

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) ▶

Taxpayer's name SIDDHANT RAJEEV SAWANT	Social security number 805-09-6653
Spouse's name	Spouse's social security number

Part I Tax Return Information – Tax Year Ending December 31, 2022 (Enter year you are authorizing.)

Enter whole dollars only on lines 1 through 5.

Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.

1	Adjusted gross income	1	66,207.
2	Total tax	2	7,338.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	9,046.
4	Amount you want refunded to you	4	1,708.
5	Amount you owe	5	

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

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

Taxpayer's PIN: check one box only

- I authorize GLOBAL TAXES LLC to enter or generate my PIN

9	6	6	5	3
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 as my signature on the income tax return (original or amended) I am now authorizing.
ERO firm name
Enter five digits, but don't enter all zeros
- 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

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 as my signature on the income tax return (original or amended) I am now authorizing.
ERO firm name
Enter five digits, but don't enter all zeros
- 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 EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.

5	1	8	9	5	2	3	1	9	8	9
---	---	---	---	---	---	---	---	---	---	---

Don't enter all zeros

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

ERO's signature ▶ _____ Date ▶ _____

ERO Must Retain This Form – See Instructions
Don't Submit This Form to the IRS Unless Requested To Do So

Filing Status [X] Single [] Married filing jointly [] Married filing separately (MFS) [] Head of household (HOH) [] Qualifying surviving spouse (QSS)
Check only one box. If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent:

Form fields for personal information: Your first name and middle initial (SIDDHANT RAJEEV), Last name (SAWANT), Your social security number (805-09-6653), Home address (122 LOWDEN STREET, PAWTUCKET, RI, 02860), and Presidential Election Campaign checkboxes.

Digital Assets At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) [] Yes [X] No

Standard Deduction Someone can claim: [] You as a dependent [] Your spouse as a dependent [] Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness You: [] Were born before January 2, 1958 [] Are blind Spouse: [] Was born before January 2, 1958 [] Is blind

Table for Dependents with columns: (1) First name, Last name, (2) Social security number, (3) Relationship to you, (4) Child tax credit, Credit for other dependents.

Main income table with rows 1a through 15, including Total amount from Form(s) W-2, Taxable interest, Qualified dividends, IRA distributions, Pensions and annuities, Social security benefits, Capital gain or (loss), Other income from Schedule 1, Total income, Adjustments to income, Adjusted gross income, Standard deduction, Qualified business income deduction, and Taxable income.

Table with columns for line numbers (16-24), descriptions (Tax and Credits), and amounts. Total tax is 7,338.

Table for Payments (lines 25-33). Includes federal income tax withheld (9,046) and total payments (9,046).

Table for Refund (lines 34-36). Shows overpaid amount of 1,708 and amount applied to 2023 estimated tax.

Table for Amount You Owe (lines 37-38). Shows amount you owe and estimated tax penalty.

Third Party Designee section with checkboxes for Yes/No and fields for name, phone, and PIN.

Sign Here section with signature lines for taxpayer and spouse, including occupation and date fields.

Paid Preparer Use Only section with fields for preparer name, signature, date, PTIN, and firm information.

**SCHEDULE 1
(Form 1040)**

Department of the Treasury
Internal Revenue Service

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

2022

Attachment
Sequence No. **01**

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

Your social security number
805-09-6653

Part 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. Attach Schedule E	5	-7,088.
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation	7	
8	Other income:		
a	Net operating loss	8a	()
b	Gambling	8b	
c	Cancellation of debt	8c	
d	Foreign earned income exclusion from Form 2555	8d	()
e	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	
l	Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property	8l	
m	Olympic and Paralympic medals and USOC prize money (see instructions)	8m	
n	Section 951(a) inclusion (see instructions)	8n	
o	Section 951A(a) inclusion (see instructions)	8o	
p	Section 461(l) excess business loss adjustment	8p	
q	Taxable distributions from an ABL 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 nonqualified deferred compensation plan or a nongovernmental section 457 plan	8t	
u	Wages earned while incarcerated	8u	
z	Other income. List type and amount: _____	8z	
9	Total other income. Add lines 8a through 8z	9	
10	Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8	10	-7,088.

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

Part 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			
c	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:			
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		
c	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		
g	Contributions by certain chaplains to section 403(b) plans	24g		
h	Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions)	24h		
i	Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations	24i		
j	Housing deduction from Form 2555	24j		
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)	24k		
z	Other adjustments. List type and amount: _____	24z		
25	Total other adjustments. Add lines 24a through 24z		25	
26	Add lines 11 through 23 and 25. These are your adjustments to income . Enter here and on Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a		26	

**SCHEDULE E
(Form 1040)**

Supplemental Income and Loss

OMB No. 1545-0074

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

2022
Attachment
Sequence No. **13**

Department of the Treasury
Internal Revenue Service

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

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

Name(s) shown on return

SIDDHANT RAJEEV SAWANT

Your social security number

805-09-6653

Part I Income or Loss From Rental Real Estate and Royalties

Note: If you are in the business of renting personal property, use **Schedule C**. See instructions. If you are an individual, report farm rental income or loss from **Form 4835** on page 2, line 40.

- A** Did you make any payments in 2022 that would require you to file Form(s) 1099? See instructions Yes No
B If "Yes," did you or will you file required Form(s) 1099? Yes No

1a Physical address of each property (street, city, state, ZIP code)

A	LP SAVANI ROAD ADAJAN SURAT GUJARAT IN 395009
B	
C	

1b	Type of Property (from list below)	2	For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions.	Fair Rental Days	Personal Use Days	QJV
				A	B	C
A	3			365	0	<input type="checkbox"/>
B						<input type="checkbox"/>
C						<input type="checkbox"/>

Type of Property:

- 1 Single Family Residence 3 Vacation/Short-Term Rental 5 Land 7 Self-Rental
 2 Multi-Family Residence 4 Commercial 6 Royalties 8 Other (describe) _____

		Properties:		
		A	B	C
Income:				
3	Rents received	3	500.	
4	Royalties received	4		
Expenses:				
5	Advertising	5		
6	Auto and travel (see instructions)	6		
7	Cleaning and maintenance	7	800.	
8	Commissions	8		
9	Insurance	9		
10	Legal and other professional fees	10		
11	Management fees	11	400.	
12	Mortgage interest paid to banks, etc. (see instructions)	12		
13	Other interest	13		
14	Repairs	14	2,313.	
15	Supplies	15	2,425.	
16	Taxes	16		
17	Utilities	17	1,650.	
18	Depreciation expense or depletion	18		
19	Other (list) _____	19		
20	Total expenses. Add lines 5 through 19	20	7,588.	
21	Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198	21	-7,088.	
22	Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22	(7,088.)	
23a	Total of all amounts reported on line 3 for all rental properties	23a	500.	
b	Total of all amounts reported on line 4 for all royalty properties	23b		
c	Total of all amounts reported on line 12 for all properties	23c		
d	Total of all amounts reported on line 18 for all properties	23d		
e	Total of all amounts reported on line 20 for all properties	23e	7,588.	
24	Income. Add positive amounts shown on line 21. Do not include any losses	24		
25	Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here	25	(7,088.)	
26	Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2	26	-7,088.	



22100115550101

Your social security number Spouse's social security number

Your first name MI Last name Suffix

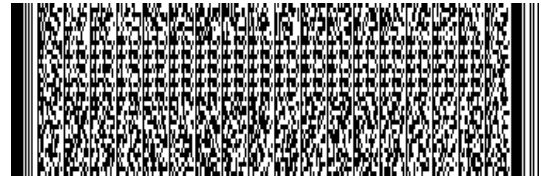
Spouse's name MI Last name Suffix

Address

City, town or post office State ZIP code

City or town of legal residence Check each box that applies. Otherwise, leave blank. Primary deceased? Spouse deceased? New address? Amended Return? *

ELECTORAL CONTRIBUTION If you want \$5.00 (\$10.00 if a joint return) to go to this fund, check here. (See instructions. This will not increase your tax or reduce your refund.) Yes If you wish the 1st \$2.00 (\$4.00 if a joint return) be paid to a specific party, check the box and fill in the name of the political party. Otherwise, it will be paid to a nonpartisan general account.



FILING STATUS
Check one

Single Married filing jointly Married filing separately Head of household Qualifying widow(er)

INCOME, TAX AND CREDITS

1	Federal AGI from Federal Form 1040 or 1040-SR, line 11	1	66207	00
2	Net modifications to Federal AGI from RI Sch M, line 3. If no modifications, enter 0 on this line.	2	0	00
3	Modified Federal AGI. Combine lines 1 and 2 (add net increases or subtract net decreases).....	3	66207	00
4	RI Standard Deduction from left. If line 3 is over \$ 217,050 see Standard Deduction Worksheet	4	9300	00
5	Subtract line 4 from line 3. If zero or less, enter 0.....	5	56907	00
6	Enter # of exemptions from RI Sch E, line 5 in box, multiply by \$4,350 and enter result on line 6. If line 3 is over \$217,050, see Exemption Worksheet	6	4350	00
7	RI TAXABLE INCOME. Subtract line 6 from line 5. If zero or less, enter 0.....	7	52557	00
8	RI income tax from Rhode Island Tax Table or Tax Computation Worksheet.....	8	1972	00
9a	RI percentage of allowable Federal credit from page 3, RI Sch I, line 22.....	9a		00
b	RI Credit for income taxes paid to other states from page 3, RI Sch II, line 29.....	9b		00
c	Other Rhode Island Credits from RI Schedule CR, line 8.....	9c		00
d	Total RI credits. Add lines 9a, 9b and 9c.....	9d		00
10a	Rhode Island income tax after credits. Subtract line 9d from line 8 (not less than zero).....	10a	1972	00
b	Recapture of Prior Year Other Rhode Island Credits from RI Schedule CR, line 11.....	10b		00
11	RI checkoff contributions from page 3, RI Checkoff Schedule, line 37. Contributions reduce your refund or increase your balance due	11	0	00
12a	USE/SALES tax due from RI Schedule U, line 4 or line 8, whichever applies	12a		00
b	Individual Mandate Penalty (see instructions). Check ✓ to certify full year coverage. <input checked="" type="checkbox"/>	12b		00
13a	TOTAL RI TAX AND CHECKOFF CONTRIBUTIONS. Add lines 10a, 10b, 11, 12a and 12b.....	13a	1972	00

Rhode Island Standard Deduction
Single **\$9,300**
Married filing jointly or Qualifying widow(er) **\$18,600**
Married filing separately **\$9,300**
Head of household **\$13,950**

Using a paper clip, please attach Forms W-2 and 1099 here.

Check ✓ to certify use tax amount on line 12a is accurate.

RETURN MUST BE SIGNED - SIGNATURE IS LOCATED ON PAGE 2

State of Rhode Island Division of Taxation
2022 Form RI-1040
 Resident Individual Income Tax Return - page 2



22100115550102

Name(s) shown on Form RI-1040 or RI-1040NR SIDDHANT RAJEEV SAWANT	Your social security number 805-09-6653
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PAYMENTS AND PROPERTY TAX RELIEF CREDIT

13b TOTAL RI TAX AND CHECKOFF CONTRIBUTIONS from line 13a.....	13b	1972	00
14a RI 2022 income tax withheld from RI Schedule W, line 16. You must attach Sch W AND all W-2 and 1099 forms with RI withholding.	14a	2733	00
b 2022 estimated tax payments and amount applied from 2021 return....	14b		00
c Property tax relief credit from RI-1040H, line 13. Attach RI-1040H.....	14c		00
d RI earned income credit from page 3, RI Schedule EIC, line 40.....	14d		00
e RI Residential Lead Paint Credit from RI-6238, line 7. Attach RI-6238..	14e		00
f Other payments.....	14f		00
g TOTAL PAYMENTS AND CREDITS. Add lines 14a, 14b, 14c, 14d, 14e and 14f.....	14g	2733	00
h Previously issued overpayments (if filing an amended return).....	14h		00
i NET PAYMENTS. Subtract line 14h from line 14g.....	14i	2733	00
15a AMOUNT DUE. If line 13b is LARGER than line 14i, subtract line 14i from line 13b.....	15a		00
b Enter the amount of underestimating interest due from Form RI-2210 or RI-2210A. (attach form) This amount should be added to line 15a or subtracted from line 16, whichever applies.....	15b	0	00
c TOTAL AMOUNT DUE. Add lines 15a and 15b. Complete RI-1040V and send in with your payment ☹️	15c		00
16 AMOUNT OVERPAID. If line 14i is LARGER than line 13b, subtract line 13b from line 14i. If there is an amount due for underestimating interest on line 15b, subtract line 15b from line 16..... 😊	16	761	00
17 Amount of overpayment to be refunded.....	17	761	00
18 Amount of overpayment to be applied to 2023 estimated tax.....	18	0	00

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, it is true, accurate and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature	Your driver's license number and state	Date	Telephone number
			312-259-8813
Spouse's signature	Spouse's driver's license number and state	Date	Telephone number
Paid preparer signature	Print name	Date	Telephone number
SYAM PRIYA RAM SAGAR GUPTA TALLAM	GLOBAL TAXES LLC	03/29/2023	678-965-9522
Paid preparer address	City, town or post office	State	ZIP code PTIN
245 ROONEY CT	E BRUNSWICK	NJ	08816 P02082703



22100115550103

Name(s) shown on Form RI-1040 or RI-1040NR SIDDHANT RAJEEV SAWANT	Your social security number 805-09-6653
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RI SCHEDULE I - ALLOWABLE FEDERAL CREDIT

19 RI income tax from page 1, line 8	19	00
20 Credit for child and dependent care expenses from Federal Form 1040 or 1040-SR, Schedule 3, line 2.....	20	00
21 Tentative allowable federal credit. Multiply line 20 by 25% (0.2500).....	21	00
22 MAXIMUM CREDIT. Line 19 or 21, whichever is SMALLER. Enter here and on page 1, line 9a.....	22	00

RI SCHEDULE II - CREDIT FOR INCOME TAX PAID TO ANOTHER STATE
 (ATTACH COPY OF OTHER STATE(S) RETURN)

23 RI income tax from RI-1040, page 1, line 8 less allowable federal credit from RI-1040, page 3, line 22	23	00
24 Income derived from other state. If more than one state, see instructions.....	24	00
25 Modified federal AGI from page 1, line 3.....	25	00
26 Divide line 24 by line 25	26	
27 Tentative credit. Multiply line 23 by line 26.....	27	00
28 Tax due and paid to other state (see specific instructions). Insert abbreviation for state paid _____	28	00
29 MAXIMUM TAX CREDIT. Line 23, 27 or 28, whichever is the SMALLEST. Enter here and on pg 1, line 9b	29	00

RI CHECKOFF CONTRIBUTIONS SCHEDULE

	\$1.00	\$5.00	\$10.00	Other		
30 Drug program account RIGL §44-30-2.4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	30	00
31 Olympic Contribution RIGL §44-30-2.1 Yes <input type="checkbox"/> \$1.00 contribution (\$2.00 if a joint return)					31	00
32 RI Organ Transplant Fund RIGL §44-30-2.5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	32	00
33 RI Council on the Arts RIGL §42-75.1-1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	33	00
34 Nongame Wildlife Fund RIGL §44-30-2.2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	34	00
35 Childhood Disease Victim's Fund RIGL §44-30-2.3 and Substance Use and Mental Health Leadership Council of RI RIGL §44-30-2.11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	35	00
36 RI Military Family Relief Fund RIGL §44-30-2.9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	36	00
37 TOTAL CONTRIBUTIONS. Add lines 30 through 36. Enter here and on RI-1040, page 1, line 11					37	00

RI SCHEDULE EIC - RHODE ISLAND EARNED INCOME CREDIT

38 Federal earned income credit from Federal Form 1040 or 1040-SR, line 27.....	38	00
39 Rhode Island percentage	39	15%
40 RI EARNED INCOME CREDIT. Multiply line 38 by line 39. Enter here and on RI-1040, page 2, line 14d	40	00



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Name(s) shown on Form RI-1040 or RI-1040NR SIDDHANT RAJEEV SAWANT	Your social security number 805-09-6653
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Complete this Schedule listing all of your and, if applicable, your spouse's W-2s and 1099s showing Rhode Island Income Tax withheld. ***W-2s or 1099s showing Rhode Island Income Tax withheld must still be attached to the front of your return.***

Failure to do so may delay the processing of your return. **ATTACH THIS SCHEDULE W TO YOUR RETURN**

Column A	Column B	Column C	Column D	Column E
Enter "S" if Spouse's W-2 or 1099	Enter 1099 letter code from chart	Employer's Name from Box C of your W-2 or Payer's Name from your Form 1099	Employer's state ID # from box 15 of your W-2 or Payer's Federal ID # from Form 1099	Rhode Island Income Tax Withheld (SEE BELOW FOR BOX REFERENCES)
1		REVEREIT LLC	010832135	2733 00
2				00
3				00
4				00
5				00
6				00
7				00
8				00
9				00
10				00
11				00
12				00
13				00
14				00
15				00
16	Total RI Income Tax Withheld. Add lines 1 through 15, Col. E. Enter total here and on RI-1040, line 14a or RI-1040NR, line 17a.....			2733 00
17	Total number of W-2s and 1099s showing Rhode Island Income Tax Withheld			1

Schedule W Reference Chart								
Form Type	Letter Code for Column B	Withholding Box	Form Type	Letter Code for Column B	Withholding Box	Form Type	Letter Code for Column B	Withholding Box
W-2		17	1099-G	G	11	1099-OID	O	14
W-2G	W	15	1099-INT	I	17	1099-R	R	14
1042-S	S	17a	1099-K	K	8	RI-1099E	E	11
1099-B	B	16	1099-MISC	M	16	RI-1099PT	P	9
1099-DIV	D	16	1099-NEC	N	5			

State of Rhode Island Division of Taxation
2022 RI Schedule E
 Exemption Schedule for RI-1040 and RI-1040NR



22105915550101

Name(s) shown on Form RI-1040 or RI-1040NR SIDDHANT RAJEEV SAWANT	Your social security number 805096653
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EXEMPTIONS

Complete this Schedule listing all individuals you can claim as a dependent.

ATTACH THIS EXEMPTION SCHEDULE TO YOUR RETURN

Failure to do so may delay the processing of your return.

1a	Yourself	<input checked="" type="checkbox"/>
b	Spouse	<input type="checkbox"/>

	(A) Name of Dependent	(B) Social Security Number	(C) Date of Birth	(D) Relationship
2a				
b				
c				
d				
e				
f				
g				
h				
i				
j				
k				
l				
m				

Exemption Number Summary

3	Enter the number of boxes checked on lines 1a and 1b	3	1
4a	Enter the number of children from lines 2a through 2m who lived with you	4a	0
b	Enter the number of children from lines 2a through 2m who did not live with you due to divorce or separation	4b	0
c	Enter the number of other dependents from lines 2a through 2m not included on lines 4a or 4b.	4c	0
5	Add the numbers from lines 3 through 4c. Enter here and in the box on RI-1040/NR, pg 1, line 6.	5	1