Form **8879**

(Rev. January 2021)

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.

OMB No. 1545-0074

Amount you want refunded to you 5 Amount you want refunded to you 5 Amount you want refunded to you 7 Amount you want refunded to you 8 Amount you want refunded to you 8 Amount you want refunded to you 8 Amount you want refunded to you 9 Amount you want refunded to you 9 Amount you want refunded to you 10 Amount you want refunded to you 11 Amount you want refunded to you 12 Amount you want refunded to you 12 Amount you want refunded to you 13 Amount you want refunded to you 14 Amount you want refunded to you 15 Amount you want refunded to you 16 Amount you want refunded to you 17 Amount you want refunded to you 18 Ye you want refunded to you 18 Amount you want refunded to you 18 Amount you want refunded the you 18 Amount you want refunded to you 18 Amount you want refunded the you 18 Amount you wanton you 18 Amount you want refunded the you 18 Amount you wantor refunded yifter and the you reparation software for reason for reginator resord in the tax preparation software for reason for regination account indicated in the tax preparation software for payment of the mannies involved in the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury and its designated yang the authorization requests must be received no later than 2 you 18 Amount you want you	Submi	ission Identification Number (SID)				-			
Spouse's script Tax Return Information — Tax Year Ending December 31, 2522 (Enter year you are authorizing.)	Taxpaye	er's name		Social	security	y numb	er		
Part II 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 blank. 1	SAN	TOSH NAGA VISHWA AITA		891	-79-	5769)		
Enter whole dollars only on lines 1 through 5. Note: Form 100-SS files use line 4 only. Leave lines 1, 2, 3, and 5 blank. 1 Adjusted gross income 1 1 54, 236. 2 Total tax 2 4, 748. 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 . 3 3, 9, 920. 4 Amount you want refunded to you 5 Amount you want refunded to you 5 Amount you want refunded to you 6 Amount you want refunded to good the process of the process	Spouse'	's name		Spouse	's soci	al secu	rity nu	mber	
Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank. 1 Adjusted gross income 2 Total tax 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 3 9, 20. 4 Amount you want refunded to you 4 5, 172. 5 Amount you want refunded to you 5 Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy 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 in the seat of the penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (EFG) to send my return to the IIS and to receive from the ISS (a) an acknowledgement of receipt or reason for rejection of the responsible of the tendent of the payment. I show the responsible of the payment of the section in the section of the payment of of the paym	Part	Tax Return Information — Tax Year Ending December 31, 2022	(Enter	year y	ou ar	e aut	horiz	ing.)	
1 \$ 4, 23 6. 2 Total tax 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099		<u> </u>		, ,					
2	Note:	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.							
A Amount you want refunded to you 4 Amount you want refunded to you 5 Amount you want refunded to you 4 S, 172. 5 Amount you owe 7 Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return) 10 Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return) 10 Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return) 10 Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return) 10 Taxpayer Berla Bove are the amounts for payind to the best of my knowledge and belef, 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 ny drelay 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 tunds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software to prepare the original institution inclination that the entry to this account. This payment of my fested laxes over don't financial Agent to initiate and ACH electronic tunds with drawal (circle and declaration) and the intervent of the processing the received no later than 2 business days prior to the payment (estiment) date. I also authorize the financial institution in circle institution of the error 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 presentation or many prior to the payment (estiment) date is my signature on the income tax ret	1	Adjusted gross income			.	1		54,	236.
Amount you want refunded to you Amount you want refunded to you Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return) Under penalties of perlipy, 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 mounts 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 (e) an activative declare that the amounts in Part I above are mounts from the income tax return (original or amended) I am now authorizing, and to the best of the sensitive of the transmission, (b) the reason of the provided of the transmission of the payment of the declare that expending the IRS (e) an activation of certain the payment of the declared taxes own will declared the transmission of the transmission of the transmission of the payment of the declared taxes own will declare an ACH electronic bunds withdrawal (direct debit) entry to the financial institution account inticated in the tax preparation software for a payment, I must contact the U.S. Treasury Financial Agent to treminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at 1 ressure the authorization of the transmission of the transmission of the transmission of the transmission of the payment	2	Total tax			. [2		4,	748.
S Amount you owe	3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099			.	3		9,	920.
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Under penalties of perjun, 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 bellef, 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 debig entry to the financial institution account indication on 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 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 institutions into the text preparation software for payment of my federal taxes owed on this return and/or a payment, I must contact the U.S. Treasury Financial Agent at 1-888-835-4537. Payment cancellation requestes must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the precise gold reflection to 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 (PIPI) below is my signature for 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 ▶ Practitioner PIN Method R						- 1			
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Taxpayer's PIN: check one box only authorize GLOBAL TAXES LLC ERO firm name Signature on the income tax return (original or amended) am now authorizing. will enter my PIN as my signature on the income tax return (original or amended) 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	to send for any Agent t paymer authoriz paymer busines taxes t persona	If my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account of my federal taxes owed on this return and/or a payment of estimated tax, and the financial is zation is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to tent, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellations days prior to the payment (settlement) date. I also authorize the financial institutions involved to receive confidential information necessary to answer inquiries and resolve issues related to all identification number (PIN) below is my signature for the income tax return (original or amend	for rejected the U.S. and indicate on required in the part of the	ction of S. Treas cated in to del the autests muorocess ayment.	the tracesury and the taces the control of the cont	ansmis and its d x prep entry t tion. T receiv the ele	sion, (esigna aration o this o revo red no ectroni	(b) the ated F account	reason inancial vare for nt. This ancel) a than 2 ment of hat the
I authorize GLOBAL TAXES LLC to enter or generate my PIN 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									
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I authorize	Your s	ignature ▶ Da	te ► _						
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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 <i>e-file</i> Providers of Individual Income Tax Returns. ERO's signature ► Date ► ERO Must Retain This Form — See Instructions	ENU S	EFIN/FIN. Effet your six-aight Effin followed by your live-aight self-selected fin.		Do	ı't ente	r all ze	ros		
ERO Must Retain This Form — See Instructions	authoriz	zed to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I an	n submi	x return tting thi	(origir	nal or a	amend ccorda	ance v	
	ERO's	signature Da	te ▶						

E 1040 Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Return



OMB No. 1545-007

IRS Use Only-Do not write or staple in this space.

Filing Status	s 🗙 S	Single Married filing jointly	Marrie	ed filing separately (N	(IFS)	Head of	household (H0	H)		ifying sur	viving
Check only one box.	If vo	u checked the MFS box, enter the na	ame of v	our spouse. If you cl	necke	ed the HOH or	QSS box. en	ter th		ise (QSS) name if tl	ne qualifying
0.10 207	•	on is a child but not your dependent	,	ou. opouco you o.			Q00 00x, 0		0 0		q,9
Your first name	and mi	ddle initial	Last nar	me					Your so	cial securi	ty number
SANTOSH	NAGA	A VISHWA	AITA						891-7	79-576	9
If joint return, s	pouse's	first name and middle initial	Last nar	me					Spouse's	s social se	curity number
Home address	(numbe	er and street). If you have a P.O. box, see	instructio	ons			Apt. no.		Droeido	atial Electi	on Campaign
		VALLEY ROAD	ii loti dotic	5110.			U65			ere if you,	
		ce. If you have a foreign address, also co	mplete si	paces below.	Stat	e	ZIP code		spouse	if filing joir	ntly, want \$3
NORTHFIE		, a			MN		55057		0	this fund. ow will not	Checking a
Foreign country			F	Foreign province/state/o			Foreign postal	code		or refund	
	,			0 1			0 1			You	Spouse
Digital	At ar	ny time during 2022, did you: (a) rece	eive (as	a reward, award, or	paym	nent for prope	rty or service	s); or	(b) sell,		
Assets	exch	ange, gift, or otherwise dispose of a	digital a	asset (or a financial i	ntere	st in a digital	asset)? (See	nstru	ctions.)	☐ Yes	⊠ No
Standard	Som	eone can claim:	pendent	Your spouse	e as a	a dependent					
Deduction		Spouse itemizes on a separate retur	n or you	were a dual-status	alien						
Age/Blindness	You:	☐ Were born before January 2, 1	958	Are blind Spo	use:	☐ Was bor	n before Janu	ary 2	2, 1958	☐ Is b	lind
Dependents	s (see	instructions):		(2) Social security		(3) Relationsh	ip (4) Check	the b	ox if qualif	ies for (see	instructions):
If more	(1) Fi	rst name Last name		number		to you	Child	tax cı	edit	Credit for ot	her dependents
than four											
dependents, see instructions	s ——										
and check	, —							<u> </u>			
here]									1	
Income	1a	Total amount from Form(s) W-2, b	,	,					. <u>1a</u>		61,378.
Attach Form(s)	b	Household employee wages not re	•	, ,	•			٠	. 1b		
W-2 here. Also	C	Tip income not reported on line 1a						٠	. 1c		
attach Forms W-2G and	d	Medicaid waiver payments not rep Taxable dependent care benefits f		()	ıstru	ctions)			. 1d		
1099-R if tax	e f	Employer-provided adoption bene		•	•			•	. 1e		
was withheld.		Wages from Form 8919, line 6.			•				. 1g		
If you did not get a Form	g h	Other earned income (see instructi			•			•	. 19 . 1h		0.
W-2, see	i	Nontaxable combat pay election (s	,				· · · ·	•			
instructions.	z	Add lines 1a through 1h	300 111011	dollono,	•				. 1z		61,378.
Attach Sch. B	 2a		2a		b Ta	axable interest			. 2b		
if required.	3a	· -	3a			rdinary divide			. 3b		
	4a		4a			axable amoun			. 4b		
Standard	5a		5a		b Ta	axable amoun	t		. 5b		
Deduction for—	6a	Social security benefits	6a		b Ta	axable amoun	t		. 6b		
Single or Married filing	С	If you elect to use the lump-sum e	lection n	nethod, check here (see i	nstructions)		. [
separately, \$12,950	7	Capital gain or (loss). Attach Sche	dule D if	required. If not requ	ired,	check here		. [7		
Married filing	8	Other income from Schedule 1, lin	e 10 .						. 8		-7 , 142.
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,							. 9		54,236.
surviving spouse, \$25,900	10	Adjustments to income from Sche	dule 1, li	ine 26					. 10		
Head of	11	Subtract line 10 from line 9. This is	your ac	djusted gross incon	ne				. 11		54,236.
household, \$19,400	12	Standard deduction or itemized	deducti	ons (from Schedule	A)				. 12		12 , 950.
If you checked	13	Qualified business income deduct	ion from	Form 8995 or Form	8995	5-A			. 13		
any box under Standard	14								. 14		12,950.
Deduction, see instructions.	15	Subtract line 14 from line 11. If zer	o or less	s, enter -0 This is y	our t a	axable incom	e		. 15	1 .	41,286.

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	4,	,748.
Credits	17	Amount from Schedule 2, lin	ie 3					. 17		
	18	Add lines 16 and 17						. 18	4,	,748.
	19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812			. 19		
	20	Amount from Schedule 3, lin	ie 8					. 20		
	21	Add lines 19 and 20						. 21		
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				. 22	4,	,748.
	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	4,	,748.
Payments	25	Federal income tax withheld	from:							
_	а	Form(s) W-2				25a	9,92	20.		
	b	Form(s) 1099				25b				
	С	Other forms (see instructions	s)			25c				
	d	Add lines 25a through 25c						. 25d	9,	,920.
If you have a	26	2022 estimated tax paymen	is and amount a	pplied from 20	21 return			. 26		
qualifying child,	27	Earned income credit (EIC)				27				
attach Sch. EIC.	28	Additional child tax credit from	n Schedule 8812			28				
	29	American opportunity credit	from Form 8863	3, line 8		29				
	30	Reserved for future use .				30				
	31	Amount from Schedule 3, lin	ie 15			31				
	32	Add lines 27, 28, 29, and 31	. 32							
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments				. 33		,920.
Refund	34	If line 33 is more than line 24	ا, subtract line 2،	4 from line 33.	This is the amou	ınt you overp a	aid .	. 34	5,	,172.
riciana	35a	Amount of line 34 you want			is attached, che	eck here .		□ 35a	5,	, 172.
Direct deposit?	b	Routing number 0 1 1				Checking	Savi	ngs		
See instructions.	d	Account number 4 6 6	0 0 2 4	9 7 8 5	5 7					
	36	Amount of line 34 you want	applied to your	2023 estimate	ed tax	36				
Amount You Owe	37	Subtract line 33 from line 24 For details on how to pay, g		•				. 37		
roa owe	38	Estimated tax penalty (see in	_	-		38		. 31		
Third Party		you want to allow another	,							
Designee		structions	•				s. Comp	lete below.	× No	
	De	signee's		Phone			Personal i	dentification		
	naı	me		no.			number (F	PIN)		
Sign		der penalties of perjury, I declare t								
Here		ief, they are true, correct, and com	piete. Declaration C		. , ,	ased on all infor	mation of		,	J
	Yo	ur signature		Date	Your occupation				nt you an Ide 'IN, enter it he	
Joint return?					STUDENT			(see inst.)		
See instructions.	Spouse's signature. If a joint return, both must sign			Date	Spouse's occupa	tion		If the IRS se	nt your spous	se an
Keep a copy for your records.			_					•	ection PIN, er	nter it here
your records.								(see inst.)		
		one no. (857) 294-882		Email address	AITA.S@NOR				I	
Paid	Pre	eparer's name	Preparer's signate	ure		Date	PTI	N	Check if:	
Preparer									Self-en	nployed
Use Only	Fire	m's name GLOBAL TA						Phone no.		
	Fin	m's address 245 ROONE	Y CT E BRU	NSWICK N	J 08816			Firm's EIN		
Go to www.irs.go	ov/Forn	n1040 for instructions and the late	st information.		BAA	REV 01/28/23 F	RO		Form 1 (040 (2022)

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2022
Attachment Sequence No. 01

Department of the Treasury Internal Revenue Service

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

SANTOSH NAGA VISHWA AITA

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

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

Your social security number 891-79-5769

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. Atta		5	-7,142.
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		
ĥ	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		
0	Section 951A(a) inclusion (see instructions)	80		
р	Section 461(I) excess business loss adjustment	8p		
q	Taxable distributions from an ABLE account (see instructions)	8q		
r	Scholarship and fellowship grants not reported on Form W-2	8r		
s	Nontaxable amount of Medicaid waiver payments included on Form			
	1040, line 1a or 1d	8s ()		
t	Pension or annuity from a nonqualifed deferred compensation plan or			
	a nongovernmental section 457 plan	8t		
	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	-7,142.

Schedule 1 (Form 1040) 2022 Page **2**

Par	t II Adjustments to Income		
11	Educator expenses	 11	
12	Certain business expenses of reservists, performing artists, and fee-basin		
	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)		
b	Deductible expenses related to income reported on line 8I from the		
	rental of personal property engaged in for profit		
С	Nontaxable amount of the value of Olympic and Paralympic medals		
	and USOC prize money reported on line 8m		
d	Reforestation amortization and expenses		
е	Repayment of supplemental unemployment benefits under the Trade		
	Act of 1974		
f	Contributions to section 501(c)(18)(D) pension plans		
g	Contributions by certain chaplains to section 403(b) plans 24g		
h	Attorney fees and court costs for actions involving certain unlawful		
	discrimination claims (see instructions)	-	
İ	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		
	En En		
j	Housing deduction from Form 2555	-	
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form		
_	1041)	-	
Z	Other adjustments. List type and amount:		
25		25	
25 26	Total other adjustments. Add lines 24a through 24z	25	
26	Add lines 11 through 23 and 25. These are your adjustments to income . Ent	00	
	Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a	 26	

SCHEDULE E (Form 1040)

Supplemental Income and Loss

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

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

Department of the Treasury Internal Revenue Service

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

Attachment Sequence No. 13

OMB No. 1545-0074

Name(s)	shown on return						Your soci	al security	number
SANT	OSH NAGA VISHWA AITA						891-7	9-5769	
Part	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.			c . See	instruc	tions. If you a	are an indi	vidual, rep	ort farm
	Did you make any payments in 2022 that would require you								
B I	f "Yes," did you or will you file required Form(s) 1099? .							. 🗌 Ye	s 🗌 No
1a	Physical address of each property (street, city, state, ZIF	P code	e)						
	FLAT-502, GOPALA KRISHNA SECUNDERABAD			TNI E	00025				
A B	FLAI-302, GOPALA KRISHNA SECUNDERABAD	1 12 12 12	ANGANA	IN 3	00023)			
1b	Type of Draparty 2 For each rental real estate prope	vets (lies	tod		Foi	r Rental	Persor	al Haa	
ID	Type of Property (from list below) 2 For each rental real estate properabove, report the number of fair				_	r Rentai Days	Person		QJV
A	personal use days. Check the Qu			Α		365		0	
В	if you meet the requirements to f	file as	a	В		303		0	
C	qualified joint venture. See instru	uctions	S.	C					
	of Property:								
	Single Family Residence 3 Vacation/Short-Term Ren	ıtal	5 Lanc	1	7 :	Self-Rental			
	Multi-Family Residence 4 Commercial		6 Roya		8	Other (desc	ribe)		
			1						
						Properti	es:		
Incom				Α	1.0	В			С
3	Rents received	3		- 6	12.				
4	Royalties received	4							
Exper		_							
5	Advertising	5 6							
6	Auto and travel (see instructions)	7		1,3	62				
7	Cleaning and maintenance	8		1,3	02.				
8 9		9							
10	Insurance	10							
11	Management fees	11		1,9	65				
12	Mortgage interest paid to banks, etc. (see instructions)	12		1,9	05.				
13	Other interest	13							
14	Repairs	14		1 . 4	54.				
15	Supplies	15			29.				
16	Taxes	16							
17	Utilities	17		1,4	44.				
18	Depreciation expense or depletion	18							
19	Other (list)	19							
20	Total expenses. Add lines 5 through 19	20		7,7	54.				
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								
	file Form 6198	21		-7,1	42.				
22	Deductible rental real estate loss after limitation, if any,								
	on Form 8582 (see instructions)	22	(7,14	2.)()	(
23a	Total of all amounts reported on line 3 for all rental prope	erties			23a		612.		
b	Total of all amounts reported on line 4 for all royalty prop	erties			23b				
С	Total of all amounts reported on line 12 for all properties				23c				
d	Total of all amounts reported on line 18 for all properties				23d				
е	Total of all amounts reported on line 20 for all properties				23e	7	7,754.		
24	Income. Add positive amounts shown on line 21. Do no		•				. 24		
25	Losses. Add royalty losses from line 21 and rental real estate							(7,142.
26	Total rental real estate and royalty income or (loss).								
	here. If Parts II, III, IV, and line 40 on page 2 do not								7 1 4 0
	Schedule 1 (Form 1040), line 5. Otherwise, include this ar	mount	r iii tiie to	ıaı UII II	116 41 (Jii paye ∠	. 26		-7,142.

Form **8889**

Health Savings Accounts (HSAs)

Department of the Treasury Internal Revenue Service Attach to Form 1040, 1040-SR, or 1040-NR.

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

OMB No. 1545-0074

2022
Attachment Sequence No. 52

Name(s) shown on Form 1040, 1040-SR, or 1040-NR SANTOSH NAGA VISHWA AITA Social security number of HSA beneficiary. If both spouses have HSAs, see instructions. 891-79-5769

Befor	re you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if	f requi	red.
Part	HSA Contributions and Deduction. See the instructions before completing this part. If y and both you and your spouse each have separate HSAs, complete a separate Part I for		
1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2022. See instructions	⊠ Sel	f-only \square Family
2	HSA contributions you made for 2022 (or those made on your behalf), including those made by the unextended due date of your tax return that were for 2022. Do not include employer contributions, contributions through a cafeteria plan, or rollovers. See instructions	2	0.
3	If you were under age 55 at the end of 2022 and, on the first day of every month during 2022, you were, or were considered, an eligible individual with the same coverage, enter \$3,650 (\$7,300 for family coverage). All others , see the instructions for the amount to enter	3	3,650.
4	Enter the amount you and your employer contributed to your Archer MSAs for 2022 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2022, also include any amount contributed to your spouse's Archer MSAs	4	0.
5	Subtract line 4 from line 3. If zero or less, enter -0	5	3,650.
6	Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family		
	coverage under an HDHP at any time during 2022, see the instructions for the amount to enter	6	3,650.
7	If you were age 55 or older at the end of 2022, married, and you or your spouse had family coverage under an HDHP at any time during 2022, enter your additional contribution amount. See instructions.	7	0.
8	Add lines 6 and 7	8	3 , 650.
9	Employer contributions made to your HSAs for 2022		
10	Qualified HSA funding distributions		
11	Add lines 9 and 10	11	760.
12	Subtract line 11 from line 8. If zero or less, enter -0	12	2,890.
13	HSA deduction. Enter the smaller of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line 13	13	0.
	Caution: If line 2 is more than line 13, you may have to pay an additional tax. See instructions.		
Part	HSA Distributions. If you are filing jointly and both you and your spouse each have separate Part II for each spouse.	arate F	ISAs, complete
14a	Total distributions you received in 2022 from all HSAs (see instructions)	14a	
b	Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return. See instructions	14b	
С	Subtract line 14b from line 14a	14c	
15	Qualified medical expenses paid using HSA distributions (see instructions)	15	
16	Taxable HSA distributions. Subtract line 15 from line 14c. If zero or less, enter -0 Also, include this amount in the total on Schedule 1 (Form 1040), Part I, line 8f	16	
17a	If any of the distributions included on line 16 meet any of the Exceptions to the Additional 20% Tax (see instructions), check here		
b	Additional 20% tax (see instructions). Enter 20% (0.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also, include this amount in the total on Schedule 2 (Form 1040), Part II, line 17c	17b	
Part	Income and Additional Tax for Failure To Maintain HDHP Coverage. See the instruction completing this part. If you are filing jointly and both you and your spouse each have seption complete a separate Part III for each spouse.		
18	Last-month rule	18	
19	Qualified HSA funding distribution	19	
20	Total income. Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I, line 8f .	20	
21	Additional tax. Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2 (Form 1040), Part II, line 17d	21	
	- 10 10), 1 CH CH, HIN HI H C C C C C C C C C C C C C C C C C	- 41	

BAA





2022 Form M1, Individual Income Tax Do not use staples on anything you submit.

SANTOSH NAGA VISHW Your First Name and Initial	AITA Last Name	891795769 Your Social Security Numb	ber 08081997 Your Date of Birth (MM/DD/YYYY)
If a Joint Return, Spouse's First Name and Initial	Spouse's Last Name	Spouse's Social Security Nu	umber Spouse's Date of Birth
2210 HIDDEN VALLEY ROUTER Home Address	OAD APT #U65	Check if Address is:	New Foreign
NORTHFIELD City		MN State	55057 ZIP Code
2022 Federal Filing Status (pla	ace an X in one box):		
(1) Single (2) Married Filing Jointl	Spouse Name		sehold (5) Qualifying Widow(er)
Dependents (see instructions	Spouse SSN):		
Dependent 1 First Name	Dependent 1 Last Name	Dependent 1 SSN	Dependent 1 Relationship to You
Dependent 2 First Name	Dependent 2 Last Name	Dependent 2 SSN	Dependent 2 Relationship to You
Dependent 3 First Name	Dependent 3 Last Name	Dependent 3 SSN	Dependent 3 Relationship to You
From Your Federal Return (see 61378 A. Wages, salaries, tips, etc. B. If	instructions) O RA, pensions, and annuities	O C. Unemployment	41286 D. Federal taxable income
		TO and 1040-SR)	
		Scriedule MTMB (see instructions)	3 54236
4 Itemized deductions (from Sche	edule M1SA) or your standard de	duction (see instructions)	4■12900
5 Exemptions (determine from ins	tructions)		5 🔳
6 State income tax refund from lin	ne 1 of federal Schedule 1		6■
7 Subtractions from line 32 of Sch	edule M1M and line 21 of Scheo	lule M1MB (see instructions)	
8 Total subtractions. Add lines 4 th	nrough 7		812900
9 Minnesota taxable income. Sub	tract line 8 from line 3. If zero or	less, leave blank	9 41336
1 Tax from the table or schedules	in the Form M1 instructions		10 2405

2022 M1, page 2



11	Alternative minimum tax (enclose Schedule M1MT)		.11 🔳	
12 13	Add lines 10 and 11		.12	2405
	Part-year residents and nonresidents: From Schedule M1NR, ente line 13, from line 28 on line 13a, and from line 29 on line 13b (enc		13	2405
	13a ■0 13b ■0			
14	Other taxes, such as recapture amounts and the tax on lump-sum	distributions (check appropriate boxes)		
	(a) Schedule M1HOME (b) Schedule M1529	(c) Schedule M1LS	14 ■	
15	Tax before credits. Add lines 13 and 14		15	2405
16	Amount from line 19 of Schedule M1C, Nonrefundable Credits (en	nclose Schedule M1C)	16 ■	
17	Subtract line 16 from line 15 (if result is zero or less, leave blank)		17	2405
18	Nongame Wildlife Fund contribution (see instructions) This will reduce your refund or increase the amount you owe		18 ■	
	This will reduce your return of increase the amount you owe			
19 20	Add lines 17 and 18		19	2405
20	Minnesota mitchine tax withheld. Complete and enclose scriedule in Minnesota withholding from Forms W-2, 1099, and W-2G and Sched		20 ■	3178
21	Minnesota estimated tax and extension payments made for 2022		21 ■	
22	Amount from line 12 of Schedule M1REF, Refundable Credits (see	instructions; enclose Schedule M1REF)	22 ■	
23	Total payments. Add lines 20 through 22		23	3178
24	REFUND . If line 23 is more than line 19, subtract line 19 from line For direct deposit, complete line 25		24 ■	773
25	Direct deposit of your refund (you must use an account not associ			
		466002497857		
26	· ·	Account Number	26	
26 27	AMOUNT YOU OWE . If line 19 is more than line 23, subtract line 2 Penalty amount from Schedule M15 (see instructions). Also subtract	•	26 ■	
	this amount from line 24 or add it to line 26 (enclose Schedule M1	•	27 ■	
	OU PAY ESTIMATED TAX and want part of your refund credited to e Amount from line 24 you want sent to you		28 ■	
			20 -	
	Amount from line 24 you want applied to your 2023 estimated ta: ayer(s): I declare that this return is correct and complete to the bes		29 ■	
Your	Signature Sp	pouse's Signature (If Filing Jointly)	Date	e (MM/DD/YYYY)
		ITA.S@NORTHEASTERN.EDU mail Address		
Paid	Preparer's Signature Da	ate (MM/DD/YYYY)	PTII	N or VITA/TCE # (required)
Prepa	arer's Daytime Phone Pr	eparer's Email Address		
	I do not want my paid preparer to file my return electronically.	I authorize the Minnesota Department of Revenue t	o discuss t	his tax return
	Include a copy of your 2022 federal return and schedules.	with the preparer or the third-party designee indica	ted on my	federal return.

Mail to: Minnesota Individual Income Tax, Mail Station 0010, 600 N. Robert St., St. Paul, MN 55145-0010
REV 01/23/23 PRO 1031





2022 Schedule M1W, Minnesota Income Tax Withheld

Complete this schedule to report Minnesota income tax withheld. Include this schedule when you file your return.

SANTOSH NAG		AITA Last Name					95769 al Security Number
iour riist Nume unu m	includi	Lust Nume				1001 3001	n Security Number
f a Joint Return, Spouse	e's First Name and Initial	Spouse's La	st Name			Spouse's S	Social Security Number
complete this sched amounts to the nea W-2G; keep them w 1 Minnesota wage	deral Form W-2, 1099 dule to determine linearest whole dollar. You with your tax records.	e 20 of Form N u must include All instruction	/11. List only the form this schedule when a are included on the	ms that rep n you file yo nis schedule	ort Minnesota incon our return. DO NOT e.	ne tax withh send in your	eld. Round dollar Forms W-2, 1099, o
complete line 5 o	on the back. B—Box 13	C—Box 15		D—Box	16	E—Box 1	ı
If the Form W-2 is fo			seven-digit Minnesota		ages, tips, etc.		ta tax withheld
you, enter 1spouse, enter	box is checked, 2 mark an X below.	Tax ID Numb	•		o nearest whole dollar)	(round to	o nearest whole dolla
a1 <u>1</u>	b1	c1 MN	5183401	d1	61378	e1	3178
a2	b2	c2 MN		d2		e2	
a3	b3	c3 MN		d3		e3	
a4	b4	c4 MN		d4		e4	
a5	b5	c5 MN		d5		e5	
Subtotal for addi	itional Forms W-2 <i>(fror</i>	m line 5 on page	e 2)				
Total Minnesota	tax withheld on all Fo	orms W-2 (add	amounts in line 1, co	lumn E)		1 🔳	3178
Α	rithheld on Forms 1099 I-2G, or 1042-S is for:	B Payer's seve	042-S. If you have monday and in-digit Minnesota Tax ID unknown, contact the page	C Income	r forms, complete line amount (see the table on k for amounts to include)	D Minne	ck. esota tax withheld d to nearest whole dollar)
a1		b1 MN		c1		d1	
a2		b2 MN		c2		d2	
a3		b3 МN		c3		d3	
a4		b4 MN		c4		d4	
Subtotal for addi	itional 1099, W-2G, an	d 1042-S <i>(from</i>	line 6 on page 2)				
Total Minnesota	tax withheld on all 10	099, W-2G, and	1042-S (add amoun	ts in line 2, o	column D)	2■	
	tax withheld by partr						
	age 2)					3■	
	linnesota tax withheld ere and on line 20 of F					4 ■	3178

Include this schedule with your Form M1. If required, include Schedules KPI, KS, and KF.