Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization

OMB No. 1545-0074

Social accurity number

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

Submission Identification Number (SID)

Taxpayor'a pama

Taxpayer's name	Social security number
CHANDRA SEKARAN RAMASAMY	191-23-1559
Spouse's name	Spouse's social security number
KEERTHANA GOVINDAN	679-60-8578
Part I Tax Return Information – Tax Year Ending December 31, 2022 (E	nter year you are authorizing.)
Enter whole dollars only on lines 1 through 5.	
Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.	
1 Adjusted gross income	1 59,913.
2 Total tax	2 1,472.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	· · · · · 3 5,122.
4 Amount you want refunded to you	4 3,650.
5 Amount you owe	5

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

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

Taxpayer's PIN: check one box only

X lauthorize GLOBAL TAXES LLC to enter or generate my PIN

Ent	or fiv	as my			
3	1	5	5	9	
l	3 Ent	3 1	0 - 0	0 1 0 0	3 1 5 5 9 Enter five digits, but

as mv

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

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

Your signature

Spouse's PIN: check one box only

Chandra Sekaran

			.,					1 1		
X	I authorize	GLOBAL TA	AXES	LLC	to enter or generate my PIN	0	8	5	7	8
				ERO firm name	-	Ent	er fiv	ve dig	gits,	but
signature on the income tay return (ariginal or emended) I am now outhering										eros

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

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

Spouse's signature	 Keerthana 	Da	te 🕨	• ()3/0	2/2	02	3					
Practitioner PIN Method Returns Only—continue below													
Part III Certification and Authentication – Practitioner PIN Method Only													
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.						4	9	6	6	1	9	8	9
Don't enter all zeros													

I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature >	Date 🕨		
	ERO Must Retain This Form — See Instructions		
	Don't Submit This Form to the IRS Unless Requested To Do So	 0070 -	

Date > 03/02/2023

Check only one box. If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's person is a child but not your dependent: Your soc (HANDRA SEKARAN Your soc (HANDRA SEKARAN Your soc (HANDRA SEKARAN If joint return, spouse's first name and middle initial (Figure the the the the the the the the the th	cial security number 23–1559 s social security number 60–8578 ntial Election Campaign nere if you, or your if filing jointly, want \$3 this fund. Checking a ow will not change ow will not change or refund. You Yes No
CHANDRA SEKARAN RAMASAMY 191-2 If joint return, spouse's first name and middle initial Last name Spouse's KEERTHANA GOVINDAN 679-6 Home address (number and street). If you have a P.O. box, see instructions. Apt. no. Presider 344 DUCK CREEK LN Check th Spouse's Check th spouse's City, town, or post office. If you have a foreign address, also complete spaces below. State 21P code to go to LEXINGTON Foreign province/state/county Foreign postal code your tax Digital At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, Assets exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) Standard Someone can claim: You as a dependent Your spouse as a dependent Go you Deduction Spouse itemizes on a separate return or you were a dual-status alien Age/Blindness You: Were born before January 2, 1958 Are blind Spouse: Was born before January 2, 1958 Dependents, see instructions): (1) First name Last name number (b) you Child tax credit Han four <t< td=""><td>23-1559 s social security number 60-8578 ntial Election Campaigr here if you, or your if filing jointly, want \$3 ot his fund. Checking a ow will not change You Spouse Yes X No Source instructions): Credit for other dependents Credit for other dependents</td></t<>	23-1559 s social security number 60-8578 ntial Election Campaigr here if you, or your if filing jointly, want \$3 ot his fund. Checking a ow will not change You Spouse Yes X No Source instructions): Credit for other dependents Credit for other dependents
If joint return, spouse's first name and middle initial KEERTHANA Last name GOVINDAN Spouse's GOVINDAN Home address (number and street). If you have a P.O. box, see instructions. Apt. no. Preside Cover the cover	s social security number 60-8578 ntial Election Campaigr nere if you, or your if filing jointly, want \$3 this fund. Checking a ow will not change or refund. You Spouse Yes No Spouse Is blind fies for (see instructions): Credit for other dependents Credit for other dependents
KEERTHANA GOVINDAN 679-60 Home address (number and street). If you have a P.O. box, see instructions. Apt. no. Presider 344 DUCK CREEK LN Check th Presider City, town, or post office. If you have a foreign address, also complete spaces below. State ZIP code Spouse LEXINGTON SC 29072 box below Sc 29072 box below Foreign country name Foreign province/state/county Foreign postal code your tax Digital 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.) Standard Someone can claim: You as a dependent You spouse as a dependent Oucle (a) Relationship (d) Check the box if qualif Deduction Spouse itemizes on a separate return or you were a dual-status alien Age/Blindness You: (d) Check the box if qualif If more (1) First name Last name number (d) Check the box if qualif If more Intame Last name number Image: Colored as a colored as and check Image: Colored as as	60-8578 ntial Election Campaign here if you, or your if filing jointly, want \$3 this fund. Checking a ow will not change or refund. You You Spouse Is blind fies for (see instructions): Credit for other dependents
Home address (number and street). If you have a P.O. box, see instructions. Apt. no. Presider 344 DUCK CREEK LN City, town, or post office. If you have a foreign address, also complete spaces below. State ZIP code spouse LEXINGTON SC 29072 box bek your tax Poreign country name Foreign province/state/county Foreign postal code box bek Digital 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.) Standard Someone can claim: You as a dependent Your spouse as a dependent Deduction Spouse itemizes on a separate return or you were a dual-status alien Age/Blindness You: Age/Blindness You: Were born before January 2, 1958 Are blind Spouse: Was born before January 2, 1958 Dependents, see instructions): (2) Social security (3) Relationship (4) Check the box if qualif If more (1) First name Last name number it oyou Child tax credit If more 11 First name Last name It oyou Child tax credit Child tax credit <	ntial Election Campaignere if you, or your if filing jointly, want \$3 this fund. Checking a ow will not change or refund. You Spouse Yes No Is blind fies for (see instructions): Credit for other dependents
344 DUCK CREEK LN Check h City, town, or post office. If you have a foreign address, also complete spaces below. State ZIP code SC 29072 b go to box below. State State Source Source <td>here if you, or your if filing jointly, want \$3 this fund. Checking a ow will not change ow will not change You Spouse Yes No Is blind fies for (see instructions): Credit for other dependents Credit for other dependents</td>	here if you, or your if filing jointly, want \$3 this fund. Checking a ow will not change ow will not change You Spouse Yes No Is blind fies for (see instructions): Credit for other dependents Credit for other dependents
State ZIP code spouse City, town, or post office. If you have a foreign address, also complete spaces below. State ZIP code spouse LEXINGTON SC 29072 box beld Foreign country name Foreign province/state/county Foreign postal code your tax Digital At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, Assets exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) Standard Someone can claim: You as a dependent Your spouse as a dependent Deduction Spouse itemizes on a separate return or you were a dual-status alien Age/Blindness You: Was born before January 2, 1958 Dependents (see instructions): (2) Social security (3) Relationship (4) Check the box if qualif If more (1) First name Last name number to you Child tax credit If more (1) First name Last name Image: Social security (3) Relationship (4) Check the box if qualif If more (1) First name Last name Image: Social security (3) Relationship (4) Check the box if qua	if filing jointly, want \$3 o this fund. Checking a ow will not change or refund. You Spouse Yes No Is blind fies for (see instructions): Credit for other dependents U
City, town, brigst olitice. If you have a foreign address, also complete spaces below. State 21P code to go to box below. I_EXINGTON SC 29072 box below. Sc 29072 box below. Foreign country name Foreign province/state/county Foreign postal code your tax Digital At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, Assets exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) Standard Someone can claim: You as a dependent Your spouse as a dependent Deduction Spouse itemizes on a separate return or you were a dual-status alien Age/Blindness You: Were born before January 2, 1958 Dependents (see instructions): (2) Social security (3) Relationship (4) Check the box if qualif If more (1) First name Last name number it oyou Child tax credit Ihere If more 1a Total amount from Form(s) W-2, box 1 (see instructions) Income <td>this fund. Checking a ow will not change or refund. You Spouse Yes No Is blind fies for (see instructions): Credit for other dependents</td>	this fund. Checking a ow will not change or refund. You Spouse Yes No Is blind fies for (see instructions): Credit for other dependents
Foreign country name Foreign province/state/county Foreign postal code your tax Digital Assets At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) Standard Standard Someone can claim: You as a dependent Your spouse as a dependent Someone can claim: You as a dependent Your spouse as a dependent Age/Blindness You: Were born before January 2, 1958 Are blind Spouse: Was born before January 2, 1958 Dependents (see instructions): (2) Social security (3) Relationship (4) Check the box if qualif If more (1) First name Last name number to you Child tax credit than four (1) First name Last name number (3) Relationship (4) Check the box if qualif dependents, see instructions	<pre></pre>
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 Age/Blindness You: Were born before January 2, 1958 Are blind Spouse: Was born before January 2, 1958 Dependents (see instructions): (2) Social security (3) Relationship (4) Check the box if qualif If more than four dependents, see instructions (1) First name Last name number to you Child tax credit Income 1a Total amount from Form(s) W-2, box 1 (see instructions) 1a Total amount from Form(s) W-2, box 1 (see instructions) 1a Total amount from Form(s) W-2, box 1 (see instructions) 1a W-2G and 1099-R if tax was withheld. c Tip income not reported on line 1a (see instructions) 0	Yes No Is blind fies for (see instructions): Credit for other dependents
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 Age/Blindness You: Were born before January 2, 1958 Are blind Spouse: Was born before January 2, 1958 Dependents (see instructions): (2) Social security (3) Relationship (4) Check the box if qualif If more than four dependents, see instructions (1) First name Last name number to you Child tax credit Income 1a Total amount from Form(s) W-2, box 1 (see instructions) 1a Total amount from Form(s) W-2, box 1 (see instructions) 1a Total amount from Form(s) W-2, box 1 (see instructions) 1a W-2G and 1099-R if tax was withheld. c Tip income not reported on line 1a (see instructions) 0	Is blind fies for (see instructions): Credit for other dependents
Deduction Spouse itemizes on a separate return or you were a dual-status alien Age/Blindness You: Were born before January 2, 1958 Are blind Spouse: Was born before January 2, 1958 Dependents (see instructions): (2) Social security number (3) Relationship to you (4) Check the box if qualif Child tax credit If more than four dependents, see instructions (1) First name Last name (2) Social security number (3) Relationship to you (4) Check the box if qualif Child tax credit Income Income Total amount from Form(s) W-2, box 1 (see instructions) Son 1 X Attach Form(s) W-2 here. Also attach Forms 1a Total amount from Form(s) W-2, box 1 (see instructions)	Credit for other dependents
Dependents (see instructions): (2) Social security number (3) Relationship to you (4) Check the box if qualif Child tax credit If more than four dependents, see instructions and check here (1) First name Last name (2) Social security number (3) Relationship to you (4) Check the box if qualif Child tax credit MAINTETHAN CHANDRA SEKARAN 827-98-1836 Son Image: Comparison of the point o	Credit for other dependents
If more than four than four than four dependents, see instructions and check there	Credit for other dependents
If more (1) Histinatic Lastinatic Image: Construction of the construle of the construction of the construction	
dependents, see instructions Image: Construction of the second of th	□ □ □ □ 67,705.
see instructions Image: see instructions Image: see instructions Image: see instructions Income 1a Total amount from Form(s) W-2, box 1 (see instructions) Image: see instructions Image: see instructions Attach Form(s) b Household employee wages not reported on Form(s) W-2. Image: see instructions Image: see instructions Image: see instructions Attach Form(s) c Tip income not reported on line 1a (see instructions) Image: see instructions Image: see instructions Image: see instructions W-2 here. Also d Medicaid waiver payments not reported on Form(s) W-2 (see instructions) Image: see instructions Image: see instructions Image: see instructions W-2G and e Taxable dependent care benefits from Form 2441, line 26 Image: see instructions Image: see instructions Image: see instructions 1099-R if tax f Employer-provided adoption benefits from Form 8839, line 29 Image: see instructions Image: see instructions Image: see instructions 11 Image: see instructions	□ □ □ 67,705.
and check here image: construction in the	67,705.
Income 1a Total amount from Form(s) W-2, box 1 (see instructions) 1a Total amount from Form(s) W-2, box 1 (see instructions) 1a Attach Form(s) b Household employee wages not reported on Form(s) W-2 1b 1b Attach Form(s) c Tip income not reported on line 1a (see instructions) 1c 1c W-2 here. Also attach Forms d Medicaid waiver payments not reported on Form(s) W-2 (see instructions) 1c 1d W-2G and e Taxable dependent care benefits from Form 2441, line 26 1c 1e 1099-R if tax f Employer-provided adoption benefits from Form 8839, line 29 1c 1f	67,70 <u>5</u> .
human b Household employee wages not reported on Form(s) W-2 1b Attach Form(s) C Tip income not reported on line 1a (see instructions) 1c W-2 here. Also attach Forms d Medicaid waiver payments not reported on Form(s) W-2 (see instructions) 1c W-2G and 1099-R if tax was withheld. e Taxable dependent care benefits from Form 2441, line 26 1e f Employer-provided adoption benefits from Form 8839, line 29 1f	67,705.
bHousehold employee wages not reported on Form(s) W-21Attach Form(s) W-2 here. Also attach FormscTip income not reported on line 1a (see instructions)1dMedicaid waiver payments not reported on Form(s) W-2 (see instructions)11cdMedicaid waiver payments not reported on Form(s) W-2 (see instructions)11d1099-R if tax was withheld.fEmployer-provided adoption benefits from Form 2441, line 2611	
W-2 here. Also attach Forms d Medicaid waiver payments not reported on Form(s) W-2 (see instructions) 1 1d W-2G and 1099-R if tax was withheld. e Taxable dependent care benefits from Form 2441, line 26 1 1e Image: Market and the form form form form form form form form	,
attach FormsdMedicaid waiver payments not reported on Form(s) W-2 (see instructions).1dW-2G and 1099-R if tax was withheld.eTaxable dependent care benefits from Form 2441, line 261efEmployer-provided adoption benefits from Form 8839, line 291f	
1099-R if tax was withheld. f Employer-provided adoption benefits from Form 8839, line 29 .	
was withheld. The Employer-provided adoption benefits from Form 8839, line 29	
If you did not g Wages from Form 8919, line 6	
get a Form h Other earned income (see instructions) 1 W-2, see • • •	0.
instructions. i Nontaxable combat pay election (see instructions)	
z Add lines 1a through 1h	
Attach Sch. B 2a Tax-exempt interest 2a b Taxable interest 2b	52.
if required. 3a Qualified dividends 3a b Ordinary dividends 3b	
4a IRA distributions 4a b Taxable amount 4b	
Standard 5a Pensions and annuities 5a Deduction for 6a b Taxable amount 5b	
• Single or	
Married filing c If you elect to use the lump-sum election method, check here (see instructions)	
• Married filing 8 Other income from Schedule 1, line 10	-7,844.
Qualifying 9 Add lines 12, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income	59,913.
surviving spouse, \$25,900 10 Adjustments to income from Schedule 1, line 26 10 10	
Head of household, 10 Subtract line 10 from line 9. This is your adjusted gross income	
\$19,400 12 Standard deduction or itemized deductions (from Schedule A)	
• If you checked any box under 43 Qualified business income deduction from Form 8995 or Form 8995-A	
Standard 14 Add lines 12 and 13	
Deduction, see instructions. 15 Subtract line 14 from line 11. If zero or less, enter -0 This is your taxable income 15	

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

Form **1040** (2022)

Form 1040 (202	2)								Page 2
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 🗌 881	4 2 4972	3 🗌		16	3,672.
Credits	17	Amount from Schedule 2, lir	ne3					17	
	18	Add lines 16 and 17						18	3,672.
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812			19	2,000.
	20	Amount from Schedule 3, lir	ne8					20	200.
	21	Add lines 19 and 20						21	2,200.
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	1,472.
	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	1,472.
Payments	25	Federal income tax withheld							
	а	Form(s) W-2				25a 5	<i>,</i> 122.		
	b	Form(s) 1099				25b			
	с	Other forms (see instruction	s)			25c			
	d	Add lines 25a through 25c						25d	5,122.
16	26	2022 estimated tax payment	ts and amount a	pplied from 20	21 return			26	
If you have a qualifying child,	27	Earned income credit (EIC)			No	27			
attach Sch. EIC.	28	Additional child tax credit from				28			
	29	American opportunity credit	from Form 8863	3, line 8		29			
	30	Reserved for future use .		-		30			
	31	Amount from Schedule 3, lir				31			
	32	Add lines 27, 28, 29, and 31						32	
	33	Add lines 25d, 26, and 32. T			-			33	5,122.
Defund	34	If line 33 is more than line 24						34	3,650.
Refund	35a	Amount of line 34 you want			. 🗆	35a	3,650.		
Direct deposit?	b	Routing number 0 8 2					Savings		
See instructions.	d	Account number 4 8 7					0		
	36	Amount of line 34 you want	applied to your	2023 estimate	ed tax	36			
Amount	37	Subtract line 33 from line 24	This is the am	ount vou owe		I			
You Owe	0.	For details on how to pay, g						37	
	38	Estimated tax penalty (see in				38			
Third Party	Do	you want to allow another	person to disc	cuss this retu	rn with the IRS?	See			
Designee		structions					omplete b	below.	X No
		signee's		Phone			onal identi	ication	
	nai			no.			ber (PIN)		
Sign		der penalties of perjury, I declare t ief, they are true, correct, and com							
Here				、					, 0
	YO	ur signature		Date	Your occupation				nt you an Identity IN, enter it here
Joint return?					SOFTWARE E	INGINEER	(see	inst.)	
See instructions.	Sp	ouse's signature. If a joint return, I	both must sign.	Date	Spouse's occupation	on			nt your spouse an
Keep a copy for your records.							Ident (see		ection PIN, enter it here
your recorde.					HOME MAKER		(insi.)	
		one no. (501) 503-839		Email address	CHANDRA.RAMAS	1			
Paid		eparer's name	Preparer's signat			Date	PTIN		Check if:
Preparer		I PRIYA RAM SAGAR GUPTA TALLAM		RAM SAGAR	GUPTA TALLAM	02/24/2023	P02082		Self-employed
Use Only		m's name GLOBAL TAX			- 00010				678)965-9522
			Y CT E BRU	NSWICK N			Firm	's EIN	84-3171965
Go to wanter in a	ov/Form	1010 for instructions and the late	et information			DEV 00/17/00 DDC			Form 1040 (2022)

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

BAA REV 02/17/23 PRO

Form **1040** (2022)

SCHEDULE	1
(Form 1040)	

Additional Income and Adjustments to Income

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

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

OMB No. 1545-0074 D

Department of the Treasury Attachment Internal Revenue Service Sequence No. 01 Name(s) shown on Form 1040, 1040-SR, or 1040-NR Your social security number CHANDRA SEKARAN RAMASAMY & KEERTHANA GOVINDAN 191-23-1559 Part Additional Income 1 1 0. 2a 2a b Date of original divorce or separation agreement (see instructions): 3 3 4 4 -7,844. 5 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 5 6 Farm income or (loss). Attach Schedule F. 6 7 7 8 Other income: Net operating loss 8a а 8b b Cancellation of debt **8c** С d Foreign earned income exclusion from Form 2555 8d 8e е Income from Form 8889 f 8f Alaska Permanent Fund dividends g 8g 8h h i. Prizes and awards 8i Activity not engaged in for profit income i. 8i 8k L Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property . . . 81 m Olympic and Paralympic medals and USOC prize money (see instructions) 8m Section 951(a) inclusion (see instructions) 8n n Section 951A(a) inclusion (see instructions) 0 80 Section 461(I) excess business loss adjustment 8p р Taxable distributions from an ABLE account (see instructions) . . . 8q a Scholarship and fellowship grants not reported on Form W-2 . . . 8r r Nontaxable amount of Medicaid waiver payments included on Form S 8s Pension or annuity from a nongualifed deferred compensation plan or t a nongovernmental section 457 plan 8t **u** Wages earned while incarcerated 8u Other income. List type and amount: Ζ 8z 9 9 10 Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8 10 -7,844.

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

Schedule 1 (Form 1040) 2022

Par	t II Adjustments to Income					
11	Educator expenses				11	
12	Certain business expenses of reservists, performing artists, and fee	e-basi	s gov	ernment		
	officials. Attach Form 2106				12	
13	Health savings account deduction. Attach Form 8889				13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903				14	
15	Deductible part of self-employment tax. Attach Schedule SE				15	
16	Self-employed SEP, SIMPLE, and qualified plans				16	
17	Self-employed health insurance deduction				17	
18	Penalty on early withdrawal of savings				18	
19a	Alimony paid				19a	
b	Recipient's SSN	·				
С	Date of original divorce or separation agreement (see instructions):					
20	IRA deduction				20	
21	Student loan interest deduction				21	
22	Reserved for future use				22	
23	Archer MSA deduction				23	
24	Other adjustments:					
а	Jury duty pay (see instructions)	24a				
b	Deductible expenses related to income reported on line 8I from the					
	rental of personal property engaged in for profit	24b				
С	Nontaxable amount of the value of Olympic and Paralympic medals					
	and USOC prize money reported on line 8m	24c				
d	Reforestation amortization and expenses	24d				
е	Repayment of supplemental unemployment benefits under the Trade					
	Act of 1974	24e				
f	Contributions to section 501(c)(18)(D) pension plans	24f				
g	Contributions by certain chaplains to section 403(b) plans	24g				
h	Attorney fees and court costs for actions involving certain unlawful					
	discrimination claims (see instructions)	24h				
i	Attorney fees and court costs you paid in connection with an award					
	from the IRS for information you provided that helped the IRS detect					
	tax law violations	24i				
j	Housing deduction from Form 2555	24j				
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form					
	1041)	24k				
Z	Other adjustments. List type and amount:					
		24z				
25	Total other adjustments. Add lines 24a through 24z				25	
26	Add lines 11 through 23 and 25. These are your adjustments to income	e. Ent	er here	and on		
	Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a				26	
	BAA	REV	02/17/23 P	RO	Schedu	le 1 (Form 1040) 2022

Additional Credits and Payments

OMB No. 1545-0074

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

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

2022 Attachment Sequence No. 03

	(s) shown on Form 1040, 1040-SR, or 1040-NR			ocial s	security number
CHA Par	NDRA SEKARAN RAMASAMY & KEERTHANA GOVINDAN t I Nonrefundable Credits		191-	23-1	559
1	Foreign tax credit. Attach Form 1116 if required			1	
2	Credit for child and dependent care expenses from Form 244 ⁻				
2	Form 2441			2	
3	Education credits from Form 8863, line 19			3	
4	Retirement savings contributions credit. Attach Form 8880			4	200.
5	Residential energy credits. Attach Form 5695			5	
6	Other nonrefundable credits:				
а	General business credit. Attach Form 3800	6a			
b	Credit for prior year minimum tax. Attach Form 8801	6b			
С	Adoption credit. Attach Form 8839	6c			
d	Credit for the elderly or disabled. Attach Schedule R	6d			
е	Alternative motor vehicle credit. Attach Form 8910	6e			
f	Qualified plug-in motor vehicle credit. Attach Form 8936	6f			
g	Mortgage interest credit. Attach Form 8396	6g			
h	District of Columbia first-time homebuyer credit. Attach Form 8859	6h			
i	Qualified electric vehicle credit. Attach Form 8834	6i			
j	Alternative fuel vehicle refueling property credit. Attach Form 8911	6j			
k	Credit to holders of tax credit bonds. Attach Form 8912	6k			
I	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 104	0-NR,		
	line 20			8	200.
F . P					ued on page 2)
For Pa	perwork Reduction Act Notice, see your tax return instructions.	REV 02/17/23	PRO	Schedu	ule 3 (Form 1040) 2022

Schedule 3 (Form 1040) 2022

Par	t II 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 h	Reserved for future use	13g 13h		
z	Other payments or refundable credits. List type and amount:	13z		
14	Total other payments or refundable credits. Add lines 13a through	13z	14	
15	Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040 line 31	-SR, or 1040-NR,	15	
	BAA REV	02/17/23 PRO	Schedule 3	(Form 1040) 202

					ementa							Ļ	OMB No	o. 1545-0074	
(Form	1040)	(Fro	om rental	real estate, royalties			-			trusts, REMIC	s, et	^{.c.)} 20 22			
	ent of the Treasury		G	Attach to F to www.irs.gov/Sch						formation			Attachn	nent 12	
	Revenue Service shown on return		GC	10 www.irs.gov/3cm		rinsur			itest in		Vaur		Sequen I security	ce No. 13	
.,		אם זא	лмлелм	Y & KEERTHANA	COVINI	אאס							3 - 1559		
Part				m Rental Real E			valties				19.	1-2.	5-1339		
T CIT	Note: If yo	ou are	in the bu	siness of renting person Form 4835 on page	onal proper	rty, use	Schedule	e C. See	e instruc	ctions. If you ar	re an	indiv	idual, rep	ort farm	
Α				2022 that would re		to file	Form(s)	1099? \$	See ins	structions .			. 🗌 Ye	s 🛛 No	
	f "Yes," did you	i or wi	ill you fil	e required Form(s) 1	099? .									_	
1a	-			roperty (street, city,			,								
	1/115 GOU	NDER	R ST,P	ULIVALAM MUSI	RI TALU	JK 1	TRICHY	DT T	AMILI	NADU IN 6	210	06			
<u>C</u>		untra (0		-	المرالي المر	ha al		F a		De				
1b	Type of Prope (from list below			each rental real est					га	ir Rental Days	Pe	rsona Day	al Use vs	QJV	
Α	3		per	sonal use days. Che	eck the Q	JV bo>	x only	Α		365			0		
В				ou meet the require				B					-		
С			qua	lified joint venture.	See instru	ICTIONS	5.	С							
Туре	of Property:														
	Single Family R			3 Vacation/Short-	Term Ren	ital	5 Land			Self-Rental					
2	Multi-Family Re	esiden	nce	4 Commercial			6 Roya	alties	8	Other (descri	ibe)				
										Propertie	es:				
Incom	ie:							Α		В				С	
3						3		5	68.						
4		ived				4									
Expen															
5						5									
6				ions)		6 7		2 4	0.0						
7 8						8		Ζ,4	08.						
9						9									
10				l fees		10									
11						11		1,4	58.						
12				anks, etc. (see instru		12									
13	Other interest					13									
14						14			70.						
15						15		1,5	68.						
16						16									
17				 -lation		17		1,2	08.						
18 19	Other (list)	•		pletion		18 19									
20	· · · · · · · · · · · · · · · · · · ·			through 19		20		8.4	12.						
21	•			(rents) and/or 4 (roy				•/ -							
				tions to find out if y											
						21		-7,8	44.						
22				e loss after limitatio											
				ons)		22	(7,84	14.)	()(()	
23a			-	d on line 3 for all rei					23a		56	8.			
b				d on line 4 for all roy					23b						
c d				d on line 12 for all p d on line 18 for all p	•				23c 23d						
d e				d on line 18 for all p d on line 20 for all p	•				23a 23e	Q	,41	2			
24				unts shown on line 2					200			24 24			
25				rom line 21 and renta			-				- H	25 ((7,844.)	
26				d royalty income of										, - /	
-	here. If Parts	II, III,	, IV, and	l line 40 on page 2	2 do not	apply	to you,	also ei	nter th	is amount or					
	Schedule 1 (Fo	orm 1	040), line	e 5. Otherwise, inclu	ude this ar	mount			ine 41			26		-7,844.	
For Pa	perwork Reduct	ion Ad	ct Notice	, see the separate in	structions.		NI	PA		-7,844	•	Sch	edule E (F	orm 1040) 2022	

SCHEDULE 8812 (Form 1040)

Department of the Treasury

Credits for Qualifying Children and Other Dependents

OMB No. 1545-0074

Attach to	Form	1040.	1040-SR.	or 1040-NR.
/		,		01 10 10 1111

Go to www.irs.gov/Schedule8812 for instructions and the latest information

20**22**

Internal	Revenue Service		3	equence No. 41
Name(s	s) shown on return	Your s	social	security number
CHAN	DRA SEKARAN RAMASAMY & KEERTHANA GOVINDAN	191-	-23-	1559
Pa	rt I Child Tax Credit and Credit for Other Dependents			
1	Enter the amount from line 11 of your Form 1040, 1040-SR, or 1040-NR		1	59,913.
2a	Enter income from Puerto Rico that you excluded			
b	Enter the amounts from lines 45 and 50 of your Form 2555	0.		
c	Enter the amount from line 15 of your Form 4563			
d	Add lines 2a through 2c		2d	0.
3	Add lines 1 and 2d		3	59 , 913.
4	Number of qualifying children under age 17 with the required social security number 4	1		
5	Multiply line 4 by \$2,000	. [5	2,000.
6	Number of other dependents, including any qualifying children who are not under age			
	17 or who do not have the required social security number	0		
	Caution: Do not include yourself, your spouse, or anyone who is not a U.S. citizen, U.S. national, or U.S. resid	lent		
	alien. Also, do not include anyone you included on line 4.			
7	Multiply line 6 by \$500	_	7	
8	Add lines 5 and 7	•	8	2,000.
9	Enter the amount shown below for your filing status.			
	• Married filing jointly—\$400,000 }			
	• All other filing statuses— $$200,000 \int \dots $	•	9	400,000.
10	Subtract line 9 from line 3.			
	• If zero or less, enter -0			
	• If more than zero and not a multiple of \$1,000, enter the next multiple of \$1,000. For			
	example, if the result is \$425, enter \$1,000; if the result is \$1,025, enter \$2,000, etc. $\int \cdot $	•	10	0.
11	Multiply line 10 by 5% (0.05)		11	0.
12	Is the amount on line 8 more than the amount on line 11?		12	2,000.
	No. STOP. You cannot take the child tax credit, credit for other dependents, or additional child tax cr	edit.		
	Skip Parts II-A and II-B. Enter -0- on lines 14 and 27.			
10	Yes. Subtract line 11 from line 8. Enter the result.		10	
13	Enter the amount from the Credit Limit Worksheet A	· _	13	3,472.
14	Enter the smaller of line 12 or 13. This is your child tax credit and credit for other dependents	· [14	2,000.
	Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 19.		•••••	1•4
	If the amount on line 12 is more than the amount on line 14, you may be able to take the addition			
	on Form 1040, 1040-SR, or 1040-NR, line 28. Complete your Form 1040, 1040-SR, or 1040-N	R thro	bugh	line 27

(also complete Schedule 3, line 11) before completing Part II-A.

For Paperwork Reduction Act Notice, see your tax return instructions. BAA REV 02/17/23 PRO Schedule 8812 (Form 1040) 2022

Schedu	le 8812 (Form 1040) 2022		Page 2
Part	II-A Additional Child Tax Credit for All Filers		
Cautio	on: If you file Form 2555, you cannot claim the additional child tax credit.		
15	Check this box if you do not want to claim the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on lin	e 27	🔲
16a	Subtract line 14 from line 12. If zero, stop here ; you cannot take the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27	16a	0
b 17 18a b 19	Number of qualifying children under 17 with the required social security number: x \$1,500. Enter the result. If zero, stop here; you cannot claim the additional child tax credit. Skip Parts II-A and II-B. Enter -0 on line 27 Enter -0 on line 27 . . TIP: The number of children you use for this line is the same as the number of children you used for line 4. Enter the smaller of line 16a or line 16b . Earned income (see instructions) . Is the amount on line 18a more than \$2,500? No. No. Leave line 19 blank and enter -0 on line 20.	16b 17	
20	 ☐ Yes. Subtract \$2,500 from the amount on line 18a. Enter the result	20	Puorto Pioo
Part		S OT I	vuerto Rico
21	Withheld social security, Medicare, and Additional Medicare taxes from Form(s) W-2, boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If your employer withheld or you paid Additional Medicare Tax or tier 1 RRTA taxes, see instructions. 21	_	
22	Enter the total of the amounts from Schedule 1 (Form 1040), line 15; Schedule 2 (Form 1040), line 5; Schedule 2 (Form 1040), line 6; and Schedule 2 (Form 1040), line 13 .22		
23	Add lines 21 and 22		
24 25	1040 and 1040-SR filers: Enter the total of the amounts from Form 1040 or 1040-SR, line 27, and Schedule 3 (Form 1040), line 11. 1040-NR filers: Enter the amount from Schedule 3 (Form 1040), line 11. Subtract line 24 from line 23. If zero or less, enter -0- .	25	
26	Enter the larger of line 20 or line 25	26	
	Next, enter the smaller of line 17 or line 26 on line 27.		
Part	II-C Additional Child Tax Credit		
27	This is your additional child tax credit. Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 28	27	
	BAA REV 02/17/23 PRO Sci	edule 8	812 (Form 1040) 2022

8880		•	Retirement Sav	0	ITTID	ITION	S –	OMB No. 15	22
ment of the Treasury I Revenue Service			ov/Form8880 for the lates					Attachment Sequence No	5 54
s) shown on return							Your socia	al security nu	
NDRA SEKARA	AN RAMASAMY	& KEERTHANA (GOVINDAN				191-2	3-1559	
You ca	nnot take this c	credit if either of t	he following applies.			Į_			
	nount on Form 104 filing jointly).	40, 1040-SR, or 1040	D-NR, line 11, is more that	n \$34,000 (\$5 ⁻	1,000 it	head o	f househ	old; \$68,00	0 if
			ution or elective deferral (or (c) was a student (see		fter Jar	nuary 1,	2005; (b) is claimed	as a
						(a)	You	(b) Your	spous
			BLE account contribution						
-	-		ollover contributions .		1				
			employer plan, voluntary						
			s for 2022 (see instructio	ns)	2		0,019.		
Add lines 1 ar				· · · ·	3	1	0,019.		
			before the due date ons). If married filing join						
			tructions for an exception		4				
•					5	1	0,019.		
			000		6		2,000.		
Add the amou	unts on line 6. If z	zero, stop ; you can'	t take this credit				. 7		2,000
			t take this credit 040-NR, line 11*			 59 , 91		2	2,000
Enter the amo	ount from Form 1		040-NR, line 11*			 59 , 91		2	2,000
Enter the amo Enter the app	ount from Form 1 licable decimal a	040, 1040-SR, or 1 mount from the tab	040-NR, line 11* le below.	8		 59,91		2	2,000
Enter the amo Enter the app	ount from Form 1	040, 1040-SR, or 1 mount from the tab	040-NR, line 11* le below. And your filing status i	<u>8</u> s—				2	2,000
Enter the amo Enter the app	bunt from Form 1 licable decimal a 8 is – But not	040, 1040-SR, or 1 mount from the tab Married	040-NR, line 11* le below.	8 s- Single, Marri	ied filinç				2,000
Enter the amo Enter the app	bunt from Form 1 licable decimal a 8 is—	040, 1040-SR, or 1 mount from the tab Married filing jointly	040-NR, line 11* le below. And your filing status is Head of household	<u>8</u> s—	ied filinç ly, or]			2,000
Enter the amo Enter the app	bunt from Form 1 licable decimal a 8 is— But not over—	040, 1040-SR, or 1 mount from the tab Married filing jointly	040-NR, line 11* le below. And your filing status is Head of household	8 s— Single, Marri separatel	ied filinç ly, or ving spo]			2,000
Enter the amo Enter the app If line Over-	bunt from Form 1 licable decimal a 8 is – But not	040, 1040-SR, or 1 mount from the tab Married filing jointly Enter o	040-NR, line 11* le below. And your filing status is Head of household n line 9–	8 s— Single, Marri separatel Qualifying surviv	ied filing ly, or ving spo]			2,000
Enter the amo Enter the app If line Over-	But not over - \$20,500	040, 1040-SR, or 10 mount from the tab Married filing jointly Enter of 0.5	040-NR, line 11* le below. And your filing status is Head of household n line 9– 0.5	8 s- Single, Marri separate Qualifying surviv 0.5	ied filing ly, or ving spo]		x	.1
Enter the amo Enter the app If line Over- \$20,500	But not over- \$20,500 \$22,000	040, 1040-SR, or 10 mount from the tab Married filing jointly Enter of 0.5 0.5	040-NR, line 11* le below. And your filing status is Head of household n line 9- 0.5 0.5	8 s— Single, Marri separatel Qualifying surviv 0.5 0.2	ied filing ly, or ving spo]	.3.		
Enter the amo Enter the app If line Over- \$20,500 \$22,000	bunt from Form 1 licable decimal a But not over – \$20,500 \$22,000 \$30,750	040, 1040-SR, or 10 mount from the tab Married filing jointly Enter o 0.5 0.5 0.5	040-NR, line 11* le below. And your filing status is Head of household n line 9– 0.5 0.5 0.5	8 s— Single, Marri separatel Qualifying surviv 0.5 0.2 0.1	ied filing ly, or ving spo]	.3.		
Enter the amo Enter the app If line Over- \$20,500 \$22,000 \$30,750	bunt from Form 1 licable decimal a But not over - \$20,500 \$22,000 \$30,750 \$33,000	040, 1040-SR, or 10 imount from the tab Married filing jointly Enter o 0.5 0.5 0.5 0.5 0.5	040-NR, line 11* le below. And your filing status is Head of household n line 9– 0.5 0.5 0.5 0.2	8 Single, Marri separatel Qualifying surviv 0.5 0.2 0.1 0.1	ied filing ly, or ving spo]	.3.		
Enter the amo Enter the app If line Over— \$20,500 \$22,000 \$30,750 \$33,000	bunt from Form 1 licable decimal a But not over \$20,500 \$22,000 \$30,750 \$33,000 \$34,000	040, 1040-SR, or 10 mount from the tab Married filing jointly Enter o 0.5 0.5 0.5 0.5 0.5 0.5	040-NR, line 11* le below. And your filing status is Head of household n line 9– 0.5 0.5 0.5 0.5 0.2 0.1	s – Single, Marriseparatel Qualifying surviv 0.5 0.2 0.1 0.1 0.1 0.1	ied filing ly, or ving spo]	.3.		
Enter the amo Enter the app Over— \$20,500 \$22,000 \$30,750 \$33,000 \$34,000 \$41,000 \$44,000	bunt from Form 1 licable decimal a 8 is – But not over – \$20,500 \$22,000 \$30,750 \$33,000 \$34,000 \$41,000 \$44,000 \$51,000	040, 1040-SR, or 10 mount from the tab Married filing jointly Enter of 0.5 0.5 0.5 0.5 0.5 0.5 0.5 0.5 0.5 0.5	040-NR, line 11* le below. And your filing status is Head of household n line 9— 0.5 0.5 0.5 0.5 0.2 0.1 0.1 0.1 0.1	8 s— Single, Marri separatel Qualifying surviv 0.5 0.2 0.1 0.1 0.1 0.1 0.0 0.0 0.0	ied filing ly, or ving spo]	.3.		
Enter the amo Enter the app Over— \$20,500 \$22,000 \$30,750 \$33,000 \$34,000 \$41,000 \$44,000 \$51,000	Dunt from Form 1 licable decimal a But not over— \$20,500 \$22,000 \$30,750 \$33,000 \$34,000 \$41,000 \$44,000	040, 1040-SR, or 10 mount from the tab Married filing jointly Enter o 0.5 0.5 0.5 0.5 0.5 0.5 0.5 0.5 0.5 0.5	040-NR, line 11* le below. And your filing status is Head of household n line 9— 0.5 0.5 0.5 0.5 0.2 0.1 0.1 0.1 0.1 0.1 0.0	8 s— Single, Marri separatel Qualifying surviv 0.5 0.2 0.1 0.1 0.1 0.1 0.1 0.0 0.0 0.0	ied filing ly, or ving spo]	.3.		
Enter the amo Enter the app Over— \$20,500 \$22,000 \$30,750 \$33,000 \$34,000 \$41,000 \$44,000	Dunt from Form 1 licable decimal a But not over	040, 1040-SR, or 10 mount from the tab Married filing jointly Enter o 0.5 0.5 0.5 0.5 0.5 0.5 0.5 0.5 0.5 0.5	040-NR, line 11* le below. And your filing status is Head of household n line 9– 0.5 0.5 0.5 0.5 0.2 0.1 0.1 0.1 0.1 0.1 0.1 0.1 0.0 0.0	8 s	ied filing ly, or ving spo]	.3.		
Enter the app Enter the app Over – \$20,500 \$22,000 \$30,750 \$33,000 \$34,000 \$41,000 \$44,000 \$51,000 \$68,000	but from Form 1 licable decimal a But not over \$20,500 \$22,000 \$30,750 \$33,000 \$34,000 \$41,000 \$44,000 \$51,000 \$68,000 Note: If	040, 1040-SR, or 11 mount from the tab Married filing jointly Enter of 0.5 0.5 0.5 0.5 0.5 0.5 0.5 0.5 0.5 0.5	040-NR, line 11* le below. And your filing status is Head of household n line 9— 0.5 0.5 0.5 0.5 0.2 0.1 0.1 0.1 0.1 0.1 0.1 0.1 0.1	8 s	ied filing ly, or <i>v</i> ing spo]	9	x	.1
Enter the app If line Over— \$20,500 \$22,000 \$30,750 \$33,000 \$34,000 \$45,000 \$45,000 \$45,000 \$45,000 \$45,000 \$45,000 \$45,000 \$44,000 \$45,0000 \$45,0000 \$45,0000 \$45,0000 \$45,	but from Form 1 licable decimal a 8 is – But not over – \$20,500 \$22,000 \$30,750 \$33,000 \$34,000 \$41,000 \$44,000 \$51,000 \$68,000 Note: If Y by line 9	040, 1040-SR, or 11 mount from the tab Married filing jointly Enter o 0.5 0.5 0.5 0.5 0.5 0.5 0.5 0.5 0.5 0.5	040-NR, line 11* le below. And your filing status is Head of household n line 9— 0.5 0.5 0.5 0.2 0.1 0.1 0.1 0.1 0.1 0.1 0.1 0.1	8 s	ied filing ly, or <i>v</i> ing spo	Juse	. 10	x	.1
Enter the app Enter the app If line Over— \$20,500 \$22,000 \$30,750 \$33,000 \$33,000 \$34,000 \$44,000 \$44,000 \$51,000 \$68,000 Multiply line 7 Limitation bas	bunt from Form 1 licable decimal a 8 is – But not over – \$20,500 \$22,000 \$30,750 \$33,000 \$34,000 \$41,000 \$44,000 \$51,000 \$68,000 Note: If ' by line 9 sed on tax liability	040, 1040-SR, or 11 mount from the tab Married filing jointly Enter of 0.5 0.5 0.5 0.5 0.5 0.5 0.5 0.5	040-NR, line 11* le below. And your filing status is Head of household n line 9— 0.5 0.5 0.5 0.5 0.2 0.1 0.1 0.1 0.1 0.1 0.1 0.1 0.1	s 8 Single, Marriseparatel 3 Qualifying surviv 0.5 Qualifying surviv 0.5 Qualifying surviv 0.1 Qualifying surviv 0.0 Qualifying su	ied filing ly, or ving spo	ruction	9 9 5 10	x	.1
Enter the amo Enter the app Over— \$20,500 \$22,000 \$30,750 \$33,000 \$34,000 \$41,000 \$41,000 \$44,000 \$51,000 \$68,000 Multiply line 7 Limitation bas Credit for qu	But not over- \$20,500 \$20,500 \$22,000 \$30,750 \$33,000 \$34,000 \$41,000 \$51,000 \$68,000 Note: If Yoy line 9 . Sed on tax liability valified retireme	040, 1040-SR, or 14 mount from the tab Married filing jointly Enter of 0.5 0.5 0.5 0.5 0.5 0.5 0.5 0.5	040-NR, line 11* le below. And your filing status is Head of household n line 9— 0.5 0.5 0.5 0.2 0.1 0.1 0.1 0.1 0.1 0.1 0.1 0.1	s 8 Single, Marriseparatel 3 Qualifying surviv 0.5 Qualifying surviv 0.1 Qualifying surviv 0.0 Qualifying su	ied filing ly, or ving spo ing spo ing spo	use ructions e 11 he	9 9 5 10	x	.1

* See Pub. 590-A for the amount to enter if you claim any exclusion or deduction for foreign earned income, foreign housing, or income from Puerto Rico or for bona fide residents of American Samoa.

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

REV 02/17/23 PRO Form **8880** (2022)

	8867	Paid Preparer's Due Diligence Checkli			No. 1545			
	ovember 2022)	Earned Income Credit (EIC), American Opportunity Tax Credit (AO Child Tax Credit (CTC) (including the Additional Child Tax Credit (ACT Credit for Other Dependents (ODC)), and Head of Household (HOH) Filir	TC), TC) and 20 Status		For tax y 20			
	tepartment of the Treasury ternal Revenue Service To be completed by preparer and filed with Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS. Go to www.irs.gov/Form8867 for instructions and the latest information.							
Taxpay	er name(s) shown on	return	Taxpayer identification	on number				
		N RAMASAMY & KEERTHANA GOVINDAN	191-23-155					
	r's name		Preparer tax identific	ation numl	ber			
		SAGAR GUPTA TALLAM	P02082703					
	e check the app	gence Requirements ropriate box for the credit(s) and/or HOH filing status claimed on the retived (check all that apply). EIC X CTC/AC		e the rel AOTC		arts I–V HOH		
1		ete the return based on information for the applicable tax year provided obtained by you? (See instructions if relying on prior year earned income.)		Yes X	No	N/A		
2	worksheets for 1040) instructi	claimed on the return, did you complete the applicable EIC and/or 0 und in the Form 1040, 1040-SR, 1040-NR, 1040-PR, 1040-SS, or Scher ons, and/or the AOTC worksheet found in the Form 8863 instruction nat provides the same information, and all related forms and schedules	dule 8812 (Form is, or your own	X				
3	the following.Interview the determine theReview information	the knowledge requirement? To meet the knowledge requirement, you taxpayer, ask questions, and contemporaneously document the taxpaye at the taxpayer is eligible to claim the credit(s) and/or HOH filing status. mation to determine that the taxpayer is eligible to claim the credit(s) ar figure the amount(s) of any credit(s)	r's responses to nd/or HOH filing	X				
4	information rea	nation provided by the taxpayer or a third party for use in preparing asonably known to you, appear to be incorrect, incomplete, or inconsis ons 4a and 4b. If " No ," go to question 5.)	stent? (If "Yes,"		X			
а	Did you make i	reasonable inquiries to determine the correct, complete, and consistent in	formation? .					
b	you asked, wh	mporaneously document your inquiries? (Documentation should includ om you asked, when you asked, the information that was provided, and d on your preparation of the return.)	the impact the					
5	keep a copy of applicable wor 8867 and any taxpayer that y the amount(s) of		7, a copy of any to prepare Form provided by the atus or to figure	X				
	List those docu	uments provided by the taxpayer, if any, that you relied on:						
6	credit(s) and/o	e taxpayer whether he/she could provide documentation to substantiate r HOH filing status and the amount(s) of any credit(s) claimed on the ed for audit?	return if his/her	×				
7	(If credits wer	e taxpayer if any of these credits were disallowed or reduced in a previous e disallowed or reduced, go to question 7a; if not, go to question 8.)	-	×				
а		ete the required recertification Form 8862?						
8	If the taxpayer correct Schedu	is reporting self-employment income, did you ask questions to prepare le C (Form 1040)?	a complete and					

For Paperwork Reduction Act Notice, see separate instructions.

REV 02/17/23 PRO

Form 8867 (Rev. 11-2022)

Form 88	367 (Rev. 11-2022)			Page 2
Part	II Due Diligence Questions for Returns Claiming EIC (If the return does not claim EIC, go	to Part	: III.)	
9a	Have you determined that the taxpayer is eligible to claim the EIC for the number of qualifying children claimed, or is eligible to claim the EIC without a qualifying child? (If the taxpayer is claiming the EIC and does not have a qualifying child, go to question 10.)	Yes	No	N/A
b	Did you ask the taxpayer if the child lived with the taxpayer for over half of the year, even if the taxpayer has supported the child the entire year?			
С	Did you explain to the taxpayer the rules about claiming the EIC when a child is the qualifying child of more than one person (tiebreaker rules)?			
Part		claim (CTC, A	CTC,
10	Have you determined that each qualifying person for the CTC/ACTC/ODC is the taxpayer's dependent who is a citizen, national, or resident of the United States?	Yes X	No	N/A
11	Did you explain to the taxpayer that he/she may not claim the CTC/ACTC if the child has not lived with the taxpayer for over half of the year, even if the taxpayer has supported the child, unless the child's custodial parent has released a claim to exemption for the child?	×		
12	Did you explain to the taxpayer the rules about claiming the CTC/ACTC/ODC for a child of divorced or separated parents (or parents who live apart), including any requirement to attach a Form 8332 or similar statement to the return?			
Part		, go tc	Part \	/.)
13	Did the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the quituition and related expenses for the claimed AOTC?	alified	Yes	No
Part	V Due Diligence Questions for Claiming HOH (If the return does not claim HOH filing statu	is, go t	o Part	VI.)
14	Have you determined that the taxpayer was unmarried or considered unmarried on the last day of the ta and provided more than half of the cost of keeping up a home for the year for a qualifying person?	x year	Yes	No
Part	VI Eligibility Certification			
	You will have complied with all due diligence requirements for claiming the applicable credit(s) and on the return of the taxpayer identified above if you:	/or HO	H filing	status
	A. Interview the taxpayer, ask adequate questions, contemporaneously document the taxpayer's responsion your notes, review adequate information to determine if the taxpayer is eligible to claim the credit status and to figure the amount(s) of the credit(s);	nses or (s) and/o	n the ret or HOH	turn or filing
	 B. Complete this Form 8867 truthfully and accurately and complete the actions described in this check credit(s) claimed and HOH filing status, if claimed; 	list for a	any app	licable
	C. Submit Form 8867 in the manner required; and			
	D. Keep all five of the following records for 3 years from the latest of the dates specified in the Form 88 Document Retention.	67 instr	uctions	under
	1. A copy of this Form 8867.			

2. The applicable worksheet(s) or your own worksheet(s) for any credit(s) claimed.

-

- 3. Copies of any documents provided by the taxpayer on which you relied to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).
- 4. A record of how, when, and from whom the information used to prepare this form and the applicable worksheet(s) was obtained.
- 5. A record of any additional information you relied upon, including questions you asked and the taxpayer's responses, to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).

If you have not complied with all due diligence requirements, you may have to pay a penalty for each failure to comply related to a claim of an applicable credit or HOH filing status (see instructions for more information).

15	Do you certify	/ that	all	of t	he	ansv	wers	or	n this	s Fo	rm	886	67 a	re, t	o th	e b	est	of y	/our	knc	owle	edge	e, tru	le,	cori	rect	, and	Yes	No
	complete?																											X	

REV 02/17/23 PRO

Form 8867 (Rev. 11-2022)

ľ	5	5	5
	-	-	-

REV 02/01/23 PRO



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

SC8453 (Rev. 10/7/21) 3299

uo	r.sc.	gov		Committee .												U I I								200		
	First	name	and mid	ddle initia	al								Last r	ame						Yo	our se	ocial	security	numbe	r	
	CHA	ANDR	A SE	EKARA	٨N					RA	AMA	SAN	ΛV								19	1-2	3-15	559		
	-		-	e, if mar		ng jo	intly					-	Last n	ame										curity nu	ımb	er
Print or	KEF	ERTH	ANA							G	DVI	ND	л								67	9-6	0-85	578		
type.				umber a	nd stre	et, P	O Bo	x)			, , <u>,</u>													number	-	
		-	•	CREEF				,														•	•	-8393		
	City		ICK (<u>_ NGCI</u>	1 11						State	e			ZIP)					()(ax Year		<u>ر</u>	
	1					0					olut	0			211											
Devit				SC 2			0.40						.	Det								20	022			
Part I				from																		-				
1. Federa				•				,													1		34	1,013		
2. SC tax																					2			97	7	00
3. Use T																					3			(0	00
4. Total	•																				4			97	7	00
5. SC Inc	come	Tax V	Vithheld	d (add li	ine 16	and	line	20 o	f yoı	ur SC	1040)									5			3,533	3	00
6. Refun	dable	credit	s (add	line 21	and li	ne 2	2 of	your	SC1	040)											6					00
7. Refun	d (line	e 30 of	f your S	SC1040))			- 													7		-	2,550		
8. Balano	•		-		·																8		2	_,		00
Part II				, ation f																						
I alt li						Tun		Dai	and																	
9. Routi	ոսու	mher	(RTN)			8	2	0	0	0	0	7	3										s of the			
5. Routi	ing nu		(((((()))))))))))))))))))))))))))))))))		0	0	2	U	U	U	0	1	5	RI	N m	ust be	e 01 t	thro	bugn	12 0	r 21	throu	ıgh 32.			
10. Bank		unt ni	umbor							4	8	7	0	0	4	4	9	4	6	5 2		0	1-17 c	liaits		
IU. Dalik			linder							4	0	/	0	0	4	4	9	4			<u></u>	0				
11. Type	of ac	count	:	\mathbf{X}	Checki	ing		Savi	ngs																	
For Bala	ance	Due:																								
				ata							Dev		+ \ \ /;+L	draw		mau	⊳ + ¢									
12. Payn										_	гау	nen		luiav	vai P	mou	πφ							_		
Part III				of taxp																						
13. 🛛				refund to																on line	e 1 th	nroug	h line 8	is corre	ct.	lf I
_				n, this is			•	•						•												
				outh Car																						
				d in Part																						
	Tur	nos ano	a conse	nt to the	snarin	gori	inanc	ciai ini	rorma	ation	betwe	en in	sututi	ons io	or the	e purp	ose o	or re	solvi	ng is	sues	relate	ea to m	y payme	ent.	
If the SCE	DOR d	oes no	t receiv	e full and	d timel	y pay	ment	ofm	y tax	liabilit	ty, I ui	nder	stand	that I	am r	espor	nsible	for	⁻ the	balan	ice d	ue, in	cluding	all pena	altie	s
and intere	est.																									
I declare t	that th	is retur	n and a	ll attachi	ments	are tr	ue, c	orrec	t, and	d com	plete	to th	e best	ofm	y kno	owledg	ge. Th	his	decla	aratio	n is b	based	on all i	nformati	ion	of
which the									-		•															
Do not su	bmit a		of this fo	orm to th	e SCD	OR	Retu	rn the	e siar	ned co	onv to	vour	. paid	prepa	arer	Keep	a cor	nv v	with	vour t	ax re	cords				
20.0000						••••			, s.g.		, , , , , , , , , , , , , , , , , , , ,	<i>J</i> = a.	para	p. op c			r			,						
Your sign	ature								Da	te		Spo	ouse's	signa	ature	(lf ma	arried	filir	ng jo	intly,	BOT	H mu	st sign)	Date		
Part IV	D	eclar	ation	of Elec	tron	ic R	etur	'n O	riai	nato	r (EF	20)	and	Paid	d Pr	epar	er									
I declare t																		ne b	est o	of mv	knov	vleda	e. I hav	e obtain	ed	the
taxpayer's																										
be filed wi	ith the	IRS ar	nd the S	CDOR a	and ha	ve fo	llowe	d all c	other	requi	remer	nts de	escrib	ed in	the I	RS Pι	ib. 13	345	Auth	norize	d IR	S e fil	e Provi	ders of		
Individual				,																						
return and																									I	
informatio supportir				0		ersta	and I	ao n	ot m	all the	9 508	453	to the	SCL	JOR.	Iam	requi	rec	1 to P	eep	the S	5084	b3 and	tne		
supportin	iy uu	Jumen		inee yea	115.							_														
ERO's	Ef	RO									1	Dat	e		heck i so pai			Cheo self-					PT	IN		
Use	się	gnature)								02-	24-	202		epare		l e	emp	loyed							
Only		m name	e (or If-employ	ued) GI	OBA	L	TAX	KES	LI	LC_							F	EIN	188	-21	<u>145</u>	48	7			
		dress, Z		yed), <u>2</u> 4	_	DONI		CT,		BRU	NSW	I CK	, N	J 0	881	6	P	Phor	ne (678	3)9	65-	-952	2		
Paid														1		ate		Che	ck		1		PT			
Prepare		Prepare															if	f sel	lf-		_	000				
Use		signatu														-202		- ·	loyed				8270	73		
		Firm nar yours if s	ne (or self-empl	loyed), S	YAM	PR.	ΙΥΑ	RA		SAG					LLA	М	F	EIN	184			<u>196</u>				
Only		address			45 E	<u> ROO</u>	NE	ΥC	TI	<u>E B</u>	RUN	SW	ICK	NJ	<u>J</u> 0	881	.6 P	Phor	ne (678	<u>3)9</u>	65-	-952	2		



dor.sc.gov

1555

STATE OF SOUTH CAROLINA DEPARTMENT OF REVENUE 2022 INDIVIDUAL INCOME TAX RETURN

SC1040 (Rev. 4/29/22) 3075

Ň	Your Socia	Check if			
1	L91	23	1559	deceased	
Sp	ouse's So	cial Securit	y Number	Check if	
6	579	60	8578	deceased	



For the year January 1 - December 31, 2022, or fiscal tax year begin	ning	, 2022 and ending	, 2023				
First name and middle initial	Last nan	ne		Suffix			
CHANDRA SEKARAN	RAMA						
Spouse's first name, if married filing jointly	Last nan	ne		Suffix			
KEERTHANA	GOVI	NDAN					
Check if Mailing address (number and street, PO Box)				County code			
new address 🛄 344 DUCK CREEK LN				32			
City	State	ZIP	Daytime phone number with	area code			
LEXINGTON	SC	29072	(501)503-8393				
Check if address Foreign country address including postal code							
is outside US							
Amended Return: Check if this is an Amended Retur	m. (Atta	ch Schedule AMD)		🕨 🗌			
· Check this box if you are a part-year or nonresident fil	ing an S	SC Schedule NR		🕨 🗖			
• Check this box only if you are filing a composite return	n on bel	nalf of a Partnership o	r				
S Corporation. Do not check this box if you are an ir	ndividua	I					
Check this box if you have filed a federal or state external	nsion						
Check this box if you served in a military combat zone	e during	the filing period					
Name of the combat zone:							

CHECK YOUR	(1) Single	(3) Married filing separately - enter spouse's SSN:
FEDERAL FILING STATUS	(2) 🗙 Married filing jo	ntly (4) Head of household (5) Qualifying widow(er)

Number of dependents claimed on your 2022 federal return	1
Number of dependents claimed that were under the age of 6 years as of December 31, 2022	1
Number of taxpayers age 65 or older as of December 31, 2022	

DEPENDENTS

First name	Last name	Social Security Number	Relationship	Date of birth (MM/DD/YYYY)
KANIKTHAN	CHANDRA SEKARAN	827-98-1836	Son	01/10/2020



INCOME	OME AND ADJUSTMENTS Your SSN 191-23-1559			2022				22		
1 Enter	federal taxable income from your federal form. If zero or less, enter zer	ro he	ere					Dollars		
Nonre	sident filers: complete Schedule NR and enter total from line 48 on line 5	5 bel	ow			1		34,	013	00
ADDITIO	NS TO FEDERAL TAXABLE INCOME									
a Sta	te tax addback, if itemizing on federal return (see instructions)		а		00					
b Out	t-of-state losses Type:		b		00					
c Exp	penses related to National Guard and Military Reserve Income		С		00					
d Inter	rest income on obligations of states and political subdivisions other than South Carolina		d		00					
e Oth	ner additions to income (attach explanation - see instructions)		е		00					
2 Total	additions (add line a through line e)					2				00
3 Add lii	ne 1 and line 2 and enter the total here					3		34,	013	00
	CTIONS FROM FEDERAL TAXABLE INCOME									
	te tax refund, if included on your federal return		f	0	00					
-	al and permanent disability retirement income, if taxed on your federal return		g		00					
	t-of-state income/gain (do not include personal service income)									
	eck type of income/gain: 🗌 Rental 🗌 Business 🗌 Other		h		00					
	% of net capital gains held for more than one year		i		00					
	unteer deductions (see instructions) Type:		j		00					
k Cor	ntributions to the SC College Investment Program (Future Scholar)									
	1 3 6		k		00					
	ive Trade or Business Income deduction (see instructions)		Ι		00					
	erest income from obligations of the US government	E H	m		00					
	rtain nontaxable National Guard or Reserve pay	- E	n		00					
	cial Security and/or railroad retirement, if taxed on your federal return		0		00					
-	tirement Deduction (see instructions)									
p-1	Taxpayer (date of birth:)		p-1		00					
	Spouse (date of birth:))		p-2		00					
	Surviving spouse (date of birth of deceased spouse:)		р-3		00					
	itary Retirement Deduction (see instructions)									
	Taxpayer (date of birth:)		p-4		00					
	Spouse (date of birth:))		p-5		00					
-	Surviving spouse (date of birth of deceased spouse:)		p-6		00					
	e 65 and older deduction (see instructions)									
	Taxpayer (date of birth:)		q-1		00					
	Spouse (date of birth:))		q-2		00					
	gative amount of federal taxable income		r		00					
	bsistence allowance (multiply days by \$8)	- L	s		00					
	pendents under the age of 6 years on December 31 of the tax year	· –	t	4,430						
	nsumer Protection Services		u		00					
	ner subtractions (see instructions)	· -	v		00					
	uth Carolina Dependent Exemption (see instructions)	- L	W	4,430	00					
	subtractions (add line f through line w)				F	4	<	8,	860	00 >
	ents: subtract line 4 from line 3 and enter the difference. Nonresidents: enter an							0 -	1	
	3. If less than zero, enter zero here. This is your SOUTH CAROLINA INCOM				,	5		25,	153	00
	on your South Carolina Income Subject to Tax (see SC1040TT)	-	6	977						
	on Lump Sum Distribution (attach SC4972)	- E	7		00					
	on Active Trade or Business Income (attach I-335)	- E	8		00					
	on excess withdrawals from Catastrophe Savings Accounts	- L	9		00	40			<u></u>	00
1U Add III	ne 6 through line 9 and enter the total here. This is your TOTAL SOUTH	CAF	KUL			10			977	υÜ

Page 2 of 3



NON-REFUNDABLE CREDITS

11 Child and Dependent Care (see instructions)	11	00			
12 Two Wage Earner Credit (see instructions)	12	00	1		
13 Other nonrefundable credits. Attach SC1040TC and other state returns	13	00	1		
14 Total nonrefundable credits (add line 11 through line 13)			14		00
15 Subtract line 14 from line 10 and enter the difference. If less than zero, enter zero	ero here		15	977	00
PAYMENTS AND REFUNDABLE CREDITS					_
16 SC income tax withheld (attach W-2 or SC41)	16	3,53300			
17 2022 Estimated Tax payments		00	-		
18 Amount paid with extension		00	1		
19 Nonresident sale of real estate (paid on I-290)		00	1		
20 Other SC withholding (attach 1099)		00	1		
21 Tuition tax credit (attach I-319)		00	1		
22 Other refundable credits:		1			
22a Anhydrous Ammonia (attach I-333)	22a	00	7		
22b Milk Credit (attach I-334)		00	1		
22c Classroom Teacher Expenses (attach I-360)		00	1		
22d Parental Refundable Credit (attach I-361)			-		
22e Motor Fuel Income Tax Credit (attach I-385)			-		
Total refundable credits (add line 22a through line 22e)			22		00
AMENDED RETURN: Use Schedule AMD for line 23 calculation.		,			
23 Add line 16 through line 22 and enter the total here	r TOTA	L PAYMENTS	23	3,533	00
24 If line 23 is larger than line 15, subtract line 15 from line 23 and enter the overpa	ayment		24	2,556	
25 If line 15 is larger than line 23, subtract line 23 from line 15 and enter the amou	nt due		25		00
AMENDED RETURN: Enter the amount from line 24 on line 30. Enter the a					
26 USE TAX due on online, mail-order, or out-of-state purchases	26	0 00	7		
Use Tax is based on your county's Sales Tax rate. See instructions for more inf					
If you certify that no Use Tax is due, check here 🕨 🔀					
27 Amount of line 24 to be credited to your 2023 Estimated Tax	27	00	7		
28 Total Contributions for Check-offs (attach I-330)		00	1		
29 Add line 26 through line 28 and enter the total here			29	0	00
30 If line 29 is larger than line 24, go to line 31. Otherwise, subtract line 29 from lin					
amount to be refunded to you (line 35 check box entry is required)			30	2,556	00
31 Add line 25 and line 29. If line 29 is larger than line 24, subtract line 24 from line 29, enter			31		00
32 Late filing and/or late payment: Penalties Interest	E	nter total here	32		00
33 Penalty for Underpayment of Estimated Tax (attach SC2210)		,			
Enter exception code from instructions here if applicable			33		00
34 Add line 31 through line 33 and enter your balance due (select payment option on lin			34		00
REFUND OPTIONS Getting a refund? Direct deposit is fast, accurate, and secur	re!			·,	
35 Select one: Direct Deposit (line 37 required) (for US accounts only)	De	ebit Card 🕨 📃 P	aper	Check	
PAYMENT OPTIONS Have a balance due? Pay electronically! It's quick and eas	sy!				
36 Select one: MyDORWAY (pay at dor.sc.gov/pay) ACH Debit (enter your US ba	ank informat	ion on line 37)			
For payments only: Withdrawal Date Vithdrawal A	Amount		00		
37 Type of Account:					
Routing Number (PTN) ACCOUNT A Must be 9 digits. The first two numbers				1 1	1-17
Number (RTN) V 082000073 of the RTN must be 01 through 32.		48700449462			digits
I declare that this return and all attachments are true, correct, and complete to the			repa	red by a person oth	ıer
than the taxpayer, this declaration is based on all information of which the prepared					
Your signature Date S	Spouse's s	signature (if married filin	g joint	ly, BOTH must sign)	
I authorize the Director of the SCDOR or delegate to discuss this return, Van	Preparer's	printed name			
		PRIYA RAM SAGA	r Gi	UPTA TALLAM	
	Check if s			0700	
	employed P02082703				
Use Firm name (or yours if self- Only employed), address, ZIP 245 ROONEY CT F, BRUNSWICK	NT O			71965	
MAIL TO: REFUNDS OR ZERO TAX: SC1040 Processing Center, PO Box 101100, Columbia, SC 29211-0100					
BALANCE DUE: Taxable Processing Center, PO Box 101105	, Colum	nbia, SC 29211-0	105		
30753222 REV 02/01/23 PRO					