Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization

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

Submission Identification Number (SID)

Taxpay	ver's name	Social securi	ty numb	er
SU№	IIT WANKHEDE	843-75	-9332	2
Spouse	o's name	Spouse's so	ial secu	irity number
Der	Tou Deturn Information Tou Veen Ending December 21 0000 (Ente			
Par	t I Tax Return Information – Tax Year Ending December 31, 2022 (Enter	r year you a	ire au	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	83,695.
2	Total tax		2	11,177.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	13,656.
4	Amount you want refunded to you		4	2,479.
5	Amount you owe		5	
			-	

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

Under penalties of 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	Lauthorize	GLOBAL TAXES	LLC	to enter or generate my PIN
1.4	i ddiiioii20			

			gits, all ze		as my
5	9	3	3	2	

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

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

Your signature

Date 🕨

Spouse's PIN: check one box only

I authorize

to	enter	or	generate	my	PIN

as mv Enter five digits, but don't enter all zeros

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	e be	low							
Part III Certific	cation and Authentication – Practitioner PIN Method Only								 	
ERO's EFIN/PIN. En	nter your six-digit EFIN followed by your five-digit self-selected PIN.			Doi	n't e	nter a	all ze	eros		

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

ERO's signature >	Date 🕨	
ERO Mus Don't Submit Th		
For Department Peduction Act Nation and your tax re	BEV 01/28/22 DBO	Earm 8879 (Pov. 01 2021)

For Paperwork Reduction Act Notice, see your tax return instructions. BAA REV 01/28/23 PRO

E 1040		artment of the Treasury—Internal Revenue Servi S. Individual Income Tax		urn 20	22	OMB No. 1545	-0074	IRS Use	Only	–Do not v	write or staple	e in this space.
Filing Status Check only one box.	lf yo	Single Arried filing jointly successful dependent Single Single Married filing jointly sources are the matrix son is a child but not your dependent	ame of y	ed filing separat your spouse. If y						spo	alifying su Juse (QSS s name if t)
Your first name	and m	iddle initial	Last na	me						Your se	ocial secur	rity number
SUMIT			WANK	HEDE							75-933	-
-	pouse's	s first name and middle initial	Last na									ecurity number
Home address	(numbe	er and street). If you have a P.O. box, see	instructio	ons.				Apt. no.		Preside	ential Elect	tion Campaigr
6227 LOV	/E DI	RIVE						331		Check	here if you	i, or your
		ce. If you have a foreign address, also co	mplete s	paces below.	Stat	te	ZIP c					intly, want \$3
IRVING					ТХ		750)39		0	low will no	. Checking a ot change
Foreign country	/ name		F	oreign province/	state/count	у	Forei	gn postal co	ode		x or refund	0
											You You	Spouse
Digital Assets		ny time during 2022, did you: (a) rec ange, gift, or otherwise dispose of a										X No
Standard Deduction	_	eone can claim:	•		•	a dependent						
Age/Blindness	You:	: 🗌 Were born before January 2, 1	958	Are blind	Spouse	Was bor	rn bef	ore Janua	ary 2	. 1958	🗌 ls b	olind
Dependents		• • • • • • • • • • • • • • • • • • •	-	(2) Social se	curity	(3) Relationsh			-	-	ifies for (se	e instructions):
If more		irst name Last name		numbe	-	to you		Child ta	ax cr	edit	Credit for c	other dependents
than four												
dependents,								[
see instructions and check	s —							[
here								[
Income	1a	Total amount from Form(s) W-2, b	ox 1 (se	e instructions)						. 1a	a	93,295.
meome	b	Household employee wages not re	eported	on Form(s) W-2	2					. 1k	b	
Attach Form(s)	с	Tip income not reported on line 1a	(see ins	structions) .						. 10	>	
W-2 here. Also attach Forms	d	Medicaid waiver payments not rep	orted o	n Form(s) W-2 (see instru	ctions)				. 10	k	
W-2G and	е	Taxable dependent care benefits f	rom For	m 2441, line 26	;					10	e	
1099-R if tax was withheld.	f	Employer-provided adoption bene	fits from	n Form 8839, lin	ne 29 .					. 11	f	
If you did not	g	Wages from Form 8919, line 6 .								. 10	9	
get a Form	h	Other earned income (see instruct	ions)							. <u>1</u> ł	ı	0.
W-2, see instructions.	i	Nontaxable combat pay election (s	see instr	ructions)		1 i	i					
	Z	Add lines 1a through 1h	• •							. 17	z	93,295.
Attach Sch. B	2a	Tax-exempt interest	2a		_	axable interes			•	2ł)	
if required.	3a	Qualified dividends	3a		b O	rdinary divide	nds .		•	. 3ł		
	4a		4a		-	axable amoun			•	- 4ł		
Standard Deduction for—	5a		5a		-	axable amoun			•	5k		
Single or	6a	, _	6a			axable amoun	t	• •	• _	. 6ł)	
Married filing separately,	c	If you elect to use the lump-sum e		-	•	,		• •	• L			
\$12,950	7	Capital gain or (loss). Attach Sche							. L			
 Married filing jointly or 	8	Other income from Schedule 1, lin		 This is					•	. 8		-9,600.
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7					• •	• •	•	. 9	-	83,695.
\$25,900	10	Adjustments to income from Sche					• •	• •	•	10		02 605
 Head of household, 	11	Subtract line 10 from line 9. This is	•				• •	• •	•	. 1		83,695.
\$19,400	12	Standard deduction or itemized				 5 A		• •	•	. 12		12,950.
 If you checked any box under 	13 14	Qualified business income deduct Add lines 12 and 13			0111 099	J-A	• •		•	1:		12 050
Standard Deduction,	14 15	Subtract line 14 from line 11. If zer			• • • • •	axahle incom	 1e		•	14		<u>12,950.</u> 70,745.
see instructions.			0 01 100	o, ontor o . III					•		-	, U, / HJ.

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	n(s): 1 🗌 881	4 2 4972	3		16	11	,177.
Credits	17	Amount from Schedule 2, lin	e3					17		
	18	Add lines 16 and 17						18	11	,177.
	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	11	,177.
	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	11	,177.
Payments	25	Federal income tax withheld	from:							
	а	Form(s) W-2				25a 13	3,656.			
	b	Form(s) 1099				25b				
	с	Other forms (see instructions	s)			25c				
	d	Add lines 25a through 25c						25d	13	,656.
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)				27				
attach Sch. EIC.	28	Additional child tax credit from	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				
	32	Add lines 27, 28, 29, and 31	. These are your	total other pa	ayments and refu	undable credits		32	L	
	33	Add lines 25d, 26, and 32. T	hese are your to	otal payments				33	13	,656.
Refund	34	If line 33 is more than line 24	, subtract line 2	4 from line 33.	This is the amou	nt you overpaid		34	2	,479.
neruna	35a	Amount of line 34 you want			is attached, che	ck here	🗆	35a	2	2,479.
Direct deposit?	b	Routing number 0 6 1	0 9 2 3	8 7	c Type: 🛛 🗙	Checking	Savings			
See instructions.	d	Account number 5 5 2	5 7 3 5	8 3						
	36	Amount of line 34 you want a	applied to your	2023 estimate	edtax	36				
Amount	37	Subtract line 33 from line 24	. This is the am	ount you owe.						
You Owe		For details on how to pay, ge	o to <i>www.irs.go</i>	v/Payments or	see instructions			37	L	
	38	Estimated tax penalty (see in	structions) .			38				
Third Party	Do	you want to allow another	person to disc	cuss this retu	rn with the IRS?	See				
Designee	ins	tructions				🗌 Yes. C	omplete b	below.	🗙 No	
		signee's		Phone			sonal identi Iber (PIN)	fication		
	nar			no.			. ,			
Sign		der penalties of perjury, I declare t ief, they are true, correct, and com								
Here		ur signature		Date	Your occupation				nt you an Ide	0
	100	ar signature		Date					IN, enter it h	
Joint return?					SOFTWARE I	DEVELOPER	(see	inst.)		
See instructions.	Spo	Spouse's signature. If a joint return, both must sign. Date Spouse's occupation If				nt your spou				
Keep a copy for your records.								tity Prote inst.)	ection PIN, e	enter it here
,			~					1131.)		
		one no. (641)451-370		Email address	SUMIT.WANKHE	DE@HOTMAIL.C			Ob a alla ife	
D · I	Pre	parer's name	Preparer's signat	lure		Date	PTIN		Check if:	
Paid									Self-e	employed
										pioyou
Paid Preparer Use Only		n's name GLOBAL TAX n's address 245 ROONET			J 08816			ne no. 's EIN		

SCHEDULE	1
(Form 1040)	

Department of the Treasury

Additional Income and Adjustments to Income

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

OMB No. 1545-0074 2

Department of the Treasury Internal Revenue Service	Go to www.irs.gov/Form1040 for instructions and the latest information.		Attachment Sequence No. 01	
Name(s) shown on Fo	Your social security number			
SUMIT WANKHEDE	-9332			

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. Att	ach Schedule E .	5	-9,600.
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	8s ()	
t	Pension or annuity from a nonqualifed deferred compensation plan or			
	a nongovernmental section 457 plan	8t	_	
	Wages earned while incarcerated	8u	_	
Z	Other income. List type and amount:			
•		8z		
9	Total other income. Add lines 8a through 8z		9	0.000
10	Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR	(, or 1040-NR, line 8	10	-9,600.

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

Schedule 1 (Form 1040) 2022

Par	II Adjustments to Income				
11	Educator expenses		 	11	
12	Certain business expenses of reservists, performing artists, and fee		rernmen	ıt 🗌	
	officials. Attach Form 2106		 	12	
13	Health savings account deduction. Attach Form 8889				
14	Moving expenses for members of the Armed Forces. Attach Form 3903		 	14	
15	Deductible part of self-employment tax. Attach Schedule SE				
16	Self-employed SEP, SIMPLE, and qualified plans				
17	Self-employed health insurance deduction		 	17	
18	Penalty on early withdrawal of savings				
19a	Alimony paid				
b	Recipient's SSN				
C	Date of original divorce or separation agreement (see instructions):			-	
20	IRA deduction				
21	Student loan interest deduction				
22	Reserved for future use				
23	Archer MSA deduction			23	
24	Other adjustments:		 		
 a	Jury duty pay (see instructions)	24a			
b	Deductible expenses related to income reported on line 8l from the				
	rental of personal property engaged in for profit	24b			
с	Nontaxable amount of the value of Olympic and Paralympic medals				
•	and USOC prize money reported on line 8m	24c			
d	Reforestation amortization and expenses	24d			
e	Repayment of supplemental unemployment benefits under the Trade				
•	Act of 1974	24e			
f	Contributions to section 501(c)(18)(D) pension plans	24f			
q	Contributions by certain chaplains to section 403(b) plans	24g			
·	Attorney fees and court costs for actions involving certain unlawful				
	discrimination claims (see instructions)	24h			
i	Attorney fees and court costs you paid in connection with an award				
•	from the IRS for information you provided that helped the IRS detect				
	tax law violations	24i			
i	Housing deduction from Form 2555	24j			
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form	,			
~	1041)	24k			
z	Other adjustments. List type and amount:				
-		24z			
25	Total other adjustments. Add lines 24a through 24z		 	25	
26	Add lines 11 through 23 and 25. These are your adjustments to income				
	Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a				
		· ·	 		

SCHEDULE E	
(Form 1040)	

Supplemental Income and Loss

OMB No. 1545-0074

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

Department of the Treasury

Attach to Form 1040, 1040-SR, 1040-NR, or 1041. Jula E f

:.)	2022
	Attachment Sequence No. 13

nternal	Revenue Service	Go to www.irs.gov/ScheduleE to	r instri	ictions a	na the la	test ir	formation.		Sequence	ce No. 13
Name(s)	s) shown on return					Your social security number				
SUMI	IT WANKHEDE				843-75-9332					
Part	Income o	r Loss From Rental Real Estate an	d Ro	yalties				1		
	Note: If you rental incom	are in the business of renting personal proper e or loss from Form 4835 on page 2, line 40.	rty, use	Schedu	le C. See	instru	ctions. If you a	are an indiv	idual, repo	ort farm
A D			to file	Form(s)	1099? S	See ins	structions .		. 🗌 Ye	s 🕅 No
		y payments in 2022 that would require you to file Form(s) 1099? See instructions								
1a	Physical addres	ess of each property (street, city, state, ZIP code)								
Α	HOMELINE VA	VAJRA RESIDENCY HYDERABAD TELANGANA IN 500094								
В										
С										
1b	Type of Property	2 For each rental real estate prope	erty list	ed		Fa	ir Rental	Personal Use		QJV
	(from list below)	above, report the number of fair					Days	Days		
Α	3	personal use days. Check the Q. if you meet the requirements to f					365			
В		 qualified joint venture. See instru 			В					
С					С					
	of Property:									
	Single Family Res		ital	5 Lan	-		Self-Rental			
2	Multi-Family Resid	dence 4 Commercial		6 Roy	alties	8	Other (desc	ribe)		
							Propert	ies:		
Incom	ie:				Α					С
3	Rents received		3		б	00.				
4	Royalties receive	ed	4							
Expen										
5	Advertising .		5							
6	Auto and travel (see instructions)	6							
7	Cleaning and ma	aintenance	7		1,0	00.				
8	Commissions		8							
9	Insurance		9							
10	Legal and other	professional fees	10							
11	Management fee	98	11		8	00.				
12		st paid to banks, etc. (see instructions)	12							
13			13							
14	-				2,7					
15					1,8	50.				
16			16							
17			17		3,8	00.				
18		pense or depletion	18							
19 00	Other (list)	Add lines 5 through 19	19		10.0	0.0				
20					10,2	υυ.				
21		from line 3 (rents) and/or 4 (royalties). If see instructions to find out if you must								
					-9,6	00				
22		l real estate loss after limitation, if any,	21		2,0					
ĹĹ			22	C	9,60		((۱
23a		ints reported on line 3 for all rental prope		`		23a	1	600.)
b		ints reported on line 4 for all royalty prop				23b				
c		ints reported on line 12 for all properties				23c				
d		ints reported on line 18 for all properties				23d				
e		ints reported on line 20 for all properties				23e	10	,200.		
24		positive amounts shown on line 21. Do no								
25		alty losses from line 21 and rental real esta		-					(9,600.)
26	-	I estate and royalty income or (loss).								,

here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on

26

.

-9,600.