Form **8879**

(Rev. January 2021)

Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.

► Go to www.irs.gov/Form8879 for the latest information.

OMB No. 1545-0074

Submission Identification Number (SID)				
Taxpayer's name	Social securi	ty numbe	r	
SHIPRA SHARMA	794-57	-2412		
Spouse's name	Spouse's soo	ial secur	ity number	
Double Too Debum Information Too Very Furding Described Office	0.0 /Fishers		ii \	
	22 (Enter year you a	re autr	norizing.)	<u> </u>
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	2	,116.
2 Total tax		2	3	0.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3		407.
4 Amount you want refunded to you		4		407.
5 Amount you owe		5		407.
Part II Taxpayer Declaration and Signature Authorization (Be sure you	get and keep a cop		our retui	n)
Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in return (original or amended) I am now authorizing. I consent to allow my intermediate service provito send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or refor any delay in processing the return or refund, and (c) the date of any refund. If applicable, I auth Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution a payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial unthorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancerbusiness days prior to the payment (settlement) date. I also authorize the financial institutions involved taxes to receive confidential information necessary to answer inquiries and resolve issues related personal identification number (PIN) below is my signature for the income tax return (original or an Electronic Funds Withdrawal Consent. Taxpayer's PIN: check one box only	or amended) I am now aut Part I above are the ameder, transmitter, or electroason for rejection of the transmitter. Some for rejection of the transmitter in the processing of the transmitter in the payment. I furned in the payment. I furned in the payment. I furned in the payment in the p	chorizing, ounts fromic returnal returns as the control of the con	and to the orn the income the income of the	e best of come tax for (ERO) e reason Financial tware for unt. This cancel) a r than 2 yment of that the able, my as my ox only
Your signature ▶	Date ▶			
Spouse's PIN: check one box only				
· _	generate my PIN			as my
ERO firm name	, _	ter five di	igits, but	asiny
signature on the income tax return (original or amended) I am now authorizing.	do	n't enter	all zeros	
I will enter my PIN as my signature on the income tax return (original or amend if you are entering your own PIN and your return is filed using the Practitioner below.				
Spouse's signature ▶	Date ►			
Practitioner PIN Method Returns Only—contin	ue 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 Don't ent	6 6	1 9 8	9
I certify that the above numeric entry is my PIN, which is my signature for the electronic individual authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that requirements of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS e-file Proceedings of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Proceedings of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Proceedings of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Proceedings of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Proceedings of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Proceedings of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Proceedings of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Proceedings of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Proceedings of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Proceedings of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Proceedings of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Proceedings of the Practitioner PIN method and Pub. 1345, Handbook for PIN method PIN method Pub. 1345, Handbook for PIN method Pub. 1345, Handbook for PIN method P	al income tax return (origi I am submitting this retu	inal or ar urn in ac	mended) I	
ERO's signature ▶	Date ►			
ERO Must Retain This Form — See Instru Don't Submit This Form to the IRS Unless Reque				

Department of the Treasury—Internal Revenue Service
U.S. Individual Income Tax Return

2022

OMB No. 1545-0074

IRS Use Only-Do not write or staple in this space.

•	s 🗶 S	Single Married filing jointly	Marrie	ed filing separately (MFS)	Head of	household	(HOH)			ng surviv (QSS)	ving .
Check only one box.	If yo	ou checked the MFS box, enter the	name of	your spouse. If you o	hecke	ed the HOH or	QSS box,	enter			,	qualifying
		son is a child but not your depender		, ,								, , ,
Your first name	and m	iddle initial	Last na	me					Your	social	security	number
SHIPRA			SHAR	MA					794	-57	-2412	
If joint return, s	pouse's	s first name and middle initial	Last na	me					Spou	se's so	cial secu	ırity numbe
Home address	(numbe	er and street). If you have a P.O. box, se	e instructi	ons.			Apt. r	10.				n Campaigr
574,CHAI					T						e if you, o lina iointl	y, want \$3
		ce. If you have a foreign address, also o	complete s	paces below.	Stat		ZIP code					hecking a
Marysvi			1.		OH		43040		_		will not c	hange
Foreign country	y name			Foreign province/state/	county	/	Foreign po	stal cod	your	_	refund.	Spouse
 Digital	At ar	ny time during 2022, did you: (a) re	ceive (as	a reward. award. or	pavm	ent for prope	rtv or serv	ices): (or (b) se			
Assets		lange, gift, or otherwise dispose of	•				•	, .	` '		Yes	⊠ No
Standard	Som	eone can claim:	ependen	t Your spous	se as a	dependent						
Deduction		Spouse itemizes on a separate retu	ırn or you	ı were a dual-status	alien							
Age/Blindness	You:	: Were born before January 2,	1958	Are blind Sp	ouse:	☐ Was bor	n before J	anuary	2, 195	8 [] Is blin	ıd
Dependents	s (see	instructions):		(2) Social security	y	(3) Relationsh	ip (4) Ch	eck the	box if qu	ualifies	for (see ir	nstructions):
If more		irst name Last name		number		to you	C	hild tax	credit	Cre	dit for othe	er dependents
than four												
dependents, see instruction	<u> </u>]
and check	5 —]
here]]
Income	1a	Total amount from Form(s) W-2,	box 1 (se	e instructions) .						1a		3,116.
	b	Household employee wages not	reported	on Form(s) W-2 .						1b		
Attach Form(s) W-2 here. Also	С	Tip income not reported on line 1	a (see in	structions)						1c		
attach Forms	d	Medicaid waiver payments not re	eported o	n Form(s) W-2 (see	instrud	ctions)				1d		
W-2G and 1099-R if tax	е	Taxable dependent care benefits	from For	m 2441, line 26						1e		
was withheld.	f	Employer-provided adoption ben	efits fron	n Form 8839, line 29						1f		
If you did not	g	Wages from Form 8919, line 6 .								1g		
get a Form	h	Other earned income (see instruc	tions)							1h		0.
W-2, see instructions.	i	Nontaxable combat pay election	(see instr	ructions)		<u>1</u> i						
	Z	Add lines 1a through 1h								1z		3,116.
Attach Sch. B	2a	Tax-exempt interest	2a		b Ta	xable interest	t			2b		
if required.	3a	Qualified dividends	3a		b Or	dinary divide	nds		_	3b		
	4a	IRA distributions	4a		b Ta	xable amoun	t		.	4b		
Standard Deduction for—	5a	Pensions and annuities	5a			xable amoun				5b		
Single or	6a	Social security benefits	6a			xable amoun	t		<u>.</u> ⊾	6b		
Married filing separately,	С	If you elect to use the lump-sum		•	•	,						
\$12,950	7	Capital gain or (loss). Attach Sch							\sqcup \vdash	7		
Married filing jointly or	8	Other income from Schedule 1, li								8		
Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b,							.	9		3,116.
surviving spouse, \$25,900	10	Adjustments to income from Sch	•							10		
Head of household,	11	Subtract line 10 from line 9. This	•						.	11		3,116.
\$19,400	12	Standard deduction or itemized		,	-				.	12	1	2,950.
If you checked any box under	13	Qualified business income deduc								13		
Standard Deduction,	14									14	1	2,950.
see instructions.	15	Subtract line 14 from line 11. If ze	ero or les	s, enter -U This is y	our t a	axable incom	ie			15		0.

Form 1040 (2022	2)									Page 2
Tax and	16	Tax (see instructions). Check	if any from Form	n(s): 1 881	4 2 🗌 4972	3 🗌			16	0.
Credits	17	Amount from Schedule 2, lir	ne 3						17	
	18	Add lines 16 and 17							18	0.
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812				19	
	20	Amount from Schedule 3, lin	ne 8						20	
	21	Add lines 19 and 20							21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0					22	0.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21 .				23	0.
	24	Add lines 22 and 23. This is	your total tax						24	0.
Payments	25	Federal income tax withheld								
•	а	Form(s) W-2				25a		407	' .	
	b	Form(s) 1099				25b				
	С	Other forms (see instruction	s)			25c				
	d	Add lines 25a through 25c							25d	407.
	26	2022 estimated tax paymen	ts and amount a	pplied from 20	021 return				26	
If you have a Lagualifying child,	27	Earned income credit (EIC)				27				
attach Sch. EIC.	28	Additional child tax credit from				28				
	29	American opportunity credit				29				
	30	Reserved for future use .		•		30				
	31	Amount from Schedule 3, lir				31				
	32	Add lines 27, 28, 29, and 31					credits		32	1
	33	Add lines 25d, 26, and 32. T	,	•	•					407.
	34	If line 33 is more than line 24							34	407.
Refund	35a	Amount of line 34 you want				•	=		35a	407.
Direct deposit?	b	Routing number 0 4 4				Check		. ∟ Saving		107.
See instructions.	d	Account number 9 1 3			Type.	Crieck		Saviriy	5	
	36	Amount of line 34 you want			nd toy	36				
Amarint						30				
Amount You Owe	37	Subtract line 33 from line 24 For details on how to pay, g		•					0.7	
Tou Owe	20		_			1 1			37	
TILL I D. I	38	Estimated tax penalty (see in				38				
Third Party Designee		you want to allow another	•		rn with the IRS?	1	Ves C	omnlet	e below.	X No
Designee		signee's		Phone					ntification	_
	nar			no.				ber (PIN		
Sign	Un	der penalties of perjury, I declare t	hat I have examine	ed this return and	d accompanying sch	nedules a	nd stateme	nts, and	to the be	st of my knowledge and
Here	bel	ief, they are true, correct, and com	plete. Declaration	of preparer (other	r than taxpayer) is ba	ased on a	all informati	on of wh	ich prepar	rer has any knowledge.
пеге	You	ur signature		Date	Your occupation			- 1		ent you an Identity
									rotection F ee inst.)	PIN, enter it here
Joint return? See instructions.					TEST ENGI			`		<u> </u>
Keep a copy for	Sp	ouse's signature. If a joint return, I	ootn must sign.	Date	Spouse's occupat	ion				ent your spouse an ection PIN, enter it here
your records.								- 1	ee inst.)	
	Pho	one no. (947)336-075	9	Email address	SHIPRA.SHARN	ла 4 O 3 @	GMATIC)M		
		eparer's name	Preparer's signat			Date	0	PTIN		Check if:
Paid	SYAM	PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	02/2	6/2023	P020	82703	Self-employed
Preparer		m's name GLOBAL TA				1 / 2	., _ 0 _ 0			(678)965-9522
Use Only			Y CT E BRU	JNSWICK N	J 08816				rm's EIN	84-3171965
Go to want ire or		11040 for instructions and the late				DEVICE	/0.4/00 DDC	1	0 =114	Form 1040 (2022)
ao to www.iis.go	JV/1 'UIII	TOTO IOI INSUIUCIONS AND WE TALE	or illioilliation.		BAA	KEV 02	/24/23 PRO			FOIIII 1040 (2022)

Amended Return

2022 MICHIGAN Individual Income Tax Return MI-1040

Return is due April 18, 2023. T	, .		black i	ink.						(Inclu	ude Schedule AMD)	
1. Filer's First Name	M.I.	Last Name					2. Filer's	s Full	Social Sec	curity	No. (Example: 123-45-6789	9)
SHIPRA If a Joint Return, Spouse's First Name	M.I.	SHARMA Last Name				\longrightarrow	7	94		57		
							3. Spou	se's	Full Social :	Secur	rity No. (Example: 123-45-6	789)
Home Address (Number, Street, or P.O. Box))										_	
574, CHARIOT WAY							<u> </u>					
City or Town			State	ZIP Code	^		4. School			(5 dig	gits – see page 60)	
MARYSVILLE			OH	4304					3135			
 STATE CAMPAIGN FUND Check if you (and/or your spouse, filing a joint return) want \$3 of you to go to this fund. This will not incr your tax or reduce your refund. 	ır taxes		iler pouse		6. FA	Che		box	if 2/3 of yo		AFARERS ncome is from farming,	
7. 2022 FILING STATUS. Check one a. X Single		ou check box "c,"	comple	ıte.	8. 20	_	ESIDENO esident	CYS	STATUS. (Chec	k all that apply.	
b. Married filing jointly		3 and enter spous			b. [_	onreside	ent *			* If you check box "b" or "c," you must complete	٢
	Γ						JII 65	11.			and include Schedule NR.	
c. Married filing separately*					с	Pe	art-Year	Resi	ident *		NK.	
9. EXEMPTIONS. NOTE: If some	one els	e can claim you a	s a dep	endent, ch	eck box 9	e, ent	er 0 on I	line (9a and en	ter \$	1,500 on line 9e (see ins	str.).
		,	•	•		Ĺ				ſ		
a. Number of exemptions (see in	nstructi	ons)				9a.	1	x	\$5,000	9a.	5000	00
b. Number of individuals who qua	alify for	one of the followir	ng speci	al exemptic	ons: deaf,	Γ						
blind, hemiplegic, paraplegic,						9b.		x	\$2,900	9b.		00
c. Number of qualified disabled v						9c.		x	\$400	9c.		00
d. Number of Certificates of Stills	oirth fro	om MDHHS (see i	instruction	ons)		9d.		х	\$5,000	9d.		00
e. Claimed as dependent, see lir	ne 9 N	OTE above				9e. [9e.	_	00
f. Add lines 9a, 9b, 9c, 9d and 9	e. En	ter here and on lin	າe 15						г	9f.	5000	00
10. Adjusted Gross Income from yo	our U.s	3. Form <i>1040</i> (see	e instruc	tions)					. 10.		3116	00
11. Additions from Schedule 1, line 9). Inclı	ude Schedule 1							. 11.			00
12. Total. Add lines 10 and 11									. 12.		3116	00
13. Subtractions from Schedule 1, lin	ne 30.	Include Schedul	le 1						. 13.			00
14. Income subject to tax. Subtract	l line 1	3 from line 12. If I	line 13 is	s greater th	ıan line 12	2, ent∈	ər "0"		. 14.		3116	00
15. Exemption allowance. Enter am	nount f	rom line 9f or Sch	ıedule N	IR, line 19					. 15.		5000	00
16. Taxable income. Subtract line 19	5 from	line 14. If line 15	is great	ter than line	₃ 14, ente	r "0"			. 16.		0	00
17. Tax. Multiply line 16 by 4.25% (0.	.0425)								. 17.			00
NON-REFUNDABLE CREDITS					AMC	OUNT			1 _		CREDIT	т-
18. Income Tax Imposed by governm Include a copy of the return (see				8a.				00	18b.			00
19. Michigan Historic Preservation Ta	ax Cre	dit (see instructior	ns). 19	9a				00	19b.			00
20. Income Tax. Subtract the sum of If the sum of lines 18b and 19b is									. 20.		0	00

2022 N	II-1040, Page 2 of 2									
		File	r's Full Social S	ecurity Number	r 7	94 -	_ 5	57 —	2412	
21.	Enter amount of Income Tax from li	ne 20					21.			00 C
22.	Voluntary Contributions from Form						22.			00
	•									100
23.	USE TAX. Use tax due on Internet, Worksheet 1 (see instructions)						23.		(00
24	Total Tax Liability. Add lines 21, 22	2 and 23				24			(00 0
	INDABLE CREDITS AND PAYN									100
25.	Property Tax Credit. Include MI-1	040CR or MI-1040CF	R-2				25.			00
26.	Farmland Preservation Tax Credi	it. Include MI-1040CF	R-5				26.			00
					DERAL		_	MIC	HIGAN	
27.	Earned Income Tax Credit. Multiply enter result on line 27b.	line 27a by 6% (0.06) and			00	27b.			00
28.	Michigan Historic Preservation Tax			3581			28.			00
29.	Credit for allocated share of tax pai	, ,					29.			00
20.	Creak for allocated chare of tax par	a by an electing new	anough onary	(000 111011 401						1
30.	Michigan tax withheld from Schedu	le W, line 6. Include \$	Schedule W ((do not subn	nit W-2s)		30.		132	2 00
31.	Estimated tax, extension payments	and 2021 credit forwa	ard				31.			00
32.	2022 AMENDED RETURNS ONLY	. Taxpayers completin	g an original	2022 return s	should skip to	line 33.				
	Amended returns must include Sc	hedule AMD (see ins	structions).		·					
	32a. If you had a refund and/or negative number on line 3		ginal return, che	eck box 32a an	d enter this amo	ount as a				
	If you paid with the origina	ıl return, check box 32b a					32c.			00
	32b any additional tax paid after	er filing, as a positive nur	nber on line 320	c. Do not includ	ie interest or pei	naity.	520.			
33.	Total refundable credits and payme	ents. Add lines 25, 26,	27b, 28, 29, 3	30, 31 and 32	2c	33.			132	2 00
	IND OR TAX DUE					_				_
34.	If line 33 is less than line 24, subtra	ct line 33 from line 24	. If applicable	e, see instruct	tions.					
	In alluda internat		00		VOLLOWE	24				
	Include interest 00 a	and penalty	[00]	1	TOO OWE	34.				00
35.	Overpayment. If line 33 is greater	than line 24, subtract	line 24 from li	ine 33		35.			132	2 00
00	Out did Formand Amount of the OF	4 - 1 1 4 1 4	. 00004	4 I. 4	0000 4	4	00			
36.	Credit Forward. Amount of line 35	to be credited to your	2023 estima	ted tax for yo	ur 2023 tax re	turn	36.			00
37	Subtract line 36 from line 35				REFUND	37.			13:	2 00
	ECT DEPOSIT	a. Routing Trans			Account Number			c. Type of		100
	it your refund directly to your financial			İ			1. 🖸	X Checking	2. Sav	rings
and c.	ion! See instructions and complete a, b	044000037		913999	9725					
Dece	eased Taxpayer. If Filer and/or Spou	se died after December 3	31, 2021, enter					declare under pe		
ENTE	R DATE OF DEATH ONLY. Example	: 04-15-2022 (MM-DD-Y	YYY)	,				tion of which I ha	ve any knowle	dge.
Filer		Spouse -		-	Preparer's PTII		r SSN			
	ayer Certification. I declare under tachments is true and complete to the best		e information in	n this return	Preparer's Nan			SAGAR	GUPTA '	ГА
	Signature	or or my narownedge.	Date		Preparer's Sigr	nature				
<u> </u>	sala Ciamatura		Dot-					SAGAR (ΓA
Spous	se's Signature		Date		•			ess and Telepho T	ie number	
					GLOBAL 245 ROO			LС		
	By shooking this hay I suther: T-	occurry to discuss	raturn with	v propers	E BRUNS			N		
╽╙	By checking this box, I authorize Tre	easury to discuss my	returri with m	y preparer.	678-96!			00010		

Refund, credit, or zero returns. Mail your return to:

Michigan Department of Treasury, Lansing, MI 48956

Pay amount on line 34 (see instructions). Mail your check and return to: Michigan Department of Treasury, Lansing, MI 48929

2022 MICHIGAN Withholding Tax Schedule

Issued under authority of Public Act 281 of 1967, as amended.

Type or print in blue or black ink.

Attachment 13

INSTRUCTIONS: If you had Michigan income tax withheld in 2022, you must complete a *Withholding Tax Schedule* (Schedule W) to claim the withholding on your *Individual Income Tax Return* (MI-1040, line 30). Report military pay in Table 1 and military retirement benefits and taxable railroad retirement benefits (both Tier 1 and Tier 2) in Table 2 even if no Michigan tax was withheld. Include your completed Schedule W with Form MI-1040. See complete instructions on page 2 of this form. If you need additional space, include another Schedule W.

1. Filer's First Name	M.I.	Last Name	2. Filer's Full Social Security No. (Example: 123-45-6789)
SHIPRA		SHARMA	794 — 57 — 2412
If a Joint Return, Spouse's First Name	M.I.	Last Name	3. Spouse's Full Social Security No. (Example: 123-45-6789)

TABLE 1: MICHIGAN TAX WITHHELD OR MILITARY PAY REPORTED ON W-2, W-2G or CORRECTED W-2 FORMS

		-					
<i>F</i>	۱ ۱	В	C	D		E	
Enter '	'X" for:	Employer's identification number		Box 1 — Wages, tips,		Box 17 — Michigan	
	Spouse	(Example: 38-1234567)	Box c — Employer's name	other compensation		income tax withheld	
							\Box
X		98-0154401	WIPRO LTD	3116	00	132	00
					00		00
							\Box
					00		00
					00		00
					00		00
Enter	Table	1 Subtotal from additional Sche	dule W forms (if applicable)				00
4.	SUB	TOTAL. Enter total of Table 1, c	olumn E		4.	132	00

TABLE 2: MICHIGAN TAX WITHHELD OR MILITARY RETIREMENT BENEFITS AND RAILROAD RETIREMENT BENEFITS (BOTH TIER 1 AND TIER 2) REPORTED ON 1099 FORMS

Α	В	С	D	E
Enter "X" for: Filer or Spouse	o'. ' (F		Taxable pension distribution, misc. income, etc. (see inst.)	Michigan income tax withheld
			00	00
			00	00
			00	00
			00	00
			00	00
Enter Table	e 2 Subtotal from additional Sche	dule W forms (if applicable)		00
5. SUE	BTOTAL. Enter total of Table 2, c	5	00	
6. TOT	AL. Add lines 4 and 5. Enter her	e and carry to MI-1040, line 30) 6	132 00

REV 02/21/23 PRO