

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) ▶

Taxpayer's name CHANDRIKA DEGA	Social security number 692-24-9567
Spouse's name	Spouse's social security number

Part I Tax Return Information – Tax Year Ending December 31, 2022 (Enter year you are authorizing.)

Enter whole dollars only on lines 1 through 5.

Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.

1	Adjusted gross income	1	96,063.
2	Total tax	2	13,905.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	16,545.
4	Amount you want refunded to you	4	2,640.
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

- I authorize GLOBAL TAXES LLC to enter or generate my PIN

4	9	5	6	7
---	---	---	---	---

 as my 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 ▶ _____ Date ▶ _____

Spouse's PIN: check one box only

- I authorize _____ to enter or generate my PIN

--	--	--	--	--

 as my signature on the income tax return (original or amended) I am now authorizing.
- I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ▶ _____ Date ▶ _____

Practitioner PIN Method Returns Only—continue below

Part III Certification and Authentication – Practitioner PIN Method Only

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.

2	2	2	4	9	6	6	1	9	8	9
---	---	---	---	---	---	---	---	---	---	---

Don'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 ▶ _____ Date ▶ _____

ERO Must Retain This Form – See Instructions
Don't Submit This Form to the IRS Unless Requested To Do So

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

Form fields for personal information: Your first name and middle initial (CHANDRIKA), Last name (DEGA), Your social security number (692-24-9567), Spouse's social security number, Home address (65 WINOOSKI FALLS WAY), City (WINOOSKI), State (VT), ZIP code (05404), Foreign country name, Foreign province/state/county, Foreign postal code, Presidential Election Campaign (You/Spouse).

Digital Assets At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) [] Yes [X] No

Standard Deduction Someone can claim: [] You as a dependent [] Your spouse as a dependent [] Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness You: [] Were born before January 2, 1958 [] Are blind Spouse: [] Was born before January 2, 1958 [] Is blind

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

Income section table with rows 1a through 1z, including Total amount from Form(s) W-2, Household employee wages, Tip income, Medicaid waiver payments, etc.

Table for Tax-exempt interest (2a), Qualified dividends (3a), IRA distributions (4a), Pensions and annuities (5a), Social security benefits (6a), Taxable interest (b), Ordinary dividends (b), Taxable amount (b).

Table for Standard Deduction for (7-15), including Capital gain or (loss), Other income from Schedule 1, Total income, Adjustments to income, Adjusted gross income, Standard deduction or itemized deductions, Qualified business income deduction, Taxable income.

Tax and Credits	16	Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____	16	13,905.
	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	13,905.
	19	Child tax credit or credit for other dependents from Schedule 8812	19	
	20	Amount from Schedule 3, line 8	20	
	21	Add lines 19 and 20	21	
	22	Subtract line 21 from line 18. If zero or less, enter -0-	22	13,905.
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	0.
	24	Add lines 22 and 23. This is your total tax	24	13,905.

Payments	25	Federal income tax withheld from:		
	a	Form(s) W-2	25a	16,545.
	b	Form(s) 1099	25b	
	c	Other forms (see instructions)	25c	
	d	Add lines 25a through 25c	25d	16,545.
	26	2022 estimated tax payments and amount applied from 2021 return	26	
	27	Earned income credit (EIC)	27	
	28	Additional child tax credit from Schedule 8812	28	
	29	American opportunity credit from Form 8863, line 8	29	
	30	Reserved for future use	30	
	31	Amount from Schedule 3, line 15	31	
	32	Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits	32	
	33	Add lines 25d, 26, and 32. These are your total payments	33	16,545.

Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	2,640.
	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	35a	2,640.
Direct deposit? See instructions.	b	Routing number 2 6 7 0 8 4 1 3 1 c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
	d	Account number 5 9 0 8 7 6 5 3 5		
	36	Amount of line 34 you want applied to your 2023 estimated tax	36	

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

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

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

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

Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
		SENIOR ASIC DESIGN	
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
Phone no. (813) 993-6648	Email address CHANDRIKADEGA@GMAIL.COM		

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	PTIN	Check if:
SYAM PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA RAM SAGAR GUPTA TALLAM	03/12/2023	P02082703	<input type="checkbox"/> Self-employed
Firm's name	Firm's address		Phone no.	Firm's EIN
GLOBAL TAXES LLC	245 ROONEY CT E BRUNSWICK NJ 08816		(678) 965-9522	84-3171965

**SCHEDULE 1
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

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

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

OMB No. 1545-0074

2022
Attachment
Sequence No. **01**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR
CHANDRIKA DEGA

Your social security number
692-24-9567

Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes		1	
2a	Alimony received		2a	
b	Date of original divorce or separation agreement (see instructions): _____			
3	Business income or (loss). Attach Schedule C		3	
4	Other gains or (losses). Attach Form 4797		4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E		5	-9,286.
6	Farm income or (loss). Attach Schedule F		6	
7	Unemployment compensation		7	
8	Other income:			
a	Net operating loss	8a ()		
b	Gambling	8b		
c	Cancellation of debt	8c		
d	Foreign earned income exclusion from Form 2555	8d ()		
e	Income from Form 8853	8e		
f	Income from Form 8889	8f		
g	Alaska Permanent Fund dividends	8g		
h	Jury duty pay	8h		
i	Prizes and awards	8i		
j	Activity not engaged in for profit income	8j		
k	Stock options	8k		
l	Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property	8l		
m	Olympic and Paralympic medals and USOC prize money (see instructions)	8m		
n	Section 951(a) inclusion (see instructions)	8n		
o	Section 951A(a) inclusion (see instructions)	8o		
p	Section 461(l) excess business loss adjustment	8p		
q	Taxable distributions from an ABL account (see instructions)	8q		
r	Scholarship and fellowship grants not reported on Form W-2	8r		
s	Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d	8s ()		
t	Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan	8t		
u	Wages earned while incarcerated	8u		
z	Other income. List type and amount: _____	8z		
9	Total other income. Add lines 8a through 8z		9	
10	Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8		10	-9,286.

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

Schedule 1 (Form 1040) 2022

Part II Adjustments to Income

11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106		12	
13	Health savings account deduction. Attach Form 8889		13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903		14	
15	Deductible part of self-employment tax. Attach Schedule SE		15	
16	Self-employed SEP, SIMPLE, and qualified plans		16	
17	Self-employed health insurance deduction		17	
18	Penalty on early withdrawal of savings		18	
19a	Alimony paid		19a	
b	Recipient's SSN			
c	Date of original divorce or separation agreement (see instructions): _____			
20	IRA deduction		20	
21	Student loan interest deduction		21	
22	Reserved for future use		22	
23	Archer MSA deduction		23	
24	Other adjustments:			
a	Jury duty pay (see instructions)	24a		
b	Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit	24b		
c	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m	24c		
d	Reforestation amortization and expenses	24d		
e	Repayment of supplemental unemployment benefits under the Trade Act of 1974	24e		
f	Contributions to section 501(c)(18)(D) pension plans	24f		
g	Contributions by certain chaplains to section 403(b) plans	24g		
h	Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions)	24h		
i	Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations	24i		
j	Housing deduction from Form 2555	24j		
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)	24k		
z	Other adjustments. List type and amount: _____	24z		
25	Total other adjustments. Add lines 24a through 24z		25	
26	Add lines 11 through 23 and 25. These are your adjustments to income . Enter here and on Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a		26	

**SCHEDULE E
(Form 1040)**

Supplemental Income and Loss

OMB No. 1545-0074

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

2022
Attachment
Sequence No. **13**

Department of the Treasury
Internal Revenue Service

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

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

Name(s) shown on return

CHANDRIKA DEGA

Your social security number

692-24-9567

Part I Income or Loss From Rental Real Estate and Royalties

Note: If you are in the business of renting personal property, use **Schedule C**. See instructions. If you are an individual, report farm rental income or loss from **Form 4835** on page 2, line 40.

- A** Did you make any payments in 2022 that would require you to file Form(s) 1099? See instructions Yes No
B If "Yes," did you or will you file required Form(s) 1099? Yes No

1a Physical address of each property (street, city, state, ZIP code)

A 9-75-7, GANAPATI ROA ROAD KOTHAPETA, VIJAYAWADA ANDHRA PRADESH IN 520001

B
C

1b Type of Property (from list below)	2 For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions.	Fair Rental Days		Personal Use Days	QJV
		A	B	C	
A 3		365		0	<input type="checkbox"/>
B					<input type="checkbox"/>
C					<input type="checkbox"/>

Type of Property:

- 1 Single Family Residence 3 Vacation/Short-Term Rental 5 Land 7 Self-Rental
 2 Multi-Family Residence 4 Commercial 6 Royalties 8 Other (describe) _____

Income:	Properties:		
	A	B	C
3 Rents received	3 574.		
4 Royalties received	4		
Expenses:			
5 Advertising	5		
6 Auto and travel (see instructions)	6		
7 Cleaning and maintenance	7 1,000.		
8 Commissions	8		
9 Insurance	9		
10 Legal and other professional fees	10		
11 Management fees	11 1,268.		
12 Mortgage interest paid to banks, etc. (see instructions)	12		
13 Other interest	13		
14 Repairs	14 2,632.		
15 Supplies	15 3,100.		
16 Taxes	16		
17 Utilities	17 1,860.		
18 Depreciation expense or depletion	18		
19 Other (list) _____	19		
20 Total expenses. Add lines 5 through 19	20 9,860.		
21 Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198	21 -9,286.		
22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22 (9,286.)		
23a Total of all amounts reported on line 3 for all rental properties	23a 574.		
b Total of all amounts reported on line 4 for all royalty properties	23b		
c Total of all amounts reported on line 12 for all properties	23c		
d Total of all amounts reported on line 18 for all properties	23d		
e Total of all amounts reported on line 20 for all properties	23e 9,860.		
24 Income. Add positive amounts shown on line 21. Do not include any losses	24		
25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here	25 (9,286.)		
26 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2	26 -9,286.		

For Paperwork Reduction Act Notice, see the separate instructions.

NPA

-9,286.

Schedule E (Form 1040) 2022

VERMONT
Individual Income Tax Declaration for Electronic Filing
(SEE INSTRUCTIONS IN THE VT FED/STATE E-FILE HANDBOOK)

For office use only
Date Received

Part I Remember to write in your Social Security Number	Last Name DEGA		First Name and Initial CHANDRIKA		Enter Social Security Number (SSN) 692 - 24 - 9567	
	Spouse's Last Name (if joint return)		First Name and Initial		Enter Spouse's SSN, if joint return - -	
	Current Mailing Address 65 WINOOSKI FALLS WAY B306			Email Address CHANDRIKADEGA@GMAIL.COM		
	City or Town WINOOSKI		State VT	ZIP Code 05404	Daytime Telephone Number (813) 993-6648	

Part II Tax Return Information (whole dollars only)

1. Federal Adjusted Gross Income (Form IN-111, Line 1)	1.	96063
2. Vermont Taxable Income (Form IN-111, Line 7)	2.	85063
3. Adjusted VT Income Tax (Form IN-111, Line 10)	3.	4244
4. Vermont Income Tax Withheld (Form IN-111, Line 25a)	4.	5506
5. Vermont Earned Income Tax Credit (Schedule IN-112, Part II, Line 16)	5.	0
6. Refund credited to 2023 estimated tax (Form IN-111, Line 27a)	6.	0
7. Refund credited to 2023 property tax bill (Form IN-111, Line 27b)	7.	0
8. <input checked="" type="checkbox"/> Refund Amount (Form IN-111, Line 28)	8.	1262
<input type="checkbox"/> Amount Due (Form IN-111, Line 31)		

→ DO NOT MAIL THIS FORM -- KEEP THIS FORM AND REQUIRED ATTACHMENTS ON FILE FOR 3 YEARS ←

Part III Form HS-122 For Vermont Residents Only (check box)

Check here if Property Tax Credit Claim filed

Part IV **Direct Deposit of Refund** **ACH Debit Payment** Amount \$ 1262 Payment Date / /
 Routing transit number (RTN) 267084131 The first two digits of the RTN must be 01 through 12 or 21 through 32.
 Depositor account number (DAN) 590876535 Type of account: Savings Checking

Part V Declaration of Taxpayer By signing below, you agree that:

- Under penalties of perjury, I declare the information I provided to my Electronic Return Originator (ERO) and the amounts shown in Part II agree with the amounts shown on the corresponding lines of my 2022 Vermont Individual Income tax return and is, to the best of my knowledge and belief, true, accurate and complete.
- If making an ACH Debit Payment, I authorize the Department to withdraw funds from my account in the amount and on the date specified.
- I consent to have the ERO forward my return, including this declaration and accompanying schedules and statements, to the Vermont Department of Taxes upon the Department's request.
- If the Vermont Department of Taxes does not receive full and timely payment of the amount due, I am liable for the tax and any applicable charges.

Please Sign Here

Your Signature	Date	Spouse's Signature (if joint return, BOTH must sign)	Date
----------------	------	--	------

Part VI Declaration of Electronic Return Originator (ERO) Only

As an ERO, I am not responsible for review of the taxpayer's return but declare this form accurately reflects the data on the return. The taxpayer(s) signed this form before I submitted the return. I will give the taxpayer a copy of all forms and information to be filed with Vermont.

Electronic Return Originator's Use Only	ERO's signature	Date 03122023	Check if: paid preparer <input checked="" type="checkbox"/> self-employed <input type="checkbox"/>
	Firm's name (or yours if self-employed) and address	EIN 882145487	Phone Number 6789659522
		245 ROONEY CT E BRUNSWICK NJ 08816	
		Email address: SYAM@GTAXFILE.COM	

Part VII Declaration of Paid Preparer

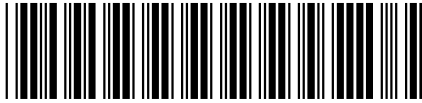
Under penalties of perjury, I declare that I have examined the above taxpayer's return and accompanying schedules and statement. To the best of my knowledge and belief, they are true, correct and complete. This declaration is based on all information of which I have knowledge.

Paid Preparer's Use Only	Preparer's signature	Date 03122023	Check if: self-employed <input type="checkbox"/>
	Firm's name (or yours if self-employed) and address	EIN 843171965	Phone Number 6789659522
		245 ROONEY CT E BRUNSWICK NJ 08816	
		Email address: SYAM@GTAXFILE.COM	

2022 Form IN-111

Vermont Income Tax Return

DEPT USE ONLY



* 2 2 1 1 1 1 1 7 3 *

FILE YOUR RETURN ELECTRONICALLY FOR A FASTER REFUND. GO TO TAX.VERMONT.GOV FOR MORE INFORMATION.

Please PRINT in BLUE or BLACK INK

Form with fields for Taxpayer's Last Name (DEGA), First Name (CHANDRIKA), Social Security Number (692249567), Mailing Address (65 WINOOSKI FALLS WAY B306), and Filing Status (Single).

Main calculation section with lines 1 through 16, including Federal Adjusted Gross Income (96063.00), Vermont Taxable Income (85063.00), and Adjusted Vermont Income Tax (4244.00).

Taxpayer's Last Name	Social Security Number
DEGA	692249567



Amount from Line 16 **4244.00**

- Other State Credit** (Schedule IN-117, Line 21) **Vermont Tax Credits** (Schedule IN-119, Part II) **Total Vermont Credits** (Add Lines 17 and 18)
17. 0.00 + 18. 0.00 = 19. 0.00
20. Vermont Income Tax after credits (**SUBTRACT Line 19 from Line 16.**
If Line 19 is greater than Line 16, enter -0-). 20. 4244.00
21. Use Tax for taxable items on which no sales tax was charged,
including online purchases. (See instructions, worksheet, and chart). . . Check to certify
no Use Tax is due. **OR** 21. 0.00
22. Total Vermont Taxes (**ADD Lines 20 and 21**) 22. 4244.00
- Green Up Vermont Nongame Wildlife Fund Vermont Children's Trust Foundation Vermont Veterans Fund **Total Contributions**
- 23a. 0.00 + 23b. 0.00 + 23c. 0.00 + 23d. 0.00 = 23e. 0.00
24. Total of Vermont Taxes and Voluntary Contributions (**ADD Lines 22 and 23e**) 24. 4244.00
- 25a. 2022 Vermont Tax Withheld from W-2, 1099 25a. 5506.00
- 25b. 2022 Estimated Tax payments, amount carried forward from 2021,
and/or payment made with 2022 extension. 25b. 0.00
- 25c. Refundable Credits (Schedule IN-112, Part II, Line 17) 25c. 0.00
- 25d. 2022 Vermont Real Estate Withholding from Form RW-171 25d. 0.00
- 25e. 2022 Nonresident Estimated Tax payments
(nonresident withholding) allocated on Schedule K-1VT, Line 5 25e. 0.00
- 25f. Total Payments and Credits (**ADD Lines 25a through 25e**) 25f. 5506.00
26. Overpayment. **If Line 24 is less than Line 25f, SUBTRACT Line 24 from Line 25f** 26. 1262.00
- 27a. Refund to be credited to 2023 Estimated Tax Payment 27a. 0.00
- 27b. Refund to be credited to 2023 Property Tax Bill 27b. 0.00
28. REFUND AMOUNT (**SUBTRACT Lines 27a and 27b from Line 26**) 28. 1262.00
29. **If Line 24 is more than Line 25f, subtract Line 25f from Line 24.**
See instructions on tax due 29. 0.00
30. **Interest and Penalty on Underpayment of Estimated Tax.** . 30. 0.00 **31. AMOUNT DUE**
(Worksheet IN-152 or IN-152A) (ADD Lines 29 and 30) 31. 0.00

For Amended Returns Only:	Original refund received <u>0.00</u>	Refund due now <u>0.00</u>	Original payment <u>0.00</u>	Amount due now <u>0.00</u>
----------------------------------	--------------------------------------	----------------------------	------------------------------	----------------------------

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct and complete. Preparers cannot use return information for purposes other than preparing returns.

Signature	Date (MM/DD/YYYY)	Date of Birth (MM/DD/YYYY)	Daytime Telephone Number
		06 / 20 / 1998	813-993-6648
Signature (If a joint return, BOTH must sign.)	Date (MM/DD/YYYY)	Date of Birth (MM/DD/YYYY)	Daytime Telephone Number
		/ /	
Paid Preparer's Signature		Date	Preparer's Telephone Number
		03 / 12 / 2023	678-965-9522
Firm's Name (or yours if self-employed) and address		Preparer's SSN or PTIN	FEIN
GLOBAL TAXES LLC 245 ROONEY CT E BRU		P02082703	843171965

Check if the Department of Taxes may discuss this return with the preparer shown.
1555

Keep a copy for your records.