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	yer's name	Social security nu	500-97-0696						
PRA	AGYA TAK	500-97-06							
Spouse	e's name	Spouse's social se	ecurity number						
Par	t I Tax Return Information – Tax Year Ending December 31, 2022 (Ent	ter year you are a	uthorizing.)						
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	100,255.						
2	Total tax	2	14,829.						
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	17,799.						
4	Amount you want refunded to you	4	2,970.						
5		5							

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

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.

Taxpay	er's PIN: che	eck one box only								
X	I authorize	GLOBAL TAXES LLC	to enter or generate my PIN	7 0 6 9 6	as my					
	signature or	ERO firm name n the income tax return (original or ame	nded) I am now authorizing.	Enter five digits, but don't enter all zeros	,					
			tax return (original or amended) I am now authors filed using the Practitioner PIN method. The I							
Your sig	nature 🕨	- Alt	Date ► 03/07/20	23						
Spouse	I authorize	ERO firm name the income tax return (original or ame	to enter or generate my PIN nded) I am now authorizing.	Enter five digits, but don't enter all zeros	as my					
			tax return (original or amended) I am now authors filed using the Practitioner PIN method. The I	•	-					
Spouse'	s signature	•	Date ►							
	Practitioner PIN Method Returns Only—continue below									

Certification and Authentication – Practitioner PIN Method Only Part III

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.

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

8 9

2 2

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

ERO's signature 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 02/24/23 PRO	Form 8879 (Rev. 01-2021)					

Filing Status Single Married filing jointy Married filing separately (MFS) Head of household (HOH) Outlifying surviving	1040		artment of the Treasury-Internal Revenue Serv S. Individual Income Tax		ım	202	2	OMB No. 1545	-0074	IRS Use Only	—Do not w	rite or staple in this space.
Derivative Derivative Vour social security number Your first name and middle initial TAX 500-97-0696 If joint refurm, spose's first name and middle initial Last name Spose's social security number Home address frummer and street). If you have a PO. box see instructions. Apt no. Presidential Electricon Campaign 2712 City, town, or poor office. If you have a foreign address, also complete spaces below. State 2710. Cite, town, or poor office. If you have a foreign address, also complete spaces below. State 2712. Cite, town, or poor office. If you have a foreign address, also complete spaces below. TX 7822.9 top below will not change Digital At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or b) bell, and the present states allon Someson can on leading asset (7 See instructions). Yee is foreign counting. Digital At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or b) bell. Yee is foreign counting. Yee is foreign counting. Dependents Someson can on leading. Someson can on leading. Yee is foreign counting. Yee is foreign counting. Har form form form(b) Yee is foreign counting. Yee below will not thange counting.	Check only				0	1 5 (,				spoi	use (QSS)
PRAGYA TAX 500-97-0696 Hjorit return, spouse's test name and middle initial Last name Spouse's social security number Home address (number and street). If you have a foreign address, also complete spaces below. Apt. no. Presidential Election Campaign 2711 MEDICAL DR Presidential Election Campaign State 2710-20 Checkherei fyou, or your spouse filling jointly, want 35 SAN ANTONIO TX Y822.9 To go the fund. Checking a spouse filling jointly, want 35 Someson can click there if you, row as or ending the fund. Spouse filling jointly, want 35 Standard Someson can click there if you, row as foreign country name Foreign country name (for go there instructions) You You<	one box.				our spou		ICCN		000		c crinici s	name in the qualitying
If joint return, spouse's first name and middle initial Last name Apt. no. 2711 Presidential Election Campaign 37111 MEDICAL DR 2712 Check here if you, or your 2712 Check here if you, or your 58N ANTONIO Foreign country name Foreign province/state/country Foreign province/state/state/country Foreign province/state/country Foreign province/state/state/country Foreign province/state/state/country Foreign province/state/state/state/state/state/state/state/state/state/state/state/state/state/state/state/state/state/state/sta	Your first name	and m	iddle initial	Last nar	ne						Your so	cial security number
Home address (number and street). If you have a P.O. box, see instructions. Apt. no. 2712 Check here if you, or your State ZP code State ZP code Spose if ling jointly, want 38 SSN ANTONO Foreign country name Foreign province/state/county Foreign postal code You Spose it structions. You Spose it structions. Digital Assets At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell. You Spose it structions. Yes No Standard Someone can claim: You as a dopendent You as a dopendent Yes No Dependents (see instructions): (i) First name Are blind Spouse: (i) Check the boint for the adipendent Income Ia Total amount from Form(s) W-2, box 1 (see instructions) (i) Prest name Iii Iiii Iiii (a credit or claim arcsing: Income 1a Total amount from Form(s) W-2, box 1 (see instructions) Ia Iii Iiii (a credit or claim arcsing: Iiiiiiiiii (a credit or claim arcsing: Iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii	PRAGYA			TAK							500-	97-0696
3711 MEDICAL DR 2712 Check here if you, or you Check here if you	lf joint return, sp	oouse's	s first name and middle initial	Last nar	ne						Spouse'	s social security number
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Cury, torul, of post unice, in you rate at Despin adultes, asso complete spaces betw. Date 21 Oute 10 post this fund. Checking a box below will not change you tax or refund. Foreign country name Foreign province/state/country Foreign post alode you Spouse Digital Asset or a financial interest in a digital asset (or a financial interest in a digital asset) (See instructions). Yes No Standard Someone can calm you as a dependent Yes No Standard Someone can calm you as a dependent Yes No Standard Someone can calm you as a dependent Yes No Standard Someone can calm you as a dependent Yes No Standard Standard Social security (9) Relationship (1) Fint name Last name Interest in a digital asset (or a financial interest in a digital asset (or a financial interest in a digital asset) (See instructions); Interest in a digital asset (or a financial interest in a digital asset) (See instructions); Interest in a digital asset (or a financial interest in a digital asset) (See instructions); Interest in a digital asset) (See instructions); Interest in a digital asset) (See instructions); Interest in a digital asset) If more that amount from Form(s) W-2, box 1 (see instructions); Intere		ICAI	L DR						2	2712		
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outly or Qualifying surviving spouse, \$25,9009Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income9100, 255.10Adjustments to income from Schedule 1, line 2610• Head of household, \$19,40011Subtract line 10 from line 9. This is your adjusted gross income11100, 255.12Standard deduction or itemized deductions (from Schedule A)1212, 950.• If you checked any box under Standard13	 Married filing 	8									. 8	-10,026.
surviving spouse, \$25,000 10 • Head of household, \$19,400 12 • If you checked any box under Standard 13 • Had of household, \$19,400 12 • If you checked any box under Standard 13 • Subtract line 12 and 13 13 • Head of household, \$19,400 12 • If you checked any box under Standard 13 • Subtract line 14 from line 11. If zero or less enter -0- This is your taxable income 14 15 87		9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7	, and 8.	This is yo	our total inc	om	e			. 9	
• Head of household, \$12 Subtract line 10 from line 9. This is your adjusted gross income 11 100,255. 12 Standard deduction or itemized deductions (from Schedule A) 12 12 13 Qualified business income deduction from Form 8995 or Form 8995-A 13 14 Add lines 12 and 13 14 12,950. 15 Subtract line 14 from line 11. If zero or less enter -0- This is your taxable income 15 87,305	surviving spouse,	10	Adjustments to income from Sche	dule 1, li	ine 26						. 10	
household, \$19,400 12 Standard deduction or itemized deductions (from Schedule A) 12 12,950. • If you checked any box under Standard Deduction, 13 Qualified business income deduction from Form 8995 or Form 8995-A 13 13 14 Add lines 12 and 13 14 12,950. 14 12,950. 15 Subtract line 14 from line 11. If zero or less enter -0- This is your taxable income 15 87,305	Head of	11	Subtract line 10 from line 9. This is	s your ac	djusted g	gross incon	ne				. 11	100,255.
 If you checked any box under Standard 13 Qualified business income deduction from Form 8995 or Form 8995-A		12	Standard deduction or itemized	deducti	ons (fror	n Schedule	A)				. 12	
Standard 14 Add lines 12 and 13 14 12,950 Deduction, 15 Subtract line 14 from line 11. If zero or less enter -0- This is your taxable income 15 87,305	 If you checked 	13				95 or Form	899	5-A			. 13	
	Standard	14									. 14	,
		15	Subtract line 14 from line 11. If zer	ro or less	s, enter -	0 This is y	our	taxable incom	е.		. 15	87,305.

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

Form **1040** (2022)

Form 1040 (2022	2)							Page 2
Tax and	16	Tax (see instructions). Check if any from Fo	rm(s): 1 🗌 881	4 2 4972	3 🗌		16	14,829.
Credits	17	Amount from Schedule 2, line 3					17	
	18	Add lines 16 and 17					18	14,829.
	19	Child tax credit or credit for other dependent	ents from Schec	lule 8812			19	
	20	Amount from Schedule 3, line 8					20	
	21	Add lines 19 and 20					21	
	22	Subtract line 21 from line 18. If zero or les	s, enter -0				22	14,829.
	23	Other taxes, including self-employment ta	x, from Schedul	e 2, line 21			23	0.
	24	Add lines 22 and 23. This is your total tax					24	14,829.
Payments	25	Federal income tax withheld from:						
	а	Form(s) W-2			25a 17	,799.		
	b	Form(s) 1099			25b			
	с	Other forms (see instructions)			25c			
	d	Add lines 25a through 25c					25d	17,799.
If you have a	26	2022 estimated tax payments and amount	t applied from 20	021 return			26	
If you have a ^I qualifying child,	27	Earned income credit (EIC)		No	27			
attach Sch. EIC.	28	Additional child tax credit from Schedule 88			28			
	29	American opportunity credit from Form 88	863, line 8		29		1	
	30	Reserved for future use			30		1	
	31	Amount from Schedule 3, line 15			31			
	32	Add lines 27, 28, 29, and 31. These are yo	our total other p	ayments and refu	undable credits		32	
	33	Add lines 25d, 26, and 32. These are your	total payments	.			33	17,799.
Refund	34	If line 33 is more than line 24, subtract line	e 24 from line 33	. This is the amou	nt you overpaid		34	2,970.
neruna	35a	Amount of line 34 you want refunded to y		8 is attached, che	ck here		35a	2,970.
Direct deposit?	b	Routing number 1 2 2 2 3 5			Checking	Savings		
See instructions.	d	Account number 1 5 7 5 0 5	3 6 1 5	4 1				
	36	Amount of line 34 you want applied to you	ur 2023 estimat	ed tax	36			
Amount	37	Subtract line 33 from line 24. This is the a	mount you owe).				
You Owe		For details on how to pay, go to www.irs.gov/Payments or see instructions						
	38	Estimated tax penalty (see instructions)			38			
Third Party	Do	you want to allow another person to d	iscuss this retu	Irn with the IRS?	See			_
Designee	ins	tructions				omplete b		X No
	De nai	signee's	Phone no.)		onal identif ber (PIN)	ication	
0:000		der penalties of perjury, I declare that I have exam		d accompanying sch		. ,	the bos	t of my knowlodgo and
Sign		ef, they are true, correct, and complete. Declaration						
Here	Yo	ur signature	Date	Your occupation		If the	IRS se	nt you an Identity
								IN, enter it here
Joint return?				SOFTWARE B		(see i	,	
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, both must sign.	Date	Spouse's occupat	ion			nt your spouse an ection PIN, enter it here
your records.						(see i	2	
	Ph	one no. (909) 672-4303	Email address	TAK, PRAGYA	A@GMAIL.COM	I		
		parer's name Preparer's sign			Date	PTIN		Check if:
Paid	SYAM	PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIY.	A RAM SAGAR	GUPTA TALLAM	03/04/2023	P02082	2703	Self-employed
Preparer		n's name GLOBAL TAXES LLC						(678)965-9522
Use Only		n's address 245 ROONEY CT E BI	RUNSWICK N	J 08816		Firm'		84-3171965
Go to www.im		1040 for instructions and the latest information		DAA				Earm 1040 (2022)

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

BAA REV 02/24/23 PRO

Form **1040** (2022)

SCHEDULE	1
(Form 1040)	

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

Attachment Sequence No. 01 Your social security number

Internal Revenue Service	Go to www.irs.gov/Fo
Name(s) shown on Fo	orm 1040, 1040-SR, or 1040-NR
PRACYA TAK	

Department of the Treasury

rour	social security	ł
500	-97-0696	

Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes		1	
2a	Alimony received		2 a	
b	Date of original divorce or separation agreement (see instructions):		_	
3	Business income or (loss). Attach Schedule C		3	
4	Other gains or (losses). Attach Form 4797		4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Att		5	-10,026.
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		
ĥ	Jury duty pay	8h		
i	Prizes and awards	8i		
i	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		
ο	Section 951A(a) inclusion (see instructions)	80		
р	Section 461(I) excess business loss adjustment	8p		
a.	Taxable distributions from an ABLE account (see instructions)	8q		
r	Scholarship and fellowship grants not reported on Form W-2 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-SF			-10,026.
		. ,		

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

Schedule 1 (Form 1040) 2022

Par	t II Adjustments to Income					
11	Educator expenses				11	
12	Certain business expenses of reservists, performing artists, and fee	e-basi	s gov	ernment		
	officials. Attach Form 2106				12	
13	Health savings account deduction. Attach Form 8889				13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903				14	
15	Deductible part of self-employment tax. Attach Schedule SE				15	
16	Self-employed SEP, SIMPLE, and qualified plans				16	
17	Self-employed health insurance deduction				17	
18	Penalty on early withdrawal of savings				18	
19a	Alimony paid				19a	
b	Recipient's SSN	·				
С	Date of original divorce or separation agreement (see instructions):					
20	IRA deduction				20	
21	Student loan interest deduction				21	
22	Reserved for future use				22	
23	Archer MSA deduction				23	
24	Other adjustments:					
а	Jury duty pay (see instructions)	24a				
b	Deductible expenses related to income reported on line 8I from the					
	rental of personal property engaged in for profit	24b				
С	Nontaxable amount of the value of Olympic and Paralympic medals					
	and USOC prize money reported on line 8m	24c				
d	Reforestation amortization and expenses	24d				
е	Repayment of supplemental unemployment benefits under the Trade					
	Act of 1974	24e				
f	Contributions to section 501(c)(18)(D) pension plans	24f				
g	Contributions by certain chaplains to section 403(b) plans	24g				
h	Attorney fees and court costs for actions involving certain unlawful					
	discrimination claims (see instructions)	24h				
i	Attorney fees and court costs you paid in connection with an award					
	from the IRS for information you provided that helped the IRS detect					
	tax law violations	24i				
j	Housing deduction from Form 2555	24j				
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form					
	1041)	24k				
z	Other adjustments. List type and amount:					
		24z				
25	Total other adjustments. Add lines 24a through 24z				25	
26	Add lines 11 through 23 and 25. These are your adjustments to income	e. Ente	er here	e and on		
	Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a				26	
	BAA	REV (02/24/23 P	RO	Schedu	le 1 (Form 1040) 2022

(Form	1040)	(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)									2022		
	bartment of the Treasury Bernal Revenue Service Go to www.irs.gov/ScheduleE for inst							Attachment Sequence No. 13					
) shown on return										al security r	number	
	YA TAK									500-9	7-0696		
Part	Note: If yo	ou are in t	he business of re	al Real Estate an enting personal proper 35 on page 2, line 40.			C . See	instruc	tions. If you a	ire an indiv	vidual, repo	ort farm	
				t would require you								s 🛛 No	
B	f "Yes," did you	or will y	ou file required	Form(s) 1099? .							. 🗌 Ye	s 🗌 No	
1 a				treet, city, state, ZIF		,							
<u>A</u>	KRISHNA M	ANDIR,	VIJAY CHOW	IK NAGORI GATE	, JC	ODHPUR	RAJ	ASTHA	AN IN 342	2001			
B													
С													
1b	Type of Prope (from list belov		above, report	al real estate prope the number of fair i	rental	and		-	ir Rental Days	Person Da		QJV	
Α	3			days. Check the QJ			Α		365		0		
В				ne requirements to fingular to the venture. See instru			В						
С			quainoa joint		otionic	5.	С						
	of Property:												
	Single Family R Multi-Family Re			on/Short-Term Rent hercial	tal	5 Land 6 Roya			Self-Rental Other (desci	ribe)			
									Properti				
Incom	ne:						Α		В			С	
3	Rents received	I			3		6	31.					
4	Royalties recei	ived.			4								
Exper													
5	Advertising .				5								
6	Auto and trave	l (see in:	structions) .		6								
7					7		1,8	65.					
8	Commissions				8								
9	Insurance				9								
10					10								
11	Management f	ees .			11		2,1	33.					
12		•		(see instructions)	12								
13	Other interest				13								
14					14			17.					
15					15		2,3	98.					
16					16								
17					17		2,0	44.					
18 19		xpense	or depletion .		18 19								
19 20				9	20		10,6	57					
			•	d/or 4 (royalties). If	20		10,0	57.					
21	result is a (loss	s), see ir	nstructions to fi	nd out if you must	21	-	-10,0	26.					
22				r limitation, if any,							1		
00-		•	,	for all rental prope	22		10,02	26.)(23a		631.	()	
23a b				for all rental prope			• •	23a 23b		001.			
								23D 23C					
c d				8 for all properties			• •	23C					
e				20 for all properties			• •	23u	1 ∩	,657.			
24				n on line 21. Do no				200		. 24			
25				and rental real estat		-					(1	LO,026.)	
26				income or (loss).							<u> </u>	, 。 。 ,	
				on page 2 do not a									

Supplemental Income and Loss

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.

SCHEDULE E

L

-10,026.

OMB No. 1545-0074

NPA

-10,026.

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