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

	5.00.00				
Submi	ssion Identification Number (SID)				
Taxpaye	er's name	Social securi	ty numl	per	
SAR	AVANA GANESH	156-02	-638	1	
Spouse'	s name	Spouse's soo	ial seci	urity numbe	er
Part	Tax Return Information — Tax Year Ending December 31, 2022 (Ente	r year you a	re au	thorizina)
	whole dollars only on lines 1 through 5.	n your you c	10 44	unonzing	•)
	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.				
1	Adjusted gross income		1	69	9,806.
2	Total tax		2		7,321.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	13	3,071.
4	Amount you want refunded to you		4		5,750.
5	Amount you owe		5		
Part	II Taxpayer Declaration and Signature Authorization (Be sure you get and	keep a cop	y of y	our retu	ırn)
my known return (to send for any Agent t paymer authoriz paymer business taxes t personal	penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended by by by and belief, it is true, correct, and complete. I further declare that the amounts in Part I about original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmar my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for redelay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U is initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account into the financial institution account into the financial in full force and effect until I notify the U.S. Treasury Financial Agent to terminant, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation recess days prior to the payment (settlement) date. I also authorize the financial institutions involved in the or receive confidential information necessary to answer inquiries and resolve issues related to the ali identification number (PIN) below is my signature for the income tax return (original or amended) I and Financial Withdrawal Consent.	ve are the amnitter, or electro- iection of the to J.S. Treasury a dicated in the to ion to debit the ee the authoriz- quests must be exprocessing of payment. I fur	ounts for the counts of the co	from the inturn original ssion, (b) to designated paration so to this according to revoke wed no late ectronic packnowledge.	acome tax ator (ERO) he reason I Financial oftware for ount. This (cancel) a ter than 2 ayment of e that the
	nic Funds Witndrawai Consent. Nyer's PIN: check one box only				
X		my PIN 2	6 3	3 8 1	as my
	ERO firm name signature on the income tax return (original or amended) I am now authorizing.	ř En		digits, but er all zeros	as my
	I will enter my PIN as my signature on the income tax return (original or amended) I am if you are entering your own PIN and your return is filed using the Practitioner PIN met below.				
Your s	ignature ▶ Date ▶				
Snous	se's PIN: check one box only	_			
	I authorize to enter or generate	my PIN			as my
	ERO firm name	-	ter five	digits, but	ao my
	signature on the income tax return (original or amended) I am now authorizing.	do	n't ente	er all zeros	
	I will enter my PIN as my signature on the income tax return (original or amended) I am if you are entering your own PIN and your return is filed using the Practitioner PIN met below.				
Spous	e's signature ▶ Date ▶				
	Practitioner PIN Method Returns Only—continue belov	/			
Part	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 4 9 Don't ent	6 6 er all ze	-	3 9
authori	that the above numeric entry is my PIN, which is my signature for the electronic individual income sized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am subments of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of	ax return (orig	nal or urn in a	amended) accordance	
ERO's	signature ▶ Date ▶				
	ERO Must Retain This Form — See Instructions				
	Don't Submit This Form to the IRS Unless Requested To	Do So			

E 1040 Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Return

OMB No. 1545-0074

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

Filing Status Check only one box.	If yo	u checked the MFS box, enter the na	ame of y	ed filing separately (Nour spouse. If you cl						spou	ise (QSS)		
		on is a child but not your dependent									-1-1		
Your first name		adie initial	Last na							Your social security number			
SARAVANA			GANE							156-02-6381			
If joint return, s	pouse's	first name and middle initial	Last na	me					Spo	ouse's	social sec	curity number	
Home address	(numbe	er and street). If you have a P.O. box, see	instruction	ons.			Apt.	no.	- 1			on Campaign	
#855 JEI											ere if you,		
City, town, or p	ost offic	ce. If you have a foreign address, also co	mplete s	paces below.	Stat	е	ZIP code)				tly, want \$3 Checking a	
High Po:	int				NC		2726	5	bo	x belo	ow will not	change	
Foreign country	y name		F	Foreign province/state/	county	/	Foreign p	ostal cod	le you	ır tax	or refund.		
											You	Spouse	
Digital Assets		ny time during 2022, did you: (a) reco ange, gift, or otherwise dispose of a									Yes	⊠ No	
Standard		eone can claim: You as a de					, (
Deduction	_	Spouse itemizes on a separate retur	•										
Age/Blindness	You:	☐ Were born before January 2, 1	958	Are blind Spo	use:	☐ Was bor	rn before	Januar	y 2, 19	958	☐ Is bli	nd	
Dependents	s (see	instructions):		(2) Social security	.	(3) Relationsh	nip (4) C	heck the	box if	qualif	ies for (see	instructions):	
If more	(1) Fi	irst name Last name		number		to you		Child tax	credit		Credit for oth	ner dependents	
than four]				
dependents, see instruction	s ——]				
and check]				
here]				
Income	1a	Total amount from Form(s) W-2, b	ox 1 (se	e instructions) .						1a		77,366.	
	b	Household employee wages not re	eported	on Form(s) W-2.						1b			
Attach Form(s) W-2 here. Also	С	Tip income not reported on line 1a (see instructions)								1c			
attach Forms	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)								1d			
W-2G and 1099-R if tax	е	Taxable dependent care benefits from Form 2441, line 26								1e			
was withheld.	f	Employer-provided adoption benefits from Form 8839, line 29								1f			
If you did not	g	Wages from Form 8919, line 6 .								1g			
get a Form W-2, see	h	Other earned income (see instruct	,				· · ·			1h		0.	
instructions.	i	Nontaxable combat pay election (s	see instr	ructions)		<u>1</u> i					4 _		
	Z	Add lines 1a through 1h								1z		77,366.	
Attach Sch. B	2a	· -	2a			axable interes				2b			
if required.	3a		3a			rdinary divide			•	3b			
	4a		4a			axable amoun			•	4b			
Standard Deduction for—	5a		5a			axable amoun			•	5b			
Single or	6a	,	6a			axable amoun	τ		Ċ	6b	_		
Married filing separately,	c	If you elect to use the lump-sum e		·	•	,			\exists	_	4		
\$12,950	7	Capital gain or (loss). Attach Sche							Ш	7		7 [60	
 Married filing jointly or 	8	Other income from Schedule 1, lin		This is your total inc					•	8		<u>-7,560.</u>	
Qualifying surviving spouse,	9 10	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, Adjustments to income from Sche		•					•	9 10		59,806.	
\$25,900		•	,						•	11		0 006	
 Head of household, 	11 12	Subtract line 10 from line 9. This is Standard deduction or itemized	•	-					•	12		59,806.	
\$19,400 If you checked	13	Qualified business income deduct				 5-Δ				13	_	L2,950.	
any box under	14								•	14		2 050	
Standard Deduction,	15	Add lines 12 and 13								15		<u>12,950.</u> 56,856.	
see instructions.	.5	Cabaactinic 14 Holli lille 11. Il Zel	0 01 168	o, onto 0 Inio 15 y	Jui L				•	13		,0,050.	

Form 1040 (2022	2)								Page 2
Tax and	16	Tax (see instructions). Check in	f any from Form	(s): 1 881	4 2 🗌 4972	3 🗌		. 16	8,130.
Credits	17	Amount from Schedule 2, line	3					. 17	
	18	Add lines 16 and 17						. 18	8,130.
	19	Child tax credit or credit for o	ther dependen	ts from Schedi	ule 8812			. 19	
	20	Amount from Schedule 3, line	8					. 20	809.
	21	Add lines 19 and 20						. 21	809.
	22	Subtract line 21 from line 18.	If zero or less,	enter -0				. 22	7,321.
	23	Other taxes, including self-en	nployment tax,	from Schedule	2, line 21 .			. 23	0.
	24	Add lines 22 and 23. This is y	our total tax					. 24	7,321.
Payments	25	Federal income tax withheld t							
-	а	Form(s) W-2				25a	13,07	71.	
	b	Form(s) 1099				25b			
	С	Other forms (see instructions)				25c			
	d	Add lines 25a through 25c .						. 25d	13,071.
If you have a	26	2022 estimated tax payments	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 from	Schedule 8812			28			
	29	American opportunity credit f	rom Form 8863	8, 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 pa	yments and ref	undable cr	edits .	. 32	
	33	Add lines 25d, 26, and 32. Th	ese are your to	tal payments				. 33	13,071.
Refund	34	If line 33 is more than line 24,	subtract line 2	4 from line 33.	This is the amou	ınt you over	paid .	. 34	5,750.
neruna	35a	Amount of line 34 you want re	efunded to you	ı. If Form 8888	is attached, che	eck here .		35a	5,750.
Direct deposit?	b	Routing number 2 7 2	4 8 3 9	0 5	c Type:	Checking	☐ Savii	ngs	
See instructions.	d	Account number 2 1 4							
	36	Amount of line 34 you want a	pplied to your	2023 estimate	d tax	36			
Amount You Owe	37	Subtract line 33 from line 24. For details on how to pay, go						. 37	
	38	Estimated tax penalty (see ins	structions) .			38			
Third Party Designee		you want to allow another tructions	person to disc	cuss this retur	n with the IRS	? See _	'es. Compl	ete below.	X No
		signee's		Phone				dentification	
	nar			no.			number (F		
Sign Here		der penalties of perjury, I declare th ief, they are true, correct, and comp			, , ,		,		, ,
TICIC	Yo	ur signature		Date	Your occupation			Protection F	ent you an Identity PIN, enter it here
Joint return?					IT CONSUL			(see inst.)	
See instructions. Keep a copy for your records.	Sp	ouse's signature. If a joint return, b e	Date	Spouse's occupa	tion		ent your spouse an ection PIN, enter it here		
		one no. (215)470-1792		Email address	CADATANA	MCGCMAT	T COM	/	
		(/	Preparer's signat		SARAVANAP	Date	L.COM PTI	N	Check if:
Paid			, ,		AR DUDIPALLI			2470833	Self-employed
Preparer				PAVAN KUM	רידואאזרחח	1 03/30/2	1023 202		
Use Only		m's name GLOBAL TAX		MCMT OV N	J 08816				(678)965-9522
		m's address 245 ROONEY		MATCK NO				Firm's EIN	88-2145487
Go to www.irs.go	ov/Forn	n1040 for instructions and the lates	t information.		BAA	REV 03/22/2	3 PRO		Form 1040 (2022)

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2022

Attachment
Seguence No. 01

Department of the Treasury Internal Revenue Service

SARAVANA GANESH

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

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

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

	Sequence No. U I
Your soc	ial security number
156-02	-6381

Par	t 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. Atta	ch Schedule E .	5	-7,560.
6	Farm income or (loss). Attach Schedule F		6	
7	Unemployment compensation		7	
8	Other income:			
а	Net operating loss	8a ()		
b	Gambling	8b		
С		8c		
d	9	8d ()		
е	Income from Form 8853	8e		
f	Income from Form 8889	8f		
g	Alaska Permanent Fund dividends	8g		
h	, , , ,	8h		
i	Prizes and awards	8i		
j	Activity not engaged in for profit income	8j		
	Stock options	8k		
I	Income from the rental of personal property if you engaged in the rental			
	for profit but were not in the business of renting such property	81		
m	Olympic and Paralympic medals and USOC prize money (see			
	,	8m		
	`	8n		
0	·	80		
р	•	8p		
q	·	8q		
r	Scholarship and fellowship grants not reported on Form W-2	8r		
S	Nontaxable amount of Medicaid waiver payments included on Form	0. (
	1040, line 1a or 1d	8s ()		
t	Pension or annuity from a nonqualifed deferred compensation plan or	04		
	a nongovernmental section 457 plan	8t		
		8u		
Z	Other income. List type and amount:	0-		
9		8z	9	
9 10	Total other income. Add lines 8a through 8z		10	-7,560.
	- Compine integral transport and of Enter Hele and Official Hele. 1040, 1040-011.		IU	1,500.

Schedule 1 (Form 1040) 2022 Page **2**

Educator expenses 11	Par	Adjustments to Income			
officials. Attach Form 2106 1 Health savings account deduction. Attach Form 8889 1 Health savings account deduction. Attach Form 8889 1 Deductible part of self-employment tax. Attach Schedule SE 1 Self-employed SEP, SIMPLE, and qualified plans 1 Self-employed SEP, SIMPLE, and qualified plans 1 Self-employed health insurance deduction 1 The Penalty on early withdrawal of savings 1 Ba Alimony paid 1 Ba Pecipient's SSN 1 C Date of original divorce or separation agreement (see instructions): 2 IFA deduction 2 IFA deduction 2 IFA deduction 2 IFA deduction 2 IFA desclustion 2 IFA desclustion 2 IFA desclustion 2 IFA description of future use 2 IFA desclustion 2 IFA description of future use 2 IFA descri	11			11	
officials. Attach Form 2106 1 Health savings account deduction. Attach Form 8889 1 Health savings account deduction. Attach Form 8889 1 Deductible part of self-employment tax. Attach Schedule SE 1 Self-employed SEP, SIMPLE, and qualified plans 1 Self-employed SEP, SIMPLE, and qualified plans 1 Self-employed health insurance deduction 1 The Penalty on early withdrawal of savings 1 Ba Alimony paid 1 Ba Pecipient's SSN 1 C Date of original divorce or separation agreement (see instructions): 2 IFA deduction 2 IFA deduction 2 IFA deduction 2 IFA deduction 2 IFA desclustion 2 IFA desclustion 2 IFA desclustion 2 IFA description of future use 2 IFA desclustion 2 IFA description of future use 2 IFA descri	12	Certain business expenses of reservists, performing artists, and fee-	basis government		
13 Health savings account deduction. Attach Form 8889		officials. Attach Form 2106		12	
15 Deductible part of self-employment tax. Attach Schedule SE 16 Self-employed SEP, SIMPLE, and qualified plans 17 Self-employed death insurance deduction 17 Penalty on early withdrawal of savings 18 Penalty on early withdrawal of savings 19a Alimony paid 19a Alimony paid 19a Recipient's SSN 19a Becipient's SSN 19a Becipient	13	Health savings account deduction. Attach Form 8889		13	
16 Self-employed SEP, SIMPLE, and qualified plans	14			14	
17 Self-employed health insurance deduction 18 Penalty on early withdrawal of savings 18 18 19 Alimony paid 19 Recipient's SSN 10 Date of original divorce or separation agreement (see instructions): 20 IRA deduction 21 Student loan interest deduction 22 Archer MSA deduction 23 Archer MSA deduction 24 Other adjustments: 25 Jury duty pay (see instructions) 26 Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit 24 Contributions of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m 24 Reforestation amortization and expenses 24 Repayment of supplemental unemployment benefits under the Trade Act of 1974 24 Contributions to section 501(c)(18)(D) pension plans 24 Contributions by certain chaplains to section 403(b) plans 24 Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions) 24 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 24 Jeli 25 Total other adjustments. Add lines 24a through 24z 26 Add lines 11 through 23 and 25. These are your adjustments to income. Enter here and on	15			_	
18	16			-	
19a Alimony paid b Recipient's SSN c Date of original divorce or separation agreement (see instructions): 20 IRA deduction		Self-employed health insurance deduction		-	
b Recipient's SSN c Date of original divorce or separation agreement (see instructions): 20 1RA deduction	18			-	
c Date of original divorce or separation agreement (see instructions): IRA deduction	19a			19a	
20 Student loan interest deduction 21 22 23 24 22 24 24 24 24	b	Recipient's SSN			
Student loan interest deduction Reserved for future use Archer MSA deduction Other adjustments: Jury duty pay (see instructions) Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m. Reforestation amortization and expenses Repayment of supplemental unemployment benefits under the Trade Act of 1974. Contributions to section 501(c)(18)(D) pension plans Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions). 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 Housing deduction from Form 2555. Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041). Total other adjustments. List type and amount: 25 Total other adjustments. Add lines 24a through 24z Add lines 11 through 23 and 25. These are your adjustments to income. Enter here and on	С	Date of original divorce or separation agreement (see instructions):			
22 Archer MSA deduction				-	
Archer MSA deduction Other adjustments: Jury duty pay (see instructions) Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m Reforestation amortization and expenses Repayment of supplemental unemployment benefits under the Trade Act of 1974 Contributions to section 501(c)(18)(D) pension plans Contributions by certain chaplains to section 403(b) plans Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions) 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 Jeuseph Housing deduction from Form 2555 Let Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041) Cother adjustments. List type and amount: Total other adjustments. Add lines 24a through 24z Add lines 11 through 23 and 25. These are your adjustments to income. Enter here and on				$\overline{}$	
24 Other adjustments: a Jury duty pay (see instructions) b Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit				-	
a Jury duty pay (see instructions) b Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit c Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m				23	
b Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit	24				
rental of personal property engaged in for profit			24a		
c Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m	b				
and USOC prize money reported on line 8m			24b	-	
d Reforestation amortization and expenses	С				
e Repayment of supplemental unemployment benefits under the Trade Act of 1974					
Act of 1974			24d		
f Contributions to section 501(c)(18)(D) pension plans	е		040		
g Contributions by certain chaplains to section 403(b) plans					
h Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions)				-	
discrimination claims (see instructions)	_		249		
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	"		24h		
from the IRS for information you provided that helped the IRS detect tax law violations	i	` <i>'</i>	2-711		
tax law violations	٠				
j Housing deduction from Form 2555			24i		
k Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)	i				
1041)	k		,		
z Other adjustments. List type and amount:	•••		24k		
Total other adjustments. Add lines 24a through 24z	z				
Total other adjustments. Add lines 24a through 24z	_		24z		
26 Add lines 11 through 23 and 25. These are your adjustments to income. Enter here and on	25			25	
	26	•			
				26	

SCHEDULE 3 (Form 1040)

Department of the Treasury Internal Revenue Service

Additional Credits and Payments

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. 03

Name(s) shown on Form 1040, 1040-SR, or 1040-NR SARAVANA GANESH

Your social security number 156-02-6381

Pai	Nonretundable Credits				
1	Foreign tax credit. Attach Form 1116 if required		[1	
2	Credit for child and dependent care expenses from Form 2441 Form 2441	, line 11. Att	ach	2	
3	Education credits from Form 8863, line 19		[3	809.
4	Retirement savings contributions credit. Attach Form 8880		[4	
5	Residential energy credits. Attach Form 5695		[5	
6	Other nonrefundable credits:				
а	General business credit. Attach Form 3800	6a			
b	Credit for prior year minimum tax. Attach Form 8801	6b			
С	Adoption credit. Attach Form 8839	6c			
d	Credit for the elderly or disabled. Attach Schedule R	6d			
е	Alternative motor vehicle credit. Attach Form 8910	6e			
f	Qualified plug-in motor vehicle credit. Attach Form 8936	6f			
g	Mortgage interest credit. Attach Form 8396	6g			
h	District of Columbia first-time homebuyer credit. Attach Form 8859	6h			
i	Qualified electric vehicle credit. Attach Form 8834	6i			
j	Alternative fuel vehicle refueling property credit. Attach Form 8911	6j			
k	Credit to holders of tax credit bonds. Attach Form 8912	6k			
I	Amount on Form 8978, line 14. See instructions	6I			
Z	Other nonrefundable credits. List type and amount:				
		6z			
7	Total other nonrefundable credits. Add lines 6a through 6z		[7	
8	Add lines 1 through 5 and 7. Enter here and on Form 1040, 1040	-SR, or 1040-	NR,		
	line 20		٠ ٠ لـ	8	809.
			(cor	ntinue	ed on page 2)

Schedule 3 (Form 1040) 2022 Page **2**

Par	Other Payments and Refundable Credits			
9	Net premium tax credit. Attach Form 8962		9	
10	Amount paid with request for extension to file (see instructions) .		10	
11	Excess social security and tier 1 RRTA tax withheld		11	
12	Credit for federal tax on fuels. Attach Form 4136		12	
13	Other payments or refundable credits:			
а	Form 2439	13a		
b	Credit for qualified sick and family leave wages paid in 2022 from Schedule(s) H for leave taken before April 1, 2021	13b		
С	Reserved for future use	13c		
d	Credit for repayment of amounts included in income from earlier years	13d		
е	Reserved for future use	13e		
f	Deferred amount of net 965 tax liability (see instructions)	13f		
g	Reserved for future use	13g		
h	Credit for qualified sick and family leave wages paid in 2022 from Schedule(s) H for leave taken after March 31, 2021, and before October 1, 2021	13h		
Z	Other payments or refundable credits. List type and amount:	13z		
14	Total other payments or refundable credits. Add lines 13a through		14	
15	Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040-line 31	15		

SCHEDULE E (Form 1040)

Supplemental Income and Loss

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

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

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service Name(s) shown on return

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

Attachment Sequence No. **13**

Your social security number

SARA	AVANA GAN	ESH											156	5-02-6	5381	
Par	Note:	f you ar	e in th	ne busine	ss of ren	ting perso	state an onal proper 2, line 40.			e C . See	instru	ctions. If you	are an	individu	al, repo	ort farm
Α	Did you make							to file	Form(s)	1099? S	See ins	structions .			Ye	s 🛛 No
В	f "Yes," did y	ou or v	will yo	ou file re	quired F	orm(s)	1099? .							[☐ Ye	s 🗌 No
1a	Physical ad															
Α	SAHAKARA	ANAGA	AR I	BANGAI	LORE K	CARNAT	AKA IN	5600	92							
В																
С																
1b	Type of Pro		2	2 For each rental real estate property lis above, report the number of fair rental					and		Fa	ir Rental Days	Personal Use Days			QJV
Α	3						eck the Qu			Α		365			0	
В							ments to f See instru			В						
С				quanne	o joint t	rentare.	OCC IIISti u	Otionic	,.	С						
1	of Property: Single Family Multi-Family	y Resid			Vacatio Comme		Term Ren	tal	5 Land 6 Roya			Self-Rental Other (desc				
												Propert	ies:			
Incon										Α		В				С
3	Rents receive							3		4	50.					
4	Royalties re	ceived	١					4								
Expe								_								
5	Advertising							5								
6	Auto and tra	•			•			6			00					
7	Cleaning an							7		9	00.					
8	Commission							8								
9	Insurance .							9								
10	Legal and o							10			00					
11	Managemer							11		-/	00.					
12	Mortgage in		•				,	12								
13	Other intere							13		2 -	<u>- </u>					
14	Repairs							14		2,5						
15 16	Supplies .							15 16		1,9	60.					
17	Taxes Utilities							17		1,8	<u>a n</u>					
18	Depreciation							18		1,0	90.					
19		-		-				19								
20	Other (list) _ Total expen	Δ	dd lin	 As 5 thr	 ough 10			20		8,0	1.0					
21	Subtract lin				•			20		0,0	10.					
21	result is a (I	oss), s	ee ins	struction	ns to fin	d out if	you must	21		-7,5	60.					
22	Deductible on Form 85							22	(7,56	50.)	()(
23a	Total of all a	amount	ts rep	orted o	n line 3 t	for all re	ntal prope	rties			23a		450	0.		
b	Total of all a	amount	ts rep	orted o	n line 4 t	for all ro	yalty prop	erties			23b					
С	Total of all a	amount	ts rep	orted o	n line 12	for all p	roperties				23c					
d	Total of all a	amount	ts rep	orted o	n line 18	for all p	roperties				23d					
е	Total of all a	amount	ts rep	orted o	n line 20	for all p	roperties				23e	8	3,010).		
24	Income. A	dd pos	itive a	amounts	s shown	on line	21. Do no	t inclu	ide any lo	osses			. [24		
25	Losses. Ad	d royalt	ty loss	ses from	line 21 a	and renta	al real estat	e loss	es from li	ne 22. E	nter to	otal losses he	re 2	25 (7,560.
26												nter the resu				
	here. If Par Schedule 1											is amount on page 2		26		-7,560.

Form **8863**

Education Credits (American Opportunity and Lifetime Learning Credits)

Department of the Treasury Internal Revenue Service

Attach to Form 1040 or 1040-SR.

Go to www.irs.gov/Form8863 for instructions and the latest information.

OMB No. 1545-0074

2022

Attachment Sequence No. 50

Name(s) shown on return
SARAVANA GANESH

Your social security number 156-02-6381



Complete a separate Part III on page 2 for each student for whom you're claiming either credit before you complete Parts I and II.

Part	Refundable American Opportunity Credit					
1	After completing Part III for each student, enter the total of all amounts from all P	arts I	II, line	30	1	
2	Enter: \$180,000 if married filing jointly; \$90,000 if single, head of household, or qualifying surviving spouse	2				
3	Enter the amount from Form 1040 or 1040-SR, line 11. But if you're filing Form 2555 or 4563, or you're excluding income from Puerto Rico, see Pub. 970 for the amount to enter instead	3				
4	Subtract line 3 from line 2. If zero or less, stop ; you can't take any education credit	4				
5	Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or qualifying surviving spouse	5				
6	If line 4 is: • Equal to or more than line 5, enter 1.000 on line 6)		
	• Less than line 5, divide line 4 by line 5. Enter the result as a decimal (ro at least three places)			}	6	
7	Multiply line 1 by line 6. Caution: If you were under age 24 at the end of the conditions described in the instructions, you can't take the refundable America skip line 8, enter the amount from line 7 on line 9, and check this box	nity credit;	7			
8	Refundable American opportunity credit. Multiply line 7 by 40% (0.40). Enter	t here and	-			
	on Form 1040 or 1040-SR, line 29. Then go to line 9 below				8	
Part						
9	Subtract line 8 from line 7. Enter here and on line 2 of the Credit Limit Worksheet				9	
10	After completing Part III for each student, enter the total of all amounts from					
	zero, skip lines 11 through 17, enter -0- on line 18, and go to line 19				10	4,044.
11	Enter the smaller of line 10 or \$10,000				11	4,044.
12	Multiply line 11 by 20% (0.20)	1	 I		12	809.
13	Enter: \$180,000 if married filing jointly; \$90,000 if single, head of household, or qualifying surviving spouse	13		90,000.		
14	Enter the amount from Form 1040 or 1040-SR, line 11. But if you're filing Form 2555 or 4563, or you're excluding income from Puerto Rico, see Pub. 970 for the amount to enter instead	14		69,806.		
15	Subtract line 14 from line 13. If zero or less, skip lines 16 and 17, enter -0- on	14		09,000.		
15	line 18, and go to line 19	15		20,194.		
16	Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or qualifying surviving spouse	16		10,000.		
17	If line 15 is:		•			
	• Equal to or more than line 16, enter 1.000 on line 17 and go to line 18)		
	• Less than line 16, divide line 15 by line 16. Enter the result as a decimal (roun least three places)			}	17	1.000
18	Multiply line 12 by line 17. Enter here and on line 1 of the Credit Limit Worksheet	(see i	instruc	ctions) .	18	809.
19	Nonrefundable education credits. Enter the amount from line 7 of the Credit					
	instructions) here and on Schedule 3 (Form 1040), line 3			<u> </u>	19	809.

Name(s) shown on return

SARAVANA GANESH

Your social security number

156-02-6381



Complete Part III for each student for whom you're claiming either the American opportunity credit or lifetime learning credit. Use additional copies of page 2 as needed for each student.

Par	Student and Educational Institution Information	n. See instructions.						
20	Student name (as shown on page 1 of your tax return)	21 Student social security number (as s	hown o	on page 1 of				
	SARAVANA	your tax return)						
	GANESH	156-02-6381						
	Educational institution information (see instructions)	T						
а	Name of first educational institution	b. Name of second educational institut	ion (if a	any)				
	EDUCATIVE INC	(4) A	0 1) O'I I				
(1) Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see	(1) Address. Number and street (or P. post office, state, and ZIP code. If						
	instructions.	instructions.	a lolei	gir address, see				
	12280 NE DISTRICT WAY							
	BELLEVUE WA 98005							
ť	2) Did the student receive Form 1098-T	(2) Did the student receive Form 1098	B-T					
	from this institution for 2022?	from this institution for 2022?		Yes No				
(Did the student receive Form 1098-T	(3) Did the student receive Form 1098] V				
	from this institution for 2021 with box Yes X No 7 checked?	from this institution for 2021 with but 7 checked?	00X	」Yes No				
(4	4) Enter the institution's employer identification number (EIN)	(4) Enter the institution's employer ide						
	if you're claiming the American opportunity credit or if you	if you're claiming the American opp						
	checked "Yes" in (2) or (3). You can get the EIN from Form 1098-T or from the institution.	checked "Yes" in (2) or (3). You can 1098-T or from the institution.	i get tr	ie Eliv from Form				
	1000 T of Horn the institution.	1000 TOT HOME INSTITUTION.						
	47-4355807							
23	Has the American opportunity credit been claimed for this	☐ Yes — Stop!						
	student for any 4 prior tax years?	Go to line 31 for this student.	– Go t	to line 24.				
24	Was the student enrolled at least half-time for at least one							
	academic period that began or is treated as having begun in 2022 at an eligible educational institution in a program	No	Cto	al Catalina 21				
	leading towards a postsecondary degree, certificate, or		— อเ งเ this stu	p! Go to line 31 Ident.				
	other recognized postsecondary educational credential?							
	See instructions.							
25	Did the student complete the first 4 years of postsecondary							
	education before 2022? See instructions.	\times Yes — Stop! Go to line 31 for this student. \square No	— Go t	to line 26.				
		do to line of for this student.						
26	Was the student convicted, before the end of 2022, of a	☐ Yes — Stop! ☐ No	— Com	nplete lines 27				
	felony for possession or distribution of a controlled			for this student.				
	substance?							
	You can't take the American opportunity credit and the li		t in the	same year. If				
CAUT	you complete lines 27 through 30 for this student, don't o	complete line 31.						
	American Opportunity Credit							
27	Adjusted qualified education expenses (see instructions). Dor	n't enter more than \$4,000	27					
28	Subtract \$2,000 from line 27. If zero or less, enter -0	28						
29	Multiply line 28 by 25% (0.25)		29					
30	If line 28 is zero, enter the amount from line 27. Otherwise, a							
	enter the result. Skip line 31. Include the total of all amounts f	rom all Parts III, line 30, on Part I, line 1.	30					
	Lifetime Learning Credit		, ,					
31	Adjusted qualified education expenses (see instructions). Incl			4 0 4 4				
	III, line 31, on Part II, line 10		31	4,044.				

D-400 < Staple A	All Pages		ur	022			ina D	ncome Department Dended Return			DOR Use Only				
For calendar year 2022, or fiscal year beginning 2 2 and ending SARAVANA GANESH And SARAVANA GANESH											ls your spou	Are you a veteran? S your spouse a veteran? Yes No No Vere you granted an automatic extension to file			
HIGH I	PO NC 2 atus X	1. Singl		i 🔲		ed Filing fying Wid	-	Spouse's SS		Separately	2022 federal	Yes 🗌	turn, e.g., Form 1040?		
Was you	ır spouse a	reside	. for the entirn nt for the en	tire year?	•	Yes X Yes L	No		eturn fo	r deceased t	spouse.	Date of de			
your ove to the Fu	your overpayment to the Fund. To make a contribution, enclose Form NC-EDU and your payment of \$ 0. To designate your overpayment to the Fund, enter the amount of your designation on Page 2, Line 31. (See instructions for information about the Fund.) Select box if you, or if married filing jointly, your spouse were out of the country on April 15, 2023, and a U.S. citizen or resident.														
Select box if return is filed and signed by Executor, Administrator, or Court-Appointed Personal Representative.															
FS 1	PP	Y		DT	N	OC	N	TPRES	Y	SPRES	N	VT N	I SVT		
GANE	855		27265	DS	N	EA	N	TD			SD		FDEXT		
SARAVA	ANA			GANE	SH				156	026381		GUILF			
											NC	27265			
855 JI															
06		698	06		16			0		26C		0			
07			0		18	Y		0		26E		0			
09			0		20A			3542		EU					
10A			0		20B			0		27		0			
10B			0		21A			0		29		0			
11 5	S Y	I	N		21B			0		30		0			
11		127	50		21C			0		31		0			
13		000	00		21D			0		32		0			
14		570	56		26A			0		34		695			
15		28	47		26B			0							
TN	21547	7017	92		PN	6	789	559522		PP	P02	470833			
	Return B		X Remined this return they are true, c	fund Dand accomportect, and co		hedules an	69! d statem		Check to dis	k here if you a	uthorize the N	nents with the	Department of Revenue paid preparer below.		
Your Signatur	Ire	II V 14	prepared by a co	rean other "	Date			nature (If filing join		- ,	Date	Contact Pt	701792 none No. (Include area code		
			N KUMAR		3 30			659522	irmation of	wnich the prepa	rer nas any kno		170833		
Paid Prepare	er's Signature		If DEFI	IND mail	Date	· ·		ntact Phone Numb	•		NC 27634 000		FEIN, SSN, or PTIN		
	If you ARE	NOT du						<i>0V to:</i> N.C. DE					C 27640-0640		

Last Name (First 10 Characters) **GANESH** 156026381 Your Social Security Number **D-400 Line-by-Line Information** Federal Adjusted Gross Income 6. 69806 6. 7. 7. Additions to Federal Adjusted Gross Income 0 8. Add Lines 6 and 7 8. 69806 9. Deductions From Federal Adjusted Gross Income 9. 0 10. Child Deduction a. Enter the number of qualifying children for whom you were allowed a federal child tax credit 10a. 0 b. Enter the amount of the child deduction 10b. 0 11. N.C. Standard Deduction 11. Υ N.C. Itemized Deduction 11 11. Ν Deduction amount 11. 12750 11. a. Add Lines 9, 10b, and 11 12750 12. 12a. b. Subtract Line 12a from Line 8 12b. 57056 Part-year Residents and Nonresidents Taxable Percentage 13. 13. 0.0000 14. N.C. Taxable Income 14. 57056 N.C. Income Tax 15. 2847 15. 16. Tax Credits 16. 0 Subtract Line 16 from Line 15 2847 17. 17. Consumer Use Tax 18. 18. 0 You certify that no Consumer Use Tax is due Υ 19. Add Lines 17 and 18 19. 2847 North Carolina Income Tax Withheld 20a. Your tax withheld 20a. 3542 20b. Spouse's tax withheld 20b. 0 Other Tax Payments 21a. 2022 estimated tax 21a. 0 Paid with extension 0 21b. 21b. 0 21c. Partnership 21c. 21d. S Corporation 21d. 0 22. **Additional Payments** 22. 0 23. Add Lines 20a through 22 23. 3542 24. Previous Refunds 24. 0 3542 25. Subtract Line 24 from Line 23 25. Tax Due 26a. 26a. 0 26b. Penalties 26b. 0 26c. Interest 26c. 0 26d. Add Lines 26b and 26c and enter the total on 26d 26d. 0 EU Exception to Underpayment of Estimated Tax EU Interest on the Underpayment of Estimated Income Tax 26e. 26e. 0 27. Pay this Amount 27. 0 695 28. Overpayment 28. Amount of Refund to Apply to: 29. Amount of Line 28 to be applied to 2023 Estimated Income Tax 29. 0 30. N.C. Nongame and Endangered Wildlife Fund 30. 0 31 31. N.C. Education Endowment Fund 0 0 32. N.C. Breast and Cervical Cancer Control Program 32. 0 33. Add Lines 29 through 32 33. 34. 695 Amount to be Refunded 34