Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization

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

Submission Identification Number (SID)

Taxpay	er's name	Social security n	umber
NIT	HYA SANTHOSHINI CHANDA	896-83-9	445
Spouse	's name	Spouse's social	security number
Part	Tax Return Information – Tax Year Ending December 31, 2022 (Enter	er year you are	authorizing.)
	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		1 110,350.
2	Total tax		2 17,218.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3 23,796.
4	Amount you want refunded to you		4 6,578.
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 periury. I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

Taynaver's PIN: check one box only

Tanpay			3 9 4 4 5
×	lauthorize GLOBAL TAXES LLC	to enter or generate my PI	N as my
	ERO firm name signature on the income tax return (original or amended) I am no	w authorizing.	Enter five digits, but don't enter all zeros
	I will enter my PIN as my signature on the income tax return (origif you are entering your own PIN and your return is filed using the below.		
Your sig	nature⊾ Nithya chanda	Date ►0	3/08/2023
Spouse	's PIN: check one box only		
	I authorize	to enter or generate my PI	N as my
	ERO firm name		Enter five digits, but
	signature on the income tax return (original or amended) I am nor	w authorizing.	don't enter all zeros
	I will enter my PIN as my signature on the income tax return (origin if you are entering your own PIN and your return is filed using the below.		
Spouse	's signature 🕨	Date 🕨	
	Practitioner PIN Method Returns	Only—continue below	
Part II	Certification and Authentication – Practitioner PIN	Method Only	
ERO's E	EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self	-selected PIN. 2 2 2	4 9 6 6 1 9 8 9
		C	on't enter all zeros

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 🕨						
		Form — See Instructions IRS Unless Requested To Do So				
For Paperwork Reduction Act Notice, see your tax retu	urn instructions. BAA	REV 02/24/23 PRO	Form 8879 (Rev. 01-2021)			

1040		artment of the Treasury—Internal Revenue Servi S. Individual Income Tax		_{rn} 202	2	OMB No. 1545-	0074	IRS Use Onl	y—Do not v	vrite or staple in this space.
Filing Status Check only one box.		Single D Married filing jointly D warried filing jointly D warried filing jointly D warried the MFS box, enter the na	_	l filing separately (I ur spouse. If you c	,				spo	llifying surviving use (QSS) s name if the qualifying
		on is a child but not your dependent		, ,			-	,		, , , ,
Your first name	and mi	ddle initial	Last name	е					Your so	ocial security number
NITHYA S	ANTE	IOSHINI	CHAND	A					896-	83-9445
lf joint return, sp	oouse's	first name and middle initial	Last name	e					Spouse	's social security number
Home address	(numbe	r and street). If you have a P.O. box, see	instruction	IS.			A	pt. no.	Preside	ential Election Campaigr
201 MT F	ARK	BLVD					1	.02		here if you, or your
City, town, or p	ost offic	ce. If you have a foreign address, also co	mplete spa	aces below.	Sta	ite	ZIP c	ode		o this fund. Checking a
ISSAQUAH	[WZ	F	980	27	· · ·	low will not change
Foreign country	name		Fo	reign province/state/	coun	ty	Foreig	n postal code	your ta:	x or refund.
Digital Assets		ny time during 2022, did you: (a) rece ange, gift, or otherwise dispose of a					-			Yes X No
Standard		eone can claim: You as a de	-			-	10001)	. (000 1100	40110110.)	
Deduction		Spouse itemizes on a separate return	•			•				
Age/Blindness	You:	Were born before January 2, 1	958	Are blind Spo	ouse	: 🗌 Was bor	n befo	ore January	2, 1958	Is blind
Dependents	s (see	instructions):		(2) Social security	/	(3) Relationshi	ip (4) Check the I	oox if quali	ifies for (see instructions):
If more	(1) Fi	rst name Last name		number		to you		Child tax	credit	Credit for other dependents
than four										
dependents, see instructions	;									
and check										
here										
Income	1 a	Total amount from Form(s) W-2, b	ox 1 (see	instructions) .					. 1a	120,550.
	b	Household employee wages not re	•	.,					. 1b	
Attach Form(s) W-2 here. Also	С	Tip income not reported on line 1a							. 10	
attach Forms	d	Medicaid waiver payments not rep			nstru	uctions)	• •		. 1c	
W-2G and 1099-R if tax	е	Taxable dependent care benefits f		-					. 1e	
was withheld.	f	Employer-provided adoption bene		-			• •		. 1f	
If you did not	g	Wages from Form 8919, line 6 .					• •		. 10	
get a Form W-2, see	h	Other earned income (see instructi	,			· · · ·	···		. <u>1</u> h	n 0.
instructions.	i	Nontaxable combat pay election (s	see instru	ctions)		1 i			_	100 550
	<u>z</u>			\cdot \cdot \cdot \cdot			• •		. 1z	,
Attach Sch. B	2a	'	2a			axable interest			. 2b	
if required.	<u>3a</u>		3a			Ordinary divider			. 3b	
	4a -		4a			axable amount			. 4k	
Standard Deduction for—	5a		5a			axable amount			. 5b	
 Single or 	6a	,	6a			axable amount			. 6b	
Married filing separately,	_c	If you elect to use the lump-sum e					• •			
\$12,950	7	Capital gain or (loss). Attach Schee					• •			
 Married filing jointly or 	8	Other income from Schedule 1, lin					• •		. 8	
Qualifying spouse,	9 10	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,					• •		· 9	,
\$25,900	10	Adjustments to income from Schedule 1, line 26 . <t< td=""><td></td></t<>								
 Head of household, 	11		. 11							
\$19,400	12	Standard deduction or itemized					• •	· · ·	. 12	1
 If you checked any box under 	13 14	Qualified business income deducti						· · ·	. 13	
Standard Deduction,	14 15	Add lines 12 and 13 Subtract line 14 from line 11. If zer		\cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot			• •		· 14	
see instructions.	15		0 01 1035,	GILEI -0 1115 15)	Jui		σ.		. 15	97,400.

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

Form **1040** (2022)

Form 1040 (2022	2)							Page 2
Tax and	16	Tax (see instructions). Check if any from Form	n(s): 1 🗌 881	4 2 4972	3 🗌		16	17,218.
Credits	17	Amount from Schedule 2, line 3					17	
	18	Add lines 16 and 17					18	17,218.
	19	Child tax credit or credit for other depender	nts from Sched	ule 8812			19	
	20	Amount from Schedule 3, line 8					20	
	21	Add lines 19 and 20					21	
	22	Subtract line 21 from line 18. If zero or less,	enter -0				22	17,218.
	23	Other taxes, including self-employment tax	, from Schedule	e 2, line 21			23	0.
	24	Add lines 22 and 23. This is your total tax					24	17,218.
Payments	25	Federal income tax withheld from:						
,,	а	Form(s) W-2			25a 23	,796.		
	b	Form(s) 1099			25b	·		
	с	Other forms (see instructions)			25c			
	d	Add lines 25a through 25c					25d	23,796.
	26	2022 estimated tax payments and amount a					26	
If you have a qualifying child,	27	Earned income credit (EIC)			27			
attach Sch. EIC.	28	Additional child tax credit from Schedule 881			28			
	29	American opportunity credit from Form 886	3. line 8		29			
	30	Reserved for future use	-		30			
	31	Amount from Schedule 3, line 15			31			
	32	Add lines 27, 28, 29, and 31. These are you					32	
	33	Add lines 25d, 26, and 32. These are your t		-			33	23,796.
Defined	34	If line 33 is more than line 24, subtract line 2					34	6,578.
Refund	35a	Amount of line 34 you want refunded to yo			•	. 🗆	35a	6,578.
Direct deposit?	b	Routing number 1 1 1 0 0 0 6				Savings		
See instructions.	d	Account number 5 9 3 7 5 7 5				J		
	36	Amount of line 34 you want applied to your		ed tax	36			
Amount	37	Subtract line 33 from line 24. This is the am	ount vou owe					
You Owe	•.	For details on how to pay, go to www.irs.go					37	
	38	Estimated tax penalty (see instructions) .			38			
Third Party	Do	you want to allow another person to dis	cuss this retu	rn with the IRS?	See			
Designee		tructions				omplete b	elow.	X No
		signee's	Phone			onal identif	cation	
	nai		no.			ber (PIN)		
Sign		der penalties of perjury, I declare that I have examin ef, they are true, correct, and complete. Declaration		1 7 0		,		, ,
Here		ir signature	Date	Your occupation				nt you an Identity
	10	in signature	Date	Four occupation				IN, enter it here
Joint return?				SOFTWARE DE	VELOPMENT ENG	; I (see i	nst.)	
See instructions.	Sp	ouse's signature. If a joint return, both must sign.	Date	Spouse's occupat	ion			nt your spouse an
Keep a copy for your records.						Identi (see i	2	ection PIN, enter it here
,						,	131.)	
		one no. (660) 898-7938	Email address	NITHYACHAN	DA@GMAIL.CO			Chook if:
Paid		parer's name Preparer's signa			Date	PTIN		Check if:
Preparer		PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA	KAM SAGAR	GUPTA TALLAM	03/09/2023	P02082		Self-employed
Use Only		n's name GLOBAL TAXES LLC		T 00016				678)965-9522
		n's address 245 ROONEY CT E BRI	UNSWICK N			Firm'	s EIN	84-3171965
(So to www.ire a	ov/Form	1040 for instructions and the latest information						E_{0} (0000)

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

nation. 2022 Attachment Sequence No. 01 Your social security number

Name(s) shown on Form 1040, 1040-SR, or 1040-NR	Your soci	ial secu
NITHYA SANTHOSHINI CHANDA	896-83	-9445

Par	t Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxes		1	
2 a	Alimony received	2a		
b	Date of original divorce or separation agreement (see instructions):			
3	Business income or (loss). Attach Schedule C		3	
4	Other gains or (losses). Attach Form 4797		4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Att	ach Schedule E .	5	-10,200.
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 (4	
t	Pension or annuity from a nonqualifed deferred compensation plan or			
	a nongovernmental section 457 plan	8t		
u	Wages earned while incarcerated	8u		
Z	Other income. List type and amount:			
•	Tatal athening and Add lines On the state 2	8z		
9	Total other income. Add lines 8a through 8z		9	10.000
10	Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SF	i, or 1040-INR, line 8	10	-10,200.

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

	EDULE E										OMB No. 1545-0074	
(Form	Form 1040) (From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)								90	22		
	Department of the Treasury Attach to Form 1040, 1040-SR, 1040-NR, or 1041. Internal Revenue Service Go to www.irs.gov/ScheduleE for instructions and the latest information.								Attachm Sequend	nent ce No. 13		
Name(s) shown on return Your socia												
NITH	YA SANTHOS	HINI (CHANDA						896-8	3-9445		
Part	I Income	or Los	s From Rental Real Estate an	d Ro	yalties							
	Note: If yo	ou are in [.]	the business of renting personal proper			C. See	e instru	ctions. If you a	are an indiv	vidual, repo	ort farm	
A [ss from Form 4835 on page 2, line 40. ents in 2022 that would require you	to file		0000	Coo inc	tructions				
			you file required Form(s) 1099?									
										. 🗆 10		
1a	,		ach property (street, city, state, ZIF		,							
A	1-9,CHAIT	ANYA (COLONY, HUZURNAGAR, SURYA	APET	TELANG	ANA	IN 5	08204				
В												
С							1					
1b	Type of Prope (from list below	rty 2	For each rental real estate prope above, report the number of fair				Fa	ir Rental	Person		QJV	
-	, `	<i>N</i>)	personal use days. Check the Q					Days	Da	-		
A B	3		if you meet the requirements to f			A B		365		0		
<u>С</u>			qualified joint venture. See instru	ictions	s	C						
	of Property:					0						
	Single Family R	esidenc	e 3 Vacation/Short-Term Ren	tal	5 Land		7	Self-Rental				
	Multi-Family Re				6 Roya	lties		Other (desc	ribe)			
						•		Propert	es:		•	
Incom				•		<u>A</u>		В			C	
3 4				3		5	50.					
		ived .		4								
Expen 5				5								
6	0			6								
7		-		7		c	50.					
8	•			8			,50.					
9				9								
10			sional fees	10								
11				11		1,5	50.					
12			to banks, etc. (see instructions)	12								
13	Other interest			13								
14	Repairs			14		3,4	50.					
15	Supplies			15		2,6	50.					
16	Taxes			16								
17				17		2,1	50.					
18		xpense	or depletion	18								
19	Other (list)			19								
20			nes 5 through 19	20		10,7	50.					
21			ine 3 (rents) and/or 4 (royalties). If									
	file Form 6198		nstructions to find out if you must	0.1		·10,2						
00			estate loss after limitation, if any,	21		-10,2	.00.					
22			structions)	22		10 20		()	()	
23a		-	ported on line 3 for all rental prope		-)	10,20	23a	(550.	()	
25a b			ported on line 4 for all royalty prop				23b					
c			ported on line 12 for all properties				23c					
d			ported on line 18 for all properties				23d					
e			ported on line 20 for all properties				23e	10	,750.			
24			amounts shown on line 21. Do no			sses			. 24			
25			sses from line 21 and rental real estat		-		Enter to	otal losses he	re 25	(10,200.)	
26			te and royalty income or (loss).									
			/, and line 40 on page 2 do not									

Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2

Schedule E (Form 1040) 2022

-10,200.

26

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Form 8582
Department of the Treasury Internal Revenue Service

Name(s) shown on return

Part I

NITHYA SANTHOSHINI CHANDA

2022 Passive Activity Loss

Passive Activity Loss Limitations

See separate instructions.

Attach to Form 1040, 1040-SR, or 1041.

Go to www.irs.gov/Form8582 for instructions and the latest information.

OMB No. 1545-1008 20 Attachment Sequence No. 858

Identifying number 896-83-9445

Caution: Complete Parts IV and V before completing Part I.						
Renta Allow						
1a b c d	Activities with net income (enter the amount from Part IV, column (a))1a0.Activities with net loss (enter the amount from Part IV, column (b))1b(10,200.)Prior years' unallowed losses (enter the amount from Part IV, column (c))1c()Combine lines 1a, 1b, and 1c	1d	-10,200.			
All Ot	her Passive Activities					
2a b c d	Activities with net income (enter the amount from Part V, column (a)) . 2a Activities with net loss (enter the amount from Part V, column (b)) . . Prior years' unallowed losses (enter the amount from Part V, column (c)) . . Combine lines 2a, 2b, and 2c . . .	2d				
3	Combine lines 1d and 2d. If this line is zero or more, stop here and include this form with your return; all losses are allowed, including any prior year unallowed losses entered on line 1c or 2c. Report the losses on the forms and schedules normally used	3	-10,200.			

If line 3 is a loss and: • Line 1d is a loss, go to Part II.

• Line 2d is a loss (and line 1d is zero or more), skip Part II and go to line 10.

Caution: If your filing status is married filing separately and you lived with your spouse at any time during the year, do not complete Part II. Instead, go to line 10.

Par	t I Special Allowance for Rer	ntal Real Estate	Activities With	Active Pa	irticip	ation		
	Note: Enter all numbers in Par	t II as positive am	ounts. See instruct	tions for an	examp	ole.		
4	Enter the smaller of the loss on line 1	r the smaller of the loss on line 1d or the loss on line 3						10,200.
5	Enter \$150,000. If married filing separ	rately, see instructions 5 150,000.						
6	Enter modified adjusted gross income, but not less than zero. See instructions 6 120, 550.							
	Note: If line 6 is greater than or equal to line 5, skip lines 7 and 8 and enter -0- on line 9. Otherwise, go to line 7.							
7	Subtract line 6 from line 5							
8	Multiply line 7 by 50% (0.50). Do not enter more than \$25,000. If married filing separately, see instructions							14,725.
9	Enter the smaller of line 4 or line 8							10,200.
Par								
10	Add the income, if any, on lines 1a and 2a and enter the total							0.
11	Total losses allowed from all passive activities for 2022. Add lines 9 and 10. See instructions to find out how to report the losses on your tax return							10,200.
Par	t IV Complete This Part Before	e Part I, Lines 1	a, 1b, and 1c. S	ee instruc	tions.			
Name of activity		Current year		Prior years Ove		erall gain or loss		

Name of activity		-	-	Ũ		
Name of activity	(a) Net income (line 1a)	(b) Net loss (line 1b)	(c) Unallowed loss (line 1c)	(d) Gain	(e) Loss	
1-9, CHAITANYA COLONY,	0.	10,200.			10,200.	
Total. Enter on Part I, lines 1a, 1b, and 1c	0.	10,200.				
For Paperwork Reduction Act Notice, see instru	RE\/ 02/2/	1/23 PRO	Form 8582 (2022)			

BAA

02/24/23 PRO

Part V Complete This Part Before Part I, Lines 2a, 2b, and 2c. See instructions.

	Current year			Prior years		Overall gain or loss			
Name of activity	(a) Net income	(b) I	Vet loss	(c) Unallowed		(d) Gain		(e) Loss	
	(line 2a)	(line 2b)		loss (line 2c)		(u) Gain		55	
Total. Enter on Part I, lines 2a, 2b, and 2c									
Part VI Use This Part if an Amour		Part II,	Line 9. S	ee instruc	tions.				
Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ratio		(c) Special allowance	(d) Subt column (c column) from	
1-9, CHAITANYA COLONY,	E Ln 22	10,200.		1.00000000		10,20	0.	0.	
	<u></u>		10,200.	1.0	0	10,20	0.	0.	
Part VII Allocation of Unallowed L			s.						
Name of activity	Form or sch and line nur to be reporte (see instruct	mber ed on (a) L		Loss		(b) Ratio	(c) Unallowed	c) Unallowed loss	
Total Part VIII Allowed Losses. See instri						1.00			
		odulo							
Name of activity	y Form or schedule and line number to be reported on (see instructions) (a) Loss (b)		(b) Ur	nallowed loss	(c) Allowed	(c) Allowed loss			
Total									

REV 02/24/23 PRO

Form **8582** (2022)