

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 SRENIKA BACHU	Social security number 874-32-3570
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	45,687.
2	Total tax	2	3,722.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	6,587.
4	Amount you want refunded to you	4	2,865.
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

2	3	5	7	0
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 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 ▶ *Srenika* Date ▶ 03/27/2023

Spouse's PIN: check one box only

I authorize _____ to enter or generate my PIN

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 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.

5	1	8	9	5	2	3	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:

Personal information section including name (SRENIKA BACHU), social security number (874-32-3570), and home address (1950 ALAMANDINE AVE, AUBREY, TX 76227).

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)? [] 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 for (1) First name, Last name, (2) Social security number, (3) Relationship to you, and (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, etc.

Table for Standard Deduction or Itemized Deductions with rows 2a through 15, including Tax-exempt interest, Qualified dividends, IRA distributions, Pensions and annuities, Social security benefits, Capital gain or loss, and Adjusted gross 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	3,722.
	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	3,722.
	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	3,722.
	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	3,722.

Payments	25	Federal income tax withheld from:		
	a	Form(s) W-2	25a	6,587.
	b	Form(s) 1099	25b	
	c	Other forms (see instructions)	25c	
	d	Add lines 25a through 25c	25d	6,587.
	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	6,587.

Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	2,865.
	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	35a	2,865.
	b	Routing number 011900254 c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
	d	Account number 385017294757		
	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 SOFTWARE DEVELOPER	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
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. (848) 359-7734	Email address SRENIKA92@GMAIL.COM		

Paid Preparer Use Only

Preparer's name SYAM PRIYA RAM SAGAR GUPTA TALLAM	Preparer's signature SYAM PRIYA RAM SAGAR GUPTA TALLAM	Date 03/28/2023	PTIN P02082703	Check if: <input type="checkbox"/> Self-employed
Firm's name GLOBAL TAXES LLC	Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816		Phone no. (678) 965-9522	Firm's EIN 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
SRENIKA BACHU

Your social security number
874-32-3570

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	-6,169.
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	-6,169.

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

Your social security number

SRENIKA BACHU

874-32-3570

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 1-5-322 ASHIRWAD NILAYAM ALWAL, SECUNDERABAD TELANGANA IN 500010

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	613.	
4	Royalties received	4		
Expenses:				
5	Advertising	5		
6	Auto and travel (see instructions)	6		
7	Cleaning and maintenance	7	1,465.	
8	Commissions	8		
9	Insurance	9		
10	Legal and other professional fees	10		
11	Management fees	11	1,620.	
12	Mortgage interest paid to banks, etc. (see instructions)	12		
13	Other interest	13		
14	Repairs	14	1,164.	
15	Supplies	15	1,232.	
16	Taxes	16		
17	Utilities	17	1,301.	
18	Depreciation expense or depletion	18		
19	Other (list) _____	19		
20	Total expenses. Add lines 5 through 19	20	6,782.	
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	-6,169.	
22	Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22	(6,169.)	()
23a	Total of all amounts reported on line 3 for all rental properties	23a	613.	
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	6,782.	
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	(6,169.)	
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		-6,169.

For Paperwork Reduction Act Notice, see the separate instructions.

NPA

-6,169.

Schedule E (Form 1040) 2022



New York State E-File Signature Authorization for Tax Year 2022

For Forms IT-201, IT-201-X, IT-203, IT-203-X, IT-214, and NYC-210

Electronic return originator (ERO): Do not mail this form to the Tax Department. Keep it for your records.

Taxpayer's name SRENIKA BACHU	Spouse's name (jointly filed return only)
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Purpose

Form TR-579-IT must be completed to authorize an ERO to e-file a personal income tax return and to transmit bank account information for the electronic funds withdrawal.

EROs must complete Part C prior to transmitting electronically filed income tax returns (Forms IT-201, IT-201-X, IT-203, IT-203-X, IT-214, and NYC-210).

Both the paid preparer and the ERO are required to sign Part C. However, an individual performing as both the paid preparer and the ERO is only required to sign as the paid preparer. It is not necessary to include the ERO signature in this case. Note that an alternative signature can be used as described in Publication 58, *Information for Income Tax Return Preparers*, available on our website.

General instructions

Taxpayers must complete Part B before the ERO transmits the taxpayer's electronically filed Forms IT-201, *Resident Income Tax Return*, IT-201-X, *Amended Resident Income Tax Return*, IT-203, *Nonresident and Part-Year Resident Income Tax Return*, IT-203-X, *Amended Nonresident and Part-Year Resident Income Tax Return*, IT-214, *Claim for Real Property Tax Credit*, and NYC-210, *Claim for New York City School Tax Credit*. Note that an electronic signature can be used as described in TSB-M-20(1)C, (2)I, *E-File Authorizations (TR-579 forms) for Taxpayers Using a Paid Preparer for Electronically Filed Tax Returns*.

This form is not required for electronically filed Form IT-370, *Application for Automatic Six-Month Extension of Time to File for Individuals*. See Form TR-579.1-IT, *New York State Taxpayer Authorization for Electronic Funds Withdrawal for Tax Year 2022 Form IT-370 and Tax Year 2023 Form IT-2105*.

For returns filed jointly, both spouses must complete and sign Form TR-579-IT.

Part A – Tax return information

1 Federal adjusted gross income (from applicable line).....	1.	45687.
2 Refund.....	2.	97.
3 Amount you owe.....	3.	
4 Financial institution routing number.....	4.	011900254
5 Financial institution account number.....	5.	385017294757
6 Account type: <input checked="" type="checkbox"/> Personal checking <input type="checkbox"/> Personal savings <input type="checkbox"/> Business checking <input type="checkbox"/> Business savings		

Part B – Declaration of taxpayer and authorizations for Forms IT-201, IT-201-X, IT-203, IT-203-X, IT-214, and NYC-210

Under penalty of perjury, I declare that I have examined the information on my 2022 New York State electronic personal income tax return, including any accompanying schedules, attachments, and statements, and certify that my electronic return is true, correct, and complete. The ERO has my consent to send my 2022 New York State electronic return to New York State through the Internal Revenue Service (IRS). In addition, by using a computer system and software to prepare and transmit my form electronically, I consent to the disclosure to New York State of all information pertaining to the transmission of my tax form electronically. I understand that by executing this Form TR-579-IT, I am authorizing the ERO to sign and file this return on my behalf and agree that the ERO's submission of my personal income tax return to the

IRS, together with this authorization, will serve as the electronic signature for the return and any authorized payment transaction. If I am paying my New York State personal income taxes due by electronic funds withdrawal, I certify that the account holder has authorized the New York State Tax Department and its designated financial agents to initiate an electronic funds withdrawal from the financial institution account indicated on my 2022 electronic return, and authorized the financial institution to withdraw the amount from that account. As New York does not support International ACH Transactions (IAT), I attest the source for these funds is within the United States. I understand and agree that I may revoke this authorization for payment only by contacting the Tax Department no later than two (2) business days prior to the payment date.

Taxpayer's signature	Date
Spouse's signature (jointly filed return only)	Date

Part C – Declaration of electronic return originator (ERO) and paid preparer

Under penalty of perjury, I declare that the information contained in this 2022 New York State electronic personal income tax return is the information furnished to me by the taxpayer. If the taxpayer furnished me a completed paper 2022 New York State return signed by a paid preparer, I declare that the information contained in the taxpayer's 2022 New York State electronic return

is identical to that contained in the paper copy of the return. If I am the paid preparer, under penalty of perjury I declare that I have examined this 2022 New York State electronic personal income tax return, and, to the best of my knowledge and belief, the return is true, correct, and complete. I have based this declaration on all information available to me.

Do not mail Form TR-579-IT to the Tax Department:

EROs must keep this form for three years and present it to the Tax Department upon request.

ERO's signature	Print name GLOBAL TAXES LLC	Date
Paid preparer's signature	Print name SYAM PRIYA RAM SAGAR GUPTA TALLAM	Date 03282023



Department of Taxation and Finance

Nonresident and Part-Year Resident Income Tax Return

New York State • New York City • Yonkers • MCTMT

IT-203

For the year January 1, 2022, through December 31, 2022, or fiscal year beginning

22

and ending

For help completing your return, see the instructions, Form IT-203-I.

Your first name and middle initial SRENIKA		Your last name (for a joint return, enter spouse's name on line below) BACHU		Your date of birth (mmddyyyy) 04011992	Your Social Security number 874323570
Spouse's first name and middle initial		Spouse's last name		Spouse's date of birth (mmddyyyy)	Spouse's Social Security number
Mailing address (see instructions) (number and street or PO Box) 1950 ALAMANDINE AVE				Apartment number	New York State county of residence NR
City, village, or post office AUBREY		State TX	ZIP code 76227	Country UNITED STATES	School district name NR
Taxpayer's permanent home address (see instructions) (no. and street or rural route)				Apartment no.	City, village, or post office
				School district code number	
State	ZIP code	Country		Decedent information	Taxpayer's date of death
					Spouse's date of death

A Filing status (mark an X in one box):

- ① Single
- ② Married filing joint return (enter both spouses' Social Security numbers above)
- ③ Married filing separate return (enter both spouses' Social Security numbers above)
- ④ Head of household (with qualifying person)
- ⑤ Qualifying surviving spouse

B Did you itemize your deductions on your 2022 federal income tax return? Yes No

C Can you be claimed as a dependent on another taxpayer's federal return? Yes No

D1 Did you have a financial account located in a foreign country? Yes No



D2 Yonkers part-year residents only:

(1) Did you receive a homeowner tax rebate credit? (see instructions) Yes No

(2) Enter the amount

E New York City part-year residents only

(1) Number of months you lived in NY City in 2022

(2) Number of months your spouse lived in NY City in 2022

F Enter your 2-character special condition code(s) if applicable

G New York State part-year residents

Enter the date you moved into or out of NYS (mmddyyyy)

On the last day of the tax year (mark an X in one box):

- 1) Lived in NYS
- 2) Lived outside NYS; received income from NYS sources during nonresident period
- 3) Lived outside NYS; received no income from NYS sources during nonresident period

H Did you or your spouse maintain living quarters in NYS in 2022? Yes No
(if Yes, complete Form IT-203-B)

I Dependent information

First name and middle initial	Last name	Relationship	Social Security number	Date of birth (mmddyyyy)

If more than 6 dependents, mark an X in the box.



203001223555

For office use only

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM

Enter your Social Security number
874323570

Federal income and adjustments	Federal amount Whole dollars only		New York State amount Whole dollars only	
1 Wages, salaries, tips, etc.	1	51856.00	1	13661.00
2 Taxable interest income	2	.00	2	.00
3 Ordinary dividends	3	.00	3	.00
4 Taxable refunds, credits, or offsets of state and local income taxes (also enter on line 24)	4	.00	4	.00
5 Alimony received	5	.00	5	.00
6 Business income or loss (submit a copy of federal Sch. C, Form 1040)	6	.00	6	.00
7 Capital gain or loss (if required, submit a copy of federal Sch. D, Form 1040)	7	.00	7	.00
8 Other gains or losses (submit a copy of federal Form 4797)	8	.00	8	.00
9 Taxable amount of IRA distributions. Beneficiaries: mark X in box <input type="checkbox"/>	9	.00	9	.00
10 Taxable amount of pensions/annuities. Beneficiaries: mark X in box <input type="checkbox"/>	10	.00	10	.00
11 Rental real estate, royalties, partnerships, S corporations, trusts, etc. (submit a copy of federal Schedule E, Form 1040)	11	-6169.00	11	.00
12 Rental real estate included in line 11 (federal amount) 12. <input type="text" value="-6169.00"/>				
13 Farm income or loss (submit a copy of federal Sch. F, Form 1040)	13	.00	13	.00
14 Unemployment compensation.....	14	.00	14	.00
15 Taxable amount of Social Security benefits (also enter on line 26)	15	.00	15	.00
16 Other income <i>Identify:</i> <input type="text"/>	16	.00	16	.00
17 Add lines 1 through 11 and 13 through 16	17	45687.00	17	13661.00
18 Total federal adjustments to income <i>Identify:</i> <input type="text"/>	18	.00	18	.00
19 Federal adjusted gross income (subtract line 18 from line 17) ..	19	45687.00	19	13661.00
19a Recomputed federal adjusted gross income (see Line 19a worksheets)	19a	45687.00	19a	13661.00

New York additions				
20 Interest income on state and local bonds and obligations (but not those of New York State or its localities)	20	.00	20	.00
21 Public employee 414(h) retirement contributions	21	.00	21	.00
22 Other (Form IT-225, line 9)	22	.00	22	.00
23 Add lines 19a through 22	23	45687.00	23	13661.00

New York subtractions				
24 Taxable refunds, credits, or offsets of state and local income taxes (from line 4)	24	.00	24	.00
25 Pensions of NYS and local governments and the federal government	25	.00	25	.00
26 Taxable amount of Social Security benefits (from line 15)	26	.00	26	.00
27 Interest income on U.S. government bonds	27	.00	27	.00
28 Pension and annuity income exclusion	28	.00	28	.00
29 Other (Form IT-225, line 18)	29	.00	29	.00
30 Add lines 24 through 29	30	.00	30	.00
31 New York adjusted gross income (subtract line 30 from line 23)	31	45687.00	31	13661.00

32 Enter the amount from line 31, **Federal amount** column **32** 45687.00

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM



Name(s) as shown on page 1
SRENIKA BACHU

Enter your Social Security number
874323570

Standard deduction or itemized deduction

33	Enter your standard deduction or your itemized deduction (from Form IT-196). Mark an X in the appropriate box: ... <input checked="" type="checkbox"/> Standard – or – <input type="checkbox"/> Itemized	33	8000.00
34	Subtract line 33 from line 32 (if line 33 is more than line 32, leave blank)	34	37687.00
35	Dependent exemptions (enter the number of dependents listed in Item I; see instructions)	35	000.00
36	New York taxable income (subtract line 35 from line 34)	36	37687.00

Tax computation, credits, and other taxes

37	New York taxable income (from line 36)	37	37687.00
38	New York State tax on line 37 amount	38	1991.00
39	New York State household credit	39	.00
40	Subtract line 39 from line 38 (if line 39 is more than line 38, leave blank)	40	1991.00
41	New York State child and dependent care credit	41	.00
42	Subtract line 41 from line 40 (if line 41 is more than line 40, leave blank)	42	1991.00
43	New York State earned income credit	43	.00

44	Base tax (subtract line 43 from line 42; if line 43 is more than line 42, leave blank)	44	1991.00
----	--	----	---------

45	Income percentage	New York State amount from line 31	Federal amount from line 31	Round result to 4 decimal places
		13661.00	45687.00	0.2990

46	Allocated New York State tax (multiply line 44 by the decimal on line 45)	46	595.00
47	New York State nonrefundable credits (Form IT-203-ATT, line 8)	47	.00
48	Subtract line 47 from line 46 (if line 47 is more than line 46, leave blank)	48	595.00
49	Net other New York State taxes (Form IT-203-ATT, line 33)	49	.00
50	Total New York State taxes (add lines 48 and 49)	50	595.00

New York City and Yonkers taxes, credits, and surcharges, and MCTMT

51	Part-year New York City resident tax (Form IT-360.1)	51	.00	See instructions to compute New York City and Yonkers taxes, credits, and surcharges, and MCTMT.
52	Part-year resident nonrefundable New York City child and dependent care credit	52	.00	
52a	Subtract line 52 from line 51	52a	.00	
52b	MCTMT net earnings base	52b	.00	
52c	MCTMT	52c	.00	
53	Yonkers nonresident earnings tax (Form Y-203)	53	.00	
54	Part-year Yonkers resident income tax surcharge (Form IT-360.1)	54	.00	
55	Total New York City and Yonkers taxes / surcharges and MCTMT (add lines 52a, and 52c through 54)	55	.00	
56	Sales or use tax (Do not leave blank.)	56	0.00	
57	Voluntary contributions (Form IT-227, Part 2, line 1)	57	.00	
58	Total New York State, New York City, Yonkers, and sales or use taxes, MCTMT, and voluntary contributions (add lines 50, 55, 56, and 57)	58	595.00	

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM

203003223555



Enter your Social Security number
874323570

59 Enter amount from line 58 59 595 .00

Payments and refundable credits

Table with 2 columns: Description and Amount. Rows include NYC school tax credit, other refundable credits, and total payments and refundable credits.

If applicable, complete Form(s) IT-2 and/or IT-1099-R and submit them with your return. Do not send federal Form W-2 with your return.

Your refund, amount you owe, and account information

Table with 2 columns: Description and Amount. Rows include amount overpaid, amount available for refund, and total refund after NYS 529 account deposit.

Mark one refund choice: [X] direct deposit to checking or savings account (fill in line 73) - or - [] paper check

Refund? Direct deposit is the easiest, fastest way to get your refund. See instructions for payment options.

Table with 2 columns: Description and Amount. Rows include amount applied to 2023 tax, amount owed, and other penalties and interest.

See instructions for the proper assembly of your return.

73 Account information for direct deposit or electronic funds withdrawal. If the funds for your payment (or refund) would come from (or go to) an account outside the U.S., mark an X in this box

73a Account type: [X] Personal checking - or - [] Personal savings - or - [] Business checking - or - [] Business savings

73b Routing number 011900254 73c Account number 385017294757

74 Electronic funds withdrawal Date Amount .00

Third-party designee? (see instr.) Print designee's name, Designee's phone number, Personal identification number (PIN), Email.

Paid preparer must complete: Preparer's signature, printed name, firm's name, address, PTIN or SSN, employer identification number, date, email.

Taxpayer(s) must sign here: Your signature, occupation, spouse's signature and occupation, date, daytime phone number, email.

See instructions for where to mail your return.

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM





Department of Taxation and Finance

Summary of W-2 Statements

New York State • New York City • Yonkers

IT-2

Do not detach or separate the W-2 Records below. File Form IT-2 as an entire page with your return. See instructions on the back.

W-2 Record 1

Box a Employee's Social Security number for this W-2 Record

874323570

Box b Employer identification number (EIN)

201428768

Box c Employer's information

Employer's name IT AMERICA INC			
Employer's address (number and street) 100 METROPLEX DR STE 207			
City EDISON	State NJ	ZIP code 08817	Country

Box 1 Wages, tips, other compensation
51856.00

Box 8 Allocated tips
.00

Box 10 Dependent care benefits
.00

Box 11 Nonqualified plans
.00

Box 12a Amount
1896.00
Code DD

Box 12b Amount
.00
Code

Box 12c Amount
.00
Code

Box 12d Amount
.00
Code

Box 14a Amount
167.00
Description UI/WF/SWF

Box 14b Amount
55.00
Description NJ DI

Box 14c Amount
55.00
Description FLI

Box 14d Amount
73.00
Description NY PFL

Box 13 Statutory employee Retirement plan Third-party sick pay Corrected (W-2c)

NY State information:

Box 15a NY State NY

Box 16a NYS wages, tips, etc. 13661.00

Box 17a NYS income tax withheld 692.00

Other state information:

Box 15b other state NJ

Box 16b Other state wages, tips, etc. 39408.00

Box 17b Other state income tax withheld 1599.00

NYC and Yonkers information (see instr.):

Box 18 Local wages, tips, etc.
Locality a .00
Locality b .00

Box 19 Local income tax withheld
Locality a .00
Locality b .00

Box 20 Locality name
Locality a
Locality b

W-2 Record 2

Box a Employee's Social Security number for this W-2 Record

Box b Employer identification number (EIN)

Box c Employer's information

Employer's name			
Employer's address (number and street)			
City	State	ZIP code	Country

Box 1 Wages, tips, other compensation
.00

Box 8 Allocated tips
.00

Box 10 Dependent care benefits
.00

Box 11 Nonqualified plans
.00

Box 12a Amount
.00
Code

Box 12b Amount
.00
Code

Box 12c Amount
.00
Code

Box 12d Amount
.00
Code

Box 14a Amount
.00
Description

Box 14b Amount
.00
Description

Box 14c Amount
.00
Description

Box 14d Amount
.00
Description

Box 13 Statutory employee Retirement plan Third-party sick pay Corrected (W-2c)

NY State information:

Box 15a NY State NY

Box 16a NYS wages, tips, etc. .00

Box 17a NYS income tax withheld .00

Other state information:

Box 15b other state

Box 16b Other state wages, tips, etc. .00

Box 17b Other state income tax withheld .00

NYC and Yonkers information (see instr.):

Box 18 Local wages, tips, etc.
Locality a .00
Locality b .00

Box 19 Local income tax withheld
Locality a .00
Locality b .00

Box 20 Locality name
Locality a
Locality b

NO HANDWRITTEN ENTRIES ON THIS FORM

102001223555

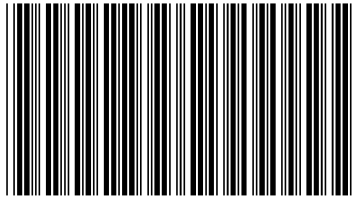


2022 NJ-1040
New Jersey Resident Income Tax Return

For Privacy Act Notification, See Instructions

1555

NJ-1040
2022
Page 1



040MP01220

Your Social Security Number (required)
874323570

Last Name, First Name, Initial (Joint Filers enter first name and middle initial of each. Enter spouse's/CU partner's last name ONLY if different.)
BACHU SRENIKA

Spouse's/CU Partner's SSN (if filing jointly)

County/Municipality Code (See Table page 50)
0810

Home Address (Number and Street, including apartment number)
1950 ALAMANDINE AVE

City, Town, Post Office
AUBREY

State ZIP Code
TX 76227

Driver's License Number (Voluntary) (See instructions)
B00477200054922

- Federal extension filed.
- The address above is a foreign address.
- Your address has changed.
- Death certificate is enclosed.
- Do not want a paper form next year.
- I authorize the Division of Taxation to discuss my return and enclosures with my preparer.
- NJ-1040-O is enclosed.

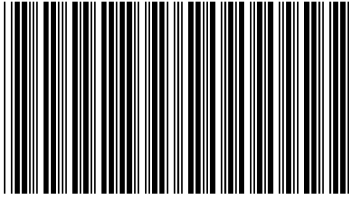
Gubernatorial Elections Fund Note: This does not reduce your refund or increase your balance due.

Do you want to designate \$1 to the Gubernatorial Elections Fund?	You	Yes	No
If joint return, does your spouse want to designate \$1?	Spouse/CU Partner	Yes	No

Direct Deposit Information

dd1. Direct deposit indicator (1 for direct deposit, 4 for no direct deposit)	dd1.	1	
dd2. Account type (C for checking, S for savings)	dd2.	C	
dd3. Fill in the checkbox if the direct deposit is going to an account outside the United States	dd3.		
dd4. Routing number	dd4.		011900254
dd5. Account number	dd5.		385017294757





Name(s) as shown on Form NJ-1040
BACHU SRENIKA

Your Social Security Number
874323570

1555

Part-year residents, provide months/days you were a New Jersey resident during 2022:
From: To:

Fiscal year filers only:
Enter month of your year end 2 0 2 3

Filing Status
Fill in only one.

- 1. Single
- 2. Married/CU Couple, filing joint return
- 3. Married/CU Partner, filing separate return
- 4. Head of Household Enter spouse's/CU partner's SSN
- 5. Qualifying Widow(er)/Surviving CU Partner
Indicate the year of your spouse's/CU partner's death: 2020 2021

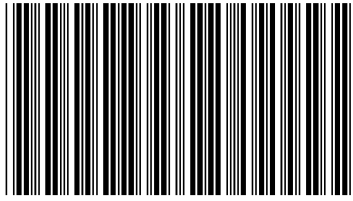
Exemptions

Fill in the ovals that apply. You must enter a total in the boxes to the right and complete the calculation.

6. Regular	<input checked="" type="checkbox"/>	Self	Spouse/CU Partner	Domestic Partner	1	x \$1,000 =	<u>1000</u>
7. Senior 65+ (Born in 1957 or earlier)	<input type="checkbox"/>	Self	Spouse/CU Partner			x \$1,000 =	_____
8. Blind/Disabled	<input type="checkbox"/>	Self	Spouse/CU Partner			x \$1,000 =	_____
9. Veteran	<input type="checkbox"/>	Self	Spouse/CU Partner			x \$6,000 =	_____
10. Qualified Dependent Children	<input type="checkbox"/>					x \$1,500 =	_____
11. Other Dependents	<input type="checkbox"/>					x \$1,500 =	_____
12. Dependents Attending Colleges (See instructions)	<input type="checkbox"/>					x \$1,000 =	_____
13. Total Exemption Amount (Add totals from the lines at 6 through 12)						13.	1000 .

14. Dependent Information. Provide the following information for each dependent.

	Last Name, First Name, Middle Initial	Social Security Number	Birth Year	No Health Insurance
a.	_____			
b.	_____			
c.	_____			
d.	_____			



040MP03220

Name(s) as shown on Form NJ-1040
BACHU SRENIKA

Your Social Security Number
874323570

1555

15.	Wages, salaries, tips, and other employee compensation (State wages from Box 16 of enclosed W-2(s)) (See instructions)	15.	53069	.
16a.	Taxable interest income (Enclose federal Schedule B if over \$1,500) (See instructions)	16a.	.	.
16b.	Tax-exempt interest income (Enclose Schedule) (See instructions) Do not include on line 16a	16b.	.	.
17.	Dividends	17.	.	.
18.	Net profits from business (Schedule NJ-BUS-1, Part I, line 4) (Enclose federal Schedule C)	18.	.	.
19.	Net gains or income from disposition of property (Schedule NJ-DOP, line 4)	19.	.	.
20a.	Taxable pensions, annuities, and IRA distributions/withdrawals (See instructions)	20a.	.	.
20b.	Excludable pension, annuity, and IRA distributions/withdrawals	20b.	.	.
21.	Distributive Share of Partnership Income (Schedule NJ-BUS-1, Part II, line 4) (Enclose Schedule NJK-1 or federal Schedule K-1)	21.	.	.
22.	Net pro rata share of S Corporation Income (Schedule NJ-BUS-1, Part III, line 4) (Enclose Schedule NJ-K-1 or federal Schedule K-1)	22.	.	.
23.	Net gains or income from rents, royalties, patents, and copyrights (Schedule NJ-BUS-1, Part IV, line 4)	23.	.	.
24.	Net gambling winnings (See instructions)	24.	.	.
25.	Alimony and separate maintenance payments received	25.	.	.
26.	Other (Enclose documents) (See instructions)	26.	.	.
27.	Total Income (Add lines 15, 16a, 17 through 20a, and 21 through 26)	27.	53069	.
28a.	Pension/Retirement Exclusion (See instructions)	28a.	.	.
28b.	Other Retirement Income Exclusion (See Worksheet D and instructions pages 19-20)	28b.	.	.
28c.	Total Exclusion Amount (Add lines 28a and 28b)	28c.	.	.
29.	New Jersey Gross Income (Subtract line 28c from line 27) (See instructions)	29.	53069	.
30.	Exemption Amount (Enter amount from line 13. Part-year residents see instr.)	30.	1000	.
31.	Medical Expenses (See Worksheet F and instructions)	31.	.	.
32.	Alimony and separate maintenance payments (See instructions)	32.	.	.
33.	Qualified Conservation Contribution	33.	.	.
34.	Health Enterprise Zone Deduction	34.	.	.
35.	Alternative Business Calculation Adjustment (Schedule NJ-BUS-2, line 11)	35.	0	.
36.	Organ/Bone Marrow Donation Deduction (See instructions)	36.	.	.
37a.	NJBEST Deduction	37a.	.	.
37b.	NJCLASS Deduction	37b.	.	.
37c.	NJ Higher Ed. Tuition Deduction	37c.	.	.
38.	Total Exemptions and Deductions (Add lines 30 through 37c)	38.	1000	.
39.	Taxable Income (Subtract line 38 from line 29)	39.	52069	.
40a.	Total Property Taxes (18% of Rent) Paid (See instructions page 25)	40a.	1728	.
40b.	Indicate your residency status during 2022 (fill in only one)			
	Homeowner	Tenant	Both	
41.	Property Tax Deduction (From Worksheet H) (See instructions)	41.	1728	.
42.	New Jersey Taxable Income (Subtract line 41 from line 39)	42.	50341	.
43.	Tax on amount on line 42 (Tax Table page 52)	43.	1288	.
44.	Credit For Income Taxes Paid to Other Jurisdictions (Enclose Schedule NJ-COJ) (See instructions)	44.	332	.
	Enter Code		32	
45.	Balance of Tax (Subtract line 44 from line 43)	45.	956	.
46.	Sheltered Workshop Tax Credit	46.	.	.
47.	Gold Star Family Counseling Credit (See instructions)	47.	.	.
48.	Credit for Employer of Organ/Bone Marrow Donor (See instructions)	48.	.	.
49.	Total Credits (Add lines 46 through 48)	49.	.	.
50.	Balance of Tax After Credits (Subtract line 49 from line 45) If zero or less, make no entry	50.	956	.
51.	Use Tax Due on Internet, Mail-Order, or Other Out-of-State Purchases (See instructions) If no Use Tax, enter 0	51.	0	.
52.	Interest on Underpayment of Estimated Tax	52.	.	.
	Fill in if Form NJ-2210 is enclosed			
53.	Shared Responsibility Payment (See instructions)	53.	0	.
	REQUIRED Enclose Schedule HCC and fill in <input checked="" type="checkbox"/>			

Name(s) as shown on Form NJ-1040 BACHU SRENIKA	Social Security Number 874-32-3570
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Schedule NJ-BUS-1
(Form NJ-1040)

New Jersey Gross Income Tax
Business Income Summary Schedule

2022

Part I Net Profits From Business		List the net profit (loss) from business(es). See Instructions.	
	Business Name	Social Security Number/ Federal EIN	Profit or (Loss)
1.			
2.			
3.			
4.	Net Profit or (Loss). (Add lines 1, 2, and 3.) (Enter here and on line 18, NJ-1040. If loss, make no entry on line 18.)		4.

Part II Distributive Share of Partnership Income		List the distributive share of income (loss) from partnership(s). See instructions.	
	Partnership Name	Federal EIN	Share of Partnership Income or (Loss)
1.			
2.			
3.			
4.	Distributive Share of Partnership Income or (Loss). (Add lines 1, 2, and 3.) (Enter here and on line 21, NJ-1040. If loss, make no entry on line 21.)		4.
5.	Total Share of Pass-Through Business Alternative Income Tax (Add lines 1, 2, and 3.) (Enter here and include on line 63, NJ-1040.)		5.

Part III Net Pro Rata Share of S Corporation Income		List the pro rata share of income (usable loss) from S corporation(s). See instructions.	
	S Corporation Name	Federal EIN	Share of Pass-Through Business Alternative Income Tax
1.			
2.			
3.			
4.	Net Pro Rata Share of S Corporation Income or (Usable Loss). (Add lines 1, 2, and 3.) (Enter here and on line 22, NJ-1040. If loss, make no entry on line 22.)		4.
5.	Total Share of Pass-Through Business Alternative Income Tax (Add lines 1, 2, and 3.) (Enter here and include on line 63, NJ-1040)		5.

Part IV Net Gains or Income From Rents, Royalties, Patents, and Copyrights		List the net gains or net income, less net loss, derived from or in the form of rents, royalties, patents, and copyrights. See instructions. Type of Property: 1 – Rental real estate 2 – Royalties 3 – Patents 4 – Copyrights	
	Source of Income or Loss. If rental real estate, enter physical address of property.	Social Security Number/ Federal EIN	Type – Enter number from list above
1.	1-5-322 ASHIRWAD NILAYAM	874323570	1
2.			
3.			
4.	Net Income or (Loss). (Add lines 1, 2, and 3.) (Enter here and on line 23, NJ-1040. If loss, make no entry on line 23.)		4.

Keep a copy of this schedule for your records

If your income on line 29 is at or below the filing threshold,
do not complete this schedule.

Name as Shown on Return BACHU SRENIKA	Social Security No. 874-32-3570
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Part I

Did you and, if applicable, all members of your tax household, have minimum essential health coverage for every month in 2022 (See instructions for line 53, NJ-1040.) Part-year residents include only months as a New Jersey resident.

- Yes. You do not owe a shared responsibility payment. Fill in the oval at line 53, NJ-1040, and enclose this schedule with your return.
- No. Continue to Part II.

Part II

Enter the name and Social Security number for each member of your tax household. Check the box for every month each person had minimum essential health coverage or qualified for an exemption (part-year residents include only months as a New Jersey resident). If an individual qualified for an exemption, enter the exemption number. (See instructions for line 53, NJ-1040.) If an individual has more than one exemption number, check the box. If you need more space, enclose a statement listing any additional individuals.

QuickZoom to Shared Responsibility Payment Calculation Worksheet ➔ _____

Name	SSN	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exemption Code . .	_____	Check box if this individual has more than one exemption number .											
		Check box if this individual is under 18											
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exemption Code . .	_____	Check box if this individual has more than one exemption number .											
		Check box if this individual is under 18											
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exemption Code . .	_____	Check box if this individual has more than one exemption number .											
		Check box if this individual is under 18											
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exemption Code . .	_____	Check box if this individual has more than one exemption number .											
		Check box if this individual is under 18											
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exemption Code . .	_____	Check box if this individual has more than one exemption number .											
		Check box if this individual is under 18											
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exemption Code . .	_____	Check box if this individual has more than one exemption number .											
		Check box if this individual is under 18											
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exemption Code . .	_____	Check box if this individual has more than one exemption number .											
		Check box if this individual is under 18											
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exemption Code . .	_____	Check box if this individual has more than one exemption number .											
		Check box if this individual is under 18											
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>