500.	
b	Phase-out percentage (see instructions)	4b	100.00 %	
с	Tentative credit. Multiply line 4a by line 4b	4c	7,500.	

Next: If you did NOT use your vehicle for business or investment purposes and did not have a credit from a partnership or S corporation, skip Part II and go to Part III. All others, go to Part II.

Par	II Credit for Business/Investment Use Part of	Vehio	cle						
5	Business/investment use percentage (see instructions)	5		%		%			
6	Multiply line 4c by line 5. If the vehicle has at least four wheels, leave lines 7 through 10 blank and go to line 11	6				С			
7	Section 179 expense deduction (see instructions) .	7							
8	Subtract line 7 from line 6	8							
9	Multiply line 8 by 10% (0.10)	9							
10	Maximum credit per vehicle	10	2	,500	2	2,500			
11	For vehicles with four or more wheels, enter the amount from line 6. If the vehicle is a two-wheeled vehicle, enter the smaller of line 9 or line 10	11							
12	Add columns (a) and (b) on line 11			12					
13	Qualified plug-in electric drive motor vehicle credit from p (see instructions)			13					
14	Business/investment use part of credit. Add lines S corporations, stop here and report this amount on Sch amount on Form 3800, Part III, line 1y	nedule	K. All others, report this	14	E .				
Note	Note: Complete Part III to figure any credit for the personal use part of the vehicle.								

For Paperwork Reduction Act Notice, see separate instructions.

Form 8936 (Rev. 12-2022)

III Credit for Personal Use Part of Vehicle				
		(a) Vehicle 1		(b) Vehicle 2
If you skipped Part II, enter the amount from line 4c. If you completed Part II, subtract line 6 from line 4c. If the vehicle has at least four wheels, leave lines 16 and 17 blank and go to line 18	15	7,5	00.	_
Multiply line 15 by 10% (0.10)	16			
Maximum credit per vehicle. If you skipped Part II, enter \$2,500. If you completed Part II, subtract line 11 from line 10	17			
For vehicles with four or more wheels placed in service before 2023, enter the amount from line 15. If the vehicle is a two-wheeled vehicle, enter the smaller of line 16 or line 17. For vehicles placed in service after 2022, see instructions	18	7,5	00.	
Add columns (a) and (b) on line 18			19	7,500.
Enter the amount from Form 1040, 1040-SR, or 1040-NR,	line	18	20	51,677.
Personal credits from Form 1040, 1040-SR, or 1040-NR (s	see ir	nstructions)	21	
			22	51,677.
•			23 REV 01	7,500. 1/24/23 PRO Form 8936 (Rev. 12-2022)
	If you skipped Part II, enter the amount from line 4c. If you completed Part II, subtract line 6 from line 4c. If the vehicle has at least four wheels, leave lines 16 and 17 blank and go to line 18	If you skipped Part II, enter the amount from line 4c. If you completed Part II, subtract line 6 from line 4c. If the vehicle has at least four wheels, leave lines 16 and 17 blank and go to line 18	(a) Vehicle 1 If you skipped Part II, enter the amount from line 4c. If you completed Part II, subtract line 6 from line 4c. If the vehicle has at least four wheels, leave lines 16 and 17 blank and go to line 18 Multiply line 15 by 10% (0.10) Maximum credit per vehicle. If you skipped Part II, enter \$2,500. If you completed Part II, subtract line 11 from line 10 For vehicles with four or more wheels placed in service before 2023, enter the amount from line 15. If the vehicle is a two-wheeled vehicle, enter the smaller of line 16 or line 17. For vehicles placed in service after 2022, see instructions Add columns (a) and (b) on line 18	(a) Vehicle 1 If you skipped Part II, enter the amount from line 4c. If you completed Part II, subtract line 6 from line 4c. If the vehicle has at least four wheels, leave lines 16 and 17 blank and go to line 18 15 7, 500. Multiply line 15 by 10% (0.10) 16 16 16 Maximum credit per vehicle. If you skipped Part II, enter \$2,500. If you completed Part II, subtract line 11 from line 10 17 17 For vehicles with four or more wheels placed in service before 2023, enter the amount from line 15. If the vehicle is a two-wheeled vehicle, enter the smaller of line 16 or line 17. For vehicles placed in service after 2022, see instructions 18 7, 500. Add columns (a) and (b) on line 18 19 20 Personal credits from Form 1040, 1040-SR, or 1040-NR, line 18 20 Subtract line 21 from line 20. If zero or less, enter -0- and stop here. You cannot claim the personal use part of the credit 21 Personal use part of credit. Enter the smaller of line 19 or line 22 here and on Schedule 3 (Form 1040), line 6f. If line 22 is smaller than line 19, see instructions 23

DO NOT FILE

Form **8959** Department of the Treasury

Name(s) shown on return

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. OMB No. 1545-0074

Attachment Sequence No. 71

Internal Revenue Service Go to www.irs.g

Your social security number 588-77-3305

VIVE	K BHANDARI & SWATI GUPTA		588-	77-33	805
Part	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	369,271.		
2	Unreported tips from Form 4137, line 6	2			
3	Wages from Form 8919, line 6	3			
4	Add lines 1 through 3	4	369,271.		
5	Enter the following amount for your filing status:				
	Married filing jointly				
	Married filing separately				
	Single, Head of household, or Qualifying surviving spouse \$200,000	5	250,000.		
6	Subtract line 5 from line 4. If zero or less, enter -0			6	119,271.
7	Additional Medicare Tax on Medicare wages. Multiply line 6 by 0.9% (0.009).				
	Part II			7	1,073.
Part	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				
	Married filing separately				
	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	II Additional Medicare Tax on Railroad Retirement Tax Act (RRTA)	Com	npensation		
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				
	Married filing separately				
	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 lin				
	Enter here and go to Part IV			17	
Part					
18	Add lines 7, 13, and 17. Also include this amount on Schedule 2 (Form 1040), lin				
	or 1040-SS filers, see instructions), and go to Part V			18	1,073.
Part					
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	5,354.		
20	Enter the amount from line 1	20	369,271.	-	
21	Multiply line 20 by 1.45% (0.0145). This is your regular Medicare tax withholding on Medicare wages	21	5,354.		
22	Subtract line 21 from line 19. If zero or less, enter -0 This is your Add withholding on Medicare wages			22	0.
23	Additional Medicare Tax withholding on railroad retirement (RRTA) compensation 14 (see instructions)			23	
24	Total Additional Medicare Tax withholding. Add lines 22 and 23. Also inclu				
67	federal income tax withholding on Form 1040, 1040-SR, or 1040-NR, line 25 1040-SS filers, see instructions)	ic (Fo	rm 1040-PR or	24	0.
For Pa	norwork Doduction Act Nation, and your tax return instructions				Form 8959 (2022)
	BAA BAA		REV 01/24/23 PRO		

Form **8960**

Department of the Treasury Internal Revenue Service

Net Investment Income Tax— Individuals, Estates, and Trusts

OMB No. 1545-2227

Attachment Sequence No. 72

Attach to your tax return.

Go to www.irs.gov/Form8960 for instructions and the latest information.

.,	shown on your tax return		١	Your soc	ial se	curity number or EIN
	K BHANDARI & SWATI GUPTA			588-'	77-3	3305
Part	I Investment Income Section 6013(g) election (see instructions)					
	Section 6013(h) election (see instructions)					
	Regulations section 1.1411-10(g) election (see instant	structio	ons)			
1	Taxable interest (see instructions)				1	
2	Ordinary dividends (see instructions)				2	
3	Annuities (see instructions)	• •		. [3	
4a	Rental real estate, royalties, partnerships, S corporations, trusts, etc. (see					
	instructions)	4a	-63,6	580.		
b	Adjustment for net income or loss derived in the ordinary course of a non-					
	section 1411 trade or business (see instructions)	4b	63,6	580.		
С	Combine lines 4a and 4b			. [4c	0.
5a	Net gain or loss from disposition of property (see instructions)	5a				
b	Net gain or loss from disposition of property that is not subject to net					
	investment income tax (see instructions)	5b				
с	Adjustment from disposition of partnership interest or S corporation stock (see					
	instructions)	5c		_		
d	Combine lines 5a through 5c			. [5d	
6	Adjustments to investment income for certain CFCs and PFICs (see instructions)			. [6	
7	Other modifications to investment income (see instructions)				7	
8	Total investment income. Combine lines 1, 2, 3, 4c, 5d, 6, and 7				8	0.
Part	II Investment Expenses Allocable to Investment Income and Modifie	catior	าร			
9a	Investment interest expenses (see instructions)	9a				
b	State, local, and foreign income tax (see instructions)	9b				
С	Miscellaneous investment expenses (see instructions)	9c				
d	Add lines 9a, 9b, and 9c				9d	
10	Additional modifications (see instructions)				10	
11	Total deductions and modifications. Add lines 9d and 10				11	
Part	II Tax Computation					
12	Net investment income. Subtract Part II, line 11, from Part I, line 8. Individuals, c					
	Estates and trusts, complete lines 18a–21. If zero or less, enter -0			· [12	0.
	Individuals:					
13	Modified adjusted gross income (see instructions)	13	292,5	592.		
14	Threshold based on filing status (see instructions)	14	250,0			
15	Subtract line 14 from line 13. If zero or less, enter -0	15	42,5			
16	Enter the smaller of line 12 or line 15				16	0.
17	Net investment income tax for individuals. Multiply line 16 by 3.8% (0.038). Ent		e and incl	ude		
	on your tax return (see instructions)	· ·		· [17	0.
	Estates and Trusts:					
18a	Net investment income (line 12 above)	18a				
b	Deductions for distributions of net investment income and deductions under					
		18b				
С	Undistributed net investment income. Subtract line 18b from line 18a (see					
		18c				
19a		19a				
b	5	19b				
С		19c				
20				-	20	
21	Net investment income tax for estates and trusts. Multiply line 20 by 3.8% (0.0 include on your tax return (see instructions)				21	
Ear Da	include on your tax return (see instructions)			•	21	Form 8960 (2022)
rur Pa	perwork Reduction Act Notice, see your tax return instructions. BAA	KEV (01/24/23 PRO			Form 0300 (2022)

Additional Information From 2022 Federal Tax Return

Schedule C (SOFTWARE SERVICES): Profit or Loss from Business

Line 20b	Itemization Statement
Description	Amount
RENT(12M*\$2700PM)	32,400.
Total	32,400.

Schedule C (SOFTWARE SERVICES): Profit or Loss from Business Line 25

Line 25	Itemization Statement
Description	Amount
MOBILE(12M*\$60PM)	720.
INTERNET(12M*\$80PM)	960.
ELECTRICITY(12M*\$250PM)	3,000.
Tota	I 4,680.

1



You may pay your 2022 New Jersey income taxes or make payment of estimated tax for 2023 by credit card by visiting the Division's website at <u>nj.gov/taxation</u>.

Payment by E-Check

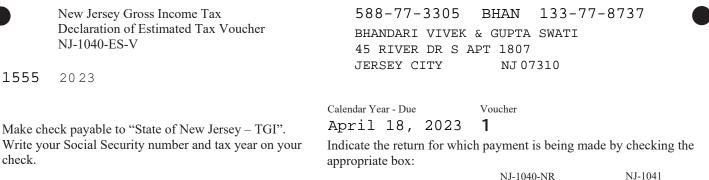
You may pay your 2022 New Jersey income taxes or make a payment of estimated tax for 2023 by e-check. This option is available on the Division's Website at: <u>nj.gov/taxation</u>. Taxpayers who do not have access to the Internet can make a payment by calling the Division's Customer Service Call Center at 609-292-6400. **Do not use the payment voucher if you pay your taxes by e-check.**

Payment by Check

If you are paying your 2023 New Jersey estimated income taxes by check, be sure to enclose the payment voucher printed below with your check or money order and mail to: State of New Jersey, Division of Taxation, Revenue Processing Center, PO Box 222, Trenton, NJ 08646-0222.

If you are married/civil union couple, filing jointly, be sure that the Social Security number which is first on this payment voucher is the Social Security number on your check and is listed first when filing your Income Tax return.

DO NOT CUT THIS PAGE



NJ-1040

N

State of New Jersey Division of Taxation Revenue Processing Center PO Box 222 Trenton, NJ 08646-0222

Enter amount of payment here:

NJ-1080-C

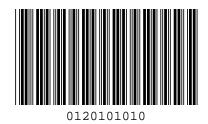
421.00

F

NJ-1041SB



r X



You may pay your 2022 New Jersey income taxes or make payment of estimated tax for 2023 by credit card by visiting the Division's website at nj.gov/taxation.

Payment by E-Check

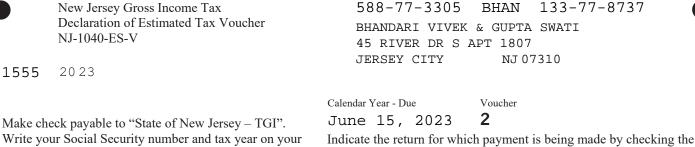
You may pay your 2022 New Jersey income taxes or make a payment of estimated tax for 2023 by e-check. This option is available on the Division's Website at: nj.gov/taxation. Taxpayers who do not have access to the Internet can make a payment by calling the Division's Customer Service Call Center at 609-292-6400. Do not use the payment voucher if you pay your taxes by e-check.

Payment by Check

If you are paying your 2023 New Jersey estimated income taxes by check, be sure to enclose the payment voucher printed below with your check or money order and mail to: State of New Jersey, Division of Taxation, Revenue Processing Center, PO Box 222, Trenton, NJ 08646-0222.

If you are married/civil union couple, filing jointly, be sure that the Social Security number which is first on this payment voucher is the Social Security number on your check and is listed first when filing your Income Tax return.

DO NOT CUT THIS PAGE



Write your Social Security number and tax year on your check.

State of New Jersey Division of Taxation Revenue Processing Center PO Box 222 Trenton, NJ 08646-0222

appropriate box: NJ-1040-NR NJ-1041 NJ-1041SB NJ-1040 NJ-1080-C R X Ν F

Enter amount of payment here:

421.00







You may pay your 2022 New Jersey income taxes or make payment of estimated tax for 2023 by credit card by visiting the Division's website at <u>nj.gov/taxation</u>.

Payment by E-Check

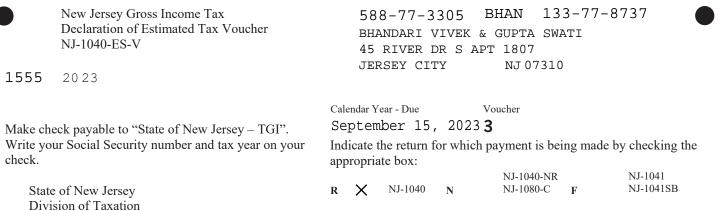
You may pay your 2022 New Jersey income taxes or make a payment of estimated tax for 2023 by e-check. This option is available on the Division's Website at: <u>nj.gov/taxation</u>. Taxpayers who do not have access to the Internet can make a payment by calling the Division's Customer Service Call Center at 609-292-6400. **Do not use the payment voucher if you pay your taxes by e-check.**

Payment by Check

If you are paying your 2023 New Jersey estimated income taxes by check, be sure to enclose the payment voucher printed below with your check or money order and mail to: State of New Jersey, Division of Taxation, Revenue Processing Center, PO Box 222, Trenton, NJ 08646-0222.

If you are married/civil union couple, filing jointly, be sure that the Social Security number which is first on this payment voucher is the Social Security number on your check and is listed first when filing your Income Tax return.

DO NOT CUT THIS PAGE



Enter amount of payment here:

421.00





Revenue Processing Center

Trenton, NJ 08646-0222

PO Box 222



You may pay your 2022 New Jersey income taxes or make payment of estimated tax for 2023 by credit card by visiting the Division's website at <u>nj.gov/taxation</u>.

Payment by E-Check

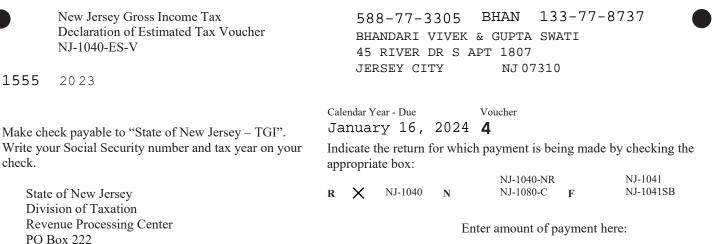
You may pay your 2022 New Jersey income taxes or make a payment of estimated tax for 2023 by e-check. This option is available on the Division's Website at: <u>nj.gov/taxation</u>. Taxpayers who do not have access to the Internet can make a payment by calling the Division's Customer Service Call Center at 609-292-6400. **Do not use the payment voucher if you pay your taxes by e-check.**

Payment by Check

If you are paying your 2023 New Jersey estimated income taxes by check, be sure to enclose the payment voucher printed below with your check or money order and mail to: State of New Jersey, Division of Taxation, Revenue Processing Center, PO Box 222, Trenton, NJ 08646-0222.

If you are married/civil union couple, filing jointly, be sure that the Social Security number which is first on this payment voucher is the Social Security number on your check and is listed first when filing your Income Tax return.

DO NOT CUT THIS PAGE



421.00





Trenton, NJ 08646-0222

REV 01/24/23 PRO



You may pay your 2022 New Jersey income taxes or make payment of estimated tax for 2023 by credit card by visiting the Division's website at <u>nj.gov/taxation</u>.

Payment by E-Check

You may pay your 2022 New Jersey income taxes or make a payment of estimated tax for 2023 by e-check. This option is available on the Division's Website at: <u>nj.gov/taxation</u>. Taxpayers who do not have access to the Internet can make a payment by calling the Division's Customer Service Call Center at 609-292-6400. **Do not use the payment voucher if you pay your taxes by e-check**.

Payment by Check

If you are paying your 2022 New Jersey income taxes, with your return, by check, be sure to enclose the payment voucher printed below with your check or money order. Mail to: State of New Jersey, Division of Taxation, Revenue Processing Center, PO Box 111, Trenton, NJ 08645-0111.

If you are paying your 2022 New Jersey income taxes, separate from your return, by check, be sure to enclose the payment voucher printed below with your check or money order. Mail to: State of New Jersey, Division of Taxation, Revenue Processing Center, PO Box 643, Trenton, NJ 08646-0643.

If you are making your first installment payment of estimated tax for 2023, use separate checks or money orders for each payment. Send your 2023 estimated tax payment with a NJ-1040-ES voucher to: State of New Jersey, Division of Taxation, Revenue Processing Center, PO Box 222, Trenton, NJ 08646-0222.

DO NOT CUT THIS PAGE

New Jersey Gross Income Tax Resident Payment Voucher NJ-1040-V 588-77-3305 BHAN 133-77-8737 BHANDARI VIVEK & GUPTA SWATI 45 RIVER DR S APT 1807 JERSEY CITY NJ 07310

1555 2022

Make your check payable to "State of New Jersey – TGI". Write your Social Security number and tax year on your check.

State of New Jersey Division of Taxation Revenue Processing Center PO Box 643 Trenton, NJ 08646-0643

Enter amount of payment here:

1440.00







2022 NJ-1040 New Jersey Resident Income Tax Return

For Privacy Act Notification, See Instructions

ZIP Code

07310

1555

No No

Page 1 Your Social Security Number (required)

588773305

NJ-1040 2022

Ω

Last Name, First Name, Initial (Joint Filers enter first name and middle initial of each. Enter spouse's/CU partner's last name ONLY if different.) BHANDARI VIVEK & GUPTA SWATI

Spouse's/CU Partner's SSN (if filing jointly) 133778737

> Home Address (Number and Street, including apartment number) 45 RIVER DR S APT 1807

County/Municipality Code (See Table page 50) 0906

City, Town, Post	t Office	State
JERSEY	CITY	NJ

Driver's License Number (Voluntary) (See instructions) B31807730009892

Federal extension filed.

The address above is a foreign address.

Your address has changed.

Death certificate is enclosed.

Do not want a paper form next year.

I authorize the Division of Taxation to discuss my return and enclosures with my preparer.

NJ-1040-O is enclosed.

Do y	ou want to designate \$1 to the Gubernatorial Elections Fund?	You		Yes
If joi	nt return, does your spouse want to designate \$1?	Spouse/CU Partner		Yes
Dire	ct Deposit Information			
dd1.	Direct deposit indicator (1 for direct deposit, 4 for no direct deposit)		dd1.	4
dd2.	Account type (C for checking, S for savings)		dd2.	
dd3.	Fill in the checkbox if the direct deposit is going to an account outside the United States		dd3.	
dd4.	Routing number		dd4.	
dd5.	Account number		dd5.	

Note: This does not reduce your refund or increase your balance due.



Gubernatorial Elections Fund



Γ					Name(s) as shown of BHANDAR1	on Form NJ-1040 VIVEK &	GUPTA	SW.	ATI		
NJ- 2022 Page	re 2	MP02		Your Social Securit 58877330						1555	
Part-	-year residents, provide months/days			rsev resi	dent during 2022:		Fiscal year	filers onl	v:		
Fron		5		5	6		Enter month			2 (023
								-			
	ng Status n only one.										
1.	Single										
2.	X Married/CU Couple, filing	joint retu	rn								
3.	Married/CU Partner, filing	separate 1	eturn								
4.	Head of Household					Enter spouse'	s/CU partner'	s SSN			
5.	Qualifying Widow(er)/Sur	viving CU	Partner								
	Indicate the year of your sp	pouse's/Cl	U partner'	's death:	2020	2021					
	Indicate the year of your sp mptions n the ovals that apply. You must enter a to	tal in the bo		right and c		2021					
	mptions					2021 Domestic F	'artner	2	x \$1,000 =		
Fill i 6. 7.	mptions n the ovals that apply. You must enter a to Regular Senior 65+ (Born in 1957 or earlier)	tal in the bo	xes to the r Self Self	right and c	omplete the calculation. Spouse/CU Partner Spouse/CU Partner		'artner	2	x \$1,000 =		
Fill in 6. 7. 8.	mptions n the ovals that apply. You must enter a to Regular Senior 65+ (Born in 1957 or earlier) Blind/Disabled	tal in the bo	xes to the r Self Self Self	right and c	omplete the calculation. Spouse/CU Partner Spouse/CU Partner Spouse/CU Partner		artner	2	x \$1,000 = x \$1,000 =		
Fill in 6. 7. 8. 9.	mptions n the ovals that apply. You must enter a to Regular Senior 65+ (Born in 1957 or earlier) Blind/Disabled Veteran	tal in the bo	xes to the r Self Self	right and c	omplete the calculation. Spouse/CU Partner Spouse/CU Partner		artner	2	x \$1,000 = x \$1,000 = x \$6,000 =		
Fill in 6. 7. 8. 9. 10.	mptions n the ovals that apply. You must enter a to Regular Senior 65+ (Born in 1957 or earlier) Blind/Disabled Veteran Qualified Dependent Children	tal in the bo	xes to the r Self Self Self	right and c	omplete the calculation. Spouse/CU Partner Spouse/CU Partner Spouse/CU Partner		artner	2	x \$1,000 = x \$1,000 = x \$6,000 = x \$1,500 =		
Fill in 6. 7. 8. 9. 10. 11.	mptions n the ovals that apply. You must enter a to Regular Senior 65+ (Born in 1957 or earlier) Blind/Disabled Veteran Qualified Dependent Children Other Dependents	tal in the bo	xes to the r Self Self Self Self	right and c	omplete the calculation. Spouse/CU Partner Spouse/CU Partner Spouse/CU Partner		artner	2	x \$1,000 = x \$1,000 = x \$6,000 = x \$1,500 = x \$1,500 =		
 Fill in 6. 7. 8. 9. 10. 11. 12. 	mptions n the ovals that apply. You must enter a to Regular Senior 65+ (Born in 1957 or earlier) Blind/Disabled Veteran Qualified Dependent Children Other Dependents Dependents Attending Colleges (S	tal in the bo X ee instruct	xes to the r Self Self Self Self Self	right and c	omplete the calculation. Spouse/CU Partner Spouse/CU Partner Spouse/CU Partner Spouse/CU Partner		artner	2	x \$1,000 = x \$1,000 = x \$6,000 = x \$1,500 = x \$1,500 = x \$1,000 =		
Fill in 6. 7. 8. 9. 10. 11.	mptions n the ovals that apply. You must enter a to Regular Senior 65+ (Born in 1957 or earlier) Blind/Disabled Veteran Qualified Dependent Children Other Dependents	tal in the bo X ee instruct	xes to the r Self Self Self Self Self	right and c	omplete the calculation. Spouse/CU Partner Spouse/CU Partner Spouse/CU Partner Spouse/CU Partner		'artner	2	x \$1,000 = x \$1,000 = x \$6,000 = x \$1,500 = x \$1,500 =		
 Fill in 6. 7. 8. 9. 10. 11. 12. 	mptions n the ovals that apply. You must enter a to Regular Senior 65+ (Born in 1957 or earlier) Blind/Disabled Veteran Qualified Dependent Children Other Dependents Dependents Attending Colleges (S	tal in the bo X ee instruct als from tl	xes to the r Self Self Self Self Self tions) ne lines at	t 6 throug	omplete the calculation. Spouse/CU Partner Spouse/CU Partner Spouse/CU Partner Spouse/CU Partner		artner	2	x \$1,000 = x \$1,000 = x \$6,000 = x \$1,500 = x \$1,500 = x \$1,000 =		
Fill in 6. 7. 8. 9. 10. 11. 12. 13.	mptions n the ovals that apply. You must enter a to Regular Senior 65+ (Born in 1957 or earlier) Blind/Disabled Veteran Qualified Dependent Children Other Dependents Dependents Attending Colleges (S Total Exemption Amount (Add tot	tal in the bo K ee instruct als from th he followi	xes to the r Self Self Self Self Self tions) ne lines at	t 6 throug	omplete the calculation. Spouse/CU Partner Spouse/CU Partner Spouse/CU Partner Spouse/CU Partner			2	x \$1,000 = x \$1,000 = x \$6,000 = x \$1,500 = x \$1,500 = x \$1,000 =	2000	• Health Insurance
Fill in 6. 7. 8. 9. 10. 11. 12. 13.	mptions n the ovals that apply. You must enter a to Regular Senior 65+ (Born in 1957 or earlier) Blind/Disabled Veteran Qualified Dependent Children Other Dependents Dependents Attending Colleges (S Total Exemption Amount (Add tot Dependent Information. Provide t	tal in the bo X ee instruct als from th he followi itial	xes to the r Self Self Self Self tions) ne lines at	t 6 throug	omplete the calculation. Spouse/CU Partner Spouse/CU Partner Spouse/CU Partner Spouse/CU Partner	Domestic F		2	x \$1,000 = x \$1,000 = x \$6,000 = x \$1,500 = x \$1,500 = x \$1,000 = 13.	2000	• Health Insurance
Fill in 6. 7. 8. 9. 10. 11. 12. 13. 14.	mptions n the ovals that apply. You must enter a to Regular Senior 65+ (Born in 1957 or earlier) Blind/Disabled Veteran Qualified Dependent Children Other Dependents Dependents Attending Colleges (S Total Exemption Amount (Add tot Dependent Information. Provide ti Last Name, First Name, Middle In	tal in the bo K ee instruct als from the he followi itial	xes to the r Self Self Self Self tions) ne lines at	t 6 throug	omplete the calculation. Spouse/CU Partner Spouse/CU Partner Spouse/CU Partner Spouse/CU Partner gh 12)	Domestic F		2	x \$1,000 = x \$1,000 = x \$6,000 = x \$1,500 = x \$1,500 = x \$1,000 = 13.	2000	• Health Insurance
Fill in 6. 7. 8. 9. 10. 11. 12. 13. 14. a.	mptions n the ovals that apply. You must enter a to Regular Senior 65+ (Born in 1957 or earlier) Blind/Disabled Veteran Qualified Dependent Children Other Dependents Dependents Attending Colleges (S Total Exemption Amount (Add tot Dependent Information. Provide t Last Name, First Name, Middle In	tal in the bo X ee instruct als from tl he followi itial	xes to the r Self Self Self Self tions) ne lines at	t 6 throug	omplete the calculation. Spouse/CU Partner Spouse/CU Partner Spouse/CU Partner Spouse/CU Partner	Domestic F		2	x \$1,000 = x \$1,000 = x \$6,000 = x \$1,500 = x \$1,500 = x \$1,000 = 13.	2000	• Health Insurance



NJ-1040 2022 Page 3

Name(s) as shown on Form NJ-1040 BHANDARI VIVEK & GUPTA SWATI

Your Social Security Number 588773305

1555

15.	Wages, salaries, tips, and other employee compensation (State wages from Box 16 of enclosed W-2(s)) (See instructions)	15.	362129 .
16a.	Taxable interest income (Enclose federal Schedule B if over \$1,500) (See instructions)	16a.	502125 .
16b.	Tax-exempt interest income (Enclose Schedule) (See instructions) Do not include on line 16a	16b.	•
17.	Dividends	17.	
18.	Net profits from business (Schedule NJ-BUS-1, Part I, line 4) (Enclose federal Schedule C)	18.	
19.	Net gains or income from disposition of property (Schedule NJ-DOP, line 4)	19.	
20a.	Taxable pensions, annuities, and IRA distributions/withdrawals (See instructions)	20a.	
20b.	Excludable pension, annuity, and IRA distributions/withdrawals	20b.	
21.	Distributive Share of Partnership Income (Schedule NJ-BUS-1, Part II, line 4) (Enclose Schedule NJK-1 or federal Schedule K-1)	21.	
22.	Net pro rata share of S Corporation Income (Schedule NJ-BUS-1, Part III, line 4) (Enclose Schedule NJ-K-1 or federal Schedule K-1)	22.	
23.	Net gains or income from rents, royalties, patents, and copyrights (Schedule NJ-BUS-1, Part IV, line 4)	23.	
24.	Net gambling winnings (See instructions)	24.	
25.	Alimony and separate maintenance payments received	25.	
26.	Other (Enclose documents) (See instructions)	26.	
27.	Total Income (Add lines 15, 16a, 17 through 20a, and 21 through 26)	27.	362129 .
28a.	Pension/Retirement Exclusion (See instructions)	28a.	
28b.	Other Retirement Income Exclusion (See Worksheet D and instructions pages 19-20)	28b.	
28c.	Total Exclusion Amount (Add lines 28a and 28b)	28c.	
29.	New Jersey Gross Income (Subtract line 28c from line 27) (See instructions)	29.	362129 .
30.	Exemption Amount (Enter amount from line 13. Part-year residents see instr.)	30.	2000 .
31.	Medical Expenses (See Worksheet F and instructions)	31.	
32.	Alimony and separate maintenance payments (See instructions)	32.	
33.	Qualified Conservation Contribution	33.	
34.	Health Enterprise Zone Deduction	34.	
35.	Alternative Business Calculation Adjustment (Schedule NJ-BUS-2, line 11)	35.	0.
36.	Organ/Bone Marrow Donation Deduction (See instructions)	36.	
37a.	NJBEST Deduction	37a.	
37b.	NJCLASS Deduction	37b.	•
37c.	NJ Higher Ed. Tuition Deduction	37c.	
38.	Total Exemptions and Deductions (Add lines 30 through 37c)	38.	2000 .
39.	Taxable Income (Subtract line 38 from line 29)	39.	360129 .
40a.	Total Property Taxes (18% of Rent) Paid (See instructions page 25)	40a.	
40b.	Indicate your residency status during 2022 (fill in only one) Homeowner Tenant	Both	
41.	Property Tax Deduction (From Worksheet H) (See instructions)	41.	
42.	New Jersey Taxable Income (Subtract line 41 from line 39)	42.	360129 .
43.	Tax on amount on line 42 (Tax Table page 52)	43.	18898 .
44.	Credit For Income Taxes Paid to Other Jurisdictions (Enclose Schedule NJ-COJ) (See instructions)	44.	•
	Enter Code		
45.	Balance of Tax (Subtract line 44 from line 43)	45.	18898 .
46.	Sheltered Workshop Tax Credit	46.	•
47.	Gold Star Family Counseling Credit (See instructions)	47.	•
48.	Credit for Employer of Organ/Bone Marrow Donor (See instructions)	48.	•
49.	Total Credits (Add lines 46 through 48)	49.	•
50.	Balance of Tax After Credits (Subtract line 49 from line 45) If zero or less, make no entry	50.	18898 .
51.	Use Tax Due on Internet, Mail-Order, or Other Out-of-State Purchases (See instructions) If no Use Tax, enter 0	51.	0.
52.	Interest on Underpayment of Estimated Tax	52.	•
	Fill in if Form NJ-2210 is enclosed		-
53.	Shared Responsibility Payment (See instructions) REQUIRED Enclose Schedule HCC and fill in	53.	0.



NJ-1040 2022

Page 4

Name(s) as shown on Form NJ-1040 BHANDARI VIVEK & GUPTA SWATI

Your Social Security Number 588773305

1555

54.	Total Tax Due (Add lines 50 through 53)		54.	18898	
55.	Total NJ Income Tax Withheld (Enclose Forms W-2 and 1099) (Part year, see instructions)		55.	17217	
56.	Property Tax Credit (See instructions page 24)		56.		
57.	New Jersey Estimated Tax Payments/Credit from 2021 tax return		57.		
58.	New Jersey Earned Income Tax Credit (See instructions)		58.		
	Fill in if you had the IRS calculate your federal earned income credit				
	Fill in if you are a CU couple claiming the NJ Earned Income Tax Credit				
59.	Excess New Jersey UI/WF/SWF Withheld (Enclose Form NJ-2450) (See instructions)		59.	169	
60.	Excess New Jersey Disability Insurance Withheld (Enclose Form NJ-2450) (See instructions)		60.		
61.	Excess New Jersey Family Leave Insurance Withheld (Enclose Form NJ-2450) (See instructions)		61.	72	
62.	Wounded Warrior Caregivers Credit (See instructions)		62.		
63.	Pass-Through Business Alternative Income Tax Credit (See instructions)		63.		
64.	Child and Dependent Care Credit (See instructions)		64.		
	Fill in if you are a CU couple claiming the Child and Dependent Care Credit				
65.	New Jersey Child Tax Credit (See instructions)		65.		
	Number of dependents under age 6 on 12/31/2022				
66.	Total Withholdings, Credits, and Payments (Add lines 55 through 65)		66.	17458	
67.	If line 66 is less than line 54, you have tax due. Subtract line 66 from line 54 and enter the amount you owe		67.	1440	
	If you owe tax, you can still make a donation on lines 70 through 77.				
68.	If the total on line 66 is more than line 54, you have an overpayment. Subtract line 54 from line 66 and enter	the overpayment	68.		
69.	Amount from line 68 you want to credit to your 2023 tax		69.		
70.	Contribution to N.J. Endangered Wildlife Fund		70.		
71.	Contribution to N.J. Children's Trust Fund to Prevent Child Abuse		71.		
72.	Contribution to N.J. Vietnam Veterans' Memorial Fund		72.		•
73.	Contribution to N.J. Breast Cancer Research Fund		73.		•
74.	Contribution to U.S.S. New Jersey Educational Museum Fund		74.		•
75.	Other Designated Contribution (See instructions)	Enter Code	75.		•
76.	Other Designated Contribution (See instructions)	Enter Code	76.		•
77.	Other Designated Contribution (See instructions)	Enter Code	77.		•
78.	Total Adjustments to Tax Due/Overpayment amount (Add lines 69 through 77)		78.		•
79.	Balance due (If line 67 is more than zero, add line 67 and line 78)		79.	1440	•
80.	Refund amount (If line 68 is more than zero, subtract line 78 from line 68)		80.		•

2_

3____

Under penalties of perjury, I declare that I have the best of my knowledge and belief, it is true based on all information of which the prepare	Enclose payment along with the NJ-1040-V payment voucher and tax return. Use the labels provided with the envelope and mail to: State of New Jersey Division of Taxation				
Your Signature	Date Spouse's/CU Partner's Signature (required if filing jointly) Date		Revenue Processing Center - Payments PO Box 111		
Paid Preparer's Signature		Federal Identification Number	Trenton, NJ 08645-0111 Include Social Security number and make check or money order payable to: State of New Jersey – TGI You can also make a payment on our website:		
		P02470833	nj.gov/taxation Refund or No Tax Due Address		
Firm's Name		Firm's Federal Employer Identification Number	Use the labels provided with the envelope and mail to: New Jersey Division of Taxation Revenue Processing Center - Refunds		
GLOBAL TAXES LLC		88-2145487	PO Box 555 Trenton, NJ 08647-0555		

____4___

____5___

6_

7_

Division Use:

1

	Name(s) as shown on Form NJ-1040	Social Security Number
BRANDARI VIVER & GOPIA SWAII 500-77-5505	BHANDARI VIVEK & GUPTA SWATI	588-77-3305

	Schedule NJ-BUS-1 (Form NJ-1040)		ew Jersey usiness Inc					hedu	ule	2022	
Ρ	art I Net Profits From Business	;	Lis	st the	net p	orofit (loss) froi	n busi	iness(e	es). See Instruction	S.
	Business Name		Social Secu Fede			ber/			Profi	it or (Loss)	
1.	GUPTA SOFTWARE SERVICES	133778737				ļ			-66,080.		
2. 3.											
4.	Net Profit or (Loss). (Add lines 1, 2, and 3.) (line 18, NJ-1040. If loss, make no entry on lir	Ente ne 1	er here and on 8.)			4.				-66,080.	
Р	Part II Distributive Share of Partnership Income List the distributive share of income (loss) from partnership(s). See instructions.										
	Partnership Name		Federal EI	N			are of Pa ncome of			Share of Pass-The Business Alterna Income Tax	<u> </u>
1.											
2. 3.											
4.	Distributive Share of Partnership Income or (I (Add lines 1, 2, and 3.) (Enter here and on lin If loss, make no entry on line 21.)				4.						
5.	Total Share of Pass-Through Business Altern (Add lines 1, 2, and 3.)(Enter here and include			40)	5.				·		
P	art III Net Pro Rata Share of S (/						of income (usable n(s). See instruction	<u>เ</u>
	S Corporation Name		Federal EIN			Share o	of S Corpo sable Los	ration	Share	e of Pass-Through Bus Alternative Income Ta	iness
1.											
2.											
3. 4.	Net Pro Rata Share of S Corporation Income or (U (Add lines 1, 2, and 3.) (Enter here and on line 22, If loss, make no entry on line 22.)										
5.	Total Share of Pass-Through Business Alternative Ir		ne Tax								
(Add lines 1, 2, and 3.)(Enter here and include on line 63, NJ-1040) 5. Part IV Net Gains or Income From Rents, Royalties, Patents, and Copyrights List the net gains or net income, less net loss, derived from or in the form of rents, royalties, patents, and copyrights. See instructions. Type of Property: 1 – Rental real estate 2 – Royalties 3 – Patents 4 – Copyrights							Гуре				
	Source of Income or Loss. If rental real estat enter physical address of property.	te,	Social Secur Federa				Type – E number f list abo	rom		Income or (Loss)	
1.											
2.								-+			
3. 4.	Net Income or (Loss). (Add lines 1, 2, and 3.)						-+			
	(Enter here and on line 23, NJ-1040. If loss,		ke no entry on l	ine 2	3.)			4.			

Name(s) as shown on Form NJ-1040	Social Security Number
BHANDARI VIVEK & GUPTA SWATI	588-77-3305

Schedule NJ-BUS-2

(Form NJ-1040)

New Jersey Gross Income Tax

Alternative Business Calculation Adjustment

2022

			Column A			Column B		
Part	I Income (Loss)		Reportable Regular Business Income		Alternative Business Income (Loss)			
1.	Net Profits From Business	1a.	0.		1b.	-66,080.		
2.	Distributive Share of Partnership Income	2a.	0.		2b.	0.		
3.	Net Pro Rata Share of S Corporation Income	3a.	0.		3b.	0.		
4.	Net Gain or Income From Rents, Royalties, Patents, and Copyrights	4a.	0.		4b.	0.		
5.	Loss Carryforward From Tax Year 2021				5b.	()	
6.	Totals	6a.	0.		6b.	-66,080.		
Part	II Adjustment Calculation							
7.	Total Regular Business Income	7.	0.					
8.	Total Alternative Business Income/(Loss) (If loss, enter zero)	8.	0.					
9.	Business Increment (Subtract line 8 from line 7)	9.	0.					
10.	Adjustment Percentage	10.	(0.50				
11.	Alternative Business Calculation Adjustment (Line 9 x 0.50)	11.	0.					
Part	III Loss Carryforward to Tax Year 2023							
12.	Loss Carryforward to Tax Year 2023				12.	(66,080.)	

Instructions

- Line 1a. Enter the amount from line 18, Form NJ-1040.
- Line 1b. Enter the amount from Part I, line 4, Schedule NJ-BUS-1 (Form NJ-1040).
- Line 2a. Enter the amount from line 21, Form NJ-1040.
- Line 2b. Enter the amount from Part II, line 4, Schedule NJ-BUS-1 (Form NJ-1040).
- Line 3a. Enter the amount from line 22, Form NJ-1040.
- Line 3b. Enter the amount from Part III, line 4, Schedule NJ-BUS-1 (Form NJ-1040).
- Line 4a. Enter the amount from line 23, Form NJ-1040.
- Line 4b. Enter the amount from Part IV, line 4, Schedule NJ-BUS-1 (Form NJ-1040).
- Line 5b. Enter the amount from line 12 of your 2021 Schedule NJ-BUS-2 (Form NJ-1040).
- Line 6a. Enter the total of lines 1a through 4a.
- Line 6b. Enter the total of lines 1b through 5b, netting gains with losses.
- Line 7. Enter the amount from line 6a of this schedule.
- Line 8. Enter the amount from line 6b of this schedule. If loss, enter zero here.
- Line 9. Subtract line 8 from line 7. If the result is zero, enter zero on line 11 and continue with line 12.
- Line 10. The adjustment percentage for Tax Year 2022 is 50% (0.50).
- Line 11. Multiply the amount on line 9 by 50% (0.50). Enter here and on line 35 of Form NJ-1040.
- Line 12. If the amount on line 6b is a loss, enter the amount of the loss on this line. Otherwise, enter zero.

Name(s) as	shown o	on Form	NJ-1040
------------	---------	---------	---------

Form NJ-2450

Employee's Claim for Credit For Excess UI/WF/SWF, Disability Insurance, and/or Family Leave Insurance Contributions for Calendar Year 2022

2022

To claim this credit, you must complete the items below using the information from your W-2 forms. Enclose this form and the W-2s with your New Jersey State Income Tax return. Any items not substantiated by a W-2 or any information that is incomplete will cause the claim to be rejected. The amount withheld for unemployment insurance/workforce development partnership fund/supplemental workforce fund, disability insurance, and family leave insurance must be reported separately on all W-2 statements.

Note on Joint NJ-1040 return: Each spouse/CU partner must file a separate Form NJ-2450 when claiming a refund for excess contributions.

Claimant Name: GUPTA SWATI Claimant SSN: 133-77-8737

Address: 45 RIVER DR S APT 1807

City: JERSEY CITY	State: NJ	ZIP Code: 07310	

	All Information From Your W-2 Forms.	Column A	Column B	Column C
for ei enter	amount deducted by any one employer exceeds the maximum ther UI/WF/SWF, disability insurance, or family leave insurance, the maximum in the appropriate column(s) and contact that over for a refund of the balance of the deduction.	UI/WF/SWF Deducted	Disability Insurance Deducted	Family Leave Insurance Deducted
1A.	Employer's Name: INFOSYS LIMITED			
	Fed. Emp. I.D.#: 58-1760235			
	Private Plan#: Wages: 85,981.	169.00	120.00	120.00
В.	Employer's Name: PYRAMID CONSULTING INC			
	Fed. Emp. I.D.#: ₅₈₋₂₁₉₁₀₅₅			
	Private Plan#: Wages: 117,675.	169.00	7.00	165.00
C.	Employer's Name:			
	Fed. Emp. I.D.#:			
	Private Plan#: Wages:			
D.	Employer's Name:			
	Fed. Emp. I.D.#:			
	Private Plan#: Wages:			
E.	Employer's Name:			
	Fed. Emp. I.D.#:			
	Private Plan#: Wages:			
F.	*If additional space is required, enclose a rider and enter the total on this line.			
2.	Total Deducted. Add lines 1A through 1F. Enter here.	338.00	127.00	285.00
3.	Correct UI/WF/SWF, Disability Insurance, and/or Family Leave Deductions.	169.15	212.66	212.66
4.	Subtract line 3 column A from line 2 column A. Enter on line 59 of the NJ-1040.	169.		
5.	Subtract line 3 column B from line 2 column B. Enter on line 60 of the NJ-1040.			
6.	Subtract line 3 column C from line 2 column C. Enter on line 61 of the NJ-1040.			72.

I hereby apply for a credit for worker contributions deducted in excess of \$169.15 for NJ UI/WF/SWF and/or in excess of \$212.66 for NJ Disability Insurance and/or in excess of \$212.66 for NJ Family Leave Insurance deductions by reason of having received wages from two or more employers during the above calendar year and hereby submit the following statement of wages and deductions.

2022

If your income on line 29 is at or below the filing threshold, do not complete this schedule.

Name as Shown on Return	Social Security No.
BHANDARI VIVEK & GUPTA SWATI	588-77-3305

Part I

Did you and, if applicable, all members of your tax household, have minimum essential health coverage for every month in 2022 (See instructions for line 53, NJ-1040.) Part-year residents include only months as a New Jersey resident.

x Yes. You do not owe a shared responsibility payment. Fill in the oval at line 53, NJ-1040, and enclose this schedule with your return.

No. Continue to Part II.

Part II

Enter the name and Social Security number for each member of your tax household. Check the box for every month each person had minimum essential health coverage or qualified for an exemption (part-year residents include only months as a New Jersey resident). If an individual qualified for an exemption, enter the exemption number. (See instructions for line 53, NJ-1040.) If an individual has more than one exemption number, check the box. If you need more space, enclose a statement listing any additional individuals.

Name	SSN	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Examplian Code													
Exemption Code		-		box if tl box if tl						•		nber .	
Exemption Code		_		box if ti box if ti						•		nber .	
Exemption Code			Check	box if t	his indi	vidual	has mo	ore than	n one e	xempti	on nun	nber .	
				box if t									
Exemption Code		-		box if tl box if tl							on nun 	nber .	
Exemption Code		-		box if ti box if ti						•	on nun	nber .	
Exemption Code				box if t							on nun	nber .	
				box if t									
Exemption Code		-		box if tl box if tl						•	on nun 		
Exemption Code		-		box if ti box if ti						•	on nun	nber	
Exemption Code				box if t							on nun	nber .	
Everation Cod-				box if t									
Exemption Code		_		box if tl box if tl						•			

njia1602.SCR 01/16/20

SCHEDULE C (Form 1040)

Profit or Loss From Business

(Sole Proprietorship)

	ment of the freasury	-		ictions and the latest information. partnerships must generally file F	orm 1065	Attachment Sequence No. 09
	of proprietor	0111 1040, 1040-011, 1040-111	, 01 1041,	partiterships must generally me t		curity number (SSN)
	TI GUPTA					7-8737
A		on, including product or service	e (see instri	uctions)		ode from instructions
~	SOFTWARE SERVICES					1 9 2 0 0
С	Business name. If no separate	business name, leave blank.				ver ID number (EIN) (see instr
•	GUPTA SOFTWARE SER				D Employ	
E	Business address (including s	uite or room no.) 45 RI	VER DR	S, Apt. 1807		
	City, town or post office, state			NJ 07310		
F	Accounting method: (1)	🗙 Cash 🛛 (2) 🗌 Accrual	(3)	Other (specify)		
G	Did you "materially participate	e" in the operation of this busin	ess during	2022? If "No," see instructions for li	mit on loss	es . 🗙 Yes 🗌 No
н	If you started or acquired this	business during 2022, check h	nere			🗆
I	Did you make any payments i	n 2022 that would require you	to file Form	n(s) 1099? See instructions		🗌 Yes 🗙 No
J		e required Form(s) 1099?		<u></u> .		🗌 Yes 🗌 No
Par	t I Income					
1				this income was reported to you on		
				1 🗆	1	
2						
3						
4	e (,				
5	•					
6	-	•		refund (see instructions)		
7 Pari	Gross income. Add lines 5 ar	penses for business use c	<u></u>	<u> </u>	7	
8	Advertising	8	18	Office expense (see instructions)	18	
	0	0	19	Pension and profit-sharing plans		
9	Car and truck expenses (see instructions)	9	20	Rent or lease (see instructions):	10	
10	Commissions and fees .	10	20	Vehicles, machinery, and equipment	20a	
11	Contract labor (see instructions)	11	b	Other business property		32,400.
12	Depletion	12	21	Repairs and maintenance		
13	Depreciation and section 179		22	Supplies (not included in Part III)		
	expense deduction (not		23	Taxes and licenses		
	included in Part III) (see instructions)	13	24	Travel and meals:		
14	Employee benefit programs		а	Travel	24a	
	(other than on line 19) .	14	b	Deductible meals (see		
15	Insurance (other than health)	15		instructions)	24b	2,400.
16	Interest (see instructions):		25	Utilities	25	4,680.
а	Mortgage (paid to banks, etc.)	16a	26	Wages (less employment credits)	26	
b	Other	16b	27a	Other expenses (from line 48) .	27a	24,200.
17	Legal and professional services	17	b	Reserved for future use		
28				8 through 27a		63,680.
29	Tentative profit or (loss). Subt					-63,680.
30	unless using the simplified me	ethod. See instructions.		nses elsewhere. Attach Form 8829		
	Simplified method filers only	y: Enter the total square footag	e of (a) you		.	
	and (b) the part of your home			Use the Simplified		
		e e	o enter on l	ine 30	30	
31	Net profit or (loss). Subtract	line 30 from line 29.)		
	checked the box on line 1, see	e instructions.) Estates and true			31	-63,680.
	 If a loss, you must go to line 			J		
32	If you have a loss, check the b	pox that describes your investme	nent in this	activity. See instructions.		
	2	e loss on both Schedule 1 (Fo box on line 1, see the line 31 ins		,	32a 🗙 32b 🗌	All investment is at risk. Some investment is not

• If you checked 32b, you must attach Form 6198. Your loss may be limited.

REV 01/24/23 PRO

at risk.



v.irs.gov/ScheduleC for instructions and the latest information.	
--	--

	e C (Form 1040) 2022			Page 2
Part	Cost of Goods Sold (see instructions)			
33	Method(s) used to value closing inventory: a Cost b Lower of cost or market c Other (att	ach ex	planation)	
34	Was there any change in determining quantities, costs, or valuations between opening and closing inventor If "Yes," attach explanation	ry?		🗌 No
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35		
36	Purchases less cost of items withdrawn for personal use	36		
37	Cost of labor. Do not include any amounts paid to yourself	37		
38	Materials and supplies	38		
39	Other costs	39		
40	Add lines 35 through 39	40		
41	Inventory at end of year	41		
42	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4	42		
Part	Information on Your Vehicle. Complete this part only if you are claiming car or are not required to file Form 4562 for this business. See the instructions for line Form 4562.			
43	When did you place your vehicle in service for business purposes? (month/day/year)			
44	Of the total number of miles you drove your vehicle during 2022, enter the number of miles you used your	vehicle	e for:	
а	Business b Commuting (see instructions) c (Other		
45	Was your vehicle available for personal use during off-duty hours?		🗌 Yes	No No
46	Do you (or your spouse) have another vehicle available for personal use?		🗌 Yes	🗌 No
47a	Do you have evidence to support your deduction?		🗌 Yes	🗌 No
_b Part	If "Yes," is the evidence written?	 ne 30	🗌 Yes	No
BA	K OFFICE OPERATIONAL EXPENSES			24,200.
48	Total other expenses. Enter here and on line 27a	48		24,200.

Additional Information From 2022 Federal Tax Return

Schedule C (SOFTWARE SERVICES): Profit or Loss from Business

Line 20b	Itemization Statement		
Description	Amount		
RENT(12M*\$2700PM)	32,400.		
Total	32,400.		

Schedule C (SOFTWARE SERVICES): Profit or Loss from Business Line 25

Description	Amount
MOBILE(12M*\$60PM)	720.
INTERNET(12M*\$80PM)	960.
ELECTRICITY(12M*\$250PM)	3,000.
Total	4,680.

Itemization Statement