# Form **8879**

(Rev. January 2021)

Department of the Treasury Internal Revenue Service

# IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.

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

OMB No. 1545-0074

Submission Identification Number (SID)	•
Taxpayer's name	Social security number
SANDEEP OMPRAKASH PATIL	677-77-1024
Spouse's name	Spouse's social security number
TRUPTI SANDEEP PATIL	976-99-7876
Part I Tax Return Information — Tax Year Ending December 31, 2022 (Enter)	year you are authorizing.)
Enter whole dollars only on lines 1 through 5.	
Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.	
1 Adjusted gross income	<b>1</b>   80,313.
2 Total tax	
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	<b>3</b> 7,187.
4 Amount you want refunded to you	<b>4</b> 2,069.
5 Amount you owe	
Part II Taxpayer Declaration and Signature Authorization (Be sure you get and ke	reep a copy of your return)
my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmit to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejet for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indic payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requebusiness days prior to the payment (settlement) date. I also authorize the financial institutions involved in the payments to receive confidential information necessary to answer inquiries and resolve issues related to the payersonal identification number (PIN) below is my signature for the income tax return (original or amended) I am Electronic Funds Withdrawal Consent.	tter, or electronic return originator (ERO) action of the transmission, (b) the reason S. Treasury and its designated Financial cated in the tax preparation software for in to debit the entry to this account. This the authorization. To revoke (cancel) a lests must be received no later than 2 processing of the electronic payment of ayment. I further acknowledge that the
Taxpayer's PIN: check one box only	
▼ I authorize GLOBAL TAXES LLC to enter or generate m	my PIN 7 1 0 2 4 as my
ERO firm name signature on the income tax return (original or amended) I am now authorizing.	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 no if you are entering your own PIN and your return is filed using the Practitioner PIN methodelow.	
Your signature ▶ . Date ▶ 4	4/5/2023
Spouse's PIN: check one box only	
I authorize GLOBAL TAXES LLC to enter or generate mental signature on the income tax return (original or amended) I am now authorizing.	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 no if you are entering your own PIN and your return is filed using the Practitioner PIN metho below.	
	4/5/2023
Practitioner PIN Method Returns Only—continue below	
Part III Certification and Authentication — Practitioner PIN Method Only	
<b>ERO's EFIN/PIN.</b> 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 authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submit requirements of the Practitioner PIN method and <b>Pub. 1345</b> , Handbook for Authorized IRS <i>e-file</i> Providers of Inc.	itting this return in accordance with the
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

2022
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OMB No. 1545-0074

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

	<b>S</b> 🗌 S	Single X Married filing jointly	Marrie	ed filing separately	(MFS)	☐ Head of	household (H	IOH)				iving
Check only one box.	If vo	u checked the MFS box, enter the na	ame of v	our spouse If you	check	red the HOH or	OSS box le	nter		•	ise (QSS) name if th	e qualifying
0110 00%		on is a child but not your dependent		our opouoo. Ii you	011001		Q00 50%, 0	11101	1110 01		namo n tn	o quamymig
Your first name	and mi	ddle initial	Last nar	me					Yo	ur so	cial security	/ number
SANDEEP	ОМРЕ	RAKASH	PATI	Τ,					67	7-7	77-1024	
		first name and middle initial	Last nar									urity number
TRUPTI S			PATI	L					97	6-9	99-7876	
		r and street). If you have a P.O. box, see					Apt. no.					n Campaign
10 W 008	JEEN	CREEK ROAD 2038									ere if you,	
~		ce. If you have a foreign address, also co	mplete sp	paces below.	Sta	ite	ZIP code					ly, want \$3
CHANDLER					A	Z	85248				this fund. ( ow will not o	
Foreign country	/ name		F	oreign province/state	e/coun	ty	Foreign posta	al cod	_		or refund.	
											You	Spouse
Digital	At an	y time during 2022, did you: (a) rece	eive (as a	a reward, award, c	or payr	ment for prope	rty or servic	es);	or (b) :	sell,		
Assets		ange, gift, or otherwise dispose of a					-				Yes	⊠ No
Standard	Som	eone can claim:	pendent	Your spou	ıse as	a dependent						
Deduction		Spouse itemizes on a separate return	n or you	were a dual-statu	s alier	1						
Age/Blindness	· You:	Were born before January 2, 1	958	Are blind Si	pouse	. Was bor	n before Jar	าแลก	v 2 19	158	☐ Is bli	nd
Dependents				(2) Social securi		(3) Relationsh	(4) (1)					nstructions):
If more	•	rst name Last name		number	ity	to you	.	d tax	credit		Credit for oth	er dependents
than four		SVI PATIL,		976-99-78	92	Daughter		Г	]			<u> </u>
dependents,		A SANDEEP PATIL		976-99-78		Daughter		Ē	]			<u> </u>
and check	S			370 33 70	<u> </u>	Daagneer		Ē	]			<u> </u>
here								Ē	]			
Income	1a	Total amount from Form(s) W-2, be	ox 1 (see	e instructions) .						1a	9	2,260.
IIICOIII <del>C</del>	b	Household employee wages not re	eported (	on Form(s) W-2 .						1b		<u>,                                      </u>
Attach Form(s)	С	Tip income not reported on line 1a (see instructions)							1c			
W-2 here. Also attach Forms	d	Medicaid waiver payments not rep	orted or	n Form(s) W-2 (see	e instru	uctions)				1d		
W-2G and	е	Taxable dependent care benefits f	rom For	m 2441, line 26						1e		
1099-R if tax was withheld.	f	Employer-provided adoption bene	fits from	Form 8839, line 2	29 .					1f		
If you did not	g	Wages from Form 8919, line 6 .								1g		
get a Form	h	Other earned income (see instruction	ons) .							1h		0.
W-2, see instructions.	i	Nontaxable combat pay election (s	see instr	uctions)		1i						
	Z	Add lines 1a through 1h								1z	9	2,260.
Attach Sch. B	2a	Tax-exempt interest	2a		<b>b</b> T	axable interes	t			2b		193.
if required.	3a	Qualified dividends	3a		<b>b</b> C	Ordinary divide	nds			3b		22.
	4a	IRA distributions	4a		<b>b</b> T	axable amoun	t			4b		
Standard	5a	Pensions and annuities	5a		<b>b</b> T	axable amoun	t			5b		
Deduction for— Single or	6a	,	6a			axable amoun	t		·	6b		
Married filing separately,	С	If you elect to use the lump-sum e	lection n	nethod, check her	e (see	instructions)			Ц			
\$12,950	7	Capital gain or (loss). Attach Schee		required. If not red	quired	, check here			Ш	7		229.
Married filing jointly or	8	Other income from Schedule 1, lin								8		2 <b>,</b> 391.
Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,		-						9		0,313.
surviving spouse, \$25,900	10	Adjustments to income from Sche	-							10		
Head of household,	11	Subtract line 10 from line 9. This is	•	-						11		<u>0,313.</u>
\$19,400	12	Standard deduction or itemized								12		5 <b>,</b> 900.
If you checked any box under	13	Qualified business income deducti								13		
Standard Deduction,	14	Add lines 12 and 13								14		5,900.
see instructions.	15	Subtract line 14 from line 11. If zer	o or less	s, enter -0 This is	your	taxable incom	ie	•		15	5	4,413.

Form 1040 (202:	2)								Page <b>2</b>
Tax and	16	Tax (see instructions). Check if any	from Form(s):	881	4 <b>2</b> 4972	3 🗌		16	6,120.
Credits	17	Amount from Schedule 2, line 3						17	
	18	Add lines 16 and 17						18	6,120.
	19	Child tax credit or credit for other	dependents fro	m Sched	ule 8812			19	1,000.
	20	Amount from Schedule 3, line 8						20	2.
	21	Add lines 19 and 20						21	1,002.
	22	Subtract line 21 from line 18. If ze	ro or less, enter	-0				22	5,118.
	23	Other taxes, including self-employ	yment tax, from	Schedule	2, line 21 .			23	0.
	24	Add lines 22 and 23. This is your	total tax					24	5,118.
<b>Payments</b>	25	Federal income tax withheld from							
_	а	Form(s) W-2				25a	7,	187.	
	b	Form(s) 1099				25b			
	С	Other forms (see instructions) .				25c			
	d	Add lines 25a through 25c						250	7,187.
If you have a	26	2022 estimated tax payments and	d amount applie	d from 20	21 return			26	
qualifying child, attach Sch. EIC.	27	Earned income credit (EIC)				27			
	28	Additional child tax credit from Sch	edule 8812 .			28			
	29	American opportunity credit from	Form 8863, line	8		29			
	30	Reserved for future use				30			
	31	Amount from Schedule 3, line 15				31			
	32	Add lines 27, 28, 29, and 31. Thes	se are your <b>tota</b>	l other pa	ayments and ref	undable	credits	32	
	33	Add lines 25d, 26, and 32. These	are your <b>total p</b>	ayments				33	· · · · · · · · · · · · · · · · · · ·
Refund	34	If line 33 is more than line 24, sub	tract line 24 fro	m line 33.	This is the amou	ınt you <b>o</b>	verpaid	34	
	35a	Amount of line 34 you want refun			is attached, che	eck here		. 35a	2,069.
Direct deposit?	b	Routing number 1 2 2 1			c Type:	Checki	ng 🗌 Sa	vings	
See instructions.	d	Account number 1 5 1 7	0 7 6 4	7   7   3	3 2				
	36	Amount of line 34 you want applied	ed to your 2023	estimate	ed tax	36			
Amount You Owe	37	Subtract line 33 from line 24. This For details on how to pay, go to w						37	
	38	Estimated tax penalty (see instruc	ctions)			38			
Third Party Designee		you want to allow another pers				_	Yes. Com	nplete below	. 🔀 No
		signee's		Phone				al identification	,
		ne		no.			number	, ,	
Sign Here		der penalties of perjury, I declare that I h ief, they are true, correct, and complete.							
Here	Yo	ur signature	Date	Э	Your occupation				ent you an Identity
					00011100			Protection (see inst.)	PIN, enter it here
Joint return? See instructions.		ouse's signature. If a joint return, <b>both</b> m	nust sign. Date		SERVICE Spouse's occupa	tion		· · ·	ent your spouse an
Keep a copy for your records.	Sþ	ouse's signature. If a joint return, <b>both</b> in	lust sign. Date	7					otection PIN, enter it here
,			- Francisco	il adduses	HOME MAKE		ON4	(000 11101.)	
		one no. (480) 849-4881 eparer's name Prep	arer's signature	il address	OMSON3@GM	AIL.C Date		PTIN	Check if:
Paid			· ·	CVCVD	רווסשת שמדדאג				
Preparer		I PRIYA RAM SAGAR GUPTA TALLAM SYAI		SAGAK	GUPIA TALLAN	1   04/0	5/2023 P	02082703	
Use Only		m's name GLOBAL TAXES m's address 245 ROONEY CT		ITCK N	T 00016				
0-1	/C-	m's address 245 ROONEY CT	DV0N2M	TON INC	00010			Firm's EIN	84-3171965

# SCHEDULE 1 (Form 1040)

# **Additional Income and Adjustments to Income**

OMB No. 1545-0074

2022
Attachment
Sequence No. 01

Department of the Treasury Internal Revenue Service

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

SANDEEP OMPRAKASH & TRUPTI SANDEEP PATIL

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

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

Sequence No. 01

Your social security number
677-77-1024

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	-12,391.
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	Cancellation of debt	8c		
d	Foreign earned income exclusion from Form 2555	8d ( )		
е	Income from Form 8853	8e		
f	Income from Form 8889	8f		
g	Alaska Permanent Fund dividends	8g		
h	Jury duty pay	8h		
i	Prizes and awards	8i		
j	Activity not engaged in for profit income	8j		
k	Stock options	8k		
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			
	<b>'</b>	8m		
n	Section 951(a) inclusion (see instructions)	8n		
0	Section 951A(a) inclusion (see instructions)	80	-	
р	Section 461(I) excess business loss adjustment	8p		
q	Taxable distributions from an ABLE account (see instructions)	8q	.	
r	Scholarship and fellowship grants not reported on Form W-2	8r	.	
S	Nontaxable amount of Medicaid waiver payments included on Form			
	1040, line 1a or 1d	8s ( )		
t	Pension or annuity from a nonqualifed deferred compensation plan or			
	a nongovernmental section 457 plan	8t	-	
	Wages earned while incarcerated	8u	-	
Z	Other income. List type and amount:			
_	Table the decree Add Press Coult and Co	8z		
9	Total other income. Add lines 8a through 8z		9	10 201
10	Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR,	or 1040-NK, line 8	10	-12 <b>,</b> 391.

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

Par	t II Adjustments to Income		
11	Educator expenses	 11	
12	Certain business expenses of reservists, performing artists, and fee-basis gov		
	officials. Attach Form 2106	 12	
13	Health savings account deduction. Attach Form 8889	 13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903	 14	
15	Deductible part of self-employment tax. Attach Schedule SE	15	
16	Self-employed SEP, SIMPLE, and qualified plans	 16	
17	Self-employed health insurance deduction	 17	
18	Penalty on early withdrawal of savings	 18	
19a	Alimony paid	19a	
b	Recipient's SSN		
С	Date of original divorce or separation agreement (see instructions):		
20	IRA deduction	20	
21	Student loan interest deduction	21	
22	Reserved for future use	 22	
23	Archer MSA deduction	 23	
24	Other adjustments:		
а	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		
С	Nontaxable amount of the value of Olympic and Paralympic medals		
	and USOC prize money reported on line 8m		
d	Reforestation amortization and expenses	-	
е	Repayment of supplemental unemployment benefits under the Trade		
	Act of 1974	-	
f	Contributions to section 501(c)(18)(D) pension plans		
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)	-	
- 1	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		
	tax law violations		
J	Excess deductions of section 67(e) expenses from Schedule K-1 (Form		
k	1041)		
-	Other adjustments. List type and amount:		
Z	04-		
25	Total other adjustments. Add lines 24a through 24z	25	
25 26	Add lines 11 through 23 and 25. These are your <b>adjustments to income</b> . Enter here	23	
20	Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a	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 SANDEEP OMPRAKASH & TRUPTI SANDEEP PATIL

Your social security number 677-77-1024

Par	Nonrelundable Credits				
1	Foreign tax credit. Attach Form 1116 if required		H	1	2.
2	Credit for child and dependent care expenses from Form 2441 Form 2441	-		2	
3	Education credits from Form 8863, line 19		 	3	
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			
1	Amount on Form 8978, line 14. See instructions	<b>6</b> l			
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-line 20		NR, 	8	2.

(continued 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	13z	14	
15	Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040-line 31	-SR, or 1040-NR,	15	

### SCHEDULE D (Form 1040)

# **Capital Gains and Losses**

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

Go to www.irs.gov/ScheduleD for instructions and the latest information.
Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.

OMB No. 1545-0074

2022

Attachment Sequence No. **12** 

Department of the Treasury Internal Revenue Service

Name(s) shown on return
SANDEEP OMPRAKASH & TRUPTI SANDEEP PATIL

Your social security number 677-77-1024

	ou dispose of any investment(s) in a qualified opportunity es," attach Form 8949 and see its instructions for additiona					
Pa	Short-Term Capital Gains and Losses—Ge	nerally Assets I	Held One Year	or Less (se	e ins	tructions)
lines This	nstructions for how to figure the amounts to enter on the below.  form may be easier to complete if you round off cents to e dollars.	(g) Adjustmen to gain or loss Form(s) 8949, line 2, colum	from Part I,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)		
	Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b .					
1b	Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked	5,931.	5 <b>,</b> 971.	1	36.	96.
2	Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked	303.	170.			133.
3	Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked					
4	Short-term gain from Form 6252 and short-term gain or (I	oss) from Forms 4	684, 6781, and 88	24	4	
5	Net short-term gain or (loss) from partnerships, Schedule(s) K-1	S corporations,	estates, and tr		5	
6	Short-term capital loss carryover. Enter the amount, if an <b>Worksheet</b> in the instructions			Carryover	6	( )
7	Net short-term capital gain or (loss). Combine lines 1a term capital gains or losses, go to Part II below. Otherwis				7	229.
Par	<u> </u>				(see i	
lines	nstructions for how to figure the amounts to enter on the below.	(d) Proceeds	<b>(e)</b> Cost	(g) Adjustmen to gain or loss		(h) Gain or (loss) Subtract column (e) from column (d) and
This whol	form may be easier to complete if you round off cents to e dollars.	(sales price)	(or other basis)	Form(s) 8949, F	Part II,	combine the result with column (g)
8a	Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b.					
8b	Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked					
9	Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked					
10	Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked					
11	Gain from Form 4797, Part I; long-term gain from Forms from Forms 4684, 6781, and 8824				11	
12	Net long-term gain or (loss) from partnerships, S corporat				12	
	Capital gain distributions. See the instructions				13	
	Long-term capital loss carryover. Enter the amount, if any <b>Worksheet</b> in the instructions	y, from line 13 of y	our <b>Capital Loss</b>	Carryover	14	( )
15	Net long-term capital gain or (loss). Combine lines 8a	through 14 in co	lumn (h). Then, go	to Part III		

15

Schedule D (Form 1040) 2022 Page 2

## Part III Summary 16 Combine lines 7 and 15 and enter the result 16 229. • If line 16 is a gain, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below. • If line 16 is a loss, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete • If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22. 17 Are lines 15 and 16 both gains? ☐ **Yes.** Go to line 18. No. Skip lines 18 through 21, and go to line 22. 18 If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet . . . . . . . . . . . . . . . . . . 18 19 If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet . 19 20 Are lines 18 and 19 both zero or blank and you are not filing Form 4952? ☐ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. Don't complete lines 21 and 22 below. □ No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below. If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of: 21 • The loss on line 16; or 21 • (\$3,000), or if married filing separately, (\$1,500) **Note:** When figuring which amount is smaller, treat both amounts as positive numbers. Do you have gualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a? 22 ☐ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.

# 8949

# **Sales and Other Dispositions of Capital Assets**

Go to www.irs.gov/Form8949 for instructions and the latest information.

Social security number or taxpayer identification number

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

2022	
Attachment Sequence No. <b>12A</b>	

677-77-1024 SANDEEP OMPRAKASH & TRUPTI SANDEEP PATIL Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check. Part I Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2. Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions). You must check Box A. B. or C below. Check only one box. If more than one box applies for your short-term transactions. complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need. X (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above) (B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS (C) Short-term transactions not reported to you on Form 1099-B Adjustment, if any, to gain or loss 1 If you enter an amount in column (a). (h) enter a code in column (f). (d) Cost or other basis Gain or (loss) (c) (a) (b) Date sold or Proceeds See the **Note** below See the separate instructions. Subtract column (e) Description of property Date acquired disposed of and see Column (e) (sales price) from column (d) and (Example: 100 sh. XYZ Co.) (Mo., day, yr.) (Mo., day, yr.) combine the result (see instructions) in the separate (g) Code(s) from Amount of adjustment instructions. with column (a). instructions ROBINHOOD SECURITIES LLC 01/01/22 12/31/22 5,931. 5,971. W 136. 96. 2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

5,931.

96.

136.

negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B

above is checked), or line 3 (if Box C above is checked) .

5,971.

# **Sales and Other Dispositions of Capital Assets**

Go to www.irs.gov/Form8949 for instructions and the latest information.

OMB No. 1545-0074 Attachment

Social security number or taxpayer identification number

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

File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

Sequence No. 12A

SANDEEP OMPRAKASH & TRU	UPTI SAND	EEP PATI	L	677-77	-1024		
Before you check Box A, B, or C belo statement will have the same informa broker and may even tell you which b	tion as Form 1	er you receive 1099-B. Either	ed any Form(s) 109 will show whether	99-B or substitute er your basis (usua	statement(s	) from your broker t) was reported to	r. A substitute the IRS by your
Part I Short-Term. Trans instructions). For lo Note: You may agg reported to the IRS Schedule D, line 1a	ng-term tra gregate all s and for whi	nsactions, s hort-term tr ich no adjus	see page 2. ansactions rep stments or cod	oorted on Form les are required	(s) 1099-E d. Enter th	showing basise totals directly	s was / on
You must check Box A, B, or C I complete a separate Form 8949, p for one or more of the boxes, com  (A) Short-term transactions  (B) Short-term transactions	below. Checo page 1, for eanplete as man reported on reported on	k only one k ach applicable by forms with Form(s) 1099 Form(s) 1099	box. If more than le box. If you have the same box of 3-B showing bas 3-B showing bas	n one box applies we more short-te checked as you r sis was reported	s for your s rm transacheed. to the IRS	hort-term transa tions than will fit (see <b>Note</b> above	ctions, on this page
(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis See the <b>Note</b> below and see <i>Column</i> (e) in the separate instructions.	If you enter an enter a c	f any, to gain or loss amount in column (g), ode in column (f). carate instructions.  (g)  Amount of adjustment	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g).
ROBINHOOD CRYPTO LLC	01/01/22	12/31/22	303.	170.			133.
Totals. Add the amounts in columns negative amounts). Enter each total							

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

303.

133.

Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked) .

170.

### **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

SANI	DEEP OMPRAKASH & TRUPTI SANDEEP PATIL						677 <b>-</b> 7	7-1024		
Par										
_	Note: If you are in the business of renting personal proper rental income or loss from Form 4835 on page 2, line 40.	ty, use	Schedule	<b>C</b> . See	instru	ctions. If you are	an indiv	vidual, rep	ort farm	
Α	Did you make any payments in 2022 that would require you	to file	Form(s) 1	naa2 S	Saa ing	etructions		□ Ve	e X No	_
				• •	• •				.3 <u>  110</u>	
1a	Physical address of each property (street, city, state, ZIF		<del></del>							
Α	F.NO:301,A1 PUNE MAHARASHTRA IN 411061	L								
В										
С										
1b	Type of Property 2 For each rental real estate prope	erty list	ed		Fa			al Use	QJV	
	(from list below) above, report the number of fair personal use days. Check the Q					Days	Da	-		
A	personal use days. Check the Quite if you meet the requirements to f			A		365		0		_
B C	qualified joint venture. See instru			B C						_
	of Dyonoviky			C						
	of Property: Single Family Residence 3 Vacation/Short-Term Ren	tol.	5 Land	ı	7	Self-Rental				
	Multi-Family Residence 4 Commercial	lai	6 Roya				) )			
	Width-Lamily Nesidence 4 Commercial		O HOya	111103	0	Other (describ				
						Properties	S:			
Incon				Α		В			С	
3	Rents received	3		2,5	79.					
4	Royalties received	4								
Expe		_								
5	Advertising	5								
6	Auto and travel (see instructions)	6		2 5	0.2					_
7	Cleaning and maintenance	7		۷,5	03.					_
8 9	Commissions	8								_
10	Insurance	10								_
11	Management fees	11		1,9	5.0					_
12	Mortgage interest paid to banks, etc. (see instructions)	12		1, 9	50.					_
13	Other interest	13		4	93.					_
14	Repairs	14			04.					_
15	Supplies	15			90.					_
16	Taxes	16			05.					_
17	Utilities	17			93.					_
18	Depreciation expense or depletion	18		2,1	32.					
19	Other (list)	19								
20	Total expenses. Add lines 5 through 19	20		14,9	70.					
21	Subtract line 20 from line 3 (rents) and/or 4 (royalties). If									
	result is a (loss), see instructions to find out if you must									
	file <b>Form 6198</b>	21	-	<b>-</b> 12 <b>,</b> 3	91.					
22	Deductible rental real estate loss after limitation, if any,									
	on Form 8582 (see instructions)	22	(	12,39		·	)	(		_)
23a	Total of all amounts reported on line 3 for all rental prope				23a	2,	579.			
b	Total of all amounts reported on line 4 for all royalty prop	erties			23b					
C	Total of all amounts reported on line 12 for all properties				23c	2	122			
d	Total of all amounts reported on line 18 for all properties				23d		132.			
e	Total of all amounts reported on line 20 for all properties				23e	14,	970.			
24 25	<b>Income.</b> Add positive amounts shown on line 21. <b>Do no Losses.</b> Add royalty losses from line 21 and rental real estat		•		ntor+		24 25	1	12 201	
									12,391.	
26	Total rental real estate and royalty income or (loss). here. If Parts II, III, IV, and line 40 on page 2 do not									
	Schedule 1 (Form 1040), line 5. Otherwise, include this ar						26		-12.391	

## **SCHEDULE 8812** (Form 1040)

# **Credits for Qualifying Children** and Other Dependents

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

OMB No. 1545-0074

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

Go to www.irs.gov/Schedule8812 for instructions and the latest information.

Attachment Sequence No. **47** 

Your social security number

SAND:		577-77-	-1024
Par	t I Child Tax Credit and Credit for Other Dependents		
1	Enter the amount from line 11 of your Form 1040, 1040-SR, or 1040-NR	. 1	80,313.
2a	Enter income from Puerto Rico that you excluded		
b	Enter the amounts from lines 45 and 50 of your Form 2555	0.	
c	Enter the amount from line 15 of your Form 4563		
d	Add lines 2a through 2c	. 2d	0.
3	Add lines 1 and 2d	. 3	80,313.
4	Number of qualifying children under age 17 with the required social security number 4	0	
5	Multiply line 4 by \$2,000	. 5	
6	Number of other dependents, including any qualifying children who are not under age 17 or who do not have the required social security number	2	
	Caution: Do not include yourself, your spouse, or anyone who is not a U.S. citizen, U.S. national, or U.S. resideralien. Also, do not include anyone you included on line 4.	nt	
7	Multiply line 6 by \$500	. 7	1,000.
8	Add lines 5 and 7	. 8	1,000.
9	Enter the amount shown below for your filing status.		·
	• Married filing jointly—\$400,000		
	• All other filing statuses—\$200,000 \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	. 9	400,000.
10	Subtract line 9 from line 3.		
	• If zero or less, enter -0		
	• If more than zero and not a multiple of \$1,000, enter the next multiple of \$1,000. For		
	example, if the result is \$425, enter \$1,000; if the result is \$1,025, enter \$2,000, etc.	. 10	0.
11	Multiply line 10 by 5% (0.05)	. 11	0.
12	Is the amount on line 8 more than the amount on line 11?	. 12	1,000.
	No. STOP. You cannot take the child tax credit, credit for other dependents, or additional child tax credit	it.	
	Skip Parts II-A and II-B. Enter -0- on lines 14 and 27.		
	Yes. Subtract line 11 from line 8. Enter the result.		
13	Enter the amount from the Credit Limit Worksheet A	. 13	6,118.
14	Enter the smaller of line 12 or 13. <b>This is your child tax credit and credit for other dependents</b>	. 14	1,000.
	Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 19.		
	If the amount on line 12 is more than the amount on line 14, you may be able to take the additional		
	on Form 1040, 1040-SR, or 1040-NR, line 28. Complete your Form 1040, 1040-SR, or 1040-NR	through	line 27
	(also complete Schedule 3, line 11) before completing Part II-A.		

BAA

Schedule 8812 (Form 1040) 2022

Part	II-A Additional Child Tax Credit for All Filers		
Cautio	on: If you file Form 2555, you cannot claim the additional child tax credit.		
15	Check this box if you do not want to claim the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line	27 .	
16a	Subtract line 14 from line 12. If zero, stop here; you cannot take the additional child tax credit. Skip Parts II-A		
	and II-B. Enter -0- on line 27	16a	0.
b	Number of qualifying children under 17 with the required social security number: x \$1,500.		
	Enter the result. If zero, stop here; you cannot claim the additional child tax credit. Skip Parts II-A and II-B.		
	Enter -0- on line 27	16b	
	<b>TIP:</b> The number of children you use for this line is the same as the number of children you used for line 4.		
17	Enter the <b>smaller</b> of line 16a or line 16b	17	
18a	Earned income (see instructions)		
b	Nontaxable combat pay (see instructions)		
19	Is the amount on line 18a more than \$2,500?		
	No. Leave line 19 blank and enter -0- on line 20.		
	Yes. Subtract \$2,500 from the amount on line 18a. Enter the result 19		
20	Multiply the amount on line 19 by 15% (0.15) and enter the result $\dots \dots \dots \dots \dots \dots \dots \dots \dots$	20	
	<b>Next.</b> On line 16b, is the amount \$4,500 or more?		
	No. If you are a bona fide resident of Puerto Rico, go to line 21. Otherwise, skip Part II-B and enter the		
	smaller of line 17 or line 20 on line 27.		
	☐ <b>Yes.</b> If line 20 is equal to or more than line 17, skip Part II-B and enter the amount from line 17 on line 27.		
_	Otherwise, go to line 21.		
Part	II-B Certain Filers Who Have Three or More Qualifying Children and Bona Fide Resident	s of P	uerto Rico
21	Withheld social security, Medicare, and Additional Medicare taxes from Form(s) W-2,		
	boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If		
	your employer withheld or you paid Additional Medicare Tax or tier 1 RRTA taxes, see		
	instructions		
22	Enter the total of the amounts from Schedule 1 (Form 1040), line 15; Schedule 2 (Form		
	1040), line 5; Schedule 2 (Form 1040), line 6; and Schedule 2 (Form 1040), line 13 . <b>22</b>		
23	Add lines 21 and 22		
24	1040 and		
	<b>1040-SR filers:</b> Enter the total of the amounts from Form 1040 or 1040-SR, line 27,		
	and Schedule 3 (Form 1040), line 11.		
	<b>1040-NR filers:</b> Enter the amount from Schedule 3 (Form 1040), line 11.		
25	Subtract line 24 from line 23. If zero or less, enter -0	25	
26	Enter the <b>larger</b> of line 20 or line 25	26	
	Next, enter the smaller of line 17 or line 26 on line 27.		
	II-C Additional Child Tax Credit		
27	This is your additional child tax credit. Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 28	27	

(Rev. November 2022)

Department of the Treasury Internal Revenue Service

Taxpayer name(s) shown on return

Paid Preparer's Due Diligence Checklist

Earned Income Credit (EIC), American Opportunity Tax Credit (AOTC),
Child Tax Credit (CTC) (including the Additional Child Tax Credit (ACTC) and
Credit for Other Dependents (ODC)), and Head of Household (HOH) Filing Status

To be completed by preparer and filed with Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS. Go to www.irs.gov/Form8867 for instructions and the latest information.

OMB No. 1545-0074 For tax year 20 Attachment Sequence No. 70

Taxpayer identification number

SANDEEP OMPRAKASH & TRUPTI SANDEEP PATIL 677-77-102						
	's name	Preparer tax identific	ation numb	oer		
SYAM PRIYA RAM SAGAR GUPTA TALLAM P02082703						
Part	·					
	check the appropriate box for the credit(s) and/or HOH filing status claimed on the retubenefit(s) claimed (check all that apply).		e the rela		arts I–V HOH	
1	Did you complete the return based on information for the applicable tax year provided or reasonably obtained by you? (See instructions if relying on prior year earned income.)		Yes	No	N/A	
2	If credits are claimed on the return, did you complete the applicable EIC and/or C worksheets found in the Form 1040, 1040-SR, 1040-NR, 1040-PR, 1040-SS, or Scheol 1040) instructions, and/or the AOTC worksheet found in the Form 8863 instruction worksheet(s) that provides the same information, and all related forms and schedules claimed?	TC/ACTC/ODC Jule 8812 (Form s, or your own	X			
3	Did you satisfy the knowledge requirement? To meet the knowledge requirement, you rethe following.					
	<ul> <li>Interview the taxpayer, ask questions, and contemporaneously document the taxpayer determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status.</li> </ul>	's responses to				
	• Review information to determine that the taxpayer is eligible to claim the credit(s) an status and to figure the amount(s) of any credit(s)		X			
4	Did any information provided by the taxpayer or a third party for use in preparing information reasonably known to you, appear to be incorrect, incomplete, or inconsist answer questions 4a and 4b. If "No," go to question 5.)	stent? (If "Yes,"		×		
а	Did you make reasonable inquiries to determine the correct, complete, and consistent in	formation? .				
b	Did you contemporaneously document your inquiries? (Documentation should include you asked, whom you asked, when you asked, the information that was provided, and information had on your preparation of the return.)	the impact the				
5	Did you satisfy the record retention requirement? To meet the record retention require keep a copy of your documentation referenced in question 4b, a copy of this Form 886 applicable worksheet(s), a record of how, when, and from whom the information used t 8867 and any applicable worksheet(s) was obtained, and a copy of any document(s) parapayer that you relied on to determine eligibility for the credit(s) and/or HOH filing state the amount(s) of the credit(s)	7, a copy of any o prepare Form provided by the atus or to figure	X			
	List those documents provided by the taxpayer, if any, that you relied on:					
6	Did you ask the taxpayer whether he/she could provide documentation to substantiate credit(s) and/or HOH filing status and the amount(s) of any credit(s) claimed on the return is selected for audit?		X			
7	Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous	year?	×			
	(If credits were disallowed or reduced, go to question 7a; if not, go to question 8.)	-				
а	Did you complete the required recertification Form 8862?					
8	If the taxpayer is reporting self-employment income, did you ask questions to prepare correct Schedule C (Form 1040)?					

Form 88	867 (Rev. 11-2022)			Page 2
Part	Due Diligence Questions for Returns Claiming EIC (If the return does not claim EIC, go	to Part	III.)	
9a		Yes	No	N/A
	claimed, or is eligible to claim the EIC without a qualifying child? (If the taxpayer is claiming the EIC			
	and does not have a qualifying child, go to question 10.)			
b	Did you ask the taxpayer if the child lived with the taxpayer for over half of the year, even if the taxpayer has supported the child the entire year?			
С	Did you explain to the taxpayer the rules about claiming the EIC when a child is the qualifying child of			
Ū	more than one person (tiebreaker rules)?			
Part		claim C	TC, A	CTC,
	or ODC, go to Part IV.)			
10	Have you determined that each qualifying person for the CTC/ACTC/ODC is the taxpayer's dependent who is a citizen, national, or resident of the United States?	Yes	No	N/A
11	Did you explain to the taxpayer that he/she may not claim the CTC/ACTC if the child has not lived with			
	the taxpayer for over half of the year, even if the taxpayer has supported the child, unless the child's			
	custodial parent has released a claim to exemption for the child?	×		
12	Did you explain to the taxpayer the rules about claiming the CTC/ACTC/ODC for a child of divorced or			
	separated parents (or parents who live apart), including any requirement to attach a Form 8332 or similar statement to the return?	×		
Part			 Part \	/
13	Did the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the qui		Yes	No
	tuition and related expenses for the claimed AOTC?			
Part	Due Diligence Questions for Claiming HOH (If the return does not claim HOH filing statu	s, go to	Part	VI.)
14	Have you determined that the taxpayer was unmarried or considered unmarried on the last day of the tax	x year	Yes	No
<u> </u>	and provided more than half of the cost of keeping up a home for the year for a qualifying person?			
Part				
	You will have complied with all due diligence requirements for claiming the applicable credit(s) and on the return of the taxpayer identified above if you:			
	<ul> <li>A. Interview the taxpayer, ask adequate questions, contemporaneously document the taxpayer's respo in your notes, review adequate information to determine if the taxpayer is eligible to claim the credit( status and to figure the amount(s) of the credit(s);</li> </ul>	nses on s) and/c	the retor HOH	turn or filing
	<ul> <li>B. Complete this Form 8867 truthfully and accurately and complete the actions described in this check credit(s) claimed and HOH filing status, if claimed;</li> </ul>	list for a	ny app	licable
	C. Submit Form 8867 in the manner required; and			
	D. Keep all five of the following records for 3 years from the latest of the dates specified in the Form 88 Document Retention.	67 instr	uctions	under
	1. A copy of this Form 8867.			
	2. The applicable worksheet(s) or your own worksheet(s) for any credit(s) claimed.			
	3. Copies of any documents provided by the taxpayer on which you relied to determine the taxpayer credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).	's eligib	ility for	the
	<ol><li>A record of how, when, and from whom the information used to prepare this form and the applica obtained.</li></ol>	ble worl	ksheet(	s) was
	<ol><li>A record of any additional information you relied upon, including questions you asked and the tax determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount</li></ol>	payer's ınt(s) of	respon the cre	ses, to edit(s).
	If you have not complied with all due diligence requirements, you may have to pay a penalty for each related to a claim of an applicable credit or HOH filing status (see instructions for more information	:h failur ).	e to co	mply
15	Do you certify that all of the answers on this Form 8867 are, to the best of your knowledge, true, correct	t, and	Yes	No
	complete?		X	

REV 03/22/23 PRO

# **E-file Signature Authorization**

2022

(Arizona Forms 140, 140A, 140EZ, 140NR and 140PY) Do not mail this form to the Arizona Department of Revenue. The ERO must retain this document a minimum of four years. Your First Name and Initial Last Name Your Social Security Number\* **Enter** SANDEEP OMPRAKASH PATIL 77 ı 1024 vour Your Spouse's First Name and Initial (if filed joint) Last Name Spouse's Social Security No.\* SSN(s). 99 ı TRUPTI SANDEEP PATIL 7876 PART 1 – PURPOSE (If you are e-filing a Small Business Income Tax Return, also complete Form AZ-8879 SBI)\*Do Not Truncate • To certify the truthfulness, correctness, and completeness of the taxpaver's electronic income tax return. • To authorize the Electronic Return Originator (ERO) to affirm that the taxpayer wishes to use the taxpayer's electronic signature to the taxpayer's federal individual income tax return as the taxpayer's signature to the taxpayer's electronic Arizona individual income tax return. PART 2 - TAX RETURN INFORMATION PART 3 - FINANCIAL INSTITUTION INFORMATION Must be present when requesting direct debit or deposit. 80,313 00 1 Arizona Adjusted Gross Income ☐ Foreign Account Deposit/Debit: See instructions below. 2 Balance Of Tax ..... 0 00 ROUTING NUMBER 2,491 00 ☑ Checking 2 1 0 5 ■ Savings 3 Arizona Income Tax Withheld ... ACCOUNT NUMBER Check box 4 or box 5: |1|5|1|7|0|7|6|4|7|7 3 2 2,491 00 **4** ■ **REFUND**: Enter the amount of refund...... იი DIRECT DEBIT REQUEST DATE DIRECT DEBIT PAYMENT AMOUNT **5** ■ **AMOUNT YOU OWE**: Enter the amount owed....... 00 Box 4 Checkbox - Refund: You are due a refund based on the information Foreign Account Deposit/Debit Checkbox: Check the "Foreign Account provided on your tax return. Your refund amount will be deposited in the Deposit/Debit" box if your deposit will be ultimately placed in or come account listed in the Financial Institution Information Section (Part 3). from a foreign account. If you check this box, do not enter your account numbers. If this box is checked, we will not direct deposit or debit your Box 5 Checkbox - Amount You Owe: You owe taxes based on the information provided on your tax return. You have elected to direct debit account. If you are due a refund, we will send you a check instead. If you owe tax, you must mail a check to the Arizona Department of Revenue. for payment. The payment will be withdrawn from the account and on the PO Box 29085, Phoenix, AZ 85038-9085. date listed in the Financial Institution Information Section (Part 3). PART 4 - DECLARATION AND SIGNATURE AUTHORIZATION (Sign only after completing Part 2) I consent to my Electronic Return Originator (ERO) or On-Line Service Under penalties of perjury, I declare that I have examined a copy of my Provider (OLSP) sending my electronic Arizona individual income tax electronic Arizona individual income tax return and accompanying schedules return and accompanying schedules and statements to ADOR, and I and statements for the year ending December 31, 2022, and to the best of consent to my ERO or OLSP sending such information to ADOR through a my knowledge and belief, it is true, correct, and complete. I further declare transmitter. I consent to ADOR sending my ERO, OLSP and/or transmitter that the amounts of Arizona adjusted gross income, total tax, Arizona an acknowledgement of receipt of transmission and an indication of income tax withheld, and refund (or amount owed) listed above are the whether or not the transmission of my return is accepted and, if the return amounts shown on the copy of my electronic Arizona income tax return. is rejected, the reason(s) for the rejection. If the processing of my return **6a** X I consent that my refund be directly deposited as designated in the or refund is delayed, I authorize ADOR to disclose to my ERO, OLSP and/ electronic portion of my 2022 Arizona individual income tax return. or transmitter the reason(s) for the delay, or when the refund was sent. If I have filed a joint return, this is an irrevocable appointment of If ADOR contacts my ERO for a copy of my return, any documents or the other spouse as an agent to receive the refund. schedules to my return, and/or this authorization form, I authorize my ERO **6b**  $\prod$  I do not want direct deposit of my refund or I am not receiving a to release copies of the requested documents to ADOR. refund 6c I authorize the Arizona Department of Revenue (ADOR) and its designated Financial Agent to initiate an ACH electronic funds I authorize GLOBAL TAXES LLC withdrawal (direct debit) entry to the financial institution account (ELECTRONIC RETURN ORIGINATOR) indicated in the tax preparation software for payment of my Arizona taxes owed on this return. I also authorize the financial institutions to make the election that I want my electronic signature to my electronic involved in the processing of the electronic payment of taxes to federal individual income tax return to serve as my signature to my receive confidential information necessary to answer inquiries and electronic Arizona individual income tax return for the year ending December 31, 2022. I understand that when my ERO makes the election resolve issues related to the payment. that my electronic signature to my federal individual income tax return will If I have filed a balance due return, I understand that if the ADOR does not serve as my signature to my Arizona individual income tax return, I will receive full and timely payment of my tax liability by April 18, 2023, I will have signed my Arizona individual income tax return and declared under remain liable for the tax liability and all applicable interest and penalties. penalties of perjury that to the best of my knowledge and belief the return When electronically filing my federal and state tax returns, I understand is true, correct and complete. that if there is an error on my federal return, my state return will also be rejected. PLEASE SIGN HERE YOUR PEN AND INK SIGNATURE DATE

SPOUSE'S PEN AND INK SIGNATURE

DATE

TOP THE USE OF THE NAME AND MINISTER AND A SECURITY NO. FIRST AND LAST NAME (Do not last yourself or spouse)  TOP THE USE OF THE NAME AND LAST NAME (Do not last yourself or spouse)  TOP THE USE OF THE NAME AND LAST NAME (Do not last yourself or spouse)  TOP THE USE OF THE NAME AND LAST NAME (Do not last yourself or spouse)  TOP THE USE OF THE NAME AND LAST NAME (Do not last yourself or spouse)  TOP THE USE OF THE NAME AND LAST NAME (Do not last yourself or spouse)  TOP THE USE OF THE NAME AND LAST NAME (Do not last yourself or spouse)  TOP THE USE OF THE NAME (DO NOT MARK IN THIS AFF (DO NOT MARK IN THIS AFF (DO NOT MARK IN THIS AFF (DO NOT MARK				140	F	Resident Personal Income Tax Return					<b>2022</b>				
Last Name   Last Name   Control	Ž	82F			OR FISCA	I YEAR BEG	INNING	. 1 .	12.0.2.2	I AND END	DING I				66F
Spouse's First Name and Middle Initial (if box 4 or 6 checked)   Last Name   PATTL   Apt. No.   Daytime Phone (with area occlusion   PATTL   P	Щ					12 12/11/02/0			1-1-1-	, , , , , , , , , , , , ,	)	Your	Social	Security Nu	
Spouse's First Name and Middle Initial (if box 4 or 6 checked)   Last Name   PATTL   Apt. No.   Daytime Phone (with area occlusion   PATTL   P	Ė	_												,	
TRUPPET SANDERP   SANDER	Ē	_			Initial (if box 4	or 6 checked)									
Supplementary   Supplementar	≅	1	TRU	JPTI SANDEEP			PA	TIL			55N(S).	97	6   9	99 <sub>I</sub> 781	76
Second   Continue	Ξ		Curre	nt Home Address - number a	and street, rura	al route	•		Apt. No.		Daytime F	Phone	(with a	area code)	
CHANDLER   AZ   SZ-48   SZ-4	≽	_													
PM   Book   RCVD   Blind (you and/or spouse)   # Completing lines 8, and 11s, also complete lines 48, also   Blind (you and/or spouse)   # Completing lines 8, and 11s, also complete lines 48, also   Blind (you and/or spouse)   # Completing lines 8, and 11s, also complete lines 48, also   Blind (you and/or spouse)   # Completing lines 8, and 11s, also complete lines 48, also   Blind (you and/or spouse)   # Completing lines 1, and 10s, also complete lines 48, also   Blind (you and/or spouse)   # Completing lines 1, also   Blind (you and/or spouse)   # Completing lines 1, also   Blind (you and/or spouse)   # Completing lines 1, also   Blind (you and/or spouse)   # Completing lines 1, also   Blind (you and/or spouse)   # Completing lines 1, also   Blind (you and/or spouse)   # Completing lines 1, also   Blind (you and/or spouse)   # Completing lines 1, also   Blind (you and/or spouse)   # Completing lines 1, also   Blind (you and/or spouse)   # Completing lines 1, also   Blind (you and/or spouse)   # Completing lines 1, also   Blind (you and/or spouse)   # Completing lines 1, also   Blind (you and/or spouse)   # Completing lines 1, also   Blind (you and/or spouse)   # Completing lines 1, also   Blind (you and/or spouse)   # Completing lines 1, also   Blind (you and/or spouse)   # Completing lines 1, also   Blind (you and/or spouse)   # Completing lines 1, also   Blind (you and/or spouse)   # Completing lines 1, also   Blind (you and/or spouse)   # Completing lines 1, also   Blind (you and/or spouse)   # Blind (yo		$\overline{}$	•							Last Names	s Used in La	ast Fou	r Prior Y	ear(s) (if diff	erent)
PM   Book   RCVD   Blind (you and/or spouse)   # Completing lines 8, and 11s, also complete lines 48, also   Blind (you and/or spouse)   # Completing lines 8, and 11s, also complete lines 48, also   Blind (you and/or spouse)   # Completing lines 8, and 11s, also complete lines 48, also   Blind (you and/or spouse)   # Completing lines 8, and 11s, also complete lines 48, also   Blind (you and/or spouse)   # Completing lines 1, and 10s, also complete lines 48, also   Blind (you and/or spouse)   # Completing lines 1, also   Blind (you and/or spouse)   # Completing lines 1, also   Blind (you and/or spouse)   # Completing lines 1, also   Blind (you and/or spouse)   # Completing lines 1, also   Blind (you and/or spouse)   # Completing lines 1, also   Blind (you and/or spouse)   # Completing lines 1, also   Blind (you and/or spouse)   # Completing lines 1, also   Blind (you and/or spouse)   # Completing lines 1, also   Blind (you and/or spouse)   # Completing lines 1, also   Blind (you and/or spouse)   # Completing lines 1, also   Blind (you and/or spouse)   # Completing lines 1, also   Blind (you and/or spouse)   # Completing lines 1, also   Blind (you and/or spouse)   # Completing lines 1, also   Blind (you and/or spouse)   # Completing lines 1, also   Blind (you and/or spouse)   # Completing lines 1, also   Blind (you and/or spouse)   # Completing lines 1, also   Blind (you and/or spouse)   # Completing lines 1, also   Blind (you and/or spouse)   # Completing lines 1, also   Blind (you and/or spouse)   # Blind (yo	긒	띰								DEVENUE	IISE ONI V	DO NO	OT MAE	N IN THIS A	97 DE A
PM   Report the number claimed. Do not put a check mark.   Report to the page of the pag	O NOT STA	LING STATUS		Head of household. E	nter name of qua	alifying child or c	dependent o	on next line:		II	OOL ONLI	DO IN	JI MAN		inea.
Age 65 or over (you and/or spouse)   38, and 41. Part lines 108 and 108, after complete lines 21, 38, and 41. Part lines 108 and 108, after complete lines 21, 38, and 41. Part lines 108 and 108, after complete lines 42, 38, and 41. Part lines 108 and 108, after complete lines 42, 38, and 41. Part lines 108 and 108, after complete lines 42, 38, and 41. Part lines 108 and 108, after complete lines 42, 38, and 41. Part lines 108 and 108, after complete lines 42, 38, and 41. Part lines 108 and 108, after complete lines 42, 38, and 41. Part lines 108 and 108, after complete lines 42, 38, and 41. Part lines 108 and 108, after complete lines 42, 38, and 41. Part lines 108 and 108, after complete lines 42, 38, and 41. Part lines 108 and 108, after complete lines 42, and 41. Part lines 108 and 41. Pa	<u> </u>	正	7		imad Danat	mut a abaab									
Blind (pour and/or spouse)   33. and 41. For lines 16 and 106. also complete line 49.									1 4 11 00						
10   2   Dependents: Under age of 17   10   Dependents: Age 17 and over.		ڡ		1 1 5					mplete lines 38, mplete line 49.	R1 PM			an F	RCVD	
100 OVIA SANDEEP   PATIL   976-99-7889   Daughter   12		d 10		' '	,								00		
100 OVIA SANDEEP   PATIL   976-99-7889   Daughter   12		a		1 1 '			pendents	. Age 17 and	u over.						
100 OVIA SANDEEP   PATIL   976-99-7889   Daughter   12		3 10					ructions.	For more s	pace, check tl	he box $\square$	and com	olete p	page 4.	Part 1.	
100 OVIA SANDEEP   PATIL   976-99-7889   Daughter   12		Dependents		(a FIRST AND	a) LAST NAME			(b)	(c)	(d) NO. OF MO	ONTHS YOUR 2022 1	(e) pendent ncluded i	Age in:	(f)  if you did not this person or federal return	n your due to
100 OVIA SANDEEP   PATIL   976-99-7889   Daughter   12		<u>-</u>	10c	OJASVI P.	ATIL,		976-9	9-7892	Daughter	. 1					
100   100		ğ	10d	OVIA SANDEEP P.	ATIL		976-9	9-7889	Daughter	1	L2 <b>[</b>	☑ [			
			10e									]   [			
11b				(Box 11a): Qualifying pare	ents and grand	lparents. See	instructio	ns. For mo	re space, chec	k the box	and con	nplete	page 4	, Part 2.	
12   Federal adjusted gross income (from your federal return)   12   80,313     3   3   3   3   3   3   3   3	Form 14	Exemptio		FIRSTAND	LAST NAME				l ',	NO. OF MC	YOUR			✓ IF DIED	O IN
12   Federal adjusted gross income (from your federal return)   12   80,313     3   3   3   3   3   3   3   3	ter											井		_ 片	
13   Small Business Income: 138   Check the box if you are filing Arizona Form 140-SBI and enter the amount from Form 140-SBI, line 10.   13   14   Modified federal adjusted gross income. Subtract line 13 from line 12.   14   80 , 313   15   Non-Arizona municipal interest.   15   16   Partnership Income adjustment. See instructions   17   2 , 132   18   Other Additions to Income: Complete Other Additions to Arizona Gross Income schedule on page 5.   18   19   Subtotal: Add lines 14 through 18 and enter the total   19   82 , 445   19   Subtotal: Add lines 14 through 18 and enter the total   19   82 , 445   19   20   Total net long-term capital gain or (loss). See instructions   21   22 9   00   21   22 9   00   22   20   20   20   20	Ħ											- 10		90 213	
14   Modified federal adjusted gross income. Subtract line 13 from line 12	ဌ				_ ` •		•							00,31	00
15 Non-Arizona municipal interest		s			_									80,313	
24 Multiply line 23 by 25% (.25) and enter the result	ਤੁ	tion												,	00
24 Multiply line 23 by 25% (.25) and enter the result	ğ	۱ddi		·											00
24 Multiply line 23 by 25% (.25) and enter the result	pe	,		•										2,132	
24 Multiply line 23 by 25% (.25) and enter the result	ğ		18	Other Additions to Income:	Complete Oth	er Additions to	Arizona (	Gross Incon	ne schedule on	page 5		. 18			00
24 Multiply line 23 by 25% (.25) and enter the result	0 8		19	Subtotal: Add lines 14 throug	<u>th 18 and enter t</u>	he total				<del></del>				82,445	00
24 Multiply line 23 by 25% (.25) and enter the result	Ë			, ,	•										
24 Multiply line 23 by 25% (.25) and enter the result	eg				-						225				
24 Multiply line 23 by 25% (.25) and enter the result	S														
This box may be blank or may contain a printed barcode of data from your return.  25 Net capital gain - qualified small business															00
26 Recalculated Arizona depreciation	d d		This I	box may be blank or may contain	n a printed barco	de of data from	your return								00
34 Contributions: 34a 529 plans 00	an	ns						= • • • • • • • • • • • • • • • • •						2.132	
34 Contributions: 34a 529 plans 00	ā	ctio					#####	1111		-				2,102	00
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©							K)286W	III				<b>-</b> 1			00
	<u>8</u>		■III K	NA PANIRA WA CINA PENGUNA (1954)	PALE 43470121077.	PROGRAMA SANTA						_			00

[	Your	Name (as shown on page 1)	Your Social Securit	y Number					
	SAN	IDEEP OMPRAKASH & TRUPTI SANDEEP PATIL	677-77-10	24					
	35 Subtract lines 24 through 34c from line 19								
	36	Other Subtractions from Income. Complete Other Subtraction from Arizona Gross Income sch			00/313	0			
					80,313				
ons	3	Subtract line 36 from line 35. Enter the difference			00,313	0			
ρţ	38	Age 65 or over: Multiply the number in box 8 by \$2,100				0			
Exemptions	39	Blind: Multiply the number in box 9 by \$1,500				0			
ш	40	Other Exemptions. See instructions40E Multiply the number in box 40E by \$2,300		I		$\overline{}$			
	41	Qualifying parents and grandparents: Multiply the number in box 11a by \$10,000			80,313	0			
	42	Arizona adjusted gross income: Subtract lines 38 through 41 from line 37. If less than zero, enter "(				-			
	43	Deductions: Check box and enter amount. See instructions			25 <b>,</b> 900	$\overline{}$			
	44	If you checked box 43 <b>S</b> and claim charitable contributions, check 44 <b>C</b> Complete page 3. See			F4 412	0			
Balance of Tax	45	Arizona taxable income: Subtract lines 43 and 44 from line 42. If less than zero, enter "0"			54,413	-			
ō	46	Compute the tax using amount on line 45 and Tax Tables X and Y or Optional Tax Tables			1,388	$\overline{}$			
e l	47	Tax from recapture of credits from Arizona Form 301, Part 2, line 32				0			
3ala	48	Subtotal of tax: Add lines 46 and 47. Enter the total			1,388	$\overline{}$			
	49	Dependent Tax Credit. See instructions			200	$\overline{}$			
	50	Family income tax credit (from the worksheet - see instructions)		50		0			
	51	Nonrefundable Credits from Arizona Form 301, Part 2, line 64		51	1,188				
	52	Balance of tax: Subtract lines 49, 50 and 51 from line 48. If the sum of lines 49, 50 and 51 is greater that	ın line 48, enter "0".	52	0				
and	53	2022 AZ income tax withheld			2,491	$\overline{}$			
Crec	54	2022 AZ estimated tax payments54a 00 Claim of Right 54b	00 Add 54a and	54b. <b>54c</b>		0			
yme lble	55	2022 AZ extension payment (Form 204)		55		0			
Total Payments and Refundable Credits	56	Increased Excise Tax Credit (from the worksheet - see instructions)		56		0			
Refu	57	Property Tax Credit from Arizona Form 140PTC		57		0			
	58	Other refundable credits: Check the box(es) and enter the total amount	<b>1</b> □ 308-l <b>582</b> □	<u>349</u> <b>58</b>		0			
ָב <u>ַ</u> בַ	59	Total payments and refundable credits: Add lines 53 through 58. Enter the total			2,491	0			
ue o	60	<b>TAX DUE:</b> If line 52 is larger than line 59, subtract line 59 from line 52. Enter amount of tax due. Skip line				0			
Tax Due or Overpayment	6	OVERPAYMENT: If line 59 is larger than line 52, subtract line 52 from line 59. Enter amount of overpayr			2,491	0			
βğ	62	Amount of line 61 to be applied to 2023 estimated tax				0			
Ś	63	Balance of overpayment: Subtract line 62 from line 61. Enter the difference			2,491				
Voluntary Gifts		- 74 Voluntary Gifts to: Solutions Teams Assigned to Schools64 00 Arizona Wildlife		00	,				
ary	-	Child Abuse Prevention 66 00 Domestic Violence Services 67 00 Political Gift		00					
<u> </u>				00					
8		Neighbors Helping Neighbors 69 00 Special Olympics		00					
ج ج	75	Political Party (if amount is entered on line 68 - check only one): 751 Democratic 752 Libertarian	753 Republica						
Penalty		• •	•	76		0			
Pe	77	Estimated payment penalty		10		J			
				70		0			
_ @	78 70	Add lines 64 through 74 and 76; enter the total			2,491				
Refund or Amount Owed	79	Direct Deposit of Refund: Check box 79A if your deposit will be ultimately placed in a foreign account; s	ee instructions. 79A	79	2, 491	U			
efur ount		CM Checking or ROUTING NUMBER ACCOUNT NUMBER		_					
ا ۾ ڇ		98 S Savings 1 2 2 1 0 5 1 5 5 1 5 1 7 0 7 6 4 7 7 3	2						
	80	AMOUNT OWED: Add lines 60 and 78. Make check payable to Arizona Department of Revenue; write							
,		and include with your return		80		0			
		Under penalties of perjury, I declare that I have read this return and any documents with it, and	to the best of my	knowlodgo a	ad boliof thoy are	_			
		true, correct and complete.  Declaration of preparer (other than taxpayer) is based on all informa				,			
ш	_			,	3				
HERE	→		SERVICE						
ᄖ	;	YOUR SIGNATURE DATE	OCCUPATION			٠			
SIGN	→		HOME MAKER						
	1	SPOUSE'S SIGNATURE DATE	SPOUSE'S OCCUPATION	ON					
PLEASE									
PAID PREPARER'S SIGNATURE  DATE  FIRM'S NAME (PREPARER'S IF SELF-EMPLOYED)									
۳		245 ROONEY CT		171965					
4	i	PAID PREPARER'S STREET ADDRESS	PAID PRE	PARER'S TIN					
		E BRUNSWICK NJ 08816	(678)	965-952	2				
	l i	PAID PREPARER'S CITY STATE ZIP CODE		PARER'S PHON		•			

If you are also sending a payment, mail to Arizona Department of Revenue, PO Box 52016, Phoenix, AZ 85072-2016 (PO Box 29204, Phoenix, AZ 85038-9204 if your return has a barcode). If you are not sending a payment, mail to Arizona Department of Revenue, PO Box 52138, Phoenix, AZ 85072-2138 (PO Box 29205, Phoenix, AZ 85038-9205 if your return has a barcode).

Your Name (as shown on page 1)	Your Social Security Number
SANDEEP OMPRAKASH & TRUPTI SANDEEP PATIL	677-77-1024

# 2022 Form 140 Dependent and Other Exemption Information

## Include page 4 with your return if:

- You are listing additional dependents (for box 10a and 10b) from page 1.
- You are listing additional qualifying parents and grandparents (for box 11a) from page 1.
  - You are claiming Other Exemptions on page 2, line 40.

#### Part 1: Dependents (Box 10a and 10b) continued from page 1

Information used to compute your allowable **Dependent Tax Credit** on page 2, line 49.

**NOTE:** If you have more than three qualifying dependents, you *must* complete Part 1 *and* the worksheet in the instructions, to compute your Dependent Tax Credit on line 49.

	of inpute your population has ordered in the 40.							
	(a)		(b)	(c)	(d)	(e	e)	(f)
	FIRST AND LAST NAME (Do not list yourself or spouse.)		OCIAL SECURITY NO.	RELATIONSHIP	NO. OF MONTHS LIVED IN YOUR HOME IN 2022	✓ Depen- includ	dent Age ed in:	IF YOU DID NOT CLAIM THIS PERSON ON YOUR FEDERAL RETURN DUE TO
						1 (Box 10a)	2 (Box 10b)	EDUCATIONAL CREDITS
10 <sub>f</sub>								
10g								
10 <sub>h</sub>								
10i								
10j								
10k								
10ı								
10m								
<b>10</b> n								
10 <sub>o</sub>								
<b>10</b> p								

#### Part 2: Qualifying parents and grandparents (Box 11a) continued from page 1

Additional qualifying parents and grandparents information used to compute your allowable exemption on page 2, line 41.

	Additional qualifying parents and grandparents information used to compute your allowable exemption on page 2, line 41.							
		(a)	(b)	(c)	(d)	(e)	(f)	
		D LAST NAME ourself or spouse.)	SOCIAL SECURITY NO.	RELATIONSHIP	NO. OF MONTHS LIVED IN YOUR HOME IN 2022	✓ IF AGE 65 OR OVER	✓ IF DIED IN 2022	
11a								
11e								
11 <sub>f</sub>								
11g								
11h								
11i								

#### Part 3: Other Exemptions

Information used to compute your allowable Other Exemptions on page 2, line 40.

	(a)	(b)	(c)		(d)																		
	FIRST AND LAST NAME (Do not list yourself or spouse.)	SOCIAL SECURITY NO.	✓ AGE 65 OR OVER (see instructions)																				✓ STILLBORN CHILD IN 2022
			C1	C2																			
1																							
2																							
3																							
4																							
5																							
6																							
7																							
8																							
9																							
10																							

Enter the total number of individuals listed in Part 3 in box 40E on page 2, line 40.

Arizona Form 301

# Nonrefundable Individual Tax Credits and Recapture for Forms 140, 140PY, 140NR and 140X

2022

Include with your return.

For the calendar	year 2022 or fiscal year beginning	. 1	$\perp 12.0.2.2 \perp \text{and ending} \perp$	. 1	. 1	١.		Ι.
i di liib balbiluai	Veal 2022 of listal Veal Deuli II III u	1 1		1 1	1	1 1	1 1	

Your Name as shown on Form 140, 140PY, 140NR or 140X	Your Social Security Number
SANDEEP OMPRAKASH PATIL	677   77   1024
Spouse's Name as shown on Form 140, 140PY, 140NR or 140X (if a joint return)	Spouse's Social Security Number
TRUPTI SANDEEP PATIL	976   99   7876

Nonrefundable Individual Tax Credits Available: Enter total available tax credits (c) Current Available Total Year Credit Carryover Available Credit (a) + (b)00 Military Reuse Zone Credit...... Form 306 ▶ 2 Credit for Increased Research Activities – Individuals...... Form 308-I ▶ 00 00 3 3 Credit for Taxes Paid to Another State or Country...... Form 309 ▶ 00 4 Credit for Solar Energy Devices ...... Form 310 ▶ 4 00 Agricultural Water Conservation System Credit ...... Form 312 ▶ Credit for Solar Hot Water Heater Plumbing Stub Outs and 00 Electric Vehicle Recharge Outlets ...... Form 319 ▶ 6 7 00 7 Credit for Contributions to Qualifying Charitable Organizations.. Form 321 ▶ 00 Credit for Contributions Made or Fees Paid to Public Schools.... Form 322 ▶ 8 1,245 1,245 00 9 9 Credit for Contributions to Private School Tuition Organizations Form 323 ▶ Agricultural Pollution Control Equipment Credit ...... Form 325 ▶ 00 Credit for Donation of School Site ...... Form 331 ▶ 00 00 12 Credit for Employing National Guard Members...... Form 333 ▶ 12 13 Credit for Business Contributions by an S Corporation to 00 School Tuition Organizations - Individual ...... Form 335-I ▶ 13 14 Credit for Solar Energy Devices – Commercial and 00 Industrial Applications...... Form 336 ▶ 14 00 **15** Credit for Investment in Qualified Small Businesses...... Form 338 ▶ 00 Form 340 ▶ **16 16** Credit for Donations to the Military Family Relief Fund ....... 17 Credit for Business Contributions by an S Corporation to School Tuition Organizations for Displaced Students or Students with 00 Disabilities - Individual ...... Form 341-I ▶ 00 **18** Renewable Energy Production Tax Credit...... Form 343 ▶ 00 19 Credit for New Employment..... Form 345 ▶ 20 Additional Credit for Increased Research Activities for 00 Basic Research Payments ..... Form 346 ▶ 21 Credit for Contributions to Certified School Tuition Organizations 00 (for contributions that exceed the allowable credit on Arizona Form 323). Form 348 ▶ 21 22 Credit for Contributions to Qualifying Foster Care Charitable 00 00 23 Healthy Forest Production Tax Credit..... Form 353 ▶ 23 00 00 Total available nonrefundable tax credits: Add lines 1 through 25...... 1,245 00 Continued on page 2 ->

You must include Form 301 and the corresponding credit form(s) for which you computed your credit(s) with your individual income tax return.

ADOR 10127 (22)

REV 02/04/23 PRO

Your Social Security Number Your Name (as shown on page 1) 677-77-1024 SANDEEP OMPRAKASH & TRUPTI SANDEEP PATIL Part 2 Application of Tax Credits and Recapture: Enter tax, recapture tax, and tax credits used this taxable year. 28 Tax from Form 140, line 46; or Form 140PY, line 56; or Form 140NR, line 56; or 1,388 00 Form 140X, line 37..... 28 29 Tax from Recapture of Credit for Qualified Facilities from Form 349, Part 7, line 19..... 00 30 Tax from Recapture of Credit for Affordable Housing from Form 354, Part 2, line 12....... 00 32 Recapture Total: Add lines 29 and 30. Enter here and on Form 140, line 47; or Form 140PY, line 57; or Form 140NR, line 57; or Form 140X, line 38..... 32 00 33 1,388 00 33 Subtotal: Add lines 28 and 32. 34 Family Income Tax Credit from Form 140, line 50; or Form 140PY, line 60; or Form 140X, box 40a; plus Dependent 200 00 Tax Credit from Form 140, line 49; or Form 140PY, line 59; or Form 140NR, line 59; or Form 140X, box 40b...... 34 1,188 00 Subtract line 34 from line 33. Enter the difference. If less than zero, enter "0"..... 35 Nonrefundable Tax Credits Used This Taxable Year: Enter amounts actually used from Part 1 00 00 37 00 Credit for Taxes Paid to Another State or Country...... Form 309 ▶ 38 39 00 Agricultural Water Conservation System Credit .......Form 312 ▶ 40 00 Credit for Solar Hot Water Heater Plumbing Stub Outs and 00 Electric Vehicle Recharge Outlets .......Form 319 ▶ 41 00 42 Credit for Contributions to Qualifying Charitable Organizations......Form 321 ▶ 42 Credit for Contributions Made or Fees Paid to Public Schools.......Form 322 ▶ 00 00 Credit for Contributions to Private School Tuition Organizations......Form 323 ▶ 44 1,188 00 00 46 Credit for Donation of School Site ......Form 331 ▶ 47 Credit for Employing National Guard Members......Form 333 ▶ 00 Credit for Business Contribution by an S Corporation to 00 School Tuition Organizations - Individual ...... Form 335-I ▶ 48 49 Credit for Solar Energy Devices – Commercial and Industrial Applications ...... Form 336 ▶ 49 00 00 51 Credit for Donations to the Military Family Relief Fund: Enter the smaller of 0 00 Form 301, Part 1, line 16 or Part 2, line 33......Form 340 ▶ 51 52 Credit for Business Contributions by an S Corporation to School Tuition 00 Organizations for Displaced Students or Students with Disabilities - Individual.. Form 341-I > 52 00 00 Credit for New Employment.......Form 345 ▶ 55 Additional Credit for Increased Research Activities for Basic Research Payments .. Form 346 ▶ 55 00 56 Credit for Contributions to Certified School Tuition Organizations 00 (for contributions that exceed the maximum allowable credit on Arizona Form 32 ... Form 348 ▶ 56 Credit for Contributions to Qualifying Foster Care Charitable Organizations......Form 352 ▶ 00 57 00 Healthy Forest Production Tax Credit......Form 353 ▶ 58 59 Affordable Housing Tax Credit.......Form 354 ▶ 00 00 60 Reserved 1,188 00 62 Tax credits used from Form 301: Add lines 36 through 60. 62

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Tax credits used from Form 301-SBI, line 69.

Total Tax Credits Used: add lines 62 and 63. Enter this amount on Form 140, line 51; or Form 140PY, line 61; or

Form 140NR, line 60, or Form 140X, line 41. Total credits used cannot be more than line 35......

00

1,188 00

63

64

Arizona Form 323

## Credit for Contributions to Private School Tuition Organizations

2022

Include with your return.

- Do not use this form for cash contributions or fees paid to a <u>public</u> school.
- Use Form 322 for cash contributions or fees paid to public schools.

Your Name as shown on Form 140, 140NR, 140PY or 140X	Your Social Security Number
SANDEEP OMPRAKASH PATIL	677-77-1024
Spouse's Name as shown on Form 140, 140NR, 140PY or 140X (if joint return)	Spouse's Social Security Number
TRUPTI SANDEEP PATIL	976-99-7876

### Part 1 Current Year's Credit

### A. Cash contributions made January 1, 2022 through December 31, 2022.

- If you are married and filing separate returns, be sure to include all cash contributions made by you and your spouse.
- Do not include those contributions for which you or your spouse claimed a credit on the 2021 tax return.
- If you made cash contributions to more than three <u>private</u> school tuition organizations (STO), complete the Continuation Sheet on page 3 and include it with the credit form. *If you made more than ten (10) contributions to the same STO, see instructions.*

	(a) Contribution Date MM/DD/2022	(b) Name of <u>Private</u> School Tuition Organizations	(c) Street Address	(d) City, State		(e) Cash oution Made
1						00
2						00
3						00
	<b>4</b> If you made contributions to more than three <u>private</u> school tuition organizations, enter the amount from line 4h of the Continuation Sheet, otherwise enter "0"					00
5	5 Total contributions made to <u>private</u> school tuition organizations during 2022: Add lines 1 through 4, column (e)					00

- **B. Cash contributions made January 1, 2023 through April 18, 2023** for which you or your spouse are claiming a credit on the 2022 tax return.
  - If you are married and filing separate returns, be sure to include all cash contributions made by you and your spouse.
  - If you made cash contributions to more than three <u>private</u> school tuition organizations, complete the Continuation Sheet on page 3 and include it with the credit form. *If you made more than ten (10) contributions to the same STO*, see *instructions*.

	(a) Contribution Date	(b) Name of <u>Private</u> School Tuition Organizations	(c) (d) Street Address City, State				
	MM/DD/2023	5					
6	0,3 2,7 2,0,2,3	IBE	921 N. Swan Road	TUCSON AZ 85711	-	1,245	00
7							00
8	[_,						00
9	If you made co	nter the amount from					
	-	Continuation Sheet, otherwise enter "0	_		9	0	00
10	Total contribut						
	for which you are claiming a credit on the 2022 tax return. Add lines 6 through 9, column (e)						00
	11 Add lines 5 and 10. Enter the total					1,245	00
12	12 Single taxpayers or heads of household, enter \$623. Married taxpayers, enter \$1,245					1,245	00
		ear's credit: Enter the smaller of line				·	
	separate return, enter one-half of the smaller of line 11 or 12. See instructions.						00

You **may** be able to claim an additional credit for excess contributions made to school tuition organizations. Complete Part 4, on page 2 of this form. **See Arizona Form 348** for more information.

Part 2 Available Credit Carryover

	(a)	(b)		(c)		(d)	
	Taxable Year	Original Credit		Amount Previous	ly	Available Carryove	er:
	from which you are carrying the credit	Amount		Used		Subtract column (c) from column (b).	
14	2017		00		00		00
15	2018		00		00		00
16	2019		00		00		00
17	2020		00		00		00
18	2021		00		00		00
19	19 Total Available Carryover: Add lines 14 through 18,						
	column (d)				19		00

# Part 3 Total Available Credit

20	Current year's credit: Enter the amount from Part 1, line 13.			
	Also, enter this amount on Arizona Form 301, Part 1, line 9, column (a)	20	1,245	00
21	Available credit carryover from Part 2, line 19, column (d).			
	Also, enter this amount on Arizona Form 301, Part 1, line 9, column (b)	21		00
22	Total Available Credit: Add line 20 and line 21.			
	Also, enter this amount on Arizona Form 301, Part 1, line 9, column (c)	22	1,245	00

## Part 4 Do I Have Excess Contributions Available to Claim on Arizona Form 348?

23	Total contributions made during the taxable year:			
	Single taxpayers, head of household, and married taxpayers filing joint, enter the amount from			
	Part 1, line 11.			
	Married taxpayers filing separate; enter one-half of the amount from Part 1, line 11	23	1,245	00
24	Maximum credit allowed on Form 323:			
	Single taxpayers; and heads of household; enter \$623.			
	Married taxpayers filing joint; enter \$1,245.			
	Married taxpayers filing separate; enter \$623	24	1,245	00
25	Excess contributions: Subtract line 24 from line 23 and enter the difference. If less than zero,			
	enter "0". If the amount on line 25 is more than zero, you have excess contributions available			
	and may claim a credit on Form 348 for those contributions. If the amount on line 25 is "0", you			
	do not have any excess contributions available to claim on Form 348	25	0	00