Department of the Treasury Internal Revenue Service

Calendar Year -Due 04/18/2023

2023 Form 1040-ES Payment Voucher 1

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the **'United States Treasury**. Write your social security number and '2023' Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Amount of estimated tax you are paying by check or money order.....

795.

REV 02/05/23 PRO 1555

097-94-3984 291-75-7752 DOMINIC **JOSEPH** DEEPTHI JOSEPH 2421 SAFFIRE WAY TX 75056 LEWISVILLE

INTERNAL REVENUE SERVICE PO BOX 1300 CHARLOTTE NC 28201-1300

Department of the Treasury Internal Revenue Service

097-94-3984

LEWISVILLE

2421 SAFFIRE WAY

DOMINIC

DEEPTHI

Calendar Year — Due **06/15/2023** 

2023 Form 1040-ES Payment Voucher 2

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the **'United States Treasury**. Write your social security number and '2023' Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

TX 75056

**JOSEPH** 

JOSEPH

Amount of estimated tax you are paying by check or money order......

795.

REV 02/05/23 PRO 1555

INTERNAL REVENUE SERVICE PO BOX 1300 CHARLOTTE NC 28201-1300

0424747484 WU J0SE 30 0 202312 430

291-75-7752

Department of the Treasury Internal Revenue Service

Calendar Year -Due 09/15/2023

2023 Form 1040-ES Payment Voucher 3

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the **'United States Treasury**. Write your social security number and '2023' Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Amount of estimated tax you are paying by check or money order.....

795.

REV 02/05/23 PRO 1555

097-94-3984 291-75-7752 DOMINIC **JOSEPH** DEEPTHI JOSEPH 2421 SAFFIRE WAY TX 75056 LEWISVILLE

INTERNAL REVENUE SERVICE PO BOX 1300 CHARLOTTE NC 28201-1300

Department of the Treasury Internal Revenue Service

Calendar Year -Due 01/16/2024

2023 Form 1040-ES Payment Voucher 4

INTERNAL REVENUE SERVICE

CHARLOTTE NC 28201-1300

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the **'United States Treasury**. Write your social security number and '2023' Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Amount of estimated tax you are paying by check or money order.....

795.

REV 02/05/23 PRO 1555

PO BOX 1300

097-94-3984 291-75-7752 DOMINIC **JOSEPH** DEEPTHI JOSEPH 2421 SAFFIRE WAY TX 75056 LEWISVILLE

#### Department of the Treasury Internal Revenue Service

### **IRS e-file Signature Authorization**

ERO must obtain and retain completed Form 8879.

Social accurity number

▶ Go to www.irs.gov/Form8879 for the latest information.

Submission Identification Number (SID)

Taxpayor'a pama

Laxpayer's name	Social security number
DOMINIC JOSEPH	097-94-3984
Spouse's name	Spouse's social security number
DEEPTHI JOSEPH	291-75-7752
Part I Tax Return Information – Tax Year Ending December 31, 2022 (Enter	year you are authorizing.)
Enter whole dollars only on lines 1 through 5.	
Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.	
<b>1</b> Adjusted gross income	<b>1</b> 213,960.
<b>2</b> Total tax	<b>2</b> 28,910.
<b>3</b> Federal income tax withheld from Form(s) W-2 and Form(s) 1099	<b>3</b> 28,624.
4 Amount you want refunded to you	4
<b>5</b> Amount you owe	
Part II Taxpayer Declaration and Signature Authorization (Be sure you get and k	eep 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.

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

				EBO firm name	<b>U</b>	Ē
X	I authorize	GLOBAL TA	AXES	LLC	to enter or generate my PIN	4

4	3	9	8	4	
Ent don	er fiv n't er	/e di nter a	gits, all ze	but ros	as my

as mv

5 7 7 5 2

Enter five digits, but don't enter all zeros

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

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

X lauthorize GLOBAL TAXES LLC 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 Method Ret	urns Only—continue below	
Part III Certification and Authentication – Practitioner	PIN Method Only	
<b>ERO's EFIN/PIN.</b> Enter your six-digit EFIN followed by your five-dig	it 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 🕨	
	n This Form — See Instructions to the IRS Unless Requested To Do So	
	DEV 00/05/00 DDO	E 9970 (D 01 0001)

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

to enter or generate my PIN

IF you live in	THEN use this address to send in your payment				
Alabama, Florida, Georgia, Louisiana, Mississippi, North Carolina, South Carolina, Tennessee, Texas	Internal Revenue Service P.O. Box 1214 Charlotte, NC 28201-1214				
Arkansas, Connecticut, Delaware, District of Columbia, Illinois, Indiana, Iowa, Kentucky, Maine, Maryland, Massachusetts, Minnesota, Missouri, New Hampshire, New Jersey, New York, Oklahoma, Rhode Island, Vermont, Virginia, West Virginia, Wisconsin	Internal Revenue Service P.O. Box 931000 Louisville, KY 40293-1000				
Alaska, Arizona, California, Colorado, Hawaii, Idaho, Kansas, Michigan, Montana, Nebraska, Nevada, New Mexico, North Dakota, Ohio, Oregon, Pennsylvania, South Dakota, Utah, Washington, Wyoming	Internal Revenue Service P.O. Box 802501 Cincinnati, OH 45280-2501				
A foreign country, American Samoa, or Puerto Rico (or are excluding income under Internal Revenue Code section 933), or use an APO or FPO address, or file Form 2555 or 4563, or are a dual-status alien or nonpermanent resident of Guam or the U.S. Virgin Islands	Internal Revenue Service P.O. Box 1303 Charlotte, NC 28201-1303				

MAIL FORM 1040-V TO THE INTERNAL REVENUE SERVICE CENTER AT THE ADDRESS LISTED BELOW.

Form 1040-V 2022

▼ Detach Here and Mail With Your Payment and Return ▼

Department of the Treasury Internal Revenue Service



# Form 1040-V Payment Voucher

Use this voucher when making a payment with Form 1040.

Do not staple this voucher or your payment to Form 1040.

Make your check or money order payable to the 'United States Treasury.'

► Write your social security number (SSN) on your check or money order.

Enter the amount of your payment. 

286.

REV 02/05/23 PRO 1555

INTERNAL REVENUE SERVICE

P.O. BOX 1214 CHARLOTTE, NC 28201-1214

DOMINIC **JOSEPH** DEEPTHI JOSEPH 2421 SAFFIRE WAY LEWISVILLE TX 75056

Files Statue       Single       Married filing jointy       Married filing separately (MFS)       Head of household (HOH)       Outlifying surviving circles         Check only       Tyou checked the MFS toos, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualitying surviving circles       Since Statue       Your first name and middle initial       Last name       Ord row social security number         DOMINIC       JOSEPH       JOSEPH       Social security number       OOT - 54 - 3984         Home address (number and atted), if you have a 'P.O.D.org, sen instructions.       Act. no.       Presidential Electric Campaign (Circles), and the MYS toos, sen instructions.       Act. no.       Presidential Electric Campaign (Circles), and the MYS toos, sen instructions.         Circle, toor, provide office. If you have a 'P.O.D.org, sen instructions.       TXX       75056       Toos and the might provide the MYS toos, and the MYS toos, and toos and too and toos and too and toos and toos and too	<b>1040</b>		rtment of the Treasury—Internal Revenue Servi 5. Individual Income Tax		urn	202	2	OMB No. 1545	-0074	IRS Use Only	—Do not w	rite or staple in this spac	ce.
Your first name and middle initial       Last name       Your social security number         DOMINIC       UOSSPH       097-94-3984         Finance and middle initial       Last name       097-94-3984         DEEDFITI       UOSSPH       291-75-7752         Home address (umber and steed; if you have a foreign address, also complete spaces below.       State       2175-7752         City, town, or post office. If you have a foreign address, also complete spaces below.       State       720-56         LEWILSVILLE       Foreign province/state/county       Foreign province/state/county       Foreign province/state/county       Foreign province/state/county       Image: State of the space	Check only	lf yo	u checked the MFS box, enter the n	ame of y	0	1 5 (	,			. ,	spou	use (QSS)	/ing
DOMINIC         JOSEPH         097-94-3984           Hjört Hum, spouse's fort name and middle initial Last name         JOSEPH         291-75-775           Höre differtation, spouse's fort name and middle initial DERPTH         Apt. no.         Presidential Election Campaign Chrok own, or post office, Hyou have a foreign address, also complete spaces below.         State         Presidential Election Campaign Chrok own, or post office, Hyou have a foreign address, also complete spaces below.         State         Presidential Election Campaign State         Presidential	Vour first name		, ,		mo						Vourso	oial coourity numbo	
Import terrum, spouse's first name and middle initial       Last name       googes's social security number 291–75–7752         DEEPTHI       JOSEPH       291–75–7752         Presidential Election Campaign 2421 SAPFIRE MAY       Apt. no.         City, town, or poor strice. If you have a foreign address, also complete spaces below.       State         TCW, town, or poor strice. If you have a foreign address, also complete spaces below.       State         Foreign country name       Foreign province/state/county       Foreign province/state/county         Foreign country name       Foreign province/state/county       Foreign province/state/county       Foreign province/state/county         Standard       Someone can claim:       You as a dependent       You spouse as a dependent       You spouse as a dependent         Deduction       Spouse: Itemizes on a separate return or you were a dual-status allen       Age/Bindness       You if you spouse as a dependent         Dependents       (see instructions):       Q1 see instructions:       Q1 see instructions:       Q1 see instructions:         DTYA ELSA       JOSEPH       40.6–6.9–5.22.6       Daught e:r       M       Immediate or fee instructions:         If nore and check       DTYA ELSA       JOSEPH       40.6–6.9–5.22.6       Daught e:r       M       Immediate         Nore and check       DTYA ELSA       JOS		anu mi										-	ſ
DEEPTHI         JOSEPH         291-75-7752           Home address (number and streed). If you have a P.O. box, see instructions.         Apt. no.         Precidential Election Campaign Precidential Election Campaign Provide April 1990           City, tow, or post office. If you have a foreign address, also complete spaces below.         State         210 concerts and thing brinking br			first name and middle initial	-									nho
Intermediation         Apr. no.         Previolential Election Campage CPR; town, or post office. If you have a P.O. box, see instructions.         Apr. no.         Previolential Election Campage CPR; town, or post office. If you have a foreign address, also complete spaces below.         State         ZIP code         Previolential Election Campage CPR; town, or post office. If you have a foreign address, also complete spaces below.         State         ZIP code         Previolential Election Campage           Foreign country name         Foreign province/state/country         Foreign		ouse s	nist name and middle mital								•	-	ibei
2421 SAFFIRE WAY       Check new job diffice. If you have a foreign address, also complete spaces below.       State       ZIP code       Check new job diffice. If you have a foreign address, also complete spaces below.       State       ZIP code       TX       TS 0556         Eversion country name       Foreign province/state/country       Foreign postal code       You       Spouse         Digital Assets       At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset); Cee instructions.       You       Spouse         Digital Assets       Scandard       Someone can coll call.       You as a dependent       You       No         Standard       Spouse itemizes on a separate return or you were a dual-status alien       You as a dependent       You       You       No         Dependents       (see instructions):       (1) First name       Last name       (1) Check the box if qualifies for fees instructions)       (1) Check the box if qualifies for fees instructions)       1a       220, 674.         Income       1a       Total amount from Form(s) W-2, box 1 (see instructions)       1a       220, 674.       1b         W-26 and for dire dependent care benefits form Form 839, line 29       1f       1a       220, 674.       1b         W-26 and for dire dependent care	-	numbo	r and streat). If you have a P.O. box, see							nt no			
Dist_torm       Construction       State       ZP code       spouse if filing jointly, want S3 togo to this fund. Checking a togo togo togo togo togo togo togo t	·		, <b>.</b>	; instructio	0115.				1	ърг. по.			aigr
LEWISVILLE       TX       75056       to go to this fund. Checking a box below with a change your law or refund.         Foreign country name       Foreign province/state/country       Foreign province/state/country       Foreign province/state/country       Image: Spore country name       Image: Spore country name </td <td></td> <td></td> <td></td> <td></td> <td>paces bol</td> <td>0.14</td> <td>Sto</td> <td>to</td> <td>710 0</td> <td>odo</td> <td></td> <td></td> <td>\$3</td>					paces bol	0.14	Sto	to	710 0	odo			\$3
Foreign country name       Foreign province/state/county       Foreign pastal code       your tax or refund.         Digital Assets       At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell.       Image: Control of the control of			e. Il you have a loreign address, also co	simplete s	paces bei	Ow.					0		ја
Digital At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, Assets       Image: Control of the second seco						ovince/state/						•	
Digital Assets       At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset?) (See instructions). Uves X No         Standard Deduction       Someone can claim: Spouse itemizes on a separate return or you were a dual-status alien         Age/Blindness       You:       Were born before January 2, 1958       Are blind       Spouse:       Was born before January 2, 1958       Is blind         Dependents       (see instructions):       UP as a dependent       Oreal ascurity number       (a) Relationship       (d) Check the box if qualifies for (see instructions):       Child tax credit       Credit for other dependent in four dependent         If more than fourtion and check       Data amount from Form(s) W-2, box 1 (see instructions)       Images not reported on Form(s) W-2.       1a       220, 674.         Income tage for Forms       1a       Call amount from Form(s) W-2, box 1 (see instructions)       1a       220, 674.         Ver 2 here, Alor attach Forms       1d       Call amount from Form(s) W-2, box 1 (see instructions)       1a       220, 674.         If was withheld.       9       Querce instructions)       1a       220, 674.         If was withheld.       9       Querce instructions)       1a       220, 674.         If waswithheld.       9       Querce instr	i oreigin country	name		'	oreigir pi	OVINCE/State/C	Jouri	Ly		in postal code	your tur		nuse
Standard Deduction       Someone can claim:       You as a dependent       Your spouse as a dependent         Age/Blindness       You:       Were born before January 2, 1958       Are blind       Spouse:       Was born before January 2, 1958       Is blind         Age/Blindness       You:       Spouse itemizes on a separate return or you were a dual-status alien       Age/Blindness       Was born before January 2, 1958       Is blind         Dependents       (see instructions):       (i) First name       Last name       number       (i) First name       Credit for other dependent:         (if more than four dependents       (i) First name       Last name       number       (ii) First name       Credit for other dependent:         DHYAN       JOSEPH       785-85-3719       Son       Iii       Credit for other dependent:         Income       Ia       Total amount from Form(s) W-2, box 1 (see instructions)       Ia       Ia       220, 674.         Ib       Household employee wages not reported on Form(s) W-2 (see instructions)       Ia       Ia       220, 674.         V2 and Also       g       Wages from Form 8919, line 6       Iii       Iiii       Iiiii         V2 and Also       g       Wages from Form 8919, line 6       Iiii       Iiiiii       Iiiiii         V2 and Also       a													
Deduction       Spouse itemizes on a separate return or you were a dual-status alien         Age/Blindness       You:       Were born before January 2, 1958       Are blind       Spouse:       Was born before January 2, 1958       Is blind         Dependents       (see instructions):       (1) First name       Last name       (2) Social security       (3) Retainschripting       (4) Check the box if qualifies for Gee instructions):         If more       (1) First name       Last name       (2) Social security       (3) Retainschripting       (4) Check the box if qualifies for Gee instructions):         Dirty ELSA       JOSEPH       406-69-5226       Daught er       🛛       Chedit ac ordeit for other dependent the dependent the dependent the dependent the dependent and the dependent the dependent and the dependent ac dependent the dependent ac dependent the dependent ac dependent form Form (8) W-2 (see instructions)       1a       220, 674.         Maske forms       W-28 and the forms       Medicaid waiver payments not reported on Form (8) W-2 (see instructions)       1d       1d         W-28 and tache forms       Gee form       Wages from Form 8919, line 6       1g       1g       1g         W-29 are       instructions       1i       1g       220, 674.       1g				-	<u> </u>					. (000			
Dependents       (see instructions):       (2) Social security number       (3) Relationship       (4) Check the box if qualifies for (see instructions):         If more than four tha				•				-					
Dependents       See instructions, instending and ingle divi	Age/Blindness	You:	Were born before January 2, 1	958	Are bl	ind Spo	ouse	: 🔄 Was bor					
If more       Up and number of the form of the second of the	Dependents	(see	nstructions):		<b>(2)</b> S			.,	ip (4	) Check the b	ox if qualit	,	
dependents, see instructions       DHYAN       JOSEPH       785-85-3719       Son       X		<b>(1)</b> Fi	rst name Last name			number		to you			redit	Credit for other depend	dents
see instructions       DIYAN       JOSEPH       785-85-3719       Son       Image: Control of the second sec		DIY	DIYA ELSA JOSEPH			406-69-5226 Daughter							
and check       here	•	DHY	DHYAN JOSEPH			-85-371	9	Son					
Income       1a       Total amount from Form(s) W-2, box 1 (see instructions)       1a       220,674.         Attach Form(s)       b       Household employee wages not reported on Form(s) W-2.       1b         Attach Form(s)       c       Tip income not reported on line 1a (see instructions)       1c         W-2 Arer. Also       d       Medicaid waiver payments not reported on Form(s) W-2 (see instructions)       1d         W-2 Arer. Also       d       Medicaid waiver payments not reported on Form (S) W-2 (see instructions)       1d         W-2 Arer. Also       f       Employer-provided adoption benefits from Form 2441, line 26       1g         If you did not       g       Wages from Form 8919, line 6       1g       1g         get a Form       h       Other earned income (see instructions)       1h       0.         V-2, see       instructions       z       Add lines 1a through 1h       z       220,674.         Attach Sch. B       fa       RA distributions       fa       b       Taxable amount       fb         Standard       Deduction for       So cal security benefits       fa       b       Taxable amount       fb         Standard       Deduction for       Ga       so cal security benefits       fb       fb       fb         Standard													
Itechnic       b       Household employee wages not reported on Form(s) W-2.       1b         Attach Forms       c       Tip income not reported on line 1a (see instructions)       1c         W-2 here. Also       d       Medicaid waiver payments not reported on Form(s) W-2 (see instructions)       1d         W-26 and       e       Taxable dependent care benefits from Form 2441, line 26       1d         Wages from Form 8919, line 6       1f       1g         get a Form       h       Other earned income (see instructions)       1h       0.         W-2.see       in Nontaxable combat pay election (see instructions)       1i       1z       220, 674.         Attach Sch. B       2a       b       Tax-exempt interest       2b       1t       1z       220, 674.         Attach Sch. B       2a       Qualified dividends       3a       b       Datable interest       2b       2b         Get a forge or Married fling separately. \$12,950       4a       IRA distributions       4a       b       Taxable amount       4b       5b         Other income from Schedule 1, line 10       5a       b       Taxable amount       6b       6b         Maried fling separately. \$12,950       Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9       213, 960.	here 🗌												
b       Household employee wages not reported on Form(s) W-2.       1b         W-2 here. Also attach Forms       C       Tip income not reported on line 1a (see instructions)       1c         W-2 here. Also attach Forms       Medicaid waiver payments not reported on Form(s) W-2 (see instructions)       1d         W-2 G and       E       Taxable dependent care benefits from Form 2441, line 26       1e         109-Rif tax       f       Employer-provided adoption benefits from Form 8839, line 29       1f         was withheld.       f       Uses from Form 8919, line 6       1g         get a Form       h       Other earned income (see instructions)       1i         was withheld.       f       Nontaxable combat pay election (see instructions)       1i         was withheld.       notaxable combat pay election (see instructions)       1i       1z         220, 674.       Tax-exempt interest       2a       b       Taxable interest       2b         a       Qualified dividends       3a       b       Taxable amount       4b         Standard       Scala security benefits       Sa       b       Taxable amount       6b         strandar       Scala security benefits       Ga       Scala security benefits       6a       -6,714.         9       Add lines 12, 2b,	Income	1a		•		,					. 1a	220,674	4.
W-2 here. Also attach Forms       Implification for regorded on mile to regorded on Form(s) W-2 (see instructions)       Implification for the form form (see instructions)       Implification for the form form (see instructions)         W-26 and 1099-Ri ftax       e       Taxable dependent care benefits from Form 2441, line 26       Implification form         get a Form       h       Other earned income (see instructions)       Implification form       Implification form         get a Form       h       Other earned income (see instructions)       Implification form       Implification form         get a Form       h       Other earned income (see instructions)       Implification form       Implification form         get a form       h       Other earned income (see instructions)       Implification form       Implification form       Implification form         get a firequired.       a       Qualified dividends       Implification form       Implificatio		b	Household employee wages not re	eported	on Form	(s) W-2					. 1b		
attach Forms       d       Medicaid waiver payments not reported on Form(s) W-2 (see instructions)       11         W-2G and (D99-R if tax was withheld.       e       Taxable dependent care benefits from Form 2441, line 26       1e         1099-R if tax was withheld.       f       Employer-provided adoption benefits from Form 8839, line 29       1f         If you did not get a Form       g       Wages from Form 8919, line 6       1g         W-2, see       i       Nontaxable combat pay election (see instructions)       1i         instructions.       z       Add lines 1a through 1h       1z       220, 674.         Attach Sch. B       2a       Tax-exempt interest       2b       b       Taxable interest       2b         4       RA distributions       4a       b       Taxable amount       4b       4b         Standard       Social security benefits       6a       b       Taxable amount       6b       6b         Single or       f       You elect to use the lump-sum election method, check here (see instructions)       7       7         Standard       Other income from Schedule 1, line 10       Social security benefits is your tatal income       9       213, 960.         * Married filing separately       Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your tatal income       11       <	• • • •	С	Tip income not reported on line 1a	a (see ins	struction	s)	• •				. 1c		
109-R if tax was withheld.       f       Employer-provided adoption benefits from Form 8339, line 29       11         If you did not get a Form       Wages from Form 8919, line 6       11         W-2, see instructions.       Nontaxable combat pay election (see instructions)       11         W-2, see instructions.       Nontaxable combat pay election (see instructions)       11         Add lines 1a through 1h       12       220,674.         Attach Sch. B       2a       Tax-exempt interest       2b         If required.       3a       Ualified dividends       3b         4a       b       Taxable interest       2b         Standard       Deduction for       6a       b       Taxable amount       4b         Standard beduct for       6a       5a       b       Taxable amount       6b         Standard biger       c       If you elect to use the lump-sum election method, check here (see instructions)       7         Standard biger       c       If you elect to use the lump-sum election method, check here (see instructions)       7         Standard biger       c       If you elect to use the lump-sum election method, check here (see instructions)       7         Standard biger       c       If you elect to use the lump-sum election method, check here       7 <td< td=""><td>attach Forms</td><td>d</td><td></td><td></td><td></td><td>, ,</td><td>nstru</td><td>ictions)</td><td></td><td></td><td>. 1d</td><td></td><td></td></td<>	attach Forms	d				, ,	nstru	ictions)			. 1d		
was withheld.       f       Employer-provided adoption benefits from Form 8839, line 29       11         If you did not get a Form       g       Wages from Form 8919, line 6       1g         get a Form       h       Other earned income (see instructions)       1h       0.         W2, see instructions.       i       Nontaxable combat pay election (see instructions)       1i       1k       0.         Add lines 1a through 1h       .       .       1i       1z       220,674.         Attach Sch. B       2a       Tax-exempt interest       .       2b       2b         4a       IRA distributions       4a       b       Taxable amount       4b         5a       Pensions and annuities       5a       b       Taxable amount       6b         5 Social security benefits       6a       b       Taxable amount       .       6b         6a       Social security benefits       6a       b       Taxable amount       .       .         9       Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       .       .       .       .       .         9       Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       .       .       .       .       .       .       .		е											
h Other earned income (see instructions) 1h 0.   W-2, see i Nontaxable combat pay election (see instructions) 1i   W-2, see i Nontaxable combat pay election (see instructions) 1i   Attach Sch, B 2a Tax-exempt interest 2b   Attach Sch, B 2a Tax-exempt interest 2b   if required. 3a 3a b   V-2, see iii b   if required. 3a 3a   Qualified dividends 3a b   V-2 4a b   Standard 5a 9   Deduction for- 6a 5a   Single or 6a 5a   Single or c If you elect to use the lump-sum election method, check here (see instructions)   Single or c If you elect to use the lump-sum election method, check here (see instructions)   separately, \$12,950 7 Capital gain or (loss). Attach Schedule D if required. If not required, check here   9 213,960.   10 30   Standard deuction or itemized deductions (rom Schedule 1, line 26   9 213,960.   10 12   25,900. 12   11 213,960.   12 25,900.   13 Qualified dusiness income deduction from Form 8995 or Form 8995-A   14 Add lines 12 and 13   25,900. 15   14 25,900.		f				,					. 1f		
W-2, see instructions.       i       Nontaxable combat pay election (see instructions)       1i         Attach Sch. B       2a       Add lines 1 a through 1h       1z       220,674.         Attach Sch. B       2a       Tax-exempt interest       2a       b       Taxable interest       2b         Attach Sch. B       3a       b       Ordinary dividends       3b       3b         4a       IRA distributions       4a       b       Taxable amount       4b         5a       Pensions and annuities       5a       b       Taxable amount       4b         Standard       Social security benefits       6a       b       Taxable amount       5b         6a       Social security benefits       6a       b       Taxable amount       7         single or       If you elect to use the lump-sum election method, check here (see instructions)       7       7         7       Capital gain or (loss). Attach Schedule D if required. If not required, check here       7       8       -6,714.         9       213,960.       10       Adjustments to income from Schedule 1, line 26       10       11       213,960.         11       Subtract line 10 from line 9. This is your adjusted gross income       11       213,960.       12       25,900.	,	g	Wages from Form 8919, line 6 .	• •			• •				. <b>1</b> g		
Instructions.       I       Nontaxable combat pay election (see instructions)       II         Attach Sch. B       Z       Add lines 1a through 1h       Iz       220,674.         Attach Sch. B       Tax-exempt interest       Iz       220,674.         If required.       3a       Qualified dividends       Iz       220,674.         3a       Qualified dividends       3a       b       Tax-exempt interest       Iz         4a       IRA distributions       4a       b       Taxable interest       Iz         5a       Pensions and annuities       5a       b       Taxable amount       Iz         • Single or       Social security benefits       6a       b       Taxable amount       Iz         • Social security benefits       6a       b       Taxable amount       Iz       7         • Gapital gain or (loss). Attach Schedule D if required. If not required, check here       7       7       7         • Married filing jointly or       9       Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your tatal income       10       11       213, 960.         • Married filing spouse, \$25,900       10       Adjustments to income from Schedule 1, line 26       10       12       25, 900.         • Head of household, \$19,400       12 <td></td> <td>h</td> <td>· ·</td> <td>,</td> <td></td> <td></td> <td></td> <td>· · · · ·</td> <td>···</td> <td></td> <td>. 1h</td> <td>(</td> <td>Э.</td>		h	· ·	,				· · · · ·	···		. 1h	(	Э.
Attach Sch. B       2a       Tax-exempt interest       2a       b       Taxable interest       2b         if required.       3a       Qualified dividends       3a       b       Ordinary dividends       3b         4a       IRA distributions       4a       b       Taxable amount       4b         5a       Pensions and annuities       5a       b       Taxable amount       4b         5a       Pensions and annuities       5a       b       Taxable amount       5b         6a       Social security benefits       6a       b       Taxable amount       6b         • Single or Married filing separately, \$12,950       r       Capital gain or (loss). Attach Schedule D if required. If not required, check here       7       7         • Married filing jointly or Qualifying surviving spouse, \$25,900       8       Other income from Schedule 1, line 10       9       213,960.         10       -       -       -       9       213,960.         11       Subtract line 10 from line 9. This is your adjusted gross income       11       213,960.         12       25,900.       13       Qualified business income deduction from Schedule A)       12       25,900.         11       213,960.       12       25,900.       12       <		i	1,5 (	see instr	ructions)		• •	<b>1</b> i					
if required.       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         5a       Social security benefits       6a       b       Taxable amount       5b         6a       Social security benefits       6a       b       Taxable amount       5b         6a       Social security benefits       6a       b       Taxable amount       5b         6a       Social security benefits       6a       b       Taxable amount       7         7       Capital gain or (loss). Attach Schedule D if required. If not required, check here       7       7         9       Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9       213, 960.         10       Adjustments to income from Schedule 1, line 26       10       11       213, 960.         11       Subtract line 10 from line 9. This is your adjusted gross income       11       213, 960.         14       Add lines 12 and 13       12       25, 900.       13         14       Add lines 12 and 13       14       25, 900.			ũ l						• •				4.
data       calculation for the first of the			· ·										
Standard Deduction for-       5a       Sa       b       Taxable amount       5b         • Single or Married filing separately, \$12,950       6a       Social security benefits       6a       b       Taxable amount       6b         • Married filing jointly or Qualifying surviving spouse, \$25,900       7       Capital gain or (loss). Attach Schedule D if required. If not required, check here       7       8       -6,714.         9       Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9       213,960.         10       Subtract line 10 from line 9. This is your adjusted gross income       11       213,960.         11       Subtract line 10 from line 9. This is your adjusted gross income       11       213,960.         12       Standard deduction or itemized deductions (from Schedule A)       12       25,900.         13       Qualified business income deduction from Form 8995 or Form 8995-A       13       14       25,900.         14       Add lines 12 and 13       14       25,900.       13       14       25,900.	If required.							2					
Deduction for-       6a       Social security benefits       6a       b Taxable amount       6b         • Single or Married filing separately, \$12,950       6a       Social security benefits       6a       b Taxable amount       6b         • Married filing jointly or Qualifying surviving spouse, \$25,900       7       Capital gain or (loss). Attach Schedule D if required. If not required, check here       7       7         • Married filing jointly or Qualifying surviving spouse, \$25,900       8       Other income from Schedule 1, line 10       .       .       9       213,960.         • Head of household, \$19,400       10       Adjustments to income from Schedule 1, line 26       .       .       10         • Head of household, \$19,400       12       Standard deduction or itemized deductions (from Schedule A)       .       .       12       25,900.         • If you checked any box under Standard       13       Qualified business income deduction from Form 8995 or Form 8995-A       .       .       .       13         • Head of household, \$19,400       13       Qualified business income deduction from Form 8995 or Form 8995-A       .       .       .       .       14       25,900.         • If you checked any box under Standard       14       25,900.       14       25,900.       15       1888,060.													
<ul> <li>Single or Married filing separately, \$12,950</li> <li>Married filing jointy or Qualifying surviving spouse, \$25,900</li> <li>Head of household, \$12,900</li> <li>Head of household, \$12,900</li> <li>Hard deduction or itemized deductions (from Schedule A)</li> <li>Hard deduction or itemized deduction from Form 8995 or Form 8995-A</li> <li>Subtract line 14 from line 11 If zero or less enter -0- This is your taxable income</li> </ul>													
Married filing separately, \$12,950       c       If you elect to use the lump-sum election method, check here (see instructions)       .		6a	, _						t		. <u>6b</u>		
\$12,950       7       Capital gain or (loss). Attach Schedule D if required, theor required, check here       1         • Married filing jointly or Qualifying souse, \$25,900       9       Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9       213,960.         • Head of household, \$19,400       11       Subtract line 10 from line 9. This is your adjusted gross income       10       11       213,960.         • If you checked any box under Standard       12       25,900.       13       Qualified business income deduction from Form 8995 or Form 8995-A       13         • If you checked any box under Standard       14       25,900.       14       25,900.         • If you checked any box under Standard       14       25,900.       13       14       25,900.	Married filing								• •	L	_		
jointly or Qualifying surviving spouse, \$25,9009Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income9213,960.10Adjustments to income from Schedule 1, line 261010• Head of household, \$19,40012Standard deduction or itemized deductions (from Schedule A)11213,960.• If you checked any box under Standard13Qualified business income deduction from Form 8995 or Form 8995-A1312• If you checked any box under Standard131425,900.• If you checked any box under Standard14from line 11If zero or less enter -0-This is your taxable income15Subtract line 14 from line 11If zero or less enter -0-This is your taxable income15	\$12,950								• •	L			
Qualifying surviving spouse, \$25,900       9       Add lines 12, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9       213, 960.         10       Adjustments to income from Schedule 1, line 26       10       10         Head of household, \$19,400       11       Subtract line 10 from line 9. This is your adjusted gross income       11       213, 960.         I 2       25,900       12       Standard deduction or itemized deductions (from Schedule A)       12       25,900.         I 3       Qualified business income deduction from Form 8995 or Form 8995-A       13       14       25,900.         I 4       25,900.       15       Subtract line 14 from line 11. If zero or less enter -0- This is your taxable income       15       188,060									• •				
\$25,900       10       Adjustments to income from on definition definitind definitindefinitindefinition definition definition definited de	Qualifying								• •				<u>).</u>
household, \$19,400       12       Standard deduction or itemized deductions (from Schedule A)       12       25,900.         • 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       25,900.       14       25,900.         15       Subtract line 14 from line 11 If zero or less enter -0- This is your taxable income       15       188,060.			-						• •				
\$19,400       12       Standard deduction or itemized deductions (from Schedule A)       12       25,900.         • If you checked any box under Standard       13       Qualified business income deduction from Form 8995 or Form 8995-A       13       13         • If you checked any box under Standard       14       Add lines 12 and 13       14       25,900.         • Deduction, Deduction,       15       Subtract line 14 from line 11 If zero or less enter -0- This is your taxable income       15       188,060				•	-	-			• •				
any box under Standard         14         Add lines 12 and 13         14         25,900           Deduction,         15         Subtract line 14 from line 11 If zero or less enter -0- This is your taxable income         15         188,060	\$19,400 r								• •				<u>).</u>
Standard         14         Add lines 12 and 13         14         25,900.           Deduction,         15         Subtract line 14 from line 11 If zero or less enter -0- This is your taxable income         15         188,060						995 or Form	899	5-A	• •				
	Standard								• •				
		15	Subtract line 14 from line 11. If zer	ro or les	s, enter -	-U This is y	our	taxable incom	ie .		. 15	188,060	J.

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 Form	(s): <b>1</b> 🗌 881	4 <b>2</b> 4972	3		16	32,8	305.
Credits	17	Amount from Schedule 2, lin	ie3					17		
	18	Add lines 16 and 17						18	32,8	305.
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812			19	4,0	.000
	20	Amount from Schedule 3, lin	ie8					20		
	21	Add lines 19 and 20						21	4,0	000.
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	28,8	805.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21 .			23	] ]	105.
	24	Add lines 22 and 23. This is	your total tax					24	28,9	
Payments	25	Federal income tax withheld								
,	а	Form(s) W-2				<b>25a</b> 28	8,624.			
	b	Form(s) 1099				25b		1		
	с	Other forms (see instructions				25c	0.	1		
	d	Add lines 25a through 25c						25d	28,6	524.
	26	2022 estimated tax payment						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				29		1		
	30	Reserved for future use .		-		30				
	31	Amount from Schedule 3, lin				31		1		
	32	Add lines 27, 28, 29, and 31						32		
	33	Add lines 25d, 26, and 32. T	,	•				33	28,6	524.
	34	If line 33 is more than line 24						34		
Refund	35a	Amount of line 34 you want				, .		35a		
Direct deposit?	b	Routing number X X X					Savings			
See instructions.		$\begin{array}{c c c c c c c c c c c c c c c c c c c $								
	36	Amount of line 34 you want a				36				
Amount	37	Subtract line 33 from line 24						-		
You Owe	57	For details on how to pay, g						37	:	286.
	38	Estimated tax penalty (see ir	-			38			_	
Third Party		you want to allow another								
Designee		structions	•				omplete l	oelow.	X No	
	De	signee's		Phone		Pers	onal identi	fication		
	nai	nē		no.		num	ber (PIN)			
Sign		der penalties of perjury, I declare t			1 2 0		,		,	0
Here		ief, they are true, correct, and com	plete. Declaration of			ased on all informati	1			•
	Yo	ur signature		Date	Your occupation				nt you an Identi IN, enter it here	
Joint return?					SOFTWARE :	ENGINEER		inst.)		, 
See instructions.	Sp	ouse's signature. If a joint return, <b>i</b>	ooth must sign.	Date	Spouse's occupat		If the	e IRS ser	nt your spouse	an
Keep a copy for	- 1-	, , , , , , , , , , , , , , , , , , ,	5				Iden	tity Prote	ection PIN, ente	
your records.					SOFTWARE ENGINEER			inst.)		
		one no. (848)667-954		Email address	DAMY.JOSE	PH@GMAIL.CO	M			
Paid	Pre	eparer's name	Preparer's signat	ure		Date	PTIN		Check if:	
Preparer	SYAM	PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	02/16/2023	P0208	2703	Self-emp	loyed
Use Only	Fir	m's name GLOBAL TAX	XES LLC				Phor	ne no. (	678)965-	9522
	Fir	m's address 245 ROONE	Y CT E BRU	NSWICK N	J 08816		Firm	's EIN	84-317	1965
Go to www.irs.ge	ov/Forn	n1040 for instructions and the late	st information.		BAA	REV 02/05/23 PRO			Form <b>104</b>	<b>10</b> (2022)

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

Attachment Sequence No. **01** 

Your social security number

Internal Revenue			Go to	www.irs.gov/Form1	040 for instruction
Name(s) sho	wn on Fo	rm 1	040, 1040-SI	R, or 1040-NR	
DOMINIC	JOSEP	H &	DEEPTHI	JOSEPH	

DOMI	NIC JOSEPH & DEEPTHI JOSEPH		097-94-3	3984
Par	t I Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxes		1	
2a	Alimony received		<b>2</b> a	
b	Date of original divorce or separation agreement (see instructions):			
3	Business income or (loss). Attach Schedule C		3	-6,714.
4	Other gains or (losses). Attach Form 4797			
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Atta	ch Schedule	E. 5	
6	Farm income or (loss). Attach Schedule F.		6	
7	Unemployment compensation		7	
8	Other income:			
а	Net operating loss	8a (	)	
b	Gambling	8b		
С	Cancellation of debt	8c		
d	Foreign earned income exclusion from Form 2555	8d (	)	
е	Income from Form 8853	8e		
f	Income from Form 8889	8f		
g	Alaska Permanent Fund dividends	8g		
h	Jury duty pay	8h		
i	Prizes and awards	8i		
j	Activity not engaged in for profit income	8j		
k	Stock options	8k		
I	Income from the rental of personal property if you engaged in the rental			
	for profit but were not in the business of renting such property	81		
m	Olympic and Paralympic medals and USOC prize money (see			
	/	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	<u>8s (</u>	)	
t	Pension or annuity from a nonqualifed deferred compensation plan or	_		
	a nongovernmental section 457 plan	8t		
u	<b>U</b>	<u>8u</u>		
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,	or 1040-NR,	line 8 10	-6,714.

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       Self-employed health insurance deduction       17         18       Penalty on early withdrawal of savings       18         19a       Alimony paid       18         19a       Alimony paid       20         21       Student loan interest deduction       21         22       23       Archer MSA deduction       21         23       Archer MSA deduction       22       23         24       Other adjustments:       24       24         24       Deductible expenses related to income reported on line 81 from the rental of personal property engaged in for profit       24d         24       Chrestation amortization and expenses       24d       24d         24       Expense related to income reported on line 81 from the rental of personal property engaged	Par	t II Adjustments to Income					
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       18         19a       Alimony paid       12         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:       22         23       Archer MSA deduction       24         24       Deductible expenses related to income reported on line 81 from the rental of personal property engaged in for profit       24b         24       Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m       24d         24d       Eapayment of supplemental unemployment benefits under th	11	Educator expenses				11	
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       18         19a       Alimony paid       18         19a       Alimony paid       20         21       Student loan interest deduction       21         22       Reserved for future use       22         23       Archer MSA deduction       21         24       Other adjustments:       23         24       Other adjustments:       24         25       Archer MSA deduction and expenses       24d         24       Deductible expenses related to income reported on line 81 from the rental of personal property engaged in for profit       24b         24       Contributions to section 501(c)(18)(D) pension plans       24d         24       E4d       24e         24d	12	Certain business expenses of reservists, performing artists, and fee	-basi	is gove	ernment		
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       19a         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:       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       24d         c       Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m       24d         24e       24d       24d         c       Repayment of supplemental unemployment benefits		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       19a         b       Recipient's SSN       19a         c       Date of original divorce or separation agreement (see instructions):       20         20       IRA 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       24d         e       Repayment of supplemental unemployment benefits under the Trade Act of 1974       24e         g       Contributions to section 501(c)(18)(D) pension plans       24e         g       Contributions to section 501(c)(18)(D) pension plans       24g         h       Attorne	13					13	
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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       19a         c       Date of original divorce or separation agreement (see instructions):       20         20       IRA deduction       21         21       Student loan interest deduction       21         22       Reserved for future use       22         23       Archer MSA deduction       22         24       Other adjustments:       24a         a       Jury duty pay (see instructions)       24a         c       Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m       24c         c       Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m       24d         e       Repayment of supplemental unemployment benefits under the Trade Act of 1974       24d         g       Contributions to section 501(c)(18)(D) pension plans       24g         f       Contributions to section 501(c)(18)(D) pension plans       24g         i       Attorney fees and court costs for actions invo	15					15	
17       Self-employed health insurance deduction       17         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       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 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       24d         e       Repayment of supplemental unemployment benefits under the Trade Act of 1974       24e         g       Contributions to section 501(c)(18)(D) pension plans       24g         g       Contributions by certain chaplains to section 403(b) plans       24g         h       Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect	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         21       Student loan interest deduction       20         22       Reserved for future use       21         23       Archer MSA deduction       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       24b         c       Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m       24c         c       Reforestation amortization and expenses       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         h       Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions)       24g         i       Attorney fees and court costs you paid in connection with an award from the IRS for	17						
19a       Alimony paid       19a         b       Recipient's SSN       19a         c       Date of original divorce or separation agreement (see instructions):       20         20       21         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 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       24d         e       Repayment of supplemental unemployment benefits under the Trade Act of 1974       24d         g       Contributions to section 501(c)(18)(D) pension plans       24g         f       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)       24g         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       24h	18					18	
b       Recipient's SSN	19a						
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<ul> <li>a Jury duty pay (see instructions)</li> <li>b Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit</li> <li>c Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m</li> <li>d Reforestation amortization and expenses</li> <li>e Repayment of supplemental unemployment benefits under the Trade Act of 1974</li> <li>f Contributions to section 501(c)(18)(D) pension plans</li> <li>g Contributions by certain chaplains to section 403(b) plans</li> <li>h Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions)</li> <li>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</li> </ul>							
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d       Reforestation amortization and expenses	-		24c				
<ul> <li>e Repayment of supplemental unemployment benefits under the Trade Act of 1974</li></ul>	d						
Act of 1974	e						
<ul> <li>f Contributions to section 501(c)(18)(D) pension plans</li></ul>	·		24e				
<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>	-						
discrimination claims (see instructions)			9				
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			24h				
from the IRS for information you provided that helped the IRS detect	i	,					
	•	from the IBS for information you provided that helped the IBS detect					
tax law violations		tax law violations	24i				
j Housing deduction from Form 2555	i						
k Excess deductions of section 67(e) expenses from Schedule K-1 (Form	, k						
1041)			24k				
<b>z</b> Other adjustments. List type and amount:	7						
	-		247				
<b>25</b> Total other adjustments. Add lines 24a through 24z	25			1		25	
26 Add lines 11 through 23 and 25. These are your <b>adjustments to income</b> . Enter here and on							
Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a	20					26	
BAA REV 02/05/23 PRO Schedule 1 (Form 10/							e 1 (Form 1040) 20

SCHEDULE	2
(Form 1040)	

Department of the Treasury

#### **Additional Taxes**

OMB No. 1545-0074

20

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

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

Attachment Internal Revenue Service Sequence No. 02 Name(s) shown on Form 1040, 1040-SR, or 1040-NR Your social security number DOMINIC JOSEPH & DEEPTHI JOSEPH 097-94-3984 Part I Tax 1 Alternative minimum tax. Attach Form 6251 1 2 2 Excess advance premium tax credit repayment. Attach Form 8962 . . . . . . . 3 Add lines 1 and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 17 . . 3 Part II **Other Taxes** 4 4 5 Social security and Medicare tax on unreported tip income. Attach Form 4137 5 . . . . . . . . . . . . . . . . . . Uncollected social security and Medicare tax on wages. Attach 6 6 Form 8919 7 Total additional social security and Medicare tax. Add lines 5 and 6 7 Additional tax on IRAs or other tax-favored accounts. Attach Form 5329 if required. 8 8 9 9 Repayment of first-time homebuyer credit. Attach Form 5405 if required . . . . 10 10 Additional Medicare Tax, Attach Form 8959 11 11 105. 12 12 13 Uncollected social security and Medicare or RRTA tax on tips or group-term life 13 Interest on tax due on installment income from the sale of certain residential lots 14 14 Interest on the deferred tax on gain from certain installment sales with a sales price 15 15 Recapture of low-income housing credit. Attach Form 8611 . . . . . . . . . . . . 16 16 (continued on page 2)

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

Schedule 2 (Form 1040) 2022

Par	t II Other Taxes (continued)			
17	Other additional taxes:			
а	Recapture of other credits. List type, form number, and amount:			
		17a		
b	Recapture of federal mortgage subsidy, if you sold your home			
		17b	-	
	Additional tax on HSA distributions. Attach Form 8889	17c	-	
d	Additional tax on an HSA because you didn't remain an eligible individual. Attach Form 8889	17d		
е	Additional tax on Archer MSA distributions. Attach Form 8853 .	17e		
f	Additional tax on Medicare Advantage MSA distributions. Attach Form 8853	17f		
g	Recapture of a charitable contribution deduction related to a fractional interest in tangible personal property	17g		
h	Income you received from a nonqualified deferred compensation plan that fails to meet the requirements of section 409A	17h		
i	Compensation you received from a nonqualified deferred compensation plan described in section 457A	17i		
j	Section 72(m)(5) excess benefits tax	17j		
k	Golden parachute payments	17k		
Т	Tax on accumulation distribution of trusts	171		
m	Excise tax on insider stock compensation from an expatriated			
		17m	-	
	Look-back interest under section 167(g) or 460(b) from Form 8697 or 8866	17n		
0	Tax on non-effectively connected income for any part of the year you were a nonresident alien from Form 1040-NR	170		
р	Any interest from Form 8621, line 16f, relating to distributions from, and dispositions of, stock of a section 1291 fund	17p		
q	Any interest from Form 8621, line 24	17q		
z	Any other taxes. List type and amount:			
		17z		
18	Total additional taxes. Add lines 17a through 17z		18	
19	Reserved for future use		19	
20	Section 965 net tax liability installment from Form 965-A	20		
21	Add lines 4, 7 through 16, and 18. These are your <b>total other taxe</b> on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b.		21	105.
	ВАА	REV 02/05/23 PRO	Schedu	ule 2 (Form 1040) 2022

#### SCHEDULE C (Form 1040)

Department of the Treasury

## **Profit or Loss From Business**

(Sole Proprietorship)

OMB No. 1545-0074 6

Attachment

Go to www.irs.gov/ScheduleC for instructions and the latest information.
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Attach to Form 1040, 1040-SR, 1040-NR, or 1041; partnerships must generally file Form 1065.

Internal Revenue Service Sequence No. 09 Name of proprietor Social security number (SSN) 097-94-3984 DOMINIC JOSEPH Α Principal business or profession, including product or service (see instructions) B Enter code from instructions SOFTWARE CONSULTING 5 4 1 9 9 0 С Business name. If no separate business name, leave blank. D Employer ID number (EIN) (see instr.) 8 4 4 6 1 6 4 4 0 SCALA INTEGRATION LLC Business address (including suite or room no.) 2421 SAFFIRE WAY Е City, town or post office, state, and ZIP code LEWISVILLE , TX 75056 (3) Other (specify) E Accounting method: (1) 🗙 Cash (2) Accrual G Did you "materially participate" in the operation of this business during 2022? If "No," see instructions for limit on losses . 🛛 Yes 🗌 No н If you started or acquired this business during 2022, check here Did you make any payments in 2022 that would require you to file Form(s) 1099? See instructions . . . . . . . . . . . . Yes X No L. If "Yes," did you or will you file required Form(s) 1099? . . . . . . . . . . Yes No Part I Income 1 Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on 1,022. Form W-2 and the "Statutory employee" box on that form was checked . . . . . . . . . 1 2 2 1,022. 3 Subtract line 2 from line 1 3 4 Cost of goods sold (from line 42) 4 . . 5 5 1,022. 6 6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions) . . 1,022. 7 7 Gross income. Add lines 5 and 6 **Expenses.** Enter expenses for business use of your home **only** on line 30. Part II 8 Advertising . . . . . 8 695. 18 Office expense (see instructions) . 18 19 19 Pension and profit-sharing plans . 9 Car and truck expenses 9 (see instructions) . . . 20 Rent or lease (see instructions): 2,400. 10 10 Vehicles, machinery, and equipment 20a Commissions and fees . а 11 Contract labor (see instructions) 11 b Other business property . . . 20b 12 Depletion . . . . 12 21 Repairs and maintenance . . . 21 Depreciation and section 179 13 22 Supplies (not included in Part III) . 22 299. expense deduction (not 23 Taxes and licenses . . . . . 23 included in Part III) (see 24 13 Travel and meals: instructions) . . . а Travel. . . 24a Employee benefit programs 14 (other than on line 19) 14 h Deductible meals (see 590. 15 Insurance (other than health) 15 instructions) . . . . . . . 24b 854. 25 25 Interest (see instructions): Utilities . . . . . . . . 16 Mortgage (paid to banks, etc.) 16a 26 Wages (less employment credits) 26 а 2,898. 16b 27a b Other . . . . . . Other expenses (from line 48) . . 27a 17 Legal and professional services 17 b Reserved for future use . . 27b 7,736. 28 **Total expenses** before expenses for business use of home. Add lines 8 through 27a . . . . 28 29 29 -6,714. Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 30 unless using the simplified method. See instructions. Simplified method filers only: Enter the total square footage of (a) your home: . Use the Simplified and (b) the part of your home used for business: Method Worksheet in the instructions to figure the amount to enter on line 30 . . . . . . 30 31 Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on both Schedule 1 (Form 1040), line 3, and on Schedule SE, line 2. (If you 31 -6,714. checked the box on line 1, see instructions.) Estates and trusts, enter on Form 1041, line 3. • If a loss, you must go to line 32. 32 If you have a loss, check the box that describes your investment in this activity. See instructions. • If you checked 32a, enter the loss on both Schedule 1 (Form 1040), line 3, and on Schedule 32a X All investment is at risk. SE, line 2. (If you checked the box on line 1, see the line 31 instructions.) Estates and trusts, enter on Form 1041, line 3. **32b** Some investment is not at risk. If you checked 32b, you must attach Form 6198. Your loss may be limited.

REV 02/05/23 PRO

Schedu	e C (Form 1040) 2022			Page <b>2</b>
Part	Cost of Goods Sold (see instructions)			
33	Method(s) used to value closing inventory: <b>a</b> Cost <b>b</b> Lower of cost or market <b>c</b> Other (atta	ch ex	planation)	
34	Was there any change in determining quantities, costs, or valuations between opening and closing inventor If "Yes," attach explanation	y?	. Ves	🗌 No
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35		
36	Purchases less cost of items withdrawn for personal use	36		
37	Cost of labor. Do not include any amounts paid to yourself	37		
38	Materials and supplies	38		
39	Other costs	39		
40	Add lines 35 through 39	40		
41	Inventory at end of year	41		
42	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4	42		
Part				
43 44	When did you place your vehicle in service for business purposes? (month/day/year)		e for:	
а	Business b Commuting (see instructions) c C	ther		
45	Was your vehicle available for personal use during off-duty hours?		🗌 Yes	🗌 No
46	Do you (or your spouse) have another vehicle available for personal use?		🗌 Yes	🗌 No
47a	Do you have evidence to support your deduction?		🗌 Yes	No No
⊳ Part	If "Yes," is the evidence written?	e 30.	🗌 Yes	No
GA	SOLINE EXP			398.
	CK OFFICE OPERATION EXPENSES			2,500.
48	Total other expenses. Enter here and on line 27a	48		2,898.

SCHEDULE 8812 (Form 1040)

Department of the Treasury

## Credits for Qualifying Children and Other Dependents

OMB No. 1545-0074

Go to www.irs.gov/Schedule8812 for instructions and the latest information.

Internal Revenue Service

2022
Attachment Sequence No. 47

Name(s	) shown on return	Your s	social s	ecurity number
DOMI	NIC JOSEPH & DEEPTHI JOSEPH	097-	-94-3	3984
Pai	t I Child Tax Credit and Credit for Other Dependents			
1	Enter the amount from line 11 of your Form 1040, 1040-SR, or 1040-NR		1	213,960.
2a	Enter income from Puerto Rico that you excluded			
b	Enter the amounts from lines 45 and 50 of your Form 2555         .         .         .         2b	0.		
c	Enter the amount from line 15 of your Form 4563			
d	Add lines 2a through 2c		2d	0.
3	Add lines 1 and 2d	. [	3	213,960.
4	Number of qualifying children under age 17 with the required social security number 4	2		
5	Multiply line 4 by \$2,000	. [	5	4,000.
6	Number of other dependents, including any qualifying children who are not under age			
	17 or who do not have the required social security number	0		
	Caution: Do not include yourself, your spouse, or anyone who is not a U.S. citizen, U.S. national, or U.S. resid	ent		
	alien. Also, do not include anyone you included on line 4.			
7	Multiply line 6 by \$500	H	7	
8	Add lines 5 and 7		8	4,000.
9	Enter the amount shown below for your filing status.			
	• Married filing jointly—\$400,000			
	• All other filing statuses— $200,000 \int \dots $		9	400,000.
10	Subtract line 9 from line 3.			
	• If zero or less, enter -0			
	• If more than zero and not a multiple of \$1,000, enter the next multiple of \$1,000. For			
	example, if the result is \$425, enter \$1,000; if the result is \$1,025, enter \$2,000, etc.	•	10	0.
11	Multiply line 10 by 5% (0.05)		11	0.
12	Is the amount on line 8 more than the amount on line 11?	- H	12	4,000.
	No. STOP. You cannot take the child tax credit, credit for other dependents, or additional child tax credit	dit.		
	Skip Parts II-A and II-B. Enter -0- on lines 14 and 27.			
	<b>Yes.</b> Subtract line 11 from line 8. Enter the result.			
13	Enter the amount from the Credit Limit Worksheet A	· 1	13	32,805.
14	Enter the smaller of line 12 or 13. This is your child tax credit and credit for other dependents	• [	14	4,000.
	Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 19.			
	If the amount on line 12 is more than the amount on line 14, you may be able to take the <b>addition</b>			
	on Form 1040, 1040-SR, or 1040-NR, line 28. Complete your Form 1040, 1040-SR, or 1040-N	R thro	ough li	ine 27

(also complete Schedule 3, line 11) before completing Part II-A.

 For Paperwork Reduction Act Notice, see your tax return instructions.
 BAA
 REV 02/05/23 PRO
 Schedule 8812 (Form 1040) 2022

Schedu	le 8812 (Form 1040) 2022		Page <b>2</b>
Part	II-A Additional Child Tax Credit for All Filers		
Cautio	n: If you file Form 2555, you cannot claim the additional child tax credit.		
15	Check this box if you do not want to claim the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on lin	e 27	🔲
16a	Subtract line 14 from line 12. If zero, stop here; you cannot take the additional child tax credit. Skip Parts II-A		
	and II-B. Enter -0- on line 27	16a	0.
b	Number of qualifying children under 17 with the required social security number: x \$1,500.		
	Enter the result. If zero, stop here; you cannot claim the additional child tax credit. Skip Parts II-A and II-B.		
	Enter -0- on line 27	16b	
	<b>TIP:</b> The number of children you use for this line is the same as the number of children you used for line 4.		
17	Enter the smaller of line 16a or line 16b	17	
18a	Earned income (see instructions)		
b	Nontaxable combat pay (see instructions)		
19	Is the amount on line 18a more than \$2,500?		
	<b>No.</b> Leave line 19 blank and enter -0- on line 20.		
	Yes. Subtract \$2,500 from the amount on line 18a. Enter the result       19		
20	Multiply the amount on line 19 by 15% (0.15) and enter the result $\ldots \ldots \ldots \ldots \ldots \ldots \ldots \ldots \ldots \ldots$	20	
	Next. On line 16b, is the amount \$4,500 or more?		
	<b>No.</b> If you are a bona fide resident of Puerto Rico, go to line 21. Otherwise, skip Part II-B and enter the		
	smaller of line 17 or line 20 on line 27.		
	<b>Yes.</b> If line 20 is equal to or more than line 17, skip Part II-B and enter the amount from line 17 on line 27.		
	Otherwise, go to line 21.		
Part	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	IS OT H	uerto Rico
21	Withheld social security, Medicare, and Additional Medicare taxes from Form(s) W-2,		
	boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If		
	your employer withheld or you paid Additional Medicare Tax or tier 1 RRTA taxes, see		
	instructions	-	
22	Enter the total of the amounts from Schedule 1 (Form 1040), line 15; Schedule 2 (Form		
22	1040), line 5; Schedule 2 (Form 1040), line 6; and Schedule 2 (Form 1040), line 13 . 22	-	
23	Add lines 21 and 22	-	
24	<b>1040 and</b> <b>1040-SR filers:</b> Enter the total of the amounts from Form 1040 or 1040-SR, line 27, )		
	and Schedule 3 (Form 1040), line 11.		
	<b>1040-NR filers:</b> Enter the amount from Schedule 3 (Form 1040), line 11.		
25	Subtract line 24 from line 23. If zero or less, enter -0	25	
23 26	Enter the <b>larger</b> of line 20 or line 25	26	
20	Next, enter the smaller of line 17 or line 26 on line 27.	20	
Part	II-C Additional Child Tax Credit		
27	This is your additional child tax credit. Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 28	27	
	· · · · · · · · · · · · · · · · · · ·		812 (Form 1040) 2022

	<b>R<b>Q67</b> Paid Preparer's Due Diligence Checklis</b>	24	ОМВ	No. 1545	5-0074
	<b>Babban</b> wember 2022) <b>Paid Preparer's Due Diligence Checklis</b> Earned Income Credit (EIC), American Opportunity Tax Credit (ACTO Child Tax Credit (CTC) (including the Additional Child Tax Credit (ACTO Credit for Other Dependents (ODC)), and Head of Household (HOH) Filing	C), C) and		For tax y	
	To be completed by preparer and filed with Form 1040, 1040-SR, 104	-PR, or 1040-SS.	Attao Sequ	chment ience No.	70
Тахрау	er name(s) shown on return	Taxpayer identifica	tion numbe	r	
DOM	INIC JOSEPH & DEEPTHI JOSEPH	097-94-39	84		
Prepare	r's name	Preparer tax identif	ication num	nber	
SYA	M PRIYA RAM SAGAR GUPTA TALLAM	P02082703			
Part	Due Diligence Requirements				
Please	e check the appropriate box for the credit(s) and/or HOH filing status claimed on the returned benefit(s) claimed (check all that apply).		te the re AOTC		arts I–\ HOH
1	Did you complete the return based on information for the applicable tax year provided b	ov the taxpave	Yes	No	N/A
	or reasonably obtained by you? (See instructions if relying on prior year earned income.)		×		
2	If credits are claimed on the return, did you complete the applicable EIC and/or C worksheets found in the Form 1040, 1040-SR, 1040-NR, 1040-PR, 1040-SS, or Schedu 1040) instructions, and/or the AOTC worksheet found in the Form 8863 instructions worksheet(s) that provides the same information, and all related forms and schedules claimed?	ule 8812 (Form , or your owr	1 1		
3	<ul> <li>Did you satisfy the knowledge requirement? To meet the knowledge requirement, you methe following.</li> <li>Interview the taxpayer, ask questions, and contemporaneously document the taxpayer'determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status.</li> <li>Review information to determine that the taxpayer is eligible to claim the credit(s) and to figure the amount(s) of any credit(s)</li></ul>	s responses to d/or HOH filing			
4	Did any information provided by the taxpayer or a third party for use in preparing information reasonably known to you, appear to be incorrect, incomplete, or inconsist answer questions 4a and 4b. If " <b>No</b> ," go to question 5.)	ent? (If " <b>Yes</b> ,'		X	
а	Did you make reasonable inquiries to determine the correct, complete, and consistent infe	ormation? .			
b	Did you contemporaneously document your inquiries? (Documentation should include you asked, whom you asked, when you asked, the information that was provided, and information had on your preparation of the return.)	the impact the			
5	Did you satisfy the record retention requirement? To meet the record retention requirem keep a copy of your documentation referenced in question 4b, a copy of this Form 8867 applicable worksheet(s), a record of how, when, and from whom the information used to 8867 and any applicable worksheet(s) was obtained, and a copy of any document(s) p taxpayer that you relied on to determine eligibility for the credit(s) and/or HOH filing stat the amount(s) of the credit(s)	, a copy of any prepare Form rovided by the tus or to figure	/ 1 2		
6	Did you ask the taxpayer whether he/she could provide documentation to substantiate e credit(s) and/or HOH filing status and the amount(s) of any credit(s) claimed on the return is selected for audit?	eturn if his/he			
7	Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous	year?		X	
	(If credits were disallowed or reduced, go to question 7a; if not, go to question 8.)				
а	Did you complete the required recertification Form 8862?				
8	If the taxpayer is reporting self-employment income, did you ask questions to prepare a correct Schedule C (Form 1040)?				

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Form 8867 (Rev. 11-2022)

Form 88	367 (Rev. 11-2022)			Page <b>2</b>
Part	II Due Diligence Questions for Returns Claiming EIC (If the return does not claim EIC, go	to Part	III.)	
9a	Have you determined that the taxpayer is eligible to claim the EIC for the number of qualifying children claimed, or is eligible to claim the EIC without a qualifying child? (If the taxpayer is claiming the EIC and does not have a qualifying child, go to question 10.)	Yes	No	N/A
b	Did you ask the taxpayer if the child lived with the taxpayer for over half of the year, even if the taxpayer has supported the child the entire year?			
с	Did you explain to the taxpayer the rules about claiming the EIC when a child is the qualifying child of more than one person (tiebreaker rules)? <b>Due Diligence Questions for Returns Claiming CTC/ACTC/ODC</b> (If the return does not			
Part	or ODC, go to Part IV.)	claim (	CTC, A	CTC,
10	Have you determined that each qualifying person for the CTC/ACTC/ODC is the taxpayer's dependent who is a citizen, national, or resident of the United States?	Yes X	No	N/A
11	Did you explain to the taxpayer that he/she may not claim the CTC/ACTC if the child has not lived with the taxpayer for over half of the year, even if the taxpayer has supported the child, unless the child's custodial parent has released a claim to exemption for the child?	X		
12	Did you explain to the taxpayer the rules about claiming the CTC/ACTC/ODC for a child of divorced or separated parents (or parents who live apart), including any requirement to attach a Form 8332 or similar statement to the return?	X		
Part		), go to	Part \	′.)
13	Did the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the qu tuition and related expenses for the claimed AOTC?	alified	Yes	No
Part	V Due Diligence Questions for Claiming HOH (If the return does not claim HOH filing statu	s, go to	o Part '	√I.)
14	Have you determined that the taxpayer was unmarried or considered unmarried on the last day of the tax and provided more than half of the cost of keeping up a home for the year for a qualifying person?		Yes	No
Part	VI Eligibility Certification			
	You will have complied with all due diligence requirements for claiming the applicable credit(s) and on the return of the taxpayer identified above if you:	or HOI/	H filing	status
	A. Interview the taxpayer, ask adequate questions, contemporaneously document the taxpayer's respo in your notes, review adequate information to determine if the taxpayer is eligible to claim the credit( status and to figure the amount(s) of the credit(s);	nses on s) and/c	the ret or HOH	urn or filing
	B. Complete this Form 8867 truthfully and accurately and complete the actions described in this check credit(s) claimed and HOH filing status, if claimed;	ist for a	ny app	icable
	C. Submit Form 8867 in the manner required; and			
	D. Keep all five of the following records for 3 years from the latest of the dates specified in the Form 88 Document Retention.	67 instr	uctions	under
	1. A copy of this Form 8867.			
	2. The applicable worksheet(s) or your own worksheet(s) for any credit(s) claimed.			

- 3. Copies of any documents provided by the taxpayer on which you relied to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).
- 4. A record of how, when, and from whom the information used to prepare this form and the applicable worksheet(s) was obtained.
- 5. A record of any additional information you relied upon, including questions you asked and the taxpayer's responses, to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).

# If you have not complied with all due diligence requirements, you may have to pay a penalty for each failure to comply related to a claim of an applicable credit or HOH filing status (see instructions for more information).

15	Do you certify that all of the answers on this Form 8867 are, to the best of your knowledge, true, correct, and	Yes	No
	complete?	X	

REV 02/05/23 PRO

Form **8867** (Rev. 11-2022)

Form **8959** 

Internal Revenue Service

Name(s) shown on return

# **Additional Medicare Tax**

If any line does not apply to you, leave it blank. See separate instructions. Attach to Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS. Go to *www.irs.gov/Form8959* for instructions and the latest information. OMB No. 1545-0074

Attachment Sequence No. 71

Your social security number

DOMI			097-	94-39	984
Part	Additional Medicare Tax on Medicare Wages				
1	Medicare wages and tips from Form W-2, box 5. If you have more than one				
-	Form W-2, enter the total of the amounts from box 5	1	261,674.	_	
2	Unreported tips from Form 4137, line 6	2		-	
3	Wages from Form 8919, line 6	3		-	
4	Add lines 1 through 3	4	261,674.	-	
5	Enter the following amount for your filing status:				
	Married filing jointly         .				
	Single, Head of household, or Qualifying surviving spouse \$200,000	5	250,000.		
6	Subtract line 5 from line 4. If zero or less, enter -0			6	11,674.
7	Additional Medicare Tax on Medicare wages. Multiply line 6 by 0.9% (0.009).				11,074.
'	Part II			7	105.
Part	Additional Medicare Tax on Self-Employment Income				2001
8	Self-employment income from Schedule SE (Form 1040), Part I, line 6. If you				
Ū	had a loss, enter -0- (Form 1040-PR or 1040-SS filers, see instructions.)	8			
9	Enter the following amount for your filing status:				
	Married filing jointly.				
	Married filing separately				
	Single, Head of household, or Qualifying surviving spouse \$200,000	9			
10	Enter the amount from line 4	10			
11	Subtract line 10 from line 9. If zero or less, enter -0	11			
12	Subtract line 11 from line 8. If zero or less, enter -0			12	
13	Additional Medicare Tax on self-employment income. Multiply line 12 by 0.9% (0.9) $\times$				
	go to Part III		<u> </u>	13	
Part		Cor	npensation		
14	Railroad retirement (RRTA) compensation and tips from Form(s) W-2, box 14				
45		14		-	
15	Enter the following amount for your filing status:Married filing jointly				
	Married filing separately				
	Single, Head of household, or Qualifying surviving spouse \$200,000	15			
16	Subtract line 15 from line 14. If zero or less, enter -0	-		16	
17	Additional Medicare Tax on railroad retirement (RRTA) compensation. Multiply lin				
	Enter here and go to Part IV			17	
Part	V Total Additional Medicare Tax			_	
18	Add lines 7, 13, and 17. Also include this amount on Schedule 2 (Form 1040), lin	ne 11	(Form 1040-PR		
	or 1040-SS filers, see instructions), and go to Part V		· · · · · ·	18	105.
Part	V Withholding Reconciliation				
19	Medicare tax withheld from Form W-2, box 6. If you have more than one Form				
	W-2, enter the total of the amounts from box 6	19	3,794.		
20	Enter the amount from line 1	20	261,674.	_	
21	Multiply line 20 by 1.45% (0.0145). This is your regular Medicare tax				
• -	withholding on Medicare wages	21	3,794.		
22	Subtract line 21 from line 19. If zero or less, enter -0 This is your Add			00	~
00	withholding on Medicare wages			22	0.
23	Additional Medicare Tax withholding on railroad retirement (RRTA) compensation			23	
04	14 (see instructions)			23	
24	Total Additional Medicare Tax withholding. Add lines 22 and 23. Also included federal income tax withholding on Form 1040, 1040-SR, or 1040-NR, line 25.				
	1040-SS filers, see instructions)	•		24	0.
	-,,				

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