Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization

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

Submission Identification Number (SID)

axpayer's name	Social	security number
FNU PARVEEN KUMAR	187	7-87-4660
Spouse's name	Spouse	e's social security number
FNU MANISHA	981	L-95-5808
Part I Tax Return Information – Tax Year Ending December 31, 2022	(Enter year y	/ou are authorizing.)
Enter whole dollars only on lines 1 through 5.		
Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.		
1 Adjusted gross income		. 1 97,61
2 Total tax		. 2 8,19
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099		. 3 11,51
4 Amount you want refunded to you		. 4 3,32
5 Amount you owe		. 5

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

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

<u> </u>				FBO firm name		E	1
X	I authorize	GLOBAL 7	TAXES	LLC	to enter or generate my PIN		/

7	4	6	6	0	
Ent don	er fiv n't en	ve di Iter a	gits, all ze	but ros	as my

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 lauthorize GLOBAL TAXES LLC ERO firm name to enter or generate my PIN

Date

Enter five digits, but don't enter all zeros											
5 5 8 0	8 as m										

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

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 >	•	
-	Must Retain This Form — See Instructions t This Form to the IRS Unless Requested T	
For Denominarily Deduction Act Nation and your	tox return instructions	Earm 8870 (Boy, 01 2021)

1040		artment of the Treasury—Internal Revenue Servi 5. Individual Income Tax		urn	2022	2	OMB No. 1545	-0074	IRS Use Onl	y—Do not w	rite or staple in this space.
Filing Status Check only one box.		Single X Married filing jointly Arried filing separately (MFS) Head of household (HOH) S syou checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the chi									use (QSS)
	pers	on is a child but not your dependent									
Your first name	and mi	ddle initial	Last nar	ne							cial security number
FNU				EEN KUI	MAR					-	87-4660
	oouse's	first name and middle initial	Last nar								's social security number
FNU	()		MANI								95-5808
		r and street). If you have a P.O. box, see	Instructio	ons.					Apt. no.	1	ntial Election Campaigr here if you, or your
39 BUCKL		STREET ce. If you have a foreign address, also co	malata ar		,	Sta	to.	ZIP c	<u>332-2</u>		if filing jointly, want \$3
MANCHEST		ce. Il you have a loreign address, also co	inpiere st	Jaces Delow	/.	Cl		060			this fund. Checking a
Foreign country			F	oreign prov	ince/state/c	-			n postal code		ow will not change k or refund.
											You Spouse
Digital Assets		ny time during 2022, did you: (a) rec ange, gift, or otherwise dispose of a									🗌 Yes 🛛 No
Standard Deduction		eone can claim:	•				a dependent				
Age/Blindness	You:	Were born before January 2, 1	958	Are blind	d Spo	use	: 🗌 Was bor	n befo	ore January	2, 1958	Is blind
Dependents	(see	instructions):		(2) Soc	cial security		(3) Relationsh	ip (4) Check the b	ox if quali	fies for (see instructions):
If more	(1) Fi	rst name Last name		number			to you		Child tax of	credit	Credit for other dependents
than four											
dependents, see instructions	s ——										
and check								<u> </u>			
here 🗌											
Income	1a	Total amount from Form(s) W-2, b	•		,					. 1a	,
Attach Form(s)	b	Household employee wages not re						. 1b			
W-2 here. Also	c d				ructions) \ldots \ldots \ldots \ldots \ldots					. <u>1</u> 0	
attach Forms W-2G and	d e	Medicaid waiver payments not rep			-		,	• •		. 10	
1099-R if tax	f	Taxable dependent care benefits from Form 2441, line 26 .							. 1f		
was withheld.	g	Wages from Form 8919, line 6 .			,					. 1g	
lf you did not get a Form	h	Other earned income (see instruct								. 1h	-
W-2, see	i	Nontaxable combat pay election (s	,				1i				
instructions.	z	Add lines 1a through 1h								. 1z	108,619.
Attach Sch. B	2a		2a		1	bТ	axable interest			. 2b)
if required.	3a	Qualified dividends	3a		I	b C	ordinary divider	nds .		. 3b	
	4a	IRA distributions	4a		I	bТ	axable amount	:		. 4b)
Standard	5a	Pensions and annuities	5a		I	bТ	axable amount	· .		. 5b)
• Single or	6a	,	6a				axable amount	:		. 6b)
Married filing separately,	С	If you elect to use the lump-sum e									
\$12,950	7	Capital gain or (loss). Attach Sche		required. I	lf not requi	red	, check here			7	
 Married filing jointly or 	8	Other income from Schedule 1, lin						· ·		. 8	-11,000.
Qualifying spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7		•				· ·		. 9	97,619.
\$25,900	10	Adjustments to income from Sche								. 10	
 Head of household, 	11	Subtract line 10 from line 9. This is						• •		. 11	
\$19,400 r	12	Standard deduction or itemized					 5 A	• •		. 12	
 If you checked any box under 	13 14	Qualified business income deduct Add lines 12 and 13				099	5-A		· · ·	. 13	
Standard Deduction,	14 15	Subtract line 14 from line 11. If zer			 . This is ve	ייור ^ו	axable incom	 A		· 14	-i
see instructions.	10		0 01 1000	, 01101 -0-				• •		. 15	· · · · · · · · · · · · · · · · · · ·

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	n(s): 1 🗌 881	4 2 4972	3		. 16	8,196.
Credits	17	Amount from Schedule 2, lir	ne3					. 17	
	18	Add lines 16 and 17						. 18	8,196.
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812			. 19	
	20	Amount from Schedule 3, lir	ne8					. 20	
	21	Add lines 19 and 20						. 21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				. 22	8,196.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21			. 23	0.
	24	Add lines 22 and 23. This is	your total tax					. 24	8,196.
Payments	25	Federal income tax withheld							
	а	Form(s) W-2				25a	11,51	6.	
	b	Form(s) 1099				25b			
	с	Other forms (see instruction	s)			25c			
	d	Add lines 25a through 25c						. 25d	11,516.
K	26	2022 estimated tax paymen	ts and amount a	pplied from 20)21 return			. 26	
If you have a ¹ qualifying child,	27	Earned income credit (EIC)				27			
attach Sch. EIC.	28	Additional child tax credit from				28			
	29	American opportunity credit	from Form 8863	3, line 8		29			
	30	Reserved for future use .				30			
	31	Amount from Schedule 3, lir				31			
	32	Add lines 27, 28, 29, and 31				undable credi	ts.	. 32	1
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments	· · · · ·			. 33	11,516.
Refund	34	If line 33 is more than line 24	4, subtract line 2	4 from line 33.	This is the amou	nt you overpa	id.	. 34	3,320.
neiuliu	35a	Amount of line 34 you want	refunded to you	u. If Form 8888	3 is attached, cheo	ck here	[35a	3,320.
Direct deposit?	b	Routing number 0 1 1					Savin	gs	
See instructions.	d	Account number 3 8 5	0 2 8 9	7 8 1 7	7 2 .			-	
	36	Amount of line 34 you want	applied to your	2023 estimate	ed tax	36			
Amount	37	Subtract line 33 from line 24	. This is the am	ount vou owe					
You Owe		For details on how to pay, g	o to <i>www.irs.go</i> u	v/Payments or	see instructions .			. 37	
	38	Estimated tax penalty (see in	nstructions) .			38			
Third Party	Do	you want to allow another	person to disc	cuss this retu	rn with the IRS?	See			
Designee	ins	structions				. Yes	. Comple	te below.	× No
		signee's		Phone			Personal id iumber (Pl	entification	
	na			no.				,	
Sign		der penalties of perjury, I declare t ief, they are true, correct, and corr							
Here		ur signature		Date	Your occupation				nt you an Identity
	10	al oignaturo		Duto	rour occupation				IN, enter it here
Joint return?					SOFTWARE E	ENGINEER	(see inst.)	
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return,	both must sign.	Date	Spouse's occupati	ion			nt your spouse an
your records.					HOME MAKET	5		dentity Prot see inst.)	ection PIN, enter it here
	Dh	00000 (060)005 520	E	Email address	HOME MAKER		,	,	
		one no. (860)995-530 eparer's name	5 Preparer's signat		PARVEEN.SAS:	Date			Check if:
Paid		I PRIYA RAM SAGAR GUPTA TALLAM						082703	Self-employed
Preparer		m's name GLOBAL TA		TADAG INAN	GUEIA IAUUAM	UT/ 30/ 202			(678)965-9522
Use Only			Y CT E BRU	INGWICK N	J 08816			Firm's EIN	· /
		m's address 245 ROOME		MOMICE IN	J U8810		1	IIIIS EIN	<u>88-2145487</u>

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

BAA REV 01/24/23 PRO

Form **1040** (2022)

SCHE	DULE	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

Attachment Sequence No. **01**

Your social security number

 Internal Revenue Service
 Go to www.irs.gov/Fo

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

 FNU PARVEEN KUMAR & FNU MANISHA

FNU	PARVEEN KUMAR & FNU MANISHA		187-87	-46	60
Par	t I Additional Income				
1	Taxable refunds, credits, or offsets of state and local income taxes			1	
2a	Alimony received		2a		
b	Date of original divorce or separation agreement (see instructions):				
3	Business income or (loss). Attach Schedule C			3	
4	Other gains or (losses). Attach Form 4797			4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Atta	ach Schedule	Ε.	5	-11,000.
6	Farm income or (loss). Attach Schedule F.			6	
7	Unemployment compensation			7	
8	Other income:				
а	Net operating loss	8a ()		
b	Gambling	8b			
С	Cancellation of debt	8c			
d	Foreign earned income exclusion from Form 2555	8d ()		
е	Income from Form 8853	8e			
f	Income from Form 8889	8f			
g	Alaska Permanent Fund dividends	8g			
h	Jury duty pay	8h			
i	Prizes and awards	8i			
j	Activity not engaged in for profit income	8j			
k	Stock options	8k			
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)	8m			
n	Section 951(a) inclusion (see instructions)	8n			
ο	Section 951A(a) inclusion (see instructions)	80			
р	Section 461(I) 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			
	Wages earned while incarcerated	8u			
Z	Other income. List type and amount:				
-		8z			
9	Total other income. Add lines 8a through 8z			9	11 000
10	Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR	, or 1040-NR,	line 8	10	-11,000.

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
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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				
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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							
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 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						
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 j Housing deduction from Form 2555			24i				
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 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

	CHEDULE E Supplemental Income and Loss									OMB No. 1545-0074			
(Form	orm 1040) (From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)											2022	
	nent of the Treasury Revenue Service		Attach Go to <i>www.irs.gov</i>	to Form 1040, //ScheduleF for			,		formation		Attachm	nent ce No. 13	
	Name(s) shown on return Your social												
FNU PARVEEN KUMAR & FNU MANISHA 187–87–										-	indifficient		
Part			s From Rental Re	al Estato an	d Bo	valties				107 0	/ 1000		
rare	Note: If yo	ou are in t	the business of renting particular for the business of renting particular form 4835 on particu	personal proper			c . See	e instrue	ctions. If you are	e an indi	vidual, rep	ort farm	
Α			ents in 2022 that wou		to file	Form(s) 1	099? 5	See ins	structions		. 🗌 Ye	s 🕅 No	
	•		ou file required Form			. ,					_		
1a	Physical addr	ess of e	ach property (street,										
A				,,,		-)							
B													
C													
 1b	Type of Prope	rty 2	For each rental rea	l estate prope	rtv list	ed		Fa	ir Rental	Persor	al Hse		
1.5	(from list below		above, report the r					10	Days		iys	QJV	
Α	3		personal use days.				Α		365		0		
В			if you meet the req				В						
С			qualified joint vent	ure. See instru	ctions	S.	С						
Туре	of Property:							1	I				
1	Single Family R	esidenc	e 3 Vacation/Sh	ort-Term Rent	tal	5 Land		7	Self-Rental				
2	Multi-Family Re	sidence	4 Commercia	I		6 Roya	lties	8	Other (describ	ce)			
									Propertie				
Incom					l		Α		B	3.		С	
3		4			3			00.	В			0	
4					4			.00.					
Exper													
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7		-	ance		7		1.0	00.					
8					8								
9					9								
10			sional fees		10								
11					11		8	00.					
12			l to banks, etc. (see i		12								
13		•	· · · · · · · · ·	,	13								
14					14		3,2	00.					
15	Supplies				15		2,8	00.					
16	Taxes				16								
17	Utilities				17		3,8	00.					
18	Depreciation e	xpense	or depletion		18								
19	Other (list)				19								
20	Total expenses		nes 5 through 19 .		20		11,6	00.					
21	Subtract line 2	0 from l	ine 3 (rents) and/or 4	(royalties). If									
			nstructions to find ou										
					21	-	-11,0	00.					
22			estate loss after limit						,		,		
			tructions)		22	(11,00	1	()	()	
23a			ported on line 3 for a				• •	23a		600.			
b			ported on line 4 for a		erties	· · ·	• •	23b					
C			ported on line 12 for		• •		• •	23c					
d			ported on line 18 for		• •		• •	23d		600			
e 24			ported on line 20 for		· ·			23e	,	600.			
24 25			amounts shown on l							24	(11 000	
25 26			sses from line 21 and i									11,000.)	
26			te and royalty incor /, and line 40 on pa										

Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2								
For Paperwork Reduction Act Notice, see the separate instructions.								

-11,000.

26

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Form 8582
Department of the Treasury

Internal Revenue Service

Name(s) shown on return

Part I

FNU PARVEEN KUMAR & FNU MANISHA

2022 Passive Activity Loss

Passive Activity Loss Limitations

See separate instructions.

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

Go to www.irs.gov/Form8582 for instructions and the latest information.

OMB No. 1545-1008

Identifying number 187-87-4660

	Caution: Complete Parts IV and V before completing Part I.		
	I Real Estate Activities With Active Participation (For the definition of active participation, see Special ance for Rental Real Estate Activities in the instructions.)		
1a b c d	Activities with net income (enter the amount from Part IV, column (a))1a0.Activities with net loss (enter the amount from Part IV, column (b))1b(11,000.)Prior years' unallowed losses (enter the amount from Part IV, column (c))1c()Combine lines 1a, 1b, and 1c	1d	-11,000.
All Ot	her Passive Activities		
2a b c d	Activities with net income (enter the amount from Part V, column (a)) . 2a Activities with net loss (enter the amount from Part V, column (b)) . . 2b () Prior years' unallowed losses (enter the amount from Part V, column (c)) . . . 2c () Combine lines 2a, 2b, and 2c .	2d	
3	Combine lines 1d and 2d. If this line is zero or more, stop here and include this form with your return; all losses are allowed, including any prior year unallowed losses entered on line 1c or 2c. Report the losses on the forms and schedules normally used	3	-11,000.

If line 3 is a loss and: • Line 1d is a loss, go to Part II.

• Line 2d is a loss (and line 1d is zero or more), skip Part II and go to line 10.

Caution: If your filing status is married filing separately and you lived with your spouse at any time during the year, do not complete Part II. Instead, go to line 10.

Par	Part II Special Allowance for Rental Real Estate Activities With Active Participation							
	Note: Enter all numbers in Par	t II as positive amo	ounts. See instruc	tions for	an exam	ple.		
4	Enter the smaller of the loss on line 1	d or the loss on lir	ne3				4	11,000.
5	5 Enter \$150,000. If married filing separately, see instructions							
6	6 Enter modified adjusted gross income, but not less than zero. See instructions 6 108,619.							
Note: If line 6 is greater than or equal to line 5, skip lines 7 and 8 and enter -0- on line 9. Otherwise, go to line 7.								
7	Subtract line 6 from line 5			[7	41,381.		
8 Multiply line 7 by 50% (0.50). Do not enter more than \$25,000. If married filing separately, see instructions						8	20,691.	
9 Enter the smaller of line 4 or line 8						9	11,000.	
Par								
10	Add the income, if any, on lines 1a an	d 2a and enter the	etotal				10	0.
11	Total losses allowed from all passiv	ve activities for 20	22. Add lines 9 ar	nd 10. Se	e instruc [.]	tions to find		
	out how to report the losses on your t	ax return					11	11,000.
Par	t IV Complete This Part Befor	e Part I, Lines 1	a, 1b, and 1c. S	ee instr	uctions.			
		Current year Pri		Prior	or years Ove		rall ga	ain or loss
	Name of activity	(a) Net income (line 1a)	(b) Net loss (line 1b)	(c) Unallowed loss (line 1c) (d) G		00 (34)		(e) Loss
		0.	11,000.					11,000.

11,000.

0.

For Paperwork Reduction Act Notice, see instructions. BAA

Total. Enter on Part I, lines 1a, 1b, and 1c

REV 01/24/23 PRO

Form 8582 (2022)

Part V Complete This Part Before Part I, Lines 2a, 2b, and 2c. See instructions.

Part V	Complete This Part Before	re Part I, Lines 2	a, 2b,	and 2c. S	ee instruc	tions.			
		Current year			Prior years		Overall gain or loss		
	Name of activity	(a) Net income (b) (line 2a) (li) Net loss (c) L (line 2b) loss		owed e 2c)	(d) Gain	(e) Loss	
		((
	on Part I, lines 2a, 2b, and 2c					P			
Part VI	Use This Part if an Amou		art II,	Line 9. 5		tions.			
	Name of activity	Form or schedule and line number to be reported on (see instructions)	(a)) Loss	(b) Ra	tio	(c) Special allowance	(d) Subtract column (c) from column (a).	
		E Ln 22		11,000.	1.0000	0000	11,00	0. 0	
otal Part VII	Allocation of Unallowed I	osses See instr	uction	<u>11,000.</u> S	1.00)	11,00	0. 0	
		Form or sche							
	Name of activity	and line nur to be reporte (see instruct	nber ed on	(a) l	LOSS		(b) Ratio	(c) Unallowed loss	
otal							1.00		
Part VIII	Allowed Losses. See instr	ructions.		1					
	Name of activity	Form or sche and line nur to be reporte (see instruct	nber ed on	(a) L	LOSS	(b) Ur	nallowed loss	(c) Allowed loss	

REV 01/24/23 PRO

Form **8582** (2022)

Form CT-1040 Required Fields

The following fields are required to be automatically populated or completed for taxpayers to continue filing, or must be completed in response to the selection of other fields.

Required to be Automatically-Populated Fields

Each page of each form submitted to DRS must include the following automatically populated fields:

- 1. **Document Identification Numbers -** Three occurrences of the Document Identification Number (DIN) must be on each page. The QR Code and two DINs must be on each scannable page. (See Document Identification Number and Quick Reference (QR) Code, on Page 4.)
- 2. **Social Security Number -** The Social Security Number must appear at the top of Form CT-1040, Pages 2, 3, and 4.
- 3. In addition, the following **Checklist for filing your Connecticut income tax return** must be included when hard copies of the form are printed. Taxpayers should not send the checklist to DRS with the return.

Do not send this sheet with your return.

Checklist for filing your Connecticut income tax return:

- 1. Be sure that Page 1 of your return is not printed on the back of this sheet.
- 2. Do not send "Draft" or "Unapproved" versions of your return. This will delay or stop the processing of your return.
- 3. Do not make manual (hand written or typed) corrections to your return; this is a machine readable return. Changes may only be made by reentering information in your software and re-printing the return.
- 4. Do not attach or send copies of forms W-2 or 1099.
- 5. Verify that the address lines on the return are correct and proper abbreviations are used.
- 6. If the Employer or Payer's Federal ID # is not listed on Page 2, Lines 18a through 18e, Column A, **all** withholding claimed will be disallowed and your return will not be successfully processed.
- 7. Do not attempt to remove or modify the solid boxes that print out on your return. Altering target marks may affect the processing of your return.
- 8. Do not use this return to change or amend previously filed returns. You must use Form CT-1040X to change or amend a previously filed Connecticut income tax return.
- Send all completed pages of CT-1040, Schedule CT-EITC, Schedule CT-CHET, Supplemental Schedule CT-1040WH, Schedule CT-IT Credit, Schedule CT-PE, Schedule CT-Dependent, and Form CT-6251. Send all four pages of your completed return, both pages of your completed CT-EITC schedule, the completed Schedule CT-CHET, and any other supporting schedules.
- 10. Make check payable to: Commissioner of Revenue Services
- 11. To ensure proper posting, write your SSN(s) (optional) and "2022 Form CT-1040" on your check.
- 12. To mail your return, use the following addresses:

For all tax returns with payment: Department of Revenue Services PO Box 2977 Hartford CT 06104-2977 For refunds and tax returns without payment: Department of Revenue Services PO Box 2976 Hartford CT 06104-2976

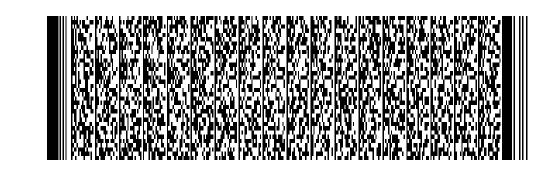
- 13. Verify that all fields print completely and any preparer information is filled out and legible before filing this return. If you find any errors, do not make manual changes. Re-enter information in your software and re-print the return.
- 14. If you wish to directly deposit a refund into a checking or savings bank account, confirm that Lines 25a through 25d have been completed. You **must** enter bank information on both the federal and Connecticut returns for each to be correctly deposited. Alpha characters are not allowed in Routing or Account Number fields.
- 15. When making payment using Form CT-1040V, **DO NOT** attach copies of your previously filed Form CT-1040.

Do not send this sheet with your return.

10401222V01155		Form CT-1 Connecticut Res (Rev. 12/22)			(Retu	Irn		
Page 1 of 4		(1104. 12/22)						
Other tax year, beginning:	and end	ling:						
N S Y FJ	N MFS		Ν	нон N	QSS	i		
187 - 87 - 4660 983	1 - 95 - 580	8						
FNU	PARVEEN KUM	IAR				Ν	C)ec.
FNU	MANISHA					Ν	D)ec.
39 BUCKLAND ST			Ν	CT-8379	N (CT-2210	Ν	CT-19IT
APT 1332-2		USA	Ν	CT-1040 CRC		ederal orm 1310	Ν	Schedule CT-Dependent
MANCHESTER	CT 06042	-	•					·

1.	Federal adjusted gross income (from federal Form 1040, Line 11, or federal Form 1040-SR, Line 11)	1.	97619
2.	Additions to federal adjusted gross income (from Schedule 1, Line 38)	2.	0
3.	Add Line 1 and Line 2	3.	97619
4.	Subtractions from federal adjusted gross income (from Schedule 1, Line 50)	4.	0
5.	Connecticut adjusted gross income: Line 4 subtracted from Line 3.	5.	97619
6.	Income tax	6.	4212
7.	Credit for income taxes paid to qualifying jurisdictions (from Schedule 2, Line 59)	7.	0
8.	Line 7 subtracted from Line 6. If Line 7 is greater than Line 6, "0" is entered.	8.	4212
9.	Connecticut alternative minimum tax (from Form CT-6251)	9.	0
10	Add Line 8 and Line 9.	10.	4212
11.	Credit for property taxes paid on your primary residence, motor vehicle, or both (from Schedule 3, Line 6	8) 11.	0
12	Line 11 subtracted from Line 10. If less than zero, "0" is entered.	12.	4212
13	Total allowable credits (from Schedule CT-IT Credit, Part 1, Line 11)	13.	0
14	Connecticut income tax: Line 13 subtracted from Line 12. If less than zero, "0" is entered.	14.	4212
15	Individual use tax (from Schedule 4, Line 69). If no tax is due, "0" is entered.	15.	0
16	Total tax: Add Line 14 and Line 15.	16.	4212





10401222V011555

10401222V021555 •••••••••••••••••••••••••••••				•, 1 490 2 01 1			
Forms W-2, W-2G, and 1999 Information Col. A - Employment Payor's Fed. ID # Col. B - CT Wages, Tips, etc. Col. C - CT Income Tax Withheld 18a. 94 - 332.66476 1086.19 507.4 18b. - 0 0 18d. - 0 0 19. Ald 2022 estimated tax payments and any overpayments applied from a prior year 18. 507.4 19. Ald 2022 estimated tax payments and any overpayments applied from a prior year 18. 507.4 20a. Ename income tax credit (from Schedule CT-ETC, Line 1). 20a. Data add. 20a. 0 21. Total payments and refundable credits: Add. Uns 18, 19.20, 20.20, 20 add. 21. 507.4 0 22. Overpayment: If Line 21 is more than Line 17. Line 17 subtracted from Line 21. 22. 8662 23. Anotu toy Line 22 you want applied tas a CHET contribution (from Schedule CT-ETE, Line 4) 24. 0 23.	10401222V021555			• 1	87874660		
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Declaration: I declare under penalty of law that I have examined this return and all accompanying schedules and statements, including reporting and payment of any use tax due, and, to the best of my knowledge and belief, it is true, complete, and correct. I understand the penalty for willfully delivering a false return or document to DRS is a fine of not more than \$5,000, or imprisonment for not more than five years, or both. The declaration of a paid preparer other than the taxpayer is based on all information of which the preparer has any knowledge. Your signature • Paid preparer's signature • Paid preparer's signature • Paid preparer's name SYAM PRIYA RAM SAGAR GUPT Date • Date • Date • Paid Preparer's PTIN SYAM PRIYA RAM SAGAR GUPTA TALL SYAM PRIYA RAM SAGAR GUPTA TALL SYAM PRIYA RAM SAGAR GUPTA TALL Firm's name, address and ZIP code GLOBAL TAXES LLC • 245 ROONEY CT E BRUNSWI NJ 08816 - N Third Party Designee - Complete the following to authorize DRS to contact another person about this return. Designee's name Telephone number • Paid Telephone number • Paid Preparer's name Personal identification number (PIN) • Personal identification number (PIN) • Paid Preparer's name Personal identification number (PIN) • Paid Preparer's name Personal identification number (PIN) • Personal i		CT-2210)					~ ~
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Spouse's signature (if joint return) Date Date Daytime telephone number Paid preparer's signature Date Telephone number Paid Preparer's PTIN • SYAM PRIYA RAM SAGAR GUPT • 013023 • 6789659522 P02082703 Paid preparer's name FEIN 882145487 SYAM PRIYA RAM SAGAR GUPTA TALL 882145487 Firm's name, address and ZIP code GLOBAL TAXES LLC Self-employed • 245 ROONEY C'T E BRUNSWI NJ 08816 - N Third Party Designee - Complete the following to authorize DRS to contact another person about this return. Personal identification number (PIN) • • • •	including reporting and payment of any use tax due, an correct. I understand the penalty for willfully delivering a imprisonment for not more than five years, or both. The information of which the preparer has any knowledge.	nd, to the be false return	st of my kno or document of a paid prep Date	wledge and be to DRS is a fin	lief, it is true, co the of not more th the taxpayer is Home/cell telephone	omplete, and an \$5,000, or based on all	
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Third Party Designee - Complete the following to authorize DRS to contact another person about this return. Designee's name Telephone number • •			08816	-			
Designee's name Telephone number Personal identification number (PIN)							
					ion number (PIN)		
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Form CT-1040, Page 3 of 4

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Schedule 1 - Modifications to Federal Adjusted Gross Income	ł		
31. Interest on state and local government obligations other than Connect		31.	0
32. Mutual fund exempt-interest dividends from non-Connecticut state or			-
obligations		32.	0
33. Taxable amount of lump-sum distributions from qualified plans not incl	uded in fea	deral adjusted	
gross income		33.	0
34. Beneficiary's share of Connecticut fiduciary adjustment: Entered only	if greater th	nan zero. 34.	0
35. Loss on sale of Connecticut state and local government bonds		35.	0
36. Section 168(k) federal bonus depreciation deduction allowed for property	placed in s	ervice during this year. 36.	0
36a. 80% of Section 179 federal deduction.		36a.	0
37. Other - specify ●		37.	0
38. Total additions: Add Lines 31 through 37.		38.	0
39. Interest on U.S. government obligations		39.	0
40. Exempt dividends from certain qualifying mutual funds derived from U	S govern		0
41. Social Security benefit adjustment (from Social Security Benefit Adjust	-	5	0
42. Refunds of state and local income taxes		42.	0
43. Tier 1 and Tier 2 railroad retirement benefits and supplemental annuiti	00	43.	0
43. Her Fand her 2 failload fedrement benefits and supplemental annut	65	43. 44.	0
45. 50% of income received from Connecticut Teachers' Retirement Syste	m	44. 45.	0
46. Beneficiary's share of Connecticut fiduciary adjustment: Entered only			0
47. Gain on sale of Connecticut state and local government bonds	11 1055 111011	40. 47.	0
48. CHET contributions made in 2022 or		47.	0
an excess carried forward from a prior year Acct. #:		48.	0
an excess carried forward from a prior year $Accc. \#$.		40.	0
48a. 25% of Section 168(k) federal bonus depreciation deduction added ba	ack in prec	eding four years. 48a.	0
48b. 100% of pension or annuity income.		48b.	0
49. Other - specify •		49.	0
50. Total subtractions: Add Lines 39 through 49.		50.	0
Schedule 2 - Credit for Income Taxes Paid to Qualifying Jurisdiction	s		
51. Modified Connecticut adjusted gross income		51.	0
		Col. A	Col. B
52. Qualifying jurisdiction's name and two-letter code 52.			
50 New Original three the second included and line 54 and second data at			
53. Non-Connecticut income included on Line 51 and reported on a	50	0	0
qualifying jurisdiction's income tax return (from Schedule 2 worksheet)	53.	0	0
54. Line 53 divided by Line 51	54.	0.0000	0.0000
55. Income tax liability: Line 11 subtracted from Line 6.	55.	0	0
56. Line 54 multiplied by Line 55	56.	0	0
		0	0
57. Income tax paid to a qualifying jurisdiction	57.	0	0
58. Lesser of Line 56 or Line 57	58.	0	0
		ő	0
59. Total credit: Add Line 58, all columns.		59.	0
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10401222V031555

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Form CT-1040, Page 4 of 4

10401222V041555				•	187	874	560	
Schedule 3 - Property Tax Credit		~ 6						
<i>Qualifying Property</i> Name of Connecticut Tax Town or Distric Description of Property Date(s) Paid		ary Residence	•	Auto 1		•		Auto 2
Amount Paid	• 60.	0	• 61.		0	6 2.		0
63. Total property tax paid: Add Lines 6	0, 61, and 62.					63.		0
64. Maximum property tax credit allowed	t					64.	•	300
65. Lesser of Line 63 or Line 64.						65.	•	0
66. Property tax credit limitation decimal a	amount: If zero, th	he amount from	Line 65 is e	entered on Line	68.	66.	•	0.00
67. Line 65 multiplied by Line 66.						67.	•	0
68. Line 67 subtracted from Line 65.						68.		0
Schedule 4 - Individual Use Tax								
69a. Use tax at 1% (from Connecticut In	idividual Use Ta	x Worksheet, S	ection A, Co	olumn 7)	6	9a.		0
69b. Use tax at 6.35% (from Connecticu	it Individual Use	e Tax Worksheet	, Section B,	Column 7)	6	9b.		0
69c. Use tax at 7.75% (from Connecticu	it Individual Use	e Tax Worksheet	, Section C,	Column 7)	6	89c.		0
69d. Use tax at 2.99% (from Connecticu	it Individual Use	e Tax Worksheet	, Section D,	Column 7)	6	9d.		0
69. Individual use tax: Add Lines 69a, Schedule 5 - Contributions to Design		9d.				69. •		0
70a. AR	ateu onanties				7	70a.		0
70b. OT					7	70b.		0
70c. ES/W					7	70c.		0
70d. BCR					7	70d.		0
70e. SNS					7	70e.		0
70f. MR						70f.		0
70g. CBS					7	70g.		0
70h. MHCIA					7	70h.		0

70. Total Contributions: Add Lines 70a through 70h. Taxpayer email