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

Submiss	sion Identification Number (SID)				
Taxpayer's	s name	Social securi	ty numb	er	
NAMRA	ATA TONDE	191-27	-7242	2	
Spouse's	name	Spouse's soo			er
Part I	Tax Return Information — Tax Year Ending December 31, 202	 22 (Enter year you a	re aut	horizina	1
,	hole dollars only on lines 1 through 5.	22 (Litter year you a	ii e aui	illonzing	•)
	orm 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.				
	Adjusted gross income		11	74	1,396.
	Fotal tax		2		9,131.
	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3		,485.
	Amount you want refunded to you		4		2,354.
5 A	Amount you owe		5		
Part II	Taxpayer Declaration and Signature Authorization (Be sure you g	get and keep a cop	y of y	our retu	ırn)
my know return (or to send r for any d Agent to payment authoriza payment business taxes to personal	enalties of perjury, I declare that I have examined a copy of the income tax return (original or vledge and belief, it is true, correct, and complete. I further declare that the amounts in I riginal or amended) I am now authorizing. I consent to allow my intermediate service providing return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or real elay in processing the return or refund, and (c) the date of any refund. If applicable, I authorinitiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution are of my federal taxes owed on this return and/or a payment of estimated tax, and the financiation is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancel days prior to the payment (settlement) date. I also authorize the financial institutions involved receive confidential information necessary to answer inquiries and resolve issues relate identification number (PIN) below is my signature for the income tax return (original or am	Part I above are the am der, transmitter, or electr son for rejection of the torize the U.S. Treasury account indicated in the tial institution to debit the toterminate the authoriz llation requests must both the processing of the transmitter of the payment. I fur	ounts fonic retransmised ax preparation. The receive of the electrons of the receive of the acceptance	rom the ir urn original ssion, (b) to designated paration so to this acc or revoke wed no late ectronic poly	ncome tax ator (ERO) he reason I Financial oftware for ount. This (cancel) a ter than 2 ayment of e that the
	c Funds Withdrawal Consent. er's PIN: check one box only				
X		generate my PIN $\frac{7}{2}$	7 2	2 4 2	as my
	ERO firm name signature on the income tax return (original or amended) I am now authorizing.	~ En		digits, but r all zeros	as my
	I will enter my PIN as my signature on the income tax return (original or amende if you are entering your own PIN and your return is filed using the Practitioner below.				
Your sig	nature ►	Date ► <u>04/17/2023</u>			
Snouse	's PIN: check one box only				
		generate my PIN			as my
ш	ERO firm name	• -	ter five	digits, but	asiny
	signature on the income tax return (original or amended) I am now authorizing.	do	n't ente	r all zeros	
	I will enter my PIN as my signature on the income tax return (original or amende if you are entering your own PIN and your return is filed using the Practitioner below.				
Spouse'	's signature ▶	Date ►			
	Practitioner PIN Method Returns Only—continu	ie pelow			
Part III	Certification and Authentication — Practitioner PIN Method Only	,			
ERO's E	EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.	2 2 2 4 9 Don't ent	6 3 er all ze		3 9
authorize	that the above numeric entry is my PIN, which is my signature for the electronic individual and to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that lents of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS e-file Pro	I am submitting this ret	urn in a	ccordance	
ERO's s	signature▶	Date ►			
	ERO Must Retain This Form — See Instruc				
	Don't Submit This Form to the IRS Unless Reques	sted To Do So			

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

2022

OMB No. 1545-0074

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

Filing Status Check only one box.	If yo	Single Married filing jointly u checked the MFS box, enter the non is a child but not your dependent	ame of y	ed filing separately (I	ŕ	_		nold (HOH	,	spou	fying surv se (QSS) name if th	Ü
Your first name	and mi	ddle initial	Last na	me					Y	our soc	ial securit	y number
NAMRATA			TOND	Œ							27-7242	•
	pouse's	first name and middle initial	Last na	me								curity number
Home address	(numbe	er and street). If you have a P.O. box, see	instruction	ons.			Δ	pt. no.	P	residen	itial Election	on Campaign
910 8TH	AVE										ere if you,	
City, town, or p	ost offi	ce. If you have a foreign address, also co	mplete s	paces below.	Stat	e	ZIP co	ode				tly, want \$3 Checking a
SEATTLE					WA		981	04			w will not	
Foreign country	y name		F	oreign province/state/	count	у	Foreig	n postal co	de y	our tax	or refund.	
Digital	Δt ar	ny time during 2022, did you: (a) rec	aiva (as	a reward award or	navm	ent for prope	erty or a	eenvicee):	or (b)	المء ١	You	Spouse
Digital Assets		ange, gift, or otherwise dispose of a	,				•	, .	` '		Yes	⊠ No
Standard		eone can claim: You as a de		<u>_</u> _		a dependent	40001)	. (000 1110	711 0011	0110.)		
Deduction		Spouse itemizes on a separate retur		·		а асрепает						
Age/Blindness	You:	☐ Were born before January 2, 1	958	Are blind Sp e	ouse:	☐ Was bor	rn befo	re Janua	ry 2, 1	958	☐ Is bli	ind
Dependents	s (see	instructions):		(2) Social security	,	(3) Relationsh	14				es for (see	instructions):
If more	•	rst name Last name		number		to you		Child ta	x cred	it (Credit for oth	ner dependents
than four											[
dependents,												
see instructions and check	5 —											
here]										[
Income	1a	Total amount from Form(s) W-2, b	ox 1 (se	e instructions) .						1a	8	34 , 532.
	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	(see ins	structions)						1c		
attach Forms	d	Medicaid waiver payments not rep	orted or	n Form(s) W-2 (see i	nstru	ctions)				1d		
W-2G and 1099-R if tax	е	Taxable dependent care benefits f	rom For	m 2441, line 26						1e		
was withheld.	f	Employer-provided adoption bene	fits from	n Form 8839, line 29						1f		
If 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 (s	see instr	ructions)		<u>li</u>	i					
	Z	Add lines 1a through 1h								1z	3	34 , 532.
Attach Sch. B	2a	Tax-exempt interest	2a		b Ta	axable interest	t.			2b		
if required.	<u>3a</u>	Qualified dividends	3a			rdinary divide				3b		
	4a		4a			axable amoun				4b		
Standard Deduction for—	5a	-	5a			axable amoun				5b		
Single or	6a	,	6a			axable amoun				6b		
Married filing separately,	c	If you elect to use the lump-sum e		·	`	,				_		- 0
\$12,950	7	Capital gain or (loss). Attach Sche			,				Ш	7	1	-59.
 Married filing jointly or 	8	Other income from Schedule 1, lin		.					٠	8		10,077.
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7		•					•	9	1	74,396.
\$25,900	10	Adjustments to income from Sche								10	-	74 200
 Head of household, 	11	Subtract line 10 from line 9. This is							•	11	1	74,396.
\$19,400	12	Standard deduction or itemized		,	,					12		L2,950.
If you checked any box under	13 14	Qualified business income deduct Add lines 12 and 13								13	1	12 050
Standard Deduction,	14 15	Subtract line 14 from line 11. If zer								15		L2,950. 61,446.
see instructions.	13	Subtract line 14 HOITI line 11. II Zel	0 01 168	o, citici -u 11115 15)	oui t	avanie ilicoli			•	13		11,440.

Form 1040 (2022	2)								Page 2
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 881	4 2 4972	3 🗌		16	9,131.
Credits	17	Amount from Schedule 2, lir	-				[17	
0.000	18	Add lines 16 and 17					[18	9,131.
	19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812		[19	·
	20	Amount from Schedule 3, lir	ne 8				[20	
	21	Add lines 19 and 20					[21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0			[22	9,131.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21		[23	0.
	24	Add lines 22 and 23. This is	your total tax				[24	9,131.
Payments	25	Federal income tax withheld							<u> </u>
,	а	Form(s) W-2				25a 11	,485.		
	b	Form(s) 1099				25b			
	С	Other forms (see instruction	s)			25c			
	d	Add lines 25a through 25c						25d	11,485.
If you have a	26	2022 estimated tax paymen	ts and amount a	pplied from 20	21 return		[26	
qualifying child,	27	Earned income credit (EIC)			No	27			
attach Sch. EIC.	28	Additional child tax credit from	m 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	ne 15			31			
	32	Add lines 27, 28, 29, and 31	. These are your	total other pa	ayments and refu	ndable credits		32	
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments				33	11,485.
Refund	34	If line 33 is more than line 24	4, subtract line 2	4 from line 33.	This is the amour	nt you overpaid		34	2,354.
riciana	35a	Amount of line 34 you want			is attached, chec	k here	. 🗆 📗	35a	2,354.
Direct deposit?	b	Routing number 0 7 2				Checking S	Savings		
See instructions.	d	Account number 3 7 5	0 2 3 0	6 7 1 2	2 4				
-	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	
	38	Estimated tax penalty (see in	nstructions) .			38			
Third Party Designee		you want to allow another structions	•		rn with the IRS?		mplete be	low.	⊠ No
Ü		signee's		Phone			nal identific	ation	
	naı			no.			er (PIN)		
Sign Here		der penalties of perjury, I declare i ief, they are true, correct, and com							
11010	Yo	ur signature		Date	Your occupation		I		nt you an Identity
Joint return?					МЕСНАМІСАІ. І	ESIGN ENGINE			N, enter it here
See instructions.	Sp	ouse's signature. If a joint return, I	both must sian.	Date	Spouse's occupati			RS ser	nt your spouse an
Keep a copy for your records.	-1-	,	.					y Prote	ection PIN, enter it here
	Ph	one no. (864) 650-669	8	Email address	TONDENAMRAT	A12@GMAIL.CO	М		
Daid	Pre	eparer's name	Preparer's signat	ure		Date	PTIN		Check if:
Paid	SYAM	I PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	04/18/2023	P02082	703	Self-employed
Preparer Use Only	Fin	m's name GLOBAL TA	XES LLC				Phone	no. (678)965-9522
————	Fin	m's address 245 ROONE	Y CT E BRU	NSWICK N	J 08816		Firm's	EIN	84-3171965
Go to www.irs.go	ov/Forn	n1040 for instructions and the late	st information.		BAA	REV 03/22/23 PRO			Form 1040 (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

NAMRATA TONDE

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

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

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

Sequence No. 01

Your social security number
191–27–7242

Par	t I Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxes		1	
2a	Alimony received		2a	
b	Date of original divorce or separation agreement (see instructions):			
3	Business income or (loss). Attach Schedule C		3	
4	Other gains or (losses). Attach Form 4797		4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Att	ach Schedule E .	5	-10,077.
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		
0	Section 951A(a) inclusion (see instructions)	80		
р	Section 461(I) excess business loss adjustment	8p		
q	Taxable distributions from an ABLE account (see instructions)	8q		
r	Scholarship and fellowship grants not reported on Form W-2	8r		
s	Nontaxable amount of Medicaid waiver payments included on Form			
	1040, line 1a or 1d	8s ()	
t	Pension or annuity from a nonqualifed deferred compensation plan or			
	a nongovernmental section 457 plan	8t		
u	Wages earned while incarcerated	8u		
Z	Other income. List type and amount:			
		8z		
9	Total other income. Add lines 8a through 8z		9	
10	Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SE	or 1040-NR line 8	10	-10.077

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-basis gov		
	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 8l 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	-	
h	Attorney fees and court costs for actions involving certain unlawful		
	discrimination claims (see instructions)	-	
- 1	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		
	tax law violations		
J	Excess deductions of section 67(e) expenses from Schedule K-1 (Form		
k	1041)		
-	Other adjustments. List type and amount:		
Z	04-		
25	Total other adjustments. Add lines 24a through 24z	25	
25 26	Add lines 11 through 23 and 25. These are your adjustments to income . Enter here	23	
20	Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a	26	

SCHEDULE D (Form 1040)

Department of the Treasury

Capital Gains and Losses

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.

OMB No. 1545-0074

2022

Attachment Sequence No. **12**

IIIICIIII	a nevertue Service		, _, 0, 00, 0, a.i.a			
	(s) shown on return MRATA TONDE					ecurity number
-	you dispose of any investment(s) in a qualified opportunity es," attach Form 8949 and see its instructions for additional	-	•			
	rt I Short-Term Capital Gains and Losses—Ge				e ins	tructions)
lines This	instructions for how to figure the amounts to enter on the below. form may be easier to complete if you round off cents to e dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustmento gain or loss Form(s) 8949, line 2, colum	from Part I,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (q)
1a	Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b.					
1b	Totals for all transactions reported on Form(s) 8949 with Box A checked					
2	Totals for all transactions reported on Form(s) 8949 with Box B checked	41.	100.			-59.
3	Totals for all transactions reported on Form(s) 8949 with Box C checked					
4 5	Short-term gain from Form 6252 and short-term gain or (loss) from partnerships, Schedule(s) K-1	S corporations,	estates, and to		5	
6 7	Short-term capital loss carryover. Enter the amount, if an Worksheet in the instructions				6	()
	term capital gains or losses, go to Part II below. Otherwise	e, go to Part III on	the back		7	-59.
Pai		nerally Assets F	leld More Than ⊤	One Year	(see i	instructions)
lines This	instructions for how to figure the amounts to enter on the below. form may be easier to complete if you round off cents to e dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustmen to gain or loss Form(s) 8949, line 2, colum	from Part II,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a	Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b.					
8b	Totals for all transactions reported on Form(s) 8949 with Box D checked					
9	Totals for all transactions reported on Form(s) 8949 with Box E checked					
10	Totals for all transactions reported on Form(s) 8949 with Box F checked					
11	Gain from Form 4797, Part I; long-term gain from Forms from Forms 4684, 6781, and 8824				11	
	Net long-term gain or (loss) from partnerships, S corporat				12	
	Capital gain distributions. See the instructions				13	
14	I OND-TERM CANITAL IOSS CARNOVER ENTER THE AMOUNT IT AN	/ trom line 13 of v	mur Canital I nee	Larryover	1	I .

15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then, go to Part III

BAA

14 (

15

Schedule D (Form 1040) 2022 Page 2

Part III Summary 16 Combine lines 7 and 15 and enter the result 16 -59. • 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 • 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? ☐ **Yes.** Go to line 18. 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 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. If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of: 21 • The loss on line 16; or 59.) 21 • (\$3,000), or if married filing separately, (\$1,500) **Note:** When figuring which amount is smaller, treat both amounts as positive numbers. Do you have gualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a? 22 ☐ 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.

Sales and Other Dispositions of Capital Assets

Department of the Treasury Internal Revenue Service

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. Attachment Sequence No. 12A

OMB No. 1545-0074

Name(s) shown on return	
NAMRATA TONDE	

Social security number or taxpayer identification number 191-27-7242

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.

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 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. (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above) X (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 Adjustment, if any, to gain or loss 1 If you enter an amount in column (a). (h) enter a code in column (f). (d) Cost or other basis Gain or (loss) (c) (a) (b) See the separate instructions. Date sold or Proceeds See the **Note** below Subtract column (e) Description of property Date acquired disposed of and see Column (e) (sales price) from column (d) and (Example: 100 sh. XYZ Co.) (Mo., day, yr.) (Mo., day, yr.) combine the result (see instructions) in the separate (g) Code(s) from Amount of adjustment instructions. with column (a). instructions 01/01/22 12/31/22 41. 100. -59.

ROBINHOOD CRYPTO LLC 2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B 41. 100. -59.

above is checked), or line 3 (if Box C above is checked) . 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.

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.

OMB No. 1545-0074

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

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

Attachment Sequence No. 13

Your social security number

NAM	RATA TONDE							191-	27-7242	
Par		Loss From Rental Real Estate an					-			
	Note: If you ar	re in the business of renting personal proper	ty, use	Schedule	C. See	instru	ctions. If you a	re an ind	dividual, rep	ort farm
		or loss from Form 4835 on page 2, line 40.	1 - £:1 -	Fama(a) 1	0000 0	!				- V N-
		ayments in 2022 that would require you will you file required Form(s) 1099?								
						• •			. 🗀 16	:5 NO
1a	Physical address	of each property (street, city, state, ZIF	code	e)						
A	SHIV PALACE,	FLAT NO. 42 SINHAGAD ROAL), PU	JNE MAH	IARASI	HTRA	IN 41102	4		
В										
C										I
1b	Type of Property	2 For each rental real estate prope				Fa	ir Rental		onal Use	QJV
	(from list below)	above, report the number of fair personal use days. Check the Q					Days		ays	
<u>A</u>	3	if you meet the requirements to f			A B		365		0	
B C		qualified joint venture. See instru			С					
	of Property:									Ш
	Single Family Resid	dence 3 Vacation/Short-Term Ren	tal	5 Land	l	7	Self-Rental			
	Multi-Family Reside		lai	6 Roya				ibe)		
	Widiti-i airilly rieside	- Gornmercial		- U HOYE	11103		Other (descr			
							Propertie	es:		
Incor					Α		В			С
3			3		6	31.				
4_		<u> </u>	4							
-	nses:		_							
5	•		5							
6		ee instructions)	7		2,5	70				
7	•	ntenance	H-		2,5	78.				
8 9			9							
10		rofessional fees	10							
11			11		1,6	9.8				
12	•	paid to banks, etc. (see instructions)	12		1,0	<i>5</i> 0.				
13			13							
14			14		2,6	64.				
15			15		1,9					
16			16							
17	Utilities		17		1,7	96.				
18	Depreciation expe	ense or depletion	18							
19	Other (list)		19							
20	Total expenses. A	dd lines 5 through 19	20		10,7	08.				
21		om line 3 (rents) and/or 4 (royalties). If								
		ee instructions to find out if you must			10 0					
	file Form 6198 .		21	-	-10,0	//.				
22		real estate loss after limitation, if any,		,	10 0	, ,	/			,
00-	•	e instructions)	22	(10,07		(631.)()
23a		ts reported on line 3 for all rental prope				23a		631.	-	
b		ts reported on line 4 for all royalty prop ts reported on line 12 for all properties				23b 23c				
c d		ts reported on line 18 for all properties				23d				
e		ts reported on line 20 for all properties				23e	1 ∩	,708.		
24		sitive amounts shown on line 21. Do no						. 24		
25	•	ty losses from line 21 and rental real estat		•		nter to	otal losses her			10,077.)
26	•	estate and royalty income or (loss).								-, -, -, -,
_0		II, IV, and line 40 on page 2 do not								
		1040), line 5. Otherwise, include this ar						. 26		-10,077.

2022 MICHIGAN Individual Income Tax Return MI-1040

	22 MICHIGAN INGIV ırn is due April 18, 2023. Tv					'N IVII- I	104	40				ended Return ude Schedule AMD)	
	er's First Name	M.I.	Last Name	Diack ii	IK.			7 Filer's	Full	Social Sec	curity	No. (Example: 123-45-67	789)
	MRATA		TONDE					İ			-	•	00)
If a Jo	oint Return, Spouse's First Name	M.I.	Last Name						91		27		
Home	e Address (Number, Street, or P.O. Box))	<u> </u>					3. Spous	se's I	Full Social	Secur	rity No. (Example: 123-45	j-6789)
91	0 8TH AVE								_		_		
•	or Town				ZIP Code			4. School			(5 dig	gits – see page 60)	
	ATTLE			WA	98104					1010			
	STATE CAMPAIGN FUND Check if you (and/or your spouse, filing a joint return) want \$3 of your to go to this fund. This will not increyour tax or reduce your refund.	ir taxes rease	. \Box	er oouse			Ch fish	neck this hing, or s	box seafa	if 2/3 of y aring.	our ir	AFARERS ncome is from farming	J,
	2022 FILING STATUS. Check one	э.					i		CY S	STATUS.	Chec	k all that apply.	
a. b.	X Single Married filing jointly		ou check box "c," o 3 and enter spouse w:			a b		esident onreside	nt *			* If you check box "b" "c," you must completed and include Schedu	te
с.	Married filing separately*					c. X	Pa	art-Year I	Resi	ident *		NR.	
9.	EXEMPTIONS. NOTE: If someo	ne els	e can claim you as	s a depe	endent, che	ck box 9e,	ent	er 0 on li	ine (———— ∂a and en	ter \$1	1,500 on line 9e (see	instr.).
	a. Number of exemptions (see in	nstructi	ons)			9a	a.	1	x	\$5,000	9a.	500	0 00
	b. Number of individuals who qua blind, hemiplegic, paraplegic, o	alify for	one of the following	ng specia	al exemptio	ns: deaf,			x	\$2,900	9b.		00
	c. Number of qualified disabled v				_		c. 🗌		x	\$400	9c.		00
	d. Number of Certificates of Stillb	oirth fro	om MDHHS (see ir	nstructio	ons)	9d	L		x	\$5,000	9d.		00
	e. Claimed as dependent, see lin	ne 9 No	OTE above			9e	Э.				9e.		00
	f. Add lines 9a, 9b, 9c, 9d and 9d	e. Ent	er here and on line	e 15						г	9f.	500	0 00
10.	Adjusted Gross Income from yo	our U.S	3. Form 1040 (see	instruct	tions)					. 10.		7439	<u>6 oc</u>
11.	Additions from Schedule 1, line 9). Inclu	de Schedule 1							. 11.			00
12.	Total. Add lines 10 and 11									. 12.		7439	<u>6 oc</u>
13.	Subtractions from Schedule 1, lin	ne 30.	Include Schedule	a 1						. 13.		1233	5 00
14.	Income subject to tax. Subtract	: line 13	3 from line 12. If li	ne 13 is	greater the	an line 12,	ente	er "0"		. 14.		6206	1 00
15.	Exemption allowance. Enter am	nount f	rom line 9f or Sche	edule Nf	R, line 19					. 15.		417	1 00
16.	Taxable income. Subtract line 15	5 from	line 14. If line 15 i	is greate	er than line	14, enter "	'0"			. 16.		5789	0 00
	Tax. Multiply line 16 by 4.25% (0.	.0425)								. 17.		246	0 00
ION.	-REFUNDABLE CREDITS					AMOU	JNT					CREDIT	—
18.	Income Tax Imposed by governm Include a copy of the return (see				За.				00	18b.			00
19.	Michigan Historic Preservation Ta	ax Cre	dit (see instruction	ıs). 19	}a				00	19b.			00
20.	Income Tax. Subtract the sum of If the sum of lines 18b and 19b is									. 20.		246	0 00

2022 N	II-1040, Page 2 of 2	F:1			1	<u> </u>		. 7	7040	
		Filer	's Full Social S	Security Number	T	91 —	- 2	27 —	7242	
21.	Enter amount of Income Tax from lin	ne 20					21.		246	0 00
22.	Voluntary Contributions from Form	4642, line 6. Include I	orm 4642				22.			00
23.	USE TAX. Use tax due on Internet, Worksheet 1 (see instructions)		•			<u>.</u>	23.			0 00
									0.1.0	
24.	Total Tax Liability. Add lines 21, 22	? and 23				24.			246	0 00
REFU	INDABLE CREDITS AND PAYM	ENTS					Г			
25.	Property Tax Credit. Include MI-10	040CR or MI-1040CR	-2				25.			00
26.	Farmland Preservation Tax Credi	t Include MI-1040CR	-5				26.			00
20.	rammana rossivation rax eroa.		• • • • • • • • • • • • • • • • • • • •		DERAL		20.	MI	CHIGAN	100
27.	Earned Income Tax Credit. Multiply enter result on line 27b					00	27b.			00
28.	Michigan Historic Preservation Tax		_	3581			28.			00
29.	Credit for allocated share of tax paid						29.			00
									0.60	
30.	Michigan tax withheld from Schedul	e W, line 6. Include S	chedule W	(do not subn	nit W-2s)		30.		263	8 <u> 00</u>
31.	Estimated tax, extension payments	and 2021 credit forwa	ırd				31.			00
32.	2022 AMENDED RETURNS ONLY. Amended returns must include Sch			2022 return s	hould skip to	line 33.				
	If you had a refund and/or	`	,	eck box 32a an	d enter this amo	ount as a				
	32a negative number on line 32	2c.								
	32b. If you paid with the original any additional tax paid after						32c.			00
33.	Total refundable credits and paymen	nts. Add lines 25, 26, 2	27b, 28, 29,	30, 31 and 32	c	33.			263	8 00
_	IND OR TAX DUE					_				
34.	If line 33 is less than line 24, subtraction	ct line 33 from line 24.	. If applicable	e, see instruct	ions.					
	Include interest 00 a	and penalty	00	Y	OU OWE	34.				00
35.	Overpayment. If line 33 is greater t	han line 24, subtract I	ine 24 from I	ine 33		35.			17	8 00
	. ,									
36.	Credit Forward. Amount of line 35	to be credited to your	2023 estima	ted tax for you	ur 2023 tax re	turn	36.			00
									1 7	
	Subtract line 36 from line 35ECT DEPOSIT	a. Routing Transi			REFUND	37.		c Type o	 f Account	8 00
	it your refund directly to your financial	a. Routing transi	. Number	J. 7	CCOUNT NUMBER	<u> </u>	1. 2	_		vings
institut and c.	tion! See instructions and complete a, b	072000805		375023	3067124		'' 2	1 One ording		90
Dece	eased Taxpayer. If Filer and/or Spous				Preparer Co					
ENTE	ER DATE OF DEATH ONLY. Example:	04-15-2022 (MM-DD-Y)	YYY)	\	this return is ba			on of which I h	ave any knowl	edge.
Filer		Spouse -		-	Preparer's PTI	703				
	ayer Certification. I declare under tachments is true and complete to the bes		e information ii	n this return	Preparer's Nar SYAM Pl			SAGAR	GUPTA	TA
Filer's	Signature		Date		Preparer's Sign		D 7/ 1/4	CACAD	CIIDmy	ш л
Spous	se's Signature		Date		SYAM PI					TA
					GLOBAL					
			1		245 RO					
	By checking this box, I authorize Tre	easury to discuss my r	eturn with m	y preparer.	E BRUN			08816		
╵┸	,	, .,,		· ·	678-96					

Refund, credit, or zero returns. Mail your return to:

Michigan Department of Treasury, Lansing, MI 48956

Pay amount on line 34 (see instructions). Mail your check and return to: Michigan Department of Treasury, Lansing, MI 48929

2022 MICHIGAN Schedule 1 Additions and Subtractions

Issued under authority of Public Act 281 of 1967, as amended.

Include with Form MI-1040. Type of	print	in blue or black ink.		Attachment 0
Filer's First Name	M.I.	Last Name	Filer's Full Social Security No. (Example	: 123-45-6789)
NAMRATA		TONDE	191 — 27 —	7242

Add	itions to Income (all entries must be positive numbers)			
1.	Gross interest and dividends from obligations issued by states			
_	(other than Michigan) or their political subdivisions.	1.		00
2.	Deduction for taxes on or measured by income, including self-employment tax, taken on your federal return, and allocated share of tax paid by an electing flow-through entity (see instructions)	2.		00
3.	Gains from Michigan column of MI-1040D and MI-4797	3.		00
4.	Losses attributable to other states (see instructions)	4.		00
5.	Net loss from federal column of your Michigan MI-1040D or MI-4797	5.		00
6.	Oil, gas, and nonferrous metallic mineral expenses (Michigan sourced) deducted to arrive at Adjusted Gross Income (AGI)	6.	-	00
7.	Federal Net Operating Loss deduction included in AGI	7.		00
8.	Other (see instructions). Describe:	8.		00
9.	Total additions. Add lines 1 through 8. Enter here and on MI-1040, line 11	9.	0	00
Sub	tractions from Income (all entries must be positive numbers)	_		
10.	Income from U.S. government bonds and other U.S. obligations included in MI-1040, line 10. Include U.S. <i>Schedule B</i> if over \$5,000	10.		00
11.	Amount included in MI-1040, line 10, from military retirement benefits due to service in the U.S. Armed Forces or Michigan National Guard, or taxable railroad retirement benefits	11.	-	00
12.	Gains from federal column of Michigan MI-1040D and MI-4797	12.		00
13.	Income attributable to another state. Explain type and source: SCHEDULE NR	13.	12335	00
14.	Taxable Social Security benefits or military pay (not retirement) included on MI-1040, line 10	14.		00
15.	Income earned while a resident of a Renaissance Zone (see instructions).	15.		00
16.	Michigan state and local income tax refunds received in 2022 and included on MI-1040, line 10 (see instructions)	16.		00
17.	Michigan Education Savings Program, MI 529 Advisor Plan, and Michigan Achieving a Better Life Experience Program.	17.	-	00
18.	Michigan Education Trust .	18.		00
19.	Oil, gas, and nonferrous metallic minerals income (Michigan sourced) included in AGI	19.		00
20.	Resident Tribal Member income exempted under a State/Tribal tax agreement or pursuant to Revenue Administrative Bulletin 1988-47.	20.		00
21.	First-Time Home Buyer Savings Program. Enter amount from line 3 of Form 5792, <i>Michigan First-Time Home Buyer Savings Program</i> . Include Form 5792 .	21.		00
22.	Miscellaneous subtractions (see instructions). Describe:	22.		00

Attachment 01

2022 MICHIGAN Schedule 1 Additions and Subtractions

Filer's First Name	M.I.	Last Name	Filer's Full Social Security No. (Example: 123-45-6789)
NAMRATA		TONDE	191 — 27 — 7242

Deduction Based on Year of Birth

Complete 23A through 23H if claiming the Michigan Standard Deduction, the retirement benefits deduction or the senior investment income deduction on lines 24, 25, 26, or 27. Check box(es) 23C and/or 23G **only** if you or your spouse received retirement benefits from employment with a governmental agency not covered by the federal Social Security Act (SSA exempt employment). **See instructions before continuing**.

befo	re continuing.										
23.		FI	ILER					SPC	USE		
	A. Year of Birth (19xx)	Birth Age Check if filer Check if filer received benefits retired as of Year of Birth Age					2	G. Check if spouse received benefits from SSA exempt employment	H. Check if sporetired as 01-01-2013 born after 1	of and	
	1995	27									
24.	(if married) wa	s born during the	duction. Complet e period January 1 blete lines 25, 26	, 1946 through	De	cember 31, 19	52, and	24.			00
25.	25. Tier 3 Michigan Standard Deduction. Complete this line if the older of you or your spouse (if married) was born during the period January 1, 1953 through January 1, 1956, and reached age 67 on or before December 31, 2022. Do not complete lines 24, 26 or 27. Enter amount from line 6 of Worksheet 2.										00
26.			nount from line 16					26.			00
27.	Schedule. Include Form 4884										00
			unremarried survivir born before 1946 w								
28.	Subtotal. Add	lines 10 through	າ 27					28.		12335	00
29.			on. Enter amount f lude Form 5674 .								00
30. Total Subtractions. Add lines 28 and 29. Enter here and on MI-1040, line 13								30.		12335	00

Schedule NR

2022 MICHIGAN Nonresident and Part-Year Resident Schedule

Issued under authority of Public Act 281 of 1967, as amended.

Type or print in blue or black ink.

Include with Form MI-1040. Read all instructions before completing this form.

Attachment 02

1. File	er's First Name	M.I.	Last Na	me					2. Filer's Full So	cial Se	curity No. (Ex	kample: 123-45-6789	∌)
NA	MRATA		TON	DE					191 -		27 –	- 7242	
	oint Return, Spouse's First Name	M.I.	Last Na						3. Spouse's Full	Social	Security No.	(Example: 123-45-6	789)
									_		_	_	
4.	2022 RESIDENCY STATUS: Check all that apply.			*Date	s of Michig	an resid	lency	in 2022 (MM-E		xample: 04-15-20	22)
	a. Nonresident				FROM:	01		– 01	2022			— 202	 22
	b. X Part-Year Resident of	Michig	an.		-								
	Enter dates of Michiga	an resid	dency in	2022*	TO:	11		- 30	2022				22
Incor	me Allocation			Α	. Total Inc	come		В. М	ichigan Incor	ne	C. Othe	er State(s) Inco	me
5.	Wages, salaries, other payments	e (tine	etc)		84	1532	00		6206	$\begin{bmatrix} 1 \\ 0 \end{bmatrix}$		22471	00
0.	wages, salaries, other payment	Cto.)											
6. 7.	Interest and dividends Business and farm income (inclu					00			00)		00	
7.	U.S. Schedules C and F)						00			00)		00
8.	Gains/losses from MI-1040D or U.S. Schedule D, and/or MI-4797 or U.S. Form 4797					-59	00			0 00)	-59	00
9.	. Income reported on U.S. Schedule E (include U.S. Schedule E and supporting statements)				-10	0077	00			0 00)	-10077	00
10.	Pensions, IRA distributions, annual Social Security (see Form 4						00			00)		00
11.	Other (see instructions)						00			00			00
	Other (300 manualions)					1206			6006			10225	
12.	Total income. Add lines 5 throug	ıh 11			/4	1396	00		6206	<u> </u>)	12335	00
13.	Enter the total adjustments from Describe:		04				00			00)		00
14.	Subtract line 13 from line 12. The column A should equal MI-1040, I amount in column C on Schedule a negative amount, enter as a pos Schedule 1, line 4.	line 10. e 1, line	Enter 13 or, if	I	74	1396	00		6206	1 00)	12335	00
Exen	nption Allowance (If one spo	ouse is	a full-y	ear resid	dent, and t	he othe	r is	not, see i	nstructions.)	_			
15.	Enter amount from MI-1040, line	э 9f					<u></u>			15.		5000	00
16.	Enter Michigan source income fi	rom line	e 14, colı	umn B	16	б. <u> </u>		6	52061 00				
17.	Enter total income from line 14,	columr	ı A					7	74396 00	Г			_
18.	Divide line 16 by line 17 (if line 1	16 is gr	eater tha	ın line 17	, enter 100%	%)				18.		83.42	%
19.	If both spouses are part-year or here and on MI-1040, line 15. If											4171	

2022 MICHIGAN Withholding Tax Schedule

Issued under authority of Public Act 281 of 1967, as amended.

Type or print in blue or black ink.

Attachment 13

INSTRUCTIONS: If you had Michigan income tax withheld in 2022, you must complete a *Withholding Tax Schedule* (Schedule W) to claim the withholding on your *Individual Income Tax Return* (MI-1040, line 30). Report military pay in Table 1 and military retirement benefits and taxable railroad retirement benefits (both Tier 1 and Tier 2) in Table 2 even if no Michigan tax was withheld. Include your completed Schedule W with Form MI-1040. See complete instructions on page 2 of this form. If you need additional space, include another Schedule W.

1. Filer's First Name	M.I.	Last Name	2. Filer's Full Social Security No. (Example: 123-45-6789)			
NAMRATA		TONDE	191 — 27 — 7242			
If a Joint Return, Spouse's First Name	M.I.	Last Name	3. Spouse's Full Social Security No. (Example: 123-45-6789)			

TABLE 1: MICHIGAN TAX WITHHELD OR MILITARY PAY REPORTED ON W-2, W-2G or CORRECTED W-2 FORMS

A B		В	С	D		E	
Enter "X" for: Filer or Spouse		Employer's identification number (Example: 38-1234567)	Box c — Employer's name	Box 1 — Wages, tips, other compensation		Box 17 — Michigan income tax withheld	
X		05-0315468	TEXTRON INC.	62061	00	2638	00
					00		00
					00		00
					00		00
					00		00
Ente	⁻ Table			00			
4.	SUB	2638	00				

TABLE 2: MICHIGAN TAX WITHHELD OR MILITARY RETIREMENT BENEFITS AND RAILROAD RETIREMENT BENEFITS (BOTH TIER 1 AND TIER 2) REPORTED ON 1099 FORMS

Α	В	С	D	E	\neg
Enter "X" for: Payer's federal identification number (Example: 38-1234567)				Michigan income tax withheld	
			00	0	00
			00	0	00
			oc	0	00
			oc	0)0
			00	0)0
Enter Table	e 2 Subtotal from additional Sche	0)0		
5. SUE	BTOTAL. Enter total of Table 2, c	0	00		
6. TOT	AL. Add lines 4 and 5. Enter her	2638 0	00		

REV 03/11/23 PRO