

# IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.  
▶ Go to [www.irs.gov/Form8879](http://www.irs.gov/Form8879) for the latest information.

Submission Identification Number (SID) ▶

|   |  |
|---|--|
| Taxpayer's name<br><b>KOMAL ANIL MISHRA</b> | Social security number<br><b>830-29-6199</b> |
| 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.

|  |          |         |
|--|----------|---------|
| <b>1</b> Adjusted gross income . . . . .   | <b>1</b> | 70,874. |
| <b>2</b> Total tax . . . . .   | <b>2</b> | 8,361.  |
| <b>3</b> Federal income tax withheld from Form(s) W-2 and Form(s) 1099 . . . . . | <b>3</b> | 9,865.  |
| <b>4</b> Amount you want refunded to you . . . . .                               | <b>4</b> | 1,504.  |
| <b>5</b> Amount you owe . . . . .  | <b>5</b> |         |

## 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 

|   |   |   |   |   |
|---|---|---|---|---|
| 9 | 6 | 1 | 9 | 9 |
|---|---|---|---|---|

 as my signature on the income tax return (original or amended) I am now authorizing.   
ERO firm name   
Enter five digits, but don't enter all zeros
- I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

### Spouse's PIN: check one box only

- I authorize \_\_\_\_\_ to enter or generate my PIN 

|  |  |  |  |  |
|--|--|--|--|--|
|  |  |  |  |  |
|--|--|--|--|--|

 as my signature on the income tax return (original or amended) I am now authorizing.   
ERO firm name   
Enter five digits, but don't enter all zeros
- 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:

Form fields for personal information: Your first name and middle initial (KOMAL ANIL), Last name (MISHRA), Your social security number (830-29-6199), Home address (6427 PLAMERA DRIVE, MASON, OH, 45040), and Presidential Election Campaign options.

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

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

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

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

Main income table with columns: Description (1a-15), Amount (2a-6a), Taxable amount (b), Total (1z), Adjusted gross income (11), Standard deduction (12), Taxable income (15).

|                        |           |  |           |        |
|------------------------|-----------|--|-----------|--------|
| <b>Tax and Credits</b> | <b>16</b> | <b>Tax</b> (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____ | <b>16</b> | 8,361. |
|                        | <b>17</b> | Amount from Schedule 2, line 3   | <b>17</b> |        |
|                        | <b>18</b> | Add lines 16 and 17  | <b>18</b> | 8,361. |
|                        | <b>19</b> | Child tax credit or credit for other dependents from Schedule 8812   | <b>19</b> |        |
|                        | <b>20</b> | Amount from Schedule 3, line 8   | <b>20</b> |        |
|                        | <b>21</b> | Add lines 19 and 20  | <b>21</b> |        |
|                        | <b>22</b> | Subtract line 21 from line 18. If zero or less, enter -0-  | <b>22</b> | 8,361. |
|                        | <b>23</b> | Other taxes, including self-employment tax, from Schedule 2, line 21   | <b>23</b> | 0.     |
|                        | <b>24</b> | Add lines 22 and 23. This is your <b>total tax</b>   | <b>24</b> | 8,361. |

|                 |                                 |   |            |        |
|-----------------|---------------------------------|---|------------|--------|
| <b>Payments</b> | <b>25</b>                       | Federal income tax withheld from:   |            |        |
|                 | <b>a</b>                        | Form(s) W-2   | <b>25a</b> | 9,865. |
|                 | <b>b</b>                        | Form(s) 1099  | <b>25b</b> |        |
|                 | <b>c</b>                        | Other forms (see instructions)  | <b>25c</b> |        |
|                 | <b>d</b>                        | Add lines 25a through 25c   | <b>25d</b> | 9,865. |
|                 | <b>26</b>                       | 2022 estimated tax payments and amount applied from 2021 return                                 | <b>26</b>  |        |
|                 | <b>27</b>                       | Earned income credit (EIC) NO   | <b>27</b>  |        |
|                 | <b>28</b>                       | Additional child tax credit from Schedule 8812  | <b>28</b>  |        |
|                 | <b>29</b>                       | American opportunity credit from Form 8863, line 8  | <b>29</b>  |        |
|                 | <b>30</b>                       | Reserved for future use   | <b>30</b>  |        |
| <b>31</b>       | Amount from Schedule 3, line 15 | <b>31</b>   |            |        |
|                 | <b>32</b>                       | Add lines 27, 28, 29, and 31. These are your <b>total other payments and refundable credits</b> | <b>32</b>  |        |
|                 | <b>33</b>                       | Add lines 25d, 26, and 32. These are your <b>total payments</b>                                 | <b>33</b>  | 9,865. |

|               |            |   |            |        |
|---------------|------------|---|------------|--------|
| <b>Refund</b> | <b>34</b>  | If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>                        | <b>34</b>  | 1,504. |
|               | <b>35a</b> | Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/>             | <b>35a</b> | 1,504. |
|               | <b>b</b>   | Routing number 1 1 1 0 0 0 6 1 4 <b>c</b> Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings |            |        |
|               | <b>d</b>   | Account number 3 1 7 8 7 7 3 7 8  |            |        |
|               | <b>36</b>  | Amount of line 34 you want <b>applied to your 2023 estimated tax</b>  | <b>36</b>  |        |

|                       |           |   |           |  |
|-----------------------|-----------|---|-----------|--|
| <b>Amount You Owe</b> | <b>37</b> | Subtract line 33 from line 24. This is the <b>amount you owe</b> .<br>For details on how to pay, go to <a href="http://www.irs.gov/Payments">www.irs.gov/Payments</a> or see instructions | <b>37</b> |  |
|                       | <b>38</b> | Estimated tax penalty (see instructions)  | <b>38</b> |  |

**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<br>RF ENGINEER | If the IRS sent you an Identity Protection PIN, enter it here (see inst.)         |
| Spouse's signature. If a joint return, <b>both</b> must sign. | Date | Spouse's occupation            | If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) |

Phone no. (682) 313-3584 Email address MISHRAKOMAL100@GMAIL.COM

**Paid Preparer Use Only**

|  |   |                    |                             |   |
|--|---|--------------------|-----------------------------|---|
| Preparer's name<br>SYAM PRIYA RAM SAGAR GUPTA TALLAM | Preparer's signature<br>SYAM PRIYA RAM SAGAR GUPTA TALLAM | Date<br>04/06/2023 | PTIN<br>P02082703           | Check if:<br><input type="checkbox"/> Self-employed |
| Firm's name<br>GLOBAL TAXES LLC                      | Firm's address<br>245 ROONEY CT E BRUNSWICK NJ 08816      |                    | Phone no.<br>(678) 965-9522 | Firm's EIN<br>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](http://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  
KOMAL ANIL MISHRA

Your social security number  
830-29-6199

**Part I Additional Income**

|           |   |               |           |         |
|-----------|---|---------------|-----------|---------|
| <b>1</b>  | Taxable refunds, credits, or offsets of state and local income taxes . . . . .  |               | <b>1</b>  |         |
| <b>2a</b> | Alimony received . . . . .  |               | <b>2a</b> |         |
| <b>b</b>  | Date of original divorce or separation agreement (see instructions): _____  |               |           |         |
| <b>3</b>  | Business income or (loss). Attach Schedule C . . . . .  |               | <b>3</b>  |         |
| <b>4</b>  | Other gains or (losses). Attach Form 4797 . . . . .   |               | <b>4</b>  |         |
| <b>5</b>  | Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E . . . . .   |               | <b>5</b>  | -6,840. |
| <b>6</b>  | Farm income or (loss). Attach Schedule F . . . . .  |               | <b>6</b>  |         |
| <b>7</b>  | Unemployment compensation . . . . .   |               | <b>7</b>  |         |
| <b>8</b>  | Other income:   |               |           |         |
| <b>a</b>  | Net operating loss . . . . .  | <b>8a</b> ( ) |           |         |
| <b>b</b>  | Gambling . . . . .  | <b>8b</b>     |           |         |
| <b>c</b>  | Cancellation of debt . . . . .  | <b>8c</b>     |           |         |
| <b>d</b>  | Foreign earned income exclusion from Form 2555 . . . . .  | <b>8d</b> ( ) |           |         |
| <b>e</b>  | Income from Form 8853 . . . . .   | <b>8e</b>     |           |         |
| <b>f</b>  | Income from Form 8889 . . . . .   | <b>8f</b>     |           |         |
| <b>g</b>  | Alaska Permanent Fund dividends . . . . .   | <b>8g</b>     |           |         |
| <b>h</b>  | Jury duty pay . . . . .   | <b>8h</b>     |           |         |
| <b>i</b>  | Prizes and awards . . . . .   | <b>8i</b>     |           |         |
| <b>j</b>  | Activity not engaged in for profit income . . . . .   | <b>8j</b>     |           |         |
| <b>k</b>  | Stock options . . . . .   | <b>8k</b>     |           |         |
| <b>l</b>  | 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 . . . . . | <b>8l</b>     |           |         |
| <b>m</b>  | Olympic and Paralympic medals and USOC prize money (see instructions) . . . . .   | <b>8m</b>     |           |         |
| <b>n</b>  | Section 951(a) inclusion (see instructions) . . . . .   | <b>8n</b>     |           |         |
| <b>o</b>  | Section 951A(a) inclusion (see instructions) . . . . .  | <b>8o</b>     |           |         |
| <b>p</b>  | Section 461(l) excess business loss adjustment . . . . .  | <b>8p</b>     |           |         |
| <b>q</b>  | Taxable distributions from an ABL account (see instructions) . . . . .  | <b>8q</b>     |           |         |
| <b>r</b>  | Scholarship and fellowship grants not reported on Form W-2 . . . . .  | <b>8r</b>     |           |         |
| <b>s</b>  | Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d . . . . .  | <b>8s</b> ( ) |           |         |
| <b>t</b>  | Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan . . . . .                                   | <b>8t</b>     |           |         |
| <b>u</b>  | Wages earned while incarcerated . . . . .   | <b>8u</b>     |           |         |
| <b>z</b>  | Other income. List type and amount: _____   | <b>8z</b>     |           |         |
| <b>9</b>  | Total other income. Add lines 8a through 8z . . . . .   |               | <b>9</b>  |         |
| <b>10</b> | Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8   |               | <b>10</b> | -6,840. |

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

Schedule 1 (Form 1040) 2022

**Part II Adjustments to Income**

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

**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](http://www.irs.gov/ScheduleE) for instructions and the latest information.

Name(s) shown on return

Your social security number

KOMAL ANIL MISHRA

830-29-6199

**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** BORIVALI EAST MUMBAI Maharashtra IN 400066

**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                 |                          |
| <b>A</b> 3                            |  | 365              |   | 0                 | <input type="checkbox"/> |
| <b>B</b>                              |  |                  |   |                   | <input type="checkbox"/> |
| <b>C</b>                              |  |                  |   |                   | <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 |
| <b>3</b> Rents received . . . . .   | <b>3</b> 450 .        |   |   |
| <b>4</b> Royalties received . . . . .   | <b>4</b>              |   |   |
| <b>Expenses:</b>  |                       |   |   |
| <b>5</b> Advertising . . . . .  | <b>5</b>              |   |   |
| <b>6</b> Auto and travel (see instructions) . . . . .   | <b>6</b>              |   |   |
| <b>7</b> Cleaning and maintenance . . . . .   | <b>7</b> 800 .        |   |   |
| <b>8</b> Commissions . . . . .  | <b>8</b>              |   |   |
| <b>9</b> Insurance . . . . .  | <b>9</b>              |   |   |
| <b>10</b> Legal and other professional fees . . . . .   | <b>10</b>             |   |   |
| <b>11</b> Management fees . . . . .   | <b>11</b> 400 .       |   |   |
| <b>12</b> Mortgage interest paid to banks, etc. (see instructions)  | <b>12</b>             |   |   |
| <b>13</b> Other interest . . . . .  | <b>13</b>             |   |   |
| <b>14</b> Repairs . . . . .   | <b>14</b> 1,870 .     |   |   |
| <b>15</b> Supplies . . . . .  | <b>15</b> 2,420 .     |   |   |
| <b>16</b> Taxes . . . . .   | <b>16</b>             |   |   |
| <b>17</b> Utilities . . . . .   | <b>17</b> 1,800 .     |   |   |
| <b>18</b> Depreciation expense or depletion . . . . .   | <b>18</b>             |   |   |
| <b>19</b> Other (list) _____  | <b>19</b>             |   |   |
| <b>20</b> Total expenses. Add lines 5 through 19 . . . . .  | <b>20</b> 7,290 .     |   |   |
| <b>21</b> 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 <b>Form 6198</b> . . . . .  | <b>21</b> -6,840 .    |   |   |
| <b>22</b> Deductible rental real estate loss after limitation, if any, on <b>Form 8582</b> (see instructions) . . . . .   | <b>22</b> ( 6,840 . ) |   |   |
| <b>23a</b> Total of all amounts reported on line 3 for all rental properties . . . . .  | <b>23a</b> 450 .      |   |   |
| <b>b</b> Total of all amounts reported on line 4 for all royalty properties . . . . .   | <b>23b</b>            |   |   |
| <b>c</b> Total of all amounts reported on line 12 for all properties . . . . .  | <b>23c</b>            |   |   |
| <b>d</b> Total of all amounts reported on line 18 for all properties . . . . .  | <b>23d</b>            |   |   |
| <b>e</b> Total of all amounts reported on line 20 for all properties . . . . .  | <b>23e</b> 7,290 .    |   |   |
| <b>24</b> <b>Income.</b> Add positive amounts shown on line 21. <b>Do not</b> include any losses . . . . .  | <b>24</b>             |   |   |
| <b>25</b> <b>Losses.</b> Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here . . . . .  | <b>25</b> ( 6,840 . ) |   |   |
| <b>26</b> <b>Total rental real estate and royalty income or (loss).</b> 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 . . . . . | <b>26</b> -6,840 .    |   |   |

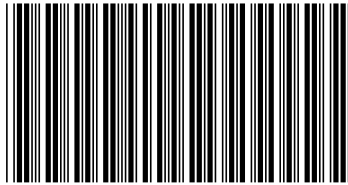
For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2022

2022 NJ-1040NR  
New Jersey Nonresident Income Tax Return

For Privacy Act Notification, See Instructions

NJ-1040NR  
2022  
Page 1



040NV01220

For Taxable Year January 1, 2022 – December 31, 2022 or Other Tax Year  
Beginning \_\_\_\_\_, 2022 Ending \_\_\_\_\_, 2023

1555

Your Social Security Number  
830296199

Last Name, First Name, Initial (Joint filers enter first name and middle initial of each. Enter spouse/CU partner last name only if different.)  
MISHRA KOMAL ANIL

Spouse's/CU Partner's Social Security Number

State of Residency (outside NJ)  
OHIO

Home Address (Number and Street, incl. apt. # or rural route)  
6427 PLAMERA DRIVE

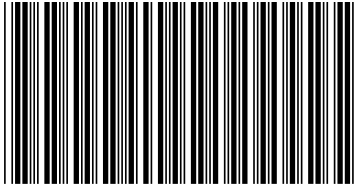
| Driver's License # (Voluntary) | State | City, Town, Post Office | State | ZIP Code |
|--------------------------------|-------|-------------------------|-------|----------|
| M46554376156962                | NJ    | MASON                   | OH    | 45040    |

- This is an amended return
- Federal extension application attached or enter confirmation number \_\_\_\_\_
- The address above is a foreign address
- Your address has changed
- Death certificate for deceased taxpayer is attached (See instructions page 9)
- I authorize the Division of Taxation to discuss my return and enclosures with my preparer

**NJ Residency Status** If you were a New Jersey resident for ANY part of the tax year, give the period of New Jersey residency. From: To:

|                                     |  |     |    |
|-------------------------------------|--|-----|----|
| <b>Gubernatorial Elections Fund</b> | Do you want to designate \$1 of your taxes for this fund? If joint return, does your spouse/CU partner want to designate \$1? Note: If you check the "Yes" box(es), it will not increase your tax or reduce your refund. | Yes | No |
|                                     |  | Yes | No |





040NV02220

Name(s) as shown on Form NJ-1040NR  
**MISHRA KOMAL ANIL**

Your Social Security Number  
**830296199**

1555

**Filing Status**  
(Check only ONE box)

- 1.  Single
- 2.  Married/CU Couple, filing joint return
- 3.  Married/CU Partner, filing separate return
- 4.  Head of Household Name and SSN of Spouse/CU Partner
- 5.  Qualifying Widow(er)/Surviving CU Partner

**Exemptions**

|   |      |                   |                  |      |          |      |      |
|---|------|-------------------|------------------|------|----------|------|------|
| 6. Regular  | Self | Spouse/CU Partner | Domestic Partner | 6.   | <b>1</b> |      |      |
| 7. Age 65 or over   | Self | Spouse/CU Partner |                  | 7.   |          |      |      |
| 8. Blind or Disabled  | Self | Spouse/CU Partner |                  | 8.   |          |      |      |
| 9. Veteran Exemption  | Self | Spouse/CU Partner |                  |      |          | 9.   |      |
| 10. Number of your qualified dependent children   |      |                   |                  |      |          | 10.  |      |
| 11. Number of other dependents  |      |                   |                  |      |          | 11.  |      |
| 12. Dependents attending colleges (See Instructions)  |      |                   |                  | 12.  |          |      |      |
| 13. For line 13a – Add lines 6, 7, 8, and 12. For line 13b – Add lines 10 and 11.<br>For line 13c – Enter amount from line 9. |      |                   |                  | 13a. | <b>1</b> | 13b. | 13c. |

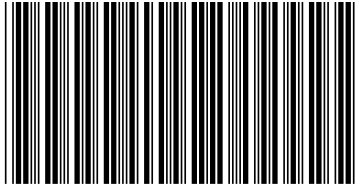
**Dependent Information**

| 14. Dependent's Last Name, First Name, Middle Initial | Dependent's Social Security Number | Birth Year |
|---|------------------------------------|------------|
| a. _____  |                                    |            |
| b. _____  |                                    |            |
| c. _____  |                                    |            |
| d. _____  |                                    |            |

COL. A - AMOUNT OF GROSS INCOME (EVERYWHERE) COL. B - AMOUNT FROM NEW JERSEY SOURCES

|  |     |              |   |     |             |   |
|--|-----|--------------|---|-----|-------------|---|
| 15. Wages, salaries, tips, and other employee compensation<br>Check box if you completed lines 69 through 75 | 15. | <b>74969</b> | . | 15. | <b>2885</b> | . |
| 16. Interest   | 16. | .            | . | 16. | .           | . |
| 17. Dividends  | 17. | .            | . | 17. | .           | . |
| 18. Net profits from business (Schedule NJ-BUS-1, Part I, line 4)  | 18. | .            | . | 18. | .           | . |
| 19. Net gains or income from disposition of property (From line 68)  | 19. | .            | . | 19. | .           | . |
| 20. Net gains or income from rents, royalties, patents, and copyrights (Schedule NJ-BUS-1, Part II, line 4)  | 20. | <b>0</b>     | . | 20. | <b>0</b>    | . |
| 21. Net gambling winnings (See Instructions)   | 21. | .            | . | 21. | .           | . |
| 22. Taxable pensions, annuities, and IRA distributions/withdrawals   | 22. | .            | . | 22. | .           | . |
| 23. Distributive Share of Partnership Income (Schedule NJ-BUS-1, Part III, line 4)                           | 23. | .            | . | 23. | .           | . |
| 24. Net pro rata share of S Corporation Income (Schedule NJ-BUS-1, Part IV, line 4)                          | 24. | .            | . | 24. | .           | . |
| 25. Alimony and separate maintenance payments received   | 25. | .            | . | 25. | .           | . |
| 26. Other – State Nature and Source _____  | 26. | .            | . | 26. | .           | . |
| 27. TOTAL INCOME (Add lines 15 through 26)   | 27. | <b>74969</b> | . | 27. | <b>2885</b> | . |





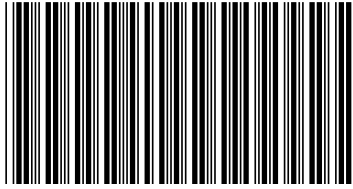
040NV03220

Name(s) as shown on Form NJ-1040NR  
MISHRA KOMAL ANIL

Your Social Security Number  
830296199

1555

|  |      |         |   |
|--|------|---------|---|
| 28a. Pension/Retirement Exclusion (See Instructions)   | 28a. | .       | .   |
| 28b. Other Retirement Income Exclusion (See Worksheet and Instructions)  | 28b. | .       | 28b. .  |
| 28c. Total Exclusion Amount (Add line 28a and line 28b)  | 28c. | .       | 28c. .  |
| 29. Gross Income (Subtract line 28c from line 27)  | 29.  | 74969 . | 29. 2885  |
| 30. Total Exemption Amount (See Instructions)  | 30.  | 1000 .  |   |
| 31. Medical Expenses (See Worksheet and Instructions)  | 31.  | .       |   |
| 32. Alimony and separate maintenance payments  | 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 Education Tuition Deduction   | 37c. | .       |   |
| 38. Total Exemptions and Deductions (Add lines 30 through 37c)   | 38.  | 1000 .  |   |
| 39. <b>Taxable Income</b> (Subtract line 38 from line 29, column A)  | 39.  | 73969 . |   |
| 40. Tax on amount on line 39 (From Tax Table)  | 40.  | 2595 .  |   |
| 41. Income Percentage B. (line 29) / A. (line 29) = <u>3.85</u> %  |      |         |   |
| 42. <b>New Jersey Tax</b> (Multiply amount from line 40 by income percentage from line 41)                             | 42.  |         | 100 .   |
| 43. Sheltered Workshop Tax Credit (Enclose GIT-317. See Instructions)  | 43.  |         | .   |
| 44. Gold Star Family Counseling Credit (See Instructions)  | 44.  |         | .   |
| 45. Credit for Employer of Organ/Bone Marrow Donor (See instructions)  | 45.  |         | .   |
| 46. Total Credits (Add lines 43, 44, and 45)   | 46.  |         | .   |
| 47. Balance of Tax After Credits (Subtract line 46 from line 42)   | 47.  |         | 100 .   |
| 48. Interest on Underpayment of Estimated Tax.   | 48.  |         | .   |
| Check box if Form NJ-2210NR is enclosed  |      |         |   |
| 49. Total Tax Due (Add line 47 and line 48)  | 49.  |         | 100 .   |
| 50. Total New Jersey Income Tax Withheld (From enclosed Forms W-2 and 1099) (Part-year nonresidents, see instructions) | 50.  | 113 .   |   |
| 51. New Jersey Estimated Tax Payments/Credit from 2021 return  | 51.  | .       | Also enter on line 51:                                      |
| 52. Tax paid on your behalf by Partnership(s)  | 52.  | .       | • Payments made in connection with sale of NJ real property |
| 53. Excess NJ UI/WF/SWF Withheld (Enclose Form NJ-2450)  | 53.  | .       | • Payments by S corporation for nonresident shareholder     |
| 54. Excess NJ Disability Insurance Withheld (Enclose Form NJ-2450)   | 54.  | .       |   |
| 55. Excess NJ Family Leave Insurance Withheld (Enclose Form NJ-2450)   | 55.  | .       |   |
| 56. Pass-Through Business Alternative Income Tax Credit (See instructions)   | 56.  | .       |   |



040NV04220

Name(s) as shown on Form NJ-1040NR  
**MISHRA KOMAL ANIL**

Your Social Security Number  
**830296199**

**1555**

|     |  |      |            |   |
|-----|--|------|------------|---|
| 57. | Total Payments/Credits (Add lines 50 through 56)   | 57.  | <b>113</b> | . |
| 58. | If line 57 is less than line 49, you have tax due. Subtract line 57 from line 49 and enter the amount you owe<br>If you owe tax, you can still make a donation on line 61A through 61F | 58.  |            | . |
| 59. | If line 57 is more than line 49, you have an overpayment. Subtract line 49 from line 57 and enter the overpayment  | 59.  | <b>13</b>  | . |
| 60. | Amount from line 59 you want to credit to your 2023 tax  | 60.  |            | . |
| 61. | Amount you want to credit to:  |      |            |   |
|     | (A) N.J. Endangered Wildlife Fund  | 61A. |            | . |
|     | (B) N.J. Children's Trust Fund   | 61B. |            | . |
|     | (C) N.J. Vietnam Veterans' Memorial Fund   | 61C. |            | . |
|     | (D) N.J. Breast Cancer Research Fund   | 61D. |            | . |
|     | (E) U.S.S. N.J. Educational Museum Fund  | 61E. |            | . |
|     | (F) Designated Contribution  | Code | 61F.       | . |
| 62. | Total Adjustments to Tax Due/ Overpayment (Add lines 60 through 61F)   | 62.  |            | . |
| 63. | Balance due (If line 58 is more than zero, add line 58 and 62)   | 63.  |            | . |
| 64. | Refund amount (If line 59 is more than zero, subtract line 62 from line 59)  | 64.  | <b>13</b>  | . |

NOTE:  
An entry on lines 60 through 61F will reduce your tax refund

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. If prepared by a person other than taxpayer, this declaration is based on all information of which the preparer has any knowledge.

> \_\_\_\_\_  
Your Signature Date

> \_\_\_\_\_  
Spouse's/CU Partner's Signature (if filing jointly, BOTH must sign)

Paid Preparer's Signature

Federal Identification Number

**SYAM PRIYA RAM SAGAR GUPTA TALLAM**

**P02082703**

Firm's Federal Employer Identification Number

Firm's Name **GLOBAL TAXES LLC**

**84-3171965**

Pay amount on line 63 in full. Write Social Security number(s) on check or money order and make payable to:

State of New Jersey - TGI  
Division of Taxation  
Revenue Processing Center  
PO Box 244  
Trenton, NJ 08646-0244

You can also make a payment on our website:  
[nj.gov/taxation](http://nj.gov/taxation)

|   |  |
|---|--|
| Name(s) as shown on Form NJ-1040NR<br>MISHRA KOMAL ANIL | Your Social Security Number<br>830296199 |
|---|--|

|               |   |   |
|---------------|---|---|
| <b>Part I</b> | <b>Net Gains or Income From Disposition of Property</b> | List the net gains or income, less net loss, derived from the sale, exchange, or other disposition of property including real or personal whether tangible or intangible as reported on federal Schedule D. |
|---------------|---|---|

| (a) Kind of property and description   | (b) Date acquired (Mo., day, yr.) | (c) Date sold (Mo., day, yr.) | (d) Gross sales price | (e) Cost or other basis as adjusted (see instructions) and expense of sale | (f) Gain or (loss) (d less e) |
|--|-----------------------------------|-------------------------------|-----------------------|--|-------------------------------|
| 65.  |                                   |                               |                       |  |                               |
|  |                                   |                               |                       |  |                               |
|  |                                   |                               |                       |  |                               |
|  |                                   |                               |                       |  |                               |
|  |                                   |                               |                       |  |                               |
|  |                                   |                               |                       |  |                               |
|  |                                   |                               |                       |  |                               |
|  |                                   |                               |                       |  |                               |
|  |                                   |                               |                       |  |                               |
|  |                                   |                               |                       |  |                               |
| 66. Capital Gains Distribution .....   |                                   |                               |                       |  | 66.                           |
| 67. Other Net Gains .....  |                                   |                               |                       |  | 67.                           |
| 68. Net Gains (Add lines 65, 66, and 67) (Enter here and on line 19) (If loss, enter zero) ..... |                                   |                               |                       |  | 68.                           |

|                |   |   |
|----------------|---|---|
| <b>Part II</b> | <b>Allocation of Wage and Salary Income Earned Partly Inside and Outside New Jersey</b> | (See instructions if compensation depends entirely on volume of business transacted or if other basis of allocation is used.) |
|----------------|---|---|

|   |     |  |  |
|---|-----|--|--|
| 69. Amount reported on line 15 in column A required to be allocated .....                   | 69. |  |  |
| 70. Total days in taxable year .....  | 70. |  |  |
| 71. Deduct nonworking days (Sundays, Saturdays, holidays, sick leave, vacation, etc.) ..... | 71. |  |  |
| 72. Total days worked in taxable year (subtract line 71 from line 70) .....                 | 72. |  |  |
| 73. Deduct days worked outside New Jersey .....   | 73. |  |  |
| 74. Days worked in New Jersey (subtract line 73 from line 72) .....                         | 74. |  |  |

75. **Allocation Formula** \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_ (Include this amount on line 15, col. B)  
 (Enter amount from line 69) (Salary earned inside N.J.)

|                 |  |   |
|-----------------|--|---|
| <b>Part III</b> | <b>Allocation of Business Income to New Jersey</b> | (See instructions if other than Formula Basis of allocation is used.) |
|-----------------|--|---|

Business Allocation Percentage (From Schedule NJ-NR-A)

Enter below the line number and amount of each item of business income reported in column A that is required to be allocated and multiply by allocation percentage to determine amount of income from New Jersey sources.

From Line No. \_\_\_\_\_ \$ \_\_\_\_\_ x \_\_\_\_\_ % = \$ \_\_\_\_\_

From Line No. \_\_\_\_\_ \$ \_\_\_\_\_ x \_\_\_\_\_ % = \$ \_\_\_\_\_

From Line No. \_\_\_\_\_ \$ \_\_\_\_\_ x \_\_\_\_\_ % = \$ \_\_\_\_\_

**Schedule NJ-BUS-1**  
(Form NJ-1040NR)

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/<br>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, column A. If loss, enter zero on line 18, column A.) |  | 4.               |

**Part II 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/<br>Federal EIN | Type – Enter number from list above | Income or (Loss) |
|----|---|--|-------------------------------------|------------------|
| 1. | BORIVALI EAST   | 830296199                              | 1                                   | -6,840.          |
| 2. |   |  |                                     |                  |
| 3. |   |  |                                     |                  |
| 4. | Net Income or (Loss). (Add lines 1, 2, and 3.) (Enter here and on line 20, column A. If loss, enter zero on line 20, column A.) |  |                                     | 4.               |

**Part III 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) | Share of tax paid on your behalf by Partnerships | Share of Pass-Through Business Alternative Income Tax |
|----|---|-------------|---------------------------------------|--|---|
| 1. |   |             |                                       |  |   |
| 2. |   |             |                                       |  |   |
| 3. |   |             |                                       |  |   |
| 4. | Distributive Share of Partnership Income or (Loss). (Add lines 1, 2, and 3.) (Enter here and on line 23, column A. If loss, enter zero on line 23, column A.) |             |                                       |  |   |
| 5. | Total Share of tax paid on your behalf by Partnerships (Add lines 1, 2, and 3.) Enter total here and include on line 52.                                      |             |                                       |  |   |
| 6. | Total Share of Pass-Through Business Alternative Income Tax (Add lines 1, 2, and 3.) (Enter here and include on line 56.)                                     |             |                                       |  |   |

**Part IV 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 | Pro Rata Share of S Corporation Income or (Usable Loss) | 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 24, column A. If loss, enter zero on line 24, column A.) |             | 4.  |   |
| 5. | Total Share of Pass-Through Business Alternative Income Tax (Add lines 1, 2, and 3.) (Enter here and include on line 56.)  |             | 5.  |   |

|   |                                       |
|---|---------------------------------------|
| Name(s) as shown on Form NJ-1040NR<br>MISHRA KOMAL ANIL | Social Security Number<br>830-29-6199 |
|---|---------------------------------------|

**Schedule NJ-BUS-2**  
(Form NJ-1040NR)

New Jersey Gross Income Tax  
Alternative Business Calculation Adjustment

**2022**

| Part I Income (Loss)                               |   | Column A                           |      | Column B                           |         |
|--|---|------------------------------------|------|------------------------------------|---------|
|  |   | Reportable Regular Business Income |      | Alternative Business Income (Loss) |         |
| 1.   | Net Profits From Business   | 1a.                                | 0.   | 1b.                                | 0.      |
| 2.   | Net Gain or Income From Rents, Royalties, Patents, and Copyrights | 2a.                                | 0.   | 2b.                                | -6,840. |
| 3.   | Distributive Share of Partnership Income                          | 3a.                                | 0.   | 3b.                                | 0.      |
| 4.   | Net Pro Rata Share of S Corporation Income                        | 4a.                                | 0.   | 4b.                                | 0.      |
| 5.   | Loss Carryforward From Tax Year 2021                              |                                    |      | 5b.                                | ( )     |
| 6.   | Totals  | 6a.                                | 0.   | 6b.                                | -6,840. |
| <b>Part II Adjustment Calculation</b>              |   |                                    |      |                                    |         |
| 7.   | Total Regular Business Income                                     | 7.                                 | 0.   |                                    |         |
| 8.   | Total Alternative Business Income/(Loss) (If loss, enter zero)    | 8.                                 | 0.   |                                    |         |
| 9.   | Business Increment (Subtract line 8 from line 7)                  | 9.                                 | 0.   |                                    |         |
| 10.  | Adjustment Percentage   | 10.                                | 0.50 |                                    |         |
| 11.  | Alternative Business Calculation Adjustment (line 9 x 0.50)       | 11.                                | 0.   |                                    |         |
| <b>Part III Loss Carryforward to Tax Year 2023</b> |   |                                    |      |                                    |         |
| 12.  | Loss Carryforward to Tax Year 2023                                | 12.                                |      | (                                  | 6,840.) |

**Instructions**

- Line 1a. Enter the amount from line 18, column A, Form NJ-1040NR.
- Line 1b. Enter the amount from Part I, line 4, Schedule NJ-BUS-1 (Form NJ-1040NR).
- Line 2a. Enter the amount from line 20, column A, Form NJ-1040NR.
- Line 2b. Enter the amount from Part II, line 4, Schedule NJ-BUS-1 (Form NJ-1040NR).
- Line 3a. Enter the amount from line 23, column A, Form NJ-1040NR.
- Line 3b. Enter the amount from Part III, line 4, Schedule NJ-BUS-1 (Form NJ-1040NR).
- Line 4a. Enter the amount from line 24, column A, Form NJ-1040NR.
- Line 4b. Enter the amount from Part IV, line 4, Schedule NJ-BUS-1 (Form NJ-1040NR).
- Line 5b. Enter the amount from line 12 of your 2021 Schedule NJ-BUS-2 (Form NJ-1040NR).
- Line 6a. Enter the total of lines 1a through 4a.
- Line 6b. Enter the total of lines 1b through 5b, netting gains with losses.
- Line 7. Enter the amount from line 6a of this schedule.
- Line 8. Enter the amount from line 6b of this schedule. If loss, enter zero here.
- Line 9. Subtract line 8 from line 7. If the result is zero, enter zero on line 11 and on line 35 of Form NJ-1040NR, and continue with line 12.
- Line 10. The adjustment percentage for Tax Year 2022 is 50% (0.50).
- Line 11. Multiply the amount on line 9 by 50% (0.50). Enter here and on line 35 of Form NJ-1040NR.
- Line 12. If the amount on 6b is a loss, enter the amount of the loss on this line. Otherwise, enter zero.

**Keep a copy of this schedule for your records**

Do not staple or paper clip.



Department of Taxation

2022 Ohio IT 1040 Individual Income Tax Return



04 06 23

Use only black ink/UPPERCASE letters. Use whole dollars only.

22000198 Sequence No. 1

AMENDED RETURN - Check here and include Ohio IT RE.

NOL CARRYBACK - Check here and include Schedule IT NOL.

Primary taxpayer's SSN (required) 830 29 6199

✓ If deceased

Spouse's SSN (if filing jointly)

✓ If deceased

School district # 0203

First name KOMAL ANIL

M.I. Last name MISHRA

Spouse's first name (if filing jointly)

M.I. Last name

Address line 1 (number and street) or P.O. Box 6427 PLAMERA DRIVE

Address line 2 (apartment number, suite number, etc.)

City MASON

State ZIP code OH 45040

Ohio county (first four letters) WARR

Foreign country (if the mailing address is outside the U.S.)

Foreign postal code

Residency Status - Check only one for primary. X Resident Part-year resident Nonresident Indicate state. Check only one for spouse (if filing jointly). Resident Part-year resident Nonresident Indicate state.

Filing Status - Check one (as reported on federal income tax return). X Single, head of household or qualifying widow(er). Married filing jointly Spouse's SSN. Married filing separately.

Ohio Nonresident Statement - See instructions for required criteria. Primary meets the five criteria for irrefutable presumption as nonresident. Spouse meets the five criteria for irrefutable presumption as nonresident.

Federal extension filers - check here. If someone can claim you (or your spouse if filing jointly) as a dependent, check here.

Do not staple or paper clip.

Table with 2 columns: Description and Amount. Rows include Federal adjusted gross income (70874), Additions (2a), Deductions (2b), Ohio adjusted gross income (70874), Exemption amount (2150), Ohio income tax base (68724), Taxable business income (6), and Taxable nonbusiness income (68724).



MM-DD-YY Code

2022 Ohio IT 1040  
Individual Income Tax Return



SSN 830 29 6199

22000298 Sequence No. 2

Table with 2 columns: Description and Amount. Rows include 7a. Amount from line 7 on page 1 (68724), 8a. Nonbusiness income tax liability (1645), 8b. Business income tax liability (1645), 8c. Income tax liability before credits (1645), 9. Ohio nonrefundable credits (67), 10. Tax liability after nonrefundable credits (1578), 11. Interest penalty on underpayment of estimated tax (1578), 12. Unpaid use tax (2075), 13. Total Ohio tax liability before withholding (1578), 14. Ohio income tax withheld (2075), 15. Estimated and extension payments (2075), 16. Refundable credits (2075), 17. Amended return only (2075), 18. Total Ohio tax payments (2075), 19. Amended return only overpayment (2075), 20. Line 18 minus line 19 (2075), 21. Tax due (497), 22. Interest due on late payment of tax (497), 23. TOTAL AMOUNT DUE (497), 24. Overpayment (497), 25. Original return only (497), 26. Original return only donation (497), 27. REFUND (497).

Sign Here (required): I have read this return. Under penalties of perjury, I declare that, to the best of my knowledge and belief, the return and all enclosures are true, correct and complete.

Primary signature \_\_\_\_\_ Phone number (682) 313-3584
Spouse's signature \_\_\_\_\_ Date \_\_\_\_\_
Check here to authorize your preparer to discuss this return with the Department.
Preparer's printed name SYAM PRIYA RAM SAGAR GUP Phone number (678) 965-9522
Preparer's TIN (PTIN) P 02082703

If your refund is \$1.00 or less, no refund will be issued. If you owe \$1.00 or less, no payment is necessary.

NO Payment Included - Mail to: Ohio Department of Taxation, P.O. Box 2679, Columbus, OH 43270-2679
Payment Included - Mail to: Ohio Department of Taxation, P.O. Box 2057, Columbus, OH 43270-2057



04 06 23

Many of these credits must be calculated using a worksheet and/or be supported by additional required documentation. See the instructions for worksheets and information on supporting documentation.

Nonrefundable Credits

Table with 24 rows of credit categories and amounts. Row 1: Tax liability before credits (from Ohio IT 1040, line 8c) 1645. Row 2: Retirement income credit (include 1099-R forms) 2. Row 3: Lump sum retirement credit (include a copy of the worksheet and 1099-R forms) 3. Row 4: Senior citizen credit (must be 65 or older to claim this credit) 4. Row 5: Lump sum distribution credit (include a copy of the worksheet and 1099-R forms) 5. Row 6: Child care & dependent care credit (include a copy of the worksheet) 6. Row 7: Displaced worker training credit (include a copy of the worksheet and all required documentation) 7. Row 8: Campaign contribution credit for Ohio statewide office or General Assembly 0. Row 9: Income-based exemption credit 0. Row 10: Total (add lines 2 through 9) 0. Row 11: Tax less credits (line 1 minus line 10; if negative, enter zero) 1645. Row 12: Joint filing credit (see instructions for table). % times line 11, up to \$650 0. Row 13: Earned income credit 13. Row 14: Home school expenses credit (include copies of all required documentation) 14. Row 15: Scholarship donation credit (include copies of all required documentation) 15. Row 16: Nonchartered, nonpublic school tuition credit (include copies of all required documentation) 16. Row 17: Vocational job credit (include a copy of the credit certificate) 17. Row 18: Ohio adoption credit 18. Row 19: Nonrefundable job retention credit (include a copy of the credit certificate) 19. Row 20: Credit for eligible new employees in an enterprise zone (include a copy of the credit certificate) 20. Row 21: Grape production credit 21. Row 22: InvestOhio credit (include a copy of the credit certificate) 22. Row 23: Lead abatement credit (include a copy of the credit certificate) 23. Row 24: Opportunity zone investment credit (include a copy of the credit certificate) 24.





# 2022 Ohio Schedule of Credits

Primary taxpayer's SSN

830 29 6199



22280298

Sequence No. 8

|   |     |      |
|---|-----|------|
| 25. Technology investment credit carryforward (include a copy of the credit certificate).....       | 25. |      |
| 26. Enterprise zone day care & training credits (include a copy of the credit certificate) .....    | 26. |      |
| 27. Research & development credit (include a copy of the credit certificate) .....                  | 27. |      |
| 28. Nonrefundable Ohio historic preservation credit (include a copy of the credit certificate)..... | 28. |      |
| 29. Total (add lines 12 through 28) .....   | 29. | 0    |
| 30. Tax less additional credits (line 11 minus line 29; if negative, enter zero).....               | 30. | 1645 |

**Nonresident Credit**

**Dates of Ohio residency** **to** **Other state of residency**

|  |      |  |
|--|------|--|
| 31. Nonresident Portion of Ohio adjusted gross income -<br>Ohio IT NRC Section I, line 18 (include a copy) ..... | 31.  |  |
| 32. Ohio adjusted gross income (Ohio IT 1040, line 3).....   | 32.  |  |
| 33a. Divide line 31 by line 32 (four decimals; do not round;<br>if greater than 1, enter 1.0000) .....           | 33a. |  |
| 33. Nonresident credit (line 30 times line 33a) .....  | 33.  |  |

**Resident Credit**

|  |     |    |
|--|-----|----|
| 34. Resident credit – Ohio IT RC, line 7 (include a copy) .....  | 34. | 67 |
| 35. <b>Total nonrefundable credits</b> (add lines 10, 29, 33 and 34; enter here and on Ohio IT 1040, line 9) ..... | 35. | 67 |

**Refundable Credits**

|   |     |  |
|---|-----|--|
| 36. Refundable Ohio historic preservation credit (include a copy of the credit certificate) .....           | 36. |  |
| 37. Refundable job creation credit & job retention credit (include a copy of the credit certificate) .....  | 37. |  |
| 38. Pass-through entity credit (include a copy of the Ohio IT K-1s).....                                    | 38. |  |
| 39. Motion picture & Broadway theatrical production credit (include a copy of the credit certificate).....  | 39. |  |
| 40. Venture capital credit (include a copy of the credit certificate) .....                                 | 40. |  |
| 41. <b>Total refundable credits</b> (add lines 36 through 40; enter here and on Ohio IT 1040, line 16)..... | 41. |  |



# 2022 Schedule of Ohio Withholding

Use only black ink/UPPERCASE letters. Use whole dollars only.

Primary taxpayer's SSN

830 29 6199



22350198

Sequence No. 11

List your and your spouse's (if filing jointly) W-2, 1099, and W-2G forms **only if they have Ohio withholding**. Enter "P" in the "P/S" box if the form is the primary taxpayer's and enter "S" if it is the spouse's. If the Ohio ID number on a statement has 9 digits, enter only the first 8 digits. Complete additional copies if necessary. **Place state copies of your income statements after the last page of your return.**

### Part A - Total Withholding

1. Total of all Ohio state tax withheld on pages 1 and 2 as well as any additional pages. Enter here and on line 14 of your Ohio IT 1040 .....1. 2075

### Part B - W-2s

|                    |   |                                     |
|--------------------|---|-------------------------------------|
| 1. P/S Box b - EIN | Box 1 - Wages, tips, other compensation | Box 2 - Federal income tax withheld |
| P 043664276        | 77714                                   | 9865                                |

|                                    |                                 |                          |
|------------------------------------|---------------------------------|--------------------------|
| Box 15 - Employer's Ohio ID number | Box 16 - Ohio wages, tips, etc. | Box 17 - Ohio income tax |
| 53047256                           | 72084                           | 2075                     |

|                    |   |                                     |
|--------------------|---|-------------------------------------|
| 2. P/S Box b - EIN | Box 1 - Wages, tips, other compensation | Box 2 - Federal income tax withheld |
|--------------------|---|-------------------------------------|

|                                    |                                 |                          |
|------------------------------------|---------------------------------|--------------------------|
| Box 15 - Employer's Ohio ID number | Box 16 - Ohio wages, tips, etc. | Box 17 - Ohio income tax |
|------------------------------------|---------------------------------|--------------------------|

|                    |   |                                     |
|--------------------|---|-------------------------------------|
| 3. P/S Box b - EIN | Box 1 - Wages, tips, other compensation | Box 2 - Federal income tax withheld |
|--------------------|---|-------------------------------------|

|                                    |                                 |                          |
|------------------------------------|---------------------------------|--------------------------|
| Box 15 - Employer's Ohio ID number | Box 16 - Ohio wages, tips, etc. | Box 17 - Ohio income tax |
|------------------------------------|---------------------------------|--------------------------|

|                    |   |                                     |
|--------------------|---|-------------------------------------|
| 4. P/S Box b - EIN | Box 1 - Wages, tips, other compensation | Box 2 - Federal income tax withheld |
|--------------------|---|-------------------------------------|

|                                    |                                 |                          |
|------------------------------------|---------------------------------|--------------------------|
| Box 15 - Employer's Ohio ID number | Box 16 - Ohio wages, tips, etc. | Box 17 - Ohio income tax |
|------------------------------------|---------------------------------|--------------------------|

|                    |   |                                     |
|--------------------|---|-------------------------------------|
| 5. P/S Box b - EIN | Box 1 - Wages, tips, other compensation | Box 2 - Federal income tax withheld |
|--------------------|---|-------------------------------------|

|                                    |                                 |                          |
|------------------------------------|---------------------------------|--------------------------|
| Box 15 - Employer's Ohio ID number | Box 16 - Ohio wages, tips, etc. | Box 17 - Ohio income tax |
|------------------------------------|---------------------------------|--------------------------|

|                    |   |                                     |
|--------------------|---|-------------------------------------|
| 6. P/S Box b - EIN | Box 1 - Wages, tips, other compensation | Box 2 - Federal income tax withheld |
|--------------------|---|-------------------------------------|

|                                    |                                 |                          |
|------------------------------------|---------------------------------|--------------------------|
| Box 15 - Employer's Ohio ID number | Box 16 - Ohio wages, tips, etc. | Box 17 - Ohio income tax |
|------------------------------------|---------------------------------|--------------------------|

|                    |   |                                     |
|--------------------|---|-------------------------------------|
| 7. P/S Box b - EIN | Box 1 - Wages, tips, other compensation | Box 2 - Federal income tax withheld |
|--------------------|---|-------------------------------------|

|                                    |                                 |                          |
|------------------------------------|---------------------------------|--------------------------|
| Box 15 - Employer's Ohio ID number | Box 16 - Ohio wages, tips, etc. | Box 17 - Ohio income tax |
|------------------------------------|---------------------------------|--------------------------|



# 2022 Schedule of Ohio Withholding

Primary taxpayer's SSN  
830 29 6199



22350298

Sequence No. 12

## Part C - 1099-Rs

|                              |                                     |                    |                            |
|------------------------------|-------------------------------------|--------------------|----------------------------|
| 1. P/S Payer's TIN           | Box 1 - Gross distribution          | Total distribution | Box 7 - Distribution code  |
| Box 15 - Payer's Ohio number | Box 4 - Federal income tax withheld |                    | Box 14 - Ohio tax withheld |
| 2. P/S Payer's TIN           | Box 1 - Gross distribution          | Total distribution | Box 7 - Distribution code  |
| Box 15 - Payer's Ohio number | Box 4 - Federal income tax withheld |                    | Box 14 - Ohio tax withheld |
| 3. P/S Payer's TIN           | Box 1 - Gross distribution          | Total distribution | Box 7 - Distribution code  |
| Box 15 - Payer's Ohio number | Box 4 - Federal income tax withheld |                    | Box 14 - Ohio tax withheld |
| 4. P/S Payer's TIN           | Box 1 - Gross distribution          | Total distribution | Box 7 - Distribution code  |
| Box 15 - Payer's Ohio number | Box 4 - Federal income tax withheld |                    | Box 14 - Ohio tax withheld |

## Part D - W-2Gs

|                                  |                              |                                     |
|----------------------------------|------------------------------|-------------------------------------|
| 1. P/S Payer's federal ID number | Box 1 - Reportable winnings  | Box 4 - Federal income tax withheld |
| Box 13 - Ohio state ID number    | Box 14 - Ohio state winnings | Box 15 - Ohio income tax withheld   |
| 2. P/S Payer's federal ID number | Box 1 - Reportable winnings  | Box 4 - Federal income tax withheld |
| Box 13 - Ohio state ID number    | Box 14 - Ohio state winnings | Box 15 - Ohio income tax withheld   |
| 3. P/S Payer's federal ID number | Box 1 - Reportable winnings  | Box 4 - Federal income tax withheld |
| Box 13 - Ohio state ID number    | Box 14 - Ohio state winnings | Box 15 - Ohio income tax withheld   |

## Part E - 1099-NECs

|                             |                                  |                                     |
|-----------------------------|----------------------------------|-------------------------------------|
| 1. P/S Payer's TIN          | Box 1 - Nonemployee compensation | Box 4 - Federal income tax withheld |
| Box 6 - Payer's Ohio number | Box 7 - State income             | Box 5 - Ohio tax withheld           |
| 2. P/S Payer's TIN          | Box 1 - Nonemployee compensation | Box 4 - Federal income tax withheld |
| Box 6 - Payer's Ohio number | Box 7 - State income             | Box 5 - Ohio tax withheld           |

**2022 IT RC**  
**Ohio Resident Credit Calculation**  
 Use black ink only. Use whole dollars only.  
 Primary taxpayer's SSN



22380198

830 29 6199

This form is for individuals who were subjected to individual income tax by another state or the District of Columbia while a resident of Ohio. Full-year nonresidents are not entitled to this credit and should not use this form. Include a copy when filing your Ohio IT 1040.

List any income taxed and any taxes paid to each state and/or the District of Columbia. Do not include income earned or received in states without an income tax. Only income included in your Ohio adjusted gross income is eligible for this credit. **Important:** Do not list any income in Column A if you do not have tax paid in Column B. Do not list a tax paid in Column B if you do not have income taxed in Column A.

| (A)<br>Income Taxed | (B)<br>Tax Paid | (A)<br>Income Taxed | (B)<br>Tax Paid | (A)<br>Income Taxed | (B)<br>Tax Paid |
|---------------------|-----------------|---------------------|-----------------|---------------------|-----------------|
| AL                  |                 | KS                  |                 | NH                  |                 |
| AR                  |                 | KY                  |                 | NJ                  | 2885            |
| AZ                  |                 | LA                  |                 | NM                  |                 |
| CA                  |                 | MA                  |                 | NY                  |                 |
| CO                  |                 | MD                  |                 | OK                  |                 |
| CT                  |                 | ME                  |                 | OR                  |                 |
| DC                  |                 | MI                  |                 | PA                  |                 |
| DE                  |                 | MN                  |                 | RI                  |                 |
| GA                  |                 | MO                  |                 | SC                  |                 |
| HI                  |                 | MS                  |                 | UT                  |                 |
| IA                  |                 | MT                  |                 | VA                  |                 |
| ID                  |                 | NC                  |                 | VT                  |                 |
| IL                  |                 | ND                  |                 | WI                  |                 |
| IN                  |                 | NE                  |                 | WV                  |                 |

|   |    |        |
|---|----|--------|
| 1. Sum of all Column A amounts .....  | 1. | 2885   |
| 2. Sum of all Column B amounts .....  | 2. | 100    |
| 3. Ohio adjusted gross income (from Ohio IT 1040, line 3) .....   | 3. | 70874  |
| 4. Divide line 1 by line 3. Carry to four digits without rounding. If greater than 1, enter 1 .....                                 | 4. | 0.0407 |
| 5. Ohio Schedule of Credits, line 30 minus Ohio Schedule of Credits, line 33. If negative, enter zero .....                         | 5. | 1645   |
| 6. Multiply line 4 by line 5 .....  | 6. | 67     |
| 7. <b>Ohio Resident Credit.</b> Enter the lesser of line 2 or line 6. Enter here and on the Ohio Schedule of Credits, line 34 ..... | 7. | 67     |

