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)

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Тахрау	ver's name	Social securi	ty number					
HAR	AISH NAIR	668-54	-8087					
Spouse	s's name	Spouse's so	Spouse's social security number					
Par	Tax Return Information – Tax Year Ending December 31, 2022 (Er	nter year you a	re author	rizina.)				
	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	101,471.				
2	Total tax		2	15,037.				
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	17,928.				
4	Amount you want refunded to you		4	2,891.				
5			5	•				
Part	Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)							

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

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X	I authorize	GLOBAL	TAXES	T.T.C	to enter or generate my PIN	

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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	Certification and Authentication – Practitioner PIN Method Only										
ERO's EFI	ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 2 2 2 4 9 6 6 1 9 8 9						9				
					Don	i't er	iter a	ill ze'	ros		

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

ERO's signature Date Date								
-	Retain This Form — See Instructions Form to the IRS Unless Requested To Do So							
For Department, Deduction Act Nation and vour to	PEV 02/24/22 PPO Earm 8879 (Pov. 01 2021)							

For Paperwork Reduction Act Notice, see your tax return instructions. BAA REV 02/24/23 PRO

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 Xes Standard Deduction Spouse itemizes on a separate return or you were a dual-status alien Someone can claim: You 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): (1) First name Last name (a) Relationship (d) Check the box if qualifies for (see instructions): If more than four dependents, see instructions	1040		artment of the Treasury—Internal Revenue Servi S. Individual Income Tax		_n 202	2	OMB No. 1545	-0074	IRS Use Only	∕—Do not w	rite or staple in this space.
Your first name and middle initial Last name Your social security number HARLSH NATR KAT Home address frumber and streetl, if you have a P.O. box, see instructions. Apt. no. Presidential Election Campaign 17221 GOLDEN MACON CA 92127 Grip, town, or post office. If you have a foreign address, also complete spaces below. State 220 odd Grip, town, or post office. If you have a foreign address, also complete spaces below. State 221 odd Foreign country name Foreign province/state/country Foreign postal code you tax or fortid. Sam DI SEGO Someone can claim: You space You spouse you four or property or services; or (b) sell, Sasted Someone can claim: You sa dependent You spouse as a dependent You spouse was boin before January 2, 1958 to bind Dependents, dee instructions; (I) First name Last name (2) Social security (Wiss born before January 2, 1958 to bind How before January 2, 1958 I to al anount from Form(s) W-2, bein for more form(s) W-2, bein for wein dualities for (see instructions); 1a 112, 829. How before January 1, first name Last name I a 112, 829. 1b	Check only	lf yo	u checked the MFS box, enter the na	ame of you	0 1)(,				spor	use (QSS)
HARISH NAIR 668-54-8087 Hjorn terum, spoue's first name and middle initial Last name Spoue's social security number Home address (number and street), Hjou have a PO, box, see instructions. Apt. no. Presidential Election Campaign City, tow, or post office, Hjou have a foreign address, also complete spaces below. State 2P code Spoue's social security number Foreign country name Foreign province/state/country Foreign province/state/country Foreign province/state/country Foreign province/state/country You Spoues Digital At any time during 2022, did you: (a) receive (as a reward, award, or payment for properly or services); or (b) sell, You You You You You Spouse Digital At any time during 2022, did you: (a) receive (as a reward, award, or payment for properly or services); or (b) sell, You You You You You You Spouse No State You You No Dependents Secure instructions; (f) First name Last name Qoald security You You Chief tax ceckt Curit for other dependent Home of the company (f) First name Last name Qoald security You	Vour first name		, ,							Vauraa	aial againity number
If joint return, spouse's first name and middle initial Last name Spouse's social security number Home address (number and street). If you have a P.O. box, see instructions. Apt. no. Presidential Election Campaign 17221 GOLDEN MAGON SAN DIESO SAN DIESO Spouse's social security number Foreign country name Foreign province/state/country Foreign province/state/state/country Foreign province/state/state/country Foreign province/state/state/state/state/country Foreign province/state/state/st		and mi	ddie initial		9						-
Home address (number and street). If you have a P.O. box, see instructions. Apt. no. Presidential Election Campaign Check hare if you or your sposes if filing jointly, want 35 SAN DIEGO City, tow, or post office. If you have a foreign address, also complete spaces below. State ZIP code procession of the post office. If you have a foreign address, also complete spaces below. CA ZIP code procession of thing jointly, want 35 Some or can claim: You as a dependent Foreign positic calls: You as a dependent You Spouse Standard Someone can claim: You as a dependent You as a dependent You Spouse Dependents (see instructions): Were born before January 2, 1958 Is blind Spouse: Was born before January 2, 1958 Is blind Dependents (see instructions): (i) First same Is blind Is blind Is blind Income 1a Total amount from Form(s) W-2, box 1 (see instructions) 1a 112, 2, 829. Here in the state 1a Total amount from Form(s) W-2, box 1 (see instructions) 1a 112, 2, 829. Household employee wages not reported on Form(s) W-2. 1a 112, 2, 829. 1b 1a W-2 nead Image form form 8919.			first some and middle initial								
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17221 GOLDEN WAGON Check here if you, or you Check here if you have as dependent if you for you Check here if you if	Home address (numbe	r and street) If you have a P.O. box see	instructions	<u> </u>			4	Ant no	Prosido	ntial Election Campaign
City, town, or post office. If you have a foreign address, also complete spaces below. State ZIP code spouse if filing jointly, want S3 tog to this fund. Checking a box below will not change by got this fund. Checking a box below will not change by your tax or relund. spouse if filing jointly, want S3 tog to this fund. Checking a box below will not change by your tax or relund. Digital At any time during 2022, did you: (a) receive (as a reward, or payment for property or services); or (b) sell, exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions). Yes No Standard Deduction Someone can claim: [You as a dependent] Your spouse as a dependent Yes box before January 2, 1958 [Are blind Spouse: [Was born before January 2, 1958 [Are blind Spouse: [Was born before January 2, 1958 [Check the box if qualifies for (see instructions); (1) First name Last name [number] to you [Check the box if qualifies for (see instructions); (1) First name Last name [number] to you [Check the box if qualifies for (see instructions); 1 a 112, 829. Hare Formigo Total amount from Form(s) W-2, box 1 (see instructions). 1 a 112, 829. 1 a 112, 829. Vace Areading and the palay expanses and reported on Form(s) W-2. 1 a 112, 829. 1 a 112, 829. 1 a 112, 829. Income 1a Total amount from Form(s) W-2. box 1 (see instructions). 1 a 112, 829. 1 a 112, 829. 1 a 112, 829. Vace Areading and the palay expanses				notion	5.			'	црт. но.		
SAN DIEGO CA 92127 To go to this fund. Checking a box below will not change your law or refund. Digital Asset S 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) (ro (b) sell, exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset) (ro (b) sell, exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset) (ro (b) sell, exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset) (ro (b) sell, exchange approximate) (row or services); or (b) sell, exchange approximate); (row or services); or (b) restricts); (row or services); or (c) restricts); (row or services); or (c) restricts); (row or services); (row or services); (row or services); (molete spa	ces below	Sta	ite	ZIP o	ode		
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Attach Sch. B 2a Tax-exempt interest 2a b Taxable interest 2b 4. if required. 3a Qualified dividends 3a 109. b Ordinary dividends 3b 124. 4a IRA distributions 4a b Deduction for- b Taxable amount 4b 5a Pensions and annuities 5a b Taxable amount 5b 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 7 568. 8 Other income from Schedule 1, line 10 9 101, 471. 9 101, 471. surviving spouse, \$25,900 10 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 11 101, 471. 10 Adjustments to income from Schedule 1, line 26 10 11 101, 471. 10 Adjustments to income from Schedule 1, from line 9. This is your adjusted gross income 11 101, 471. 11		i	Nontaxable combat pay election (s	see instruc	ctions)		1 i				
if required. 3a Qualified dividends 3a 109. b Ordinary dividends 3b 124. 4a IRA distributions 4a b Taxable amount 4b 5a Pensions and annuities 5a b Taxable amount 4b • Single or Married filing separately, \$12,950 Social security benefits 6a b Taxable amount 5b • C If you elect to use the lump-sum election method, check here (see instructions) 0 7 568. • Married filing jointly or Qualifying surviving spouse. 8 Other income from Schedule 1, line 10 7 568. • Married filing jointly or Standard 9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 9 101, 471. • Head of household, \$19,400 10 Standard deduction or itemized deductions (from Schedule A) 11 101, 471. • If you checked any box under Standard 13 Qualified business income deduction from Form 8995 or Form 8995-A 13 0. • If vou checked any box under Standard 14 12, 950. 14 12, 950. • If southract line 14 from line 11 15 Subtract line 14 from line 11		z	Add lines 1a through 1h							. 1z	112,829.
4a IRA distributions 4a b Taxable amount 4b 5a Pensions and annuities 5a b Taxable amount 5b 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 r Capital gain or (loss). Attach Schedule D if required. If not required, check here r 568. 7 Capital gain or (loss). Attach Schedule D if required. If not required, check here 7 568. 8 Other income from Schedule 1, line 10 - 9 101, 471. 9 101, 471. 9 101, 471. 10 Adjustments to income from Schedule 1, line 26 10 11 101, 471. 10 Adjustments to income from Schedule 1, line 26 10 12 12, 950. 14 Add lines 12 and 13 - 12 12, 950. 13 0. 14 12, 950. 14 Add lines 12 and 13 14 12, 950. 15 88, 521		2 a	Tax-exempt interest	2a		bТ	axable interest			. 2b	
Standard Deduction for- 5a Pensions and annuities	if required.	3a		3a	109.	b C	Ordinary divider	nds .		. 3b	124.
Deduction for- 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 7 568. • Married filing jointly or Qualifying surviving spouse, \$25,900 0 Other income from Schedule 1, line 10 7 568. • Married filing jointly or Qualifying surviving spouse, \$25,900 0 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 9 101, 471. • Head of household, \$19,400 11 Subtract line 10 from line 9. This is your adjusted gross income 11 101, 471. • Head of household, \$19,400 12 Standard deduction or itemized deductions (from Schedule A) 12 12, 950. • If you checked any box under Standard 13 0. 14 12, 950. • If you checked any box under Standard 14 12, 950. 13 0. • Add lines 12 and 13 • • 14 12, 950.		4a		4a		bΤ	axable amount	t		. 4b	1
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Married filing separately, \$12,950 c If you elect to use the lump-sum election method, check here (see instructions) 		6a						t		. 6b	
\$12,950 7 Capital gain of (loss). Attach Schedule D in required, theoremend, check here 1 1 588. • Married filing jointly or Qualifying surviving spouse, \$25,900 9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 9 101, 471. • Head of household, \$19,400 11 Subtract line 10 from line 9. This is your adjusted gross income 10 11 101, 471. • Head of household, \$19,400 12 Standard deduction or itemized deductions (from Schedule A) 12 12, 950. • If you checked any box under Standard 13 0. 14 12, 950. • Add lines 12 and 13 14 12, 950. 13 88, 521	Married filing	С							l		
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Qualifying surviving spouse, \$25,900 9 101,471. 10 Adjustments to income from Schedule 1, line 26 10 Head of household, \$19,400 Subtract line 10 from line 9. This is your adjusted gross income 11 101,471. I1 101,471. 11 101,471. With response 1 Subtract line 10 from line 9. This is your adjusted gross income 11 101,471. I1 101,471. 11 101,471. With response 1 Standard deduction or itemized deductions (from Schedule A) 12 12,950. I1 Qualified business income deduction from Form 8995 or Form 8995-A 13 0. I4 12,950. 14 12,950. Deduction, 15 88,521											
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household, \$19,40012Standard deduction or itemized deductions (from Schedule A)1212,950.• If you checked any box under Standard13Qualified business income deduction from Form 8995 or Form 8995-A130.14Add lines 12 and 131412,950.15Subtract line 14 from line 11. If zero or less enter -0- This is your taxable income1588,521								• •			
\$19,400 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 0. 14 Add lines 12 and 13 14 12,950. 14 14 12,950. Deduction, 15 Subtract line 14 from line 11. If zero or less enter -0- This is your taxable income 15 88,521.				-				• •			
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 88 521	\$19,400							• •			
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 88.521								· ·	· · ·		
	Standard										
		15	Subtract line 14 from line 11. If zer	o or less,	enter -U This is y	our	taxable incom	e.		. 15	88,521.

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

Form **1040** (2022)

Form 1040 (2022	2)								Page 2
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 🗌 881	4 2 4972	3 🗌		16	15,041.
Credits	17	Amount from Schedule 2, lir	ne3					17	
	18	Add lines 16 and 17						18	15,041.
	19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812			19	
	20	Amount from Schedule 3, lir	ne8					20	4.
	21	Add lines 19 and 20						21	4.
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	15 , 037.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21 .			23	0.
	24	Add lines 22 and 23. This is	your total tax					24	15,037.
Payments	25	Federal income tax withheld							
2	а	Form(s) W-2				25a 17	,928.		
	b	Form(s) 1099				25b			
	с	Other forms (see instruction	s)			25c			
	d	Add lines 25a through 25c						25d	17 , 928.
If you have a	26	2022 estimated tax payment	ts and amount a	pplied from 20	021 return			26	
qualifying child,	27	Earned income credit (EIC)			No	27			
attach Sch. EIC.	28	Additional child tax credit from				28		1	
	29	American opportunity credit	from Form 8863	8, line 8		29			
	30	Reserved for future use .				30		1	
	31	Amount from Schedule 3, lir				31			
	32	Add lines 27, 28, 29, and 31	. These are your	total other pa	ayments and refu	undable credits		32	
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments				33	17,928.
Refund	34	If line 33 is more than line 24	1, subtract line 2	4 from line 33.	This is the amou	nt you overpaid		34	2,891.
neiuliu	35a	Amount of line 34 you want	refunded to you	J. If Form 8888	3 is attached, che	ck here	. 🗆	35a	2,891.
Direct deposit?	b	Routing number 0 5 3	0 0 0 1	96	c Type: 🛛 🗙	Checking	Savings		
See instructions.	d	Account number 2 3 7	0 3 1 0	1 4 4 9	9 8 8				
	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 amo	ount you owe.					
You Owe		For details on how to pay, g	o to <i>www.irs.go</i> v	//Payments or	see instructions			37	
	38	Estimated tax penalty (see in	nstructions) .			38			
Third Party	Do	you want to allow another	person to disc	cuss this retu	rn with the IRS?				_
Designee	ins	structions				🗌 Yes. C	omplete b	below.	X No
	De: nar	signee's		Phone no.			onal identi [.] ber (PIN)	ication	
							. ,		
Sign		der penalties of perjury, I declare t ief, they are true, correct, and com							
Here		ur signature		Date	Your occupation		1	• •	nt you an Identity
				2410			Prote	ection P	IN, enter it here
Joint return?					MECHATRON	ICS ENGINE	IR (see	inst.)	
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, I	both must sign.	Date	Spouse's occupat	ion			nt your spouse an
your records.							(see		ection PIN, enter it here
	Ph	one no. (980) 318-082	0	Email address		TAT Q10CMATT C		- /	
		one no. (980) 318-082 eparer's name	Preparer's signat		IARISOUFFICI	AL91@GMAIL.C	PTIN		Check if:
Paid		PRIYA RAM SAGAR GUPTA TALLAM			GUPTA TALLAM		P0208	2703	Self-employed
Preparer		n's name GLOBAL TA		TAUN DAGAR	GOLIA IAUUAM	02/2//2023	· · · · ·		678) 965-9522
Use Only			Y CT E BRU	NSWICK N	T 08816			's EIN	
		a1040 for instructions and the late		TIONICI/ IN	D 00010			3 LIN	84-3171965

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

BAA REV 02/24/23 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 Sequence No. 01

Internal Revenue Service	Sequence No. 0				
Name(s) shown on Fo	rm 1040, 1040-SR, or 1040-NR	Your soci	ial security number		
HARISH NAIR		668-54	-8087		

Par	t I Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxes		1	0.
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	-12,054.
6	Farm income or (loss). Attach Schedule F.		6	
7	Unemployment compensation		7	
8	Other income:			
а	Net operating loss	8a ()	
b	Gambling	8b		
С	Cancellation of debt	8c		
d	Foreign earned income exclusion from Form 2555	8d ()	
е	Income from Form 8853	8e		
f	Income from Form 8889	8f		
g	Alaska Permanent Fund dividends	8g		
h	Jury duty pay	8h		
i	Prizes and awards	8i		
j	Activity not engaged in for profit income	8j		
k	Stock options	8k		
I	Income from the rental of personal property if you engaged in the rental			
	for profit but were not in the business of renting such property	81	_	
m	Olympic and Paralympic medals and USOC prize money (see			
		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	0- (
		8s (4	
t	Pension or annuity from a nonqualifed deferred compensation plan or	0+		
	a nongovernmental section 457 plan	8t 8u		
	Wages earned while incarcerated	ou		
z	Other income. List type and amount:	8z		
9	Total other income. Add lines 8a through 8z		9	
9 10	Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR		10	-12,054.
10	Combine lines i through r and s. Enter here and on r onn ro40, 1040-30		10	12,004.

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

Schedule 1 (Form 1040) 2022

Par	t II Adjustments to Income					
11	Educator expenses				11	
12	Certain business expenses of reservists, performing artists, and fee	e-basi	s gov	ernment		
	officials. Attach Form 2106				12	
13	Health savings account deduction. Attach Form 8889				13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903				14	
15	Deductible part of self-employment tax. Attach Schedule SE				15	
16	Self-employed SEP, SIMPLE, and qualified plans				16	
17	Self-employed health insurance deduction				17	
18	Penalty on early withdrawal of savings				18	
19a	Alimony paid				19a	
b	Recipient's SSN	· _				
С	Date of original divorce or separation agreement (see instructions):					
20	IRA deduction				20	
21	Student loan interest deduction				21	
22	Reserved for future use				22	
23	Archer MSA deduction				23	
24	Other adjustments:					
а	Jury duty pay (see instructions)	24a				
b	Deductible expenses related to income reported on line 8I from the					
	rental of personal property engaged in for profit	24b				
С	Nontaxable amount of the value of Olympic and Paralympic medals					
	and USOC prize money reported on line 8m	24c				
d	Reforestation amortization and expenses	24d				
е	Repayment of supplemental unemployment benefits under the Trade					
	Act of 1974	24e				
f	Contributions to section 501(c)(18)(D) pension plans	24f				
g	Contributions by certain chaplains to section 403(b) plans	24g				
h	Attorney fees and court costs for actions involving certain unlawful					
	discrimination claims (see instructions)	24h				
i	Attorney fees and court costs you paid in connection with an award					
	from the IRS for information you provided that helped the IRS detect					
	tax law violations	24i				
j	Housing deduction from Form 2555	24j				
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form					
	1041)	24k				
Z	Other adjustments. List type and amount:					
		24z				
25	Total other adjustments. Add lines 24a through 24z				25	
26	Add lines 11 through 23 and 25. These are your adjustments to income	e. Ente	er here	e and on		
	Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a				26	
	BAA	REV	02/24/23 F	PRO	Schedu	le 1 (Form 1040) 2022

Department of the Treasury

Additional Credits and Payments

OMB No. 1545-0074

2022

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

	Go to www.irs.gov/Form1040 for instructions and the latest information.		Atta Sec	achment quence No. 03		
	. ,	orm 1040, 1040-SR, or 1040-NR				curity number
	rt I Nonre	fundable Credits		668-	54-808	5 /
1		credit. Attach Form 1116 if required			1	4.
2	0	child and dependent care expenses from Form 244	1, line 11. /	Attach	2	
3	Education of	redits from Form 8863, line 19			3	
4	Retirement	savings contributions credit. Attach Form 8880			4	
5		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 I	motor vehicle credit. Attach Form 8910	6e			
f	Qualified pl	ug-in motor vehicle credit. Attach Form 8936	6f			
g	Mortgage ir	iterest 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	6ј			
k	Credit to ho	lders 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:				
7	Total other	nonrefundable credits. Add lines 6a through 6z	6z		7	
8		through 5 and 7. Enter here and on Form 1040, 1040				
	line 20 .				8	4.
						ed on page 2)
For Pa	aperwork Reduct	ion Act Notice, see your tax return instructions.	REV 02/24/23	PRO	Schedule	3 (Form 1040) 2022

Schedule 3 (Form 1040) 2022

Par	t II Other Payments and Refundable Credits			
9	Net premium tax credit. Attach Form 8962		9	
10	Amount paid with request for extension to file (see instructions) .		10	
11	Excess social security and tier 1 RRTA tax withheld		11	
12	Credit for federal tax on fuels. Attach Form 4136		12	
13	Other payments or refundable credits:			
а	Form 2439	13a		
b	Credit for qualified sick and family leave wages paid in 2022 from Schedule(s) H for leave taken before April 1, 2021	13b		
С	Reserved for future use	13c		
d	Credit for repayment of amounts included in income from earlier years	13d		
е	Reserved for future use	13e		
f	Deferred amount of net 965 tax liability (see instructions)	13f		
g h	Reserved for future use	13g 13h		
z	Other payments or refundable credits. List type and amount:	13z		
14	Total other payments or refundable credits. Add lines 13a through	13z	14	
15	Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040 line 31	-SR, or 1040-NR,	15	
	BAA REV	02/24/23 PRO	Schedule 3	(Form 1040) 202

SCHEDULE D (Form 1040)

Capital Gains and Losses

OMB No. 1545-0074

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

Go to www.irs.gov/ScheduleD for instructions and the latest information. Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.

20 Attachment Sequence No. 12

Internal Revenue Service Name(s) shown on return

Department of the Treasury

Your social security number 668-54-8087

HARISH NAIR

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

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

lines This	nstructions for how to figure the amounts to enter on the below. form may be easier to complete if you round off cents to e dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss f Form(s) 8949, P line 2, column	rom art I,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1 a	Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b.					
1b	Totals for all transactions reported on Form(s) 8949 with Box A checked	168,401.	168,615.	1	L4.	-200.
2	Totals for all transactions reported on Form(s) 8949 with Box B checked					
3	Totals for all transactions reported on Form(s) 8949 with Box C checked					
4	Short-term gain from Form 6252 and short-term gain or (I	oss) from Forms 4	684, 6781, and 88		4	
5	Net short-term gain or (loss) from partnerships, Schedule(s) K-1	usts from	5			
6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover 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						-200.

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

lines This	instructions for how to figure the amounts to enter on the below. form may be easier to complete if you round off cents to le dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustmer to gain or loss Form(s) 8949, line 2, colum	s from Part II,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a	Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b.					
8b	Totals for all transactions reported on Form(s) 8949 with Box D checked	3,816.	3,049.		1.	768.
9	Totals for all transactions reported on Form(s) 8949 with Box E checked					
10	Totals for all transactions reported on Form(s) 8949 with Box F checked.					
11	Gain from Form 4797, Part I; long-term gain from Forms from Forms 4684, 6781, and 8824	• • •	11			
12	Net long-term gain or (loss) from partnerships, S corporat	dule(s) K-1	12			
13	Capital gain distributions. See the instructions		13			
14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover						
Worksheet in the instructions <th.< td=""><td>()</td></th.<>						()
15	Net long-term capital gain or (loss). Combine lines 8a on the back .	•			15	768.
For F	Paperwork Reduction Act Notice, see your tax return instruction	ons. BAA	REV 02/24/23 PRO		Schedu	le D (Form 1040) 2022

Part	III Summary		
16	Combine lines 7 and 15 and enter the result	16	568.
	• If line 16 is a gain , enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below.		
	• If line 16 is a loss , skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22.		
	• If line 16 is zero , skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22.		
17	Are lines 15 and 16 both gains? X Yes. Go to line 18.		
	No. Skip lines 18 through 21, and go to line 22.		
18	If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet	18	
19	If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet	19	
20	 Are lines 18 and 19 both zero or blank and you are not filing Form 4952? Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. Don't complete lines 21 and 22 below. 		
	□ No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.		
21	If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of:		
	The loss on line 16; or (\$3,000), or if married filing separately, (\$1,500)	21	()
	Note: When figuring which amount is smaller, treat both amounts as positive numbers.		
22	Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?		
	☐ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16.		
	No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.		

REV 02/24/23 PRO

Schedule D (Form 1040) 2022

8949

Department of the Treasury

Internal Revenue Service

Sales and Other Dispositions of Capital Assets

OMB No. 1545-0074

Attachment

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.

Sequence No. 12A Social security number or taxpayer identification number Name(s) shown on return 668-54-8087 HARISH NAIR

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

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

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

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

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

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

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

1 (a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis See the Note below	If you enter an enter a c	f any, to gain or loss amount in column (g), ode in column (f). arate instructions.	, (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	(g) Amount of adjustment	from column (d) and combine the result with column (g).		
Robinhood Securities LLC	01/01/22	12/31/22	168,331.	168,497.	W	9.	-157.		
ACORNS SECURITIES LLC	01/01/22	12/31/22	70.	118.	W	5.	-43.		
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	168,401.	168,615.		14.	-200.				

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

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

Social security number or taxpayer identification number 668-54-8087 2

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

1 (a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis See the Note below	Adjustment, i If you enter an enter a c See the sep	(h) Gain or (loss) Subtract column (e)		
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) and see <i>Column</i> ((see instructions) in the separate instructions.		(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g).	
Robinhood Securities LLC	01/01/22	12/31/22	1,459.	895.			564.	
ACORNS SECURITIES LLC	01/01/22	12/31/22	2,357.	2,154.	W	1.	204.	
2 Totals. Add the amounts in columns negative amounts). Enter each tota Schedule D, line 8b (if Box D above above is checked), or line 10 (if Box	lude on your ne 9 (if Box E	3,816.	3,049.		1.	768.		

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.

(Form	Form 1040) (From rental real estate, royalties, partners						erships,	ships, S corporations, estates, trusts, REMICs, etc.)							2022					
	Attach to Form 1040, 1040-SR, 1040-NR, or 1041. Go to www.irs.gov/ScheduleE for instructions and the latest information.									Attachment Sequence No. 13										
	shown on return						3									Your soci				-
. ,	SH NAIR																			
	HARISH NAIR 668-54-8087 Part I Income or Loss From Rental Real Estate and Royalties										—									
T al t	Note: If yo	ou ar	re in t	the b	usines	s of rei	nting pe		perty, u			e C. Se	e in	stru	ctions. If you	are an indi	vidual, r	epor	farm	
Α)id you make ar									le	Form(s)	1099?	See	e ins	structions .			Yes	X No	,
	"Yes," did you																	Yes	No	
1a	Physical addr																			
	-				· ·		-				,	T 1 1	1	0.1						
	A-301 GUL	MOR	IAR	GA.	RDEN	KAL.	EWAD.	I, PUNE	MAHAI	KA	SHTRA	IN 4	ŧΤΤ	.01	/					
<u>C</u>	Turner of Durane												_	_		_				
1b	Type of Prope (from list below		2					estate pro Imber of fa						Fa	ir Rental Days	Persor	ial Use ivs		QJV	
A	3	~)	-					Check the				Α	+		365		0	_		_
	5			if	you m	eet th	ie requ	irements t	to file a	s a	a	B	+		505		0			_
C			-	qu	ualified	d joint	ventur	e. See ins	tructio	ns		C	+							
	of Property:		I									v								-
	Single Family R	esic	denc	е	3 \	/acatic	on/Sho	ort-Term R	ental		5 Lanc	4		7	Self-Renta					
	Multi-Family Re					Comm					6 Roya				Other (des					
	· · · , ·					_					, -			-						
												•			Proper					
Incom										_		Α	<u> </u>		В			C	;	
3	Rents received												638	5.						
4	Royalties rece	vec				• •			. 4	_										
Expen 5									. 5											
6	Advertising . Auto and trave									-+										_
7	Cleaning and r									-+		2,	56	2						
8	Commissions								. 8	-+		<i>2</i> ,	50.							
9	Insurance									-+				_						-
10	Legal and othe									-+										-
11	Management f									-		2,4	415	5.						
12	Mortgage inter											/								
13	Other interest						•	,		-+										-
14	Repairs								. 14	1		2,	930	6.						_
15	Supplies								. 15	5		2,4	41	5.						
16	Taxes								. 16	5										
17	Utilities								. 17	7		2,3	363	3.						
18	Depreciation e	хре	ense	or d	epleti	on .			. 18	3										
19	Other (list))										
20	Total expense	s. A	dd li	nes	5 thro	ugh 1	9.		. 20)		12,6	692	2.						
21	Subtract line 2																			
	result is a (loss file Form 6198											-12,0	05/	1						
20	Deductible rer								. 21	-		± ∠, (U J '	- -						
22	on Form 8582									,	(12,0	54)	(١	(
23a	Total of all am	•			,					_	(±4,0	_	.) За	1	638.	(
b	Total of all am													3b						
c	Total of all am			-					-					3c						
d	Total of all am			-										3d						
е	Total of all am			•										3e	1	2,692.				
24	Income Add			•						shu	de anv lo	29220	L			24				

Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here 25 26 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2 .

For Paperwork Reduction Act Notice, see the separate instructions.

12,054.

25

-12,054.

Supplemental Income and Loss

Department of the	e Treasu
Internal Revenue	Service

SCHEDULE E

2(02	2
Attach	ment	40

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

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

Health Savings Accounts (HSAs)

OMB No. 1545-0074

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

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

tion.	Attachment Sequence No. 52					
Social security number of HSA beneficiary.						
If both spouses have HSAs, see instructions.						
668-54-	8087					

5

12

HARI	ISH NAIR 668-54	1-808	37
Befor	re you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, it	f requ	ired.
Part	HSA Contributions and Deduction. See the instructions before completing this part. If y and both you and your spouse each have separate HSAs, complete a separate Part I for		
1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2022. See instructions	× Se	lf-only 🗌 Family
2	HSA contributions you made for 2022 (or those made on your behalf), including those made by the unextended due date of your tax return that were for 2022. Do not include employer contributions, contributions through a cafeteria plan, or rollovers. See instructions	2	0.
3	If you were under age 55 at the end of 2022 and, on the first day of every month during 2022, you were, or were considered, an eligible individual with the same coverage, enter \$3,650 (\$7,300 for family coverage). All others , see the instructions for the amount to enter	3	3,650.
4	Enter the amount you and your employer contributed to your Archer MSAs for 2022 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2022, also include any amount contributed to your spouse's Archer MSAs	4	0.
5	Subtract line 4 from line 3. If zero or less, enter -0	5	3,650.
6	Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2022, see the instructions for the amount to enter	6	3,650.
7	If you were age 55 or older at the end of 2022, married, and you or your spouse had family coverage under an HDHP at any time during 2022, enter your additional contribution amount. See instructions .	7	0.
8	Add lines 6 and 7	8	3,650.
9	Employer contributions made to your HSAs for 2022		
10	Qualified HSA funding distributions		
11	Add lines 9 and 10	11	923.
12	Subtract line 11 from line 8. If zero or less, enter -0	12	2,727.
13	HSA deduction. Enter the smaller of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line 13 Caution: If line 2 is more than line 13, you may have to pay an additional tax. See instructions.	13	0.
Part		rato	JSAs complete
T CIT	a separate Part II for each spouse.		10AS, Complete
14a	Total distributions you received in 2022 from all HSAs (see instructions)	14a	
b	Distributions included on line 14a that you rolled over to another HSA. Also include any excess		
	contributions (and the earnings on those excess contributions) included on line 14a that were		
	withdrawn by the due date of your return. See instructions	14b	
С	Subtract line 14b from line 14a	14c	
15	Qualified medical expenses paid using HSA distributions (see instructions)	15	
16	Taxable HSA distributions. Subtract line 15 from line 14c. If zero or less, enter -0 Also, include this amount in the total on Schedule 1 (Form 1040), Part I, line 8f	16	
17a	If any of the distributions included on line 16 meet any of the Exceptions to the Additional 20% Tax (see instructions), check here		
	Additional 20% tax (see instructions). Enter 20% (0.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also, include this amount in the total on Schedule 2 (Form 1040), Part II, line 17c	17b	
Part	Income and Additional Tax for Failure To Maintain HDHP Coverage. See the instruct completing this part. If you are filing jointly and both you and your spouse each have sep complete a separate Part III for each spouse.		
18	Last-month rule	18	
19	Qualified HSA funding distribution	19	
20	Total income. Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I, line 8f .	20	
21	Additional tax. Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2 (Form		

Form 8995

Qualified Business Income Deduction Simplified Computation

Attach to your tax return.

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form8995 for instructions and the latest information.

OMB No. 1545-2294

Name(s) shown on return

Your taxpayer identification number

HARISH NAIR

668-54-8087

Note. You can claim the qualified business income deduction **only** if you have qualified business income from a qualified trade or business, real estate investment trust dividends, publicly traded partnership income, or a domestic production activities deduction passed through from an agricultural or horticultural cooperative. See instructions.

Use this form if your taxable income, before your qualified business income deduction, is at or below \$170,050 (\$340,100 if married filing jointly), and you aren't a patron of an agricultural or horticultural cooperative.

1	(a) Trade, business, or aggregation name	(b) Taxpayer identification number	. ,	Qualified business income or (loss)
i				
ii				
iii				
iv				
v				
2	Total qualified business income or (loss). Combine lines 1i through 1v,			
	column (c)			
3		3 ()		
4		1		
5	Qualified business income component. Multiply line 4 by 20% (0.20)		5	
6	Qualified REIT dividends and publicly traded partnership (PTP) income or (loss)			
	(see instructions)	3 1.		
7	Qualified REIT dividends and qualified PTP (loss) carryforward from the prior			
	, ,	7 ()		
8	Total qualified REIT dividends and PTP income. Combine lines 6 and 7. If zero			
	or less, enter -0			
9	REIT and PTP component. Multiply line 8 by 20% (0.20)		9	0.
10	Qualified business income deduction before the income limitation. Add lines 5 and 9	1	10	0.
11		1 88,521.		
12		2 677.		
13	Subtract line 12 from line 11. If zero or less, enter -0			
14	Income limitation. Multiply line 13 by 20% (0.20)		14	17,569.
15	Qualified business income deduction. Enter the smaller of line 10 or line 14. Also en			<u>^</u>
10	the applicable line of your return (see instructions)		15	0.
16	Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than z		16	(0.)
17	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 and zero, enter -0-		47	(\qquad)
Far Dui			17	(0.) Form 8995 (2022)
For Pri	vacy Act and Paperwork Reduction Act Notice, see instructions. REV 02/24/2	23 PRO		Form 0333 (2022)

TAXABLE YEAR		FORM
2022 California e-file Signature Au	Ithorization for Individua	ls 8879
Your name		SN or ITIN
HARISH NAIR	668-	54-8087
Spouse's/RDP's name		e's/RDP's SSN or ITIN
Part I Tax Return Information (whole dollars only)		
1 California adjusted gross income (AGI). See instructions		
2 Amount You Owe. See instructions		
3 Refund or No Amount Due. See instructions		3
Part II Taxpayer Declaration and Signature Authorization (Be sure you obta Under penalties of perjury, I declare that I have examined a copy of my individual		
electronic return originator (ERO), transmitter, or intermediate service provider, in identification number (ITIN), and the amounts shown in Part I above agree with the income tax return. If applicable, I authorize an electronic funds withdrawal of the and on form FTB 8455, California e-file Payment Record for Individuals, or a com- agrees with the direct deposit authorization stated on my return. If I have filed a ju domestic partner (RDP) as an agent to authorize an electronic funds withdrawal of provider to transmit my complete return to the Franchise Tax Board (FTB). If the to my ERO, intermediate service provider, and/or transmitter the reason(s) for return, I understand that if the FTB does not receive full and timely payment of m penalties. I acknowledge that I have read and consent to the Electronic Funds Wit	he information and amounts shown on the corresp amount on line 2 and/or the estimated tax paymen parable form. If applicable, I declare that direct de oint return, this is an irrevocable appointment of th or direct deposit. I authorize my ERO, transmitter, or processing of my return or refund is delayed, I and the delay or the date when the refund was sent. y tax liability, I remain liable for the tax liability and thdrawal Consent included on the copy of my elect	onding lines of my electronic ts as shown on my return posit refund amount on line 3 te other spouse/registered or intermediate service uthorize the FTB to disclose If I am filing a balance due all applicable interest and ronic income tax return. I have
selected a personal identification number (PIN) as my signature for my electronic Taxpayer's PIN: check one box only	c income tax return and, if applicable, my Electroni	; Funds Withdrawal Consent.
I authorize GLOBAL TAXES LLC	to enter my PI	N 4 8 0 8 7
ERO firm name		Do not enter all zeros
as my signature on my 2022 e-filed California individual income tax return.		
I will enter my PIN as my signature on my 2022 e-filed California individual return is filed using the Practitioner PIN method. The ERO must complete P		itering your own PIN and your
Your signature	Date	
Spouse's/RDP's PIN: check one box only		
I authorize	to optor my Di	Ν
ERO firm name	to enter my Pl	Do not enter all zeros
as my signature on my 2022 e-filed California individual income tax return.		
I will enter my PIN as my signature on my 2022 e-filed California individ and your return is filed using the Practitioner PIN method. The ERO must co		ou are entering your own PIN
Spouse's/RDP's signature	Date	
Practitioner PIN Method Ret	turns Only continue below	
Part III Certification and Authentication — Practitioner PIN Method Only		
ERO's Electronic Filer Identification Number (EFIN)/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.	2 2 2 4 9 6 6 2 Do not enter all zeros	989
I certify that the above numeric entry is my PIN, which is my signature for the 2 confirm that I am submitting this return in accordance with the requirements of e-file Providers.	022 California individual income tax return for the the Practitioner PIN method and FTB Pub. 1345, 2010	taxpayer(s) indicated above. I 2022 Handbook for Authorized
ERO's signature	Date > 02/27/2023	

TA	XABLE	YEAR	Cal	ifornia No	onresid	lent d	or Part	-Year			-	CALIFORNIA FO	RM
	202			sident Inc								540NR	
						API	Ξ		ATTACH	FEDERA	AL RET	'URN	
	8-5 RISI	4-808 H	7	NAIR NAIR					22				
		GOLDI IEGO	EN	WAGON CA	92127								
08	-28	-1991											
				a filing status is di	fferent from y		-						
	1	X Sin	gle		4	H	lead of hous	ehold (with c	lualifying pers	son). See inst	ructions.	[]	
Filing	2	Ма	rried/	RDP filing jointly.	See instr. 5	Q	ualifying su	rviving spou	se/RDP. Enter	year spouse/	RDP died.		
-0)					S	ee instructio	ons.					
	3	Ma	rried/	RDP filing separate	ely. Enter spou	use's/RDP	's SSN or IT	'IN above and	l full name he	re			
	6	lf someon	e can	claim you (or you	r spouse/RDP) as a dep	endent, che	ck the box he	ere. See instr.	6			
I	► For	line 7, line	8, line	e 9, and line 10: Mu	ultiply the num	ıber you ei	nter in the b	ox by the pre-	printed dollar	amount for th	nat line.	Whole dollars	only
				checked box 1, 3, r 5, enter 2. If you					7 1 x ¢	140 = • \$			40
	8	Blind: If yo	ou (or	your spouse/RDP) are visually	impaired,	enter 1;	0					
				lly impaired, enter or your spouse/RD					8 X \$	140 = • \$			
suc		if both are	65 or	older, enter 2. Se	e instructions.		P.	-	9 X \$	140 = • \$	lant 0		
Exemptions		First Name	۲	Dependent 1			Dependent	2		Depend	ient 3		
Exe		Last Name											
		SSN. See instructions	_										
		Dependent relationshi to you	s										
	Total	dependent REV 02/1		ptions					X \$43	3 = • \$			
					175	5	31312	24		Forn	n 540NR	2022 Side 1	

You	r nar	ne: NAIR Your SSN or ITIN: 668-54-8087		
	11	Exemption amount: Add line 7 through line 10	🖲 11 \$	140
Total Taxable Income	12	Total California wages from your federal Form(s) W-2, box 16	. 00	
	13 14	Enter federal AGI from federal Form 1040, 1040-SR, or 1040-NR, line 11 California adjustments – subtractions. Enter the amount from Schedule CA (540NR),	• 13	101471 .00
	15	Part II, line 27, column B Subtract line 14 from line 13. If less than zero, enter the result in parentheses.	• 14	0 .00 101471 00
	16	See instructions California adjustments – additions. Enter the amount from Schedule CA (540NR), Part II, line 27, column C	15	923.00
Tota	17 18	Adjusted gross income from all sources. Combine line 15 and line 16 Enter the larger of: Your California itemized deductions from Schedule CA (540NR),		102394 .00
	19	Part III, line 30; OR Your California standard deduction . See instructions Subtract line 18 from line 17. This is your total taxable income . If less than zero, enter -0	 18 19 	5202 .00 97192 .00
	0.4	X Tax Table Tax Bate Schedule		
	31 32	Tax. Check the box if from: FTB 3800 CA adjusted gross income from Schedule CA		5793.00
	35	(540NR), Part IV, line 1	• 35	39426 .00
some	36	CA Tax Rate. Divide line 31 by line 19		
ble Inc	37	CA Tax Before Exemption Credits. Multiply line 35 by line 36	③ 37	2350 .00
CA Taxable Income	38	CA Exemption Credit Percentage. Divide line 35 by line 19. If more than 1, enter 1.0000		
U	39	CA Prorated Exemption Credits. Multiply line 11 by line 38. If the amount on line 13 is more than \$229,908, see instructions	• 39	57.00
	40	CA Regular Tax Before Credits. Subtract line 39 from line 37. If less than zero, enter -0	• 40	2293 _00
	41	Tax. See instructions. Check the box if from: Schedule G-1 FTB 5870A	• 41	.00
	42	Add line 40 and line 41	• 42	2293
Special Credits	50 51	Nonrefundable Child and Dependent Care Expenses Credit. See instructions. Attach form FTB 3506 Credit for joint custody head of household. See instructions	• 50	. 00
	52 53	Credit for dependent parent. See instructions • 52 Credit for senior head of household. See instructions • 53	- <u>00</u> - <u>00</u>	
	54	Credit percentage. Enter the amount from line 38 here. If more than 1, enter 1.0000. See instructions • 54		
	55	Credit amount. See instructions	• 55	.00
	(Side 2 Form 540NR 2022 175 3132224		

You	r nan	ne:	NAIR			Over SSI	N or ITIN:	668-	54-8087						
	58	Ente	r credit name				code ●] and amount	•	58				.00
inued	59	Ente	r credit name				code •		and amount	•	59				.00
Special Credits continued	60	To cl	laim more tha	an two cred	its. See ins	tructions					60				.00
redits	61	Noni	refundable Re	enter's Cred		61				.00					
cial CI	62	Add	line 50 and li	ne 55 throu	ıgh 61. The	•	62				.00				
Spe	63												2	293	. 00
ŝ	71	Alter	native Minim	um Tax. At	tach Sched	ule P (540NR)			•	71				<u> 00 </u>
Other Taxes	72	Men	tal Health Ser	vices Tax.	See instruct	tions				•	72				.00
Othe	73	Othe	er taxes and c	redit recapt	ture. See in	structions					73				.00
	74	Add	line 63, line 7	'1, line 72,	and line 73	. This is your	total tax				74		2	293	.00
	81	Calif	ornia income	tax withhe	ld. See inst	ructions				•	81		2	856	.00
	82										82				. 00
															.00
ıts	83		- •								83				
Payments	84										84				• 00
Ра	85	Earn	ed Income Ta	ıx Credit (E	ITC). See in	structions					85				.00
	86	Young Child Tax Credit (YCTC). See instructions									86				.00
	87	Fost	er Youth Tax (Credit (FYT	C). See inst	ructions					87				- 00
	88	Add	line 81 throu	gh line 87.	These are y	our total payı	ments. See i	nstructio	ons	•	88		2	856	<u> 00 </u>
ISR Penalty	91	See i	u and your ho instructions. I u did not che	Medicare P	art A or C c	overage is qu			ox. coverage						
ISR		Indiv	vidual Shared	Responsib	ility (ISR) F	Penalty. See ir	nstructions .		• 91			0	. 00		
Due	92 93	subt		om line 88					e than line 91, ine 88,	•	92		2	856	. 00
х/Тах	-									•	93				. 00
aid Ta	101	Over	paid tax. If lir	ne 92 is mo	re than line	74, subtract	line 74 from	n line 92.		•	101			563	. 00
Overpaid Tax/Tax Due	102	Amo	ount of line 10)1 you wani	t applied to	your 2023 es	timated tax				102			0	. 00
0	103		paid tax avail	able this ye	ar. Subtrac	t line 102 froi	m line 101 .				103			563	. 00

3133224

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Your name: 🏻 🖻

JAIR

668-54-8087 Your SSN or ITIN:



104 Tax due. If line 92 is less than line 74, subtract line 92 from line 74 \ldots 104

. 00

			Cod	de	Amount	
		California Seniors Special Fund. See instructions	• 40	00		00
		Alzheimer's Disease and Related Dementia Voluntary Tax Contribution Fund	• 40	01		00
		Rare and Endangered Species Preservation Voluntary Tax Contribution Program	• 40	03		00
		California Breast Cancer Research Voluntary Tax Contribution Fund	• 40	05		00
		California Firefighters' Memorial Voluntary Tax Contribution Fund	• 40	06		00
		Emergency Food for Families Voluntary Tax Contribution Fund	• 40	07		00
		California Peace Officer Memorial Foundation Voluntary Tax Contribution Fund	• 40	08		00
		California Sea Otter Voluntary Tax Contribution Fund	• 41	10		00
S		California Cancer Research Voluntary Tax Contribution Fund	• 41	13		00
Contributions		School Supplies for Homeless Children Voluntary Tax Contribution Fund	• 42	22		00
Contri		State Parks Protection Fund/Parks Pass Purchase	• 42	23		00
		Protect Our Coast and Oceans Voluntary Tax Contribution Fund	• 42	24		00
		Keep Arts in Schools Voluntary Tax Contribution Fund	• 42	25		00
		Prevention of Animal Homelessness and Cruelty Voluntary Tax Contribution Fund	• 43	31		00
		California Senior Citizen Advocacy Voluntary Tax Contribution Fund	• 43	38		00
		Native California Wildlife Rehabilitation Voluntary Tax Contribution Fund	• 43	39		00
		Rape Kit Backlog Voluntary Tax Contribution Fund	• 44	40		00
		Suicide Prevention Voluntary Tax Contribution Fund	• 44	44		00
		Mental Health Crisis Prevention Voluntary Tax Contribution Fund.	• 44	45		00
		California Community and Neighborhood Tree Voluntary Tax Contribution Fund	• 44	46		00
	120	Add amounts in code 400 through code 446. This is your total contribution	• 12	20		00
Amount You Owe	121	AMOUNT YOU OWE. Add line 93, line 104, and line 120. See instructions. Do not send cash. Mail to: FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0001 Pay Online – Go to ftb.ca.gov/pay for more information. REV 02/17/23 PRO	• 12	!1	[00

3134224

175

You	r nam	ne:	NAIR] Your SSN	or ITIN:	668-54-8	3087						
Interest and Penalties	122 123	Und	rest, late return pena lerpayment of estima ck the box:	ted tax.					22			.00		
Inte Pe	124		Il amount due. See ir	J FTB 5805 attac			F attached		23					
	125	REF	UND OR NO AMOUN	IT DUE. Subtract	line 120 from	line 103.	See instructior	IS.						
		Mail	to: FRANCHISE TAX	(BOARD, PO BO)	X 942840, SA	CRAMENT	O CA 94240-0	001 • 12	25		563	. 00		
Refund and Direct Deposit		See	in the information to authorize direct deposit of your refund into one or two accounts. Do not attach a voided check or a deposit slip. instructions. Have you verified the routing and account numbers? Use whole dollars only. or the following amount of my refund (line 125) is authorized for direct deposit into the account shown below:											
ect [Routing number	• Type	 Account nu 	umber			• 12	6 Direct de	posit amount			
Dir			53000196	× Checking	237031		8				563	.00		
and				Savings	207001	0 1 1 1 9	•				000	_ <u>∎</u> 00		
Refund		The	remaining amount o	у (125) is autho	rized for d	irect deposit in	to the account sho	own below					
			Routing number	Type Checking Savings	 Account no 	umber			• 12	27 Direct de	posit amount	.00		
Voter Info.			voter registration inf		-	o to sos.ca	a.gov/election	s . See instructions	5					
Our p to loc Unde	rivacy ate FT er per	notic B 113 naltie	Attach a copy of you ce can be found in annua at EN-SP, Franchise Tax es of perjury, I declare d belief, it is true, cor	l tax booklets or onli Board Privacy Notice e that I have exan	ne. Go to ftb.ca . e on Collection. T nined this tax	o request th	his notice by mail,	call 800.338.0505 ar	nd enter forn	n code 948 wh	ien instructed.			
Your	signat	ure				Date		Spouse's/RDP's sig	gnature (if a	joint tax retur	n, both must sign)		
			• Your email addre	ess. Enter only one	email address.					Preferre	ed phone number			
Si	gn									9803	180820			
	ere	ļ	Paid preparer's sign	ature (declaration o	of preparer is b	ased on all	l information of	which preparer has	any knowl	edge)				
	unlaw		SYAM PRI	YA RAM SA	AGAR GU	PTA T	ALLAM							
to for	rge a ise's/	iai	Firm's name (or you	rs, if self-employed)										
RDP			GLOBAL TAXES LLC								P02082	703		
•			Firm's address								Firm's FEIN			
Joint tax return?			245 ROON	EY CT E E	BRUNSWI	CK NJ	08816				843171	965		
See instr	uctior	ıs.	Do you want to al	low another perso	on to discuss t	his tax ret	urn with us? S	ee instructions	•	Yes	× No			
			Print Third Party Des	signee's Name						Telephone	Number			
										REV 02/1	7/23 PRO			
					175	313	5224		For	m 540NR 2	2022 Side 5			

TAXABLE YEAR

2022

California Adjustments — Nonresidents or Part-Year Residents

Important: Attach this schedule behind Form 540NR, Side 5 as a supporting California schedule.

Name(s) as shown on tax return		ie a capporting oa		SSN or IT	IN
HARISH NAIR				668548	
Part I Residency Information. Complete all line	es that apply to you a	nd vour spouse/RDP	for taxable vear 2022.		
During 2022:					
1 My California (CA) Residency (Check one)					
a Myself: • X Nonresident • Part-Year R	esident 🛈 🛛 Reside	ent b Spous	se: • Nonresident	Part-Year Reg	sident
			Yourself		Spouse/RDP
2 a I was domiciled in (enter two letter code, see in				<u>s</u> c o	
b I was in the military and stationed in (enter two			~	•	
3 I became a CA resident (enter state of prior resid			~	•	//
4 I became a CA nonresident (enter new state of re			-		//
5 I was a CA nonresident the entire year (enter stat	,		0	\underline{SC}	
6 The number of days I spent in CA for any purpos			~	<u>N</u> 🖲	
 7 I owned a home/property in CA (enter Y for Yes, 8 Before 2022: I was a CA resident for the period of 				- • /	
8 Before 2022: I was a CA resident for the period of	л		•//		/
			•′′		/
Part II Income Adjustment Schedule	A	В	C	D	E
Section A — Income	Federal Amounts (taxable amounts from	Subtractions See instructions	Additions See instructions	Total Amounts Using CA Law	CA Amounts (income earned or
from federal Form 1040 or 1040-SR	your federal tax return)	(difference between	(difference between	As If You Were a	received as a CA
		CA & federal law)	CA & federal law)	CA Resident (subtract col. B from	resident and income earned or received
				col. A; add col. C	from CA sources
				to the result)	as a nonresident)
1 a Total amount from federal Form(s) W-2, box 1. See instructions 1a	112829			112829 112829	41536
b Household employee wages not reported	0	0			
on federal Form(s) W-2 1b	\odot		\odot	•	
c Tip income not reported on line 1a 1c	\odot	\odot		\odot	\odot
d Medicaid waiver payments not reported					
on federal Form(s) W-2. See instr 1d e Taxable dependent care benefits from	\odot	\odot		\odot	•
federal Form 2441, line 26 1e				\odot	
f Employer-provided adoption benefits				0	
from federal Form 8839, line 29 1f		0		0	0
g Wages from federal Form 8919, line 6 1g	\odot	۲	•	0	•
h Other earned income. See instructions 1h	0		923	923	0
i Nontaxable combat pay election.					
See instructions 1i		-		$\textcircled{\bullet}$	
z Add line 1a through line 1i 1z			923		
2 Taxable interest. a 🔍 2b	• 4	\odot	\odot	• 4	0
3 Ordinary dividends. See instructions.					
a (<u>109</u> 3b	124	\odot	\odot	124	0
4 IRA distributions. See instructions.					
a 🖲 4b		۲		•	•
5 Pensions and annuities. See					
instructions. a () 5b	\odot	•		٢	•
6 Social security benefits.					
a • 6b		\odot			
7 Capital gain or (loss). See instructions 7	568	$ \odot$	\odot	568	0

REV 02/17/23 PRO

SCHEDULE

CA (540NR)

L



		Α	В	C	D	E
	from federal Schedule 1 (Form 1040) ر	Federal Amounts (taxable amounts from our federal tax return)	Subtractions See instructions (difference between CA & federal law)	Additions See instructions (difference between CA & federal law)	Total Amounts Using CA Law As If You Were a CA Resident (subtract col. B from col. A; add col. C to the result)	CA Amounts (income earned of received as a CA resident and incom earned or received from CA sources as a nonresident)
	Taxable refunds, credits, or offsets of state and local income taxes	• 0	• 0			
2	a Alimony received. See instructions 2a	•		\odot	\odot	۲
3	Business income or (loss). See instructions. 3	•	\odot	۲	٢	۲
4		•	•	۲		۲
	Rental real estate, royalties, partnerships,	10054			10054	
	• • • •	<u> </u>	● ●	 • • 	● -12054 ●	<u></u>
	, <i>, ,</i> ,	• •	•			
	Other income: a Federal net operating loss	\bigcirc (
	b Gambling	- (/	•		۲	۲
	ů –	$\overline{\bullet}$	•	۲		•
	d Foreign earned income exclusion	-	<u> </u>			
	from federal Form 2555	- (/		0		
1	e Income from federal Form 8853 8e	-		٢	•	\odot
1		•	٢			
!	g Alaska Permanent Fund dividends 8g	ullet				۲
I	h Jury duty pay 8h	•				۲
	i Prizes and awards 8i	•				۲
ļ	j Activity not engaged in for profit income 8j	•			•	۲
I		ullet			\odot	\odot
	I Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property	ullet			\odot	\odot
I	m Olympic and Paralympic medals and USOC prize money	_			•	•
I	n IRC Section 951(a) inclusion 8n					
	o IRC Section 951A(a) inclusion 80	•	\odot			
	p IRC Section 461(I) excess business loss adjustment		۲	۲	۲	۲
	q Taxable distributions from an ABLE account	۲			۲	۲
	r Scholarship and fellowship grants not reported on federal Form(s) W-2	۲			•	۲
	waiver payments included on federal	• ()			•	۲
	nonqualified deferred compensation	۲			•	۲
I	u Wages earned while incarcerated 8u				\odot	۲
;	z Other income. List type and amount.					
(• 8z		\odot			\odot
9	a Total other income. Add line 8a	-				
	through line 8z 9a		\odot	\odot	\odot	

Γ



		A	В	C	D	E
ec	ction B — Additional Income Continued	Federal Amounts (taxable amounts from your federal tax return)	Subtractions See instructions (difference between CA & federal law)	Additions See instructions (difference between CA & federal law)	Total Amounts Using CA Law As If You Were a CA Resident (subtract col. B from col. A; add col. C to the result)	CA Amounts (income earned or received as a CA resident and income earned or received from CA sources as a nonresident)
	b1 Disaster loss deduction from form FTB 3805V		۲		۲	۲
	b2 NOL deduction from form FTB 3805V 9b2 b2 NOL from form FTB 20057		۲		۲	۲
	b3 NOL from form FTB 3805Z, FTB 3807, or FTB 3809		۲		٢	۲
D	Total. Combine Section A, line 1z throughline 7, and Section B, line 1 throughline 7, line 9a and line 9b1 through line 9b3(as applicable) in each column.See instructions. Go to Section C 10	• 101471	• •	923	102394	• 4153
ec	ction C — Adjustments to Income	0 1011/1	0	0 323	0 101001	0 1200
	from federal Schedule 1 (Form 1040)					
	Educator expenses	\odot	\odot			
2	Certain business expenses of reservists, performing artists, and fee-basis					
	government officials	۲				ullet
3	Health savings account deduction $\ 13$	۲				
4	Moving expenses. Attach form FTB 3913. See instructions					
5	Deductible part of self-employment tax. See instructions	•	۲			•
6	Self-employed SEP, SIMPLE, and qualified plans					$\overline{\bullet}$
7	Self-employed health insurance deduction. See instructions		۲			$\overline{\bullet}$
	Penalty on early withdrawal of savings 18 a Alimony paid. b Enter recipient's: SSN •					٢
	Last name • 19a					
0	IRA deduction	۲	۲			\odot
1	Student loan interest deduction 21 $$	۲			۲	
2	$\label{eq:Reserved for future use} Reserved for future use \dots \qquad 22$					
3	Archer MSA deduction 23	•			•	\odot
1	Other adjustments:					
	a Jury duty pay 24ab Deductible expenses related to income					
	reported on line 8l from the rental of personal property engaged in for profit					
	 Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m 240 	_	•			
	d Reforestation amortization and expenses		•		۲	۲
	e Repayment of supplemental unemployment benefits under the					•
	f Contributions to IRC Section 501(c)(18)(D) pension plans. 24f		۲	۲		•
	g Contributions by certain chaplains to IRC Section 403(b) plans 24g		۲	۲		۲
	h Attorney fees and court costs for actions involving certain unlawful	۲			۲	۲



	A	В	C	D	E
Section C — Adjustments to Income Continued	Federal Amounts (taxable amounts from your federal tax return)	Subtractions See instructions (difference between CA & federal law)	Additions See instructions (difference between CA & federal law)	Total Amounts Using CA Law As If You Were a CA Resident (subtract col. B from col. A; add col. C to the result)	CA Amounts (income earned or received as a CA resident and income earned or received from CA sources as a nonresident)
 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	۲	۲			
j Housing deduction from federal Form 2555 24j	۲	۲			
 k Excess deductions of IRC Section 67(e) expenses from federal Schedule K-1 (Form 1041)	۲			۲	۲
z Other adjustments. List type and amount.					
• 24z					ullet
25 Total other adjustments. Add line 24a through line 24z	۲	۲	۲	۲	۲
26 Add line 11 through line 23 and line 25 in each column, A through E	۲	۲	۲	۲	۲
27 Total. Subtract line 26 from line 10 in each column, A through E. See instructions 27	101471	• 0	923	102394	4153
Part III Adjustments to Federal Itemized Dedu Check the box if you did NOT itemize for federal but wil			A Federal Amounts (from federal Schedule A (Form 1040))	B Subtractions See instructions	C Additions See instructions
Medical and Dental Expenses See instructions.					
1 Medical and dental expenses					
2 Enter amount from federal Form 1040 or 1040					
3 Multiply line 2 by 7.5% (0.075)					
4 Subtract line 3 from line 1. If line 3 is more tha	n line 1, enter 0				۲
Taxes You Paid				0 5015	
5a State and local income tax or general sales tax				T315	
5b State and local real estate taxes					
5c State and local personal property taxes			-		
5d Add line 5a through line 5c.5e Enter the smaller of line 5d or \$10,000 (\$5,000)					
Enter the amount from line 5a, column B in line		- /			
Enter the difference from line 5d and line 5e, co			0 7315	7315	
-					۲
7 Add line 5e and line 6			7315	7315	۲
nterest You Paid					
Ba Home mortgage interest and points reported to	you on federal Form	10988a			۲
b Home mortgage interest not reported to you or	n federal Form 1098	8b			۲
	98				۲
		8d	-		
d Reserved for future use				۲	\odot
Bd Reserved for future use Be Add line 8a through line 8c. D Investment interest.		8e		۲	۲
Bd Reserved for future use Be Add line 8a through line 8c. D Investment interest. ID Add line 8e and line 9		8e			
Bd Reserved for future use Be Add line 8a through line 8c. Investment interest. O Add line 8e and line 9. Bifts to Charity	· · · · · · · · · · · · · · · · · · ·			 • • 	 • •
Bd Reserved for future use Be Add line 8a through line 8c. D Investment interest. IO Add line 8e and line 9. Gifts to Charity III Gifts by cash or check III	· · · · · · · · · · · · · · · · · · ·			 	 <
8d Reserved for future use 8e Add line 8a through line 8c. 9 Investment interest. 10 Add line 8e and line 9. 6ifts to Charity 11 Gifts by cash or check 12 Other than by cash or check.	· · · · · · · · · · · · · · · · · · ·				
8d Reserved for future use 8e Add line 8a through line 8c. 9 Investment interest. 10 Add line 8e and line 9. 6ifts to Charity 11 Gifts by cash or check .	· · · · · · · · · · · · · · · · · · ·	8e 		 	 <

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Pa	rt III	Adjustments to Federal Itemized Deductions Continued	A Federal Amounts (from federal Schedule (Form 1040))	B A	Subtractions See instructions	C	Additions See instructions
Cas	ualtv a	nd Theft Losses					
15		alty or theft loss(es) (other than net qualified disaster losses).					
		h federal Form 4684. See instructions					
Oth	er Item	ized Deductions					
16	Other		\bullet			\bullet	
17	Add li	ines 4, 7, 10, 14, 15, and 16 in columns A, B, and C	731	5	7315	\bullet	0
18	Total.	. Combine line 17 column A less column B plus column C					0
Job	Expen	ses and Certain Miscellaneous Deductions					
19		mbursed employee expenses: job travel, union dues, job education, etc. h federal Form 2106 if required. See instructions					
20	Tax p	reparation fees					
21	Other	expenses: investment, safe deposit box, etc. List type 🔍 🕑 21		0			
22	Add li	ine 19 through line 21 () 22		0			
23	Enter	amount from federal Form 1040 or 1040-SR, line 11 🕥 101471	[
24	Multi	ply line 23 by 2% (0.02). If less than zero, enter 0	202	9			
25	Subtr	act line 24 from line 22. If line 24 is more than line 22, enter 0					0
26	Total	Itemized Deductions. Add line 18 and line 25.					0
27	Other	adjustments. See instructions. Specify. 🖲			• 27		
28	Comb	pine line 26 and line 27			• 28		0
29	ls you	ur federal AGI (Form 540NR, line 13) more than the amount shown below for your fills Single or married/RDP filing separately	229,908				
		Head of household	-				
	No. T	ransfer the amount on line 28 to line 29.					
	Yes. (Complete the Itemized Deductions Worksheet in the instructions for Schedule CA (540	NR), line 29				0
30	Enter	the larger of the amount on line 29 or your standard deduction listed below:					
		Single or married/RDP filing separately. See instructions	\$5,202				
		Married/RDP filing jointly, head of household, or qualifying surviving spouse/RDP	\$10,404				5202
Ра	rt IV	California Taxable Income					
1	Califo	rnia AGI. Enter your California AGI from Part II, line 27, column E					41536
		/our deductions from line 30			5202		
3		tion Percentage. Divide Part II, line 27, column E by Part II, line 27, column D. Carry t		0	4056		
4		rr places. If the result is greater than 1.0000, enter 1.0000. If less than zero, enter -0 rnia Itemized/Standard Deductions. Multiply line 2 by the percentage on line 3					2110
		rnia Taxable Income. Subtract line 4 from line 1. Transfer this amount to Form 540NR			••••••••••••••••••••••••••••••••••••••		
	zero, e	enter -0 REV 02/17/23 PRO			• 5 <u>-</u>		39426

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Health Coverage Exemptions and Individual Shared Responsibility Penalty 2022

3853

Attach to your California Form 540, Form 540NR, or Form 540 2EZ. Name(s) as shown on your California tax return

HARISH NAIR

SSN or ITIN 668-54-8087

Part I	Applicable Household Members. List all members of your applicable household whether or not they have an exemption or an Exemption
	Certificate Number (ECN) granted by the Marketplace. See instructions.

	Certificate Number (ECN) granted by the N	Tarketplac	e. See Instructions.		
	First Name	Initial	SSN	Date of Birth (mm/dd/yyyy)	Modified AGI
	• HARISH	\odot	● 668-54-8087	◉ 08/28/1991	● 102,394.
1	Last Name		ECN 1	ECN 2	ECN 3
	• NAIR		\odot	\odot	\odot
	First Name	Initial	SSN	Date of Birth (mm/dd/yyyy)	Modified AGI
		۲		•	\odot
2	Last Name		ECN 1	ECN 2	ECN 3
		1			
	First Name	Initial	SSN	Date of Birth (mm/dd/yyyy)	Modified AGI
3	•		۲	•	•
0	Last Name		ECN 1	ECN 2	ECN 3
	۲		\odot	\odot	\odot
	First Name	Initial	SSN	Date of Birth (mm/dd/yyyy)	Modified AGI
	\odot	\odot	\odot	\odot	\odot
4	Last Name	1	ECN 1	ECN 2	ECN 3
				\odot	\odot
	First Name	Initial	SSN	Date of Birth (mm/dd/yyyy)	Modified AGI
5		U	ECN 1		ECN 3
	Last Name			ECN 2	I I I I I I I I I I I I I I I I I I I
	٢				
	First Name	Initial	SSN	Date of Birth (mm/dd/yyyy)	Modified AGI
6	۲	۲	۲	۲	
U	Last Name		ECN 1	ECN 2	ECN 3
	\odot		\odot	\odot	\odot
	First Name	Initial	SSN	Date of Birth (mm/dd/yyyy)	Modified AGI
	\odot	\odot		\odot	\odot
7	Last Name		ECN 1	ECN 2	ECN 3
	$\overline{\bullet}$				\odot
	First Name	Initial	SSN	Date of Birth (mm/dd/yyyy)	Modified AGI
8		le			
	Last Name		ECN 1	ECN 2	ECN 3
	۲		•	•	•
	First Name	Initial	SSN	Date of Birth (mm/dd/yyyy)	Modified AGI
9	۲	۲	۲	۲	
9	Last Name		ECN 1	ECN 2	ECN 3
	\odot		\odot	\odot	\odot
	First Name	Initial	SSN	Date of Birth (mm/dd/yyyy)	Modified AGI
	\odot	\odot	\odot	\odot	\odot
10	Last Name	1	ECN 1	ECN 2	ECN 3
	$\overline{\bullet}$				\odot
	First Name	Initial	SSN	Date of Birth (mm/dd/yyyy)	Modified AGI
		Initial	•		
11					
•••	Last Name		ECN 1	ECN 2	ECN 3
	•		•	•	•
	First Name	Initial	SSN	Date of Birth (mm/dd/yyyy)	Modified AGI
40			\odot	\odot	\odot
12	Last Name		ECN 1	ECN 2	ECN 3
			۲	\odot	\odot
	t II Coverage Exemption Claimed on Your T	v Doturn	for Your Household	1	BEV 02/17/23 PBO

Part II Coverage Exemption Claimed on Your Tax Return for Your Household

REV 02/17/23 PRO

1 If you are claiming a coverage exemption because your applicable household income or gross income is below the filing threshold, check

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Part III Coverage and Exemptions Claimed on Your Tax Return for Individuals. If you and/or a member of your applicable household are reporting any coverage or are claiming exemptions for the tax year, complete Part III. See instructions.

Coverage and Exemption Codes(a)(b)(c)(d)(e)(f)(g)(h)(i)(j)(k)(l)(m)															
			(a) Full-year	(b) Jan	(c) Feb	(d) Mar	(e) Apr	(f) May	(g) June	(h) July	(i) Aug	(j) Sept	(k) Oct	(I) Nov	(m De
	First Name ● HARISH	Initial	• E	۲	۲	۲	۲	۲	۲	۲	۲	۲	۲	۲	۲
Ī	Last Name • NAIR	I		۲	۲	۲	۲	۲	۲	۲	۲	۲	۲	۲	۲
1	First Name ●	Initial	۲	۲	۲	۲	۲	۲	۲	۲	۲	۲	۲	۲	۲
	Last Name ●	I		۲	۲	۲	۲	۲	۲	۲	۲	۲	۲	۲	۲
	First Name ●	Initial (۲	۲	۲	۲	۲	۲	۲	۲	۲	۲	۲	۲	۲
	Last Name ●	1	_	۲	۲	۲	۲	۲	۲	۲	۲	۲	۲	۲	۲
	First Name ●	Initial (۲	۲	۲	۲	۲	۲	۲	۲	۲	۲	۲	۲	۲
	Last Name ●	I		۲	۲	۲	۲	۲	۲	۲	۲	۲	۲	۲	۲
	First Name ●	Initial (۲	۲	۲	۲	۲	۲	۲	۲	۲	۲	۲	۲	۲
	Last Name ●	I		۲	۲	۲	۲	۲	۲	۲	۲	۲	۲	۲	۲
	First Name ●	Initial	۲	۲	۲	۲	۲	۲	۲	۲	۲	۲	۲	۲	۲
	Last Name ●	I		۲	۲	۲	۲	۲	۲	۲	۲	۲	۲	۲	۲
	First Name ●	Initial (۲	۲	۲	۲	۲	۲	۲	۲	۲	۲	۲	۲	۲
	Last Name ●		_	۲	۲	۲	۲	۲	۲	۲	۲	۲	۲	۲	۲
	First Name ●	Initial (۲	۲	۲	۲	۲	۲	۲	۲	۲	۲	۲	۲	۲
	Last Name ●			۲	۲	۲	۲	۲	۲	۲	۲	۲	۲	۲	۲
	First Name	Initial	۲	۲	۲	۲	۲	۲	۲	۲	۲	۲	۲	۲	۲
	Last Name	I I		۲	۲	۲	۲	۲	۲	۲	۲	۲	۲	۲	۲
(First Name ●	Initial	۲	۲	۲	۲	۲	۲	۲	۲	۲	۲	۲	۲	۲
1	Last Name	I		۲	۲	۲	۲	۲	۲	۲	۲	۲	۲	۲	۲
	First Name ●	Initial	۲	۲	۲	۲	۲	۲	۲	۲	۲	۲	۲	۲	۲
	Last Name ●	L. L.		۲	۲	۲	۲	۲	۲	۲	۲	۲	۲	۲	۲
	First Name	Initial ()	۲	۲	۲	۲	۲	۲	۲	۲	۲	۲	۲	۲	۲
	Last Name	1		۲	•	۲	۲	۲	۲	۲	۲	۲	۲	۲	۲

REV 02/17/23 PRO

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Ο.

California Wage, IRA and Pension Adjustments Attach to return (after all other FTB forms)

2022

Name as Shown on Return HARISH NAIR

Social Security No. 668-54-8087

Т

Line 1 – Wages, Salaries, Tips, Etc.

		(B) Subtractions	(C) Additions
1	Excess reimbursements from Form 2106 included in wage		
•	income		
2	Active duty military pay		
3	Sick pay received under the Federal Insurance Contributions		
	Act and Railroad Retirement Act		
4	Income exempted by U.S. tax treaties (unless specifically		
	exempt for state purposes also)		
5	Exclusion for compensation from exercising a California		
	Qualified Stock Option (CQSO)		
6	Ridesharing fringe benefit differences		
7	HSA employer contributions		923
8	Paid Family Leave Insurance (PFL) benefits		
•	I confirm that the PFL amount above is accurate		
9 10	Employer-provided adoption benefits income exclusions		
10	In-Home Supportive Services (IHSS) supplementary payment Native American income (Form 3504)		
12	Clergy housing exclusion. This is the amount entered on W-2s		
1 <u>2</u>	as smallest of amount spent or fair rental value		
b	Enter the amount spent on qual. housing expenses		
13	Excess moving reimbursements		
14	CA Employees and federal Independent Contractors income		
15	Employer-provided dependent care assistance exclusion		
16	Other (itemize):		
а			
b			
С			
d			
	Total adjustments to wages, salaries, tips, etc. Enter here and		
	on Schedule CA (540/540NR), line 1		923

Line 4 - IRA, Pensions, and Annuities

IRA'	S	(B) Subtractions	(C) Additions
1 a b c	Other (itemize):		
d Pens	Total adjustments to IRA distributions. Enter here and on Schedule CA (540/540NR), line 4 sions and Annuities	(B) Subtractions	(C) Additions
1 2 a b c d	Form 1099-R, Railroad Retirement Benefits		
u	Total adjustments to pensions and annuities. Enter here and on Schedule CA (540/540NR), line 5		



STATE OF SOUTH CAROLINA DEPARTMENT OF REVENUE INDIVIDUAL INCOME TAX DECLARATION FOR ELECTRONIC FILING

SC8453 (Rev. 10/7/21) 3299

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	First nar	ne and middle initi	al								Last r	ame							Yo	ur so	cial se	ecurity nu	ımber	
HARISH Spouse's first name, if married filing jointly								NA	AIR									668-54-8087						
					Last r	ame					Spouse's social security number						nber							
Print or					-																			
type.														Day	/time p	phone nu	mber							
	-	address (number a				,																318-0		
		L GOLDEN N	NAGC	/11					Stat	e			ZIP)				-		(90		<u>Year</u>	020	
	-		ر 1 C	7																				
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Part I		rmation from																		4				
		e income (line 1	-			,														1			<u>521</u>	
		of your SC1040																		2		2,	994	
		6 of your SC104																		3			0	
	•	line 2 and line 3																		4		2,	994	00
5. SC Inc	come Tax	Withheld (add l	ine 16	and	line	20 o	of you	ur SC	1040))				•••••	•••••					5		4,	000	00
6. Refund	dable cre	dits (add line 21	and li	ne 2	2 of	your	SC1	040)												6				00
7. Refund	d (line 30	of your SC1040))																	7		1.	006	00
8. Balanc	ce due (li	ne 34 of your SC	C1040)																8			000	00
Part II		information																		-				100
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9. Routir	na numbe	er (RTN)	0	5	3	0	0	0	1	9	6				•							of the		
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10 Bank	account	number (BAN)						2	3	7	0	3	1	0	1		4	4	9	8	R	1-17 digi	its	
TO: Dank	autount								5	/	U	5	1	U	<u> </u>		Т				,	•		
11. Type	of accou	int: 🛛 🖾 🤇	Checki	ing		Savi	ngs																	
For Bala	ince Due	:																						
12 Dovr	oont With	drawal Date							Dav	mon	t With	ndrav		mou	nt (t								
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		aration of tax																						
13. 🖾		ent for my refund t																	n line	1 th	rough	line 8 is o	correct	t. If I
_		joint return, this is							• •			-												
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		nt, provided in Part																						
	tunds a	and consent to the	snarin	gori	inanc	ciai in	iorma	ation	betwe	en ir	istituti	ons io	or the	e purp	ose	OT	resc	DIVI	ig iss	ues r	related	a to my p	aymen	π.
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and intere	est.																							
I declare t	hat this re	turn and all attach	ments	are tr	ue, c	orrec	t, and	d com	plete	to th	e best	of m	y kno	owledg	ge. T	This	s de	cla	ration	is ba	ased o	on all info	rmatio	n of
		nas any knowledge			,		,		•				,		0									
Do not sut	bmit a con	y of this form to th	ie SCD	OR	Retu	ırn the	e siar	ned co	onv to	vou	r paid	prepa	arer	Keep	ac	٥ŋ	/ wit	th v	our ta	ax rec	cords			
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Your signa	ature						Da	te		Spo	ouse's	sign	ature	(If ma	arrie	d fi	iling	joi	ntly, E	BOTH	l mus	tsign) D	ate	
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		on this form befor																						
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		inying schedules a																						
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STATE OF SOUTH CAROLINA DEPARTMENT OF REVENUE 2022 INDIVIDUAL INCOME TAX RETURN **SC1040** (Rev. 4/29/22) 3075

0

Your Soci	Check if			
668	54	8087	deceased	
Spouse's Sc	Check if deceased			



For the year January 1 - December 31, 2022, or fiscal tax year begin	ning	, 2022 and ending	, 2023							
First name and middle initial	Last nam	ne		Suffix						
HARISH	NAIR									
Spouse's first name, if married filing jointly	Last nam	ne		Suffix						
Check if Mailing address (number and street, PO Box)				County code						
new address 🗀 17221 GOLDEN WAGON				23						
City	State	ZIP	Daytime phone number with	area code						
SAN DIEGO	CA	92127	(980)318-0820							
Check if address Foreign country address including postal code is outside US										
 Amended Return: Check if this is an Amended Retur Check this box if you are a part-year or nonresident fil 	•	,								
	•			· · · · · · · · · 🔽 🗌						
Check this box only if you are filing a composite return	ו on beh	half of a Partnership o	r							
S Corporation. Do not check this box if you are an in	ıdividua	Ι								
Check this box if you have filed a federal or state extension										
• Check this box if you served in a military combat zone	e during	the filing period								

Name of the combat zone:

CHECK YOUR	(1) 🗙 Single	(3) Married filing separately - enter spouse's SSN:
FEDERAL FILING STATUS	(2) Married filing jointly	(4) Head of household (5) Qualifying widow(er)
	: : :	

Number of dependents claimed on your 2022 federal return	►
Number of dependents claimed that were under the age of 6 years as of December 31, 2022	▶
Number of taxpayers age 65 or older as of December 31, 2022	▶

DEPENDENTS

First name	Last name	Social Security Number	Relationship	Date of birth (MM/DD/YYYY)



INCOME AND ADJUSTMENTS	Your	SS	N <u>668-54-808</u>	87		2022	_
1 Enter federal taxable income from your federal form. If zero or less, enter	r zero he	re				Dollars	
Nonresident filers: complete Schedule NR and enter total from line 48 on li	ine 5 belo	SW .			1	88,521 00	
ADDITIONS TO FEDERAL TAXABLE INCOME						· · · · · · · · · · · · · · · · · · ·	
a State tax addback, if itemizing on federal return (see instructions)	🕨	a		00			
b Out-of-state losses Type:	🕨 🗍	b		00			
c Expenses related to National Guard and Military Reserve Income		С		00	1		
d Interest income on obligations of states and political subdivisions other than South Caro	olina 🕨 🗍	d		00	1		
e Other additions to income (attach explanation - see instructions)	🕨 🗍	е		00			
2 Total additions (add line a through line e)					2	00]
3 Add line 1 and line 2 and enter the total here					3	88,52100	1
SUBTRACTIONS FROM FEDERAL TAXABLE INCOME					<u> </u>	· · · · · · · · · · · · · · · · · · ·	_
f State tax refund, if included on your federal return	🕨	f	0	00			-
g Total and permanent disability retirement income, if taxed on your federal retu	ırn 🕨	g		00			
h Out-of-state income/gain (do not include personal service income)	Γ						
Check type of income/gain: 🗌 Rental 🗌 Business 🗌 Other		h		00			
i 44% of net capital gains held for more than one year	🕨 🗍	i	250	00			
j Volunteer deductions (see instructions) Type:	_ 🕨 「	j		00			
k Contributions to the SC College Investment Program (Future Scholar)	Γ						
or the SC Tuition Prepayment Program	🕨 🗍	k		00			
I Active Trade or Business Income deduction (see instructions)	🕨 🗍	Ι		00			
m Interest income from obligations of the US government	🕨 🗍	m		00			
n Certain nontaxable National Guard or Reserve pay	🕨 🗍	n		00			
o Social Security and/or railroad retirement, if taxed on your federal return	1 🕨 🗌	0		00			
p Retirement Deduction (see instructions)	Γ						
p-1 Taxpayer (date of birth:)		o-1		00			
p-2 Spouse (date of birth:))	🕨 🖡	o-2		00			
p-3 Surviving spouse (date of birth of deceased spouse:	_) 🕨 🖡	o-3		00			
Military Retirement Deduction (see instructions)							
p-4 Taxpayer (date of birth:)	🕨 🖡	5-4		00			
p-5 Spouse (date of birth:))	🕨 🛓	o-5		00			
p-6 Surviving spouse (date of birth of deceased spouse:	_) 🕨 🛛	o-6		00			
q Age 65 and older deduction (see instructions)							
q-1 Taxpayer (date of birth:)	🕨 🦉	q-1		00			
q-2 Spouse (date of birth:))	🕨 🦉	q-2		00			
r Negative amount of federal taxable income	🕨 🛓			00			
s Subsistence allowance (multiply days by \$8)	🕨 🛓	5		00			
t Dependents under the age of 6 years on December 31 of the tax year		:		00			
u Consumer Protection Services		r		00			
v Other subtractions (see instructions)	🕨 🛓	/		00			
w South Carolina Dependent Exemption (see instructions)	🕨 🛓	N	0	00		· · · · · · · · · · · · · · · · · · ·	_
4 Total subtractions (add line f through line w)					4	< 250 00	>
5 Residents: subtract line 4 from line 3 and enter the difference. Nonresidents: enter							
line 48. If less than zero, enter zero here. This is your SOUTH CAROLINA INC		UB.			5	88,271 00	
6 TAX on your South Carolina Income Subject to Tax (see SC1040TT)		-	5 , 078	00			
7 TAX on Lump Sum Distribution (attach SC4972)	- C H	7		00			
8 TAX on Active Trade or Business Income (attach I-335)				00			
9 TAX on excess withdrawals from Catastrophe Savings Accounts				00	<u> </u>		7
10 Add line 6 through line 9 and enter the total here. This is your TOTAL SOU	JTH CAF	ROL	INA TAX		10	5,078 00	

Page 2 of 3



NON-REFUNDABLE CREDITS

11 Child and Dependent Care (see instructions)	11		00		
12 Two Wage Earner Credit (see instructions)			00		
13 Other nonrefundable credits. Attach SC1040TC and other state returns)	13	2,084	00		
14 Total nonrefundable credits (add line 11 through line 13)				14 2,08	
15 Subtract line 14 from line 10 and enter the difference. If less than zero, enter ze	ro here		1	15 2,99	4 00
PAYMENTS AND REFUNDABLE CREDITS					
16 SC income tax withheld (attach W-2 or SC41)	16	4,000	00		
17 2022 Estimated Tax payments		·	00		
18 Amount paid with extension			00		
19 Nonresident sale of real estate (paid on I-290)	19		00		
20 Other SC withholding (attach 1099)	20		00		
21 Tuition tax credit (attach I-319)	21		00		
22 Other refundable credits:		1			
22a Anhydrous Ammonia (attach I-333)	22a		00		
22b Milk Credit (attach I-334)	22b		00		
22c Classroom Teacher Expenses (attach I-360)	22c		00		
22d Parental Refundable Credit (attach I-361)	22d		00		
22e Motor Fuel Income Tax Credit (attach I-385)	22e		00		
Total refundable credits (add line 22a through line 22e)			2	22	00
AMENDED RETURN: Use Schedule AMD for line 23 calculation.					
23 Add line 16 through line 22 and enter the total here These are your			-	23 4,00	0 00
24 If line 23 is larger than line 15, subtract line 15 from line 23 and enter the overpa					6 00
25 If line 15 is larger than line 23, subtract line 23 from line 15 and enter the amount	nt due .		2	25	00
AMENDED RETURN: Enter the amount from line 24 on line 30. Enter the ar	mount f	rom line 25 on	line	9 31.	
26 USE TAX due on online, mail-order, or out-of-state purchases			00		
Use Tax is based on your county's Sales Tax rate. See instructions for more info	ormatio	า.			
If you certify that no Use Tax is due, check here 🕨 🔀					
27 Amount of line 24 to be credited to your 2023 Estimated Tax			00		
28 Total Contributions for Check-offs (attach I-330)	28		00		
29 Add line 26 through line 28 and enter the total here			2	29	0 00
30 If line 29 is larger than line 24, go to line 31. Otherwise, subtract line 29 from line					
amount to be refunded to you (line 35 check box entry is required)			· –	30 1,00	
31 Add line 25 and line 29. If line 29 is larger than line 24, subtract line 24 from line 29, enter			-		00
32 Late filing and/or late payment: Penalties Interest	E	nter total here		32	00
33 Penalty for Underpayment of Estimated Tax (attach SC2210)					
Enter exception code from instructions here if applicable			· _	33	00
34 Add line 31 through line 33 and enter your balance due (select payment option on lin		ALANCE DUE	3	34	00
REFUND OPTIONS Getting a refund? Direct deposit is fast, accurate, and secur			Der	nar Chaoli	
35 Select one: Direct Deposit (line 37 required) (for US accounts only) PAYMENT OPTIONS Have a balance due? Pay electronically! It's quick and eas		bit Card	Рар	per Check	
36 Select one: MyDORWAY (pay at dor.sc.gov/pay) ACH Debit (enter your US bal	-	on on line 27)			
				00	
For payments only: Withdrawal Date Withdrawal A	mount			00	
37 Type of Account: ▶ ☑ Checking ▶ ☑ Savings Routing	ount				
Number (PTN) Most be 9 digits. The first two numbers		237031014	498		1-17 digits
I declare that this return and all attachments are true, correct, and complete to the I					-
than the taxpayer, this declaration is based on all information of which the preparer			n pro	spared by a percent	ounor
			filing j	jointly, BOTH must sign)	
attachments, and related tax matters with the preparer.	SYAM P		.GAR	GUPTA TALLAM	
	Check if se employed		020	082703	
Use Firm name (or yours if self- GLOBAL TAXES LLC		FEIN 8	34-3	3171965	
Only employed), address, ZIP 245 ROONEY CT E BRUNSWICK	NJ 08	3816 Phone	(6	678)965-952	2
REFUNDS OR ZERO TAX: SC1040 Processing Center, PO Bo	ox 1011	100, Columbia	, SC	29211-0100	
MAIL TO: BALANCE DUE: Taxable Processing Center, PO Box 101105,					
30753222 REV 02/01/23 PRO					





STATE OF SOUTH CAROLINA
DEPARTMENT OF REVENUE
2022 TAX CREDITS

dor.sc.gov

Name

HARISH NAIR

Social Security Number 668-54-8087

Most tax credits are computed on separate tax credit schedules. Attach tax credit schedules for all tax credits you claim, along with the SC1040TC Worksheet and the SC1040TC, to your Income Tax return. The SCDOR may disallow your tax credits if you do not attach the neccesary schedules to your return.

For line 6 through line 15, enter the credit description, the associated code, and the dollar amount of the credit claimed. You can find credit codes and descriptions, along with the required tax schedule for each credit, beginning on page 4.

	Credit Description			Code			Amount
1.	Total credit for taxes paid to another state (Attach SC1040TC worksheet for each state)	1.		100		\$	2,084. 00
2.	Solar Energy or Small Hydropower System or Geothermal Machinery and Equipment Credit	2.		038			.00
3.	Excess Insurance Premium Credit	3.		044		\$.	.00
4.	New Jobs Credit	4.		004		\$.	.00
5.	Qualified Conservation Contribution Credit	5.		019		\$.	.00
6.		6.				\$.	.00
7.		7.				\$.	.00
8.		8.				\$.	.00
9.		9.				\$.	.00
10.		10.				\$.	.00
11.		11.				\$.00
12.		. 12.				\$.00
13.		. 13.				\$.	.00
14.		. 14.				\$.	.00
15.		. 15.				\$.00
16.	Total nonrefundable tax credits (add line 1 through line 15)				. 16.	\$_	2,084. 00
17.	South Carolina Tax (from SC1040, line 10; SC1065, line 3, or SC10	041, li	ines	8 and 9)	. 17.	\$	5,078. 00
18.	Enter the lesser of line 16 or line 17				. 18.	-	2,084 .00
	For an individual, enter this amount on SC1040, line 13. For a Fiduciary, enter this amount on SC1041, line 10.						

For a Partnership, enter this amount on SC1065, line 4.

SC1040 Filers: Include this form and a complete copy of your federal return with your SC1040. If claiming credit for taxes paid to another state, also include a copy of each tax return filed with another state.

SC1041 or SC1065 Filers: Include this form with your SC1041 or SC1065.





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STATE OF SOUTH CAROLINA DEPARTMENT OF REVENUE CREDIT FOR TAXES PAID TO ANOTHER STATE

SC1040TC (Rev. 8/4/22) 3913 2022

WORKSHEET FOR TAXES PAID TO California

(enter name of state)

This credit is available for South Carolina residents and part-year residents only. Complete a separate worksheet for each state. Use the SC1040TC instructions to complete this worksheet. **Include the SC1040TC and SC1040TC Worksheet with your SC1040.**

		Γ	Dollars	Cents
1.	South Carolina gross income (enter amount from instructions for line 1, E) 1	1.	101,221	00
2.	Portion of line 1 taxed by another state (see instructions) 2	2.	41,536	00
3.	Percentage (divide line 2 by line 1) Round to two decimal places. Cannot be greater than 100%	3.	41.03	%
4.	Amount of South Carolina tax from SC1040, line 10	4.	5,078	00
5.	Tentative credit (multipy line 3 by line 4) 5	5.	2,084	00
6.	Net tax due the other state on income from line 2 See instructions. Do not use withholding from W-2	6.	2,293	00
7.	Allowable credit (lesser of line 5 or line 6)	7.	2,084	00

WORKSHEET FOR TAXES PAID TO _

(enter name of state)

This credit is available for South Carolina residents and part-year residents only. Complete a separate worksheet for each state. Use the SC1040TC instructions to complete this worksheet. **Include the SC1040TC and SC1040TC Worksheet with your SC1040**.

		Dollars	Cents
1.	South Carolina gross income (enter amount from instructions for line 1, E) 1.		00
2.	Portion of line 1 taxed by another state (see instructions) 2.		00
3.	Percentage (divide line 2 by line 1) Round to two decimal places. Cannot be greater than 100%		%
4.	Amount of South Carolina tax from SC1040, line 10 4.		00
5.	Tentative credit (multiply line 3 by line 4) 5.		00
6.	Net tax due the other state on the income from line 2 See instructions. Do not use withholding from W-26.		00
7.	Allowable credit (lesser of line 5 or line 6)		00

REV 02/01/23 PRO

Credit For Taxes Paid to Another State

Α	Description of this copy of Schedule TC	California
в	QuickZoom to another copy of Schedule TC	. →

Worksheet for Taxes Paid To (enter name of state) CA California

work	credit is available for South Carolina residents and part-year residents only. Complete sheet for each state. Use the SC1040TC instructions to complete this worksheet. Inclu	•	
SC1	040TC and SC1040TC Worksheet with your SC1040.		
1	South Carolina gross income (enter amount from instructions for line 1, E)	1	101,221.
2	Portion of line 1 taxed by another state	2	41,536.
3	Percentage (divide line 2 by line 1)		
	Round to two decimal places. Cannot be greater than 100%	3	41.03 %
4	Amount of South Carolina tax from SC1040, line 10	4	5,078.
5	Tentative credit. (multiply line 3 by line 4)	5	2,084.
6	Net tax due the other state on income from line 2		
	See instructions. Do not use withholding from W-2	6	2,293.
7	Allowable credit (lesser of line 5 or line 6)	7	2,084.
	Add the amounts from line 7 of each state worksheet, and enter the total		
	on SC1040TC, line 1.		

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