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 securit	ty numb	er
VIV	EK KORE	158-99	-3200)
Spouse	o's name	Spouse's soc	ial secu	ırity number
Par	t I Tax Return Information – Tax Year Ending December 31, 2022 (Enter	r year you a	re aut	horizing.)
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	73,419.
2	Total tax		2	8,922.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	12,556.
4	Amount you want refunded to you		4	3,634.
5	Amount you owe		5	
Par	II Taxpayer Declaration and Signature Authorization (Be sure you get and	keep a cop	v of v	our 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.

Taxpayer's PIN: check one box only

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

	9	3	2	0	0				
Enter five digits, but don't enter all zeros									

my

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.

Your signature

Date

Spouse's PIN: check one box only

I authorize

to	enter	or	generate	my	PIN

as mv Enter five digits, but don't enter all zeros

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 >	Date ►	
Practitioner PIN Method Return	is Only—continue below	
Part III Certification and Authentication – Practitioner P	N Method Only	
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit s	elf-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 🕨	
	t Retain This Form — See Instructions Form to the IRS Unless Requested To Do So	
For Denominary Deduction Act Nation and your top	Earm 8879 (Day 01 2	001)

For Paperwork Reduction Act Notice, see your tax return instructions. BAA REV 03/02/23 PRO

1040		artment of the Treasury—Internal Revenue Servi 5. Individual Income Ta		_{rn} 202	2	OMB No. 1545	-0074	IRS Use O	nly—Do no	ot write or stapl	e in this space.
-	x s	Single	Married	l filing separately (N	ИFS)	Head of	house	hold (HOH)		ualifying su	
Check only one box.		u checked the MFS box, enter the n on is a child but not your dependent	2	ur spouse. If you cl	heck	ed the HOH or	QSS	box, enter		oouse (QSS d's name if	,
Your first name	and mi	ddle initial	Last name	e					Your	social secu	rity number
VIVEK			KORE						158	-99-320	00
lf joint return, s	pouse's	first name and middle initial	Last name	e					Spou	se's social s	ecurity numbe
Home address	(numbe	r and street). If you have a P.O. box, see	instruction	IS.			A	pt. no.			tion Campaigr
8635 EVE										k here if you se if filing io	i, or your intly, want \$3
	ost offic	ce. If you have a foreign address, also co	omplete spa	aces below.	Sta		ZIP c		to go	to this fund	. Checking a
HENRICO					V		232	-		below will no tax or refund	•
Foreign country	/ name		FO	reign province/state/	coun	ſy	Foreig	n postal cod	e your		_
Digital Assets		ny time during 2022, did you: (a) rec ange, gift, or otherwise dispose of a					-		. ,		X No
Standard Deduction		eone can claim:	•	Vour spouse Vere a dual-status		•					
Age/Blindness	You:	Were born before January 2, 1	958 🗌	Are blind Spo	ouse	: 🗌 Was bor	n befo	ore Januar	y 2, 195	8 🗌 Ist	olind
Dependents	s (see	instructions):		(2) Social security	,	(3) Relationsh	ip (4) Check the	box if qu	alifies for (se	e instructions):
If more	(1) Fi	rst name Last name		number		to you		Child tax	credit	Credit for c	other dependents
than four dependents,											
see instructions	s ——										
and check									1		
here											
Income	1a b	Total amount from Form(s) W-2, b Household employee wages not re	•	,			• •		-	1a 1b	81,346.
Attach Form(s)	c	Tip income not reported on line 1a					• •		-	1c	
W-2 here. Also	d	Medicaid waiver payments not rep					• •			1d	
attach Forms W-2G and	e	Taxable dependent care benefits f			13110		• •		-	1e	
1099-R if tax	f	Employer-provided adoption bene			• •		• •			1f	
was withheld.	g.								-	1g	
If you did not get a Form	9 h	Other earned income (see instruct								1h	0.
W-2, see	i	Nontaxable combat pay election (s	,			11					
instructions.	z	Add lines 1a through 1h								1z	81,346.
Attach Sch. B	2a	Tax-exempt interest	2a		bТ	axable interest	: .			2b	`
if required.	3a	Qualified dividends	3a	7.	bС	ordinary divide	nds .		. 🗖	3b	7.
	4a	IRA distributions	4a		bТ	axable amoun	t		. [4b	
Standard	5a	Pensions and annuities	5a		bТ	axable amoun	t		. [5b	
Deduction for -	6a	Social security benefits	6a		bТ	axable amoun	t			6b	
 Single or Married filing 	с	If you elect to use the lump-sum e	lection me	ethod, check here	(see	instructions)					
separately, \$12,950	7	Capital gain or (loss). Attach Sche	dule D if re	equired. If not requ	uired	, check here				7	-14.
 Married filing 	8	Other income from Schedule 1, lin	e10.						. [8	-7,920.
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7	, and 8. Th	his is your total inc	com	ə			. [9	73,419.
surviving spouse, \$25,900	10	Adjustments to income from Sche	dule 1, lin	e26						10	
Head of	11	Subtract line 10 from line 9. This is	s your adjı	usted gross incor	ne				. L	11	73,419.
household, \$19,400	12	Standard deduction or itemized	deductio	ns (from Schedule	A)				. L	12	12,950.
 If you checked any box under 	13	Qualified business income deduct	ion from F	Form 8995 or Form	899	5-A			· _	13	
Standard	14	Add lines 12 and 13							· _	14	12,950.
Deduction, see instructions.	15	Subtract line 14 from line 11. If zer	ro or less,	enter -0 This is y	ourt	taxable incom	е.		•	15	60,469.

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	(s): 1 🗌 881	4 2 4972	3			16	8,922.
Credits	17	Amount from Schedule 2, lin	ne3						17	
	18	Add lines 16 and 17							18	8,922.
	19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812				19	
	20	Amount from Schedule 3, lin	ne8						20	
	21	Add lines 19 and 20							21	
	22	Subtract line 21 from line 18	3. If zero or less,	enter -0					22	8,922.
	23	Other taxes, including self-e	employment tax,	from Schedule	e 2, line 21 .				23	0.
	24	Add lines 22 and 23. This is	your total tax						24	8,922.
Payments	25	Federal income tax withheld								
2	а	Form(s) W-2				25a	12,	556.		
	b	Form(s) 1099				25b				
	с	Other forms (see instruction	s)			25c				
	d	Add lines 25a through 25c							25d	12,556.
If you have a	26	2022 estimated tax paymen	ts and amount a	pplied from 20	21 return				26	
qualifying child,	27	Earned income credit (EIC)			No	27				
attach Sch. EIC.	28	Additional child tax credit fro	m Schedule 8812			28				
	29	American opportunity credit	from Form 8863	8, line 8		29				
	30	Reserved for future use .				30				
	31	Amount from Schedule 3, lin	ne 15			31				
	32	Add lines 27, 28, 29, and 31	. These are your	total other pa	ayments and refu	undable	credits		32	
	33	Add lines 25d, 26, and 32. 1	hese are your to	tal payments					33	12,556.
Refund	34	If line 33 is more than line 24	4, subtract line 2	4 from line 33.	This is the amou	nt you o	overpaid		34	3,634.
	35a	Amount of line 34 you want			is attached, che	ck here			35a	3,634.
Direct deposit?	b	Routing number 1 2 1] Checki	ing 🗌 Sa	avings		
See instructions.	d	Account number 3 2 5	0 6 1 3	5 8 0 9	9 4					
	36	Amount of line 34 you want	applied to your	2023 estimate	edtax	36				
Amount You Owe	37	Subtract line 33 from line 24 For details on how to pay, g							37	
	38	Estimated tax penalty (see i	-			38				
Third Party Designee		you want to allow another	r person to disc	cuss this retu		' See	Yes. Cor	nnlete h	elow	X No
Designee		signee's		Phone				nal identifi		
	nai			no.			numbe			
Sign		der penalties of perjury, I declare ief, they are true, correct, and con			1 2 0			,		, ,
Here	Yo	ur signature		Date	Your occupation			If the	IRS ser	nt you an Identity
										IN, enter it here
Joint return?					SOFTWARE I		EER	(see i	,	
See instructions. Keep a copy for your records.	Sp	ouse's signature. If a joint return,	both must sign.	Date	Spouse's occupat	lion			ty Prote	nt your spouse an ection PIN, enter it here
	Ph	one no. (669)292-936	9	Email address	KVIVEK1940	@GMAI	L.COM			
Dela		eparer's name	Preparer's signat	ure		Date		PTIN		Check if:
Paid	SYAM	I PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	03/1	5/2023	202082	2703	Self-employed
Preparer		n's name GLOBAL TA								678)965-9522
Use Only	Fir	m's address 245 ROONE	Y CT E BRU	NSWICK N	J 08816			Firm's	s EIN	84-3171965
Co to ununu iro a	ov/Eorn	a 1040 for instructions and the late	et information		DAA	DEVICE				Earm 1040 (2022)

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

BAA REV 03/02/23 PRO

Form **1040** (2022)

SCHEDULE	1
(Form 1040)	

Department of the Treasury

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 2 Attachment

Internal Revenue Service	Go to www.irs.gov/Form1040 for instructions and the latest information.		Sequence No. 01
Name(s) shown on Form	1040, 1040-SR, or 1040-NR	Your soci	al security number
VIVEK KORE		158-99	-3200
	••		

2a Alimo	ble refunds, credits, or offsets of state and local income taxes		1	
2a Alimo				
			2a	
b Date of	of original divorce or separation agreement (see instructions):			
3 Busin	ess income or (loss). Attach Schedule C		3	
4 Other	gains or (losses). Attach Form 4797		4	
5 Renta	I real estate, royalties, partnerships, S corporations, trusts, etc. Att	ach Schedule E .	5	-7,920.
6 Farm	income or (loss). Attach Schedule F.		6	
7 Unem	ployment compensation		7	
8 Other	income:			
a Net o	perating loss	8a ()	
b Gamb	ling	8b		
	ellation of debt	8c		
d Foreig	n earned income exclusion from Form 2555	8d ()	
	ne from Form 8853	8e		
f Incom	ne from Form 8889	8f		
g Alaska	a Permanent Fund dividends	8g		
h Jury o	luty pay	8h		
i Prizes	and awards	8i		
	ty not engaged in for profit income	8j		
k Stock	options	8k		
	he from the rental of personal property if you engaged in the rental			
	ofit but were not in the business of renting such property	81		
	pic and Paralympic medals and USOC prize money (see			
	ctions)	8m		
n Sectio	on 951(a) inclusion (see instructions)	8n		
o Sectio	on 951A(a) inclusion (see instructions)	80		
	on 461(I) excess business loss adjustment	8p		
	ble distributions from an ABLE account (see instructions)	8q		
r Schol	arship and fellowship grants not reported on Form W-2	8r		
	xable amount of Medicaid waiver payments included on Form			
	line 1a or 1d	8s ()	
	on or annuity from a nonqualifed deferred compensation plan or			
	governmental section 457 plan	8t		
	s earned while incarcerated	8u		
z Other	income. List type and amount:			
		8z		
	other income. Add lines 8a through 8z		9	
10 Comb	ine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SF	l, or 1040-NR, line 8	10	-7,920.

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

Schedule 1 (Form 1040) 2022

Par	II Adjustments to Income					
11	Educator expenses				. 11	
12	Certain business expenses of reservists, performing artists, and fee			vernme	nt	
	officials. Attach Form 2106				. 12	
13	Health savings account deduction. Attach Form 8889					
14	Moving expenses for members of the Armed Forces. Attach Form 3903				. 14	
15	Deductible part of self-employment tax. Attach Schedule SE					
16	Self-employed SEP, SIMPLE, and qualified plans					
17	Self-employed health insurance deduction				. 17	
18	Penalty on early withdrawal of savings					
19a	Alimony paid					
b	Recipient's SSN					
	Date of original divorce or separation agreement (see instructions):				-	
20	IRA deduction]
21	Student loan interest deduction					
22	Reserved for future use					
23	Archer MSA deduction				. 23	
24	Other adjustments:				-	
a		24a				
	Deductible expenses related to income reported on line 8I from the					
		24b				
с	Nontaxable amount of the value of Olympic and Paralympic medals					
	and USOC prize money reported on line 8m	24c				
d		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				
q		24g				
·	Attorney fees and court costs for actions involving certain unlawful					
		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				
i	Housing deduction from Form 2555	24j				
	Excess deductions of section 67(e) expenses from Schedule K-1 (Form					
		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					
	Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a					
	BAA	REV	03/02/23	PRO		ule 1 (Form 1040) 20

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. 20**22** Attachment Sequence No. **12**

Internal Revenue Service Name(s) shown on return

Department of the Treasury

Your social security number

VIVEK KORE

158-99-3200

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year?
Yes X 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)

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 e dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustment to gain or loss Form(s) 8949, I line 2, column	from Part I,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
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					
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	
5	Net short-term gain or (loss) from partnerships, Schedule(s) K-1				5	
6	Short-term capital loss carryover. Enter the amount, if an Worksheet in the instructions	-	6	()		
7	Net short-term capital gain or (loss). Combine lines 1a term capital gains or losses, go to Part II below. Otherwise		7			

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) Adjustmen to gain or loss Form(s) 8949, I line 2, colum	from Part II,	(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					
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.	5.	19.			-14.
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	()		
	Net long-term capital gain or (loss). Combine lines 8a on the back	<u> </u>	.,		15	-14.
	Net long-term capital gain or (loss). Combine lines 8a	o to Part III		-14		

Part	III Summary			
16	Combine lines 7 and 15 and enter the result	16	-14	1.
	• 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?			
	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 (14	.)
	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 03/02/23 PRO

Schedule D (Form 1040) 2022

Form 8949 (2022)	Attachment Sequence No. 12A	Page 2
Name(s) shown on return. Name and SSN or taxpaver identification no. not required if shown on other side	Social security number or taxpayer identification num	ber

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side VIVEK KORE

158-99-3200

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

(a) Description of property	(b) Date acquired	(c) Date sold or disposed of	(d) Proceeds (sales price)	(e) Cost or other basis See the Note below and see <i>Column</i> (e)	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) from column (d) and
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	(Mo., day, yr.)	(see instructions)	in the separate instructions.	(f) Code(s) from instructions	(g) Amount of adjustment	combine the result with column (g).
ROBINHOOD SECURITIES LLC	01/01/21	12/31/22	5.	19.			-14.
2 Totals. Add the amounts in columns negative amounts). Enter each tota Schedule D, line 8b (if Box D above above is checked), or line 10 (if Box	I here and inc is checked), lir	lude on your 1e 9 (if Box E	5.	19.			-14.

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.

REV 03/02/23 PRO

SCHEDULE	Ε
(Form 1040)	

Supplemental Income and Loss

OMB No. 1545-0074

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

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.

s, etc.)	2022					
	Attachment Sequence No. 13					
Your social security number						

158-99-3200

Name(s) shown on return	
VIVEK KORE	

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.

В	If "Yes," did you or will you file required Form(s) 1099?	🗌 Yes 🗌 No
Α	Did you make any payments in 2022 that would require you to file Form(s) 1099? See instructions	🗌 Yes 🖄 No

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

Α	IN					
В						
С						
1b	Type of Property (from list below)	2 For each rental real estate property listed above, report the number of fair rental and		Fair Rental Days	Personal Use Days	QJV
Α	3	personal use days. Check the QJV box only	Α	365	0	
В		if you meet the requirements to file as a qualified joint venture. See instructions.	В			
С		quaimed joint venture. See instructions.	С			

Type of Property:

1 Single Family Residence

2 Multi-Family Residence

- 3 Vacation/Short-Term Rental4 Commercial
- 5 Land6 Royalties

7 Self-Rental 8 Other (describe)

			Properties				
Incom	e:		A		В		С
3	Rents received	3	5	00.			
4	Royalties received	4					
Exper	ISES:						
5	Advertising	5					
6	Auto and travel (see instructions)	6					
7	Cleaning and maintenance	7	1,0	00.			
8	Commissions	8					
9	Insurance	9					
10	Legal and other professional fees	10					
11	Management fees	11	8	00.			
12	Mortgage interest paid to banks, etc. (see instructions)	12					
13	Other interest	13					
14	Repairs	14	2,1	20.			
15	Supplies	15	1,5	60.			
16	Taxes	16					
17	Utilities	17	2,9	40.			
18	Depreciation expense or depletion	18					
19	Other (list)	19					
20	Total expenses. Add lines 5 through 19	20	8,4	20.			
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	-7,9	20.			
22	Deductible rental real estate loss after limitation, if any,						
	on Form 8582 (see instructions)	22	1	20.))	()
23a	Total of all amounts reported on line 3 for all rental proper			23a	5	00.	
b	Total of all amounts reported on line 4 for all royalty prope			23b			
С	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			
е	Total of all amounts reported on line 20 for all properties			23e		20.	
24	Income. Add positive amounts shown on line 21. Do not		•			24	
25	Losses. Add royalty losses from line 21 and rental real estat	e loss	es from line 22. E	inter to	otal losses here	25	(7,920.)
26	Total rental real estate and royalty income or (loss).						
	here. If Parts II, III, IV, and line 40 on page 2 do not a						
	Schedule 1 (Form 1040), line 5. Otherwise, include this an	noun	in the total on li	ne 41	on page 2 .	26	-7,920.



VIVEK K	ORE				
8635 EVESHAM CT	Ν				
HENRICO		VA 23294			
SSN - You KORE		158993200	Vendor ID 155	5	
SSN - Spouse					
Fed Adj Gross Income (FAGI)	1.	73419.	Withholding (VA) - You	19A.	4123.
Additions	2.		Withholding (VA) - Spouse	19B.	
Subtotal	3.	73419.	Estimated Payments	20.	
Age Deduction - You	4A.		2021 Overpayment	21.	
Age Deduction - Spouse	4B.		Extension Payments	22.	
Soc Sec & Tier 1 Railroad	5.		Credit - Low-Income or EIC	23.	
State Income Tax Overpayment	6.		Credit - Schedule OSC	24.	
Subtractions	7.		Credits - Schedule CR	25.	
Subtotal Subtractions	8.		Total Payments / Credits	26.	4123.
Total VA Adj Gross Income (VAGI)	9.	73419.	Tax You Owe	27.	
Itemized Deductions - VA Sch A	10.		Tax Overpayment	28.	672.
Standard Deduction	11.	8000.	Overpayment Credited to Nex	kt Year 29.	
Exemptions	12.	930.	VAC - Virginia 529 / ABLE	30.	
Deductions	13.		VAC - Other Contributions	31.	
Subtotal (Deductions & Exemptions	s) 14.	8930.	Addition to Tax, Penalty & Inte	erest 32.	
VA Taxable Income	15.	64489.	Sales and Use Tax	33.	
Amount of Tax	16.	3451.	Amount You Owe		
Spouse Tax Adjustment (STA)	17.		Will Pay by Credit/Debit Card Your Refund	N	672.
VAGI - Spouse	17A.				101000050
Net Amount of Tax	18.	3451.	Bank Routing #	C	121000358
L			Bank Account #	3250	61358094

1

Г

158993200





Γ							
Filing Status, Age &	License Ir	nformation			Additiona	I Filing Information	Г
Filing Status			1		Locality		087
Federal Head of Ho	ousehold				Uninsured & Authorize DMA	S	
DOB - You		0801	L1994		Name or Filing Status Chang	ge	
VA Driver's License	ID - You				Address Change		
VA Driver's License	- Iss. Date -	- You			VA Return Not Filed Last Ye	ar	
Spouse Name (Filir	ng Status 3 C	Only)			Dependent on Another's Re	turn	
					Farmer / Fisherman / Merch	iant Seaman	
DOB - Spouse VA Driver's License ID - Spouse					Amended		
					Reason Code		
VA Driver's License	- Iss. Date -				Overseas on Due Date		
Exemptions (A) You	1	Exemptions (B) 65 & Over - You			Federal EIC & Amount		
Spouse		65 & Over - Spouse			Deceased Indicator		
Dependents		Blind - You			Form 760C or 760F		
Total (A)	1	Blind - Spouse			No Sales & Use Tax Due In	dicator	Х
		Total (B)			Obtain Electronic 1099G		
		Contact Information			ID Theft PIN		
					of my (our) knowledge, it is a true, corre on provided is for a domestic account wit		United States.
Signature - You			Date		Phone - You	00929.	29309
Signature - Spouse			Date	1 - 0 0	Phone - Spouse		
Signature - Preparer SY	AM PRIYA R	<u>AM SAGAR GUPTA TALLAM</u>	0 3 Date	31523	Phone - Preparer	67896	
The Tax Department may discuss my/our return with my/our preparer.			eparer.		Proparar Information	7 P0208	82703

The Tax Department may discuss my/our return with my/our preparer.

L	
	In

File by May 1, 2023				
	Include Page 1, Page 2 and all			
	supporting 760CG documents.			
1555	REV 02/17/23 PRO			

245 ROONEY CT E BRUNSWICK

GLOBAL TAXES LLC

Preparer Information

2022 Schedule INC/CG 158993200

Report all W-2s, 1099s & VK-1s with VA Withholding

VIVEK KORE



Your/ Spouse SSN	Withholding Type	VA Withholding	Employer FEIN	VA Account Number	VA Wages, tips, other comp.
Г					Г
158993200	W	4123.	541864347	30541864347F001	81346.

Total VA Withholding	SSN	VA Withholding
You	158993200	4123.
Spouse		
Total # of W-2s,1099s & VK-1s	01	

To avoid delays - be sure to enter all information, including the Employer's FEIN.

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Virginia Individual Income Tax e-File Signature Authorization

DO NOT SEND THIS VA-8879 TO THE VIRGINIA DEPARTMENT OF TAXATION OR THE IRS. IT MUST BE MAINTAINED IN YOUR FILES!

Virai	nia Submission Identification Number (SID)				
V		D Vera Casial Car			
	Name	B Your Social Sec	2		
	EK KORE Ise's Name	158-99-32 A Spouse's Socia			
ορο					
Par	I Tax Return Information	A Spouse	B Yourself		
1.	Federal Adjusted Gross Income (Form 760CG, Line 1; 760PY, Line 1, columns A & B; Form 763, Line 1)		73419.		
2.	Virginia Adjusted Gross Income (Form 760CG, Line 9; 760PY, Line 10, columns A & B; Form 763, Line 9)		73419.		
3.	Taxable Income (Form 760CG, Line 15; 760PY, Line 16, columns A & B; Form 763, Line 17)		64489.		
4.	Virginia Income Tax (Form 760CG, Line 18; 760PY, Line 17, columns A & B; Form 763 Line 18)		3451.		
5.	Withholding (Form 760CG, Line 19a & 19b; 760PY, Lines 19a & 19b; Form 763, Lines 19a & 19b)		4123.		
6.	Amount you Owe (Form 760CG, Line 35; Form 760PY, Line 35; Form 763, Line 35)				
7.	Refund (Form 760CG, Line 36; 760PY, Line 36; Form 763, Line 36)		672.		
Par	II Declaration of Taxpayer and Signature Authorization r penalties of perjury, I declare that I have examined a copy of my individual income tax return and accompanying				
December 31, 2022, and to the best of my knowledge and belief, it is true, correct and complete. I further declare that the information I provided to my Electronic Return Originator (ERO), Transmitter, or Intermediate Service Provider (including my name, address and social security number or individual tax identification number) and the amount shown in Part I above agree with the information and amounts shown on the corresponding lines of my electronic income tax return. If I am filing a balance due return, I understand that if the Virginia Department of Taxation (Virginia Tax) does not receive full and timely payment of my tax liability, I remain liable for the tax liability and all applicable interest and penalties. I authorize my ERO, Transmitter or Intermediate Service Provider to transmit my complete return to Virginia Tax. I have selected a personal identification number (PIN) as my signature for my electronic income tax return and, if applicable, the direct deposit of my refund or direct debit of my tax due. In choosing either direct deposit or direct debit, I certify that the transaction does not directly involve a financial institution outside of the territorial jurisdiction of the United States at any point in the process. Taxpayers may sign the form using a rubber stamp, mechanical device, such as a signature pen, or computer software program.					
	ayer's e-File PIN: check one box only	filed Vincinia individual inc			
X	I authorize the ERO named below to enter my e-File PIN 9 3 2 0 as my signature on my 2022 e	-filed virginia individual ind	ome tax return.		
	GLOBAL TAXES LLC				
	ERO Firm Name				
	I will enter my e-File PIN as my signature on my 2022 e-filed Virginia individual income tax return. Check this box only if you are entering your own e-File PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.				
Your	Signature Date				
Spor	se's e-File PIN: check one box only				
	I authorize the ERO named below to enter my e-File PIN as my signature on my 2022 e-filed Virginia individual income tax return. Do not enter all zeros				
	ERO Firm Name				
I will enter my e-File PIN as my signature on my 2022 e-filed Virginia individual income tax return. Check this box only if you are entering your own e-File PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.					
Spouse's Signature					
Par	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			
Do not enter all zeros I certify that the above numeric entry is my ERO EFIN/PIN, which is my signature for the 2022 Virginia individual income tax return 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 Virginia's publication Handbook for Electronic Filers of Individual Income Tax Returns (Tax Year 2022). EROs may sign the form using a rubber stamp, mechanical device, such as a signature pen, or computer software program.					
ERO	s Signature Date03-	-15-23			