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

	-				
Submi	ssion Identification Number (SID)				
Taxpaye	er's name	Social securi	ty numl	ber	
NARI	MADA LAVU	875-65	-882	1	
Spouse'	s name	Spouse's soo	cial sec	urity numbe	er
Part	Tax Return Information — Tax Year Ending December 31, 2022 (Ente	r vear vou a	re au	thorizina	1
	whole dollars only on lines 1 through 5.	i yeai yea c	ii C au	tilonzing	-)
	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.				
1	Adjusted gross income		1	85	5,375.
2	Total tax		2		551.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3		2,707.
4	Amount you want refunded to you		4		,156.
5	Amount you owe		5		
Part	Taxpayer Declaration and Signature Authorization (Be sure you get and	keep a cop	y of y	our retu	ırn)
my known return (to send for any Agent t paymer authoriz paymer busines taxes t persona	penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended by by by the correct, and complete. I further declare that the amounts in Part I about original or amended) I am now authorizing. I consent to allow my intermediate service provider, transating my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for redelay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the Lo initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account income to find the financial institution account income to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation recessed asys prior to the payment (settlement) date. I also authorize the financial institutions involved in the or receive confidential information necessary to answer inquiries and resolve issues related to the ali dentification number (PIN) below is my signature for the income tax return (original or amended) I and Funds Withdrawal Consent.	ve are the am nitter, or electrection of the to I.S. Treasury a licated in the to on to debit the e the authoriz uests must be processing of payment. I fur	ounts for the counts of the co	from the inturn original ssion, (b) to designate coaration so to this according to revoke ved no late thronic pocknowledge.	acome tax ator (ERO) he reason I Financial oftware for ount. This (cancel) a ter than 2 ayment of e that the
	nic Funds Withdrawai Consent. Nyer's PIN: check one box only				
X		my PIN 5	8 8	8 2 1	as my
	ERO firm name signature on the income tax return (original or amended) I am now authorizing.	ř En		digits, but er all zeros	do my
	I will enter my PIN as my signature on the income tax return (original or amended) I am if you are entering your own PIN and your return is filed using the Practitioner PIN metholow.				
Your s	ignature ▶ Date ▶				
Spous	se's PIN: check one box only	_			
Г	I authorize to enter or generate	my PIN			as my
	ERO firm name	_	ter five	digits, but	ao my
	signature on the income tax return (original or amended) I am now authorizing.	do	n't ente	er all zeros	
	I will enter my PIN as my signature on the income tax return (original or amended) I am if you are entering your own PIN and your return is filed using the Practitioner PIN metl below.				
Spous	e's signature ▶ Date ▶				
	Practitioner PIN Method Returns Only—continue below	1			
Part	Certification and Authentication — Practitioner PIN Method Only				
ERO's	EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 2	2 4 9 Don't ent	6 3		3 9
authori	that the above numeric entry is my PIN, which is my signature for the electronic individual income to the text to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am subments of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of the Pink Pink Pink Pink Pink Pink Pink Pink	ax return (orig nitting this ret	inal or urn in a	amended) accordance	
ERO's	signature ▶ Date ▶				
	ERO Must Retain This Form — See Instructions				
	Don't Submit This Form to the IRS Unless Requested To	Do So			

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

OMB No. 1545-0074

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

_	s 🗌 s	Single Married filing jointly	Marrie	ed filing separately (N	/IFS)	Head of	household	(HOH)			ng surviv (QSS)	√ing
Check only one box.	If yo	u checked the MFS box, enter the na	ame of y	our spouse. If you cl	necke	ed the HOH or	QSS box	enter			. ,	qualifying
		on is a child but not your dependent		AJESH EVURI								
Your first name	and mi	ddle initial	Last na	me					Your	social	security	number
NARMADA			LAVU	Г					875	875-65-8821		
If joint return, s	pouse's	first name and middle initial	Last na	me					Spous	e's so	cial secu	ırity number
									086	-25-	-8017	
Home address	(numbe	r and street). If you have a P.O. box, see	instruction	ons.			Apt. r	10.	Presid	lential	Election	n Campaign
109 WALE	ES AV	/E					3				if you, o	
City, town, or p	ost offic	ce. If you have a foreign address, also co	mplete s _l	paces below.	Stat	е	ZIP code					y, want \$3 hecking a
JERSEY (CITY				NJ		07306		1 0		will not c	0
Foreign country	y name		F	oreign province/state/	county	/	Foreign po	stal code	your t	ax or	refund.	
											You	Spouse
Digital	At an	ny time during 2022, did you: (a) rece	eive (as	a reward, award, or	paym	nent for prope	rty or serv	ices); c	or (b) sel	,		
Assets	exch	ange, gift, or otherwise dispose of a	digital	asset (or a financial i	ntere	est in a digital	asset)? (S	ee inst	ructions	.) [Yes	⊠ No
Standard	Som	eone can claim: 🗌 You as a de	pendent	t Your spouse	e as a	a dependent						
Deduction		Spouse itemizes on a separate retur	n or you	were a dual-status	alien							
Age/Blindness	You:	☐ Were born before January 2, 1	958	Are blind Spo	use:	☐ Was bor	rn before J	anuary	2, 1958] Is blin	ıd
Dependents	s (see	instructions):		(2) Social security		(3) Relationsh	nip (4) Ch	eck the	box if qua	alifies 1	for (see in	nstructions):
If more	•	rst name Last name		number		to you		Child tax cr		Cred	dit for othe	er dependents
than four]
dependents,]
see instructions and check	s ——]
here]]
Income	1a	Total amount from Form(s) W-2, bo	ox 1 (see	e instructions)					. 1	а	8!	5,375.
moonic	b	Household employee wages not re	ported	on Form(s) W-2 .					. 1	b		
Attach Form(s) W-2 here. Also	С	Tip income not reported on line 1a (see instructions)								С		
attach Forms	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)							. 1	d		
W-2G and	е	Taxable dependent care benefits from Form 2441, line 26							. 1	е		
1099-R if tax was withheld.	f	Employer-provided adoption benefits from Form 8839, line 29								lf		
If you did not	g	Wages from Form 8919, line 6 .							. 1	g		
get a Form	h	Other earned income (see instructi	ons) .						. 1	h		0.
W-2, see instructions.	i	Nontaxable combat pay election (s	see instr	ructions)		<u>1</u> i						
	Z	Add lines 1a through 1h							- 1	z	8	<u>5,375.</u>
Attach Sch. B	2a	Tax-exempt interest	2a		b Ta	axable interes	t		. 2	2b		
if required.	3a	Qualified dividends	3a		b Or	rdinary divide	nds		. 3	b		
	4a	IRA distributions	4a		b Ta	axable amoun	t		. 4	lb		
Standard	5a		5а		b Ta	axable amoun	t		. 5	ib		
Deduction for— Single or	6a	,	6a			axable amoun	t		6	b		
Married filing separately,	С	If you elect to use the lump-sum el		,	`	,						
\$12,950	7	Capital gain or (loss). Attach Scheo		required. If not requ	iired,	check here			\sqcup	7		
Married filing jointly or	8	Other income from Schedule 1, line								8		
Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,		•	ome				-	9	8	5,375.
surviving spouse, \$25,900	10	Adjustments to income from Sche	,							0		
Head of household.	11	Subtract line 10 from line 9. This is	-	-						1		5,375.
\$19,400	12	Standard deduction or itemized								2	12	2,950.
If you checked any box under	13	Qualified business income deducti								3		
Standard Deduction,	14	Add lines 12 and 13								4		2,950.
see instructions.	15	Subtract line 14 from line 11. If zer	o or less	s, enter -0 This is y	our t a	axable incom	ne		1	5	72	2,425.

Credits 17 Amount from Schedule 2, line 3 17 Image: control of the second of t	Form 1040 (2022	2)							Page 2
The properties The	Tax and	16	Tax (see instructions). Check	if any from Form	ı(s): 1 881	4 2 🗌 4972	3 🗌	16	11,551.
18		17	Amount from Schedule 2, lin	ne 3				17	,
20		18	Add lines 16 and 17					18	11,551.
21 Add lines 19 and 20 22 Subtract line 21 from line 18. If zero or less, enter -0- 22 11, 551.		19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812		19)
22 Subtract line 21 from line 18. If zero or less, enter -0- 22 11,551.		20	Amount from Schedule 3, lin	ne 8				20)
23		21	Add lines 19 and 20					21	
23		22	Subtract line 21 from line 18	3. If zero or less,	enter -0			22	11,551.
Payments		23	Other taxes, including self-e	employment tax,	from Schedule	e 2, line 21		23	
Payments 25		24	Add lines 22 and 23. This is	your total tax				24	
a Form(s) 1099 256	Payments	25							
C Other forms (see instructions) 25c 25d 12,707.		а	Form(s) W-2				25a 12,	707.	
		b	Form(s) 1099				25b		
2002 estimated tax payments and amount applied from 2021 return 26		С	Other forms (see instruction	s)			25c		
2002 estimated tax payments and amount applied from 2021 return 26		d	Add lines 25a through 25c					250	d 12,707.
and the property of the prope		26	· ·					26	
Additional child tax credit from Schedule 8812	qualifying child,		. ,				I I		
Amount from Schedule 3, line 15 30 31 31 32 34 31 32 34 34 34 34 34 34 34	attach Sch. EIC.	28	,				28		
Amount from Schedule 3, line 15 30 31 31 32 34 31 32 34 34 34 34 34 34 34		29	American opportunity credit	from Form 8863	3, line 8		29		
Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits 32		30	Reserved for future use .				30		
Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits 32		31	Amount from Schedule 3, lin	ne 15			31		
Refund 33 Add lines 25d, 26, and 32. These are your total payments 33 12,707.		32					ndable credits	32	2
Refund 34		33		•	-	-		33	12,707.
Size See instructions See	Dofund	34		•					1,156.
Direct deposit? See instructions. See in	neiulia	35a	Amount of line 34 you want	refunded to you	J. If Form 8888	B is attached, chec	k here	. 35	a 1,156.
Amount 70 d Account number 7 5 6 8 8 5 0 3 2 2 2 3 4 5 Amount of line 34 you want applied to your 2023 estimated tax 36 3 3 5 3 5 3 5 3 5 3 5 5 5 5 5 5 5 5	Direct deposit?	b							
Amount You Owe 37 Subtract line 34 you want applied to your 2023 estimated tax	See instructions.	d	Account number 7 5 6	8 5 0 3	2 2				
For details on how to pay, go to www.irs.gov/Payments or see instructions		36	Amount of line 34 you want	applied to your	2023 estimate	ed tax	36		
For details on how to pay, go to www.irs.gov/Payments or see instructions	Amount	37	Subtract line 33 from line 24	I. This is the amo	ount you owe				
Third Party Designee Do you want to allow another person to discuss this return with the IRS? See instructions Designee's name Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Your signature Date Your occupation Sopritivance Sopouse's signature. If a joint return, both must sign. Date Sopouse's occupation If the IRS sent you an Identity Protection PIN, enter it here (see inst.) If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) Phone no. (518) 486−0397 Email address NMD. LAVU@GMAIL. COM Preparer's name Syam PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 04/16/2023 P02082703 Self-employed Firm's name GLOBAL TAXES LLC Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816 Firm's EIN 84−3171965	You Owe							37	,
Designee's name Instructions Designee's name Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Your occupation See instructions. Keep a copy for your records. Phone no. (518)486-0397 Preparer's name Preparer's name Preparer's name Preparer's name Preparer's signature Preparer's name Preparer's signature Preparer's name Preparer's name Preparer's signature Preparer's name Preparer's name Preparer's name Preparer's signature Preparer's name	-	38	Estimated tax penalty (see i	nstructions) .			38		
Designee's name Phone name Personal identification number (PIN)	Third Party			•					
Sign Here Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Your signature Date Your occupation For the IRS sent you an Identity Protection PIN, enter it here (see inst.) Spouse's signature. If a joint return, both must sign. Date Spouse's occupation For pour records. Phone no. (518) 486-0397 Email address NMD.LAVU@GMAIL.COM Preparer's name Preparer's signature Preparer's signature SYAM PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 04/16/2023 P02082703 Self-employed Firm's name GLOBAL TAXES LLC Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816 Firm's EIN 84-317-1965	Designee							•	
Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Your signature Date									^{//}
belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Your signature Date	Sign	Un	der penalties of periury. I declare	that I have examine	ed this return and	d accompanying sche		, ,	est of my knowledge and
Joint return? See instructions. Keep a copy for your records. Phone no. (518)486-0397 Paid Preparer Use Only Prim's address 245 ROONEY CT E BRUNSWICK NJ 08816 Potection PlN, enter it here (see inst.) If the IRS sent your an identity Protection PlN, enter it here (see inst.) If the IRS sent your spouse an Identity Protection PlN, enter it here (see inst.) If the IRS sent your spouse an Identity Protection PlN, enter it here (see inst.) If the IRS sent your spouse an Identity Protection PlN, enter it here (see inst.) If the IRS sent your spouse an Identity Protection PlN, enter it here (see inst.) If the IRS sent your spouse an Identity Protection PlN, enter it here (see inst.) If the IRS sent your spouse an Identity Protection PlN, enter it here (see inst.) If the IRS sent your spouse an Identity Protection PlN, enter it here (see inst.) If the IRS sent your spouse an Identity Protection PlN, enter it here (see inst.) If the IRS sent your spouse an Identity Protection PlN, enter it here (see inst.) If the IRS sent your spouse an Identity Protection PlN, enter it here (see inst.) If the IRS sent your spouse an Identity Protection PlN, enter it here (see inst.) If the IRS sent your spouse an Identity Protection PlN, enter it here (see inst.) If the IRS sent your spouse an Identity Protection PlN, enter it here (see inst.) If the IRS sent your spouse an Identity Protection PlN, enter it here (see inst.) If the IRS sent your spouse an Identity Protection PlN, enter it here (see inst.) If the IRS sent your spouse an Identity Protection PlN, enter it here (see inst.) If the IRS sent your spouse an Identity Protection PlN, enter it here (see inst.) If the IRS sent your spouse an Identity Protection PlN, enter it here (see inst.) If the IRS sent your spouse an Identity Protection PlN, enter it here (see inst.) If the IRS sent your spouse an Identity Protection PlN, enter it here (see inst.) If the IRS sent your spouse an Identity Protection PlN, enter it here (see inst.) If the IRS sent your spouse an Identity Prote	_								
Joint return? See instructions. Keep a copy for your records. Phone no. (518)486-0397 Preparer's name SYAM PRIYA RAM SAGAR GUPTA TALLAM SYAM	Here	Yo	ur signature		Date	Your occupation		If the IRS	sent you an Identity
Spouse's signature. If a joint return, both must sign. Spouse's signature. If a joint return, both must sign. Spouse's signature. If a joint return, both must sign. Phone no. (518)486-0397 Email address NMD.LAVU@GMAIL.COM Preparer's name SYAM PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 04/16/2023 P02082703 Self-employed Firm's name GLOBAL TAXES LLC Phone no. (678)965-9522 Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816 Firm's EIN 84-3171965									PIN, enter it here
Keep a copy for your records. Phone no. (518)486-0397					5.			, ,	
Phone no. (518)486-0397 Email address NMD.LAVU@GMAIL.COM Preparer's name Preparer's signature Date PTIN Check if: SYAM PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 04/16/2023 P02082703 Self-employed Firm's name GLOBAL TAXES LLC Phone no. (678)965-9522 Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816 Firm's EIN 84-3171965		Sp	ouse's signature. If a joint return,	both must sign.	Date	Spouse's occupation	on		
Preparer's name Preparer's signature Date PTIN Check if:	your records.						,		
Preparer's name Preparer's signature Date PTIN Check if:		Ph	one no. (518)486-039	7	Email address	NMD.LAVU@G	MAIL.COM		
Preparer Use Only SYAM PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 04/16/2023 P02082/03 Self-employed	D-1-1	Pre	· · · · · · · · · · · · · · · · · · ·	1				PTIN	Check if:
Use Only Firm's name GLOBAL TAXES LLC Phone no. (678)965-9522		SYAN	I PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	04/16/2023	202082703	3 Self-employed
Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816 Firm's EIN 84-3171965	•			1					
,	Use Unly	Fir			NSWICK N	J 08816			
	Go to www.irs.ge	ov/Forr	n1040 for instructions and the late	est information.			REV 03/22/23 PRO		

Health Savings Accounts (HSAs)

Attach to Form 1040, 1040-SR, or 1040-NR. Department of the Treasury Go to www.irs.gov/Form8889 for instructions and the latest information. Internal Revenue Service

OMB No. 1545-0074 Attachment

Sequence No. **52**

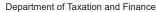
Name(s) shown on Form 1040, 1040-SR, or 1040-NR

NARMADA LAVU

Social security number of HSA beneficiary. If both spouses have HSAs, see instructions. 875-65-8821

Betoi	re you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance C	Contracts, if	requi	red.	
Part	HSA Contributions and Deduction. See the instructions before completing to and both you and your spouse each have separate HSAs, complete a separate				
1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) do See instructions		X Sal	f only	☐ Family
0	HSA contributions you made for 2022 (or those made on your behalf), including those m			1-Offiny	∟ гапшу
2	unextended due date of your tax return that were for 2022. Do not include employer co				
	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				
	were, or were considered, an eligible individual with the same coverage, enter \$3,650				
	family coverage). All others, see the instructions for the amount to enter	•	3		3,650.
4	Enter the amount you and your employer contributed to your Archer MSAs for 2022 from I	Form 8853,			
	lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during				
	include any amount contributed to your spouse's Archer MSAs		4		0.
5	Subtract line 4 from line 3. If zero or less, enter -0		5		3,650.
6	Enter the amount from line 5. But if you and your spouse each have separate HSAs and				
	coverage under an HDHP at any time during 2022, see the instructions for the amount to er		6		3,650.
7	If you were age 55 or older at the end of 2022, married, and you or your spouse had famil		_		
	under an HDHP at any time during 2022, enter your additional contribution amount. See ins		7		0.
8	Add lines 6 and 7		8		3,650.
9 10	Employer contributions made to your HSAs for 2022	900.	-		
11	Add lines 9 and 10		11		900.
12	Subtract line 11 from line 8. If zero or less, enter -0		12		2,750.
13	HSA deduction. Enter the smaller of line 2 or line 12 here and on Schedule 1 (Form 1040), Pa		13		0.
	Caution: If line 2 is more than line 13, you may have to pay an additional tax. See instruction				
Part		n have sepa	rate F	ISAs, d	complete
	a separate Part II for each spouse.				
14a	Total distributions you received in 2022 from all HSAs (see instructions)		14a		
b	Distributions included on line 14a that you rolled over to another HSA. Also include a				
	contributions (and the earnings on those excess contributions) included on line 14a				
	withdrawn by the due date of your return. See instructions		14b		
с 15	Qualified medical expenses paid using HSA distributions (see instructions)		14c		
16	Taxable HSA distributions. Subtract line 15 from line 14c. If zero or less, enter -0 Also, in		13		
10	amount in the total on Schedule 1 (Form 1040), Part I, line 8f		16		
17a	If any of the distributions included on line 16 meet any of the Exceptions to the Addition				
	Tax (see instructions), check here				
b	Additional 20% tax (see instructions). Enter 20% (0.20) of the distributions included on				
	are subject to the additional 20% tax. Also, include this amount in the total on Schedu				
	1040), Part II, line 17c		17b		
Part					
	completing this part. If you are filing jointly and both you and your spouse each	ch have sep	arate	HSAs,	
10	complete a separate Part III for each spouse.		46		
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, Additional tax. Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 1.		20		
21	Additional tax. Multiply line 20 by 10% (0.10). Include this amount in the total on Schedi	716 5 (LOUI)	04		

BAA





New York State E-File Signature Authorization for Tax Year 2022 For Forms IT-201, IT-201-X, IT-203, IT-203-X, IT-214, and NYC-210

Electronic return originator (ERO): Do **not** mail this form to the Tax Department. Keep it for your records.

Taxpayer's name	Spouse's name (jointly filed return only)
NARMADA LAVU	

Purpose

Form TR-579-IT must be completed to authorize an ERO to e-file a personal income tax return and to transmit bank account information for the electronic funds withdrawal.

General instructions

Taxpayers must complete Part B before the ERO transmits the taxpayer's electronically filed Forms IT-201, Resident Income Tax Return, IT-201-X, Amended Resident Income Tax Return, IT-203, Nonresident and Part-Year Resident Income Tax Return, IT-203-X. Amended Nonresident and Part-Year Resident Income Tax Return, IT-214, Claim for Real Property Tax Credit, and NYC-210, Claim for New York City School Tax Credit. Note that an electronic signature can be used as described in TSB-M-20(1)C, (2)I, E-File Authorizations (TR-579 forms) for Taxpayers Using a Paid Preparer for Electronically Filed Tax Returns.

For returns filed jointly, both spouses must complete and sign Form TR-579-IT.

EROs must complete Part C prior to transmitting electronically filed income tax returns (Forms IT-201, IT-201-X, IT-203, IT-203-X, IT-214, and NYC-210).

Both the paid preparer and the ERO are required to sign Part C. However, an individual performing as both the paid preparer and the ERO is only required to sign as the paid preparer. It is not necessary to include the ERO signature in this case. Note that an alternative signature can be used as described in Publication 58, Information for Income Tax Return Preparers, available on our website.

This form is not required for electronically filed Form IT-370, Application for Automatic Six-Month Extension of Time to File for Individuals. See Form TR-579.1-IT, New York State Taxpayer Authorization for Electronic Funds Withdrawal for Tax Year 2022 Form IT-370 and Tax Year 2023 Form IT-2105.

Part A – Tax return information

1	Federal adjusted gross income (from applicable line)	1.		85375.
	Refund	2.		229.
3	Amount you owe	3.		
4	Financial institution routing number	4.	021202337	
5	Financial institution account number	5.	756850322	
6	Account type: X Personal checking Personal savings Business checking Business savings	ngs		

Part B – Declaration of taxpayer and authorizations for Forms IT-201, IT-201-X, IT-203, IT-203-X, IT-214, and NYC-210

Under penalty of perjury, I declare that I have examined the information on my 2022 New York State electronic personal income tax return, including any accompanying schedules, attachments, and statements, and certify that my electronic return is true, correct, and complete. The ERO has my consent to send my 2022 New York State electronic return to New York State through the Internal Revenue Service (IRS). In addition, by using a computer system and software to prepare and transmit my form electronically, I consent to the disclosure to New York State of all information pertaining to the transmission of my tax form electronically. I understand that by executing this Form TR-579-IT, I am authorizing the ERO to sign and file this return on my behalf and agree that the ERO's submission of my personal income tax return to the

IRS, together with this authorization, will serve as the electronic signature for the return and any authorized payment transaction. If I am paying my New York State personal income taxes due by electronic funds withdrawal, I certify that the account holder has authorized the New York State Tax Department and its designated financial agents to initiate an electronic funds withdrawal from the financial institution account indicated on my 2022 electronic return, and authorized the financial institution to withdraw the amount from that account. As New York does not support International ACH Transactions (IAT), I attest the source for these funds is within the United States. I understand and agree that I may revoke this authorization for payment only by contacting the Tax Department no later than two (2) business days prior to the payment date.

Taxpayer's signature	Date
Spouse's signature (jointly filed return only)	Date

Part C – Declaration of electronic return originator (ERO) and paid preparer

Under penalty of perjury, I declare that the information contained in this 2022 New York State electronic personal income tax return is the information furnished to me by the taxpayer. If the taxpayer furnished me a completed paper 2022 New York State return signed by a paid preparer, I declare that the information contained in the taxpayer's 2022 New York State electronic return is identical to that contained in the paper copy of the return. If I am the paid preparer, under penalty of perjury I declare that I have examined this 2022 New York State electronic personal income tax return, and, to the best of my knowledge and belief, the return is true, correct, and complete. I have based this declaration on all information available to me.

Do not mail Form TR-579-IT to the Tax Department:

EROs must keep this form for three years and present it to the Tax Department upon request.

ERO's signature	Print name GLOBAL TAXES LLC	Date
Paid preparer's signature	Print name SYAM PRIYA RAM SAGAR GUPTA TALLAM	Date 04162023

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM

Department of Taxation and Finance

Nonresident and Part-Year Resident Income Tax Return New York State • New York City • Yonkers • MCTMT

IT-203

	-	For the y	ear January	1, 2022, throu	gh Decembe	er 31	, 2022, or fiscal year be	ginning			22
Faule - l	mlatin	4 41 · 1	4" · ·		00.1		and	dending			
	pleting your re					1.,		V C	noial C - "		
Your first name a	and middle initial	Your last name (for a	a joint return, en	iter spouse's nam	e on line below)	You	ir date of birth (mmddyyyy)	Your So	ocial Security		
NARMADA		LAVU					06031993	Chausa	87565		
Spouse's first na	ame and middle initial	Spouse's last name				Spo	puse's date of birth (mmddyyyy)	Spouse	e's Social Sec	•	nber
Mailing address	(ann inntervaliant) (au	unabas and atreat as D	O Dawl				Anartment number	Now Yo	08625 ork State cou		eidonco
	(see instructions) (nu	imber and street or P	O BOX)				Apartment number		TK State Coul	ity of les	iderice
109 WALES			State ZIP co	ndo.	Country		3	NR	district name		
, ,						ОП	na mm c		uistrict riarrie		
JERSEY CI	L I I nanent home addre	SS (see instructions) (07306	UNITED Apartment no.	51	City, village, or post office	NR			
ruxpuyor o porm		oo (see manachana) (s	no. and street or re	arar routo)	r paramone no.		Oity, vinago, or poor oinoc		School dist		
State ZIP	code C	ountry					Taxpave	r's date of	code numl f death Spo		te of deat
		···· ,					Decedent information				
A Filing	① Single						kers part-year resider	-			
status						` '	Did you receive a home				, [
(mark an	② Married	filing joint return oth spouses' Social Se	oouritu numboro	a chaval		С	redit? (see instructions).		Yes	ш	No L
X in one	(eriter bo	uri spouses Sociai Se	ecunty numbers	above)		(2) F	Enter the amount				.00
box):	3 X Married	filing separate retu th spouses' Social Se	irn	ahara)							
	e it (enter bo	ur spouses Social Se	curity riurnbers o	above)		new	York City part-year r	esidents	only		
	4 Head o	f household (with	qualifying perso	on)		(1) N	lumber of months you	lived in I	NY City in 2	2022	
				•			Number of months your				
D		ing surviving spou			F		n NY City in 2022 er your 2-character sp e				
	emize your deductome tax return?				<	code	e(s) if applicable		L		
_	oe claimed as a de				_		York State part-year		ts		
	federal return?			No [>	*		er the date you moved i ut of NYS <i>(mmddyyyy)</i>				
D1 Did you ha	ave a financial acco	ount located in a	Γ		$\overline{\langle}$	On t	he last day of the tax y	ear <i>(mark</i>	k an X in one	box):	
foreign cou	untry?		Yes L	─ No Ľ	`		ived in NYS				L
							ived outside NYS; rece NYS sources during nor				[
						,	ived outside NYS; rece				Г
	NATIOE LINGENS DOCUMENT				н		you or your spouse ma		.,		
						living	g quarters in NYS in 20	22?	Yes	Ш	No >
I Donondon	t information					(11 10	s, complete Form IT-203-L	2)			
	nd middle initial	Last nai	me	Relati	onship	T	Social Security num	her	Date of	birth (mr	mddaaaa)
Thorname an	ia middle imidi	Lastrial		rtolati	опопір		Coolai Cocanty Ham	501	- Bate of	Dirar (mi	naayyyy)
If more than 6 d	lependents, mark	an X in the box.		•		•					
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	1223555 		Fo	or office use o	only						

REV 01/27/23 PRO

875658821

Federal amount **New York State amount** Federal income and adjustments Whole dollars only Whole dollars only 85375.00 85375.00 1 Wages, salaries, tips, etc. 1 1 2 Taxable interest income 2 .00 2 3 3 Ordinary dividends00 .00 Taxable refunds, credits, or offsets of state and local 4 4 .00 income taxes (also enter on line 24)00 5 .00 5 .00 5 Alimony received 6 Business income or loss (submit a copy of federal Sch. C, Form 1040) 6 .00 6 .00 7 .00 7 .00 7 Capital gain or loss (if required, submit a copy of federal Sch. D, Form 1040) Other gains or losses (submit a copy of federal Form 4797) 8 .00 8 .00 9 9 Taxable amount of IRA distributions. Beneficiaries: mark **X** in box .00 .00 Taxable amount of pensions/annuities. Beneficiaries: mark **X** in box 10 .00 10 .00 Rental real estate, royalties, partnerships, S corporations, trusts, etc. (submit a copy of federal Schedule E, Form 1040) 11 .00 11 .00 12 Rental real estate included in line 11 (federal amount) 12. **13** Farm income or loss (submit a copy of federal Sch. F, Form 1040) 13 13 .00 .00 Unemployment compensation..... 14 .00 14 .00 Taxable amount of Social Security benefits (also enter on line 26) 15 .00 15 .00 Other income | Identify: 16 .00 16 .00 Add lines 1 through 11 and 13 through 16 17 85375.00 85375.00 17 Total federal adjustments to income Identify: 18 .00 18 .00 19 19 85375.00 19 Federal adjusted gross income (subtract line 18 from line 17)... 85375.00 19a Recomputed federal adjusted gross income (see Line 19a worksheets) | 19a 85375.00 19a 85375.00 **New York additions** 20 Interest income on state and local bonds and obligations (but not those of New York State or its localities) 20 .00 20 .00 21 Public employee 414(h) retirement contributions 21 .00 21 .00 **22** Other (Form IT-225, line 9) 22 22 .00 .00 85375.00 23 Add lines 19a through 22 85375.00 23 **New York subtractions** 24 Taxable refunds, credits, or offsets of state and local income taxes (from line 4)00 24 .00 25 Pensions of NYS and local governments and the federal government 25 .00 25 .00 **26** Taxable amount of Social Security benefits (from line 15) 26 .00 26 .00 27 Interest income on U.S. government bonds 27 27 .00 .00 Pension and annuity income exclusion 28 .00 28 .00 Other (Form IT-225, line 18) 29 29 29 .00 .00 Add lines 24 through 2900 30 85375.00 85375.00 New York adjusted gross income (subtract line 30 from line 23) 31





32 Enter the amount from line 31, Federal amount column

85375.00

4313.00

58

Name(s) as shown on page 1	Enter your Social Security number	IT-203 (2022) Page 3 of
NARMADA LAVU	875658821	REV 01/27/23 PRO
Standard deduction or itemized deduction		
33 Enter your standard deduction or your itemized de	duction (from Form IT-196)	

33	Enter your standard deduction or your itemized deduction	n (fron	n Form IT-196).				
	Mark an X in the appropriate box: X	Star	ndard – or –	☐ Itemize	be	33	800.00
34	Subtract line 33 from line 32 (if line 33 is more than line 32, leav					34	77375.00
	Dependent exemptions (enter the number of dependents listed i				- 1	35	000.00
	New York taxable income (subtract line 35 from line 34)				- 1	36	
Ta	x computation, credits, and other taxes						
	New York taxable income (from line 36)				l l	37	77375.00
38	New York State tax on line 37 amount					38	4313.00
39	New York State household credit					39	.00
40	Subtract line 39 from line 38 (if line 39 is more than line 38, leave	e blank	k)			40	4313.00
41	New York State child and dependent care credit					41	.00
42	Subtract line 41 from line 40 (if line 41 is more than line 40, leave	e blank	k)			42	4313.00
43	New York State earned income credit					43	.00
44	Base tax (subtract line 43 from line 42; if line 43 is more than line 42	2, leav	ve blank)		[44	4313.00
	Income New York State amount from line 31	Fed	deral amount fr				Round result to 4 decimal places
	percentage 85375.00 ÷			85375.00	=	45	1.0000
	Allocated New York State tax (multiply line 44 by the decimal on I		•		1	46	4313.00
47	New York State nonrefundable credits (Form IT-203-ATT, line 8))				47	.00.
48	Subtract line 47 from line 46 (if line 47 is more than line 46, leave	e blank	k)			48	4313.00
49	Net other New York State taxes (Form IT-203-ATT, line 33)					49	.00.
50	Total New York State taxes (add lines 48 and 49)					50	4313.00
Ne	ew York City and Yonkers taxes, credits, and surcharges, a	and M	СТМТ				
)		00		
	, , , , , , , , , , , , , , , , , , , ,	51			.00		See instructions to compute
52	Part-year resident nonrefundable New York City	50					New York City and Yonkers taxes, credits, and
	·	52			.00		surcharges, and MCTMT.
		52a			.00		ouronargos, una mormi.
52 b	MCTMT net						
	earnings base 52b .00						
		52c			.00		
	· , , , , , , , , , , , , , , , , , , ,	53			.00		
54	Part-year Yonkers resident income tax surcharge						
		54			.00		
55	Total New York City and Yonkers taxes / surcharges and MC	TMT	add lines 52a, a	nd 52c through 5	54)	55	.00
					ı		
56	Sales or use tax (Do not leave blank.)					56	0.00
	Malaustana austribustiana (F. 17007 D. 10 %)				ſ		20
	Voluntary contributions (Form IT-227, Part 2, line 1)					57	.00
58	Total New York State, New York City, Yonkers, and sales	s or u	ise taxes, MC	ا ۱۷۱ ار			





and voluntary contributions (add lines 50, 55, 56, and 57)

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n	NO.
	SIHI

59 I	Enter amount from line 58				. 59)	4313.00
Pav	yments and refundable credits						
						If applicabl	e, complete
	Part-year NYC school tax credit (fixed amount) (also complete E on from		+	.0			-2 and/or IT-1099-R
	NYC school tax credit (rate reduction amount)			.0	0		t them with your
61	Other refundable credits (Form IT-203-ATT, line 17)	61		.0	_	return.	,
62	Total New York State tax withheld	62		4542.0	0	Do not sei	nd federal
63	Total New York City tax withheld	63		.0	0		with your return.
64	Total Yonkers tax withheld	64		.0	0		, , , , , , , , , , , , , , , , , , , ,
65	Total estimated tax payments/amount paid with Form IT-37	0 65		.0	0		
66	Total payments and refundable credits (add lines 60 th		55)		. 66	;	4542.00
Yo	ur refund, amount you owe, and account information)					
67	Amount overpaid (if line 66 is more than line 59, subtract l	ine 59 f	rom line 66) .		. 67	,	229.00
	Amount of line 67 available for refund (subtract line 69 fi						229.00
	TIP: Use this amount to check your refund status online		• • • • • • • • • • • • • • • • • • • •				
68a	Amount of line 68 that you want to deposit into a NYS 529 accou		1T-105 line 4)	(also submit Form IT-10	682		.00
	Total refund after NYS 529 account deposit (subtract line			•	_		229.00
OOD	·		,		. 002	<u>'1</u>	
	Mark one refund choice: X savings account	to che	cking or Lline 73) - 0	r - paper check			Direct deposit is the
60		11 (1111 111	ilite 73)	CHECK			stest way to get your
69	Amount of line 67 that you want applied to your 2023	69				refund.	
70	estimated tax (see instructions)		1	.0	0		ctions for payment
70	Amount you owe (if line 66 is less than line 59, subtract line					options.	
	funds withdrawal, mark an X in the box and fill in			, , , ,			
	or money order you must complete Form IT-201-V ar	nd mail	it with your	return	. 70	!	.00
71	Estimated tax penalty (include this amount on line 70,		T		_	Soo inotru	ctions for the
	or reduce the overpayment on line 67)			.0	0		sembly of your
72	Other penalties and interest	72		.0	0	return.	ellibly of your
73	Account information for direct deposit or electronic funds	s withd	lrawal.			rotarri.	
	If the funds for your payment (or refund) would come from	n (or go	to) an acco	unt outside the U.S	., mar	k an X in thi	s box
		, -	ŕ			r	
	73a Account type: X Personal checking - or - P	ersonal	savings - o	r - Business	checki	ing - or -	Business savings
	Tour Associate types. — The resonant encounting of the re-	oroona	ouvinge o	Buointooo	J110011	g 0.	
	73b Routing number 021202337	3c Ac	count number		75	6850322	
	700 Routing Humbon	7.0					
74	Electronic funds withdrawal	Date		Amo	unt		.00
					_		
	Third-party Print designee's name		Doci	gnee's phone number			Personal identification
ا	Third-party Print designee's name signee? (see instr.)		Design	gnee's priorie number			number (PIN)
	_ ' _ /		()			, ,
Yes							
▼ F	Paid preparer must complete ▼ Preparer's NYTPRIN (see instructions)	NYTPRI excl. cod		▼ Taxp	ayer	(s) must sig	n here ▼
Prep	arer's signature Preparer's printed name			Your signature			
	AM PRIYA RAM SAGAR GUP SYAM PRIYA RAM						
Firm	's name (or yours, if self-employed) OBAL TAXES LLC P0	PTIN or 2082		Your occupation SOFTWARE EN	СТИТ	סקי	
Addi			ion number	Spouse's signature ar			
		3171		Spouse 3 signature at	.a 0000	pation (ii joint i	otalil)

See instructions for where to mail your return.

Email: NMD.LAVU@GMAIL.COM

Daytime phone number (518)486 0397



E BRUNSWICK NJ 08816

Email: SYAM@GTAXFILE.COM

245 ROONEY CT



Date 04162023

Date



Department of Taxation and Finance

Summary of W-2 Statements New York State • New York City • Yonkers

Do not detach or separate the W-2 Records below. File Form IT-2 as an entire page with your return. See instructions on the back.

		Employer's information							
W-2 Record 1	Emplo	oyer's name							
Box a Employee's Social Security number	"	INK SOLUTIONS							
for this W-2 Record	Emplo	oyer's address (number and	d street,	t)					
875658821		HERNDON PRKW	IY #						
Box b Employer identification number (EIN	i i				State	ZIP code		Country	
043718440	HER	RNDON			VA	20)170		
Box 1 Wages, tips, other compensation	Box 12a /			Code	Вох	14a Amoι	unt		Description
85375.00		900.0	00	W				29.00	NY SDI
Box 8 Allocated tips	Box 12b /	Amount		Code	Box	14b Amou	unt		Description
.00.		.0	00				4	424.00	NY PFL
Box 10 Dependent care benefits	Box 12c /	Amount		Code	Box	14c Amοι	unt		Description
.00		.0	00					.00	
Box 11 Nonqualified plans	Box 12d A	Amount		Code	Вох	14d Amou	unt		Description
.00		.0	00					.00	
Box 13 Statutory employee Retir	ement plan	Third-party sick p			Pov f	17a NVC in	come tax with	hold	Corrected (W-2c)
NY State information: Box 15a	NIY				DUX 1	ιτα ΙΝΙΟΙΠ			
NY State	IN I	Box 16b Other state wa		375.00	Boy 4	17h Otharai		12.00	
Other state information: Box 15b	27 7				BOX 1	Other si	tate income tax		
other state	N J		881	40.00				8.00	
	18 Local w	/ages, tips, etc.		Вох	19 Loca	I income tax	x withheld		Box 20 Locality name
NYC and Yonkers Box								i	
nformation (see instr.):		00	Loca	lity a			00	Locality a	
nformation (see instr.): Locality a Locality b Do not detach.	Вох с	.00 .00 Employer's information over's name	Loca	ality a			.00	Locality a	
Do not detach. W-2 Record 2 Box a Employee's Social Security number	Box c l Emplo	.00	Loca	ality b					
Do not detach. W-2 Record 2 Box a Employee's Social Security number or this W-2 Record	Box c Emplo	.00 Employer's information over's name	Loca	t)	Chata	7101-		Locality b	
Do not detach. W-2 Record 2 Box a Employee's Social Security number or this W-2 Record	Box c Emplo	.00 Employer's information over's name	Loca	t)	State	ZIP code			
Do not detach. W-2 Record 2 Box a Employee's Social Security number or this W-2 Record Box b Employer identification number (EIN	Box c Emplo	Employer's information over's name over's address (number and	Loca	t)		ZIP code	.00.	Locality b	
Do not detach. W-2 Record 2 Box a Employee's Social Security number or this W-2 Record Box b Employer identification number (EIN	Box c Emplo	Employer's information over's name over's address (number and Amount	Loca	tility b			.00.	Locality b	
Do not detach. W-2 Record 2 Box a Employee's Social Security number or this W-2 Record Box b Employer identification number (EIN Box 1 Wages, tips, other compensation .00	Box c Emplo	Employer's information over's name over's address (number and Amount .0	Loca d street	tility b	Вох		.00	Locality b	
Do not detach. W-2 Record 2 Box a Employee's Social Security number or this W-2 Record Box b Employer identification number (EIN Box 1 Wages, tips, other compensation .00 Box 8 Allocated tips	Box c Emplo Emplo City Box 12a A	Employer's information oyer's name oyer's address (number and Amount .0	Loca	Code	Вох	14a Amou	.00	Country .00	Description
Do not detach. W-2 Record 2 Box a Employee's Social Security number or this W-2 Record Box b Employer identification number (EIN Box 1 Wages, tips, other compensation .00 Box 8 Allocated tips .00	Box c Emplo Emplo City Box 12a A	Employer's information oyer's name oyer's address (number and Amount Amount	Loca d street	Code	Box	(14a Amou	.00	Locality b	Description Description
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Do not detach. W-2 Record 2 Box a Employee's Social Security number or this W-2 Record Box b Employer identification number (EIN Box 1 Wages, tips, other compensation .00 Box 8 Allocated tips .00 Box 10 Dependent care benefits .00	Box c Emplo Emplo City Box 12a A	Employer's information over's name over's address (number and Amount .0 Amount .0 Amount	Loca	Code	Box	(14a Amou	unt unt	Country .00	Description Description
Do not detach. W-2 Record 2 Box a Employee's Social Security number or this W-2 Record Box b Employer identification number (EIN Box 1 Wages, tips, other compensation .00 Box 8 Allocated tips .00 Box 10 Dependent care benefits .00	Box c I Emplo Emplo City Box 12a A Box 12b A	Employer's information over's name over's address (number and Amount Amount Amount Amount Amount	Loca	Code Code	Box	(14a Amou (14b Amou (14c Amou	unt unt	Country .00	Description Description Description
Do not detach. W-2 Record 2 Box a Employee's Social Security number or this W-2 Record Box b Employer identification number (EIN Box 1 Wages, tips, other compensation .00 Box 8 Allocated tips .00 Box 10 Dependent care benefits .00 Box 11 Nonqualified plans	Box c I Emplo Emplo City Box 12a A Box 12b A	Employer's information over's name over's address (number and Amount Amount Amount Amount Amount	Loca d street, 000 000 000 000 000 000 000 000 000 0	Code Code	Box	(14a Amou (14b Amou (14c Amou	unt unt	Country .00 .00	Description Description Description
Do not detach. W-2 Record 2 Box a Employee's Social Security number or this W-2 Record Box b Employer identification number (EIN Box 1 Wages, tips, other compensation .00 Box 8 Allocated tips .00 Box 10 Dependent care benefits .00 Box 11 Nonqualified plans .00	Box c I Emplo Emplo City Box 12a A Box 12b A	Employer's information over's name over's address (number and Amount Amount Amount Amount Amount	000 000 000 000 000 000 000 000 000 00	Code Code	Box	(14a Amou (14b Amou (14c Amou	unt unt	Country .00 .00	Description Description Description
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Do not detach. W-2 Record 2 Box a Employee's Social Security number or this W-2 Record Box b Employer identification number (EIN Box 1 Wages, tips, other compensation .00 Box 8 Allocated tips .00 Box 10 Dependent care benefits .00 Box 11 Nonqualified plans .00 Box 13 Statutory employee Retirements RY State information: Box 15a NY State	Box c Emplo Emplo City Box 12a A Box 12b A Box 12d A	Employer's information oyer's name oyer's address (number and Amount .0 Amount .0 Amount .0 Third-party sick p	Loca d street 000 000 pay ps, etc.	Code Code Code Code Code Code Code	Box 1	(14a Amou (14b Amou (14c Amou (14d Amou	unt unt unt	Locality b Country .00 .00 .00 .00 held .00	Description Description Description Description
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Do not detach. W-2 Record 2 Box a Employee's Social Security number for this W-2 Record Box b Employer identification number (EIN Box 1 Wages, tips, other compensation .00 Box 8 Allocated tips .00 Box 10 Dependent care benefits .00 Box 11 Nonqualified plans .00 Box 13 Statutory employee Retirements Retirement	Box c Emplo Emplo City Box 12a A Box 12b A Box 12c A Box 12d A	Employer's information over's name Amount Amount Amount O Amount Third-party sick p Box 16a NYS wages, tip Box 16b Other state wages	Loca 000 000 pay pips, etc	Code Code Code Code Code Code Code Code	Box 1 Box 1	(14a Amou (14b Amou (14c Amou (14d Amou (17a NYS in	unt unt come tax withi	Locality b Country .00 .00 .00 .00 .00 withheld	Description Description Description Corrected (W-2c) Box 20 Locality name







2022 NJ-1040 New Jersey Resident Income Tax Return

For Privacy Act Notification, See Instructions

1555

NJ-1040 2022 Page 1

040MP01220

 $\begin{array}{l} {\rm Your\ Social\ Security\ Number\ (required)} \\ {\rm 875658821} \end{array}$

 $Last\ Name,\ First\ Name,\ Initial\ (\textit{Joint Filers enter first name and middle initial of each}.\ Enter\ spouse's / CU\ partner's\ last\ name\ ONLY\ if\ different.)$

LAVU NARMADA

Spouse's/CU Partner's SSN (if filing jointly)

086258017

Home Address (Number and Street, including apartment number)

109 WALES AVE APT 3

 $\begin{array}{l} \hbox{County/Municipality Code (See Table page 50)} \\ 1212 \end{array}$

City, Town, Post Office State ZIP Code JERSEY CITY NJ 07306

Driver's License Number (Voluntary) (See instructions)

Federal extension filed.

The address above is a foreign address.

Your address has changed.

Death certificate is enclosed.

Do not want a paper form next year.

I authorize the Division of Taxation to discuss my return and enclosures with my preparer.

NJ-1040-O is enclosed.

Gubernatorial Elections Fund Note: This does not reduce your refund or increase your balance due.

Do you want to designate \$1 to the Gubernatorial Elections Fund? You Yes No If joint return, does your spouse want to designate \$1? Spouse/CU Partner Yes No

Direct Deposit Information

dd1.	Direct deposit indicator (1 for direct deposit, 4 for no direct deposit)	dd1.	4
dd2.	Account type (C for checking, S for savings)	dd2.	
dd3.	Fill in the checkbox if the direct deposit is going to an account outside the United States	dd3.	
dd4.	Routing number	dd4.	
dd5.	Account number	dd5.	



NJ-1040 2022

Name(s) as shown on Form NJ-1040

LAVU NARMADA

Your Social Security Number 875658821

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Part-year residents, provide months/days you were a New Jersey resident during 2022:					Fiscal yea				
Fron	m: To:	To:			Enter mor	nth of your	year end	2	023
Filin Fill in	ng Status in only one.								
1.	Single								
2.	Married/CU Couple, filing joint i	return							
3.	X Married/CU Partner, filing separa	ate return			086258017				
4.	Head of Household				Enter spouse's/CU partne	er's SSN			
5.	Qualifying Widow(er)/Surviving	CU Partner							
	Indicate the year of your spouse's	s/CU partner's de	ath: 2020	2021					
	emptions in the ovals that apply. You must enter a total in th	e boxes to the right	and complete the calculation.						
6.	Regular	Self	Spouse/CU Partner		Domestic Partner	1	x \$1,000 =	1000	
7.	Senior 65+ (Born in 1957 or earlier)	Self	Spouse/CU Partner				x \$1,000 =		
8.	Blind/Disabled	Self	Spouse/CU Partner				x \$1,000 =		
9.	Veteran	Self	Spouse/CU Partner				x \$6,000 =		
10.	Qualified Dependent Children						x \$1,500 =		
11.	Other Dependents						x \$1,500 =		
12.	Dependents Attending Colleges (See inst	ructions)					x \$1,000 =		
13.	Total Exemption Amount (Add totals fro	m the lines at 6 th	nrough 12)				13.	1000	•
14.	Dependent Information. Provide the following	owing informatio	n for each dependent.						
	Last Name, First Name, Middle Initial	Ü	•		Social Security Number		Birth Year	No	Health Insurance
a.									
b.									
c.									
d.									

)40

Name(s) as shown on Form NJ-1040 LAVU NARMADA

Your Social Security Number

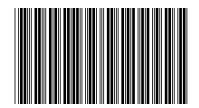
875658821

1555

NJ-1040 2022 Page 3

15.	Wages, salaries, tips, and other employee compensation (State wages from Box 16 of enclosed W-2(s)) (See instructions)		15.		88140	
16a.	Taxable interest income (Enclose federal Schedule B if over \$1,500) (See instructions)		16a.			
16b.	Tax-exempt interest income (Enclose Schedule) (See instructions) Do not include on line 16a		16b.			
17.	Dividends		17.			
18.	Net profits from business (Schedule NJ-BUS-1, Part I, line 4) (Enclose federal Schedule C)		18.			
19.	Net gains or income from disposition of property (Schedule NJ-DOP, line 4)		19.			
20a.	Taxable pensions, annuities, and IRA distributions/withdrawals (See instructions)		20a.			
20b.	Excludable pension, annuity, and IRA distributions/withdrawals		20b.			
21.	Distributive Share of Partnership Income (Schedule NJ-BUS-1, Part II, line 4) (Enclose Schedule NJK-1 or federal Schedule K-1)		21.			
22.	Net pro rata share of S Corporation Income (Schedule NJ-BUS-1, Part III, line 4) (Enclose Schedule NJ-K-1 or federal Schedule K-1)		22.			
23.	Net gains or income from rents, royalties, patents, and copyrights (Schedule NJ-BUS-1, Part IV, line 4)		23.			
24.	Net gambling winnings (See instructions)		24.			
25.	Alimony and separate maintenance payments received		25.			
26.	Other (Enclose documents) (See instructions)		26.			
27.	Total Income (Add lines 15, 16a, 17 through 20a, and 21 through 26)		27.		88140	
28a.	Pension/Retirement Exclusion (See instructions)		28a.			
28b.	Other Retirement Income Exclusion (See Worksheet D and instructions pages 19-20)		28b.			
28c.	Total Exclusion Amount (Add lines 28a and 28b)		28c.			
29.	New Jersey Gross Income (Subtract line 28c from line 27) (See instructions)		29.		88140	
30.	Exemption Amount (Enter amount from line 13. Part-year residents see instr.)		30.		1000	
31.	Medical Expenses (See Worksheet F and instructions)		31.			
32.	Alimony and separate maintenance payments (See instructions)		32.			
33.	Qualified Conservation Contribution		33.			
34.	Health Enterprise Zone Deduction		34.			
35.	Alternative Business Calculation Adjustment (Schedule NJ-BUS-2, line 11)		35.		0	
36.	Organ/Bone Marrow Donation Deduction (See instructions)		36.			
37a.	NJBEST Deduction		37a.			
37b.	NJCLASS Deduction		37b.			
37c.	NJ Higher Ed. Tuition Deduction		37c.			
38.	Total Exemptions and Deductions (Add lines 30 through 37c)		38.		1000	
39.	Taxable Income (Subtract line 38 from line 29)		39.		87140	
40a.	Total Property Taxes (18% of Rent) Paid (See instructions page 25)		40a.		540	
40b.	Indicate your residency status during 2022 (fill in only one) Homeowner Tenant	Both				
41.	Property Tax Deduction (From Worksheet H) (See instructions)		41.			
42.	New Jersey Taxable Income (Subtract line 41 from line 39)		42.		87140	
43.	Tax on amount on line 42 (Tax Table page 52)		43.		3424	
44.	Credit For Income Taxes Paid to Other Jurisdictions (Enclose Schedule NJ-COJ) (See instructions)		44.		3317	
	Enter Code			32		
45.	Balance of Tax (Subtract line 44 from line 43)		45.		107	
46.	Sheltered Workshop Tax Credit		46.			
47.	Gold Star Family Counseling Credit (See instructions)		47.			
48.	Credit for Employer of Organ/Bone Marrow Donor (See instructions)		48.			
49.	Total Credits (Add lines 46 through 48)		49.			
50.	Balance of Tax After Credits (Subtract line 49 from line 45) If zero or less, make no entry		50.		107	
51.	Use Tax Due on Internet, Mail-Order, or Other Out-of-State Purchases (See instructions) If no Use Tax, enter 0		51.		0	
52.	Interest on Underpayment of Estimated Tax		52.			
	Fill in if Form NJ-2210 is enclosed					
53.	Shared Responsibility Payment (See instructions) REQUIRED Enclose Schedule HCC and fill in		53.		0	•

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Name(s) as shown on Form NJ-1040

LAVU NARMADA

Your Social Security Number

875658821

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Tax Due Address

54.	Total Tax Due (Add lines 50 through 53)		54.	107 .
55.	Total NJ Income Tax Withheld (Enclose Forms W-2 and 1099) (Part year, see instructions)		55.	8 .
56.	Property Tax Credit (See instructions page 24)		56.	25 .
57.	New Jersey Estimated Tax Payments/Credit from 2021 tax return		57.	•
58.	New Jersey Earned Income Tax Credit (See instructions)		58.	
	Fill in if you had the IRS calculate your federal earned income credit			
	Fill in if you are a CU couple claiming the NJ Earned Income Tax Credit			
59.	Excess New Jersey UI/WF/SWF Withheld (Enclose Form NJ-2450) (See instructions)		59.	
60.	Excess New Jersey Disability Insurance Withheld (Enclose Form NJ-2450) (See instructions)	60.	•	
61.	Excess New Jersey Family Leave Insurance Withheld (Enclose Form NJ-2450) (See instructions)		61.	•
62.	Wounded Warrior Caregivers Credit (See instructions)		62.	•
63.	Pass-Through Business Alternative Income Tax Credit (See instructions)		63.	•
64.	Child and Dependent Care Credit (See instructions)		64.	
	Fill in if you are a CU couple claiming the Child and Dependent Care Credit			
65.	New Jersey Child Tax Credit (See instructions)		65.	
	Number of dependents under age 6 on 12/31/2022			
66.	Total Withholdings, Credits, and Payments (Add lines 55 through 65)		66.	33 .
67.	If line 66 is less than line 54, you have tax due. Subtract line 66 from line 54 and enter the amount	you owe	67.	74 .
	If you owe tax, you can still make a donation on lines 70 through 77.			
68.	If the total on line 66 is more than line 54, you have an overpayment. Subtract line 54 from line 66	and enter the overpayment	68.	•
69.	Amount from line 68 you want to credit to your 2023 tax		69.	•
70.	Contribution to N.J. Endangered Wildlife Fund		70.	
71.	Contribution to N.J. Children's Trust Fund to Prevent Child Abuse		71.	
72.	Contribution to N.J. Vietnam Veterans' Memorial Fund		72.	
73.	Contribution to N.J. Breast Cancer Research Fund		73.	
74.	Contribution to U.S.S. New Jersey Educational Museum Fund		74.	
75.	Other Designated Contribution (See instructions)	Enter Code	75.	
76.	Other Designated Contribution (See instructions)	Enter Code	76.	•
77.	Other Designated Contribution (See instructions)	Enter Code	77.	
78.	Total Adjustments to Tax Due/Overpayment amount (Add lines 69 through 77)		78.	
79.	Balance due (If line 67 is more than zero, add line 67 and line 78)		79.	74 .
80.	Refund amount (If line 68 is more than zero, subtract line 78 from line 68)		80.	

Enclose payment along with the NJ-1040-V payment voucher and tax return. Use the labels provided with the envelope and mail to: the best of my knowledge and belief, it is true, correct, and complete. If prepared by a person other than the taxpayer, this declaration is based on all information of which the preparer has any knowledge. State of New Jersey Division of Taxation Revenue Processing Center - Payments Your Signature Date Spouse's/CU Partner's Signature (required if filing jointly) Date PO Box 111 Trenton, NJ 08645-0111 include Social Security number and make check or money order payable to: State of New Jersey – TGI Federal Identification Number Paid Preparer's Signature You can also make a payment on our website: nj.gov/taxation <u>SYA</u>M P02082703 PRIYA RAMSAGAR GUPTA TALLAM Refund or No Tax Due Address Use the labels provided with the envelope and mail to: New Jersey Division of Taxation Firm's Federal Employer Identification Number Revenue Processing Center - Refunds PO Box 555 GLOBAL TAXES LLC 84-3171965 Trenton, NJ 08647-0555

Under penalties of perjury, I declare that I have examined this Income Tax return, including accompanying schedules and statements, and to

Division Use: 1 _____ 2 ____ 3 ____ 4 ____ 5 ___ 6 ____ 7 ____

Schedule **NJ-HCC** (Form NJ-1040)

2022

New Jersey **Health Care Coverage**If your income on line 29 is at or below the filing threshold, do not complete this schedule.

Name as Shown on Return LAVU NARMADA	Social Security No. 875-65-8821					
Part I						
Did you and, if applicable, all members of your tax household, have minimum essential health coverage for every month in 2022 (See instructions for line 53, NJ-1040.) Part-year residents include only months as a New Jersey resident. X Yes. You do not owe a shared responsibility payment. Fill in the oval at line 53, NJ-1040, and enclose this schedule with your return. No. Continue to Part II.						
Part II						
Enter the name and Social Security number for each member of your tax every month each person had minimum essential health coverage or qu (part-year residents include only months as a New Jersey resident). If an exemption, enter the exemption number. (See instructions for line 53, Not more than one exemption number, check the box. If you need more spatiantly additional individuals. QuickZoom to Shared Responsibility Payment Calculation Worksheet	nalified for an exemption n individual qualified for an J-1040.) If an individual has nce, enclose a statement listing					

Name	SSN	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Exemption Code		_	Check	box if t	his indi	vidual l	has mo	re thar	n one e	xempti	on nun	nber .	
	İ		Check	box if t	his indi	vidual i	s unde	r 18 .	··		<u> </u>		
				Ш									
Exemption Code		_	Check								on nun	nber .	
			Check	box if t	nis indi 	vidual i	s unde	r 18	<u></u>	i i i	· · · ·		
Exemption Code	l		[∟	hav if t	∣∟ his indi	vidual I	has mo	re than		vemnti	on nun	her	
Exemption code : :	-	_	Check							•			
						Viadai i							
Exemption Code	l -		Check	box if t	his indi	vidual l	has mo	re thar	n one e	xempti	on nun	nber .	
			Check	box if t	h <u>is ind</u> i	v <u>idual</u> i	s unde	r 18 .	. <u></u> .	<u></u>	<u></u> .	<u></u>	
Exemption Code	-	_	Check	box if t	his indi	vidual l	has mo	re thar	n one e	xempti	on nun	nber .	
	1		Check	box if t	his indi	vidual i	s unde	r 18 .	··		<u> </u>		
				Ш									
Exemption Code		_	Check							xempti	on nun	nber .	
			Check	box if t	nis indi I	vidual i	s unde	r 18	i — i	i i i i	<u> </u>		
Exemption Code			[∟	hov if t	∣∟ hic indi	vidual I	has mo	ro than		vomoti		obor	
Exemplion Code	-	_	Check							•	on nun	ibei .	
						Vidual			i i i i i	Ι	\Box		
Exemption Code	l 		Check	box if t	ı∟ his indi	vidual l	has mo	re thar	n one e	xempti	on nun	nber .	
,		_	Check										
Exemption Code		_	Check	box if t	his indi	vidual l	has mo	re than	one e	xempti	on nun	nber	
	•		Check	box if t	his indi	vidual i	s unde	r 18 -			·		Ш
Exemption Code		_	Check								on nun	nber .	\vdash
			Check	box if t	his indi	vidual i	s unde	r 18 .			· · ·	· · · ·	