Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization

OMB No. 1545-0074

ERO must obtain and retain completed Form 8879. ▶ Go to www.irs.gov/Form8879 for the latest information.

Submission Identification Number (SID)

Taxpay	er's name	Social security number		
ALL.	AMMAGARI MAHABOOB SHAIK	311-47-1045		
Spouse's name Spouse's social security numb				
QUE	RAESHUN SHAIK	191-79-9341		
Part	Tax Return Information – Tax Year Ending December 31, 2022 (Enter	r 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.			
1	Adjusted gross income	1 30,765.		
2	Total tax	2 488.		
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099	· · · · 3 5,323.		
4	Amount you want refunded to you	. 4 4,835.		
5	Amount you owe	5		

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

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

Taxpayer's PIN: check one box only

X I authorize GLOBAL TAXES LLC to enter or generate my PIN					FBO firm name	0 ,	Ēr
	X	l authorize	GLOBAL	TAXES	LLC	to enter or generate my PIN	_ /

	7	1	0	4	5					
Enter five digits, but don't enter all zeros										

1

Enter five digits, but don't enter all zeros

9 9 3 4 my

as mv

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 D						 		
Practitioner PIN Method Returns Only—continu	e bel	ow						
Part III Certification and Authentication – Practitioner PIN Method Only								
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.	2	2			 6 all zei	 9	89	

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 🕨	
Don	ERO Must Retain This Form — Se t Submit This Form to the IRS Unless		
For Demonstrally Deducation Act Notice			Earma 8870 (Day, 01 0001)

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

to enter or generate my PIN

E1040		artment of the Treasury—Internal Revenue Servie 5. Individual Income Tax		rn 202	22	OMB No. 1545	-0074	IRS Use	Only—D	Do not w	rite or staple	in this space.
Filing Status Check only one box.	lf yo	Single X Married filing jointly unchecked the MFS box, enter the nation is a child but not your dependent	ame of yc	d filing separately our spouse. If you		, <u> </u>				spou	lifying sun use (QSS) name if th	0
Your first name	and mi	ddle initial	Last nam	ie					Y	our so	cial securit	y number
ALLAMMAG	ARI	МАНАВООВ	SHAIK	ζ					3	11-	47-104	5
lf joint return, sp	oouse's	first name and middle initial	Last nam	le					S	pouse'	's social sec	curity number
QUERAESH	IUN		SHAIK	ζ					1	91-'	79-934	1
Home address	(numbe	er and street). If you have a P.O. box, see	instructior	ns.			A	pt. no.	P	reside	ntial Election	on Campaign
<u>13560 MC</u>	RRIS	5 RD,STE 4100									here if you,	
City, town, or p	ost offic	ce. If you have a foreign address, also co	mplete spa	aces below.	Sta	ate	ZIP c	ode				tly, want \$3 Checking a
ALPHARET	ΤA				G	A	300	04		0	ow will not	0
Foreign country	name		Fc	preign province/state	e/coun	ity	Foreig	n postal co	de y	our tax	c or refund.	_
											You	Spouse
Digital Assets		ny time during 2022, did you: (a) rece ange, gift, or otherwise dispose of a						,		, .	Yes	🗙 No
Standard	Som	eone can claim: 🗌 You as a de	pendent	Your spou	se as	a dependent						
Deduction		Spouse itemizes on a separate retur	n or you \	were a dual-statu	s alier	า						
Age/Blindness	You:	Were born before January 2, 1	958	Are blind S	oouse	: 🗌 Was boi	n befo	ore Janua	ry 2, 1	1958	🗌 ls bl	ind
Dependents	(see	instructions):		(2) Social securi	tv	(3) Relationsh	ip (4) Check th	e box	if quali	fies for (see	instructions):
If more		irst name Last name		number	-)	to you	.1-	Child ta	x cred	lit	Credit for ot	her dependents
than four								Γ				
dependents,								[[
see instructions and check	3							[[
here											[
Income	1a	Total amount from Form(s) W-2, bo	ox 1 (see	instructions) .						1a		30,765.
meome	b	Household employee wages not re	ported o	n Form(s) W-2 .						1b)	
Attach Form(s)	с	Tip income not reported on line 1a	(see inst	ructions)						1c	;	
W-2 here. Also attach Forms	d	Medicaid waiver payments not rep	orted on	Form(s) W-2 (see	instr	uctions)				1d		
W-2G and	е	Taxable dependent care benefits fi	rom Form	n 2441, line 26						1e	•	
1099-R if tax was withheld.	f	Employer-provided adoption bene	fits from	Form 8839, line 2	9.					1f		
lf you did not	g	Wages from Form 8919, line 6 .								1g		
get a Form	h	Other earned income (see instructi	ons) .							1h	1	0.
W-2, see instructions.	i	Nontaxable combat pay election (s	see instru	ictions)		<u>1</u> i						
	z	Add lines 1a through 1h								1z		30,765.
Attach Sch. B	2a	Tax-exempt interest	2a		b٦	axable interes	: .			2b)	
if required.	3a	Qualified dividends	3a		b (Ordinary divide	nds .			3b)	
	4a	IRA distributions	4a		b٦	axable amoun	t			4b)	
Standard	5a	Pensions and annuities	5a		b٦	axable amoun	t			5b)	
• Single or	6a	Social security benefits	6a		b٦	axable amoun	t		· <u>·</u>	6b	,	
Married filing	С	If you elect to use the lump-sum el	lection m	ethod, check here	e (see	instructions)			. 📋			
separately, \$12,950	7	Capital gain or (loss). Attach Scheo	dule D if r	required. If not rea	quirec	l, check here			. 🗆	7		
Married filing iointly or	8	Other income from Schedule 1, line	e10 .							8		
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,	and 8. T	his is your total i	ncom	е				9		30,765.
surviving spouse, \$25,900	10	Adjustments to income from Schee	dule 1, lin	ne 26						10		
Head of	11	Subtract line 10 from line 9. This is	your adj	justed gross inco	ome					11	3	30,765.
household, \$19,400	12	Standard deduction or itemized			,					12		25,900.
 If you checked any box under 	13	Qualified business income deducti	on from I	Form 8995 or For	m 899	95-A				13	;	
Standard	14	Add lines 12 and 13								14		25,900.
Deduction, see instructions.	15	Subtract line 14 from line 11. If zer	o or less,	, enter -0 This is	your	taxable incom	е.			15		4,865.
)												

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

Form 1040 (2022	2)									Page
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 🗌 881	4 2 4972	3			16	488.
Credits	17	Amount from Schedule 2, lir	ne3						17	
	18	Add lines 16 and 17							18	488.
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812				19	
	20	Amount from Schedule 3, lir	ne8						20	
	21	Add lines 19 and 20							21	
	22	Subtract line 21 from line 18							22	488.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21				23	0.
	24	Add lines 22 and 23. This is	your total tax						24	488.
Payments	25	Federal income tax withheld								
2	а	Form(s) W-2				25a	5,	323.		
	b	Form(s) 1099				25b				
	с	Other forms (see instruction	s)			25c				
	d	Add lines 25a through 25c							25d	5,323.
Minan have a	26	2022 estimated tax paymen	ts and amount a	pplied from 20	21 return				26	
If you have a l qualifying child,	27	Earned income credit (EIC)			No	27				
attach Sch. EIC.	28	Additional child tax credit from				28				
	29	American opportunity credit	from Form 8863	8, line 8		29				
	30	Reserved for future use .				30				
	31	Amount from Schedule 3, lir				31				
	32	Add lines 27, 28, 29, and 31				undable	e credits		32	
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments					33	5,323.
Refund	34	If line 33 is more than line 24	4, subtract line 2	4 from line 33.	This is the amou	nt you c	overpaid		34	4,835.
neiuliu	35a	Amount of line 34 you want	refunded to you	J. If Form 8888	is attached, cheo	ck here		. 🗆	35a	4,835.
Direct deposit?	b	Routing number 0 6 1				Check		avings		
See instructions.	d	Account number 9 0 6	1 3 9 9	9 0				-		
	36	Amount of line 34 you want	applied to your	2023 estimate	ed tax	36				
Amount	37	Subtract line 33 from line 24	. This is the amo	ount vou owe						
You Owe		For details on how to pay, g	o to <i>www.irs.go</i> u	//Payments or	see instructions .				37	
	38	Estimated tax penalty (see in	nstructions) .			38				
Third Party	Do	you want to allow another	person to disc	cuss this retu	rn with the IRS?	See				
Designee	ins	tructions				[Yes. Cor	nplete b	elow.	🗙 No
		signee's		Phone				nal identifi er (PIN)	cation	
	na			no.				. ,		
Sign		der penalties of perjury, I declare t ief, they are true, correct, and com								
Here		ur signature		Date	Your occupation			1		nt you an Identity
	10	al oignataro		Duto						N, enter it here
Joint return?					SOFTWARE E	ENGIN	IEER	(see i	nst.)	
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, I	both must sign.	Date	Spouse's occupati	ion				nt your spouse an
your records.								(see ii		ection PIN, enter it he
	Dh	one no. (404)491-131	E	Email address	HOME MAKER		TT COM	(- /	
		one no. (404)491–131 eparer's name	5 Preparer's signat		JANI.SK494	Date		PTIN		Check if:
Paid		PRIYA RAM SAGAR GUPTA TALLAM						202082	202	Self-employed
Preparer		n's name GLOBAL TA		TAUAN JAUAN	JULIA IAUUAM	04/4				678)965-9522
Use Only			Y CT E BRU	NGWICK N	J 08816			Firm's		-
		a1040 for instructions and the late		TIONICIC IN	D 08810		47/00 550			84-3171965

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

BAA REV 02/17/23 PRO

Form **1040** (2022)





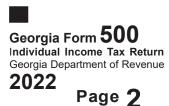
Georgia Form 500 (Rev. 06/22/22) Individual Income Tax Return

Individual Income Tax Return Georgia Department of Revenue

2022 (Approved software version)

Page 1

Fiscal Year Beginning	STATE GA ISSUED						
Fiscal Year Ending	YOUR DRIVER'S LICENSE/STATE ID		071014583				
YOUR FIRST NAME 1. ALLAMMAGARI MAHA		МІ	YOUR SOCIAL SECURITY NUMBER $311 - 47 - 1045$				
LAST NAME (For Name Change See IT-5 SHAIK	511 Tax Booklet)		SUFFIX				
SPOUSE'S FIRST NAME QUERAESHUN		МІ	SPOUSE'S SOCIAL SECURITY NUMBER	DEPARTMENT USE ONLY			
last name SHAIK			SUFFIX				
ADDRESS (NUMBER AND STREET or P.O. BOX) (Use 2nd address line for Apt, Suite or Building Number) CHECK IF ADDRESS HAS CHANGED 2. 13560 MORRIS RD, STE 4100							
CITY (Please insert a space if the city has mu 3. ALPHARETTA	ltiple names)		STATEZIP CODEGA30004				
(COUNTRY IF FOREIGN)							
4. Enter your Residency Status with the a	ppropriate number	•		Residency Status 4. 1			
1. FULL- YEAR RESIDENT 2. PART- YEAR RES	IDENT		то	3. NONRESIDENT			
Omit Lines 9 thru 14 and use F	orm 500 Schedu	ıle 3 if	you are a part-year or nonresident filer.	Filing Status			
5. Enter Filing Status with appropriate I	etter (See IT-511	Tax Boo	oklet)	0			
A. Single B. Married filing joint C. Married filing separate (Spouse's social security number must be entered above) D. Head of Household or Qualifying Surviving Spouse							
6. Number of exemptions (Check appropriate box(es) and enter total in 6c.) 6a. Yourself $ imes$ 6b. Spouse $ imes$ 6c. 2							
7a. Number of Dependents (Enter details on Line 7b., and DO NOT include yourself or your spouse) 7a.							





YOUR SOCIAL SECURITY NUMBER 311-47-1045

- 7b. Dependents (If you have more than 4 dependents, attach a list of additional dependents) First Name, MI. Last Name
 - **Social Security Number Relationship to You**

First Name, MI.

Social Security Number

First Name, MI.

Social Security Number

First Name, MI.

Social Security Number

Last Name

Last Name

Last Name

Relationship to You

Relationship to You

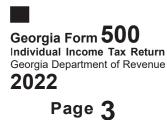
Relationship to You

INCOME COMPUTATIONS

If amount on line 8, 9, 10, 13 or 15 is negative, use the minus sign (-). Example -3456.

 Federal adjusted gross income (From Federal Form 1040)	30765 your gross income is less than your
9. Adjustments from Form 500 Schedule 1 (See IT-511 Tax Booklet)	
10. Georgia adjusted gross income (Net total of Line 8 and Line 9) 10.	30765
11. Standard Deduction (Do not use FEDERAL STANDARD DEDUCTION) 11a. (See IT-511 Tax Booklet)	7100
b. Self: 65 or over? Blind? Total x 1,300= 11b.	
Spouse: 65 or over? Blind? c. Total Standard Deduction (Line 11a + Line 11b) 11c. Use EITHER Line 11c OR Line 12c (Do not write on both lines)	7100
12. Total Itemized Deductions used in computing Federal Taxable Income. If you use itemized deductions	actions, you must include Federal Schedule A.
a. Federal Itemized Deductions (Schedule A- Form 1040) 12a.	
b. Less adjustments: (See IT-511 Tax Booklet) 12b.	
c. Georgia Total Itemized Deductions	
13. Subtract either Line 11c or Line 12c from Line 10; enter balance	23665

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YOUR SOCIAL SECURITY NUMBER 311-47-1045

14a. Enter the number from Line 6c. 2 Multiply by \$2,700 for filing status A or D or multiply by \$3,700 for filing status B or C	14a.	7400
14b. Enter the number from Line 7a. Multiply by \$3,000	14b.	
14c. Add Lines 14a. and 14b. Enter total	14c.	7400
 15a. Income before GA NOL (Line 13 less Line 14c or Schedule 3, Line 14) 15b. Georgia NOL utilized (Cannot exceed Line 15a or the amount after applying the 80% limitation, see IT-511 Tax Booklet for more information) 		16265
15c. Georgia Taxable Income (Line 15a less Line 15b)	15c.	16265
16. Tax (Use Tax Rate Schedule in the IT-511 Tax Booklet)	16.	700
17. Low Income Credit 17a. 17b.	17c.	
18. Other State(s) Tax Credit (Include a copy of the other state(s) return)	. 18.	
19. Credits used from IND-CR Summary Worksheet	. 19.	
20. Total Credits Used from Schedule 2 Georgia Tax Credits (must be file electronically)	ed 20.	
21. Total Credits Used (sum of Lines 17-20) cannot exceed Line 16	21.	0
22. Balance (Line 16 less Line 21) if zero or less than zero, enter zero	22.	700

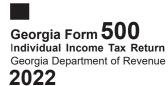
INCOME STATEMENT DETAILS Only enter income on which Georgia tax was withheld. Enter income from W-2s, 1099s, and G2-As on Line 4 GA Wages/Income. For other income statements complete Line 4 using the income reported from **Form G2-RP Line 12** or **13**; **Form G2-LP Line 11**, or for **Form G2-FL enter zero**.

	(INCOME STATEMENT A)	(INCOME STATEMENT B)	(INCOME STATEMENT C)
1. 2.	WITHHOLDING TYPE: X W-2 G2-A G2-LP 1099 G2-FL G2-RP EMPLOYER/PAYER FEDERAL	 WITHHOLDING TYPE: W-2 G2-A G2-LP 1099 G2-FL G2-RP EMPLOYER/PAYER FEDERAL ID NUMBER (EFIN) CON 	 WITHHOLDING TYPE: W-2 G2-A G2-LP 1099 G2-FL G2-RP EMPLOYER/PAYER FEDERAL ID NUMPER (FEIN) 2001
3.	ID NUMBER (FEIN) X SSN 203469219 EMPLOYER/PAYER STATE WITHHOLDING ID	ID NUMBER (FEIN) SSN 3. EMPLOYER/PAYER STATE WITHHOLDING ID	ID NUMBER (FEIN) SSN 3. EMPLOYER/PAYER STATE WITHHOLDING ID
4.	30739820P	4. GA WAGES / INCOME	4. GA WAGES / INCOME
5.	30765	5. GA TAX WITHHELD	
э.	1598	5. GA IAA WIITITELD	5. GA TAX WITHHELD

PLEASE COMPLETE INCOME STATEMENT DETAILS ON PAGE 4.

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Page 4



2300411544

YOUR SOCIAL SECURITY NUMBER 311-47-1045

1. 2.	(INCOME STATEMENT D) WITHHOLDING TYPE: W-2 G2-A G2-LP 1099 G2-FL G2-RP EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) SSN	1. 2.	(INCOME STAT WITHHOLDING W-2 1099 EMPLOYER/PAY ID NUMBER (FE	TYPE: G2-A G2-FL /ER FEDERAL	G2-LP G2-RP	1. 2.		G2-LP G2-RP RAL SN
3.	EMPLOYER/PAYER STATE WITHHOLDING ID	3.	EMPLOYER/PA	YER STATE W	THHOLDING ID	3.	EMPLOYER/PAYER STAT	e withholding Id
4.	GA WAGES / INCOME	4.	GA WAGES / IN	СОМЕ		4.	GA WAGES / INCOME	
5.	GA TAX WITHHELD	5.	GA TAX WITHH	ELD		5.	GA TAX WITHHELD	
23.	Georgia Income Tax Withheld on Wages (Enter Tax Withheld Only and include W-2s				23.			1598
24.	Other Georgia Income Tax Withheld (Must include G2-A, G2-FL, G2-LP and/or G	52-R			24.			
25.	Estimated Tax paid for 2022 and Form IT				25.			
26.	Schedule 2B Refundable Tax Credits (Cannot be claimed unless filed electroni				. 26.			
27.	Total prepayment credits (Add Lines 23, 2	24, 2	5 and 26)		27.			1598
28.	If Line 22 exceeds Line 27, subtract Line balance due				28.			
29.	If Line 27 exceeds Line 22, subtract Line 2 overpayment				. 29.			898
30.	Amount to be credited to 2023 ESTIMA	TEC	ТАХ		30.			0
31.	Georgia Wildlife Conservation Fund (No	gift o	of less than \$1	.00)	31.			
32.	Georgia Fund for Children and Elderly (N	No g	ift of less than	\$1.00)	32.			
33.	Georgia Cancer Research Fund (No gift	ofle	ess than \$1.00)	33.			
34.	Georgia Land Conservation Program (No	o gift	of less than \$	1.00)	34.			
35.	Georgia National Guard Foundation (No g	gift o	of less than \$1	.00)	35.			
36.	Dog & Cat Sterilization Fund (No gift of l	ess	than \$1.00)		36.			
37.	Saving the Cure Fund (No gift of less th	an \$	1.00)		37.			
38.	Realizing Educational Achievement Can Hap (No gift of less than \$1.00)	pen	(REACH) Progra	am	38.			
		Pag	le (4) is r	equired	for prod	ces	sing	

Georgia Form 500 Individual Income Tax Return Georgia Department of Revenue 2022	2300411554		YOUR SOCIAL SECURITY NUMBER 311-47-1045
Page 5			
39. Public Safety Memorial Grant (No gift of less	than \$1.00)	39.	
40. Form 500 UET (Estimated tax penalty) 5	00 UET exception attached	40.	
41. Penalty: Late Payment and/or Late Filing		41.	
42. Interest		42.	
43. (If you owe) Add Lines 28, 31 thru 42 MAKE CHECK PAYABLE TO GEORGIA DEPA Mail To: GEORGIA DEPARTMENT OF REVEN PO BOX 740399 ATLANTA, GA 30374-0399	ARTMENT OF REVENUE,	43.	
44. (If you are due a refund) Subtract the sum of Li THIS IS YOUR REFUND Refund Due Mail To: GEORGIA DEPARTMENT PO BOX 740380 ATLANTA, GA 30374-0380		44. CENTER,	898
If you do not enter Direct Deposit informa	tion or if you are a first tim	e filer you will be i	ssued a paper check.
44a. Direct Deposit (U.S. Accounts Only) Type: Checking	g-		
Routing Number 061092387	Accou Numb	er 906139990	
Mail pages 1-5 and any applica //We declare under the penalties of perjury that I/we have exa and belief, it is true, correct, and complete. If prepared by a p Taxpayer's Signature (Check box if deca	mined this return (including accomp erson other than the taxpayer(s), thi	anying schedules and sta	tements) and to the best of my/our knowledge
Taxpayer's Date of Death	Spouse's	Date of Death	
	axpayer's Phone Number 04-491-1315	\$	Spouse's Signature Date
By providing my e-mail address I am authorizing the Geor my account(s).	gia Department of Revenue to elec	ronically notify me at the	below e-mail address regarding any updates to
Taxpayer's E-mail Address			I authorize DOR to discuss this return with the named preparer.
		Preparer's Ph	one Number
<u>SYAM PRIYA RAM SAGAR GUPTA TAI</u>	LAM	678-96	
Signature of Preparer		-	
Name of Preparer Other Than Taxpayer SYAM PRIYA RAM SAGAR GUPT		Preparer's Fl 84-317	
Preparer's Firm Name GLOBAL TAXES LLC		Preparer's S P02082	SN/PTIN/SIDN 703

REV 01/03/23 PRO

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