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 | | | | | |