#### Department of the Treasury Internal Revenue Service

## **IRS e-file Signature Authorization**

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

Submission Identification Number (SID)

Taxpay	er's name	Social security number						
ABH	IJITH KOHIRKAR	504-51-2206	504-51-2206					
Spouse	's name	Spouse's social secu	Spouse's social security number					
Part	Tax Return Information – Tax Year Ending December 31, 2022 (Enter	er year you are aut	horizing.)					
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	51,943.					
2	Total tax	2	4,472.					
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	6,863.					
4	Amount you want refunded to you	4	2,391.					
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	I authorize	GLOBAL	TAXES	ERO firm name	to enter or generate my PIN	E
	La cable a stara			TTO	to out on a second of the DINI	11

1	2	2	0	6	as						
Enter five digits, but don't enter all zeros											

my

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

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

Your signature

Date

#### Spouse's PIN: check one box only

I authorize

to enter or generate my PIN

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

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

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

Spouse's signature 🕨	Date 🕨	
Practitioner PIN N	ethod Returns Only—continue below	
Part III Certification and Authentication – P	ctitioner PIN Method Only	
ERO's EFIN/PIN. Enter your six-digit EFIN followed by y	ur five-digit self-selected PIN. 2 2 2 4 9 6 6 1 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 >			
	et Retain This Form — See In s Form to the IRS Unless Re		
Fax Denemicarly Deduction Act Nation and Vous toy ve	turn instructions	REV 03/03/33 RRO	Earm 8879 (Bay, 01 2021)

E <b>1040</b>		artment of the Treasury—Internal Revenue Servi S. Individual Income Tax		urn 202	22	OMB No. 1545	5-0074	IRS Us	e Only	–Do not	write or stap	ole in this	space.
Filing Status Check only one box.	lf yo	Single Arried filing jointly sources of the MFS box, enter the name of the MFS box, enter the name of is a child but not your dependent	ame of y	ed filing separately vour spouse. If you	,				,	spc	alifying su buse (QSS s name if	S)	
Your first name	and m	iddle initial	Last na	me						Your s	ocial secu	urity nur	nber
ABHIJITH	Ŧ		конт	RKAR							51-22	-	
-		s first name and middle initial	Last na								s social s		number
-										-			
Home address	(numbe	er and street). If you have a P.O. box, see	instructio	ons.				Apt. no.		Preside	ential Elec	ction Ca	ampaigr
2938 W F	OYA	L LANE						3145			here if yo		
		ce. If you have a foreign address, also co	mplete s	paces below.	Sta	ite	ZIP				e if filing jo		
IRVING					TΣ	Z	75	063		Ŭ	o this fun low will n		0
Foreign country	name		F	oreign province/stat	te/count	ty	Forei	gn postal	code	1	x or refur		0
											Υοι	L [	Spouse
Digital Assets		ny time during 2022, did you: (a) rec nange, gift, or otherwise dispose of a										s 🗙	No
Standard Deduction	_	eone can claim:  Vou as a de Spouse itemizes on a separate retur	•	— .		•							
Age/Blindness	You	: 🗌 Were born before January 2, 1	958	Are blind S	pouse	: 🗌 Was bo	rn bef	ore Jan	uary 2	2, 1958	ls	blind	
Dependents	s (see	instructions):		(2) Social secu	rity	(3) Relationsh	nip (	ip (4) Check the I		ox if qua	lifies for (s	ee instru	uctions):
If more		irst name Last name		number		to you	.	Child	tax c	redit	Credit for	other de	pendents
than four													
dependents, see instructions													
and check	·												
here													
Income	1a	Total amount from Form(s) W-2, b	ox 1 (se	e instructions) .						. 1	a	58,	393.
	b	Household employee wages not re	•	.,						. 11	b		
Attach Form(s) W-2 here. Also	С	Tip income not reported on line 1a	a (see instructions)							. 10	c		
attach Forms	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)								. 10	d		
W-2G and 1099-R if tax	е	Taxable dependent care benefits f					• •			. 10			
was withheld.	f	Employer-provided adoption bene		-			• •			. 1	f		
lf you did not	g	Wages from Form 8919, line 6 .					• •		•	. 19	g		
get a Form W-2, see	h	Other earned income (see instruct	,			1	· ·		·	. 11	h		0.
instructions.	i	Nontaxable combat pay election (s	see instr	uctions)			_			_			
		Add lines 1a through 1h	· · ·						·	. 1:		58,	393.
Attach Sch. B	2a	· · -	2a			axable interes			·	. 21			
if required.	3a		3a			Ordinary divide			·	. 31			
	4a		4a			axable amoun			·	. 41			
Standard Deduction for—	5a		5a			axable amoun			·	. 5			
Single or	6a	,	6a	mathed sheels have		axable amoun	it		г	. 6	0		
Married filing separately,	с 7	If you elect to use the lump-sum e				,	• •		. L г	╡╿╻	,		
\$12,950 • Married filing	7 8	Capital gain or (loss). Attach Scher Other income from Schedule 1, lin			•	-	• •		. L	7 . 8			450.
jointly or	o 9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7		 This is your <b>total i</b>			• •		·	. <u>c</u> . g			<u>450.</u> 943.
Qualifying surviving spouse,	9 10						• •		•	. <u> </u>		_J_, _	, <u>, , , , , , , , , , , , , , , , , , </u>
\$25,900 • Head of	11	Adjustments to income from Schedule 1, line 26								· <u> </u>		<b>E1</b>	943.
household,	12	Subtract line to from line 9. This is Standard deduction or itemized					• •		•	· 1			9 <u>43.</u> 950.
\$19,400 • If you checked	13	Qualified business income deduct			,		• •		•	· 1		,	
any box under	14						• •		•	. 14		12	950.
Standard Deduction,	15	Subtract line 14 from line 11. If zer								. 1			993.
see instructions.			0 01 100	c, since o i mole	, 900 I				•		-		

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

Form **1040** (2022)

Form 1040 (2022	2)									Pag	ge <b>2</b>
Tax and	16	Tax (see instructions). Check	if any from Form	(s): <b>1</b> 🗌 881	4 2 4972	3			16	4,472	
Credits	17	Amount from Schedule 2, lin	ne3						17		
	18	Add lines 16 and 17							18	4,472	2.
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812				19		
	20	Amount from Schedule 3, lir	ne8						20		
	21	Add lines 19 and 20							21		
	22	Subtract line 21 from line 18							22	4,472	
	23	Other taxes, including self-e	employment tax,	from Schedule	e 2, line 21 .				23	(	).
	24	Add lines 22 and 23. This is	your total tax						24	4,472	
Payments	25	Federal income tax withheld									
,, <b>,</b>	а	Form(s) W-2				25a	6	,863.			
	b	Form(s) 1099				25b			1		
	с	Other forms (see instruction				25c					
	d	Add lines 25a through 25c	,						25d	6,863	5.
	26	2022 estimated tax paymen							26		
If you have a l qualifying child,	27	Earned income credit (EIC)				27					
attach Sch. EIC.	28	Additional child tax credit fro				28			1		
	29	American opportunity credit	from Form 8863	3, line 8		29					
	30	Reserved for future use .		·		30					
	31	Amount from Schedule 3, li				31			1		
	32	Add lines 27, 28, 29, and 31				undable	credits		32		
	33	Add lines 25d, 26, and 32. 1	2	-	-				33	6,863	5.
Refund	34	If line 33 is more than line 24	4, subtract line 2	4 from line 33.	This is the amou	nt you o	verpaid		34	2,391	
Relund	35a	Amount of line 34 you want	refunded to you	J. If Form 8888	is attached, che	ck here		. 🗆	35a	2,391	
Direct deposit?	b	Routing number 1 1 1				] Checki		Savings			
See instructions.	d	Account number 6 5 8					Ĭ	0			
	36	Amount of line 34 you want	applied to your	2023 estimate	ed tax	36					
Amount	37	Subtract line 33 from line 24	. This is the <b>amo</b>	ount vou owe							
You Owe		37       Subtract line 33 from line 24. This is the amount you owe.         For details on how to pay, go to www.irs.gov/Payments or see instructions									
	38	Estimated tax penalty (see i	nstructions) .			38					
Third Party	Do	you want to allow anothe	r person to disc	cuss this retu	rn with the IRS?	See					
Designee		structions	· · · · ·			[	Yes. Co	mplete b	elow.	X No	
		signee's		Phone				nal identif	ication		
	na			no.				er (PIN)			
Sign		der penalties of perjury, I declare ief, they are true, correct, and con									
Here		ur signature		Date	Your occupation				· ·	nt you an Identity	<i>j</i> 0.
	10			Duic						IN, enter it here	
Joint return?					SOFTWARE I	DEVEL	OPER	(see i	nst.)		
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return,	<b>both</b> must sign.	Date	Spouse's occupat	ion				nt your spouse an	
your records.								(see i		ection PIN, enter it	1ere
	Dh	(261)220 = 77	0	Email address		1 מגעם	CMATT CO		,		
		one no. (361)228-577 eparer's name	9 Preparer's signat		ABHIJITHKOHI	Date		M PTIN		Check if:	
Paid		I PRIYA RAM SAGAR GUPTA TALLAM			ለጠውጥአ ጥአተተ አለ		1/2023	P02082	0700	Self-employe	h
Preparer				NAM SAGAR	GUPIA IALLAM	103/1	1/2023				
Use Only		m's name GLOBAL TA m's address 245 ROONE	Y CT E BRU		J 08816					678)965-952	
		m's address 245 ROOME		TIONICK IN	00010			Firm'	5 EIN	84-317196	

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

BAA REV 03/02/23 PRO

Form **1040** (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 2

Attachment

Internal Revenue Service	' Co to unum ire dov/Earm10/0 for instructions and the latest information							
Name(s) shown on Fo	rm 1040, 1040-SR, or 1040-NR	Your soci	ial security number					
ABHIJITH KOHIR	KAR	504-51	-2206					

Par	t 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	ach Schedule E .	5	-6,450.
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			
	instructions)	8m		
n	Section 951(a) inclusion (see instructions)	8n		
0	Section 951A(a) inclusion (see instructions)	80		
р	Section 461(I) excess business loss adjustment	8p	_	
q	Taxable distributions from an ABLE account (see instructions)	8q	_	
r	Scholarship and fellowship grants not reported on Form W-2	8r	_	
S	Nontaxable amount of Medicaid waiver payments included on Form	- (		
	1040, line 1a or 1d	<b>8s</b> (	)	
t	Pension or annuity from a nonqualifed deferred compensation plan or	-		
	a nongovernmental section 457 plan	8t		
	Wages earned while incarcerated	8u	_	
Z	Other income. List type and amount:			
-		8z		
9	Total other income. Add lines 8a through 8z		9	<i>.</i>
10	Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR	, or 1040-NR, line 8	10	-6,450.

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

Schedule 1 (Form 1040) 2022

Par	II Adjustments to Income					
11	Educator expenses				. 11	
12	Certain business expenses of reservists, performing artists, and fee			vernme	nt	
	officials. Attach Form 2106				. 12	
13	Health savings account deduction. Attach Form 8889					
14	Moving expenses for members of the Armed Forces. Attach Form 3903				. 14	
15	Deductible part of self-employment tax. Attach Schedule SE					
16	Self-employed SEP, SIMPLE, and qualified plans					
17	Self-employed health insurance deduction				. 17	
18	Penalty on early withdrawal of savings					
19a	Alimony paid					
b	Recipient's SSN					
	Date of original divorce or separation agreement (see instructions):				-	
20	IRA deduction					]
21	Student loan interest deduction					
22	Reserved for future use					
23	Archer MSA deduction				. 23	
24	Other adjustments:				-	
a		24a				
	Deductible expenses related to income reported on line 8I from the					
		24b				
с	Nontaxable amount of the value of Olympic and Paralympic medals					
	and USOC prize money reported on line 8m	24c				
d		24d				
е	Repayment of supplemental unemployment benefits under the Trade					
	Act of 1974	24e				
f	Contributions to section 501(c)(18)(D) pension plans	24f				
q		24g				
<b>·</b>	Attorney fees and court costs for actions involving certain unlawful					
		24h				
i	Attorney fees and court costs you paid in connection with an award					
•	from the IRS for information you provided that helped the IRS detect					
	tax law violations	24i				
i	Housing deduction from Form 2555	24j				
	Excess deductions of section 67(e) expenses from Schedule K-1 (Form					
		24k				
z	Other adjustments. List type and amount:					
		24z				
25	Total other adjustments. Add lines 24a through 24z				. 25	]
26	Add lines 11 through 23 and 25. These are your adjustments to income					
	Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a					
	BAA	REV	03/02/23	PRO		ule 1 (Form 1040) 20

	CHEDULE E form 1040) Supplemental Income and Loss (From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)											OMB No. 1545-0074		
•	nent of the Treasury	(FIU			tach to Form 1040		-				<b>5</b> 5, etc.)	20	)22	
	Revenue Service				.gov/ScheduleE fo					formation.		Attachn Sequen	nent ce No. <b>13</b>	
Name(s	) shown on return										Your soci	al security		
ABHI	JITH KOHIR	KAR									504-5	1-2206		
Part					Real Estate a			•						
	rental inco	ou are me or	in th	ie business of rent s from <b>Form 4835</b>	ting personal prope on page 2, line 40.	erty, use	Schedule	e C. See	einstrue	ctions. If you a	are an indiv	vidual, rep	ort farm	
Α [					would require you		Form(s) 1	099? 3	See ins	structions .		. 🗌 Ye	s 🛛 No	
B	f "Yes," did you	or wi	ll yc	ou file required F	orm(s) 1099?							. 🗌 Ye	es 🗌 No	
1a					eet, city, state, Z									
Α	6-88/17/1	, ARY	AI	NAGAR BORGA	ON(P),NIZAM	ABAD	TELANG	SANA	IN 5	03230				
В														
С														
1b	Type of Prope		2		real estate prop				Fa	ir Rental	Person		QJV	
	(from list below	N)			he number of fair ays. Check the G					Days	Da	-		
 	3				requirements to			A		365		0		
<u>В</u> С					enture. See instr			B C						
	of Property:							U						
	Single Family R	eside	nce	3 Vacation	n/Short-Term Rei	ntal	5 Land	1	7	Self-Rental				
	Multi-Family Re			4 Comme	rcial		6 Roya		8	Other (desc	ribe)			
							-			Properti				
Incom								Α		B	63.		С	
3		4				3			70.				•	
4						-			/01					
Exper														
5						5								
6	Auto and trave	l (see	ins	tructions)		6								
7	Cleaning and r	nainte	enai	nce		7		9	70.					
8	Commissions					8								
9	Insurance													
10	•													
11	-							8	90.					
12			aid	to banks, etc. (s	ee instructions)	12								
13	Other interest		• •			13		1 /	FO					
14 15						14			50. 35.					
16						16		±,/	55.					
17						17		1.9	75.					
18						18								
19	Other (list)					19								
20								7,0	20.					
21					or 4 (royalties). If									
			e ins		d out if you must									
	file Form 6198		• •			21		-6,4	50.					
22					limitation, if any,		(	6.4	50.)	(	)	(		
23a				-	or all rental prop			0,1	23a	<u>\</u>	570.	\		
b			-		or all royalty prop				23b					
С			-		for all properties				23c					
d					for all properties				23d					
е	Total of all amo	ounts	rep	orted on line 20	for all properties				23e	7	,020.			
24		-			on line 21. Do no		-				. 24			
25					and rental real esta							(	6,450.	
26					ncome or (loss).									
	nere. It Parts	11, 111,	ı٧,	and line 40 or	n page 2 do not	apply	to you, a	aiso ei	nter th	is amount o	n			

NPA

Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2 .

For Paperwork Reduction Act Notice, see the separate instructions.

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-6,450.