# Form **8879**

(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

CHANDANA CHANNA KESHAVA  Sposse's social security number  Fort 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 fliers use line 4 only. Leave lines 1, 2, 3, and 5 blank.  1					
## CHANDANA CHANNA KESHAVA  ## Spouse's social security 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 filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.    Adjusted gross income   1   34, 586.     2   Total tax   2   2, 3, 390.     3   4, 231.     4   Amount you want refunded to you   4   1, 841.     4   1, 841.     4   Amount you want refunded to you   5   Mount you want refunded to you   5   Amount you want refunded to you   5   Amount you went content to 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 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 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 of the income tax return (original or amended) I am now authorizing and to the best of my knowledge and belief, it is true in the income tax return (original or amended) I am now authorizing and the best of my knowledge and belief, it is true in the income tax return (original or amended) I am now authorizing of the date of any refund. If applicable, I authorize the U.S. Treasury effect the inaceal institution account indicated in the tax preparation software for payment of my feedant taxes were on this return and/or a payment of estimated tax, and the inanceal institution to debit the entry this account. This authorization is to remain in full force and effect until I notity the U.S. Treasury effect and the inanceal institution to the in	Submission Iden	tification Number (SID)			
Spouse's social security number	Taxpayer's name	,	Social security	y 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 filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.  1 Adjusted gross income	CHANDANA CH	HANNA KESHAVA	024-53-	8744	
Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.  1 Adjusted gross income 1 Adjusted gross income 2 Total tax 2 2, 390. 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 3 3 4, 231. 4 Amount you want refunded to you 4 1, 841. 5 Amount you want refunded to you 5 Amount you want refunded to you 4 1, 841. 5 Amount you want refunded to you 6 Fart II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return) 10 Index 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 ray dealy in processing the return or refund, and (c) the date of an amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing in the surface of the	Spouse's name		Spouse's soci	al security num	ber
Note: Form 1040-SS fliers use line 4 only. Leave lines 1, 2, 3, and 5 blank.  1	Part I Tax	Return Information — Tax Year Ending December 31, 2022 (Enter	year you ar	re authorizin	ıg.)
1 34, 5.36. 2 Total tax 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 3 4, 231. 4 Amount you want refunded to you 4 1, 841. 5 Amount you want refunded to you 5 Amount you want refunded to you 6 Amount you want refunded to you 7 Amount you want refunded to you 8 Amount you want refunded to you 8 Amount you want refunded to you 9 Amount you 9 Amount you want refunded to you 9 Amount you 9 Amount you want refunded to you 9 Amount 9 Amount you 9 Amount 9	Enter whole dolla	rs only on lines 1 through 5.			
2 2 2,390.  3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 . 3 4,231.  4 Amount you want refunded to you . 4 1,841.  5 Amount you owe . 4 1,841.  6 Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)  1 Under penalties of perlury. 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 review for final processing and belief, it is true, correct, and complete I further declare that the amounts for the mounts from the income tax return original or amended) I am now authorizing, and to the best of the 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 control that 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 indicated that prepared in the payment (settlement) date. Leke authorize the Inancial Agent to terminate the authorization. To revoke (cancel) a business days prot to the payment (settlement) date. Leke authorize the Inancial Agent to the train active that processing of the electronic payment of 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.  1 authorize GLOBAL TAXES LLC to enter or generate my PIN Financial Agent to the payment further activation and the precessing of the electronic payment of the precessing of the electronic payment of the precessing of the electronic pa	Note: Form 1040	SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.			
A Amount you want refunded to you	1 Adjusted	gross income		1 3	34,586.
A mount you want refunded to you  A mount you went refunded to you  A mount you want refunded to your return)  Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)  Index penalties of perluy, 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 your refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury refunded index which was penalties to remain in full force and effect until I notify the U.S. Treasury Financial Agent to I remained the authorization. To revoke (cancel) a submorrization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to I remained the authorization. To revoke (cancel) a submorrization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to I remained the authorization. To revoke (cancel) a submorrization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to I remained the authorization. To revoke (cancel) a submorrization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to I remained the authorization. To revoke (cancel) a submorrization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to I remained to the payment. The tree activation are treed to the payment I there acknowledged that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PI				2	2,390.
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 true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the IRS and to receive from the IRS (s) an acknowledgement of recipit or reason for rejection of the transmission, (i) the reason for any delay in processing the return or refund, and (b) the date of any return to the IRS (a) an acknowledgement of recipit or reason for rejection of the transmission, (ii) the reason for any delay in processing the return or refund, and (b) the date of any refunct if applicable, I authorize the Insandhrization to remain in full force and effect until 1 notify the U.S. Treasury Financial Agent at 1-888-853-4537. 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 (Pilh) 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 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. C	3 Federal in	come tax withheld from Form(s) W-2 and Form(s) 1099		3	4,231.
Under penalties of perjuny, 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 akknowledgement of receipt or research for rejection of the transmission, (b) the reason to rejection of the transmission, (b) the reason does not not be the control of the transmission, (b) the reason does not not be the control of the transmission, (b) the reason does not not the transmission, (b) the reason does not not transmission to remain the proposed to the transmission, (b) the reason does not not transmission 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 1.888.953-457. Payment cancellation requests must be received not 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 the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.  Taxpayer's PIN: check one box only  I authorize GLOBAL TAXES LLC  BRO firm name  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.  Practitioner PIN Method Returns Onl				4	1,841.
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 (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for retire or of the transmission, (b) the reson 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 train 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 account. This unthorized in the interval in the processing of the electronic payment of the submirised to the reminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at 1-888-393-4837. Payment cancellation requests must be received no later that 2 payment. I must contact the U.S. Treasury in a transmission of the received no later that 2 payment (and 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 presonal identification number (PNI) below in 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   Practitioner				,	
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I authorize GLOBAL TAXES LLC to enter or generate my PIN SIR 7 4 4 Enter five digits, but 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 ▶ 1/25/2023  Spouse's PIN: check one box only   1 authorize	return (original or a to send my return to for any delay in pro Agent to initiate an payment of my fed- authorization is to payment, I must of business days prio taxes to receive or personal identificat	mended) I am now authorizing. I consent to allow my intermediate service provider, transmito the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejectesing the return or refund, and (c) the date of any refund. If applicable, I authorize the U. ACH electronic funds withdrawal (direct debit) entry to the financial institution account indiceral taxes owed on this return and/or a payment of estimated tax, and the financial institution remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate ontact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation required to the payment (settlement) date. I also authorize the financial institutions involved in the confidential information necessary to answer inquiries and resolve issues related to the point number (PIN) below is my signature for the income tax return (original or amended) I are	tter, or electro ction of the tra S. Treasury ar cated in the ta an to debit the the authoriza ests must be processing of ayment. I furth	nic return original return original return of the designation of the return to this action. To revoke received no lethe electronic return acknowled	inator (ERO)  the reason ed Financial software for count. This e (cancel) a later than 2 payment of lige that the
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Spouse's PIN: check one box only    I authorize	☐ I will ent if you ar	ter my PIN as my signature on the income tax return (original or amended) I am note entering your own PIN <b>and</b> your return is filed using the Practitioner PIN metho	od. The ERO	must compl	
I authorize	Your signature ▶	Date ▶	1/25/	2023	
I authorize	Spouse's PIN: c	heck one box only			$\neg$
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I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.  Spouse's signature ▶  Practitioner PIN Method Returns Only—continue 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 ▶				er five digits, bu	
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.  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 ▶	signatur	e on the income tax return (original or amended) I am now authorizing.	don	't enter all zero	s
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	if you ar				
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 ▶	Spouse's signatu	ure ▶ 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					
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-	authorized to file for	or tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submi	tting this retu	rn in accordan	nce with the
-	ERO's signature	Date ▶			
ELIV Musi Demin This Form — Dec histilitations		ERO Must Retain This Form — See Instructions			

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

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

2022
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OMB No. 1545-0074

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

Filing Status Check only one box.	If yo	Single Married filing jointly u checked the MFS box, enter the na	ame of y							spou	use (QSS)	)
		son is a child but not your dependent										
Your first name		iddle initial	Last na									ity number
CHANDAN				NA KESHAVA					_		53-874	
If joint return, s	pouse's	s first name and middle initial	Last na	me						Spouse'	s social se	ecurity number
Home address	(numbe	er and street). If you have a P.O. box, see	instruction	ons.				Apt. no.		Preside	ntial Elect	ion Campaign
1 RIVER	CT							2909			nere if you	
City, town, or p	ost offi	ce. If you have a foreign address, also co	mplete s	paces below.	Stat	te	ZIP	code				intly, want \$3 . Checking a
Jersey (	City				NJ		07	310		_	ow will no	•
Foreign countr	y name		F	oreign province/state/	count	у	Fore	ign postal c	ode	your tax	or refund	ıl.
											You	Spouse
Digital Assets		ny time during 2022, did you: (a) rece lange, gift, or otherwise dispose of a	•				•		, .	. , .	☐Yes	⊠ No
Standard		eone can claim: You as a de						.,. (000		21.01.01,		
Deduction		Spouse itemizes on a separate return	•			и асренает						
Age/Blindness	s You:	Were born before January 2, 1	958	Are blind Spo	ouse:	☐ Was bor	rn be	fore Janu	ary 2	, 1958	☐ Is b	olind
Dependent	s (see	instructions):		(2) Social security	,	(3) Relationsh	nip	<b>(4)</b> Check t	he bo	x if quali	fies for (see	e instructions):
If more	(1) F	irst name Last name		number		to you		Child 1	ax cre	edit	Credit for o	ther dependents
than four												
dependents, see instruction	s											
and check												
here												
Income	1a	Total amount from Form(s) W-2, be	ox 1 (se	e instructions) .						1a		37,086.
	b	Household employee wages not re	ported	on Form(s) W-2 .						1b		
Attach Form(s) W-2 here. Also	С	Tip income not reported on line 1a	(see ins	structions)						1c	:	
attach Forms	d	Medicaid waiver payments not rep		. , , ,	nstru	ctions)				1d		
W-2G and 1099-R if tax	е	Taxable dependent care benefits f		•						1e		
was withheld.	f	Employer-provided adoption bene								1f		
If you did not	g	Wages from Form 8919, line 6 .								1g		
get a Form W-2, see	h	Other earned income (see instructi	,				'n			1h	_	0.
instructions.	i	Nontaxable combat pay election (s	see instr	ructions)		<u>1i</u>						
	Z									1z		37,086.
Attach Sch. B	2a		2a			axable interest				2b		
if required.	3a		3a			rdinary divide				3b		
	4a		4a -			axable amoun				4b		
Standard Deduction for—	5a	<del>-</del>	5a			axable amoun				5b		
Single or	6a	,	6a			axable amoun	τ.			6b		
Married filing separately,	c	If you elect to use the lump-sum e		·	•	,	•			- -		
\$12,950	7	Capital gain or (loss). Attach Sched			,		•		. L	7		
<ul> <li>Married filing jointly or</li> </ul>	8	Other income from Schedule 1, lin								8	+	27 006
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,		`						9		37,086.
\$25,900	10	Adjustments to income from Sche	-							10	_	2,500.
<ul> <li>Head of household,</li> </ul>	11	Subtract line 10 from line 9. This is	-	-			•			11		34,586.
\$19,400 • If you checked	12	Standard deduction or itemized  Qualified business income deduction				 5 A				12		12,950.
any box under	13									13	_	12 050
Standard Deduction,	14 15	Add lines 12 and 13 Subtract line 14 from line 11. If zer								14		12,950.
see instructions.	13	Capitact into 14 ITOHT little 11. II Zer	o or ies	s, cittor -0 IIIIS IS y	our <b>t</b>	avanie ilicoli	i.C			15		21,636.

Form 1040 (2022	2)								Page <b>2</b>
Tax and	16	Tax (see instructions). Check	if any from Form	(s): <b>1</b> 881	4 <b>2</b> 🗌 4972	3 🗌		. 16	2,390.
Credits	17	Amount from Schedule 2, lin	ne 3					. 17	
	18	Add lines 16 and 17						. 18	2,390.
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812			. 19	
	20	Amount from Schedule 3, lin	ne 8					. 20	
	21	Add lines 19 and 20						. 21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				. 22	2,390.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21 .			. 23	0.
	24	Add lines 22 and 23. This is	your <b>total tax</b>					. 24	2,390.
Payments	25	Federal income tax withheld							
-	а	Form(s) W-2				25a	4,2	231.	
	b	Form(s) 1099				25b			
	С	Other forms (see instructions	s)			25c			
	d	Add lines 25a through 25c						. 25d	4,231.
If you have a	26	2022 estimated tax payment	ts 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	m Schedule 8812			28			
	29	American opportunity credit	from Form 8863	8, line 8		29			
	30	Reserved for future use .				30			
	31	Amount from Schedule 3, lin	ne 15			31			
	32	Add lines 27, 28, 29, and 31	. These are your	total other pa	ayments and re	fundable o	redits .	. 32	
	33	Add lines 25d, 26, and 32. T	hese are your <b>to</b>	tal payments				. 33	4,231.
Refund	34	If line 33 is more than line 24	1, subtract line 2	4 from line 33.	This is the amo	unt you <b>ov</b>	erpaid .	. 34	1,841.
riciana	35a	Amount of line 34 you want			is attached, ch	eck here		☐ 35a	1,841.
Direct deposit?	b	Routing number 0 4 3			<b>c</b> Type:	Checkin	g 🗌 Sav	/ings	
See instructions.	d	Account number 1 0 6	5 0 2 4	4 1 1					
	36	Amount of line 34 you want a	applied to your	2023 estimate	ed tax	36			
Amount You Owe	37	Subtract line 33 from line 24 For details on how to pay, g						. 37	
	38	Estimated tax penalty (see in	nstructions) .			38			
Third Party Designee		you want to allow another					Yes. Com	plete below.	⊠ No
		signee's		Phone				l identification	
	nar			no.			number	· /	
Sign Here		der penalties of perjury, I declare t ief, they are true, correct, and com							
11010	Yo	ur signature		Date	Your occupation			Protection F	ent you an Identity PIN, enter it here
Joint return?					EMPLOYED BI		ANALYST	(see inst.)	
See instructions. Keep a copy for your records.	Sp	ouse's signature. If a joint return, <b>I</b>	ooth must sign.	Date	Spouse's occupa	ation			ent your spouse an tection PIN, enter it here
	———Ph	one no. (724)717-526	1	Email address	CHANKESH <i>A</i>		TI, COM	1 ' '	
		eparer's name	Preparer's signat		CHAMESTE	Date		TIN	Check if:
Paid		PRIYA RAM SAGAR GUPTA TALLAM	l		מווסדם דמו.ו.או			2082703	Self-employed
Preparer		n's name GLOBAL TA		MADAG PERM	COLIA IAUDA	11 01/20	, 2023   P(		(678)965-9522
Use Only			Y CT E BRU	NSWICK N.	J 08816			Firm's EIN	88-2145487
Co to warm inc =				1,0,1,1010 100		BE11-111	/00 DDC	I I III S LIN	Form <b>1040</b> (2022)
GO TO WWW.IIS.go	JV/FOIT	n1040 for instructions and the late	or illioillidiloll.		BAA	REV 01/14	/23 PRO		rom 1040 (2022)

# SCHEDULE 1 (Form 1040)

## **Additional Income and Adjustments to Income**

OMB No. 1545-0074

2022
Attachment
Sequence No. 01

Department of the Treasury Internal Revenue Service

CHANDANA CHANNA KESHAVA

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

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

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

Your social security number 024-53-8744

Par	t I Additional Income				
1	Taxable refunds, credits, or offsets of state and local income taxes			1	
2a	Alimony received			2a	
b	Date of original divorce or separation agreement (see instructions):				
3	Business income or (loss). Attach Schedule C			3	
4	Other gains or (losses). Attach Form 4797			4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Atta			5	
6	Farm income or (loss). Attach Schedule F			6	
7	Unemployment compensation			7	
8	Other income:				
а	Net operating loss	8a	(	)	
b	Gambling	8b			
С	Cancellation of debt	8c			
d	Foreign earned income exclusion from Form 2555	8d	(	)	
е	Income from Form 8853	8e			
f	Income from Form 8889	8f			
g	Alaska Permanent Fund dividends	8g			
h	Jury duty pay	8h			
i	Prizes and awards	8i			
j	Activity not engaged in for profit income	8j			
k	Stock options	8k			
I	Income from the rental of personal property if you engaged in the rental				
	for profit but were not in the business of renting such property	81			
m	Olympic and Paralympic medals and USOC prize money (see				
	instructions)	8m			
n	Section 951(a) inclusion (see instructions)	8n			
0	Section 951A(a) inclusion (see instructions)	80			
р	Section 461(I) excess business loss adjustment	8p			
q	Taxable distributions from an ABLE account (see instructions)	8q			
r	Scholarship and fellowship grants not reported on Form W-2	8r			
S	Nontaxable amount of Medicaid waiver payments included on Form		/	\	
	1040, line 1a or 1d	8s	(	<u> </u>	
τ	Pension or annuity from a nonqualifed deferred compensation plan or	OT			
	a nongovernmental section 457 plan	8t			
	Wages earned while incarcerated	8u			
Z	Other income. List type and amount:	8z			
0	Total other income. Add lines 9a through 97			0	
				_	
9 10	Total other income. Add lines 8a through 8z			9 10	

Schedule 1 (Form 1040) 2022 Page **2** 

Par	t II Adjustments to Income		
11	Educator expenses	11	
12	Certain business expenses of reservists, performing artists, and fee-basis government		
	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	2,500.
22	Reserved for future use	22	
23	Archer MSA deduction	23	
24	Other adjustments:		
а	Jury duty pay (see instructions)		
b	Deductible expenses related to income reported on line 8l from the		
	rental of personal property engaged in for profit		
С	Nontaxable amount of the value of Olympic and Paralympic medals		
	and USOC prize money reported on line 8m		
d	Reforestation amortization and expenses		
е	Repayment of supplemental unemployment benefits under the Trade		
	Act of 1974	_	
f	Contributions to section 501(c)(18)(D) pension plans		
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)	_	
İ	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		
	E 11		
J	Housing deduction from Form 2555	_	
k	1041)		
-		_	
Z	Other adjustments. List type and amount:		
25	Total other adjustments. Add lines 24a through 24z	25	
25 26	Add lines 11 through 23 and 25. These are your <b>adjustments to income</b> . Enter here and on		
20	Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a	26	2,500.
			,



2022 NJ-1040 New Jersey Resident Income Tax Return

For Privacy Act Notification, See Instructions

1555

NJ-1040 2022 Page 1

0906



Your Social Security Number (required) 024538744

Spouse's/CU Partner's SSN (if filing jointly)

County/Municipality Code (See Table page 50)

Last Name, First Name, Initial (Joint Filers enter first name and middle initial of each. Enter spouse's CU partner's last name ONLY if different.)

CHANNA KESHAVA CHANDANA

Home Address (Number and Street, including apartment number)

1 RIVER CT APT 2909

ZIP Code City, Town, Post Office State 07310 JERSEY CITY NJ

Driver's License Number (Voluntary) (See instructions)

142D195008

Federal extension filed.

The address above is a foreign address.

Your address has changed.

Death certificate is enclosed.

Do not want a paper form next year.

I authorize the Division of Taxation to discuss my return and enclosures with my preparer.

NJ-1040-O is enclosed.

Note: This does not reduce your refund or increase your balance due. **Gubernatorial Elections Fund** 

Do you want to designate \$1 to the Gubernatorial Elections Fund? You Yes No Spouse/CU Partner If joint return, does your spouse want to designate \$1? Yes No

**Direct Deposit Information** 

dd1.	Direct deposit indicator (1 for direct deposit, 4 for no direct deposit)	dd1.	1	
dd2.	Account type (C for checking, S for savings)	dd2.	C	
dd3.	Fill in the checkbox if the direct deposit is going to an account outside the United States	dd3.		
dd4.	Routing number	dd4.		043000096
dd5.	Account number	dd5.		1065024411



# NJ-1040

Name(s) as shown on Form NJ-1040

### CHANNA KESHAVA CHANDANA

Your Social Security Number 024538744

1555

2022 Page 2

Part-year residents, provide months/days you were a New Jersey resident during 2022:

From:

010122 053122 To:

Fiscal year filers only: Enter month of your year end

2023

No Health Insurance

### Filing Status

Fill in only one.

- X 1. Single
- 2. Married/CU Couple, filing joint return
- 3. Married/CU Partner, filing separate return
- Head of Household 4. Enter spouse's/CU partner's SSN
- Qualifying Widow(er)/Surviving CU Partner 5.

Indicate the year of your spouse's/CU partner's death: 2020 2021

### Exemptions

Fill in the ovals that apply. You must enter a total in the boxes to the right and complete the calculation.

6.	Regular	×	Self	Spouse/CU Partner	Domestic Partner	1	x \$1,000 = 1000
7.	Senior 65+ (Born in 1957 or earlier)		Self	Spouse/CU Partner			x \$1,000 =
8.	Blind/Disabled		Self	Spouse/CU Partner			x \$1,000 =
9.	Veteran		Self	Spouse/CU Partner			x \$6,000 =
10.	Qualified Dependent Children						x \$1,500 =
11.	Other Dependents						x \$1,500 =
12.	Dependents Attending Colleges (See	instructi	ions)				x \$1,000 =
13.	Total Exemption Amount (Add totals	from th	e lines at 6 throug	h 12)			13. 1000

14.	Dependent Information. Provide the following information for each dependent.  Last Name, First Name, Middle Initial	Social Security Number Birth Year
a.		_
b.		
c.		
d.		

# O NOT MAI

**NJ-1040** 2022

Page 3

Name(s) as shown on Form NJ-1040

### CHANNA KESHAVA CHANDANA

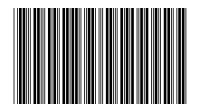
Your Social Security Number

024538744

1555

15.	Wages, salaries, tips, and other employee compensation (State wages from Box 16 of enclosed W-2(s)) (See instructions)	15.	1700	•
16a.	Taxable interest income (Enclose federal Schedule B if over \$1,500) (See instructions)	16a.		•
16b.	Tax-exempt interest income (Enclose Schedule) (See instructions) Do not include on line 16a	16b.		•
17.	Dividends	17.		•
18.	Net profits from business (Schedule NJ-BUS-1, Part I, line 4) (Enclose federal Schedule C)	18.		•
19.	Net gains or income from disposition of property (Schedule NJ-DOP, line 4)	19.		•
20a.	Taxable pensions, annuities, and IRA distributions/withdrawals (See instructions)	20a.		•
20b.	Excludable pension, annuity, and IRA distributions/withdrawals	20b.		•
21.	Distributive Share of Partnership Income (Schedule NJ-BUS-1, Part II, line 4) (Enclose Schedule NJK-1 or federal Schedule K-1)	21.		
22.	Net pro rata share of S Corporation Income (Schedule NJ-BUS-1, Part III, line 4) (Enclose Schedule NJ-K-1 or federal Schedule K-1)	22.		
23.	Net gains or income from rents, royalties, patents, and copyrights (Schedule NJ-BUS-1, Part IV, line 4)	23.		•
24.	Net gambling winnings (See instructions)	24.		
25.	Alimony and separate maintenance payments received	25.		
26.	Other (Enclose documents) (See instructions)	26.		
27.	Total Income (Add lines 15, 16a, 17 through 20a, and 21 through 26)	27.	1700	
28a.	Pension/Retirement Exclusion (See instructions)	28a.		
28b.	Other Retirement Income Exclusion (See Worksheet D and instructions pages 19-20)	28b.		
28c.	Total Exclusion Amount (Add lines 28a and 28b)	28c.		
29.	New Jersey Gross Income (Subtract line 28c from line 27) (See instructions)	29.	1700	
30.	Exemption Amount (Enter amount from line 13. Part-year residents see instr.)	30.		
31.	Medical Expenses (See Worksheet F and instructions)	31.		
32.	Alimony and separate maintenance payments (See instructions)	32.		
33.	Qualified Conservation Contribution	33.		
34.	Health Enterprise Zone Deduction	34.		
35.	Health Enterprise Zone Deduction Alternative Business Calculation Adjustment (Schedule NJ-BUS-2, line 11)	35.		
36.	Organ/Bone Marrow Donation Deduction (See instructions)	36. F		
37a.	NJBEST Deduction	37a.		
37b.	NJCLASS Deduction	37b.		
37c.	NJ Higher Ed. Tuition Deduction	37c.		
38.	Total Exemptions and Deductions (Add lines 30 through 37c)	38.		
39.	Taxable Income (Subtract line 38 from line 29)	39.		
40a.	Total Property Taxes (18% of Rent) Paid (See instructions page 25)	40a.		
40b.	Indicate your residency status during 2022 (fill in only one)  Homeowner  Tenant  Both			•
41.	Property Tax Deduction (From Worksheet H) (See instructions)	41.		
42.	New Jersey Taxable Income (Subtract line 41 from line 39)	42.		
43.	Tax on amount on line 42 (Tax Table page 52)	43.		
44.	Credit For Income Taxes Paid to Other Jurisdictions (Enclose Schedule NJ-COJ) (See instructions)	44.		
	Enter Code			٠
45.	Balance of Tax (Subtract line 44 from line 43)	45.		
46.	Sheltered Workshop Tax Credit	46.		•
47.	•	47.		•
47.	Gold Star Family Counseling Credit (See instructions)  Credit for Employer of Organ/Bone Marrow Donor (See instructions)	48.		•
46. 49.	Total Credits (Add lines 46 through 48)	49.		•
		50.		•
50.	Balance of Tax After Credits (Subtract line 49 from line 45) If zero or less, make no entry  Use Tax Due on Internet, Mail-Order, or Other Out-of-State Purchases (See instructions) If no Use Tax, enter 0	50.	0	•
51. 52.	Interest on Underpayment of Estimated Tax	52.	U	•
34.	Fill in if Form NJ-2210 is enclosed	32.		•
52		53.	0	
53.	Shared Responsibility Payment (See instructions)  REQUIRED Enclose Schedule HCC and fill in	33.	U	•

### NJ-1040 2022 Page 4



Name(s) as shown on Form NJ-1040

### CHANNA KESHAVA CHANDANA

Your Social Security Number

024538744

1555

54.	Total Tax Due (Add lines 50 through 53)	54.	0 .
55.	Total NJ Income Tax Withheld (Enclose Forms W-2 and 1099) (Part year, see instructions)	55.	26 .
56.	Property Tax Credit (See instructions page 24)	56.	
57.	New Jersey Estimated Tax Payments/Credit from 2021 tax return	57.	
58.	New Jersey Earned Income Tax Credit (See instructions)	58.	
	Fill in if you had the IRS calculate your federal earned income credit		
	Fill in if you are a CU couple claiming the NJ Earned Income Tax Credit		
59.	Excess New Jersey UI/WF/SWF Withheld (Enclose Form NJ-2450) (See instructions)	59.	
60.	Excess New Jersey Disability Insurance Withheld (Enclose Form NJ-2450) (See instructions)	60.	
61.	Excess New Jersey Family Leave Insurance Withheld (Enclose Form NJ-2450) (See instructions)	61.	•
62.	Wounded Warrior Caregivers Credit (See instructions)	62.	
63.	Pass-Through Business Alternative Income Tax Credit (See instructions)	63.	
64.	Child and Dependent Care Credit (See instructions)	64.	•
	Fill in if you are a CU couple claiming the Child and Dependent Care Credit		
65.	New Jersey Child Tax Credit (See instructions)	65.	•
	Number of dependents under age 6 on 12/31/2022		
66.	Total Withholdings, Credits, and Payments (Add lines 55 through 65)	66.	26 .
67.	If line 66 is less than line 54, you have tax due. Subtract line 66 from line 54 and enter the amount you owe	67.	•
	If you owe tax, you can still make a donation on lines 70 through 77.		
68.	If the total on line 66 is more than line 54, you have an overpayment. Subtract line 54 from line 66 and enter the overpayment	68.	26 .
69.	Amount from line 68 you want to credit to your 2023 tax	69.	•
70.	Contribution to N.J. Endangered Wildlife Fund	70.	•
71.	Contribution to N.J. Children's Trust Fund to Prevent Child Abuse	71.	•
72.	Contribution to N.J. Vietnam Veterans' Memorial Fund	72.	•
73.	Contribution to N.J. Breast Cancer Research Fund	73.	•
74.	Contribution to U.S.S. New Jersey Educational Museum Fund	74. F	•
75.	Other Designated Contribution (See instructions)  Enter Code	75.	•
76.	Other Designated Contribution (See instructions)  Enter Code	76.	•
77.	Other Designated Contribution (See instructions)  Enter Code	77.	•
78.	Total Adjustments to Tax Due/Overpayment amount (Add lines 69 through 77)	78.	•
79.	Balance due (If line 67 is more than zero, add line 67 and line 78)	79.	•
80.	Refund amount (If line 68 is more than zero, subtract line 78 from line 68)	80.	26 .

Under penalties of perjury, I declare that I have examined this Income Tax return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. If prepared by a person other than the taxpayer, this declaration is based on all information of which the preparer has any knowledge.

Your Signature Date Spouse's/CU Partner's Signature (required if filing jointly) Date Federal Identification Number Paid Preparer's Signature

SYAM PRIYA SAGAR **GUPTA** TALLAM

TITIC

GLOBAL TAXES

P02082703

Firm's Federal Employer Identification Number

88-2145487

### Tax Due Address

Enclose payment along with the NJ-1040-V payment voucher and tax return. Use the labels provided with the envelope and mail to:

State of New Jersey Division of Taxation

Revenue Processing Center - Payments

PO Box 111 Trenton, NJ 08645-0111

include Social Security number and make check or money order payable to: State of New Jersey – TGI

You can also make a payment on our website: nj.gov/taxation

### Refund or No Tax Due Address

Use the labels provided with the envelope and mail to: New Jersey Division of Taxation

Revenue Processing Center - Refunds PO Box 555 Trenton, NJ 08647-0555

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

2022	
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OMB No. 1545-0074

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

Filing Status Check only one box.	If yo	Single Married filing jointly u checked the MFS box, enter the na	ame of y							spou	use (QSS)	)
		son is a child but not your dependent								.,		
Your first name and middle initial Last			Last na							Your social security number		
					53-874							
If joint return, s	pouse's	s first name and middle initial	Last na	me						Spouse'	s social se	ecurity number
Home address	(numbe	er and street). If you have a P.O. box, see	instruction	ons.				Apt. no.		Preside	ntial Elect	ion Campaign
1 RIVER	CT							2909			nere if you	
City, town, or p	ost offi	ce. If you have a foreign address, also co	mplete s	paces below.	Stat	te	ZIP	code				intly, want \$3 . Checking a
Jersey (	City			NJ			07	310		box below will not change		
Foreign country name			F	Foreign province/state/county			Fore	ign postal o	ode	your tax or refund.		
											You	Spouse
Digital Assets		ny time during 2022, did you: (a) rece lange, gift, or otherwise dispose of a	•				•		, .	. , .	☐Yes	⊠ No
Standard		eone can claim: You as a de						.,. (555		21.01.01,		
Deduction		Spouse itemizes on a separate return	•			и асренает						
Age/Blindness	s You:	Were born before January 2, 1	958	Are blind Spo	ouse:	☐ Was bor	rn be	fore Janu	ary 2	, 1958	☐ Is b	olind
Dependent	s (see	instructions):		(2) Social security	,	(3) Relationsh	nip	(4) Check 1	he bo	x if quali	fies for (see	e instructions):
If more	(1) F	irst name Last name		number		to you		Child	ax cre	edit	Credit for o	ther dependents
than four												
dependents, see instruction	s											
and check												
here												
Income	1a	Total amount from Form(s) W-2, be	ox 1 (se	e instructions) .						1a		37,086.
	b	Household employee wages not re	ported	on Form(s) W-2 .						1b		
Attach Form(s) W-2 here. Also	С	Tip income not reported on line 1a (see instructions)								1c	:	
attach Forms	d									1d		
W-2G and 1099-R if tax	е	, , , , ,								1e		
was withheld.	f	Employer-provided adoption bene								1f		
If you did not	g	Wages from Form 8919, line 6 .								1g		
get a Form W-2, see	h	Other earned income (see instructi	,				'n			1h	_	0.
instructions.	i	Nontaxable combat pay election (s	see instr	ructions)		<u>1i</u>						
	Z									1z		37,086.
Attach Sch. B	2a		2a			axable interest				2b		
if required.	3a		3a			rdinary divide				3b		
	4a		4a -			axable amoun				4b		
Standard Deduction for—	5a	<del>-</del>	5a			axable amoun				5b		
Single or	6a	,	6a			axable amoun	τ.			6b		
Married filing separately,	c	If you elect to use the lump-sum e		·	•	,				- -		
\$12,950	7	Capital gain or (loss). Attach Sched			,				. L	7	+	
<ul> <li>Married filing jointly or</li> </ul>	8	Other income from Schedule 1, line 10							8	+	27 006	
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b>							9		37,086.	
\$25,900	10	Adjustments to income from Schedule 1, line 26							10	_	2,500.	
<ul> <li>Head of household,</li> </ul>	11		-	-			•			11		34,586.
\$19,400 • If you checked	12	Standard deduction or itemized  Qualified business income deduction				 5 A	•			12		12,950.
any box under	13									13	_	12 050
Standard Deduction,	14 15	Add lines 12 and 13 Subtract line 14 from line 11. If zer								14		12,950.
see instructions.	13	Capitact into 14 ITOHT little 11. II Zer	o or ies	s, cittor -0 IIIIS IS y	our <b>t</b>	avanie ilicoli	16			15		21,636.

Form 1040 (2022	2)								Page <b>2</b>
Tax and	16	Tax (see instructions). Check	if any from Form	n(s): <b>1</b> 881	4 <b>2</b> 🗌 4972	3 🗌		. 16	2,390.
Credits	17	Amount from Schedule 2, lin	ne 3					. 17	
	18	Add lines 16 and 17						. 18	2,390.
	19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812			. 19	
	20	Amount from Schedule 3, lin	ne 8					. 20	
	21	Add lines 19 and 20						. 21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				. 22	2,390.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21 .			. 23	0.
	24	Add lines 22 and 23. This is	your <b>total tax</b>					. 24	2,390.
Payments	25	Federal income tax withheld							
-	а	Form(s) W-2				25a	4,23	31.	
	b	Form(s) 1099				25b			
	С	Other forms (see instructions	s)			25c			
	d	Add lines 25a through 25c						. 25d	4,231.
If you have a	26	2022 estimated tax payment	ts 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	m Schedule 8812	2		28			
	29	American opportunity credit	from Form 8863	3, line 8		29			
	30	Reserved for future use .				30			
	31	Amount from Schedule 3, lin	ne 15			31			
	32	Add lines 27, 28, 29, and 31	. These are your	total other pa	ayments and re	fundable cred	dits .	. 32	
	33	Add lines 25d, 26, and 32. T	hese are your <b>to</b>	tal payments				. 33	4,231.
Refund	34	If line 33 is more than line 24	1, subtract line 2	4 from line 33.	This is the amo	unt you <b>overp</b>	aid .	. 34	1,841.
riciana	35a	Amount of line 34 you want			is attached, che	eck here .		☐ 35a	1,841.
Direct deposit?	b	Routing number 0 4 3				Checking	Savir	ngs	
See instructions.	d	Account number 1 0 6	5 0 2 4	4 1 1					
	36	Amount of line 34 you want a	applied to your	2023 estimate	ed tax	36			
Amount You Owe	37	Subtract line 33 from line 24 For details on how to pay, g						. 37	
	38	Estimated tax penalty (see in	nstructions) .			38			
Third Party Designee		you want to allow another	•				s. Compl	ete below.	⊠ No
		signee's		Phone				dentification	
	nar			no.			number (P		
Sign Here		der penalties of perjury, I declare t ief, they are true, correct, and com							
11010	Yo	ur signature	Date	Your occupation	Protection P	nt you an Identity IN, enter it here			
Joint return?		EMPEGUED DOSINESS ANALISI .						(see inst.)	
See instructions. Keep a copy for your records.	Spouse's signature. If a joint return, <b>both</b> must sign.								nt your spouse an ection PIN, enter it here
	———Ph	one no. (724)717-526	1	Email address	CHANKESHA	.V.2@СМД ТТ.		· · ·	
		eparer's name	Preparer's signat		CHAMESTA	Date	PTII	N	Check if:
Paid		PRIYA RAM SAGAR GUPTA TALLAM			מווסדם דמו.ו.אי			2082703	Self-employed
Preparer		n's name GLOBAL TA		IGHI DAGAN	JOLIA IALLIAI	1 01/20/20	, <u> </u>		(678)965-9522
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GO TO WWW.IIS.go	JV/FOIT	n1040 for instructions and the late	at illioillidiloll.		BAA	REV 01/14/23 I	PKU		rom 1040 (2022)

# SCHEDULE 1 (Form 1040)

## **Additional Income and Adjustments to Income**

OMB No. 1545-0074

2022
Attachment
Sequence No. 01

Department of the Treasury Internal Revenue Service

CHANDANA CHANNA KESHAVA

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

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

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

Your social security number 024-53-8744

Par	t I Additional Income				
1	Taxable refunds, credits, or offsets of state and local income taxes			1	
2a	Alimony received			2a	
b	Date of original divorce or separation agreement (see instructions):				
3	Business income or (loss). Attach Schedule C				
4	Other gains or (losses). Attach Form 4797			4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Atta			5	
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			
j	Activity not engaged in for profit income	8j			
k	Stock options	8k			
- 1	Income from the rental of personal property if you engaged in the rental				
	for profit but were not in the business of renting such property	81			
m	Olympic and Paralympic medals and USOC prize money (see				
	instructions)	8m			
n	Section 951(a) inclusion (see instructions)	8n			
0	Section 951A(a) inclusion (see instructions)	80			
р	Section 461(I) excess business loss adjustment	8p			
q	Taxable distributions from an ABLE account (see instructions)	8q		_	
r	Scholarship and fellowship grants not reported on Form W-2	8r		_	
S	Nontaxable amount of Medicaid waiver payments included on Form		,		
	1040, line 1a or 1d	8s	(	_)	
t	Pension or annuity from a nonqualifed deferred compensation plan or	_			
	a nongovernmental section 457 plan	8t		_	
	Wages earned while incarcerated	8u			
Z	Other income. List type and amount:				
•	Tatal athorizance Add lines On thus with On	8z			
9	Total other income. Add lines 8a through 8z			9	
10	Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR	, or 1	U4U-INK, IINE 8	10	

Schedule 1 (Form 1040) 2022 Page **2** 

Par	t II Adjustments to Income		
11	Educator expenses	11	
12	Certain business expenses of reservists, performing artists, and fee-basis government		
	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	2,500.
22	Reserved for future use	22	
23	Archer MSA deduction	23	
24	Other adjustments:		
а	Jury duty pay (see instructions)		
b	Deductible expenses related to income reported on line 8l from the		
	rental of personal property engaged in for profit		
С	Nontaxable amount of the value of Olympic and Paralympic medals		
	and USOC prize money reported on line 8m		
d	Reforestation amortization and expenses		
е	Repayment of supplemental unemployment benefits under the Trade		
	Act of 1974		
f	Contributions to section 501(c)(18)(D) pension plans		
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)		
İ	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		
	m 11		
j	Housing deduction from Form 2555	-	
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form		
_	1041)		
Z	Other adjustments. List type and amount:		
0E		OF	
25 06	Total other adjustments. Add lines 24a through 24z	25	
26	Add lines 11 through 23 and 25. These are your <b>adjustments to income</b> . Enter here and on	00	2,500.
	Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a	26	∠,500.