(Rev. January 2021)

Department of the Treasury

IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.

▶ Go to www.irs.gov/Form8879 for the latest information.

OMB No. 1545-0074

III.GITIAI N	nevertue Service						
Submis	ssion Identification Number (SID)						
Taxpayer	r's name		Social se	ecurity n	umber		
ANUS	SHA GANJI		071-	-53-8	415		
Spouse's	s name		Spouse's	s social	security	number	•
Part	Tax Return Information — Tax Year Ending December 31, 202	2 (Enter	year yo	ou are	autho	rizing.)
	vhole dollars only on lines 1 through 5.		<u>, , , , , , , , , , , , , , , , , , , </u>				,
	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.						
1 .	Adjusted gross income				1	61	,447.
2	Total tax				2	5	,743.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099				3	8	,632.
4	Amount you want refunded to you				4	2	,889.
	Amount you owe				5		
Part I	Taxpayer Declaration and Signature Authorization (Be sure you g	et and k	eep a	сору с	of you	r retu	rn)
to send for any of Agent to payment authoriza payment business taxes to personal	original or amended) I am now authorizing. I consent to allow my intermediate service provided my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reast delay in processing the return or refund, and (c) the date of any refund. If applicable, I autho in initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution act of my federal taxes owed on this return and/or a payment of estimated tax, and the financial action is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to the time the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancell as days prior to the payment (settlement) date. I also authorize the financial institutions involved receive confidential information necessary to answer inquiries and resolve issues related alidentification number (PIN) below is my signature for the income tax return (original or amenic Funds Withdrawal Consent.	on for rejective the U.S count indicated institution terminate ation required in the part of the tothe part of the	ction of the stream of the str	the trans ury and the tax p it the en norization st be res ng of th I furthe	smissio its desi prepara itry to tl on. To r eceived e electr r ackno	n, (b) th gnated tion sofnis acco evoke (con late onic pa owledge	re reason Financial tware for bunt. This cancel) a er than 2 yment of that the
	yer's PIN: check one box only				Т.Т		
X		enerate n	nv PIN	3 8		1 5	as my
	ERO firm name signature on the income tax return (original or amended) I am now authorizing.	,	.,		five digi enter all		,
	I will enter my PIN as my signature on the income tax return (original or amender if you are entering your own PIN and your return is filed using the Practitioner F below.						
Your si	ignature ▶ [Date ► _					
Snouse	e's PIN: check one box only						
	I authorize to enter or g	anerate n	ov PINI				as my
	ERO firm name	jenerate n	ily i iiv	Enter	five digi	ts. but	as my
	signature on the income tax return (original or amended) I am now authorizing.				enter all		
	I will enter my PIN as my signature on the income tax return (original or amender if you are entering your own PIN and your return is filed using the Practitioner Fibelow.						
Spouse	e's signature ► [Date ►					
	Practitioner PIN Method Returns Only—continu	e below					
Part II	Certification and Authentication — Practitioner PIN Method Only						
FRO's	EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.						
	= 110,1 Int Lines you and angle Lines love by your mod digit con collected into		Don'	't enter a	all zeros		
authorize	that the above numeric entry is my PIN, which is my signature for the electronic individual red to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I ments of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS e-file Provents	am submi	tting this	return	in acco	ordanće	
ERO's	signature ▶ [Date ►					
	ERO Must Retain This Form — See Instruc						
	Don't Submit This Form to the IRS Unless Request		o So				

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

2022	
------	--

OMB No. 1545-0074

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

Filing Status Check only one box.		Single Married filing jointly u checked the MFS box, enter the	_	ed filing separately	, ,	_			_	spou	lifying survuse (QSS)	· ·	
one box.	-	son is a child but not your depende	-	our spouse. If you	CHECK	ed the HOH of	i Qoo	box, ente	i ille c	illiu S	name ii ti	e qualifyilig	
Your first name			Last na	me					Yo	our so	cial securit	y number	
ANUSHA			GANJ		071-53-8415								
	pouse's	s first name and middle initial	Last nai									curity number	
Home address	(numbe	er and street). If you have a P.O. box, se	ae instructio	one				Apt. no.	D.	ooida	ntial Floatie	on Campaign	
	,			5113.				103			nere if you,		
		URT LANE ce. If you have a foreign address, also	complete si	naces helow	Sta	to.	ZIP				tly, want \$3		
HERNDON	703t OIII	oc. II you have a foreigh address, also t	complete sp	paces below.	VA			170		Checking a			
Foreign countr	v name		F	Foreign province/state	_	gn postal co			ow will not or refund.	U			
r oreign country	y Harric			oreign province, state	5/ COurt	у	1 OICI	gii postai co			You	Spouse	
Digital		ny time during 2022, did you: (a) re									□ v	X No	
Assets		ange, gift, or otherwise dispose of					assei	.)? (See Ins	structio	ons.)	Yes		
Standard Deduction		neone can claim:		•									
Age/Blindness	s You	: Were born before January 2,	1958	Are blind Sp	oouse	: Was bo	rn bef	ore Janua	ry 2, 1	958	☐ Is bl	ind	
Dependents	s (see	instructions):		(2) Social securi	ty	(3) Relationsh	nip (4) Check th	e box i	f qualit	ies for (see	instructions):	
If more		irst name Last name		number		to you	·	Child ta	x credi	t	Credit for oth	ner dependents	
than four													
dependents, see instruction													
and check	5												
here													
Income	1a	Total amount from Form(s) W-2,	•	,						1a	- 6	58,918.	
	b	Household employee wages not	reported	on Form(s) W-2 .						1b			
Attach Form(s) W-2 here. Also	С	Tip income not reported on line 1a (see instructions)											
attach Forms	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)											
W-2G and 1099-R if tax	е	Taxable dependent care benefits from Form 2441, line 26											
was withheld.	f	Employer-provided adoption ber		•						1f			
If you did not	g	Wages from Form 8919, line 6.								1g			
get a Form W-2, see	h	Other earned income (see instruc	,			1	· .			1h		0.	
instructions.	i	Nontaxable combat pay election	(see instr	ructions)		<u>1</u> i	i						
	z	Add lines 1a through 1h								1z		58,918.	
Attach Sch. B if required.	2a	Tax-exempt interest	2a			axable interes				2b			
ii required.	3a	Qualified dividends	3a			rdinary divide			•	3b			
	4a	IRA distributions	4a			axable amoun				4b			
Standard Deduction for—	5a	Pensions and annuities	5a			axable amoun				5b			
Single or	6a	Social security benefits	6a			axable amoun	π		·	6b			
Married filing separately,	_ C	If you elect to use the lump-sum		•	•	,				7			
\$12,950	7 8	Capital gain or (loss). Attach Schedule D if required. If not required, check here										7 171	
Married filing jointly or	9	Other income from Schedule 1, I Add lines 1z, 2b, 3b, 4b, 5b, 6b,								9		-7,471.	
Qualifying surviving spouse,	10	Add liftes 12, 25, 35, 45, 35, 65, Adjustments to income from Sch		10		51,447.							
\$25,900	11	Subtract line 10 from line 9. This		11	_	51,447.							
Head of household,	12	Standard deduction or itemize	-	-					•	12		15,44 <i>7.</i> 15,416.	
\$19,400 If you checked	13	Qualified business income deduction from Form 8995 or Form 8995-A										<u>.J, 110.</u>	
any box under	14	Add lines 12 and 13							•	13	_	L5,416.	
Standard Deduction,	15	Subtract line 14 from line 11. If z					ne .			15		16,031.	
see instructions.	_			,	J					-	<u> </u>	,	

Form 1040 (2022	2)									Page 2	
Tax and	16	Tax (see instructions). Check if any	from Form	n(s): 1 881	4 2 🗌 4972	3 🗌		. 16	5	5,743.	
Credits	17	Amount from Schedule 2, line 3						. 17			
	18	Add lines 16 and 17						. 18	5	5,743.	
	19	Child tax credit or credit for other	dependen	ts from Sched	ule 8812			. 19			
	20	Amount from Schedule 3, line 8						. 20			
	21	Add lines 19 and 20						. 21			
	22	Subtract line 21 from line 18. If ze	ro or less,	enter -0				. 22	5	5,743.	
	23	Other taxes, including self-employ	yment tax,	from Schedule	2, line 21 .			. 23		0.	
	24	Add lines 22 and 23. This is your	total tax					. 24	5	5,743.	
Payments	25	Federal income tax withheld from									
•	а	Form(s) W-2				25a	8,6	32.			
	b	Form(s) 1099				25b					
	С	Other forms (see instructions) .				25c					
	d	Add lines 25a through 25c						. 25d	3	3,632.	
16	26	2022 estimated tax payments and	d 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 Sch				28					
	29	American opportunity credit from	Form 8863	3, line 8		29					
	30	Reserved for future use				30					
	31	Amount from Schedule 3, line 15				31					
	32	Add lines 27, 28, 29, and 31. Thes				fundable cre	dits .	. 32	1		
	33	Add lines 25d, 26, and 32. These	•		-			. 33	8	3,632.	
Refund	34	If line 33 is more than line 24, sub							2	2,889.	
	35a	Amount of line 34 you want refun	ded to you	u. If Form 8888	is attached, che	eck here .		35a	2	2,889.	
Direct deposit?	b	Routing number 0 5 1 0			_	Checking	_				
See instructions.	d	Account number 4 3 5 0			,, <u> </u>						
	36	Amount of line 34 you want applie				36					
Amount You Owe	37	Subtract line 33 from line 24. This For details on how to pay, go to w						. 37			
	38	Estimated tax penalty (see instruc	tions) .			38					
Third Party Designee		you want to allow another perstructions					es. Comp	olete below.	X No		
		signee's		Phone				identification	· — —		
	nar			no.			number (
Sign Here		der penalties of perjury, I declare that I hief, they are true, correct, and complete.									
11010	You	ur signature		Date	Your occupation			Protection I	ent you an Id PIN, enter it h		
Joint return?					SOFTWARE			(see inst.)			
See instructions. Keep a copy for your records.	Sp	ouse's signature. If a joint return, both n	nust sign.	Date	Spouse's occupa	tion		ent your spoutection PIN, e			
	Pho	one no. (980)234-2334		Email address	ANUSHAGANJI	1212@GMAT	L.COM	1			
			arer's signat	l .	12100111011101	Date		īN	Check if:		
Paid			9						1 —	employed	
Preparer	Firr	m's name GLOBAL TAXES	T.T.C					Phone no.			
Use Only		m's address 245 ROONEY CT	Firm's EIN								
Go to www.irs.go		n1040 for instructions and the latest info			D 08816 BAA	REV 03/22/23	PRO	1 5 2.114	Form	1040 (2022)	

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2022

Attachment
Sequence No. 01

Department of the Treasury Internal Revenue Service

ANUSHA GANJI

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

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

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

	Sequence No. 01
Your soc	ial security number
071-53	-8415

Par	t I Additional Income	·		
1	Taxable refunds, credits, or offsets of state and local income taxes		1	0.
2a	Alimony received		2a	
b	Date of original divorce or separation agreement (see instructions):			
3	Business income or (loss). Attach Schedule C		3	
4	Other gains or (losses). Attach Form 4797		4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Att	ach Schedule E .	5	-7,471.
6	Farm income or (loss). Attach Schedule F		6	
7	Unemployment compensation		7	
8	Other income:			
а	Net operating loss	8a ()		
b	Gambling	8b		
С	Cancellation of debt	8c		
d	Foreign earned income exclusion from Form 2555	8d ()		
е	Income from Form 8853	8e		
f	Income from Form 8889	8f		
g	Alaska Permanent Fund dividends	8g		
h	Jury duty pay	8h		
i	Prizes and awards	8i		
j	Activity not engaged in for profit income	8j	-	
k	Stock options	8k		
ı	Income from the rental of personal property if you engaged in the rental			
	for profit but were not in the business of renting such property	81		
m	Olympic and Paralympic medals and USOC prize money (see			
	instructions)	8m		
n	Section 951(a) inclusion (see instructions)	8n	-	
0	Section 951A(a) inclusion (see instructions)	80	-	
р	Section 461(I) excess business loss adjustment	8p		
q	Taxable distributions from an ABLE account (see instructions)	8q		
r	Scholarship and fellowship grants not reported on Form W-2	8r		
S	Nontaxable amount of Medicaid waiver payments included on Form			
	1040, line 1a or 1d	8s (4	
t	Pension or annuity from a nonqualifed deferred compensation plan or	04		
	a nongovernmental section 457 plan	8t		
u –	Wages earned while incarcerated	8u		
Z	Other income. List type and amount:	0-		
9	Total other income. Add lines 8a through 8z	8z	9	
9 10	Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR		10	-7,471.
10	Combine into 1 through 7 and 3. Enter here and on 1 only 1040, 1040-01	i, or roto-init, line o	l IU	/, 4/1.

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

Educator expenses 11	Par	Adjustments to Income			
officials. Attach Form 2106 1 Health savings account deduction. Attach Form 8889 1 Health savings account deduction. Attach Form 8889 1 Deductible part of self-employment tax. Attach Schedule SE 1 Self-employed SEP, SIMPLE, and qualified plans 1 Self-employed SEP, SIMPLE, and qualified plans 1 Self-employed health insurance deduction 1 The Penalty on early withdrawal of savings 1 Ba Alimony paid 1 Ba Pecipient's SSN 1 C Date of original divorce or separation agreement (see instructions): 2 IFA deduction 2 IFA deduction 2 IFA deduction 2 IFA deduction 2 IFA desclustion 2 IFA desclustion 2 IFA desclustion 2 IFA description of future use 2 IFA desclustion 2 IFA description of future use 2 IFA descri	11			11	
officials. Attach Form 2106 1 Health savings account deduction. Attach Form 8889 1 Health savings account deduction. Attach Form 8889 1 Deductible part of self-employment tax. Attach Schedule SE 1 Self-employed SEP, SIMPLE, and qualified plans 1 Self-employed SEP, SIMPLE, and qualified plans 1 Self-employed health insurance deduction 1 The Penalty on early withdrawal of savings 1 Ba Alimony paid 1 Ba Pecipient's SSN 1 C Date of original divorce or separation agreement (see instructions): 2 IFA deduction 2 IFA deduction 2 IFA deduction 2 IFA deduction 2 IFA desclustion 2 IFA desclustion 2 IFA desclustion 2 IFA description of future use 2 IFA desclustion 2 IFA description of future use 2 IFA descri	12	Certain business expenses of reservists, performing artists, and fee-ba	asis government		
13 Health savings account deduction. Attach Form 8889		officials. Attach Form 2106		12	
15 Deductible part of self-employment tax. Attach Schedule SE 16 Self-employed SEP, SIMPLE, and qualified plans 17 Self-employed death insurance deduction 17 Penalty on early withdrawal of savings 18 Penalty on early withdrawal of savings 19a Alimony paid 19a Alimony paid 19a Recipient's SSN 19a Becipient's SSN 19a Becipient	13	Health savings account deduction. Attach Form 8889		13	
16 Self-employed SEP, SIMPLE, and qualified plans	14			14	
17 Self-employed health insurance deduction 18 Penalty on early withdrawal of savings 18 18 19 Alimony paid 19 Recipient's SSN 10 Date of original divorce or separation agreement (see instructions): 20 IRA deduction 21 Student loan interest deduction 22 Archer MSA deduction 23 Archer MSA deduction 24 Other adjustments: 25 Jury duty pay (see instructions) 26 Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit 24 Contributions of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m 24 Reforestation amortization and expenses 24 Repayment of supplemental unemployment benefits under the Trade Act of 1974 24 Contributions to section 501(c)(18)(D) pension plans 24 Contributions by certain chaplains to section 403(b) plans 24 Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions) 24 Indicate the property of the provided of the lRS detect tax law violations 25 Industry and amount: 26 Total other adjustments. Add lines 24a through 24z 26 Add lines 11 through 23 and 25. These are your adjustments to income. Enter here and on	15			_	
18	16			-	
19a Alimony paid b Recipient's SSN c Date of original divorce or separation agreement (see instructions): 20 IRA deduction		Self-employed health insurance deduction		-	
b Recipient's SSN c Date of original divorce or separation agreement (see instructions): 20 1RA deduction	18			-	
c Date of original divorce or separation agreement (see instructions): IRA deduction	19a			19a	
20 Student loan interest deduction 21 22 23 24 22 24 24 24 24	b	Recipient's SSN			
Student loan interest deduction Reserved for future use Archer MSA deduction Other adjustments: Jury duty pay (see instructions) Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m. Reforestation amortization and expenses Repayment of supplemental unemployment benefits under the Trade Act of 1974. Contributions to section 501(c)(18)(D) pension plans Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions). 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 Housing deduction from Form 2555. Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041). Total other adjustments. List type and amount: 25 Total other adjustments. Add lines 24a through 24z Add lines 11 through 23 and 25. These are your adjustments to income. Enter here and on	С	Date of original divorce or separation agreement (see instructions):			
22 Archer MSA deduction				-	
Archer MSA deduction Other adjustments: Jury duty pay (see instructions) Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m Reforestation amortization and expenses Repayment of supplemental unemployment benefits under the Trade Act of 1974 Contributions to section 501(c)(18)(D) pension plans Contributions by certain chaplains to section 403(b) plans Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions) 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 Jeuseph Housing deduction from Form 2555 Let Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041) Cother adjustments. List type and amount: Total other adjustments. Add lines 24a through 24z Add lines 11 through 23 and 25. These are your adjustments to income. Enter here and on				$\overline{}$	
24 Other adjustments: a Jury duty pay (see instructions) b Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit				-	
a Jury duty pay (see instructions) b Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit c Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m				23	
b Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit	24		_		
rental of personal property engaged in for profit		, , , , ,	la		
c Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m	b				
and USOC prize money reported on line 8m			łb	-	
d Reforestation amortization and expenses	С				
e Repayment of supplemental unemployment benefits under the Trade Act of 1974					
Act of 1974			ła		
f Contributions to section 501(c)(18)(D) pension plans	е		la la		
g Contributions by certain chaplains to section 403(b) plans					
h Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions)				-	
discrimination claims (see instructions)	_		rg		
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	"		lh		
from the IRS for information you provided that helped the IRS detect tax law violations	i	·	***		
tax law violations	٠				
j Housing deduction from Form 2555			4i		
k Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)	i				
1041)	k		.,		
z Other adjustments. List type and amount:	•••		lk		
Total other adjustments. Add lines 24a through 24z	z				
Total other adjustments. Add lines 24a through 24z	_		łz		
26 Add lines 11 through 23 and 25. These are your adjustments to income. Enter here and on	25			25	
	26	,			
				26	

SCHEDULE A (Form 1040)

Itemized Deductions

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

Attach to Form 1040 or 1040-SR

Attach to Form 1040 or 1040-SR.

Caution: If you are claiming a net qualified disaster loss on Form 4684, see the instructions for line 16.

OMB No. 1545-0074

2022
Attachment
Sequence No. 07

Department of the Treasury Internal Revenue Service

Name(s) shown on Form 1040 or 1040-SR Your social security number ANUSHA GANJI 071-53-8415 Caution: Do not include expenses reimbursed or paid by others. Medical and 1 Medical and dental expenses (see instructions) 1 **Dental** 2 Enter amount from Form 1040 or 1040-SR, line 11 | 2 | **Expenses 3** Multiply line 2 by 7.5% (0.075) 3 4 Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-. 4 **Taxes You** 5 State and local taxes. **Paid** a State and local income taxes or general sales taxes. You may include either income taxes or general sales taxes on line 5a, but not both. If you elect to include general sales taxes instead of income taxes, 5a 3,414. **b** State and local real estate taxes (see instructions) 5_b 4,115. **c** State and local personal property taxes 5c 5d 7,529. e Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing 5e 7,529. 6 Other taxes. List type and amount: 7,529. 8 Home mortgage interest and points. If you didn't use all of your home Interest You Paid mortgage loan(s) to buy, build, or improve your home, see Caution: Your instructions and check this box mortgage interest a Home mortgage interest and points reported to you on Form 1098. deduction may be limited. See See instructions if limited 8a 7,887. instructions. b Home mortgage interest not reported to you on Form 1098. See instructions if limited. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., 8b c Points not reported to you on Form 1098. See instructions for special 8c 8d 8e 7,887. 9 Investment interest. Attach Form 4952 if required. See instructions . 9 7,887. Gifts to 11 Gifts by cash or check. If you made any gift of \$250 or more, see Charity 11 Caution: If you 12 Other than by cash or check. If you made any gift of \$250 or more, made a gift and see instructions. You must attach Form 8283 if over \$500. . . . 12 got a benefit for it, see instructions. 13 Casualty and theft loss(es) from a federally declared disaster (other than net qualified Casualty and 15 Theft Losses disaster losses). Attach Form 4684 and enter the amount from line 18 of that form. See 15 16 Other—from list in instructions. List type and amount: Other Itemized **Deductions** 16 Total 17 Add the amounts in the far right column for lines 4 through 16. Also, enter this amount on 17 Itemized 15,416. Deductions 18 If you elect to itemize deductions even though they are less than your standard deduction,

SCHEDULE E (Form 1040)

Supplemental Income and Loss

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

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

Your social security number

OMB No. 1545-0074

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

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

Attachment Sequence No. **13**

ANUS	SHA GANJI							071-5	3-8415	
Part	Note: If you a	Loss From Rental Real Estate an re in the business of renting personal proper or loss from Form 4835 on page 2, line 40.			C . See	instru	ctions. If you ar	e an indi	vidual, rep	ort farm
	Did you make any p	ayments in 2022 that would require you								
В		will you file required Form(s) 1099? .								s No
1a	Physical address	s of each property (street, city, state, ZIF	ode	e)						
Α	79,H NO B-2-	-80/47 MALLIKARJUN NAGAR HY	DERA	ABAD,TE	LANG	ANA	IN 500074			
В										
С										
1b	Type of Property (from list below)	2 For each rental real estate prope above, report the number of fair	rental	and		Fa	ir Rental Days	Person Da	QJV	
Α	2	personal use days. Check the Quif you meet the requirements to f		0						
В		qualified joint venture. See instru			В					
С		quamou jemit veritarer eee metra		<i>.</i> .	С					
1	of Property: Single Family Resid Multi-Family Resid		tal	5 Land 6 Roya			Self-Rental Other (descri			
					•		Propertie	es:		
Incon			_		A	80.	В			С
3 4			3		0	00.				
Expe			-							
5			5							
6	_	ee instructions)	6							
7		ntenance	7		1,2	62.				
8	_		8		- , -	02.				
9			9							
10		rofessional fees	10							
11		S	11		1,0	30.				
12		paid to banks, etc. (see instructions)	12			-				
13			13							
14			14		1,8	24.				
15	-		15		1,9					
16			16							
17	Utilities		17		2,0	85.				
18	Depreciation expe	ense or depletion	18							
19	Other (liet)		19							
20		add lines 5 through 19	20		8,1	51.				
21	result is a (loss), s	rom line 3 (rents) and/or 4 (royalties). If see instructions to find out if you must	21		-7,4	71.				
22	Deductible rental	real estate loss after limitation, if any, se instructions)	22	(7,47		()	()
23a	Total of all amoun	its reported on line 3 for all rental prope	rties			23a		680.		
b		its reported on line 4 for all royalty prope	erties			23b				
С	Total of all amoun	its reported on line 12 for all properties				23c				
d		its reported on line 18 for all properties				23d				
е		its reported on line 20 for all properties				23e	8	,151.		
24	•	sitive amounts shown on line 21. Do no		-				24		
25	•	Ity losses from line 21 and rental real estat							(7,471.)
26	here. If Parts II,	estate and royalty income or (loss). (III, IV, and line 40 on page 2 do not a 1040), line 5. Otherwise, include this ar	apply	to you,	also er	nter th	nis amount or			-7.471.

VA-8453 Virginia Department of Taxation

Virginia Individual Income Tax Declaration for Electronic Filing

Tax Year 2022

DO NOT SEND THIS VA-8453 TO THE VIRGINIA DEPARTMENT OF TAXATION OR THE IRS. IT MUST BE MAINTAINED IN YOUR FILES!

Virg	inia Su	bmis	sion	Ident	ificatio	on Nui	mbe	<u>er (S</u>	SID)	T	T	1		I	_	- 1										ī							
First I	.l 0	NA: -I	II - I - '	t: -1 /:t	1.1.4.	<u> </u>	<u></u>		4		. 4 - \	_	1	4 NI-												D //	0	!-1	0				
FIRST	Name &	IVIId	ie ini	tiai (iī	joint c	or com	oine	a re	eturn	, enter	botn)		Las	t Na	me											В	our S	ociai	Seci	urity in	umber		
ANU	SHA												GA	NJ:	Ε											C	71-	-53-	-84	15			
Pres	ent Hon	ne A	ddres	S																						A Spouse's Social Security Number							
	5 HI				LANE	AP	Γ]	103	3																			_					
	State a		ip Co	de		VA		2	01	7.0																Online Filed Return							
Part			Retur	n Inf	orma				UΙ	7 0																-	Spo	ouse	<u>'</u>	Ϊ	B You	ırsel	f
1.							Forr	m 76	60C0	G, Line	1; 76	60P	Y, L	ine 1	, colu	umn	ns A	& B	3; Fc	orm 7	63,	Line	1)										47.
2.	Virgir	nia A	djuste	d Gro	ss Inc	ome (I	Forn	n 76	60C0	3, Line	9; 76	0PY	/, Lir	ne 10), col	umr	ns A	4 & E	3; F	orm 7	63,	Line	9)										47.
3.	Taxa	ble Ir	ncome	e (For	m 760	CG, Li	ne 1	15; 7	760F	Y, Lin	e 16,	colu	ımns	s A &	B; F	orm	n 76	3, L	ine	17)													15.
4.	Virgir	nia In	come	Tax	(Form	760C0	3, Li	ine 1	18; 7	'60PY,	Line	17,	colu	mns	A &	B; F	orn	n 76	3 Li	ne 18	3)												32.
5.	With	holdir	ng (Fo	orm 76	60CG,	Line 1	9a 8	&191	b; 76	SOPY,	Lines	19a	a & 1	9b; F	orm	763	3, L	ines	198	a & 19	9b)											3,43	
6.	Amo	unt y	ou Ov	ve (Fo	orm 76	OCG, I	Line	35;	For	m 760	PY, Li	ne :	35; F	orm	763,	Lin	ne 3	5)															
7.	Refu	nd (F	orm 7	760C0	3, Line	36; 76	60P	Y, L	ine (36; For	m 763	3, Li	ine 3	36)																		88	82.
Part	:II D)ecla	aratio	n of	Тахр	ayer																											
8a.		app the	ointm territo	ent of orial ju	the of	ther sp ion of	ous the l	se as Unit	s an ted S	agent States	to rec at any	eive poi	e the	refu the	ind. proc	l ce ess	ertify	/ tha	t the	e tran	sact	tion	does	s nc	t dir	ectly in					in irrevo itution o		
8b.						•		•		d or l				•													-14		£				4
the a know sent trans	Re. I authorize the Virginia Department of Taxation (Virginia Tax) and it's designated Financial Agent to initiate an ACH electronic funds withdrawal entry to the financial institution account indicated on my 2022 Virginia income tax return for payment of my state taxes owed on this return and/or a payment of estimated tax. 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 certify that the transaction does not directly involve a financial institution outside of the territorial jurisdiction of the United States at any point in the process. I declare under penalties of perjury that I have compared the information on my return with the information I have provided to my electronic return originator and that the amounts described in Part I above agree with the amounts shown on the corresponding lines of my 2022 Virginia individual income tax return. To the best of my knowledge and belief, my return is true, correct and complete. I consent that my return including this declaration and accompanying schedules and statements be sent to the Internal Revenue Service (IRS) by my electronic return originator (ERO) and by the IRS to Virginia Tax. This declaration is to be retained by the ERO or transmitter as validation of my electronically filed Virginia income tax return. Taxpayers may sign the form using a rubber stamp, mechanical device, such as a signature pen, or computer software program.																																
_		Y	our S	ignatı	ıre		_	_		[Date			_	Sp	oous	se's	Sig	nati	ure (If	Filir	ng St	atus	2 or	4, B	OTH m	ust sig	gn)	_		Date	е	
Part	: III D)ecla	aratio	n of	Elect	ronic	Re	tur	n O	rigina	tor (I	ERG	O) a	nd I	Paid	Pr	ера	arer															
taxpa of all Indiv that	clare that ayer's si forms a idual Ind I have e complet up, mech	ignat and ir come exami e. E	ure or nforma Tax ned the	n Forr ation t Retur ne ab ation	n VA-8 to be fi ns (Ta ove tax of prep	3453 b iled wit x Yeat xpayer barer is	efor th th r 202 's re s ba	re su ne IR 22) a eturn ased	ubmi RS a and n and on a	tting th nd Virg any re d acco all infor	nis retu ginia T quiren mpany rmatio	urn ax nen ying n o	to th and ts sp sch f whi	ne Int have becifi nedul ich p	ernal follo ed by es ar repar	Reowed Well Well Well Well Well Well Well We	ever d al irgin state	nue S I oth nia Ta emer	Sen er r ax. nts,	vice (equire If I a and t	IRS) eme m al o the) and ints a so the e be	d Virg as de ne Pa st of	gini esc aid my	a Ta ribed Prep kno	ix. I ha d in Ha parer, i owledg	ave pr ndboo under e and	ovide ok for pena belie	ed the Electrical edities	e taxp ctronic of per ey are	eayer wi Filers of rjury, I d true, co	th a co of eclare orrect,	ору Э
	's Signa				,												Dat	е									SS	SN/PT	ΓIN				
	BAL 's name					oyed)															ı	Paid	Pre	par	er?[□Y [□N	S	Self-e	employ	yed?□	Y 🗀] N
245	R00	ŃΕΥ	CI	1	•		E	<u> </u>	BRU	NSW:	ICK		1	J	088	316	5				_					882		487					
Addr	ess, Cit	y, St	ate ar	nd Zip																								EIN					
Paid	Prepare	er's S	Signat	ure													Dat	e									SS	SN/PT	ΓΙΝ				
Firm	's name	(or y	ours/	if self	-emplo	yed)															;	Self-	-emp	loy	ed?	ΠY	□N						
245	ROO:	NEY	_ CI	<u>.</u>			E	<u> </u>	<u>R</u> U	NSW:	<u>IC</u> K		_ 1	<u>J</u>	088	316	5		_														
	ess, Cit											-												-				EIN					
1555														RE	V 02/	17/23	3 PR	20															

2022 VA760CG Page 1





ANUSHA GANJI

2015 HIGHCOURT LANE APT 103

HERNDON VA 20170

SSN - You GANJ		071538415	Vendor ID	1555	Σ	- XXXXX	٦
SSN - Spouse							
Fed Adj Gross Income (FAGI)	1.	61447.	Withholding (VA) - Yo	ou	19A.	3414.	
Additions	2.		Withholding (VA) - Sp	oouse	19B.		
Subtotal	3.	61447.	Estimated Payments		20.		
Age Deduction - You	4A.		2021 Overpayment		21.		
Age Deduction - Spouse	4B.		Extension Payments		22.		
Soc Sec & Tier 1 Railroad	5.		Credit - Low-Income	or EIC	23.		
State Income Tax Overpayment	6.		Credit - Schedule OS	С	24.		
Subtractions	7.		Credits - Schedule CF	₹	25.		
Subtotal Subtractions	8.		Total Payments / Cre	dits	26.	3414.	
Total VA Adj Gross Income (VAGI)	9.	61447.	Tax You Owe		27.		
Itemized Deductions - VA Sch A	10.	12002.	Tax Overpayment		28.	882.	
Standard Deduction	11.		Overpayment Credite	d to Next Year	29.		
Exemptions	12.	930.	VAC - Virginia 529 / A	ABLE	30.		
Deductions	13.		VAC - Other Contribu	itions	31.		
Subtotal (Deductions & Exemptions)) 14.	12932.	Addition to Tax, Pena	Ity & Interest	32.		
VA Taxable Income	15.	48515.	Sales and Use Tax		33.		
Amount of Tax	16.	2532.	Amount You Owe				
Spouse Tax Adjustment (STA)	17.		Will Pay by Credit/Debit Your Refund	Card N	1	882.	
VAGI - Spouse	17A.				_	051000015	,
Net Amount of Tax	18.	2532.	Bank Routing #	(125025	051000017	/
L			Bank Account #		435037	7859682	

__LAR __DLAR __DTD __LTD \$____

Page 1 of 2





Filing Status, Age & License Information Additional Filing Information 059 1 Filing Status Locality Federal Head of Household Uninsured & Authorize DMAS 12121993 DOB - You Name or Filing Status Change VA Driver's License ID - You C66061810 Address Change 03292023 VA Driver's License - Iss. Date - You VA Return Not Filed Last Year Spouse Name (Filing Status 3 Only) Dependent on Another's Return Farmer / Fisherman / Merchant Seaman DOB - Spouse Amended VA Driver's License ID - Spouse Reason Code VA Driver's License - Iss. Date - Spouse Overseas on Due Date Exemptions (A) Exemptions (B) 65 & Over - You Federal EIC & Amount You Spouse 65 & Over - Spouse **Deceased Indicator** Form 760C or 760F Dependents Blind - You Total (A) 1 Blind - Spouse No Sales & Use Tax Due Indicator Χ Total (B) Obtain Electronic 1099G ID Theft PIN **Contact Information** I (We), the undersigned, declare under penalty of law that I (we) have examined this return & to the best of my (our) knowledge, it is a true, correct & complete return. If you are requesting direct deposit of your refund by providing bank information on your return, you are certifying that the information provided is for a domestic account within the territorial jurisdiction of the United States. 9802342334 _____ Date Signature - You Phone - You Signature - Spouse _____ Date Phone - Spouse Signature - Preparer _____ Date Phone - Preparer 7

Preparer Information

NJ 08816

Page 2 of 2

GLOBAL TAXES LLC

245 ROONEY CT

E BRUNSWICK

1555 REV 02/17/23 PRO

The Tax Department may discuss my/our return with my/our preparer.

File by May 1, 2023 Include Page 1, Page 2 and all

supporting 760CG documents.

2022 Schedule INC/CG

071538415

Report all W-2s, 1099s & VK-1s with VA Withholding



GANJI



Your/ Spouse SSN	Withholding Type	VA Withholding	Employer FEIN	VA Account Number	VA Wages, tips, other comp.
071538415	W	1438.	223502121	30223502121F001	29193.
071538415	W	1976.	202590509	30202590509F001	39725.

Total VA Withholding

You

071538415

Spouse

Total # of W-2s,1099s & VK-1s

02