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

Subm	sission Identification Number (SID)							
Taxpay	er's name		Social	securi	ty numb	er		
GOZ	DE CARKACI		802	-47	-959	0		
Spouse	's name		Spouse	e's soc	cial secu	ırity nı	umber	
Part	Tax Return Information — Tax Year Ending December 31, 2022 (Enter:	year y	ou a	re au	thoriz	zing.)	
	whole dollars only on lines 1 through 5.		, ,					
Note:	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.							
1	Adjusted gross income				1		38,	313.
2	Total tax				2		2,	840.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099				3		2,	926.
4	Amount you want refunded to you				4			86.
_ 5	Amount you owe				5			
Part	II Taxpayer Declaration and Signature Authorization (Be sure you get a	and k	eep a	cop	y of y	our	retur	n)
return to send for any Agent payme author payme busine taxes	owledge and belief, it is true, correct, and complete. I further declare that the amounts in Part (original or amended) I am now authorizing. I consent to allow my intermediate service provider, to dmy return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution accountent of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to tendent, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation associated by the payment (settlement) date. I also authorize the financial institutions involved to receive confidential information necessary to answer inquiries and resolve issues related to nal identification number (PIN) below is my signature for the income tax return (original or amended).	ransmit for reject the U.S nt indic stitution minate n reque in the pa	ter, or obtion of S. Treasted in to del the autorocess by the autorocess by ment.	electronsury and the transition to the transition to the transition of the transitio	onic reformation on the control of t	curn of ssion, design of this to this or every ectrorism.	riginato (b) the nated Fon softs accou roke (ca o later nic pay ledge	or (ERO) reason
	onic Funds Withdrawal Consent.							
	ayer's PIN: check one box only		DIA.	7	9 5	5 9	0	
×	I authorize GLOBAL TAXES LLC to enter or gene	erate m	ny PIN	En	ter five			as my
	signature on the income tax return (original or amended) I am now authorizing.			do	n't ente	r all ze	eros	
	I will enter my PIN as my signature on the income tax return (original or amended) I if you are entering your own PIN and your return is filed using the Practitioner PIN below.							
Your	signature ► Date	●						
Spous	se's PIN: check one box only			_				
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	ERO firm name	Jiato II	1y 1 11 1		ter five	diaits.	but	asiny
	signature on the income tax return (original or amended) I am now authorizing.			do	n't ente	r all ze	eros	
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Spous	se's signature ▶ Date	e ▶						
	Practitioner PIN Method Returns Only—continue b	elow						
Part	III Certification and Authentication — Practitioner PIN Method Only							
ERO's	s EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.	2 2	2 4		6 6		9 8	9
			וסט	ıı cent	er all ze	TOS		
author	y that the above numeric entry is my PIN, which is my signature for the electronic individual inco- ized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am ements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Provider	submit	ting th	is retu	urn in a	accord	dance	
ERO's	s signature ► Date	e►						
	ERO Must Retain This Form — See Instruction							
	Don't Submit This Form to the IRS Unless Requested	To D	o So					

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

OMB No. 1545-0074

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

Standard Deduction Spouse itemizes on a separate return or you were a dual-status alien	Filing Status	X S	Single Married filing jointly	Marri	ed filing separatel	y (MFS)	Head of	hous	sehold (HOF	1)		ifying surv	ving
person is a child but not your dependent: Vour social security number GOZDE If joint return, spouse's first name and middle initial Last name GOZDE CARKACI Spouse's social security number Spouse's social security number Spouse's social security number Apt. no. Child term, or post office. If you have a P.O. box, see instructions. City, term, or post office. If you have a foreign address, also complete spaces below. VA 2.30 4 UA 2.30 4		If vo	u checked the MFS box, enter the	name of	vour spouse. If vo	u check	ed the HOH o	r QS	S box. ente	r the c			e qualifying
Project First name and middle initial Last rame Spouse's Substance Spouse's Spouse's Substance Spouse's Substance Spouse's Spo					,				,				
If joint return, spouse's first name and middle initial Last name Apt. no. 40 Check have afforeign address, also complete spaces below. State 27 Check new for spouse of first name and street, if you have a P.O. box, see instructions. Apt. no. 40 Check have afforeign address, also complete spaces below. State 27 Check have a foreign address, also complete spaces below. State 27 Check have a foreign address, also complete spaces below. State 27 Check have a foreign address, also complete spaces below. State 27 Check have a foreign address, also complete spaces below. State 27 Check have a foreign address, also complete spaces below. State 27 Check have a foreign address, also complete spaces below. State 27 Check have a foreign address, also complete spaces below. State 37 Check have a foreign address, also complete spaces below. State 37 Check have a foreign address, also complete spaces below. State 37 Check have a foreign address, also complete spaces below. State 37 Check have a foreign address, also complete spaces below. State 37 Check have a foreign address, also complete spaces below. State 37 Check have a foreign address, also complete spaces below. State 37 Check have a foreign address, also complete spaces below. State 37 Check have a foreign address, also complete spaces below. State 37 Check have a foreign address, also complete spaces below. State 38 Check have a foreign address, also complete spaces below. State and state for specific for other spaces and adjust asset (or a financial interest in a digital asset)? (See instructions). If more 4 constant for specific for other spaces and adjust asset (or a financial interest in a digital asset)? (See instructions). If more 4 constant for other below and adjust asset (or a financial interest in a digital asset)? (See instructions). If more 4 constant foreign adjust and adjust	Your first name	and mi	ddle initial	Last na	ame					Y	our so	cial security	number
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City, town, or post office. If you have a foreign address, also complete spaces below. State	6170 EDS	SALL	RD						40	C	neck h	ere if you,	or your
At any time during 2022, did you; (a) receive (as a reward, award, or payment for property or services); or (b) sell, recording province/state/county Foreign postal code You Spouse Standard Deduction At any time during 2022, did you; (a) receive (as a reward, award, or payment for property or services); or (b) sell, recording a sex-change, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions). Yes No No No No No No No N				complete s	spaces below.	Sta	te	ZIP	code				
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Digital Assets	Foreign country	/ name			Foreign province/sta	ate/count	у	Fore	eign postal co				
Assets exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions). Yes No 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 Dependents (see instructions): (2) Social security (3) Relationship to you Check the box if qualifies for (see instructions) Chell tax credit Credit for other dependents Chell tax credit Chell tax credit Credit for other dependents Chell tax credit Chell tax credit Credit for other dependents Chell tax credit Chell t												You	Spouse
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Spouse itemizes on a separate return or you were a dual-status alien	Assets											☐ Yes	⊠ No
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If more than four dependents, see instructions and check here				1330 [T					, ,			
Intome dependents, see instructions and check here . Income In Total amount from Form(s) W-2, box 1 (see instructions) In Household employee wages not reported on Form(s) W-2 In Total amount from Form(s) W-2, box 1 (see instructions) In Household employee wages not reported on Form(s) W-2 In Household employee wages not reported on Form(s) Household employee wages not reported on For	-					arity		пр			· 1	,	•
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b Household employee wages not reported on Form(s) W-2 Attach Form(s) W-2 here, Also attach Forms W-2 here, Also attach Forms W-26 and Medicaid waiver payments not reported on Form(s) W-2 (see instructions) Medicaid waiver payments not reported on Form(s) W-2 (see instructions) Medicaid waiver payments not reported on Form(s) W-2 (see instructions) Taxable dependent care benefits from Form 8839, line 26 Employer-provided adoption benefits from Form 8839, line 29 Mages from Porm 8919, line 6 Mother earned income (see instructions) Mother earned income (see instructions) Tax Add lines 1 a through 1h A	Incomo	1a	Total amount from Form(s) W-2.	box 1 (se	e instructions) .						1a	3	9.048.
Attach Forms W-2 here. Also attach Forms W-2 and 1099-Ri ft ax was withheld. If you did not get a Form W-2, see instructions. Z Add lines 1a through 1h Attach Sch. B (a required. Attach Sch. B (a required. Attach Grand Peduction for Sizy, 250 Ouallying separately, 312,280 Ouallying surviving spouse, \$25,500 Oually for Norshold. 10 Sizy, 300 Ouallying any box under \$250,000 Ouallying sizy, 300 Ouallying 159, 400 Ouallying 15	income			,	,								
d Medicaid waiver payments not reported on Form(s) W-2 (see instructions)	Attach Form(s)	С									1c		
W-2G and 1099-R if tax was withheld. If you did not get a Form W-2, see instructions. Add lines 1a through 1h Tax-exempt interest . 2a b Taxable amount . 4b Tax-exempt interest . 2a b Taxable amount . 4b Tax-exempt interest . 2a b Taxable amount . 4b Tax-exempt interest . 2a b Taxable amount . 4b Tax-exempt interest . 2a b Taxable amount . 4b Tax-exempt interest . 2a b Taxable amount . 4b Tax-exempt interest . 5a b Taxable amount . 5b Taxable amount . 5b Taxable amount . 5b Taxable amount . 6b Ta		d	. , ,								1d		
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get a Form W2, see instructions. 1	1099-R if tax	f	•							1f			
get a Form W-2, see instructions. In h Other earned income (see instructions) In Nontaxable combat pay election (see instructions) It all as a special security benefits and annuities annuities and annuities annuities and annuities and betate annuit annuities and betate annuit annuities and betate annuit annuities an		g	Wages from Form 8919, line 6 .								1g		
Instructions. Z Add lines 1a through 1h Attach Sch. B If required. 2a Tax-exempt interest	get a Form	h	Other earned income (see instruc	ctions)							1h		0.
Attach Sch. B Attach Sch. Attach Schedule A Attach Sch. B Attach Sch. Attach Schedule A Attach Sch. B Attach Sch. Attach Schedule A Attach Sch. B Attach Sch. B Attach Sch. Attach Schedule A Attach Sch. Attach Schedul		i	Nontaxable combat pay election	(see inst	ructions)		1i	i					
If required. 3a Qualified dividends 3a b Ordinary dividends	matruotiona.	z	Add lines 1a through 1h		,						1z	3	9,048.
4a IRA distributions	Attach Sch. B	2a	Tax-exempt interest	2a		b T	axable interes	t			2b		14.
Standard Deduction for—Single or Married filing separately, \$12,950 Married filing jointly or Qualifying surviving spouse, \$25,900 Head of household, \$19,400 If you checked any box under Standard Deduction, 15 Subtract line 14 from line 1.1 If zero or less enter -0- This is your taxable amount	if required.	3a	Qualified dividends	3a			•				3b		
Comparison Com		4a	IRA distributions	4a		b T	axable amoun	ıt.			4b		
Single or Married filing separately, \$12,950	Standard	5a	Pensions and annuities	5a		b T	axable amoun	ıt.			5b		
Married filing separately, \$12,950		6a	Social security benefits	6a		b T	axable amoun	ıt.		· <u>·</u>	6b		
## Capital gain of (loss). Attach Schedule D if required, the frequired, check here ## Capital gain of (loss). Attach Schedule D if required, the frequired, check here ## Capital gain of (loss). Attach Schedule I, line 10 ## Capital gain of (loss). Attach Schedule I if required, the frequired, check here ## Capital gain of (loss). Attach Schedule I, line 10 ## Capital gain of (loss). Atta	Married filing	С	•		•	•	,			. 📙			
jointly or Qualifying Surviving spouse, \$25,900 Head of household, \$19,400 If you checked any box under Standard Deduction, Deduction, Deduction, Deduction, Deduction, Deduction, 15 Subtract line 14 from line 11 If zero or less enter -0- This is your total income		7	,		f required. If not re	equired.	, check here			. Ш	7		
Qualifying surviving spouse, \$25,900 4dd lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 9 38, 313. Head of household, \$19,400 11 Subtract line 10 from line 9. This is your adjusted gross income 11 38, 313. If you checked any box under Standard Poeduction, Deduction, 10 13 Qualified business income deduction from Form 8995 or Form 8995-A 13 14 12, 950. Deduction, 15 Subtract line 14 from line 11. If zero or less enter -0- This is your taxable income 15 25, 363.	Married filing	8									8		
Head of household, \$19,400 If you checked any box under Standard Deduction, Deduction, Deduction, Deduction, Deduction, Deduction, Deduction, Deduction, Deduction, Description	Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b,	7, and 8.	This is your total	income						3	8,313.
household, \$19,400 12 Standard deduction or itemized deductions (from Schedule A)			•	-								1	
Standard deduction or itemized deductions (from Schedule A) 12 12,950.	Head of			•									
any box under Standard Deduction, Deduction, Description: 14 Add lines 12 and 13					•	,						1	2,950.
Standard 14 Add lines 12 and 13 1. 14 12,950 Deduction, 15 Subtract line 14 from line 11. If zero or less, enter -0. This is your taxable income. 15 25,363	If you checked any box under												
	Standard												
		15	Subtract line 14 from line 11. If ze	ero or les	ss, enter -0 This	ıs your t	axable incom	1e			15	2	5,363.

Form 1040 (2022	2)								Page 2
Tax and	16	Tax (see instructions). Check if a	any from Form	(s): 1 881	4 2 🗌 4972	3 🗌		16	2,840.
Credits	17	Amount from Schedule 2, line 3	3				<u> </u>	17	0.
	18	Add lines 16 and 17						18	2,840.
	19	Child tax credit or credit for oth	ner dependent	ts from Schedi	ule 8812			19	
	20	Amount from Schedule 3, line 8	3					20	
	21	Add lines 19 and 20						21	
	22	Subtract line 21 from line 18. If	zero or less, e	enter -0				22	2,840.
	23	Other taxes, including self-emp	oloyment tax,	from Schedule	2, line 21 .			23	0.
	24	Add lines 22 and 23. This is you	ur total tax					24	2,840.
Payments	25	Federal income tax withheld from							
-	а	Form(s) W-2				25a	2,926		
	b	Form(s) 1099				25b			
	С	Other forms (see instructions)				25c			
	d	Add lines 25a through 25c .						25d	2,926.
If you have a	26	2022 estimated tax payments a	and amount a	pplied from 20	21 return			26	
qualifying child,	27	Earned income credit (EIC) .			No .	27			
attach Sch. EIC.	28	Additional child tax credit from S	Schedule 8812			28			
	29	American opportunity credit fro	m Form 8863	, line 8		29			
	30	Reserved for future use				30			
	31	Amount from Schedule 3, line 1	15			31			
	32	Add lines 27, 28, 29, and 31. The	hese are your	total other pa	yments and ref	undable credit	s	32	
	33	Add lines 25d, 26, and 32. The	se are your to	tal payments				33	2,926.
Refund	34	If line 33 is more than line 24, s	ubtract line 2	4 from line 33.	This is the amou	ınt you overpai	d	34	86.
neiuliu	35a	Amount of line 34 you want ref	unded to you	ı. If Form 8888	is attached, che	eck here	🗆	35a	86.
Direct deposit?	b	Routing number 2 5 6 0	7 4 9	7 4	c Type:	Checking [Savings	5	
See instructions.	d	Account number 7 0 8 2	7 8 6	3 1 5					
	36	Amount of line 34 you want app	olied to your	2023 estimate	ed tax	36			
Amount You Owe	37	Subtract line 33 from line 24. The For details on how to pay, go to						37	
	38	Estimated tax penalty (see instr	ructions) .			38			
Third Party Designee		you want to allow another pertructions					Complete	e below.	X No
		signee's		Phone			ersonal ide		
	naı			no.			umber (PIN)		
Sign Here		der penalties of perjury, I declare that ief, they are true, correct, and comple			, , ,				, ,
TICIC	Yo	ur signature		Date	Your occupation		Pr	otection P	nt you an Identity IN, enter it here
Joint return?					INSURANCE			ee inst.)	
See instructions. Keep a copy for your records.	Sp	Spouse's signature. If a joint return, both must sign.		Date	Spouse's occupa	tion	Ide		nt your spouse an ection PIN, enter it here
	——Ph	one no. (202)640-0174		Email address	GOZDE CARKA	.СТ@НОТМАТТ.	COM		
			reparer's signat		COLDE_CARRA	Date	PTIN		Check if:
Paid					AR DUDIPALLI			70833	Self-employed
Preparer		n's name GLOBAL TAXE		111A17IA 1/OI.I	THE DODIEMENT	. 0 1/ 1 1/ 202			(678)965-9522
Use Only		n's address 245 ROONEY		NSWICK N.	J 08816			m's EIN	88-2145487
Co to warm in -				110111 INC		DEV 06 (22 (22 = 2		III O LIIN	Form 1040 (2022)
GO TO WWW.IIS.go	VILOU	11040 for instructions and the latest in	mormadon.		BAA	REV 03/22/23 PR	·U		rom 1040 (2022)

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2022

Attachment

Department of the Treasury Internal Revenue Service

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

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

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

Attachment Sequence No. 01 Your social security number

<u>GOZ</u> E	E CARKACI		802-4	:7-9!	590
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	-2,201.
4	Other gains or (losses). Attach Form 4797			4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Att	ach Schedule	Ε.	5	
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			
1	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				
	instructions)	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: Other Income from Form 1099-K 1,452.				
			L,452.		
9	Total other income. Add lines 8a through 8z			9	1,452.

Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8

10

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

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

SCHEDULE C (Form 1040)

Profit or Loss From Business (Sole Proprietorship)

OMB No. 1545-0074 Attachment

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/ScheduleC for instructions and the latest information. Attach to Form 1040, 1040-SR, 1040-NR, or 1041; partnerships must generally file Form 1065. Sequence No. 09

	OE CARKACI						-47-9590
A	Principal business or profession	n inclu	ding product or service (se	a inetri	ictions)		er code from instructions
^	MOON TR LLC	11, 111010	aling product or service (se	o iniotire	30110110)		1 9 2 0 0
С	Business name. If no separate	husine	ss name leave blank				loyer ID number (EIN) (see instr.)
•	MOON TR LLC	Duoinio	oo name, leave blank.			D Emp	lioyer in humber (Ein) (see instr.)
	Business address (including su	uite or ra	oom no) 6170 EDS	ΔΤ.Τ.	RD Ant 40		
-	City, town or post office, state				VA 22304		
F		Cash			24h (: f- :)		
G				_	2022? If "No," see instructions for I		osses . X Yes No
Н							
ı					n(s) 1099? See instructions		
J							
Part			,,				
2 3	Form W-2 and the "Statutory of Returns and allowances Subtract line 2 from line 1	employe 	ee" box on that form was cl	necked 	this income was reported to you or	2 3	
4						4	
5 6					refund (see instructions)		
7						7	
Part	Expenses. Enter exp	nenses	s for business use of vo	ur ho	me only on line 30.	- /	
8	Advertising	8	624.	18	Office expense (see instructions)	18	
9	Car and truck expenses			19	Pension and profit-sharing plans		
9	(see instructions)	9		20	Rent or lease (see instructions):		
10	Commissions and fees .	10		a	Vehicles, machinery, and equipmen	20a	
11	Contract labor (see instructions)	11		b	Other business property		
12	Depletion	12		21	Repairs and maintenance		
13	Depreciation and section 179			22	Supplies (not included in Part III)		
	expense deduction (not included in Part III) (see			23	Taxes and licenses		
	instructions)	13	130.	24	Travel and meals:		
14	Employee benefit programs			а	Travel	24a	
	(other than on line 19) .	14		b	Deductible meals (see		
15	Insurance (other than health)	15			instructions)	24b	
16	Interest (see instructions):			25	Utilities	25	
а	Mortgage (paid to banks, etc.)	16a		26	Wages (less employment credits)	26	
b	Other	16b		27a	Other expenses (from line 48) .	27a	1,447.
17	Legal and professional services	17		b	Reserved for future use		0.001
28	·				3 through 27a	28	2,201.
29 30	Tentative profit or (loss). Subtrements for business use of unless using the simplified method filers only and (b) the part of your home.	f your I thod. S : Enter	nome. Do not report these ee instructions. the total square footage of	e expe	nses elsewhere. Attach Form 8829	29	-2,201.
	Method Worksheet in the instr	uctions	to figure the amount to ent	er on I	ine 30	30	
31	Net profit or (loss). Subtract	ine 30 f	rom line 29.		,		
	• If a profit, enter on both Sch checked the box on line 1, see		, ,		, , ,	31	-2,201.
	• If a loss, you must go to line				J		
32	If you have a loss, check the b	ox that	describes your investment	in this	activity. See instructions.		
	 If you checked 32a, enter the SE, line 2. (If you checked the Form 1041, line 3. If you checked 32b, you must 	box on I	line 1, see the line 31 instruc	tions.)	Estates and trusts, enter on		X All investment is at risk.☐ Some investment is not at risk.

BAA

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

Part	Cost of Goods Sold (see instructions)			
33	Method(s) used to value closing inventory: a Cost b Lower of cost or market c Other (atta	ach ex	nlanation)	
34	Was there any change in determining quantities, costs, or valuations between opening and closing inventor if "Yes," attach explanation	ry?	. Tes	☐ No
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35		
36	Purchases less cost of items withdrawn for personal use	36		
37	Cost of labor. Do not include any amounts paid to yourself	37		
38	Materials and supplies	38		
39	Other costs	39		
40	Add lines 35 through 39	40		
41	Inventory at end of year	41		
42	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4	42		
Part	Information on Your Vehicle. Complete this part only if you are claiming car or are not required to file Form 4562 for this business. See the instructions for line 1 Form 4562.			
43	When did you place your vehicle in service for business purposes? (month/day/year)			
44	Of the total number of miles you drove your vehicle during 2022, enter the number of miles you used your vehicle during 2022 years and you were the number of miles your were the number of miles you were the number	vehicle	e for:	
а	Business b Commuting (see instructions) c C	Other		
45	Was your vehicle available for personal use during off-duty hours?		Tes	☐ No
46	Do you (or your spouse) have another vehicle available for personal use?		Tes	☐ No
47a	Do you have evidence to support your deduction?		Tes	☐ No
b	If "Yes," is the evidence written?		🗌 Yes	☐ No
Part	Other Expenses. List below business expenses not included on lines 8–26 or lin	e 30.		
JE'	WELRY MAKING MATERIALS			947.
DI	GITAL CAMERA			500.
48	Total other expenses. Enter here and on line 27a	48		1,447.

Form **8889**

Health Savings Accounts (HSAs)

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

Go to www.irs.gov/Form8889 for instructions and the latest information.

OMB No. 1545-0074

2022
Attachment
Sequence No. 52

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

GOZDE CARKACI

Department of the Treasury

Internal Revenue Service

Social security number of HSA beneficiary. If both spouses have HSAs, see instructions. 802-47-9590

Befor	re you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if	f requ	ired.
Part	HSA Contributions and Deduction. See the instructions before completing this part. If y and both you and your spouse each have separate HSAs, complete a separate Part I for		
1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2022. See instructions	☐ Se	If-only 🗌 Family
2	HSA contributions you made for 2022 (or those made on your behalf), including those made by the unextended due date of your tax return that were for 2022. Do not include employer contributions, contributions through a cafeteria plan, or rollovers. See instructions	2	0.
3	If you were under age 55 at the end of 2022 and, on the first day of every month during 2022, you were, or were considered, an eligible individual with the same coverage, enter \$3,650 (\$7,300 for family coverage). All others , see the instructions for the amount to enter	3	
4	Enter the amount you and your employer contributed to your Archer MSAs for 2022 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2022, also include any amount contributed to your spouse's Archer MSAs	4	
5	Subtract line 4 from line 3. If zero or less, enter -0	5	
6	Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2022, see the instructions for the amount to enter	6	
7	If you were age 55 or older at the end of 2022, married, and you or your spouse had family coverage under an HDHP at any time during 2022, enter your additional contribution amount. See instructions.	7	0.
8	Add lines 6 and 7	8	0.
9	Employer contributions made to your HSAs for 2022		
10	Qualified HSA funding distributions		
11	Add lines 9 and 10	11	
12	Subtract line 11 from line 8. If zero or less, enter -0	12	0.
13	HSA deduction. Enter the smaller of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line 13	13	0.
	Caution: If line 2 is more than line 13, you may have to pay an additional tax. See instructions.		
Part	a separate Part II for each spouse.	arate I	HSAs, complete
14a	Total distributions you received in 2022 from all HSAs (see instructions)	14a	583.
b	Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return. See instructions	14b	
С	Subtract line 14b from line 14a	14c	583.
15	Qualified medical expenses paid using HSA distributions (see instructions)	15	583.
16	Taxable HSA distributions. Subtract line 15 from line 14c. If zero or less, enter -0 Also, include this amount in the total on Schedule 1 (Form 1040), Part I, line 8f	16	0.
17a	If any of the distributions included on line 16 meet any of the Exceptions to the Additional 20% Tax (see instructions), check here		
b	Additional 20% tax (see instructions). Enter 20% (0.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also, include this amount in the total on Schedule 2 (Form 1040), Part II, line 17c	17b	
Part	Income and Additional Tax for Failure To Maintain HDHP Coverage. See the instructi completing this part. If you are filing jointly and both you and your spouse each have sep complete a separate Part III for each spouse.		
18	Last-month rule	18	
19	Qualified HSA funding distribution	19	
20	Total income. Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I, line 8f .	20	
21	Additional tax. Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2 (Form		
	1040), Part II, line 17d	21	

Form **4562**

Department of the Treasury Internal Revenue Service

Depreciation and Amortization

(Including Information on Listed Property)

Attach to your tax return.

Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No. 1545-0172

2022

Attachment
Sequence No. 179

$\alpha \alpha \alpha$	(s) snown on return		Baomio	ss or activity to w	111011 11113 101111 10	ales	Identifying numb	
GUZ	DE CARKACI		Sch	C MOON TH	R LLC		802-47-95	90
Pa	rt I Election To Note: If you	Expense Ce have any liste	rtain Property Und	der Section ete Part V be	179 efore you c	omplete Part I.	-	
1							1 1.080	,000.
			2	,				
3		ions)		,000.				
4	Reduction in limitati	4	,					
5			-					
•	5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0 If married filing separately, see instructions							
6		scription of proper		(b) Cost (busi		(c) Elected cost		
7	Listed property. Ent	er the amount	from line 29		7			
8	Total elected cost o	f section 179 p	property. Add amoun	ts in column (c), lines 6 an	d7	8	
							9	
10							10	
11	-		-			or line 5. See instructions	11	
				•	,	ne 11	12	
			to 2023. Add lines 9			13		
			for listed property. Ir					
						nclude listed property	. See instructi	ons.)
14	Special depreciatio	n allowance f	or qualified property	/ (other than	listed prop	erty) placed in service		
							14	
15							15	
	Other depreciation (16	
	•		on't include listed					
		,		Section A		,		
17	MACRS deductions	for assets pla	ced in service in tax v	ears beginnir	na before 20	22	17	
						to one or more general		
	asset accounts, che		·	_	-			
	asset accounts, one	eck nere				🖂		
			ced in Service During				n Svstem	
(a) (-Assets Place (b) Month and year placed in	(c) Basis for depreciation (business/investment use			e General Depreciation	n System (g) Depreciation (deduction
	Section B Classification of property	-Assets Place (b) Month and year	ced in Service During (c) Basis for depreciation	g 2022 Tax Y	ear Using th	e General Depreciation		deduction
(a) (19a	Section B Classification of property 3-year property	-Assets Place (b) Month and year placed in	(c) Basis for depreciation (business/investment use only—see instructions)	g 2022 Tax Y (d) Recovery period	ear Using the	on (f) Method		
19a	Section B Classification of property 3-year property 5-year property	-Assets Place (b) Month and year placed in	(c) Basis for depreciation (business/investment use	g 2022 Tax Y	ear Using th	e General Depreciation		deduction
19a	Section B Classification of property 3-year property 5-year property 7-year property	-Assets Place (b) Month and year placed in	(c) Basis for depreciation (business/investment use only—see instructions)	g 2022 Tax Y (d) Recovery period	ear Using the	on (f) Method		
19a b c	Section B Classification of property 3-year property 5-year property 7-year property 10-year property	-Assets Place (b) Month and year placed in	(c) Basis for depreciation (business/investment use only—see instructions)	g 2022 Tax Y (d) Recovery period	ear Using the	on (f) Method		
19a b c d	Section B Classification of property 3-year property 5-year property 7-year property 10-year property 15-year property	-Assets Place (b) Month and year placed in	(c) Basis for depreciation (business/investment use only—see instructions)	g 2022 Tax Y (d) Recovery period	ear Using the	on (f) Method		
19a b c d	Section B Classification of property 3-year property 5-year property 7-year property 10-year property 15-year property 15-year property 10-year property	-Assets Place (b) Month and year placed in	(c) Basis for depreciation (business/investment use only—see instructions)	g 2022 Tax Y (d) Recovery period 5.0	ear Using the	ne General Depreciation (f) Method 200 DB		
19a b c d e	Section B Classification of property 3-year property 7-year property 10-year property 110-year property 15-year property 120-year property 125-year property	-Assets Place (b) Month and year placed in	(c) Basis for depreciation (business/investment use only—see instructions)	g 2022 Tax Y (d) Recovery period 5.0 25 yrs.	ear Using the (e) Convention HY	ne General Depreciation (f) Method 200 DB S/L		
19a b c d e	Section B Classification of property 3-year property 7-year property 10-year property 15-year property 15-year property 20-year property 25-year property Residential rental	-Assets Place (b) Month and year placed in	(c) Basis for depreciation (business/investment use only—see instructions)	g 2022 Tax Y (d) Recovery period 5.0 25 yrs. 27.5 yrs.	ear Using the (e) Convention HY	e General Depreciation (f) Method 200 DB S/L S/L		
19a b c d e f	Section B Classification of property 3-year property 7-year property 10-year property 110-year property 15-year property 120-year property 125-year property Residential rental 125-year	-Assets Place (b) Month and year placed in	(c) Basis for depreciation (business/investment use only—see instructions)	g 2022 Tax Y (d) Recovery period 5.0 25 yrs. 27.5 yrs. 27.5 yrs.	ear Using the (e) Convention HY MM MM	e General Depreciation (f) Method 200 DB S/L S/L S/L S/L		
19a b c d e f	Section B Classification of property 3-year property 7-year property 10-year property 110-year property 120-year property 120-year property 125-year property 1 Residential rental property 1 Nonresidential real	-Assets Place (b) Month and year placed in	(c) Basis for depreciation (business/investment use only—see instructions)	g 2022 Tax Y (d) Recovery period 5.0 25 yrs. 27.5 yrs.	ear Using the (e) Convention HY MM MM MM	9/L 9/L 9/L 9/L 9/L 9/L		
19a b c d e f	Section B Classification of property 3-year property 7-year property 10-year property 110-year property 120-year property 125-year property 1Residential rental property 1Nonresidential real property	-Assets Place (b) Month and year placed in service	ced in Service During (c) Basis for depreciation (business/investment use only—see instructions) 650.	g 2022 Tax Y (d) Recovery period 5.0 25 yrs. 27.5 yrs. 27.5 yrs. 39 yrs.	ear Using the (e) Convention HY MM MM MM MM MM	S/L	(g) Depreciation (
19a b c d e f g h	Section B Classification of property 3-year property 7-year property 10-year property 110-year property 120-year property 125-year property 1Residential rental property 1Nonresidential real property Section C-	-Assets Place (b) Month and year placed in service	ced in Service During (c) Basis for depreciation (business/investment use only—see instructions) 650.	g 2022 Tax Y (d) Recovery period 5.0 25 yrs. 27.5 yrs. 27.5 yrs. 39 yrs.	ear Using the (e) Convention HY MM MM MM MM MM	S/L	(g) Depreciation (
19a b c d e f g h	Section B Classification of property 3-year property 5-year property 10-year property 110-year property 120-year property 125-year property 18esidential rental property 1 Nonresidential real property 1 Class life	-Assets Place (b) Month and year placed in service	ced in Service During (c) Basis for depreciation (business/investment use only—see instructions) 650.	g 2022 Tax Y (d) Recovery period 5.0 25 yrs. 27.5 yrs. 27.5 yrs. 39 yrs.	ear Using the (e) Convention HY MM MM MM MM MM	S/L	(g) Depreciation (
19a b c d ee f f g h	Section B Classification of property 3-year property 5-year property 10-year property 110-year property 120-year property 125-year property 18esidential rental property 1 Nonresidential real property 1 Class life 112-year	-Assets Place (b) Month and year placed in service	ced in Service During (c) Basis for depreciation (business/investment use only—see instructions) 650.	25 yrs. 25 yrs. 27.5 yrs. 27.5 yrs. 27.5 yrs. 27.5 yrs. 27.5 yrs.	ear Using the (e) Convention HY MM MM MM MM MM MM MM MM MM	S/L	(g) Depreciation (
19a b c d ee f f g h	Section B Classification of property 3-year property 7-year property 10-year property 110-year property 120-year property 125-year property 125-year property 126-year property 126-year property 126-year property 127-year property 138-year property 149-year property 159-year property 169-year property 179-year property 179-year property 189-year property 199-year proper	-Assets Place (b) Month and year placed in service	ced in Service During (c) Basis for depreciation (business/investment use only—see instructions) 650.	25 yrs. 25 yrs. 27.5 yrs. 27.5 yrs. 27.5 yrs. 27.5 yrs. 39 yrs.	MM	## General Depreciation	(g) Depreciation (
19a bb cc dd ee f1 gg h	Section B Classification of property 3-year property 5-year property 10-year property 110-year property 120-year property 125-year property 18esidential rental property 1Nonresidential real property Section C- 1 Class life 112-year 130-year	-Assets Place (b) Month and year placed in service	ced in Service During (c) Basis for depreciation (business/investment use only—see instructions) 650.	25 yrs. 25 yrs. 27.5 yrs. 27.5 yrs. 27.5 yrs. 27.5 yrs. 27.5 yrs.	ear Using the (e) Convention HY MM MM MM MM MM MM MM MM MM	S/L	(g) Depreciation (
19a bb cc dd ee f gg hh i 20a bb cc dd Par	Section B Classification of property 3-year property 5-year property 10-year property 110-year property 120-year property 125-year property 18esidential rental property 1Nonresidential real property Section C- 1 Class life 112-year 1 40-year 1 V Summary (5	-Assets Place (b) Month and year placed in service -Assets Place -Assets Place	ced in Service During (c) Basis for depreciation (business/investment use only—see instructions) 650.	25 yrs. 25 yrs. 27.5 yrs. 27.5 yrs. 27.5 yrs. 27.5 yrs. 39 yrs.	MM	## General Depreciation	(g) Depreciation of	
19a b c d e f g h 20a b c d Par 21	Section B Classification of property 3-year property 5-year property 10-year property 110-year property 120-year property 125-year property 18esidential rental property 1 Nonresidential real property 1 Class life 112-year 1 30-year 1 40-year 1 Summary (5) Listed property. Ent	-Assets Place (b) Month and year placed in service -Assets Place -Assets Place See instruction or amount from	ced in Service During (c) Basis for depreciation (business/investment use only—see instructions) 650.	25 yrs. 25 yrs. 27.5 yrs. 27.5 yrs. 39 yrs. 2022 Tax Yes. 30 yrs. 40 yrs.	MM	S/L S/L	(g) Depreciation (
19a b c d e f g h 20a b c d Par 21	Section B Classification of property 3-year property 5-year property 10-year property 110-year property 120-year property 125-year property 18esidential rental property 18esidential rental property 18esidential real property 19esidential	-Assets Place (b) Month and year placed in service -Assets Place -Assets Place See instruction or amount from serving from line 12,	ced in Service During (c) Basis for depreciation (business/investment use only—see instructions) 650.	25 yrs. 25 yrs. 27.5 yrs. 27.5 yrs. 27.5 yrs. 27.5 yrs. 39 yrs. 12 yrs. 30 yrs. 40 yrs. Lines 19 and	MM	S/L S/L	(g) Depreciation of	

BAA

2022 VA760CG Page 1





GOZDE

CARKACI

6170 EDSALL RD APT 40

ALEXANDRIA

VA 22304

SSN - You CAF	RK	802479590	Vendor ID 1555		ххххх
SSN - Spouse					
Fed Adj Gross Income (FAGI)	1.	38313.	Withholding (VA) - You	19A.	1687.
Additions	2.		Withholding (VA) - Spouse	19B.	
Subtotal	3.	38313.	Estimated Payments	20.	
Age Deduction - You	4A.		2021 Overpayment	21.	
Age Deduction - Spouse	4B.		Extension Payments	22.	
Soc Sec & Tier 1 Railroad	5.		Credit - Low-Income or EIC	23.	
State Income Tax Overpayment	6.		Credit - Schedule OSC	24.	
Subtractions	7.		Credits - Schedule CR	25.	
Subtotal Subtractions	8.		Total Payments / Credits	26.	1687.
Total VA Adj Gross Income (VAG	I) 9.	38313.	Tax You Owe	27.	
Itemized Deductions - VA Sch A	10.		Tax Overpayment	28.	255.
Standard Deduction	11.	8000.	Overpayment Credited to Next Ye	ear 29.	
Exemptions	12.	930.	VAC - Virginia 529 / ABLE	30.	
Deductions	13.		VAC - Other Contributions	31.	
Subtotal (Deductions & Exemption	ons) 14.	8930.	Addition to Tax, Penalty & Interes	et 32.	
VA Taxable Income	15.	29383.	Sales and Use Tax	33.	
Amount of Tax	16.	1432.	Amount You Owe	_	
Spouse Tax Adjustment (STA)	17.		Will Pay by Credit/Debit Card N Your Refund	· I	255.
VAGI - Spouse	17A.		Doub Doubing #		256074074
Net Amount of Tax	18.	1432.	Bank Routing #	C 70005	256074974
L			Bank Account #	/082	786315

__LAR __DLAR __DTD __LTD \$_____

Page 1 of 2

Filing Status, Age & License Information



Additional Filing Information



g,g						
Filing Status	1	Locality	510			
Federal Head of Household		Uninsured & Authorize DMAS				
DOB - You	04291992	Name or Filing Status Change				
VA Driver's License ID - You	E62421038	Address Change				
VA Driver's License - Iss. Date - You	05102021	VA Return Not Filed Last Year				
Spouse Name (Filing Status 3 Only)		Dependent on Another's Return				
		Farmer / Fisherman / Merchant Seaman				
DOB - Spouse		Amended				
VA Driver's License ID - Spouse		Reason Code				
VA Driver's License - Iss. Date - Spouse		Overseas on Due Date				
Exemptions (A) Exemptio	ns (B)	0.00000 0.1.200 20.0				
•	ver - You	Federal EIC & Amount				

You You	1	65 & Over - You	Federal EIC & Amount	
Spouse		65 & Over - Spouse	Deceased Indicator	
Dependents		Blind - You	Form 760C or 760F	
Total (A)	1	Blind - Spouse	No Sales & Use Tax Due Indicator	X
		Total (B)	Obtain Electronic 1099G	
			ID Theft PIN	

Contact Information

I (We), the undersigned, declare under penalty of law that I (we) have examined this return & to the best of my (our) knowledge, it is a true, correct & complete return. If you are requesting direct deposit of your refund by providing bank information on your return, you are certifying that the information provided is for a domestic account within the territorial jurisdiction of the United States.

Signature - You ___ Date Phone - You

Signature - Spouse _____ Date Phone - Spouse

041423 6789659522 Signature - Preparer <u>VENKATA SAI PAVAN KUMAR DUDIPALLI</u> Date

7 P02470833

The Tax Department may discuss my/our return with my/our preparer.

Preparer Information GLOBAL TAXES LLC

Include Page 1, Page 2 and all 245 ROONEY CT supporting 760CG documents. E BRUNSWICK

Phone - Preparer

2026400174

File by May 1, 2023

2022 Schedule INC/CG

802479590

Report all W-2s, 1099s & VK-1s with VA Withholding

CARKACI

GOZDE



Your/ Spouse SSN	Withholding Type	VA Withholding	Employer FEIN	VA Account Number	VA Wages, tips, other comp.
Г					٦
802479590	W	1687.	542044508	30542044508F001	39048.

Total VA Withholding

You

802479590

1687.

Spouse

Total # of W-2s,1099s & VK-1s

01

2022 Schedule FED/CG

GOZDE CARKACI

6170 EDSALL RD APT 40

802479590

ALEXANDRIA VA 22304 510

SCHEDULE C and/or SCHEDULE F INFORMATION

Schedule Name
 First Schedule Info.
 Gross Receipts or Sales
 Depreciation/Expense Deduction

4. Business Activity Code 519200

5. Business Locality Code 510

6. Car & truck expenses

7. Inventory at end of year

8. # of miles you used your vehicle for: Business

9. # of miles you used your vehicle for: Commuting

10. # of miles you used your vehicle for: Other

SCHEDULE 2106 INFORMATION

11. # of miles you used your vehicle for: **Business**

12. # of miles you used your vehicle for: Commuting

13. # of miles you used your vehicle for: Other

14. % of business use of vehicle: Vehicle 1

15. % of business use of vehicle: Vehicle 2

SCHEDULE 4562 INFORMATION

- 16. Property Used more than 50% in qualified business Type of Property
- 17. Date placed in service
- 18. Business/Investment Use %
- 19. Cost or other basis
- 20. Depreciation Deduction
- 21. Elected Section 179 Cost
- 22. Business Locality Code

VA-8879 Virginia Department of Taxation

Virginia Individual Income Tax e-File Signature Authorization

Tax Year 2022

DO NOT SEND THIS VA-8879 TO THE VIRGINIA DEPARTMENT OF TAXATION OR THE IRS. IT MUST BE MAINTAINED IN YOUR FILES!

Virgi	nia Submission Identification Number (SID)							
Your	Name	B Your Social Security Number						
GOZI	DE CARKACI	802-47-95	90					
	se's Name	A Spouse's Social Security Number						
Part	I Tax Return Information	A Spouse	B Yourself					
1.	Federal Adjusted Gross Income (Form 760CG, Line 1; 760PY, Line 1, columns A & B; Form 763, Line 1)		38313.					
2.	Virginia Adjusted Gross Income (Form 760CG, Line 9; 760PY, Line 10, columns A & B; Form 763, Line 9)		38313.					
3.	Taxable Income (Form 760CG, Line 15; 760PY, Line 16, columns A & B; Form 763, Line 17)		29383.					
4.	Virginia Income Tax (Form 760CG, Line 18; 760PY, Line 17, columns A & B; Form 763 Line 18)		1432.					
5.	Withholding (Form 760CG, Line 19a & 19b; 760PY, Lines 19a & 19b; Form 763, Lines 19a & 19b)		1687.					
6.	Amount you Owe (Form 760CG, Line 35; Form 760PY, Line 35; Form 763, Line 35)							
7.	Refund (Form 760CG, Line 36; 760PY, Line 36; Form 763, Line 36)		255.					
Part	II Declaration of Taxpayer and Signature Authorization r penalties of perjury, I declare that I have examined a copy of my individual income tax return and accompanying so							
December 31, 2022, and to the best of my knowledge and belief, it is true, correct and complete. I further declare that the information I provided to my Electronic Return Originator (ERO), Transmitter, or Intermediate Service Provider (including my name, address and social security number or individual tax identification number) and the amount shown in Part I above agree with the information and amounts shown on the corresponding lines of my electronic income tax return. If I am filing a balance due return, I understand that if the Virginia Department of Taxation (Virginia Tax) does not receive full and timely payment of my tax liability, I remain liable for the tax liability and all applicable interest and penalties. I authorize my ERO, Transmitter or Intermediate Service Provider to transmit my complete return to Virginia Tax. I have selected a personal identification number (PIN) as my signature for my electronic income tax return and, if applicable, the direct deposit of my refund or direct debit of my tax due. In choosing either direct deposit or direct debit, I certify that the transaction does not directly involve a financial institution outside of the territorial jurisdiction of the United States at any point in the process. Taxpayers may sign the form using a rubber stamp, mechanical device, such as a signature pen, or computer software program.								
	ayer's e-File PIN: check one box only							
X	I authorize the ERO named below to enter my e-File PIN 7 9 5 9 0 as my signature on my 2022 e-file	ed Virginia individual inc	ome tax return.					
	Do not enter all zeros							
	GLOBAL TAXES LLC ERO Firm Name							
	I will enter my e-File PIN as my signature on my 2022 e-filed Virginia individual income tax return. Check this box and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.	only if you are entering	your own e-File PIN					
Your	Signature Date							
Spot	se's e-File PIN: check one box only							
	I authorize the ERO named below to enter my e-File PIN as my signature on my 2022 e-filed Virginia individual income tax return. Do not enter all zeros							
	ERO Firm Name							
	I will enter my e-File PIN as my signature on my 2022 e-filed Virginia individual income tax return. Check this box only if you are entering your own e-File PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.							
	se's Signature Date							
Part III Certification and Authentication – Practitioner PIN Method Only								
ERO's EFIN/PIN: Enter your six-digit EFIN followed by your five digit self-selected PIN. 2 2 2 4 9 6 6 1 9 8 9								
Do not enter all zeros I certify that the above numeric entry is my ERO EFIN/PIN, which is my signature for the 2022 Virginia individual income tax return 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 Virginia's publication Handbook for Electronic Filers of Individual Income Tax Returns (Tax Year 2022). EROs may sign the form using a rubber stamp, mechanical device, such as a signature pen, or computer software program.								
ERO'	ERO's Signature Date 04-14-23							