Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization

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

Submission Identification Number (SID)

T.....

Taxpayer's name	Social security number							
ANIKET MAHAMUNKAR	748-45-4103							
Spouse's name	Spouse's social security number							
Part I Tax Return Information – Tax Year Ending December 31, 2022 (Enter	year you are authorizing.)							
Enter whole dollars only on lines 1 through 5.	Enter whole dollars only on lines 1 through 5.							
Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.								
1 Adjusted gross income	1 80,445.							
2 Total tax	2 10,459.							
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3 12,341.							
4 Amount you want refunded to you	4 1,882.							
5 Amount you owe	5							

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

Under penalties of 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		E E	ſ
X	l authorize	GLOBAL	TAXES	ГГС	to enter or generate my PIN	-	1
~				TTO		15)

	5	4	1	0	3	as				
Enter five digits, but don't enter all zeros										

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 🕨

Date 🕨

Spouse's PIN: check one box only

I authorize

to enter or generate my PIN	to	enter	or	generate	my	PIN
-----------------------------	----	-------	----	----------	----	-----

as mv Enter five digits, but don't enter all zeros

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

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

Spouse's signature >	Date						 			
Practitioner PIN Method Returns Only—continue below										
Part III Certification and Authentication – Practitioner PIN Method Only										
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.	2	2	2	L 1		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 🕨		
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 01/28/23 PRO	Form 8879 (Rev. 01-2021)

1040		artment of the Treasury–Internal Revenue Servi S. Individual Income Tax		urn	202	2	OMB No. 1545	0074	IRS Use On	ly—Do not v	vrite or staple	in this space.
Filing Status Check only one box.	lf yo	u checked the MFS box, enter the n	ame of y	Ũ	separately (N use. If you c	,				spo	llifying surv use (QSS) s name if th	0
		on is a child but not your dependent								-		
Your first name	and mi	iddle initial	Last na	ime							cial securit	-
ANIKET			-	MUNKA	.R					-	45-410	
If joint return, sp	oouse's	s first name and middle initial	Last na	ime						Spouse	's social see	curity number
Home address	numbe	er and street). If you have a P.O. box, see	instructi	ons.				A	pt. no.	Preside	ential Election	on Campaign
1421 ROP	ERI	MOUNTAIN ROAD						1	48	Check	here if you,	or your
		ce. If you have a foreign address, also co	mplete s	paces bel	ow.	Sta	ite	ZIP co				tly, want \$3
GREENVIL	LE					s	2	296	15	· · ·	o this fund. Iow will not	Checking a change
Foreign country	name			Foreign pr	ovince/state/	coun	ty	Foreig	n postal code	_	x or refund.	0
											You	Spouse
Digital Assets		ny time during 2022, did you: (a) rece aange, gift, or otherwise dispose of a							,	.,	🗌 Yes	X No
Standard	Som	eone can claim: 🗌 You as a de	penden	t 🗌	Your spous	e as	a dependent					
Deduction		Spouse itemizes on a separate retur	n or you	u were a	dual-status	alien	1					
Age/Blindness	You:	: 🗌 Were born before January 2, 1	958	Are bl	ind Spo	ouse	: 🗌 Was bor	n befc	re January	2, 1958	🗌 ls bl	ind
Dependents	(see	instructions):		(2) 5	Social security	,	(3) Relationsh	ip (4) Check the	box if qual	ifies for (see	instructions):
If more	•	irst name Last name			number		to you		Child tax	credit	Credit for ot	ner dependents
than four											[
dependents, see instructions											[
and check											[
here 🗌											[[
Income	1 a	Total amount from Form(s) W-2, b	ox 1 (se	e instruc	tions) .					. 1a	1 {	38,968.
	b	Household employee wages not re								. 1k	>	
Attach Form(s) W-2 here. Also	С	Tip income not reported on line 1a								. 10		
attach Forms	d	Medicaid waiver payments not rep				nstru	ictions)			. 10	1	
W-2G and 1099-R if tax	е	Taxable dependent care benefits f		-				· ·		. 16		
was withheld.	f	Employer-provided adoption bene			-					. 11	•	
If you did not	g	Wages from Form 8919, line 6 .						· ·		. 10		
get a Form W-2, see	h	Other earned income (see instruct	,				· · · ·	···		. <u>1</u> ł	1	0.
instructions.	i	Nontaxable combat pay election (s	see insti	ructions)			1 i					
					· · ·			• •		. 12		38,968.
Attach Sch. B if required.	2a	· · -	2a		5.0		axable interest			. 2k		<u> </u>
	<u>3a</u>		3a		50.		Ordinary divider			. 3k		53.
• • • •	4a 5a		4a 5a				axable amoun [.] axable amoun [.]			. 4k		
Standard Deduction for –	5a 6a		5a 6a				axable amoun			. 5k		
Single or	C	If you elect to use the lump-sum e		method	check here						,	
Married filing separately,	7	Capital gain or (loss). Attach Scher						• •				1,309.
\$12,950Married filing	8	Other income from Schedule 1, lin						• •		. 8		-9,885.
jointly or	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,						• •		. 9		-9,885. 30,445.
Qualifying surviving spouse,	10	Adjustments to income from Sche					• · · · ·	• •		. 10		
\$25,900 • Head of	11	Subtract line 10 from line 9. This is								. 11		30,445.
household,	12	Standard deduction or itemized	-							. 12		L2,950.
\$19,400 • If you checked	13	Qualified business income deduct					5-A			. 13	_	1.
any box under Standard	14	Add lines 12 and 13								. 14		L2,951.
Deduction,	15	Subtract line 14 from line 11. If zer						е.		. 15		57,494.
see instructions.	-			,	, j			-	-		`	. ,

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	10,459.
Credits	17	Amount from Schedule 2, lir	ne3					17	
	18	Add lines 16 and 17						18	10,459.
	19	Child tax credit or credit for	other dependent	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	10,459.
	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	10,459.
Payments	25	Federal income tax withheld							
	а	Form(s) W-2				25a 12	,341.		
	b	Form(s) 1099				25b			
	с	Other forms (see instruction				25c			
	d	Add lines 25a through 25c						25d	12,341.
If	26	2022 estimated tax paymen	ts and amount a	pplied from 20	21 return			26	
If you have a qualifying child,	27	Earned income credit (EIC)				27			
attach Sch. EIC.	28	Additional child tax credit fro				28			
	29	American opportunity credit	from Form 8863	3, line 8		29			
	30	Reserved for future use .				30		1	
	31	Amount from Schedule 3, lir				31			
	32	Add lines 27, 28, 29, and 31	. These are your	total other pa	ayments and refu	Indable credits		32	
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments				33	12,341.
Refund	34	If line 33 is more than line 24						34	1,882.
Refutio	35a	Amount of line 34 you want					. 🗆	35a	1,882.
Direct deposit?	b	Routing number 0 5 4					Savings		
See instructions.	d	Account number 5 3 8					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 amo	ount vou owe					
You Owe	•	For details on how to pay, g						37	
	38	Estimated tax penalty (see i	nstructions) .			38			
Third Party	Do	you want to allow another	person to disc	cuss this retu	rn with the IRS?	See			
Designee		tructions					omplete b	elow.	X No
		signee's		Phone			onal identif	ication	
	nai			no.			ber (PIN)		
Sign		der penalties of perjury, I declare tief, they are true, correct, and corr							
Here		· · ·			,	ised on an informati			, ,
	YO	ur signature		Date	Your occupation				nt you an Identity IN, enter it here
Joint return?					OPERATIONS	CONSULTAN	IT (see i	nst.)	
See instructions.	Sp	ouse's signature. If a joint return,	both must sign.	Date	Spouse's occupati	on			nt your spouse an
Keep a copy for your records.							Ident (see i		ection PIN, enter it here
your roooraor							,	1151.)	
		one no. (864) 207-032	1	Email address	ANIKET.MAHAMU	NKAR1@GMAIL.C			Chaoly if:
Paid		parer's name	Preparer's signat			Date	PTIN		Check if:
Preparer		PRIYA RAM SAGAR GUPTA TALLAM		RAM SAGAR	GUPTA TALLAM	02/09/2023	P02082		Self-employed
Use Only		m's name GLOBAL TA			- 0001.0				678)965-9522
			Y CT E BRU	NSWICK N	J U8816		Firm'	s EIN	84-3171965
Go to wayay in a	ov/Form	1010 for instructions and the late	et information						Earm 1040 (2022)

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

BAA REV 01/28/23 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** Internal Revenue Service Name(s) shown on Form 1040, 1040-SR, or 1040-NR Your social security number ANIKET MAHAMUNKAR 748-45-4103

Par	t I Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxes		1	0.
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. Att	ach Schedule E .	5	-9,885.
6	Farm income or (loss). Attach Schedule F.		6	
7	Unemployment compensation		7	
8	Other income:			
а	Net operating loss	8a ()	
b	Gambling	8b		
С	Cancellation of debt	8c		
d	Foreign earned income exclusion from Form 2555	8d ()	
е	Income from Form 8853	8e		
f	Income from Form 8889	8f		
g	Alaska Permanent Fund dividends	8g		
h	Jury duty pay	8h		
i	Prizes and awards	8i		
j	Activity not engaged in for profit income	8j		
k	Stock options	8k		
I	Income from the rental of personal property if you engaged in the rental			
	for profit but were not in the business of renting such property	81		
m	Olympic and Paralympic medals and USOC prize money (see			
	instructions)	8m		
n	Section 951(a) inclusion (see instructions)	8n		
ο	Section 951A(a) inclusion (see instructions)	80		
р	Section 461(I) excess business loss adjustment	8p		
q	Taxable distributions from an ABLE account (see instructions)	8q		
r	Scholarship and fellowship grants not reported on Form W-2	8r		
S	Nontaxable amount of Medicaid waiver payments included on Form			
	1040, line 1a or 1d	8s ()	
t	Pension or annuity from a nonqualifed deferred compensation plan or			
	a nongovernmental section 457 plan	8t		
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-SF	l, or 1040-NR, line 8	10	-9,885.
	and the design of the Alexandra sector of the sector best setting the sec-			

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	-basis government		
	officials. Attach Form 2106		12	
13	Health savings account deduction. Attach Form 8889		13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903		14	
15	Deductible part of self-employment tax. Attach Schedule SE		15	
16	Self-employed SEP, SIMPLE, and qualified plans		16	
17	Self-employed health insurance deduction		17	
18	Penalty on early withdrawal of savings		18	
19a	Alimony paid		19a	
b	Recipient's SSN	·		
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			
	Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a		26	
	BAA	REV 01/28/23 PRO	Schedule 1 (Fo	rm 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. 2022 Attachment Sequence No. 12

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

ANIKET MAHAMUNKAR

Your social security number

748-45-4103

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year?
Yes X 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)

	instructions for how to figure the amounts to enter on the below.	(d) Proceeds	(e) Cost	(g) Adjustments to gain or loss fro		(h) Gain or (loss) Subtract column (e) from column (d) and
	form may be easier to complete if you round off cents to e dollars.	(sales price)	(or other basis)	Form(s) 8949, Pal line 2, column (g	rt I,	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	16,367.	15,098.	4	0.	1,309.
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	-	6	()		
7	Net short-term capital gain or (loss). Combine lines 1a term capital gains or losses, go to Part II below. Otherwise				7	1,309.

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

See instructions for how to figure the amounts to enter on the lines below.		(d)	(e)	(g) Adjustmen		(h) Gain or (loss) Subtract column (e)
This form may be easier to complete if you round off cents to whole dollars.		Proceeds (sales price)	Cost (or other basis)	to gain or loss Form(s) 8949, I line 2, colum	Part II,	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.					
11	11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824					
12	Net long-term gain or (loss) from partnerships, S corporat		12 13			
13	13 Capital gain distributions. See the instructions					
14	14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover Worksheet in the instructions					()
15	Net long-term capital gain or (loss). Combine lines 8a on the back	15				

Part	III Summary	
16	Combine lines 7 and 15 and enter the result	16 1,309.
	• 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 ()
	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 01/28/23 PRO

Schedule D (Form 1040) 2022

Form **8949**

Sales and Other Dispositions of Capital Assets

Go to www.irs.gov/Form8949 for instructions and the latest information.

File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.



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

Name(s) shown on return		Social security number or taxpayer identification number
ANIKET	MAHAMUNKAR	748-45-4103

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part I Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.

Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

You *must* check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

X (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)

(B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS

C) Short-term transactions not reported to you on Form 1099-B

1 (a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis See the Note below	If you enter an enter a c	f any, to gain or loss amount in column (g), ode in column (f). arate instructions.	(h) Gain or (loss) Subtract column (e)
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see Column (e) in the separate instructions.	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g).
ROBNIHOOD SECURITIES LLC	01/01/22	12/31/22	16,367.	15,098.	W	40.	1,309.
2 Totals. Add the amounts in columns negative amounts). Enter each tota Schedule D, line 1b (if Box A above above is checked), or line 3 (if Box C	al here and inc is checked), lir	lude on your ne 2 (if Box B	16,367.	15,098.		40.	1,309.

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column* (g) in the separate instructions for how to figure the amount of the adjustment.

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

SCHEDULE	Ε
(Form 1040)	

Supplemental Income and Loss

OMB No. 1545-0074 $\mathcal{D} \cap \mathcal{D} \mathcal{D}$

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

Department of the Treasury Internal Revenue Service

40 CD 1040 ND 4044 Attach to Form Go to www.irs.gov/Schedu

1040, 1040	0-SR, 1040-NR, or 1041.	
leE for inst	tructions and the latest information.	

	Attachment Sequence No. 13
Your soci	al security number

Name(s) shown on return						Your socia	al security	number
ANIK	ET MAHAMUNKAR						748-4	5-4103	
Part	I Income or Loss From Rental Real Estate an Note: If you are in the business of renting personal proper rental income or loss from Form 4835 on page 2, line 40.			e C. See	e instrue	ctions. If you are	e an indiv	vidual, rep	oort farm
	Did you make any payments in 2022 that would require you								
BI	f "Yes," did you or will you file required Form(s) 1099? .							. 🗌 Ye	es 🗌 No
1a	Physical address of each property (street, city, state, ZIF	o code	e)						
Α	4/21 TATA POWER COLONY MATUNGA MUMBAI	IN 4	400019						
В									
С									
1b	Type of Property (from list below)2For each rental real estate proper above, report the number of fair r				Fa	ir Rental Days	Person Da		QJV
Α	3 personal use days. Check the Q			Α		365		0	
В	if you meet the requirements to fi qualified joint venture. See instru			В					
С	quained joint venture. Dee instru	Cliona	5.	С					
Туре	of Property:								
1	Single Family Residence 3 Vacation/Short-Term Rent	tal	5 Lanc	ł		Self-Rental			
2	Multi-Family Residence 4 Commercial		6 Roya	alties	8	Other (descril	be)		
						Propertie			
Incon	ne:			Α		B	<u>.</u>		С
3	Rents received	3			35.	_			
4	Royalties received	4		-					
Exper									
5	Advertising	5							
6	Auto and travel (see instructions)	6							
7	Cleaning and maintenance	7		1,6	96.				
8	Commissions	8							
9	Insurance	9							
10	Legal and other professional fees	10							
11	Management fees	11		2,3	52.				
12	Mortgage interest paid to banks, etc. (see instructions)	12							
13	Other interest	13							
14	Repairs	14		2,8	65.				
15	Supplies	15		1,2	04.				
16	Taxes	16							
17	Utilities	17		2,4	03.				
18	Depreciation expense or depletion	18							
19	Other (list)	19							
20	Total expenses. Add lines 5 through 19	20		10,5	20.				
21	Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must				0.5				
	file Form 6198	21		-9,8	٥٥.				
22	Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22	(9,88	35.)	()	()
23 a	Total of all amounts reported on line 3 for all rental proper				23a		635.		
b	Total of all amounts reported on line 4 for all royalty properties	erties			23b				
С	Total of all amounts reported on line 12 for all properties				23c				
d	· · · · ·				23d				
е	Total of all amounts reported on line 20 for all properties				23e		520.		
24	Income. Add positive amounts shown on line 21. Do no						24	1	<u> </u>
25	Losses. Add royalty losses from line 21 and rental real estat							(9,885.)
26	Total rental real estate and royalty income or (loss).								
	here. If Parts II, III, IV, and line 40 on page 2 do not a Schedule 1 (Form 1040), line 5. Otherwise, include this ar								-0.005
For D.		-	NE NE			-9,885.	26		-9,885.
rur Pa	perwork Reduction Act Notice, see the separate instructions.		TNT			J,000.	Sci	nedule E (F	orm 1040) 2022

Qualified Business Income Deduction Simplified Computation

Attach to your tax return.

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form8995	for instructions and	the latest information
GO LO WWW.IIS.gov/I 0/1/10333		

OMB No. 1545-2294

Name(s) snown	on return
ANIKET	MAHAMUNKAR

Your taxpayer identification number 748-45-4103

Note. You can claim the qualified business income deduction **only** if you have qualified business income from a qualified trade or business, real estate investment trust dividends, publicly traded partnership income, or a domestic production activities deduction passed through from an agricultural or horticultural cooperative. See instructions.

Use this form if your taxable income, before your qualified business income deduction, is at or below \$170,050 (\$340,100 if married filing jointly), and you aren't a patron of an agricultural or horticultural cooperative.

1	(a) Trade, business, or aggregation name (b) Taxpayer identification number		(c) Qualified business income or (loss)	
i				
ii				
iii				
iv				
v				
2	Total qualified business income or (loss). Combine lines 1i through 1v,			
	column (c)	2		
3	Qualified business net (loss) carryforward from the prior year	3 ()		
4	Total qualified business income. Combine lines 2 and 3. If zero or less, enter -0-	4	_	
5	Qualified business income component. Multiply line 4 by 20% (0.20)		5	
6	Qualified REIT dividends and publicly traded partnership (PTP) income or (loss)	•		
_		6 3.		
7	Qualified REIT dividends and qualified PTP (loss) carryforward from the prior	7 ()		
0	year			
8	or less, enter -0	8 3.		
9	REIT and PTP component. Multiply line 8 by 20% (0.20)		9	1.
10	Qualified business income deduction before the income limitation. Add lines 5 and		10	1.
11	Taxable income before qualified business income deduction (see instructions)	11 67,495.	-	
12		12 50.		
13	Subtract line 12 from line 11. If zero or less, enter -0	13 67,445.		
14	Income limitation. Multiply line 13 by 20% (0.20)		14	13,489.
15	Qualified business income deduction. Enter the smaller of line 10 or line 14. Also enter this amount on			
	the applicable line of your return (see instructions)		15	1.
16	Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than		16	(0.)
17	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 and	nd 7. If greater than		
	zero, enter -0		17	(<u> </u>
For Pri	vacy Act and Paperwork Reduction Act Notice, see instructions. REV 01/2	28/23 PRO		Form 8995 (2022)



STATE OF SOUTH CAROLINA DEPARTMENT OF REVENUE INDIVIDUAL INCOME TAX DECLARATION FOR ELECTRONIC FILING

SC8453 (Rev. 10/7/21) 3299

	liseliget																							
	First name and middle initiation	al								Last r	name							Yo	our soc	ial se	ecurity	y numl	ber	
	ANIKET						M	АНА	MU	NKA	R								748	-45	5-4	103		
	Spouse's first name, if mar	ried fili	ng joi	intly						Last r												ecurity	num	ber
Print or			0,																			-		
type.	Mailing address (number a	nd stre	et. P	O Bo	x)														Davt	ime r	phone	e numb	ber	
	Ŭ (,	л т	- -	1 4 0											-					
	1421 ROPER MOU City			RU	JAD	AI	- 1	<u>140</u> Stat				ZIP)				_		(004		<u>∠ ∪ / -</u> x Yeai	<u>-032</u> r		
	,	000						Ota				211										1		
	GREENVILLE SC			<u></u>	<u> </u>															20	22			
Part I	Information from																							
	al taxable income (line 1																		1			7,4		
	(line 15 of your SC1040																		2			3,72		
	ax (line 26 of your SC104																		3					00
	Fax (add line 2 and line 3																		4			3,72	26	00
	come Tax Withheld (add I					-													5			4,82	29	00
6. Refund	dable credits (add line 21	and li	ne 22	2 of y	your	SC1	1040)											[6					00
7. Refun	d (line 30 of your SC1040))																	7			1,1	0.3	00
8. Baland	ce due (line 34 of your SC	1040)																8			<u>+ / + '</u>	00	00
Part II	Bank information f																		<u> </u>					
	Ballix Information			<u>u 0.</u>		-									_									
9. Routi	ng number (RTN)	0	5	4	0	0	0	0	3	0				•					numt r 21 th					
	······································	Ľ	<u> </u>	-	ļ °	Ű	_	Ŭ	Ŭ	Ŭ	ĸ		ust be	eu	- ui	TOU	<u>yn</u>	12 0		nouç	JII 32.	•		
10 Bank	account number (BAN)								5	3	8	5	2	4		4	2	2			1-17	digits		
ro. Dank									5	5	0	5		1 -		1	2	2	· / /			•		
11. Type	of account:	Checki	ing		Savi	ings																		
For Bala	ince Due:																							
12 Pavn	nent Withdrawal Date							Pav	men	t \//itl	hdrav	wal A	mou	nt s	\$									
								Tuy	men		uru	war /	anou		Ψ_									
-	Declaration of tax																							
13. 🛛	a. I consent for my refund to																	n line	e 1 thro	bugh	line 8	3 is cor	rect	. If I
_	filed a joint return, this is			•	•			• •			0													
	b. I authorize the South Car																							k
	account, provided in Part funds and consent to the																							ŀ
			-										• •					-						
	OR does not receive full and	d timely	y payı	ment	of m	y tax	liabili	ty, I u	nder	stand	that	l am r	respor	nsib	le f	or th	ne b	balan	ce due	e, inc	luding	g all pe	enalti	ies
and intere	est.																							
I declare t	hat this return and all attach	ments	are tr	ue, c	orrec	t, an	d com	plete	to th	e bes	t of m	ny kno	owledg	ge. [.]	This	s de	cla	ratior	n is ba	sed o	on all	inform	atior	n of
which the	preparer has any knowledge	Э.																						
Do not su	bmit a copy of this form to th	e SCD	OR.	Retu	rn the	e sigi	ned co	opy to	you	r paid	prep	arer.	Keep	ac	py	/ wit	h yo	our ta	ax reco	ords.				
	.,					ı.				•	• •		·											
Your sign	ature					Da	ite		Spo	ouse's	s sign	ature	(lf ma	arrie	ed fi	iling	joir	ntly, E	зотн	mus	t sign) Date	Э	
Part IV	Declaration of Elec	ctron	ic R	etur	'n O	riai	nato	r (Ef	RO)	and	Pai	d Pr	epar	rer										
-	hat I have received the abov														the	bes	st of	f my	knowle	edge	. I hav	ve obta	aineo	d the
	s signature on this form befor																							
	ith the IRS and the SCDOR a																							
	Income Tax Returns, and re																							5
	accompanying schedules a																						all	
	n of which I have knowledge ng documents for three yea		ersta	ina i	aon	ot m	an the	300	9453	to the	301	JUR.	Iam	req	uire		σκ	eep i	ne sc	045	s and	the		
Supportin	ig documents for timee yet								De						~									
ERO's	ERO								Da	le		heck i Iso pai		-	Ch sel	ieck i lf-	IÎ				PT	ΓIN		
Use	signature							02-	-09-	202	3 p	repare		-	em	nploy	ed							
Only	Firm name (or yours if self-employed), GI	LOBA	L.	ТАХ	ES	LI	LC_								FE	IN 8	88-	-21	454	87				
	address, ZIP 24		DONE		CT,		BRU	NSW	ICK	, N	J 0	881	6		Ph	one	((678) 96	5-	952	22		
Paid													ate	1	C۲	neck								
	Preparer														if s	self-								
Prepare											02	2-09	-202	23		ploy					827	03		
Use	Firm name (or yours if self-employed),	YAM	PRI	ΓYΑ	RA	M	SAG	AR	GUI	PTA	ΤA	LLA	М		FE	IN E	34	-31	1719	965)			
Only		45 E	R00	NΕΥ	ΥC	T I	ΕB	RUN	ISW	ICK	I Nu	J 0	881	6	Ph	ione	(6	678) 96	5-	952	22		



dor.sc.gov

STATE OF SOUTH CAROLINA DEPARTMENT OF REVENUE 2022 INDIVIDUAL INCOME TAX RETURN **SC1040** (Rev. 4/29/22) 3075

Your Soci	Your Social Security Number						
748	45	4103	deceased				
Spouse's Sc	cial Securit	y Number	Check if deceased				



First name and middle initial			Last name					
ANIKET		МАНА	MUNKAR					
Spouse's first name, if married filing jointly			ne			Suffix		
Check if	Mailing address (number and street, PO Box)					County code		
new address	1421 ROPER MOUNTAIN ROA	D 148	3			23		
City		State	ZIP	Daytime	e phone number wi	th area code		
GREENVILLE		SC	29615	(864	(864)207-0321			
Check if address	Foreign country address including postal code							
is outside US								
	urn: Check if this is an Amended Retu	rn. (Atta	ch Schedule AMD))		►		
Amended Ret	urn: Check if this is an Amended Retu if you are a part-year or nonresident fi	•						
• Amended Ret • Check this box		ling an S	SC Schedule NR	· · · · · · · · · · · ·				
Amended Ret Check this box Check this box	if you are a part-year or nonresident fi	ling an s n on bel	SC Schedule NR . half of a Partnersh	nip or		►		
 Amended Ret Check this box Check this box S Corporation 	if you are a part-year or nonresident fi only if you are filing a composite return	ling an s n on bel ndividua	SC Schedule NR . half of a Partnersh I	hip or		······ ► □		
 Amended Ret Check this box Check this box S Corporation Check this box 	if you are a part-year or nonresident fi only if you are filing a composite return n. Do not check this box if you are an ir	ling an s n on bel ndividua ension	SC Schedule NR . half of a Partnersh I	nip or		····· ► □		

CHECK YOUR FEDERAL FILING STATUS	 (1) Single (2) Married filing jointly 	 (3) Married filing separately - enter spouse's SSN: (4) Head of household (5) Qualifying widow(er)
Number of dependents cla	imed on your 2022 feder	ral return

Number of dependents claimed on your 2022 federal return	—
Number of dependents claimed that were under the age of 6 years as of December 31, 2022	
Number of taxpayers age 65 or older as of December 31, 2022	

DEPENDENTS

First name	Last name	Social Security Number	Relationship	Date of birth (MM/DD/YYYY)



INCO	OME AND ADJUSTMENTS Yo	our SS	SN <u>748-45-41</u>)3			202	22
1 E	nter federal taxable income from your federal form. If zero or less, enter zero	here				Dollars	\$	
Ν	lonresident filers: complete Schedule NR and enter total from line 48 on line 5 b	elow			1	67,	494	00
ADD	ITIONS TO FEDERAL TAXABLE INCOME							
а	State tax addback, if itemizing on federal return (see instructions)	а		00				
b	Out-of-state losses Type:	b		00]			
С	Expenses related to National Guard and Military Reserve Income \ldots	С		00]			
d	Interest income on obligations of states and political subdivisions other than South Carolina	d		00]			
е	Other additions to income (attach explanation - see instructions) \ldots	е	1	00				
2 T	otal additions (add line a through line e)				2		1	00
3 A	dd line 1 and line 2 and enter the total here				3	67,	495	00
	TRACTIONS FROM FEDERAL TAXABLE INCOME							
	State tax refund, if included on your federal return	f	0	00	4			
-	Total and permanent disability retirement income, if taxed on your federal return	g		00	4			
h	Out-of-state income/gain (do not include personal service income)							
	Check type of income/gain: Rental Business Other	h		00	4			
i	44% of net capital gains held for more than one year	i		00	4			
j	Volunteer deductions (see instructions) Type:	j		00	4			
k	Contributions to the SC College Investment Program (Future Scholar)							
	or the SC Tuition Prepayment Program	k		00	-			
	Active Trade or Business Income deduction (see instructions)	1		00	-			
	Interest income from obligations of the US government	m		00	-			
	Certain nontaxable National Guard or Reserve pay	n		00	-			
	Social Security and/or railroad retirement, if taxed on your federal return	0		00	4			
р	Retirement Deduction (see instructions)							
	p-1 Taxpayer (date of birth:)	p-1		00	-			
	p-2 Spouse (date of birth:))	p-2		00	-			
	p-3 Surviving spouse (date of birth of deceased spouse:)	р-3		00	-			
	Military Retirement Deduction (see instructions)				-			
	p-4 Taxpayer (date of birth:)	_		00	-			
	p-5 Spouse (date of birth:)	p-5		00	-			
_	p-6 Surviving spouse (date of birth of deceased spouse:)	p-6		00	-			
q	Age 65 and older deduction (see instructions)			00				
	q-1 Taxpayer (date of birth:)	q-1		00	4			
	q-2 Spouse (date of birth:)	q-2		00	-			
r		r		00	-			
S ↓	Dependents under the age of 6 years on December 31 of the tax year	s t		00	-			
t	Consumer Protection Services			00	-			
		u		00	4			
V	South Carolina Dependent Exemption (see instructions)	v w	0	00	-			
	otal subtractions (add line f through line w)		0		4	<		00 >
	esidents: subtract line 4 from line 3 and enter the difference. Nonresidents: enter amo				-	<u> </u>		
	ne 48. If less than zero, enter zero here. This is your SOUTH CAROLINA INCOME				5	67	495	00
_	AX on your South Carolina Income Subject to Tax (see SC1040TT)		3,726	· ·		0/,	JUCE	50
	AX on Lump Sum Distribution (attach SC4972)		5,120	00	1			
	AX on Active Trade or Business Income (attach I-335)	8		00	-			
	AX on excess withdrawals from Catastrophe Savings Accounts	9		00	-			
	dd line 6 through line 9 and enter the total here. This is your TOTAL SOUTH C				10	<u>۲</u>	726	00
							. 2 0	

Page 2 of 3



NON-REFUNDABLE CREDITS

11 Child and Dependent Care (see instructions)	11		00	
12 Two Wage Earner Credit (see instructions)	12		00	
13 Other nonrefundable credits. Attach SC1040TC and other state returns	13		00	
14 Total nonrefundable credits (add line 11 through line 13)			1	14 00
15 Subtract line 14 from line 10 and enter the difference. If less than zero, enter ze	ro here		1	15 3,726 00
PAYMENTS AND REFUNDABLE CREDITS				
16 SC income tax withheld (attach W-2 or SC41)	16	4,829	00	
17 2022 Estimated Tax payments	17		00	
18 Amount paid with extension	18		00	
19 Nonresident sale of real estate (paid on I-290)	19		00	
20 Other SC withholding (attach 1099)	20		00	
21 Tuition tax credit (attach I-319)	21		00	
22 Other refundable credits:				
22a Anhydrous Ammonia (attach I-333)	22a		00	
22b Milk Credit (attach I-334)	22b		00	
22c Classroom Teacher Expenses (attach I-360)	22c		00	
22d Parental Refundable Credit (attach I-361)	22d		00	
22e Motor Fuel Income Tax Credit (attach I-385)	22e		00	
Total refundable credits (add line 22a through line 22e)			2	22 00
AMENDED RETURN: Use Schedule AMD for line 23 calculation.				·
23 Add line 16 through line 22 and enter the total here These are your		,		23 4,829 00
24 If line 23 is larger than line 15, subtract line 15 from line 23 and enter the overpa	ayment		2	24 1,103 00
25 If line 15 is larger than line 23, subtract line 23 from line 15 and enter the amount	nt due		2	25 00
AMENDED RETURN: Enter the amount from line 24 on line 30. Enter the a		rom line 25 on	line	31.
26 USE TAX due on online, mail-order, or out-of-state purchases		0	00	
Use Tax is based on your county's Sales Tax rate. See instructions for more inf	ormatio	n.		
If you certify that no Use Tax is due, check here 🕨 🔀				
27 Amount of line 24 to be credited to your 2023 Estimated Tax			00	
28 Total Contributions for Check-offs (attach I-330)	28		00	
29 Add line 26 through line 28 and enter the total here			2	29 0 00
30 If line 29 is larger than line 24, go to line 31. Otherwise, subtract line 29 from lin	e 24 an	d enter the		
amount to be refunded to you (line 35 check box entry is required)		REFUND	3	30 1,103 00
31 Add line 25 and line 29. If line 29 is larger than line 24, subtract line 24 from line 29, enter			-	
32 Late filing and/or late payment: Penalties Interest	E	nter total here	3	32 00
33 Penalty for Underpayment of Estimated Tax (attach SC2210)				
Enter exception code from instructions here if applicable				33 00
34 Add line 31 through line 33 and enter your balance due (select payment option on lin		ALANCE DUE	3	34 00
REFUND OPTIONS Getting a refund? Direct deposit is fast, accurate, and secur			_	
35 Select one: X Direct Deposit (line 37 required) (for US accounts only)		bit Card	Рар	per Check
PAYMENT OPTIONS Have a balance due? Pay electronically! It's quick and eas 36 Select one: MyDORWAY (pay at dor.sc.gov/pay) ACH Debit (enter your US ba				
		N		
For payments only: Withdrawal Date Withdrawal A	mount		U	00
37 Type of Account: ▶ ☑ Checking ▶ ☑ Savings Routing	ount			
Number (PTN)		538524422	7	1-17 digits
I declare that this return and all attachments are true, correct, and complete to the				
than the taxpayer, this declaration is based on all information of which the preparer			i pio	parea by a percent care
		• •	filing j	jointly, BOTH must sign)
attachments, and related tax matters with the preparer.	SYAM P		GAR	GUPTA TALLAM
	Check if se employed		020	082703
Use Firm name (or yours if self- GLOBAL TAXES LLC	pioyou			3171965
Only employed), address, ZIP 245 ROONEY CT E BRUNSWICK	N.T O	8816 Phone		5171905 578)965-9522
REFUNDS OR ZERO TAX: SC1040 Processing Center, PO Bo				
MAIL TO: BALANCE DUE: Taxable Processing Center, PO Box 101105,				
30753222 REV 01/31/23 PRO	Colum		0.11	