

Filing Status [X] Single [] Married filing jointly [] Married filing separately (MFS) [] Head of household (HOH) [] Qualifying surviving spouse (QSS)
Check only one box. If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent:

Form fields for personal information: Your first name and middle initial (MANOJ KUMAR), Last name (HARINATH), Your social security number (403-99-0720), Spouse's social security number, Home address (933 WILMINGTON AVE, DAYTON, OH, 45420), and Presidential Election Campaign checkbox.

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.) [] Yes [X] No

Standard Deduction Someone can claim: [] You as a dependent [] Your spouse as a dependent [] 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

Table for Dependents with columns: (1) First name, Last name, (2) Social security number, (3) Relationship to you, (4) Child tax credit, Credit for other dependents.

Main income table with rows 1a through 15, including sub-rows 2a-2b, 3a-3b, 4a-4b, 5a-5b, 6a-6b, 7, 8, 9, 10, 11, 12, 13, 14, 15. Total taxable income: 9,217.

Table with 2 columns: Line number and Amount. Rows 16-24 include Tax and Credits. Total tax is 923.

Table with 2 columns: Line number and Amount. Rows 25-33 include Payments. Total payments are 1,942.

Table with 2 columns: Line number and Amount. Rows 34-36 include Refund. Amount of refund is 1,019.

Table with 2 columns: Line number and Amount. Rows 37-38 include Amount You Owe. Total amount owed is 823.

Third Party Designee section with checkboxes for Yes/No and fields for name, phone, and PIN.

Sign Here section with signature lines, dates, and occupations for both taxpayer and spouse.

Paid Preparer Use Only section with fields for preparer name, signature, date, PTIN, firm name, address, and phone number.

**SCHEDULE 1
(Form 1040)**

Department of the Treasury
Internal Revenue Service

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

2022

Attachment
Sequence No. **01**

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

Your social security number
403-99-0720

Part I Additional Income

| | | | | |
|-----------|---|---------------|-----------|--------|
| 1 | Taxable refunds, credits, or offsets of state and local income taxes | | 1 | |
| 2a | Alimony received | | 2a | |
| b | Date of original divorce or separation agreement (see instructions): _____ | | | |
| 3 | Business income or (loss). Attach Schedule C | | 3 | |
| 4 | Other gains or (losses). Attach Form 4797 | | 4 | |
| 5 | Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E | | 5 | |
| 6 | Farm income or (loss). Attach Schedule F | | 6 | |
| 7 | Unemployment compensation | | 7 | |
| 8 | Other income: | | | |
| a | Net operating loss | 8a () | | |
| b | Gambling | 8b | | |
| c | Cancellation of debt | 8c | | |
| d | Foreign earned income exclusion from Form 2555 | 8d () | | |
| e | 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 | | |
| l | 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 | 8l | | |
| m | Olympic and Paralympic medals and USOC prize money (see instructions) | 8m | | |
| n | Section 951(a) inclusion (see instructions) | 8n | | |
| o | Section 951A(a) inclusion (see instructions) | 8o | | |
| p | Section 461(l) excess business loss adjustment | 8p | | |
| q | Taxable distributions from an ABL account (see instructions) | 8q | | |
| r | Scholarship and fellowship grants not reported on Form W-2 | 8r | | |
| s | Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d | 8s () | | |
| t | Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan | 8t | | |
| u | Wages earned while incarcerated | 8u | | |
| z | Other income. List type and amount: _____ | 8z | | |
| | Other Income from box 3 of 1099-Misc 3,065. | | 3,065. | |
| 9 | Total other income. Add lines 8a through 8z | | 9 | 3,065. |
| 10 | Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8 | | 10 | 3,065. |

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

Schedule 1 (Form 1040) 2022

Part II Adjustments to Income

| | | | | |
|------------|--|------------|------------|--------|
| 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 | | 19a | |
| b | Recipient's SSN | | | |
| c | Date of original divorce or separation agreement (see instructions): _____ | | | |
| 20 | IRA deduction | | 20 | |
| 21 | Student loan interest deduction | | 21 | 2,500. |
| 22 | Reserved for future use | | 22 | |
| 23 | Archer MSA deduction | | 23 | |
| 24 | Other adjustments: | | | |
| a | Jury duty pay (see instructions) | 24a | | |
| b | Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit | 24b | | |
| c | Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m | 24c | | |
| d | Reforestation amortization and expenses | 24d | | |
| e | Repayment of supplemental unemployment benefits under the Trade Act of 1974 | 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 . Enter here and on Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a | | 26 | 2,500. |

Do not staple or paper clip.



Department of Taxation

2022 Ohio IT 1040 Individual Income Tax Return



02 16 23

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

22000198 Sequence No. 1

AMENDED RETURN - Check here and include Ohio IT RE.

NOL CARRYBACK - Check here and include Schedule IT NOL.

Primary taxpayer's SSN (required) 403 99 0720

✓ If deceased

Spouse's SSN (if filing jointly)

✓ If deceased

School district # 5703

First name MANOJ KUMAR

M.I. Last name HARINATH

Spouse's first name (if filing jointly)

M.I. Last name

Address line 1 (number and street) or P.O. Box 933 WILMINGTON AVE

Address line 2 (apartment number, suite number, etc.) APT 4

City DAYTON

State ZIP code OH 45420

Ohio county (first four letters) MONT

Foreign country (if the mailing address is outside the U.S.)

Foreign postal code

Residency Status - Check only one for primary. X Resident Part-year resident Nonresident Indicate state. Check only one for spouse (if filing jointly). Resident Part-year resident Nonresident Indicate state.

Filing Status - Check one (as reported on federal income tax return). X Single, head of household or qualifying widow(er). Married filing jointly Spouse's SSN. Married filing separately.

Ohio Nonresident Statement - See instructions for required criteria. Primary meets the five criteria for irrefutable presumption as nonresident. Spouse meets the five criteria for irrefutable presumption as nonresident.

Federal extension filers - check here. If someone can claim you (or your spouse if filing jointly) as a dependent, check here.

Do not staple or paper clip.

Table with 2 columns: Description and Amount. Rows include Federal adjusted gross income (22167), Additions (2a), Deductions (2b), Ohio adjusted gross income (22167), Exemption amount (2400), Ohio income tax base (19767), Taxable business income (6), and Taxable nonbusiness income (19767).



MM-DD-YY Code

2022 Ohio IT 1040
Individual Income Tax Return



SSN 403 99 0720

22000298 Sequence No. 2

Table with 2 columns: Description and Amount. Rows include 7a. Amount from line 7 on page 1 (19767), 8a. Nonbusiness income tax liability (0), 8b. Business income tax liability (0), 8c. Income tax liability before credits (0), 9. Ohio nonrefundable credits (20), 10. Tax liability after nonrefundable credits (0), 11. Interest penalty (0), 12. Unpaid use tax (0), 13. Total Ohio tax liability before withholding (0), 14. Ohio income tax withheld (515), 15. Estimated and extension payments (0), 16. Refundable credits (0), 17. Amended return only (0), 18. Total Ohio tax payments (515), 19. Amended return only overpayment (0), 20. Line 18 minus line 19 (515), 21. Tax due (0), 22. Interest due on late payment (0), 23. TOTAL AMOUNT DUE (515), 24. Overpayment (515), 25. Original return only (0), 26. Original return only donations (0), 27. REFUND (515).

Sign Here (required): I have read this return. Under penalties of perjury, I declare that, to the best of my knowledge and belief, the return and all enclosures are true, correct and complete.
Primary signature _____ Phone number (937) 791-8134
Spouse's signature _____ Date _____
Check here to authorize your preparer to discuss this return with the Department.
Preparer's printed name SYAM PRIYA RAM SAGAR GUP Phone number (678) 965-9522
Preparer's TIN (PTIN) P 02082703

If your refund is \$1.00 or less, no refund will be issued. If you owe \$1.00 or less, no payment is necessary.
NO Payment Included - Mail to: Ohio Department of Taxation, P.O. Box 2679, Columbus, OH 43270-2679
Payment Included - Mail to: Ohio Department of Taxation, P.O. Box 2057, Columbus, OH 43270-2057



02 16 23

Many of these credits must be calculated using a worksheet and/or be supported by additional required documentation. See the instructions for worksheets and information on supporting documentation.

Nonrefundable Credits

Table with 24 rows of tax credits and their corresponding values. Row 1: Tax liability before credits (from Ohio IT 1040, line 8c) 1. 0. Row 2: Retirement income credit (include 1099-R forms) 2. Row 3: Lump sum retirement credit (include a copy of the worksheet and 1099-R forms) 3. Row 4: Senior citizen credit (must be 65 or older to claim this credit) 4. Row 5: Lump sum distribution credit (include a copy of the worksheet and 1099-R forms) 5. Row 6: Child care & dependent care credit (include a copy of the worksheet) 6. Row 7: Displaced worker training credit (include a copy of the worksheet and all required documentation) 7. Row 8: Campaign contribution credit for Ohio statewide office or General Assembly 8. 0. Row 9: Income-based exemption credit 9. 20. Row 10: Total (add lines 2 through 9) 10. 20. Row 11: Tax less credits (line 1 minus line 10; if negative, enter zero) 11. 0. Row 12: Joint filing credit (see instructions for table). % times line 11, up to \$650 12. 0. Row 13: Earned income credit 13. Row 14: Home school expenses credit (include copies of all required documentation) 14. Row 15: Scholarship donation credit (include copies of all required documentation) 15. Row 16: Nonchartered, nonpublic school tuition credit (include copies of all required documentation) 16. Row 17: Vocational job credit (include a copy of the credit certificate) 17. Row 18: Ohio adoption credit 18. Row 19: Nonrefundable job retention credit (include a copy of the credit certificate) 19. Row 20: Credit for eligible new employees in an enterprise zone (include a copy of the credit certificate) 20. Row 21: Grape production credit 21. Row 22: InvestOhio credit (include a copy of the credit certificate) 22. Row 23: Lead abatement credit (include a copy of the credit certificate) 23. Row 24: Opportunity zone investment credit (include a copy of the credit certificate) 24.



2022 Ohio Schedule of Credits

Primary taxpayer's SSN
403 99 0720



22280298

Sequence No. 8

| | | |
|---|-----|---|
| 25. Technology investment credit carryforward (include a copy of the credit certificate)..... | 25. | |
| 26. Enterprise zone day care & training credits (include a copy of the credit certificate) | 26. | |
| 27. Research & development credit (include a copy of the credit certificate)..... | 27. | |
| 28. Nonrefundable Ohio historic preservation credit (include a copy of the credit certificate)..... | 28. | |
| 29. Total (add lines 12 through 28) | 29. | 0 |
| 30. Tax less additional credits (line 11 minus line 29; if negative, enter zero)..... | 30. | 0 |

Nonresident Credit

Dates of Ohio residency to Other state of residency

| | | |
|--|------|--|
| 31. Nonresident Portion of Ohio adjusted gross income - Ohio IT NRC Section I, line 18 (include a copy) | 31. | |
| 32. Ohio adjusted gross income (Ohio IT 1040, line 3)..... | 32. | |
| 33a. Divide line 31 by line 32 (four decimals; do not round; if greater than 1, enter 1.0000) | 33a. | |
| 33. Nonresident credit (line 30 times line 33a) | 33. | |

Resident Credit

| | | |
|---|-----|----|
| 34. Resident credit – Ohio IT RC, line 7 (include a copy) | 34. | |
| 35. Total nonrefundable credits (add lines 10, 29, 33 and 34; enter here and on Ohio IT 1040, line 9) | 35. | 20 |

Refundable Credits

| | | |
|--|-----|--|
| 36. Refundable Ohio historic preservation credit (include a copy of the credit certificate)..... | 36. | |
| 37. Refundable job creation credit & job retention credit (include a copy of the credit certificate) | 37. | |
| 38. Pass-through entity credit (include a copy of the Ohio IT K-1s)..... | 38. | |
| 39. Motion picture & Broadway theatrical production credit (include a copy of the credit certificate)..... | 39. | |
| 40. Venture capital credit (include a copy of the credit certificate) | 40. | |
| 41. Total refundable credits (add lines 36 through 40; enter here and on Ohio IT 1040, line 16)..... | 41. | |



2022 Schedule of Ohio Withholding

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



22350198

Primary taxpayer's SSN

Sequence No. 11

403 99 0720

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

Part A - Total Withholding

1. Total of all Ohio state tax withheld on pages 1 and 2 as well as any additional pages. Enter here and on line 14 of your Ohio IT 10401. 515

Part B - W-2s

| | | |
|--------------------|---|-------------------------------------|
| 1. P/S Box b - EIN | Box 1 - Wages, tips, other compensation | Box 2 - Federal income tax withheld |
| P 843443670 | 21227 | 1852 |

| | | |
|------------------------------------|---------------------------------|--------------------------|
| Box 15 - Employer's Ohio ID number | Box 16 - Ohio wages, tips, etc. | Box 17 - Ohio income tax |
| 54131286 | 21227 | 515 |

| | | |
|--------------------|---|-------------------------------------|
| 2. P/S Box b - EIN | Box 1 - Wages, tips, other compensation | Box 2 - Federal income tax withheld |
|--------------------|---|-------------------------------------|

| | | |
|------------------------------------|---------------------------------|--------------------------|
| Box 15 - Employer's Ohio ID number | Box 16 - Ohio wages, tips, etc. | Box 17 - Ohio income tax |
|------------------------------------|---------------------------------|--------------------------|

| | | |
|--------------------|---|-------------------------------------|
| 3. P/S Box b - EIN | Box 1 - Wages, tips, other compensation | Box 2 - Federal income tax withheld |
|--------------------|---|-------------------------------------|

| | | |
|------------------------------------|---------------------------------|--------------------------|
| Box 15 - Employer's Ohio ID number | Box 16 - Ohio wages, tips, etc. | Box 17 - Ohio income tax |
|------------------------------------|---------------------------------|--------------------------|

| | | |
|--------------------|---|-------------------------------------|
| 4. P/S Box b - EIN | Box 1 - Wages, tips, other compensation | Box 2 - Federal income tax withheld |
|--------------------|---|-------------------------------------|

| | | |
|------------------------------------|---------------------------------|--------------------------|
| Box 15 - Employer's Ohio ID number | Box 16 - Ohio wages, tips, etc. | Box 17 - Ohio income tax |
|------------------------------------|---------------------------------|--------------------------|

| | | |
|--------------------|---|-------------------------------------|
| 5. P/S Box b - EIN | Box 1 - Wages, tips, other compensation | Box 2 - Federal income tax withheld |
|--------------------|---|-------------------------------------|

| | | |
|------------------------------------|---------------------------------|--------------------------|
| Box 15 - Employer's Ohio ID number | Box 16 - Ohio wages, tips, etc. | Box 17 - Ohio income tax |
|------------------------------------|---------------------------------|--------------------------|

| | | |
|--------------------|---|-------------------------------------|
| 6. P/S Box b - EIN | Box 1 - Wages, tips, other compensation | Box 2 - Federal income tax withheld |
|--------------------|---|-------------------------------------|

| | | |
|------------------------------------|---------------------------------|--------------------------|
| Box 15 - Employer's Ohio ID number | Box 16 - Ohio wages, tips, etc. | Box 17 - Ohio income tax |
|------------------------------------|---------------------------------|--------------------------|

| | | |
|--------------------|---|-------------------------------------|
| 7. P/S Box b - EIN | Box 1 - Wages, tips, other compensation | Box 2 - Federal income tax withheld |
|--------------------|---|-------------------------------------|

| | | |
|------------------------------------|---------------------------------|--------------------------|
| Box 15 - Employer's Ohio ID number | Box 16 - Ohio wages, tips, etc. | Box 17 - Ohio income tax |
|------------------------------------|---------------------------------|--------------------------|



2022 Schedule of Ohio Withholding

Primary taxpayer's SSN
403 99 0720



22350298

Sequence No. 12

Part C - 1099-Rs

| | | | |
|------------------------------|-------------------------------------|--------------------|----------------------------|
| 1. P/S Payer's TIN | Box 1 - Gross distribution | Total distribution | Box 7 - Distribution code |
| Box 15 - Payer's Ohio number | Box 4 - Federal income tax withheld | | Box 14 - Ohio tax withheld |
| 2. P/S Payer's TIN | Box 1 - Gross distribution | Total distribution | Box 7 - Distribution code |
| Box 15 - Payer's Ohio number | Box 4 - Federal income tax withheld | | Box 14 - Ohio tax withheld |
| 3. P/S Payer's TIN | Box 1 - Gross distribution | Total distribution | Box 7 - Distribution code |
| Box 15 - Payer's Ohio number | Box 4 - Federal income tax withheld | | Box 14 - Ohio tax withheld |
| 4. P/S Payer's TIN | Box 1 - Gross distribution | Total distribution | Box 7 - Distribution code |
| Box 15 - Payer's Ohio number | Box 4 - Federal income tax withheld | | Box 14 - Ohio tax withheld |

Part D - W-2Gs

| | | |
|----------------------------------|------------------------------|-------------------------------------|
| 1. P/S Payer's federal ID number | Box 1 - Reportable winnings | Box 4 - Federal income tax withheld |
| Box 13 - Ohio state ID number | Box 14 - Ohio state winnings | Box 15 - Ohio income tax withheld |
| 2. P/S Payer's federal ID number | Box 1 - Reportable winnings | Box 4 - Federal income tax withheld |
| Box 13 - Ohio state ID number | Box 14 - Ohio state winnings | Box 15 - Ohio income tax withheld |
| 3. P/S Payer's federal ID number | Box 1 - Reportable winnings | Box 4 - Federal income tax withheld |
| Box 13 - Ohio state ID number | Box 14 - Ohio state winnings | Box 15 - Ohio income tax withheld |

Part E - 1099-NECs

| | | |
|-----------------------------|----------------------------------|-------------------------------------|
| 1. P/S Payer's TIN | Box 1 - Nonemployee compensation | Box 4 - Federal income tax withheld |
| Box 6 - Payer's Ohio number | Box 7 - State income | Box 5 - Ohio tax withheld |
| 2. P/S Payer's TIN | Box 1 - Nonemployee compensation | Box 4 - Federal income tax withheld |
| Box 6 - Payer's Ohio number | Box 7 - State income | Box 5 - Ohio tax withheld |

Filing Status [X] Single [] Married filing jointly [] Married filing separately (MFS) [] Head of household (HOH) [] Qualifying surviving spouse (QSS)
Check only one box. If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent:

Form fields for personal information: Your first name and middle initial (MANOJ KUMAR), Last name (HARINATH), Your social security number (403-99-0720), Spouse's social security number, Home address (933 WILMINGTON AVE, DAYTON, OH, 45420), and Presidential Election Campaign checkbox.

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.) [] Yes [X] No

Standard Deduction Someone can claim: [] You as a dependent [] Your spouse as a dependent [] 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

Table for Dependents with columns: (1) First name, Last name, (2) Social security number, (3) Relationship to you, (4) Child tax credit, Credit for other dependents.

Main income table with rows 1a through 15. Includes sub-rows for interest, dividends, and pension benefits. Total income: 24,667. Adjusted gross income: 22,167. Standard deduction: 12,950. Taxable income: 9,217.

| | | | | |
|------------------------|-----------|--|-----------|------|
| Tax and Credits | 16 | Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____ | 16 | 923. |
| | 17 | Amount from Schedule 2, line 3 | 17 | |
| | 18 | Add lines 16 and 17 | 18 | 923. |
| | 19 | Child tax credit or credit for other dependents from Schedule 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 less, enter -0- | 22 | 923. |
| | 23 | Other taxes, including self-employment tax, from Schedule 2, line 21 | 23 | 0. |
| | 24 | Add lines 22 and 23. This is your total tax | 24 | 923. |

| | | | | |
|-----------------|-----------|---|------------|--------|
| Payments | 25 | Federal income tax withheld from: | | |
| | a | Form(s) W-2 | 25a | 1,852. |
| | b | Form(s) 1099 | 25b | 90. |
| | c | Other forms (see instructions) | 25c | |
| | d | Add lines 25a through 25c | 25d | 1,942. |
| | 26 | 2022 estimated tax payments and amount applied from 2021 return | 26 | |
| | 27 | Earned income credit (EIC) NO | 27 | |
| | 28 | Additional child tax credit from Schedule 8812 | 28 | |
| | 29 | American opportunity credit from Form 8863, line 8 | 29 | |
| | 30 | Reserved for future use | 30 | |
| | 31 | Amount from Schedule 3, line 15 | 31 | |
| | 32 | Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits | 32 | |
| | 33 | Add lines 25d, 26, and 32. These are your total payments | 33 | 1,942. |

| | | | | |
|--------------------------------------|------------|---|------------|--------|
| Refund | 34 | If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid | 34 | 1,019. |
| | 35a | Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/> | 35a | 1,019. |
| Direct deposit? See instructions. | b | Routing number 041000124 c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings | | |
| | d | Account number 4163427939 | | |
| | 36 | Amount of line 34 you want applied to your 2023 estimated tax | 36 | |

| | | | | |
|-----------------------|-----------|---|-----------|--|
| Amount You Owe | 37 | Subtract line 33 from line 24. This is the amount you owe . For details on how to pay, go to www.irs.gov/Payments or see instructions | 37 | |
| | 38 | Estimated tax penalty (see instructions) | 38 | |

Third Party Designee Do you want to allow another person to discuss this return with the IRS? See instructions **Yes**. Complete below. **No**

Designee's name _____ Phone no. _____ Personal identification number (PIN) _____

Sign Here Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

| | | | |
|---|--|--------------------------------------|---|
| Your signature | Date | Your occupation SOFTWARE ENGINEER | If the IRS sent you an Identity Protection PIN, enter it here (see inst.) |
| Spouse's signature. If a joint return, both must sign. | Date | Spouse's occupation | If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) |
| Phone no. (937) 791-8134 | Email address MANOJKUMARXII345@GMAIL.COM | | |

Paid Preparer Use Only

| | | | | |
|--|---|--------------------|-------------------|---|
| Preparer's name SYAM PRIYA RAM SAGAR GUPTA TALLAM | Preparer's signature SYAM PRIYA RAM SAGAR GUPTA TALLAM | Date 02/16/2023 | PTIN P02082703 | Check if: <input type="checkbox"/> Self-employed |
| Firm's name GLOBAL TAXES LLC | Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816 | | | Phone no. (678) 965-9522 |
| Firm's EIN | | | | 84-3171965 |

**SCHEDULE 1
(Form 1040)**

Department of the Treasury
Internal Revenue Service

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

2022

Attachment
Sequence No. **01**

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

Your social security number
403-99-0720

Part I Additional Income

| | | | | |
|-----------|---|---------------|-----------|--------|
| 1 | Taxable refunds, credits, or offsets of state and local income taxes | | 1 | |
| 2a | Alimony received | | 2a | |
| b | Date of original divorce or separation agreement (see instructions): _____ | | | |
| 3 | Business income or (loss). Attach Schedule C | | 3 | |
| 4 | Other gains or (losses). Attach Form 4797 | | 4 | |
| 5 | Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E | | 5 | |
| 6 | Farm income or (loss). Attach Schedule F | | 6 | |
| 7 | Unemployment compensation | | 7 | |
| 8 | Other income: | | | |
| a | Net operating loss | 8a () | | |
| b | Gambling | 8b | | |
| c | Cancellation of debt | 8c | | |
| d | Foreign earned income exclusion from Form 2555 | 8d () | | |
| e | 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 | | |
| l | 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 | 8l | | |
| m | Olympic and Paralympic medals and USOC prize money (see instructions) | 8m | | |
| n | Section 951(a) inclusion (see instructions) | 8n | | |
| o | Section 951A(a) inclusion (see instructions) | 8o | | |
| p | Section 461(l) excess business loss adjustment | 8p | | |
| q | Taxable distributions from an ABL account (see instructions) | 8q | | |
| r | Scholarship and fellowship grants not reported on Form W-2 | 8r | | |
| s | Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d | 8s () | | |
| t | Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan | 8t | | |
| u | Wages earned while incarcerated | 8u | | |
| z | Other income. List type and amount: _____ | 8z | | |
| | Other Income from box 3 of 1099-Misc 3,065. | | 3,065. | |
| 9 | Total other income. Add lines 8a through 8z | | 9 | 3,065. |
| 10 | Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8 | | 10 | 3,065. |

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

Schedule 1 (Form 1040) 2022

Part II Adjustments to Income

| | | | |
|------------|--|------------|--------|
| 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 | 19a | |
| b | Recipient's SSN | | |
| c | Date of original divorce or separation agreement (see instructions): _____ | | |
| 20 | IRA deduction | 20 | |
| 21 | Student loan interest deduction | 21 | 2,500. |
| 22 | Reserved for future use | 22 | |
| 23 | Archer MSA deduction | 23 | |
| 24 | Other adjustments: | | |
| a | Jury duty pay (see instructions) | 24a | |
| b | Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit | 24b | |
| c | Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m | 24c | |
| d | Reforestation amortization and expenses | 24d | |
| e | Repayment of supplemental unemployment benefits under the Trade Act of 1974 | 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 . Enter here and on Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a | 26 | 2,500. |