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

Submission Identification Number (SID)		
Taxpayer's name	Social securit	y number
ANIRBAN DUTTA	026-79-	-5973
Spouse's name	Spouse's soci	ial security number
SHWETA SINGH	982-94-	-7111
Part I Tax Return Information — Tax Year Ending December 31, 2022 (Enter year you a	re 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 1
1 Adjusted gross income		1 89,047.
2 Total tax		2 7,164.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3 8,279.
4 Amount you want refunded to you		4 1,115.
5 Amount you owe		of your return)
Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or ame		· · · · · · · · · · · · · · · · · · ·
my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution accoupayment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial insauthorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to tempayment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellatio business days prior to the payment (settlement) date. I also authorize the financial institutions involved taxes to receive confidential information necessary to answer inquiries and resolve issues related to personal identification number (PIN) below is my signature for the income tax return (original or amende Electronic Funds Withdrawal Consent.	ransmitter, or electrofor rejection of the transmitter. Treasury are nt indicated in the tastitution to debit the minate the authorizan requests must be in the processing of the payment. I furt	nic return originator (ERC) ansmission, (b) the reason id its designated Financia ix preparation software fo entry to this account. This ition. To revoke (cancel) a received no later than 2 the electronic payment o her acknowledge that the
Taxpayer's PIN: check one box only		
▼ I authorize GLOBAL TAXES LLC ■ to enter or general state of the stat	Ent	5 9 7 3 er five digits, but
signature on the income tax return (original or amended) I am now authorizing.	dor	n't enter all zeros
I will enter my PIN as my signature on the income tax return (original or amended) I if you are entering your own PIN and your return is filed using the Practitioner PIN below.		
Your signature ► Date	e >	
Spouse's PIN: check one box only		
I authorize GLOBAL TAXES LLC to enter or general structure on the income to writing the structure of the income to writing the structure of th	Ent	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
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 if you are entering your own PIN and your return is filed using the Practitioner PIN below.		
Spouse's signature ▶ Date		
Practitioner PIN Method Returns Only—continue b	elow	
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.		6 6 1 9 8 9 er all zeros
I certify that the above numeric entry is my PIN, which is my signature for the electronic individual incommunity authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am requirements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Provider	submitting this retu	rn in accordance with the
ERO's signature ▶ Date	e ▶	
ERO Must Retain This Form — See Instruction	ns	

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

OMB No. 1545-0074

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

your first name and middle initial Last name Cache - 79 - 59.73 ANTERBAN DUTTA O.26 - 79 - 59.73 If joint return, spouse's first name and middle initial Last name SINGH O.26 - 79 - 59.73 If joint return, spouse's first name and middle initial Last name SINGH Spouse's social security number 2HWETA SINGH SINGH O.26 - 79 - 59.73 If joint return, spouse's first name and middle initial Last name SINGH Spouse's social security number 3HWETA SINGH O.26 - 79 - 59.73 If joint return, spouse's first name and middle initial Last name SINGH O.26 - 79 - 59.73 Spouse's social security number 2HZ O.10 O.20 O.20	Check only			_	ed filing separately	, , ,	_			_	spou	se (QS	SS)	•
Vour social security number AN IRBAN	one box.				our spouse. If you	u check	ed the HOH or	r QSS	box, ente	er the	child's	name	if the	qualifying
If port return, spouse's first name and middle initial Last name Spouse's social security number STNOH STNOH Apt. no. Ap	Vour firet name	_ •			me						our soc	rial cor	curity	number
If print rubms, spouse's first name and middle initial Last name ShWETA SINGH 982–94-7111 Presidential Election Campaign 2627 E RED CEDAR LANE The design address, also complete spaces below. State Zip code TD 83.716 Dispose Time Singh Singh Presidential Election Campaign Check here it was under the print of the provided adoption to dispose Time Singh Singh Presidential Election Campaign Check here it was under the provided adoption to dispose Singh Singh Zip code Time Singh		and mi	udie ilitiai										-	ilullibei
SHWETTA		nouse's	firet name and middle initial							-				rity number
Home address (number and street). If you have a P.O. box, see instructions. Apt. no. O102	•	pouse s	instriante and middle initial											nty number
City, Town, or post office. If you have a foreign address, also complete spaces below. State ZIP code SIP code		(numbe	r and street) If you have a P.O. hove see						nt no					Compoian
State 2 2 2 2 2 2 2 2 2				, mondon	5113.				•					
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Spouse Standard		v name		T F	Foreign province/sta			-						larige
Assets exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions).	g	,			g p		,		,	,				Spouse
Assets exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions).	Digital	At an	ny time during 2022, did you: (a) rec	eive (as	a reward, award.	or pavn	nent for prope	ertv or	services)	 : or (b) sell.			
Age/Blindness Vou: Were born before January 2, 1958 Are blind Spouse: Was born before January 2, 1958 Is blind Dependents (see instructions): (2) Social security (3) Relationship (4) Check the box if qualifies for feee instructions): (7) Check the box if qualifies for feee instructions): (8) Relationship (9) Check the box if qualifies for feee instructions): (1) Check the box if qualifies for feee instructions): (1) Check the box if qualifies for feee instructions): (1) Check the box if qualifies for feee instructions): (1) Check the box if qualifies for feee instructions): (2) Social security (3) Relationship (4) Check the box if qualifies for feee instructions (1) Check the box if qualifies for feee instructions (2) Social security (3) Relationship (4) Check the box if qualifies for feee instructions (1) Check the box if qualifies for feee instructions (2) Social security (3) Relationship (4) Check the box if qualifies for feee instructions (1) Check the box if qualifies for feee instructions (2) Social security (3) Relationship (4) Check the box if qualifies for feee instructions (4) Check the box if qualifies for feee instructions (4) Check the box if qualifies for feee instructions (4) Check the box if qualifies for feee instructions (4) Check the box if qualifies for see instructions (4) Check the box if qualifies for see instructions (4) Check the box if qualifies for see instructions (4) Check the box if qualifies for see instructions (4) Check the box if qualifies for see instructions (4) Check the box if qualifies for see instructions (4) Check the box if qualifies for see instructions (4) Check the see instructions (4) Check	Assets			•				-				□ Ye	es	X No
Spouse itemizes on a separate return or you were a dual-status alien		Som	eone can claim:	pendent	t Your spo	use as	a dependent							
Dependents (see instructions): (1) First name Last name Last name Last name Last name (2) Social security number (3) Relationship to you Child tax credit Credit for other dependents to you Child tax credit Credit for other dependents to you Child tax credit Credit for other dependents to you Child tax credit Credit for other dependents to you Child tax credit Credit for other dependents to you Child tax credit Credit for other dependents to you Child tax credit Credit for other dependents to you Child tax credit Credit for other dependents to you Child tax credit Credit for other dependents to you Child tax credit Credit for other dependents to you Child tax credit Credit for other dependents to you Child tax credit Credit for other dependents to you Child tax credit Credit for other dependents to you Child tax credit Credit for other dependents to you Child tax credit Credit for other dependents to you Child tax credit Credit for other dependents to you Child tax credit Credit for other dependents to you Child tax credit Credit for other dependents to you Child tax credit Credit for other dependents to you Developed to you Attach Sch B Taxable dependent care benefits from Form(s) W-2 See instructions) Tip income not reported on Form(s) W-2 See instructions Tip income not reported on Form(s) W-2 See instructions Tip income not reported on Form(s) W-2 See instructions Tip income not reported on Form(s) W-2 See instructions Tip income not reported on Form(s) W-2 See instructions Tip income not reported on Form(s) W-2 See instructions Tip income not reported on Form(s) W-2 See instructions Tip income not reported on Form(s) W-2 See instructions Tip income not reported on Form(s) W-2 See instructions Tip income not reported on Form(s) W-2 See instructions Tip income not reported on Form(s) W-2 See instructions Tip income not reported on Form See instructions Tip income not reported on Form See instructions Tip income not reported on Form(s) W	Deduction		Spouse itemizes on a separate retur	n or you	were a dual-stat	us alien								
If more than four dependents, see instructions and check here	Age/Blindnes	s You:	☐ Were born before January 2, 1	958	Are blind	Spouse	: Was bo	rn befo	re Janua	ıry 2,	1958		s blind	d
If more than four dependents, see instructions and check here	Dependent	s (see	instructions):		(2) Social secu	ırity	(3) Relationsh	nip (4) Check th	ne box	if qualifi	ies for (see in	structions):
than four dependents, see instructions and check here	•				number	-	to you		Child to	ax crec	lit (Credit fo	or other	dependents
Income	than four													
Income Income									[
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Hattach Form(s) W-2 here. Also W-2 here. Also W-2G and 1099-Rif tax was withheld. If you did not get a Form W-2, see instructions. Z Add lines 1 a through 1 h Attach Sch. B if required. 3a Qualified dividends 3a Qualified dividends 3a Qualified dividends 3a Qualified dividends 4a IRA distributions 4b Add lines 2 a through 1 h 5a Pensions and anuities 5a b Taxable amount 6b J Taxable amount 6c Social security benefits 6a b Taxable amount 6b J Taxable amount 6b J Taxable amount 6c J You elect to use the lump-sum election method, check here 7c Qualifying surviving spouse, 525,900 Married filing jorn Qualifying surviving spouse, 11 you checked and yob xou head of standard Poduction 11 Suptract line 10 from line 9 This is your days enter-0. This is your taxable income 15 Suptract line 11 If zero or less enter-0. This is your taxable income 15 Suptract line 14 from line 11 If zero or less enter-0. This is your taxable income 15 Subtract line 14 from line 11 If zero or less enter-0. This is your taxable income 15 Subtract line 14 from line 11 If zero or less enter-0. This is your taxable income 15 Subtract line 14 from line 11 If zero or less enter-0. This is your taxable income 15 Subtract line 14 from line 11 If zero or less enter-0. This is your taxable income 15 Subtract line 14 from line 11 If zero or less enter-0. This is your taxable income 15 Subtract line 14 from line 11 If zero or less enter-0. This is your taxable income 15 Subtract line 14 from line 11 If zero or less enter-0. This is your taxable income 15 Subtract line 14 from line 11 If zero or less enter-0. This is your taxable income 15 Subtract line 14 from line 11 If zero or less enter-0. This is your taxable income 15 Subtract line 14 from line 11 If zero or less enter-0. This is your taxable income 15 Subtract line 14 from line 11 If zero or less enter-0. This is your taxable income 15 Subtract line 14 from line 11 If zero or less enter-0. This is your taxable income	Income	1a	Total amount from Form(s) W-2, b	ox 1 (se	e instructions) .						1a		99	,007.
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d Medicaid waiver payments not reported on Form(s) W-2 (see instructions) d Medicaid waiver payments not reported on Form(s) W-2 (see instructions) e Taxable dependent care benefits from Form 2441, line 26 f Employer-provided adoption benefits from Form 8839, line 29 f Wages from Form 8919, line 6 Other earned income (see instructions) h Other earned income (see instructions) t Add lines 1a through 1h Attach Sch. B if required. a Qualified dividends a Qualified dividends a Qualified dividends a Qualified fling separately, \$12,950 Married filing separately, \$12,950 Married filing pouse, \$25,900 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income Sushyado If you elected to use the lump-sum election method, check here (see instructions) Capital gain or (loss). Attach Schedule D if required. If not required, check here Other income from Schedule 1, line 10 Subtract line 10 from line 9. This is your total income Sushyado If you elected or use the lump-sum election method, check here Other income from Schedule 1, line 10 Subtract line 10 from line 9. This is your adjusted gross income 10 Subtract line 10 from line 9. This is your total income Subtract line 10 from line 9. This is your total income Subtract line 10 from line 9. This is your total income Subtract line 10 from line 9. This is your total income 11 Subtract line 14 from line 11 fr zero or less enter -0. This is your taxable income 15 Subtract line 14 from line 11 fr zero or less enter -0. This is your taxable income 15 Subtract line 14 from line 11 fr zero or less enter -0. This is your taxable income 15 Subtract line 14 from line 11 fr zero or less enter -0. This is your taxable income 15 Subtract line 14 from line 11 fr zero or less enter -0. This is your taxable income 15 Subtract line 14 from line 15 Subtract line 14 from line 15 Subtract line 14 from line 15		С	Tip income not reported on line 1a	a (see ins	structions)						1c			
1099-Rif tax was withheld. f Employer-provided adoption benefits from Form 8839, line 29 11f	attach Forms	d	Medicaid waiver payments not rep	oorted o	n Form(s) W-2 (se	e instru	ctions)				1d			
### was withheld. If you did not get a Form W-2, see instructions. ### Add lines 1a through 1h ### Add stributions ### Add stribution		е	•								1e			
Note	was withheld.	f	Employer-provided adoption bene	efits from	Form 8839, line	29 .					1f			
W-2, see instructions. I Nontaxable combat pay election (see instructions) Add lines 1a through 1h Tax-exempt interest Add lines 1a through 1h Tax-exempt interest B D Taxable amount B D Taxab	If you did not	g	Wages from Form 8919, line 6 .								1g			
Instructions. Z Add lines 1a through 1h	get a Form	h	,	,							1h			0.
Attach Sch. B 2a Tax-exempt interest	instructions.	i	. ,	see instr	ructions)		<u>1</u> i	i						
If required. 3a Qualified dividends		Z		· .									99	,007.
4a IRA distributions	Attach Sch. B	2a	· -											
Standard beduction for—Single or Married filing separately, \$12,950 Married filing jointly or Qualifying surviving spouse, \$25,900 Head of household, \$19,400 If you checked any box under Standard Deduction, 15 Subtract line 14 from line 1.1 If zero or less enter -0- This is your taxable income. 15 De Taxable amount	it requirea.													
Social security benefits Ga b Taxable amount Gb														
Single or Married filing separately, \$12,950	Standard Deduction for—											-		
separately, \$12,950 Married filing jointly or Qualifying surviving spouse, \$25,900 Head of household, \$19,400 If you checked any box under Standard Deduction, 15 Subtract line 12 and 13 Capital gain or (loss). Attach Schedule D if required. If not required, check here 7 8 Other income from Schedule 1, line 10 8 0 Other income from Schedule 1, line 10 8 0 Other income from Schedule 1, line 20 9 89,047. 9 89,047. 10 Standard deduction or itemized deductions (from Schedule A) 11 89,047. 12 Standard deduction or itemized deductions (from Schedule A) 12 25,900. 13 Qualified business income deduction from Form 8995 or Form 8995-A 14 Add lines 12 and 13 15 Subtract line 14 from line 11 If zero or less enter -0- This is your taxable income				_				it			6b			
### Capital gain of (loss). Attach Schedule D if required, if not required, check here ### Other income from Schedule 1, line 10 ### Other income from Schedule 1, line 10 ### Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ### Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ### Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ### Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ### Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ### Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ### Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ### Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ### Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ### Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ### Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ### Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ### Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ### Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ### Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ### Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ### Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ### Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ### Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ### Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ### Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ### Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ### Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ### Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ### Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total incom			•		•	•	,			. 📙	_			
jointly or Qualifying Spouse, \$25,900 Head of household, \$19,400 If you checked any box under Standard Deduction, Deduction, Deduction, Deduction, Deduction, Deduction, 15 Subtract line 14 from line 11 If zero or less enter -0- This is your total income	\$12,950									. Ш				
Qualifying surviving spouse, \$25,900 4dd lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 9 89, 047. Head of household, \$19,400 11 Subtract line 10 from line 9. This is your adjusted gross income 11 89, 047. If you checked any box under standard Deduction, Deduction, 10 12 Qualified business income deduction from Form 8995 or Form 8995-A 13 14 25,900. 15 Subtract line 14 from line 11. If zero or less enter -0- This is your taxable income 15 63, 147			·											•
11 Subtract line 10 from line 9. This is your adjusted gross income 11 89 , 047 .	Qualifying												89	0,047.
household, \$19,400 12 Standard deduction or itemized deductions (from Schedule A)	\$25,900		•	•							_	-		
Standard deduction or itemized deductions (from Schedule A) 12 25,900.				•	-									•
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		13	Subtract line 14 from line 11. If ze	or ies	s, enter -U IIIIS I	s your t	axable Incom	i e .			15		6.3	,14/.

Form 1040 (2022	2)									Page 2
Tax and	16	Tax (see instructions). Check	if any from Form	n(s): 1 881	4 2 🗌 4972	3 🗌		. 16	7	,164.
Credits	17	Amount from Schedule 2, lin	e3					. 17		
	18	Add lines 16 and 17						. 18	7	,164.
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812			. 19		
	20	Amount from Schedule 3, lin	e8					. 20		
	21	Add lines 19 and 20						. 21		
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				. 22	7.	,164.
	23	Other taxes, including self-en	mployment tax,	from Schedule	e 2, line 21 .			. 23		0.
	24	Add lines 22 and 23. This is	your total tax					. 24	7.	,164.
Payments	25	Federal income tax withheld								
,	а	Form(s) W-2				25a	8,27	79.		
	b	Form(s) 1099				25b				
	С	Other forms (see instructions				25c				
	d	Add lines 25a through 25c						. 25d	8	,279.
	26	2022 estimated tax payment								
If you have a Lagualifying child,	27	Earned income credit (EIC)				27				
attach Sch. EIC.	28	Additional child tax credit from				28				
	29	American opportunity credit				29				
	30	Reserved for future use .		-		30				
	31	Amount from Schedule 3, lin				31				
	32	Add lines 27, 28, 29, and 31.					dits .	. 32	1	
	33	Add lines 25d, 26, and 32. T	•	-	-				8	,279.
	34	If line 33 is more than line 24								,115.
Refund	35a	Amount of line 34 you want I								,115.
Direct deposit?	b	Routing number 3 2 4				Checking				, === -
See instructions.	d	Account number 7 1 4			J lype.	J Chicolang	Ouvii	195		
	36	Amount of line 34 you want a			ad tay	36				
Amount You Owe	37	Subtract line 33 from line 24 For details on how to pay, go	. This is the am o	ount you owe.				. 37		
	38	Estimated tax penalty (see in	•	•		1 1		. 07		
Third Party		you want to allow another								
Designee		structions	•				s. Compl	ete below.	X No	
200.900	De	signee's		Phone				dentification	_	
	nar	ne		no.			number (F	PIN)		
Sign		der penalties of perjury, I declare the ief, they are true, correct, and com			, , ,		,		,	0
Here	Yo	ur signature		Date	Your occupation				ent you an Ide PIN, enter it he	
Joint return?					SAP TECHNI	CAL CONSUI		(see inst.)		
See instructions.	Sp	ouse's signature. If a joint return, k	ooth must sign.	Date	Spouse's occupa	ation			nt your spous	
Keep a copy for your records.								Identity Prot (see inst.)	ection PIN, er	nter it here
you. 1000.uo.					HOME MAKE			(See IIISL.)		
		one no. (208)440-495		Email address	SUNNYANIR				T 01 1 15	
Paid		eparer's name	Preparer's signat			Date	PTI		Check if:	
Preparer	SYAM	PRIYA RAM SAGAR GUPTA TALLAM		RAM SAGAR	GUPTA TALLA	M 02/14/20	123 P02	2082703		nployed
Use Only	Fire	m's name GLOBAL TAX							(678)965	
	Fin	m's address 245 ROONE	Y CT E BRU	NSWICK N	J 08816			Firm's EIN		71965
Go to www.irs.go	ov/Forn	n1040 for instructions and the late	st information.		BAA	REV 02/05/23 I	PRO		Form 1 (040 (2022)

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2022

Attachment
Seguence No. 01

Department of the Treasury Internal Revenue Service

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

ANIRBAN DUTTA & SHWETA SINGH

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

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

uon.		Sequence No. 01
	Your soc	ial security number
	026-79	-5973

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	-9,960.
6	Farm income or (loss). Attach Schedule F		6	
7	Unemployment compensation		7	
8	Other income:			
а	Net operating loss	8a (
b	Gambling	8b		
С	Cancellation of debt	8c		
d	Foreign earned income exclusion from Form 2555	8d (
е	Income from Form 8853	8e		
f	Income from Form 8889	8f		
g	Alaska Permanent Fund dividends	8g		
h	Jury duty pay	8h		
i	Prizes and awards	8i		
j	Activity not engaged in for profit income	8j		
k	Stock options	8k		
- 1	Income from the rental of personal property if you engaged in the rental			
	for profit but were not in the business of renting such property	81		
m	Olympic and Paralympic medals and USOC prize money (see			
	instructions)	8m		
n	Section 951(a) inclusion (see instructions)	8n		
0	Section 951A(a) inclusion (see instructions)	80		
р	Section 461(I) excess business loss adjustment	8p		
q	Taxable distributions from an ABLE account (see instructions)	8q		
r	Scholarship and fellowship grants not reported on Form W-2	8r		
S	Nontaxable amount of Medicaid waiver payments included on Form			
	1040, line 1a or 1d	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	l, or 1040-NR, line 8	10	-9,960.

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 governr			
	officials. Attach Form 2106	L	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	L	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			
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:			
25			25	
25 26	Total other adjustments. Add lines 24a through 24z		25	
26	Add lines 11 through 23 and 25. These are your adjustments to income . Enter here an Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a		26	
	Form 1040 or 1040-on, little 10, or Form 1040-inn, little 10a		20	

SCHEDULE E (Form 1040)

Supplemental Income and Loss

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

Attach to Form 1040, 1040-SR, 1040-NR, or 1041,

Attachment

Your social security number

Department of the Treasury Internal Revenue Service Name(s) shown on return

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

Sequence No. 13

OMB No. 1545-0074

ANIRBAN DUTTA & SHWETA SINGH 026-79-5973 Part I Income or Loss From Rental Real Estate and Royalties **Note:** If you are in the business of renting personal property, use **Schedule C**. See instructions. If you are an individual, report farm rental income or loss from **Form 4835** on page 2, line 40. Did you make any payments in 2022 that would require you to file Form(s) 1099? See instructions . В Physical address of each property (street, city, state, ZIP code) 1a Α В C **Fair Rental** 1b Type of Property **Personal Use** For each rental real estate property listed QJV (from list below) above, report the number of fair rental and **Davs Davs** personal use days. Check the QJV box only Α Α 365 0 if you meet the requirements to file as a В В qualified joint venture. See instructions. С C Type of Property: 1 Single Family Residence 3 Vacation/Short-Term Rental 7 Self-Rental 5 Land 8 Other (describe) 2 Multi-Family Residence 4 Commercial 6 Royalties **Properties:** Α В C Income: 3 600. 4 Royalties received 4 **Expenses:** 5 5 Advertising 6 Auto and travel (see instructions) 6 7 Cleaning and maintenance. 7 1,000. 8 Commissions 8 9 9 Insurance . . 10 10 Legal and other professional fees 11 Management fees 11 500. 12 Mortgage interest paid to banks, etc. (see instructions) 12 13 13 2,800. 14 14 Repairs . . . 2,500. 15 Supplies 15 16 16 Taxes 17 17 3,760. 18 18 Depreciation expense or depletion 19 19 Other (list) 20 20 Total expenses. Add lines 5 through 19 10,560. 21 Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198 21 -9,960. 22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) 9,960.) 600. 23a Total of all amounts reported on line 3 for all rental properties Total of all amounts reported on line 4 for all royalty properties 23b Total of all amounts reported on line 12 for all properties 23c Total of all amounts reported on line 18 for all properties 23d 10,560. Total of all amounts reported on line 20 for all properties 23e 24 **Income.** Add positive amounts shown on line 21. **Do not** include any losses 24 25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here 25 9,960. Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result 26 here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on

26

-9,960.

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

Form **8889**

Health Savings Accounts (HSAs)

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

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

OMB No. 1545-0074

2022
Attachment
Sequence No. 52

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

ANIRBAN DUTTA

Department of the Treasury

Internal Revenue Service

Social security number of HSA beneficiary. If both spouses have HSAs, see instructions. 026-79-5973

Betoi	<i>re you begin:</i> Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, i	t requ	ired.
Part	HSA Contributions and Deduction. See the instructions before completing this part. If and both you and your spouse each have separate HSAs, complete a separate Part I for		
1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2022. See instructions	□ Se	elf-only 🗵 Family
2	HSA contributions you made for 2022 (or those made on your behalf), including those made by the unextended due date of your tax return that were for 2022. Do not include employer contributions, contributions through a cafeteria plan, or rollovers. See instructions	2	0.
3	If you were under age 55 at the end of 2022 and, on the first day of every month during 2022, you were, or were considered, an eligible individual with the same coverage, enter \$3,650 (\$7,300 for family coverage). All others , see the instructions for the amount to enter	3	7,300.
4	Enter the amount you and your employer contributed to your Archer MSAs for 2022 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2022, also include any amount contributed to your spouse's Archer MSAs	4	0.
5	Subtract line 4 from line 3. If zero or less, enter -0	5	7,300.
6	Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family		,,,,,,,
•	coverage under an HDHP at any time during 2022, see the instructions for the amount to enter	6	7,300.
7	If you were age 55 or older at the end of 2022, married, and you or your spouse had family coverage		.,
0	under an HDHP at any time during 2022, enter your additional contribution amount. See instructions.	7	7 200
8	Add lines 6 and 7	8	7,300.
9 10	Employer contributions made to your HSAs for 2022		
11	Add lines 9 and 10	11	1,600.
12	Subtract line 11 from line 8. If zero or less, enter -0	12	5,700.
13	HSA deduction. Enter the smaller of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line 13	13	3,700.
13	Caution: If line 2 is more than line 13, you may have to pay an additional tax. See instructions.	13	0.
Part		arate l	HSAs complete
	a separate Part II for each spouse.	arato i	norto, complete
14a	Total distributions you received in 2022 from all HSAs (see instructions)	14a	2,794.
b	Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were		,
	withdrawn by the due date of your return. See instructions	14b	
С	Subtract line 14b from line 14a	14c	2,794.
15	Qualified medical expenses paid using HSA distributions (see instructions)	15	2,794.
16	Taxable HSA distributions. Subtract line 15 from line 14c. If zero or less, enter -0 Also, include this amount in the total on Schedule 1 (Form 1040), Part I, line 8f	16	0.
17a	If any of the distributions included on line 16 meet any of the Exceptions to the Additional 20% Tax (see instructions), check here		
b	Additional 20% tax (see instructions). Enter 20% (0.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also, include this amount in the total on Schedule 2 (Form 1040), Part II, line 17c	17b	
Part	Income and Additional Tax for Failure To Maintain HDHP Coverage. See the instruct completing this part. If you are filing jointly and both you and your spouse each have see complete a separate Part III for each spouse.		
18	Last-month rule	18	
19	Qualified HSA funding distribution	19	
20	Total income. Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I, line 8f .	20	
21	Additional tax. Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2 (Form		

Don't Staple

IDAHO

1030 Form 40 2022

State Tax C	Commission Individual	Income Tax Return		Cere Contract Approximation		從
Amended F	Return? Check the box.	■ State Use Only				#5
	f the instructions for the reasons d enter the number that applies.	• DUTT	III NOO MANAGAANAA SAA KA AASAA KA	E-BREAK-PREKAZENZENZEN		(X)
For calendar	year 2022 or fiscal year beginnir	ng , ending				
Your firs	t name and initial	Your last name	Your Social Security number ((SSN)	Dece	asec
ANIRE Spouse'	BAN	DUTTA	026-79-5973		in 20	22
Spouse'	s first name and initial	Spouse's last name	Spouse's Social Security num	ber (SSN)	Dece	
SHWET Current	ГА	SINGH	982-94-7111		in 20	22
Current	mailing address		Forms and instru		able at	
9 2627	E RED CEDAR LANE AP	T 0102	<u>.</u>	aho.gov		
2627 City		State ZIP code	Foreign country (if not U.S.)			
- I BOTSI		ID 83716				
Filing Stat		arried filing jointly or separately, enter s				ve.
1	Single 2. X Married filin jointly	g 3. Married filing 4. He ho	ead of usehold 5. Qual with	ifying widow(qualifying dep	er) pendents	
Household	. See instructions, page 7. If so	meone can claim you as a dependent, leave l	line 6a blank. Enter "1" on line	s 6a and 6b, i	f they apply	y.
6a Your	self1 6b. Spous	e1 6c. Dependents	6d Total household	2		
	•	•				
List your de	ependents below. If you have	more than four dependents, continue on	Form 39R. Enter total num	ber on line 6	iC.	
	Dependent's first name	Dependent's last name	Dependent's SSN		ent's birthdat	e
	Dependent's mist hame	Dependent's last flame	Dependent's 3314	(mm	/dd/yyyy)	\neg
						_
lnaama O	!4			$\overline{\top}$		른
	ee instructions, page 7.	from fortonel Form 4040 on 4040 Of	D. U 44			
-	, ,	come from federal Form 1040 or 1040-SF		_	00045	
		eral return			89047	+
		e 7. Include Form 39R		8		00
9. Total. A	Add lines 7 and 8			9	89047	00
10. Subtra	ctions from Form 39R, Part B	, line 24. Include Form 39R		10		00
11. Total A	Adjusted Income. Subtract lin	ne 10 from line 9	······	11	89047	00
Tax Comp	outation. See instructions,	page 8.				
Standard]					
Deduction	a. If age 6	55 or older • You	ırself • Spouse			
for Most People	12. Check b. If blind		rself ■ Spouse			
Single or		parent or someone else can claim you as				
Married Filing	1	ent, check here and enter zero on line 43				
Separately: \$12,950	_ дороги	in the state of th	· ······· - 🗀			
	13. Itemized deductions. I	nclude federal Schedule A. Federal limits	apply	13		00
Head of Household:		e or general sales taxes included on fede	• • •	14		00
\$19,400		ine 13. If you don't use federal Schedule		15		00
Married Filing		ee instructions, page 8, to determine amo		16	25900	
Jointly or		line 15 or 16 from line 11. If less than zer		17		+
Qualifying Widow(er):	1				63147	T
\$25,900		Out the at line 10 fears line 17		18		00
	19. Idano taxable income.	Subtract line 18 from line 17		19	63147	00

REV 01/17/23 PRO

Continue to page 2.

20. Tax from tables or rate schedule. See instructions, page 53

MAIL TO: Idaho State Tax Commission, PO Box 56, Boise, ID 83756-0056 Include a complete copy of your federal return.

EFO00089 09-28-2022 Page 1 of 2

Form 40

1030 **2022**

(continued)

21.	Tax amount from line 20		21	3322	00
Cred	dits. Limits apply. See instructions, page 9.				
22.	Income tax paid to other states. Include Form 39R and a copy of other states' returns • 22	00			
23.	Total credits from Form 39R, Part D, line 4. Include Form 39R	00			
24.	Total business income tax credits from Form 44, Part I, line 10. Include Form 44 24	00			
25.	Idaho Child Tax Credit. Computed amount from worksheet on page 10 25	0 00			
26.	Total Credits. Add lines 22 through 25		26	0	00
27.	Subtract line 26 from line 21. If line 26 is more than line 21, enter zero		27	3322	00
Othe	er Taxes. See instructions, page 10.				
28.	Fuels use tax due. Include Form 75		28		00
29.	Sales/use tax due on untaxed purchases (online, mail order, and other)		29		00
30.	Total tax from recapture of income tax credits from Form 44, Part II, line 6. Include Form 44		30		00
31.	Tax from recapture of qualified investment exemption (QIE). Include Form 49ER		31		00
32.	Permanent building fund tax.				Π
	Check the box if you received Idaho public assistance payments for 2022	-	32	10	00
33.	Total Tax. Add lines 27 through 32		33	3332	00
Don	nations. See instructions, page 10. I want to donate to:				
34.	Idaho Nongame Wildlife Fund • 35. Idaho Children's Trust Fund •				
36.	Special Olympics Idaho 37. Idaho Guard & Reserve Family				
40.	American Red Cross of Idaho Fund 39. Veterans Support Fund				
42.	Total Tax Plus Donations. Add lines 33 through 41		42	3332	00
Pay	ments and Other Credits.				
43.	Grocery Credit. Computed amount from worksheet on page 11	200		Ι	$\overline{}$
	To receive your grocery credit, enter the computed amount on line 43		43	200	00
	To donate your grocery credit to the Cooperative Welfare Fund, check the box and enter zero on line 43				
	Maintaining a home for family member age 65 or older or developmentally disabled. Include Form 39		44		00
	Special fuels tax refund Gasoline tax refund Include Form 75		45		00
	Idaho income tax withheld. Include Form W-2s and any 1099s that show Idaho withholding		46	3749	00
	2022 Form 51 estimated payments and amount applied from 2021 return		47		00
	Paid by entity • Withheld • ABE • See instructions		48		00
	Tax Reimbursement Incentive credit • Claim of Right credit • See instruction		49		00
	Total Payments and Other Credits. Add lines 43 through 49		50	3949	00
	Due or Refund. See instructions, page 12.				
	Tax Due. If line 42 is more than line 50, subtract line 50 from line 42				00
52.	Penalty • Interest from the due date • Enter total		52		00
	Check box if penalty is caused by an unqualified Idaho medical savings account withdrawal			T	
	Nonrefundable credit from a prior year return. See Form 44 instructions		53		00
	Total Due. Add lines 51 and 52, then subtract line 53		54		00
	•	······ •	55	617	00
56.	Refund • 617 Apply to 2023	_			
57.	Direct Deposit. See instructions, page 13. • Check if final deposit destination is outside	e the U	S.	V chas	ادانه ما
■ Pout	uting No. 3 2 4 1 7 3 6 2 6 • Account No. 7 1 4 1 6 9 3 1 4			Type of X Chec Account: Savin	
			<u> </u>	Savin	igs ——
	ended Return Only. Complete this section to determine your tax due or refund. See instruct				
	Total due (line 54) or overpaid (line 55) on this return		58		00
	Refund from original return plus additional refunds		59		00
	Tax paid with original return plus additional tax paid		60		00
61.	Amended tax due or refund. Add lines 58 and 59 then subtract line 60		61		00
•	─ Within 180 days of receiving this return, the Idaho State Tax Commission may discuss this return with the Under penalties of perjury, I declare that to the best of my knowledge and belief this return is true, corre				
	Your signature (required) Spouse's signature (if a joint return, both must sign)	-,	اح	Date	
Çi~-					
Sign Here		Taxpay	/er's į	phone number	
	02-14-2023 • 84-3171965			40-4954	
Prep	Darer's address GLOBAL TAXES LLC State ZIP code Preparer's phone number				
-	5 ROONEY CT E BRUNSWICK NJ 08816 (678)965-9522				