Internal Revenue Service

IRS *e*-file Signature Authorization

OMB No. 1545-0074

Social security number

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

Submission Identification Number (SID)

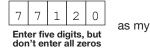
Taxpayer's name

| | | | , | | | | | | | | |
|---|--------------|--------------|----------------|------------------|--|--|--|--|--|--|--|
| MANINDER KAUR | 810-47-7 | 120 | | | | | | | | | |
| Spouse's name Spouse's social security number | | | | | | | | | | | |
| GURJENT SINGH | | | 157-81-4 | 277 | | | | | | | |
| Part I Tax Return Information – Tax Year Ending December 31, 2022 (Enter year you are authorizing.) | | | | | | | | | | | |
| Enter whole dollars only on lines 1 through 5. | | | | | | | | | | | |
| Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 bla | ınk. | | | | | | | | | | |
| 1 Adjusted gross income | | | | 1 51,916. | | | | | | | |
| 2 Total tax | | | | 2 2,712. | | | | | | | |
| 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 | | | | 3 3,297. | | | | | | | |
| 4 Amount you want refunded to you | | | | 4 585. | | | | | | | |
| 5 Amount you owe | | | | 5 | | | | | | | |
| Part II Taxpayer Declaration and Signature Authorization | n (Be sure y | ou get and k | keep a copy of | of your return) | | | | | | | |

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

Taxpayer's PIN: check one box only

| I authorize | GLUBAL | IAVE2 | ERO firm name | to enter or generate my PIN | E | r |
|-------------|--------|-------|---------------|-----------------------------|---|---|
| l authorize | CTODAT | TAVEC | TTC | to optox or gonorato my DIN | / | Ì |



7 7

Enter five digits, but don't enter all zeros

as mv

1 4 2

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

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 🕨 | Da | ate 🕨 | • | | | | | | | | | |
|---|--|-------|---|--|--|--|-------------|--|-------|---|---|--|
| 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 followe | d by your five-digit self-selected PIN. | 2 | 2 | | | | 6 nter a | | 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 🕨 |
|--|--|
| | Retain This Form — See Instructions Form to the IRS Unless Requested To Do So |
| Excellent and the Astronomic states of | |

Date

to enter or generate my PIN

| Filing Status Single Married filing jointy Married filing separately (MFS) Head of household (HOH) Outlifying surviving | 1040 | | artment of the Treasury—Internal Revenue Servi S. Individual Income Tax | | urn | 202 | 2 | OMB No. 1545 | -0074 | IRS Use | only- | –Do not v | vrite or staple | in this space. |
|---|---------------------|-----------|---|------------|------------|---------------|-------|------------------|--------|-------------|-----------|-----------|-----------------|----------------|
| MANINDER KAUR 810-47-7120 Hjørt retun, spouse's first name and middle initial UURJENT Lak name Spouse's social security number STNCH 157-81-42/7 Home address (number and street), Hyou have a PO, box, see instructions. Apt. no. Presidential Election Campaign Check there if you, or your spouse filling jorth, want 35 Presidential Election Campaign Check there if you, or your spouse filling jorth, want 35 1202 NATTECRESE V. UILAGE DERTY Check there if you, or your spouse filling jorth, want 35 Presidential Election Campaign Check there if you, or your spouse filling jorth, want 35 JONE SBORD Someone can called in the during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset (See instructions). Ves Zi No Standard Someone can called inte: You as dependent Ver Zi No Dependents, see instructions; (1) First name Last name Poscie (Gradinal Section (Gra | Check only | lf yo | u checked the MFS box, enter the n | ame of y | | | | | | | | spo | use (QSS) | 0 |
| If joint etum, spouse's first name and middle initial Last name Sin Sil Noil 15 Noil 16 Noil | Your first name | and mi | ddle initial | Last na | me | | | | | | | Your so | cial securi | ty number |
| GURJENT SINGH 157-81-4277 Home address (number and street). If you have a P.O. tox, set instructions. Apt. no. Presidential Blecton Campaign City, tow, or poot office. If you have a foreign address, also complete spaces below. State ZIP code spouse I filing jointy, want 39 City, tow, or poot office. If you have a foreign address, also complete spaces below. State ZIP code spouse I filing jointy, want 39 City, tow, or poot office. If you have a foreign address, also complete spaces below. State ZIP code spouse I filing jointy, want 39 City, tow, or poot office. If you have a foreign address, also complete spaces below. State ZIP code spouse I filing jointy, want 39 City, tow, or poot office. If you have a foreign address, also complete spaces below. Foreign county name Foreign province/state/county Foreign postal code City, tow, or poot office. If you bave a foreign address, also complete spaces ad dependent. You Spouse You Spouse Standard Spouse itemizes on a separate return or you were a dual-status allen Spouse itemizes on a separate return or you were a dual-status allen Child tax credit for dher dependent Dependents (see instructions): (2) Social accurity (9) feat item barries, see distructions) Interest Interest Interest If moore If a Total amount from Form(s) W-2, box 1 (see instr | MANINDER | | | KAUR | | | | | | | | 810- | 47-712 | 0 |
| Internet address (number and street). If you have a P.O. box, see instructions. Apt. no. Previdential Election Campaigners. 12.02 BATTLECREEK VILLAGE DRIVE State ZIP code Source of thing plotty, want 32 (DV), town, or post file. If you have a foreign address, also complete spaces below. State ZIP code Source of thing plotty, want 32 (DV), town, or post file. If you have a foreign address, also complete spaces below. State ZIP code Source of thing plotty, want 32 (DV), town, or post file. If you have a foreign address, also complete spaces below. Foreign nountry name Foreign province/state/county Foreign patal code (D) address containes At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, accentary or services or a dependent Our spouse as a dependent You You Spouse Deduction Spouse itemizes on a separate return or you were a dual-status allen App. App. (A) fields accentary (B) field accentary | If joint return, sp | ouse's | first name and middle initial | Last na | me | | | | | | | Spouse | 's social se | curity numbe |
| 1202 BATTLECREEK VILLAGE DRIVE Check new flyou or your CRy, town, or post office. You have a foreign address, also complete spaces below. State ZIP code Social State Toreck new flyou, your State Foreign rocurtly name Foreign province/state/county Foreign postal code You Social State Digital Assets At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, jtfl, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (Be instructions). You Social Science Digital Assets At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, jtfl, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (Be instructions). Yes No Standard Social science a digital asset (or a financial interest in a digital asset)? (Be instructions). Yes No Dependents See instructions): (P) Exist name | GURJENT | | | SING | Н | | | | | | | 157- | 81-427 | 7 |
| Attech Form(s) Variable dependent is a foreign address, also complete spaces below. State ZIP code spouse if filing jointly, want S3 togo this fund. Checking a togo this fund. Checking a box below will not change is spouse if filing jointly, want S3 togo this fund. Checking a box below will not change is spouse it must be the spouse it must be the spouse of a digital asset (or a financial interest in a digital asset) or service); or (b) sell, Spouse if filing jointly, want S3 togo this fund. Checking a box below will not change is spouse it must be the spouse of a digital asset (or a financial interest in a digital asset)? (See instructions). Yee No Standard Someone can claim: You as a dependent Your spouse as a dependent Yee was the spouse it must be spouse it must be spouse it must be spouse it must be spouse it | Home address (| numbe | er and street). If you have a P.O. box, see | instructio | ons. | | | | A | Apt. no. | | Preside | ntial Electi | on Campaigr |
| Cury, torup, to pose to this fund. Checking a SURDERO GA 20 Case 10 code to go to this fund. Checking a SURDERO Foreign country name Foreign province/state/county Foreign postal code you as or payment for property or services); or (b) sell, exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions). Yes Xes Standard Someone can calmit. You as a dependent Yes Xes Xes Xes Age/Blindness You. Were born before January 2, 1958. Are blind Spouse: (a) Check the box if qualifies for (see instructions); (i) First name Last name (a) Check the box if qualifies for (see instructions); If more (a) Check the box if qualifies for (see instructions); (a) Check the box if qualifies for (see instructions); (b) Check the box if qualifies for (see instructions); Income 1a Total amount from Form(s) W-2, box 1 (see instructions) 1a 58, 786. Intech form for May and the box if qualifies for more sold adoption banefits from Form 2441, line 26 1a 58, 786. Intech form for May and anutities 1a 58, 786. 1a 58, 786. Intech form form form Sold adoption banefits from Form 2441, line 26 1a 58, 786. 1a | 1202 BAT | TLE | CREEK VILLAGE DRIVE | | | | | | | | | | | |
| JONESBORO GA 30236 box below will not change ⁻ Foreign province/state/county Foreign positic del your tax or refund. You Spouse Digital At any time during 2022, did you; (a) receive (as a reward, award, or payment for property or services); or (b) sell, You Spouse Assets Semeone can claim: You as a dependent Your spouse as a dependent Yes No Deduction Spouse Itemizes on a separate return or you were a dual-status alen Age/Blindess You: Were bom before January 2, 1958 Is blind Dependents, see instructions; (f) First name Last name (g) Social security (g) Relationship (f) Check the box figualifies for (see instructions); If more there. (i) First name Last name (g) Social security (g) Relationship (g) Check the box figualifies for (see instructions); If more there. (i) First name Last name (g) Social security (g) Relationship (g) Check the box figualifies of (see instructions); If more there. (i) First name Last name (g) Social security (g) Relationship (g) Check the box figualifies of (see instructions); If more there. (i) First name Last name (g) Social security | City, town, or po | ost offic | ce. If you have a foreign address, also co | omplete s | paces bel | ow. | Sta | te | ZIP co | ode | | • | | |
| Digital Assets At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, Assets Assets Sexchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) Yes X No Standard Deduction Someone can claim: You as a dependent You response as a dependent Yes X No Standard Deduction Someone can claim: You as a dependent You response as a dependent Yes X No Age/Blindness You: Were bom before January 2, 1958 Are blind Spouse: Was bom before January 2, 1958 Is blind Dependents, see instructions): (1) First name Last name (2) Social security (3) Relationship (4) Check the box if qualifies for (see instructions): If more than four dependents, see instructions | JONESBOR | 0 | | | GA 30 | | | | | 36 | | • | | 0 |
| Digital Assets At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions). Uves X No Standard Deduction Someone can claim: You as a dependent Your spouse as a dependent Age/Blindness You: Were born before January 2, 1958 Are blind Spouse: Was born before January 2, 1958 Is blind Dependents (see instructions): (f) First name Last name (g) Social security (a) Relationship (d) Check the box if qualifies for (see instructionship Income 1a Total amount from Form(s) W-2, box 1 (see instructions). 1a 1a 58, 786. Income 1a Total amount from Form(s) W-2, box 1 (see instructions). 1a 1a 58, 786. Instructions 1a Total amount from Form(s) W-2, box 1 (see instructions). 1a 1a 58, 786. Instructions 1a Total amount from Form(s) W-2, box 1 (see instructions). 1a 1a 58, 786. Instructions 1a Total amount from Form(s) W-2, (see instructions). 1a 1a 58, 786. 1a Instructions 1a <th< td=""><td>Foreign country</td><td>name</td><td></td><td>F</td><td>oreign pr</td><td>ovince/state/</td><td>coun</td><td>ty</td><td>Foreig</td><td>gn postal c</td><td>ode</td><td>your tax</td><td>k or refund.</td><td></td></th<> | Foreign country | name | | F | oreign pr | ovince/state/ | coun | ty | Foreig | gn postal c | ode | your tax | k or refund. | |
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| W-2 here. Also attach Forms Implification for regorded on mit algoed instructions) Implification for the regorded on form(s) Implification form(s) | income | b | Household employee wages not re | eported | on Form | (s) W-2 . | | | | | | 16 | | |
| attach Forms d Medicaid waiver payments not reported on Form(s) W-2 (see instructions) 1d W-2G and 1099-R if tax was withheld. e Taxable dependent care benefits from Form 2441, line 26 1e 11 Employer-provided adoption benefits from Form 8839, line 29 1f Wages from Form 8919, line 6 1g get a Form h Other earned income (see instructions) 1i W-2, see i Nontaxable combat pay election (see instructions) 1i instructions. z Add lines 1a through 1h 1z 58, 786. 2a b Taxable interest 2b 2b Attach Sch. B 2a Tax-exempt interest 2b 2b 4a b Taxable amount 4b 5b Standard Sea all gain or (loss). Attach Schedule D if required. If not required, check here 7 Standard Bing eparately: 7 Capital gain or (loss). Attach Schedule D if required. If not required, check here 7 Standard Bing eparately: 8 -6,8700. 9 51,916. 4a 10 Sea eparately: 11 51,916. 519,400 4d | | с | Tip income not reported on line 1a | a (see ins | struction | s) | | | | | | 10 | ; | |
| W-22 and 1099-Riftax was withheld. e Taxable dependent care benefits from Form 2441, line 26 1e If Employer-provided adoption benefits from Form 8839, line 29 1f Was withheld. g Wages from Form 8919, line 6 1g If you did not get a Form h Other earned income (see instructions) 1h 0. W-2; see instructions. i Nontaxable combat pay election (see instructions) 1i 1t Attach Sch. B 2a b b Tax-exempt interest 2b Attach Sch. B 2a b Dravable interest 2b If required. 3a b Ordinary dividends 3b Attach Sch. B 2a b Tax-exempt interest 2b If required. 3a b Ordinary dividends 3b If you elect to use the lump-sum election method, check here (see instructions) 3b 5b Deduction for- 6a Social security benefits 6a 6b Single or Married fling separately, S12,950 Other income from Schedule D if required. If not required, check here 7 7 Varider fling bintry or Dealifying 9 | | d | Medicaid waiver payments not rep | ported or | n Form(s |) W-2 (see ii | nstru | ictions) | | | | 10 | 1 | |
| was withheld. f Employer-provided adoption benefits from Form 8839, line 29 11 If you did not g Wages from Form 8919, line 6 1g get a form h Other earned income (see instructions) 1h 0. W-2, see i Nontaxable combat pay election (see instructions) 1i 1h 0. W-2, see i Nontaxable combat pay election (see instructions) 1i 1z 58,786. Add lines 1a through 1h 1 1z 58,786. 2b 2b Attach Sch. B 2a 1a b Taxable interest 2b 2b 4a IRA distributions 4a Add lines 1a through 1h 1c 5b 5b Deduction for- 5a Pensions and annuities 5a b Taxable amount 5b Standard Deduction for 6a Social security benefits 6a b Taxable amount 7 Single or If you elect to use the lump-sum election method, check here (see instructions) 7 7 5b Married fling jointly or Other income from Schedule 1, line 10 7 7 | W-2G and | е | Taxable dependent care benefits f | from For | m 2441, | line 26 | | | | | | 1e | • | |
| If you did not g Wages from Form 8919, line 6 1g get a Form h Other earned income (see instructions) 1h W-2, see i Nontaxable combat pay election (see instructions) 1i instructions. z Add lines 1a through 1h 1z Attach Sch. B 2a Tax-exempt interest 2a dualified dividends 3a 2a urrequired. 3a Qualified dividends 3a dualified dividends 3a 3a urrequired. 5a b Pensions and annuities 5a Standard b Deduction for- • Single or Married filing yesparately, sile 250 7 Capital gain or (loss). Attach Schedule D if required. If not required, check here 10 Standard filing youring spouse, surving sp | | f | Employer-provided adoption bene | fits from | n Form 8 | 839, line 29 | | | | | | 1f | : | |
| get a Form h Other earned income (see instructions) 1h 0. W-2, see i Nontaxable combat pay election (see instructions) 1i Attach Sch, B 2a Tax-exempt interest 1z Attach Sch, B 2a Tax-exempt interest 2b if required. 3a Qualified dividends 3a 4a B D ordinary dividends 3b 4a B Taxable amount 4b 5a Pensions and annuities 5a 6a b Taxable amount 5b 6a b Taxable amount 6b 5a Social security benefits 6a 5a b Taxable amount 6b 6a b Taxable amount 7 5a frequired. 6b 7 6a Social security benefits 6a 5b frequired. 6b 6a b Taxable amount 7 Capital gain or (loss). Attach Schedule D if required. If not required, check here 7 7 Capital gain or (loss). Attach Schedule D if required. If not required, check here 10 9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 11 11 51, 916. 12 12 25, 900. 11 13 Subtract line 10 from line 9. This is your adjusted gross income 11 14 25, 900. 13 15 Standard deduction or itemized deductions from Schedule A) 13 14 <td></td> <td>g</td> <td>Wages from Form 8919, line 6 .</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>1g</td> <td>I</td> <td></td> | | g | Wages from Form 8919, line 6 . | | | | | | | | | 1g | I | |
| Instructions. Image: Nontaxable combat pay election (see instructions) Image: Nontaxable combat pay election (see instructions) Image: Nontaxable combat pay election (see instructions) Attach Sch. B z Add lines 1a through 1h 1z 58,786. Attach Sch. B if required. 3a Qualified dividends 2a b Maried Ting separately, Stages qualified dividends 3a b Ordinary dividends 3b Standard Deduction for- 6a Social security benefits 5a b Taxable amount 4b Single or Maried Tiling separately, S12,950 For ensions and annuities 5a b Taxable amount 5b * Gapital gain or (loss). Attach Schedule D if required. If not required, check here 7 7 * Maried Tiling sepure, S25,900 8 Other income from Schedule 1, line 10 7 * Head of household, S19,400 11 Subtract line 10 from line 9. This is your adjusted gross income 11 51,916. * Hyou checked any bounder Standard Deduction or itemized deductions from Schedule A) 12 25,900. 12 * Head of household, S19,400 12 Standard deduction or itemized deduction from Schedule A) 12 25,900. | get a Form | h | Other earned income (see instruct | ions) . | | | | _. . | | | | 1h | 1 | 0. |
| z Add lines 1a through 1h 1z 58,786. Attach Sch. B 2a Tax-exempt interest 2a b Taxable interest 2b Attach Sch. B 3a Qualified dividends 3a b Ordinary dividends 3b if required. 3a Qualified dividends 3a b Ordinary dividends 3b 4a IRA distributions 4a b Taxable amount 4b 4b Standard Deduction for- 6a Social security benefits 6a b Taxable amount 5b Married filing separately, \$12,950 F Capital gain or (loss). Attach Schedule D if required. If not required, check here 7 7 Married filing jointly or Qualifying souse, \$25,900 Other income from Schedule 1, line 10 7 8 -6,870. 9 51,916. Subtract line 10 from line 9. This is your total income 11 51,916. 19 vou checked any box under Standard 12 25,900. 11 51,916. 14 Add lines 12 and 13 Image or line or line set or | | i | Nontaxable combat pay election (s | see instr | ructions) | | | 1 i | | | | | | |
| if required. 3a 3a b Ordinary dividends 3b 4a IRA distributions 4a b Taxable amount 4b 5a Pensions and annuities 5a b Taxable amount 4b 5a Pensions and annuities 5a b Taxable amount 5b 6a Social security benefits 6a b Taxable amount 5b 6a Social security benefits 6a b Taxable amount 7 6a Social security benefits 6a b Taxable amount 7 6b C If you elect to use the lump-sum election method, check here (see instructions) 7 7 7 Capital gain or (loss). Attach Schedule D if required. If not required, check here 7 8 -6,870. 9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 9 51,916. 9 10 Adjustments to income from Schedule 1, line 26 10 11 51,916. 11 Subtract line 10 from line 9. This is your adjusted gross income 11 51,916. 12 25,900. 13 | | z | Add lines 1a through 1h | | | | | | | | | 1z | : | 58,786. |
| 4a IRA distributions 4a b Taxable amount 4b Standard Deduction for- Obduction for- • Single or Married filing separately, \$12,950 5a b Taxable amount 5b 6a Social security benefits 6a b Taxable amount 5b 7 Capital gain or (loss). Attach Schedule D if required. If not required, check here 5 7 7 Capital gain or (loss). Attach Schedule D if required. If not required, check here 7 9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 9 51, 916. 9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 10 11 9 51, 916. 10 11 51, 916. 9 Subtract line 10 from line 9. This is your adjusted gross income 11 51, 916. 10 Subtract line 10 from line 9. This is your adjusted gross income 11 51, 916. 11 Standard deduction or itemized deductions (from Schedule A) 12 25, 900. 14 Add lines 12 and 13 14 25, 900. 13 15 Subtract line 14 from line 11 If zero or less enter -0- This is your taxable income 15 26, | Attach Sch. B | 2a | Tax-exempt interest | 2a | | | bΤ | axable interest | | | | 2b |) | |
| Standard Deduction for- 5a 5a b Taxable amount | if required. | 3a | | 3a | | | b C | ordinary divider | nds . | | | 3b |) | |
| Deduction for- 6a Social security benefits 6a b Taxable amount 6b • Single or Married filing separately, \$12,950 c If you elect to use the lump-sum election method, check here (see instructions) . . 6b • Married filing jointly or Qualifying surviving spouse, \$25,900 7 Capital gain or (loss). Attach Schedule D if required. If not required, check here . . 7 • Married filing jointly or Qualifying surviving spouse, \$25,900 9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income . . 9 51, 916. 10 • Head of household, \$19,400 12 Standard deduction or itemized deductions (from Schedule A) . . 11 51, 916. 12 25,900. 13 Qualified business income deduction from Form 8995 or Form 8995-A . . . 13 • If you checked any box under Standard 14 25,900. 13 . 14 25,900. • If you checked any box under Standard 14 from line 11 If zero or less enter -0- This is your taxable income 14 25,900. | | 4a | IRA distributions | 4a | | | bΤ | axable amount | t | | | 4b |) | |
| Single or Married filing separately, \$12,950 Married filing jointy or Qualifying surviving spouse. \$25,900 Head of household, \$19,400 Head of household, \$19,400 Head of household, \$19,400 Standard deduction or itemized deductions (from Schedule A) Head of household, \$19,400 Standard deduction or itemized deductions (from Schedule A) Head of household, \$19,400 Standard deduction or itemized deductions (from Schedule A) Head of household, \$19,400 Standard deduction or itemized deductions (from Schedule A) Head of household, \$19,400 Standard deduction or itemized deductions (from Schedule A) Head of household, \$19,400 Standard deduction or itemized deductions (from Schedule A) Head of household, \$10 Subtract line 12 and 13 Head of household, \$14 Add lines 12 and 13 Add lines 14 Add lines 11 If zero or less enter -0- This is your taxable income | Standard | 5a | Pensions and annuities | 5a | | | | | | | | 5b | • | |
| Married filing separately, \$12,950 c If you elect to use the lump-sum election method, check here (see instructions) . | | 6a | | | | | | | t | | · _ | 6b | • | |
| \$12,950 7 Capital gain of (loss). Attach Schedule D in required, in hot required, check here 1 • Married filing jointly or Qualifying surviving spouse, \$25,900 9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 9 51,916. • Married filing jointly or Qualifying surviving spouse, \$25,900 10 Adjustments to income from Schedule 1, line 26 10 • Head of household, \$19,400 11 Subtract line 10 from line 9. This is your adjusted gross income 11 51,916. • If you checked any box under Standard 12 25,900. 13 Qualified business income deduction from Form 8995 or Form 8995-A 13 • If you checked any box under Standard 14 25,900. 14 25,900. • If Subtract line 14 from line 11. If zero or less enter -0- This is your taxable income 15 2.6 0.16 | Married filing | С | - | | | | | | | | . L | | | |
| Jointly or Qualifying surviving spouse, \$25,9009Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income951, 916.10Adjustments to income from Schedule 1, line 261011Subtract line 10 from line 9. This is your adjusted gross income1151, 916.12Standard deduction or itemized deductions (from Schedule A)1225, 900.13Qualified business income deduction from Form 8995 or Form 8995-A131425, 900.1425, 900.15Subtract line 14 from line 11. If zero or less enter -0- This is your taxable income15 | | | | | | | | | | | . L | 7 | | |
| Qualifying surviving spouse, \$25,900 9 Add lines 12, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 9 51, 916. 10 Adjustments to income from Schedule 1, line 26 10 10 Head of household, \$19,400 11 Subtract line 10 from line 9. This is your adjusted gross income 11 51, 916. I 51,916. 12 Standard deduction or itemized deductions (from Schedule A) 12 25,900. I 51,916. 12 Standard deduction or itemized deductions (from Schedule A) 12 25,900. I 4 25,900. 13 Qualified business income deduction from Form 8995 or Form 8995-A 13 Deduction, 15 Subtract line 14 from line 11. If zero or less enter -0- This is your taxable income 15 26,016 | | | | | | | | | | | | | | |
| \$25,900 10 Adjustments to income from outed if it, integet 11 51,916. • Head of household, \$19,400 12 Standard deduction or itemized deductions (from Schedule A) 12 25,900. • If you checked any box under Standard 13 Qualified business income deduction from Form 8995 or Form 8995-A 13 • If you checked any box under Standard 14 25,900. 14 • Adjustments to income deduction from Form 8995 or Form 8995-A 13 14 • If you checked any box under Standard 14 25,900. • If you checked any box under Standard 15 26 016 | Qualifying | | | | | our total inc | com | e | | | | | | 51,916. |
| household, \$19,400 12 Standard deduction or itemized deductions (from Schedule A) 12 25,900. • If you checked any box under Standard Deduction, 13 Qualified business income deduction from Form 8995 or Form 8995-A 13 13 14 Add lines 12 and 13 14 25,900. 14 25,900. 15 Subtract line 14 from line 11. If zero or less enter -0- This is your taxable income 15 26,016 | \$25,900 | | • | | | | | | | | | | | |
| \$19,400 12 Standard deduction or itemized deductions (from Schedule A) 12 25,900. • If you checked any box under Standard 13 Qualified business income deduction from Form 8995 or Form 8995-A 13 13 • If you checked any box under Standard 14 Add lines 12 and 13 14 25,900. • Deduction, Deduction, 15 Subtract line 14 from line 11. If zero or less enter -0- This is your taxable income 15 26,016 | household | | | • | - | - | | | • • | | | | | |
| any box under Standard 14 Add lines 12 and 13 14 25,900 Deduction, 15 Subtract line 14 from line 11. If zero or less enter -0- This is your taxable income 15 26,016 | \$19,400 | | | | | | | | • • | • • | | | | 25,900. |
| Standard 14 Add lines 12 and 13 14 25,900. Deduction, 15 Subtract line 14 from line 11. If zero or less enter -0- This is your taxable income 15 26.016 | | | | | | 995 or Form | 899 | 5-A | | • • | | | - | |
| | Standard | | | | | | | | • • | • • | | | | |
| | | 15 | Suptract line 14 from line 11. If zer | ro or les | s, enter - | ·∪ This is y | our | axable incom | е. | | | 15 | | 26,016. |

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

| Form 1040 (2022 | 2) | | | | | | | | | F | Page 2 |
|----------------------------------|---------|---|-----------------------|---------------------|-------------------|-------------|-----------|-------------|--------|--|---------------|
| Tax and | 16 | Tax (see instructions). Check | if any from Form | (s): 1 🗌 881 | 4 2 4972 | 3 | | | 16 | 2,73 | 12. |
| Credits | 17 | Amount from Schedule 2, lin | ie3 | | | | | | 17 | | |
| | 18 | Add lines 16 and 17 | | | | | | | 18 | 2,7 | 12. |
| | 19 | Child tax credit or credit for | other dependen | ts from Sched | ule 8812 | | | | 19 | | |
| | 20 | Amount from Schedule 3, lin | ie8 | | | | | | 20 | | |
| | 21 | Add lines 19 and 20 | | | | | | | 21 | | |
| | 22 | Subtract line 21 from line 18 | . If zero or less, | enter -0 | | | | | 22 | 2,73 | 12. |
| | 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 | 2,7 | 12. |
| Payments | 25 | Federal income tax withheld | | | | | | | | | |
| ,, | а | Form(s) W-2 | | | | 25a | З, | 297. | | | |
| | b | Form(s) 1099 | | | | 25b | · · · · | | | | |
| | с | Other forms (see instructions | | | | 25c | | | | | |
| | d | Add lines 25a through 25c | , | | | | | | 25d | 3,2 | 97. |
| | 26 | 2022 estimated tax payment | | | | | | | 26 | · · | |
| If you have a 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, lin | | | | 31 | | | | | |
| | 32 | Add lines 27, 28, 29, and 31 | | | | L | credits | | 32 | | |
| | 33 | Add lines 25d, 26, and 32. T | | - | • | | | | 33 | 3,2 | 97. |
| Defined | 34 | If line 33 is more than line 24 | , | | | | | | 34 | 58 | 85. |
| Refund | 35a | Amount of line 34 you want | | | | | - | . 🗆 | 35a | 55 | 85. |
| Direct deposit? | b | Routing number 0 6 1 | | | | Checkin | | | | | |
| See instructions. | d | Account number 3 3 4 | | | | | | 0 | | | |
| | 36 | Amount of line 34 you want a | | | | 36 | 1 | | | | |
| Amount | 37 | Subtract line 33 from line 24 | This is the am | ount vou owe | | | | | | | |
| You Owe | 0. | For details on how to pay, g | | | | | | | 37 | | |
| | 38 | Estimated tax penalty (see in | | | | 38 | | | - | | |
| Third Party | Do | you want to allow another | person to disc | cuss this retu | rn with the IRS? | See | | | | | |
| Designee | | structions | • | | | | Yes. Con | nplete b | elow. | × No | |
| • | | signee's | | Phone | | | | al identifi | cation | | |
| | nai | ne | | no. | | | numbe | r (PIN) | | | |
| Sign | | der penalties of perjury, I declare t ief, they are true, correct, and com | | | | | | | | | |
| Here | | · · · | piete. Declaration | | | iseu on air | mormation | 1 | | | |
| | YO | ur signature | | Date | Your occupation | | | | | nt you an Identity N, enter it here | У |
| Joint return? | | | | | TEACHER | | | (see ii | | | |
| See instructions. | Sp | ouse's signature. If a joint return, I | ooth must sign. | Date | Spouse's occupati | ion | | | | nt your spouse a | |
| Keep a copy for your records. | | | | | | | | | | ection PIN, enter | it here |
| your records. | | | | | HOME MAKEP | | | (see ii | isi.) | | |
| | | one no. (404) 980-871 | | Email address | KAURDEVGUN | - | | | | 01 1 1 | |
| Paid | | eparer's name | Preparer's signat | | | Date | | PTIN | | Check if: | |
| Preparer | | I PRIYA RAM SAGAR GUPTA TALLAM | | RAM SAGAR | GUPTA TALLAM | 02/24 | /2023 E | 02082 | | Self-emplo | |
| Use Only | | m's name GLOBAL TAX | | | | | | | | 678)965-9 | |
| | | | Y CT E BRU | NSWICK N | | | | Firm's | 5 EIN | 84-3171 | |
| Go to wanter in a | ov/Form | n1040 for instructions and the late | et information | | | | | | | Earm 1040 | 1 (2020) |

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

BAA REV 02/17/23 PRO

| SCHEDULE | 1 |
|-------------|---|
| (Form 1040) | |

Department of the Treasury

Internal Revenue Service

Additional Income and Adjustments to Income

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

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

OMB No. 1545-0074

2022 Attachment Sequence No. 01 cial security number

| Name(s) shown on Form 1040, 1040-SR, or 1040-NR | | | | | | | | |
|---|-------------|--|--|--|--|--|--|--|
| MANINDER KAUR & GURJENT SINGH | 810-47-7120 | | | | | | | |
| Part L Additional Incomo | | | | | | | | |

| Par | 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 | | 5 | -6,870. |
| 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 | | |
| 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 | 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 | | |
| 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 | -6,870. |

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 | e-basi | s gov | ernment | | |
| | 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 | Jury duty pay (see instructions) | 24a | | | | |
| b | Deductible expenses related to income reported on line 8I from the | | | | | |
| | rental of personal property engaged in for profit | 24b | | | | |
| С | 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 | | | | |
| е | Repayment of supplemental unemployment benefits under the Trade | | | | | |
| | Act of 1974 | 24e | | | | |
| f | Contributions to section 501(c)(18)(D) pension plans | 24f | | | | |
| g | Contributions by certain chaplains to section 403(b) plans | 24g | | | | |
| h | Attorney fees and court costs for actions involving certain unlawful | | | | | |
| | discrimination claims (see instructions) | 24h | | | | |
| i | Attorney fees and court costs you paid in connection with an award | | | | | |
| | from the IRS for information you provided that helped the IRS detect | | | | | |
| | tax law violations | 24i | | | | |
| j | Housing deduction from Form 2555 | 24j | | | | |
| k | Excess deductions of section 67(e) expenses from Schedule K-1 (Form | | | | | |
| | 1041) | 24k | | | | |
| Z | Other adjustments. List type and amount: | | | | | |
| | | 24z | | | | |
| 25 | Total other adjustments. Add lines 24a through 24z | | | | 25 | |
| 26 | Add lines 11 through 23 and 25. These are your adjustments to income | e. Ent | er here | and on | | |
| | Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a | | | | 26 | |
| | BAA | REV | 02/17/23 P | RO | Schedu | le 1 (Form 1040) 2022 |

| | | | | Supplementa | | | | | | | OMB No | o. 1545-0074 |
|--|---|--------------|-------------------|--|----------|-------------|----------------|----------|--------------------|-----------|-----------------------|------------------|
| (Form | 1040) | (From re | | royalties, partners | | - | | | trusts, REMICs | , etc.) | 20 | 22 |
| | ent of the Treasury | | | ttach to Form 1040, | | | | | 6 | | Attachm | nent 10 |
| | Revenue Service | | Go to www.irs | s.gov/ScheduleE for | rinstru | uctions an | a the la | atest in | | | Sequen al security | ce No. 13 |
| Name(s) shown on return Your social secu MANINDER KAUR & GURJENT SINGH 810-47-71 | | | | | | | | | | | - | |
| | Part I Income or Loss From Rental Real Estate and Royalties | | | | | | | | | | | |
| Fart | Note: If yo | ou are in th | e business of rer | nting personal proper on page 2, line 40. | | | c . See | e instru | ctions. If you are | an indiv | /idual, rep | ort farm |
| Α | | | | would require you | to file | Form(s) 1 | 099? 3 | See ins | structions | | . 🗌 Ye | s 🛛 No |
| | | | | Form(s) 1099? . | | . , | | | | | | |
| - 1a | | | | reet, city, state, ZIF | | | | | | | | |
| A | | | | GURDASPUR PU | | , | 13516 | | | | | |
| B | VIIIIAGE D | | IO QADIAN | GONDADION IC | MOAI | J IN I- | 10010 | | | | | |
| C | | | | | | | | | | | | |
| | Type of Prope | erty 2 | For each renta | I real estate prope | rtv list | ted | | Fa | ir Rental | Person | al Use | 0.11/ |
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| С | | | qualition joint | | | | С | | | | | |
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| | Single Family R | | | n/Short-Term Ren | tal | 5 Lanc | - | | Self-Rental | , | | |
| 2 | Multi-Family Re | esidence | 4 Comme | ercial | | 6 Roya | alties | 8 | Other (describ | e) | | |
| | | | | | | | | | Properties | : | | |
| Incom | ne: | | | | | | Α | | В | | | С |
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| 4 | | ived | | | 4 | | | | | | | |
| Expen | | | | | _ | | | | | | | |
| 5 | • | | | | 5 | | | | | | | |
| 6 | | | | | 6 | | 1 г | 0.1 | | | | |
| 7 | | | | | 7 | | 1,3 | 521. | | | | |
| 8 9 | | | | | 8 | | | | | | | |
| 9 10 | | | | | 9 10 | | | | | | | |
| 11 | - | - | | | 11 | | 1 0 | 211. | | | | |
| 12 | - | | | see instructions) | 12 | | ±,2 | | | | | |
| 13 | | | · · · · · · | | 13 | | | | | | | |
| 14 | | | | | 14 | | 1,4 | 41. | | | | |
| 15 | | | | | 15 | | | 324. | | | | |
| 16 | Taxes | | | | 16 | | | | | | | |
| 17 | Utilities | | | | 17 | | 1,7 | 787. | | | | |
| 18 | Depreciation e | expense o | r depletion . | | 18 | | | | | | | |
| 19 | Other (list) | | | | 19 | | | | | | | |
| 20 | - | s. Add lin | es 5 through 19 | 9 | 20 | | 7,2 | 284. | | | | |
| 21 | | | | /or 4 (royalties). If | | | | | | | | |
| | (| | | d out if you must | 04 | | _6 0 | | | | | |
| 00 | | | | | 21 | | -6,8 | 570. | | | | |
| 22 | | | | limitation, if any, | 22 | (| ε a. | 70.) | (|) | (| , |
| 23a | | - | - | for all rental prope | | (| 0,0 | 23a | | , 414. | (| |
| 20a b | | - | | for all royalty prop | | | | 23b | | | | |
| c | | - | | 2 for all properties | | | | 23c | | | | |
| d | | - | | 3 for all properties | | | | 23d | | | | |
| e | | - | |) for all properties | | | | 23e | 7,2 | 284. | | |
| 24 | | - | | on line 21. Do no | t inclu | ude any lo | sses | · · · | | 24 | | |
| 25 | | - | | and rental real estat | | - | | Enter to | otal losses here | 25 | (| 6,870. |
| 26 | | | | ncome or (loss). | | | | | | | | |
| | | | | n page 2 do not | | | | | | | | |
| | | | | vise, include this ar | | | | ine 41 | | 26 | | -6,870. |
| For Pa | norwork Roduct | ion Act Na | stica saa tha sa | parate instructions. | | NE | A | | -6,870. | Sak | andula E (E | orm 1040) 2025 |





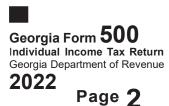
Georgia Form 500 (Rev. 06/22/22)

Individual Income Tax Return Georgia Department of Revenue

2022 (Approved software version)

Page 1 Fiscal Year Beginning STATE GΑ ISSUED YOUR DRIVER'S Fiscal Year LICENSE/STATE ID 059859385 Ending YOUR FIRST NAME МІ YOUR SOCIAL SECURITY NUMBER 1. MANINDER 810-47-7120 LAST NAME (For Name Change See IT-511 Tax Booklet) SUFFIX KAUR SPOUSE'S FIRST NAME MI SPOUSE'S SOCIAL SECURITY NUMBER 157-81-4277 DEPARTMENT USE ONLY GURJENT LAST NAME SUFFIX SINGH ADDRESS (NUMBER AND STREET or P.O. BOX) (Use 2nd address line for Apt, Suite or Building Number) CHECK IF ADDRESS HAS CHANGED 2.1202 BATTLECREEK VILLAGE DRIVE **ZIP CODE** CITY (Please insert a space if the city has multiple names) STATE 3. JONESBORO 30236 GΑ (COUNTRY IF FOREIGN) **Residency Status** 4. Enter your Residency Status with the appropriate number 4. 1 1. FULL- YEAR RESIDENT 2. PART- YEAR RESIDENT то 3. NONRESIDENT

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YOUR SOCIAL SECURITY NUMBER 810-47-7120

- 7b. Dependents (If you have more than 4 dependents, attach a list of additional dependents) First Name, MI. Last Name
 - **Social Security Number Relationship to You**

First Name, MI.

Social Security Number

First Name, MI.

Social Security Number

First Name, MI.

Social Security Number

Last Name

Last Name

Last Name

Relationship to You

Relationship to You

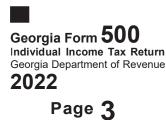
Relationship to You

INCOME COMPUTATIONS

If amount on line 8, 9, 10, 13 or 15 is negative, use the minus sign (-). Example -3456.

| Federal adjusted gross income (From Federal Form 1040) | 51916 your gross income is less than your |
|--|--|
| 9. Adjustments from Form 500 Schedule 1 (See IT-511 Tax Booklet) | |
| 10. Georgia adjusted gross income (Net total of Line 8 and Line 9) | 51916 |
| 11. Standard Deduction (Do not use FEDERAL STANDARD DEDUCTION) 11a. (See IT-511 Tax Booklet) | 7100 |
| b. Self: 65 or over? Blind? Total x 1,300= 11b. | |
| Spouse: 65 or over? Blind? c. Total Standard Deduction (Line 11a + Line 11b) 11c. Use EITHER Line 11c OR Line 12c (Do not write on both lines) | 7100 |
| 12. Total Itemized Deductions used in computing Federal Taxable Income. If you use itemized deduction | ctions, you must include Federal Schedule A. |
| a. Federal Itemized Deductions (Schedule A- Form 1040) 12a. | |
| b. Less adjustments: (See IT-511 Tax Booklet) 12b. | |
| c. Georgia Total Itemized Deductions | |
| 13. Subtract either Line 11c or Line 12c from Line 10; enter balance | 44816 |

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YOUR SOCIAL SECURITY NUMBER

810-47-7120

| 14a. Enter the number from Line 6c. 2 Multiply by \$2,700 for filing status A or D or multiply by \$3,700 for filing status B or C | 14a. | 7400 |
|--|-------------------------|-------|
| 14b. Enter the number from Line 7a. Multiply by \$3,000 | 14b. | |
| 14c. Add Lines 14a. and 14b. Enter total | 14c. | 7400 |
| 15a. Income before GA NOL (Line 13 less Line 14c or Schedule 3, Line 14) | 15a. | 37416 |
| 15b. Georgia NOL utilized (Cannot exceed Line 15a or the amount after applying the 80% limitation, see IT-511 Tax Booklet for more information). | 15b. | |
| 15c. Georgia Taxable Income (Line 15a less Line 15b) | 15c. | 37416 |
| 16. Tax (Use Tax Rate Schedule in the IT-511 Tax Booklet) | 16. | 1916 |
| 17. Low Income Credit 17a. 17b. | 17c. | |
| 18. Other State(s) Tax Credit (Include a copy of the other state(s) return) | 18. | |
| 19. Credits used from IND-CR Summary Worksheet | 19. | |
| 20. Total Credits Used from Schedule 2 Georgia Tax Credits (must be file electronically) | d _{20.} | |
| 21. Total Credits Used (sum of Lines 17-20) cannot exceed Line 16 | 21. | 0 |
| 22. Balance (Line 16 less Line 21) if zero or less than zero, enter zero | 22. | 1916 |

INCOME STATEMENT DETAILS Only enter income on which Georgia tax was withheld. Enter income from W-2s, 1099s, and G2-As on Line 4 GA Wages/Income. For other income statements complete Line 4 using the income reported from Form G2-RP Line 12 or 13; Form G2-LP Line 11, or for Form G2-FL enter zero.

| | (INCOME STATEMENT A) | | (INCOME STATEMENT B) | | (INCOME STATEMENT C) |
|----------|---|----------|---|----------|---|
| 1. 2. | WITHHOLDING TYPE: X W-2 G2-A G2-LP 1099 G2-FL G2-RP EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) X SSN | 1. 2. | WITHHOLDING TYPE: X W-2 G2-A G2-LP 1099 G2-FL G2-RP EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) X SSN | 1. 2. | WITHHOLDING TYPE: W-2 G2-A G2-LP 1099 G2-FL G2-RP EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) SSN |
| 3. | 586000191 EMPLOYER/PAYER STATE WITHHOLDING ID 0993280XD | 3. | 481304650 Employer/payer state withholding id 2203562DB | 3. | EMPLOYER/PAYER STATE WITHHOLDING ID |
| 4. | GA WAGES / INCOME 38251 | 4. | GA WAGES / INCOME 20535 | 4. | GA WAGES / INCOME |
| 5. | GA TAX WITHHELD 1478 | 5. | GA TAX WITHHELD 738 | 5. | GA TAX WITHHELD |

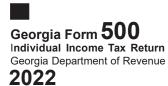
PLEASE COMPLETE INCOME STATEMENT DETAILS ON PAGE 4.

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22

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Page 4



2300411544

YOUR SOCIAL SECURITY NUMBER 810-47-7120

| 4 | (INCOME STATEMENT D) WITHHOLDING TYPE: | (INCOME STATEMENT E) 1. WITHHOLDING TYPE: | | (INCOME STATEMENT F) 1. WITHHOLDING TYPE: |
|-----|---|---|---------------|---|
| 1. | W-2 G2-A G2-LP | W-2 G2-A | G2-LP | 1. WITHHOLDING TYPE: W-2 G2-A G2-LP |
| | 1099 G2-FL G2-RP | 1099 G2-FL | G2-RP | 1099 G2-FL G2-RP |
| 2. | EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) SSN | 2. EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) SSN | | 2. EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) SSN |
| 3. | EMPLOYER/PAYER STATE WITHHOLDING ID | 3. EMPLOYER/PAYER STATE W | ITHHOLDING ID | 3. EMPLOYER/PAYER STATE WITHHOLDING ID |
| 4. | GA WAGES / INCOME | 4. GA WAGES / INCOME | | 4. GA WAGES / INCOME |
| 5. | GA TAX WITHHELD | 5. GA TAX WITHHELD | | 5. GA TAX WITHHELD |
| 23. | Georgia Income Tax Withheld on Wages (Enter Tax Withheld Only and include W-2s | | 23. | 2216 |
| 24. | Other Georgia Income Tax Withheld (Must include G2-A, G2-FL, G2-LP and/or G | | 24. | |
| 25. | Estimated Tax paid for 2022 and Form I | T-560 | 25. | |
| 26. | Schedule 2B Refundable Tax Credits (Cannot be claimed unless filed electronic | | 26. | |
| 27. | Total prepayment credits (Add Lines 23, 2 | | 27. | 2216 |
| 28. | If Line 22 exceeds Line 27, subtract Line balance due | | 28. | |
| 29. | , | | | 200 |
| | overpayment | | 29. | 300 |
| 30. | Amount to be credited to 2023 ESTIMA | ATED TAX | 30. | 0 |
| 31. | Georgia Wildlife Conservation Fund (No | gift of less than \$1.00) | 31. | |
| 32. | Georgia Fund for Children and Elderly (I | No gift of less than \$1.00) | 32. | |
| 33. | Georgia Cancer Research Fund (No gift | t of less than \$1.00) | 33. | |
| 34. | Georgia Land Conservation Program (No | o gift of less than \$1.00) | 34. | |
| 35. | Georgia National Guard Foundation (No | gift of less than \$1.00) | 35. | |
| 36. | Dog & Cat Sterilization Fund (No gift of I | ess than \$1.00) | 36. | |
| 37. | Saving the Cure Fund (No gift of less th | aan \$1.00) | 37. | |
| 38. | Realizing Educational Achievement Can Hap (No gift of less than \$1.00) | open (REACH) Program | 38. | |

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| Georgia Form 500 Individual Income Tax Return Georgia Department of Revenue 2022 | | 300411554 | | YOUR SOCIAL SECURIT 810-47-7120 | YNUMBER |
|--|---|----------------------------|---|---|----------------|
| Page 5 | | | | | |
| 39. Public Safety Memorial Grant (No g | gift of less than \$1.00). | | | | |
| 40. Form 500 UET (Estimated tax pen | alty) 500 UET exce | ption attached 40. | | | |
| 41. Penalty: Late Payment and/or Late | Filing | 41. | | | |
| 42. Interest | | 42. | | | |
| 43. (If you owe) Add Lines 28, 31 th MAKE CHECK PAYABLE TO GEO Mail To: GEORGIA DEPARTMENT PO BOX 740399 ATLANTA, GA 303 | RGIA DEPARTMENT OI OF REVENUE PROCES | REVENUE, | | | |
| 44. (If you are due a refund) Subtract th THIS IS YOUR REFUND Refund Due Mail To: GEORGIA DEP PO BOX 740380 ATLANTA, GA 3037 | ARTMENT OF REVENU | | TER, | | 300 |
| If you do not enter Direct Deposi | | | r you will be is | sued a paper check. | |
| 44a. Direct Deposit (U.S. Accounts Only) Typ Routing Number 061000052 | e: Checking X Savings | Account | 340446886 | 12 | |
| Mail pages 1-5 and an I/We declare under the penalties of perjury that I/ and belief, it is true, correct, and complete. If pre Taxpayer's Signature (Check) | we have examined this return | (including accompanying | schedules and state ration is based on a | ements) and to the best of my/c | |
| Taxpayer's Date of Death | | Spouse's Date | of Death | | |
| Taxpayer's Signature Date | Taxpayer's Ph 404-980- | | S | pouse's Signature Date | |
| By providing my e-mail address I am authoriz my account(s). Taxpayer's E-mail Address | ing the Georgia Department | of Revenue to electronical | ly notify me at the b | elow e-mail address regarding a | any updates to |
| | | | | I authorize DOR to d with the named prep | |
| | | | Preparer's Pho | | |
| SYAM PRIYA RAM SAGAR GU | PTA TALLAM | | 678-965 | -9522 | |
| Signature of Preparer Name of Preparer Other Than Taxpa | aver | | Preparer's FE | IN | |
| SYAM PRIYA RAM SAGAN | - | | 84-3171 | | |
| Preparer's Firm Name GLOBAL TAXES LLC | | | Preparer's SS P020827 | N/PTIN/SIDN 03 | |

REV 01/03/23 PRO

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| 1040 | | artment of the Treasury-Internal Revenue Servi S. Individual Income Tax | | urn | 202 | 2 | OMB No. 1545 | -0074 | IRS Use O | nly—Do r | not wr | ite 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 on is a child but not your dependent | ame of y | | | | | | | 5 | spou | ifying surviving ise (QSS) name if the qualifying |
| Your first name | and mi | ddle initial | Last na | me | | | | | | You | r so | cial security number |
| MANINDER | | | KAUR | | | | | | | 81 | 0-4 | 17-7120 |
| lf joint return, sp | ouse's | first name and middle initial | Last na | me | | | | | | Spo | use's | s social security number |
| GURJENT | | | SING | Н | | | | | | 15 | 7–8 | 31-4277 |
| Home address (| numbe | er and street). If you have a P.O. box, see | instructio | ons. | | | | A | Apt. no. | Pres | sider | ntial Election Campaigr |
| 1202 BAT | TLE | CREEK VILLAGE DRIVE | | | | - | | | | | | ere if you, or your |
| City, town, or po | ost offic | ce. If you have a foreign address, also co | omplete s | paces bel | ow. | Sta | te | ZIP c | ode | | | if filing jointly, want \$3 this fund. Checking a |
| JONESBOR | 0 | | | | | GZ | 7 | 302 | 36 | · · · | | w will not change |
| Foreign country | name | | F | oreign pr | ovince/state/ | coun | ty | Foreig | n postal coc | le you | r tax | or 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 | pendent | t 🗌 | Your spous | e as | a dependent | | | | | |
| Deduction | | Spouse itemizes on a separate retur | | were a | dual-status | alien | · · · | | | | | |
| | - | Were born before January 2, 1 | 958 _ | Are bli | ind Spc | ouse | : 📋 Was bor | | ore Januar | , , | | Is blind |
| Dependents | (see | instructions): | | (2) S | ocial security | | (3) Relationsh | ip (4 | | | qualif | ies for (see instructions): |
| If more | (1) Fi | rst name Last name | | | number | | to you | | Child tax | credit | | Credit for other dependents |
| than four | | | | | | | | | |] | | |
| dependents, see instructions | | | | | | | | | | | | |
| and check | | | | | | | | | | | | |
| here 🗌 | | | | | | | | | |] | | |
| Income | 1a | Total amount from Form(s) W-2, b | ox 1 (se | e instruc | tions) | | | | | | 1a | 58,786. |
| | b | Household employee wages not re | eported | on Form | (s) W-2 | | | | | • | 1b | |
| Attach Form(s) W-2 here, Also | С | Tip income not reported on line 1a | a (see ins | struction | s) | | | | | • | 1c | |
| attach Forms | d | Medicaid waiver payments not rep | ported or | n Form(s |) W-2 (see ir | nstru | ictions) | | | | 1d | |
| W-2G and 1099-R if tax | е | Taxable dependent care benefits f | axable dependent care benefits from Form 2441, line 26 | | | | | | 1e | | | |
| was withheld. | f | Employer-provided adoption bene | fits from | n Form 8 | 839, 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 | 0. |
| W-2, see instructions. | i | Nontaxable combat pay election (| see instr | ructions) | | | 1 i | | | | | |
| | z | Add lines 1a through 1h | • • • | | | | | | | | 1z | 58,786. |
| Attach Sch. B | 2 a | Tax-exempt interest | 2a | | | bΤ | axable interest | | | | 2b | |
| if required. | 3a | Qualified dividends | 3a | | | b C | ordinary divider | nds . | | | 3b | |
| | 4a | IRA distributions | 4a | | | bΤ | axable amount | t | | | 4b | |
| Standard | 5a | Pensions and annuities | 5a | | | bΤ | axable amount | t | | | 5b | |
| Deduction for – | 6a | Social security benefits | 6a | | | bΤ | axable amount | t | | | 6b | |
| Single or Married filing | с | If you elect to use the lump-sum e | lection r | nethod, | check here | (see | instructions) | | | | | |
| separately, \$12,950 | 7 | Capital gain or (loss). Attach Sche | dule D if | required | d. If not requ | iired | , check here | | | | 7 | |
| Married filing | 8 | Other income from Schedule 1, lin | | | | | | | | . [| 8 | -6,870. |
| jointly or Qualifying | 9 | Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7 | | | | | | | | . [| 9 | 51,916. |
| surviving spouse, \$25,900 | 10 | Adjustments to income from Sche | | | | | | | | . [| 10 | |
| | 11 | Subtract line 10 from line 9. This is | | | gross incor | ne | | | | . [| 11 | 51,916. |
| household | 12 | Standard deduction or itemized | • | - | - | | | | | . | 12 | 25,900. |
| If you checked | 13 | Qualified business income deduct | | | | | 5-A | | | . | 13 | |
| any box under Standard | 14 | Add lines 12 and 13 | | | | | | | | . | 14 | 25,900. |
| Deduction, | 15 | Subtract line 14 from line 11. If zer | | | | | | е. | | . 1 | 15 | 26,016. |
| see instructions. | | | | | - 5 | | | | | i i | - | |

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

| 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 | 2 | 2,712. |
| Credits | 17 | Amount from Schedule 2, line 3 | | | | | . 17 | | |
| | 18 | Add lines 16 and 17 | | | | | . 18 | 2 | 2,712. |
| | 19 | Child tax credit or credit for other depender | nts from Sched | ule 8812 | | | . 19 | | |
| | 20 | Amount from Schedule 3, line 8 | | | | | . 20 | | |
| | 21 | Add lines 19 and 20 | | | | | . 21 | | |
| | 22 | Subtract line 21 from line 18. If zero or less, | enter -0 | | | | . 22 | 2 | 2,712. |
| | 23 | Other taxes, including self-employment tax, | , from Schedule | e 2, line 21 | | | . 23 | | 0. |
| | 24 | Add lines 22 and 23. This is your total tax | | | | | . 24 | 2 | 2,712. |
| Payments | 25 | Federal income tax withheld from: | | | | | | | |
| 2 | а | Form(s) W-2 | | | 25a | 3,2 | 97. | | |
| | b | Form(s) 1099 | | | 25b | | | | |
| | с | Other forms (see instructions) | | | 25c | | | | |
| | d | Add lines 25a through 25c | | | | | . 25 d | 3 | 3,297. |
| If you have a | 26 | 2022 estimated tax payments and amount a | applied from 20 | 21 return | | | . 26 | | |
| qualifying child, | 27 | Earned income credit (EIC) | | No | 27 | | | | |
| attach Sch. EIC. | 28 | Additional child tax credit from Schedule 881 | 2 | | 28 | | | | |
| | 29 | American opportunity credit from Form 886 | 3, line 8 | | 29 | | | | |
| | 30 | Reserved for future use | | | 30 | | | | |
| | 31 | Amount from Schedule 3, line 15 | | | 31 | | | | |
| | 32 | Add lines 27, 28, 29, and 31. These are you | r total other pa | ayments and refu | indable cre | edits . | . 32 | | |
| | 33 | Add lines 25d, 26, and 32. These are your to | otal payments | | | | . 33 | | 3,297. |
| Refund | 34 | If line 33 is more than line 24, subtract line 2 | 24 from line 33. | This is the amour | nt you over | paid. | . 34 | | 585. |
| Horana | 35a | Amount of line 34 you want refunded to yo | | is attached, chec | k here . | | 35a | | 585. |
| Direct deposit? | b | Routing number 0 6 1 0 0 0 0 | | | Checking | 🗌 Savi | ngs | | |
| See instructions. | d | Account number 3 3 4 0 4 4 6 | 8 8 6 3 | 12 | | | | | |
| | 36 | Amount of line 34 you want applied to your | 2023 estimate | edtax | 36 | | | | |
| Amount You Owe | 37 | Subtract line 33 from line 24. This is the am For details on how to pay, go to <i>www.irs.go</i> | | | | | . 37 | | |
| | 38 | Estimated tax penalty (see instructions) . | | | 38 | | 01 | | |
| Third Party | | you want to allow another person to dis | | | | | | | |
| Designee | | tructions | | | | es. Comp | lete below | X No | |
| Ū | De | signee's | Phone | | | | identificatior | · | |
| | na | ne | no. | | | number (F | PIN) | | |
| Sign | | der penalties of perjury, I declare that I have examin ef, they are true, correct, and complete. Declaration | | | | | | | |
| Here | Yo | ır signature | Date | Your occupation | | | | ent you an Ic | |
| | | | | | | | | PIN, enter it | here |
| Joint return? | | | | TEACHER | | | (see inst.) | | |
| See instructions. Keep a copy for | Sp | ouse's signature. If a joint return, both must sign. | Date | Spouse's occupation | on | | | ent your spo tection PIN, | |
| your records. | | | | HOME MAKER | 2 | | (see inst.) | | |
| | Ph | one no. (404) 980-8718 | Email address | KAURDEVGUN | | . COM | | | · |
| Deid | Pre | parer's name Preparer's signa | ture | | Date | PT | IN | Check if: | |
| Paid | SYAM | PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA | RAM SAGAR | GUPTA TALLAM | 02/24/2 | 023 PO | 2082703 | Self-e | employed |
| Preparer | Fir | n's name GLOBAL TAXES LLC | | | | | | (678)96 | 5-9522 |
| Use Only | Fir | n's address 245 ROONEY CT E BRU | JNSWICK N | J 08816 | | | Firm's EIN | | 171965 |
| Co to unuu ino m | ou/Eo.~~ | 1040 for instructions and the latest information | | 544 | DE1 (00 (1- 10) | | | | 1010 (0000) |

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

BAA REV 02/17/23 PRO

| SCHEDULE | 1 |
|-------------|---|
| (Form 1040) | |

Department of the Treasury

Internal Revenue Service

Additional Income and Adjustments to Income

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

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

OMB No. 1545-0074

2022 Attachment Sequence No. 01 cial security number

| Name(s) shown on Form 1040, 1040-SR, or 1040-NR | Your social secu |
|---|------------------|
| MANINDER KAUR & GURJENT SINGH | 810-47-7120 |
| Part L Additional Incomo | |

| 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 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 6 7 Unemployment compensation 7 8 Other income: 8a (9 Total other income 8a (9 Total other income sexclusion from Form 2555 8d (9 Total other income exclusion from Form 2555 8d (9 Total other income from Rom 889 8d 9 Total other income from Form 8853 8d 1 Income from Form 8853 8d 1 Income from Form 8889 8d 1 Jury duty pay 8h 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 < | Part | Additional income | | | |
|--|------|--|-----------------------|----|---------|
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| j Activity not engaged in for profit income 8j k Stock options 8k l Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property 8k m Olympic and Paralympic medals and USOC prize money (see instructions) 8n n Section 951(a) inclusion (see instructions) 8n o Section 951A(a) inclusion (see instructions) 8n 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 1040, line 1a or 1d 8s (u Wages earned while incarcerated 8u z Other income. List type and amount: 8u 9 Total other income. Add lines 8a through 8z 9 | | | 8h | | |
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| 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 | | | | 9 | |
| | 0 | Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SF | l, or 1040-NR, line 8 | 10 | -6,870. |

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 | e-basi | s gov | ernment | | |
| | 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 | 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 | | | | |
| С | 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 | | | | |
| е | Repayment of supplemental unemployment benefits under the Trade | | | | | |
| | Act of 1974 | 24e | | | | |
| f | Contributions to section 501(c)(18)(D) pension plans | 24f | | | | |
| g | Contributions by certain chaplains to section 403(b) plans | 24g | | | | |
| h | Attorney fees and court costs for actions involving certain unlawful | | | | | |
| | discrimination claims (see instructions) | 24h | | | | |
| i | Attorney fees and court costs you paid in connection with an award | | | | | |
| | from the IRS for information you provided that helped the IRS detect | | | | | |
| | tax law violations | 24i | | | | |
| j | Housing deduction from Form 2555 | 24j | | | | |
| k | Excess deductions of section 67(e) expenses from Schedule K-1 (Form | | | | | |
| | 1041) | 24k | | | | |
| Z | Other adjustments. List type and amount: | | | | | |
| | | 24z | | | | |
| 25 | Total other adjustments. Add lines 24a through 24z | | | | 25 | |
| 26 | Add lines 11 through 23 and 25. These are your adjustments to income | e. Ente | er here | and on | | |
| | Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a | | | | 26 | |
| | BAA | REV | 02/17/23 P | RO | Schedu | le 1 (Form 1040) 2022 |