#### 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.

Conicl converts number

Submission Identification Number (SID)

T.....

| Taxpayer S hame   | Social security number          |  |  |  |  |  |  |  |  |  |  |  |
|---|---------------------------------|--|--|--|--|--|--|--|--|--|--|--|
| REKHA RANGARAJAN  | 398-59-3096                     |  |  |  |  |  |  |  |  |  |  |  |
| Spouse's name   | Spouse's social security number |  |  |  |  |  |  |  |  |  |  |  |
| SRIRAM RAMAMOORTHY  | 661-99-4134                     |  |  |  |  |  |  |  |  |  |  |  |
| 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> 139,358.               |  |  |  |  |  |  |  |  |  |  |  |
| <b>2</b> Total tax  | <b>2</b> 16,195.                |  |  |  |  |  |  |  |  |  |  |  |
| 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099                                     | <b>3</b> 16,250.                |  |  |  |  |  |  |  |  |  |  |  |
| 4 Amount you want refunded to you   | <b>4</b> 55.                    |  |  |  |  |  |  |  |  |  |  |  |
| <b>5</b> Amount you owe   | 5                               |  |  |  |  |  |  |  |  |  |  |  |
| Part II Taxpayer Declaration and Signature Authorization (Be sure you get and k                     | eep 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

| $\mathbf{\wedge}$ | raumonze    | GLUDAL | IAVES | ERO firm name | to enter or generate my PIN | Er |
|-------------------|-------------|--------|-------|---------------|-----------------------------|----|
| $\mathbf{\nabla}$ | l authorize | CTOBAT | TAVES | TTC           | to optor or gonorato my PIN |    |

|   |   |   | gits,<br>all ze |   | as my |
|---|---|---|-----------------|---|-------|
| 9 | 3 | 0 | 9               | 6 |       |

4 1

don't enter all zeros

3 4

as my

signature on the income tax return (original or amended) I am now authorizing.

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 🕨

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

X | authorize GLOBAL TAXES LLC to enter or generate my PIN 9 ERO firm name Enter five digits, but

signature on the income tax return (original or amended) I am now authorizing.

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 ► D  | ate |   |  |  |  |   |  |  |   |    |  |
|---|-----|---|--|--|--|---|--|--|---|----|--|
| Practitioner PIN Method Returns Only—continue below   |     |   |  |  |  |   |  |  |   |    |  |
| Part III Certification and Authentication – Practitioner PIN Method Only                        |     |   |  |  |  |   |  |  |   |    |  |
| <b>ERO's EFIN/PIN.</b> Enter your six-digit EFIN followed by your five-digit self-selected PIN. | 5   | 1 |  |  |  | 2 |  |  | 9 | 89 |  |

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              | 's signature ► Date ►  |  |                         |  |  |  |  |  |  |  |  |
|------------------------------|--|--|-------------------------|--|--|--|--|--|--|--|--|
|                              | ERO Must Retain This Form — Se<br>Don't Submit This Form to the IRS Unless |  |                         |  |  |  |  |  |  |  |  |
| For Domentic Deduction Act N | lation and vous toy wature instructions                                    |  | Farm 9970 (Day 01 0001) |  |  |  |  |  |  |  |  |

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

| <b>E1040</b> Department of the Treasury-Internal Revenue Service<br>U.S. Individual Income Tax Return 2022 OMB No. 1545-0074 IRS Use   | e Only—Do not wr   | ite or staple in this space.                          |
|--|--------------------|---|
| Filing Status       Single       Married filing jointly       Married filing separately (MFS)       Head of household (HC         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 name of your spouse. If you checked the HOH or QSS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the name of your spouse.   | spou               | fying surviving<br>se (QSS)<br>name if the qualifying |
| Your first name and middle initial Last name   | Your soc           | ial security number                                   |
| REKHA RANGARAJAN   | 398-5              | 9-3096  |
| If joint return, spouse's first name and middle initial Last name  |                    | social security number                                |
| SRIRAM RAMAMOORTHY   | 661-9              | 9-4134  |
| Home address (number and street). If you have a P.O. box, see instructions. Apt. no.   |                    | tial Election Campaigr                                |
| 8711 CINNAMON CREEK DR 1706  |                    | ere if you, or your                                   |
| City, town, or post office. If you have a foreign address, also complete spaces below. State ZIP code  |                    | f filing jointly, want \$3                            |
| SAN ANTONIO TX 78240   |                    | this fund. Checking a w will not change               |
| Shite Hittolitio         Foreign country name         Foreign province/state/country         Foreign postal of the state/country   |                    | or refund.  |
| Digital       At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See in the second seco |                    | Yes 🛛 No  |
| Standard       Someone can claim:       You as a dependent       Your spouse as a dependent         Deduction       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 Janu   | ıary 2, 1958       | Is blind  |
| Dependents (see instructions): (2) Social security (3) Relationship (4) Check  | the box if qualifi | es for (see instructions):                            |
|  | tax credit         | Credit for other dependents                           |
| than four  |                    |   |
| dependents,  | $\overline{\Box}$  |   |
| and check  |                    |   |
| here   |                    |   |
| 1a Total amount from Form(s) W-2, box 1 (see instructions)   | 1a                 | 152,718.  |
| b Household employee wages not reported on Form(s) W-2.  | 1b                 | ,   |
| Attach Form(s) c Tip income not reported on line 1a (see instructions)   | 1c                 |   |
| W-2 here. Also<br>attach Forms       d       Medicaid waiver payments not reported on Form(s) W-2 (see instructions)   | 1d                 |   |
| W-2G and e Taxable dependent care benefits from Form 2441, line 26   | 1e                 |   |
| 1099-R if tax f Employer-provided adoption benefits from Form 8839 line 29   | 1f                 |   |
| a Wagao from Form 9010 line 6  | 1g                 |   |
| If you did not9Wages from Form of 19, line 6 <th< td=""><td> 1h</td><td>0.</td></th<>  | 1h                 | 0.  |
| W-2, see i Nontaxable combat pay election (see instructions)   |                    |   |
| instructions. <b>z</b> Add lines 1a through 1h   | 1z                 | 152,718.  |
| Attach Sch. B 2a Tax-exempt interest   2a   b Taxable interest   | 12                 |   |
| if required. 3a Qualified dividends 3a b Ordinary dividends  |                    |   |
| 4a     IRA distributions     4a     b     Franklike  |                    |   |
| Standard     5a     b     Taxable amount     .       Standard     5a     Pensions and annuities     .     .     .  |                    |   |
| Deduction for –     6a     5a     b       6a     Social security benefits     6a     b   |                    |   |
| • Single or  |                    |   |
| opportally (   | · 🗆 🗖              |   |
| Septratery,<br>\$12,950     7     Capital gain or (loss). Attach Schedule D if required. If not required, check here        Mariad films     0     Other income from Schedule 1, line 10   | . 🗌 7              | 12 200  |
| • Married filing 8 Other income from Schedule 1, line 10   | 8                  | -13,360.  |
| 9       Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income         9       Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income         9       Add lines to income from Schedule 1. line 26   | 9                  | 139,358.  |
| \$25,900 Adjustments to income nom Schedule 1, ine 20  | 10                 | 100.050   |
| • Head of household, 10 Subtract line 10 from line 9. This is your <b>adjusted gross income</b>  | 11                 | 139,358.  |
| \$19,400 12 Standard deduction or itemized deductions (irom Schedule A)  | 12                 | 25,900.   |
| • If you checked any box under 13 Qualified business income deduction from Form 8995 or Form 8995-A  | 13                 | 0-0-  |
| Standard 14 Add lines 12 and 13  | 14                 | 25,900.   |
| <i>Deduction,</i><br>see instructions. <b>15</b> Subtract line 14 from line 11. If zero or less, enter -0 This is your <b>taxable income</b>   | 15                 | 113,458.  |

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Form **1040** (2022)

| Form 1040 (2022                    | 2)      |  |                  |                     |                  |                       |             |          | Pa                                      | ge <b>2</b> |
|------------------------------------|---------|--|------------------|---------------------|------------------|-----------------------|-------------|----------|---|-------------|
| Tax and                            | 16      | Tax (see instructions). Check if an        | y from Form      | (s): <b>1</b> 🗌 881 | 4 <b>2</b> 4972  | 3                     |             | 16       | 16,19                                   | 5.          |
| Credits                            | 17      | Amount from Schedule 2, line 3             |                  |                     |                  |                       |             | 17       |   |             |
|                                    | 18      | Add lines 16 and 17                        |                  |                     |                  |                       |             | 18       | 16,19                                   | 5.          |
|                                    | 19      | Child tax credit or credit for othe        | r dependent      | ts from Sched       | ule 8812         |                       |             | 19       |   |             |
|                                    | 20      | Amount from Schedule 3, line 8             |                  |                     |                  |                       |             | 20       |   |             |
|                                    | 21      | Add lines 19 and 20                        |                  |                     |                  |                       |             | 21       |   |             |
|                                    | 22      | Subtract line 21 from line 18. If z        | ero or less,     | enter -0            |                  |                       |             | 22       | 16,19                                   | 5.          |
|                                    | 23      | Other taxes, including self-emplo          | yment tax,       | from Schedule       | e 2, line 21 .   |                       |             | 23       |   | 0.          |
|                                    | 24      | Add lines 22 and 23. This is your          | total tax        |                     |                  |                       |             | 24       | 16,19                                   |             |
| Payments                           | 25      | Federal income tax withheld fron           |                  |                     |                  |                       |             |          |   |             |
|                                    | а       | Form(s) W-2                                |                  |                     |                  | <b>25a</b> 16         | ,250.       |          |   |             |
|                                    | b       | Form(s) 1099                               |                  |                     |                  | 25b                   |             |          |   |             |
|                                    | с       | Other forms (see instructions)             |                  |                     |                  | 25c                   |             |          |   |             |
|                                    | d       | Add lines 25a through 25c                  |                  |                     |                  |                       |             | 25d      | 16,25                                   | Э.          |
| Here have a                        | 26      | 2022 estimated tax payments an             | d amount a       | pplied from 20      | 21 return        |                       |             | 26       |   | -           |
| If you have a<br>qualifying child, | 27      | Earned income credit (EIC)                 |                  |                     |                  | 27                    |             |          |   |             |
| attach Sch. EIC.                   | 28      | Additional child tax credit from Sc        |                  |                     |                  | 28                    |             |          |   |             |
|                                    | 29      | American opportunity credit from           |                  |                     |                  | 29                    |             |          |   |             |
|                                    | 30      | Reserved for future use                    |                  |                     |                  | 30                    |             |          |   |             |
|                                    | 31      | Amount from Schedule 3, line 15            |                  |                     |                  | 31                    |             |          |   |             |
|                                    | 32      | Add lines 27, 28, 29, and 31. The          |                  |                     |                  | undable credits       |             | 32       |   |             |
|                                    | 33      | Add lines 25d, 26, and 32. These           |                  |                     |                  |                       |             | 33       | 16,25                                   | σ.          |
| Defined                            | 34      | If line 33 is more than line 24, sul       |                  |                     |                  |                       |             | 34       |   | 5.          |
| Refund                             | 35a     | Amount of line 34 you want refu            |                  |                     |                  |                       |             | 35a      | 5.                                      | 5.          |
| Direct deposit?                    | b       | Routing number 1 1 1 0                     |                  |                     |                  |                       | Savings     |          |   |             |
| See instructions.                  | d       | Account number 5 8 6 0                     |                  |                     |                  |                       | 0-          |          |   |             |
|                                    | 36      | Amount of line 34 you want appli           | · · ·            |                     |                  | 36                    |             |          |   |             |
| Amount                             | 37      | Subtract line 33 from line 24. This        | -                |                     |                  | -1                    |             |          |   |             |
| You Owe                            | 01      | For details on how to pay, go to           |                  |                     |                  |                       |             | 37       |   |             |
|                                    | 38      | Estimated tax penalty (see instru          | -                | -                   |                  | 38                    |             |          |   |             |
| Third Party                        | Do      | you want to allow another per              | -                |                     |                  |                       |             |          |   |             |
| Designee                           |         | structions                                 |                  |                     |                  | · · ·                 | omplete     | below.   | × No                                    |             |
| Ū                                  |         | signee's                                   |                  | Phone               |                  | Pers                  | onal identi | fication |   |             |
|                                    | nai     | ne   |                  | no.                 |                  | num                   | ber (PIN)   |          |   |             |
| Sign                               |         | der penalties of perjury, I declare that I |                  |                     |                  |                       |             |          |   |             |
| Here                               |         | ief, they are true, correct, and complete  | . Declaration of |                     | 1, 2, 7          | ased on all informati |             | • •      | ,                                       | ige.        |
|                                    | Yo      | ur signature                               |                  | Date                | Your occupation  |                       |             |          | nt you an Identity<br>IN, enter it here |             |
| Joint return?                      |         |  |                  |                     | BUSINESS 2       | ANALYST               |             | inst.)   |   | Т           |
| See instructions.                  | Sp      | ouse's signature. If a joint return, both  | must sign.       | Date                | Spouse's occupat |                       | If the      | e IRS se | nt your spouse an                       |             |
| Keep a copy for                    |         |  | 0                |                     |                  |                       |             |          | ection PIN, enter it                    | here        |
| your records.                      |         | SOFTWARE ENGINEER (see in                  |                  |                     |                  |                       |             |          |   |             |
|                                    |         | one no. (726) 400-8635                     |                  | Email address       | REKHASRIRA       | M060GMAIL.CO          |             |          | I                                       |             |
| Paid                               | Pre     | eparer's name Pre                          | parer's signat   | ure                 |                  | Date                  | PTIN        |          | Check if:                               |             |
| Preparer                           | SYAM    | PRIYA RAM SAGAR GUPTA TALLAM SYA           | M PRIYA          | RAM SAGAR           | GUPTA TALLAM     | 03/28/2023            | P0208       | 2703     | Self-employe                            | əd          |
| Use Only                           | Fir     | m's name GLOBAL TAXES                      | LLC              |                     |                  |                       | Pho         | ne no.   | (678)965-95                             | 22          |
|                                    | Fir     | m's address 245 ROONEY C                   | T E BRU          | NSWICK N            | J 08816          |                       | Firm        | 's EIN   | 84-31719                                | 65          |
| Go to www.irs.go                   | ov/Forn | n1040 for instructions and the latest info | ormation.        |                     | BAA              | REV 03/18/23 PRO      |             |          | Form <b>1040</b> (                      | 2022        |

BAA

| SCHEDULE    | 1 |
|-------------|---|
| (Form 1040) |   |

Department of the Treasury

# **Additional Income and Adjustments to Income**

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

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

OMB No. 1545-0074

Attachment Sequence No. 01

Your social security number

398-59-3096

 Internal Revenue Service
 Go to www.irs.gov/Form1040

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

|       |      |         |   | - ) |      | , - |        |     |
|-------|------|---------|---|-----|------|-----|--------|-----|
| REKHA | RANO | GARAJAN | æ | SR  | IRAM | RAM | AMOORI | 'HY |

| Par    | t I Additional Income   |                         |    |          |
|--------|---|-------------------------|----|----------|
| 1      | Taxable refunds, credits, or offsets of state and local income taxes                                      |                         | 1  |          |
| 2a     | Alimony received  |                         | 2a |          |
| b      | Date of original divorce or separation agreement (see instructions):                                      |                         |    |          |
| 3      | Business income or (loss). Attach Schedule C  |                         | 3  |          |
| 4      | Other gains or (losses). Attach Form 4797   |                         | 4  |          |
| 5      | Rental real estate, royalties, partnerships, S corporations, trusts, etc. Atta                            |                         | 5  | -13,360. |
| 6      | Farm income or (loss). Attach Schedule F  |                         | 6  |          |
| 7      | Unemployment compensation   |                         | 7  |          |
| 8      | Other income:   |                         |    |          |
| а      | Net operating loss  | <u>8a (</u> )           |    |          |
| b      | Gambling  | 8b                      |    |          |
| С      | Cancellation of debt  | 8c                      |    |          |
| d      | Foreign earned income exclusion from Form 2555  | 8d ( )                  |    |          |
| е      | Income from Form 8853   | 8e                      | -  |          |
| f      | Income from Form 8889   | 8f                      |    |          |
| g      | Alaska Permanent Fund dividends   | 8g                      |    |          |
| h      | Jury duty pay   | <u>8h</u>               | -  |          |
| i      | Prizes and awards   | <u>8i</u>               |    |          |
| j      | Activity not engaged in for profit income   | 8j                      |    |          |
|        | Stock options   | 8k                      | -  |          |
| I      | Income from the rental of personal property if you engaged in the rental                                  |                         |    |          |
|        | for profit but were not in the business of renting such property  | 81                      | -  |          |
| m      | Olympic and Paralympic medals and USOC prize money (see   |                         |    |          |
|        | instructions)   | <u>8m</u>               |    |          |
| n      | Section 951(a) inclusion (see instructions)   | 8n                      |    |          |
| 0      | Section 951A(a) inclusion (see instructions)  | 80                      |    |          |
| р      | Section 461(I) excess business loss adjustment  | 8p                      | -  |          |
| -      | Taxable distributions from an ABLE account (see instructions)   | 8q                      | -  |          |
| r      | Scholarship and fellowship grants not reported on Form W-2  | 8r                      |    |          |
| S      | Nontaxable amount of Medicaid waiver payments included on Form  | 8s ( )                  |    |          |
|        | 1040, line 1a or 1d   |                         | -  |          |
| C      | Pension or annuity from a nonqualifed deferred compensation plan or<br>a nongovernmental section 457 plan | 8t                      |    |          |
|        | Wages earned while incarcerated   | 8u                      |    |          |
| u<br>z | Other income. List type and amount:   | ou                      |    |          |
| 2      |   | 8z                      |    |          |
| 9      | Total other income. Add lines 8a through 8z   |                         | 9  |          |
| 10     | Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR,                                    |                         | 10 | -13,360. |
| - •    |   | 5. 10 10 1 H I, III 0 U |    |          |

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

Schedule 1 (Form 1040) 2022

| Par    | t II Adjustments to Income  |              |     |                      |
|--------|---|--------------|-----|----------------------|
| 11     | Educator expenses   |              | 11  |                      |
| 12     | Certain business expenses of reservists, performing artists, and fee-basis                                    | s government |     |                      |
|        | officials. Attach Form 2106   |              | 12  |                      |
| 13     | Health savings account deduction. Attach Form 8889  |              | 13  |                      |
| 14     | Moving expenses for members of the Armed Forces. Attach Form 3903   |              | 14  |                      |
| 15     | Deductible part of self-employment tax. Attach Schedule SE  |              | 15  |                      |
| 16     | Self-employed SEP, SIMPLE, and qualified plans  |              | 16  |                      |
| 17     | Self-employed health insurance deduction  |              | 17  |                      |
| 18     | Penalty on early withdrawal of savings  |              | 18  |                      |
| 19a    | Alimony paid  |              | 19a |                      |
| b      | Recipient's SSN   |              |     |                      |
| С      | Date of original divorce or separation agreement (see instructions):  |              |     |                      |
| 20     | IRA deduction   |              | 20  |                      |
| 21     | Student loan interest deduction   |              | 21  |                      |
| 22     | Reserved for future use   |              | 22  |                      |
| 23     | Archer MSA deduction  |              | 23  |                      |
| 24     | Other adjustments:  |              |     |                      |
| а      | Jury duty pay (see instructions)  |              | _   |                      |
| b      | Deductible expenses related to income reported on line 8I from the  |              |     |                      |
|        | rental of personal property engaged in for profit   |              |     |                      |
| С      | Nontaxable amount of the value of Olympic and Paralympic medals   |              |     |                      |
|        | and USOC prize money reported on line 8m  |              | -   |                      |
| d      | Reforestation amortization and expenses   |              | -   |                      |
| е      | Repayment of supplemental unemployment benefits under the Trade   |              |     |                      |
|        | Act of 1974   |              | -   |                      |
| f      | Contributions to section 501(c)(18)(D) pension plans  |              | -   |                      |
| g      | Contributions by certain chaplains to section 403(b) plans <b>24g</b>   |              | -   |                      |
| h      | Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions) |              |     |                      |
| :      | Attorney fees and court costs you paid in connection with an award  |              | -   |                      |
|        | from the IRS for information you provided that helped the IRS detect  |              |     |                      |
|        | tax law violations  |              |     |                      |
| i      | Housing deduction from Form 2555  |              |     |                      |
| J<br>k | Excess deductions of section 67(e) expenses from Schedule K-1 (Form   |              |     |                      |
| IX.    | 1041)   |              |     |                      |
| 7      | Other adjustments. List type and amount:  |              |     |                      |
| -      | 24z   |              |     |                      |
| 25     | Total other adjustments. Add lines 24a through 24z  |              | 25  |                      |
| 26     | Add lines 11 through 23 and 25. These are your <b>adjustments to income</b> . Enter                           |              |     |                      |
|        |   |              | 26  |                      |
|        |   | 03/18/23 PRO |     | e 1 (Form 1040) 2022 |

| SCHE<br>(Form | DULE E<br>1040)                  | (Fro   | om re   | ental real ( |                | plementa<br>ties, partners                       |           |             |          |              | trusts. REMI   | Cs.e    | etc.)    | OMB           | No. 15            | 45-00          | )74    |
|---------------|----------------------------------|--------|---------|--------------|----------------|--|-----------|-------------|----------|--------------|----------------|---------|----------|---------------|-------------------|----------------|--------|
| Departm       | ent of the Treasury              | Ì      |         |              |                | to Form 1040,                                    | •         | -           |          |              |                |         |          |               | <u>'UZ</u>        | 22             |        |
|               | Revenue Service                  |        |         | Go to w      |                | ScheduleE fo                                     |           |             |          |              | formation.     |         |          | Attao<br>Sequ | chment<br>Jence N | lo. <b>1</b> ( | 3      |
| Name(s)       | shown on return                  | -      |         |              |                |  |           |             |          |              |                |         |          | I secur       | -                 | ber            |        |
|               | A RANGARAJ                       |        |         |              |                |  |           |             |          |              |                | 39      | 98-59    | 9-309         | 96                |                |        |
| Part          | Note: If yo                      | ou are | e in th | e busines    | s of renting p | I Estate an<br>ersonal proper<br>age 2, line 40. |           |             | e C. See | e instru     | ctions. If you | are a   | ın indiv | idual, r      | eport f           | farm           |        |
| Α             | Did you make an                  |        |         |              |                | •  | to file   | Form(s)     | 1099? \$ | See ins      | structions .   |         |          |               | Yes               | X N            | lo     |
|               | "Yes," did you                   |        |         |              |                |  |           |             |          |              |                |         |          |               | Yes               |                | No     |
| 1a            | Physical addr                    | ess o  | of ea   | ich prope    | rty (street, c | city, state, ZII                                 | P code    | e)          |          |              |                |         |          |               |                   |                |        |
| Α             | H NO:7/14                        |        |         |              | • •            | *  |           |             | ESS (    | COLON        | Y (VIA),       | COT     | [MBA]    | ORE           | IN                | 641            | 019    |
| B             |                                  |        |         | 0 0 1 1 2 2  |                |  | ,         | 0011 11     |          |              | - ( · / /      |         |          | 0112          |                   |                |        |
| С             |                                  |        |         |              |                |  |           |             |          |              |                |         |          |               |                   |                |        |
| 1b            | Type of Prope                    | erty   | 2       | For each     | n rental real  | estate prope                                     | erty list | ted         |          | Fa           | ir Rental      | P       | erson    | al Use        | •                 | QJ             | ~      |
|               | (from list below                 |        |         | above, r     | eport the nu   | umber of fair                                    | rental    | and         |          |              | Days           |         | Da       | ys            |                   | QJ             | v      |
| Α             | 3                                |        |         |              |                | Check the Qa<br>irements to t                    |           |             | Α        |              | 365            |         |          | 0             |                   |                | 1      |
| B             |                                  |        |         |              |                | re. See instru                                   |           |             | В        |              |                |         |          |               |                   |                |        |
| <b>C</b>      |                                  |        |         | •            | ,              |  |           |             | С        |              |                |         |          |               |                   |                |        |
|               | of Property:                     |        |         | o 1/         |                |  |           |             |          | -            |                |         |          |               |                   |                |        |
|               | Single Family R                  |        |         |              |                | ort-Term Ren                                     | tal       | 5 Land      |          |              | Self-Rental    | wile o' | \<br>\   |               |                   |                |        |
| 2             | Multi-Family Re                  | sidei  | nce     | 4 0          | ommercial      |  |           | 6 Roya      | anies    | 8            | Other (desc    | ribe    | )        |               |                   |                |        |
|               |                                  |        |         |              |                |  |           |             |          |              | Propert        | ies:    |          |               |                   |                |        |
| Incom         |                                  |        |         |              |                |  |           |             | Α        |              | В              |         |          |               | С                 |                |        |
| 3             | Rents received                   |        |         |              |                |  | 3         |             | 6        | 558.         |                |         |          |               |                   |                |        |
|               | Royalties rece                   | ived   |         |              |                |  | 4         |             |          |              |                |         |          |               |                   |                |        |
| Expen         |                                  |        |         |              |                |  | -         |             |          | 00           |                |         |          |               |                   |                |        |
| 5             | •                                |        |         |              |                |  | 5<br>6    |             | ~        | 80.          |                |         |          |               |                   |                |        |
| 6<br>7        | Auto and trave                   | •      |         | ,            |                |  | 7         |             |          | 290.<br>973. |                |         |          |               |                   |                |        |
| 8             | Cleaning and r<br>Commissions    |        |         |              |                |  | 8         |             | 3        | ,,,,,        |                |         |          |               |                   |                |        |
| 9             | Insurance                        |        |         |              |                |  | 9         |             |          |              |                |         |          |               |                   |                |        |
| 10            | Legal and othe                   |        |         |              |                |  | 10        |             |          |              |                |         |          |               |                   |                |        |
| 11            | Management f                     | •      |         |              |                |  | 11        |             | 1.2      | 275.         |                |         |          |               |                   |                |        |
| 12            | Mortgage inter                   |        |         |              |                |  | 12        |             | -/-      |              |                |         |          |               |                   |                |        |
| 13            | Other interest                   |        |         |              | •              | ,  | 13        |             |          |              |                |         |          |               |                   |                |        |
| 14            | Repairs                          |        |         |              |                |  | 14        |             | 3,1      | .00          |                |         |          |               |                   |                |        |
| 15            | Supplies .                       |        |         |              |                |  | 15        |             | 3,4      | 110.         |                |         |          |               |                   |                |        |
| 16            | Taxes                            |        |         |              |                |  | 16        |             |          |              |                |         |          |               |                   |                |        |
| 17            | Utilities                        |        |         |              |                |  | 17        |             | 1,8      | 342.         |                |         |          |               |                   |                |        |
| 18            | Depreciation e                   | •      |         | •            |                |  | 18        |             | 3,0      | )48.         |                |         |          |               |                   |                |        |
| 19            | Other (list)                     |        |         |              |                |  | 19        |             |          |              |                |         |          |               |                   |                |        |
| 20            | I otal expense:                  | s. Ad  | dd lin  | es 5 thro    | ugh 19         |  | 20        |             | 14,0     | )18.         |                |         |          |               |                   |                |        |
| 21            | Subtract line 2                  |        |         |              |                |  |           |             |          |              |                |         |          |               |                   |                |        |
|               | result is a (loss file Form 6198 |        |         |              |                |  |           |             | -13,3    | 60           |                |         |          |               |                   |                |        |
| 00            | Deductible ren                   |        |         |              |                |  | 21        |             | -13,3    | .00          |                |         |          |               |                   |                |        |
| 22            | on Form 8582                     |        |         |              |                |  | 22        | (           | 13,3     | 60 )         | (              |         | )        | ,             |                   |                | )      |
| 23a           | Total of all am                  | •      |         |              |                |  |           |             |          | 23a          | 1              | 6       | /<br>58. |               |                   |                | )      |
| b             | Total of all am                  |        |         |              |                |  |           |             |          | 23b          |                |         |          |               |                   |                |        |
| c             | Total of all am                  |        |         |              |                |  |           |             |          | 23c          |                |         |          |               |                   |                |        |
| d             | Total of all am                  |        |         |              |                | • •  |           |             |          | 23d          |                | 3,0     | 48.      |               |                   |                |        |
| e             | Total of all am                  |        |         |              |                |  |           |             |          | 23e          |                |         | 18.      |               |                   |                |        |
| 24            | Income. Add                      |        |         |              |                | • •  |           |             |          |              |                |         | 24       |               |                   |                |        |
| 25            | Losses. Add ro                   | oyalty | y loss  | ses from li  | ine 21 and re  | ental real esta                                  | te loss   | ses from li | ne 22. I | Enter to     | otal losses he | ere     | 25       | (             | 13,               | 36             | 0.)    |
| 26            | Total rental re                  |        |         |              |                |  |           |             |          |              |                |         |          |               |                   |                |        |
|               | here. If Parts                   |        |         |              |                |  |           |             |          |              |                | on      |          |               |                   | _              | _      |
|               | Schedule 1 (Fo                   |        |         |              |                |  |           |             |          | ine 41       |                |         | 26       |               |                   |                | 60.    |
| For Pa        | perwork Reduct                   | ion A  | Act No  | otice, see   | the separate   | e instructions                                   |           | NI          | PA       |              | -13,360        | . ر     | Sch      | edule E       | (Form             | 1040           | ) 2022 |

Schedule E (Form 1040) 2022

| Form <b>4562</b>  |   | Depreciation and Amortization   |   |                    |               |  |       | DMB No. 1545-0172                     |
|---|---|---|---|--------------------|---------------|--|-------|---------------------------------------|
|   |   | (Including Information on Listed Property)<br>Attach to your tax return.    |   |                    |               |  | 2022  |                                       |
| Depart<br>Interna   | ment of the Treasury<br>I Revenue Service   | Go to u   | www.irs.gov/Form4562                              |                    |               | est information.                               |       | Attachment<br>Sequence No. <b>179</b> |
| Name(   | s) shown on return  |   |   | s or activity to w |               |  |       | tifying number                        |
|   |   |   |   |                    |               |  |       | 3-59-3096                             |
| Part I Election To Expense Certain Property Under Section 179<br>Note: If you have any listed property, complete Part V before you complete Part I.   |   |   |   |                    |               |  |       |                                       |
| 1 Maximum amount (see instructions)       1 |   |   |   |                    |               |  |       |                                       |
|   | <b>2</b> Total cost of section 179 property placed in service (see instructions)  |   |   |                    |               |  | 2     | 1,000,000.                            |
|   | Threshold cost of section 179 property before reduction in limitation (see instructions)  |   |   |                    |               |  | 3     | 2,700,000.                            |
|   |   | ction in limitation. Subtract line 3 from line 2. If zero or less, enter -0 |   |                    |               |  |       | , ,                                   |
|   | Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0 If married filing separately, see instructions |   |   |                    |               |  | 5     |                                       |
| 6   |   | Description of proper   |   | (b) Cost (busi     |               | (c) Elected cost                               | 5     |                                       |
|   | ()  |   | - ,   | (2) 0000 (200)     |               | (0) 2.00.00 0000                               |       | -                                     |
|   |   |   |   |                    |               |  |       | -                                     |
| 7   | Listed property. Er   | nter the amount   | from line 29                                      |                    | 7             |  |       |                                       |
|   |   |   |   | ,                  |               | d7   | 8     |                                       |
|   |   |   |   |                    |               |  | 9     |                                       |
|   |   |   |   |                    |               |  | 10    |                                       |
|   |   |   |   | •                  | ,             | or line 5. See instructions                    | 11    |                                       |
|   |   |   |   |                    |               | ne 11  | 12    |                                       |
|   | ,   |   | to 2023. Add lines 9                              |                    |               | 13   |       |                                       |
| Note:         Don't use Part II or Part III below for listed property. Instead, use Part V.           Part II         Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)  |   |   |   |                    |               |  |       |                                       |
| 14 Special depreciation allowance for qualified property (other than listed property) placed in service   |   |   |   |                    |               |  |       |                                       |
|   | • •   |   |   | •                  |               |  | 14    |                                       |
|   | • •   |   |   |                    |               |  | 15    |                                       |
|   |   |   |   |                    |               |  | 16    |                                       |
| 16 Other depreciation (including ACRS)       16         Part III       MACRS Depreciation (Don't include listed property. See instructions.)  |   |   |   |                    |               |  |       |                                       |
| Section A   |   |   |   |                    |               |  |       |                                       |
|   | MACRS deductions for assets placed in service in tax years beginning before 2022  |   |   |                    |               |  |       |                                       |
| <b>18</b> If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here   |   |   |   |                    |               |  |       |                                       |
| Section B-Assets Placed in Service During 2022 Tax Year Using the General Depreciation System   |   |   |   |                    |               |  |       |                                       |
|   |   | (b) Month and year  | (c) Basis for depreciation                        | (d) Recovery       |               |  |       |                                       |
| (a) (   | lassification of property   | <ul> <li>placed in service</li> </ul>                                       | (business/investment use only – see instructions) | period             | (e) Conventio | n (f) Method                                   | (g) D | Depreciation deduction                |
| 19a   | 3-year property   |   |   |                    |               |  |       |                                       |
| b   | 5-year property   |   |   |                    |               |  |       |                                       |
| С   | 7-year property   |   |   |                    |               |  |       |                                       |
| d   | 10-year property  |   |   |                    |               |  |       |                                       |
|   | 15-year property  |   |   |                    |               |  |       |                                       |
|   | 20-year property  |   |   | 0.5                |               | 0.1  |       |                                       |
|   | 25-year property  |   |   | 25 yrs.            |               | S/L  |       |                                       |
| h   | Residential rental  | 01/22   | 87,460.   | 27.5 yrs.          | MM            | S/L  |       | 3,048.                                |
|   | property  | -1  |   | 27.5 yrs.          | MM            | 5/L<br>5/L                                     |       |                                       |
|   | Nonresidential rea  | ai  |   | 39 yrs.            | MM            | 5/L<br>5/L                                     |       |                                       |
|   | property<br>Section C   | Assots Place  | d in Service During '                             | 2022 Tax Ve        |               | Alternative Depreciation                       | n Sv  | stom                                  |
| 20a   | Class life  |   |   |                    |               | S/L  |       | stem                                  |
|   | 12-year   |   |   | 12 yrs.            |               | S/L  |       |                                       |
|   | 30-year   |   |   | 30 yrs.            | MM            | S/L  |       |                                       |
|   | 40-year   |   |   | 40 yrs.            | MM            | S/L  |       |                                       |
| Part IV Summary (See instructions.)   |   |   |   |                    |               |  |       |                                       |
|   | Listed property. E  | `   | /   |                    |               |  | 21    |                                       |
|   |   |   | , lines 14 through 17,<br>of your return. Partne  |                    |               | n (g), and line 21. Enter<br>-see instructions | 22    | 3,048.                                |
| 23  | For assets shown  | above and plac  | ed in service during t section 263A costs.        | he current ye      | ar, enter the |  |       |                                       |

For Paperwork Reduction Act Notice, see separate instructions.