Internal Revenue Service

IRS e-file Signature Authorization

OMB No. 1545-0074

Social accurity number

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

Taxpayer's name

l axpayer s name	Social security number
SIDDHARTH SARMA VEERAGHANTA	806-65-8685
Spouse's name	Spouse's social security number
SHRADDHA VALJI PARMAR	133-53-0665
Part I Tax Return Information – Tax Year Ending December 31, 2022 (E	nter 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	1 219,136.
2 Total tax	2 34,045.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3 39,056.
4 Amount you want refunded to you	. 4 5,913.
5 Amount you owe	5

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

Under penalties of perjury, 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

		En
I authorize GLOBAL TAXES LLC to enter or generate n	PIN	

5	8	6	8	5	as my
Ent don	er fiv n't er	/e di nter a	gits, all ze	but ros	,

5

as mv

6 6

Enter five digits, but don't enter all zeros

3 0

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 I authorize 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	ate 🕨								
	Practitioner PIN Method Returns Only—continue	bel	ow							
Part III Certif	ication and Authentication – Practitioner PIN Method Only									
ERO's EFIN/PIN. E	Enter your six-digit EFIN followed by your five-digit self-selected PIN.	2	2	2		6 all ze	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 🕨		
	Don't S	ERO Must Retain This Form Submit This Form to the IRS	n — See Instructions Unless Requested To Do So		
				 0070 /=	04.0004

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

REV 02/24/23 PRO

Date

to enter or generate my PIN

1040		artment of the Treasury—Internal Revenue Servi S. Individual Income Tax		urn 20 2	2	OMB No. 1545	-0074	IRS Use Only	—Do not w	vrite or staple in this space.
Filing Status Check only one box.	lf yo	Single X Married filing jointly u checked the MFS box, enter the nation is a child but not your dependent	ame of y						spo	lifying surviving use (QSS) s name if the qualifyin
Your first name	and mi	ddle initial	Last nar	me					Your so	cial security number
SIDDHART	H SA	ARMA	VEER	AGHANTA					806-	65-8685
If joint return, sp	ouse's	first name and middle initial	Last nar	me					Spouse	's social security numbe
SHRADDHA	VAI	LJI	PARM	AR					133-	53-0665
Home address (numbe	er and street). If you have a P.O. box, see	instructio	ons.			A	pt. no.	Preside	ntial Election Campaig
8444 COL	UMBI	JS AVE					2	201		here if you, or your
City, town, or po	ost offic	ce. If you have a foreign address, also co	mplete sp	paces below.	Sta	ite	ZIP c	ode		if filing jointly, want \$3 this fund. Checking a
NORTH HI	LLS				CA	A	913	43		ow will not change
Foreign country	name		F	oreign province/state/	coun	ty	Foreig	n postal code	your tax	k or refund.
										You Spous
Digital	At ar	ny time during 2022, did you: (a) rece	eive (as	a reward, award, or	payr	ment for prope	ty or	services); or	(b) sell,	
Assets	exch	ange, gift, or otherwise dispose of a	digital a	asset (or a financial	inter	est in a digital	asset)	? (See instru	ictions.)	🗌 Yes 🛛 No
Standard	Som	eone can claim: 🗌 You as a de	pendent	: 🗌 Your spous	e as	a dependent				
Deduction		Spouse itemizes on a separate return	n or you	were a dual-status	alier	ı				
Age/Blindness	You:	Were born before January 2, 1	958	Are blind Spo	ouse	: 🗌 Was bor	n befo	ore January 2	2, 1958	Is blind
Dependents				(2) Social security		(3) Relationsh		,		fies for (see instructions)
-		irst name Last name		number	, 	to you	ip (Child tax c	-	Credit for other dependen
lf more than four	(.,	Lactinatio							oun	
dependents,										
see instructions										
and check here										
	1a	Total amount from Form(s) W-2, be	ox 1 (see	e instructions)					. 1a	231,006.
Income	b	Household employee wages not re		,						
Attach Form(s)	c	Tip income not reported on line 1a							. 10	
W-2 here. Also attach Forms	d	Medicaid waiver payments not rep							. 10	
W-2G and	e	Taxable dependent care benefits f							. 1e	
1099-R if tax	f	Employer-provided adoption bene		-					. 1f	
was withheld.	g	Wages from Form 8919, line 6 .							. 1g	
lf you did not get a Form	h	Other earned income (see instructi							. 1h	
W-2, see	i	Nontaxable combat pay election (s	,			1				
instructions.	z	A del lines de terrerels de							. 1z	231,006.
Attach Sch. B	2a	ũ l	2a			axable interest			0	
if required.	3a	· ·	3a	31.		Ordinary divider				
	4a		4a			axable amount				
Standard	5a		5a			axable amount			. 5b	
Deduction for –	6a		6a			axable amount			. 6b	
 Single or Married filing 	С	If you elect to use the lump-sum elected and t		nethod, check here				[
separately,	7	Capital gain or (loss). Attach Schee		-	`	,		[7	1,224.
\$12,950Married filing	8	Other income from Schedule 1, line							. 8	-13,125.
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,							. 9	219,136.
surviving spouse,	10	Adjustments to income from Sche		-		• · · · ·			. 10	
\$25,900 • Head of	11	Subtract line 10 from line 9. This is							. 11	
household,	12	Standard deduction or itemized	•						. 12	
\$19,400 • If you checked	13	Qualified business income deducti				95-A			. 13	
any box under Standard	14	Add lines 12 and 13							. 14	
Deduction,	15	Subtract line 14 from line 11. If zer					е.		. 15	
see instructions.	-			, ,				-		

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

Form **1040** (2022)

Form 1040 (202	2)									Page
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 🗌 881	4 2 4972	3			16	34,045.
Credits	17	Amount from Schedule 2, lir	ne3					[17	
	18	Add lines 16 and 17						[18	34,045.
	19	Child tax credit or credit for	other dependent	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	. If zero or less,	enter -0				[22	34,045.
	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	34,045.
Payments	25	Federal income tax withheld								
	а	Form(s) W-2				25a	39,0	056.		
	b	Form(s) 1099				25b				
	с	Other forms (see instruction				25c				
	d	Add lines 25a through 25c							25d	39,056.
	26	2022 estimated tax payment	ts and amount a	pplied from 20	21 return			[26	
If you have a qualifying child,	27	Earned income credit (EIC)			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		902.		
	32	Add lines 27, 28, 29, and 31							32	902.
	33	Add lines 25d, 26, and 32. T						[33	39,958.
Defund	34	If line 33 is more than line 24							34	5,913.
Refund	35a	Amount of line 34 you want	refunded to you	I. If Form 8888	is attached, cheo	ck here		. 🗆 โ	35a	5,913.
Direct deposit?	b	Routing number 0 7 4				Checkin		vings		
See instructions.	d	Account number 6 2 2					о <u> </u>	Ŭ		
	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							37	
	38	Estimated tax penalty (see in	nstructions) .			38				
Third Party	Do	you want to allow another	person to disc	uss this retu	n with the IRS?	See				
Designee		structions	•				Yes. Com	plete be	low.	X No
		signee's		Phone				al identific	ation _I	
	nai			no.			number	()		
Sign		der penalties of perjury, I declare t ief, they are true, correct, and com								
Here							information	· · ·		, ,
	YO	ur signature		Date	Your occupation					nt you an Identity N, enter it here
Joint return?					SR QUALITY	K ENGI	NEER	(see in	st.)	
See instructions.	Sp	ouse's signature. If a joint return, I	both must sign.	Date	Spouse's occupati	on				it your spouse an
Keep a copy for your records.								Identity (see in:		ection PIN, enter it he
your rocordo.					REGULATORY			(See III	51.)	
		one no. (317) 459-333		Email address	VEERAGHANTA.SID					Ob a she ife
Paid		eparer's name	Preparer's signat			Date		TIN		Check if:
Preparer		I PRIYA RAM SAGAR GUPTA TALLAM		RAM SAGAR	GUPTA TALLAM	03/07	/2023 P	02082		Self-employed
Use Only		m's name GLOBAL TA			- 0001 0			Phone		678)965-9522
			Y CT E BRU	NSWICK N	1 08810			Firm's	EIN	84-3171965
Go to Manau in a	ov/Form	1010 for instructions and the late	et information							Form 1040 (20

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

BAA REV 02/24/23 PRO

Form **1040** (2022)

SCHEDULE	1
(Form 1040)	

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

Attachment Sequence No. 01

Name(s) shown on Form 1040, 1040-SR, or 1040-NR	Your social secu
S VEERAGHANTA & S PARMAR	806-65-8685

Par	t I Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxes		1	
2a	Alimony received		2 a	
b	Date of original divorce or separation agreement (see instructions):			
3	Business income or (loss). Attach Schedule C		3	
4	Other gains or (losses). Attach Form 4797		4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Atta	ch Schedule E .	5	-13,125.
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			
	instructions)	8m		
n	Section 951(a) inclusion (see instructions)	8n		
0	Section 951A(a) inclusion (see instructions)	80		
р	Section 461(I) excess business loss adjustment	8p		
q	Taxable distributions from an ABLE account (see instructions)	8q		
r	Scholarship and fellowship grants not reported on Form W-2	8r	_	
S	Nontaxable amount of Medicaid waiver payments included on Form			
	1040, line 1a or 1d	8s ()	
t	Pension or annuity from a nonqualifed deferred compensation plan or			
	a nongovernmental section 457 plan	8t		
u	Wages earned while incarcerated	<u>8u</u>		
Z	Other income. List type and amount:			
•	Tatal athening and Add lines On thus 14.0	8z		
9	Total other income. Add lines 8a through 8z		9	10 105
10	Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR	or 1040-INK, line 8	10	-13,125.

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

Schedule 1 (Form 1040) 2022

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

Additional Credits and Payments

OMB No. 1545-0074 20

2

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

	Attach to Form 1040, 1040-SR, or 1040-NR. Go to www.irs.gov/Form1040 for instructions and the latest information.					
	()	m 1040, 1040-SR, or 1040-NR			cial s	Sequence No. 03 Security number
s v Par	EERAGHANTA	& S PARMAR undable Credits		806-6	5-8	685
1	÷	credit. Attach Form 1116 if required			1	
2	Form 2441	nild and dependent care expenses from Form 244			2	
3	Education cr	edits from Form 8863, line 19			3	
4	Retirement s	avings contributions credit. Attach Form 8880			4	
5	Residential e	nergy credits. Attach Form 5695			5	
6	Other nonref	undable credits:				
а	General busi	ness credit. Attach Form 3800	6a			
b	Credit for pri	or year minimum tax. Attach Form 8801	6b			
С	Adoption cre	dit. Attach Form 8839.............	6c			
d	Credit for the	e elderly or disabled. Attach Schedule R	6d			
е	Alternative m	notor vehicle credit. Attach Form 8910	6e			
f	Qualified plu	g-in motor vehicle credit. Attach Form 8936	6f			
g	Mortgage int	erest credit. Attach Form 8396	6g			
h	District of Co	lumbia first-time homebuyer credit. Attach Form 8859	6h			
i	Qualified elec	ctric vehicle credit. Attach Form 8834	6i			
j	Alternative fu	el vehicle refueling property credit. Attach Form 8911	6j			
k	Credit to hole	ders of tax credit bonds. Attach Form 8912	6k			
Т	Amount on F	orm 8978, line 14. See instructions	61			
z	Other nonref	undable credits. List type and amount:				
			6z			
7	Total other n	onrefundable credits. Add lines 6a through 6z]	7	
8	Add lines 1 t	hrough 5 and 7. Enter here and on Form 1040, 1040	D-SR, or 104	0-NR,		
	line 20			[8	
				· · ·		ued on page 2)
For Pa	perwork Reductio	on Act Notice, see your tax return instructions. BAA	REV 02/24/23	PRO S	chedu	ıle 3 (Form 1040) 2022

Schedule 3 (Form 1040) 2022

Par	t II Other Payments and Refundable Credits			
9	Net premium tax credit. Attach Form 8962		9	
10	Amount paid with request for extension to file (see instructions) .		10	
11	Excess social security and tier 1 RRTA tax withheld		11	902.
12	Credit for federal tax on fuels. Attach Form 4136		12	
13	Other payments or refundable credits:			
а	Form 2439	13a		
b	Credit for qualified sick and family leave wages paid in 2022 from Schedule(s) H for leave taken before April 1, 2021	13b		
С	Reserved for future use	13c		
d	Credit for repayment of amounts included in income from earlier years	13d		
е	Reserved for future use	13e		
f	Deferred amount of net 965 tax liability (see instructions)	13f		
g h	Reserved for future use	13g 13h		
z	Other payments or refundable credits. List type and amount:	13z		
14	Total other payments or refundable credits. Add lines 13a through	13z	14	
15	Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040 line 31	-SR, or 1040-NR,	15	902.
	BAA REV	02/24/23 PRO	Schedul	e 3 (Form 1040) 2022

SCHEDULE D (Form 1040)

Capital Gains and Losses

OMB No. 1545-0074

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

Go to www.irs.gov/ScheduleD for instructions and the latest information. Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.

20Attachment Sequence No. 12

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

S VEERAGHANTA & S PARMAR

Your social security number

806-65-8685

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? Yes × No If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

Part I Short-Term Capital Gains and Losses – Generally Assets Held One Year or Less (see instructions)

	instructions for how to figure the amounts to enter on the below.	(d) Proceeds	(e) Cost	(g) Adjustments to gain or loss fror	(h) Gain or (loss) Subtract column (e m from column (d) an	e)
	form may be easier to complete if you round off cents to e dollars.	(sales price)	(or other basis)	Form(s) 8949, Part line 2, column (g)	t I, combine the result	
1a	Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b.					
1b	Totals for all transactions reported on Form(s) 8949 with Box A checked	9,445.	8,008.		1,437	-
2	Totals for all transactions reported on Form(s) 8949 with Box B checked					
3	Totals for all transactions reported on Form(s) 8949 with Box C checked					
4	Short-term gain from Form 6252 and short-term gain or (I	oss) from Forms 4	684, 6781, and 88	324 4	4	_
5	Net short-term gain or (loss) from partnerships, Schedule(s) K-1				5	
6						
7	Net short-term capital gain or (loss). Combine lines 1a term capital gains or losses, go to Part II below. Otherwise		7 1,437			

Part II Long-Term Capital Gains and Losses-Generally Assets Held More Than One Year (see instructions)

lines This	instructions for how to figure the amounts to enter on the below. form may be easier to complete if you round off cents to le dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)		(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a	Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b.					
8b	Totals for all transactions reported on Form(s) 8949 with Box D checked	25.	238.			-213.
9	Totals for all transactions reported on Form(s) 8949 with Box E checked					
10	Totals for all transactions reported on Form(s) 8949 with Box F checked.					
11	Gain from Form 4797, Part I; long-term gain from Forms from Forms 4684, 6781, and 8824		• •	. ,	11	
12 13	Net long-term gain or (loss) from partnerships, S corporat Capital gain distributions. See the instructions	12 13				
14	Long-term capital loss carryover. Enter the amount, if any Worksheet in the instructions	14	()			
15	Net long-term capital gain or (loss). Combine lines 8a on the back	-			15	-213.
For F	Paperwork Reduction Act Notice, see your tax return instruction	ons. BAA	REV 02/24/23 PRO		Schedu	lle D (Form 1040) 2022

Part	III Summary	
16	Combine lines 7 and 15 and enter the result	16 1,224.
	• If line 16 is a gain , enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below.	
	 If line 16 is a loss, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22. 	
	• If line 16 is zero , skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22.	
17	Are lines 15 and 16 both gains?	
	\boxtimes No. Skip lines 18 through 21, and go to line 22.	
18	If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet	18
19	If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet	19
20	 Are lines 18 and 19 both zero or blank and you are not filing Form 4952? Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. Don't complete lines 21 and 22 below. 	
	☐ No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.	
21	If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of:	
	The loss on line 16; or (\$3,000), or if married filing separately, (\$1,500)	21 ()
	Note: When figuring which amount is smaller, treat both amounts as positive numbers.	
22	Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?	
	Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16.	
	No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.	
	REV 02/24/23 PRO	Schedule D (Form 1040) 2022

Form **8949**

Department of the Treasury

Internal Revenue Service

Sales and Other Dispositions of Capital Assets

Go to www.irs.gov/Form8949 for instructions and the latest information.

File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.



Name(s) shown on returnSocial security number or taxpayer identification numberS VEERAGHANTA & S PARMAR806-65-8685

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part I Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.

Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

You *must* check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

X (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)

(B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS

C) Short-term transactions not reported to you on Form 1099-B

1 (a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis See the Note below	Adjustment, if any, to gain or loss If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		(h) Gain or (loss) Subtract column (e)	
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see Column (e) in the separate instructions.	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g).	
APEX CLEARING	01/01/22	12/31/22	2,148.	1,824.			324.	
FIDELITY BROKERAGE SERVICES LLC	01/01/22	12/31/22	12.	13.			-1.	
E*TRADE SECURITIES LLC	01/01/22	12/31/22	7,285.	6,171.			1,114.	
2 Totals. Add the amounts in columns negative amounts). Enter each tota Schedule D, line 1b (if Box A above above is checked). or line 3 (if Box (al here and inc is checked), lir	lude on your ne 2 (if Box B	9,445.	8,008.			1,437.	

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column* (g) in the separate instructions for how to figure the amount of the adjustment.

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

Form 8949 (2022)	Attachment Sequence No. 12A	Page 2

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side S VEERAGHANTA & S PARMAR Social security number or taxpayer identification number 806-65-8685

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part II Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You *must* check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

(D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)

[] (E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS

(F) Long-term transactions not reported to you on Form 1099-B

1	(a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis See the Note below	Adjustment, if any, to gain or loss If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		(e) If you enter an amount in column (g), rother basis Note below See the separate instructions. (h) Subtract col		Gain or (loss) Subtract column (e)
	(Example: 100 sh. XYZ Co.)	(Mo., day, yr.) disposed of (Mo., day, yr.)		(sales price) (see instructions)	and see Column (e) in the separate instructions.	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g).		
APEX	CLEARING	01/01/22	12/31/22	25.	238.			-213.		
neg Sch	als. Add the amounts in columns ative amounts). Enter each tota edule D, line 8b (if Box D above ve is checked), or line 10 (if Box	al here and inclusion in the is checked), lir	lude on your le 9 (if Box E	25.	238.			-213.		

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column* (g) in the separate instructions for how to figure the amount of the adjustment.

	EDULE E			Supplementa	l Inc	ome an	d Los	5 5			OMB No	0. 1545-0074	
(Form	Form 1040) (From rental real estate, royalties, partnersh					hips, S corporations, estates, trusts, REMICs, etc.)						2022	
	nent of the Treasury			Attach to Form 1040,					e		Attachm	nent	
	Revenue Service		Go to www.i	rs.gov/ScheduleE for	rinstru	ictions an	d the la	itest ir				ce No. 13	
• •) shown on return										al security		
Part	ERAGHANTA			al Real Estate an	d Do	voltion				806-6	5-8685		
Fait	Note: If yo	ou are in [.]	the business of re	enting personal proper			C. See	e instru	ctions. If you are	e an indiv	/idual, rep	ort farm	
	rental inco	ome or lo	ss from Form 48	35 on page 2, line 40.									
				t would require you		. ,							
				l Form(s) 1099?			• •			• •	. <u> </u>	s 🗌 No	
1a				treet, city, state, ZIF		,							
<u>A</u>	FLAT NO 4	05 MAY	YFLOWER MAI	LAPUR, HYDERA	BAD	TELANG	GANA	IN 5	00027				
<u>C</u>	Turner of Duran							-					
1b	Type of Prope (from list below			tal real estate prope t the number of fair i				Fa	ir Rental Days	Person Da		QJV	
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B				ne requirements to f			 B				0		
С			qualified joint	venture. See instru	ctions	3. 	С						
Туре	of Property:					I			I				
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2	Multi-Family Re	sidence	e 4 Comm	nercial		6 Roya	lties	8	Other (describ	oe)			
									Propertie				
Incom	ne:						Α		В			С	
3	Rents received	t			3		8	54.					
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11	•	•			11		2.8	47.					
12	-			(see instructions)	12			1,.					
13	Other interest	•			13								
14	Repairs				14		2,7	48.					
15	Supplies .				15		2,6	69.					
16					16								
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20			0	d/or 4 (royalties). If	20		13,9	19.					
21				ind out if you must									
	file Form 6198			•	21	-	-13,1	25.					
22	Deductible rer	tal real	estate loss afte	er limitation, if any,									
	on Form 8582	(see ins	structions)		22	(13,12	25.)	()	()	
23a	Total of all am	ounts re	ported on line	3 for all rental prope	rties			23a		854.			
b				for all royalty prop	erties			23b					
c			•	12 for all properties				23c					
d			•	18 for all properties				23d	10	070			
e 24				20 for all properties				23e		979.			
24 25				n on line 21. Do no and rental real estat				 Intor tr		24 25	(13,125.)	
25 26				income or (loss).							(IJ,IZJ.)	
20				on page 2 do not a									
				wise, include this ar						26	-	-13,125.	

-13,125.

Form **8889** Department of the Treasury

Internal Revenue Service

Health Savings Accounts (HSAs)

OMB No. 1545-0074

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

Go to www.irs.gov/Form8889 for instructions and the latest information.

2022
Attachment Sequence No. 52

SIDDMARTH 006-63-6685 Before you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if required. 2811 HSA Contributions and Deduction. See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate PArt II for each spouse. 1 Check the box to indicate your coverage under a high-deductible health plan (HOHP) during 2022. 2 HSA contributions you made for 2022 (or those made on your behalf), including those made by the unextended due date of your tax return that wase for 2022. Do not include employer contributions, contributions through a cafeteria plan, or rollovers. See instructions 1 3 If you were under age 55 at the end 0 2022 and, on the first day of every month during 2022, you were, or were considered, an eligible individual with the same coverage, enter \$3,650 (57.300 (fr anit), coverage). 3 4 Enter the amount nom line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2022, see the instructions of the amount to enter	Name(s			r of HSA beneficiary. ISAs, see instructions.
Part1 HSA Contributions and Deduction. See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate PAT If or each spouse. 1 Check the box to indicate your coverage under a hip-deductible health plan (HDHP) during 2022. See instructions. Set or the plan of the plan plan of the plan plan plan plan plan plan plan plan	SIDI			
and both you and your spouse each have separate HSAs, complete a separate Part I for each spouse. I 1 Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2022. See instructions. Self-only IX Family 2 HSA contributions you made for 2022 (or those made on your behalt), including those made by the unextended due date of your tax return that were for 2022. Do not include employer contributions, contributions through a cafeteria plan, or rolevers. See instructions Is of you were under age 55 at the end of 2022 at no the first day of every month during 2022, you were, or were considered, an eligible individual with the same coverage, enter \$3,650 (\$7,300 for family coverage). All others, see the instructions for the amount to enter 3 7, 300. 4 Enter the amount from line 3. If zero or less, enter -0. 6 7, 200. 5 Subtract line 4 from line 3. If zero or less, enter -0. 6 7, 300. 6 Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2022, enter your spouse had family coverage under an HDHP at any time during 2022, enter your spouse had family coverage under an HDHP at any time during 2022, enter your spouse had family coverage under an HDHP at any time during 2022, enter your spouse had family coverage under an HDHP at any time during 2022, enter your spouse had family coverage under an HDHP at any time during 2022, enter your spouse had family coverage under an HDHP at any time during 2022, enter your spouse had family coverage under an HDHP at any time during 2022, enter your spouse each have s	Befo	re you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance Cont	racts, if rec	luired.
See instructions. □ Self-only 図 Family 2 HSA contributions you made for 2022 (or those made on your behalt), including those made by the unextended due date of your tax return that were for 2022. Do not include employer contributions, contributions through a cafeteria plan, or rollovers. See instructions 2 0. 3 If you were under age 55 at the end of 2022 and, on the first day of every month duing 2022, you were, or were considered, an eligible individual with the same coverage, enter \$3.650 (\$7.000 fr 3 7, 300. 4 Enter the amount you and your employer contributed to your Archer MSAs for 2022 from Form 8863, lines 1 and 2. If you or your spouse had family coverage under an HDPH at any time during 2022, see the instructions for the amount to enter 5 7, 300. 5 Subtract line 4 from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDPH at any time during 2022, see the instructions for the amount to enter 5 7, 300. 6 Carstine 8 and 7 . . 8 2, 363. 7 Modi mes 6 and 7 . . 8 2, 363. 7 Modi mes 8 and 10 . . 11 2, 363. 7 Modi mes 8 and 7 . . . 11 2, 363. 7 Modi mes 6 and 7 . . .	Part			
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13 HSA deduction. Enter the smaller of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line 13 Caution: If line 2 is more than line 13, you may have to pay an additional tax. See instructions. 13 0. Part II HSA Distributions. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part II for each spouse. 14a Total distributions you received in 2022 from all HSAs (see instructions) 14a b Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return. See instructions) 14b 14c 15 Qualified medical expenses paid using HSA distributions (see instructions) 14c 15 16 Taxable HSA distributions. Subtract line 15 from line 14c. If zero or less, enter -0 Also, include this amount in the total on Schedule 1 (Form 1040), Part I, line 81 16 17a If any of the distributions included on line 16 meet any of the Exceptions to the Additional 20% Tax (see instructions). Enter 20% (0.20) of the distributions included on line 16 that are subject to the additional Tax for Failure To Maintain HDHP Coverage. See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part III for each spouse. 18 Last-month rule 19 20 21 Additional Tax Mor Failure To Maintain HDHP				
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c Subtract line 14b from line 14a 14c 15 Qualified medical expenses paid using HSA distributions (see instructions) 15 16 Taxable HSA distributions. Subtract line 15 from line 14c. If zero or less, enter -0 Also, include this amount in the total on Schedule 1 (Form 1040), Part I, line 8f 15 17a If any of the distributions included on line 16 meet any of the Exceptions to the Additional 20% Tax (see instructions), check here 16 17a If any of the distributions included on line 16 meet any of the Exceptions to the Additional 20% Tax (see instructions). Enter 20% (0.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also, include this amount in the total on Schedule 2 (Form 1040), Part II, line 17c 17b Part III Income and Additional Tax for Failure To Maintain HDHP Coverage. See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part III for each spouse. 18 18 Last-month rule 19 20 Total income. Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I, line 8f 20 21 Additional tax. Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2 (Form 1040), Part II, line 17d 21				
15 Qualified medical expenses paid using HSA distributions (see instructions) 15 16 Taxable HSA distributions. Subtract line 15 from line 14c. If zero or less, enter -0 Also, include this amount in the total on Schedule 1 (Form 1040), Part I, line 8f 16 17a If any of the distributions included on line 16 meet any of the Exceptions to the Additional 20% Tax (see instructions), check here 16 16 Additional 20% tax (see instructions). Enter 20% (0.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also, include this amount in the total on Schedule 2 (Form 1040), Part II, line 17c 17b Part III Income and Additional Tax for Failure To Maintain HDHP Coverage. See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part III for each spouse. 18 18 Last-month rule 18 19 Qualified HSA funding distribution 19 20 Total income. Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I, line 8f 20 21 Additional tax. Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2 (Form 1040), Part II, line 17d 21				-
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Part III Income and Additional Tax for Failure To Maintain HDHP Coverage. See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part III for each spouse. 18 Last-month rule	b	are subject to the additional 20% tax. Also, include this amount in the total on Schedule 2	(Form	
18 Last-month rule	Part	III Income and Additional Tax for Failure To Maintain HDHP Coverage. See the in completing this part. If you are filing jointly and both you and your spouse each ha	nstructions	before
19 Qualified HSA funding distribution	18		18	
20 Total income. Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I, line 8f 20 21 Additional tax. Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2 (Form 1040), Part II, line 17d 21 21 Form 1040), Part II, line 17d 21				
1040), Part II, line 17d				
For Demonstration A at Nation and constant instructions	21			
	For Pa			Form 8889 (2022)

Form **8889** Department of the Treasury Internal Revenue Service

Health Savings Accounts (HSAs)

OMB No. 1545-0074

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

Go to www.irs.gov/Form8889 for instructions and the latest information.

		2022
ation.		Attachment Sequence No. 52
	Social security num	ber of HSA beneficiary.

				-
Name(s				f HSA beneficiary. As, see instructions.
SHRA	ADDHA VALJI PARMAR	133-53-	-066	5
Befo	re you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance Cont	tracts, if	requi	ired.
Part	HSA Contributions and Deduction. See the instructions before completing this and both you and your spouse each have separate HSAs, complete a separate Parate Parat			
1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during	2022.	7	
-		L		lf-only 🗵 Family
2	HSA contributions you made for 2022 (or those made on your behalf), including those made unextended due date of your tax return that were for 2022. Do not include employer contributions through a cafeteria plan, or rollovers. See instructions	utions,	2	0.
3	If you were under age 55 at the end of 2022 and, on the first day of every month during 202 were, or were considered, an eligible individual with the same coverage, enter \$3,650 (\$7,3 family coverage). All others , see the instructions for the amount to enter	300 for	3	7,300.
4	Enter the amount you and your employer contributed to your Archer MSAs for 2022 from Form lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 202 include any amount contributed to your spouse's Archer MSAs	2, also	4	0.
5	Subtract line 4 from line 3. If zero or less, enter -0		5	7,300.
6	Enter the amount from line 5. But if you and your spouse each have separate HSAs and had coverage under an HDHP at any time during 2022, see the instructions for the amount to enter	family	6	4,937.
7	If you were age 55 or older at the end of 2022, married, and you or your spouse had family co under an HDHP at any time during 2022, enter your additional contribution amount. See instruct	verage	7	,
8	Add lines 6 and 7		8	4,937.
9	Employer contributions made to your HSAs for 2022 9	750.		,
10	Qualified HSA funding distributions			
11	Add lines 9 and 10		11	750.
12	Subtract line 11 from line 8. If zero or less, enter -0	[12	4,187.
13	HSA deduction. Enter the smaller of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II,	line 13	13	0.
	Caution: If line 2 is more than line 13, you may have to pay an additional tax. See instructions.			
Part	HSA Distributions. If you are filing jointly and both you and your spouse each ha a separate Part II for each spouse.	ve separ	ate F	ISAs, complete
14a	Total distributions you received in 2022 from all HSAs (see instructions)		14a	
b	Distributions included on line 14a that you rolled over to another HSA. Also include any of contributions (and the earnings on those excess contributions) included on line 14a that withdrawn by the due date of your return. See instructions	t were	14b	
с	Subtract line 14b from line 14a	-	14c	
15	Qualified medical expenses paid using HSA distributions (see instructions)		15	
16	Taxable HSA distributions. Subtract line 15 from line 14c. If zero or less, enter -0 Also, inclu amount in the total on Schedule 1 (Form 1040), Part I, line 8f	de this	16	
17a	If any of the distributions included on line 16 meet any of the Exceptions to the Additional 20 Tax (see instructions), check here	0%		
b	Additional 20% tax (see instructions). Enter 20% (0.20) of the distributions included on line - are subject to the additional 20% tax. Also, include this amount in the total on Schedule 2 1040), Part II, line 17c	16 that (Form	17b	
Part		nstructio		
18	Last-month rule		18	
19	Qualified HSA funding distribution		19	
20	Total income. Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I, line		20	
21	Additional tax. Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2	(Form		

Form **8889** (2022)

FORM

2022 California e-file Signature Authorization for Individuals

2022	California e-file Signature Au	thorization for Individuals	8879
Your name		Your SSN or ITI	N
	SARMA VEERAGHANTA	806-65-86	
Spouse's/RDP's nam	ne	Spouse's/RDP's	SSN or ITIN
-	ALJI PARMAR	133-53-06	65
	Irn Information (whole dollars only)		
	sted gross income (AGI). See instructions		
	mount Due. See instructions		
Part II Taxpaye	er Declaration and Signature Authorization (Be sure you obtain	and keep a copy of your return.)	
electronic return or identification numb income tax return. and on form FTB 84 agrees with the dire domestic partner (F provider to transmi to my ERO , interm return, I understand penalties. I acknow	31, 2022, and to the best of my knowledge and belief, it is true, riginator (ERO), transmitter, or intermediate service provider, incomer (ITIN), and the amounts shown in Part I above agree with the If applicable, I authorize an electronic funds withdrawal of the a 455, California e-file Payment Record for Individuals, or a comp ect deposit authorization stated on my return. If I have filed a joi RDP) as an agent to authorize an electronic funds withdrawal or it my complete return to the Franchise Tax Board (FTB). If the pr ediate service provider, and/or transmitter the reason(s) for the d that if the FTB does not receive full and timely payment of my ledge that I have read and consent to the Electronic Funds With I identification number (PIN) as my signature for my electronic is and the service provider.	cluding my name, address, and social security number (SS e information and amounts shown on the corresponding li mount on line 2 and/or the estimated tax payments as sho arable form. If applicable, I declare that direct deposit refu int return, this is an irrevocable appointment of the other s direct deposit. I authorize my ERO, transmitter, or interme rocessing of my return or refund is delayed, I authorize t he delay or the date when the refund was sent. If I am fil tax liability, I remain liable for the tax liability and all applic drawal Consent included on the copy of my electronic inco	SN) or individual tax nes of my electronic wn on my return nd amount on line 3 pouse/registered ediate service he FTB to disclose ing a balance due cable interest and ome tax return. I have
Taxpayer's PIN: ch			
X Lauthorize G	LOBAL TAXES LLC	to enter my PIN 5	8 6 8 5
	ERO firm name		not enter all zeros
as my signatu	ure on my 2022 e-filed California individual income tax return.		
-	y PIN as my signature on my 2022 e-filed California individual in using the Practitioner PIN method. The ERO must complete Pa		our own PIN and your
Your signature		Date	
Spouse's/RDP's PI	IN: check one box only		
X Lauthorize G	LOBAL TAXES LLC	to enter my PIN 5	0 6 6 5
	ERO firm name		not enter all zeros
as my signatu	ure on my 2022 e-filed California individual income tax return.		
	ny PIN as my signature on my 2022 e-filed California individurn is filed using the Practitioner PIN method. The ERO must cor		tering your own PIN
Spouse's/RDP's sig	gnature 🕨	Date	
Part III Certific	Practitioner PIN Method Retu cation and Authentication — Practitioner PIN Method Only		
ERO's Electronic F	iler Identification Number (EFIN)/PIN. EFIN followed by your five-digit self-selected PIN.	222496619Do not enter all zeros	8 9
I certify that the ab confirm that I am s e-file Providers.	ove numeric entry is my PIN, which is my signature for the 20 submitting this return in accordance with the requirements of the second se	22 California individual income tax return for the taxpayer ne Practitioner PIN method and FTB Pub. 1345, 2022 Han	(s) indicated above. I dbook for Authorized
ERO's signature	•	Date ▶03/07/2023	

540

2022 California Resident Income Tax Return

APE	ATTACH FEDERAL RETURN
806-65-8685 VEER 133-53-0665 SIDDHARTHSA VEERAGHANTA SHRADDHAVAL PARMAR	22
8444 COLUMBUS AVE NORTH HILLS CA 91343	APT 201
02-08-1993 09-02-1993	

		Enter your county at time of filing (see instructions)
ð	igodoldoldoldoldoldoldoldoldoldoldoldoldol	LOS ANGELES
Principal Residence		If your address above is the same as your principal/physical residence address at the time of filing, check this box $\dots \textcircled{\times}$
ide		If not, enter below your principal/physical residence address at the time of filing.
Ses		
alF		Street address (number and street) (If foreign address, see instructions.) Apt. no/ste. no.
cip	ullet	\odot
rin		
D	\sim	City State ZIP code
	igodoldoldoldoldoldoldoldoldoldoldoldoldol	
		If your California filing status is different from your federal filing status, check the box here
	4	Single 4 Head of household (with qualifying person). See instructions
atus	'	Single 4 Head of household (with qualifying person). See instructions.
Filing Status	2	× Married/RDP filing jointly. See instr. 5 Qualifying surviving spouse/RDP. Enter year spouse/RDP died.
ng	-	
		See instructions.
	3	Married/RDP filing separately. Enter spouse's/RDP's SSN or ITIN above and full name here.
	6	If someone can claim you (or your spouse/RDP) as a dependent, check the box here. See instr
	FU	r line 7, line 8, line 9, and line 10: Multiply the number you enter in the box by the pre-printed dollar amount for that line. Whole dollars only
Suc	1	Personal: If you checked box 1, 3, or 4 above, enter 1 in the box. If you checked box 2 or 5, enter 2 in the box. If you checked the box on line 6, see instructions. (a) 7 2 X \$140 = (a) \$ 280
ptic	8	Blind: If you (or your spouse/RDP) are visually impaired, enter 1;
Exemptions	0	if both are visually impaired, enter 2
Ш	9	Senior: If you (or your spouse/RDP) are 65 or older, enter 1;
	5	if both are 65 or older, enter 2. See instructions
		REV 02/17/23 PRO
		175 3101224 Form 540 2022 Side 1

Υοι	ır na	me: VEEF	RAG	HANTA	Your SSN o	r ITIN:	806-65-8	3685			
	10	Dependents: [ot include yourself or yo Dependent 1	ur spouse/RDF		ndent 2			Dependent 3	
		First Name	$oldsymbol{igo}$		(•			۲		
su		Last Name	ullet			•			۲		
Exemptions		SSN. See instructions.				•			•		
Ехеі		Dependent's relationship to you				•			۲		
	Tota	-	emp	tions			• 10	X \$433	3 = 🖲) \$	
	11	Exemption a	mou	nt: Add line 7 through lin	ne 10. Transfer	this amo	ount to line 32		• 11	1\$ 28	30
	12	State wages	from	ı your federal K 16	• 12		2	41391 .00			
									1	219136	. 00
	13 14			isted gross income from nents – subtractions. En					13		
	15	,		lumn B rom line 13. If less than				•	14		.00
ome	16	See instructi	ons .	nents – additions. Enter					15	219136	.00
e Inc	10			lumn C				•	16	3113	. 00
Taxable Income	17	California adj	uste	d gross income. Combir	ie line 15 and li	ine 16		•	17	222249	. 00
F	18 19	larger of Subtract line	Your • Sir • Ma If Ma 18 f	California itemized ded California standard ded Igle or Married/RDP filin rried/RDP filing jointly, Hea rried/RDP filing separately of rom line 17. This is your enter -0-	uction shown I g separately d of household, or the box on line taxable incom	below for or Qualify 6 is chec 1e .	r your filing sta ing surviving spo ked, STOP . See in	tus: \$5,20: puse/RDP. \$10,40 nstructions ●	4) 18	10404	- <u>00</u>
									19		
	31	Tax. Check th	ie bo	ox if from:	Table	× Tax	Rate Schedule)			
					3800 •			• • • • •	31	13209	. 00
×	32			s. Enter the amount from structions.					32	280	. 00
Тах	33	Subtract line	32 f	rom line 31. If less than	zero, enter -0-				33	12929	. 00
	34	Tax. See inst	ructi	ons. Check the box if fro	m: • Scl	hedule G	-1 • F	ſB 5870A ●	34		. 00
	35	Add line 33 a	nd li	ne 34					35	12929	. 00
its	40	Nonrefundah	le Cl	nild and Dependent Care	Expenses Cred	lit See in	astructions		40		. 00
Cred	43	Enter credit r		-		code •	107	amount		2852	.00
Special Credits	44	Enter credit r				code		amount •			.00
S										REV 02/17/23 PRO	. <u> </u>
		Side 2 Form	540	2022	175	310	2224				

You	r nar	ne:	VEERAGHANTA] Your SSN or ITIN:	806-65-86	85				
S	45	To cl	laim more than two credits. See instr	ructions. Attach Sched	ule P (540)	•	45			- 00
Special Credits	46	Noni	refundable Renter's Credit. See instru	uctions		•	46			. 00
ecial (47	Add	line 40 through line 46. These are yo	our total credits			47		2852	. 00
Spe	48	Subt	tract line 47 from line 35. If less than	zero, enter -0			48	-	10077	. 00
xes	61		native Minimum Tax. Attach Schedul				Г			. 00
Other Taxes	62		tal Health Services Tax. See instruction				Γ			. 00
đ	63		er taxes and credit recapture. See inst				63 [10077	• 00
	64	Add	line 48, line 61, line 62, and line 63.	This is your total tax.		• • • •	64		10077	- 00
	71	Calif	ornia income tax withheld. See instru	uctions		• • • • •	71	-	12742	. 00
	72	2022	2 California estimated tax and other p	ayments. See instruct	ions	•	72			. 00
	73	With	holding (Form 592-B and/or Form 59	93). See instructions.		•	73			. 00
Payments	74	Exce	ess SDI (or VPDI) withheld. See instru	uctions		•	74		200	. 00
Payn	75	Earn	ed Income Tax Credit (EITC). See ins	structions		•	75			- 00
	76	Your	ng Child Tax Credit (YCTC). See instru	uctions		•	76			- 00
	77 78	Add	er Youth Tax Credit (FYTC). See instr line 71 through line 77. These are yo instructions	our total payments.			Γ		12942	• 00 • 00
Тах	91	Use	Tax. Do not leave blank. See instruct	tions	• 91			0_00		
UseTax		lf lin	e 91 is zero, check if:	use tax is owed.	You paid y	your use tax o	obligatio	n directly to CDTFA.		
ISR Penaltv	92	See	u and your household had full-year h instructions. Medicare Part A or C cc u did not check the box, see instruct	overage is qualifying h		• • •	×			
		Indiv	vidual Shared Responsibility (ISR) Pe	enalty. See instructions	§ ● 92			.00		
ne	93	Payn	nents balance. If line 78 is more thar	n line 91, subtract line	91 from line 78		93	-	12942	. 00
Overpaid Tax/Tax Due	94 95		Tax balance. If line 91 is more than nents after Individual Shared Respor				94			. 00
d Tax/		subt	ract line 92 from line 93				95	-	12942	. 00
erpaic	96		vidual Shared Responsibility Penalty ract line 93 from line 92				96			. 00
ŇŎ	97		paid tax. If line 95 is more than line (02/17/23 PRO	64, subtract line 64 fro	om line 95		97		2865	. 00
				175 31	03224			Form 540 2022	Side 3	

You	r nan	ne: VEERAGHANTA Your SSN or ITIN: 806-65-8685		I
ue u	98	Amount of line 97 you want applied to your 2023 estimated tax	• 98	00
Overpaid Tax/Tax Due	99	Overpaid tax available this year. Subtract line 98 from line 97	• 99	2865 .00
Tax	100	Tax due. If line 95 is less than line 64, subtract line 95 from line 64	• 100	. 00
			<u>Code</u>	Amount
		California Seniors Special Fund. See instructions	• 400	
		Alzheimer's Disease and Related Dementia Voluntary Tax Contribution Fund	• 401	. 00
		Rare and Endangered Species Preservation Voluntary Tax Contribution Program	• 403	.00
		California Breast Cancer Research Voluntary Tax Contribution Fund	• 405	.00
		California Firefighters' Memorial Voluntary Tax Contribution Fund	• 406	.00
		Emergency Food for Families Voluntary Tax Contribution Fund	• 407	.00
		California Peace Officer Memorial Foundation Voluntary Tax Contribution Fund	• 408	.00
		California Sea Otter Voluntary Tax Contribution Fund	• 410	.00
		California Cancer Research Voluntary Tax Contribution Fund	• 413	00
itions		School Supplies for Homeless Children Voluntary Tax Contribution Fund	• 422	. 00
Contributions		State Parks Protection Fund/Parks Pass Purchase	• 423	.00
ပိ		Protect Our Coast and Oceans Voluntary Tax Contribution Fund.	• 424	.00
		Keep Arts in Schools Voluntary Tax Contribution Fund	• 425	. 00
		Prevention of Animal Homelessness and Cruelty Voluntary Tax Contribution Fund	• 431	. 00
		California Senior Citizen Advocacy Voluntary Tax Contribution Fund	• 438	. 00
		Native California Wildlife Rehabilitation Voluntary Tax Contribution Fund	• 439	
		Rape Kit Backlog Voluntary Tax Contribution Fund	• 440	00
		Suicide Prevention Voluntary Tax Contribution Fund	• 444	. 00
		Mental Health Crisis Prevention Voluntary Tax Contribution Fund	• 445	.00
		California Community and Neighborhood Tree Voluntary Tax Contribution Fund	• 446	.00
	110	Add amounts in code 400 through code 446. This is your total contribution	• 110	00
Amount You Owe	111	AMOUNT YOU OWE. If you do not have an amount on line 99, add line 94, line 96, line 100, and Mail to: FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0001 Pay Online – Go to ftb.ca.gov/pay for more information.		See instructions. Do not send cash.

Mail to: FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0001..... • 111 Pay Online – Go to **ftb.ca.gov/pay** for more information.

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Your n	name:	VEERAGHANTA Your SSN or ITIN: 806-65-8685	
11 ties 11		erest, late return penalties, and late payment penalties	.00
Interest and Penalties	Che	eck the box: FTB 5805 attached FTB 5805F attached	
11	14 Tot	al amount due. See instructions. Enclose, but do not staple, any payment 114	. 00
11	15 RE	FUND OR NO AMOUNT DUE. Subtract the sum of line 110, line 112, and line 113 from line 99. See instruct	tions.
	Ma	il to: FRANCHISE TAX BOARD, PO BOX 942840, SACRAMENTO CA 94240-0001 • 115	2865 _00
Refund and Direct Deposit	See	in the information to authorize direct deposit of your refund into one or two accounts. Do not attach a void e instructions. Have you verified the routing and account numbers? Use whole dollars only. or the following amount of my refund (line 115) is authorized for direct deposit into the account shown bel	
Direc	•	Routing number Checking Account number 0116	Direct deposit amount
d and	С	074000010 622053523	2865 _00
Refune	The	e remaining amount of my refund (line 115) is authorized for direct deposit into the account shown below:	
Ľ		Routing number • Type Checking • Account number Savings • I17	Direct deposit amount
Voter Info.	For	voter registration information, check the box and go to sos.ca.gov/elections . See instructions	
IMPOR	RTANT:	See the instructions to find out if you should attach a copy of your complete federal tax return.	
IMPOR Our priva to locate Under p	RTANT: acy noti FTB 11 enalties		o ftb.ca.gov/forms and search for 1131 code 948 when instructed.
IMPOR Our priva to locate Under p	acy noti FTB 11 enalties correct,	E See the instructions to find out if you should attach a copy of your complete federal tax return. ce can be found in annual tax booklets or online. Go to ftb.ca.gov/privacy to learn about our privacy policy statement, or go to 31 EN-SP, Franchise Tax Board Privacy Notice on Collection. To request this notice by mail, call 800.338.0505 and enter form of s of perjury, I declare that I have examined this tax return, including accompanying schedules and statements, and to the	o ftb.ca.gov/forms and search for 1131 code 948 when instructed. e best of my knowledge and belief, it
IMPOR Our priva to locate Under p is true, o	acy noti FTB 11 enalties correct,	See the instructions to find out if you should attach a copy of your complete federal tax return. ce can be found in annual tax booklets or online. Go to ftb.ca.gov/privacy to learn about our privacy policy statement, or go to 31 EN-SP, Franchise Tax Board Privacy Notice on Collection. To request this notice by mail, call 800.338.0505 and enter form of so f perjury, I declare that I have examined this tax return, including accompanying schedules and statements, and to the and complete. Date Spouse's/RDP's signature (if a j	o ftb.ca.gov/forms and search for 1131 code 948 when instructed. e best of my knowledge and belief, it joint tax return, both must sign)
IMPOR Our priva to locate Under p is true, o Your sig	RTANT: acy noti FTB 11 benalties correct, nature	See the instructions to find out if you should attach a copy of your complete federal tax return. ce can be found in annual tax booklets or online. Go to ftb.ca.gov/privacy to learn about our privacy policy statement, or go to 31 EN-SP, Franchise Tax Board Privacy Notice on Collection. To request this notice by mail, call 800.338.0505 and enter form of s of perjury, I declare that I have examined this tax return, including accompanying schedules and statements, and to the and complete.	o ftb.ca.gov/forms and search for 1131 code 948 when instructed. e best of my knowledge and belief, it
IMPOR Our privito locate Under p is true, u Your sig	RTANT: acy noti FTB 11 penalties correct, nature	See the instructions to find out if you should attach a copy of your complete federal tax return. ce can be found in annual tax booklets or online. Go to ftb.ca.gov/privacy to learn about our privacy policy statement, or go to 31 EN-SP, Franchise Tax Board Privacy Notice on Collection. To request this notice by mail, call 800.338.0505 and enter form of so f perjury, I declare that I have examined this tax return, including accompanying schedules and statements, and to the and complete. Date Spouse's/RDP's signature (if a j	th.ca.gov/forms and search for 1131 code 948 when instructed. e best of my knowledge and belief, it joint tax return, both must sign) O Preferred phone number 3174593333
IMPOR Our privation locate Under p is true, o Your sig	RTANT: acy noti FTB 11 enalties correct, inature	See the instructions to find out if you should attach a copy of your complete federal tax return. Ce can be found in annual tax booklets or online. Go to ftb.ca.gov/privacy to learn about our privacy policy statement, or go to 31 EN-SP, Franchise Tax Board Privacy Notice on Collection. To request this notice by mail, call 800.338.0505 and enter form of s of perjury, I declare that I have examined this tax return, including accompanying schedules and statements, and to the and complete. Date Spouse's/RDP's signature (if a j Ovur email address. Enter only one email address.	th.ca.gov/forms and search for 1131 code 948 when instructed. e best of my knowledge and belief, it joint tax return, both must sign) O Preferred phone number 3174593333
IMPOR Our privito locate Under p is true, o Your sig Sign Her It is unito forge	RTANT: acy noti FTB 11 Penalties correct, nature	See the instructions to find out if you should attach a copy of your complete federal tax return. Ce can be found in annual tax booklets or online. Go to fb. ca.gov/privacy to learn about our privacy policy statement, or go to S1 EN-SP, Franchise Tax Board Privacy Notice on Collection. To request this notice by mail, call 800.338.0505 and enter form of s of perjury, I declare that I have examined this tax return, including accompanying schedules and statements, and to the and complete. Date Spouse's/RDP's signature (if a j Paid preparer's signature (declaration of preparer is based on all information of which preparer has any knowled	th.ca.gov/forms and search for 1131 code 948 when instructed. e best of my knowledge and belief, it joint tax return, both must sign) O Preferred phone number 3174593333
IMPOR Our privation locate Under p is true, o Your sig Your sig Sign Her It is unl	RTANT: acy noti FTB 11 enalties correct, nature	See the instructions to find out if you should attach a copy of your complete federal tax return. Ce can be found in annual tax booklets or online. Go to fb. ca.gov/privacy to learn about our privacy policy statement, or go to St EN-SP, Franchise Tax Board Privacy Notice on Collection. To request this notice by mail, call 800.338.0505 and enter form of so of perjury, I declare that I have examined this tax return, including accompanying schedules and statements, and to the and complete. Date Spouse's/RDP's signature (if a j Paid preparer's signature (declaration of preparer is based on all information of which preparer has any knowled SYAM PRIYA RAM SAGAR GUPTA TALLAM	(tb.ca.gov/forms and search for 1131 code 948 when instructed. e best of my knowledge and belief, it joint tax return, both must sign) ① Preferred phone number ③174593333
IMPOR Our privi- to locate Under p is true, (Your sig Your sig Sig Her It is unl to forge spouse RDP's	RTANT: acy noti FTB 11 enalties correct, nature	See the instructions to find out if you should attach a copy of your complete federal tax return. Ce can be found in annual tax booklets or online. Go to ftb.ca.gov/privacy to learn about our privacy policy statement, or go to 31 EN-SP, Franchise Tax Board Privacy Notice on Collection. To request this notice by mail, call 800.338.0505 and enter form of s of perjury, I declare that I have examined this tax return, including accompanying schedules and statements, and to the and complete. Date Spouse's/RDP's signature (if a j	b ftb. ca. gov/forms and search for 1131 code 948 when instructed. b ebst of my knowledge and belief, it joint tax return, both must sign) O Preferred phone number 3174593333 rdge) PTIN PO2082703 Firm's FEIN
IMPOR Our prive to locate Under p is true, o Your sig Sign Her It is unl to forge spouse RDP's signatu Joint ta return? See	RTANT: acy noti FTB 11 enalties correct, nature	See the instructions to find out if you should attach a copy of your complete federal tax return. Ce can be found in annual tax booklets or online. Go to ftb.ca.gov/privacy to learn about our privacy policy statement, or go to S1 EN-SP, Franchise Tax Board Privacy Notice on Collection. To request this notice by mail, call 800.338.0505 and enter form of so of perjury, I declare that I have examined this tax return, including accompanying schedules and statements, and to the and complete. Date Spouse's/RDP's signature (if a j Nour email address. Enter only one email address. Paid preparer's signature (declaration of preparer is based on all information of which preparer has any knowled SYAM PRIYA RAM SAGAR GUPTA TALLAM Firm's name (or yours, if self-employed) GLOBAL TAXES LLC	th.ca.gov/forms and search for 1131 code 948 when instructed. best of my knowledge and belief, it joint tax return, both must sign) Preferred phone number 3174593333 dge) PTIN P02082703
IMPOR Our prive to locate Under p is true, o Your sig Sign Her It is unl to forge spouse RDP's signatu Joint ta return?	RTANT: acy noti FTB 11 enalties correct, nature	See the instructions to find out if you should attach a copy of your complete federal tax return. Ce can be found in annual tax booklets or online. Go to ftb.ca.gov/privacy to learn about our privacy policy statement, or go to 31 EN-SP, Franchise Tax Board Privacy Notice on Collection. To request this notice by mail, call 800.338.0505 and enter form of s of perjury, I declare that I have examined this tax return, including accompanying schedules and statements, and to the and complete. Date Spouse's/RDP's signature (if a j	b ftb. ca. gov/forms and search for 1131 code 948 when instructed. b ebst of my knowledge and belief, it joint tax return, both must sign) O Preferred phone number 3174593333 rdge) PTIN PO2082703 Firm's FEIN
IMPOR Our prive to locate Under p is true, o Your sig Sign Her It is unl to forge spouse RDP's signatu Joint ta return? See	RTANT: acy noti FTB 11 enalties correct, nature	See the instructions to find out if you should attach a copy of your complete federal tax return. Ce can be found in annual tax booklets or online. Go to ftb.ca.gov/privacy to learn about our privacy policy statement, or go to St EN-SP, Franchise Tax Board Privacy Notice on Collection. To request this notice by mail, call 800.338.0505 and enter form of of perjury. I declare that I have examined this tax return, including accompanying schedules and statements, and to the and complete. Date Spouse's/RDP's signature (if a j	o ftb. ca.gov/forms and search for 1131 code 948 when instructed. b best of my knowledge and belief, it joint tax return, both must sign) O Preferred phone number 3174593333 dge) PTIN PO2082703 Firm's FEIN 843171965
IMPOR Our prive to locate Under p is true, o Your sig Sign Her It is unl to forge spouse RDP's signatu Joint ta return? See	RTANT: acy noti FTB 11 enalties correct, nature	See the instructions to find out if you should attach a copy of your complete federal tax return. Ce can be found in annual tax booklets or online. Go to ftb.ca.gov/privacy to learn about our privacy policy statement, or go to 31 EN-SP, Franchise Tax Board Privacy Notice on Collection. To request this notice by mail, call 800.338.0505 and enter form of co of perjury, I declare that I have examined this tax return, including accompanying schedules and statements, and to the and complete. Date Spouse's/RDP's signature (if a j Paid preparer's signature (declaration of preparer is based on all information of which preparer has any knowled SYAM PRIYA RAM SAGAR GUPTA TALLAM Firm's name (or yours, if self-employed) GLOBAL TAXES LLC Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816 Do you want to allow another person to discuss this tax return with us? See instructions	bitb.ca.gov/forms and search for 1131 code 948 when instructed. best of my knowledge and belief, it joint tax return, both must sign) Output Preferred phone number 3174593333 dge) PTIN PO2082703 Firm's FEIN 843171965 Yes X No

CA (540)

California Adjustments — Residents 2022

Important: Attach this schedule behind Form 540, Side 5 as a supporting California schedule.

Na	me(s) as snown on tax return				SSN or ITIN
S	VEERAGHANTA & S PARMAR				806658685
Se	art I Income Adjustment Schedule ction A – Income from federal Form 1040 or 1040-SR	A	Federal Amounts (taxable amounts from your federal tax return)	B Subtractions See instructions	C Additions See instructions
1	a Total amount from federal Form(s) W-2, box 1. See instructions 1a		231006	\odot	\odot
	b Household employee wages not reported on federal Form(s) W-2			۲	۲
	${\boldsymbol{c}}$ Tip income not reported on line 1a $\ldots\ldots\ldots$ 1 ${\boldsymbol{c}}$			\odot	۲
	d Medicaid waiver payments not reported on federal Form(s) W-2. See instructions 1d			۲	۲
	e Taxable dependent care benefits from federal Form 2441, line 261e			۲	۲
	f Employer-provided adoption benefits from federal Form 8839, line 291f			۲	۲
	${\bf g}~$ Wages from federal Form 8919, line 6 ${\bf 1g}$			۲	۲
	${\bf h}$ Other earned income. See instructions $\ldots \ldots 1{\bf h}$		0	۲	③ 3113
	i Nontaxable combat pay election. See instructions1i				۲
	$z\;$ Add line 1a through line 1i	۲	231006	۲	③ 3113
2	Taxable interest. a •2b	۲		۲	۲
3	Ordinary dividends. See instructions. a (31 3b		31	۲	۲
4	IRA distributions. See instructions. a • 4b			\odot	۲
5	Pensions and annuities. See instructions. a • 5b			۲	۲
6	Social security benefits. a • 6b	۲		۲	
	Capital gain or (loss). See instructions		1224	۲	۲
Se	ction B – Additional Income from federal Schedule 1	(Forn	n 1040)		
	Taxable refunds, credits, or offsets of state and local income taxes			۲	
2	a Alimony received. See instructions2a				۲
3	Business income or (loss). See instructions 3	۲		۲	۲
	Other gains or (losses)4	۲		۲	۲
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc		-13125	۲	۲
6	Farm income or (loss)6	۲		۲	۲
7	Unemployment compensation7	۲		۲	
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Section B – Additional Income Continued	A Federal Amounts (taxable amounts from your federal tax return)	B Subtractions See instructions	C Additions See instructions
8 Other income: a Federal net operating loss	• ()		۲
b Gambling 8b	۲	۲	
c Cancellation of debt 8c	\odot	\odot	\odot
d Foreign earned income exclusion from federal Form 2555	• ()		۲
e Income from federal Form 8853 8e	۲		۲
f Income from federal Form 8889	۲	۲	
g Alaska Permanent Fund dividends	۲		
h Jury duty pay 8h	۲		
i Prizes and awards8i	۲		
j Activity not engaged in for profit income8j	۲		
k Stock options8k	۲		
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	۲		
m Olympic and Paralympic medals and USOC prize money	۲		
n IRC Section 951(a) inclusion 8 n	۲	۲	
o IRC Section 951A(a) inclusion	۲	۲	
p IRC Section 461(I) excess business loss adjustment 8p	۲	۲	۲
q Taxable distributions from an ABLE account 8q	۲		
r Scholarship and fellowship grants not reported on federal Form(s) W-28r	۲		
s Nontaxable amount of Medicaid waiver payments included on federal Form 1040, line 1a or line 1d8s	• ()		
t Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental IRC Section 457 plan 8t	۲		
u Wages earned while incarcerated 8 u	\odot		
z Other income. List type and amount.			
• 8z	۲	\odot	\bullet

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Se	ction B – Additional Income Continued	A	Federal Amounts (taxable amounts from your federal tax return)		B Subtractions See instructions		C Additions See instructions
9	a Total other income. Add lines 8a through 8z. 9a						
	b1 Disaster loss deduction from form FTB 3805V. 9b1			$ \mathbf{O} $			
	b2 NOL deduction from form FTB 3805V 9b2			$ \mathbf{O} $			
	b3 NOL from form FTB 3805Z, 3807, or 3809 9b3						
10	Total. Combine Section A, line 1z through line 7, and Section B, line 1 through line 7, and line 9a in column A and column C. Add Section A, line 1z through line 7, and Section B, line 1 through line 7, line 9a, and line 9b1 through line 9b3 in column B (as applicable). See instructions	۲	219136	۲		۲	3113
	ction C – Adjustments to Income m federal Schedule 1 (Form 1040)						
11	Educator expenses						
12	Certain business expenses of reservists, performing artists, and fee-basis government officials 12			۲		۲	
13	Health savings account deduction			$ \mathbf{O} $			
	Moving expenses. Attach form FTB 3913. See instructions					۲	
15	Deductible part of self-employment tax. See instructions			۲			
16	Self-employed SEP, SIMPLE, and qualified plans16	ullet					
17	Self-employed health insurance deduction. See instructions			$ \mathbf{O} $			
18	Penalty on early withdrawal of savings 18						
19	a Alimony paid					۲	
	b Recipient's: SSN •						
	Last Name 🖲						
20	IRA deduction			$ \mathbf{O} $		۲	
21	Student loan interest deduction	ullet				۲	
22	Reserved for future use						
23	Archer MSA deduction	$ \bigcirc $					

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Section C – Adjustments to Income Continued	A Federal Amounts (taxable amounts from your federal tax return)	B Subtractions See instructions	C Additions See instructions
4 Other adjustments: a Jury duty pay24a	۲		
 b Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit	۲	۲	•
 c Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m 	۲	•	
d Reforestation amortization and expenses24d			
e Repayment of supplemental unemployment benefits under the federal Trade Act of 1974 24e			
f Contributions to IRC Section 501(c)(18)(D) pension plans24f	۲		•
g Contributions by certain chaplains to IRC Section 403(b) plans	۲	۲	•
h Attorney fees and court costs for actions involving certain unlawful discrimination claims 24h	۲		
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	۲	۲	
j Housing deduction from federal Form 2555 24 j			
k Excess deductions of IRC Section 67(e) expenses from federal Schedule K-1 (Form 1041)24k	۲		
z Other adjustments. List type and amount.			
 24z 			\odot
5 Total other adjustments. Add line 24a through line 24z	۲	۲	۲
6 Add line 11 through line 23 and line 25 in columns A, B, and C. See instructions	۲	۲	۲
7 Total. Subtract line 26 from line 10 in columns A, B, and C. See instructions27	• 219136	; •	32

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Part I		djustments t	0	Federal	Itemized	Deductions
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0		- <i>f</i> 0	alifornia]		
Une	ck the box if you did NOT itemize for federal but will itemiz	A	Federal Amounts (from federal Schedule A (Form 1040))		B Subtractions See instructions		C Additions See instructions
Me	dical and Dental Expenses See instructions.						
1	Medical and dental expenses • 1						
2	Enter amount from federal Form 1040 or 1040-SR, line 11 • 219136 2						
3	Multiply line 2 by 7.5% (0.075) (•) 16435 3						
4	Subtract line 3 from line 1. If line 3 is more than line 1, enter 04					۲	
	a State and local income tax or general sales taxes5	a 💽	17559		17559		
	b State and local real estate taxes 5	b 💽					
	c State and local personal property taxes5						
	d Add line 5a through line 5c	d 💽	17559				
	 e Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately) in column A. Enter the amount from line 5a, column B in line 5e, column B. Enter the difference from line 5d and line 5e, 		10000		17550		7550
	column A in line 5e, column C	e 💽	10000		17559	۲	7559
6	Other taxes. List type • 6	۲		۲		•	
7	Add line 5e and line 6		10000		17559		7559
	 a Home mortgage interest and points reported to you on federal Form 1098 	a 💿					
	b Home mortgage interest not reported to you on federal Form 1098	b 💿				•	
	c Points not reported to you on federal Form 10988						
	d Reserved for future use	d					
	e Add line 8a through line 8c					۲	
9	Investment interest	•				•	
10	Add line 8e and line 9	۲				۲	

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Pa	rt II Adjustments to Federal Itemized Deductions Continued	A	Federal Amounts (from federal Schedule A (Form 1040))		B Subtractions See instructions		C Additions See instructions
Gif	ts to Charity		x 11				
	-			۲		۲	
12	Other than by cash or check			۲		۲	
13	Carryover from prior year			۲		۲	
14	Add line 11 through line 1314					۲	
	Sualty and Theft Losses Casualty or theft loss(es) (other than net qualified disaster losses). Attach federal Form 4684. See instructions 15			۲		۲	
Oth	er Itemized Deductions						
				۲		۲	
17	Add lines 4, 7, 10, 14, 15, and 16 in columns A, B, and C		10000		17559	۲	7559
18	Total. Combine line 17 column A less column B plus co	lumn	C			18	0
Job	Expenses and Certain Miscellaneous Deductions						
	Unreimbursed employee expenses: job travel, union due Attach federal Form 2106 if required. See instructions . Tax preparation fees					-	
						-	
21	Other expenses: investment, safe deposit box, etc. List type			21_	0		
	Add line 19 through line 21			22 _	0	-	
23	Enter amount from federal Form 1040 or 1040-SR, line 11		219136				
24	Multiply line 23 by 2% (0.02). If less than zero, enter 0.			24 _	4383		
25	Subtract line 24 from line 22. If line 24 is more than line	22, (enter 0) 25	0
26	Total Itemized Deductions. Add line 18 and line 25) 26	0
27	Other adjustments. See instructions. Specify.					27	
28	Combine line 26 and line 27) 28	0
29	Is your federal AGI (Form 540, line 13) more than the Single or married/RDP filing separately Head of household Married/RDP filing jointly or qualifying surviving s No. Transfer the amount on line 28 to line 29.			. \$229	,908		
	Yes. Complete the Itemized Deductions Worksheet in th	e ins	tructions for Schedule CA	A (540),	line 29	29	0
30	Enter the larger of the amount on line 29 or your stand Single or married/RDP filing separately. See instru Married/RDP filing jointly, head of household, or qu	iction ialifyi	s ng surviving spouse/RDP	\$10	,404		
	Transfer the amount on line 30 to Form 540, line 18 $\!$.) 30	10404
		1		<u> </u>	REV 02/17/23 PRO		
	Side 6 Schedule CA (540) 2022 175	1	7736224	1			

2022 Other State Tax Credit

S

Attach to Form 540, Form 540NR,	or Form 541.				
Name(s) as shown on your California tax retu	urn		SSN, ITIN, or FEII	N	
S VEERAGHANTA & S PARMA	ıR		806658685		
Part I Double-Taxed Income (F	Read specific line instructions for	Part I before completing.)			
(a) Income item(s) description	(b) Double-taxed i	ncome taxable by California	(c) Double-taxed	l income tax	cable by other state
● WAGES, SALARIES, TIPS		58924	•		58924
•			•		
•			•		
1 Total double-taxed income	•	58924	•		58924
Part II Figure Your Other State	Tax Credit (Read specific line i	nstructions for Part II before co	mpleting.)		
2 California tax liability. See instruction	ons			2	12929 00
3 Double-taxed income taxable by Ca	lifornia. Enter the amount from F	Part I, line 1, column (b)		3	58924 00
4 California adjusted gross income. S	ee instructions			4	222249 00
5 Divide line 3 by line 4. Do not enter	more than 1.0000			5	0.2651
6 Multiply line 2 by line 5				6	3427 00
7 Income tax liability paid to other sta	ate (use state's abbreviation) 🖲	$___$ See instructions		7	2852 <u>00</u>
8 Double-taxed income taxable by oth	ner state. Enter the amount from	Part I, line 1, column (c)		8	58924 <u>00</u>
9 Adjusted gross income taxable by o	other state. See instructions			9	58924 00
10 Divide line 8 by line 9. Do not enter	more than 1.0000			10	1.0000
11 Multiply line 7 by line 10				11	2852 00
12 Other state tax credit. Enter the small	aller of line 6 or line 11. Use crec	lit code 187 . See instructions .		12	2852 00

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California Wage, IRA and Pension Adjustments Attach to return (after all other FTB forms)

2022

Name as Shown on Return

S VEERAGHANTA & S PARMAR

Social Security No. 806-65-8685

Т

Line 1 – Wages, Salaries, Tips, Etc.

		(B) Subtractions	(C) Additions
		Subtractions	Additions
1	Excess reimbursements from Form 2106 included in wage		
	income		
2	Active duty military pay		
3	Sick pay received under the Federal Insurance Contributions		
	Act and Railroad Retirement Act		
4	Income exempted by U.S. tax treaties (unless specifically		
	exempt for state purposes also)		
5	Exclusion for compensation from exercising a California		
-	Qualified Stock Option (CQSO).		
6	Ridesharing fringe benefit differences		
7	HSA employer contributions		3113
8	Paid Family Leave Insurance (PFL) benefits		
•	I confirm that the PFL amount above is accurate		
9	Employer-provided adoption benefits income exclusions.		
10	In-Home Supportive Services (IHSS) supplementary payment		
11	Native American income (Form 3504)		
12	Clergy housing exclusion. This is the amount entered on W-2s		
a	as smallest of amount spent or fair rental value		
b 13	Enter the amount spent on qual. housing expenses		
14	Excess moving reimbursements		
14	Employer-provided dependent care assistance exclusion		
16	Other (itemize):		
a			
b			·
c			
d			
	Total adjustments to wages, salaries, tips, etc. Enter here and		
	on Schedule CA (540/540NR), line 1		3113

Line 4 – IRA, Pensions, and Annuities

IRA'	s	(B) Subtractions	(C) Additions
1 a b c	Other (itemize):		
d Pens	Total adjustments to IRA distributions. Enter here and on Schedule CA (540/540NR), line 4 sions and Annuities	(B) Subtractions	(C) Additions
1 2 a b c	Form 1099-R, Railroad Retirement Benefits		
d	Total adjustments to pensions and annuities. Enter here and on Schedule CA (540/540NR), line 5		



Illinois Department of Revenue 2022 Form IL-1040 Individual Income Tax Return

or for fiscal year ending _/_ _

Step 1: Personal Information Enter personal information and Social Security numbers (SSN). You must provide the entire SSN(s) - no partial SSN.

B	SID SHR. 844 NOR Fili	-65-8685 1993 133-53-0665 1993 DHARTH SARMA VEERAGHANTA ADDHA VALJI PARMAR 4 COLUMBUS AVE 201 TH HILLS CA 91343 VEERAGHANTA.SIDDHARTH93@GMAIL.COM Image: Single Image: S	You 🗌 S	Spouse	5. NB
		p 2: Income		(Who	le dollars only)
_	1 2 3 4	Federal adjusted gross income from your federal Form 1040 or 1040-SR, Line 11. Federally tax-exempt interest and dividend income from your federal Form 1040 or 1040-SR, Lin Other additions. Attach Schedule M. Total income . Add Lines 1 through 3.	ne 2a.	1 2 3 4	219,136.00 .00 219,136.00
↓		p 3: Base Income			
•	5	Social Security benefits and certain retirement plan income received if included in Line 1. Attach Page 1 of federal return. 5		.00	
here	6	Illinois Income Tax overpayment included in federal Form 1040 or 1040-SR,		.00	
l su	7	Other subtractions. Attach Schedule M.		.00	
Staple W-2 and 1099 forms here	8 9	Add Lines 5, 6, and 7. This is the total of your subtractions. Illinois base income. Subtract Line 8 from Line 4.		8 9	.00 219,136 _{.00}
1099		p 4: Exemptions			
pue	10	a Enter the exemption amount for yourself and your spouse. See instructions. a b Check if 65 or older: □ You + □ Spouse # of checkboxes X \$1,000 = b	4,85		
V-2 ê		c Check if legally blind: Vou + Spouse # of checkboxes X \$1,000 = c		.00	
le V		d If you are claiming dependents, enter the amount from Schedule IL-E/EIC, Step 2, Line 1. Attach Schedule IL-E/EIC. d		0.00	
Stap		Exemption allowance. Add Lines 10a through 10d.		10	4,850 <u>.00</u>
		p 5: Net Income and Tax <i>Residents:</i> Net income. Subtract Line 10 from Line 9.			
T		Nonresidents and part-year residents: Enter the Illinois net income from Schedule NR. Attach	Schedule	NR. 11	57,619 _{.00}
	12	Residents: Multiply Line 11 by 4.95% (.0495). Cannot be less than zero.			2,852 _{.00}
	13	<i>Nonresidents and part-year residents:</i> Enter the tax from Schedule NR. Recapture of investment tax credits. Attach Schedule 4255.		12 13	.00
V-01	14	Income tax. Add Lines 12 and 13. Cannot be less than zero.		14	2,852 <u>.00</u>
check and IL-1040-V		p 6: Tax After Nonrefundable Credits		00	
A IL	15 16	Income tax paid to another state while an Illinois resident. Attach Schedule CR. 15 Property tax and K-12 education expense credit amount from Schedule ICR.		.00	
anc	17	Attach Schedule ICR. 16		.00	
eck	17 18	Credit amount from Schedule 1299-C. Attach Schedule 1299-C. 17 Add Lines 15, 16, and 17. This is the total of your credits. Cannot exceed the tax amount on Line	14.	<u>.00</u> 18	0.00
r ch	19	Tax after nonrefundable credits. Subtract Line 18 from Line 14.		19	2,852.00
Staple your	Ste 20	p 7: Other Taxes Household employment tax. See instructions.		20	.00
ple	20 21	Use tax on internet, mail order, or other out-of-state purchases from UT Worksheet or UT Table			
Sta	22	in the instructions. Do not leave blank. Compassionate Use of Medical Cannabis Program Act and sale of assets by gaming licensee sure	charges	21 22	0 <u>.00</u> 00.
▼	22 23	Total Tax. Add Lines 19, 20, 21, and 22.	marges.	22 23	2,852.00

This form is authorized as outlined under the Illinois Income Tax Act. Disclosure of this information is required. Failure to provide information could result in a penalty.



24	Total tax from Page 1, Line 23.		24	2,852.00
Ste	p 8: Payments and Refundable Credit			
25	Illinois Income Tax withheld. Attach Schedule IL-WIT.	25 2,822.0	<u>0</u>	
26	Estimated payments from Forms IL-1040-ES and IL-505-I,			
	including any overpayment applied from a prior year return.	26 0	0	
27	Pass-through withholding. Attach Schedule K-1-P or K-1-T.	27 0	<u>0</u>	
28	Pass-through entity tax credit. Attach Schedule K-1-P or K-1-T.	28 0	<u>0</u>	
29	Earned Income Credit from Schedule IL-E/EIC, Step 4, Line 8. Attach Schedule IL-E/EIC.	29 0	<u>0</u>	
30	Total payments and refundable credit. Add Lines 25 through 29.		30	2,822.00
Ste	p 9: Total			
31	If Line 30 is greater than Line 24, subtract Line 24 from Line 30.		31	.00
32	If Line 24 is greater than Line 30, subtract Line 30 from Line 24.		32	30.00
Ste	p 10: Underpayment of Estimated Tax Penalty and Donations			
33	Late-payment penalty for underpayment of estimated tax.	33 0	<u>0</u>	
	a Check if at least two-thirds of your federal gross income is from farming.			
	b Check if you or your spouse are 65 or older and permanently living in a nursing h	nome.		
	c Check if your income was not received evenly during the year and you annualized	d your income on Forr	n IL-2210.	
	Attach Form IL-2210.			
	d 🗌 Check if you were not required to file an Illinois Individual Income Tax return in th	e previous tax year.		
34	Voluntary charitable donations. Attach Schedule G.	34 0	<u>0</u>	
35	Total penalty and donations. Add Lines 33 and 34.		35	.00
Ste	p 11: Refund or Amount you owe			
36	If you have an amount on Line 31 and this amount is greater than Line 35, subtract Lir	e 35 from Line 31.		
	This is your overpayment .		36	.00
37	Amount from Line 36 you want refunded to you. Check one box on Line 38. See instrue	ctions.	37	.00
38	I choose to receive my refund by			
	a direct deposit - Complete the information below if you check this box.			
	You may also contribute Routing number	Checking or	Savings	
	to college savings funds	Checking of	Savings	
	here. See instructions! Account number			
	b paper check.			
39	Amount to be credited forward. Subtract Line 37 from Line 36. See instructions.		39	.00
	If you have an amount on Line 32, add Lines 32 and 35 or -			
70	If you have an amount on Line 31 and this amount is less than Line 35,			
	subtract Line 31 from Line 35. This is the amount you owe . See instructions.		40	30.00
~	-			
516	ep 12: Health Insurance Checkbox and Signature			

41 Check this box if IDOR may share your income information with other Illinois state agencies in order to determine your eligibility for health insurance benefits. See instructions for more information.

Signature - Note: If this is a joint return, both you and your spouse must sign below.

Under penalties of perjury, I state that I have examined this return and, to the best of my knowledge, it is true, correct, and complete.

Sign	Your signature	Date (mm/dd/yyyy)	Spouse's signature		Date (mm/dd/yyyy)		Daytime phone number			
Here								(317) 459	9-3333	
	Print/Type paid preparer's name			Paid preparer's signature		Date (mm/dd/yyy	/)	Check if	Paid Preparer's PTIN	
Paid	SYAM PRIYA RAM SAGAR GUPTA TALLAM			SYAM PRIYA R	AM SAGAR GUPTA TALLAM	03/07/202	3	self-employed	P02082703	
Preparer Use Only	Firm's name GLOBAL TAXES LLC				Firm's FEIN	►	843171965			
ose only	Firm's address	245 ROO	NEY CT E	BRUNSWIC	KNJ 08816	Firm's phone		(678) 965	5-9522	
Third	Third Designee's name (please print)				Designee's phone number			Check if the Department may		
Party				()					discuss this return with the third	
Designee								party designee shown in this step.		

Refer to the 2022 IL-1040 Instructions for the address to mail your return.



٦	Illinois Department of Rev	venue
Į	2022 Schedule	NR
² t	Attach to your Form IL-1040	

Nonresident and Part-Year Resident **Computation of Illinois Tax**

IL Attachment No. 2

	S VEERAGHANTA & S PARMAR	8 0 6 _ 6 5 _ 8 6 8 5
_	Your name as shown on your Form IL-1040	Your Social Security number
S	tep 1: Provide the following information	
1	Were you, or your spouse if "married filing jointly," a full-year resider	nt of Illinois during the tax year?
	Yes X No If you answered "Yes," STOP you	ou cannot use this form (see instructions).
2	If you, or your spouse if "married filing jointly," were a part-year resid	lent during the tax year, tell us your residency dates for 2022.
	a I lived in Illinois from// 2 2 to// 2 2 Month Day Year Month Day Year	lived in from/ / 2 2 to/ / 2 2 State Month Day Year Month Day Year
	b My spouse lived in Illinois from// <u>2</u> to// <u>2</u> Month Day Year Month Day Ye	
3	If you were a resident of any of the states listed below during the ta was in the military, or if you elected to use your service member spo	x year, if you were in Illinois only to accompany your spouse who buse's state of residence for tax purposes, check the appropriate box.
	🗌 Iowa 📄 Kentucky 📄 Michigan	Wisconsin Military Spouse
4	List any state other than Illinois or any states already indicated on L Enter the two-letter abbreviation of that state.	ine 2 or 3 above, that you claimed residency for tax purposes in 2022.

Step 2: Complete Form IL-1040

Complete Lines 1 through 10 of your Form IL-1040, Individual Income Tax Return, as if you were a full-year Illinois resident. Then, complete the remainder of this schedule following the instructions for your residency. Attach Schedule NR to your Form IL-1040.

Step 3: Figure the Illinois portion of your federal adjusted gross income

Enter the amounts from your federal return in Column A. Before completing Column B, read the Column B instructions.

	1			Column A Federal Total	Column B Illinois Portion
	5	Wages, salaries, tips, etc. (federal Form 1040 or 1040-SR, Line 1z)	5 _	231,006 <u>.00</u>	58,924 <u>.00</u>
	6	Taxable interest (federal Form 1040 or 1040-SR, Line 2b)	6 _	.00	.00
	7	Ordinary dividends (federal Form 1040 or 1040-SR, Line 3b)	7 _	31.00	0.00
	8	Taxable refunds, credits, or offsets of state and local income taxes			
		(federal Form 1040 or 1040-SR, Schedule 1, Line 1)	8_	.00	.00
	9	Alimony received (federal Form 1040 or 1040-SR, Schedule 1, Line 2a)	9_	.00	.00
	10	Business income or loss (federal Form 1040 or 1040-SR, Schedule 1, Line 3)	10 _	.00	.00
	11	Capital gain or loss (federal Form 1040 or 1040-SR, Line 7)	11 _	1,224.00	0.00
	12	Other gains or losses (federal Form 1040 or 1040-SR, Schedule 1, Line 4)	12 _	.00	.00
he	13	Taxable IRA distributions (federal Form 1040 or 1040-SR, Line 4b)	13 _	.00	.00
come	14	Pensions and annuities (federal Form 1040 or 1040-SR, Line 5b)	14 _	.00	.00
	15	Rental real estate, royalties, partnerships, S corporations, trusts, etc.			
		(federal Form 1040 or 1040-SR, Schedule 1, Line 5)	15 _	-13,125.00	0.00
	16	Farm income or loss (federal Form 1040 or 1040-SR, Schedule 1, Line 6)	16 _	.00	.00
	17	Unemployment compensation (federal Form 1040 or 1040-SR, Schedule 1, Line 7)	17 _	.00	.00
	18	Taxable Social Security benefits (federal Form 1040 or 1040-SR, Line 6b)	18 _	.00	.00
	19	Other income. See instructions. (federal Form 1040 or 1040-SR, Schedule 1, Line 9)		
		Include winnings from the Illinois State Lottery as Illinois income in Column B.	19 _	.00	.00
	20	Add Column B, Lines 5 through 19. This is the Illinois portion of your federal total ind	come.	20	58,924.00
		Continue with Step 3 on Page 2			



Schedule NR – Page 2

Step 3: Continued

St	ер	3: Continued	-	olumn A deral Total	Column B Illinois Portion
	21	Enter the Illinois portion of your federal total income from Page 1, Step 3, Line 20.		21	58,924 <u>.00</u>
	22	Educator expenses (federal Form 1040 or 1040-SR, Schedule 1, Line 11)	22	.00	.00
	23	Certain business expenses of reservists, performing artists, and fee-basis			
		government officials (federal Form 1040 or 1040-SR, Schedule 1, Line 12)	23	.00	.00
	24	Health savings account deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 13)	24	0.00	0.00
ome	25	5 - F (25	.00	.00
Income	26 27	Deductible part of self-employment tax (federal Form 1040 or 1040-SR, Schedule 1, Line 15) Self-employed SEP, SIMPLE, and qualified plans (federal Form 1040 or 1040-SR,	26	.00	.00
to	_ '		27	.00	.00
ts	28	Self-employed health insurance deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 17)	28	.00	.00
en	29	Penalty on early withdrawal of savings (federal Form 1040 or 1040-SR, Schedule 1, Line 18)	29	.00	.00
djustments			30		.00
lst	31	IRA deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 20)	31	.00	.00
Ę	32	Student loan interest deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 21)	32	.00	.00
Ă	33	RESERVED	33		
	34	Archer MSA deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 23)	34	.00	.00
	35	Other adjustments (see instructions)	35	.00	.00
	36	Add Column B, Lines 22 through 35. This is the Illinois portion of your federal			
		adjustments to income.		36	0.00
	37	Enter your adjusted gross income as reported on your Form IL-1040, Line 1.	37	219,136 _{.00}	
	38	Subtract Line 36 from Line 21. This is the Illinois portion of your federal adjusted gros	ss incom	e. 38	58,924 <u>.00</u>

Step 4: Figure your Illinois additions and subtractions

the	e inst	mn A, enter the total amounts from your Form IL-1040. You must read ructions for Column B to properly complete this step.		Column A Form IL-1040 Total	Column B Illinois Portion	
nente		Federally tax-exempt interest and dividend income (Form IL-1040, Line 2) Other additions (Form IL-1040, Line 3)	39 40	.00	.00	
		Add Column B, Lines 38, 39, and 40. This is the Illinois portion of your total income.		41	58,924.00	
Δdii	43	Federally taxed Social Security and retirement income (Form IL-1040, Line 5) Illinois Income Tax overpayment included on your fed. Form 1040 or 1040-SR,	42	.00	.00	
	2	Schedule 1, Line 1. (Form IL-1040, Line 6)	43	.00	.00	
<u> </u>	44	Other subtractions (Form IL-1040, Line 7)	44	.00	.00	
ΙE	45	Add Column B, Lines 42 through 44. This is the total of your Illinois subtractions.		45	.00	

Step 5: Figure your Illinois income and tax

	46	Subtract Line 45 from Line 41. If Line 45 is larger than Line 41, enter zero. This is			
		your Illinois base income.		46	58,924.00
suc		If Line 46 is zero, skip Lines 47 through 51, and enter "0" on Line 52.			
	47	Enter the base income from Form IL-1040, Line 9.	47	219,136.00	
Ţ	48	Divide Line 46 by Line 47 (round to three decimal places). Enter the appropriate			
Calculation		decimal. If Line 46 is greater than Line 47, enter 1.000.	48	0 • 269	
	49	Enter your exemption allowance from your Form IL-1040, Line 10.	49	4,850.00	
	50	Multiply Line 49 by the decimal on Line 48. This is your Illinois exemption			
		allowance.		50	1,305.00
Тах	51	Subtract Line 50 from Line 46. This is your Illinois net income.			
		Enter the amount here and on your Form IL-1040, Line 11.	\rightarrow	51	<u> </u>
	52	Multiply the amount on Line 51 by 4.95% (.0495). This amount may not be less than	zero.		
		Enter the amount here and on your Form IL-1040, Line 12.			
		This is your tax.	\rightarrow	52	2,852.00



Illinois Department of Revenue

2022 Schedule IL-WIT Illinois Income Tax Withheld

Attach to your Form IL-1040. If you have more than five withholding forms, complete multiple copies of this schedule. IL Attachment No. 31

Use the reference for Column A shown in the chart below.								
Form Type	Letter Code for Column A	Form Type	Letter Code for Column A					
W-2	W	1099-DIV	D					
W-2G WG		1099-INT	I					
1099-R	1099-R R 1099-G G		S					
1099-G			В					
1099-MISC	М	1099-K	К					
1099-OID	0	1099-NEC	Ν					

Step 1: Provide your withholding records (include all W-2 and 1099 forms that show Illinois withholding)

SIDDHARTH SARMA		8 0 Your Social S	6 _ 6 ecurity number		6	8 5		
Column A Form type	Column B Employer/Payer Identification Number		mn C Winnings, Gross	Co Illinois Wage	Column D Wages, Winnings, Gross ions, Compensation, etc.		Column E Illinois Income Tax Withheld	
1 2 3		_ \$ _ \$ _ \$	• <u>00</u> • <u>00</u> •00	\$ \$ \$	• <u>00</u> • <u>00</u> • <u>00</u>	\$ \$	• <u>00</u> • <u>00</u> •00	
4		\$	• <u>00</u>	\$ \$	• <u>00</u>	\$ \$	• <u>00</u> • <u>00</u>	

Step 2: Provide spouse's withholding records (include all W-2 and 1099 forms that show Illinois withholding)

SHRADDHA VALJI PARMAR	1 3 3 _ 5 3 _ 0 6 6 5
Your spouse's name as shown on Form IL-1040	Your spouse's Social Security number

	Column A Form type	Column B Employer/Payer Identification Number	er/Payer Federal Wages, Winnings, Gross Illinois Wages, Winnings		iges, Winnings, Gross	Column E Illinois Income Tax Withheld		
6	W	13-2695416	_ \$	75,279 .00	\$	58,924 .00	\$	2,822 .00
7			\$	•00	\$	•00	\$	•00
8			- \$	•00	\$	•00	\$	•00
9			_ \$	•00	\$	•00	\$	•00
10			_ \$	•00	\$	•00	\$	•00

Step 3: Total Illinois withholding

11 Add the amounts in Column E for Lines 1 through 10 (and the amounts from Column E of any additional copies you attached). This is the total amount of your Illinois income tax withheld. Enter this amount here and on Form IL-1040, Line 25.

11 \$ 2,822**.00**

3	Illinois Department of Rev	enue 🗌					
S	2022 IL-8453 Illinois	Individu		ronic Filing Declaration			
2	(Do not mail Form IL-8453 to the						
Ste	p 1: Provide taxpayer information						
	SIDDHARTH SARMA SHRADDHA VALJI First name and middle initial Spouse's first name (a		-	8 0 6 – 6 5 – 8 6 8 5 Social Security number			
Prin	t 8444 COLUMBUS AVE 201			1 3 3 - 5 3 - 0 6 6 5			
or type	Mailing address			Spouse's Social Security number			
-71	NORTH HILLS	CA	91343	(317) 459-3333			
	City	State	ZIP	Daytime phone number			
Ste	p 2: Complete information from tax ret	urn	Choose one: 🗙 IL-	-1040 🔲 IL-1040-X			
	Net income from Form IL-1040 or IL-1040-X,			1 <u>57,619</u> 00			
	Tax from Form IL-1040 or IL-1040-X, Line 14			2 2,852 00			
	Illinois Income Tax withheld from Form IL-10-		· · · ·	e) 3 <u>2,822</u> <u>00</u> 4 <u>100</u>			
	Overpayment from Form IL-1040, Line 36 or Total amount due from Form IL-1040, Line 44			4 <u></u>			
	Filing status: Single X Married filing j			-			
Ster	p 3: Complete direct deposit of refund	or electron	nic funds withdrawal information	ation (Optional)			
	nitiate a payment or refund transaction, the						
				debit, deposit) with financial institutions located			
	-		nds. Electronic payments will not b	e accepted and refunds will be via paper check.			
7	Routing no. (RN):						
	Account no. (AN):						
	Type of account: Checking Sav	-					
	Date the payment is to be electronically with						
11	Electronic funds withdrawal amount:	1_00					
	Name on account:		·				
Step	o 4: Taxpayer declaration and signature) (Sign only	after completing Step 2 and	l, if applicable, Step 3.)			
Γ	I consent that my refund may be directly of correct. If I have filed a joint return, this is						
	I authorize the Illinois Department of Reve						
	financial institutions involved in the proces			Individual Income Tax return. I authorize the receive confidential information			
	necessary to answer inquiries and resolve						
Þ	I do not want direct deposit of my refund,	or an electro	nic funds withdrawal (direct debit)	of my balance due.			
	er penalties of perjury, I declare the information						
	n originator (ERO) are identical. To the best of r accompanying information may be sent to IDOI			nplete. I consent that my return, this declaration,			
	accepted or rejected. If rejected, I authorize ID						
Sig	n						
her	Your signature	Date	Spouse's signature (if jo	bint return, both must sign) Date			
	p 5: Electronic return originator (ERO)						
I declare that I have examined this taxpayer's electronic Form IL-1040 or IL-1040-X, the information on this Form IL-8453, and accompanying information. I have followed all requirements of this program and declare, under penalties of perjury, that to the best of my knowledge the taxpayer's return and accompanying information are true, correct, and complete.							
		·	03/07/2023	Check if paid preparer: 🛛 (See instructions.)			
	ERO's signature		Date				
	GLOBAL TAXES LLC			$\frac{P}{Y_{OUT}} \frac{O}{PTIN} \frac{2}{2} \frac{O}{2} \frac{8}{8} \frac{2}{2} \frac{7}{7} \frac{O}{3} \frac{3}{2}$			
ERC use	I littis hame of your hame it self-employed			Your PTIN			
only	A 245 ROONEY CT			8 8 – 2 1 4 5 4 8 7 Federal employer identification number (FEIN)			
-	Mailing address E BRUNSWICK	NJ	08816	(678) 965–9522			
	City	State	ZIP	Daytime phone number			

Step 6: Attach required documents (e.g., W-2 forms, 1099 forms, IL-1310). Do not mail Form IL-8453 and these documents unless requested for review.

This form is authorized as outlined under the Illinois Income Tax Act. Disclosure of this information is required. Failure to provide information could result in a penalty.

