#### Department of the Treasury Internal Revenue Service

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

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

Submission Identification Number (SID)

Taxpayer's name

| Taxpay | yer's name   | Social securi   | ty numb  | ber          |
|--------|--|-----------------|----------|--------------|
| FNU    | J LALITA PRIYADARSINI  | 744-94          | -311     | 6            |
| Spouse | e's name   | Spouse's soc    | ial secu | urity number |
| Par    | t I Tax Return Information – Tax Year Ending December 31, 2022 (E      | nter year you a | re aut   | thorizing.)  |
| Enter  | whole dollars only on lines 1 through 5.                               |                 |          |              |
| Note:  | Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank. |                 |          |              |
| 1      | Adjusted gross income  |                 | 1        | 58,870.      |
| 2      | Total tax  |                 | 2        | 5,721.       |
| 3      | Federal income tax withheld from Form(s) W-2 and Form(s) 1099          |                 | 3        | 9,113.       |
| 4      | Amount you want refunded to you  |                 | 4        | 3,392.       |
| 5      | Amount you owe   |                 | 5        |              |

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

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

| Taxpaye  | er's PIN: che           | CK one bo   | ox only    |                         |   |                         |          | 4   | 3        | 1 1                   | 6     | 1           |
|----------|-------------------------|-------------|------------|-------------------------|---|-------------------------|----------|-----|----------|-----------------------|-------|-------------|
| X        | I authorize             | GLOBAL      | TAXES      | LLC                     |   | to enter or generate my | / PIN    |     | -        |                       |       | as my       |
|          | signature or            | the incom   | ne tax ret | ERO firm<br>urn (origin | n name<br>inal or amended) I am now                           | authorizing.            |          |     |          | e digits<br>ter all : |       | 2           |
|          | if you are ended below. |             |            |                         | he income tax return (originous our return is filed using the | Practitioner PIN method | I. The E | ERO | mu       | st co                 | mplet | te Part III |
| Your sig | nature 🕨 一              |             | 1          | Y                       |   | Date ► <b>(</b>         | 1–       | 24  | 4-       | -2                    | 02    | 23_         |
| Spouse   | 's PIN: chec            | k one box   | only       |                         |   |                         |          |     | <u> </u> |                       |       | 1           |
|          | l authorize             |             |            |                         |   | to enter or generate my | / PIN    |     |          |                       |       | as my       |
|          | signature or            | 1 the incom | ne tax ret | ERO firm<br>urn (origin | name<br>inal or amended) I am now                             | authorizing.            |          |     |          | e digits<br>ter all : |       | -           |
|          |                         |             |            |                         | he income tax return (origin<br>our return is filed using the |                         |          |     |          |                       |       |             |
| Spouse'  | s signature             | •           |            |                         |   | Date 🕨                  |          |     |          |                       |       |             |
|          |                         |             | Pra        | ctitione                | r PIN Method Returns 0  | nly—continue below      |          |     |          |                       |       |             |

|          |   | 001011 |  |
|----------|---|--------|--|
| 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.

2 2 4 9 6 6 1 9 8 Don't enter all zeros 9

2

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 >   |         |                  |                          |
|---|---------|------------------|--------------------------|
| ERO Must Retain This<br>Don't Submit This Form to th                |         |                  |                          |
| For Paperwork Reduction Act Notice, see your tax return instruction | IS. BAA | REV 01/14/23 PRO | Form 8879 (Rev. 01-2021) |

| <b>1040</b>  |                 | rtment of the Treasury–Internal Revenue Serv<br>S. Individual Income Tax  |             | urn                                      | 202            | 2     | OMB No. 1545             | -0074     | IRS Use Only  | ∕—Do not w          | vrite or staple i                           | n this space.  |
|--|-----------------|---|-------------|--|----------------|-------|--------------------------|-----------|---------------|---------------------|---|----------------|
| Filing Status<br>Check only<br>one box.  | lf yo           | Single D Married filing jointly U Married filing jointly U hecked the MFS box, enter the n on is a child but not your dependent | ame of y    | -  |                |       | Head of<br>ed the HOH or |           |               | spou                | lifying surv<br>use (QSS)<br>a name if th   | 0              |
| Your first name  |                 |   | Last na     | me                                       |                |       |                          |           |               | Your so             | cial securit                                | y number       |
| FNU  |                 |   | LALI        | TA PR                                    | IYADARS        | IN    | Γ                        |           |               | 744-                | 94-3116                                     | 5              |
|  | ouse's          | first name and middle initial   | Last na     |  |                |       |                          |           |               |                     |   | urity number   |
|  |                 |   |             |  |                |       |                          |           |               |                     |   |                |
| Home address (   | numbe           | r and street). If you have a P.O. box, see  | instruction | ons.                                     |                |       |                          | A         | pt. no.       | Preside             | ntial Electio                               | on Campaign    |
| 12445 AL   | AMEI            | DA TRACE CIRCLE   |             |  |                |       |                          | 5         | 13            |                     | nere if you,                                |                |
|  |                 | ce. If you have a foreign address, also co  | omplete s   | paces belo                               | ow.            | Sta   | te                       | ZIP c     | ode           |                     | if filing join <sup>.</sup><br>this fund. ( | tly, want \$3  |
| AUSTIN   |                 |   |             |  |                | TΣ    | ζ.                       | 787       | 27            |                     | ow will not                                 | •              |
| Foreign country  | name            |   | F           | Foreign pro                              | ovince/state/c | count | ty                       | Foreig    | n postal code | your tax            | k or refund.                                | 0              |
|  |                 |   |             |  |                |       |                          |           |               |                     | You   | Spouse         |
| Digital<br>Assets  |                 | ny time during 2022, did you: (a) rec<br>ange, gift, or otherwise dispose of a  |             |  |                |       |                          |           | ,             | . ,                 | Yes   | 🗙 No           |
| Standard   | Som             | eone can claim: 🗌 You as a de   | pendent     | t 🗌 <code>`</code>                       | Your spouse    | e as  | a dependent              |           |               |                     |   |                |
| Deduction  |                 | Spouse itemizes on a separate retur   | n or you    | i were a c                               | dual-status a  | alien | I                        |           |               |                     |   |                |
| Age/Blindness  | You             | Were born before January 2, 1   | 958 F       | Are bli                                  | nd Spo         | use   | . 🗌 Was bor              | n hefo    | ore January   | 2 1958              | Is bli                                      | nd             |
| Dependents   |                 |   |             | 1  | ocial security |       | (3) Relationsh           |           | ) Check the b |                     |   |                |
| If more  |                 | rst name Last name  |             |  | number         |       | to you                   | Child tax |               | · · ·               |   | ner dependents |
| than four  | . ,             |   |             |  |                |       |                          |           |               |                     | Г   | 7              |
| dependents,  |                 |   |             |  |                |       |                          |           |               |                     | C   |                |
| see instructions<br>and check  |                 |   |             |  |                |       |                          |           |               |                     |   |                |
| here   |                 |   |             |  |                |       |                          |           |               |                     |   |                |
| Income   | 1a              | Total amount from Form(s) W-2, b  | ox 1 (se    | e instruct                               | ions)          |       |                          |           |               | . 1a                | 6   | 55,521.        |
| income   | b               | Household employee wages not re   | eported     | on Form(                                 | s) W-2         |       |                          |           |               | . 1b                | 1   | ·              |
| Attach Form(s)   | с               | Tip income not reported on line 1a  | a (see ins  | structions)                              |                |       |                          |           |               | . 1c                | ;   |                |
| W-2 here. Also<br>attach Forms   | d               | Medicaid waiver payments not reported on Form(s) W-2 (see instructions)   |             |  |                |       |                          |           |               |                     |   |                |
| W-2G and   | е               | Taxable dependent care benefits f   | from For    | m 2441,                                  | line 26 .      |       |                          |           |               | . 1e                |   |                |
| 1099-R if tax<br>was withheld.   | f               | Employer-provided adoption bene   | efits from  | n Form 88                                | 339, line 29   |       |                          |           |               | . 1f                |   |                |
| If you did not   | g               | Wages from Form 8919, line 6 .  |             |  |                |       |                          |           |               | . 1g                | I   |                |
| get a Form   | h               | Other earned income (see instruct   | ions)       |  |                |       |                          | · ·       |               | . 1h                | 1   | 0.             |
| W-2, see<br>instructions.  | i               | Nontaxable combat pay election (  | see instr   | ructions)                                |                |       | <b>1</b> i               |           |               |                     |   |                |
|  | z               | Add lines 1a through 1h   | · · ·       |  |                |       |                          |           |               | . 1z                | 6   | 55,521.        |
| Attach Sch. B  | 2a              | · · -   | 2a          |  |                |       | axable interest          |           |               | . 2b                | )   |                |
| if required.   | 3a              |   | 3a          |  |                |       | rdinary divider          |           |               | . <b>3</b> b        |   |                |
|  | 4a              |   | 4a          |  |                |       | axable amoun             |           |               | . 4b                |   |                |
| Standard<br>Deduction for –  | 5a              |   | 5a          |  |                |       | axable amoun             |           | · · ·         | . 5b                |   |                |
| <ul> <li>Single or</li> </ul>  | 6a              |   | 6a          |  |                |       | axable amoun             | t         |               | . 6b                |   |                |
| Married filing separately,   | c<br>_          | If you elect to use the lump-sum e  |             |  |                |       |                          | • •       | l             |                     |   |                |
| \$12,950   | 7               | Capital gain or (loss). Attach Sche   |             | •  |                |       | -                        | • •       | !             |                     |   | C C C T 1      |
| <ul> <li>Married filing<br/>jointly or</li> </ul>                                  | 8               | Other income from Schedule 1, lin   |             |  |                |       |                          |           | · · ·         | . 8                 |   | <u>-6,651.</u> |
| Qualifying 9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income |                 |   |             |  |                |       |                          | . 9       |               | 58,870.             |   |                |
| \$25,900   | 10<br>11        | Adjustments to income from Sche<br>Subtract line 10 from line 9. This is  |             |  |                |       |                          | • •       |               | . <u>10</u><br>. 11 |   | 0 070          |
| <ul> <li>Head of<br/>household,</li> </ul>   | <u>11</u><br>12 | Standard deduction or itemized  | •           |  | -              |       |                          | • •       |               | . 12                |   | <u>2 950</u>   |
| \$19,400<br>• If you checked   | 13              | Qualified business income deduct  |             |  |                | ,     | <br>5-А                  | • •       |               | . 13                |   | 2,950.         |
| any box under  | 14              | Add lines 12 and 13   |             |  |                |       |                          | • •       |               | . 14                |   | 2,950.         |
| Standard<br>Deduction,   | 15              | Subtract line 14 from line 11. If zer   |             |  |                |       |                          | <br>е     |               | . 15                |   | 15,920.        |
| see instructions.  |                 |   | 5 51 105    | -, -, -, -, -, -, -, -, -, -, -, -, -, - | o io y         |       |                          |           |               | . 13                |   |                |

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   | ı(s): <b>1</b> 🗌 881 | 4 <b>2</b> 4972  | 3                |                            | 16        | 5              | <b>,</b> 721. |
| Credits                              | 17         | Amount from Schedule 2, line 3   |                      |                  |                  |                            | 17        |                |               |
|                                      | 18         | Add lines 16 and 17  |                      |                  |                  |                            | 18        | 5              | ,721.         |
|                                      | 19         | Child tax credit or credit for other dependent   | ts from Sched        | ule 8812         |                  |                            | 19        |                |               |
|                                      | 20         | Amount from Schedule 3, line 8   |                      |                  |                  |                            | 20        |                |               |
|                                      | 21         | Add lines 19 and 20  |                      |                  |                  |                            | 21        |                |               |
|                                      | 22         | Subtract line 21 from line 18. If zero or less,  | enter -0             |                  |                  |                            | 22        | 5              | ,721.         |
|                                      | 23         | Other taxes, including self-employment tax,  | from Schedule        | e 2, line 21 .   |                  |                            | 23        |                | 0.            |
|                                      | 24         | Add lines 22 and 23. This is your total tax  |                      |                  |                  |                            | 24        | 5              | ,721.         |
| Payments                             | 25         | Federal income tax withheld from:  |                      |                  |                  |                            |           |                |               |
| -                                    | а          | Form(s) W-2  |                      |                  | <b>25a</b> 9     | ,113.                      |           | 1              |               |
|                                      | b          | Form(s) 1099   |                      |                  | 25b              |                            |           | 1              |               |
|                                      | с          | Other forms (see instructions)   |                      |                  | 25c              |                            |           | 1              |               |
|                                      | d          | Add lines 25a through 25c  |                      |                  |                  |                            | 25d       | 9              | ,113.         |
| If you have a                        | 26         | 2022 estimated tax payments and amount a   | pplied from 20       | 21 return .      |                  |                            | 26        |                |               |
| qualifying child,                    | 27         | Earned income credit (EIC)   |                      |                  | 27               |                            |           |                |               |
| attach Sch. EIC.                     | 28         | Additional child tax credit from Schedule 8812   |                      |                  | 28               |                            |           | 1              |               |
|                                      | 29         | American opportunity credit from Form 8863   | 3, line 8            |                  | 29               |                            |           | 1              |               |
|                                      | 30         | Reserved for future use  |                      |                  | 30               |                            |           | 1              |               |
|                                      | 31         | Amount from Schedule 3, line 15  |                      |                  | 31               |                            |           | 1              |               |
|                                      | 32         | Add lines 27, 28, 29, and 31. These are your   | total other pa       | ayments and ref  | undable credits  |                            | 32        | 1              |               |
|                                      | 33         | Add lines 25d, 26, and 32. These are your to   | otal payments        |                  |                  |                            | 33        | 9              | ,113.         |
| Refund                               | 34         | If line 33 is more than line 24, subtract line 24  | 34                   | 3                | ,392.            |                            |           |                |               |
| neruna                               | 35a        | Amount of line 34 you want refunded to you   | 35a                  | 3                | ,392.            |                            |           |                |               |
| Direct deposit?                      | b          | Routing number 1 1 1 0 0 0 0   |                      |                  | Checking         | Savings                    |           |                |               |
| See instructions.                    | d          | Account number 4 8 8 1 0 8 9   |                      | 1                |                  |                            |           |                |               |
|                                      | 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   |                      |                  |                  |                            |           | 1              |               |
| You Owe                              |            | For details on how to pay, go to www.irs.gov   | //Payments or        | see instructions |                  |                            | 37        |                |               |
|                                      | 38         | Estimated tax penalty (see instructions) .   |                      |                  | 38               |                            |           |                |               |
| <b>Third Party</b>                   | Do         | you want to allow another person to disc   | cuss this retu       | rn with the IRS? | See              |                            |           | _              |               |
| Designee                             | ins        | tructions  |                      |                  | 🗌 <b>Yes.</b> Co | omplete b                  | elow.     | X No           |               |
|                                      | De:<br>nar | signee's   | Phone no.            |                  |                  | onal identifi<br>ber (PIN) | cation    |                |               |
| 0.                                   |            |  |                      |                  |                  | ( )                        |           |                |               |
| Sign                                 |            | der penalties of perjury, I declare that I have examine<br>ief, they are true, correct, and complete. Declaration of |                      |                  |                  |                            |           |                |               |
| Here                                 |            |  | Date                 | Your occupation  |                  | 1                          |           | nt you an Ide  | Ũ             |
|                                      | 1          |  | Buio                 |                  |                  |                            |           | IN, enter it h |               |
| Joint return?                        | <u> </u>   | PUT Prystan  |                      | SOFTWARE I       | DEVELOPER        | (see i                     | nst.)     |                |               |
| See instructions.<br>Keep a copy for | Sp         | ouse's signature. If a joint return, <b>both</b> must sign.  | Date                 | Spouse's occupat | ion              |                            |           | nt your spous  |               |
| your records.                        |            | U  |                      |                  |                  | Identi<br>(see i           |           | ection PIN, e  | nter it here  |
| -                                    | Dh         |  |                      |                  | DATNEL 700MATE O | ,                          |           |                |               |
|                                      |            | parer's name Preparer's signat   | Email address        | LALITA, PRIYADA  | RSINI17@GMAIL.C  |                            |           | Check if:      |               |
| Paid                                 |            |  |                      |                  |                  |                            | , , , , , | Self-er        | mployed       |
| Preparer                             |            | PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA  | KAM SAGAR            | GUPTA TALLAM     | 01/24/2023       | P02082                     |           |                |               |
| Use Only                             |            | n's name GLOBAL TAXES LLC  |                      | T 00016          |                  |                            |           | 678)965        |               |
|                                      | Fin        | n's address 245 ROONEY CT E BRU  | MOMICK N             | J 08816          |                  | Firm'                      | s EIIN    | 88-71          | 45487         |

| SCHEDULE    | 1 |
|-------------|---|
| (Form 1040) |   |

Department of the Treasury

## Additional Income and Adjustments to Income

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

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

OMB No. 1545-0074 20 2

Attachment Sequence No. **01** Internal Revenue Service Name(s) shown on Form 1040, 1040-SR, or 1040-NR Your social security number FNU LALITA PRIYADARSINI 744-94-3116

| Par    | t I Additional Income  |          |            |         |
|--------|--|----------|------------|---------|
| 1      | Taxable refunds, credits, or offsets of state and local income taxes           |          | 1          |         |
| 2a     | Alimony received   |          | <b>2</b> a |         |
| 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 |          |            | -6,651. |
| 6      | Farm income or (loss). Attach Schedule F.                                      |          |            |         |
| 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       |            |         |
| , i    | 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                        | 0        |            |         |
|        | instructions)  | 8m<br>8n |            |         |
|        | Section 951(a) inclusion (see instructions)                                    | 80       |            |         |
| 0      | Section 461(I) excess business loss adjustment                                 | 8p       |            |         |
| p<br>q | Taxable distributions from an ABLE account (see instructions)                  | 8g       |            |         |
| ч<br>r | Scholarship and fellowship grants not reported on Form W-2                     | 8r       |            |         |
| S      | Nontaxable amount of Medicaid waiver payments included on Form                 |          |            |         |
| 3      | 1040, line 1a or 1d  | 8s (     |            |         |
| t      | Pension or annuity from a nonqualifed deferred compensation plan or            |          |            |         |
| •      | a nongovernmental section 457 plan   | 8t       |            |         |
| u      | Wages earned while incarcerated  | 8u       |            |         |
| z      | Other income. List type and amount:  |          |            |         |
| -      |  | 8z       |            |         |
| 9      | Total other income. Add lines 8a through 8z                                    |          | 9          |         |
| 10     | Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR          |          |            | -6,651. |
| De     |  | ,        |            |         |

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    | and on   |        |                       |
|     | Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a             | <u>.</u> . |            | <u> </u> | 26     |                       |
|     | ВАА  | REV        | 01/14/23 P | RO       | Schedu | le 1 (Form 1040) 2022 |

| (Form       | 1040)                                   | (From       | rental real estat | e, royalties, partners  | hips, S | corporati   | ons, es        | states,  | trusts, REMI      | Cs, etc.)       | 20                 | 22                     |
|-------------|---|-------------|-------------------|---|---------|-------------|----------------|----------|-------------------|-----------------|--------------------|------------------------|
|             | nent of the Treasury<br>Revenue Service |             |                   | Attach to Form 1040,<br>irs.gov/ScheduleE for                         |         |             |                |          | formation.        |                 | Attachm<br>Sequenc | ent<br>e No. <b>13</b> |
| Name(s)     | ) shown on return                       |             |                   |   |         |             |                |          |                   | Your socia      | l security r       | umber                  |
| FNU         | LALITA PRI                              | YADAR       | SINI              |   |         |             |                |          |                   | 744-94          | 1-3116             |                        |
| Part        | Note: If yo                             | ou are in t | the business of r | al Real Estate an<br>enting personal proper<br>35 on page 2, line 40. |         |             | <b>C</b> . See | e instru | ctions. If you    | are an indiv    | idual, repo        | ort farm               |
|             |   |             |                   | at would require you  |         |             |                |          |                   |                 |                    |                        |
| Bİ          | f "Yes," did you                        | ı or will y | ou file require   | d Form(s) 1099? .   |         |             |                |          |                   |                 | . 🗌 Ye             | s 🗌 No                 |
| <b>1</b> a  | Physical addr                           | ress of e   | each property (   | street, city, state, ZIF  | P code  | e)          |                |          |                   |                 |                    |                        |
| Α           | BIDANASI                                | CUTTAC      | CK ORISSA         | IN 753014   |         |             |                |          |                   |                 |                    |                        |
| В           |   |             |                   |   |         |             |                |          |                   |                 |                    |                        |
| С           |   |             |                   |   |         |             |                |          |                   |                 |                    |                        |
| 1b          | Type of Prope<br>(from list below       |             |                   | tal real estate prope<br>t the number of fair                         |         |             |                | Fa       | ir Rental<br>Days | Person<br>Day   |                    | QJV                    |
| Α           | 3                                       |             |                   | e days. Check the Q   |         |             | Α              |          | 365               |                 | 0                  |                        |
| В           |   |             |                   | he requirements to f  |         |             | В              |          |                   |                 |                    |                        |
| С           |   |             | qualified join    | t venture. See instru   | lotions | 5           | С              |          |                   |                 |                    |                        |
| Туре        | of Property:                            | I           |                   |   |         |             |                |          |                   |                 | I                  |                        |
| 1           | Single Family R                         | esidenc     | e 3 Vacat         | ion/Short-Term Ren  | ntal    | 5 Land      |                |          | Self-Rental       |                 |                    |                        |
| 2           | Multi-Family Re                         | esidence    | e 4 Comr          | nercial   |         | 6 Roya      | lties          | 8        | Other (desc       | ribe)           |                    |                        |
|             |   |             |                   |   |         |             |                |          | Propert           |                 |                    |                        |
| Incom       | ne:                                     |             |                   |   |         |             | Α              |          | B                 |                 |                    | С                      |
| 3           | Rents received                          | b           |                   |   | 3       |             | 4              | 50.      |                   |                 |                    |                        |
| 4           | Royalties rece                          | ived .      |                   |   | 4       |             |                |          |                   |                 |                    |                        |
| Exper       |   |             |                   |   |         |             |                |          |                   |                 |                    |                        |
| 5           | Advertising                             |             |                   |   | 5       |             |                |          |                   |                 |                    |                        |
| 6           |   |             |                   |   | 6       |             |                |          |                   |                 |                    |                        |
| 7           | Cleaning and I                          | maintena    | ance              |   | 7       |             | 1,0            | )43.     |                   |                 |                    |                        |
| 8           |   |             |                   |   | 8       |             |                |          |                   |                 |                    |                        |
| 9           | Insurance .                             |             |                   |   | 9       |             |                |          |                   |                 |                    |                        |
| 10          | Legal and othe                          | er profes   | sional fees .     |   | 10      |             |                |          |                   |                 |                    |                        |
| 11          | Management f                            | fees .      |                   |   | 11      |             | 6              | 548.     |                   |                 |                    |                        |
| 12          | Mortgage inter                          | rest paic   | to banks, etc.    | (see instructions)  | 12      |             |                |          |                   |                 |                    |                        |
| 13          | Other interest                          |             |                   |   | 13      |             |                |          |                   |                 |                    |                        |
| 14          | Repairs                                 |             |                   |   | 14      |             |                | 318.     |                   |                 |                    |                        |
| 15          | Supplies .                              |             |                   |   | 15      |             | 1,7            | 43.      |                   |                 |                    |                        |
| 16          |   |             |                   |   | 16      |             |                |          |                   |                 |                    |                        |
| 17          |   |             |                   |   | 17      |             | 1,3            | 349.     |                   |                 |                    |                        |
| 18          | -                                       | expense     | or depletion .    |   | 18      |             |                |          |                   |                 |                    |                        |
| 19          | Other (list)                            |             |                   |   | 19      |             |                |          |                   |                 |                    |                        |
| 20          | •                                       |             | •                 | 19  | 20      |             | 7,1            | .01.     |                   |                 |                    |                        |
| 21          | result is a (los                        | s), see ii  | nstructions to f  | id/or 4 (royalties). If<br>ind out if you must                        |         |             | -6,6           | 551.     |                   |                 |                    |                        |
| 22          |   |             |                   | er limitation, if any,  | 22      | (           | 6,65           | 51.)     | (                 | )(              |                    | )                      |
| <b>2</b> 3a | Total of all am                         | ounts re    | ported on line    | 3 for all rental prope  | erties  |             |                | 23a      |                   | 450.            |                    |                        |
| b           |   |             |                   | 4 for all royalty prop  |         |             |                | 23b      |                   |                 |                    |                        |
| с           |   |             |                   | 12 for all properties   |         |             |                | 23c      |                   |                 |                    |                        |
| d           |   |             |                   | 18 for all properties   |         |             |                | 23d      |                   |                 |                    |                        |
| е           | Total of all am                         | ounts re    | ported on line    | 20 for all properties   |         |             |                | 23e      |                   | 7,101.          |                    |                        |
| 24          |   |             |                   | vn on line 21. <b>Do no</b>   |         | -           |                |          |                   | . 24            |                    |                        |
| 25          | Losses. Add r                           | oyalty los  | sses from line 2  | 1 and rental real estat   | te loss | es from lin | ie 22. E       | Enter to | tal losses he     | ere <b>25</b> ( |                    | 6,651.)                |

| 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.

-6,651.

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SCHEDULE E

# **Supplemental Income and Loss**

OMB No. 1545-0074

| es, | trusts, | REMICs, |
|-----|---------|---------|
|     |         |         |

| s, etc.) | 20 |
|----------|----|
|          |    |

| Name(s) | shown | on | retu |
|---------|-------|----|------|