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

	5.000				
Submi	ssion Identification Number (SID)				
Taxpaye	r's name	Social securi	ty numl	per	
MALI	LIKARJUN PASNURI	672-37	-162	4	
Spouse'	s name	Spouse's soo	ial seci	urity numbe	r
Part	Tax Return Information — Tax Year Ending December 31, 2022 (Ente	r year you a	ire au	thorizina)
	whole dollars only on lines 1 through 5.	i year you c	iic au	trionzing	·)
	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.				
1	Adjusted gross income		1	39	,342.
2	Total tax		2		,960.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3		,841.
4	Amount you want refunded to you		4		,881.
5	Amount you owe		5		
Part	Taxpayer Declaration and Signature Authorization (Be sure you get and	keep a cop	y of y	our retu	ırn)
my known return (to send for any Agent t paymer authoriz paymer busines taxes to personal	penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended wledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I aboriginal or amended) I am now authorizing. I consent to allow my intermediate service provider, transming return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for redelay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account into of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation receive confidential information necessary to answer inquiries and resolve issues related to the all identification number (PIN) below is my signature for the income tax return (original or amended) I applied to the all identification of the payment (PIN) below is my signature for the income tax return (original or amended) I applied to the all identification of the payment (PIN) below is my signature for the income tax return (original or amended) I applied to the payment (PIN) below is my signature for the income tax return (original or amended) I applied to the payment (PIN) below is my signature for the income tax return (original or amended) I applied to the payment (PIN) below is my signature for the income tax return (original or amended) I applied to the payment (PIN) below is my signature for the income tax return (original or amended) I applied to the payment (PIN) below is my signature for the income tax return (original or amended) I applied to the payment (PIN) below is my signature for the income tax return (original or amended) I applied to the payment (PIN) below is my signature for the income	ve are the amnitter, or electripection of the tal. S. Treasury a dicated in the talion to debit the ethe authorizates must be processing opayment. I fur	ounts for the counts of the co	rom the in turn original ssion, (b) the designated paration so to this accor or revoke of ved no late ectronic paratically	come tax tor (ERO) ne reason Financial ftware for ount. This (cancel) a er than 2 ayment of that the
	nic Funds Withdrawal Consent. yer's PIN: check one box only				
X		my PIN 7	1 6	5 2 4	as my
	ERO firm name signature on the income tax return (original or amended) I am now authorizing.	ř En		digits, but er all zeros	asiny
	I will enter my PIN as my signature on the income tax return (original or amended) I am if you are entering your own PIN and your return is filed using the Practitioner PIN metholow.				
Your s	ignature ▶ Date ▶				
Spous	e's PIN: check one box only				
Г	I authorize to enter or generate	my PIN			as my
	ERO firm name	-	ter five	digits, but	ao my
	signature on the income tax return (original or amended) I am now authorizing.	do	n't ente	r all zeros	
	I will enter my PIN as my signature on the income tax return (original or amended) I am if you are entering your own PIN and your return is filed using the Practitioner PIN methodolow.				
Spous	e's signature ▶ Date ▶				
	Practitioner PIN Method Returns Only—continue below	V			
Part	Certification and Authentication — Practitioner PIN Method Only				
ERO's	EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 2	2 4 9 Don't ent	6 6	1 9 8	9
authoriz	that the above numeric entry is my PIN, which is my signature for the electronic individual income to the for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am subments of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS e-file Providers of	tax return (orig mitting this ret	inal or urn in a	amended) accordance	
ERO's	signature ▶ Date ▶				
	ERO Must Retain This Form — See Instructions				
	Don't Submit This Form to the IRS Unless Requested To	Do So			

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

OMB No. 1545-0074

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

Single or Married filing separately, \$12,950	Filing Status Check only	X S	Single Married filing jointly	Marrie	ed filing separately (MFS)	Head of	household (HOH)			/ing survi e (QSS)	ving
MALLIKARJUN PASNURI Last rame Spouse's sirst name and middle initial Last rame Spouse's social security number Spouse State State State Spouse's social security number Spouse State Stat	one box.	•	·	•	our spouse. If you o	check	ed the HOH or	QSS box, enter	the child	's na	ame if the	qualifying
If joint return, spouse's first name and middle initial Last name Last name Apt. no. Presidential Election Campaign Spouse's social security number Apt. no. Presidential Election Campaign Check there in fyou, or your spouse of file. If you have a foreign address, also complete spaces below. State ZIP code Spouse if filing jointly, want 33 Apt. no. Presign province/state/county Apt. no. Apt. no. Presidential Election Campaign Check there in fyou, or your spouse of filing jointly, want 33 Apt. no. Apt. no. Apt. no. Apt. no. Presidential Election Campaign Check there in fyou, or your spouse of the province/state/county Apt. no.	Your first name	and mi	ddle initial	dle initial Last name You						our social security number		
If Joint return, spouse's first name and middle initial Last name Apt. no. Presidential Election Campaign Apt. no. Presidential Election Campaign Check here in you, or your spouse of fine. If you have a foreign address, also complete spaces below. State ZIP code Spouse's social security or your spouse of fine. If you have a foreign address, also complete spaces below. NJ OBB17 Dobby	MALLIKAF	RJUN		PASN	URI				672	-37	7-1624	
Check here if you, or your Check here if you Check here Check here if you	If joint return, s	pouse's	first name and middle initial						Spous	e's s	ocial secu	ırity number
State Standard State S	Home address	(numbe	r and street). If you have a P.O. box, see	instructio	ons.			Apt. no.	Presid	lenti	al Election	n Campaign
Digital Assets Standard Deduction Spouse Foreign province/state/county Poreign provi	521 WATE	ERFO	RD DR									•
EDISON Foreign country name	City, town, or p	ost offic	ce. If you have a foreign address, also co	mplete sp	paces below.	Sta	te	ZIP code				
Digital Assets	EDISON					NJ	-	08817	box b	elow	will not c	0
Assets exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.)	Foreign country name			F	Foreign province/state	/count	у	Foreign postal code	your t	ax oı	_	Spouse
Standard Deduction Deduction				,				, ,	` '			
Spouse itemizes on a separate return or you were a dual-status alien		exch			<u></u>			asset)? (See inst	ructions	<u>.) L</u>	Yes	X No
Comparison Com				•	•		a dependent					
If more than four dependents, see instructions and check here	Age/Blindness	You:	Were born before January 2, 1	958	Are blind Sp	ouse	: Was bor	n before January	, 2, 1958	} [Is blir	nd
If more than four dependents, see instructions and check here \	Dependents	s (see	instructions):		(2) Social securit	у	(3) Relationsh	ip (4) Check the	box if qua	alifies	for (see ir	nstructions):
dependents, see instructions and check here	If more	(1) Fi	rst name Last name		number		to you	Child tax	credit	Cro	edit for othe	er dependents
see instructions and check here]
Income In		s ——								\perp]
Income 1a Total amount from Form(s) W-2, box 1 (see instructions)	and check	,								\bot		<u>] </u>
b Household employee wages not reported on Form(s) W-2 Attach Form(s) W-2 here, Also attach Forms W-2 here, Also attach Forms W-2G and 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) 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) d Medicaid waiver payments not reported on Form(s) W-2 (see instructions) d Taxable dependent care benefits from Form 8839, line 26 f Employer-provided adoption benefits from Form 8839, line 29 Mages from Form 8919, line 6 g Wages from Form 8919, line 6 f Uther earned income (see instructions) d Nother earned income (see instructions) d Add lines 1 a through 1h d It Add lines 1 a through 1h d It Add dilines 1 a t	here									Щ	L	
Attach Forms W-2 here. Also datach Forms W-2 and 1099-R if tax was withheld. If you did not get a Form W-2, see instructions. If pincome not reported on line 1a (see instructions) If you did not get a Form W-2, see instructions. If you did not get a Form W-2, see instructions. If you did not get a Form Horm 8919, line 6 Other earned income (see instructions) In the composition of the provided adoption benefits from Form 8839, line 29 If you did not get a Form Horm 8919, line 6 Other earned income (see instructions) In the composition of the provided adoption benefits from Form 8839, line 29 If you did not get a Form Horm 8919, line 6 Other earned income (see instructions) In the composition of the provided adoption benefits from Form 8839, line 29 If you did not get a Form Horm 8919, line 6 Other earned income (see instructions) In the composition of the provided adoption benefits from Form 8839, line 29 If you decid on the provided adoption benefits from Form 8839, line 29 If you dead do lines 1a through 1h Other earned income (see instructions) In the composition of the provided adoption benefits from Form 8839, line 29 If you dead do lines 1a through 1h Other earned income (see instructions) In the composition of the provided adoption benefits from Form 8839, line 29 If you dead do lines 1a through 1h Other earned income (see instructions) In the composition of the provided adoption benefits from Form 8839, line 29 If you dead do lines 1a through 1h In the composition of the provided adoption benefits from Form 8839, line 29 If you dead to line 1a (see instructions) In the composition of the provided adoption lene from Schedule 1, line 10 In the composition of the provided adoption lene from Schedule 1, line 26 If you elect to use the lump-sum election method, check here (see instructions) In the composition of the provided adoption lene from Schedule 1, line 26 If you elect to use the lump-sum election method, check here (see instructions) In the composition of the provide	Income	1a	Total amount from Form(s) W-2, b	ox 1 (see	e instructions) .				. 1	a	4	<u>3,503.</u>
W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld. If you did not get a Form W-2, see instructions W-2, see instructions. Attach Sch. B 2a Tax-exempt interest 2a b Taxable interest 2b if required. Attach Sch. B 3a Qualified dividends 3a b Taxable amount 4b Taxable amount 5b Jaxable a	Attack Farm(a)	b	. , ,	•	` '							
W-2G and 1099-R if tax was withheld. If you did not get a Form Way as withheld. If you did not get a Form Way as withheld. If you did not get a Form Way as withheld. If you did not get a Form Way as withheld. If you did not get a Form Way as withheld. If you did not get a Form Way as withheld. If you did not get a Form Way as withheld. If you did not get a Form Way as withheld. If you did not get a Form Way as withheld. If you did not get a Form Way as withheld. If you did not get a Form Way as withheld. If you did not get a Form Way as withheld. If you did not get a Form Way as withheld. If you did not get a Form was withheld. If you did	٠,	С										
1099-R if tax was withheld. f Employer-provided adoption benefits from Form 8839, line 29 If you did not get a Form W-2, see instructions. V-2, see instructions. I Nontaxable combat pay election (see instructions) I Nontaxable combat pay election (see instructions) I Nontaxable combat pay election (see instructions) I I		d	. ,		()	instru	ctions)					
## Action of the company of the comp			· · · · · · · · · · · · · · · · · · ·									
Mortaxable combat pay election (see instructions) 1i												
W-2, see instructions. i Nontaxable combat pay election (see instructions) 2 Add lines 1a through 1h Attach Sch. B if required. 3a Qualified dividends 3a Qualified dividends 4a B D Taxable interest 2b B Tax-exempt interest 2b B Tax-exempt interest 2c B D Taxable interest 2c B D Taxable interest 2c B D Taxable amount 4c B D Taxable amount 4d D Taxable amount		_	•									
Instructions. Z Add lines 1 a through 1h	•		,	,					. '	h		
Attach Sch. B if required. 2a Tax-exempt interest . 2a b Taxable interest . 2b 3a Qualified dividends . 3a b Ordinary dividends . 3b 4a IRA distributions . 4a b Taxable amount . 4b 5a Pensions and annuities . 5a b Taxable amount . 5b 6a Social security benefits . 6a b Taxable amount . 6b 6a Social security benefits . 6a b Taxable amount . 6b 6b Taxable amount . 6b 7 Capital gain or (loss). Attach Schedule D if required. If not required, check here . 7 8 Other income from Schedule 1, line 10				see instr	uctions)		11			1_	1	2 502
If required. 3a	AII					 L T						3,303.
4a IRA distributions			· –									
Standard Deduction for—Single or Married filing separately, \$12,950 Married filing jointly or Qualifying sourviving spouse, \$25,900 Head of household, \$19,400 If you checked any box under Standard Deduction, \$200 Deduct							•					
Ceduction 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, and surviving the surviving spouse, \$25,900 If you checked any box under Standard Deduction, and surviving 10 to 10	Standard											
Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income Head of household, \$19,400 If you elect to use the lump-sum election method, check here (see instructions) Adjustments to income from Schedule 1, line 26 Subtract line 10 from line 9. This is your adjusted gross income 10 Subtract line 10 from line 9. This is your adjusted gross income 11 Subtract line 10 from line 9. This is your adjusted gross income 12 Standard deduction or itemized deductions (from Schedule A) 13 Qualified business income deduction from Form 8995 or Form 8995-A 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	Deduction for—											
separately, \$12,950 7 Capital gain or (loss). Attach Schedule D if required. If not required, check here 7 Capital gain or (loss). Attach Schedule D if required. If not required, check here 8 Other income from Schedule 1, line 10 8 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 9 39,342. 10 Adjustments to income from Schedule 1, line 26 11 Subtract line 10 from line 9. This is your adjusted gross income 12 Standard deduction or itemized deductions (from Schedule A) 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 15 Subtract line 14 from line 11 If zero or less enter -0- This is your taxable income	Single or		-		method check here							
Married filing jointly or Qualifying spouse, \$25,900 Head of household, \$19,400 If you checked any box under Standard Deduction, Defection, Def	separately,		,		,	`	,		\vdash	7		
jointly or Qualifying Surviving spouse, \$25,900 Head of household, \$19,400 If you checked any box under Standard Deduction, Poly Deduction, Po			,			-						 4.161.
surviving spouse, \$25,900 Head of household, \$19,400 If you checked any box under Standard Deduction, Peduction, Peduction, 15 Subtract line 10 from line 9. This is your adjusted gross income	jointly or		·						_			
Head of household, \$19,400 If you checked any box under Standard Deduction, 15 Deduction, 15 Description: Subtract line 10 from line 9. This is your adjusted gross income	surviving spouse,				•							
household, \$19,400 If you checked any box under Standard Deduction, Deduction, Deduction, 12 Standard deduction or itemized deductions (from Schedule A)	\$25,900 • Head of		•								3	9,342.
13 Qualified business income deduction from Form 8995 or Form 8995-A	household,			•								
Standard 14 Add lines 12 and 13	If you checked		Qualified business income deduct	ion from	Form 8995 or Form	n 899	5-A		. 1	13		
Deduction, 15 Subtract line 14 from line 11 If zero or less enter -0- This is your taxable income 15 26 392		14	Add lines 12 and 13						. [1	14	1	2,950.
	Deduction,	15								15		

Form 1040 (2022	2)									Page 2
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 881	4 2 🗌 497	72 3	B 🗆		. 16	2,960.
Credits	17	Amount from Schedule 2, lin	ie3						. 17	
	18	Add lines 16 and 17							. 18	2,960.
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812 .				. 19	
	20	Amount from Schedule 3, lin	ie 8						. 20	
	21	Add lines 19 and 20							. 21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0					. 22	2,960.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21				. 23	0.
	24	Add lines 22 and 23. This is	your total tax						. 24	2,960.
Payments	25	Federal income tax withheld								
-	а	Form(s) W-2					25a	6,84	1.	
	b	Form(s) 1099					25b			
	С	Other forms (see instructions	s)				25c			
	d	Add lines 25a through 25c							. 25d	6,841.
If	26	2022 estimated tax payment	ts and amount a	pplied from 20	21 return .				. 26	
If you have a qualifying child,	27	Earned income credit (EIC)					27			
attach Sch. EIC.	28	Additional child tax credit from					28			
	29	American opportunity credit	from Form 8863	3, line 8			29			
	30	Reserved for future use .					30			
	31	Amount from Schedule 3, lin					31			
	32	Add lines 27, 28, 29, and 31				_	dable credits	3 .	. 32	
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments					. 33	6,841.
Refund	34	If line 33 is more than line 24							. 34	3,881.
neiulia	35a	Amount of line 34 you want					•		□ 35a	3,881.
Direct deposit?	b	Routing number 0 2 1			c Type:		Checking [Savir		
See instructions.	d	Account number 3 8 1	0 6 5 8	0 3 6 5		-				
	36	Amount of line 34 you want	applied to your	2023 estimate	ed tax		36			
Amount	37	Subtract line 33 from line 24	. This is the amo	ount you owe.			<u> </u>			
You Owe		For details on how to pay, go	_			1	1		. 37	
	38	Estimated tax penalty (see in					38			
Third Party		you want to allow another	•					Campl	oto bolovi	X No
Designee				Phone				•	ete below. dentification	_
	nai	signee's ne		no.				mber (P		
Sign		der penalties of perjury, I declare t								
Here		ief, they are true, correct, and com	plete. Declaration of				ed on all informa			,
	YO	ur signature		Date	Your occupati	ion				ent you an Identity PIN, enter it here
Joint return?					SOFTWAR	E EN	IGINEER		(see inst.)	
See instructions.	Sp	ouse's signature. If a joint return, t	ooth must sign.	Date	Spouse's occ	upation	1			nt your spouse an
Keep a copy for your records.									Identity Prot (see inst.)	ection PIN, enter it here
, ca coo. ac.									(566 11151.)	
		one no. (848)309-841		Email address	MALLIKARJU		SNURI@GMAIL.			01 1 1
Paid		parer's name	Preparer's signat				Date	PTII		Check if:
Preparer	SYAM	PRIYA RAM SAGAR GUPTA TALLAM		RAM SAGAR	GUPTA TALI	LAM	02/01/2023		2082703	Self-employed
Use Only		m's name GLOBAL TAX								(678)965-9522
	Fir	m's address 245 ROONE	Y CT E BRU	NSWICK N	J 08816				Firm's EIN	88-2145487
Go to www.irs.go	ov/Forn	n1040 for instructions and the late	st information.		BAA	F	REV 01/24/23 PRO)		Form 1040 (2022)

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2022

Attachment
Sequence No. 01

Department of the Treasury Internal Revenue Service

MALLIKARJUN PASNURI

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

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

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

rmation.		Sequence No. 01
	Your soc	ial security number
	672-37	-1624

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	ich Schedule E .	5	-4,161.
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 (<u> </u>	
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:			
_	Title in the second sec	8z	-	
9	Total other income. Add lines 8a through 8z		9	, , , , ,
10	Compline lines 1 through / and 9 Enter here and on Form 1040, 1040-SR	or 1040-NR line 8	10	-4.161

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 governing			
	officials. Attach Form 2106	[12	1
13	Health savings account deduction. Attach Form 8889	[13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903	[14	
15	Deductible part of self-employment tax. Attach Schedule SE		15	
16	Self-employed SEP, SIMPLE, and qualified plans		16	
17	Self-employed health insurance deduction	[17	
18	Penalty on early withdrawal of savings	[18	
19a	Alimony paid		19a	
b	Recipient's SSN			
С	Date of original divorce or separation agreement (see instructions):			
20	IRA deduction		20	
21	Student loan interest deduction		21	
22	Reserved for future use	[22	
23	Archer MSA deduction	[23	
24	Other adjustments:			
а	Jury duty pay (see instructions)			
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			O.F.	
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 of 1040-3n, lifte 10, of Form 1040-1nn, lifte 10a		20	

REV 01/24/23 PRO

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

2022 Attachment Sequence No. 13

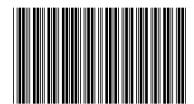
OMB No. 1545-0074

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

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

Your social security number

MALI	JIKARJUN PASNURI						672-37	-1624	
Part									
	Note: If you are in the business of renting personal prop	perty, use	Schedule	C . See	instru	ctions. If you ar	e an indiv	dual, rep	ort farm
^ -	rental income or loss from Form 4835 on page 2, line 4 Did you make any payments in 2022 that would require yo			0000	100 1:-	aturation -			. V N.
	f "Yes," did you or will you file required Form(s) 1099?			• •				те	S INO
1a	Physical address of each property (street, city, state, 2	ZIP cod	e)						
Α	RAHAMATH NAGAR , YOUSF GUDA HYDERABAD	TELA	NGANA I	N 500	0045				
В									
С									
1b	Type of Property 2 For each rental real estate pro	perty lis	ted		Fa	ir Rental	Persona	al Use	QJV
	(from list below) above, report the number of fa					Days	Day	/S	QUV
Α	gersonal use days. Check the if you meet the requirements to			Α		365		0	
В	qualified joint venture. See ins			В					
С	quamod joint vontare. 666 into	ti dotioni	J.	С					
	of Property:								
	Single Family Residence 3 Vacation/Short-Term Re	ental	5 Land			Self-Rental			
2	Multi-Family Residence 4 Commercial		6 Roya	ılties	8	Other (descri	be)		
						Propertie			
ncon	ne:			Α		В			С
3	Rents received	. 3			00.				
4	Royalties received								
xpei	nses:								
5	Advertising	. 5							
6	Auto and travel (see instructions)								
7	Cleaning and maintenance			4	10.				
8	Commissions								
9	Insurance								
10	Legal and other professional fees								
11	Management fees			2	16.				
12	Mortgage interest paid to banks, etc. (see instructions)								
13	Other interest	. 13		3,1	66.				
14	Repairs	. 14		7	69.				
15	Supplies	. 15							
16	Taxes	. 16							
17	Utilities	. 17							
18	Depreciation expense or depletion	. 18							
19	Other (list)	19							
20	Total expenses. Add lines 5 through 19	. 20		4,5	61.				
21	Subtract line 20 from line 3 (rents) and/or 4 (royalties).								
	result is a (loss), see instructions to find out if you must	1							
	file Form 6198			-4,1	61.				
22	Deductible rental real estate loss after limitation, if any	· I							
	on Form 8582 (see instructions)		(4,16		()(
23a	Total of all amounts reported on line 3 for all rental pro	-			23a		400.		
b	Total of all amounts reported on line 4 for all royalty pro	-			23b				
С	Total of all amounts reported on line 12 for all propertie				23c				
d	Total of all amounts reported on line 18 for all propertie				23d				
е	Total of all amounts reported on line 20 for all properties				23e	4 ,	561.		
24	Income. Add positive amounts shown on line 21. Do		-				24		
25	Losses. Add royalty losses from line 21 and rental real es								4,161.
26	Total rental real estate and royalty income or (loss								
	here. If Parts II, III, IV, and line 40 on page 2 do no Schedule 1 (Form 1040), line 5. Otherwise include this)		_1 161
	SCHEALIG LIFORM HIVIN IND 5 LITHONNICO INCHINO THIS	amoun	ıın tn∆ t∧t	ווו מח וגיו	11/ 41	on nage 2	1 00		_// 167



2022 NJ-1040 New Jersey Resident Income Tax Return

For Privacy Act Notification, See Instructions

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NJ-1040 2022 Page 1

040MP01220

 $\begin{array}{l} {\rm Your\ Social\ Security\ Number\ (required)} \\ {\rm 672371624} \end{array}$

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

PASNURI MALLIKARJUN

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

Home Address (Number and Street, including apartment number)

 $\begin{array}{l} {\rm County/Municipality\;Code\;(See\;Table\;page\;50)} \\ {\rm 1205} \end{array}$

521 WATERFORD DR

City, Town, Post Office State ZIP Code EDISON NJ 08817

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

Federal extension filed.

The address above is a foreign address.

Your address has changed.

Death certificate is enclosed.

Do not want a paper form next year.

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

NJ-1040-O is enclosed.

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

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

Direct Deposit Information

dd1. Dire	ect deposit indicator (1 for direct deposit, 4 for no direct deposit)	dd1.	1
dd2. Acc	count type (C for checking, S for savings)	dd2.	C
dd3. Fill	in the checkbox if the direct deposit is going to an account outside the United States	dd3.	
dd4. Rou	ating number	dd4.	021200339
dd5. Acc	count number	dd5.	381065803657



NJ-1040 2022 Page 2

Name(s) as shown on Form NJ-1040

PASNURI MALLIKARJUN

Your Social Security Number 672371624

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Part-	Part-year residents, provide months/days you were a New Jersey resident during 2022:					Fiscal yea				
Fron	rom: To:					Enter mor	nth of you	r year end	2	023
	ng Status n only one.									
1.	× Single									
2.	Married/CU	J Couple, filing joint retu	urn							
3.	Married/CU	J Partner, filing separate	return							
4.	Head of Ho	ousehold]	Enter spouse's/CU partne	er's SSN			
5.	Qualifying	Widow(er)/Surviving CU	U Partner							
	Indicate the	e year of your spouse's/C	CU partner's death:	2020	2021					
	mptions n the ovals that apply. Y	ou must enter a total in the bo	oxes to the right and co	omplete the calculation.						
6.	Regular	×	Self	Spouse/CU Partner		Domestic Partner	1	x \$1,000 =	1000	
7.	Senior 65+ (Born in	1957 or earlier)	Self	Spouse/CU Partner				x \$1,000 =		
8.	Blind/Disabled		Self	Spouse/CU Partner				x \$1,000 =		
9.	Veteran		Self	Spouse/CU Partner				x \$6,000 =		
10.	Qualified Dependen	nt Children						x \$1,500 =		
11.	Other Dependents							x \$1,500 =		
12.	Dependents Attend	ing Colleges (See instruc	ctions)					x \$1,000 =		
13.	Total Exemption A	mount (Add totals from t	the lines at 6 throug	h 12)				13.	1000	•
14.	Dependent Informa	tion. Provide the follow	ring information for	each dependent.						
	Last Name, First N	ame, Middle Initial			S	ocial Security Number		Birth Year	No	Health Insurance
a.										
b.										
c.										
d.										

PASNURI MALLIKARJUN

Name(s) as shown on Form NJ-1040

Your Social Security Number

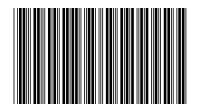
672371624

1555



1.5		15	40620 .
15.	Wages, salaries, tips, and other employee compensation (State wages from Box 16 of enclosed W-2(s)) (See instructions)	15.	40020
16a.	Taxable interest income (Enclose federal Schedule B if over \$1,500) (See instructions)	16a.	•
16b.	Tax-exempt interest income (Enclose Schedule) (See instructions) Do not include on line 16a	16b. 17.	•
17.	Dividends Not made to from hypiraca (Schodyla NII DIJS 1, Part I, line 4) (Englace Endard Schodyla C)		•
18.	Net profits from business (Schedule NJ-BUS-1, Part I, line 4) (Enclose federal Schedule C)	18. 19.	•
19.	Net gains or income from disposition of property (Schedule NJ-DOP, line 4)		•
20a.	Taxable pensions, annuities, and IRA distributions/withdrawals (See instructions)	20a.	•
20b.	Excludable pension, annuity, and IRA distributions/withdrawals	20b.	•
21.	Distributive Share of Partnership Income (Schedule NJ-BUS-1, Part II, line 4) (Enclose Schedule NJK-1 or federal Schedule K-1)	21.	•
22.	Net pro rata share of S Corporation Income (Schedule NJ-BUS-1, Part III, line 4) (Enclose Schedule NJ-K-1 or federal Schedule K-1)		•
23.	Net gains or income from rents, royalties, patents, and copyrights (Schedule NJ-BUS-1, Part IV, line 4)	23.	•
24.	Net gambling winnings (See instructions)	24.	•
25.	Alimony and separate maintenance payments received	25.	•
26.	Other (Enclose documents) (See instructions)	26.	40600
27.	Total Income (Add lines 15, 16a, 17 through 20a, and 21 through 26)	27.	40620 .
28a.	Pension/Retirement Exclusion (See instructions)	28a.	•
28b.	Other Retirement Income Exclusion (See Worksheet D and instructions pages 19-20)	28b.	•
28c.	Total Exclusion Amount (Add lines 28a and 28b)	28c.	40600
29.	New Jersey Gross Income (Subtract line 28c from line 27) (See instructions)	29.	40620 .
30.	Exemption Amount (Enter amount from line 13. Part-year residents see instr.)	30.	1000 .
31.	Medical Expenses (See Worksheet F and instructions)	31.	•
32.	Alimony and separate maintenance payments (See instructions)	32.	•
33.	Qualified Conservation Contribution	33.	•
34.	Health Enterprise Zone Deduction	34.	
35.	Alternative Business Calculation Adjustment (Schedule NJ-BUS-2, line 11)	35.	0 .
36.	Organ/Bone Marrow Donation Deduction (See instructions)	36.	•
37a.	NJBEST Deduction	37a.	•
37b.	NJCLASS Deduction	37b.	•
37c.	NJ Higher Ed. Tuition Deduction	37c.	
38.	Total Exemptions and Deductions (Add lines 30 through 37c)	38.	1000 .
39.	Taxable Income (Subtract line 38 from line 29)	39.	39620 .
40a.	Total Property Taxes (18% of Rent) Paid (See instructions page 25)	40a.	338 .
40b.	Indicate your residency status during 2022 (fill in only one) Homeowner Tenant	Both	
41.	Property Tax Deduction (From Worksheet H) (See instructions)	41.	•
42.	New Jersey Taxable Income (Subtract line 41 from line 39)	42.	39620 .
43.	Tax on amount on line 42 (Tax Table page 52)	43.	704 .
44.	Credit For Income Taxes Paid to Other Jurisdictions (Enclose Schedule NJ-COJ) (See instructions)	44.	•
	Enter Code		
45.	Balance of Tax (Subtract line 44 from line 43)	45.	704 .
46.	Sheltered Workshop Tax Credit	46.	•
47.	Gold Star Family Counseling Credit (See instructions)	47.	
48.	Credit for Employer of Organ/Bone Marrow Donor (See instructions)	48.	
49.	Total Credits (Add lines 46 through 48)	49.	•
50.	Balance of Tax After Credits (Subtract line 49 from line 45) If zero or less, make no entry	50.	704 .
51.	Use Tax Due on Internet, Mail-Order, or Other Out-of-State Purchases (See instructions) If no Use Tax, enter 0	51.	0 .
52.	Interest on Underpayment of Estimated Tax	52.	•
	Fill in if Form NJ-2210 is enclosed		
53.	Shared Responsibility Payment (See instructions) REQUIRED Enclose Schedule HCC and fill in	53.	0 .

NJ-1040 2022 Page 4



Name(s) as shown on Form NJ-1040

PASNURI MALLIKARJUN

Your Social Security Number

672371624

1555

Tax Due Address

54.	Total Tax Due (Add lines 50 through 53)		54.	704	
55.	Total NJ Income Tax Withheld (Enclose Forms W-2 and 1099) (Part year, see instructions)		55.	2070	
56.	Property Tax Credit (See instructions page 24)		56.	50	
57.	New Jersey Estimated Tax Payments/Credit from 2021 tax return		57.		
58.	New Jersey Earned Income Tax Credit (See instructions)		58.		
	Fill in if you had the IRS calculate your federal earned income credit				
	Fill in if you are a CU couple claiming the NJ Earned Income Tax Credit				
59.	Excess New Jersey UI/WF/SWF Withheld (Enclose Form NJ-2450) (See instructions)		59.		
60.	Excess New Jersey Disability Insurance Withheld (Enclose Form NJ-2450) (See instructions)		60.		
61.	Excess New Jersey Family Leave Insurance Withheld (Enclose Form NJ-2450) (See instructions)		61.		
62.	Wounded Warrior Caregivers Credit (See instructions)		62.		
63.	Pass-Through Business Alternative Income Tax Credit (See instructions)		63.		
64.	Child and Dependent Care Credit (See instructions)		64.		
	Fill in if you are a CU couple claiming the Child and Dependent Care Credit				
65.	New Jersey Child Tax Credit (See instructions)		65.		
	Number of dependents under age 6 on 12/31/2022				
66.	Total Withholdings, Credits, and Payments (Add lines 55 through 65)		66.	2120	
67.	If line 66 is less than line 54, you have tax due. Subtract line 66 from line 54 and enter the amount you	ı owe	67.		
	If you owe tax, you can still make a donation on lines 70 through 77.				
68.	If the total on line 66 is more than line 54, you have an overpayment. Subtract line 54 from line 66 and	l enter the overpayment	68.	1416	
69.	Amount from line 68 you want to credit to your 2023 tax		69.		
70.	Contribution to N.J. Endangered Wildlife Fund		70.		
71.	Contribution to N.J. Children's Trust Fund to Prevent Child Abuse		71.		
72.	Contribution to N.J. Vietnam Veterans' Memorial Fund		72.		
73.	Contribution to N.J. Breast Cancer Research Fund		73.		
74.	Contribution to U.S.S. New Jersey Educational Museum Fund		74.		
75.	Other Designated Contribution (See instructions)	Enter Code	75.		
76.	Other Designated Contribution (See instructions)	Enter Code	76.		
77.	Other Designated Contribution (See instructions)	Enter Code	77.		
78.	Total Adjustments to Tax Due/Overpayment amount (Add lines 69 through 77)		78.		
79.	Balance due (If line 67 is more than zero, add line 67 and line 78)		79.		
80.	Refund amount (If line 68 is more than zero, subtract line 78 from line 68)		80.	1416	

Enclose payment along with the NJ-1040-V payment voucher and tax return. Use the labels provided with the envelope and mail to: the best of my knowledge and belief, it is true, correct, and complete. If prepared by a person other than the taxpayer, this declaration is based on all information of which the preparer has any knowledge. State of New Jersey Division of Taxation Revenue Processing Center - Payments Your Signature Date Spouse's/CU Partner's Signature (required if filing jointly) Date PO Box 111 Trenton, NJ 08645-0111 include Social Security number and make check or money order payable to: State of New Jersey – TGI Federal Identification Number Paid Preparer's Signature You can also make a payment on our website: nj.gov/taxation SYAM PRIYA P02082703 RAMSAGAR GUPTA TALLAM Refund or No Tax Due Address Use the labels provided with the envelope and mail to: New Jersey Division of Taxation Firm's Federal Employer Identification Number Revenue Processing Center - Refunds PO Box 555 GLOBAL TAXES LLC 88-2145487 Trenton, NJ 08647-0555

Under penalties of perjury, I declare that I have examined this Income Tax return, including accompanying schedules and statements, and to

Division Use: 1______ 2_____ 3_____ 4_____ 5____ 6_____ 7_____

Name(s) as shown on Form NJ-1040	Social Security Number
PASNURI MALLIKARJUN	672-37-1624

Schedule NJ-BUS-1 (Form NJ-1040)

New Jersey Gross Income Tax Business Income Summary Schedule

2022

_	(1 offit No 1040) Business moonie Summary Concade												
Р	art Net Profits From Business		· · · · · · · · · · · · · · · · · · ·					om busii	business(es). See Instructions.				
	Business Name		Social Security Number/ Federal EIN				-/	Profit or (Loss)					
1.													
2.													
3.													
4.	Net Profit or (Loss). (Add lines 1, 2, and 3.) (Eline 18, NJ-1040. If loss, make no entry on lines)		ere and	on				4.					
Р	art II Distributive Share of Partn	ershi					ve share of income (loss) (s). See instructions.						
	Partnership Name	ſ	Federal	EIN				Share of Partnership Income or (Loss)				Share of Pass-Through Business Alternative Income Tax	
1.													
2.													
3.													
4.	Distributive Share of Partnership Income or (L (Add lines 1, 2, and 3.) (Enter here and on line If loss, make no entry on line 21.)		J-1040.			4.							
5.	5. Total Share of Pass-Through Business Alternative Income Tax (Add lines 1, 2, and 3.)(Enter here and include on line 63, NJ-1040.) 5.												
Р	art III Net Pro Rata Share of S C	orpor	ration	Inc	om	е						of income (usable n(s). See instruction	ıs.
	S Corporation Name Federal E				21 FIN 1				e of Pass-Through Bus Alternative Income Tax				
1.													
2.			-1										
3.													
4.	4. Net Pro Rata Share of S Corporation Income or (Usable Loss). (Add lines 1, 2, and 3.) (Enter here and on line 22, NJ-1040. If loss, make no entry on line 22.) 4.												
5.	Total Share of Pass-Through Business Alternative In (Add lines 1, 2, and 3.)(Enter here and include on lin			5.									
P	Part IV Net Gains or Income From Rents, Royalties, Patents, and Copyrights List the net gains or net income, less net loss, derived from or in the form of rents, royalties, patents, and copyrights. See instructions. Type of Property: 1 – Rental real estate 2 – Royalties 3 – Patents 4 – Copyrights												
	Source of Income or Loss. If rental real estate enter physical address of property.	e, S	Federal FIN numl				Type – Enter number from Incom		Income or (Loss)				
1.	RAHAMATH NAGAR ,YOUSF GUDA	67	723716	 524				1			-4,161.		
2.									<u> </u>				
3.								T					
4.	4. Net Income or (Loss). (Add lines 1, 2, and 3.) (Enter here and on line 23, NJ-1040. If loss, make no entry on line 23.) 4.							-4,161.					

Name(s) as shown on Form NJ-1040	Social Security Number
PASNURI MALLIKARJUN	672-37-1624

Schedule NJ-BUS-2 New Jersey Gross Income Tax
(Form NJ-1040) Alternative Business Calculation Adjustment

2	C	2	2	2	
_	_	_	_	_	

			Column A	Column B					
Part I Income (Loss) Reportable Regular Business Income				Alternative Business Income (Loss)					
1.	Net Profits From Business	1a.	0.		1b.	0.			
2.	Distributive Share of Partnership Income	2a.	0.		2b.	0.			
3.	Net Pro Rata Share of S Corporation Income	3a.	0.		3b.	0.			
4.	Net Gain or Income From Rents, Royalties, Patents, and Copyrights	4a.	0.		4b.	-4,161.			
5.	Loss Carryforward From Tax Year 2021				5b.	()		
6.	Totals	6a.	0.		6b.	-4,161.			
Part	II Adjustment Calculation								
7.	Total Regular Business Income	7.	0.						
8.	Total Alternative Business Income/(Loss) (If loss, enter zero)	8.	0.						
9.	Business Increment (Subtract line 8 from line 7)	9.	0.						
10.	Adjustment Percentage	10.	(0.50					
11.	Alternative Business Calculation Adjustment (Line 9 x 0.50)	11.	0.						
Part	III Loss Carryforward to Tax Year 2023								
12.	Loss Carryforward to Tax Year 2023				12.	(4,161.)		

Instructions

- Line 1a. Enter the amount from line 18, Form NJ-1040.
- Line 1b. Enter the amount from Part I, line 4, Schedule NJ-BUS-1 (Form NJ-1040).
- Line 2a. Enter the amount from line 21, Form NJ-1040.
- Line 2b. Enter the amount from Part II, line 4, Schedule NJ-BUS-1 (Form NJ-1040).
- Line 3a. Enter the amount from line 22, Form NJ-1040.
- Line 3b. Enter the amount from Part III, line 4, Schedule NJ-BUS-1 (Form NJ-1040).
- Line 4a. Enter the amount from line 23, Form NJ-1040.
- Line 4b. Enter the amount from Part IV, line 4, Schedule NJ-BUS-1 (Form NJ-1040).
- Line 5b. Enter the amount from line 12 of your 2021 Schedule NJ-BUS-2 (Form NJ-1040).
- Line 6a. Enter the total of lines 1a through 4a.
- Line 6b. Enter the total of lines 1b through 5b, netting gains with losses.
- Line 7. Enter the amount from line 6a of this schedule.
- Line 8. Enter the amount from line 6b of this schedule. If loss, enter zero here.
- Line 9. Subtract line 8 from line 7. If the result is zero, enter zero on line 11 and continue with line 12.
- Line 10. The adjustment percentage for Tax Year 2022 is 50% (0.50).
- Line 11. Multiply the amount on line 9 by 50% (0.50). Enter here and on line 35 of Form NJ-1040.
- Line 12. If the amount on line 6b is a loss, enter the amount of the loss on this line. Otherwise, enter zero.

Schedule **NJ-HCC** (Form NJ-1040)

2022

New Jersey **Health Care Coverage**If your income on line 29 is at or below the filing threshold, do not complete this schedule.

Name as Shown on Return PASNURI MALLIKARJUN	Social Security No. 672-37-1624
Part I	
Did you and, if applicable, all members of your tax household, have min coverage for every month in 2022 (See instructions for line 53, NJ-1040 include only months as a New Jersey resident. X Yes. You do not owe a shared responsibility payment. Fill in the of enclose this schedule with your return. No. Continue to Part II.).) Part-year residents
Part II	
Enter the name and Social Security number for each member of your ta every month each person had minimum essential health coverage or qu (part-year residents include only months as a New Jersey resident). If a exemption, enter the exemption number. (See instructions for line 53, N more than one exemption number, check the box. If you need more spa any additional individuals. QuickZoom to Shared Responsibility Payment Calculation Worksheet	ualified for an exemption in individual qualified for an IJ-1040.) If an individual has ace, enclose a statement listing

Name	SSN	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Exemption Code		_	Check	box if t	his indi	vidual l	has mo	re thar	n one e	xempti	on nun	nber .	
	i	. —	Check	box if t	his indi	vidual i	s unde	r 18 .	··		<u> </u>		
	<u> </u>			Ш									
Exemption Code		_	Check								on nun	nber .	
			Check	box if t	nis indi 	vidual i	s unde	r 18	i — i	i i i	· · · ·		
Exemption Code	l	L	[∟	hav if t	∣∟ his indi	vidual I	has mo	re than		vemnti	on nun	her	
Exemption code : :	-	_	Check							•			
						Viadai i							
Exemption Code	l _		Check	box if t	his indi	vidual l	has mo	re thar	n one e	xempti	on nun	nber .	
			Check	box if t	h <u>is ind</u> i	v <u>idual</u> i	s unde	r 18 .	. <u></u> .	<u></u>	<u></u> .	<u></u>	
Exemption Code	-	_	Check	box if t	his indi	vidual l	has mo	re thar	n one e	xempti	on nun	nber .	
	1		Check	box if t	his indi	vidual i	s unde	r 18 .	··		<u> </u>		
	<u> </u>			Ш									
Exemption Code		_	Check							xempti	on nun	nber .	
			Check	box if t	nis indi I	vidual i	s unde	r 18	i — i	i i i i	<u> </u>	i	
Exemption Code			[∟	hov if t	∣∟ hic indi	vidual I	has mo	ro than		vomoti		obor	
Exemplion Code	-	_	Check							•	on nun	ibei .	
						Viadai i				اأ			
Exemption Code	l _		Check	box if t	his indi	vidual l	has mo	re thar	n one e	xempti	on nun	nber .	
		_	Check	box if t	his indi	vidual i	is unde	r 18 .					
Exemption Code		_	Check	box if t	his indi	vidual l	has mo	re thar	n one e	xempti	on nun	nber .	
	•		Check	box if t	his indi	vidual i	s unde	r 18 .	··		<u> </u>		Щ
													\parallel
Exemption Code		_	Check								on nun	nber .	
			Check	box if t	his indi	vidual i	s unde	r 18 .					