(Rev. January 2021)

Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.

► Go to www.irs.gov/Form8879 for the latest information.

OMB No. 1545-0074

REDAR HANNANT KOTTAWAR 282-57-7693	Submission Identification Number (SID)				
Sopuse's social security number Sopuse's social security social social Social social	Taxpayer's name	Social secu	rity number		
Part II Tax Return Information — Tax Year Ending December 31, 2022 (Enter year you are authorizing.) Enter whole dollars only on lines 1 through 5. Note: Form 1040-SS filter use line 4 only. Leave lines 1, 2, 3, and 5 blank. 1	KEDAR HANMANT KOTTAWAR	282-5	7-7699		
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	Spouse's name	Spouse's s	ocial securit	y number	
Enter whole dollars only on lines 1 through 5. Note: Form 1040-SS files use line 4 only. Leave lines 1, 2, 3, and 5 blank. 1					
Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank. 1 Adjusted gross income 2 Total tax 2 Total tax 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 3 Total 5 4 Amount you want refunded to you 4 541. 5 Amount you want refunded to you 1 Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return) 1 Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of the service of the complex of	Part I Tax Return Information — Tax Year Ending December 31,	2022 (Enter year you	are author	orizing.)	
Adjusted gross income 1 Adjusted gross income 2 Total tax 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 3 7, 638. 4 Amount you want refunded to you 5 Amount you owe 1 Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return) 1 Under penalties of perjant, I declare that I tave 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 harther 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 provides retrained in the tax preparation software 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 FiRADI Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for any delay in delectronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for or any delay in delectronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for or any delay in directal taxes over don't on the tax preparation software for the payment, I must contact the U.S. Treasury Financial Agant at 1-888-353-4537. Payment cancellation, requests must be received no later than 2 payment, I must contact the U.S. Treasury Financial Agant at 1-888-353-4537. Payment cancellation, requests must be received no later than 2 payment 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 (PM) below is my signature on the income tax return (original or amended) I am now authorizing. □ I will enter my PIN as my	Enter whole dollars only on lines 1 through 5.				
2			1 1		
Amount you want refunded to you Amount you want for you Amount you want refunded to you Amount you Amount you want refunded to you Amount you Amou					
Amount you want refunded to you 5 Amount you owe Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return) Under penalties of perjun; 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 (FEN) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection, (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 interior and ACH electronic funds withdrawal (client debly) entry to the financial institution account indication 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 1-888-353-457. Payment cancellation requests us be received no later than 2 business days prior to the payment (etitlement) 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 of the electronic payment of 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					
S Amount you owe Part III Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return) Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is frue, 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, 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 return(a) and (c) the date of any return (if applicable, Lauthorize the U.S. Treasury and its designated Financial payment of my federal taxes owed on this return and/or a payment of resilicated tax, and the financial institutions 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 at 1-888-4534. 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. 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 Paratitioner PIN Method Ret					
Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)				5	541.
Under penalties of perjuy, I declare that I have examined a copy of the income tax return (original or amended). I am now authorizing, and to the best or wy knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above an own authorizing, and to receive from the IRS (a) an acknowledgement of receipt or reason for 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 retion of the transmission, (b) the record of any delay in processing the return or refund, and (e) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial authorization is to remain in full force and effect until 1 notify the U.S. Treasury. Financial Agent to terminate the authorization. To revoke (cancel) a 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 unthorization is to remain in full force and effect until 1 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 that 2 payment (estiment) 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 for my signature for the income tax return (original or amended) I am now authorizing. I will enter my PIN as my signature for the income tax return (original or amended) I am now authorizing. The first rive digits, but don't enter all zeros Spouse's PIN: check one box only I authorize CLOBAL TAXES LLC t	5 Amount you owe		5	ir kotiiko	
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 original or amended and in processing the return or refund, and (c) the date of any return (in Fig. I) and intermediate service provider, transmitter, or electronic return original or amended 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 debti) entry to the financial institution account indicated in the tax preparation software for 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, if must contact the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, if must contact the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a taxes to receive confidential information necessary to answer inquiries and rescolve issues related to the payment. If 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 Entor the Winderward Consent. **Taxpayer's PIN: check one box only** I authorize GLOBAL TAXES LLC to enter or generate my PIN the ERO must complete Part III below. **Spouse's PIN: check one box only** 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. **Part III		· · · · · · · · · · · · · · · · · · ·		·	-
Taxpayer's PIN: check one box only I authorize GLOBAL TAXES LLC ER0 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	to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt for any delay in processing the return or refund, and (c) the date of any refund. If applicable, Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institupayment of my federal taxes owed on this return and/or a payment of estimated tax, and the authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent at 1-888-353-4537. Payment business days prior to the payment (settlement) date. I also authorize the financial institution taxes to receive confidential information necessary to answer inquiries and resolve issues personal identification number (PIN) below is my signature for the income tax return (original	or reason for rejection of the I authorize the U.S. Treasury tion account indicated in the financial institution to debit tl gent to terminate the author cancellation requests must is involved in the processing related to the payment. I fi	transmission and its desertax preparate entry to trization. To be received of the electurther ackn	on, (b) the raignated Fination softwatthis account revoke (card no later thronic paymowledge the	reason nancial vare for nt. This ncel) a than 2 nent of nat the
I authorize GLOBAL TAXES LLC ERO firm name signature on the income tax return (original or amended) I am now authorizing. ☐ I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below. Your signature ▶ Date ▶ Spouse's PIN: check one box only ☐ I authorize GLOBAL TAXES LLC to enter or generate my PIN one plant of the enter five digits, but as my signature on the income tax return (original or amended) I am now authorizing. ☐ I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below. Spouse's signature ▶ Date ▶ Practitioner PIN Method Returns Only—continue below Part III Certification and Authentication — Practitioner PIN Method Only ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. ☐ Date ▶ Don't enter all zeros I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.		Г			
ERO firm name signature on the income tax return (original or amended) I am now authorizing. ☐ I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below. Your signature ▶ Date ▶ Spouse's PIN: check one box only ☐ I authorize ☐ GLOBAL TAXES LLC		tor or gonorate my DINI	7 7 6		ne mv
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		, i		gits, but	15 IIIy
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 ▶		zing.	ion't enter a	II zeros	
Spouse's PIN: check one box only X authorize GLOBAL TAXES LLC to enter or generate my PIN 0 9 2 5 4 as my Enter five digits, but don't enter all zeros	if you are entering your own PIN and your return is filed using the Practit				
Spouse's signature Source	Your signature ▶	Date ►			
Spouse's signature Source	Spausa's DIN: chack one hay only				
I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below. Spouse's signature ▶ Date ▶ Practitioner PIN Method Returns Only—continue below Part III Certification and Authentication — Practitioner PIN Method Only ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. Date ▶ Don't enter all zeros Date ▶ Date Pate Date Date Date Date Date Date Date D	▼ I authorize GLOBAL TAXES LLC to enter ■ ERO firm name	j j	Enter five dig	gits, but	as my
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 below Part III Certification and Authentication — Practitioner PIN Method Only ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. Don't enter all zeros I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns. ERO's signature ▶ Date ▶		ing.			
Practitioner PIN Method Returns Only—continue below Part III Certification and Authentication — Practitioner PIN Method Only ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. Don't enter all zeros I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns. ERO's signature ▶ Date ▶	if you are entering your own PIN and your return is filed using the Practit				
Part III Certification and Authentication — Practitioner PIN Method Only ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. Don't enter all zeros I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns. ERO's signature ▶ Date ▶					
ERO'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 Don't enter all zeros I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns. ERO's signature					
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 <i>e-file</i> Providers of Individual Income Tax Returns. ERO's signature ▶ Date ▶		PIN. 2 2 2 4 9			9
	authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm	n that I am submitting this re	eturn in acc	cordance wi	
	FRO's signature ▶	Date ▶			

Don't Submit This Form to the IRS Unless Requested To Do So

E 1040 Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Return

2022

OMB No. 1545-0074

IRS Use Only-Do not write or staple in this space.

Filing Status	s 🗌 S	Single X Married filing jointly	Marrie	ed filing separately	(MFS)	☐ Head of	household (H	OH)		,	g surviv QSS)	ing
Check only one box.		u checked the MFS box, enter the nonis a child but not your dependent		our spouse. If you	ı check	ed the HOH or	QSS box, e	nter tl		,	,	qualifying
Your first name	and mi	ddle initial	Last na	me					Your so	cial s	ecurity i	number
KEDAR H	ANMA	NT	KOTT	AWAR					282-57-7699			
If joint return, s	pouse's	first name and middle initial	Last na	me					Spouse	s soc	ial secui	rity number
SAMIKSH	A SUI	NILRAO	VYAV	HARE					984-	90-	9254	
Home address	(numbe	er and street). If you have a P.O. box, see	instruction	ons.			Apt. no.		Preside	ntial	Election	Campaign
2001 GE	ININ	ST					1707				if you, or	
City, town, or p	ost offi	ce. If you have a foreign address, also co	mplete s	paces below.	Stat	te	ZIP code					, want \$3 necking a
HOUSTON					TX		77058				rill not ch	
Foreign countr	y name		F	oreign province/sta	te/count	у	Foreign posta	l code	your tax			Ü
											You [Spouse
Digital Assets		ny time during 2022, did you: (a) rec ange, gift, or otherwise dispose of a	,				•	, .	. ,		Yes [⊠ No
Standard	Som	eone can claim:	pendent	Your spo	use as	a dependent						
Deduction		Spouse itemizes on a separate retur	n or you	were a dual-stati	us alien							
Age/Blindnes	You:	Were born before January 2, 1	958	Are blind S	pouse:	☐ Was bor	n before Jar	uary	2, 1958		ls blind	d
Dependent	s (see	instructions):		(2) Social secu	rity	(3) Relationsh	ip (4) Chec	k the b	ox if quali	fies fo	r (see in:	structions):
If more		rst name Last name		number		to you	Chile	d tax c	redit	Credi	t for other	dependents
than four												
dependents, see instruction	. —											
and check	3 —											
here]											
Income	1a	Total amount from Form(s) W-2, b	ox 1 (see	e instructions) .					. 1a	ı	88	,919.
	b	Household employee wages not r	eported	on Form(s) W-2 .					. 1b			
Attach Form(s) W-2 here. Also	С	Tip income not reported on line 1a (see instructions)							. 10	:		
attach Forms	d	Medicaid waiver payments not rep	orted or	n Form(s) W-2 (se	e instru	ctions)			. 10			
W-2G and	е	Taxable dependent care benefits	from For	m 2441, line 26					. 1e	,		
1099-R if tax was withheld.	f	Employer-provided adoption bene	efits from	Form 8839, line	29 .				. 1f			
If you did not	g	Wages from Form 8919, line 6 .							. 19			
get a Form	h	Other earned income (see instruct	ions) .						. 1h	1		0.
W-2, see instructions.	i	Nontaxable combat pay election (see instr	ructions)		<u>1</u> i						
	Z	Add lines 1a through 1h							. 1z	:	88	,919.
Attach Sch. B	2a	Tax-exempt interest	2a			axable interes			. 2b			2.
if required.	3a	Qualified dividends	3a	140.	b 0	rdinary divide	nds		. 3b			147.
	4a	IRA distributions	4a		b Ta	axable amoun	t		. 4b	<u> </u>		
Standard	5a	Pensions and annuities	5a			axable amoun			. 5b	<u> </u>		
Deduction for— Single or	6a	Social security benefits	6a		b Ta	axable amoun	t		. 6b	·		
Married filing	С	If you elect to use the lump-sum e		*	`	,		. [
separately, \$12,950	7	Capital gain or (loss). Attach Sche						.				38.
Married filing jointly or	8	Other income from Schedule 1, lin	ie 10 .						. 8			
Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7	, and 8.	This is your total	income				. 9		89	,106.
surviving spouse, \$25,900	10	Adjustments to income from Sche	dule 1, l	ine 26					. 10			
Head of	11	Subtract line 10 from line 9. This is	s your a c	djusted gross inc	ome				. 11		89	,106.
household, \$19,400	12	Standard deduction or itemized	deducti	ions (from Schedu	ıle A)				. 12	:	25	,900.
If you checked	13	Qualified business income deduct							. 13	1		1.
any box under Standard	14	Add lines 12 and 13							. 14	·		,901.
Deduction, see instructions.	15	Subtract line 14 from line 11. If ze	ro or less	s, enter -0 This is	s your t	axable incom	ne		. 15		63	,205.

Form 1040 (2022	2)								Page
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 881	4 2 🗌 4972	3 🗌		16	7,152.
Credits	17	Amount from Schedule 2, line	e 3				[17	
	18	Add lines 16 and 17	18	7,152.					
	19	Child tax credit or credit for o	other dependent	ts from Sched	ule 8812		[19	
	20	Amount from Schedule 3, line	e 8				[20	5.
	21	Add lines 19 and 20						21	5.
	22	Subtract line 21 from line 18.	If zero or less,	enter -0				22	7,147.
	23	Other taxes, including self-er	mployment tax,	from Schedule	e 2, line 21			23	0.
	24	Add lines 22 and 23. This is y	our total tax				[24	7,147.
Payments	25	Federal income tax withheld							
	а	Form(s) W-2				25a 7	,688.		
	b	Form(s) 1099				25b			
	С	Other forms (see instructions				25c			
	d	Add lines 25a through 25c	•					25d	7,688.
	26	2022 estimated tax payment						26	•
If you have a qualifying child,	27	Earned income credit (EIC)				27			
attach Sch. EIC.	28	Additional child tax credit from				28			
	29	American opportunity credit				29			
	30					30			
	31		Reserved for future use						
	32	Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits							
	33	Add lines 25d, 26, and 32. The					-	32	7,688.
	34	If line 33 is more than line 24	•					34	541.
Refund	35a	Amount of line 34 you want				•	· in t	35a	541.
Direct deposit?	b	Routing number 1 1 1 1					Savings	000	
See instructions.	d	Account number 9 2 3					Javings		
	36	Amount of line 34 you want a			ed tax	36			
Amount	37	Subtract line 33 from line 24.	• • • • • • • • • • • • • • • • • • • •			00			
You Owe	31	For details on how to pay, go						37	
	38	Estimated tax penalty (see in	_	-		38		0.	
Third Party	Do	you want to allow another				See			
Designee		structions					mplete be	elow.	⋉ No
		signee's		Phone			onal identific	cation	
		me		no.			er (PIN)		
Sign		der penalties of perjury, I declare the lief, they are true, correct, and compared to the lief.							
Here		ur signature	5.010. D 00.a.a.a.o	Date	Your occupation				nt you an Identity
	10	ur signature		Date	Tour occupation		I		IN, enter it here
Joint return?					DESIGN CON	ISULTANT	(see in	ıst.)	
See instructions.	Sp	ouse's signature. If a joint return, b	oth must sign.	Date	Spouse's occupati	ion			nt your spouse an
Keep a copy for your records.							Identit (see in	,	ection PIN, enter it her
,		(000) 501 500		- " "	HOME MAKER		,	Jt.)	
		one no. (979) 571-538(Email address	KEDARKOTTAV	VAR@GMAIL.CO			Ob I. if:
Paid		eparer's name	Preparer's signat		OIIDMA MATTER	Date	PTIN	700	Check if:
Preparer		I PRIYA RAM SAGAR GUPTA TALLAM		KAM SAGAR	GUPTA TALLAM	03/12/2023	P02082		Self-employed
Use Only		m's name GLOBAL TAX			- 00015				678) 965-9522
		m's address 245 ROONE		NSWICK N	J 08816		Firm's	EIN	84-3171965
Go to www.irs.go	ov/Forn	n1040 for instructions and the lates	st information.		BAA	REV 03/02/23 PRO			Form 1040 (202

SCHEDULE 3 (Form 1040)

Department of the Treasury Internal Revenue Service

Additional Credits and Payments

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

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

OMB No. 1545-0074

2022

Attachment Sequence No. 03

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

K KOTTAWAR & S VYAVHARE

Your social security number 282-57-7699

Par	Nonrefundable Credits			
1	Foreign tax credit. Attach Form 1116 if required		1	5.
2	Credit for child and dependent care expenses from Form 2441 Form 2441		2	
3	Education credits from Form 8863, line 19		3	
4	Retirement savings contributions credit. Attach Form 8880		4	
5	Residential energy credits. Attach Form 5695		5	
6	Other nonrefundable credits:			
а	General business credit. Attach Form 3800	6a		
b	Credit for prior year minimum tax. Attach Form 8801	6b		
С	Adoption credit. Attach Form 8839	6c		
d	Credit for the elderly or disabled. Attach Schedule R	6d		
е	Alternative motor vehicle credit. Attach Form 8910	6e		
f	Qualified plug-in motor vehicle credit. Attach Form 8936	6f		
g	Mortgage interest credit. Attach Form 8396	6g		
h	District of Columbia first-time homebuyer credit. Attach Form 8859	6h		
i	Qualified electric vehicle credit. Attach Form 8834	6i		
j	Alternative fuel vehicle refueling property credit. Attach Form 8911	6j		
k	Credit to holders of tax credit bonds. Attach Form 8912	6k		
1	Amount on Form 8978, line 14. See instructions	6I		
Z	Other nonrefundable credits. List type and amount:			
		6z		
7	Total other nonrefundable credits. Add lines 6a through 6z $$. $$.		7	
8	Add lines 1 through 5 and 7. Enter here and on Form 1040, 1040 line 20	-SR, or 1040-NR,	8	5.

(continued on page 2)

Schedule 3 (Form 1040) 2022 Page **2**

Par	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	Reserved for future use	13g		
h	Credit for qualified sick and family leave wages paid in 2022 from Schedule(s) H for leave taken after March 31, 2021, and before October 1, 2021	13h		
Z	Other payments or refundable credits. List type and amount:	13z		
14	Total other payments or refundable credits. Add lines 13a through	-	14	
15	Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040-line 31	-SR, or 1040-NR,	15	

SCHEDULE D (Form 1040)

Capital Gains and Losses

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

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

OMB No. 1545-0074

Attachment Sequence No. **12**

Department of the Treasury Internal Revenue Service

Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10. Name(s) shown on return

Your social security number 282-57-7699

K	KOTTAWAR & S VYAVHARE			282-	-57-	7699
	ou dispose of any investment(s) in a qualified opportunity					
lf "Y∈	es," attach Form 8949 and see its instructions for additiona	al requirements for	r reporting your ga	in or loss.		
Pa	Short-Term Capital Gains and Losses—Ge	nerally Assets I	Held One Year o	or Less (se	e ins	tructions)
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) Adjustmen to gain or loss Form(s) 8949, line 2, colum	from Part I,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
	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	373.	384.			-11.
2	Totals for all transactions reported on Form(s) 8949 with Box B checked	373.	304.			
3	Totals for all transactions reported on Form(s) 8949 with Box C checked					
	Short-term gain from Form 6252 and short-term gain or (lo Net short-term gain or (loss) from partnerships, Schedule(s) K-1				5	
6	Short-term capital loss carryover. Enter the amount, if an Worksheet in the instructions	y, from line 8 of y	our Capital Loss	Carryover	6	()
7	Net short-term capital gain or (loss). Combine lines 1a term capital gains or losses, go to Part II below. Otherwise			e any long-	7	-11.
Par	t II Long-Term Capital Gains and Losses—Ger	nerally Assets F	leld More Than	One Year	(see i	instructions)
	nstructions for how to figure the amounts to enter on the below.	(d) Proceeds	(e) Cost	(g) Adjustmen to gain or loss	ts	(h) Gain or (loss) Subtract column (e) from column (d) and
	form may be easier to complete if you round off cents to e dollars.	(sales price)	(or other basis)	Form(s) 8949, F	Part II,	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	294.	256.			38.
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					
	Gain from Form 4797, Part I; long-term gain from Forms from Forms 4684, 6781, and 8824				11	
	Net long-term gain or (loss) from partnerships, S corporat Capital gain distributions. See the instructions			` '	12 13	11.
	Long-term capital loss carryover. Enter the amount, if any Worksheet in the instructions	, from line 13 of y	our Capital Loss	Carryover	14	()
15	Net long-term capital gain or (loss). Combine lines 8a	through 14 in co	olumn (h). Then, go	to Part III	15	19

BAA

Schedule D (Form 1040) 2022 Page 2

Part III Summary 16 Combine lines 7 and 15 and enter the result 16 38. • 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 • 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? X 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. If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of: 21 • The loss on line 16; or 21 • (\$3,000), or if married filing separately, (\$1,500) **Note:** When figuring which amount is smaller, treat both amounts as positive numbers. Do you have gualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a? 22 ☐ 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.

Form **8949**

Sales and Other Dispositions of Capital Assets

Go to www.irs.gov/Form8949 for instructions and the latest information.

File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

OMB No. 1545-0074

2022

Attachment
Sequence No. 12A

Department of the Treasury Internal Revenue Service

Part I

Social security number or taxpayer identification number

282-57-7699

K KOTTAWAR & S VYAVHARE

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

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 Adjustment, if any, to gain or loss 1 If you enter an amount in column (a). (h) enter a code in column (f). (d) Cost or other basis Gain or (loss) (c) (a) (b) See the separate instructions. Date sold or Proceeds See the **Note** below Subtract column (e) Description of property Date acquired disposed of and see Column (e) (sales price) from column (d) and (Example: 100 sh. XYZ Co.) (Mo., day, yr.) (Mo., day, yr.) combine the result (see instructions) in the separate (g) Code(s) from Amount of adjustment with column (a). instructions. instructions NATIONAL FINANCIAL SERVICES LLC 01/01/22 12/31/22 149. 149. 0. ROBINHOOD SECURITIES LLC 01/01/22 12/31/22 224. 235. -11. 2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract

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.

373.

-11.

negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B

above is checked), or line 3 (if Box C above is checked) .

384.

Form 8949 (2022) Attachment Sequence No. **12A** Page **2**

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side K KOTTAWAR & S VYAVHARE

Social security number or taxpayer identification number 282-57-7699

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.

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

	(E) Long-term transactions (F) Long-term transactions				is wasn't reporte	ed to the IF	S	,
1	(a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis See the Note below	Adjustment, if any, to gain or loss If you enter an amount in column (g), enter a code in column (f). See the separate 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).
ROE	INHOOD SECURITIES LLC	01/01/22	12/31/22	294.	256.			38.
r	Fotals. Add the amounts in columns legative amounts). Enter each total schedule D. line 8b (if Box D above	al here and inc	lude on your					

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.

above is checked), or line 10 (if Box F above is checked) .

294.

256.

Form **8995**

Qualified Business Income Deduction Simplified Computation

Attach to your tax return.

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

OMB No. 1545-2294

2022

Attachment Sequence No. **55**

Internal Revenue Service

Name(s) shown on return

Department of the Treasury

K KOTTAWAR & S VYAVHARE

Your taxpayer identification number 282-57-7699

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	1	(c) Qualified business income or (loss)		
i					
ii					
iii					
iv					
v					
2	Total qualified business income or (loss). Combine lines 1i through 1v, column (c)	2			
3	Qualified business net (loss) carryforward from the prior year	3 (
4 5	Total qualified business income. Combine lines 2 and 3. If zero or less, enter -0-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)	6 3.			
7	Qualified REIT dividends and qualified PTP (loss) carryforward from the prior year	7 (
8	Total qualified REIT dividends and PTP income. Combine lines 6 and 7. If zero or less, enter -0	8 3.			
9	REIT and PTP component. Multiply line 8 by 20% (0.20)		9	1.	
10	Qualified business income deduction before the income limitation. Add lines 5 an	d 9	10	1.	
11	Taxable income before qualified business income deduction (see instructions)	11 63,206.			
12	Net capital gain (see instructions)	12 178.			
13	Subtract line 12 from line 11. If zero or less, enter -0	13 63,028.			
14	Income limitation. Multiply line 13 by 20% (0.20)		14	12,606.	
15	Qualified business income deduction. Enter the smaller of line 10 or line 14. Also	enter this amount on			
	the applicable line of your return (see instructions)		15	1.	
16	Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than	zero, enter -0	16	(0.)	
17	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 a zero, enter -0		17	(0.)	