#### 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.

Submission Identification Number (SID)

Taxpay	er's name	Social securi	ty numb	er
YES	HWANTH SANE	448-55	-3384	1
Spouse	's name	Spouse's so	ial secu	irity number
Par	Tax Return Information – Tax Year Ending December 31, 2022 (Ente	r year you a	ire aut	horizing.)
Enter	whole dollars only on lines 1 through 5.			
Note:	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.			
1	Adjusted gross income		1	63,359.
2	Total tax		2	6,711.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	10,222.
4	Amount you want refunded to you		4	3,511.
5	Amount you owe		5	
Dout	Texperies Declaration and Connetwork Authomization (Decome you get and	1		

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

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

#### Taxpayer's PIN: check one box only

X	Lauthorize	GLOBAL TAXES LLC	to enter or generate my PIN
12 21	I ddullolizo		

5	3	3	8	4	as				
Enter five digits, but don't enter all zeros									

my

ERO firm name signature on the income tax return (original or amended) I am now authorizing.

I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature

Date

#### Spouse's PIN: check one box only

I authorize

to enter or generate my PIN

as mv Enter five digits, but don't enter all zeros

ERO firm name signature on the income tax return (original or amended) I am now authorizing.

I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature 🕨	Date 🕨
Practitioner PIN Me	hod Returns Only—continue below
Part III Certification and Authentication – Prac	titioner PIN Method Only
ERO's EFIN/PIN. Enter your six-digit EFIN followed by you	r five-digit self-selected PIN. 2 2 2 4 9 6 6 1 9 8 9

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

ERO's signature >		Date 🕨	
ERO Must Retain This F Don't Submit This Form to the I			
For Paperwork Reduction Act Notice, see your tax return instructions.	BAA	REV 02/10/23 PRO	Form 8879 (Rev. 01-2021)

<b>1040</b>		artment of the Treasury—Internal Revenue Servi S. Individual Income Tax		202	2	OMB No. 1545	-0074	IRS Use C	Dnly—D	o not w	rite or staple	in this space.
-		Single	Married fil	ing separately (N	1FS)	Head of	house	hold (HOH	)		lifying sur	viving
Check only one box.		u checked the MFS box, enter the na on is a child but not your dependent		spouse. If you ch	neck	ed the HOH or	QSS	box, ente	r the o	•	use (QSS) name if th	ne qualifying
Your first name	and mi	ddle initial	Last name						Y	our so	cial securi	ty number
YESHWANI	Ή		SANE						4	48-5	55-338	4
lf joint return, s	oouse's	first name and middle initial	Last name						S	pouse'	s social se	curity numbe
Home address	(numbe	r and street). If you have a P.O. box, see	instructions.				A	Apt. no.	Р	reside	ntial Electi	on Campaigr
933 WILM	IING:	FON AVE					4	Ł			nere if you,	
City, town, or p	ost offi	ce. If you have a foreign address, also co	mplete space	s below.	Sta	te	ZIP c	ode				ntly, want \$3 Checking a
DAYTON					OF	I	454	20		0	ow will not	•
Foreign country	name		Foreig	gn province/state/c	count	ÿ	Foreig	in postal co	de yo	our tax	or refund.	
Digital	At ar	ny time during 2022, did you: (a) rece		ward award or	navr	ment for prope	rty or	services):	or (b)			
Digital Assets		ange, gift, or otherwise dispose of a									<b>Yes</b>	🗙 No
Standard		eone can claim: You as a de		Your spouse		•						
Deduction		Spouse itemizes on a separate return	n or you wer	re a dual-status a	alien							
		Were born before January 2, 1	958 🗌 Ar	re blind Spo	use	: 🗌 Was bor		ore Janua			Is bl	
Dependents				(2) Social security number		(3) Relationsh to you	ip <b>(4</b>			· · ·		instructions):
lf more than four	<b>(1)</b> F	rst name Last name		number		to you		Child ta	x cred	it	Credit for ot	her dependents
dependents,	-							L	 			
see instructions	s ——								 			
and check here								L	 _			
	1a	Total amount from Form(s) W-2, bo	ox 1 (coo inc	structions)						1a		└┘ 70,352.
Income	b		`	,			• •		•	1b		10,352.
Attach Form(s)	c	Household employee wages not reported on Form(s) W-2							10			
W-2 here. Also attach Forms	d	Medicaid waiver payments not rep								1d		
W-2G and	e	Taxable dependent care benefits f								1e		
1099-R if tax	f	Employer-provided adoption bene								1f		
was withheld. If you did not	g	Wages from Form 8919, line 6 .		-						1g		
get a Form	h	Other earned income (see instructi								1h		0.
W-2, see	i	Nontaxable combat pay election (s	,	ons)		1i						
instructions.	z	Add lines 1a through 1h		<i>.</i>						1z		70,352.
Attach Sch. B	2a	Tax-exempt interest	2a		bТ	axable interest				2b		
if required.	3a	Qualified dividends	3a		bС	rdinary divider	nds .			3b		
	4a	IRA distributions	4a		bТ	axable amoun	t			4b		
Standard	5a	Pensions and annuities	5a		bТ	axable amoun	t			5b		
Deduction for –	6a	Social security benefits	6a		bТ	axable amoun	t			6b		
<ul> <li>Single or Married filing</li> </ul>	с	If you elect to use the lump-sum elected	lection meth	od, check here (	see	instructions)						
separately, \$12,950	7	Capital gain or (loss). Attach Schee	dule D if req	uired. If not requ	ired	, check here				7		
<ul> <li>Married filing</li> </ul>	8	Other income from Schedule 1, line	e10							8		-6,993.
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,		•	omo	ə				9		63,359.
surviving spouse, \$25,900	10	Adjustments to income from Sche	dule 1, line 2	26						10		
<ul> <li>Head of</li> </ul>	11	Subtract line 10 from line 9. This is your adjusted gross income							11		63,359.	
household, \$19,400	12	Standard deduction or itemized	deductions	(from Schedule	A)					12		12,950.
<ul> <li>If you checked any box under</li> </ul>	13	Qualified business income deducti		m 8995 or Form	899	5-A				13		
Standard	14	Add lines 12 and 13								14		12,950.
Deduction, see instructions.	15	Subtract line 14 from line 11. If zer	o or less, en	ter -0 This is yo	ourt	taxable incom	e.			15	!	50,409.

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

Form 1040 (2022	2)									Page 2
Tax and	16	Tax (see instructions). Check	if any from Form	(s): <b>1</b> 🗌 881	4 <b>2</b> 4972	3			16	6,711.
Credits	17	Amount from Schedule 2, lir	ne3						17	
	18	Add lines 16 and 17							18	6,711.
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812				19	
	20	Amount from Schedule 3, lir	ne8						20	
	21	Add lines 19 and 20							21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0					22	6,711.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21 .				23	0.
	24	Add lines 22 and 23. This is							24	6,711.
Payments	25	Federal income tax withheld								
,, <b>,</b>	а	Form(s) W-2				25a	10	,222.		
	b	Form(s) 1099				25b				
	с	Other forms (see instruction				25c				
	d	Add lines 25a through 25c	<i>.</i>						25d	10,222.
15	26	2022 estimated tax paymen	ts and amount a	pplied from 20	21 return .				26	
If you have a l qualifying child,	27	Earned income credit (EIC)				27				
attach Sch. EIC.	28	Additional child tax credit from				28			1	
	29	American opportunity credit	from Form 8863	3, line 8		29				
	30	Reserved for future use .		·		30				
	31	Amount from Schedule 3, lir				31				
	32	Add lines 27, 28, 29, and 31				undable	credits		32	
	33	Add lines 25d, 26, and 32. T	2	-	-				33	10,222.
Refund	34	If line 33 is more than line 24	ne 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>							3,511.
Relund	35a	Amount of line 34 you want	refunded to you	J. If Form 8888	is attached, che	ck here		. 🗆	35a	3,511.
Direct deposit?	b	Routing number 0 4 4				] Checki		Savings		
See instructions.	d	Account number 5 9 0					Ŭ	Ū		
	36	Amount of line 34 you want	applied to your	2023 estimate	ed tax	36	_			
Amount	37	Subtract line 33 from line 24	. This is the <b>am</b>	ount vou owe						
You Owe		For details on how to pay, go to <i>www.irs.gov/Payments</i> or see instructions							37	
	38	Estimated tax penalty (see in	nstructions) .			38				
Third Party	Do	you want to allow another	person to disc	cuss this retu	rn with the IRS?	See				
Designee		structions	· · · · ·			[	Yes. Co	mplete k	below.	X No
		signee's		Phone				nal identi	ication	
	na			no.				er (PIN)		
Sign		der penalties of perjury, I declare t lief, they are true, correct, and com								
Here		ur signature		Date	Your occupation					nt you an Identity
	10	ui signature		Date						IN, enter it here
Joint return?					SOFTWARE I	DEVEL	OPER	(see	inst.)	
See instructions.	Sp	ouse's signature. If a joint return, I	both must sign.	Date	Spouse's occupat	ion				nt your spouse an
Keep a copy for your records.								Ident (see		ection PIN, enter it here
,		(020)510 000	0	Fue elle elebre e e					1150.)	
		one no. (937)510-096 eparer's name	0 Preparer's signat	Email address	YESHWANTHSA	NE96@G	JMALL.CO	M PTIN		Check if:
Paid							2/2022		2202	
Preparer		I PRIYA RAM SAGAR GUPTA TALLAM		KAM SAGAR	GUPTA TALLAM	02/2	2/2023	P0208:		Self-employed
Use Only		m's name GLOBAL TA		NOLIT CT	T 00016					678)965-9522
			Y CT E BRU	INSWICK N				Firm	s EIN	84-3171965
(20 to www.irc.a	ov/Eorr	n1040 for instructions and the late	et information							Earm 1()4() (2022

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

**BAA** REV 02/10/23 PRO

SCHEDULE	1
(Form 1040)	

Department of the Treasury

### Additional Income and Adjustments to Income

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

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

OMB No. 1545-0074 2

Attachment

Internal Revenue Service	Go to www.irs.gov/Form1040 for instructions and the latest information.		Sequence No. 01
Name(s) shown on Fo	orm 1040, 1040-SR, or 1040-NR	Your soci	ial security number
YESHWANTH SANE		448-55	-3384

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	ach Schedule E .	5	-6,993.
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 (	)	
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	R, or 1040-NR, line 8	10	-6,993.

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

Schedule 1 (Form 1040) 2022

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       Remalty on early withdrawal of savings       18         19a       Alimony paid       19a         19a       Alimony paid       19a         19a       Recipient's SSN       20         21       Student loan interest deduction       21         22       Reserved for future use       22         23       Archer MSA deduction       21         24       24a       24a         24a       24a       24a	Par	t II Adjustments to Income					
officials. Attach Form 2106       12         13       Health savings account deduction. Attach Form 8889       13         14       15         15       Deductible part of self-employment tax. Attach Schedule SE       15         16       Self-employed SEP, SIMPLE, and qualified plans       16         17       18       Penalty on early withdrawal of savings       18         19a       Alimony paid       19a       19a         19a       Date of original divorce or separation agreement (see instructions):       20         21       Student loan interest deduction       21         22       Reserved for future use       22         23       Archer MSA deduction       23         24       Other adjustments:       23         24       Jury duty pay (see instructions)       24a         24       24a       24a         24       24a       24a         24a       24a       24a	11	Educator expenses				11	
officials. Attach Form 2106       12         13       Health savings account deduction. Attach Form 889       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       Image: Self-employed health insurance deduction       17         18       Penalty on early withdrawal of savings       18         19a       Airmony paid       19a         b Recipient's SSN       20         c Date of original divorce or separation agreement (see instructions):       20         21       Student loan interest deduction       21         22       Reserved for future use       22         23       Archer MSA deduction       23         24       Other adjustments:       24a         a Jury duty pay (see instructions)       24a         b Deductible expenses related to income reported on line 81 from the rental of personal property engaged in for profit       24a         c Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 81.       24d         g Contributions to section 501(c)(18)(D) pension plans       24d         4       Refor	12	Certain business expenses of reservists, performing artists, and fee	-basi	is govern	ment		
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       17       Self-employed health insurance deduction       17         18       Penalty on early withdrawal of savings       18         19a       Mimony paid       19a         19       Alimony paid       19a         20       IRA deduction       20         21       Student loan interest deduction       21         22       23       Archer MSA deduction       23         24       Other adjustments:       22       23         24       Other adjustments:       24a       24a         24       Other adjustments:       24a       24b         24       Other adjustments:       24d       24c         24       Exessend for future use       24a       24b         24       Other adjustments:       24d       24c         24       Contributions to section 501(c)(18)(D) pension plans       24d         24       Exess adduction form Form 2555       24d       24e         24i       24i <td></td> <td>officials. Attach Form 2106</td> <td></td> <td></td> <td></td> <td>12</td> <td></td>		officials. Attach Form 2106				12	
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       18         19a       Detection       19a         19a       Image: Signal divorce or separation agreement (see instructions):       20         21       Student loan interest deduction       21         22       Reserved for future use       22         23       Archer MSA deduction       21         24       Other adjustments:       24         24       Other adjustments:       24a         24       Archer MSA deduction on the value of Olympic and Paralympic medals and USOC prize money reported on line 8m       24c         24d       24d       24d	13					13	
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       18         19a       Detection       19a         19a       Image: Signal divorce or separation agreement (see instructions):       20         21       Student loan interest deduction       21         22       Reserved for future use       22         23       Archer MSA deduction       21         24       Other adjustments:       24         24       Other adjustments:       24a         24       Archer MSA deduction on the value of Olympic and Paralympic medals and USOC prize money reported on line 8m       24c         24d       24d       24d	14	Moving expenses for members of the Armed Forces. Attach Form 3903				14	
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       20         c       Date of original divorce or separation agreement (see instructions):       20         21       Student loan interest deduction       21         22       Reserved for future use       22         23       Archer MSA deduction       21         24       Other adjustments:       23         a       Jury duty pay (see instructions)       24a         b       Deductible expenses related to income reported on line 81 from the rental of personal property engaged in for profit       24b         c       Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m       24c         24d       24d       24e         24d       24d       24e         24d       24e       24d         24d       24g       24e         24d       24g       24d         24d       24g       24d         24d       24g       24g         <	15					15	
17       Self-employed health insurance deduction       17         18       Penalty on early withdrawal of savings       18         19a       Alimony paid       19a         19a       Description (SSN)       19a         19a       Description (SSN)       19a         19a       Description (SSN)       19a         20       Date of original divorce or separation agreement (see instructions):       20         21       Student loan interest deduction       21         22       Reserved for future use       22         23       Archer MSA deduction       22         24       Other adjustments:       24a         24       Other adjustments:       24a         24       Deductible expenses related to income reported on line 8 from the rental of personal property engaged in for profit       24a         24d       24d       24d         24d       24d       2	16					16	
18       Penalty on early withdrawal of savings       18         19a       Alimony paid       19a         b       Recipient's SSN       19a         c       Date of original divorce or separation agreement (see instructions):       20         20       IRA deduction       20         21       Student loan interest deduction       21         22       advectorin       22         23       Archer MSA deduction       23         24       Other adjustments:       23         a       Jury duty pay (see instructions)       24a         b       Deductible expenses related to income reported on line 81 from the rental of personal property engaged in for profit       24a         c       Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m       24c         24d       24d       24d         24d       24d       24d         g       Contributions to section 501(c)(18)(D) pension plans       24g         f       Contributions by certain chaplains to section involving certain unlawful discrimination claims (see instructions)       24i         i       Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations       24i         j	17						
19a       Alimony paid       19a         b       Recipient's SSN       19a         c       Date of original divorce or separation agreement (see instructions):       20         20       IRA deduction       21         21       Student loan interest deduction       21         22       Preserved for future use       23         23       Archer MSA deduction       23         24       Other adjustments:       24a         a       Jury duty pay (see instructions)       24a         b       Deductible expenses related to income reported on line 81 from the rental of personal property engaged in for profit       24b         c       Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m       24c         d       Reforestation amortization and expenses       24d         e       Repayment of supplemental unemployment benefits under the Trade Act of 1974       24d         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)       24i         j       Housing deduction from Form 2555       24j       24i         z       24i       24i         z4i <td< td=""><td>18</td><td></td><td></td><td></td><td></td><td>18</td><td></td></td<>	18					18	
b       Recipient's SSN       20         c       Date of original divorce or separation agreement (see instructions):       20         20       IRA deduction       20         21       Student loan interest deduction       21         22       Reserved for future use       22         23       Archer MSA deduction       21         24       Other adjustments:       24a         a       Jury duty pay (see instructions)       24a         b       Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit       24b         c       Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m       24c         24d       24d       24d         e       Repayment of supplemental unemployment benefits under the Trade Act of 1974       24f         g       Contributions by certain chaplains to section 403(b) plans       24g         f       Contributions by certain chaplains to section sinvolving certain unlawful discrimination claims (see instructions)       24i         i       Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions)       24i         j       Housing deduction from Form 2555       24i         z       Other adjustments. List type a	19a						
c       Date of original divorce or separation agreement (see instructions):       20         20       IRA deduction       20         21       Student loan interest deduction       21         22       Reserved for future use       22         23       Archer MSA deduction       23         24       Other adjustments:       23         a       Jury duty pay (see instructions)       23         24       Other adjustments:       24a         b       Deductible expenses related to income reported on line 81 from the rental of personal property engaged in for profit       24b         c       Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m       24c         a dury duty pay (see instructions)       24d       24d         e       Repayment of supplemental unemployment benefits under the Trade Act of 1974       24ff         g       Contributions to section 501(c)(18)(D) pension plans       24df         24d       24d       24d         24d       24d       24d         24d       24d       24d         g       Contributions to section 501(c)(18)(D) pension plans       24df         i       Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that he							
20       IRA deduction       20         21       Student loan interest deduction       21         22       Reserved for future use       22         23       Archer MSA deduction       22         24       Other adjustments:       23         a       Jury duty pay (see instructions)       24a         b       Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit       24b         c       Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m       24c         d       Reforestation amortization and expenses       24d         e       Repayment of supplemental unemployment benefits under the Trade Act of 1974       24d         g       Contributions to section 501(c)(18)(D) pension plans       24f         g       Contributions to section 501(c)(18)(D) pension plans       24h         i       Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions)       24i         j       Housing deduction from Form 2555       24i         z       24i       24i         z4i       24i         z4i       24z         z4i       24z         j       Housing deduction from Form 2555		Date of original divorce or separation agreement (see instructions):					
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b       Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit       24b         c       Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m       24c         d       Reforestation amortization and expenses       24d         e       Repayment of supplemental unemployment benefits under the Trade Act of 1974       24d         f       Contributions to section 501(c)(18)(D) pension plans       24f         g       Contributions by certain chaplains to section 403(b) plans       24g         h       Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions)       24i         j       Housing deduction from Form 2555       24j         k       Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)       24k         z       Other adjustments. List type and amount:       24k         z4z       24z       24z         z5       Total other adjustments. Add lines 24a through 24z       25       Total other adjustments. Add lines 24a through 24z       25		•	24a				
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<ul> <li>e Repayment of supplemental unemployment benefits under the Trade Act of 1974</li></ul>	Ь					-	
Act of 1974 24e   f Contributions to section 501(c)(18)(D) pension plans   g Contributions by certain chaplains to section 403(b) plans   h Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions)   i Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations   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 Total other adjustments. Add lines 24a through 24z   26 Add lines 11 through 23 and 25. These are your adjustments to income. Enter here and on						-	
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<ul> <li>g Contributions by certain chaplains to section 403(b) plans</li></ul>	f						
<ul> <li>h Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions)</li></ul>	-						
<ul> <li>discrimination claims (see instructions).</li> <li>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</li> <li>j Housing deduction from Form 2555.</li> <li>k Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041).</li> <li>24i</li> <li>2</li></ul>			9				
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i tax law violations 24i   j Housing deduction from Form 2555 24j   k Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041) 24k   z Other adjustments. List type and amount: 24k   25 Total other adjustments. Add lines 24a through 24z 24z   26 Add lines 11 through 23 and 25. These are your adjustments to income. Enter here and on		from the IRS for information you provided that helped the IRS detect					
<ul> <li>j Housing deduction from Form 2555</li></ul>			24i				
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25       Total other adjustments. Add lines 24a through 24z       24z       25         26       Add lines 11 through 23 and 25. These are your adjustments to income. Enter here and on       25	7					-	
<ul> <li>25 Total other adjustments. Add lines 24a through 24z</li></ul>	~		247				
26 Add lines 11 through 23 and 25. These are your adjustments to income. Enter here and on	25	Total other adjustments. Add lines 24a through 24z				25	
						20	
	20					26	
BAA REV 02/10/23 PRO Schedule 1 (Form 1040) 2							0.1 (Earm 1040) 000

(Form	1040)	(From	rental real estat	e, royalties, partnersl	hips, S	6 corporati	ons, es	tates,	trusts, REMI	Cs, etc.)	୬୮	99
	nent of the Treasury Revenue Service			Attach to Form 1040, irs.gov/ScheduleE for					formation		Attachm	ent ce No. <b>13</b>
	) shown on return		001010101	is.gov/Scheduler 10	mour			itest ii		Your soci	al security r	
	IWANTH SANE										5-3384	lumber
Part			s From Pont	al Real Estate an	d Po	valties				J J J	J JJ01	
	Note: If yo rental inco	ou are in ome or lo	the business of re ss from <b>Form 48</b>	enting personal proper <b>35</b> on page 2, line 40.	ty, use	Schedule						
				at would require you d Form(s) 1099? .								
1a	Physical addr	ress of e	each property (s	street, city, state, ZI	cod	e)						
Α	B.D.L TOW	NSHIP	, BHANUR HY	YDERABAD TELAN	IGANA	A IN 50	2305					
B C												
 1b	Type of Prope	erty 2	For each rep	tal real estate prope	rty lie	tod		Fa	ir Rental	Person		
10	(from list below		above, repor	t the number of fair	rental	and		Га	Days	Da		QJV
Α	3			days. Check the Que			Α		365		0	
В				t venture. See instru			В					
С			quameajent				С					
1	<b>of Property:</b> Single Family R Multi-Family Re			ion/Short-Term Ren nercial	tal	5 Land 6 Roya			Self-Rental Other (desc	ribe)		
									Propert	es:		
Incom	ne:						Α		В			С
3					3		4	10.				
		ived.			4							
Exper					_							
5	•				5							
6					6 7		1 1	20				
7 8	-				8		1,1	39.				
9					0 9							
10					10							
11					11		7	69.				
12				(see instructions)	12		/	05.				
13	00				13							
14					14		2,0	73.				
15					15		1,8	79.				
16	Taxes				16							
17	Utilities				17		1,5	43.				
18		expense	or depletion .		18							
19	Other (list)				19							
20	•		•	19	20		7,4	03.				
21		s), see i	nstructions to f	d/or 4 (royalties). If ind out if you must	21		-6,9	93.				
22				er limitation, if any,	22	(	6,99	93.)	(	)	(	)
23a				3 for all rental prope				23a		410.		
b				4 for all royalty prop	erties			23b				
С				12 for all properties				23c				
d				18 for all properties	• •			23d				
e			•	20 for all properties			• •	23e	7	,403.		
24 25		-		n on line 21. <b>Do no</b>		-		ntor t		. 24	(	< 002 \
25	LOSSES. Add f	oyaity io	sses from line 2	1 and rental real estat	ie ioss	ses nom lir	ie 22. E	inter to	nai iosses ne	re <b>25</b>	(	6,993.)

**Supplemental Income and Loss** 

SCHEDULE E

(Form 1040)

sses from line 21 and rental real estate losses from line 22. Enter total losses here 20 LUSSES. Auditoya 26 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2 .

For Paperwork Reduction Act Notice, see the separate instructions.

26

-6,993.

OMB No. 1545-0074

	Do not staple or paper clip. Ohio Department of Taxation Use of	2022 Ohio Individual Income only black ink/UPPERCASE lef	e Tax Return	22000198 Sequence No.			
	AMENDED RETURN - Check here and ir	clude Ohio IT RE.	NOL CARRYBACK - Checl	k here and include Schedule IT NOL.			
	Primary taxpayer's SSN (required) ✓ If de 448 55 3384	ceased Spouse's SSN (if fili	ng jointly) 🗸 If dec	eased School district # 5703			
	First name YESHWANTH	M.I. Last name SANE					
	Spouse's first name (if filing jointly)	M.I. Last name					
	Address line 1 (number and street) or P.O. Box 933 WILMINGTON AVE Address line 2 (apartment number, suite number	r etc.)					
	APT 4	, 610.)					
	City		State ZIP code	Ohio county (first four letters)			
	DAYTON		ОН 45420	MONT			
	Foreign country (if the mailing address is outside	e the U.S.)	Foreign postal code				
	Residency Status – Check only one for pr	mary	Filing Status – Check one	e (as reported on federal income tax return)			
	••• • • • • • • • • • • • • • • • • • •	nresident <b>&gt;&gt;</b>	X Single, head of househo	old or qualifying widow(er)			
	5	nresident <b>&gt;&gt;</b> icate state	Married filing jointly Married filing separately	Spouse's SSN			
	Ohio Nonresident Statement - See ins	tructions for required criteria					
	Primary meets the five criteria for irrebuttable	presumption as nonresident.	Federal extension filers	s - check here.			
	Spouse meets the five criteria for irrebuttable	presumption as nonresident.	If someone can claim you (or your spouse if filing jointly) as a dependent, check here.				
Do not staple or paper clip.	1. Federal adjusted gross income (federal 10 if negative	. ,		63359			
e or p	2a. Additions – Ohio Schedule of Adjustments, li	ne 10 ( <b>include schedule</b> )	2а.				
t staple	2b. Deductions – Ohio Schedule of Adjustments,						
Do no	3. Ohio adjusted gross income (line 1 plus line	the box if negative3.	63359				
	<ol> <li>Exemption amount (include Schedule of De Number of exemptions including you and your</li> </ol>			2150			
	5. Ohio income tax base (line 3 minus line 4; if	negative, enter zero)	5.	61209			
	6. Taxable business income – Ohio Schedule I	BUS, line 13 ( <b>include schedu</b>	<b>le</b> )6.				
	7. Taxable nonbusiness income (line 5 minus lin	ne 6; if negative, enter zero)	7.	61209			
				MM-DD-YY Code			

2022 IT 1040 - page 1 of 2

## 2022 Ohio IT 1040



Individual	Income	Тах	Return
manyiadai	meome	IUA	Noturn

SSN	448 55 3384Individual Income	Tax Return	22000298 Sequence No. 2
7a. Amou	unt from line 7 on page 1	7a.	61209
8a.Nonb	ousiness income tax liability on line 7a (see instructions for tax tables)	8a.	1402
8b.Busin	ness income tax liability – Ohio Schedule IT BUS, line 14 ( <b>include sched</b>	<b>ule</b> )8b.	
8c. Incor	me tax liability before credits (line 8a plus line 8b)	8c.	1402
9. Ohio	nonrefundable credits – Ohio Schedule of Credits, line 35 (include sche	dule)9.	0
10.Tax li	ability after nonrefundable credits (line 8c minus line 9; if negative, enter	zero)10.	1402
11. Intere	est penalty on underpayment of estimated tax (include Ohio IT/SD 2210)	)11.	
12.Unpa	aid use tax (see instructions)		
13. <b>Total</b>	Ohio tax liability before withholding or estimated payments (add lines 1	0, 11 and 12)13.	1402
	income tax withheld – Schedule of Ohio Withholding, part A, line 1 ( <b>inclume statements</b> )		2257
	nated and extension payments (from Ohio IT 1040ES and IT 40P), and cr last year's return		
16.Refur	ndable credits – Ohio Schedule of Credits, line 41 ( <b>include schedule</b> )		
17. <u>Ame</u> i	nded return only – amount previously paid with original and/or amended	l return17.	
18. <b>Total</b>	Ohio tax payments (add lines 14, 15, 16 and 17)		2257
19. <u>Ame</u> i	nded return only – overpayment previously requested on original and/or	amended return19.	
20. Line 1	18 minus line 19. Place a "-" in the box if negative	20.	2257
	If line 20 is MORE THAN line 13, skip to line 24. OTHERWISE, conti		
21. Tax d	lue (line 13 minus line 20). If line 20 is negative, ignore the "-" and add lin	e 20 to line 1321.	
22. Intere	est due on late payment of tax (see instructions)		
	AL AMOUNT DUE (line 21 plus line 22). Include Ohio IT 40P (if origin XP (if amended return) and make check payable to "Ohio Treasurer of 3		
24. Overp	payment (line 20 minus line 13)		855
26. <u>Origi</u>	inal return only – portion of line 24 carried forward to next year's tax liabili inal return only – portion of line 24 you wish to donate: n. Wildlife Species b. Military Injury Relief c. Ohio His		
d. Natur	re Preserves/Scenic Rivers e. Breast/Cervical Cancer f. Wishes f	or Sick Children	
27. <b>REF</b> I	UND (line 24 minus lines 25 and 26g)		855
	ere (required): I have read this return. Under penalties of perjury, I declare that, f, the return and all enclosures are true, correct and complete.		s \$1.00 or less, no refund will be issued. 1.00 or less, no payment is necessary.
	signature Phone number	()hic	yment Included – Mail to: Department of Taxation
	's signature Date		P.O. Box 2679 Imbus, OH 43270-2679
	ck here to authorize your preparer to discuss this return with the Department. s printed name Phone number		nent Included – Mail to:
	s printed name Phone number ( SYAM PRIYA RAM SAGAR GUP ( Preparer's TIN (PTIN) P 020	678)965-9522 Ohio	Department of Taxation P.O. Box 2057 umbus, OH 43270-2057



**hio** Department of Taxation

### 2022 Schedule of Ohio Withholding



22350198

Use only black ink/UPPERCASE letters. Use whole dollars only.

Primary taxpayer's SSN

Sequence No. 11

### 448 55 3384

List your and your spouse's (if filing jointly) W-2, 1099, and W-2G forms **only if they have Ohio withholding**. Enter "P" in the "P/S" box if the form is the primary taxpayer's and enter "S" if it is the spouse's. If the Ohio ID number on a statement has 9 digits, enter only the first 8 digits. Complete additional copies if necessary. **Place state copies of your income statements after the last page of your return.** 

#### Part A - Total Withholding

 1. Total of all Ohio state tax withheld on pages 1 and 2 as well as any additional pages. Enter here and on line 14 of your Ohio IT 1040
 1.
 2257

 Part B - W-2s
 2
 2
 2

<u>Part B -</u> 1. P/S P	<u>- <b>W-2s</b></u> Box b - EIN 843443670	Box 1 - Wages, tips, other compensation 70352	Box 2 - Federal income tax withheld 10222
	Box 15 - Employer's Ohio ID number 54131286	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax 2257
2. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
3. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
4. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
5. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
6. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
7. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax





|--|

Part C - 1099-R 1. P

# 2022 Schedule of Ohio Withholding Primary taxpayer's SSN 448 55 3384



22350298 Sequence No. 12

Part C -	<u>1099-Rs</u>	110 55 5501		Sequence No. 1
-	Payer's TIN	Box 1 - Gross distribution		Box 7 - Distribution code
	Box 15 - Payer's Ohio number	Box 4 - Federal income tax withheld	Box 14 -	Ohio tax withheld
2. P/S	Payer's TIN	Box 1 - Gross distribution		Box 7 - Distribution code
	Box 15 - Payer's Ohio number	Box 4 - Federal income tax withheld	Box 14 -	Ohio tax withheld
3. P/S	Payer's TIN	Box 1 - Gross distribution		Box 7 - Distribution code
	Box 15 - Payer's Ohio number	Box 4 - Federal income tax withheld	Box 14 -	Ohio tax withheld
4. P/S	Payer's TIN	Box 1 - Gross distribution		Box 7 - Distribution code
	Box 15 - Payer's Ohio number	Box 4 - Federal income tax withheld	Box 14 -	Ohio tax withheld
Part D -	W-2Gs			
	Payer's federal ID number	Box 1 - Reportable winnings	Box 4 - Federal	income tax withheld
	Box 13 - Ohio state ID number	Box 14 - Ohio state winnings	Box 15 -	Ohio income tax withheld
2. P/S	Payer's federal ID number	Box 1 - Reportable winnings	Box 4 - Federal	income tax withheld
	Box 13 - Ohio state ID number	Box 14 - Ohio state winnings	Box 15 -	Ohio income tax withheld
3. P/S	Payer's federal ID number	Box 1 - Reportable winnings	Box 4 - Federal	income tax withheld
	Box 13 - Ohio state ID number	Box 14 - Ohio state winnings	Box 15 -	Ohio income tax withheld
Dart E	1099-NECs			
	Payer's TIN	Box 1 - Nonemployee compensation	Box 4 - Federal	income tax withheld
	Box 6 - Payer's Ohio number	Box 7 - State income	Box 5 - 0	Ohio tax withheld
2. P/S	Payer's TIN	Box 1 - Nonemployee compensation	Box 4 - Federal	income tax withheld
	Box 6 - Payer's Ohio number	Box 7 - State income	Box 5 - 0	Ohio tax withheld



<b>1040</b>		artment of the Treasury—Internal Revenue Servi S. Individual Income Tax		202	2	OMB No. 1545	-0074	IRS Use C	Dnly—D	o not w	rite or staple	in this space.
-		Single	Married fil	ing separately (N	1FS)	Head of	house	hold (HOH	)		lifying sur	viving
Check only one box.		u checked the MFS box, enter the na on is a child but not your dependent	,	spouse. If you ch	neck	ed the HOH or	QSS	box, ente	r the o	•	use (QSS) name if th	ne qualifying
Your first name	and mi	ddle initial	Last name						Y	our so	cial securi	ty number
YESHWANI	Ή		SANE						4	48-5	55-338	4
lf joint return, s	oouse's	first name and middle initial	Last name						S	pouse'	s social se	curity numbe
Home address	(numbe	r and street). If you have a P.O. box, see	instructions.				A	Apt. no.	Р	reside	ntial Electi	on Campaigr
933 WILM	IING:	FON AVE					4	Ł			nere if you,	
City, town, or p	ost offi	ce. If you have a foreign address, also co	mplete space	s below.	Sta	te	ZIP c	ode				ntly, want \$3 Checking a
DAYTON					OF	I	454	20		0	ow will not	•
Foreign country	name		Foreig	gn province/state/c	count	ÿ	Foreig	in postal co	de y	our tax	or refund.	
Digital	At ar	ny time during 2022, did you: (a) rece		ward award or	navr	ment for prope	rty or	services):	or (b)			
Digital Assets		ange, gift, or otherwise dispose of a									<b>Yes</b>	X No
Standard		eone can claim: You as a de		Your spouse		•						
Deduction		Spouse itemizes on a separate return	n or you wer	re a dual-status a	alien							
		Were born before January 2, 1	958 🗌 Ar	re blind Spo	use	: 🗌 Was bor		ore Janua			Is bl	
Dependents				(2) Social security number		(3) Relationsh to you	ip <b>(4</b>			· · ·		instructions):
lf more than four	<b>(1)</b> F	rst name Last name		number		to you		Child ta	x cred	it	Credit for ot	her dependents
dependents,	-							L	 			
see instructions	s ——							L	 			
and check here								L	 _			
	<b>1</b> a	Total amount from Form(s) W-2, bo	ox 1 (coo inc							1a		└┘ 70,352.
Income	b	Household employee wages not re	`	,			• •		•	1b		10,352.
Attach Form(s)	c	Tip income not reported on line 1a	-							10		
W-2 here. Also attach Forms	d	Medicaid waiver payments not rep								1d		
W-2G and	e	Taxable dependent care benefits f								1e		
1099-R if tax	f	Employer-provided adoption bene								1f		
was withheld. If you did not	g	Wages from Form 8919, line 6 .		-						1g		
get a Form	h	Other earned income (see instructi								1h		0.
W-2, see	i	Nontaxable combat pay election (s	,	ons)		1i						
instructions.	z	Add lines 1a through 1h		<i>.</i>						1z		70,352.
Attach Sch. B	2a	Tax-exempt interest	2a		bТ	axable interest				2b		
if required.	3a	Qualified dividends	3a		bС	rdinary divider	nds .			3b		
	4a	IRA distributions	4a		bТ	axable amoun	t			4b		
Standard	5a	Pensions and annuities	5a		bТ	axable amoun	t			5b		
Deduction for –	6a	Social security benefits	6a		bТ	axable amoun	t			6b		
Married filing	с	If you elect to use the lump-sum elected	lection meth	od, check here (	see	instructions)						
	7	Capital gain or (loss). Attach Schee	dule D if req	uired. If not requ	ired	, check here				7		
<ul> <li>Married filing</li> </ul>	8	Other income from Schedule 1, line	e10							8		-6,993.
Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,		•	omo	ə				9		63,359.
Single or Married filing separately, \$12,950     Married filing jointly or Qualifying	10	Adjustments to income from Sche	dule 1, line 2	26						10		
<ul> <li>Head of</li> </ul>	11	Subtract line 10 from line 9. This is	s your <b>adjus</b> t	ted gross incon	ne					11		63,359.
household, \$19,400	12	Standard deduction or itemized	deductions	(from Schedule	A)					12		12,950.
<ul> <li>If you checked any box under</li> </ul>	13	Qualified business income deducti		m 8995 or Form	899	5-A				13		
Standard	14	Add lines 12 and 13								14		12,950.
Deduction, see instructions.	15	Subtract line 14 from line 11. If zer	o or less, en	ter -0 This is yo	ourt	taxable incom	e.			15	!	50,409.

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

Form 1040 (2022	2)									Page 2
Tax and	16	Tax (see instructions). Check	if any from Form	(s): <b>1</b> 🗌 881	4 2 4972	3			16	6,711.
Credits	17	Amount from Schedule 2, lir	ne3						17	
	18	Add lines 16 and 17							18	6,711.
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812				19	
	20	Amount from Schedule 3, lir	ne8						20	
	21	Add lines 19 and 20							21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0					22	6,711.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21 .				23	0.
	24	Add lines 22 and 23. This is							24	6,711.
Payments	25	Federal income tax withheld								
,, <b>,</b>	а	Form(s) W-2				25a	10	,222.		
	b	Form(s) 1099				25b				
	с	Other forms (see instruction				25c				
	d	Add lines 25a through 25c	<i>.</i>						25d	10,222.
15	26	2022 estimated tax paymen	ts and amount a	pplied from 20	21 return .				26	
If you have a l qualifying child,	27	Earned income credit (EIC)				27				
attach Sch. EIC.	28	Additional child tax credit from				28			1	
	29	American opportunity credit	from Form 8863	3, line 8		29				
	30	Reserved for future use .		·		30				
	31	Amount from Schedule 3, lir				31				
	32	Add lines 27, 28, 29, and 31				undable	credits		32	
	33	Add lines 25d, 26, and 32. T	2	-	-				33	10,222.
Refund	34	If line 33 is more than line 24	1, subtract line 2	4 from line 33.	This is the amou	nt you o	verpaid		34	3,511.
Relund	35a	Amount of line 34 you want	refunded to you	J. If Form 8888	is attached, che	ck here		. 🗆	35a	3,511.
Direct deposit?	b	Routing number 0 4 4				] Checki		Savings		
See instructions.	d	Account number 5 9 0					Ŭ	Ū		
	36	Amount of line 34 you want	applied to your	2023 estimate	ed tax	36	_			
Amount	37	Subtract line 33 from line 24	. This is the <b>am</b>	ount vou owe						
You Owe		For details on how to pay, g							37	
	38	Estimated tax penalty (see in	nstructions) .			38				
Third Party	Do	you want to allow another	person to disc	cuss this retu	rn with the IRS?	See				
Designee		structions	· · · · ·			[	Yes. Co	mplete k	elow.	X No
		signee's		Phone				nal identi	ication	
	na			no.				er (PIN)		
Sign		der penalties of perjury, I declare t lief, they are true, correct, and com								
Here		ur signature		Date	Your occupation					nt you an Identity
	10	ui signature		Date						IN, enter it here
Joint return?					SOFTWARE I	DEVEL	OPER	(see	inst.)	
See instructions.	Sp	ouse's signature. If a joint return, I	both must sign.	Date	Spouse's occupat	ion				nt your spouse an
Keep a copy for your records.								Ident (see		ection PIN, enter it here
,		(020)510 000	0	Fue elle elebre e e					1150.)	
		one no. (937)510-096 eparer's name	0 Preparer's signat	Email address	YESHWANTHSA	NE96@G	JMALL.CO	M PTIN		Check if:
Paid							2/2022		2202	
Preparer		I PRIYA RAM SAGAR GUPTA TALLAM		KAM SAGAR	GUPTA TALLAM	02/2	2/2023	P0208:		Self-employed
Use Only		m's name GLOBAL TA		NOLIT CT	T 00016					678)965-9522
			Y CT E BRU	INSWICK N				Firm	s EIN	84-3171965
(20 to www.irc.a	ov/Eorr	n1040 for instructions and the late	et information				40/00 000			Earm 1()4() (2022

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

**BAA** REV 02/10/23 PRO

SCHEDULE	1
(Form 1040)	

Department of the Treasury

### Additional Income and Adjustments to Income

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

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

OMB No. 1545-0074 2

Attachment

Internal Revenue Service     Go to www.is.gov/rom/1040 for instructions and the latest monitation.     Sequence       Jame(s) shown on Form 1040, 1040-SR, or 1040-NR     Your social security	Sequence No. 01		
Name(s) shown on Form 1040, 1040-SR, or 1040-NR			ial security number
YESHWANTH SANE		448-55	-3384

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. Att	ach Schedule E	. 5	-6,993.
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 (	)	
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			
10	Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR	t, or 1040-NR, line	8 10	-6,993.

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

Schedule 1 (Form 1040) 2022

Parl	II Adjustments to Income						-	
11	Educator expenses					11		
12	Certain business expenses of reservists, performing artists, and fee	-basi	s aov	vernme	ent 🗌			
	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						9a		
b	Recipient's SSN							
	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		
3	Archer MSA deduction					23		
24	Other adjustments:			• •	· F			
		24a						
	Deductible expenses related to income reported on line 81 from the							
~		24b						
с	Nontaxable amount of the value of Olympic and Paralympic medals							
Ŭ	and USOC prize money reported on line 8m	24c						
d		24d						
	Repayment of supplemental unemployment benefits under the Trade	210						
C	Act of 1974	24e						
f	Contributions to section 501(c)(18)(D) pension plans	24f						
		24g						
	Attorney fees and court costs for actions involving certain unlawful	<u></u>						
		24h						
;	Attorney fees and court costs you paid in connection with an award	<u></u>						
	from the IRS for information you provided that helped the IRS detect							
	tax law violations	24i						
i	Housing deduction from Form 2555	24j						
	Excess deductions of section 67(e) expenses from Schedule K-1 (Form	<u>-</u>						
n		24k						
z	Other adjustments. List type and amount:							
2		24z						
5	Total other adjustments. Add lines 24a through 24z					25		
.5 26	Add lines 11 through 23 and 25. These are your <b>adjustments to income</b>					2.5		
.0	Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a					26		
	BAA		02/10/23				le 1 (Form 1040	