Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization

OMB No. 1545-0074

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

Submission Identification Number (SID)

Taxpayer's name		Social security number	er
MAHANTAGOUD KUNTOJI		836-36-5063	
Spouse's name		Spouse's social secu	rity number
SUVARNA PATIL		656-62-5831	
Part I Tax Return Information – Tax Year Ending December 31,	2022 (Enter	year you are aut	norizing.)
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	242,377.
2 Total tax		2	39,625.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	39,384.
4 Amount you want refunded to you		4	
5 Amount you owe		5	40.

Under penalties of periury. 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 I au	thorize	GLOBAL	BAL TAXES LLC to enter or generate m	to enter or generate my PIN	6 5 0 6 3	
siar	- ature on :	the incom	e tax reti	ERO firm name urn (original or amended) I am now		Enter five digits, but don't enter all zeros
•				ure on the income tax return (origi	Ū.	orizing Check this

ERO IIIm name	don't enter all zeros
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 n	ow authorizing. Check this box only
if you are entering your own PIN and your return is filed using the Practitioner PIN meth	od. The ERO must complete Part III

Date ► 04/16/2013

Your signature

below.	
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-	

Spouse's PIN: check one box only

X lauthorize GLOBAL TAXES LLC

to enter or generate my PIN

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as my

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.

Spouse's signature ► Date ►										
Practitioner PIN Method Returns Only—continue below										
Part III	Certification and Authentication – Practitioner PIN Method Only									
ERO's EFI	N/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.	2	2	2			 3 all zei	 9	8	9

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 🕨	
		DEV 02/02/02 DDO	Farm 8870 (Day, 01 0001)

For Paperwork Reduction Act Notice, see your tax return instructions. BAA REV 03/22/23 PRO

IF you live in	THEN use this address to send in your payment					
Alabama, Florida, Georgia, Louisiana, Mississippi, North Carolina, South Carolina, Tennessee, Texas	Internal Revenue Service P.O. Box 1214 Charlotte, NC 28201-1214					
Arkansas, Connecticut, Delaware, District of Columbia, Illinois, Indiana, Iowa, Kentucky, Maine, Maryland, Massachusetts, Minnesota, Missouri, New Hampshire, New Jersey, New York, Oklahoma, Rhode Island, Vermont, Virginia, West Virginia, Wisconsin	Internal Revenue Service P.O. Box 931000 Louisville, KY 40293-1000					
Alaska, Arizona, California, Colorado, Hawaii, Idaho, Kansas, Michigan, Montana, Nebraska, Nevada, New Mexico, North Dakota, Ohio, Oregon, Pennsylvania, South Dakota, Utah, Washington, Wyoming	Internal Revenue Service P.O. Box 802501 Cincinnati, OH 45280-2501					
A foreign country, American Samoa, or Puerto Rico (or are excluding income under Internal Revenue Code section 933), or use an APO or FPO address, or file Form 2555 or 4563, or are a dual-status alien or nonpermanent resident of Guam or the U.S. Virgin Islands	Internal Revenue Service P.O. Box 1303 Charlotte, NC 28201-1303					

MAIL FORM 1040-V TO THE INTERNAL REVENUE SERVICE CENTER AT THE ADDRESS LISTED BELOW.

Form **1040-V** 2022

▼ Detach Here and Mail With Your Payment and Return ▼

Department of the Treasury Internal Revenue Service

2022

Form 1040-V Payment Voucher

Use this voucher when making a payment with Form 1040.

Do not staple this voucher or your payment to Form 1040.

Make your check or money order payable to the 'United States Treasury.'

► Write your social security number (SSN) on your check or money order.

Enter the amount 40. of your payment. 1555

REV 03/22/23 PRO

INTERNAL REVENUE SERVICE P.O. BOX 1214 CHARLOTTE, NC 28201-1214

MAHANTAGOUD KUNTOJI SUVARNA PATIL 5700 TAPADERA TRACE LN 233 AUSTIN TX 78727

	E1040		rtment of the Treasury-Internal Revenue Servi 5. Individual Income Tax		ım 20 2	2	OMB No. 1545	-0074	IRS Use Or	ily—Do not	write or staple	in this space.
MARANTAGOUD KUNTOJI 836-36-5063 Hjört frum, spose's first name and middle initial Last name Spose's social security number State Spose's social security number CS6-62-5831 Home address (number and street). Hyou have a foreign address, also complete spaces below. State 233 City, toon, or post office. Hyou have a toreign address, also complete spaces below. State 279 code Toreign country name Foreign province/state/country Foreign postal code Foreign postal code Digital At any time during 2022, did you: (a) receive (as a revard, award, or payment for property or services); or (b) sell, Toreign country name You You Digital At any time during 2022, did you: (a) receive (as a revard, award, or payment for property or services); or (b) sell, You You You Deduction Spouse itemizes on a separate return or you were a dual-status allen Age/Bindness You: You You You You Pereidents, see instructions; (f) First name Last name Gocial security (g) Policitalita set (gocial security or gocial security (gocial security or gocial security or gocial security (gocial security or gocial security or gocial security (gocial security or gocial security or gocial security or gocial security or gocial security (gocial security or gocial	Check only	lf yo	u checked the MFS box, enter the n	ame of ye						sp	ouse (QSS)	0
IT joint return, spouse's first name and middle initial Last name Site PATEL Spouse's social security numbers of 55:06:-62:-58:31 STVARNA Att. no. 23:33 Check hear if you, or your Presidential Election Campaign STUD TAPADERA TRACE IN 28:00 TX ZP code TX TR code Freeding not intro, want 33 AUSTIN TX TX TX TR code Not hole with want 34 Not hole with want 34 Forsign country name Forsign province/state/country Forsign province/state/country Forsign province/state/country Forsign province/state/country You Spouse Digital At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services) or (b) sell, acchange, gift, or otherwise dispose of a digital asset (or a financial interest in a dipendent Pour spouse as a dependent Pour spous as a dependent Pour spouse as a dependent	Your first name	and mi	ddle initial	Last nan	ne					Your s	ocial securi	ty number
SUVARNA PATIL 656-62-5831 Home address (number and street). If you have a forsign address, also complete spaces below. Apt. no. Precidential Election Campaign City, tow, or poot office. If you have a forsign address, also complete spaces below. State ZIP code poous of filing joinity, want SQ City, tow, or poot office. If you have a forsign address, also complete spaces below. TX 78727 poous of filing joinity, want SQ 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.) Yes No Standard Spouse itemizes on a separate return or you were a dual-status allen Age/Elindhess You Spouse itemizes on a separate return or you were a dual-status allen Dependents (see instructions): (1) First name Last name Image: Control of the file of the dispendent Income 1a Total amount from Form(s) W-2, box 1 (see instructions) 1a Cell to cher dispendent Image: Control of the dispendent instructions insthe dinerest instructions insthe dispendent instof (fina	MAHANTAG	OUD		KUNT	JJI					836-	-36-506	3
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Instructions. z Add lines 1a through 1h 1z 261,858. Attach Sch. B 2a b Tax-exempt interest 2b if required. 3a ualified dividends 3a b Ordinary dividends 3b 4a IRA distributions 4a b Taxable amount 4b 5b 5a Pensions and annuities 5a b Taxable amount 5b 6a Social security benefits 6a b Taxable amount 6b Single or Married filing separately, \$12,950 r Capital gain or (loss). Attach Schedule D if required. If not required, check here 7 448. Married filing jointly or Qualifying spruse, \$25,900 9 Add lines 12, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 9 242, 377. 10 Subtract line 10 from line 9. This is your adjusted gross income 11 242, 377. 10 Head of household, \$19,400 12 Standard deduction or itemized deductions from Schedule A) 12 25, 900. 13 If you checked any box under Standard Gualified business income deduction from Schedule A) 12 25, 900. 12 25, 900.	W-2, see	i	,	,				Ì				
Attach Sch. B 2a Tax-exempt interest 2a b Taxable interest 2b if required. 3a Qualified dividends 3a b Ordinary dividends 3b 4a IRA distributions 4a b Taxable amount 4b 5a Pensions and annuities 5a b Taxable amount 4b 6a Social security benefits 6a b Taxable amount 5b 6a Social security benefits 6a b Taxable amount 6b Married filing separately, \$12,950 r Capital gain or (loss). Attach Schedule D if required. If not required, check here 7 448. Married filing jointly or 9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 9 242, 377. Qualifying surviving spouse, \$25,900 10 Adjustments to income from Schedule 1, line 26 10 Head of household, \$19,400 12 Standard deduction or itemized deductions (from Schedule A) 12 25,900. 14 Add lines 12 and 13 13 14 25,900. 14 25,900. 15 Subtract line 14 from line 11 <td>Instructions.</td> <td>z</td> <td></td> <td></td> <td>,</td> <td></td> <td></td> <td></td> <td></td> <td>. 1</td> <td>z 2</td> <td>61,858.</td>	Instructions.	z			,					. 1	z 2	61,858.
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Standard Deduction for- 5a 5a b Taxable amount	if required.	3a	Qualified dividends	3a		bС	Drdinary divider	nds .		. 3	b	
Deduction for- 6a Social security benefits 6a b Taxable amount 6b • Single or Married filing separately, \$12,950 6a Social security benefits 6a b Taxable amount 6b • Married filing jointly or Qualifying surviving spouse, \$25,900 7 Capital gain or (loss). Attach Schedule D if required. If not required, check here 7 448. • Married filing jointly or Qualifying surviving spouse, \$25,900 9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 9 242, 377. • Head of household, \$19,400 11 Subtract line 10 from line 9. This is your adjusted gross income 11 242, 377. • Head of household, \$19,400 12 Standard deduction or itemized deductions (from Schedule A) 12 25,900. • If you checked any box under Standard 13 Qualified business income deduction from Form 8995 or Form 8995-A 13 • Add lines 12 and 13 • • • • • • • • • • • • • • • • • • •		4a	IRA distributions	4a		bТ	axable amount	:		. 4	b	
 Single or Married filing separately, \$12,950 Married filing jointly or Qualifying surviving spouse, \$25,900 Head of household, \$19,400 Head of household, \$19,400 Subtract line 10 from line 9. This is your adjusted gross income Head of household, \$19,400 Standard deduction or itemized deductions (from Schedule A) Head of household, \$19,400 Standard deduction or itemized deductions (from Schedule A) Head of household, \$19,400 Subtract line 10 from line 9. This is your adjusted gross income Head of household, \$19,400 Standard deduction or itemized deductions (from Schedule A) Head of household, \$19,400 Standard deduction from Form 8995 or Form 8995-A Head of household, \$10 Subtract line 14 from line 11 If zero or less enter -0. This is your taxable income 15 Subtract line 14 from line 11 If zero or less enter -0. This is your taxable income 	Standard	5a	Pensions and annuities	5a		bТ	axable amount			. 5	b	
Married filing separately, \$12,950 c If you elect to use the lump-sum election method, check here (see instructions) .	Deduction for –	6a	Social security benefits	6a		bТ	axable amount			. 6	b	
\$12,950 7 Capital gain of (loss). Attach Schedule D in required, in hot required, check here 1 1 448. • Married filing jointly or Qualifying surviving spouse, \$25,900 9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 9 242,377. • Married filing jointly or Qualifying surviving spouse, \$25,900 10 9 242,377. • Head of household, \$19,400 11 Subtract line 10 from line 9. This is your adjusted gross income 11 242,377. • Head of standard deduction or itemized deductions (from Schedule A) 12 25,900. 11 • If you checked any box under Standard 13 Qualified business income deduction from Form 8995 or Form 8995-A 13 • Add lines 12 and 13 14 25,900. 13 216 477	Married filing	с	If you elect to use the lump-sum e	lection m	nethod, check here	(see	instructions)					
 Married filing jointly or Qualifying spouse. Mad lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income Adjustments to income from Schedule 1, line 26 Head of household, \$12 Standard deduction or itemized deductions (from Schedule A) It you checked any box under Standard Qualified business income deduction from Form 8995 or Form 8995-A Subtract line 14 from line 11. If zero or less enter -0- This is your taxable income 		7	Capital gain or (loss). Attach Schee	dule D if	required. If not requ	ired	, check here				7	448.
Qualifying surviving spouse, \$25,900 9 242,377. 10 Adjustments to income from Schedule 1, line 26 10 Head of household, \$19,400 Subtract line 10 from line 9. This is your adjusted gross income 11 242,377. 11 242,377. 11 242,377. With the second of household, \$19,400 12 Standard deduction or itemized deductions (from Schedule A) 12 25,900. 13 Qualified business income deduction from Form 8995 or Form 8995-A 13 14 25,900. 14 25,900. 14 25,900. 14 25,900. 14 25,900. 12 216,477	 Married filing 	8	Other income from Schedule 1, lin	e10 .						. 4	3 –	19,929.
\$25,900 10 Adjustments to income nom obligation of the first to income nom obligation	Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,	and 8. 1	his is your total inc	om	e			. 9	9 2	42,377.
• Head of household, \$19,400 11 Subtract line 10 from line 9. This is your adjusted gross income 11 242,377. • Head of household, \$19,400 12 Standard deduction or itemized deductions (from Schedule A) 12 25,900. • If you checked any box under Standard 13 Qualified business income deduction from Form 8995 or Form 8995-A 13 14 25,900. • If you checked any box under Standard 14 Subtract line 12 and 13 14 25,900. • If you checked any box under Standard 14 Subtract line 14 from line 11. If zero or less enter -0 This is your taxable income 15 216,477		10	Adjustments to income from Sche	dule 1, lii	ne 26					. 1		
\$19,400 12 Standard deduction or itemized deductions (from Schedule A) 12 25,900. • If you checked any box under Standard 13 Qualified business income deduction from Form 8995 or Form 8995-A 13 13 • If you checked any box under Standard 14 Add lines 12 and 13 14 25,900. • If you checked any box under Standard 14 25,900. 14 25,900. • If you checked any box under Standard 14 25,900. 14 25,900. • If you checked any box under Standard 15 216,477 15 216,477	Head of									. 1		
any box under Standard 14 Add lines 12 and 13 14 25,900 Deduction, 15 Subtract line 14 from line 11. If zero or less enter -0 This is your taxable income 15 216,477	\$19,400	12										25,900.
Standard 14 Add lines 12 and 13 14 25,900. Deduction, 15 Subtract line 14 from line 11. If zero or less enter -0- This is your taxable income 15 216,477				on from	Form 8995 or Form	899	95-A					
	Standard					•						
		15	Subtract line 14 from line 11. If zer	o or less	, enter -0 This is y	our	taxable incom	е.		. 1	5 2	16,477.

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

Form **1040** (2022)

Form 1040 (2022	2)									Page 2
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 🗌 881	4 2 4972	3 🗌		16	39,6	625.
Credits	17	Amount from Schedule 2, lin	e3					17		
	18	Add lines 16 and 17						18	39,6	625.
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812			19		
	20	Amount from Schedule 3, lin	e8					20		
	21	Add lines 19 and 20						21		
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	39,6	625.
	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	39,0	625.
Payments	25	Federal income tax withheld								
-	а	Form(s) W-2				25a 33	9,384.			
	b	Form(s) 1099				25b				
	с	Other forms (see instructions	s)			25c				
	d	Add lines 25a through 25c						25d	39,3	384.
If you have a	26	2022 estimated tax payment	s and amount a	pplied from 20	21 return			26		
qualifying child,	27	Earned income credit (EIC)			No .	27				
attach Sch. EIC.	28	Additional child tax credit fror	n Schedule 8812	2		28				
	29	American opportunity credit	from Form 8863	8, line 8		29				
	30	Reserved for future use .				30				
	31	Amount from Schedule 3, lin	e15			31	201.			
	32	Add lines 27, 28, 29, and 31	. These are your	total other pa	ayments and ref	undable credits		32		201.
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments				33	39,	585.
Refund	34	If line 33 is more than line 24	, subtract line 2	4 from line 33.	This is the amou	int you overpaid		34		
nerana	35a	Amount of line 34 you want			3 is attached, che	ck here	🗆	35a		
Direct deposit?	b	Routing number X X X	X X X X	XX	c Type:	Checking	Savings			
See instructions.	d	Account number X X X	X X X X		x x x x x	XX				
	36	Amount of line 34 you want a	applied to your	2023 estimate	ed tax	36				
Amount	37	Subtract line 33 from line 24	. This is the amo	ount you owe						
You Owe		For details on how to pay, ge	o to <i>www.irs.go</i> u	/Payments or	see instructions			37		40.
	38	Estimated tax penalty (see in	nstructions) .			38				
Third Party	Do	you want to allow another	person to disc	cuss this retu	rn with the IRS?					
Designee	ins	tructions					omplete		X No	
	De: nar	signee's		Phone no.			onal ident ber (PIN)	fication		
0:		der penalties of perjury, I declare t	hat I have examine		d accompanying act		. ,	the her		
Sign		ief, they are true, correct, and com			1 2 0		,			0
Here	Yo	ur signature		Date	Your occupation		If th	e IRS se	nt you an Ident	tity
		5							IN, enter it here	e
Joint return?					SOFTWARE :			inst.)		
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, k	ooth must sign.	Date	Spouse's occupat	tion			nt your spouse ection PIN, ente	
your records.					SOFTWARE :	FNGINFFR		inst.)		
	Ph	one no. (845)750-923	3	Email address		@GMAIL.COM				
		eparer's name	Preparer's signat		יזאויזיינאוי	Date	PTIN		Check if:	
Paid		PRIYA RAM SAGAR GUPTA TALLAM						2703	Self-emp	oloved
Preparer		n's name GLOBAL TAX		TADA PAGAN	SOLIA IAUDAM	01/10/2025	<u> </u>		678)965-	
Use Only			Y CT E BRU	NSWICK N	J 08816			i's EIN	84-317	
	1 111			TIONITON IN	00010				1	<u></u>

SCHEDULE	1
(Form 1040)	

Department of the Treasury

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 20 2

Attachment Sequence No. **01**

Your social security number

836-36-5063

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

Nume(3) 3110 WH 01	11011111040	', '	040 011, 01	
MAHANTAGOUD	KUNTOJI	&	SUVARNA	PATIL

Par	t I Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxes		1	
2a	Alimony received		2a	
b	Date of original divorce or separation agreement (see instructions):			
3	Business income or (loss). Attach Schedule C		3	
4	Other gains or (losses). Attach Form 4797		4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Atta	ch Schedule E .	5	-19,929.
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		
I	Income from the rental of personal property if you engaged in the rental			
	for profit but were not in the business of renting such property	81		
m	Olympic and Paralympic medals and USOC prize 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	<u>8s (</u>)		
t	Pension or annuity from a nonqualifed deferred compensation plan or	04		
	a nongovernmental section 457 plan	8t		
u -	Wages earned while incarcerated	<u>8u</u>		
z	Other income. List type and amount:	8z		
9	Total other income. Add lines 8a through 8z		9	
9 10	Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR,		9 10	-19,929.
10	Combine lines i through r and a. Enter here and on Forth 1040, 1040-3R,			-19,949.

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-basis government		
	officials. Attach Form 2106	12	
13	Health savings account deduction. Attach Form 8889	13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903	14	
15	Deductible part of self-employment tax. Attach Schedule SE	15	
16	Self-employed SEP, SIMPLE, and qualified plans	16	
17	Self-employed health insurance deduction	17	
18	Penalty on early withdrawal of savings	18	
19a	Alimony paid	19a	
b	Recipient's SSN		
С	Date of original divorce or separation agreement (see instructions):		
20	IRA deduction	20	
21	Student loan interest deduction	21	
22	Reserved for future use	22	
23	Archer MSA deduction	23	
24	Other adjustments:		
а	Jury duty pay (see instructions)		
b			
	rental of personal property engaged in for profit		
С	Nontaxable amount of the value of Olympic and Paralympic medals		
	and USOC prize money reported on line 8m		
d	Reforestation amortization and expenses		
е	Repayment of supplemental unemployment benefits under the Trade		
	Act of 1974	_	
f	Contributions to section 501(c)(18)(D) pension plans	_	
g	Contributions by certain chaplains to section 403(b) plans 24g	_	
h	Attorney fees and court costs for actions involving certain unlawful		
	discrimination claims (see instructions)	_	
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	_	
j	Housing deduction from Form 2555	_	
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form		
	1041)	_	
Z	Other adjustments. List type and amount:		
05	Tatal ather adjustments Add lines 04s through 04s	05	
25	Total other adjustments. Add lines 24a through 24z	25	
26	Add lines 11 through 23 and 25. These are your adjustments to income . Enter here and on		
	Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a	26	
	BAA REV 03/22/23 PRO	Schedule 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.



MAHANTAGOUD KUNTOJI & SUVARNA PATIL 836-36-5063 Part I Nonrefundable Credits 1 Foreign tax credit. Attach Form 1116 if required 1 2 Credit for child and dependent care expenses from Form 2441, line 11. Attach Form 2441 2 3 Education credits from Form 8863, line 19 3 4 Retirement savings contributions credit. Attach Form 8880 4 5 Residential energy credits. Attach Form 5695 5 6 Other nonrefundable credits: 4	
1 Foreign tax credit. Attach Form 1116 if required 1 2 Credit for child and dependent care expenses from Form 2441, line 11. Attach Form 2441 2 3 Education credits from Form 8863, line 19 3 4 Retirement savings contributions credit. Attach Form 8880 4 5 Residential energy credits. Attach Form 5695 5	
2 Credit for child and dependent care expenses from Form 2441, line 11. Attach Form 2441 3 Education credits from Form 8863, line 19 4 Retirement savings contributions credit. Attach Form 8880 5 Residential energy credits. Attach Form 5695	
Form 244123Education credits from Form 8863, line 1934Retirement savings contributions credit. Attach Form 888045Residential energy credits. Attach Form 56955	
 4 Retirement savings contributions credit. Attach Form 8880	
5 Residential energy credits. Attach Form 5695	
6 Other nonrefundable credits:	
a General business credit. Attach Form 3800 6a	
b Credit for prior year minimum tax. Attach Form 8801 6b	
c Adoption credit. Attach Form 8839 6 c	
d Credit for the elderly or disabled. Attach Schedule R 6d	
e 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	
Amount on Form 8978, line 14. See instructions	
z Other nonrefundable credits. List type and amount:	
6z	
7 Total other nonrefundable credits. Add lines 6a through 6z	
8 Add lines 1 through 5 and 7. Enter here and on Form 1040, 1040-SR, or 1040-NR,	
line 20	

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

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REV 03/22/23 PRO

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Schedule 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	201.
12	Credit for federal tax on fuels. Attach Form 4136		12	
13	Other payments or refundable credits:			
а	Form 2439	13a		
b	Credit for qualified sick and family leave wages paid in 2022 from Schedule(s) H for leave taken before April 1, 2021	13b		
С	Reserved for future use	13c		
d	Credit for repayment of amounts included in income from earlier years	13d		
е	Reserved for future use	13e		
f	Deferred amount of net 965 tax liability (see instructions)	13f		
g	Reserved for future use	13g		
h	Credit for qualified sick and family leave wages paid in 2022 from Schedule(s) H for leave taken after March 31, 2021, and before October 1, 2021	13h		
z	Other payments or refundable credits. List type and amount:			
		13z		
14	Total other payments or refundable credits. Add lines 13a through	13z	14	
15	Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040 line 31		15	201.
	BAA REV	03/22/23 PRO	Schedu	le 3 (Form 1040) 2022

SCHEDULE D (Form 1040)

Capital Gains and Losses

OMB No. 1545-0074

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

Go to *www.irs.gov/ScheduleD* for instructions and the latest information. Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10. 20**22** Attachment Sequence No. **12**

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

MAHANTAGOUD KUNTOJI & SUVARNA PATIL

Your social security number 836-36-5063

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year?
Yes No
If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

Part I Short-Term Capital Gains and Losses – Generally Assets Held One Year or Less (see instructions)

lines This	instructions for how to figure the amounts to enter on the below. form may be easier to complete if you round off cents to e dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustment to gain or loss Form(s) 8949, F line 2, columr	from Part I,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
	Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b.					
1b	Totals for all transactions reported on Form(s) 8949 with Box A checked	2,734.	2,287.		1.	448.
2	Totals for all transactions reported on Form(s) 8949 with Box B checked					
3	Totals for all transactions reported on Form(s) 8949 with Box C checked					
4	Short-term gain from Form 6252 and short-term gain or (I	324	4			
5	Net short-term gain or (loss) from partnerships, Schedule(s) K-1	usts from	5			
6	Short-term capital loss carryover. Enter the amount, if an Worksheet in the instructions	-	6	()		
7	Net short-term capital gain or (loss). Combine lines 1a term capital gains or losses, go to Part II below. Otherwise	7	448.			

Part II Long-Term Capital Gains and Losses—Generally Assets Held More Than One Year (see instructions)

lines This	instructions for how to figure the amounts to enter on the below. form may be easier to complete if you round off cents to le dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustmen to gain or loss Form(s) 8949, I line 2, colum	from Part II,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a	Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b.					
8b	Totals for all transactions reported on Form(s) 8949 with Box D checked					
9	Totals for all transactions reported on Form(s) 8949 with Box E checked					
10	Totals for all transactions reported on Form(s) 8949 with Box F checked.					
	Gain from Form 4797, Part I; long-term gain from Forms from Forms 4684, 6781, and 8824	11				
12 13	Net long-term gain or (loss) from partnerships, S corporat Capital gain distributions. See the instructions	12 13				
	Long-term capital loss carryover. Enter the amount, if any	14	(
15	Net long-term capital gain or (loss). Combine lines 8a on the back .	14				

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

Part	III Summary	
16	Combine lines 7 and 15 and enter the result	16 448.
	• If line 16 is a gain , enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below.	
	• If line 16 is a loss , skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22.	
	• If line 16 is zero , skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22.	
17	Are lines 15 and 16 both gains? Yes. Go to line 18.	
	No. Skip lines 18 through 21, and go to line 22.	
18	If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet	18
19	If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet	19
20	 Are lines 18 and 19 both zero or blank and you are not filing Form 4952? Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. Don't complete lines 21 and 22 below. 	
	□ No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.	
21	If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of:	
	The loss on line 16; or (\$3,000), or if married filing separately, (\$1,500)	21 ()
	Note: When figuring which amount is smaller, treat both amounts as positive numbers.	
22	Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?	
	☐ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16.	
	☑ No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.	

REV 03/22/23 PRO

Schedule D (Form 1040) 2022

8949

Department of the Treasury

Internal Revenue Service

Sales and Other Dispositions of Capital Assets

Go to www.irs.gov/Form8949 for instructions and the latest information.

File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.



Name(s) shown on return	Social security number or taxpayer identification number
MAHANTAGOUD KUNTOJI & SUVARNA PATIL	836-36-5063

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see Part I instructions). For long-term transactions, see page 2.

Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box A. B. or C below. Check only one box. If more than one box applies for your short-term transactions. complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

X (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)

(B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS

C) Short-term transactions not reported to you on Form 1099-B

1 (a) Description of property	Date solution Date Solution		(d) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c		Adjustment, if any, to gain or loss If you enter an amount in column (g), enter a code in column (f). See the separate instructions. (f) (g) Code(s) from instructions Amount of adjustment		(e) If you enter an amount in column (enter a code in column (f). See the separate instructions.		(h) Gain or (loss) Subtract column (e)
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	r.) (Mo_day_yr.) (see instructions) in the separate		from column (d) and combine the result with column (g).					
ROBINHOOD SECURITIES	01/01/22	12/31/22	2,734.	2,287.	W	1.	448.		
2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked).			2,734.	2,287.		1.	448.		

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

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

	CHEDULE E Supplemental Income and Loss					OMB No	o. 1545-0	0074				
(Form	orm 1040) (From rental real estate, royalties, partnerships, S					ons, es	states,	trusts, REMICs	s, etc.)	$\mathcal{D}($	22	2
	nent of the Treasury Revenue Service		Attach to Form 1040, Go to www.irs.gov/ScheduleE for					nformation.	Attachment Sequence No. 13			13
) shown on return								our socia	ur social security number		
		NTOJI	& SUVARNA PATIL							- 6-5063		
Part	I Income	or Los	s From Rental Real Estate an	d Ro	yalties							
	Note: If yo	ou are in	the business of renting personal proper	ty, use	Schedule	C . See	e instru	ctions. If you are	e an indiv	/idual, rep	ort farn	n
• •			ss from Form 4835 on page 2, line 40.	to file		0000 0	Dee in	atructions				Ne
		you make any payments in 2022 that would require you to file Form(s) 1099? See instructions								_	No	
						• •	• •				3	
1a			each property (street, city, state, ZIF		e)							
A	SINDAGI V	IJAYA	PURA KARNATAKA IN 586128	3								
<u>C</u>								1				
1b	Type of Prope (from list below		For each rental real estate prope above, report the number of fair				Fa		Person Da		Q	JV
A	3	<i>N</i>)	personal use days. Check the Q			Α		365	Da	ys 0		
B	3		if you meet the requirements to f	ile as	a i	 B		305		0		<u></u>
C			qualified joint venture. See instru	ictions	s. ·	c						
	of Property:					<u> </u>	1					
	Single Family R	esidenc	e 3 Vacation/Short-Term Ren	tal	5 Land		7	Self-Rental				
	Multi-Family Re				6 Roya	lties	8	Other (describ	be)			
					,							
Incom						•		Properties	s:		С	
Incom 3		4		3		A 6	00.	D			C	
4				4			00.					
Exper		ivea .	· · · · · · · · · · · · · · ·									
5				5								
6			istructions)	6								
7		-	ance	7		1,9	84.					
8	•			8								
9				9								-
10	Legal and othe	er profes	ssional fees	10								
11	Management f	ees .		11		1,5	20.					
12	Mortgage inter	rest paid	d to banks, etc. (see instructions)	12								
13				13								
14				14			50.					
15				15		4,9	81.					
16				16		2 0						
17			or depletion	17			50.					
18 19	Other (list)	•	•	18 19		4,0	44.					
20		s Add li	ines 5 through 19	20		20,5	29					
21			line 3 (rents) and/or 4 (royalties). If	20		20,5	27.					
21			nstructions to find out if you must									
				21		-19,9	29.					
22	Deductible rer	ntal real	estate loss after limitation, if any,									-
	on Form 8582	(see ins	structions)	22	(19,92	29.)	()	()
23a	Total of all am	ounts re	ported on line 3 for all rental prope	rties			23a		600.			
b			ported on line 4 for all royalty prop	erties			23b					
С			eported on line 12 for all properties				23c					
d			eported on line 18 for all properties				23d		844.			
е			eported on line 20 for all properties				23e		529.			
24			e amounts shown on line 21. Do no						24	1	10 0	<u>, </u>
25			sses from line 21 and rental real estat							(19,92	<u> 1</u> 9.)
26			nte and royalty income or (loss). (/, and line 40 on page 2 do not									
			0), line 5. Otherwise, include this ar						26		-19,9	929.

Schedule E (Form 1040) 2022

-19,929.

Form **88889** Department of the Treasury Internal Revenue Service

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

Health Savings Accounts (HSAs)

OMB No. 1545-0074

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

Go to www.irs.gov/Form8889 for instructions and the latest information.

3	ition.	Attachment Sequence No. 52
		ber of HSA beneficiary. HSAs, see instructions
	656-62-	5831

6

12

SUVA	ARNA PATIL 656-62	2-583	31
Befor	re you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, in	f requ	ired.
Part	HSA Contributions and Deduction. See the instructions before completing this part. If y and both you and your spouse each have separate HSAs, complete a separate Part I for		
1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2022. See instructions	🗌 Se	lf-only 🗵 Family
2	HSA contributions you made for 2022 (or those made on your behalf), including those made by the unextended due date of your tax return that were for 2022. Do not include employer contributions, contributions through a cafeteria plan, or rollovers. See instructions	2	0.
3	If you were under age 55 at the end of 2022 and, on the first day of every month during 2022, you were, or were considered, an eligible individual with the same coverage, enter \$3,650 (\$7,300 for family coverage). All others , see the instructions for the amount to enter	3	7,300.
4	Enter the amount you and your employer contributed to your Archer MSAs for 2022 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2022, also include any amount contributed to your spouse's Archer MSAs	4	0.
5	Subtract line 4 from line 3. If zero or less, enter -0	5	7,300.
6	Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2022, see the instructions for the amount to enter	6	7,300.
7	If you were age 55 or older at the end of 2022, married, and you or your spouse had family coverage under an HDHP at any time during 2022, enter your additional contribution amount. See instructions .	7	
8	Add lines 6 and 7	8	7,300.
9	Employer contributions made to your HSAs for 2022 9 2,600.		
10	Qualified HSA funding distributions		
11	Add lines 9 and 10	11	2,600.
12	Subtract line 11 from line 8. If zero or less, enter -0	12	4,700.
13	HSA deduction. Enter the smaller of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line 13	13	0.
	Caution: If line 2 is more than line 13, you may have to pay an additional tax. See instructions.		
Part	a separate Part II for each spouse.	arate	HSAs, complete
14a	Total distributions you received in 2022 from all HSAs (see instructions)	14a	
b	Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were		
	withdrawn by the due date of your return. See instructions	14b	
	Subtract line 14b from line 14a	14c	
15	Qualified medical expenses paid using HSA distributions (see instructions)	15	
16	Taxable HSA distributions. Subtract line 15 from line 14c. If zero or less, enter -0 Also, include this amount in the total on Schedule 1 (Form 1040), Part I, line 8f	16	
	If any of the distributions included on line 16 meet any of the Exceptions to the Additional 20% Tax (see instructions), check here		
	Additional 20% tax (see instructions). Enter 20% (0.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also, include this amount in the total on Schedule 2 (Form 1040), Part II, line 17c	17b	
Part	III Income and Additional Tax for Failure To Maintain HDHP Coverage. See the instruct completing this part. If you are filing jointly and both you and your spouse each have sep complete a separate Part III for each spouse.		
18	Last-month rule	18	
19	Qualified HSA funding distribution	19	
20	Total income. Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I, line 8f .	20	
21	Additional tax, Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2 (Form		

 1040), Part II, line 17d
 .

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

 REV 03/22/23 PRO

Form **8889** (2022)

21

Virginia Individual Income Tax Declaration for Electronic Filing

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

Virginia Submission Identification Number (SID)	_							
First Name & Middle Initial (if joint or combined return, enter both) Last Name	B Your Social Secur	ity Number						
MAHANTAGOUD & SUVARNA KUNTOJI & PATIL	836-36-506	53						
Present Home Address	A Spouse's Social S	ecurity Number						
5700 TAPADERA TRACE LN APT # 233	656-62-583							
City, State and Zip Code AUSTIN TX 78727	Online Fi	led Return T						
Part I Tax Return Information	A Spouse	B Yourself						
1. Federal Adjusted Gross Income (Form 760CG, Line 1; 760PY, Line 1, columns A & B; Form 763, Line 1)		242,377.						
2. Virginia Adjusted Gross Income (Form 760CG, Line 9; 760PY, Line 10, columns A & B; Form 763, Line 9)		242,377.						
3. Taxable Income (Form 760CG, Line 15; 760PY, Line 16, columns A & B; Form 763, Line 17)		29,861.						
4. Virginia Income Tax (Form 760CG, Line 18; 760PY, Line 17, columns A & B; Form 763 Line 18)		1,460.						
5. Withholding (Form 760CG, Line 19a &19b; 760PY, Lines 19a & 19b; Form 763, Lines 19a & 19b)		1,723.						
6. Amount you Owe (Form 760CG, Line 35; Form 760PY, Line 35; Form 763, Line 35)								
7. Refund (Form 760CG, Line 36; 760PY, Line 36; Form 763, Line 36)		263.						
Part II Declaration of Taxpayer								
 8a. X I consent that my refund be directly deposited as designated on my 2022 Virginia income tax return. If I has appointment of the other spouse as an agent to receive the refund. I certify that the transaction does not of the territorial jurisdiction of the United States at any point in the process. 9b. A do not work direct denosities of my refund or Lam not receiving a refund. I choose to have a chock mailed 	directly involve a financia							
8b. I do not want direct deposit of my refund or I am not receiving a refund. I choose to have a check mailed		withdrawal antry to						
 8c. 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. 								
Your Signature Date Spouse's Signature (If Filing Status 2 or 4	BOTH must sign)	Date						
Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer	, bo minute olginy	Batt						
Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer I declare that I have reviewed the above taxpayer's return and that the entries on this form are complete and correct to the best of my knowledge. I have obtained the taxpayer's signature on Form VA-8453 before submitting this return to the Internal Revenue Service (IRS) and Virginia Tax. I have provided the taxpayer with a copy of all forms and information to be filed with the IRS and Virginia Tax and have followed all other requirements as described in Handbook for Electronic Filers of Individual Income Tax Returns (Tax Year 2022) and any requirements specified by Virginia Tax. If I am also the Paid Preparer, under penalties of perjury, I declare that I have examined the above taxpayer's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer is based on all information of which preparer has any knowledge. EROs and paid preparer can sign the form using a rubber stamp, mechanical device, such as a signature pen, or computer software program. 04-16-23								
ERO's Signature Date GLOBAL TAXES LLC	SSN/PTIN							
Firm's name (or yours if self-employed) Paid Preparer 245 ROONEY CT E BRUNSWICK NJ 08816	?□Y □N Self-en 882145487	nployed? 🗌 Y 🔲 N						
Address, City, State and Zip 04-16-23	EIN ₽02082703							
Paid Preparer's Signature Date	SSN/PTIN							
SYAM PRIYA RAM SAGAR GUPTA TALLAM Firm's name (or yours if self-employed) Self-employed Self-employed								
245 ROONEY CT E BRUNSWICK NJ 08816 Address, City, State and Zip	843171965 EIN							
Address, Orly, State and Zip	LIN							



2022 Virginia Nonresident Income Tax Return Due May 1, 2023



ral tax return and all othor ro Enclose e co niete const of sour ····

	Enclose a comp	lete copy o	your react	<u>ui tu</u>		an other require	a virginia	enciosur	03.					
First N				MI	Last Name		Suffix	Your Soc		-	mber		Cheo	ck if eased
	NTAGOUD				KUNTOJI			836-3						
· ·	e's First Name (Filing	g Status 2 Only	y)	MI	Last Name		Suffix	Spouse's			y Numbe	er	Cheo dece	
SUVA	ARNA ht Home Address (Nu	umbor and Str	ot or Pural P		PATIL		X	656-6		831			<u> </u>	
) TAPADERA 1			,				Birth Date m-dd-yyyy)		7 -	0 3	- 1 9	90	
	own or Post Office		ALI 23		State	ZIP Code	_ Spouse's	Birth Date						
AUST	IN				TX	78727		m-dd-yyyy)		4 -	05	- 1 9	91	
State of	of Residence			Name	e of Virginia City	or County in which	principal pla	ce of busin	ess, em	nployme	nt, or inc	ome source	Locality C	ode
NJ			is located. LOUDOUI	N							City OR	X County	107	
		Amer	nded Return	Γ		Name(s) or	Address D	ifferent th	an	Γ		seas on Du	1	
Ch	eck Applicable		Reason Cod	e		Shown on 2				L			e Date	
	Boxes		ndent on An	othe	r's Return	Qualifying F	armer. Fis	herman, c	or	E	EIC Clai	med on fed	eral return	
						Merchant S		, .		\$	5		.00	
	Filing Status Ente	er Filing State	us Code in b	ox b	elow.		Exem	ptions A	dd Seo	ctions 1	and 2.	Enter the s	um on Lin	e 12.
			ead of house				Yo	Spou u Filing S	Status	Depende	ents		Total Coo	diam d
2		-			must have Virg			20	or 3			_	Total Sec	tion 1
2	2 3 = Married, Spouse Has No Income From Any Source 4 = Married, Filing Separate Returns							=	2 X \$930)= 186	50			
If Filin	You 65 Spouse 65 You Sp							u Spo Id Bli	nd		Total Sec	ction 2		
	top of form and er	•		•				+	+]+[X \$800) =	
box at		iter opedee								l. L				
1	Adjusted Gross In	ncome from	federal returi	n - N	ot federal taxa	ble income					1		242377	7 00
2	Additions from Sc	hedule 763	ADJ. Line 3.								2			00
3	Add Lines 1 and												242377	7 00
4	Age Deduction (S										4a			00
	Enter Birth Dates	above. Ente	er Your Age D	Dedu	ction on Line 4	a								+
	and Your Spouse'	•							-		4b			00
5	Social Security Ac	ct and equiva	alent Tier 1 F	Railro	oad Retirement	t Act benefits rep	orted on yo	our federa	l returr	ח	5			00
6	State income tax	refund or ov	erpayment c	redit	reported as in	come on your fe	deral returr	۱			6			00
7	Subtractions from	Schedule 7	63 ADJ, Line	e 7							7			00
8	Add Lines 4a, 4b	o, 5, 6, and 7	7.								8			00
9	Virginia Adjusted	d Gross Inc	ome (VAGI)	. Sul	btract Line 8 f	rom Line 3					9		242377	7 00
10	Itemized Deduction	ons from Virg	ginia Schedu	ıle A,	if applicable.	See instructions.					10			00
11	If you do not claim	n itemized d	eductions on	n Line	e 10, enter star	ndard deduction.	See instru	ictions			11		16000	00 0
12	Exemption amour	nt. Enter the	total amoun	t fror	n the Exemptio	on Sections 1 an	d 2 above.				12		1860	00 0
13	Deductions from S	Schedule 76	3 ADJ, Line	9							13			00
14	Add Lines 10, 11	, 12 and 13									14		17860	00 0
15	Virginia Taxable Ir	ncome comp	outed as a re	side	nt. Subtract Lir	ne 14 from Line §	9				15		224517	7 00
16	Percentage from I	Nonresident	Allocation S	ectio	on on Page 2 (I	Enter to one dec	imal place	only)			16		13.3	%
17	Nonresident Taxa	ble Income.	(Multiply Lin	ie 15	by percentage	e on Line 16)					17		29861	1 00
18	Income Tax from ⁻	Tax Table or	Tax Rate Sc	ched	ule						18		1460	00 (
19a	Your Virginia inco	me tax with	neld. Enclose	e For	ms W-2, W-2G	G, 1099, and VK-	1				19a		1723	3 00
		For Local Use	חד ו		^]	L		
2601 1555	044 Rev. 07/22 REV 02/17/23 P	PRO	LTD		\$]	XX	XXX	

2022	FORM 763 Page 2												
Your N MAHA	ame NTAGOUD KUNTOJI & SUVARNA PATIL	Your SSN 836-36-5063											
19b	Spouse's Virginia income tax withheld. Enclose	se Forms W-2, W-2G, ²	1099, and	VK-1					19b				00
20	2022 Estimated Tax Payments								20				00
21	2021 overpayment credited to 2022 estimated	d tax							21				00
22	Extension Payment - submitted using Form 7	60IP							22				00
23	Credit for Low-Income Individuals or Virginia	Earned Income Credit	from Sche	dule	763 ADJ	l, Line	9 17		23				00
24	Total credits from Schedule OSC.								24				00
25	Credits from Schedule CR, Section 5, Line 1A							25				00	
26	Total payments and credits. Add Lines 19	a through 25							26			172	3 00
27	If Line 18 is larger than Line 26, enter the diff	erence. This is the INC	ОМЕ ТАХ	YOU	OWE.				27				00
28	If Line 26 is larger than Line 18, enter the diff	erence. This is the OV	ERPAYME	NT A	моилт				28			26	3 00
29	Amount of overpayment on Line 28 to be CREE	ITED TO 2023 ESTIM	ATED INC	OME	ТАХ				29				00
30	Virginia529 and ABLE Contributions from Sch	edule VAC, Part I, Line	96						30				00
31	Other Voluntary Contributions from Schedule	VAC, Section II, Line 1	4						31				00
32	Addition to Tax, Penalty, and Interest from en See instructions Enclo	ose 760C or 760F and	check here	ə					32				00
33	Sales and Use Tax is due on Internet, mail ord See instructions Chec	· · ·	``				/	X	33				00
34	Add Lines 29 through 33.								34				00
35	If you owe tax on Line 27, add Lines 27 and 3 Line 34 is larger than Line 28, enter the differ www.tax.virginia.govCheck here if page	ence. AMOUNT YOU (OWE. Enc	lose	paymen	t or p	ay at		35				00
36	If Line 28 is larger than Line 34, subtract Line 3	4 from Line 28. This is th	ne amount	to be	REFUN	DED	то уо	U.	36			26	3 00
If the I	Direct Deposit section below is not completed,	vour refund will be issu	ied bv che	ck.									
	T BANK DEPOSIT Your Bank Routing T	•			Accoun	t Nun	nber	Che	cking	X	Savir	ngs	7
	ernational Deposits 0 2 1 0 0	0 3 2 2	4 8	3	0 5	7	4 4	l 5	0	6 0			
Non	resident Allocation Percentage					A - AI	I Sour	ces		В-	Virginia	a Sourc	es
1.	Wages, salaries, tips, etc			1			261	858	00			3220	ə 00

NOR	iresident Allocation Percentage		A - All Sources		B - Virginia Sources	5		
1.	Wages, salaries, tips, etc	1	261858	00	32209	00		
2.	Interest income	2		00		00		
3.	Dividends	3		00		00		
4.	Alimony received.	4		00		00		
5.	Business income or loss	5		00		00		
6.	Capital gain or loss/capital gain distributions	6	448	00	0	00		
7.	Other gains or losses	7		00		00		
8.	Taxable pensions, annuities and IRA distributions.	8		00				
9.	Rents, royalties, partnerships, estates, trusts, S corporations, etc	9	-19929	00	0	00		
10.	Farm income or loss	10		00		00		
11.	Other income	11		00		00		
12.	Interest on obligations of other states from Schedule 763 ADJ, Line 1	12		00				
13.	Lump-sum and accumulation distributions included on Sch. 763 ADJ, Line 3	13		00		00		
14.	TOTAL - Add Lines 1 through 13 and enter each column total here	14	242377	00	32209	00		
15.	Nonresident allocation percentage - Divide Line 14 B, by Line 14 A. <i>Compute percentage to one decimal place (e.g., 5.4%)</i> . Enter on Page 1, Line 16	15			13.3%	ó		
	(We) authorize the Dept. of Taxation to discuss this return with my (our) preparer.		I agree to obtain my Form	my Form 1099-G at www.tax.virginia.gov.				

I (We), the undersigned, declare under penalty provided by law that I (we) have examined this return and to the best of my (our) knowledge, it is a true, correct, and complete return. Your Signature
Vour Signature
Date

Your Signature		Your Phone Number	Date			
		(845) 750-9233				
Spouse's Signature (If a joint return, both must sign)	Spouse's Phone Number	Preparer's PTIN	Vendor Code		
			P02082703	1555		
Preparer's Name	Firm's Name (or Yours if Self-Employed)	Preparer's Phone Number	Filing Election Code	ID Theft PIN		
SYAM PRIYA RAM SAGAR GUPTA TALLAM	GLOBAL TAXES LLC	(678) 965-9522	7			

2022 Schedule INC/CG 836365063

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

MAHANTAGOUD KUNTOJI

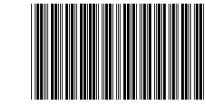
SUVARNA PATIL



Your/ Spouse SSN	Withholding Type	VA Withholding	Employer FEIN	VA Account Number	VA Wages, tips, other comp.
Г					Г
836365063	W	1723.	831976257	30831976257F001	32209.

Total VA Withholding	SSN	VA Withholding
You	836365063	1723.
Spouse		
Total # of W-2s,1099s & VK-1s	01	

To avoid delays - be sure to enter all information, including the Employer's FEIN.



2022 NJ-1040 New Jersey Resident Income Tax Return

For Privacy Act Notification, See Instructions

ZIP Code

1555

No No

NJ-1040 2022 Page 1

836365063

040MP01220

Last Name, First Name, Initial (Joint Filers enter first name and middle initial of each. Enter spouse's/CU partner's last name ONLY if different.) KUNTOJI MAHANTAGOUD & PATIL SUVARNA

Spouse's/CU Partner's SSN (if filing jointly) 656625831

Your Social Security Number (required)

Home Address (Number and Street, including apartment number) 5700 TAPADERA TRACE LN APT 233

County/Municipality Code (See Table page 50) 1205

City Tam	, Post Office				State	
5700	TAPADERA	TRACE	LN	APT	233	

AUSTIN

TX 78727

Driver's License Number (Voluntary) (See instructions) K93055090007901

Federal extension filed.

The address above is a foreign address.

Your address has changed.

Death certificate is enclosed.

Do not want a paper form next year.

I authorize the Division of Taxation to discuss my return and enclosures with my preparer.

NJ-1040-O is enclosed.

Gubernatorial Elections Fund

Do yo	ou want to designate \$1 to the Gubernatorial Elections Fund?	You		Yes
If join	nt return, does your spouse want to designate \$1?	Spouse/CU Partner		Yes
Direc	t Deposit Information			
dd1.	Direct deposit indicator (1 for direct deposit, 4 for no direct deposit)		dd1.	4
dd2.	Account type (C for checking, S for savings)		dd2.	
dd3.	Fill in the checkbox if the direct deposit is going to an account outside the United States		dd3.	
dd4.	Routing number		dd4.	
dd5.	Account number		dd5.	

Note: This does not reduce your refund or increase your balance due.



Γ							Name(s) as shown on Form NJ-1040 KUNTOJI MAHANTAGOUD & PATIL SUVARNA							
NJ- 2022 Page		MP02	220		Your Social Secur 8363650		ber				1555			
Part-	year residents, provide months/days			rsey resid	lent during 2022:		Fiscal yea	r filers or	ıly:					
Fron	n: To:			2	Ū.		Enter more	nth of you	r year end	202	3			
	g Status a only one.													
1.	Single													
2.	X Married/CU Couple, filing	joint retu	ım											
3.	Married/CU Partner, filing	separate	return											
4.	Head of Household						Enter spouse's/CU partne	er's SSN						
5.	Qualifying Widow(er)/Surviving CU Partner													
	Indicate the year of your sp	ouse's/C	U partner	's death:	2020	2021								
	nptions a the ovals that apply. You must enter a tota	al in the bo	oxes to the r	right and co	omplete the calculation.									
6.	Regular	×	Self	×	Spouse/CU Partner		Domestic Partner	2	x \$1,000 =	2000				
7.	Senior 65+ (Born in 1957 or earlier)		Self		Spouse/CU Partner				x \$1,000 =					
8.	Blind/Disabled		Self		Spouse/CU Partner				x \$1,000 =					
9.	Veteran		Self		Spouse/CU Partner				x \$6,000 =					
10.	Qualified Dependent Children								x \$1,500 =					
11.	Other Dependents								x \$1,500 =					
12.	Dependents Attending Colleges (Se	e instruc	tions)						x \$1,000 =					
13.	Total Exemption Amount (Add tota	ls from t	he lines at	t 6 throug	(h 12)				13.	2000 .				
14.	Dependent Information. Provide th	e follow	ing inform	nation for	each dependent.									
	Last Name, First Name, Middle Ini	tial					Social Security Number		Birth Year	No Hea	lth Insurance			
a.														
b.														
c.														
d.														



NJ-1040 2022 Page 3

Name(s) as shown on Form NJ-1040 KUNTOJI MAHANTAGOUD & PATIL SUVARNA

Your Social Security Number 836365063

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15.	Wages, salaries, tips, and other employee compensation (State wages from Box 16 of enclosed W-2(s)) (See instructions)	1	5.	94439	
16a.	Taxable interest income (Enclose federal Schedule B if over \$1,500) (See instructions)	16	a.		•
16b.	Tax-exempt interest income (Enclose Schedule) (See instructions) Do not include on line 16a	16	b.		•
17.	Dividends	1	7.		•
18.	Net profits from business (Schedule NJ-BUS-1, Part I, line 4) (Enclose federal Schedule C)	1	8.		•
19.	Net gains or income from disposition of property (Schedule NJ-DOP, line 4)	1	9.	448	•
20a.	Taxable pensions, annuities, and IRA distributions/withdrawals (See instructions)	20	a.		•
20b.	Excludable pension, annuity, and IRA distributions/withdrawals	20	b.		•
21.	Distributive Share of Partnership Income (Schedule NJ-BUS-1, Part II, line 4) (Enclose Schedule NJK-1 or federal Schedule K-1)	2	1.		•
22.	Net pro rata share of S Corporation Income (Schedule NJ-BUS-1, Part III, line 4) (Enclose Schedule NJ-K-1 or federal Schedule K-1)	2	2.		•
23.	Net gains or income from rents, royalties, patents, and copyrights (Schedule NJ-BUS-1, Part IV, line 4)	2	3.		•
24.	Net gambling winnings (See instructions)	2	4.		•
25.	Alimony and separate maintenance payments received	2	5.		•
26.	Other (Enclose documents) (See instructions)	2	6.		
27.	Total Income (Add lines 15, 16a, 17 through 20a, and 21 through 26)	2	7.	94887	
28a.	Pension/Retirement Exclusion (See instructions)	28	a.		•
28b.	Other Retirement Income Exclusion (See Worksheet D and instructions pages 19-20)	28	b.		
28c.	Total Exclusion Amount (Add lines 28a and 28b)	28	с.		
29.	New Jersey Gross Income (Subtract line 28c from line 27) (See instructions)	2	9.	94887	
30.	Exemption Amount (Enter amount from line 13. Part-year residents see instr.)	3	0.	2000	
31.	Medical Expenses (See Worksheet F and instructions)	3	1.		•
32.	Alimony and separate maintenance payments (See instructions)	3	2.		
33.	Qualified Conservation Contribution	3	3.		
34.	Health Enterprise Zone Deduction	3	4.		
35.	Alternative Business Calculation Adjustment (Schedule NJ-BUS-2, line 11)	3	5.	0	•
36.	Organ/Bone Marrow Donation Deduction (See instructions)	3	6.		
37a.	NJBEST Deduction	37	a.		
37b.	NJCLASS Deduction	37	b.		•
37c.	NJ Higher Ed. Tuition Deduction	37	с.		
38.	Total Exemptions and Deductions (Add lines 30 through 37c)	3	8.	2000	
39.	Taxable Income (Subtract line 38 from line 29)	3	9.	92887	•
40a.	Total Property Taxes (18% of Rent) Paid (See instructions page 25)	40	a.	2862	
40b.	Indicate your residency status during 2022 (fill in only one) Homeowner Tenant	Both			
41.	Property Tax Deduction (From Worksheet H) (See instructions)	4	1.	2862	•
42.	New Jersey Taxable Income (Subtract line 41 from line 39)	4	2.	90025	•
43.	Tax on amount on line 42 (Tax Table page 52)	4	3.	2199	•
44.	Credit For Income Taxes Paid to Other Jurisdictions (Enclose Schedule NJ-COJ) (See instructions)	4		747	•
	Enter Code		46		
45.	Balance of Tax (Subtract line 44 from line 43)	4	5.	1452	•
46.	Sheltered Workshop Tax Credit	4	6.		•
47.	Gold Star Family Counseling Credit (See instructions)	4	7.		•
48.	Credit for Employer of Organ/Bone Marrow Donor (See instructions)	4	8.		•
49.	Total Credits (Add lines 46 through 48)	4	9.		•
50.	Balance of Tax After Credits (Subtract line 49 from line 45) If zero or less, make no entry	5	0.	1452	•
51.	Use Tax Due on Internet, Mail-Order, or Other Out-of-State Purchases (See instructions) If no Use Tax, enter 0	5	1.	0	•
52.	Interest on Underpayment of Estimated Tax	5		18	•
	Fill in if Form NJ-2210 is enclosed		×	-	
53.	Shared Responsibility Payment (See instructions) REQUIRED Enclose Schedule HCC and fill in	5	3.	0	·



NJ-1040 2022

Page 4

Name(s) as shown on Form NJ-1040 KUNTOJI MAHANTAGOUD & PATIL SUVARNA

Your Social Security Number 836365063

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54.	Total Tax Due (Add lines 50 through 53)		54.	1470	•
55.	Total NJ Income Tax Withheld (Enclose Forms W-2 and 1099) (Part year, see instructions)		55.	874	•
56.	Property Tax Credit (See instructions page 24)		56.		•
57.	New Jersey Estimated Tax Payments/Credit from 2021 tax return		57.		•
58.	New Jersey Earned Income Tax Credit (See instructions)		58.		•
	Fill in if you had the IRS calculate your federal earned income credit				
	Fill in if you are a CU couple claiming the NJ Earned Income Tax Credit				
59.	Excess New Jersey UI/WF/SWF Withheld (Enclose Form NJ-2450) (See instructions)		59.		
60.	Excess New Jersey Disability Insurance Withheld (Enclose Form NJ-2450) (See instructions)		60.		
61.	Excess New Jersey Family Leave Insurance Withheld (Enclose Form NJ-2450) (See instructions)		61.		
62.	Wounded Warrior Caregivers Credit (See instructions)		62.		
63.	Pass-Through Business Alternative Income Tax Credit (See instructions)		63.		
64.	Child and Dependent Care Credit (See instructions)		64.		
	Fill in if you are a CU couple claiming the Child and Dependent Care Credit				
65.	New Jersey Child Tax Credit (See instructions)		65.		
	Number of dependents under age 6 on 12/31/2022				
66.	Total Withholdings, Credits, and Payments (Add lines 55 through 65)		66.	874	
67.	If line 66 is less than line 54, you have tax due. Subtract line 66 from line 54 and enter the amount you	ı owe	67.	596	
	If you owe tax, you can still make a donation on lines 70 through 77.				
68.	If the total on line 66 is more than line 54, you have an overpayment. Subtract line 54 from line 66 and	d enter the overpayment	68.		
69.	Amount from line 68 you want to credit to your 2023 tax		69.		
70.	Contribution to N.J. Endangered Wildlife Fund		70.		
71.	Contribution to N.J. Children's Trust Fund to Prevent Child Abuse		71.		
72.	Contribution to N.J. Vietnam Veterans' Memorial Fund		72.		
73.	Contribution to N.J. Breast Cancer Research Fund		73.		
74.	Contribution to U.S.S. New Jersey Educational Museum Fund		74.		
75.	Other Designated Contribution (See instructions)	Enter Code	75.		
76.	Other Designated Contribution (See instructions)	Enter Code	76.		
77.	Other Designated Contribution (See instructions)	Enter Code	77.		
78.	Total Adjustments to Tax Due/Overpayment amount (Add lines 69 through 77)		78.		
79.	Balance due (If line 67 is more than zero, add line 67 and line 78)		79.	596	•
80.	Refund amount (If line 68 is more than zero, subtract line 78 from line 68)		80.		

Under penalties of perjury, I declare that I have examined this Inc the best of my knowledge and belief, it is true, correct, and compl based on all information of which the preparer has any knowledge	Enclose payment along with the NJ-1040-V payment voucher and tax return. Use the labels provided with the envelope and mail to: State of New Jersey Division of Taxation		
Your Signature Date	Spouse's/CU P	Partner's Signature (required if filing jointly) Date	Revenue Processing Center - Payments PO Box 111
Paid Preparer's Signature		Federal Identification Number	Trenton, NJ 08645-0111 Include Social Security number and make check or money order payable to: State of New Jersey – TGI You can also make a payment on our website:
SYAM PRIYA RAM SAGAR GUPTA	A TALLAM	P02082703	nj.gov/taxation Refund or No Tax Due Address
Firm's Name		Firm's Federal Employer Identification Number	Use the labels provided with the envelope and mail to: New Jersey Division of Taxation Revenue Processing Center - Refunds PO Box 555
GLOBAL TAXES LLC		84-3171965	Trenton, NJ 08647-0555

____4 ___

5_

6_

7

Division Use:

1 _____

_____ 2 _

3_

Name(s) as shown on Form NJ-1040	Social Security Numbe
KUNTOJI MAHANTAGOUD & PATIL SUVARNA	836-36-5063

Schedule NJ-DOP

Net Gains or Income From Disposition of Property

2022

	he net gains or income, less net los onal whether tangible or intangible				isposition of property in	cluding real or	
	(a)	(b)	(c)	(d)	(e)	(f)	
1.	Kind of property and description Date acquired (mm/dd/yyyy)		(mm/dd/yyyy) sales price		Cost or other basis as adjusted (see instructions) and expense of sale	Gain or (loss) (d minus e)	
	ROBINHOOD SECURITIES 01/01/2022 12/31/2022 2,734. 2,286.						
2.	Capital Gains Distributions						
3.	Other Net Gains						
4.	Net Gains (Add lines 1, 2, and 3.) entry on line 19.)		448.				

Schedule NJ-WWC 2022 Wounded Warrior Caregivers Credit

	Did you provide care for a relative who was a qualifying armed services member (see instructions)? Ves No						
	If "Yes," enter the name and Social Security number of the qualifying service member.						
	Last Name, First Name, Initial Social Security number						
	Enter your relationship to the qualifying service member.						
	If " No ," you are not eligible for a Wounded Warrior Caregivers Credit. Make no entry	on lin	e 62, NJ-1040.				
1.	Enter the federal disability compensation of the armed services member	1.					
2.	Maximum credit allowed	2.	675	00			
3.	Enter the lesser of line 1 or line 2	3.					
4.	Were you the only caregiver for this service member during the tax year?						
	If "No," enter your share (percentage) of the total care expenses for the year.	4.		%			
5.	If you answered " Yes " at line 4, enter the amount from line 3 here and on line 62, NJ-1040.						
	If you answered " No " at line 4, multiply the amount on line 3 by the percentage on line 4. Enter the result here and on line 62, NJ-1040	5.					

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Name(s) as shown on Form NJ-1040	Social Security Number
KUNTOJI MAHANTAGOUD & PATIL SUVARNA	836-36-5063

		edule NJ-BUS-1 (Form NJ-1040)		lew Jerse Business I					ie Tax ary Sched	ule	2022	
Ρ	art I	Net Profits From Business	5		Lis	st the r	net j	orofit (le	oss) from bus	iness(e	es). See Instructions	6.
		Business Name		Social So Fe		urity N ral EII		ber/		Prof	it or (Loss)	
1.												
2.												_
3.				<u> </u>								
4.		fit or (Loss). (Add lines 1, 2, and 3.) (NJ-1040. If loss, make no entry on li			on			4.				
Р	art II	Distributive Share of Part	ner	ship Inco	m	е					are of income (loss) ee instructions.	
		Partnership Name		Federal	EI	N			re of Partner come or (Los		Share of Pass-Thr Business Alterna Income Tax	
1.												
2.												ļ
3.	D : ()						_					
4.	(Add line	tive Share of Partnership Income or (es 1, 2, and 3.) (Enter here and on lir nake no entry on line 21.)				4	4.					
5.		are of Pass-Through Business Alterr es 1, 2, and 3.)(Enter here and includ				40.)	5.					
P	art III	Net Pro Rata Share of S	Col	rporation	In	come	Э				of income (usable n(s). See instructior	ıs.
		S Corporation Name		Federal EIN	1				S Corporation		e of Pass-Through Bus Alternative Income Tax	
1.												
2.												
3.												
4.	(Add line	Rata Share of S Corporation Income or (Us s 1, 2, and 3.) (Enter here and on line 22, ake no entry on line 22.)		1040.	4.							
5.		re of Pass-Through Business Alternative I s 1, 2, and 3.)(Enter here and include on li			5.							
P	Part IV Net Gains or Income From Rents, Royalties, Patents, and Copyrights List the net gains or net income, less net loss, derived from or in the form of rents, royalties, patents, and copyrights. See instructions. Type of Property: 1 – Rental real estate 2 – Royalties 3 – Patents 4 – Copyrights						уре					
		of Income or Loss. If rental real esta nter physical address of property.	ite,	Social Se Fed		rity Nu al EIN		en/n	ype – Enter umber from list above		Income or (Loss)	
1.	SINDAG	GI		8363650)63	3			1		-19,929.	
2.												
3.												
4.	Net Income or (Loss). (Add lines 1, 2, and 3.) (Enter here and on line 23, NJ-1040. If loss, make no entry on line 23.)419,929.											

Name(s) as shown on Form NJ-1040	Social Security Numbe					
KUNTOJI MAHANTAGOUD & PATIL SUVARNA	836-36-5063					

Schedule NJ-BUS-2

(Form NJ-1040)

New Jersey Gross Income Tax

Alternative Business Calculation Adjustment

2022

			Column A		Column B				
Part I Income (Loss)			Reportable Regular Business Income		Alternative Business Income (Loss)				
1.	Net Profits From Business	1a.	0.		1b.	0.			
2.	Distributive Share of Partnership Income	2a.	0.		2b.	0.			
3.	Net Pro Rata Share of S Corporation Income	3a.	0.		3b.	0.			
4.	Net Gain or Income From Rents, Royalties, Patents, and Copyrights	4a.	0.		4b.	-19,929.			
5.	Loss Carryforward From Tax Year 2021				5b.	(7,450.)		
6.	Totals	6a.	0.		6b.	-27,379.			
Part	II Adjustment Calculation								
7.	Total Regular Business Income	7.	0.						
8.	Total Alternative Business Income/(Loss) (If loss, enter zero)	8.	0.						
9.	Business Increment (Subtract line 8 from line 7)	9.	0.						
10.	Adjustment Percentage	10.	C	0.50					
11.	Alternative Business Calculation Adjustment (Line 9 x 0.50)	11.	0.						
Part	III Loss Carryforward to Tax Year 2023	5	• 						
12.	Loss Carryforward to Tax Year 2023		12.	(27,379.)				

Instructions

- Line 1a. Enter the amount from line 18, Form NJ-1040.
- Line 1b. Enter the amount from Part I, line 4, Schedule NJ-BUS-1 (Form NJ-1040).
- Line 2a. Enter the amount from line 21, Form NJ-1040.
- Line 2b. Enter the amount from Part II, line 4, Schedule NJ-BUS-1 (Form NJ-1040).
- Line 3a. Enter the amount from line 22, Form NJ-1040.
- Line 3b. Enter the amount from Part III, line 4, Schedule NJ-BUS-1 (Form NJ-1040).
- Line 4a. Enter the amount from line 23, Form NJ-1040.
- Line 4b. Enter the amount from Part IV, line 4, Schedule NJ-BUS-1 (Form NJ-1040).
- Line 5b. Enter the amount from line 12 of your 2021 Schedule NJ-BUS-2 (Form NJ-1040).
- Line 6a. Enter the total of lines 1a through 4a.
- Line 6b. Enter the total of lines 1b through 5b, netting gains with losses.
- Line 7. Enter the amount from line 6a of this schedule.
- Line 8. Enter the amount from line 6b of this schedule. If loss, enter zero here.
- Line 9. Subtract line 8 from line 7. If the result is zero, enter zero on line 11 and continue with line 12.
- Line 10. The adjustment percentage for Tax Year 2022 is 50% (0.50).
- Line 11. Multiply the amount on line 9 by 50% (0.50). Enter here and on line 35 of Form NJ-1040.
- Line 12. If the amount on line 6b is a loss, enter the amount of the loss on this line. Otherwise, enter zero.

NJ-2210 2022

Underpayment of Estimated Tax by Individuals, Estates, or Trusts the oval at line 52. Form N I-1040, and enclose this form

Fill in the oval at line 52, Form NJ-1040, and enclose this form with your return.

Name(s) as shown on Form NJ-1040			Social Security N	umber		
KUNTOJI MAHANTAGOUD & PATIL SUVARNA			836-36-5	063		
Part I Figuring Your Underpayment						
1. 2022 Tax (line 50, Form NJ-1040)						
2. Enter the total of lines 55, 56, 58, 59, 60, 61, 62, 63, 64, and 6	5, For	m NJ-1040		2.		874.
3. Subtract line 2 from line 1 (If less than \$400, do not complete t	he res	t of this form).		3.		578.
4a. Multiply the amount on line 1 by .80 (80%) (Two-thirds for quali	fied fa	irmers)		4a.		1,162.
4b. Enter 2021 tax (From Form NJ-1040, line 49)				4b.		1,651.
			Paymer	nt Due	e Dates	
		(A) April 18, 2022	(B) June 15, 202	2	(C) Sept 15, 2022	(D) Jan 17, 2023
5. Use the lesser amount from either line 4a or 4b and divide by four. Enter the result in each column	5.	290.	2	90.	291.	291.
6. Estimated tax paid and tax withheld per period (see instr.). If each column on line 6 is greater than the corresponding column on line 5, do not complete the rest of this form	6.	218.	2	18.	219.	219.
7. Enter the overpayment (line 13) from the previous column. (Complete lines 7 through 13 for one column before complet- ing the next column.)	7.					
8. Add line 6 and line 7	8.	218.	2	18.	219.	219.
9. Enter the total underpayment (add line 11 and line 12) from the previous column	9.			72.	144.	216.
10. Subtract line 9 from line 8. If zero or less, enter zero	10.	218.	1	46.	75.	3.
11. Remaining underpayment from previous period. If line 10 is zero, subtract line 8 from line 9. Otherwise enter zero	11.			0.	0.	0.
12. Underpayment (If line 5 is greater than line 10, subtract line 10 from line 5)	12.	72.	1	44.	216.	288.
13. Overpayment (If line 10 is greater than line 5, subtract line 5 from line 10)	13.					
Part II Exceptions (See instructions. Complete worksheets for exceptions 2, 3, and 4 a If you meet exception 1 at line 15, do not file this form. These a						
14. Total amount paid and withheld from January 1 through payment due date shown. (Do not include withholdings after December 31, 2022.) (See instructions)	14.	April 18, 2022 218	June 15, 2022		ept 15, 2022 655.	Jan 17, 2023 874 .

25% of 2021 Tax 50% of 2021 Tax 75% of 2021 Tax 100% of 2021 Tax 1,651 15. Exception 1 - Enter 2021 tax (line 49) \$ 15. 1,651 413 826. 1,238 25% of Tax 50% of Tax 75% of Tax 100% of Tax 16. Exception 2 – Tax on 2021 gross income using 2022 exemptions and tax rates 16. <u>1,76</u>9 590 2,358 1,179 20% of Tax 40% of Tax 60% of Tax 17. Exception 3 – Tax on annualized 2022 income 17. 90% of Tax 90% of Tax 90% of Tax 18. Exception 4 – Tax on 2022 income over 3, 5, and 8-month periods 18.

If the amount of any exception is equal to or less than the corresponding amount at line 14, interest will not be charged for that period

\$

Worksheets

Exception II Tax on 2021 gross income using 2022 exemptions and tax rates

1. Enter 2021 NJ Gross Income (line 29, 2021 NJ-1040)	1.	108,429.
2. Enter 2022 Total Exemptions (line 30, 2022 NJ-1040)	2.	2,000.
3. Subtract line 2 from line 1	3.	106,429.
4. Calculate Tax on line 3 (2022 tax rates)	4.	3,105.
5. Enter Credit for Income Taxes Paid to Other Jurisdictions (line 44, 2022 NJ-1040)	5.	747.
6. Subtract line 5 from line 4. Enter the applicable percentage of this amount on line 16, Part II of this form	6.	2,358.

Exception III

Tax on 2022 Annualized Income (attach calculations)

Estates and trusts, **do not** use the period ending dates shown, instead use the following ending dates: 2/28/22, 4/30/22, and 7/31/22. Also, estates and trusts cannot use the annualization amounts shown on line 2 and must use 6, 3, and 1.7143, respectively.

			1/1/22 – 3/31/22	1/1/22 – 5/31/22	1/1/22 – 8/31/22
1.	Enter the portion of NJ Gross Income (line 29, NJ-1040) that is applicable to each period shown	1.			
2.	Annualization amounts	2.	4	2.4	1.5
3.	Annualized Income (Multiply line 1 by line 2)	3.			
4.	Enter Total Exemptions (line 30, NJ-1040)	4.			
5.	Subtract line 4 from line 3	5.			
6.	Calculate tax on line 5	6.			
7.	Enter the portion of the Credit for Income Taxes Paid to Other Jurisdictions (line 44, NJ-1040) that is applicable to each period	7.			
8.	Subtract line 7 from line 6. Enter the applicable percentage of this amount on line 17, Part II of this form	8.			

Exception IV Tax on Actual 2022 Taxable Income over 3, 5, and 8-month periods (attach calculations)

			1/1/22 – 3/31/22	1/1/22 – 5/31/22	1/1/22 – 8/31/22
1.	Enter the actual amount of NJ Taxable Income (line 42, NJ-1040) that is applicable to each period shown	1.			
2.	Calculate tax on line 1	2.			
3.	Enter the portion of the Credit for Income Taxes Paid to Other Jurisdictions (line 44, NJ-1040) that is applicable to each period shown	3.			
4.	Subtract line 3 from line 2. Enter 90% of this amount on line 18, Part II of this form	4.			

Interest Computation Worksheet Attach to Form NJ-2210 or NJ-2210NR

2022

Name as Shown on Return	Social Security No.
KUNTOJI MAHANTAGOUD & PATIL SUVARNA	836-36-5063

Option 1

		Α	В	С	D	E	F	G	
	Period	Amount Due (line 5, NJ-2210)	Balance Due Previous Quarter (column E)	Total Due (A + B)	Total Paid (line 6, NJ-2210)	Balance (C - D)	Multi- plier	Interest (E x F)	
1	4/15 - 6/15	290.		290.	218.	72.	.010	1.	
2	6/16 - 9/15	290.	72.	362.	218.	144.	.019	3.	
3	9/16 - 1/15	291.	144.	435.	219.	216.	.031	7.	
4	1/16 - 4/15	291.	216.			.025	7.		
5	5 Total interest for Option 1								

Option 2

	Payment due dates ►	(a) 4/15/2022	(b) 6/15/2022	(c) 9/15/2022	(d) 1/15/2023
1	Payment date				
3	Balance from previous				
	quarter				
4	Balance due				
5 a	Number of months from due date to payment date or				
	next quarter due date,				
	whichever is earlier				
b	Interest rate	.0625	.0775	.0925	.1000
6	Late payment interest.				
	(Line 4 times line 5a times				
	line 5b divided by 12.)			·	
	If line 1 is blank, skip lines 7 through 10.				
7	Payment amount.				
8	Underpayment amount				
-	Number of months from				
	payment date to next				
	quarter due date				
b	Interest rate	.0625	.0775	.0925	.1000
10	Underpayment interest.				
	(Line 8 times line 9a times				
	line 9b divided by 12.)	<u> </u>		<u> </u>	
11	Total interest for Option 2. Add I	ince 6 and 10, colur	mac (a) through (d)	11	
		ines o anu TU, COlur	nins (a) through (d)		

Schedule	New Jersey
NJ-HCC	Health Care Coverage
(Form NJ-1040)	If your income on line 29 is at or below the filing threshold,
	do not complete this schedule

do not complete this schedule.

Name as Shown on Return	Social Security No.
KUNTOJI MAHANTAGOUD & PATIL SUVARNA	836-36-5063

Part I

Did you and, if applicable, all members of your tax household, have minimum essential health coverage for every month in 2022 (See instructions for line 53, NJ-1040.) Part-year residents include only months as a New Jersey resident.

x Yes. You do not owe a shared responsibility payment. Fill in the oval at line 53, NJ-1040, and enclose this schedule with your return.

No. Continue to Part II.

Part II

Enter the name and Social Security number for each member of your tax household. Check the box for every month each person had minimum essential health coverage or qualified for an exemption (part-year residents include only months as a New Jersey resident). If an individual qualified for an exemption, enter the exemption number. (See instructions for line 53, NJ-1040.) If an individual has more than one exemption number, check the box. If you need more space, enclose a statement listing any additional individuals.

Name	SSN	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Examplian Code													
Exemption Code		-		box if tl box if tl						•		nber .	
Exemption Code		_		box if ti box if ti						•		nber .	
Exemption Code			Check	box if t	his indi	vidual	has mo	ore than	n one e	xempti	on nun	nber .	
				box if t									
Exemption Code		-		box if tl box if tl							on nun 	nber .	
Exemption Code		-		box if ti box if ti						•	on nun	nber .	
Exemption Code				box if t							on nun	nber .	
				box if t									
Exemption Code		-		box if tl box if tl						•	on nun 		
Exemption Code		_		box if ti box if ti						•	on nun	nber	
Exemption Code				box if t							on nun	nber .	
Everation Cod-				box if t									
Exemption Code		_		box if tl box if tl						•			

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