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)

Taxpayer's name Social security number PARESH NAKUM 170-83-5780 Spouse's name Spouse's social security number 982-92-9312 SHOBHANA PARESH NAKUM Tax Return Information – Tax Year Ending December 31, 2022 (Enter year you are authorizing.) Part I 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. Adjusted gross income 105,554. 1 1 2 2 9,150. 3 3 19,601. 4 4 10,451. 5 5

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

				FBO firm name		Ē	ſ
X	l authorize	GLOBAL 7	TAXES	LLC	to enter or generate my PIN		-
			-			1.3	Ś

	3	5	7	8	0	as			
Enter five digits, but don't enter all zeros									

2

as mv

1

Enter five digits, but don't enter all zeros

2 9 3 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

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 🕨	D	ate 🕨									
	Practitioner PIN Method Returns Only—continue	e bel	ow								
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	 	-	6 all ze		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 >			
ERO Must Retain This F Don't Submit This Form to the I			
For Paperwork Reduction Act Notice, see your tax return instructions.	BAA	REV 01/24/23 PRO	Form 8879 (Rev. 01-2021)

Date

to enter or generate my PIN

1040		artment of the Treasury—Internal Revenue Servi S. Individual Income Tax		ırn	202	2	OMB No. 1545	-0074	IRS Use Only	∕−Do not v	vrite 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 nation is a child but not your dependent	ame of y	-	separately (N use. If you cl				· · · ·	spo	lifying sun use (QSS) s name if th	0		
Your first name	and mi	ddle initial	Last nar	ne						Your so	cial securi	ty number		
PARESH			NAKU	М						170-	170-83-5780			
lf joint return, sp	oouse's	first name and middle initial	Last nar	ne						Spouse	's social see	curity number		
SHOBHANA	. PAI	RESH	NAKU	М						982-	92-931	2		
Home address	(numbe	er and street). If you have a P.O. box, see	instructio	ons.				A	Apt. no.	Preside	ntial Election	on Campaigr		
6006 BLU	E R	IDGE DR					6	5006A	1	here if you,	,			
City, town, or p	ost offi	ce. If you have a foreign address, also co	mplete sp	aces bel	ow.	Sta	te	ZIP c	ode	· ·		tly, want \$3 Checking a		
LITTLETC	N					C		801	.30	- U	ow will not	•		
Foreign country	name		F	oreign pr	ovince/state/	count	ty	Foreig	n postal code	1	x or refund.	•		
					🗌 You 🔄 Spous									
Digital Assets		ny time during 2022, did you: (a) rece ange, gift, or otherwise dispose of a						-			Yes	X No		
Standard	Som	eone can claim: 🗌 You as a de	pendent		Your spous	e as	a dependent							
Deduction		Spouse itemizes on a separate retur	n or you	were a	dual-status	alien								
Age/Blindness	You:	Were born before January 2, 1	958	Are bl	ind Spc	ouse	: 🗌 Was bor		ore January		🗌 ls bl			
Dependents	s (see	instructions):		(2) S	Social security		(3) Relationsh	ip (4	I) Check the b	ox if quali	ifies for (see	instructions):		
If more	(1) Fi	rst name Last name			number		to you		Child tax c	redit	Credit for ot	her dependents		
than four											[
dependents, see instructions											[
and check											[[
here 🗌											[[
Income	1a	Total amount from Form(s) W-2, be	ox 1 (see	e instruc	tions)					. 1a	12	20,747.		
	b	Household employee wages not re	•		()					. 1b)			
Attach Form(s) W-2 here. Also	С	Tip income not reported on line 1a	(see ins	truction	s)					. 10	;			
attach Forms	d	Medicaid waiver payments not rep	orted or	n Form(s) W-2 (see ir	nstru	ictions)			. 10	1			
W-2G and	е	Taxable dependent care benefits f	rom Fori	m 2441,	line 26					. 1e	•			
1099-R if tax was withheld.	f	Employer-provided adoption bene	fits from	Form 8	839, line 29					. 1f	:			
If you did not	g	Wages from Form 8919, line 6 .								. 19	1			
get a Form	h	Other earned income (see instruction	ons) .					· ·		. 1h	1	0.		
W-2, see instructions.	i	Nontaxable combat pay election (s	see instr	uctions)			1 i							
	z	Add lines 1a through 1h								. 1z	: 12	20,747.		
Attach Sch. B	2a	Tax-exempt interest	2a			bΤ	axable interest	t.		. 2b)			
if required.	3a	Qualified dividends	3a			b C	ordinary divider	nds .		. 3b)			
	4a	IRA distributions	4a			bΤ	axable amoun	t		. 4b)			
Standard	5a	Pensions and annuities	5a			bΤ	axable amoun	t		. 5b)			
Deduction for-	6a	Social security benefits	6a			bΤ	axable amoun	t		. 6b)			
 Single or Married filing 	с	If you elect to use the lump-sum e	lection n	nethod,	check here	(see	instructions)		[
separately, \$12,950	7	Capital gain or (loss). Attach Schee	dule D if	required	d. If not requ	iired	, check here		[7		-3,000.		
 Married filing 	8	Other income from Schedule 1, lin	e10.							. 8	-	12,193.		
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,	and 8. ⁻	This is y	our total inc	om	e			. 9)5,554.		
surviving spouse, \$25,900	10	Adjustments to income from Sche	dule 1, li	ne 26						. 10				
Head of	11	Subtract line 10 from line 9. This is	your ac	ljusted	gross incor	ne				. 11	10)5,554.		
household, \$19,400	12	Standard deduction or itemized	deducti	ons (fro	m Schedule	A)				. 12		25,900.		
If you checked	13	Qualified business income deducti	on from	Form 8	995 or Form	899	5-A			. 13				
any box under Standard	14	Add lines 12 and 13								. 14	1	25,900.		
Deduction, see instructions.	15	Subtract line 14 from line 11. If zer	o or less	s, enter -	0 This is y	our	taxable incom	e.		. 15		79,654.		

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	9,150.
Credits	17	Amount from Schedule 2, lir	ne3					17	
	18	Add lines 16 and 17						18	9,150.
	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	9,150.
	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	9,150.
Payments	25	Federal income tax withheld							
,	а	Form(s) W-2				25a 19	,601.		
	b	Form(s) 1099				25b		1	
	с	Other forms (see instruction				25c		1	
	d	Add lines 25a through 25c	<i>.</i>					25d	19,601.
	26	2022 estimated tax payment	ts 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 from				28		1	
	29	American opportunity credit	from Form 8863	3, line 8		29		1	
	30	Reserved for future use .		-		30			
	31	Amount from Schedule 3, lir				31		1	
	32	Add lines 27, 28, 29, and 31				indable credits		32	
	33	Add lines 25d, 26, and 32. T	•	-	-			33	19,601.
Refund	34	If line 33 is more than line 24						34	10,451.
Refuild	35a	Amount of line 34 you want				•		35a	10,451.
Direct deposit?	b	Routing number 3 2 2	2 7 1 6	2 7			Savings		
See instructions.	d	Account number 1 0 9					0		
	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						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							omplete I	oelow.	X No
		signee's		Phone			onal identi	lication	
	nai			no.			ber (PIN)		
Sign		der penalties of perjury, I declare t ief, they are true, correct, and com							
Here		ur signature		Date	Your occupation				nt you an Identity
	10	ar signature		Date	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, I	both must sign.	Date	Spouse's occupati	on			nt your spouse an
your records.						`		tity Prote inst.)	ection PIN, enter it here
-	Dh	200 D0 (700) 400 055	7	Email addraga	HOME MAKEF		,		
		one no. (720) 409-955 eparer's name	/ Preparer's signat	Email address	PARESHNAKUM	Date	PTIN		Check if:
Paid			· · · · · · · · · · · · · · · ·) 2702	Self-employed
Preparer		PRIYA RAM SAGAR GUPTA TALLAM		RAM SAGAR	GUPIA TALLAM	02/01/2023	P0208		
Use Only		m's name GLOBAL TAX			T 00016				(678) 965-9522
		m's address 245 ROONE	Y CT E BRU	NOWICK N	J U8816		Firm	's EIN	88-2145487
I - O TO MUMUNI IRC O	OV/Forn	111/11 tor instructions and the late	et intormation			DEV/ 04/04/00 DDO			Eorm 1141 (0000)

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

BAA REV 01/24/23 PRO

Form **1040** (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**

Your social security number

Internal Revenue Service Name(s) shown on Form 1040, 1040-SR, or 1040-NR PARESH & SHOBHANA PARESH NAKUM

PARE	SH & SHOBHANA PARESH NAKUM		170-8	3-57	80
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	-12,193.
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			
0	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			
u	Wages earned while incarcerated	8u			
z	Other income. List type and amount:				
•		8z			
9	Total other income. Add lines 8a through 8z			9	10 100
<u>10</u>	Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR	, or 1040-NR		10	-12,193.

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

Schedule 1 (Form 1040) 2022

Par	t II Adjustments to Income					
11	Educator expenses				11	
12	Certain business expenses of reservists, performing artists, and fee					
	officials. Attach Form 2106				12	
13	Health savings account deduction. Attach Form 8889				13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903				14	
15	Deductible part of self-employment tax. Attach Schedule SE				15	
16	Self-employed SEP, SIMPLE, and qualified plans				16	
17	Self-employed health insurance deduction				17	
18	Penalty on early withdrawal of savings				18	
19a	Alimony paid				19a	
b	Recipient's SSN	·				
С	Date of original divorce or separation agreement (see instructions):					
20	IRA deduction				20	
21	Student loan interest deduction				21	
22	Reserved for future use				22	
23	Archer MSA deduction				23	
24	Other adjustments:					
а		24a				
b	Deductible expenses related to income reported on line 8I from the					
		24b				
С	Nontaxable amount of the value of Olympic and Paralympic medals					
		24c			_	
d		24d			_	
е	Repayment of supplemental unemployment benefits under the Trade	~ ~				
		24e			_	
f		24f			_	
g		24g			-	
h	Attorney fees and court costs for actions involving certain unlawful	0.41				
		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	04:				
	Housing deduction from Form 2555	24i 24j			-	
J	Excess deductions of section 67(e) expenses from Schedule K-1 (Form	24j			-	
ĸ		24k				
-	Other adjustments. List type and amount:	24N			-	
Z		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 .			 nd on	20	
20	Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a				26	
	BAA		01/24/23 PRO			e 1 (Form 1040) 2022

SCHEDULE D (Form 1040)

Capital Gains and Losses

OMB No. 1545-0074

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

Go to *www.irs.gov/ScheduleD* for instructions and the latest information. Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10. 20**22** Attachment Sequence No. **12**

Your social security number

170-83-5780

Department of the Treasury Internal Revenue Service Name(s) shown on return

PARESH & SHOBHANA PARESH NAKUM

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year?
Yes No
If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

Part I Short-Term Capital Gains and Losses – Generally Assets Held One Year or Less (see instructions)

lines This	instructions for how to figure the amounts to enter on the below. form may be easier to complete if you round off cents to e dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustment to gain or loss Form(s) 8949, F line 2, columr	from Part I,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a	Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b.					
1b	Totals for all transactions reported on Form(s) 8949 with Box A checked					
2	Totals for all transactions reported on Form(s) 8949 with Box B checked					
3	Totals for all transactions reported on Form(s) 8949 with Box C checked					
4	Short-term gain from Form 6252 and short-term gain or (I	oss) from Forms 4	684, 6781, and 88	324	4	
5	Net short-term gain or (loss) from partnerships, Schedule(s) K-1				5	
6	Short-term capital loss carryover. Enter the amount, if an Worksheet in the instructions	<u>,</u>	•	-	6	(5,763.)
7	Net short-term capital gain or (loss). Combine lines 1a term capital gains or losses, go to Part II below. Otherwise	•	., .		7	-5,763.

Part II Long-Term Capital Gains and Losses—Generally Assets Held More Than One Year (see instructions)

lines This	structions for how to figure the amounts to enter on the elow. mm ay be easier to complete if you round off cents to dollars.			from Part II,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)	
8a	Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b.					
8b	Totals for all transactions reported on Form(s) 8949 with Box D checked					
9	Totals for all transactions reported on Form(s) 8949 with Box E checked					
10	Totals for all transactions reported on Form(s) 8949 with Box F checked.					
	Gain from Form 4797, Part I; long-term gain from Forms from Forms 4684, 6781, and 8824				11	
12 13	Net long-term gain or (loss) from partnerships, S corporat Capital gain distributions. See the instructions	. ,	12 13			
	Long-term capital loss carryover. Enter the amount, if any Worksheet in the instructions	Carryover	14	()		
15	Net long-term capital gain or (loss). Combine lines 8a on the back .	15				

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

Part	III Summary	
16	Combine lines 7 and 15 and enter the result	16 -5,763.
	• If line 16 is a gain , enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below.	
	• If line 16 is a loss , skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22.	
	• If line 16 is zero , skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22.	
17	Are lines 15 and 16 both gains?	
	No. Skip lines 18 through 21, and go to line 22.	
18	If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet	18
19	If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet	19
20	Are lines 18 and 19 both zero or blank and you are not filing Form 4952? Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. Don't complete lines 21 and 22 below.	
	□ No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.	
21	If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of:	
	The loss on line 16; or (\$3,000), or if married filing separately, (\$1,500)	21 (3,000.)
	Note: When figuring which amount is smaller, treat both amounts as positive numbers.	
22	Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?	
	☐ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16.	
	☑ No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.	

REV 01/24/23 PRO

Schedule D (Form 1040) 2022

SCHE (Form	DULE E	Supplemental Income and Loss (From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)							OMB No. 1545-0074		
•	-	(FIOIIII	Attach to Form 1040,		-			trusts, neiviros,	e.c.,		22
	ent of the Treasury Revenue Service		Go to www.irs.gov/ScheduleE for					formation.		Attachm Sequend	ent ce No. 13
Name(s)	shown on return							Yo	ur soci	al security r	
PARE	SH & SHOBH	ANA PA	ARESH NAKUM					1'	70-8	3-5780	
Part		or Los	s From Rental Real Estate an	d Ro	yalties						
	Note: If yo	ou are in t	he business of renting personal proper s from Form 4835 on page 2, line 40.	ty, use	Schedule	C. See	instruc	ctions. If you are a	an indiv	vidual, repo	ort farm
Α			ents in 2022 that would require you	to file	Form(s) 1	0992 S	ee ins	tructions			s 🛛 No
			ou file required Form(s) 1099?								
1a			ach property (street, city, state, ZIF								
					,						
 	13 KANTES	HWAR F	OW HOUSE SURAT SURAT, GU	JJARA	AT IN 3	92010)				
<u>с</u>											
	Type of Prope	rty 2	For each rental real estate prope	ntv liet	tod		Fa	ir Rental P	orson	al Use	
10	(from list below		above, report the number of fair				Ia	Days	Da		QJV
Α	3	<u> </u>	personal use days. Check the Q			Α		365		0	
В			if you meet the requirements to f qualified joint venture. See instru			В					
С			quaimed joint venture. See instru	CLIOITS	5.	С					
Туре	of Property:										
	Single Family R			tal	5 Land			Self-Rental			
2	Multi-Family Re	sidence	4 Commercial		6 Roya	lties	8	Other (describe)		
								Properties:			
Incom	ie:					Α		В			С
3	Rents received	I		3		7	12.				
4	Royalties recei	ived.		4							
Exper											
5	Advertising .			5							
6		-	structions)	6							
7	•		ance	7		2,3	38.				
8				8							
9				9							
10			sional fees	10		0 1	1.0				
11 12				11		2,4	19.				
12			to banks, etc. (see instructions)	12 13							
14				14		2,9	33				
15	<u> </u>			15		2,6					
16				16		_, -					
17				17		2,5	51.				
18			or depletion	18							
19	Other (list)			19							
20	Total expenses		nes 5 through 19	20		12,9	05.				
21			ne 3 (rents) and/or 4 (royalties). If								
			structions to find out if you must			10 1					
				21	-	-12,1	93.				
22			estate loss after limitation, if any, tructions)	00	/	10 10	2	(`	/	
020		-	-	22		12,19		7) 12.	(
23a b			ported on line 3 for all rental prope ported on line 4 for all royalty prop			• •	23a 23b	1	⊥∠•		
с С							23D				
d											
e											
24			amounts shown on line 21. Do no						24		
25			ses from line 21 and rental real estat						25	(1	L2,193.
26		5	te and royalty income or (loss).								· · ·
	here. If Parts	II, III, IV	, and line 40 on page 2 do not	apply	to you, a	also er	iter th	is amount on			
	Schedule 1 (Fo	orm 1040), line 5. Otherwise, include this ar	mount	t in the tot	al on li	ne 41	on page 2	26	-	-12,193.

Schedule E (Form 1040) 2022

-12,193.

-12,193.

Form **8889** Department of the Treasury Internal Revenue Service

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

Health Savings Accounts (HSAs)

OMB No. 1545-0074

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

Go to www.irs.gov/Form8889 for instructions and the latest information.

2	ition.	Sequence No. 52
		ber of HSA beneficiary. We HSAs, see instructions
	170-83-	5780

20

Attachmont

PARE	ESH NAKUM 170-83	8-578	30
Befor	re you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if	f requ	ired.
Part	HSA Contributions and Deduction. See the instructions before completing this part. If y and both you and your spouse each have separate HSAs, complete a separate Part I for		
1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2022. See instructions	🗌 Se	lf-only 🗵 Family
2	HSA contributions you made for 2022 (or those made on your behalf), including those made by the unextended due date of your tax return that were for 2022. Do not include employer contributions, contributions through a cafeteria plan, or rollovers. See instructions	2	0.
3	If you were under age 55 at the end of 2022 and, on the first day of every month during 2022, you were, or were considered, an eligible individual with the same coverage, enter \$3,650 (\$7,300 for family coverage). All others , see the instructions for the amount to enter	3	7,300.
4	Enter the amount you and your employer contributed to your Archer MSAs for 2022 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2022, also include any amount contributed to your spouse's Archer MSAs	4	0.
5	Subtract line 4 from line 3. If zero or less, enter -0	5	7,300.
6	Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2022, see the instructions for the amount to enter	6	7,300.
7	If you were age 55 or older at the end of 2022, married, and you or your spouse had family coverage under an HDHP at any time during 2022, enter your additional contribution amount. See instructions.	7	
8	Add lines 6 and 7	8	7,300.
9	Employer contributions made to your HSAs for 2022		
10	Qualified HSA funding distributions		
11	Add lines 9 and 10	11	458.
12	Subtract line 11 from line 8. If zero or less, enter -0	12	6,842.
13		13	
13	HSA deduction. Enter the smaller of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line 13 Caution: If line 2 is more than line 13, you may have to pay an additional tax. See instructions.	13	0.
Part	II HSA Distributions. If you are filing jointly and both you and your spouse each have separate Part II for each spouse.	arate I	HSAs, complete
14a	Total distributions you received in 2022 from all HSAs (see instructions)	14a	
b	Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return. See instructions	14b	
с	Subtract line 14b from line 14a	14c	
15	Qualified medical expenses paid using HSA distributions (see instructions)	15	
16	Taxable HSA distributions. Subtract line 15 from line 14c. If zero or less, enter -0 Also, include this		
10	amount in the total on Schedule 1 (Form 1040), Part I, line 8f	16	
	If any of the distributions included on line 16 meet any of the Exceptions to the Additional 20% Tax (see instructions), check here		
b	Additional 20% tax (see instructions). Enter 20% (0.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also, include this amount in the total on Schedule 2 (Form 1040), Part II, line 17c	17b	
Part		ions b	
18	Last-month rule	18	
19	Qualified HSA funding distribution	19	
20	Total income. Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I, line 8f .	20	
21	Additional tax. Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2 (Form 1040), Part II, line 17d	21	

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

BAA REV 01/24/23 PRO



DR 8454 (11/07/22) COLORADO DEPARTMENT OF REVENUE Denver CO 80261-0005 *Tax.Colorado.gov* Page 1 of 1

State of Colorado Income Tax Declaration for Online Electronic Filing

the preparer, under penalties of perjury I declare that I have reviewed the above taxpayer's Federal/Colorado income tax returns and that the information provided to me by the taxpayer and the amounts shown in Part I above agree with the amounts shown on said tax returns, and that said tax returns, statements, schedules, and attachments are true, correct, and complete to the best of my knowledge and belief. As preparer, I further declare that I have obtained the taxpayer's signature on this form at the time of filing and have provided the taxpayer with copies of all forms and information filed. I also agree to maintain this signed Form (DR 8454) for the period covered by the Colorado statute	Do not mail this form to the IRS or the Colorado			For Tax Year (MM/DD/YY)			or Fiscal Year beginning (MM/DD/YY)						
Individual Income (DR 0104) Corporate Income (DR 0105) Flathership/S-Corp Income (DR 0106) Flathership/S-Corp Income (DR 0105) Taxpayer Last Name or Business Name First Name or Business DBA if different from Business Name Middle Initial NAKUM NAKUM PARESH Middle Initial Taxpayer Stat Name (if applicable) First Name Middle Initial NAKUM Shouse SSN or TIN (if applicable) FEIN 170-83-5780 982-92-9312 Taxpayer or Business Address City State ZP 6006 BLUE RIDGE DR APT 6006A LITTLETON Co 80130 Part I — Tax Return Information 105554 105554 1. Total Income from your federal return (see instructions for more information) \$ 3505 3. Colorado Tax from your Colorado return (see instructions for more information) \$ 3150 4. Colorado Tax Withheld or Payments, from your Colorado return (see instructions or more information) \$ 3315 Part II — Declaration of Tax Payer Index onple to the set of wy knowsea and belef. Sa15 Vinder paralles of payiny. Ideater that the information Inave provided for electronic fling and the antores and the stature of minator. \$ Sa15 Signature Date (AMXDDO	Depar	tment of Revenue. Re	tain with your re	ecords.	12/31/	22							
(DR 0104) (DR 0112) ((DR 0106) (DR 0105) Taxpayer Last Name or Business Name First Name or Business DBA if different from Business Name Middle Initial NAKUM PARESH Middle Initial NAKUM Spouse's Last Name (if applicable) First Name Middle Initial NAKUM SHOBHANA PARESH Middle Initial Taxpayer SSN or ITIN Spouse SSN or ITIN (if applicable) FEIN 170-83-5780 982-92-9312 State ZIP 6006 BLUE RIDGE DR APT 6006A LITTLETON CO 80130 Part I — Tax Return Information 1. Total Income from your federal return (see instructions for more information) 1 \$105554 2. Taxable Income (or allowable deduction) from your Colorado return (see instructions or more information) 3 \$3505 3. Colorado Tax from your Colorado return (see instructions for more information) 3 \$315 3. Colorado Tax from your opticate that the information In Part II — Declaration of Tax Payer Colorado Tax Withheld or Payments, from your Colorado return (see instructions or more information) 4 \$315 96deral/Colorado Tax (Withheld or Payments, from your colorado return (see instructions are ensting and that adia tacreture, stalements, scheduse and atadiachmenta are top	Tax Ty	pe											
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If I am not the preparer, I declare only that the amounts shown in Part I above agree with the amounts shown on the taxpayer's Federal/Colorado income tax returns. If I am the preparer, under penalties of perjury I declare that I have reviewed the above taxpayer's Federal/Colorado income tax returns and that the information provided to me by the taxpayer and the amounts shown in Part I above agree with the amounts shown on said tax returns, and that said tax returns, statements, schedules, and attachments are true, correct, and complete to the best of my knowledge and belief. As preparer, I further declare that I have obtained the taxpayer's signature on this form at the time of filing and have provided the taxpayer with copies of all forms and information filed. I also agree to maintain this signed Form (DR 8454) for the period covered by the Colorado statute of limitations, and to provide paper copies of this declaration, said returns, withholding statements, schedules and attachments upon request by the Colorado Department of Revenue at any time during this period.	Spouse	s Signature (If Joint Return,	Both Must Sign)					Date	e (MM/DD/Y	Y)			
If I am not the preparer, I declare only that the amounts shown in Part I above agree with the amounts shown on the taxpayer's Federal/Colorado income tax returns. If I am the preparer, under penalties of perjury I declare that I have reviewed the above taxpayer's Federal/Colorado income tax returns and that the information provided to me by the taxpayer and the amounts shown in Part I above agree with the amounts shown on said tax returns, and that said tax returns, statements, schedules, and attachments are true, correct, and complete to the best of my knowledge and belief. As preparer, I further declare that I have obtained the taxpayer's signature on this form at the time of filing and have provided the taxpayer with copies of all forms and information filed. I also agree to maintain this signed Form (DR 8454) for the period covered by the Colorado statute of limitations, and to provide paper copies of this declaration, said returns, withholding statements, schedules and attachments upon request by the Colorado Department of Revenue at any time during this period.													
If I am not the preparer, I declare only that the amounts shown in Part I above agree with the amounts shown on the taxpayer's Federal/Colorado income tax returns. If I am the preparer, under penalties of perjury I declare that I have reviewed the above taxpayer's Federal/Colorado income tax returns and that the information provided to me by the taxpayer and the amounts shown in Part I above agree with the amounts shown on said tax returns, and that said tax returns, statements, schedules, and attachments are true, correct, and complete to the best of my knowledge and belief. As preparer, I further declare that I have obtained the taxpayer's signature on this form at the time of filing and have provided the taxpayer with copies of all forms and information filed. I also agree to maintain this signed Form (DR 8454) for the period covered by the Colorado statute of limitations, and to provide paper copies of this declaration, said returns, withholding statements, schedules and attachments upon request by the Colorado Department of Revenue at any time during this period.	Part III — Declaration of ERO/Preparer/Transmitter												
the preparer, under penalties of perjury I declare that I have reviewed the above taxpayer's Federal/Colorado income tax returns and that the information provided to me by the taxpayer and the amounts shown in Part I above agree with the amounts shown on said tax returns, and that said tax returns, statements, schedules, and attachments are true, correct, and complete to the best of my knowledge and belief. As preparer, I further declare that I have obtained the taxpayer's signature on this form at the time of filing and have provided the taxpayer with copies of all forms and information filed. I also agree to maintain this signed Form (DR 8454) for the period covered by the Colorado statute of limitations, and to provide paper copies of this declaration, said returns, withholding statements, schedules and attachments upon request by the Colorado Department of Revenue at any time during this period.	If the transmitter did not prepare the tax return, check here												
	the preparer, under penalties of perjury I declare that I have reviewed the above taxpayer's Federal/Colorado income tax returns and that the information provided to me by the taxpayer and the amounts shown in Part I above agree with the amounts shown on said tax returns, and that said tax returns, statements, schedules, and attachments are true, correct, and complete to the best of my knowledge and belief. As preparer, I further declare that I have obtained the taxpayer's signature on this form at the time of filing and have provided the taxpayer with copies of all forms and information filed. I also agree to maintain this signed Form (DR 8454) for the period covered by the Colorado statute of limitations, and to provide paper copies of this declaration, said returns, withholding statements, schedules and attachments upon request by the Colorado Department of												
	ERO's	Signature					Preparer Iden	tificatio	on Numbe	er, Your SSN	l, or IT	IN	
SYAM PRIYA RAM SAGAR GUPTA TALLAM P02082703	SYAM	PRIYA RAM SAGAR	GUPTA TALLAM				P0208270	3					
Date (MM/DD/YY) Check if also Preparer X 02/01/23		Check if also Prep	arer X										





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2022 Colorado Individual Income Tax Return

X Full-Year Part-Year or Nonresident (or resident, part-year, non-resident combination) *Must include DR 0104PN Mark if Abroad on due date – see instructions									
Your Last Name	,	Your First Na	_					Middle	Initial
NAKUM		PARESH							
Date of Birth (MM/DD/YYYY)	SSN or ITIN	Deceased							
08/26/1993	170-83-5780						refund, you ertificate with		
Enter the following information	n from vour current	State of Issue		Last 4 c	haracters of II	D number	Date of Issua	nce	
driver license or state identific		со		5508	}		03/10/2	1	
If Joint, Spouse's Last Name		Spouse's Firs	Nam	ne				Middle	Initial
NAKUM		SHOBHAN	A PA	ARESH					
Spouse's Date of Birth (MM/DD/YYYY)	Spouse's SSN or ITIN	Deceased							
05/05/1995	982-92-9312						refund, you ertificate with		
Enter the following information	n from vour spouse's	State of Issue		Last 4 c	haracters of II	D number	Date of Issua	nce	
current driver license or state	identification card.								
Mailing Address						Pho	ne Number		
6006 BLUE RIDGE DR APT	6006A					(7)	20)409-95	57	
City		State	ZI	P Code		Foreign (Country (if app	licable)	
LITTLETON		СО	8	0130					
To see if you or member	s of your household qua	lify for free o	r rec	duced-c	cost health	coverage	e, check this	s box if:	
	esident and at least one	person in yo	our h	ouseho	old does not	have h	ealth covera	age	
AND	the Colorado Department	of Dovonuo	o ob	ara tha i	information a	n Form I		with Con	nant
	the Colorado Department Colorado Health Benefit								lect
for Health Colorado (the Colorado Health Benefit Exchange) and the Department of Health Care Policy & Financing. Round To The Nearest Dollar									
1. Enter Federal Taxable Inco	come tax fo	m:					79654	1	
1040, 1040 SR, or 1040 SI				• 1			79034	00	
Include W-2s and 1099s with CO withholding.									
Additions to Federal Taxable Income									
2. State Addback, enter the state income tax deduction from your federal form 1040,							00		
	1040 SR, or 1040 SP schedule A, line 5a (see instructions) • 2 0 0								
3. Qualified Business Income Deduction Addback (see instructions) • 3									



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220104 21555	Page 2 01 4			
Name			SSN or ITIN	
PARESH & SHOBHANA PARE	SH NAKUM		170-83-5780	
			1,0,00,0,00	
4. Itemized Deduction addbac		• 4		0 (
	rior Year - Non-qualifying Tuition	-		
Contribution (see instructio	ns)	• 5		0 (
6. Other Additions, explain (se	ee instructions)	• 6		0 0
Explain:				
7 Subtotal sum of lines 1 thr	ough 6	7	79654	00
7. Subtotal, sum of lines 1 thr	Colorado Sub	-		0
8 Subtractions from the DP ()104AD Schedule, line 22, you m			
DR 0104AD schedule with				0
DIV 0104AD Schedule with	your return.	• 0		
9. Colorado Taxable Income,	subtract line 8 from line 7	• 9	79654	0
	Credits: see 104 Book for full-y		R 0104PN Schedule	
	e or the DR 0104PN line 36, you			
DR 0104PN with your retur		• 10	3505	0
	om the DR 0104AMT line 8, you			
DR 0104AMT with your ret		• 11		0
12. Recapture of prior year cre	dits	• 12		00
			25.05	
13. Subtotal, sum of lines 10 th	rough 12	13	3505	0
	n the DR 0104CR line 48, the su			
	must submit the DR 0104CR with			0
	orise Zone credits used – as cald			
	of lines 14, 15, and 16 cannot exc			
submit the DR 1366 with yo		• 15		0
	t from DR 1330, the sum of lines	14, 15, and 16 cannot		
exceed line 13, you must s	ubmit the DR 1330 with your retu	urn. • 16		0
			3505	
17. Net Income Tax, sum of lin	es 14, 15, and 16. Subtract that s	sum from line 13. 17	5505	0
18. Use Tax reported on the D	R 0104US schedule line 7, you n	nust submit the		
DR 0104US with your retur	n.	• 18		0
			3505	
Net Colorado Tax, sum of I		19	5505	0
	rom W-2s and 1099s, you must s	submit the W-2s and/or	5315	
1099s claiming Colorado w	vithholding with your return.	• 20	5515	0
Prior-year Estimated Tax C		• 21		0
22. Estimated Tax Payments, e	enter the sum of the quarterly page	yments remitted for		
this tax year		• 22		0
Cutonaian Doumont romitte	d with the DR 0158-I	• 23		0

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220104 31	1555	Page 3 of	f 4					
Name					SSN or I	TIN		
PARESH & SHOBHANA	PARESH NAKU	М			170-8	33-5780		
24. Other Prepayments: □ • DR 0104BEP □ • DR 0108 □ • DR 1079 • 24 0 0								
	25. Gross Conservation Easement Credit from the DR 1305G line 33, you must submit the DR 1305G with your return. • 25 0 0							
26. Innovative Motor Ve	26. Innovative Motor Vehicle and Innovative Truck Credit from form DR 0617, you must							
27. Refundable Credits			u must submit th				00	
with your return.				• 27		5315	00	
28. Subtotal, sum of line	es 20 through 27			28			00	
Lines 30 through 3	3 are only used t		I AGI for TABOI TABOR Credit		t vour Colorado	tax liability		
29. Federal Adjusted Gr 1040 SR line 11, or	oss Income fron					105554	0 0	
30. Nontaxable Social S				• 30			00	
31. Nontaxable interest	income from sta	te and local bon	ds	• 31		105554	00	
32. Sum of lines 29 thro		I AGI for TABOR Jified AGI Tiers		32 Tax Refund		105554	00	
If line 32 is:	\$48,000 or less	\$48,001 – \$95,000	\$95,001 – \$151,000	\$151,001 – \$209,000	\$209,001 – \$268,000	\$268,001 or more		
Single Filers Enter	\$153	\$208	\$234	\$285	\$300	\$486		
Joint Filers Enter	\$306	\$416	\$468	\$570	\$600	\$972		
33. State Sales Tax Refund: For full-year Colorado residents, born before 2004, or full-year Colorado residents who are under the age of eighteen but are required to file a return. Use the amount on line 32 and reference the table above. See instructions if you are filing an extension.						0 0		
34. Sum of lines 28 and	33			34		5783	00	
35. Overpayment, if line	34 is greater that	an line 19 then s	ubtract line 19 fr	om line 34 35		2278	00	
							00	
If you have an overpay Colorado charity, includ				ll or a portion of y	your overpayme	nt to a qualif	fied	
37. Refund, subtract line	e 36 from line 35	(see instruction	s)	• 37		2278	0 0	
Direct Routing Nur	nber 3 2 2 2	2 7 1 6 2 7	7 Type : X	Checking	Savings	CollegeInvest 5	529	
Deposit Account Nur	mber 1 0 9 3	3 9 8 5 5 5	9					
For questions regarding CollegeInvest direct deposit or to open an account, visit CollegeInvest.org or call 800-448-2424.								

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220104 41333	-					
Name				SSN or ITIN		
PARESH & SHOBHANA PARESH NAKUM				170-83-57	80	
38. Net Tax Due, subtract line 34 from line 19		38			0 0	
39. Delinquent Payment Penalty (see instructions)		0 0				
40. Delinquent Payment Interest (see instructions)		• 40			0 0	
 Estimated Tax Penalty, you must submit the D (see instructions) 	R 0204 with your return.	• 41			0 0	
42. Amount You Owe, sum of lines 38 through 41		• 42				
The State may convert your check to a one-time electronic banking transaction. Your bank account may be debited as early as the same day received by the State. If converted, your check will not be returned. If your check is rejected due to insufficient or uncollected funds, the Department of Revenue may collect the payment amount directly from your bank account electronically.						
-	Third Party Designee					
Do you want to allow another person to discuss this return and any related information with the Colorado • X No • Yes. Complete the following: Department of Revenue? See the instructions.						
Designee's Name			Phone N	lumber		
•			•			
Sign Below Under penalties of perjury, I declare that to the	best of my knowledge and belief, this re	turn is tru	ie, correct			
Your Signature				Date (MM/DD/YY)		
Spouse's Signature. If joint return, BOTH must sign.				Date (MM/DD/YY)		
Paid Preparer's Name			Paid Prep	arer's Phone		
GLOBAL TAXES LLC			(678)	965-9522		
Paid Preparer's Address	City		State	ZIP Code		
245 ROONEY CT	E BRUNSWICK		NJ	08816		

REV 01/11/23 PRO

File and pay at: Colorado.gov/RevenueOnline

If you are filing this return with a check or payment, please mail the return to:	If you are filing this return without a check or payment, please mail the return to:				
COLORADO DEPARTMENT OF REVENUE Denver, CO 80261-000 6	COLORADO DEPARTMENT OF REVENUE Denver, CO 80261-000 5				
These addresses and zip codes are exclusive to the Colorado Department of Revenue, so a street address is not required.					