Department of the Treasury Calendar Year -Internal Revenue Service

Due 04/18/2023

2023 Form 1040-ES Payment Voucher 1

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the **'United States Treasury**. Write your social security number and '2023' Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Amount of estimated tax you are paying by check or money order.....

268.

REV 02/24/23 PRO 1555

319-53-6500 SAMEER GOYAL

3046 N SHEFFIELD AVENUE CHICAGO IL 60657

Department of the Treasury Calendar Year -Internal Revenue Service

Due 06/15/2023

2023 Form 1040-ES Payment Voucher 2

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the **'United States Treasury**. Write your social security number and '2023' Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Amount of estimated tax you are paying by check or money order.....

268.

REV 02/24/23 PRO 1555

319-53-6500 SAMEER GOYAL

3046 N SHEFFIELD AVENUE CHICAGO IL 60657

Department of the Treasury Calendar Year -Internal Revenue Service

Due 09/15/2023

2023 Form 1040-ES Payment Voucher 3

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the **'United States Treasury**. Write your social security number and '2023' Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Amount of estimated tax you are paying by check or money order.....

268.

REV 02/24/23 PRO 1555

319-53-6500 SAMEER GOYAL

3046 N SHEFFIELD AVENUE CHICAGO IL 60657

Department of the Treasury Calendar Year -Internal Revenue Service

Due 01/16/2024

2023 Form 1040-ES Payment Voucher 4

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the **'United States Treasury**' Write your social security number and '2023' Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Amount of estimated tax you are paying by check or money order.....

268.

REV 02/24/23 PRO 1555

319-53-6500 SAMEER GOYAL

3046 N SHEFFIELD AVENUE CHICAGO IL 60657

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)

Taxpay	yer's name	Social secur	ity num	ber
SAM	IEER GOYAL	319-23	-620	0
Spouse's name Spouse's social security numbers				
Par	t I Tax Return Information – Tax Year Ending December 31, 2022 (Enter	r year you a	are au	thorizing.)
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	186,644.
2	Total tax		2	36,544.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	39,127.
4	Amount you want refunded to you		4	6,414.
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	l authorize	GLOBAL TAXES LLC	to enter or generate my P
	rautionze		

tor fi	as my			
6	2	0	0	
	- °		6 2 0	6 2 0 0 ter five digits, but

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 ►			•				 		
	Practitioner PIN Method Returns Only—continue	bel	ow						
Part III Ce	ertification and Authentication – Practitioner PIN Method Only								
ERO's EFIN/P	<b>IN.</b> Enter your six-digit EFIN followed by your five-digit self-selected PIN.	2	2			6 all ze	 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 🕨			
	D Must Retain This Form — See I nit This Form to the IRS Unless Re		
For Denemorie Deduction Act Nation and ver	tov veture instructions	DEV 02/24/22 DDO	Earm 8879 (Bay, 01 2021)

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

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       Xo         Standard       Someone can claim:       You as a dependent       You ryouse as a dependent       You spouse itemizes on a separate return or you were a dual-status alien         Age/Blindness       You:       Ware born before January 2, 1958       Are blind       Spouse:       Was born before January 2, 1958       Is blind         Dependents       (see instructions):       (1) First name       Last name       number       (3) Relationship       (4) Check the box if qualifies for (see instructions):         If more than four dependents, see instructions       (1) First name       Last name       number       (2) Social security       (3) Relationship       (4) Check the box if qualifies for (see instructions):         Income       1a       Total amount from Form(s) W-2, box 1 (see instructions)       1a       207, 058.         b       Household employee wages not reported on Form(s) W-2 (see instructions)       1d       1d         W-28 and theore the ends the structions)       1d       e       1g         W-28 and theore the ends the ends the structions)       1d       e       1d         W-28 and theore theore theore thenenefits from F	<b>1040</b>		artment of the Treasury—Internal Revenue Servi S. Individual Income Tax		urn	202	2	OMB No. 1545	-0074	IRS Use Or	ly—Do not	write or staple	in this space.
one box.       If you checked the MPS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying process in a child but not your dependent versions.       Your frame and model initial       Vers social security number QOYAL.       319-23-6.20.0         If joint return, spouse's first name and model initial       Last name       Spouse's social security number QOYAL.       319-23-6.20.0         Home address (number and street). If you have a P.O. box, ase instructions.       Apt. no.       Presidential Election Campaign 20.46 for Your or your City. town, or post filing jointy, want 33         CHICAGO       Check here if you are a P.O. box, ase instructions.       State       ZiP code       the post of the try our or your City. town, or post of the your or post of the post of the your or your City. town, or post of the your are interest.       Prevent the your or your City. town, or post of the your are interest.       Prevent the your or your City. Town, or post of the your are interest.       Prevent the your City. Town, or post of the your are interest.         Digital Ast any time during 2022, did you: (a) receive (as a reward, award, or payment for property or service); or (b) sell, assert? (See instructions).       Vest ⊠ No       State the your City.       Not the your City.         Deduction       Spouse:       You as a dependent interest or a dual-status allen       City.       You interest.       Not the your City.         Vest Deduction       In a total amount from Form(9). W-2, box 1 (see instructions).       Ista 2007, 058.	•		Single 🗌 Married filing jointly 🔰	🕻 Marri	ed filing s	separately (f	MFS)	Head of	house	hold (HOH)			
SAMEER         GOYAL         319-23-6200           Fjörf rithm, spouse's first name and middle initial         Last name         Spouse's social security number           Jone address (number and street). If you have a P.O. box, see instructions.         Apt. no.         Presidential Election Campaigned Campaigned State State Campaigned State Campaign		-				-		ked the HOH or	QSS	box, enter	the child	's name if t	he qualifying
If joint return, spouse's first name and middle initial       Last name       Spouse's social security number 40 street, if you have a P.O. box, see instructions.       Apt. no.         3046 N SIEFFIELD AVENUE       Check here if you, or your       Check here if you, or your       Check here if you, or your         City, town, or post office. If you have a foreign address, also complete spaces below.       State       Zit address (number and street), if you have a foreign address, also complete spaces below.       State       Check here if you, or your         Foreign country name       Foreign province/stata/country       Foreign postal code       You       Spouse's code state         Digital       At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, assets       Soc. Achange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions)       You       Spouse's code state instructions, if you is an adpendent       You spouse as a dependent         Deduction       Spouse itemizes on a separate return or you were a dual-status aten       (9) Relationship       (4) Check the box if qualifies for (see instructions), if you and dispendent is you advere adverter there is not adverter	Your first name	and mi	ddle initial	Last na	ime						Your s	social securi	ty number
Home address (number and street). If you have a P.O. box, see instructions.       Apt. no:       Presidential Election Campaign provide address (number and street). If you have a forsign address, also complete spaces below.       State       ZIP code       Presidential Election Campaign provide address (number and street). If you have a forsign address, also complete spaces below.       State       ZIP code       Presidential Election Campaign provide address (number and street). If you have a forsign address, also complete spaces below.       State       ZIP code       Presidential Election Campaign provide address (number and street).       Presidential Election Campaign provide address (number address, also complete spaces below.       State       ZIP code       Presidential Election Campaign provide address (number address, also complete spaces below.       State address (number address, also complete spaces below.       You       Presidential Election Campaign provide address (number address, also complete spaces below.       You       You       Provide space s	SAMEER			GOYA	AL .						319-	-23-620	0
I-form address (number and street), if you have a P.O. box, see instructions.         Apt. no.         Presidential Election Campaign on your           30.46         N. SHEPFTELD AVENUE         CPICobe free flyou or your         Oreck here flyou or your           0.10, it, your, or post affice. If you have a foreign address, also complete spaces below.         State         21P code         C60.577         Do to this fund, or your           0.10, it your, or post affice. If you have a foreign address, also complete spaces below.         It.         60.657.70         Do to this fund, or your           0.10, it your, or post address, also complete spaces below.         It.         60.657.70         Do to this fund, or your           0.10, it your, or post address, also complete spaces below.         It.         60.657.70         Do to this fund, or your           0.10, it your, or post address, also complete spaces below.         Foreign country name	lf joint return, sp	oouse's	first name and middle initial	Last na	ime						Spous	e's social se	curity number
3046 N SHEPFIELD AVENUE       Check here if you, or you       Depose if filing journes if the file you have a forsign address, also complete spaces below.       State       ZIP code       Source if the file you have a forsign address, also complete spaces below.       State       ZIP code       Source if the file you have a forsign address, also complete spaces below.       Forsign province/attate/county       Porsign postal code       You       Spouse if the file you have a forsign address, also complete spaces below.       You       Spouse item for check here if you, or you       You       Spouse item for check here if you, or you       You       Spouse item for check here if you, or you       You       Spouse item for check here if you.       You       You       Spouse item for check here if you have a forsign address, also complete spouse item for portent in a digital asset (or a financial inferset in a digital asset).       You       You       Spouse item for check here if you.       You       Spouse item for check here if yo											496-	-77-766	6
OUN: Not				instructi	ons.				A	Apt. no.			
Cuty, town, to post clinical, indicating adduttes, and complete spaces device.       Suite       20 code       to go to this fund. Checking a         Foreign country name       Foreign province/state/county       Foreign postal code       you       Spous         Digital Asset or a financial interest in a digital asset/ (see instructions.)       It       Spous       Yes       No         Standard Someone can calmit:       You as a dependent       You was a dependent       Yes       No         Spouse itemizes on a separate return or you ware a dual-status alien       Spouse:       Was born before January 2, 1958       Is bind         Dependents (see instructions):       (i) First name       Last name       (ii) First name       (iii) First name       (iiii) First name       (iii) First name       (iiii) First name       (iii) First name							_						
Foreign country name       Foreign province/state/county       Foreign positic code       your tax or refund.         Digital Asset or a financial interest in a digital asset (or a financial interest in a digital asset)? (See instructions).       Yes       No         Standard Obduction       Someone can claim:       You as dependent       Your spouse as a dependent       Yes       No         Standard Obduction       Spouse Itemizes on a separate return or you were a dual-status alen       Spouse Itemizes on a separate return or you were a dual-status alen         Age/Blindness You:       Were born before January 2, 1958       Are blind       Spouse:       Was born before January 2, 1958       Is blind         Dependents       (see instructions):       (P) First name       (P) First name       (P) Creak the box if qualifies for (see instructions)         I'm oright than four dependents, see instructions       (P) First name       (P) First name       (P) First name       (P) First name         It can d check here       (P) First name         It can d check here       (P) First name         It can d check here       (P) First name       (P) First name       (P) First name       (P) First name       (P) Fir	City, town, or po	ost offi	ce. If you have a foreign address, also co	omplete s	spaces bel	ow.	Sta	ate					
Digital At any time during 2022, did you: (a) receive (as a reward, award, or payments of property or services); or (b) sell, Assets       Image: Content of the second of t													0
Assets       exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.)       Yes       X No         Standard       Someone can claim:       You as a dependent       Your spouse as a dependent       Your spouse as a dependent         Age/Blindness       You:       Were born before January 2, 1958       Are blind       Spouse:       Was born before January 2, 1958       Is blind         Dependents       (see instructions):       (a) Social security       (a) Fleationship       (b) Check the box if qualifies for (see instructions)       Child tax credit       Credit for other dependent         if more       (1) First name       Last name       number       (a) Social security       (b) Check the box if qualifies for (see instructions)       Child tax credit       Credit for other dependent         ase instructions       1       Total amount from Form(s) W-2, box 1 (see instructions)       1a       207, 058.         here       1       Total amount from Form(s) W-2, box 1 (see instructions)       1d       1d         V*2 Arene, Alie       f       Employer-provided and pointe in see instructions)       1d       1d         v*2 Arene, Alie       f       Employer-provided adoption benefits from Form (S) W-2.       1d       1d         V*2 Arene, Alie       f       Employer-provided adoption see instructions) </td <td>Foreign country</td> <td>name</td> <td></td> <td></td> <td>Foreign pr</td> <td>ovince/state/</td> <td>coun</td> <td>ty</td> <td>Foreig</td> <td>in postal code</td> <td>e your ta</td> <td>_</td> <td></td>	Foreign country	name			Foreign pr	ovince/state/	coun	ty	Foreig	in postal code	e your ta	_	
Assets       exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.)       Yes       X No         Standard       Someone can claim:       You as a dependent       You spouse as a dependent       You spouse as a dependent         Age/Blindness       You:       Were born before January 2, 1958       Are blind       Spouse:       Was born before January 2, 1958       Is blind         Dependents       (1) First name       Last name       (2) Social security       (3) Relationship       (4) Check the box if qualifies for gene instructions;         If more       (1) First name       Last name       (2) Social security       (3) Relationship       (4) Check the box if qualifies for gene instructions;         If more dependents, see instructions       10       10       10       10         Area forms       10       10       10       10       10         Income       1a       Total amount from Form(s) W-2, box 1 (see instructions)       1a       207, 058.         Medicaid waive payments not reported on line 1a (see instructions)       1a       207, 058.       1a         You did not gen structions       1a       207, 058.       1a       207, 058.         Yea see instructions       1a       207, 058.       1a       207, 058.       1a	Digital	At ar	ny time during 2022, did you: (a) rec	eive (as	a rewarc	l, award, or	pay	ment for prope	rty or	services); d	or (b) sell		
Deduction       Spouse itemizes on a separate return or you were a dual-status alien         Age/Blindness       You:       Were born before January 2, 1958       Are blind       Spouse:       Was born before January 2, 1958       Is blind         Dependents       (see instructions):       (i) First name       Last name       (ii) Relationship       (iii) Child tax credit       Credit for other dependent         dependents,       iiii       iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii	Assets	exch	ange, gift, or otherwise dispose of a	a digital	asset (or	a financial	inter	est in a digital	asset)	? (See inst	ructions.	.) 🗌 Yes	🗙 No
Age/Blindness       You:       Were born before January 2, 1958       Are blind       Spouse:       Was born before January 2, 1958       Is blind         Dependents       (see instructions):       (2) Social security       (3) Relationship       (4) Check the box if qualifies for (see instructions):         If more than four dependents, see instructions       (1) First name       Last name       (2) Social security       (3) Relationship       (4) Check the box if qualifies for (see instructions):         Immoder       (1) First name       Last name       (2) Social security       (3) Relationship       (4) Check the box if qualifies for (see instructions):         dee instructions       (1) First name       Last name       (2) Social security       (3) Relationship       (4) Check the box if qualifies for (see instructions):         Internet       1a       Total amount from Form(s) W-2, box 1 (see instructions)       (1)       (1)       (1)         Internet       1a       Total amount from Form(s) W-2, box 1 (see instructions)       (1)       (1)       (1)       (1)         W-26 and traps of the form       Gar and bop in the form Sage instructions)       (1)       (1)       (1)       (1)         W-26 and form Sort Salt       Montaxable combat pay election (see instructions)       (1)       (1)       (1)       (1)       (1)         W-2		Som	eone can claim: 🗌 You as a de	penden	t 🗌	Your spous	e as	a dependent					
Dependents (see instructions):       (2) Social security number       (3) Relationship to you       (4) Check the box if qualifies for (see instructions):         If more than four dependents, see instructions and check here       (1) First name       Last name       (2) Social security number       (3) Relationship to you       (4) Check the box if qualifies for (see instructions):         Income       1a       Total amount from Form(s) W-2, box 1 (see instructions)       (1)       (1)       (1)       (1)         Attach Form(s)       W-2 see Also attach form form (see instructions)       1a       207, 058.       (1)         Medical waiver payments not reported on Form(s) W-2.       1b       (1)       (1)       (1)         Medical waiver payments not reported on Form(s) W-2.       1d       (1)       (1)       (1)         W-2 are Also dependent care benefits from Form 8839, line 29       1f       (1)       (1)       (1)         W-2, see instructions,       1a       1a       (207, 058.       (1)       (1)         W-2, see instructions,       4a       1a       207, 058.       (1)       (1)         If required.       3a       135.       1a       2,07, 058.       (1)       (1)         If was withheld       1	Deduction		Spouse itemizes on a separate retur	n or you	u were a	dual-status	alier	ı					
Dependents       (b) First name       number       (c) first name       (c) first name <td>Age/Blindness</td> <td>You:</td> <td>Were born before January 2, 1</td> <td>958</td> <td>Are bl</td> <td>ind Spo</td> <td>ouse</td> <td>: 🗌 Was bor</td> <td>n befo</td> <td>ore January</td> <td>2, 1958</td> <td>🗌 ls b</td> <td>lind</td>	Age/Blindness	You:	Were born before January 2, 1	958	Are bl	ind Spo	ouse	: 🗌 Was bor	n befo	ore January	2, 1958	🗌 ls b	lind
If more	Dependents	s (see	instructions):		<b>(2)</b> S		/		ip <b>(4</b>	) Check the	box if qua	alifies for (see	instructions):
dependents, see instructions       Image: see instructions       Image: see instructions       Image: see instructions         here       Image: see instructions       Imagee: see instructions       Image: see instructi	If more	<b>(1)</b> F	irst name Last name			number		to you		Child tax	credit	Credit for of	ther dependents
see instructions       Image: See instructions       Image: See instructions       Image: See instructions         Income       1a       Total amount from Form(s) W-2, box 1 (see instructions)       Image: See instructions       Image: See instructions       Image: See instructions         Attach Form(s)       c       Tip income not reported on line 1a (see instructions)       Image: See instructions       Im													
and check       here													
Income       1a       Total amount from Form(s) W-2, box 1 (see instructions)       1a       207,058.         Attach Form(s)       b       Household employee wages not reported on Form(s) W-2.       1b         Attach Form(s)       c       Tip income not reported on line 1a (see instructions)       1c         W-2 Pare. Also       d       Medicaid waiver payments not reported on Form(s) W-2 (see instructions)       1c         W-2 Gand       e       Taxable dependent care benefits from Form 2441, line 26       1d         Wages from Form 8919, line 6       1g       1g       1g         get a Form       Wages from Form 8919, line 6       1h       0.         W-2, see       h       Other earned income (see instructions)       1h       0.         w/2, see       in Nontaxable combat pay election (see instructions)       1h       0.       1z       207,058.         Attach Sch. B       2a       Tax-exempt interest       2a       1b       Taxable interest       2b       10.         Beduction for       -	and check												
Household employee wages not reported on Form(s) W-2.       1b         Attach Form(s) W-2 here. Also diver payments not reported on Form(s) W-2.       1c         W-2 here. Also diver payments not reported on Form(s) W-2 (see instructions)       1c         W-26 and 1099-Ri ftax       Taxable dependent care benefits from Form 2441, line 26       1d         Wages from Form 8919, line 6       1g       1g         get a Form       Wages from Form 8919, line 6       1g         was withheld,       f       Employer-provided adoption benefits from Form 8839, line 29       1f         get a Form       h       Other earned income (see instructions)       1l         w2-2, see       i       Nontaxable combat pay election (see instructions)       1l         z       Add lines 1a through 1h       1z       207, 058.         Attach Sch. B       2a       b       b       Taxable amount.       4b         Standard       Deduction for       5a       Pensions and annuities .       5a       b       Taxable amount.       6b         Standard       Opeland filing separately.       Si Add lines 12, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       1       186, 644.         Standard       Opeland filing separately.       9       Add lines 12, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       11<	here											<u> </u>	
Attach Form(s) W-2 here. Also attach Form(s)       c       Tip income not reported on line 1a (see instructions)       1c         W-2 here. Also attach Form(s)       d       Medicaid waiver payments not reported on Form(s) W-2 (see instructions)       1d         W-2 for attach Form(s)       e       Taxable dependent care benefits from Form 2441, line 26       1e         1099-R if tax was withheld.       f       Employer-provided adoption benefits from Form 8839, line 29       1f         get a Form       g       Wages from Form 8919, line 6       1g         W-2, see       in Nontaxable combat pay election (see instructions)       1i       1g         W-2, see       instructions.       1i       1z       207, 058.         2b       100.       3a       135.       b       Taxable amount       4b         Standard       5a       Pensions and annuities       5a       b       Taxable amount       5b         Get file       gensions and annuities       5a       b       Taxable amount       6b         Standard       5a       c       if you elect to use the lump-sum election method, check here (see instructions)       7       -3445.         Standard       0       Other income from Schedule 1, line 10       7       -3445.         Standard filing esparately, signed <td>Income</td> <td></td> <td></td> <td></td> <td></td> <td>,</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>07,058.</td>	Income					,							07,058.
W-2 here. Also attach Forms       Implification for regiments not reported on hime ray (see instructions)       Implification for regiments not reported on Form(s) W-2 (see instructions)       Implification for regiments not reported on Form(s) W-2 (see instructions)         W-26 and 1099-Ri ftax       e       Taxable dependent care benefits from Form 2441, line 26       Implifications)         was withheld, get a Form       f       Employer-provided adoption benefits from Form 8839, line 29       Implifications)         W-2, see instructions.       n       Other eamed income (see instructions)       Implifications)       Implifications)         V-2, see instructions.       i       Nontaxable combat pay election (see instructions)       Implifications)       Implifications)         V-2, see instructions.       z       Add lines 1a through 1h       z       207,058.         Ztack Sch. B       2a       b       Taxable interest       zb       10.         if required.       3a       135.       b       Ordinary dividends       3b       135.         4a       IRA distributions       4a       b       Taxable amount       4b       5b         Standard Deduction for- Maried filing perparately, 812,950       c       f you elect to use the lump-sum election method, check here (see instructions)       Implifications)       Implifications)       Implifications)       Implificati	Attach Form(s)			•		. ,							
attach form       Taxable dependent care benefits from Form 2441, line 26       1e         1099-Rif tax       f       Employer-provided adoption benefits from Form 8839, line 29       1f         was withheld,       f       Employer-provided adoption benefits from Form 8839, line 29       1f         was withheld,       gt       aform       h       Other earned income (see instructions)       1l         was withheld,       nontaxable combat pay election (see instructions)       1i       1g       1h       0.         V-2; see       i       Nontaxable combat pay election (see instructions)       1i       it       1z       207,058.         Attach Sch. B       2a       b       Tax-exempt interest       2a       b       1a       1a<	• • •								• •				
109-R if tax was withheld.       f       Employer-provided adoption benefits from Form 8839, line 29       11         If you did not get a Form       Wages from Form 8919, line 6       11         W-2, see instructions.       i       Nontaxable combat pay election (see instructions)       11         W-2, see instructions.       i       Nontaxable combat pay election (see instructions)       11         Attach Sch. B       2a       Tax-exempt interest       2a         Add lines 1a through 1h       3a       135.         Attach Sch. B       2a       Tax-exempt interest       2b         4a       b       Taxable interest       2b         4a       b       Taxable amount       4b         Standard       5a       5a       b       Taxable amount       4b         Standard beduction for       6a       5a       b       Taxable amount       6b         Standard beduction for       c       If you elect to use the lump-sum election method, check here (see instructions)       7       -345.         Standard beduction for       c       If you elect to use the lump-sum election method, check here (see instructions)       7         *Single or Married fling separately, \$12,950       *       Capital gain or (loss). Attach Schedule D if required. If not required, check here <t< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>• •</td><td></td><td></td><td>-</td><td></td></t<>									• •			-	
Wass withined.       Wass from Form 8919, line 6       1g         If you did not       g       Wages from Form 8919, line 6       1         W-2, see       i       Nontaxable combat pay election (see instructions)       1i       1h       0.         W-2, see       i       Nontaxable combat pay election (see instructions)       1i       1z       207, 058.         Attach Sch. B       2a       Tax-exempt interest       2a       b       Taxable interest       2b       10.         Attach Sch. B       2a       Tax-exempt interest       2a       b       Taxable interest       2b       10.         If required.       3a       Qualified dividends       3a       135.       b       Ordinary dividends       3b       135.         4a       IRA distributions       4a       b       Taxable amount       4b       5b         Deduction for-       6a       Social security benefits       6a       b       Taxable amount       6b       6b         Signed or Married fling separately, \$12,950       r       Capital gain or (loss). Attach Schedule D if required. If not required, check here       7       -345.       8       -20,214.       9       186,644.         10       Subtract line 10 from line 9. This is your adjusted gross income </td <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>• •</td> <td></td> <td></td> <td>-</td> <td></td>									• •			-	
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W-2, see instructions.       i       Nontaxable combat pay election (see instructions)       1i         Attach Sch. B       2a       Add lines 1 a through 1h       207,058.         Attach Sch. B       2a       Tax-exempt interest       2b       10.         if required.       3a       135.       b       Taxable interest       2b       10.         4a       B       Tax-exempt interest       3a       135.       b       Ordinary dividends       3b       135.         5a       Qualified dividends       5a       5a       b       Taxable amount       4b       4b         Standard       5a       Pensions and annuities       5a       5a       b       Taxable amount       5b         6a       Social security benefits       6a       b       Taxable amount       5b         7       Capital gain or (loss). Attach Schedule D if required. If not required, check here       7       -345.         8       Other income from Schedule 1, line 10       8       -20,214.       9       186,644.         9       186,644.       10       11       186,644.       10       12       12,950.         14       you checked       13       Qualified business income deduction from Form Schedule A)			<b>0</b>						• •	• • •		-	0
Instructions.       z       Add lines 1a through 1h       1z       207,058.         Attach Sch. B       2a       Tax-exempt interest       2a       b       Taxable interest       2b       10.         if required.       3a       Qualified dividends       3a       135.       b       Ordinary dividends       3b       135.         4a       IRA distributions       4a       b       Dordinary dividends       3b       135.         5a       Pensions and annuities       5a       6a       b       Taxable amount       4b         Standard       Social security benefits       6a       b       Taxable amount       6b         Single or 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       7-345.         8       -20,214.       9       186,644.       10       9       186,644.         10       Subtract line 10 from line 9. This is your adjusted gross income       11       186,644.       12       12,950.         14       Add lines 12 and 13       13       14       12,950.       13       14       12,950.         15       Subtract line 14 from line 12 and 13       15       17,3 694	W-2, see		,	,					· ·		· -		0.
Attach Sch. B       2a       Tax-exempt interest       2a       b       Taxable interest       2b       10.         if required.       3a       Qualified dividends       3a       135.       b       Ordinary dividends       3b       135.         4a       IRA distributions       4a       135.       b       Ordinary dividends       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       5b         7       Capital gain or (loss). Attach Schedule D if required. If not required, check here       7       -345.         8       Other income from Schedule 1, line 10       10       10       10         9       Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       11       186, 644.         surviving spouse, 25, 900       11       Subtract line 10 from line 9. This is your adjusted gross income       11       186, 644.         10       11       186, 644.       12       12, 950.       13       12       12, 950.         14       Add lines 12 and 13       13	instructions.	-	Add lines to through th		,						1	<b>z</b> 2	07.058
if required.       3a       Qualified dividends       3a       135.         4a       IRA distributions       4a       b       Taxable amount       4b         5a       Pensions and annuities       5a       b       Taxable amount       5b         5a       Pensions and annuities       6a       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       -345.         8       Other income from Schedule 1, line 10       8       -20,214.       9       186,644.         10       Adjustments to income from Schedule 1, line 26       10       11       186,644.       10         • Head of household, \$19,400       12       Standard deduction or itemized deductions (from Schedule A)       12       12,950.       13         14       Add lines 12 and 13       14       12,950.       14       12,950.         15       Subtract line 14 from line 11 if zero or less enter -0.       This is your taxable income       15       173	Attach Sch. B		Ŭ					axable interest					
4a       IRA distributions       4a       b       Taxable amount       4b         5a       Pensions and annuities       5a       b       Taxable amount       5b         6a       Social security benefits       6a       b       Taxable amount       5b         • Single or Married filing separately, \$12,950       c       If you elect to use the lump-sum election method, check here (see instructions)       c       if you elect to use the lump-sum election method, check here (see instructions)       c       if         • 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       -345.         10       Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9       186, 644.         11       Subtract line 10 from line 9. This is your adjusted gross income       11       186, 644.         12       12, 950.       13       Qualified business income deduction from Form 8995 or Form 8995-A       13         14       12, 950.       14       12, 950.       14       12, 950.         15       Journal 13       14       12, 950.       14       12, 950.						135.							
Standard Deduction for-       5a       Pensions and annuities													
<ul> <li>Single or Married filing separately, \$12,950</li> <li>Married filing jointy or Qualifying surviving spouse, \$25,900</li> <li>Head of household, \$19,400</li> <li>Head of household, \$19,400</li> <li>Head of household, \$19,400</li> <li>Standard deduction or itemized deductions (from Schedule A)</li> <li>Head of household, \$19,400</li> <li>Standard deduction or itemized deductions (from Schedule A)</li> <li>Head of household, \$19,400</li> <li>Standard deduction or itemized deductions (from Schedule A)</li> <li>Head of household, \$19,400</li> <li>Standard deduction or itemized deductions (from Schedule A)</li> <li>Head of household, \$19,400</li> <li>Standard deduction or itemized deductions (from Schedule A)</li> <li>Head of household, \$11</li> <li>Standard deduction or itemized deductions (from Schedule A)</li> <li>Head of household, \$12</li> <li>Standard deduction or itemized deductions (from Schedule A)</li> <li>Head of household, \$13</li> <li>Qualified business income deduction from Form 8995 or Form 8995-A</li> <li>Head of household, \$14</li> <li>12,950.</li> <li>14</li> <li>12,950.</li> <li>15</li> <li>Subtract line 14 from line 11</li> <li>If zero or less enter -0- This is your taxable income</li> </ul>	Standard		Pensions and annuities	5a							. 5	ib	
<ul> <li>Single or Married filing separately, \$12,950</li> <li>Married filing jointly or Qualifying surviving spouse, \$25,900</li> <li>Head of household, \$19,400</li> <li>Head of household, \$19,400</li> <li>Standard deduction or itemized deductions (from Schedule A)</li> <li>Hard of household, \$10</li> <li>Head of household, \$11</li> <li>Subtract line 10 from line 9. This is your adjusted gross income</li> <li>Head of household, \$12</li> <li>Head of household, \$13</li> <li>Qualified business income deduction from Form 8995 or Form 8995-A</li> <li>Hard of household, \$14</li> <li>Add lines 12 and 13</li> <li>Head of household, \$15</li> <li>Subtract line 14 from line 11</li> <li>If zero or less enter -0- This is your taxable income</li> <li>If you checked any box under Standard</li> </ul>		6a	Social security benefits	6a			bТ	axable amount	t		. 6	b	
\$12,950       7       Capital gain or (loss). Attach Schedule D if required, in hot required, check here       1       -345.         • Married filing jointly or Qualifying souse, \$25,900       9       Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9       186, 644.         • Married filing jointly or Qualifying souse, \$25,900       10       Adjustments to income from Schedule 1, line 26       10         • Head of household, \$19,400       11       Subtract line 10 from line 9. This is your adjusted gross income       11       186, 644.         • 12       12, 950.       13       Qualified business income deduction from Form 8995 or Form 8995-A       13         • If you checked any box under Standard       14       12, 950.       14       12, 950.         • Add lines 12 and 13       • • • • • • • • • • • • • • • • • • •		с		lection	method,	check here	(see	instructions)					
<ul> <li>Married filing jointly or Qualifying spouse, \$25,900</li> <li>Head of household, \$12 the 10 from line 9. This is your adjusted gross income</li> <li>In Subtract line 10 from line 9. This is your adjusted gross income</li> <li>In Subtract line 10 from line 9. This is your adjusted gross income</li> <li>In Subtract line 10 from line 9. This is your adjusted gross income</li> <li>In Subtract line 10 from line 9. This is your adjusted gross income</li> <li>In Subtract line 10 from line 9. This is your adjusted gross income</li> <li>In Subtract line 10 from line 9. This is your adjusted gross income</li> <li>In Subtract line 10 from line 9. This is your adjusted gross income</li> <li>In Subtract line 10 from line 9. This is your adjusted gross income</li> <li>In Subtract line 10 from line 9. This is your adjusted gross income</li> <li>In Subtract line 10 from line 9. This is your adjusted gross income</li> <li>In Subtract line 10 from line 9. This is your adjusted gross income</li> <li>In Subtract line 10 from line 9. This is your adjusted gross income</li> <li>In Subtract line 10 from line 9. This is your adjusted gross income</li> <li>In Subtract line 10 from line 9. This is your adjusted gross income</li> <li>In Subtract line 10 from line 9. This is your adjusted gross income</li> <li>In Subtract line 10 from line 9. This is your adjusted gross income</li> <li>In Subtract line 10 from line 9. This is your adjusted gross income</li> <li>In Subtract line 10 from line 9. This is your adjusted gross income</li> <li>In Subtract line 10 from line 9. This is your adjusted gross income</li> <li>In Subtract line 10 from line 9. This is your taxable income</li> <li>In Subtract line 14 from line 11 lf zero or less enter -0. This is your taxable income</li> </ul>		7	Capital gain or (loss). Attach Sche	dule D i	f required	d. If not requ	uired	, check here				7	-345.
jointly or Qualifying surviving spouse, \$25,9009Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income9186, 644.10Adjustments to income from Schedule 1, line 2610• Head of household, \$19,40012Standard deduction or itemized deductions (from Schedule A)11186, 644.1212, 950.• If you checked any box under Standard13Qualified business income deduction from Form 8995 or Form 8995-A13• If you checked any box under Standard13	<ul> <li>Married filing</li> </ul>	8	Other income from Schedule 1, lin	e 10								8 –	20,214.
\$25,900       10       Adjustments to income from schedule 1, life 20       11       10         • Head of household, \$19,400       11       Subtract line 10 from line 9. This is your adjusted gross income       11       186,644.         • If you checked any box under Standard       12       Standard deduction or itemized deductions (from Schedule A)       12       12,950.         • 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       12,950.         • If you checked any box under Standard       14       12,950.         • If you checked any box under Standard       15       17,3,694	Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7	, and 8.	This is y	our <b>total in</b> e	com	e				9 1	86,644.
<ul> <li>Head of household, \$11</li> <li>Subtract line 10 from line 9. This is your adjusted gross income</li></ul>		10	Adjustments to income from Sche	dule 1,	line 26						. 1	0	
\$19,400       12       Standard deduction or itemized deductions (irom Schedule A)       12       12,950.         • 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       12,950.         • Deduction, Deduction,       15       Subtract line 14 from line 11 If zero or less enter -0- This is your taxable income       15       173	Head of	11	Subtract line 10 from line 9. This is	s your <b>a</b>	djusted	gross incol	ne				. 1	1 1	86,644.
any box under Standard       14       Add lines 12 and 13       14       12,950         Deduction,       15       Subtract line 14 from line 11 If zero or less enter -0- This is your taxable income       15       173       694		12	Standard deduction or itemized	deduct	ions (fro	m Schedule	A)				. 1	2	12,950.
Standard         14         Add lines 12 and 13         14         12,950           Deduction,         15         Subtract line 14 from line 11 If zero or less enter -0- This is your taxable income         15         173         694						995 or Form	n 899	95-A					
	Standard												
		15	Subtract line 14 from line 11. If zer	ro or les	s, enter -	0 This is y	our	taxable incom	е.		. 1	5   1	73,694.

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

Form 1040 (2022)

Form 1040 (2022	2)									Page <b>2</b>
Tax and	16	Tax (see instructions). Check	if any from Form	(s): <b>1</b> 🗌 881	4 <b>2</b> 4972	3		16	35	,790.
Credits	17	Amount from Schedule 2, lin	ie3					17		
	18	Add lines 16 and 17						18	35	,790.
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812			19		
	20	Amount from Schedule 3, lir	ie8					20		
	21	Add lines 19 and 20						21		
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	35	,790.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21 .			23		754.
	24	Add lines 22 and 23. This is	your total tax					24	36	,544.
Payments	25	Federal income tax withheld								
,, <b>,</b>	а	Form(s) W-2				<b>25a</b> 39	,126.			
	b	Form(s) 1099				25b		1		
	с	Other forms (see instruction:				25c	1.	1		
	d	Add lines 25a through 25c						25d	39	,127.
	26	2022 estimated tax payment						26		
If you have a l qualifying child,	27	Earned income credit (EIC)				27				
attach Sch. EIC.	28	Additional child tax credit from				28		1		
	29	American opportunity credit				29		1		
	30	Reserved for future use .		,		30				
	31	Amount from Schedule 3, lir					8,831.	1		
	32	Add lines 27, 28, 29, and 31						32	3	,831.
	33	Add lines 25d, 26, and 32. T	-	-	-			33		,958.
Defend	34	If line 33 is more than line 24	,					34		,414.
Refund	35a	Amount of line 34 you want	,			, ,		35a		,414.
Direct deposit?	b	Routing number 1 2 2					Savings			-
See instructions.		Account number 7 1 7					ournigo			
	36	Amount of line 34 you want a			ed tax	36				
Amount	37	Subtract line 33 from line 24								
You Owe	57	For details on how to pay, g						37		
	38	Estimated tax penalty (see in	-			38				
Third Party		you want to allow another								
Designee		structions	•				omplete l	oelow.	× No	
	De	signee's		Phone			onal identi			
	nai	ne		no.		num	ber (PIN)			
Sign		der penalties of perjury, I declare t								
Here	bel	ief, they are true, correct, and com	plete. Declaration of	of preparer (othe		ased on all informati	1			
	Yo	ur signature		Date	Your occupation				nt you an Ide IN, enter it he	
Joint return?					SR CYBER SE	CURITY ANALY		inst.)		
See instructions.	Sp	ouse's signature. If a joint return, I	ooth must sign.	Date	Spouse's occupat			IRS ser	nt your spous	se an
Keep a copy for	- 1-	, , , , , , , , , , , , , , , , , , ,	5				Iden	tity Prote	ection PIN, e	
your records.							(see	inst.)		
		one no. (480)278-453		Email address	SGOYAL16@		1			
Paid	Pre	eparer's name	Preparer's signat	ure		Date	PTIN		Check if:	
Preparer	SYAM	PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	03/09/2023	P0208	2703	Self-er	nployed
Use Only	Fir	m's name GLOBAL TA	XES LLC				Phor	ne no. (	678)965	-9522
	Fir	m's address 245 ROONE	Y CT E BRU	NSWICK N	J 08816		Firm	's EIN	84-31	71965
Go to www.irs.ge	ov/Forn	n1040 for instructions and the late	st information.		BAA	REV 02/24/23 PRO			Form 1	<b>040</b> (2022)

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** Internal Revenue Service Name(s) shown on Form 1040, 1040-SR, or 1040-NR Your social security number SAMEER GOYAL 319-23-6200

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	-20,214.
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		
1	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			
		8m		
n	Section 951(a) inclusion (see instructions)	8n		
ο	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		
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	-20,214.

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

Schedule 1 (Form 1040) 2022

	Educator expenses					
2					11	
	Certain business expenses of reservists, performing artists, and fee	-basi	is qov	ernment		
	officials. Attach Form 2106				12	
	Health savings account deduction. Attach Form 8889				13	
4	Moving expenses for members of the Armed Forces. Attach Form 3903				14	
	Deductible part of self-employment tax. Attach Schedule SE				15	
	Self-employed SEP, SIMPLE, and qualified plans				16	
	Self-employed health insurance deduction				17	
	Penalty on early withdrawal of savings				18	
	Alimony paid				19a	
	Recipient's SSN					
С	Date of original divorce or separation agreement (see instructions):					
	IRA deduction				20	
	Student loan interest deduction				21	
	Reserved for future use				22	
	Archer MSA deduction				23	
	Other adjustments:					
	Jury duty pay (see instructions)	24a				
	Deductible expenses related to income reported on line 8l from the					
	rental of personal property engaged in for profit	24b				
	Nontaxable amount of the value of Olympic and Paralympic medals					
	and USOC prize money reported on line 8m	24c				
	Reforestation amortization and expenses	24d				
	Repayment of supplemental unemployment benefits under the Trade					
	Act of 1974	24e				
	Contributions to section 501(c)(18)(D) pension plans	24f				
	Contributions by certain chaplains to section 403(b) plans	24g				
	Attorney fees and court costs for actions involving certain unlawful	- 19			-	
	discrimination claims (see instructions)	24h				
	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				
	Housing deduction from Form 2555	24j				
	Excess deductions of section 67(e) expenses from Schedule K-1 (Form					
		24k				
	Other adjustments. List type and amount:	2-11			-	
-		24z				
25 <sup>±</sup>	Total other adjustments. Add lines 24a through 24z				25	
	Add lines 11 through 23 and 25. These are your <b>adjustments to income</b>				20	
	Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a				26	
	BAA		02/24/23 F			le 1 (Form 1040) 202

SCHEDULE 2	
(Form 1040)	

## **Additional Taxes**

OMB No. 1545-0074

(Form 1040) Additional Taxes				
	ment of the Treasury Revenue Service	Attach to Form 1040, 1040-SR, or 1040-NR. Go to <i>www.irs.gov/Form1040</i> for instructions and the latest information.		Attachment Sequence No. 02
Name	e(s) shown on Fo	rm 1040, 1040-SR, or 1040-NR		cial security number
	EER GOYAL		319-23	3-6200
Pa	rt I Tax			
1	Alternative r	ninimum tax. Attach Form 6251 ................		1
2	Excess adva	ance premium tax credit repayment. Attach Form 8962		2
3	Add lines 1	and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 1	7	3
Pa	rt II Other	Taxes		
4	Self-employ	ment tax. Attach Schedule SE		4
5		rity and Medicare tax on unreported tip income.		
6	Uncollected Form 8919	social security and Medicare tax on wages. Attach		
7	Total addition	onal social security and Medicare tax. Add lines 5 and 6		7
8	Additional ta	ax on IRAs or other tax-favored accounts. Attach Form 5329 if requ	uired.	
	If not require	ed, check here .......................		8
9	Household	employment taxes. Attach Schedule H		9
10	Repayment	of first-time homebuyer credit. Attach Form 5405 if required		10
11	Additional N	الم العام Attach Form 8959 معالم المعالم العام العام المعالم المعالم المعالم المعالم المعالم المعالم المعالم ا		<b>11</b> 754.
12	Net investm	ent income tax. Attach Form 8960 ...............		12
13		l social security and Medicare or RRTA tax on tips or group-ter om Form W-2, box 12......................		13
14	Interest on and timesha	tax due on installment income from the sale of certain residentia		14

15	Interest on the deferred tax on gain from certain installment sales with a sales price		
	over \$150,000	15	
16	Recapture of low-income housing credit. Attach Form 8611	16	
		ntini	ied on nai

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

(continued on page 2)

Schedule 2 (Form 1040) 2022

Par	t II Other Taxes (continued)			
17	Other additional taxes:			
а	Recapture of other credits. List type, form number, and amount:			
		17a		
b	Recapture of federal mortgage subsidy, if you sold your home			
		17b		
	Additional tax on HSA distributions. Attach Form 8889	17c	_	
d	Additional tax on an HSA because you didn't remain an eligible individual. Attach Form 8889	17d		
е	Additional tax on Archer MSA distributions. Attach Form 8853 .	17e		
f	Additional tax on Medicare Advantage MSA distributions. Attach Form 8853	17f		
g	Recapture of a charitable contribution deduction related to a fractional interest in tangible personal property	17g		
h	Income you received from a nonqualified deferred compensation plan that fails to meet the requirements of section 409A	17h		
i	Compensation you received from a nonqualified deferred compensation plan described in section 457A	17i		
j	Section 72(m)(5) excess benefits tax	17j		
k	Golden parachute payments	17k		
Т	Tax on accumulation distribution of trusts	171		
m	Excise tax on insider stock compensation from an expatriated			
		17m		
n	Look-back interest under section 167(g) or 460(b) from Form 8697 or 8866	17n	_	
0	Tax on non-effectively connected income for any part of the year you were a nonresident alien from Form 1040-NR	170		
р	Any interest from Form 8621, line 16f, relating to distributions from, and dispositions of, stock of a section 1291 fund	17p		
q	Any interest from Form 8621, line 24	17q		
z	Any other taxes. List type and amount:			
		17z		
18	Total additional taxes. Add lines 17a through 17z		. 18	
19	Reserved for future use		. 19	
20	Section 965 net tax liability installment from Form 965-A	20		
21	Add lines 4, 7 through 16, and 18. These are your <b>total other taxe</b>			
	on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b	REV 02/24/23 PRO		754.
	BAA	REV 02/24/23 PRO	Sched	lule 2 (Form 1040) 202

## **Additional Credits and Payments**

OMB No. 1545-0074 2

2

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

	Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form1040 for instructions and the latest information.					Attachment Sequence No. <b>03</b>	
	ne(s) shown on Form 1040, 1040-SR, or 1040-NR Your soci						
SAM Pai	EER GOYAL	fundable Credits		319-2	3-6	200	
1	0	credit. Attach Form 1116 if required		F	1		
2	Form 2441	child and dependent care expenses from Form 244			2		
3	Education c	redits 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 nonre	fundable credits:					
а	General bus	siness credit. Attach Form 3800	6a				
b	Credit for p	rior year minimum tax. Attach Form 8801	6b				
С	Adoption cr	edit. Attach Form 8839	6c				
d	Credit for th	e elderly or disabled. Attach Schedule R	6d				
е	Alternative r	motor vehicle credit. Attach Form 8910	6e				
f	Qualified plu	ug-in motor vehicle credit. Attach Form 8936	6f				
g	Mortgage in	terest credit. Attach Form 8396	6g				
h	District of C	olumbia first-time homebuyer credit. Attach Form 8859	6h				
i	Qualified ele	ectric vehicle credit. Attach Form 8834	6i				
j	Alternative f	uel vehicle refueling property credit. Attach Form 8911	6j				
k	Credit to ho	Iders of tax credit bonds. Attach Form 8912	6k				
I	Amount on	Form 8978, line 14. See instructions	61				
z	Other nonre	fundable credits. List type and amount:					
			6z				
7	Total other	nonrefundable credits. Add lines 6a through 6z			7		
8		through 5 and 7. Enter here and on Form 1040, 1040	-SR, or 104	0-NR,	Ŧ		
	line 20			•••[	8		
Eor Do	ponwork Poduct	ion Act Notice, see your tax return instructions.				ued on page 2) ule 3 (Form 1040) 2022	
10110		Ion Act Notice, see your tax return instructions. BAA	REV 02/24/23	FRO 3	chedi	10 0 (FUITI 1040) 2022	

Schedu	le 3 (Form 1040) 2022			Page <b>2</b>
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	3,831.
12	Credit for federal tax on fuels. Attach Form 4136		12	
13	Other payments or refundable credits:			
а	Form 2439	3a		
b	Credit for qualified sick and family leave wages paid in 2022 from Schedule(s) H for leave taken before April 1, 2021	3b		
С	Reserved for future use	3c		
d	Credit for repayment of amounts included in income from earlier years	3d		
е	Reserved for future use	3e		
f	Deferred amount of net 965 tax liability (see instructions)	I3f		
g	Reserved for future use	3g		
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	3h		
z	Other payments or refundable credits. List type and amount:			
	[1	3z		
14	Total other payments or refundable credits. Add lines 13a through	3z	14	
15	Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040- line 31	SR, or 1040-NR,	15	3,831.
	BAA REV 02	2/24/23 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. 2022 Attachment Sequence No. 12

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

SAMEER GOYAL

Your social security number

319-23-6200

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? 
Yes X 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)

See instructions for how to figure the amounts to enter on the lines below.		<b>(d)</b> Proceeds	<b>(e)</b> Cost	<b>(g)</b> Adjustments to gain or loss fr		(h) Gain or (loss) Subtract column (e) from column (d) and
	form may be easier to complete if you round off cents to e dollars.	(sales price)	(or other basis)	Form(s) 8949, Pa line 2, column (	urt I,	combine the result with column (g)
1a	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 <b>Box A</b> checked	15,713.	16,527.			-814.
2	Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked					
3	Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked					
4	Short-term gain from Form 6252 and short-term gain or (I	oss) from Forms 4	684, 6781, and 88	324	4	
5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1						
6	6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your <b>Capital Loss Carryover</b> Worksheet in the instructions					( )
7 Net short-term capital gain or (loss).       Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on the back					-814.	

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

below. form may be easier to complete if you round off cents to	<b>(d)</b> Proceeds (sales price)	<b>(e)</b> Cost (or other basis)	to gain or loss Form(s) 8949, I	s from Part II,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
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.					
Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked	14,806.	14,337.			469.
Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked					
Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked.					
	. ,	11			
Net long-term gain or (loss) from partnerships, S corporat	dule(s) K-1	12			
Capital gain distributions. See the instructions		13			
	14	( )			
		15	469.		
	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 8bTotals for all transactions reported on Form(s) 8949 with Box D checkedBox D checkedTotals for all transactions reported on Form(s) 8949 with Box E checkedBox F checkedCotals for all transactions reported on Form(s) 8949 with Box F checkedBox F checkedGain from Form 4797, Part I; long-term gain from Forms from Forms 4684, 6781, and 8824Net long-term gain or (loss) from partnerships, S corporat Capital gain distributions. See the instructionsLong-term capital loss carryover. Enter the amount, if any Worksheet in the instructionsNet long-term capital gain or (loss).Combine lines 8a on the back	below.       (d)         form may be easier to complete if you round off cents to e dollars.       Proceeds (sales price)         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         Totals for all transactions reported on Form(s) 8949 with Box D checked       14,806.         Totals for all transactions reported on Form(s) 8949 with Box E checked       14,806.         Totals for all transactions reported on Form(s) 8949 with Box F checked.       14,806.         Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; from Forms 4684, 6781, and 8824       .         Net long-term gain or (loss) from partnerships, S corporations, estates, and Capital gain distributions. See the instructions       .         Net long-term capital loss carryover. Enter the amount, if any, from line 13 of y Worksheet in the instructions       .         Net long-term capital gain or (loss).       Combine lines 8a through 14 in co on the back.	below.       (d)       (e)         form may be easier to complete if you round off cents to       Proceeds (sales price)       (or other basis)         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       14,806       14,337         Totals for all transactions reported on Form(s) 8949 with Box D checked       14,806       14,337         Totals for all transactions reported on Form(s) 8949 with Box E checked       14,806       14,337         Totals for all transactions reported on Form(s) 8949 with Box E checked       14,337       14,337         Totals for all transactions reported on Form(s) 8949 with Box F checked       14,337       14,337         Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gai from Forms 4684, 6781, and 8824       14,337       14         Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Scheo Capital gain distributions. See the instructions       13 of your Capital Loss Worksheet in the instructions       14 in column (h). Then, go on the back       14 in column (h). Then, go	below.(d)(e) Cost (or other basis)Adjustment to gain or loss Form(s) 8949, line 2, columTotals 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 8bImage: Cost (or other basis) (or other basis)Adjustment to gain or loss Form(s) 8949, line 2, columTotals for all transactions reported on Form son Form 8949, leave this line blank and go to line 8bImage: Cost (or other basis)Image: Cost (or other basis)Totals for all transactions reported on Form(s) 8949 with Box D checkedImage: Cost (or other basis)Image: Cost (or other basis)Box E checkedImage: Cost (or other basis)Image: Cost (or other basis)Image: Cost (or other basis)Totals for all transactions reported on Form(s) 8949 with Box E checkedImage: Cost (or other basis)Image: Cost (or other basis)Box F checkedImage: Cost (or other basis)Image: Cost (or other basis)Image: Cost (or other basis)Gain from Form 4797, Part I; long-term gain from Forms2439 and 6252; and long-term gain or (loss)from Form S4684, 6781, and 8824Image: Cost (or other basis)Image: Cost (or other basis)Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital LossCarryoverWorksheet in the instructionsImage: Cost (or other basis)Image: Cost (or other basis)Net long-term capital gain or (loss).Combine lines 8a through 14 in column (h). Then, go to Part III on the back<	below.       (d) Proceeds (sales price)       (e) (or other basis)       Adjustments to gain or loss fom Form(s) 8949, Part II, line 2, column (g)         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       Image: Column (g)         Totals for all 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       Image: Column (g)         Totals for all transactions reported on Form(s) 8949 with Box E checked       14, 806.       14, 337.         Totals for all transactions reported on Form(s) 8949 with Box F checked.       Image: Column (g)       Image: Column (g)         Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss)       11         Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1       12         Capital gain distributions. See the instructions       13         Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover       14         Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then, go to Part III       14         Net

Part	III Summary			
16	Combine lines 7 and 15 and enter the result	16		-345.
	• If line 16 is a <b>gain</b> , 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 <b>loss</b> , skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22.			
	• If line 16 is <b>zero</b> , 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 <b>both</b> gains?			
	<b>No.</b> Skip lines 18 through 21, and go to line 22.			
18	If you are required to complete the <b>28% Rate Gain Worksheet</b> (see instructions), enter the amount, if any, from line 7 of that worksheet	18		
19	If you are required to complete the <b>Unrecaptured Section 1250 Gain Worksheet</b> (see instructions), enter the amount, if any, from line 18 of that worksheet	19		
20	<ul> <li>Are lines 18 and 19 both zero or blank and you are not filing Form 4952?</li> <li>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.</li> </ul>			
	☐ 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	(	345.)
	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 02/24/23 PRO

Schedule D (Form 1040) 2022

Form **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.

OMB No. 1545-0074

Name(s) shown on returnSocial security number or taxpayer identification numberSAMEER GOYAL319-23-6200

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.

Part I Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see 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

<b>1</b> (a) Description of property	(b) (c) Date sold or		(d) Cost or other basis Proceeds See the <b>Note</b> below			(h) Gain or (loss) Subtract column (e)	
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see Column (e) in the separate instructions.	(f) Code(s) from instructions	<b>(g)</b> Amount of adjustment	from column (d) and combine the result with column (g).
MORGAN STANLEY DOMESTIC HOLDINGS INC	11/15/22	11/15/22	11,380.	11,380.			0.
FIDELITY BROKERAGE SERVICES LLC	01/01/22	12/31/22	4,333.	5,147.			-814.
2 Totals. Add the amounts in columns negative amounts). Enter each tota Schedule D, line 1b (if Box A above above is checked), or line 3 (if Box C	al here and inc is checked), <b>lir</b>	lude on your ne 2 (if Box B	15,713.	16,527.			-814.

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

Form 8949 (2022)	Attachment Sequence No. 12A	Page <b>2</b>
Name(s) shown on return. Name and SSN or taxpaver identification no, not required if shown on other side	Social security number or taxpayer identification num	ber

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side SAMEER GOYAL

319-23-6200

Before you check Box D, E, or F 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.

**Part II Long-Term.** Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

**Note:** You may aggregate all long-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 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You *must* check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-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.

**(D)** Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)

[] (E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS

(F) Long-term transactions not reported to you on Form 1099-B

<b>1</b> (a) Description of property	<b>(b)</b> Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis See the <b>Note</b> below			, (h) Gain or (loss) Subtract column (e)	
(Example: 100 sh. XYZ Ćo.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see Column (e) in the separate instructions.	(f) Code(s) from instructions	<b>(g)</b> Amount of adjustment	from column (d) and combine the result with column (g).	
FIDELITY BROKERAGE SERVICES LLC	01/01/21	12/31/22	14,806.	14,337.			469.	
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 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if Box F above is checked).			14,806.	14,337.			469.	

Note: If you checked Box D 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.

REV 02/24/23 PRO

SCHEDULE	Ε
(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 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.

Cs, etc.)	2022		
	Attachment Sequence No. <b>13</b>		
Your social security number			

Name(s)	shown on return					Y	our socia	al security	number
SAME	ER GOYAL						319-23	3-6200	
Part	<b>Note:</b> If you are in the business of renting personal properental income or loss from <b>Form 4835</b> on page 2, line 40	erty, use	Schedule			-		-	
	Did you make any payments in 2022 that would require you								
B li	f "Yes," did you or will you file required Form(s) 1099?							. 🗌 Ye	es 🗌 No
1a	Physical address of each property (street, city, state, Z	IP code	e)						
Α	DWARKA SECTOR 10 NEW DELHI DELHI IN	1100	075						
В									
C									
1b	Type of Property (from list below) 2 For each rental real estate prop above, report the number of fair				Fa	ir Rental Days	Person Da		QJV
Α	above, report the humber of ham			Α		365	Du	0	
 	if you meet the requirements to			B		305		0	
	qualified joint venture. See instr	ructions	s.	C					
	of Property:			U					
	Single Family Residence 3 Vacation/Short-Term Re	ntal	5 Lanc	1	7	Self-Rental			
	Multi-Family Residence 4 Commercial	intai	6 Roya	-		Other (describ	oe)		
						Properties	S:		
Incom	ne:			Α		В			С
3	Rents received	3		8	00.				
4	Royalties received	4							
Expen	ISES:								
5	Advertising	5							
6	Auto and travel (see instructions)	6							
7	Cleaning and maintenance	7		1,5	00.				
8	Commissions	8							
9	Insurance	9							
10	Legal and other professional fees	10							
11	Management fees	11		1,0	00.				
12	Mortgage interest paid to banks, etc. (see instructions)	12							
13	Other interest	13							
14	Repairs	14		4,0					
15	Supplies	15		3,5	60.				
16	Taxes	16							
17	Utilities	17		5,5					
18	Depreciation expense or depletion			5,4	54.				
19	Other (list)								
20	Total expenses. Add lines 5 through 19			21,0	14.				
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	· ·	-20,2	14.				
22	Deductible rental real estate loss after limitation, if any, on <b>Form 8582</b> (see instructions)		(	20,21	.4.)	(	)(	(	)
23a	Total of all amounts reported on line 3 for all rental prop				23a		800.		,
b	Total of all amounts reported on line 4 for all royalty pro				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	5,	454.		
e	Total of all amounts reported on line 20 for all properties				23e		014.		
24	<b>Income.</b> Add positive amounts shown on line 21. <b>Do n</b>						24		
25	Losses. Add royalty losses from line 21 and rental real esta				inter to	tal losses here		(	20,214.)
26	Total rental real estate and royalty income or (loss).								/
_*	here. If Parts II, III, IV, and line 40 on page 2 do not Schedule 1 (Form 1040), line 5. Otherwise, include this a	apply	to you,	also er	nter th	is amount on			-20,214.

Form **8959** Department of the Treasury

Internal Revenue Service

Name(s) shown on return

## **Additional Medicare Tax**

If any line does not apply to you, leave it blank. See separate instructions. Attach to Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS. Go to *www.irs.gov/Form8959* for instructions and the latest information. 2022

OMB No. 1545-0074

9 for instructions and t

Attachment Sequence No. 71 Your social security number

SAM	EER GOYAL		319-	23-62	200
Par	Additional Medicare Tax on Medicare Wages		ł		
1	Medicare wages and tips from Form W-2, box 5. If you have more than one				
	Form W-2, enter the total of the amounts from box 5	1	208,787.		
2	Unreported tips from Form 4137, line 6	2			
3	Wages from Form 8919, line 6	3			
4	Add lines 1 through 3	4	208,787.		
5	Enter the following amount for your filing status:				
	Married filing jointly				
	Married filing separately				
_	Single, Head of household, or Qualifying surviving spouse \$200,000	5	125,000.		
6	Subtract line 5 from line 4. If zero or less, enter -0			6	83,787.
7	Additional Medicare Tax on Medicare wages. Multiply line 6 by 0.9% (0.009). Part II			7	754.
Part					
8	Self-employment income from Schedule SE (Form 1040), Part I, line 6. If you				
	had a loss, enter -0- (Form 1040-PR or 1040-SS filers, see instructions.)	8			
9	Enter the following amount for your filing status:				
	Married filing jointly				
	Married filing separately				
	Single, Head of household, or Qualifying surviving spouse \$200,000	9			
10	Enter the amount from line 4	10			
11	Subtract line 10 from line 9. If zero or less, enter -0	11			
12	Subtract line 11 from line 8. If zero or less, enter -0			12	
13	Additional Medicare Tax on self-employment income. Multiply line 12 by 0.9% (				
	go to Part III		· · · · ·	13	
Part		) Con	npensation		
14	Railroad retirement (RRTA) compensation and tips from Form(s) W-2, box 14				
45		14		-	
15	Enter the following amount for your filing status:				
	Married filing jointly         \$250,000           Married filing separately         \$125,000				
	Single, Head of household, or Qualifying surviving spouse \$200,000	15			
16	Subtract line 15 from line 14. If zero or less, enter -0	-		16	
17	Additional Medicare Tax on railroad retirement (RRTA) compensation. Multiply lir				
17	Enter here and go to Part IV			17	
Part					
18	Add lines 7, 13, and 17. Also include this amount on Schedule 2 (Form 1040), li	ine 11	(Form 1040-PR		
	or 1040-SS filers, see instructions), and go to Part V			18	754.
Part					
19	Medicare tax withheld from Form W-2, box 6. If you have more than one Form				
	W-2, enter the total of the amounts from box 6	19	3,028.		
20	Enter the amount from line 1	20	208,787.	-	
21	Multiply line 20 by 1.45% (0.0145). This is your regular Medicare tax withholding on Medicare wages	21	3,027.		
22	Subtract line 21 from line 19. If zero or less, enter -0 This is your Add	·			
	withholding on Medicare wages			22	1.
23	Additional Medicare Tax withholding on railroad retirement (RRTA) compensation				
_	14 (see instructions)			23	
24	Total Additional Medicare Tax withholding. Add lines 22 and 23. Also incl federal income tax withholding on Form 1040, 1040 SP, or 1040 NP, line 20				
	federal income tax withholding on Form 1040, 1040-SR, or 1040-NR, line 25 1040-SS filers, see instructions)			24	1
For Pa	menueul Deduction Act Nation and vous toy active instructions		REV 02/24/23 PRO	<b>2</b> -7	1. Form <b>8959</b> (2022)
-	aperwork Reduction Act Notice, see your tax return instructions. BAA		REV 02/24/23 PRU		

Form **896** Department of the Treasury Internal Revenue Service

# Net Investment Income Tax— Individuals, Estates, and Trusts

OMB No. 1545-2227 2

((

Attach to your tax return.

	The Treasury Attach to your tax return. Revenue Service Go to www.irs.gov/Form8960 for instructions and the late	st information.		At	tachment equence No. 72
	) shown on your tax return		Your so		urity number or EIN
• •	EER GOYAL			-23-6	-
Part					
	Section 6013(h) election (see instructions)				
	☐ Regulations section 1.1411-10(g) election (see in	structions)			
1	Taxable interest (see instructions)			1	10.
2	Ordinary dividends (see instructions)			2	135.
3	Annuities (see instructions)			3	
4a	Rental real estate, royalties, partnerships, S corporations, trusts, etc. (see				
	instructions)	<b>4a</b> -20	,214.		
b	Adjustment for net income or loss derived in the ordinary course of a non-section 1411 trade or business (see instructions)	4b			
С	Combine lines 4a and 4b			4c	-20,214.
5a	Net gain or loss from disposition of property (see instructions)	5a -	-345.		
b	Net gain or loss from disposition of property that is not subject to net investment income tax (see instructions)	5b			
с	Adjustment from disposition of partnership interest or S corporation stock (see				
	instructions)	5c			
d	Combine lines 5a through 5c			5d	-345.
6	Adjustments to investment income for certain CFCs and PFICs (see instructions)			6	
7	Other modifications to investment income (see instructions)			7	
8	Total investment income. Combine lines 1, 2, 3, 4c, 5d, 6, and 7			8	-20,414.
Part	II Investment Expenses Allocable to Investment Income and Modif	ications			
9a	Investment interest expenses (see instructions)	9a			
b	State, local, and foreign income tax (see instructions)	9b			
С	Miscellaneous investment expenses (see instructions)	9c			
d	Add lines 9a, 9b, and 9c			9d	
10	Additional modifications (see instructions)			10	
11	Total deductions and modifications. Add lines 9d and 10			11	
	III Tax Computation				
12	Net investment income. Subtract Part II, line 11, from Part I, line 8. Individuals,				
	Estates and trusts, complete lines 18a–21. If zero or less, enter -0		• •	12	0.
	Individuals:				
13	Modified adjusted gross income (see instructions)		,644.		
14	Threshold based on filing status (see instructions)		,000.		
15	Subtract line 14 from line 13. If zero or less, enter -0		,644.	10	0
16	Enter the smaller of line 12 or line 15			16	0.
17	Net investment income tax for individuals. Multiply line 16 by 3.8% (0.038). En on your tax return (see instructions)			17	0.
4.5	Estates and Trusts:				
18a	Net investment income (line 12 above)	18a			
b	Deductions for distributions of net investment income and deductions under section 642(c) (see instructions)	18b			
С	Undistributed net investment income. Subtract line 18b from line 18a (see instructions). If zero or less, enter -0	18c			
19a	Adjusted gross income (see instructions)	19a			
b	Highest tax bracket for estates and trusts for the year (see instructions)	19b			
С	Subtract line 19b from line 19a. If zero or less, enter -0	19c			
20	Enter the smaller of line 18c or line 19c			20	
21	Net investment income tax for estates and trusts. Multiply line 20 by 3.8% (0.				
	include on your tax return (see instructions)			21	
For Pa	perwork Reduction Act Notice, see your tax return instructions.				Form <b>8960</b> (2022)

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



New York State E-File Signature Authorization for Tax Year 2022 For Forms IT-201, IT-201-X, IT-203, IT-203-X, IT-214, and NYC-210

Electronic return originator (ERO): Do not mail this form to the Tax Department. Keep it for your records.

Taxpayer's name     Spouse's name (jointly filed return only)       SAMEER GOYAL     Same (jointly filed return only)	
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#### Purpose

Form TR-579-IT must be completed to authorize an ERO to e-file a personal income tax return and to transmit bank account information for the electronic funds withdrawal.

#### **General instructions**

Taxpayers must complete Part B before the ERO transmits the taxpayer's electronically filed Forms IT-201, *Resident Income Tax Return*, IT-203, *Nonresident and Part-Year Resident Income Tax Return*, IT-203-X, *Amended Nonresident and Part-Year Resident Income Tax Return*, IT-214, *Claim for Real Property Tax Credit*, and NYC-210, *Claim for New York City School Tax Credit*. Note that an electronic signature can be used as described in TSB-M-20(1)C, (2)I, *E-File Authorizations (TR-579 forms) for Taxpayers Using a Paid Preparer for Electronically Filed Tax Returns*.

For returns filed jointly, both spouses must complete and sign Form TR-579-IT.

### Part A – Tax return information

EROs must complete Part C prior to transmitting electronically filed income tax returns (Forms IT-201, IT-201-X, IT-203, IT-203-X, IT-214, and NYC-210).

Both the paid preparer and the ERO are required to sign Part C. However, an individual performing as both the paid preparer and the ERO is only required to sign as the paid preparer. It is not necessary to include the ERO signature in this case. Note that an alternative signature can be used as described in Publication 58, *Information for Income Tax Return Preparers*, available on our website.

This form is not required for electronically filed Form IT-370, Application for Automatic Six-Month Extension of Time to File for Individuals. See Form TR-579.1-IT, New York State Taxpayer Authorization for Electronic Funds Withdrawal for Tax Year 2022 Form IT-370 and Tax Year 2023 Form IT-2105.

	art A – Tax return information		
1	Federal adjusted gross income (from applicable line)	1.	186644.
2	Refund	2.	1819.
3	Amount you owe	3.	
	Financial institution routing number	4.	122100024
	Financial institution account number	5.	717902139
6	Account type: X Personal checking Personal savings Business checking Business saving	ngs	

### Part B – Declaration of taxpayer and authorizations for Forms IT-201, IT-201-X, IT-203, IT-203-X, IT-214, and NYC-210

Under penalty of perjury, I declare that I have examined the information on my 2022 New York State electronic personal income tax return, including any accompanying schedules, attachments, and statements, and certify that my electronic return is true, correct, and complete. The ERO has my consent to send my 2022 New York State electronic return to New York State through the Internal Revenue Service (IRS). In addition, by using a computer system and software to prepare and transmit my form electronically, I consent to the disclosure to New York State of all information pertaining to the transmission of my tax form electronically. I understand that by executing this Form TR-579-IT, I am authorizing the ERO to sign and file this return on my behalf and agree that the ERO's submission of my personal income tax return to the

IRS, together with this authorization, will serve as the electronic signature for the return and any authorized payment transaction. If I am paying my New York State personal income taxes due by electronic funds withdrawal, I certify that the account holder has authorized the New York State Tax Department and its designated financial agents to initiate an electronic funds withdrawal from the financial institution account indicated on my 2022 electronic return, and authorized the financial institution to withdraw the amount from that account. As New York does not support International ACH Transactions (IAT), I attest the source for these funds is within the United States. I understand and agree that I may revoke this authorization for payment only by contacting the Tax Department no later than two (2) business days prior to the payment date.

Taxpayer's signature	Date
Spouse's signature (jointly filed return only)	Date

#### Part C – Declaration of electronic return originator (ERO) and paid preparer

Under penalty of perjury, I declare that the information contained in this 2022 New York State electronic personal income tax return is the information furnished to me by the taxpayer. If the taxpayer furnished me a completed paper 2022 New York State return signed by a paid preparer, I declare that the information contained in the taxpayer's 2022 New York State electronic return is identical to that contained in the paper copy of the return. If I am the paid preparer, under penalty of perjury I declare that I have examined this 2022 New York State electronic personal income tax return, and, to the best of my knowledge and belief, the return is true, correct, and complete. I have based this declaration on all information available to me.

#### Do not mail Form TR-579-IT to the Tax Department:

EROs must keep this form for three years and present it to the Tax Department upon request.

ERO's signature	Print name GLOBAL TAXES LLC	Date
Paid preparer's signature	Print name SYAM PRIYA RAM SAGAR GUPTA TALLAM	Date 03092023



Nonresident and Part-Year Resident

Income Tax Return New York State • New York City • Yonkers • MCTMT

For the year January 1, 2022, through December 31, 2022, or fiscal year beginning .....

IT 000 I

and ending .....

REV 01/27/23 PRO

22

**IT-203** 

_	ur first name and	•••	Your last name (for a				) You	ur date of birth (mmdo	іуууу)	Your Sc	cial Secu	urity numbe	r	
SZ	AMEER		GOYAL					1125199	1		319	236200		
Sp	ouse's first name	and middle initial	Spouse's last name				Spo	ouse's date of birth <i>(mi</i>	nddyyyy)	Spouse		Security nu		
Ма	iling address <b>(se</b>	e instructions) (nu	mber and street or PO	Box)				Apartment numb	er	New Yo	rk State	county of re	sidenc	e:
30	046 N SHE	FFIELD AV	ENUE							NR				
Cit	y, village, or post	office	5	State ZIP	code	Country		•		School	district na	ame		
CF	HICAGO			IL	60657	UNITEI	) ST	FATES		NR				
			SS (see instructions) (no	o. and street c	or rural route) I	Apartment no		City, village, or po			School code n	umber		
Sta	ite ZIP cod	le C	ountry					Decedent information	Taxpayer	's date of	f death	Spouse's da	ate of c	leath
B C	Timg         status         (mark an         X in one         box):         (mark an         Did you item         federal incom         Can you be of         taxpayer's fed         Did you have	<ul> <li>Married (enter bo)</li> <li>Head o</li> <li>Qualifying De tax return?</li> <li>Claimed as a de deral return?</li> <li>a financial according</li> </ul>	filing joint return th spouses' Social Sec filing separate return th spouses' Social Sec f household (with qu ng surviving spous tions on your 2022 ependent on anoth bount located in a	n urity numbe ualifying pe se Yes er Yes	rs above) rson)	E F G	(1) [ (2) E (2) E New (1) N (2) N i Ente cod New Ente or o On 1 1) L 2) L N Did living	kers part-year i Did you receive a credit? (see instru Enter the amoun / York City part Number of month Number of month NY City in 202 er your 2-charace e(s) if applicab / York State part er the date you r ut of NYS (mmdo the last day of the Lived outside NY NYS sources dur vived outside NY NYS sources dur vived outside NY NYS sources dur you or your spor g quarters in NY es, complete Form	a homeo ctions) year re hs you I hs your I a your cter spe le rt-year r noved ir fyyyy) le tax ye  'S; recei ring non 'S; recei ring non use main 'S in 202	wner tax sidents ived in N spouse cial cor esident to ar (mark ved inco resident ved no resident ntain 22?	x rebate s only VY City lived ndition ts c an X in t period t period	res in 2022   one box): m  from		
1	Dependent i	nformation							,					
	irst name and r		Loot nom	-	Polotic	u a la lua		Social Socur	itu numh		Dete	of hirth (		

First name and middle initial	Last name	Relationship	Social Security number	Date of birth (mmddyyyy)

If more than 6 dependents, mark an **X** in the box.



Page 2 of 4 IT-203 (2022)

Enter your Social Security number

REV 01/27/23 PRO

		319236200				
Eo	deral income and adjustments			Federal amount		New York State amount
Fe				Whole dollars only		Whole dollars only
1	Wages, salaries, tips, etc		1	207058.00	1	96111.00
2	Taxable interest income		2	10.00	2	.00
3	Ordinary dividends		3	135.00	3	.00
4	Taxable refunds, credits, or offsets of	of state and local				
	income taxes (also enter on line 24	!)	4	.00	4	.00
5	Alimony received		5	.00	5	.00
6	Business income or loss (submit a copy of	federal Sch. C, Form 1040)	6	.00	6	.00
7	Capital gain or loss (if required, submit a copy of	of federal Sch. D, Form 1040)	7	-345.00	7	.00
8	Other gains or losses (submit a copy	of federal Form 4797)	8	.00	8	.00
9	Taxable amount of IRA distributions. Benefici	aries: mark <b>X</b> in box 🔲 📃	9	.00	9	.00
10	Taxable amount of pensions/annuities. Benefic	ciaries: mark X in box 🔲 📘	10	.00	10	.00
11	Rental real estate, royalties, partners	ships, S corporations,				
	trusts, etc. (submit a copy of federal S	Schedule E, Form 1040) 1	11	-20214.00	11	.00
12	Rental real estate included	00014				
	in line 11 (federal amount) <b>12.</b>	-20214.00				
13	Farm income or loss (submit a copy of fe	deral Sch. F, Form 1040) <b>1</b>	13	.00	13	.00
14			14	.00	14	.00
15		fits (also enter on line 26) 1	15	.00	15	.00
16			16	.00	16	.00
	Add lines 1 through 11 and 13 thro	<b>J</b>	17	186644.00	17	96111.00
-	Total federal adjustments to income					
L	Identify:		18	.00	18	.00
	Federal adjusted gross income (subtra		19	186644.00	19	96111.00
19a	Recomputed federal adjusted gross incom	e (see Line 19a worksheets) <b>19</b>	9a	186644.00	19a	96111.00
No	w York additions					
20	Interest income on state and local b	-				
	(but not those of New York State or its		20	.00	20	.00
	Public employee 414(h) retirement		21	.00	21	.00
	Other (Form IT-225, line 9)		22	.00	22	.00
23	Add lines 19a through 22		23	186644.00	23	96111.00
Nev	w York subtractions					
$\square$						
24	Taxable refunds, credits, or offsets of					
	local income taxes (from line 4)		24	.00	24	.00
25	Pensions of NYS and local governm					
	federal government		25	.00	25	.00
	Taxable amount of Social Security b		26	.00	26	.00
27	0		27	.00	27	.00
28	,		28	.00	28	.00
29			29	.00	29	.00
	Add lines 24 through 29		30	.00	30	.00
31	New York adjusted gross income (sub	btract line <b>30</b> from line <b>23</b> )	31	186644.00	31	96111.00
32	Enter the amount from line 31, Fed	erai amount column			32	186644.00





Name(s) as shown on page 1	Enter your Social Security number	IT-203 (2022) P	Page 3 of 4
SAMEER GOYAL	319236200	REV 01/27/23 PRO	

St	andard deduction or itemized deduction		
33	B Enter your standard deduction or your itemized deduction (from Form IT-196).		
	Mark an <b>X</b> in the appropriate box: X Standard – or – Itemized	33	00.008
34	Subtract line 33 from line 32 (if line 33 is more than line 32, leave blank)	34	178644.00
35		35	000.00
	S New York taxable income (subtract line 35 from line 34)	36	178644.00
_	x computation, credits, and other taxes		
37	New York taxable income (from line 36)	37	178644.00
	New York State tax on line 37 amount	38	11165.00
	New York State household credit	39	.00
40	Subtract line 39 from line 38 (if line 39 is more than line 38, leave blank)	40	11165.00
	New York State child and dependent care credit	41	.00
	Subtract line 41 from line 40 (if line 41 is more than line 40, leave blank)	42	11165.00
	New York State earned income credit	43	.00
44	Base tax (subtract line 43 from line 42; if line 43 is more than line 42, leave blank)	44	11165.00
45	Income New York State amount from line 31 Federal amount from line 31		Round result to 4 decimal places
	percentage 96111.00 ÷ 186644.00 =	45	0.5149
46	Allocated New York State tax (multiply line 44 by the decimal on line 45)	46	5749.00
	New York State nonrefundable credits (Form IT-203-ATT, line 8)	47	.00
	Subtract line 47 from line 46 (if line 47 is more than line 46, leave blank)	48	5749.00
	Net other New York State taxes (Form IT-203-ATT, line 33)	49	.00
	Total New York State taxes (add lines 48 and 49)	50	5749.00
-			
Ne	ew York City and Yonkers taxes, credits, and surcharges, and MCTMT		
51	Part-year New York City resident tax (Form IT-360.1) 51		See instructions to compute
	Part-year resident nonrefundable New York City		New York City and Yonkers
	child and dependent care credit		taxes, credits, and
52a	Subtract line 52 from 51		surcharges, and MCTMT.
	MCTMT net		
	earnings base 52b .00		
520	MCTMT		
	Yonkers nonresident earnings tax (Form Y-203)		
	Part-year Yonkers resident income tax surcharge		
•	(Form IT-360.1)		
55	5 Total New York City and Yonkers taxes / surcharges and MCTMT (add lines 52a, and 52c through 54)	55	.00
00			100
56	Sales or use tax (Do not leave blank.)	56	0.00
55			5 100
57	Voluntary contributions (Form IT-227, Part 2, line 1)	57	.00
	Total New York State, New York City, Yonkers, and sales or use taxes, MCTMT,	•	
00	and voluntary contributions (add lines 50, 55, 56, and 57)	58	5749.00
		50	5,17.00



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Page 4 of 4 IT-203 (2022)

Enter your Social Security number 319236200

REV 01/27/23 PRO

Payments and refundable credits         60       Patyser NYC school tax credit (fixed amount) (sies complete a noted)       60	<b>59</b> E	Enter amount from line 58			59	5749.00		
60       Partyear NYC school tax credit (fate amount) (also complete E or fiort)       60       00         60       PATY S school tax credit (rate reduction amount)       60       00         61       Other refundable credits (rate reduction amount)       61       00         62       Total New York State tax withheld       62       7568.00         63       Total New York State tax withheld       63       00         64       Total York York Take tax withheld       63       00         65       Total setimated tax payments/amount paid with Form IT-370       65       00         66       Total York Take tax withheld       63       00         67       Amount overpaid (if line 66 is more than line 59, subtract line 59 from line 66)       66       7568.00         704       Amount of line 67 available for refund (subtract line 68 from line 67)       68       1819.00         717       His amount to check you refund status online.       68       1819.00         704       Amount of line 67 that you want apole to your 203       69       00       88b       1819.00         704       Cold refund factor (sigo sature)       69       00       88b       1819.00       88b       1819.00       88b       1819.00       88b       1819.00       88b								
60°       anylear (N° ballet) (but and the line (100) (ballet) (ballet	Pay	ments and refundable credits						
60a	60	Part-year NYC school tax credit (fixed amount) (also complete E on front)	60	.00				
61       Other refundable credits (From Tr-203-ATT, line 17)       61       0.00         62       Total New York State tax withheld       62       7568.00         63       Total New York City tax withheld       64       0.00         64       Total Yonkers tax withheld       64       0.00         65       Total setimated tax payments/amount paid with Form TI-305       65       0.00         66       Total Yonkers tax withheld       64       0.00         66       Total Yonkers tax withheld       66       7568.00         700       Total Yonkers tax withheld       66       7568.00         700       The Use this amount to check your refund status online.       67       1819.00         68       Amount of line 67 tax analtable for refund status online.       68       1819.00         69       Amount of line 67 tax you want to deposit into a NYS 529 account fem TI-95, line 4) (also submt Form TI-195)       68a       0.00         69       Amount you want to pleopsit to checking or refund status online.       68a       0.00       0.00         70       Amount you owe (filine 67 its tax set stan line 59, subtract line 68 from line 59). To pay by electron for the castest, fastest way to get your refund.       See instructions for the proper assembly of your refund.         71       Estimated tax yenalty (includ								
62       Total New York Site tax withheld       62       7568.00         63       Total New York Site tax withheld       63       0.00         64       Total Yonkors tax withheld       64       0.00         65       Total estimated tax payments/amount paid with Form IT-370       65       0.00         66       Total payments and refundable credits (add lines 60 through 65)       66       7568.00         Your refund, amount you owe, and account information       67       1819.00         68       Amount of line 67 available for refund (subtract line 69 from line 67)       68       1819.00         71P: Use this amount to deexy our refund status online.       68       1819.00         69       Amount of line 67 that you want to deposit into a NYS 529 account (Form lin-67)       68       0.00         69       Amount of line 67 that you want applied to your 2023       estimated tax (see instructions)       69       .00         70       Mark one refund choice:       Savings account (fill in line 73 and 74. If you pay by check       or money order you must complete Form IT-201-V and mail it with your return.       70       Refund? Direct deposit or line for moles 50). To pay by electronic       funds withdrawal.       70       .00         71       Estimated tax (see instructions for the proper assembly of your       return.       71       .00       See instructions for t		. ,			•			
63       Total New York City tax withheld       63       .00         64       Total Yonkers tax withheld       .00         65       Total estimated tax payments/amount paid with Form IT-370       65       .00         66       Total payments and refundable credits (add lines 60 through 65)       .06       .06         67       Amount overpaid (if line 66 is more than line 59, subtract line 59 from line 66)       .01       .06         68       Amount of line 67 available for refund (subtract line 59 from line 67)       .01       .00         70       Total payments amount to check your refund status online.       .00       .00         68       Amount of line 67 that you want to deposit into a NYS 529 account (aposit (subtract line 68 from line 68)       .00       .00         68       Total aver refund choice:       X       Savings account (fil in line 73)       -or -       Paper         69       Amount of line 67 that you want applied to your 2023       estimated tax (see instructions)       .00       .00         70       Amount of with es is less stand ine 59, subtract line 69. To pay by electronic funds withdrawal, mark an X in the box		· · · · · · · · · · · · · · · · · · ·	62	7568.00				
64       Total Yonkers tax withheld       64       .00         65       Total estimated tax payments/amount paid with Form IT-370       65       .00         66       Total estimated tax payments/amount paid with Form IT-370       65       .00         67       Amount overpaid (if line 66 is more than line 59, subtract line 59 from line 66)       .66       7568.00         68       Amount of line 67 available for refund (subtract line 69 from line 67)       .66       1819.00         68       Amount of line 67 available for refund (subtract line 69 from line 67)       .68       1819.00         70       The: Use this amount to check your refund status online.       .67       1819.00         68a       Amount of line 67 that you want applied to your 2023       .00       68b       1819.00         70       Amount of line 67 that you want applied to your 2023       .00       .00       .00       .00         70       Amount you owe (if line 66 is less than line 59, subtract line 66 from line 50). To pay by electronic funds withdrawal, mark an X in the box and Till in lines 73 and 74. If you pay by check or ononey order you must complete Form IT-201.V and mail it with your return.       .70       .00         71       .00       See instructions for the proper assembly of your return.       .71       .00         73 Account information for direct deposit or electronic funds wit	63	Total New York City tax withheld	63	.00				
66       Total payments and refundable credits (add lines 60 through c5)       66       7568.00         Your refund, amount you owe, and account information       67       1819.00         68       Amount overpaid (if line 66 is more than line 59, subtract line 69 from line 67)       67       1819.00         71       Use this amount to check your refund status online.       68       00       68       1819.00         71       Use this amount to deposit into a NYS 529 account from I7-195, line 4) (also submit Form I7-195, l	64	Total <b>Yonkers</b> tax withheld	64	.00	-	····· · · · · · · · · · · · · · · · ·		
Your refund, amount you owe, and account information         67       Amount overpaid (if line 66 is more than line 59, subtract line 59 from line 67)       67       1819.00         68       Amount of line 67 available for refund (subtract line 69 from line 67)       68       1819.00         68       Amount of line 68 that you want to deposit into a NYS 529 account (Prom IT-195, line 4) (also submit Form IT-195)       68a       00         68       Total refund after NYS 529 account deposit (subtract line 68 from line 68)       00       68b       1819.00         Mark one refund choice: Savings account (#III in line 73) - or - Check       paper       check       check <td>65</td> <td>Total estimated tax payments/amount paid with Form IT-370</td> <td>65</td> <td>.00</td> <td></td> <td></td>	65	Total estimated tax payments/amount paid with Form IT-370	65	.00				
67       Amount overpaid (if line 66 is more than line 59, subtract line 59 from line 66)       67       1819.00         68       Amount of line 67 available for refund (subtract line 69 from line 67)       68       1819.00         71       F1: Use this amount to check your refund status online.       68       00       68       00         68       Amount of line 68 that you want to deposit line a NYS 529 account deposit (subtract line 68a from line 68)       70       68       00         68       Total refund after NYS 529 account deposit (subtract line 68a from line 68)       68b       1819.00         69       Mount of line 67 that you want deposit (subtract line 68a from line 73)       -or -       check leasiest, fastest way to get your refund.         69       Amount of line 67 that you want applied to your 2023       estimated tax (see instructions)       69       .oo         70       Amount of line 66 is less than line 50, subtract line 66 from line 73, and 74. If you pay by check or money order you must complete Form IT-201-V and mail it with your return.       70       See instructions for payment options.         71       Estimated tax penalty (include this amount on line 70, or reduce the overpayment on line 67)       71       _oo         72       Other penalties and interest.       71       _oo       See instructions for the proper assembly of your return.         73       Account type:       <	66	Total payments and refundable credits (add lines 60 through	ugh 65)		66	7568.00		
68       Amount of line 67 available for refund (subtract line 69 from line 67)       68       1819.00         TIP: Use this amount to check your refund status online.       68       1819.00         68a Amount of line 68 that you want to deposit into a NYS 529 account (form IT-195, line 4) (also submit Form IT-195)       68a       .00         69b Total refund after NYS 529 account deposit (subtract line 68 from line 68)       .01       68b       .01         69 Amount of line 67 that you want applied to your 2023 estimated tax (see instructions)       .01       .01       .01       .02         70 Amount you owe (if line 66 is less than line 59, subtract line 66 from line 57). To pay by electronic funds withdrawal, mark an X in the boxand fill in line 573 and 74. If you pay by check or money order you must complete Form IT-201-V and mail it with your return	You	ur refund, amount you owe, and account information						
TIP: Use this amount to check your refund status online.         68a Amount of line 68 that you want to deposit into a NYS 529 account (Form IT-195, line 4) (also submit Form IT-195, line 4) (also	67	Amount overpaid (if line 66 is more than line 59, subtract line	e 59 from line 66)		67	1819.00		
68a       Amount of line 68 that you want to deposit into a NYS 529 account ( <i>Form IT-195</i> , <i>ine 4</i> ) (also submit Form IT-195)       68a	68	•	n line 67)		68	1819.00		
68b       Total refund after NYS 529 account deposit ( <i>subtract line 68a from line 68</i> )       68b       1819.00         Mark one refund choice:       X savings account ( <i>fill in line 73</i> ) - or -       paper check       68b       1819.00         69       Amount of line 67 that you want applied to your 2023 estimated tax (see instructions)       69       .or -       Paper check       Refund? Direct deposit is the easiest, fastest way to get your refund.         70       Amount you owe ( <i>fill line 66 is less than line 59, subtract line 66 from line 59)</i> . To pay by electronic funds withdrawal, mark an X in the box and fill in lines 73 and 74. If you pay by check or money order you must complete Form IT-201-V and mail it with your return.       70       .oo         71       .oo       .oo       71       .oo       .oo         72       Other penalties and interest       .or       .oo       See instructions for the proper assembly of your return.         72       Other penalties and interest       .or       .oo       .oo       See instructions for the proper assembly of your return.         73a       Account type:       X       Personal checking - or -       Personal savings - or -       Business checking - or -       Business savings         73b       Routing number       122100024       73c       Account number       .oo       Personal identification number (PIN)         Y Paid preparer mu		•		1				
Mark one refund choice:       Mirect deposit to checking or savings account (fill in line 73)       -or -       paper check         69       Amount of line 67 that you want applied to your 2023       estimated tax (see instructions)       69		• •						
Mark one refund choice:       Asvings account (fill in line 73)       or -       chick         69       Amount of line 67 that you want applied to your 2023 estimated tax (see instructions)       69	68b				68b	1819.00		
69       Amount of line 67 that you want applied to your 2023 estimated tax (see instructions)       69       .00         70       Amount you owe (if line 66 is less than line 59, subtract line 66 from line 59). To pay by electronic funds withdrawal, mark an X in the box in and fill in lines 73 and 74. If you pay by check or money order you must complete Form IT-201-V and mail it with your return.       70       .00         71       .00       .00         72       Other penalties and interest.       .01       .00         73       Account information for direct deposit or electronic funds withdrawal. If the funds for your payment (or refund) would come from (or go to) an account outside the U.S., mark an X in this box       See instructions for the proper assembly of your return.         73a       Account type:       Personal checking - or -       Personal savings - or -       Business checking - or -       Business savings 717902139         74       Electronic funds withdrawal       .00       .00         74       Preparer's spinted name       Designee's phone number (PIN)       Presonal identification number (PIN)         74       Electronic funds withdrawal       .00       .00         74       Electronic funds withdrawal       .00         74       Electronic funds withdrawal       .00         74       Electronic funds withdrawal       .00         74       Electronic funds w		Mark one refund choice: X savings account	checking or					
estimated tax (see instructions)       69       .00         70       Amount you owe (if line 66 is less than line 59, subtract line 66 from line 59). To pay by electronic funds withdrawal, mark an X in the box and fill in lines 73 and 74. If you pay by check or money order you must complete Form IT-201-V and mail it with your return.       70       See instructions for payment options.         71       .00       71       .00       See instructions for payment options.         71       .00       .00       See instructions for the proper assembly of your return.         72       .00       .00         73       Account information for direct deposit or electronic funds withdrawal. If the funds for your payment (or refund) would come from (or go to) an account outside the U.S., mark an X in this box	69	-	(1111 111 111 11 11 11 11 11 11 11 11 11	CHECK				
70       Amount you owe (if line 66 is less than line 59, subtract line 66 from line 59). To pay by electronic funds withdrawal, mark an X in the box indication and fill in lines 73 and 74. If you pay by check or money order you must complete Form IT-201-V and mail it with your return	05		69	-00				
funds withdrawal, mark an X in the box □ and fill in lines 73 and 74. If you pay by check or money order you must complete Form IT-201-V and mail it with your return	70							
71       Estimated tax penalty (include this amount on line 70, or reduce the overpayment on line 67)       71       .00         72       Other penalties and interest       71       .00         73       Account information for direct deposit or electronic funds withdrawal. If the funds for your payment (or refund) would come from (or go to) an account outside the U.S., mark an X in this box       Image: the funds for your payment (or refund) would come from (or go to) an account outside the U.S., mark an X in this box         73a       Account type:       Personal checking - or -       Personal savings - or -       Business checking - or -       Business savings         73b       Routing number       122100024       73c       Account number       717902139         74       Electronic funds withdrawal       Date       Amount       .00         Third-party designee's name         vest instructions       Preparer's NYTPRIN       NYTPRIN       Personal identification number (PIN)         (see instructions)       Email:       Preparer's NYTPRIN       NYTPRIN       Your signature         YAM       PRIYA RAM SAGAR GUP       Preparer's Printed name       Your signature       Your signature         Your signature       Your cocupation       Your cocupation       Your cocupation					, c	phons.		
or reduce the overpayment on line 67)       71       .00       See instructions for the proper assembly of your return.         72       Other penalties and interest       72       .00       72       .00         73       Account information for direct deposit or electronic funds withdrawal. If the funds for your payment (or refund) would come from (or go to) an account outside the U.S., mark an X in this box		or money order you <b>must</b> complete Form IT-201-V and	mail it with your	return	70	.00		
72       Other penalties and interest       72       .00       proper assembly of your return.         73       Account information for direct deposit or electronic funds withdrawal.       If the funds for your payment (or refund) would come from (or go to) an account outside the U.S., mark an X in this box       Image: Standard complete interval in	71	Estimated tax penalty (include this amount on line 70,		·				
72 Other penalties and interest       [2]       .00       return.         73 Account information for direct deposit or electronic funds withdrawal.       If the funds for your payment (or refund) would come from (or go to) an account outside the U.S., mark an X in this box		or reduce the overpayment on line 67)	71	.00				
73 Account information for direct deposit or electronic funds withdrawal.         If the funds for your payment (or refund) would come from (or go to) an account outside the U.S., mark an X in this box         73a Account type:       X         Personal checking - or -       Personal savings - or -         Business checking - or -       Business checking - or -         Business checking - or -       Business checking - or -         Business checking - or -       Business savings         73b Routing number       122100024         73c Account number       717902139         74 Electronic funds withdrawal       Date         Amount       .00         Third-party designee's name       Designee's phone number (PIN)         ()       Email: <b>V Paid preparer must complete v</b> Preparer's NYTPRIN excl. code   0   9         (see instructions)       Preparer's printed name SYAM PRIYA RAM SAGAR GUP         SYAM PRIYA RAM SAGAR GUP       Preparer's PTIN or SSN         Your occupation       Your occupation	72	Other penalties and interest	72	.00				
73a Account type:       X       Personal checking - or -       Personal savings - or -       Business checking - or -       Business savings         73b Routing number       122100024       73c Account number       717902139         74 Electronic funds withdrawal       Date       Amount       .00         Third-party designee's name       Designee's phone number       Personal identification number (PIN)         Yes       No X       Email:       Preparer's NYTPRIN       NYTPRIN excl. code       9         Preparer's signature       Preparer's printed name       SYAM PRIYA RAM SAGAR GUP       Preparer's Printed name       Your signature         SYAM PRIYA RAM SAGAR GUP       Preparer's PTIN or SSN       Your occupation       Your occupation	73	Account information for direct deposit or electronic funds w	vithdrawal.					
73b Routing number       122100024       73c Account number       717902139         74 Electronic funds withdrawal		If the funds for your payment (or refund) would come from (	or go to) an acco	ount outside the U.S.,	mark	an <b>X</b> in this box		
73b Routing number       122100024       73c Account number       717902139         74 Electronic funds withdrawal       Date       Amount       .00         Third-party designee's name       Designee's phone number       Personal identification number (PIN)         Yes       No       Email:       Vergarer must complete ▼       Preparer's NYTPRIN excl. code   0   9       Preparer's number (PIN)         Preparer's signature       Preparer's printed name       SYAM PRIYA RAM SAGAR GUP       Your signature       Your signature         Firm's name (or yours, if self-employed)       Preparer's PTIN or SSN       Your occupation       Your occupation		72a Account turse: X Demond sheeking an Dem		Business sh	ookin			
74 Electronic funds withdrawal					ecking			
Third-party designee's name       Print designee's name       Designee's phone number ()       Personal identification number (PIN)         Yes       No       Imail:       Im		73b Routing number 122100024 73c	Account number		717	902139		
Third-party designee's name       Print designee's name       Designee's phone number ()       Personal identification number (PIN)         Yes       No       Imail:       Im	74	Electronic fundo withdrawol	Data			00		
designee? (see instr.)       Image: Complete v (PIN)         Yes       No       Image: Complete v (PIN)         Yes       No       Image: Complete v (Pin)         Yes       Preparer must complete v (Preparer's NYTPRIN (See instructions)       Preparer's sprinted name (SYAM PRIYA RAM SAGAR GUP)         Yes       Preparer's sprinted name (or yours, if self-employed)       Preparer's PTIN or SSN	74			Amoun	۱ <u> </u>	.00		
designee? (see instr.)       Image: Complete v (PIN)         Yes       No       Image: Complete v (PIN)         Yes       No       Image: Complete v (Pin)         Yes       Preparer must complete v (Preparer's NYTPRIN (See instructions)       Preparer's spinted name (SYAM PRIYA RAM SAGAR GUP)         Yes       Preparer's spinted name (Or yours, if self-employed)       Preparer's PTIN or SSN		Third-narty Print designee's name	Des	ignee's phone number		Personal identification		
▼ Paid preparer must complete              Preparer's NYTPRIN	des		(	)		number (PIN)		
(see instructions)     excl. code     0     9       Preparer's signature     Preparer's printed name     Your signature       SYAM PRIYA RAM SAGAR GUP     SYAM PRIYA RAM SAGAR GUP     Your signature       Firm's name (or yours, if self-employed)     Preparer's PTIN or SSN     Your occupation	Yes	Yes No X Email:						
SÝAM PŘIYA RAM SAGAR GUP       SÝAM PRIYA RAM SAGAR GUP         Firm's name (or yours, if self-employed)       Preparer's PTIN or SSN    Your occupation				▼ Taxpa	yer(s	) must sign here <b>▼</b>		
Firm's name (or yours, if self-employed) Preparer's PTIN or SSN Your occupation			SAGAR GUP	Your signature				
GLUBAL IAXES LLC PUZU8Z/U3   SR.CYBER SECURITY ANALYST	Firm	s name (or yours, if self-employed) Preparer's PT	IN or SSN					
Address Employer identification number Spouse's signature and occupation ( <i>if joint return</i> )	-	ess Employer iden						
245 ROONEY CT	24			Data				
Z + 3 KOONET CTDateDaytime phone numberE BRUNSWICK NJ 0881603092023(480)278 4539		Da		Date				
		<sup>il:</sup> SYAM@GTAXFILE.COM		Email: SGOYAL16	ASU			
	Ema	SYAM@GTAXFILE.COM		Email: SGOYAL160	PASU	J.EDŰ		

See instructions for where to mail your return.







Department of Taxation and Finance

# Summary of W-2 Statements New York State • New York City • Yonkers

instructio

W-2 Record 1		c Employer's informat ployer's name							
		OODYS SHARED	0,0017	TOPO	TNC				
Box a Employee's Social Security numbe for this W-2 Record	71 <u></u>	IDODIS SHARED			LINC				
319236200 Box b Employer identification number (EIN	I) City	WTC @ 250 GF	LENW	ICH S	State	ZIP code		untry	
	í 🗖						0	unuy	
273263953		EW YORK			NY	10007			
Box 1 Wages, tips, other compensation	Box 12	2a Amount		Code	Bo	x 14a Amount			Description
96111.00			1.00	C			14	1.00	SDI
Box 8 Allocated tips	Box 12	2b Amount		Code	Во	x 14b Amount			Description
.00		229	4.00	D			424	1.00	NY PFL
Box 10 Dependent care benefits	Box 12	2c Amount		Code	Во	x 14c Amount			Description
.00		481	4.00	DD			564	1.00	ESPTF
Box 11 Nonqualified plans	Box 12	2d Amount		Code	Во	x 14d Amount			Description
.00			.00					.00	
Box 13 Statutory employee       Retir         NY State information:       Box 15a NY State         Other state information:       Box 15b other state	ement pla	Box 16a NYS wage	es, tips, e 96	111.00		<ul><li>17a NYS income ta:</li><li>17b Other state incor</li></ul>	7568 . me tax with		Corrected (W-2c)
nformation (see instr.):	: <b>18</b> Loca	al wages, tips, etc. .00		ality a	<b>(19</b> Loca	al income tax withhe	.00	Locality a	
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Do not detach. W-2 Record 2 Box a Employee's Social Security numbe for this W-2 Record	er R Em	<b>c Employer's</b> informat <b>ployer's</b> name IVIAN AUTOMAT <b>ployer's</b> address (number	on IVE, r and stree	LLC et)					
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Do not detach. W-2 Record 2 Box a Employee's Social Security number or this W-2 Record 319236200 Box b Employer identification number (EIN 473556480 Box 1 Wages, tips, other compensation 110947.00 Box 8 Allocated tips .00 Box 10 Dependent care benefits .00	Em R Em 1 City P Box 12 Box 12 Box 12	a c Employer's informat aployer's name IVIAN AUTOMAT aployer's address (number 3250 N.HAGGEF y LYMOUTH 2a Amount E 2b Amount 28 4	on IVE , . <i>r and stree</i> TY R: 52.00	LLC et) D Code C Code Code	MI Bo Bo Bo	48170 x 14a Amount x 14b Amount	Co	untry 7.00	RSU Description
Do not detach. W-2 Record 2 Box a Employee's Social Security number for this W-2 Record 319236200 Box b Employer identification number (EIN 473556480 Box 1 Wages, tips, other compensation 110947.00 Box 8 Allocated tips .00 Box 10 Dependent care benefits .00	Em R Em 1 City P Box 12 Box 12 Box 12	a c Employer's informat aployer's name IVIAN AUTOMAT aployer's address (number 3250 N.HAGGEF y LYMOUTH 2a Amount 2b Amount 284 2c Amount	on IVE , . <i>r and stree</i> TY R: 52.00	LLC et) D Code C C Code D D Code C C C C C C C C C C C C C	MI Bo Bo Bo	48170 x 14a Amount x 14b Amount x 14c Amount	Co	untry 7.00	RSU Description Description
Do not detach. W-2 Record 2 Box a Employee's Social Security number for this W-2 Record 319236200 Box b Employer identification number (EIN 473556480 Box 1 Wages, tips, other compensation 110947.00 Box 8 Allocated tips .00 Box 10 Dependent care benefits .00 Box 11 Nonqualified plans .00 Box 13 Statutory employee Retir	Em Em 1 City Box 12 Box 12 Box 12 Box 12 City Box 12 City Box 12 City	ac       Employer's informat         ipployer's name       IVIAN AUTOMAT         ipployer's address (numbe       3250 N.HAGGEF         3250 N.HAGGEF       Y         LYMOUTH       2a Amount         2b Amount       284         2c Amount       284         2d Amount       5         2d Amount       5         3250 Amount       384         3250 Amount       5         330 Amount       5         340 Amount       5         350 Amount       5         360 Amount	on 'IVE, ' <i>r and stree</i> 'TY R: 52.00 8.00 .00 .00 sick pay	LLC et) D Code C Code D D Code Code Code Code Code	MI Bo Bo Bo	48170 x 14a Amount x 14b Amount x 14c Amount	32627	untry 7.00 .00	RSU Description Description
Do not detach. W-2 Record 2 Box a Employee's Social Security number or this W-2 Record 319236200 Box b Employer identification number (EIN 473556480 Box 1 Wages, tips, other compensation 110947.00 Box 8 Allocated tips .00 Box 10 Dependent care benefits .00 Box 11 Nonqualified plans .00 Box 13 Statutory employee Retir	Em Em 1 1 1 1 1 City P Box 12 Box 12 Box 12 Box 12	ac       Employer's informat         ipployer's name       IVIAN AUTOMAT         ipployer's address (numbe       3250 N.HAGGEF         3250 N.HAGGEF       Y         LYMOUTH       2a Amount         2b Amount       284         2c Amount       284         2d Amount       5         2d Amount       5         3250 Amount       384         3250 Amount       5         330 Amount       5         340 Amount       5         350 Amount       5         360 Amount	on 'IVE , . <i>r and stree</i> 'TY R: 52.00 8.00 .00 .00 sick pay	LLC et) D Code C Code D D Code Code Code Code Code	MI Bo Bo Bo Box	48170 x 14a Amount x 14b Amount x 14c Amount x 14d Amount 17a NYS income ta	Co 32627	untry 7.00 .00 .00 .00	RSU Description Description Description Description
Do not detach. W-2 Record 2 Box a Employee's Social Security number for this W-2 Record 319236200 Box b Employer identification number (EIN 473556480 Box 1 Wages, tips, other compensation 110947.00 Box 8 Allocated tips .00 Box 10 Dependent care benefits .00 Box 11 Nonqualified plans .00 Box 13 Statutory employee Retir NY State information: Box 15a NY State	Em Em 1 City Box 12 Box 12 Box 12 Box 12 City Box 12 City Box 12 City	a c Employer's informat         iployer's name         IVIAN AUTOMAT         iployer's address (number         3250 N.HAGGEF         y         LYMOUTH         2a Amount         2b Amount         2c Amount         2d Amount         2d Amount         Box 16a NYS wage         Box 16b Other state	on 'IVE, ; <i>r and stree</i> 'TY R: 52.00 68.00 .00 .00 .00 sick pay es, tips, e e wages	LLLC et) D Code D Code D D Code C	MI Bo Bo Bo Box	48170 x 14a Amount x 14b Amount x 14c Amount x 14c Amount x 14d Amount	Co 32627	untry 7.00 .00 .00 .00 held	RSU Description Description Description
Do not detach. W-2 Record 2 Box a Employee's Social Security number for this W-2 Record 319236200 Box b Employer identification number (EIN 473556480 Box 1 Wages, tips, other compensation 110947.00 Box 8 Allocated tips .00 Box 10 Dependent care benefits .00 Box 11 Nonqualified plans .00 Box 13 Statutory employee Retir NY State information: Box 15a NY State Other state information: Box 15b other state	Em Em 1 1 City Box 12 Box 12 Box 12 Box 12 City Box 12 City P: Box 12 City P: Box 12 City P: Box 12 City	a c Employer's informat         ipployer's name         IVIAN AUTOMAT         ipployer's address (number)         3250 N.HAGGEF         y         LYMOUTH         2a Amount         2b Amount         2c Amount         2d Amount         an X Third-party :         Box 16a NYS wage         I Example Other state	on 'IVE, ; <i>r and stree</i> 'TY R: 52.00 68.00 .00 .00 .00 sick pay es, tips, e e wages	LLC et) D Code D Code D D Code C C C C C C C C C C C C C	MI Bo Bo Bo Box	48170 x 14a Amount x 14b Amount x 14b Amount x 14c Amount x 14d Amount 17a NYS income tax 17b Other state incor	Co 3262 3262 x withheld me tax with 5492	untry 7.00 .00 .00 .00 held	RSU Description Description Description Corrected (W-2c)
Do not detach.         W-2 Record 2         Box a Employee's Social Security number for this W-2 Record         319236200         Box b Employer identification number (EIN 473556480         Box 1 Wages, tips, other compensation 110947.00         Box 8 Allocated tips         .00         Box 10 Dependent care benefits         .00         Box 11 Nonqualified plans         .00         Box 13 Statutory employee         Retir         NY State information:         Box 15b other state         Other state information:         Box 15b other state         NYC and Yonkers         Box	Em Em 1 1 City Box 12 Box 12 Box 12 Box 12 City Box 12 City P: Box 12 City P: Box 12 City P: Box 12 City	a c Employer's informat         ipployer's name         IVIAN AUTOMAT         ipployer's address (numbe         3250 N.HAGGEF         y         LYMOUTH         2a Amount         2b Amount         2c Amount         2d Amount         an         X       Third-party s         Box 16a NYS wage         al wages, tips, etc.	on 'IVE, , ' <i>r</i> and stree 'TY R: 52.00 62.00 .00 .00 .00 sick pay es, tips, e e wages 110	LLC et) D Code C] Code D]D Code D]D Code Code D]D Code	MI Bo Bo Bo Box	48170 x 14a Amount x 14b Amount x 14c Amount x 14d Amount 17a NYS income ta	Co 32627 	untry 7.00 .00 .00 .00 held 00	RSU Description Description Description
Do not detach.         W-2 Record 2         Box a Employee's Social Security number for this W-2 Record         319236200         Box b Employer identification number (EIN 473556480         Box 1 Wages, tips, other compensation 110947.00         Box 8 Allocated tips         .00         Box 10 Dependent care benefits         .00         Box 11 Nonqualified plans         .00         Box 13 Statutory employee         Retir         NY State information:         Box 15b other state	Em Em 1 1 City Box 12 Box 12 Box 12 Box 12 City Box 12 City P: Box 12 City P: Box 12 City P: Box 12 City	a c Employer's informat         ipployer's name         IVIAN AUTOMAT         ipployer's address (number)         3250 N.HAGGEF         y         LYMOUTH         2a Amount         2b Amount         2c Amount         2d Amount         an X Third-party :         Box 16a NYS wage         I Example Other state	on IVE, ; r and stree TY R: 22.00 38.00 .00 .00 .00 sick pay es, tips, e e wages 110 Loc	LLC et) D Code D Code D D Code C C C C C C C C C C C C C	MI Bo Bo Bo Box	48170 x 14a Amount x 14b Amount x 14b Amount x 14c Amount x 14d Amount 17a NYS income tax 17b Other state incor	Co 32627 32627 	untry 7.00 .00 .00 .00 held	RSU Description Description Description Corrected (W-2c) Box 20 Locality name





-2



**Illinois Department of Revenue** 2022 Form IL-1040 Individual Income Tax Return

or for fiscal year ending \_\_/\_\_ \_\_

Step 1: Personal Information Enter personal information and Social Security numbers (SSN). You must provide the entire SSN(s) - no partial SSN.

B	SAM VIS 304 CHI Fili	EER HAKHA 6 N SHEFFIELD CAGO ng status: 🗌 Sing	IL gle 🗌 M	60657 SGOYAL16@ASU larried filing jointly	X Married fili	ng separately 🗌 Widow			
			-			t - Attach Sch. NR 🗌 Pa			n NB
			pplies to				int-year resident -		le dollars only)
	Ste 1 2 3 4	p 2: Income Federal adjusted gr Federally tax-exem Other additions. At Total income. Add	npt intere t <b>tach</b> Sch	st and dividend inc nedule M.		1040-SR, Line 11. federal Form 1040 or 104	0-SR, Line 2a.	1 2 3 4	<u>186,644.00</u> .00 <u>.00</u> 186,644.00
L	Ste	p 3: Base Income	е						
and 1099 forms here	5 6 7 8	Social Security ber received if included Illinois Income Tax Schedule 1, Ln. 1. Other subtractions. Add Lines 5, 6, and	d in Line overpayn . <b>Attach</b> d 7. This	1. Attach Page 1 of nent included in feo Schedule M. is the total of your	f federal return deral Form 1040 subtractions.		5 6 7	00 00 <b>8</b>	.00
99 f	9	Illinois base inco	me. Subt	ract Line 8 from Li	ne 4.			9	186,644.00
Staple W-2 and 10		<ul> <li>p 4: Exemptions</li> <li>a Enter the exemp</li> <li>b Check if 65 or o</li> <li>c Check if legally</li> <li>d If you are claimin Attach Schedule</li> <li>Exemption allowa</li> </ul>	older: [ blind: [ g depend IL-E/EIC	☐ You + ☐ Spo ☐ You + ☐ Spo lents, enter the amo	ouse # of c ouse # of c ount from Sched	See instructions. heckboxes X \$1,000 = heckboxes X \$1,000 = ule IL-E/EIC, Step 2, Line 1	= c	.00	2,425.00
S	Ste	p 5: Net Income a	and Tax						
	12	Residents: Net inc Nonresidents and Residents: Multipl Nonresidents and Recapture of inves Income tax. Add L	<b>d part-ye</b> ly Line 11 <b>d part-ye</b> stment tax	<i>ar residents:</i> Ente by 4.95% (.0495) <i>ar residents:</i> Ente c credits. <b>Attach</b> S	er the <b>Illinois net</b> . Cannot be les er the tax from S chedule 4255.		t. <b>Attach</b> Schedule	NR. 11 12 13 14	184,219 <sub>.00</sub> 9,119 <sub>.00</sub> .00 9,119 <sub>.00</sub>
040		p 6: Tax After No							.00
Staple your check and IL-1040-V	15 16 17 18 19	Income tax paid to Property tax and K Attach Schedule I Credit amount from	another (-12 educ CR. n Schedu and 17. T	state while an Illin ation expense cre Ile 1299-C. <b>Attach</b> his is the total of yo	dit amount from Schedule 1299 our credits. Can	Schedule ICR. -C. not exceed the tax amoun	16 17	96 <sub>.00</sub> 00 00 18 19	4,696.00 4,423.00
our		p 7: Other Taxes							
<ul> <li>Staple y</li> </ul>	20 21 22 23	in the instructions.	t, mail or <b>Do not</b> le e of Medi	der, or other out-of eave blank. cal Cannabis Prog	-	es from UT Worksheet or l		20 21 22 23	.00 0 <sub>.00</sub> .00 4,423 <sub>.00</sub>



24 Total tax from Page 1, Line 23.	<b>24</b> 4,423 <u>.00</u>						
Step 8: Payments and Refundable Credit							
<b>25</b> Illinois Income Tax withheld. <b>Attach</b> Schedule IL-WIT. <b>25</b> 5, 492.0	<u>0</u>						
26 Estimated payments from Forms IL-1040-ES and IL-505-I,							
including any overpayment applied from a prior year return. 26	<u>0</u>						
27 Pass-through withholding. Attach Schedule K-1-P or K-1-T.270	<u>0</u>						
<b>28</b> Pass-through entity tax credit. Attach Schedule K-1-P or K-1-T. <b>28</b> 0							
29 Earned Income Credit from Schedule IL-E/EIC, Step 4, Line 8. Attach Schedule IL-E/EIC. 29							
<b>30</b> Total payments and refundable credit. Add Lines 25 through 29.	<b>30</b> 5,492.00						
Step 9: Total							
<b>31</b> If Line 30 is greater than Line 24, subtract Line 24 from Line 30.	<b>31</b> 1,069.00						
<b>32</b> If Line 24 is greater than Line 30, subtract Line 30 from Line 24.	<b>32</b> 0						
Step 10: Underpayment of Estimated Tax Penalty and Donations							
<b>33</b> Late-payment penalty for underpayment of estimated tax. <b>33</b> 0	<u>0</u>						
a Check if at least two-thirds of your federal gross income is from farming.							
<b>b</b> Check if you or your spouse are 65 or older and permanently living in a nursing home.							
c Check if your income was not received evenly during the year and you annualized your income on Forr	n IL-2210.						
Attach Form IL-2210.							
d Check if you were not required to file an Illinois Individual Income Tax return in the previous tax year.	0						
<ul> <li>34 Voluntary charitable donations. Attach Schedule G.</li> <li>35 Total penalty and donations. Add Lines 33 and 34.</li> </ul>							
	<b>35</b> 0						
Step 11: Refund or Amount you owe							
<b>36</b> If you have an amount on Line 31 and this amount is greater than Line 35, subtract Line 35 from Line 31.	<b>36</b> 1,069 <sub>.00</sub>						
This is your <b>overpayment</b> .							
<b>37</b> Amount from Line 36 you want <b>refunded to you</b> . Check <b>one</b> box on Line 38. See instructions.	<b>37</b> 1,069 <sub>.00</sub>						
38 I choose to receive my refund by							
a 🖾 direct deposit - Complete the information below if you check this box.							
You may also contribute Routing number 1 2 2 1 0 0 0 2 4 X Checking or	Savings						
to college savings funds here. See instructions! Account number 7 1 7 9 0 2 1 3 9							
b 🔲 paper check.							
<b>39</b> Amount to be <b>credited forward.</b> Subtract Line 37 from Line 36. See instructions.	<b>39</b> 0						
40 If you have an amount on Line 32, add Lines 32 and 35 or -							
If you have an amount on Line 31 and this amount is less than Line 35,							
subtract Line 31 from Line 35. This is the amount you owe. See instructions.	<b>40</b> 0						
Step 12: Health Insurance Checkbox and Signature							

41 Check this box if IDOR may share your income information with other Illinois state agencies in order to determine your eligibility for health insurance benefits. See instructions for more information.

Signature - Note: If this is a joint return, both you and your spouse must sign below.

Under penalties of perjury, I state that I have examined this return and, to the best of my knowledge, it is true, correct, and complete.

Sign	Your signature		Date (mm/dd/yyyy)	) Spouse's signature		Date (mm/dd/yyyy)		Daytime phone number		
Here								(480) 278	8-4539	
	Print/Type paid prepa	irer's name		Paid prepare	r's signature	Date (mm/dd/yyyy	')	Check if	Paid Preparer's PTIN	
Paid	SYAM PRIYA RAM SAGAR GUPTA TALLAM			SYAM PRIYA R	AM SAGAR GUPTA TALLAM	03/09/2023	3	self-employed P02082703		
Preparer Use Only	Firm's name GLOBAL TAXES LLC				Firm's FEIN		84317196	843171965		
•••• ••••,	Firm's address	245 ROO	NEY CT E	BRUNSWIC	KNJ 08816	Firm's phone		(678) 965	5-9522	
Third	Designee's name (please print)			Designee's phone number				Check if the Department may		
Party							discuss this return with the third			
Designee					()			party designee shown in this step.		

### Refer to the 2022 IL-1040 Instructions for the address to mail your return.



## Illinois Department of Revenue **2022 Schedule CR** Credit for Tax Paid Attach to your Form IL-1040 Credit for Tax Paid

## Read this information first

You should file Schedule CR if

- you were either a resident or a part-year resident of Illinois during the tax year; and
- you paid income tax to another state on income you earned while you were an Illinois resident; and
- the income subject to the other state's tax is included in your Illinois base income; **and**
- you did not deduct the income tax paid to the other state when you figured your federal adjusted gross income as shown on your Illinois tax return.

You should not file this schedule if

- you were a nonresident of Illinois during the entire tax year; or
- you did not pay income tax to Illinois and another state.

For purposes of this schedule, "state" means any state of the United States, the District of Columbia, the Commonwealth of Puerto Rico, any territory or possession of the United States, or political subdivision of any of these (e.g., county, city, local). The term "state" does not refer to any foreign country.

**ENOTE** If you earned income in Iowa, Kentucky, Michigan, or Wisconsin, you may be covered by a reciprocal agreement. This agreement applies only to income from wages, salaries, tips, and other employee compensation. See the Schedule CR Instructions.

## Step 1: Provide the following information

SAMEER GOYAL	3	1		_2	3	6	2	0	0
Your name as shown on your Form IL-1040	Your So	cial Secu	urity numb						

## Step 2: Figure the Illinois and non-Illinois portions of your federal adjusted gross income

	ГОР	<b>Illinois residents:</b> In Column A of each line, except Line 15, enter the amounts exactly as reported on the corresponding line of your federal income tax return.		Column A	Column B
P		<b>Part-year residents:</b> In Column A of each line, enter the amounts as reported on the equivalent line of your Schedule NR, Column B.		Total (Whole dollars only)	(Whole dollars only)
Rea	nd th	e instructions before completing this step.		(	(111010 401410 0111))
	1	Wages, salaries, tips, etc. (federal Form 1040 or 1040-SR, Line 1z)	1	207,058 <sub>.00</sub>	96,111.00
	2	Taxable interest (federal Form 1040 or 1040-SR, Line 2b)	2	10.00	0.00
	3	Ordinary dividends (federal Form 1040 or 1040-SR, Line 3b)	3	135.00	0.00
	4	Taxable refunds, credits, or offsets of state and local income taxes			
		(federal Form 1040 or 1040-SR, Schedule 1, Line 1)	-	.00	
	5	Alimony received (federal Form 1040 or 1040-SR, Schedule 1, Line 2a)		.00	
	6	Business income or loss (federal Form 1040 or 1040-SR, Schedule 1, Line 3)		.00	.00
l o	7	Capital gain or loss (federal Form 1040 or 1040-SR, Line 7)		-345.00	0.00
come	8	Other gains or losses (federal Form 1040 or 1040-SR, Schedule 1, Line 4)		.00	.00
S	9	Taxable IRA distributions (federal Form 1040 or 1040-SR, Line 4b)		.00	
<u> </u>	10	Pensions and annuities (federal Forms 1040 or 1040-SR, Line 5b)	10	.00	
	11	Rental real estate, royalties, partnerships, S corporations, trusts, etc.		00.014	0
		(federal Form 1040 or 1040-SR, Schedule 1, Line 5)	-	-20,214.00	0.00
	12	Farm income or loss (federal Form 1040 or 1040-SR, Schedule 1, Line 6)	-	.00	
	13	Unemployment compensation (federal Form 1040 or 1040-SR, Schedule 1, Line 7)		.00	.00
	14	Taxable Social Security benefits (federal Form 1040 or 1040-SR, Line 6b)	-	.00	
	15	Other income. See instructions. (federal Form 1040 or 1040-SR, Schedule 1, Lin	,		
		Identify each item.	15	.00	.00
	16	Add Columns A and B, Lines 1 through 15.	16	186,644 <sub>.00</sub>	96,111 <sub>.00</sub>

Continue with Step 2 on Page 2 🟓

This form is authorized as outlined under the Illinois Income Tax Act. Disclosure of this information is required. Failure to provide information could result in a penalty.



				Column A Total (Whole dollars only)	Column B Non-Illinois Portion (Whole dollars only)
	17	Enter the amounts from Page 1, Line 16.	17	186,644 <sub>.00</sub>	96,111.00
		Educator expenses (federal Form 1040 or 1040-SR, Schedule 1, Line 11) Certain business expenses of reservists, performing artists, and fee-basis	18	.00	.00
		government officials (federal Form 1040 or 1040-SR, Schedule 1, Line 12)		.00	
	20	Health savings account deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 13) Moving expenses for members of the Armed Forces (federal Form 1040 or 1040-SR,	20	.00	.00
me		Schedule 1, Line 14) Deductible part of self-employment tax (federal Form 1040 or 1040-SR,	21	.00	.00
to Income	23	Schedule 1, Line 15) Self-employed SEP, SIMPLE, and qualified plans (fed. Form 1040 or 1040-SR,	22	.00	.00
		Schedule 1, Line 16) Self-employed health insurance deduction (fed. Form 1040 or 1040-SR,	23	.00	.00
djustments	25	Schedule 1, Line 17) Penalty on early withdrawal of savings (federal Form 1040 or 1040-SR,	24	.00	.00
ust		Schedule 1, Line 18)	25	.00	.00
di	26	Alimony paid (federal Form 1040 or 1040-SR, Schedule 1, Line 19a)		.00	.00
	27	IRA deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 20)		.00	
	28 29	Student loan interest deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 21) RESERVED	28 29	.00	.00
	30	Archer MSA deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 23)	30	.00	.00
	31	Other adjustments. See instructions.		.00	
L	32 33	Add Columns A and B, Lines 18 through 31. Subtract Columns A and B, Line 32 from Line 17.	32 33	.00 186,644 <sub>.00</sub>	

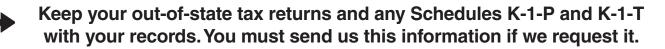
# Step 3: Figure your Illinois additions and subtractions In Column A, enter the total amounts from your Form IL-1040. You must read

		mn A, enter the total amounts from your Form IL-1040. You must read ructions for Column B to properly complete this step.	Form	<b>olumn A</b> <b>IL-1040 Total</b> nole dollars only)	Column B Non-Illinois Portion (Whole dollars only)
ustments	34 35 36	······································	34 35 36	.00 .00 186,644.00	.00 .00 96,111.00
Adj	37	Federally taxed Social Security and retirement income (Form IL-1040, Line 5) Illinois Income Tax overpayment included on your federal Form 1040 or 1040-SR,	37	.00	.00
nois	39	Schedule 1, Line 1. (Form IL-1040, Line 6) Other subtractions (Form IL-1040, Line 7)	38 39	.00	.00
I	40	Add Columns A and B, Lines 37 through 39.	40	.00	.00
	41	Subtract Columns A and B, Line 40 from Line 36. If Line 40 is larger than Line 36, enter zero.	41	186,644 <sub>.00</sub>	96,111 <sub>.00</sub>

Continue to Page 3 👄



#### Step 4: Figure your Schedule CR decimal Column A Column B Decimal 96,111.00 186,644.00 **42** Enter the amount from Line 41. Column A and Column B. 42 43 Divide Column B, Line 42 by Column A, Line 42 (round to three decimal places). Enter the appropriate decimal. If Column B, Line 42 is greater than **43** 0 515 Column A, Line 42, enter 1.000. Enter this amount on Step 6, Line 53. Step 5: Part-year residents only (Full year residents, go to Step 6.) 44 .00 Onlv 44 Enter the base income from your Form IL-1040, Line 9. 45 Divide Column A, Line 42 by Line 44 (round to 3 decimal places). Enter the 45 \_\_\_\_\_ \_ appropriate decimal. If Column A, Line 42 is greater than Line 44, enter 1.000. Part-Year 46 Enter the exemption amount from Form IL-1040, Line 10. 46 \_\_\_\_\_ .00 47 Multiply Line 45 by Line 46. 47 .00 48 Subtract Line 47 from Column A, Line 42. 48 .00 49 Multiply Line 48 by 4.95% (.0495). Enter this amount on Step 6, Line 52, and 49 continue on to Step 6, Line 50. .00 Step 6: Figure your credit 50 If you are claiming a credit for tax paid to any of the states listed below, check the box for the appropriate state. See instructions. **Credit for Tax Paid to Other States** Kentucky Michigan Wisconsin Iowa 51 Enter the total amount of income tax paid to other states on Illinois base income (see instructions). Include only: State tax, city, or local government tax paid from the return filed with that entity. Do not use the withholding listed on Form W-2. City or local government withholding from Form W-2 when a tax return is not 51 5,749.00 required to be filed. 52 Illinois Residents: Enter your Illinois tax due from Form IL-1040, Line 12. 52 \_\_\_\_ 9,119.00 Part-year Residents: Enter the amount from Step 5, Line 49. **53** \_\_\_\_\_0 \_ <u>5</u>15 53 Enter the decimal amount from Step 4, Line 43 here. 54 \_\_\_\_\_ 4,696.00 54 Multiply Line 52 by Line 53. 55 Compare the amounts on Lines 51 and 54. Enter the lesser amount here and on 4,696 00 55 Form IL-1040, Line 15. This is your tax credit.





Illinois Department of Revenue

# 2022 Schedule IL-WIT Illinois Income Tax Withheld

Attach to your Form IL-1040. If you have more than five withholding forms, complete multiple copies of this schedule. IL Attachment No. 31

Use the reference for Column A shown in the chart below.								
Form Type	Letter Code for Column A							
W-2	W	1099-DIV	D					
W-2G	WG	1099-INT	I					
1099-R	R	1042-S	S					
1099-G	G	1099-B	В					
1099-MISC	М	1099-K	K					
1099-OID	0	1099-NEC	Ν					

### Step 1: Provide your withholding records (include all W-2 and 1099 forms that show Illinois withholding)

SAMEER GOYAL Your name as shown on Form I	L-1040	<u>3_1</u> Your Social S	<u>9</u> Security num	2 <u>3</u>	6	2 0 0		
Column A Form type Column B Employer/Payer Identification Number		<b>Column C</b> Federal Wages, Winnings, Gross Distributions, Compensation, etc.			Column D Vages, Winnings, G ons, Compensation		Column E Illinois Income Tax Withheld	
<b>1</b> <u>W</u> <u>47-3</u>	3556480 000 1	\$	110,947 <b>.00</b>	\$	110,947 <b>.00</b>	\$_	5,492 <b>.00</b>	
2		\$	•00	\$	•00	\$	•00	
3		\$	•00	\$	•00	\$	•00	
4		\$	•00	\$	•00	\$	•00	
5		\$	•00	\$	•00	\$_	•00	

#### Step 2: Provide spouse's withholding records (include all W-2 and 1099 forms that show Illinois withholding)

VISHAKHA LADDHA	4 9 6 _ 7 7 _ 7 6 6 6	
Your spouse's name as shown on Form IL-1040	Your spouse's Social Security number	_

Column A Form type	Column B Employer/Payer Identification Number	<b>Column C</b> Federal Wages, Winnings, Gross Distributions, Compensation, etc.		Co Illinois Wage Distributions,	Column E Illinois Income Tax Withheld		
6		\$	•00	\$	•00	\$	•00
7		\$	•00	\$	•00	\$	•00
8		- \$	•00	\$	•00	\$	•00
9		\$	•00	\$	•00	\$	•00
10		_ \$	•00	\$	•00	\$	• <u>00</u>

#### Step 3: Total Illinois withholding

11 Add the amounts in Column E for Lines 1 through 10 (and the amounts from Column E of any additional copies you attached). This is the total amount of your Illinois income tax withheld. Enter this amount here and on Form IL-1040, Line 25.

**11 \$** 5,492**.00** 

## → Attach all Schedules IL-WIT to your IL-1040. ←

Illinois Department of Revenue					_						. 🗆		
						S	ubmis	ssion	ID				
	-			_			_	-	_		_	-	

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**2022 IL-8453 Illinois Individual Income Tax Electronic Filing Declaration** (**Do not mail** Form IL-8453 to the Illinois Department of Revenue unless it is requested for review.)

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Step	o 1: Provide taxpayer information	GOYA	т.	3 1 9 _ 2 3 _ 6 2 0 0						
	First name and middle initial Spouse's first nam	Social Security number								
Prin	t3046 N SHEFFIELD AVENUE		ent) Last name							
or type				Spouse's Social Security number						
()pc	CHICAGO	IL	60657	(480) 278-4539						
	City	State	ZIP	Daytime phone number						
Ster	o 2: Complete information from tax	return	Choose one: 🗙	IL-1040 🗍 IL-1040-X						
	Net income from Form IL-1040 or IL-1040			<b>1</b> 184,219  <b>00</b>						
	Tax from Form IL-1040 or IL-1040-X, Line	,		2 9,1190						
	Illinois Income Tax withheld from Form IL-									
	Overpayment from Form IL-1040, Line 36		<b>4</b> 1,069  <b>00</b>							
	Total amount due from Form IL-1040, Line	5   00								
	Filing status: Single Married filin	dowed Head of household								
does withi 7 8 9 10 11	a not support international ACH transactions n the United States or those not funded by Routing no. (RN): $1 2 2 1 0 0$ Account no. (AN): $7 1 7 9 0$ Type of account: X Checking S Date the payment is to be electronically w Electronic funds withdrawal amount:	s. IDOR will only per international funds. <u>0</u> <u>0</u> <u>2</u> <u>4</u> <u>2</u> <u>1</u> <u>3</u> <u>9</u> Savings ithdrawn:/_/	form direct transactions (e.	d within the electronic transmission. Illinois g., debit, deposit) with financial institutions located t be accepted and refunds will be via paper check.						
12	Name on account:									
Step	o 4: Taxpayer declaration and signate	ure (Sign only aft	er completing Step 2 a	nd, if applicable, Step 3.)						
D	I consent that my refund may be direct correct. If I have filed a joint return, this			tre the information on Lines 7 through 9 is puse as an agent to receive the refund.						
Γ	I authorize the Illinois Department of R withdrawal as designated in the electror financial institutions involved in the pro necessary to answer inquiries and reso	nic portion of my 202 cessing of an electr	2 Illinois Original or Amend onic overpayment of taxes	ed Individual Income Tax return. I authorize the						
Г	I do not want direct deposit of my refur	nd, or an electronic f	unds withdrawal (direct deb	bit) of my balance due.						
retur and a	n originator (ERO) are identical. To the best	of my knowledge, my OR by my ERO. I au	return is true, correct, and o thorize IDOR to inform my E	and the information I provided to my electronic complete. I consent that my return, this declaration, RO and/or the transmitter when my return has y be corrected and retransmitted if possible.						
Sig her	n Your signature	Date	Spouse's signature (	(if joint return, <b>both</b> must sign) Date						
Ster I dec infor	<b>5 5: Electronic return originator (ER</b> clare that I have examined this taxpayer's e	electronic Form IL-1 this program and d	040 or IL-1040-X, the inform eclare, under penalties of p and complete.	<b>ignature</b> mation on this Form IL-8453, and accompanying perjury, that to the best of my knowledge the						
			03/09/2023	Check if paid preparer: 🛛 (See instructions.)						
	ERO's signature		Date							
ERC	GLOBAL TAXES LLC			$\frac{P}{Y_{\text{our}}} \frac{0}{PTIN} \frac{2}{V} \frac{0}{V} \frac{8}{8} \frac{2}{2} \frac{7}{V} \frac{0}{V} \frac{3}{2}$						
use	r inn's hame of your hame it self-employed									
only	A 245 ROONEY CT Mailing address			<u>8</u> <u>8</u> <u>-</u> <u>2</u> <u>1</u> <u>4</u> <u>5</u> <u>4</u> <u>8</u> <u>7</u> Federal employer identification number (FEIN)						
	E BRUNSWICK	NJ	08816	(678) 965-9522						
	City	State	ZIP	Daytime phone number						

Step 6: Attach required documents (e.g., W-2 forms, 1099 forms, IL-1310). Do not mail Form IL-8453 and these documents unless requested for review.

This form is authorized as outlined under the Illinois Income Tax Act. Disclosure of this information is required. Failure to provide information could result in a penalty.

