## 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

	2 201.100				
Submission	n Identification Number (SID)				
Taxpayer's nar	me	Social securit	y numbe	r	
GUNEET	SINGH	837-08-	-8973		
Spouse's name		Spouse's soc		ty number	
Port I	Tax Return Information — Tax Year Ending December 31, 2022	(Enter year yeur a	ro quith	orizina )	
Part I	<u> </u>	(Enter year you a	re autr	orizing.,	)
	e dollars only on lines 1 through 5. n 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.				
	usted gross income		1 1	95	,155.
•	al tax		2		,530.
	eral income tax withheld from Form(s) W-2 and Form(s) 1099		3		,882.
	ount you want refunded to you		4		,352.
	ount you owe		5		, 552.
Part II	Taxpayer Declaration and Signature Authorization (Be sure you get	and keep a cop	y of yo	ur retui	rn)
my knowledg return (origin to send my r for any delay Agent to initii payment of n authorization payment, I n business day taxes to rece personal ider	ties of perjury, I declare that I have examined a copy of the income tax return (original or amge and belief, it is true, correct, and complete. I further declare that the amounts in Partial or amended) I am now authorizing. I consent to allow my intermediate service provider, return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason in processing the return or refund, and (c) the date of any refund. If applicable, I authorized ate an ACH electronic funds withdrawal (direct debit) entry to the financial institution according federal taxes owed on this return and/or a payment of estimated tax, and the financial in it is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to tenust contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellations prior to the payment (settlement) date. I also authorize the financial institutions involved eive confidential information necessary to answer inquiries and resolve issues related to notification number (PIN) below is my signature for the income tax return (original or amend	I above are the amount answitter, or electron for rejection of the treather u.S. Treasury are untindicated in the transmittetion to debit the reminate the authorization requests must be in the processing of the payment. I furt	ounts from the counts of the c	om the inc orn origination, (b) the signated lateration soft this account revoke (or and no lateration paramowledge	come tax for (ERO) e reason Financial tware for unt. This cancel) a r than 2 yment of that the
	ands Withdrawal Consent.  S PIN: check one box only				
	uthorize GLOBAL TAXES LLC to enter or gen	erate my PINI 8	8 9	7 3	ae my
_	ERO firm name	ř Ent	er five di n't enter		as my
_	gnature on the income tax return (original or amended) I am now authorizing.				
if y	vill enter my PIN as my signature on the income tax return (original or amended) lyou are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN elow.				
Your signat	ture ▶ <u>Guneet Singh</u> Dat	e▶04/0	6/2023		
Spouse's F	PIN: check one box only				
-	uuthorize to enter or gen	erate my PIN			as my
~	ERO firm name	Ent	er five di		ac,
sig	gnature on the income tax return (original or amended) I am now authorizing.	do	n't enter	all zeros	
if y	vill enter my PIN as my signature on the income tax return (original or amended) you are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN elow.				
Spouse's si	ignature ► Dat	e <b>▶</b>			
	Practitioner PIN Method Returns Only—continue b	oelow			
Part III	Certification and Authentication — Practitioner PIN Method Only				
ERO's EFIN	N/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.	5 1 8 9 5 Don't enter	2 3 er all zero	1 9 8 os	9
authorized to	the above numeric entry is my PIN, which is my signature for the electronic individual incoming file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I among the Practitioner PIN method and <b>Pub. 1345</b> , Handbook for Authorized IRS e-file Provided	submitting this retu	rn in ac	cordance	
ERO's signa	ature ► Dat	e <b>▶</b>			
	ERO Must Retain This Form — See Instruction				
	Don't Submit This Form to the IRS Unless Requested				

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

2022

OMB No. 1545-007

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

Assets exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.)	Filing Status Check only one box.	If yo	Single Married filing jointly uchecked the MFS box, enter the nonis a child but not your dependent	ame of y	ed filing separately (Novour spouse. If you c	,	<del></del>		nold (HOH	,	spou	ifying surv Ise (QSS) name if th	Ü
If joint return, spouse's first name and middle initial   Last name   Apt. no.   Apt.	Your first name	and mi	ddle initial	Last na	me					Y	our so	cial securit	y number
If joint return, spouse's first name and middle initial   Last name   Apt. no.   Apt.	GUNEET			SING	Н					8	37-0	8-897	3
City, lown, or past office. If you have a foreign address, also complete spaces below.   State   ZIP code   SIP code		pouse's	first name and middle initial							-			
City, lown, or past office. If you have a foreign address, also complete spaces below.   State   ZIP code   SIP code	Home address	(numbe	er and street). If you have a P.O. box, see	instruction	ons.				pt. no.	Pı	esider	ntial Election	on Campaign
City, town, or post office. If you have a foreign address, also complete spaces below.   State													
Foreign province/starte/county				omplete si	paces below.	Stat	е						
Foreign province/state/county			, a								_		•
Spouse   At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions)				F	Foreign province/state/								•
Assets exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.)		,					,					_	
Standard Deduction   Someone can claim:   You as a dependent   Your spouse as a dependent   Souse:   Was born before January 2, 1958   Is blind   Dependents   Souse:   Was born before January 2, 1958   Is blind   Souse:   Was born before January 2, 1958   Is blind   Souse:   Was born before January 2, 1958   Is blind   Souse:   Was born before January 2, 1958   Is blind   Souse:   Was born before January 2, 1958   Is blind   Was born before January 2, 1958   Is blind   Souse:   Was born before January 2, 1958   Is blind   Was born 4, 1959   Is blind   Was born before January 2, 1958   Is blind   Was	Digital			,				•	,.	` '			
Age/Blindness  You:   Were born before January 2, 1958   Are blind  Age/Blindness  You:   Were born before January 2, 1958   Are blind  Dependents (see instructions):   (2) Social security   (3) Relationship   (4) Check the box if qualifies for (see instructions):   (1) First name								asset)	? (See ins	tructi	ons.)	∐ Yes	No
Age/Blindness You: Were born before January 2, 1958 Are blind Spouse: Was born before January 2, 1958 Is blind  Dependents (see instructions): (2) Social security number to you Child tax credit Credit for other dependents han four dependents, see instructions and check here: Total amount from Form(s) W-2, box 1 (see instructions): 1 a 96, 465.  Household employee wages not reported on Form(s) W-2.  to thousehold employee wages not reported on Form(s) W-2 (see instructions): 1 a 96, 465.  Attach Form(s) W-2 here. Also attach Forms was attach Forms was withheld. If you did not get a Form the younget a Form by W-2 (see instructions): 1 a Wages from Form 8919, line 6 for frequired. 3 a Qualified dividends 3 a 1, 253.  Attach Sch. B 2a Tax-exempt interest 2a				•			a dependent						
Comparison   Com	Deduction		spouse itemizes on a separate retur	n or you	were a dual-status	allen							
If more	Age/Blindness	You:	☐ Were born before January 2, 1	958	Are blind Spo	ouse:	☐ Was bor	rn befo	re Januai	y 2, 1	958	ls bl	ind
If more than four dependents, see instructions and check here .   Income  1a Total amount from Form(s) W-2, box 1 (see instructions)	Dependents	s (see	instructions):			,		nip (4	) Check the	e box i	f qualif	ies for (see	instructions):
dependents, see instructions and check here	If more	<b>(1)</b> Fi	rst name Last name		number		to you		Child ta	k credi	t	Credit for oth	ner dependents
see instructions and check here													
Income  Income  Income  Income  Attach Form(s) W-2 here. Also Hedicaid waiver payments not reported on Form(s) W-2 (see instructions)  I d  W-2 here. Also W		s ——											
Income  1a Total amount from Form(s) W-2, box 1 (see instructions)  1b Household employee wages not reported on Form(s) W-2  1c Tip income not reported on line 1a (see instructions)  1c Medicaid waiver payments not reported on Form(s) W-2 (see instructions)  1d Medicaid waiver payments not reported on Form(s) W-2 (see instructions)  1d Medicaid waiver payments not reported on Form(s) W-2 (see instructions)  1d Medicaid waiver payments not reported on Form(s) W-2 (see instructions)  1d Medicaid waiver payments not reported on Form(s) W-2 (see instructions)  1d Medicaid waiver payments not reported on Form(s) W-2 (see instructions)  1d Medicaid waiver payments not reported on Form(s) W-2 (see instructions)  1d Medicaid waiver payments not reported on Form(s) W-2 (see instructions)  1d Medicaid waiver payments not reported on Form(s) W-2 (see instructions)  1d Medicaid waiver payments not reported on Form(s) W-2 (see instructions)  1d Medicaid waiver payments not reported on Form(s) W-2 (see instructions)  1d Medicaid waiver payments not reported on Form(s) W-2 (see instructions)  1d Medicaid waiver payments not reported on Form(s) W-2 (see instructions)  1d Medicaid waiver payments not reported on Form(s) W-2 (see instructions)  1d Medicaid waiver payments not reported on Form(s) W-2 (see instructions)  1d Medicaid waiver payments not reported on Form(s) W-2 (see instructions)  1d Medicaid waiver payments not reported on Form(s) W-2 (see instructions)  1d Medicaid waiver payments not reported on Form 8839, line 29  1f Dural Income Form 8995 on Form 8995	and check	, —											ᆜ
Attach Form(s) W-2 here. Also attach Forms W-2 mere. Also attach Sch. B form form separately. Also mere. Also mer	here	]											
Attach Forms W-2 here. Also datach Forms W-2 fare. Also datach Forms W-2 fare. Also datach Forms W-2 fand 1099-Ri ft tax was withheld.  If you did not get a Form W-2, see instructions.  If you get a Form W-2, see instructions.  If you get a Form Horns 8919, line 6  If required.  If required.  If required.  If required.  It required.  It you elect to use the lump-sum election method, check here (see instructions)  If you elect to use the lump-sum election method, check here (see instructions)  If you elect to use the lump-sum election method, check here (see instructions)  If you elect to use the lump-sum election method, check here (see instructions)  If you elect to use the lump-sum election method, check here (see instructions)  Add lines 12, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income  Szs. Signo  If you elected a far you was headed and the complete on Form 8995 or Form 8995	Income	1a		,	,							9	36 <b>,</b> 465.
W-2 here. Also attach Forms W-2G and 1099-Ri f tax was withheld. If you did not get a Form W-2, see instructions  If you did not get a Form W-2, see instructions  If you did not get a Form W-2, see instructions  If you did not get a Form W-2, see instructions  If you did not get a Form W-2, see instructions  If you did not get a Form W-2, see instructions  In the composition of the composition of the properties of the prop	A44	b			. ,								
W-2G and 1099-R if tax was withheld. If you did not get a Form W2-2, see instructions.  If you did not get a Form W2-2, see instructions.  Add lines 1a through 1h  Attach Sch. B aif required.  Attach Sch. B all required	W-2 here. Also		c Tip income not reported on line 1a (see instructions)										
1099-R if tax was withheld.  f Employer-provided adoption benefits from Form 8839, line 29  Wages from Form 8919, line 6  Other earned income (see instructions)  Nontaxable combat pay election (see instructions)  Add lines 1a through 1h  Attach Sch. B differedured.  2a Tax-exempt interest . 2a b Taxable interest . 2b Gualified dividends . 3a 1, 253 b Ordinary dividends . 3b 1, 690 .  Bandard Deduction for Single or Married filing separately, \$12,950 .  Married filing separately, \$12,950 .  Married filing sours viring spouse, \$25,900 .  Married filing surviring spouse, \$25,900 .  Married	attach Forms												
## was withheld. If you did not get a Form Born 8919, line 6													
h Other earned income (see instructions)  Ith 0.  W-2, see instructions.  Ith 0.  Nontaxable combat pay election (see instructions)  Ith 0.  Nontaxable combat pay election (see instructions)  Ith 0.  Add lines 1 a through 1 h  Attach Sch. B  If required.  Attach Sch. B  If required.  Ith 0.  Nontaxable combat pay election (see instructions)  Ith 0.  Ith 0.  Nontaxable combat pay election (see instructions)  Ith 0.  Ith 0.  Nontaxable combat pay election (see instructions)  Ith 0.  Ith 0.  Nontaxable combat pay election (see instructions)  Ith 0.  Ith 1.  Ith 0.  Ith	was withheld.	f											
W-2, see instructions.  i Nontaxable combat pay election (see instructions)  2 Add lines 1a through 1h  Attach Sch. B if required.  3a Qualified dividends  3a Qualified dividends  4a b Taxable interest  2b continued if required.  4a b Taxable amount  4b continued if you elect to use the lump-sum election method, check here (see instructions)  5a Capital gain or (loss). Attach Schedule D if required, check here  7 Capital gain or (loss). Attach Schedule D if required, check here  9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income  10 Adjustments to income from Schedule 1, line 26  11 Subtract line 10 from line 9. This is your adjusted gross income  12 Nontaxable combat pay election (see instructions)  12 96, 465.  12 2b	If you did not	_	•							•			
Instructions.  Z Add lines 1a through 1h  Attach Sch. B  If required.  3a Qualified dividends	•		,	,						•	1h		
Attach Sch. B if required.  3a Qualified dividends 3a 1,253. b Ordinary dividends 3b 1,690.  4a IRA distributions 4a b Taxable amount 4b  Standard Deduction for—Single or Married filing separately, \$12,950	instructions.			see instr	fuctions)		11						)
If required.  3a Qualified dividends 3a 1,253. b Ordinary dividends						 . T.				•		+ - 3	70,403.
4a IRA distributions 4a b Taxable amount 5b    Standard beduction for Single or Married filing separately, \$12,950    Married filing jointly or Qualifying surviving spouse, \$25,900   Head of household, \$11 Subtract line 10 from line 9. This is your adjusted gross income 10 Standard Box ounder Standard Peduction, \$15 Subtract line 12 and 13 .    Add lines 12 and 13 .    IRA distributions 4a b Taxable amount 5b    b Taxable amount 5b    b Taxable amount 5b    b Taxable amount 5b    c If you elect to use the lump-sum election method, check here (see instructions)    c If you elect to use the lump-sum election method, check here (see instructions)    7 Capital gain or (loss). Attach Schedule D if required. If not required, check here    8 Other income from Schedule 1, line 10    9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income    9 9 95, 155.    10 Subtract line 10 from line 9. This is your adjusted gross income    11 95, 155.    12 Standard deduction or itemized deductions (from Schedule A)    12 12, 950.    13 Qualified business income deduction from Form 8995 or Form 8995-A     14 Add lines 12 and 13     15 Subtract line 14 from line 11 If zero or less enter -0- This is your taxable income    15 Subtract line 14 from line 11 If zero or less enter -0- This is your taxable income    15 Subtract line 14 from line 11 If zero or less enter -0- This is your taxable income    15 Subtract line 14 from line 11 If zero or less enter -0- This is your taxable income    16 Both Taxable amount			· —		1 253					•	_		1 600
Standard Deduction for—Single or Married filing separately, \$12,950  Married filing jointly or Qualifying surviving spouse, \$25,900  Head of household, \$19,400  If you checked any box under Standard Deduction, \$200 Deducti					1,200.		,						1,090.
Single or Married filing separately, \$12,950  Married filing jointly or Qualifying surviving spouse, \$25,900  Head of household, \$19,400  If you checked any box under Standard Deduction, Policy or Married filing political and the standard Deduction, Political and the standard of Married filing pointly or Qualifying spouse, \$25,900  Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income political income political and the standard	Ptan dand		_										
Single or Married filing separately, \$12,950  Married filing jointly or Qualifying surviving spouse, \$25,900  Head of Household, \$11 Subtract line 10 from line 9. This is your adjusted gross income  12 Standard deduction or itemized deductions (from Schedule A)  13 Qualified business income deduction from Form 8995 or Form 8995-A  15 Subtract line 14 from line 11 If zero or less enter -0- This is your taxable income  15 Subtract line 14 from line 11 If zero or less enter -0- This is your taxable income  16 If you elect to use the lump-sum election method, check here (see instructions)  7 —3,000.  7 —3,000.  7 —3,000.  8 John To Household, 10 Subtract line 10 from Schedule 1, line 10 Subtract line 10 from line 9. This is your total income  18 John To Household, 11 Subtract line 10 from line 9. This is your adjusted gross income  19 95,155.  10 Standard deduction or itemized deductions (from Schedule A)  11 95,155.  12 12,950.  13 4.  14 12,954.	Deduction for—		<del>-</del>										
separately, \$12,950  Married filing jointly or Qualifying surviving spouse, \$25,900  Head of household, \$19,400  If you checked any box under standard Deduction, Peduction, Peduction, Peduction, Peduction, Peduction, Peduction, Page 15 Subtract line 14 from line 11. If zero or less enter -0- This is your taxable income  7	Single or		,		method check here						OD		
Married filing jointly or Qualifying Souse, \$25,900	separately,		,		·	•	,			П	7	1 .	-3.000
jointly or Qualifying Surviving spouse, \$25,900 Head of household, \$19,400 If you checked any box under Standard Deduction, Polycological Poly			, ,							_			3,000.
Surviving spouse, \$25,900  Head of household, \$19,400  If you checked any box under Standard Deduction, Peduction, Peduct	jointly or												 95,155
Head of household, \$19,400  If you checked any box under Standard Deduction, \$12 and 13	surviving spouse,				-								
household, \$19,400   12   Standard deduction or itemized deductions (from Schedule A)	\$25,900 • Head of		•										 95 <b>,</b> 155,
If you checked any box under Standard  Deduction,  Deduction,  Description:  Descripti	household,												
any box under Standard  14 Add lines 12 and 13	If you checked	_			`	,	5-A						
Deduction, 15 Subtract line 14 from line 11 If zero or less enter -0- This is your taxable income 15 82 201												_	
	Deduction,	15									15		

Additional child tax credit from Schedule 8812	Form 1040 (2022	2)								Page 2
Third Parts   Signature   S	Tax and	16	Tax (see instructions). Check	if any from Form	(s): <b>1</b> 881	4 <b>2</b> 🗌 4972	3 🗌	10	3	
18		17	Amount from Schedule 2, lin	ie 3				1	7	
20		18	Add lines 16 and 17					18	3	13,609.
21		19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812		19	•	
21		20	Amount from Schedule 3, lir	ie 8				20	)	79.
22   Subtract line 21 from line 18, if zero or less, enter -0		21	Add lines 19 and 20					2 <sup>-</sup>	1	
23		22	Subtract line 21 from line 18	. If zero or less,	enter -0			2	2	13,530.
Payments   24		23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21		2	3	
Payments   25		24	Add lines 22 and 23. This is	your <b>total tax</b>				2	1	13,530.
a Form(s) 1099 25b 25c 25	Payments	25								
C   Other forms (see instructions)   25c   25d   15,882   25d   15,882   25d   15,882   25d   2028 estimated tax payments and amount applied from 2021 return   26   2028 estimated tax payments and amount applied from 2021 return   26   27d   28d   2028 estimated tax payments and amount applied from 2021 return   26   27d   28d   28d   27d   28d		а	Form(s) W-2				<b>25a</b> 15,	882.		
If you have a couple   25d   15,882.   26d   2022 estimated tax payments and amount applied from 2021 return   26d   26d   26d   27d   28d   2		b	Form(s) 1099				25b			
2002 estimated tax payments and amount applied from 2021 return   26		С	Other forms (see instructions	s)			25c			
2002 estimated tax payments and amount applied from 2021 return   26		d	,	,				25	d	15,882.
attach Sch. Eld. 27   28   28   29   29   29   29   29   29	.,	26	· ·					20	3	
Additional child tax credit from Schedule 8812	qualifying child,		. ,				1 1			
Amount from Schedule 3, line 15   31   31   32   33   31   32   34   34   34   34   34   35   34   35   35	attach Sch. EIC.		` ,			_	28			
Amount from Schedule 3, line 15   31   31   32   33   31   32   34   34   34   34   34   35   34   35   35		29	American opportunity credit	from Form 8863	3, line 8		29			
Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits   32		30					30			
Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits   32		31	Amount from Schedule 3, lin	ne 15			31			
Refund   34   If line 32 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid   34   2,352.		32					ndable credits	3	2	
Refund   34		33						3	3	15,882.
Sign Here   Doyou want to allow another person to discuss this return with the IRS? See instructions   Doyou want to allow another person to discuss this return with the IRS? See instructions   Doyou want to allow another person to discuss this return with the IRS? See instructions   Doyou want to allow another person to discuss this return with the IRS? See instructions   Doyou want to allow another person to discuss this return with the IRS? See instructions   Doyou want to allow another person to discuss this return with the IRS? See instructions   Doyou want to allow another person to discuss this return with the IRS? See instructions   Doyou want to allow another person to discuss this return with the IRS? See instructions   Doyou want to allow another person to discuss this return with the IRS? See instructions   Doyou want to allow another person to discuss this return with the IRS? See instructions   Doyou want to allow another person to discuss this return with the IRS? See instructions   Doyou want to allow another person to discuss this return with the IRS? See instructions   Doyou want to allow another person to discuss this return with the IRS? See instructions   Doyou want to allow another person to discuss this return with the IRS? See instructions   Doyou want to allow another person to discuss this return with the IRS? See instructions   Doyou want to allow another person to discuss this return with the IRS? See instructions   Doyou want want to allow another person to discuss this return with the IRS? See instructions   Doyou want want to allow another person to discuss this return with the IRS? See instructions   Doyou want want to allow another person to discuss this return with the IRS? See instructions   Doyou want want to allow another person to discuss this return with the IRS? See instructions   Toyou want want to allow another person to discuss this return with the IRS? See instructions   Toyou want want to allow another person to discuss this return with the IRS? Want to want to all	Defined	34							1	2,352.
Direct deposit? See instructions.  b Routing number 0 6 8 3 1 0 0 7 5 1 1 3 c Type:  Checking Savings d Account number 7 8 9 3 7 8 2 8 9 1	Returia	35a					•	. 35	a	2,352.
Account number   7   8   9   3   7   8   2   8   9   1	Direct deposit?	b								
Amount You Owe  37 Subtract line 34 you want applied to your 2023 estimated tax	See instructions.	d	Account number 7 8 9	3 7 8 2	8 9 1		_			
For details on how to pay, go to www.irs.gov/Payments or see instructions		36	Amount of line 34 you want	applied to your	2023 estimate	ed tax	36			
Third Party Designee    Do you want to allow another person to discuss this return with the IRS? See instructions   Designee's name   Designee's name   Phone no.   Phone no.   Personal identification number (PIN)   Preparer's signature   Date   Proparer's signature   Preparer's signature   Prepar	Amount	37	Subtract line 33 from line 24	. This is the <b>amo</b>	ount you owe					
Third Party Designee  Do you want to allow another person to discuss this return with the IRS? See instructions	You Owe		For details on how to pay, g	o to <i>www.irs.go</i> v	//Payments or	see instructions .		3	7	
Designee's name  Designee's name  Designee's name  Designee's name  Designee's name  Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Your signature  Date  Your occupation  If the IRS sent you an Identity Protection PIN, enter it here (see inst.)  Spouse's signature. If a joint return, both must sign.  Date  Spouse's occupation  Freparer's name  Preparer's name  Preparer's signature  Preparer's name  Preparer's signature  Preparer's name  Preparer's signature  Preparer's signature  Preparer's name  Preparer's signature  Preparer's name  Preparer's signature  Preparer's signature  Preparer's name  Preparer's signature  Preparer's name  Preparer's signature  Preparer's name  Preparer's signature  Preparer's name  Preparer's signature  Preparer's signature  Preparer's signature  Preparer's name  Preparer's signature  Prim's name  GLOBAL TAXES LLC  Firm's address  245 ROONEY CT E BRUNSWICK NJ 08816  Firm's EIN  RAM SACAR CUPTA TALLAM  Preparer's EIN  84-3171965		38	Estimated tax penalty (see in	nstructions) .			38			
Designee's name    Phone name   Personal identification number (PIN)	Third Party		•	•						
Sign Here  Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Your signature  Date  Your occupation  If the IRS sent you an Identity Protection PIN, enter it here (see inst.)  Spouse's signature. If a joint return, both must sign.  Date  Spouse's occupation  If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)  Phone no. (954) 994–6701  Email address GUNEETSINGH99@GMAIL.COM  Preparer's name  Preparer's signature  Preparer's signature  Preparer's signature  Preparer's signature  Preparer's signature  SYAM PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 04/06/2023 P02082703 Self-employed  Firm's name GLOBAL TAXES LLC  Phone no. (678) 965–9522  Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816  Firm's EIN 84–317-1965	Designee									10
Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Your signature   Date   Your occupation   If the IRS sent you an Identity Protection PIN, enter it here (see inst.)									<sup>n</sup>	
belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Your signature    Date	Sign	Un	der penalties of periury. I declare t	hat I have examine	ed this return and	d accompanying sche		, ,	nest of my	/ knowledge and
Joint return? See instructions. Keep a copy for your records.  Phone no. (954) 994-6701  Preparer's name  Preparer's name  SYAM PRIYA RAM SAGAR GUPTA TALLAM  Preparer's address  GLOBAL TAXES LLC  Phone no. (678) 965-9522  Firm's address  Protection PIN, enter it here (see inst.)  If the IRS sent you an Identity Protection PIN, enter it here (see inst.)  If the IRS sent you an Identity Protection PIN, enter it here (see inst.)  If the IRS sent you an Identity Protection PIN, enter it here (see inst.)  If the IRS sent you an Identity Protection PIN, enter it here (see inst.)  If the IRS sent you an Identity Protection PIN, enter it here (see inst.)  If the IRS sent you an Identity Protection PIN, enter it here (see inst.)  If the IRS sent you an Identity Protection PIN, enter it here (see inst.)  If the IRS sent you an Identity Protection PIN, enter it here (see inst.)  If the IRS sent you an Identity Protection PIN, enter it here (see inst.)  If the IRS sent you an Identity Protection PIN, enter it here (see inst.)  If the IRS sent you an Identity Protection PIN, enter it here (see inst.)  If the IRS sent you an Identity Protection PIN, enter it here (see inst.)  If the IRS sent you an Identity Protection PIN, enter it here (see inst.)  If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)  If the IRS sent your spouse and Identity Protection PIN, enter it here (see inst.)  If the IRS sent your spouse and Identity Protection PIN, enter it here (see inst.)  If the IRS sent your spouse and Identity Protection PIN, enter it here (see inst.)  If the IRS sent your spouse and Identity Protection PIN, enter it here (see inst.)  If the IRS sent your spouse and Identity Protection PIN, enter it here (see inst.)  If the IRS sent your spouse and Identity Protection PIN, enter it here (see inst.)  If the IRS sent your spouse and Identity Protection PIN, enter it here (see inst.)  If the IRS sent your spouse and Identity Protection PIN, enter it here (see inst.)  If the IRS sent your spouse and Ide	_		1 3 37			1 , 0		,	,	,
Joint return? See instructions. Keep a copy for your records.  Phone no. (954) 994-6701  Preparer's name SYAM PRIYA RAM SAGAR GUPTA TALLAM SYA	пеге	Yo	ur signature		Date	Your occupation				
Spouse's signature. If a joint return, both must sign.  Spouse's signature. If a joint return, both must sign.  Spouse's signature. If a joint return, both must sign.  Phone no. (954) 994–6701  Email address GUNEETS INGH99@GMAIL.COM  Preparer's name  SYAM PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 04/06/2023 P02082703 Self-employed  Firm's name GLOBAL TAXES LLC  Phone no. (678) 965–9522  Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816  Firm's EIN 84–3171965								(accinct)		er it here
Keep a copy for your records.  Phone no. (954) 994–6701					5.			1 ' '		
Phone no.   (954) 994-6701   Email address   GUNEETS INGH 99@GMAIL . COM		Sp	ouse's signature. If a joint return, I	ooth must sign.	Date	Spouse's occupation	on			
Preparer's name   Preparer's signature   Date   PTIN   Check if:	your records.							,		
Preparer's name   Preparer's signature   Date   PTIN   Check if:		Ph	one no. (954) 994-670	1	Email address	GUNEETSINGE	990GMAIL.COM	<u></u>		
Preparer Use Only         Firm's name         GLOBAL TAXES LLC         Phone no. (678) 965-9522           Firm's address         245 ROONEY CT E BRUNSWICK NJ 08816         Firm's EIN 84-3171965			(00-)00-010						Checl	k if:
Firm's name GLOBAL TAXES LLC Phone no. (678) 965-9522 Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816 Firm's EIN 84-3171965		SYAN	M PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	04/06/2023	P0208270	3   □s	Self-employed
Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816 Firm's EIN 84-3171965	•									965-9522
,	Use Only				NSWICK N	J 08816			, ,	
	Go to www.irs.go	ov/Form					REV 03/22/23 PRO			

#### **SCHEDULE 3** (Form 1040)

Department of the Treasury

**Additional Credits and Payments** 

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

OMB No. 1545-0074 Attachment Sequence No. 03

Your social security number

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

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

GUNEET SINGH 837-08-8973 Part I **Nonrefundable Credits** 1 Foreign tax credit. Attach Form 1116 if required 1 79. 2 Credit for child and dependent care expenses from Form 2441, line 11. Attach Form 2441 2 3 3 4 4 Retirement savings contributions credit. Attach Form 8880 . . . . . . . . . . . . . . . 5 Residential energy credits. Attach Form 5695 5 Other nonrefundable credits: 6 a General business credit. Attach Form 3800 6a Credit for prior year minimum tax. Attach Form 8801 . . . . 6b 6c Credit for the elderly or disabled. Attach Schedule R. . . . . 6d Alternative motor vehicle credit. Attach Form 8910 . . . . . 6e Qualified plug-in motor vehicle credit. Attach Form 8936 . . . 6f f Mortgage interest credit. Attach Form 8396 . . . . . . . . . **6**g District of Columbia first-time homebuyer credit. Attach Form 8859 6h Qualified electric vehicle credit. Attach Form 8834 6i Alternative fuel vehicle refueling property credit. Attach Form 8911 6i k Credit to holders of tax credit bonds, Attach Form 8912 . . . 6k Amount on Form 8978, line 14. See instructions 61 **z** Other nonrefundable credits. List type and amount: 6z 7 Total other nonrefundable credits. Add lines 6a through 6z . . . . . . . . . . . . . . 7 8 Add lines 1 through 5 and 7. Enter here and on Form 1040, 1040-SR, or 1040-NR, 8 79. (continued on page 2) Schedule 3 (Form 1040) 2022 Page **2** 

Par	Other Payments and Refundable Credits			
9	Net premium tax credit. Attach Form 8962		9	
10	Amount paid with request for extension to file (see instructions) .		10	
11	Excess social security and tier 1 RRTA tax withheld		11	
12	Credit for federal tax on fuels. Attach Form 4136		12	
13	Other payments or refundable credits:			
а	Form 2439	13a		
b	Credit for qualified sick and family leave wages paid in 2022 from Schedule(s) H for leave taken before April 1, 2021	13b		
С	Reserved for future use	13c		
d	Credit for repayment of amounts included in income from earlier years	13d		
е	Reserved for future use	13e		
f	Deferred amount of net 965 tax liability (see instructions)	13f		
g	Reserved for future use	13g		
h	Credit for qualified sick and family leave wages paid in 2022 from Schedule(s) H for leave taken after March 31, 2021, and before October 1, 2021	13h		
Z	Other payments or refundable credits. List type and amount:	13z		
14	Total other payments or refundable credits. Add lines 13a through	14		
15	Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040 line 31	15		

## SCHEDULE B (Form 1040)

### **Interest and Ordinary Dividends**

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

Attach to Form 1040 or 1040-SR.

OMB No. 1545-0074

2022

Attachment Sequence No. 08

Internal Revenue Service
Name(s) shown on return
GUNEET SINGH

Department of the Treasury

Your social security number 837-08-8973

Part I	1	List name of payer. If any interest is from a seller-financed mortgage and the		Amo	ount
Interest		buyer used the property as a personal residence, see the instructions and list this interest first. Also, show that buyer's social security number and address:			
(See instructions		The foot first. 7 too, onew that bayor o boold boothly number and address.			
and the Instructions for					
Form 1040, line 2b.)					
Note: If you					
received a Form 1099-INT, Form 1099-OID, or substitute statement from a brokerage firm, list the firm's			1		
name as the payer and enter the total interest shown on that form.					
101111.	2	Add the amounts on line 1	2		
	3	Excludable interest on series EE and I U.S. savings bonds issued after 1989.	_		
		Attach Form 8815	3		
	4 Notes	Subtract line 3 from line 2. Enter the result here and on Form 1040 or 1040-SR, line 2b	4	Λm	ount
Dord II	Note:	If line 4 is over \$1,500, you must complete Part III.  List name of payer: WEALTHFRONT BROKERAGE LLC		Ame	1,690.
Part II	Ü	Est hand of payer. WEALTHERON1 BROKERAGE LLC			1,090.
Ordinary Dividends					
(See instructions					
and the Instructions for Form 1040, line 3b.)			5		
Note: If you received a					
Form 1099-DIV or substitute			-		
statement from					
a brokerage firm, list the firm's					
name as the payer and enter					
the ordinary	6	Add the amounts on line 5. Enter the total here and on Form 1040 or 1040-SR, line 3b	6		1,690.
dividends shown on that form.		If line 6 is over \$1,500, you must complete Part III.			1,000.
Part III		nust complete this part if you (a) had over \$1,500 of taxable interest or ordinary div nt; or (c) received a distribution from, or were a grantor of, or a transferor to, a foreign			a foreign
Foreign	accou	int, or to received a distribution from, or were a grantor of, or a transferor to, a foreign	แนรเ.		
Accounts and Trusts					Yes No
Caution: If required, failure to		At any time during 2022, did you have a financial interest in or signature authority of account (such as a bank account, securities account, or brokerage account) located	ed in a		
file FinCEN Form	5	country? See instructions		 Timomojal	×
114 may result in substantial penalties.		If "Yes," are you required to file FinCEN Form 114, Report of Foreign Bank Accounts (FBAR), to report that financial interest or signature authority? See FinC and its instructions for filing requirements and exceptions to those requirements.	EN F	orm 114	
Additionally, you may be required to file Form 8938,	b	If you are required to file FinCEN Form 114, list the name(s) of the foreign country(-	ies) w	here the	
Statement of Specified Foreign		financial account(s) are located:			
Financial Assets. See instructions.	8	During 2022, did you receive a distribution from, or were you the grantor of, or to foreign trust? If "Yes," you may have to file Form 3520. See instructions			×

#### **SCHEDULE D** (Form 1040)

#### **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.

OMB No. 1545-0074

Attachment Sequence No. **12** 

Department of the Treasury Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10. Internal Revenue Service Name(s) shown on return GUNEET SINGH

Your social security number 837-08-8973

	ou dispose of any investment(s) in a qualified opportunity, attach Form 8949 and see its instructions for additionations.	•	•			
Pa	rt I Short-Term Capital Gains and Losses—Ge	nerally Assets I	Held One Year	or Less (se	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) Adjustmen to 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 (g)
	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.					
	Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked	100,166.	106,593.		6.	-6,421.
	Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked					
3	Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked					
4	Short-term gain from Form 6252 and short-term gain or (le	oss) from Forms 4	684, 6781, and 88	324	4	
5	Net short-term gain or (loss) from partnerships, Schedule(s) K-1	•		rusts from	5	
6	Short-term capital loss carryover. Enter the amount, if an <b>Worksheet</b> in the instructions	y, from line 8 of y	our <b>Capital Loss</b>	Carryover	6	(
7	<b>Net short-term capital gain or (loss).</b> Combine lines 1a term capital gains or losses, go to Part II below. Otherwise			e any long-	7	-6,421.
Pai	t II Long-Term Capital Gains and Losses—Ger	nerally Assets H	leld More Than	One Year	(see i	instructions)
See lines	instructions for how to figure the amounts to enter on the below.	(d)	(e)	(g) Adjustmen		(h) Gain or (loss) Subtract column (e)
	form may be easier to complete if you round off cents to e dollars.	Proceeds (sales price)	Cost (or other basis)	to gain or loss Form(s) 8949, 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 <b>Box D</b> checked	13,980.	14,152.			-172.
9	Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked					
10	Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked					
11	Gain from Form 4797, Part I; long-term gain from Forms from Forms 4684, 6781, and 8824		0 0	` '	11	
12	Net long-term gain or (loss) from partnerships, S corporat				12	
13	1 0				13	
14	Long-term capital loss carryover. Enter the amount, if any <b>Worksheet</b> in the instructions	•	our <b>Capital Loss</b>	Carryover	14	(
15	Net long-term capital gain or (loss). Combine lines 8a	through 14 in co	olumn (h). Then, go	o to Part III		

BAA

Schedule D (Form 1040) 2022 Page 2

#### Part III Summary 16 Combine lines 7 and 15 and enter the result 16 -6,593. • 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 21 3,000.) • (\$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 qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a? 22 X 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.

## 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.

OMB No. 1545-0074

2022

Attachment
Sequence No. 12A

Internal Revenue Service

Name(s) shown on return

GUNEET SINGH

Department of the Treasury

Social security number or taxpayer identification number 837-08-8973

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)

	<ul><li>Short-term transactions</li><li>Short-term transactions</li></ul>	•	٠,,	•	sis <b>wasn't</b> report	ed to the IF	15	
1	(a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis See the <b>Note</b> below	If you enter an enter a co	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 Čo.)	(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	<b>(g)</b> Amount of adjustment	from column (d) and combine the result with column (g).
WEALTH	FRONT BROKERAGE LLC	01/01/22	12/31/22	100,166.	106,593.	W	6.	-6,421.
nega Sche	Is. Add the amounts in columns tive amounts). Enter each tota dule D, line 1b (if Box A above e is checked) or line 3 (if Box 6)	al here and ince is checked), <b>lir</b>	lude on your ne 2 (if Box B	100.166.	106.593.		6.	-6.421.

**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.

Form 8949 (2022) Attachment Sequence No. 12A Page 2

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side GUNEET SINGH

Social security number or taxpayer identification number 837-08-8973

Before you check Box D, E, or F 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 II

**Long-Term.** Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

**Note:** You may aggregate all long-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 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You *must* check Box D, E, *or* F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-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.

<ul><li>★ (D) Long-term transactions</li><li>★ (E) Long-term transactions</li><li>★ (F) Long-term transactions</li></ul>	reported on	Form(s) 1099	-B showing bas				e)
(a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis See the <b>Note</b> below	If you enter an enter a co	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	<b>(g)</b> Amount of adjustment	from column (d) and combine the result with column (g).
WEALTHFRONT BROKERAGE LLC	01/01/22	12/31/22	13,980.	14,152.			-172.
2 Totals. Add the amounts in columns	s (d) (e) (g) and	d (h) (subtract					
negative amounts). Enter each total Schedule D. <b>line 8b</b> (if <b>Box D</b> above	al here and inc	lude on your					

**Note:** If you checked Box D 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.

above is checked), or line 10 (if Box F above is checked) .

13,980.

14,152.

#### **Health Savings Accounts (HSAs)**

Attach to Form 1040, 1040-SR, or 1040-NR. Department of the Treasury Go to www.irs.gov/Form8889 for instructions and the latest information. Internal Revenue Service

Attachment Sequence No. 52

OMB No. 1545-0074

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

GUNEET SINGH

Social security number of HSA beneficiary. If both spouses have HSAs, see instructions. 837-08-8973

**Before you begin:** Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if required. HSA Contributions and Deduction. See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part I for each spouse. Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2022. ■ Self-only 
 □ Family 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, 2 0. If you were under age 55 at the end of 2022 and, on the first day of every month during 2022, you 3 were, or were considered, an eligible individual with the same coverage, enter \$3,650 (\$7,300 for 3 3,650. 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 4 0. 5 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. If you were age 55 or older at the end of 2022, married, and you or your spouse had family coverage 7 under an HDHP at any time during 2022, enter your additional contribution amount. See instructions. 0. 7 8 8 3,650. Employer contributions made to your HSAs for 2022 . . . . . . . . . 9 10 1,200. 11 11 12 12 2,450. HSA deduction. Enter the smaller of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line 13 13 13 0. Caution: If line 2 is more than line 13, you may have to pay an additional tax. See instructions. Part II HSA Distributions. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part II for each spouse. 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 14b 14c 15 15 Taxable HSA distributions. Subtract line 15 from line 14c. If zero or less, enter -0-. Also, include this 16 16 If any of the distributions included on line 16 meet any of the Exceptions to the Additional 20% 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 Income and Additional Tax for Failure To Maintain HDHP Coverage. See the instructions before Part III completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part III for each spouse. 18 18 19 19 20 **Total income.** Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I, line 8f 20 Additional tax. Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2 (Form 21

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

## Form **8995**

Department of the Treasury

Internal Revenue Service

Qualified Business Income Deduction Simplified Computation

Attach to your tax return.

Go to www.irs.gov/Form8995 for instructions and the latest information.

OMB No. 1545-2294

2022

Attachment Sequence No. **55** 

lame(s) shown on return	Your taxpayer identification r	number
GUNEET SINGH	837-08-8973	

**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		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) (see instructions)	<b>6</b> 22.		
7	Qualified REIT dividends and qualified PTP (loss) carryforward from the prior year	7 (		
8	Total qualified REIT dividends and PTP income. Combine lines 6 and 7. If zero or less, enter -0	8 22.		
9	REIT and PTP component. Multiply line 8 by 20% (0.20)		9	4.
10	Qualified business income deduction before the income limitation. Add lines 5 an	1	10	4.
11	Taxable income before qualified business income deduction (see instructions)	<b>11</b> 82,205.	_	
12	Net capital gain (see instructions)	12 1,253.		
13	Subtract line 12 from line 11. If zero or less, enter -0			16 100
14	Income limitation. Multiply line 13 by 20% (0.20)		14	16,190.
15	Qualified business income deduction. Enter the smaller of line 10 or line 14. Also the applicable line of your return (see instructions)		15	4.
16	Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater that		16	( 0.)
17	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 a	and 7. If greater than		
	zero, enter -0		17	( 0.)

175 DO NOT MAIL THIS FORM TO THE FTB TAXABLE YEAR **FORM California e-file Signature Authorization for Individuals** Your name GUNEET SINGH 837-08-8973 Spouse's/RDP's name Spouse's/RDP's SSN or ITIN Part I Tax Return Information (whole dollars only) Part II Taxpayer Declaration and Signature Authorization (Be sure you obtain and keep a copy of your return.) Under penalties of perjury, I declare that I have examined a copy of my individual income tax return and accompanying schedules and statements for the tax year ending December 31, 2022, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider, including my name, address, and social security number (SSN) or individual tax identification number (ITIN), and the amounts shown in Part I above agree with the information and amounts shown on the corresponding lines of my electronic income tax return. If applicable, I authorize an electronic funds withdrawal of the amount on line 2 and/or the estimated tax payments as shown on my return and on form FTB 8455, California e-file Payment Record for Individuals, or a comparable form. If applicable, I declare that direct deposit refund amount on line 3 agrees with the direct deposit authorization stated on my return. If I have filed a joint return, this is an irrevocable appointment of the other spouse/registered domestic partner (RDP) as an agent to authorize an electronic funds withdrawal or direct deposit. I authorize my ERO, transmitter, or intermediate service provider to transmit my complete return to the Franchise Tax Board (FTB). If the processing of my return or refund is delayed, I authorize the FTB to disclose to my ERO, intermediate service provider, and/or transmitter the reason(s) for the delay or the date when the refund was sent. If I am filling a balance due return, I understand that if the FTB does not receive full and timely payment of my tax liability, I remain liable for the tax liability and all applicable interest and penalties. I acknowledge that I have read and consent to the Electronic Funds Withdrawal Consent included on the copy of my electronic income tax return. I have selected a personal identification number (PIN) as my signature for my electronic income tax return and, if applicable, my Electronic Funds Withdrawal Consent. Taxpayer's PIN: check one box only ▼ Lauthorize GLOBAL TAXES LLC ERO firm name Do not enter all zeros as my signature on my 2022 e-filed California individual income tax return. I will enter my PIN as my signature on my 2022 e-filed California individual income tax return. 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. Guneet Singh Spouse's/RDP's PIN: check one box only ERO firm name Do not enter all zeros as my signature on my 2022 e-filed California individual income tax return. I will enter my PIN as my signature on my 2022 e-filed California individual income tax return. 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/RDP's signature Practitioner PIN Method Returns Only -- continue below Part III Certification and Authentication — Practitioner PIN Method Only ERO's Electronic Filer Identification Number (EFIN)/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature for the 2022 California individual income tax return 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 FTB Pub. 1345, 2022 Handbook for Authorized

Date > 04/06/2023

e-file Providers.

ERO's signature

TAXABLE YEAR

FORM

## **2022 California Resident Income Tax Return**

540

APE

ATTACH FEDERAL RETURN

837-08-8973 SING GUNEET SINGH 22

1675 S MILPITAS BLVD MILPITAS CA 95035

APT 445

06-14-1991

		Enter your county at time of filing (see instructions)
ë	$\odot$	SANTA CLARA
enc		If your address above is the same as your principal/physical residence address at the time of filing, check this box
sid		If not, enter below your principal/physical residence address at the time of filing.
Be		Street address (number and street) (If foreign address, see instructions.)  Apt. no/ste. no.
Principal Residence	•	
inc		
ď	_	City State ZIP code
	$\odot$	
		Mary Collifornia filling status is different from your fodous filling status, should the hour boxs.
		If your California filing status is different from your federal filing status, check the box here
<u>s</u>	1	★ Single 4 Head of household (with qualifying person). See instructions.
tatı		
Filing Status	2	Married/RDP filing jointly. See instr. <b>5</b> Qualifying surviving spouse/RDP. Enter year spouse/RDP died.
Ë		See instructions.
_		occ manuchons.
	3	Married/RDP filing separately. Enter spouse's/RDP's SSN or ITIN above and full name here.
	6	If someone can claim you (or your spouse/RDP) as a dependent, check the box here. See instr
_	Го	v line 7. line 0. line 0. and line 10. Multiply the number you enter in the hey by the new printed dellar amount for that line
<b>*</b>	• F0	r line 7, line 8, line 9, and line 10: Multiply the number you enter in the box by the pre-printed dollar amount for that line.  Whole dollars only
ons	1	Personal: If you checked box 1, 3, or 4 above, enter 1 in the box. If you checked box 2 or 5, enter 2 in the box. If you checked the box on line 6, see instructions.   7 1 X \$140 = • \$ 140
Exemptions	8	Blind: If you (or your spouse/RDP) are visually impaired, enter 1;
xen		if both are visually impaired, enter 2
ш	9	Senior: If you (or your spouse/RDP) are 65 or older, enter 1;
		if both are 65 or older, enter 2. See instructions
		REV 03/18/23 PRO

Υοι	ır na	me:	SING	GН			Your SSI	N or ITIN:	837-0	08-8973				
	10	Depen	dents: I		ot include yo Dependent 1	urself or y	our spouse/l		endent 2			Dependent 3		
		First	Name	•	Dependent 1			] ●	illuelli 2		•	Dependent 3		
S		Last	Name	•										
Exemptions			. See											
Exem		Dep	ructions. endent's tionship	<ul><li>•</li></ul>										
		to yo	ou .											
	Tota			·							\$433 = (			
	11	Exen	nption a	ımou	ınt: Add line	7 through	line 10. Trans	fer this am	ount to lin	e 32	• 1	1 \$	14	10
	12	State	wages	fron	n your federa x 16	I	•	12		97665	. 00			
	13								1040 SD	line 11			95155	. 00
	14	Califo	ornia ad	justr	nents – subt	ractions. E	inter the amo	unt from Sc	hedule CA	(540),				. 00
	15	Subt	ract line	141	from line 13.	If less tha	n zero, enter	the result ir	parenthe				05155	
axable Income	16	See instructions												
e In		Part	I, line 2		1200	_ 00								
Taxak	17	Califo	-								`		96355	<u> </u>
	18	Enter large					eductions fror eduction shov		, ,	Part II, line 30; ( ng status:	OR (			
					-					ng spouse/RDP. \$				
			•	If Ma	ırried/RDP filin	g separately	or the box on	line 6 is ched	-	See instructions	• 18		5202	<b>.</b> 00
	19						ur <b>taxable in</b> d				. • 19		91153	<b>.</b> 00
	31	Tax.	Check t	he bo	ox if from:	× Ta:	x Table	Tax	Rate Sch	edule				
	32	Even	ntion c	redit	e Enter the a		B 3800 • m line 11. If v				• 31		5235	<b>.</b> 00
Гах	J2							•			. • 32		140	<b>.</b> 00
	33	Subt	ract line	32 1	from line 31.	If less tha	n zero, enter	-0			. • 33		5095	<b>.</b> 00
	34	Tax.	See inst	tructi	ions. Check t	he box if f	rom:	Schedule G	i-1 •	FTB 5870A	• 34			<b>.</b> 00
	35	Add	line 33 a	and I	ine 34						. • 35		5095	<b>.</b> 00
redits	40	Nonr	efundat	ole C	hild and Dep	endent Cai	re Expenses C	Credit. See i	nstruction	S	. • 40			<b>.</b> 00
Special Credits	43	Enter	credit	name	e			code •		and amount	• 43			<b>.</b> 00
Spec	44	Ente	credit	name	e			code <b>●</b>	•	and amount	. • 44			<b>.</b> 00
		Giqo d	? Form	510	2022		175	2.1.0	4		. —	REV 03/18/23 PRO		
		Jiut 2	. I UIIII	J4U	<b>ZUZZ</b>		± / J	3 I (	2224	1				

You	r nan	ne: SINGH		Your SSN or ITIN:	837-08-8973					
S	45	To claim more than	ı two credits. See instr	uctions. Attach Schedule	e P (540)	•	45			<b>.</b> 00
Credit	46	Nonrefundable Rer	iter's Credit. See instru	ictions			46			<b>.</b> 00
Special Credits	47	Add line 40 through	h line 46. These are yo	ur total credits		•	47			<b>.</b> 00
Sp	48	Subtract line 47 fro	om line 35. If less than	zero, enter -0		•	48		5095	<b>.</b> 00
Se	61	Alternative Minimu	m Tax. Attach Schedu		61 L			<b>.</b> 00		
Other Taxes	62	Mental Health Serv	ices Tax. See instructi	62			<b>.</b> 00			
Othe	63	Other taxes and cre	edit recapture. See ins	tructions			63			<b>.</b> 00
	64	Add line 48, line 61	, line 62, and line 63.	This is your total tax			64		5095	<b>.</b> 00
	71	California income t	ax withheld. See instru	uctions			71		5761	. 00
	72	2022 California est	imated tax and other p	ayments. See instruction	18		72			<b>.</b> 00
	73	Withholding (Form	592-B and/or Form 59	93). See instructions			73			<b>.</b> 00
ents	74	Excess SDI (or VPI	OI) withheld. See instr	uctions			74			<b>.</b> 00
Payments	75		•	tructions			Г			<b>.</b> 00
_			. ,				Г			. 00
	76	-	. ,	uctions			Г			
	77 78	Add line 71 through	h line 77. These are yo	uctions			Г		5761	. 00
UseTax	91	Use Tax. Do not lea		ions		r use tax o	hligation	O _ OO		
ISR Penaltv	92	If you and your ho See instructions. N	usehold had full-year l	nealth care coverage, che	eck the box.		×			
		Individual Shared F	Responsibility (ISR) Pe	enalty. See instructions .	• 92			_ 00		
Due	93			ı line 91, subtract line 91			Г		5761	<b>.</b> 00
Fax/Tax	94 95	Payments after Ind	ividual Shared Respor	line 78, subtract line 78 this in the same of the same	is more than line 92	2,	94		5761	_ 00
Overpaid Tax/Tax Due	96	Individual Shared F	Responsibility Penalty	Balance. If line 92 is mor	re than line 93,	O				. 00
б	97	Overpaid tax. If line	e 95 is more than line	64, subtract line 64 from	line 95	•	97		666	<b>.</b> 00

175 3103224

Form 540 2022 **Side 3** 

Your	nan	ne:	SINGH	Your SSN or ITIN:	837-08-8973				
ue	98	Amo	unt of line 97 you want applied to you	ur <b>2023</b> estimated tax		• 98	0		00
Tax D	99	Over	unt of line 97 you want applied to you paid tax available this year. Subtract l lue. If line 95 is less than line 64, sub	• 99	666		00		
	100	Tax c	lue. If line 95 is less than line 64, sub	otract line 95 from line 64	4	• 100			00
						<u>Code</u>	Amount	[	
		Califo	ornia Seniors Special Fund. See instru	uctions		• 400		Г	00
		Alzhe	imer's Disease and Related Dementia	a Voluntary Tax Contribut	tion Fund	• 401		].	00
		Rare	and Endangered Species Preservatio	• 403		.[	00		
		Califo	ornia Breast Cancer Research Volunta	ry Tax Contribution Fund	l	• 405		. [	00
		Califo	ornia Firefighters' Memorial Voluntary	Tax Contribution Fund .		• 406		. [	00
		Emer	gency Food for Families Voluntary Ta	• 407		- [	00		
		Califo	ornia Peace Officer Memorial Foundat	• 408		- [	00		
		Califo	ornia Sea Otter Voluntary Tax Contrib	• 410		. [	00		
		Califo	ornia Cancer Research Voluntary Tax	Contribution Fund		• 413			00
tions		Scho	ol Supplies for Homeless Children Vo	oluntary Tax Contribution	Fund	• 422			00
Contributions		State	Parks Protection Fund/Parks Pass P	urchase		• 423			00
ဝိ		Prote	ect Our Coast and Oceans Voluntary T	ax Contribution Fund		• 424			00
		Keep	Arts in Schools Voluntary Tax Contri	bution Fund		• 425			00
		Preve	ention of Animal Homelessness and C	Cruelty Voluntary Tax Cor	ntribution Fund	• 431			00
		Califo	ornia Senior Citizen Advocacy Volunta	ary Tax Contribution Fund	d	• 438			00
		Nativ	e California Wildlife Rehabilitation Vo	luntary Tax Contribution	Fund	• 439			00
		Rape	Kit Backlog Voluntary Tax Contributi	on Fund		• 440		_[	00
		Suici	de Prevention Voluntary Tax Contribu	ition Fund		• 444		.[	00
			al Health Crisis Prevention Voluntary						00
			ornia Community and Neighborhood					_	00
	110		amounts in code 400 through code 4	•				Г	00
				·					_
You Owe	111		UNT YOU OWE. If you do not have an to: FRANCHISE TAX BOARD, PO B				See instructions. <b>Do not send cash.</b>	Γ	00
₹\$			Online – Go to <b>ftb.ca.gov/pay</b> for mo				REV 03/18/23 PRO	<b>-</b> [	UU

You	r nan	ne:	SINGH		Your SSN o	or ITIN:	837-08-	-8973				
pu s	112		•	nalties, and late pa	ayment penaltie	S			112			00
st al	113	3 Underpayment of estimated tax.										
Interest and Penalties		Chec	k the box:	FTB 5805 attac	ched •	FTB 5805	Fattached .		113			00
드		Total	amount due. See	instructions. Encl	ose, but <b>do not</b>	staple, an	y payment .		114			00
	115	REFU	JND OR NO AMOL	<b>JNT DUE.</b> Subtrac	t the sum of lin	e 110, line	e 112, and lin	e 113 from line	99. See inst	ructions.		
		Mail	to: <b>Franchise T</b>	AX BOARD, PO BO	)X 942840, SA	CRAMENT	O CA 94240-	.0001 ●	115		666	00
Refund and Direct Deposit		See i	nstructions. <b>Have</b> the following am	to authorize direct tyou verified the i	routing and acc	ount num	<b>bers?</b> Use w	hole dollars only	<i>'</i> .		or a deposit slip.	
Direc		• R	outing number	Type  Checking	<ul><li>Account nu</li></ul>	ımber			•	116 Direct de	posit amount	
and I			3107513	× Checking	7893782	2891						00
pul				Savings							•	00
Refu		The r	emaining amount	of my refund (line	e 115) is author	rized for d	irect deposit	into the account	shown belo	w:		
		• R	outing number	● Type	<ul> <li>Account nu</li> </ul>	ımber			•	<b>117</b> Direct de	posit amount	
			and the second s	Checking	7.000 a.m.							00
				Savings							•	UU
Voter Info.		For v	oter registration ii	nformation, check	the box and go	to <b>sos.c</b> a	a.gov/electio	ns. See instructi	ons			
				ns to find out if you								440
to loo	cate FT er pena	B 1131 alties o	EN-SP, Franchise Ta	ax Board Privacy Notic	ce on Collection. T	o request th	iis notice by ma	ail, call 800.338.050 chedules and state	5 and enter fo ments, and to	rm code <b>948</b> who the best of my	knowledge and belie	
Your	signat	ure				Date		Spouse's/RDI	P's signature (	if a joint tax retu	urn, both must sign)	
			Your email add	dress. Enter only one	e email address.					7 Ĕ	red phone number	$\neg$
Si	gn									9549	946701	
	ere		Paid preparer's si	gnature (declaration	of preparer is b	ased on al	I information	of which preparer	has any kno	wledge)		$\neg$
It is	unlaw	ful	SYAM PR	IYA RAM S	AGAR GUE	PTA TA	ALLAM					
to fo	rge a use's/		Firm's name (or y	ours, if self-employed	d)						● PTIN	
RDF	o's		GLOBAL 7	TAXES LLC							P0208270	3
	ature.		Firm's address								● Firm's FEIN	
retu			245 ROOM	NEY CT E	BRUNSWIC	CK NJ	08816				84317196	5
See	uction	ns.	Do you want to	allow another pers	son to discuss t	this tax ret	urn with us?	See instructions	· · · · · · •	Yes	× No	
			Print Third Party D	Designee's Name						Telephone	Number	
			_							REV 03/18/2	23 PRO	

Form 540 2022 **Side 5** 

## **2022** California Adjustments — Residents

**CA (540)** 

	portant: Attach this schedule behind Form 540,	Sic	le 5 as a supporting Cali	fornia sc	hedule.			
	me(s) as shown on tax return					SSN or ITIN		
G	UNEET SINGH					837088973		
Pa Se	art I Income Adjustment Schedule ction A – Income from federal Form 1040 or 1040-SR	A	Federal Amounts (taxable amounts from your federal tax return)	В	<b>Subtractions</b> See instructions	С	Additions See instructions	
1	a Total amount from federal Form(s) W-2, box 1. See instructions 1a	•	96465	•		•		
	<ul><li>b Household employee wages not reported on federal Form(s) W-2</li></ul>	•		•		•		
	c Tip income not reported on line 1a1c	•		•		•		
	<ul><li>d Medicaid waiver payments not reported on federal Form(s) W-2. See instructions 1d</li></ul>	•		•		•		
	e Taxable dependent care benefits from federal Form 2441, line 26 1e	•		•		•		
	f Employer-provided adoption benefits from federal Form 8839, line 29	•		•		•		
	g Wages from federal Form 8919, line 6 1g	•		•		•		
	$\boldsymbol{h}$ Other earned income. See instructions $\ldots\ldots \boldsymbol{1}\boldsymbol{h}$	•	0	•		•	1200	
	i Nontaxable combat pay election. See instructions					•		
	z Add line 1a through line 1i1z	•	96465	•		•	1200	
	Taxable interest. a • 2b	•		•		•		
	Ordinary dividends. See instructions. <b>a</b> • 1253 <b>3b</b>	•	1690	•		•		
4	IRA distributions. See instructions. a • 4b	•		•		•		
5	Pensions and annuities. See instructions. a • 5b	•		•		•		
6	Social security benefits. a • 6b	•		•				
		•	-3000	•		•		
	ction B – Additional Income from federal Schedule 1	(For	m 1040)					
1	Taxable refunds, credits, or offsets of state and local income taxes	•		•				
2	a Alimony received. See instructions 2a	•				•		
3	Business income or (loss). See instructions. $\dots$ 3	•		•		•		
	Other gains or (losses)	•		•		•		
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc	•		•		•		
6	Farm income or (loss)	•		•		•		
7	Unemployment compensation	•		•				

ction B – Additional Income Continued	A Federal Amounts (taxable amounts from your federal tax return)	B Subtractions See instructions	C Additions See instructions
Other income: a Federal net operating loss8a	<b>(</b> )		•
b Gambling8b	•	•	
c Cancellation of debt 8c	•	•	•
d Foreign earned income exclusion from federal Form 2555	<ul><li>( )</li></ul>		•
e Income from federal Form 8853 8e	•		•
f Income from federal Form 8889	•	•	
g Alaska Permanent Fund dividends8g	•		
h Jury duty pay8h	•		
i Prizes and awards	•		
${f j}$ Activity not engaged in for profit income ${f 8j}$	•		
k Stock options8k	•		•
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 money8m			
n IRC Section 951(a) inclusion8n	•	•	
o IRC Section 951A(a) inclusion80	•	•	
p IRC Section 461(I) excess business loss adjustment 8p	•	•	•
q Taxable distributions from an ABLE account 8q	•		
r Scholarship and fellowship grants not reported on federal Form(s) W-28r	•		
s Nontaxable amount of Medicaid waiver payments included on federal Form 1040, line 1a or line 1d8s	<ul><li>( )</li></ul>		
t Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental IRC Section 457 plan 8t	•		
u Wages earned while incarcerated8u	•		
<b>z</b> Other income. List type and amount.			
<ul><li>● 8z</li></ul>	•	•	•

Section B – Additional Income Continued	A Federal Amounts (taxable amounts from your federal tax return)	B Subtractions See instructions	C Additions See instructions
9 a Total other income. Add lines 8a through 8z. 9a	•	•	•
<b>b1</b> Disaster loss deduction from form FTB 3805V. <b>9b1</b>		•	
<b>b2</b> NOL deduction from form FTB 3805V 9b2		•	
<b>b3</b> NOL from form FTB 3805Z, 3807, or 3809 <b>9b3</b>		•	
10 Total. Combine Section A, line 1z through line 7, and Section B, line 1 through line 7, and line 9a in column A and column C. Add Section A, line 1z through line 7, and Section B, line 1 through line 7, line 9a, and line 9b1 through line 9b3 in column B (as applicable). See instructions	95155	•	<ul><li>1200</li></ul>
Section C – Adjustments to Income from federal Schedule 1 (Form 1040)			
<b>11</b> Educator expenses			
<b>12</b> Certain business expenses of reservists, performing artists, and fee-basis government officials <b>12</b>	•	•	•
13 Health savings account deduction	•	•	
<b>14</b> Moving expenses. Attach form FTB 3913. See instructions	•		•
<b>15</b> Deductible part of self-employment tax. See instructions	•	•	
16 Self-employed SEP, SIMPLE, and qualified plans16	•		
17 Self-employed health insurance deduction. See instructions	•	•	
18 Penalty on early withdrawal of savings 18	•		
<b>19</b> a Alimony paid	•		•
<b>b</b> Recipient's: SSN <b>●</b>			
Last Name			
<b>20</b> IRA deduction	•	•	•
21 Student loan interest deduction	•		•
22 Reserved for future use			
<b>23</b> Archer MSA deduction	•		

Section C – Adjustments to Income Continued	A	Federal Amounts (taxable amounts from your rederal tax return)	l	Subtractions See instructions		itions nstructions
24 Other adjustments: a Jury duty pay	•					
<ul> <li>b Deductible expenses related to income reported on line 8I from the rental of personal property engaged in for profit</li></ul>	•		•		•	
c Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m	•		•			
d Reforestation amortization and expenses24d	<ul><li>•</li></ul>		•			
<b>e</b> Repayment of supplemental unemployment benefits under the federal Trade Act of 1974 <b>24e</b>	•					
f Contributions to IRC Section 501(c)(18)(D) pension plans	•		•		•	
g Contributions by certain chaplains to IRC Section 403(b) plans	•		•		•	
h Attorney fees and court costs for actions involving certain unlawful discrimination claims 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 federal Form 2555 <b>24</b> j	•		•			
k Excess deductions of IRC Section 67(e) expenses from federal Schedule K-1 (Form 1041)24k	•					
<b>z</b> Other adjustments. List type and amount.						
<ul><li>●24z</li></ul>	•		•		•	
Total other adjustments. Add line 24a through line 24z	•		•		•	
Add line 11 through line 23 and line 25 in columns A, B, and C. See instructions	•		•		•	
7 Total. Subtract line 26 from line 10 in columns A, B, and C. See instructions	•	95155	•		•	1:

#### Part II Adjustments to Federal Itemized Deductions

Che	eck the box if you did NOT itemize for federal but will itemize	for C	alifornia				
		A	Federal Amounts (from federal Schedule A (Form 1040))		B Subtractions See instructions		C Additions See instructions
Me	dical and Dental Expenses See instructions.						
1	Medical and dental expenses • 1						
2	Enter amount from federal Form 1040 or 1040-SR, line 11   95155 2						
3	Multiply line 2 by 7.5% (0.075) • 7137 3						
4	Subtract line 3 from line 1. If line 3 is more than line 1, enter 0	•				•	
	xes You Paid  a State and local income tax or general sales taxes5a	•	6902	•	6902		
	<b>b</b> State and local real estate taxes	•					
	c State and local personal property taxes 5c	•					
	<b>d</b> Add line 5a through line 5c	•	6902				
	e Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately) in column A. Enter the amount from line 5a, column B in line 5e, column B. Enter the difference from line 5d and line 5e,		6000		6000		
	column A in line 5e, column C		6902	•	6902	•	
6	Other taxes. List type • 6	•		•		•	
7	Add line 5e and line 6	•	6902	•	6902	•	C
	a Home mortgage interest and points reported to you on federal Form 1098	•				•	
	b Home mortgage interest not reported to you on federal Form 1098	•				•	
	c Points not reported to you on federal Form 10988c	•				•	
	d Reserved for future use8d						
	e Add line 8a through line 8c8e	•		•		•	
9	Investment interest	•		•		•	
10	Add line 8e and line 9 <b>10</b>	•		•		•	

	Adjustments to Federal Itemized Deductions Continued	A Federal Amounts (from federal Schedule A (Form 1040))	<b>B</b> Subtractions See instructions	C Additions See instructions
	s to Charity			
11	Gifts by cash or check	•	•	•
12	Other than by cash or check	•	•	•
13	Carryover from prior year13	•	•	•
14	Add line 11 through line 13	•	•	•
	ualty and Theft Losses Casualty or theft loss(es) (other than net qualified disaster losses). Attach federal Form 4684. See instructions15	•	•	•
0th	er Itemized Deductions			
16	Other—from list in federal instructions	•	•	•
17	Add lines 4, 7, 10, 14, 15, and 16 in columns A, B, and C	<ul><li>6902</li></ul>	<ul><li>690</li></ul>	2 •
18	<b>Total.</b> Combine line 17 column A less column B plus co	lumn C		. • 180
Job	Expenses and Certain Miscellaneous Deductions			
20	Unreimbursed employee expenses: job travel, union due Attach federal Form 2106 if required. See instructions.  Tax preparation fees		20	  0
				<u> </u>
22	Add line 19 through line 21		22	0
23	Enter amount from federal Form 1040 or 1040-SR, line 11	95155		
24	Multiply line 23 by 2% (0.02). If less than zero, enter 0 .		924190	3_
25	Subtract line 24 from line 22. If line 24 is more than line	e 22, enter 0		. • 25
26	<b>Total Itemized Deductions.</b> Add line 18 and line 25			. • 26
27	Other adjustments. See instructions. Specify.			<b>②</b> 27
28	Combine line 26 and line 27			. • 28
29	Is your federal AGI (Form 540, line 13) more than the Single or married/RDP filing separately		\$229,908 \$344,867	
	No. Transfer the amount on line 28 to line 29.  Yes. Complete the Itemized Deductions Worksheet in the	e instructions for Schedule C.	A (540), line 29	. • 29
	Yes. Complete the Itemized Deductions Worksheet in th			. • 29
30		dard deduction listed below: actionsualifying surviving spouse/RDF	\$5,202 2\$10,404	

Schedule CA

Name as Shown on Return

# California Wage, IRA and Pension Adjustments Attach to return (after all other FTB forms)

Attach to return (after all other 1 15 forms)	
	Social Security No.

2022

GUNE	ET SINGH	837-0	8-8973
Line	e 1 – Wages, Salaries, Tips, Etc.		
		(B) Subtractions	(C) Additions
1	Excess reimbursements from Form 2106 included in wage income		
2	Active duty military pay		
3	Sick pay received under the Federal Insurance Contributions Act and Railroad Retirement Act		
4	Income exempted by U.S. tax treaties (unless specifically		
5	exempt for state purposes also)		
Ū	Qualified Stock Option (CQSO)		
6	Ridesharing fringe benefit differences		1000
7 8	HSA employer contributions		1200
	I confirm that the PFL amount above is accurate		
9 10	Employer-provided adoption benefits income exclusions In-Home Supportive Services (IHSS) supplementary payment		
11	Native American income (Form 3504)		
12	Clergy housing exclusion. This is the amount entered on W-2s		
a b	as smallest of amount spent or fair rental value  Enter the amount spent on qual. housing expenses		
13	Excess moving reimbursements		
14 15	CA Employees and federal Independent Contractors income Employer-provided dependent care assistance exclusion		
16	Other (itemize):		
a			
b C			
d			
	Total adjustments to wages, salaries, tips, etc. Enter here and on Schedule CA (540/540NR), line 1		1200
Line	4 - IRA, Pensions, and Annuities		
IRA'	s	(B) Subtractions	<b>(C)</b> Additions
1	Other (itemize):		
a b			
C			
d	Total adjustments to IRA distributions. Enter here and on		
	Schedule CA (540/540NR), line 4		
D	siana and Annuittee	(B)	(C)
Pens	sions and Annuities	Subtractions	Additions
1	Form 1099-R, Railroad Retirement Benefits		
2	Check here to confirm the Tier 2 RRB above is correct ▶ Other (itemize):		
a	Other (itemize).		
b			
c d			
u	Total adjustments to pensions and annuities. Enter here and on Schedule CA (540/540NR), line 5		