

# IRS e-file Signature Authorization

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

Submission Identification Number (SID) ▶

|   |  |
|---|--|
| Taxpayer's name<br><b>TEJAS SANTOSH KADAM</b> | Social security number<br><b>106-35-0289</b> |
| Spouse's name                                 | Spouse's social security number              |

## Part I Tax Return Information – Tax Year Ending December 31, 2022 (Enter year you are authorizing.)

Enter whole dollars only on lines 1 through 5.

**Note:** Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.

|  |          |         |
|--|----------|---------|
| <b>1</b> Adjusted gross income . . . . .   | <b>1</b> | 78,277. |
| <b>2</b> Total tax . . . . .   | <b>2</b> | 9,989.  |
| <b>3</b> Federal income tax withheld from Form(s) W-2 and Form(s) 1099 . . . . . | <b>3</b> | 11,935. |
| <b>4</b> Amount you want refunded to you . . . . .                               | <b>4</b> | 1,946.  |
| <b>5</b> Amount you owe . . . . .  | <b>5</b> |         |

## Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at **1-888-353-4537**. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

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

- I authorize GLOBAL TAXES LLC to enter or generate my PIN 

|   |   |   |   |   |
|---|---|---|---|---|
| 5 | 0 | 2 | 8 | 9 |
|---|---|---|---|---|

 as my signature on the income tax return (original or amended) I am now authorizing.  
ERO firm name
- I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

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

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

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

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

 as my signature on the income tax return (original or amended) I am now authorizing.  
ERO firm name
- I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

## Practitioner PIN Method Returns Only—continue below

### Part III Certification and Authentication – Practitioner PIN Method Only

**ERO's EFIN/PIN.** Enter your six-digit EFIN followed by your five-digit self-selected PIN. 

|   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|
| 2 | 2 | 2 | 4 | 9 | 6 | 3 | 1 | 9 | 8 | 9 |
|---|---|---|---|---|---|---|---|---|---|---|

  
Don't enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and **Pub. 1345**, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

**ERO Must Retain This Form – See Instructions  
Don't Submit This Form to the IRS Unless Requested To Do So**

Filing Status [X] Single [ ] Married filing jointly [ ] Married filing separately (MFS) [ ] Head of household (HOH) [ ] Qualifying surviving spouse (QSS)
Check only one box. If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent:

Form fields for personal information: Your first name and middle initial (TEJAS SANTOSH), Last name (KADAM), Your social security number (106-35-0289), Spouse's social security number, Home address (391 17TH ST NW UNIT 1045), City (Atlanta), State (GA), ZIP code (30363), Foreign country name, Foreign province/state/county, Foreign postal code, Presidential Election Campaign checkboxes.

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

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

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

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

Income section table with rows 1a through 1z and columns for amounts and taxable amounts.

Table for Tax-exempt interest (2a), Qualified dividends (3a), IRA distributions (4a), Pensions and annuities (5a), Social security benefits (6a), Taxable interest (b), Ordinary dividends (b), Taxable amount (b).

Table for Standard Deduction for [ ] Single or Married filing separately, \$12,950; [ ] Married filing jointly or Qualifying surviving spouse, \$25,900; [ ] Head of household, \$19,400. Rows 7 through 15.

|                        |           |  |           |        |
|------------------------|-----------|--|-----------|--------|
| <b>Tax and Credits</b> | <b>16</b> | <b>Tax</b> (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____ | <b>16</b> | 9,989. |
|                        | <b>17</b> | Amount from Schedule 2, line 3   | <b>17</b> |        |
|                        | <b>18</b> | Add lines 16 and 17  | <b>18</b> | 9,989. |
|                        | <b>19</b> | Child tax credit or credit for other dependents from Schedule 8812   | <b>19</b> |        |
|                        | <b>20</b> | Amount from Schedule 3, line 8   | <b>20</b> |        |
|                        | <b>21</b> | Add lines 19 and 20  | <b>21</b> |        |
|                        | <b>22</b> | Subtract line 21 from line 18. If zero or less, enter -0-  | <b>22</b> | 9,989. |
|                        | <b>23</b> | Other taxes, including self-employment tax, from Schedule 2, line 21   | <b>23</b> | 0.     |
|                        | <b>24</b> | Add lines 22 and 23. This is your <b>total tax</b>   | <b>24</b> | 9,989. |

|                 |                                 |   |            |         |
|-----------------|---------------------------------|---|------------|---------|
| <b>Payments</b> | <b>25</b>                       | Federal income tax withheld from:   |            |         |
|                 | <b>a</b>                        | Form(s) W-2   | <b>25a</b> | 11,935. |
|                 | <b>b</b>                        | Form(s) 1099  | <b>25b</b> |         |
|                 | <b>c</b>                        | Other forms (see instructions)  | <b>25c</b> |         |
|                 | <b>d</b>                        | Add lines 25a through 25c   | <b>25d</b> | 11,935. |
|                 | <b>26</b>                       | 2022 estimated tax payments and amount applied from 2021 return                                 | <b>26</b>  |         |
|                 | <b>27</b>                       | Earned income credit (EIC) NO   | <b>27</b>  |         |
|                 | <b>28</b>                       | Additional child tax credit from Schedule 8812  | <b>28</b>  |         |
|                 | <b>29</b>                       | American opportunity credit from Form 8863, line 8  | <b>29</b>  |         |
|                 | <b>30</b>                       | Reserved for future use   | <b>30</b>  |         |
| <b>31</b>       | Amount from Schedule 3, line 15 | <b>31</b>   |            |         |
|                 | <b>32</b>                       | Add lines 27, 28, 29, and 31. These are your <b>total other payments and refundable credits</b> | <b>32</b>  |         |
|                 | <b>33</b>                       | Add lines 25d, 26, and 32. These are your <b>total payments</b>                                 | <b>33</b>  | 11,935. |

If you have a qualifying child, attach Sch. EIC.

|               |            |   |            |        |
|---------------|------------|---|------------|--------|
| <b>Refund</b> | <b>34</b>  | If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>                        | <b>34</b>  | 1,946. |
|               | <b>35a</b> | Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/>             | <b>35a</b> | 1,946. |
|               | <b>b</b>   | Routing number 1 0 2 0 0 1 0 1 7 <b>c</b> Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings |            |        |
|               | <b>d</b>   | Account number 3 7 0 6 2 6 6 0 5  |            |        |
|               | <b>36</b>  | Amount of line 34 you want <b>applied to your 2023 estimated tax</b>  | <b>36</b>  |        |

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

**Third Party Designee** Do you want to allow another person to discuss this return with the IRS? See instructions  **Yes**. Complete below.  **No**

Designee's name \_\_\_\_\_ Phone no. \_\_\_\_\_ Personal identification number (PIN) \_\_\_\_\_

**Sign Here** Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

|   |                                     |                                   |   |
|---|-------------------------------------|-----------------------------------|---|
| Your signature  | Date                                | Your occupation<br>CIVIL ENGINEER | If the IRS sent you an Identity Protection PIN, enter it here (see inst.)         |
| Spouse's signature. If a joint return, <b>both</b> must sign. | Date                                | Spouse's occupation               | If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) |
| Phone no. (720) 592-9989                                      | Email address TEJAS231997@GMAIL.COM |                                   |   |

**Paid Preparer Use Only**

|  |   |                    |                             |   |
|--|---|--------------------|-----------------------------|---|
| Preparer's name<br>SYAM PRIYA RAM SAGAR GUPTA TALLAM | Preparer's signature<br>SYAM PRIYA RAM SAGAR GUPTA TALLAM | Date<br>04/17/2023 | PTIN<br>P02082703           | Check if:<br><input type="checkbox"/> Self-employed |
| Firm's name<br>GLOBAL TAXES LLC                      | Firm's address<br>245 ROONEY CT E BRUNSWICK NJ 08816      |                    | Phone no.<br>(678) 965-9522 | Firm's EIN<br>84-3171965                            |

**SCHEDULE 1  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Additional Income and Adjustments to Income**

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

Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.

OMB No. 1545-0074

**2022**

Attachment  
Sequence No. **01**

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

Your social security number  
106-35-0289

**Part I Additional Income**

|           |   |               |           |         |
|-----------|---|---------------|-----------|---------|
| <b>1</b>  | Taxable refunds, credits, or offsets of state and local income taxes . . . . .  |               | <b>1</b>  |         |
| <b>2a</b> | Alimony received . . . . .  |               | <b>2a</b> |         |
| <b>b</b>  | Date of original divorce or separation agreement (see instructions): _____  |               |           |         |
| <b>3</b>  | Business income or (loss). Attach Schedule C . . . . .  |               | <b>3</b>  |         |
| <b>4</b>  | Other gains or (losses). Attach Form 4797 . . . . .   |               | <b>4</b>  |         |
| <b>5</b>  | Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E . . . . .   |               | <b>5</b>  | -8,500. |
| <b>6</b>  | Farm income or (loss). Attach Schedule F . . . . .  |               | <b>6</b>  |         |
| <b>7</b>  | Unemployment compensation . . . . .   |               | <b>7</b>  |         |
| <b>8</b>  | Other income:   |               |           |         |
| <b>a</b>  | Net operating loss . . . . .  | <b>8a</b> ( ) |           |         |
| <b>b</b>  | Gambling . . . . .  | <b>8b</b>     |           |         |
| <b>c</b>  | Cancellation of debt . . . . .  | <b>8c</b>     |           |         |
| <b>d</b>  | Foreign earned income exclusion from Form 2555 . . . . .  | <b>8d</b> ( ) |           |         |
| <b>e</b>  | Income from Form 8853 . . . . .   | <b>8e</b>     |           |         |
| <b>f</b>  | Income from Form 8889 . . . . .   | <b>8f</b>     |           |         |
| <b>g</b>  | Alaska Permanent Fund dividends . . . . .   | <b>8g</b>     |           |         |
| <b>h</b>  | Jury duty pay . . . . .   | <b>8h</b>     |           |         |
| <b>i</b>  | Prizes and awards . . . . .   | <b>8i</b>     |           |         |
| <b>j</b>  | Activity not engaged in for profit income . . . . .   | <b>8j</b>     |           |         |
| <b>k</b>  | Stock options . . . . .   | <b>8k</b>     |           |         |
| <b>l</b>  | Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property . . . . . | <b>8l</b>     |           |         |
| <b>m</b>  | Olympic and Paralympic medals and USOC prize money (see instructions) . . . . .   | <b>8m</b>     |           |         |
| <b>n</b>  | Section 951(a) inclusion (see instructions) . . . . .   | <b>8n</b>     |           |         |
| <b>o</b>  | Section 951A(a) inclusion (see instructions) . . . . .  | <b>8o</b>     |           |         |
| <b>p</b>  | Section 461(l) excess business loss adjustment . . . . .  | <b>8p</b>     |           |         |
| <b>q</b>  | Taxable distributions from an ABL account (see instructions) . . . . .  | <b>8q</b>     |           |         |
| <b>r</b>  | Scholarship and fellowship grants not reported on Form W-2 . . . . .  | <b>8r</b>     |           |         |
| <b>s</b>  | Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d . . . . .  | <b>8s</b> ( ) |           |         |
| <b>t</b>  | Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan . . . . .                                   | <b>8t</b>     |           |         |
| <b>u</b>  | Wages earned while incarcerated . . . . .   | <b>8u</b>     |           |         |
| <b>z</b>  | Other income. List type and amount: _____   | <b>8z</b>     |           |         |
| <b>9</b>  | Total other income. Add lines 8a through 8z . . . . .   |               | <b>9</b>  |         |
| <b>10</b> | Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8   |               | <b>10</b> | -8,500. |

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

Schedule 1 (Form 1040) 2022

**Part II Adjustments to Income**

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

**SCHEDULE E  
(Form 1040)**

**Supplemental Income and Loss**

OMB No. 1545-0074

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

**2022**

Department of the Treasury  
Internal Revenue Service

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

Attachment  
Sequence No. **13**

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

Name(s) shown on return

Your social security number

TEJAS SANTOSH KADAM

106-35-0289

**Part I Income or Loss From Rental Real Estate and Royalties**

**Note:** If you are in the business of renting personal property, use **Schedule C**. See instructions. If you are an individual, report farm rental income or loss from **Form 4835** on page 2, line 40.

- A** Did you make any payments in 2022 that would require you to file Form(s) 1099? See instructions . . . . .  Yes  No  
**B** If "Yes," did you or will you file required Form(s) 1099? . . . . .  Yes  No

**1a** Physical address of each property (street, city, state, ZIP code)

**A** 707-708 SILVINO WING MUMBAI MAHARASHTRA IN 400081

**B**  
**C**

| 1b Type of Property (from list below) | 2 For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions. | Fair Rental Days |   | Personal Use Days | QJV                      |
|---------------------------------------|--|------------------|---|-------------------|--------------------------|
|                                       |  | A                | B | C                 |                          |
| <b>A</b> 3                            |  | 365              |   | 0                 | <input type="checkbox"/> |
| <b>B</b>                              |  |                  |   |                   | <input type="checkbox"/> |
| <b>C</b>                              |  |                  |   |                   | <input type="checkbox"/> |

**Type of Property:**

- 1 Single Family Residence      3 Vacation/Short-Term Rental      5 Land      7 Self-Rental  
 2 Multi-Family Residence      4 Commercial      6 Royalties      8 Other (describe) \_\_\_\_\_

| Income:   | Properties:          |     |     |
|---|----------------------|-----|-----|
|   | A                    | B   | C   |
| <b>3</b> Rents received . . . . .   | <b>3</b> 500.        |     |     |
| <b>4</b> Royalties received . . . . .   | <b>4</b>             |     |     |
| <b>Expenses:</b>  |                      |     |     |
| <b>5</b> Advertising . . . . .  | <b>5</b>             |     |     |
| <b>6</b> Auto and travel (see instructions) . . . . .   | <b>6</b>             |     |     |
| <b>7</b> Cleaning and maintenance . . . . .   | <b>7</b> 1,000.      |     |     |
| <b>8</b> Commissions . . . . .  | <b>8</b>             |     |     |
| <b>9</b> Insurance . . . . .  | <b>9</b>             |     |     |
| <b>10</b> Legal and other professional fees . . . . .   | <b>10</b>            |     |     |
| <b>11</b> Management fees . . . . .   | <b>11</b> 800.       |     |     |
| <b>12</b> Mortgage interest paid to banks, etc. (see instructions)  | <b>12</b>            |     |     |
| <b>13</b> Other interest . . . . .  | <b>13</b>            |     |     |
| <b>14</b> Repairs . . . . .   | <b>14</b> 2,500.     |     |     |
| <b>15</b> Supplies . . . . .  | <b>15</b> 1,700.     |     |     |
| <b>16</b> Taxes . . . . .   | <b>16</b>            |     |     |
| <b>17</b> Utilities . . . . .   | <b>17</b> 3,000.     |     |     |
| <b>18</b> Depreciation expense or depletion . . . . .   | <b>18</b>            |     |     |
| <b>19</b> Other (list) _____  | <b>19</b>            |     |     |
| <b>20</b> Total expenses. Add lines 5 through 19 . . . . .  | <b>20</b> 9,000.     |     |     |
| <b>21</b> Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file <b>Form 6198</b> . . . . .  | <b>21</b> -8,500.    |     |     |
| <b>22</b> Deductible rental real estate loss after limitation, if any, on <b>Form 8582</b> (see instructions) . . . . .   | <b>22</b> ( 8,500. ) | ( ) | ( ) |
| <b>23a</b> Total of all amounts reported on line 3 for all rental properties . . . . .  | <b>23a</b> 500.      |     |     |
| <b>b</b> Total of all amounts reported on line 4 for all royalty properties . . . . .   | <b>23b</b>           |     |     |
| <b>c</b> Total of all amounts reported on line 12 for all properties . . . . .  | <b>23c</b>           |     |     |
| <b>d</b> Total of all amounts reported on line 18 for all properties . . . . .  | <b>23d</b>           |     |     |
| <b>e</b> Total of all amounts reported on line 20 for all properties . . . . .  | <b>23e</b> 9,000.    |     |     |
| <b>24</b> <b>Income.</b> Add positive amounts shown on line 21. <b>Do not</b> include any losses . . . . .  | <b>24</b>            |     |     |
| <b>25</b> <b>Losses.</b> Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here . . . . .  | <b>25</b> ( 8,500. ) |     |     |
| <b>26</b> <b>Total rental real estate and royalty income or (loss).</b> Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2 . . . . . | <b>26</b> -8,500.    |     |     |



228454 11555

State of Colorado Income Tax Declaration
for Online Electronic Filing

Do not mail this form to the IRS or the Colorado Department of Revenue. Retain with your records.

For Tax Year (MM/DD/YY) 12/31/22
or Fiscal Year beginning (MM/DD/YY)

Tax Type: Individual Income (DR 0104)
Taxpayer Last Name or Business Name: KADAM
First Name or Business DBA if different from Business Name: TEJAS SANTOSH
Spouse's Last Name (if applicable):
Taxpayer SSN or ITIN: 106-35-0289
Spouse SSN or ITIN (if applicable):
FEIN:
Taxpayer or Business Address: 391 17TH ST NW UNIT 1045
City: ATLANTA
State: GA
ZIP: 30363

Part I - Tax Return Information

Table with 4 rows: 1. Total Income from your federal return (see instructions for more information) 1 \$ 78277
2. Taxable Income (or allowable deduction) from your federal return (see instructions for more information) 2 \$ 65327
3. Colorado Tax from your Colorado return (see instructions for more information) 3 \$ 1527
4. Colorado Tax Withheld or Payments, from your Colorado return (see instructions or more information) 4 \$ 1795

Part II - Declaration of Tax Payer

Under penalties of perjury, I declare that the information I have provided for electronic filing and the amounts shown in Part I above agree with the amounts shown on my Federal/Colorado income tax returns, and that said tax returns, statements, schedules and attachments are true, correct, and complete to the best of my knowledge and belief.

Signature:
Date (MM/DD/YY):
Spouse's Signature (If Joint Return, Both Must Sign):
Date (MM/DD/YY):

Part III - Declaration of ERO/Preparer/Transmitter

If the transmitter did not prepare the tax return, check here [ ]

If I am not the preparer, I declare only that the amounts shown in Part I above agree with the amounts shown on the taxpayer's Federal/Colorado income tax returns. If I am the preparer, under penalties of perjury I declare that I have reviewed the above taxpayer's Federal/Colorado income tax returns and that the information provided to me by the taxpayer and the amounts shown in Part I above agree with the amounts shown on said tax returns, and that said tax returns, statements, schedules, and attachments are true, correct, and complete to the best of my knowledge and belief.

ERO's Signature: SYAM PRIYA RAM SAGAR GUPTA TALLAM
Preparer Identification Number, Your SSN, or ITIN: P02082703

Check if also Preparer [X]

Date (MM/DD/YY): 04/17/23



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DR 0104 (11/18/22)  
COLORADO DEPARTMENT OF REVENUE  
Tax.Colorado.gov  
Page 1 of 4  
(0013)

## 2022 Colorado Individual Income Tax Return

Full-Year  Part-Year or Nonresident (or resident, part-year, non-resident combination) \*Must include DR 0104PN  Mark if Abroad on due date – see instructions

|   |                      |   |                                 |                  |
|---|----------------------|---|---------------------------------|------------------|
| Your Last Name  |                      | Your First Name   |                                 | Middle Initial   |
| KADAM   |                      | TEJAS SANTOSH   |                                 |                  |
| Date of Birth (MM/DD/YYYY)  | SSN or ITIN          | Deceased <input type="checkbox"/>   |                                 |                  |
| 02/23/1997  | 106-35-0289          | <input type="checkbox"/> If checked and claiming a refund, you must include the DR 0102 and death certificate with your return. |                                 |                  |
| Enter the following information from your current driver license or state identification card.  |                      | State of Issue  | Last 4 characters of ID number  | Date of Issuance |
|   |                      | CO  | 8057                            | 09/30/20         |
| If Joint, Spouse's Last Name  |                      | Spouse's First Name   |                                 | Middle Initial   |
|   |                      |   |                                 |                  |
| Spouse's Date of Birth (MM/DD/YYYY)   | Spouse's SSN or ITIN | Deceased <input type="checkbox"/>   |                                 |                  |
|   |                      | <input type="checkbox"/> If checked and claiming a refund, you must include the DR 0102 and death certificate with your return. |                                 |                  |
| Enter the following information from your spouse's current driver license or state identification card.   |                      | State of Issue  | Last 4 characters of ID number  | Date of Issuance |
|   |                      |   |                                 |                  |
| Mailing Address   |                      |   | Phone Number                    |                  |
| 391 17TH ST NW UNIT 1045  |                      |   | (720)592-9989                   |                  |
| City  | State                | ZIP Code  | Foreign Country (if applicable) |                  |
| ATLANTA   | GA                   | 30363   |                                 |                  |
| <input type="checkbox"/> To see if you or members of your household qualify for free or reduced-cost health coverage, check this box if: <ul style="list-style-type: none"> <li>You are a Colorado resident and at least one person in your household does not have health coverage</li> </ul> <b>AND</b> <ul style="list-style-type: none"> <li>You give permission for the Colorado Department of Revenue to share the information on Form DR 0104EE with Connect for Health Colorado (the Colorado Health Benefit Exchange) and the Department of Health Care Policy &amp; Financing.</li> </ul> |                      |   |                                 |                  |
| <b>Round To The Nearest Dollar</b>  |                      |   |                                 |                  |
| 1. Enter Federal Taxable Income from your federal income tax form: 1040, 1040 SR, or 1040 SP line 15.   |                      |   | • 1                             | 65327 00         |
| Include W-2s and 1099s with CO withholding.   |                      |   |                                 |                  |
| <b>Additions to Federal Taxable Income</b>  |                      |   |                                 |                  |
| 2. State Addback, enter the state income tax deduction from your federal form 1040, 1040 SR, or 1040 SP schedule A, line 5a (see instructions)  |                      |   | • 2                             | 00               |
| 3. Qualified Business Income Deduction Addback (see instructions)   |                      |   | • 3                             | 00               |





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| Name  | SSN or ITIN |
|---|-------------|
| TEJAS SANTOSH KADAM   | 106-35-0289 |
| <b>4. Itemized Deduction addback (see instructions)</b> ● 4   | 00          |
| <b>5. ColleeInvest Recapture Prior Year - Non-qualifying Tuition Program Contribution (see instructions)</b> ● 5  | 00          |
| <b>6. Other Additions, explain (see instructions)</b> ● 6   | 00          |
| Explain:  |             |
| <b>7. Subtotal, sum of lines 1 through 6</b> 7  | 65327 00    |
| <b>Colorado Subtractions</b>  |             |
| <b>8. Subtractions from the DR 0104AD Schedule, line 22, you must submit the DR 0104AD schedule with your return.</b> ● 8   | 00          |
| <b>9. Colorado Taxable Income, subtract line 8 from line 7</b> ● 9  | 65327 00    |
| <b>Tax, Prepayments and Credits: see 104 Book for full-year tax table and part-year DR 0104PN Schedule</b>  |             |
| <b>10. Colorado Tax from tax table or the DR 0104PN line 36, you must submit the DR 0104PN with your return if applicable.</b> ● 10   | 1527 00     |
| <b>11. Alternative Minimum Tax from the DR 0104AMT line 8, you must submit the DR 0104AMT with your return.</b> ● 11  | 00          |
| <b>12. Recapture of prior year credits</b> ● 12   | 00          |
| <b>13. Subtotal, sum of lines 10 through 12</b> 13  | 1527 00     |
| <b>14. Nonrefundable Credits from the DR 0104CR line 48, the sum of lines 14, 15, and 16 cannot exceed line 13, you must submit the DR 0104CR with your return.</b> ● 14  | 00          |
| <b>15. Total Nonrefundable Enterprise Zone credits used – as calculated, or from the DR 1366 line 85, the sum of lines 14, 15, and 16 cannot exceed line 13, you must submit the DR 1366 with your return.</b> ● 15 | 00          |
| <b>16. Strategic Capital Tax Credit from DR 1330, the sum of lines 14, 15, and 16 cannot exceed line 13, you must submit the DR 1330 with your return.</b> ● 16   | 00          |
| <b>17. Net Income Tax, sum of lines 14, 15, and 16. Subtract that sum from line 13.</b> 17  | 1527 00     |
| <b>18. Use Tax reported on the DR 0104US schedule line 7, you must submit the DR 0104US with your return.</b> ● 18  | 00          |
| <b>19. Net Colorado Tax, sum of lines 17 and 18</b> 19  | 1527 00     |
| <b>20. CO Income Tax Withheld from W-2s and 1099s, you must submit the W-2s and/or 1099s claiming Colorado withholding with your return.</b> ● 20   | 1795 00     |
| <b>21. Prior-year Estimated Tax Carryforward</b> ● 21   | 00          |
| <b>22. Estimated Tax Payments, enter the sum of the quarterly payments remitted for this tax year</b> ● 22  | 00          |
| <b>23. Extension Payment remitted with the DR 0158-I</b> ● 23   | 00          |



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Name: TEJAS SANTOSH KADAM
SSN or ITIN: 106-35-0289

Table with 3 columns: Description, Amount, and Total. Rows include: 24. Other Prepayments, 25. Gross Conservation Easement Credit, 26. Innovative Motor Vehicle and Innovative Truck Credit, 27. Refundable Credits, 28. Subtotal.

Modified AGI for TABOR

Lines 30 through 33 are only used to calculate your TABOR Credit, they do not affect your Colorado tax liability.

Table with 3 columns: Description, Amount, and Total. Rows include: 29. Federal Adjusted Gross Income, 30. Nontaxable Social Security Income, 31. Nontaxable interest income, 32. Sum of lines 29 through 31.

Modified AGI Tiers for State Sales Tax Refund

Table with 7 columns: If line 32 is, \$48,000 or less, \$48,001 - \$95,000, \$95,001 - \$151,000, \$151,001 - \$209,000, \$209,001 - \$268,000, \$268,001 - or more. Rows include: Single Filers Enter, Joint Filers Enter.

Table with 3 columns: Description, Amount, and Total. Rows include: 33. State Sales Tax Refund, 34. Sum of lines 28 and 33, 35. Overpayment, 36. Estimated Tax Credit Carryforward.

If you have an overpayment on line 37 below and would like to donate all or a portion of your overpayment to a qualified Colorado charity, include Form DR 0104CH to contribute.

Table with 3 columns: Description, Amount, and Total. Row: 37. Refund, subtract line 36 from line 35 (see instructions).

Direct Deposit

Routing Number: 102001017
Type: [X] Checking [ ] Savings [ ] CollegeInvest 529
Account Number: 370626605

For questions regarding CollegeInvest direct deposit or to open an account, visit CollegeInvest.org or call 800-448-2424.



220104 41555

|      |                     |             |             |
|------|---------------------|-------------|-------------|
| Name | TEJAS SANTOSH KADAM | SSN or ITIN | 106-35-0289 |
|------|---------------------|-------------|-------------|

|  |      |    |
|--|------|----|
| 38. Net Tax Due, subtract line 34 from line 19   | 38   | 00 |
| 39. Delinquent Payment Penalty (see instructions)  | • 39 | 00 |
| 40. Delinquent Payment Interest (see instructions)   | • 40 | 00 |
| 41. Estimated Tax Penalty, you must submit the DR 0204 with your return.<br>(see instructions) | • 41 | 00 |
| 42. Amount You Owe, sum of lines 38 through 41   | • 42 |    |

The State may convert your check to a one-time electronic banking transaction. Your bank account may be debited as early as the same day received by the State. If converted, your check will not be returned. If your check is rejected due to insufficient or uncollected funds, the Department of Revenue may collect the payment amount directly from your bank account electronically.

**Third Party Designee**

Do you want to allow another person to discuss this return and any related information with the Colorado Department of Revenue? See the instructions. •  No •  Yes. Complete the following:

|                 |              |
|-----------------|--------------|
| Designee's Name | Phone Number |
|                 |              |

**Sign Below** Under penalties of perjury, I declare that to the best of my knowledge and belief, this return is true, correct and complete.

|  |                 |
|--|-----------------|
| Your Signature                                       | Date (MM/DD/YY) |
|  |                 |
| Spouse's Signature. If joint return, BOTH must sign. | Date (MM/DD/YY) |
|  |                 |

|                         |                       |       |          |
|-------------------------|-----------------------|-------|----------|
| Paid Preparer's Name    | Paid Preparer's Phone |       |          |
| GLOBAL TAXES LLC        | ( 678 ) 965-9522      |       |          |
| Paid Preparer's Address | City                  | State | ZIP Code |
| 245 ROONEY CT           | E BRUNSWICK           | NJ    | 08816    |

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**File and pay at: Colorado.gov/RevenueOnline**

|   |  |
|---|--|
| <p>If you are filing this return <b>with</b> a check or payment, please mail the return to:</p> <p>COLORADO DEPARTMENT OF REVENUE<br/>Denver, CO 80261-0006</p> | <p>If you are filing this return <b>without</b> a check or payment, please mail the return to:</p> <p>COLORADO DEPARTMENT OF REVENUE<br/>Denver, CO 80261-0005</p> |
| <p>These addresses and zip codes are exclusive to the Colorado Department of Revenue, so a street address is not required.</p>                                  |  |



220104PN11555



### Form 104PN

## Part-Year Resident/Nonresident Tax Calculation Schedule 2022

|                     |             |
|---------------------|-------------|
| Taxpayer's Name     | SSN or ITIN |
| TEJAS SANTOSH KADAM | 106-35-0289 |

Use this form if you and/or your spouse were a resident of another state for all or part of 2022. This form apportions your gross income so that Colorado tax is calculated for only your Colorado income. Complete this form after you have filled out lines 1 through 9 of the DR 0104. If you filed federal form 1040NR, see the instructions.

1. ● Taxpayer is (mark one):  Full-Year Nonresident  Part-Year Resident from

|                   |                |
|-------------------|----------------|
| Beginning (MM/YY) | Ending (MM/YY) |
| 01/22             | 05/22          |

Full-Year Resident  Nonresident 305-day rule Military

2. ● Spouse is (mark one):  Full-Year Nonresident  Part-Year Resident from

|                   |                |
|-------------------|----------------|
| Beginning (MM/YY) | Ending (MM/YY) |
|                   |                |

Full-Year Resident  Nonresident 305-day rule Military

3. ● Mark the federal form you filed:  1040  1040 NR  1040 SR  Other

|   | Federal Information | Colorado Information |
|---|---------------------|----------------------|
| 4. Enter all income from form 1040, 1040 SR, or 1040 SP line 1. ● 4   | 86777 00            |                      |
| 5. Enter income from line 4 that was earned while working in Colorado and/or earned while you were a Colorado resident. Part-year residents should include moving expense reimbursements only if paid for moving into Colorado. ● 5 |                     | 41599 00             |
| 6. Enter the sum of all interest/dividend income from form 1040, 1040 SR or 1040 SP lines 2b and 3b. ● 6  |                     |                      |
| 7. Enter income from line 6 that was earned while you were a resident of Colorado or derived from the ownership of real or tangible personal property located in Colorado. ● 7  |                     |                      |
| 8. Enter all income from form 1040, 1040 SR or 1040 SP, Schedule 1, line 7. ● 8   |                     |                      |
| 9. Enter income from line 8 that is from State of Colorado unemployment benefits; and/or is from another state's benefits that were received while you were a Colorado resident. ● 9  |                     |                      |
| 10. Enter all income from line 7 of form 1040, 1040 SR, or 1040 SP and line 4 of Schedule 1 of form 1040, 1040 SR or 1040 SP. ● 10  |                     |                      |
| 11. Enter income from line 10 that was earned during that part of the year you were a Colorado resident and/or was earned on property located in Colorado. ● 11   |                     |                      |



220104PN21555

Form with fields for Name (TEJAS SANTOSH KADAM), SSN or ITIN (106-35-0289), and various income and adjustment lines (12-23) with Federal and Colorado information columns.



220104PN31555



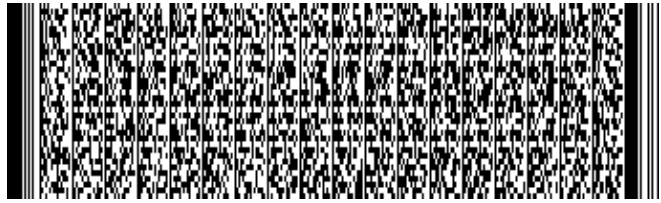
| Name  |         | SSN or ITIN         |                      |
|---|---------|---------------------|----------------------|
| TEJAS SANTOSH KADAM   |         | 106-35-0289         |                      |
|   |         | Federal Information | Colorado Information |
| 24. Adjusted Gross Income. Enter amount from form 1040, 1040 SP, or 1040 SR line 11. <b>24</b>  | 78277   | 00                  |                      |
| 25. Colorado Adjusted Gross Income. Subtract the amount on line 23 of Form 104PN from the amount on line 21 of Form 104PN. <b>25</b>  |         |                     | 41599 00             |
| 26. Additions to Adjusted Gross Income. Enter the sum of lines 3 through 6 of Colorado Form 104 excluding any charitable contribution adjustments. <b>26</b>  |         | 00                  |                      |
| 27. Additions to Colorado Adjusted Gross Income. Enter any amount from line 26 that is from non-Colorado state or local bond interest earned while a Colorado resident.* <b>27</b>  |         |                     | 00                   |
| 28. Total of lines 24 and 26 <b>28</b>  | 78277   | 00                  |                      |
| 29. Total of lines 25 and 27 <b>29</b>  |         |                     | 41599 00             |
| 30. Subtractions from Adjusted Gross Income. Enter the amount from line 8 of Colorado Form 104 excluding any qualifying charitable contributions. <b>30</b>   |         | 00                  |                      |
| 31. Subtractions from Colorado Adjusted Gross Income. Enter any amount from line 30 as follows: <b>31</b>   |         |                     | 00                   |
| <ul style="list-style-type: none"> <li>• The state income tax refund subtraction to the extent included on line 19 above</li> <li>• The federal interest subtraction to the extent included on line 7 above</li> <li>• The pension/annuity subtraction and the PERA or DPS retirement subtraction to the extent included on line 13 above</li> <li>• The Colorado Agricultural capital gain subtraction to the extent included on line 20 above</li> </ul> <p><b>For treatment of other subtractions, see the Individual Income Tax Guide and/or the Income Tax Topics: Part-Year Residents &amp; Nonresidents.</b></p> |         |                     |                      |
| 32. Modified Adjusted Gross Income. Subtract line 30 from line 28. <b>32</b>  | 78277   | 00                  |                      |
| 33. Modified Colorado Adjusted Gross Income. Subtract line 31 from line 29. <b>33</b>   |         |                     | 41599 00             |
| 34. Divide line 33 by line 32. Round to four significant digits, e.g. xxx.xxxx <b>34</b>  | 53.1433 | %                   |                      |
| 35. Tax from the tax table based on income reported on the DR 0104 line 9 <b>35</b>   |         |                     | 2874 00              |
| 36. Apportioned tax. Multiply line 35 by the percentage on line 34. Enter here and on DR 0104 line 10. <b>36</b>  | 1527    | 00                  |                      |

\* See the Individual Income Tax Guide and/or the Income Tax Topics: Part-Year Residents & Nonresidents for treatment of other additions.





2300411514



Georgia Form **500** (Rev. 06/22/22)  
Individual Income Tax Return  
Georgia Department of Revenue  
**2022** (Approved software version)

Page **1**

Fiscal Year  
Beginning

STATE CO  
ISSUED

Fiscal Year  
Ending

YOUR DRIVER'S  
LICENSE/STATE ID

171838057

YOUR FIRST NAME  
1. TEJAS SANTOSH

MI YOUR SOCIAL SECURITY NUMBER  
106-35-0289

LAST NAME (For Name Change See IT-511 Tax Booklet)  
KADAM

SUFFIX

SPOUSE'S FIRST NAME

MI SPOUSE'S SOCIAL SECURITY NUMBER

LAST NAME

SUFFIX

DEPARTMENT USE ONLY

ADDRESS (NUMBER AND STREET or P.O. BOX) (Use 2nd address line for Apt, Suite or Building Number) CHECK IF ADDRESS HAS CHANGED  
2. 391 17TH ST NW UNIT 1045

CITY (Please insert a space if the city has multiple names)  
3. ATLANTA

STATE ZIP CODE  
GA 30363

(COUNTRY IF FOREIGN)

4. Enter your Residency Status with the appropriate number ..... 4. 2

Residency Status

1. FULL-YEAR RESIDENT 2. PART-YEAR RESIDENT 05/01/2022 TO 12/31/2022 3. NONRESIDENT

Omit Lines 9 thru 14 and use Form 500 Schedule 3 if you are a part-year or nonresident filer.

5. Enter Filing Status with appropriate letter (See IT-511 Tax Booklet)..... 5. A

Filing Status

A. Single B. Married filing joint C. Married filing separate (Spouse's social security number must be entered above) D. Head of Household or Qualifying Surviving Spouse

6. Number of exemptions (Check appropriate box(es) and enter total in 6c.) 6a. Yourself  6b. Spouse 6c. 1

7a. Number of Dependents (Enter details on Line 7b., and DO NOT include yourself or your spouse)..... 7a.

This Page (1) is required for processing

REV 01/03/23 PRO



2300411524

YOUR SOCIAL SECURITY NUMBER  
 106-35-0289

7b. Dependents (If you have more than 4 dependents, attach a list of additional dependents)

**First Name, MI.** **Last Name**  
  
**Social Security Number** **Relationship to You**

**First Name, MI.** **Last Name**  
  
**Social Security Number** **Relationship to You**

**First Name, MI.** **Last Name**  
  
**Social Security Number** **Relationship to You**

**First Name, MI.** **Last Name**  
  
**Social Security Number** **Relationship to You**

**INCOME COMPUTATIONS**

If amount on line 8, 9, 10, 13 or 15 is negative, use the minus sign (-). Example -3456.

- 8. Federal adjusted gross income (From Federal Form 1040)..... 8. 78277  
 (Do not use FEDERAL TAXABLE INCOME) If the amount on Line 8 is \$40,000 or more, or your gross income is less than your W-2s you must include a copy of your Federal Form 1040 Pages 1, 2, and Schedule 1.
- 9. Adjustments from Form 500 Schedule 1 (See IT-511 Tax Booklet) ..... 9.
- 10. Georgia adjusted gross income (Net total of Line 8 and Line 9)..... 10.
- 11. Standard Deduction (Do not use FEDERAL STANDARD DEDUCTION)..... 11a.  
 (See IT-511 Tax Booklet)
  - b. Self: 65 or over?      Blind?      Total      x 1,300=..... 11b.  
 Spouse: 65 or over?      Blind?
  - c. Total Standard Deduction (Line 11a + Line 11b)..... 11c.  
 Use EITHER Line 11c OR Line 12c (Do not write on both lines)
- 12. Total Itemized Deductions used in computing Federal Taxable Income. If you use itemized deductions, you must include Federal Schedule A.
  - a. Federal Itemized Deductions (Schedule A- Form 1040)..... 12a.
  - b. Less adjustments: (See IT-511 Tax Booklet) ..... 12b.
  - c. Georgia Total Itemized Deductions..... 12c.
- 13. Subtract either Line 11c or Line 12c from Line 10; enter balance..... 13.





2300411534

YOUR SOCIAL SECURITY NUMBER  
106-35-0289

**Page 3**

|   |      |       |      |
|---|------|-------|------|
| 14a. Enter the number from Line 6c. Multiply by \$2,700 for filing status A or D or multiply by \$3,700 for filing status B or C                    | 14a. |       |      |
| 14b. Enter the number from Line 7a. Multiply by \$3,000.....  | 14b. |       |      |
| 14c. Add Lines 14a. and 14b. Enter total .....  | 14c. |       |      |
| 15a. Income before GA NOL (Line 13 less Line 14c or Schedule 3, Line 14).....   | 15a. | 40503 |      |
| 15b. Georgia NOL utilized (Cannot exceed Line 15a or the amount after applying the 80% limitation, see IT-511 Tax Booklet for more information).... | 15b. |       |      |
| 15c. Georgia Taxable Income (Line 15a less Line 15b).....   | 15c. | 40503 |      |
| 16. Tax (Use Tax Rate Schedule in the IT-511 Tax Booklet) .....   | 16.  | 2156  |      |
| 17. Low Income Credit   | 17a. | 17b.  | 17c. |
| 18. Other State(s) Tax Credit (Include a copy of the other state(s) return) .....   | 18.  |       |      |
| 19. Credits used from IND-CR Summary Worksheet .....  | 19.  |       |      |
| 20. <b>Total Credits Used from Schedule 2 Georgia Tax Credits (must be filed electronically)</b>  | 20.  |       |      |
| 21. Total Credits Used (sum of Lines 17-20) cannot exceed Line 16 .....   | 21.  |       | 0    |
| 22. Balance (Line 16 less Line 21) if zero or less than zero, enter zero .....  | 22.  |       | 2156 |

**INCOME STATEMENT DETAILS** Only enter income on which Georgia tax was withheld. Enter income from W-2s, 1099s, and G2-As on Line 4 GA Wages/Income. For other income statements complete Line 4 using the income reported from **Form G2-RP Line 12 or 13; Form G2-LP Line 11**, or for **Form G2-FL enter zero**.

| (INCOME STATEMENT A)                             |      |       |       | (INCOME STATEMENT B)                           |      |       |       | (INCOME STATEMENT C)                           |      |       |       |
|--|------|-------|-------|--|------|-------|-------|--|------|-------|-------|
| 1. WITHHOLDING TYPE:                             |      |       |       | 1. WITHHOLDING TYPE:                           |      |       |       | 1. WITHHOLDING TYPE:                           |      |       |       |
| X  | W-2  | G2-A  | G2-LP |  | W-2  | G2-A  | G2-LP |  | W-2  | G2-A  | G2-LP |
|  | 1099 | G2-FL | G2-RP |  | 1099 | G2-FL | G2-RP |  | 1099 | G2-FL | G2-RP |
| 2. EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) X SSN |      |       |       | 2. EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) SSN |      |       |       | 2. EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) SSN |      |       |       |
| 954081636  |      |       |       |  |      |       |       |  |      |       |       |
| 3. EMPLOYER/PAYER STATE WITHHOLDING ID           |      |       |       | 3. EMPLOYER/PAYER STATE WITHHOLDING ID         |      |       |       | 3. EMPLOYER/PAYER STATE WITHHOLDING ID         |      |       |       |
| 2687070TF  |      |       |       |  |      |       |       |  |      |       |       |
| 4. GA WAGES / INCOME                             |      |       |       | 4. GA WAGES / INCOME                           |      |       |       | 4. GA WAGES / INCOME                           |      |       |       |
| 45178  |      |       |       |  |      |       |       |  |      |       |       |
| 5. GA TAX WITHHELD                               |      |       |       | 5. GA TAX WITHHELD                             |      |       |       | 5. GA TAX WITHHELD                             |      |       |       |
| 2374   |      |       |       |  |      |       |       |  |      |       |       |

PLEASE COMPLETE INCOME STATEMENT DETAILS ON PAGE 4.

**This Page (3) is required for processing**



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| (INCOME STATEMENT D)  |      |       | (INCOME STATEMENT E)                       |     |      | (INCOME STATEMENT F)                       |       |  |
|---|------|-------|--|-----|------|--|-------|--|
| 1. WITHHOLDING TYPE:  |      |       | 1. WITHHOLDING TYPE:                       |     |      | 1. WITHHOLDING TYPE:                       |       |  |
|   | W-2  | G2-A  | G2-LP                                      |     | W-2  | G2-A                                       | G2-LP |  |
|   | 1099 | G2-FL | G2-RP                                      |     | 1099 | G2-FL                                      | G2-RP |  |
| 2. EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN)  | SSN  |       | 2. EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) | SSN |      | 2. EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) | SSN   |  |
| 3. EMPLOYER/PAYER STATE WITHHOLDING ID  |      |       | 3. EMPLOYER/PAYER STATE WITHHOLDING ID     |     |      | 3. EMPLOYER/PAYER STATE WITHHOLDING ID     |       |  |
| 4. GA WAGES / INCOME  |      |       | 4. GA WAGES / INCOME                       |     |      | 4. GA WAGES / INCOME                       |       |  |
| 5. GA TAX WITHHELD  |      |       | 5. GA TAX WITHHELD                         |     |      | 5. GA TAX WITHHELD                         |       |  |
| 23. Georgia Income Tax Withheld on Wages and 1099s .....                                  | 23.  |       | 2374                                       |     |      |  |       |  |
| (Enter Tax Withheld Only and include W-2s and/or 1099s)                                   |      |       |  |     |      |  |       |  |
| 24. Other Georgia Income Tax Withheld.....  | 24.  |       |  |     |      |  |       |  |
| (Must include G2-A, G2-FL, G2-LP and/or G2-RP)  |      |       |  |     |      |  |       |  |
| 25. Estimated Tax paid for 2022 and Form IT-560 .....                                     | 25.  |       |  |     |      |  |       |  |
| 26. Schedule 2B Refundable Tax Credits.....   | 26.  |       |  |     |      |  |       |  |
| (Cannot be claimed unless filed electronically)   |      |       |  |     |      |  |       |  |
| 27. Total prepayment credits (Add Lines 23, 24, 25 and 26).....                           | 27.  |       | 2374                                       |     |      |  |       |  |
| 28. If Line 22 exceeds Line 27, subtract Line 27 from Line 22 and enter balance due.....  | 28.  |       |  |     |      |  |       |  |
| 29. If Line 27 exceeds Line 22, subtract Line 22 from Line 27 and enter overpayment ..... | 29.  |       | 218  |     |      |  |       |  |
| 30. Amount to be credited to 2023 ESTIMATED TAX .....                                     | 30.  |       | 0  |     |      |  |       |  |
| 31. Georgia Wildlife Conservation Fund (No gift of less than \$1.00).....                 | 31.  |       |  |     |      |  |       |  |
| 32. Georgia Fund for Children and Elderly (No gift of less than \$1.00).....              | 32.  |       |  |     |      |  |       |  |
| 33. Georgia Cancer Research Fund (No gift of less than \$1.00) .....                      | 33.  |       |  |     |      |  |       |  |
| 34. Georgia Land Conservation Program (No gift of less than \$1.00).....                  | 34.  |       |  |     |      |  |       |  |
| 35. Georgia National Guard Foundation (No gift of less than \$1.00) .....                 | 35.  |       |  |     |      |  |       |  |
| 36. Dog & Cat Sterilization Fund (No gift of less than \$1.00).....                       | 36.  |       |  |     |      |  |       |  |
| 37. Saving the Cure Fund (No gift of less than \$1.00).....                               | 37.  |       |  |     |      |  |       |  |
| 38. Realizing Educational Achievement Can Happen (REACH) Program .....                    | 38.  |       |  |     |      |  |       |  |
| (No gift of less than \$1.00)   |      |       |  |     |      |  |       |  |



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- 39. Public Safety Memorial Grant (No gift of less than \$1.00)..... 39.
- 40. Form 500 UET (Estimated tax penalty) 500 UET exception attached 40.
- 41. Penalty: Late Payment and/or Late Filing..... 41.
- 42. Interest ..... 42.
- 43. (If you owe) Add Lines 28, 31 thru 42 ..... 43.  
**MAKE CHECK PAYABLE TO GEORGIA DEPARTMENT OF REVENUE,  
Mail To: GEORGIA DEPARTMENT OF REVENUE PROCESSING CENTER,  
PO BOX 740399 ATLANTA, GA 30374-0399**

44. (If you are due a refund) Subtract the sum of Lines 30 thru 42 from Line 29  
**THIS IS YOUR REFUND..... 44. 218**  
Refund Due Mail To: **GEORGIA DEPARTMENT OF REVENUE PROCESSING CENTER,  
PO BOX 740380 ATLANTA, GA 30374-0380**

**If you do not enter Direct Deposit information or if you are a first time filer you will be issued a paper check.**

44a. Direct Deposit (U.S. Accounts Only) Type: Checking  Savings  
Routing Number 102001017 Account Number 370626605

**Mail pages 1-5 and any applicable schedules, forms, and documentation. DO NOT staple pages.**

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

Taxpayer's Signature (Check box if deceased) Spouse's Signature (Check box if deceased)  
Taxpayer's Date of Death Spouse's Date of Death

Taxpayer's Signature Date Taxpayer's Phone Number 720-592-9989 Spouse's Signature Date

By providing my e-mail address I am authorizing the Georgia Department of Revenue to electronically notify me at the below e-mail address regarding any updates to my account(s).

Taxpayer's E-mail Address

I authorize DOR to discuss this return with the named preparer.

SYAM PRIYA RAM SAGAR GUPTA TALLAM  
Signature of Preparer  
Name of Preparer Other Than Taxpayer  
SYAM PRIYA RAM SAGAR GUPT

Preparer's Phone Number  
678-965-9522  
Preparer's FEIN  
84-3171965

Preparer's Firm Name  
GLOBAL TAXES LLC

Preparer's SSN/PTIN/SIDN  
P02082703



2307411514

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**DO NOT USE LINES 9 THRU 14 OF PAGES 2 AND 3 FORM 500 or 500X**

**SCHEDULE 3 COMPUTATION OF GEORGIA TAXABLE INCOME FOR ONLY PART-YEAR RESIDENTS AND NONRESIDENTS.**

Income earned in another state as a Georgia resident is taxable but other state(s) tax credit may apply. See IT-511 Tax Booklet.

| FEDERAL INCOME AFTER GEORGIA ADJUSTMENT<br>(COLUMN A)   | INCOME NOT TAXABLE TO GEORGIA<br>(COLUMN B)                                  | GEORGIA INCOME<br>(COLUMN C)   |
|---|--|--|
| 1. WAGES, SALARIES, TIPS, etc<br><br>86777  | 1. WAGES, SALARIES, TIPS, etc<br><br>41599                                   | 1. WAGES, SALARIES, TIPS, etc<br><br>45178                                   |
| 2. INTEREST AND DIVIDENDS   | 2. INTEREST AND DIVIDENDS  | 2. INTEREST AND DIVIDENDS  |
| 3. BUSINESS INCOME OR (LOSS)  | 3. BUSINESS INCOME OR (LOSS)   | 3. BUSINESS INCOME OR (LOSS)   |
| 4. OTHER INCOME OR (LOSS)<br><br>-8500  | 4. OTHER INCOME OR (LOSS)<br><br>-8500                                       | 4. OTHER INCOME OR (LOSS)<br><br>0   |
| 5. TOTAL INCOME: TOTAL LINES 1 THRU 4<br>78277  | 5. TOTAL INCOME: TOTAL LINES 1 THRU 4<br>33099                               | 5. TOTAL INCOME: TOTAL LINES 1 THRU 4<br>45178                               |
| 6. TOTAL ADJUSTMENTS FROM FORM 1040   | 6. TOTAL ADJUSTMENTS FROM FORM 1040  | 6. TOTAL ADJUSTMENTS FROM FORM 1040  |
| 7. TOTAL ADJUSTMENTS FROM FORM 500,<br>SCHEDULE 1   | 7. TOTAL ADJUSTMENTS FROM FORM 500,<br>SCHEDULE 1                            | 7. TOTAL ADJUSTMENTS FROM FORM 500,<br>SCHEDULE 1                            |
| 8. ADJUSTED GROSS INCOME:<br>LINE 5 PLUS OR MINUS LINES 6 AND 7<br><br>78277  | 8. ADJUSTED GROSS INCOME:<br>LINE 5 PLUS OR MINUS LINES 6 AND 7<br><br>33099 | 8. ADJUSTED GROSS INCOME:<br>LINE 5 PLUS OR MINUS LINES 6 AND 7<br><br>45178 |
| 9. RATIO: Divide Line 8, Column C by Line 8, Column A enter percentage or<br>check the box for Time Ratio. Enter percentage.....  | 9. 57.72   | % Not to exceed 100%   |
| 10a. Itemized or Standard Deduction <input checked="" type="checkbox"/> or Georgia Itemized (See IT-511 Tax Booklet)  | 10a. 5400  |  |
| 10b. Additional Standard Deduction<br>Self: 65 or over? Blind? Spouse: 65 or over? Blind? Total X 1,300=  | 10b.   |  |
| 11. Personal Exemptions from Form 500 or Form 500X (See IT-511 Tax Booklet)   |  |  |
| 11a. Enter the number on Line 6c from Form 500 or Form 500X <u>1</u> multiply by \$2,700 for<br>filing status A or D or multiply by \$3,700 for filing status B or C..... | 11a.   | 2700   |
| 11b. Enter the number on Line 7a from Form 500 or Form 500X multiply by \$3,000 ..  | 11b.   |  |
| 12. Total Deductions and Exemptions: Add Lines 10a, 10b, 11a, and 11b .....   | 12.  | 8100   |
| 13. *Multiply Line 12 by Ratio on Line 9 and enter result.....  | 13.  | 4675   |
| 14. Income before GA NOL: Subtract Line 13 from Line 8, Column C<br>Enter here and on Line 15a, Page 3 of Form 500 or Form 500X.....                                      | 14.  | 40503  |