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.

Submission Identification Number (SID)

Taxpay	ver's name	Social securi	ty numb	er
BHA	GIRATH ANDAPALI	896-51	-4127	7
Spous	s's name	Spouse's soc	ial secu	rity number
Par	t I Tax Return Information – Tax Year Ending December 31, 2022 (Enter	year you a	re aut	horizing.)
Enter	whole dollars only on lines 1 through 5.			
Note	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.			
1	Adjusted gross income		1	193,161.
2	Total tax		2	32,763.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	37,150.
4	Amount you want refunded to you		4	7,999.
5	Amount you owe		5	
Dar	Taxpayer Declaration and Signature Authorization (Be sure you get and k	000 2 COD	vofv	our roturn)

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

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

X	l authorize	GLOBAL TAXE	S LLC	to enter or generate my PIN $^{ m L}$	
			ERO firm name		Er

Enter five digits, but	⊥ Ent	as my
Enter five digits, but don't enter all zeros		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 🕨

Date 🕨

Spouse's PIN: check one box only

I authorize

to	enter	or	generate	my	PIN

as mv Enter five digits, but don't enter all zeros

ERO firm name 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	bel	ow						
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		6 all zei	 9	8 9	9

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.

RO's signature ► Date ►										
ERO Must Retain This Form — See Instructions Don't Submit This Form to the IRS Unless Requested To Do So										
For Panarwork Paduation Act Nation and your tax rat		REV 03/00/22 RBO	Earm 8879 (Pay 01 2021)							

Digital As 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 No Standard Deduction Someone can claim: □ You as a dependent □ Your spouse as a dependent Our spouse itemizes on a separate return or you were a dual-status alien Age/Blindness You: □ Were bom before January 2, 1958 Are blind Spouse: □ Was bom before January 2, 1958 Is blind Dependents (see instructions): (1) First name Last name (2) Social security number (3) Relationship to you If more than four dependents, see instructions Immetry 1 (2) Social security number (3) Relationship to you If more than four dependents, see instructions Immetry 1 Immetry 1 Immetry 2 Immetry 2 Income 1a Total amount from Form(s) W-2, box 1 (see instructions) Immetry 2 1a 197, 958. Medicaid waiver payments not reported on Form(s) W-2 (see instructions) Immetry 2 1d 197, 958. V-2 here. Also attach Forms C Tip income not reported on Form(s) W-2 (see instructions) Immetry 2 1d W-2 here. Also attach Forms C Tip income not reported on Form(s) W-2 (see instructions) Immetry 2 1d W-2 h	1040		artment of the Treasury–Internal Revenue Serv S. Individual Income Ta 2		turn	202	2	OMB No. 1545	-0074	IRS Use Only	∕—Do not v	vrite or staple	in this space.	
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separately, \$12,950 7 Capital gain or (loss). Attach Schedule D if required. If not required, check here 7 • Married filing jointly or Qualifying surviving spouse, \$25,900 8 Other income from Schedule 1, line 10 8 -4,797. • Married filing jointly or Qualifying surviving spouse, \$25,900 9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 9 193, 161. • Head of household, \$19,400 11 Subtract line 10 from line 9. This is your adjusted gross income 11 193, 161. • If you checked any box under Standard 13 Qualified business income deduction from Form 8995 or Form 8995-A 13 • Add lines 12 and 13 11 1,4 33, 973. • If you checked any box under Standard 15 1,4 from line 11 1,5 9, 1,88									t	· · ·	. 60)		
\$12,950 7 Capital gain of (toss). Attach Schedule D in required. In hot required, check here 1 7 • Married filing jointly or Qualifying surviving spouse, \$25,900 9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 9 193,161. • Married filing jointly or Qualifying surviving spouse, \$25,900 • Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 9 193,161. • Head of household, \$19,400 • Standard deduction or itemized deductions (from Schedule A) 11 193,161. • If you checked any box under Standard 13 Qualified business income deduction from Form 8995 or Form 8995-A 13 14 33,973. • If you checked any box under Standard • 14 15 15,9 188			•				•	,	• •	l	$\exists \vdash$			
jointly or Qualifying surviving spouse, \$25,9009Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income9193, 161.10Adjustments to income from Schedule 1, line 2610• Head of household, \$19,40011Subtract line 10 from line 9. This is your adjusted gross income11193, 161.12Standard deduction or itemized deductions (from Schedule A)1233, 973.13Qualified business income deduction from Form 8995 or Form 8995-A1314Add lines 12 and 131415Subtract line 14 from line 1115159, 188	\$12,950								• •	l				
Qualifying surviving spouse, \$25,900 9 193,161. 10 Adjustments to income from Schedule 1, line 26 10 Head of household, \$19,400 Subtract line 10 from line 9. This is your adjusted gross income 11 193,161. 12 Standard deduction or itemized deductions (from Schedule A) 12 33,973. If you checked any box under Standard Deduction, 13 Qualified business income deduction from Form 8995 or Form 8995-A 13 14 33,973. 14 33,973. 15 Subtract line 14 from line 11 11 f zero or less enter -0- 15									• •					
\$25,900 10 Adjustments to income non schedule i, ine 20 11 193,161. • Head of household, \$19,400 12 Standard deduction or itemized deductions (from Schedule A) 11 193,161. • If you checked any box under Standard Deduction, 13 Qualified business income deduction from Form 8995 or Form 8995-A 13 13 • If you checked any box under Standard 14 33,973. 14 33,973. • If you checked any box under Standard 15 14 15 15 15	Qualifying				-				• •				93,161.	
household, \$19,400 12 Standard deduction or itemized deductions (from Schedule A) 12 33,973. If you checked any box under Standard Deduction, 13 Qualified business income deduction from Form 8995 or Form 8995-A 13 13 14 Add lines 12 and 13 14 33,973. 14 33,973. 15 Subtract line 14 from line 11. If zero or less enter -0- This is your taxable income 15 159, 188.	\$25,900								• •			-		
\$19,400 12 Standard deduction or itemized deductions (from Schedule A) 12 33,973. • If you checked any box under Standard 13 Qualified business income deduction from Form 8995 or Form 8995-A 13 13 14 Add lines 12 and 13 14 33,973. Deduction, 15 Subtract line 14 from line 11 If zero or less enter -0- This is your taxable income 15 159,188				-		-			• •					
any box under Standard14Add lines 12 and 13131433,973.Deduction,15Subtract line 14 from line 11 If zero or less enter -0- This is your taxable income15159,188	\$19,400						,		• •				33,973.	
Standard 14 Add lines 12 and 13 14 33,973 Deduction, 15 Subtract line 14 from line 11 If zero or less enter -0- This is your taxable income 15 159 188									• •					
	Standard													
		15	Subtract line 14 from line 11. If zei	ro or les	ss, enter -	-u This is y	our	taxable incom	e.	• • •	. 15		59,188.	

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

Form **1040** (2022)

Form 1040 (2022	2)								Page
Tax and	16	Tax (see instructions). Check if any fro	m Form	(s): 1 🗌 881	4 2 4972	3		. 16	32,041.
Credits	17	Amount from Schedule 2, line 3 .						. 17	
	18	Add lines 16 and 17						. 18	32,041.
	19	Child tax credit or credit for other de	pendent	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 zero of	or less,	enter -0				. 22	32,041.
	23	Other taxes, including self-employme	ent tax,	from Schedule	e 2, line 21 .			. 23	722.
	24	Add lines 22 and 23. This is your tota	al tax					. 24	32,763.
Payments	25	Federal income tax withheld from:							
	а	Form(s) W-2				25a	37,15	50.	
	b	Form(s) 1099				25b			
	с	Other forms (see instructions)				25c		0.	
	d	Add lines 25a through 25c						. 25d	37,150.
	26	2022 estimated tax payments and an						. 26	
If you have a qualifying child,	27	Earned income credit (EIC)				27			
attach Sch. EIC.	28	Additional child tax credit from Schedu				28			
)	29	American opportunity credit from For				29			
	30	Reserved for future use				30			
	31	Amount from Schedule 3, line 15				31	3,61	2	
	32	Add lines 27, 28, 29, and 31. These a							3,612.
	33	Add lines 25d, 26, and 32. These are							40,762.
	34	If line 33 is more than line 24, subtrac						. 34	7,999.
Refund	35a	Amount of line 34 you want refunded							7,999.
Direct deposit?	b	Routing number 1 2 2 1 0				Checking	 Savir		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
See instructions.	d	Account number 4 5 7 0 2						193	
	36	Amount of line 34 you want applied t				36			
Amount	37	· · · · ·				00			
You Owe	31	Subtract line 33 from line 24. This is the For details on how to pay, go to www						. 37	
	38	Estimated tax penalty (see instruction	-	-		38		. 01	
Third Party		you want to allow another person							
Designee							s. Compl	ete below.	× No
Deelghee	De	signee's		Phone				dentification	
	nai			no.			number (P		
Sign		der penalties of perjury, I declare that I have							
Here	bel	ief, they are true, correct, and complete. Dec	laration	of preparer (othe	r than taxpayer) is b	based on all infor			, ,
nere	Yo	ur signature		Date	Your occupation				ent you an Identity PIN, enter it here
laint wature 0					SOFTWARE	ENCIMPED		(see inst.)	
Joint return? See instructions.	Sn	ouse's signature. If a joint return, both must	sian	Date	Spouse's occupa			, ,	nt your spouse an
Keep a copy for	op	buse s signature. In a joint retain, buti must	. oigii.	Duto	opouse s occupa				ection PIN, enter it he
your records.								(see inst.)	
	Ph	one no. (480) 236-9639		Email address	BHAGHIRED	DY@GMAIL	.COM		
Doid	Pre	parer's name Preparer	's signat	ure		Date	PTI	N	Check if:
Paid	SYAM	PRIYA RAM SAGAR GUPTA TALLAM SYAM E	PRIYA	RAM SAGAR	GUPTA TALLAN	1 03/22/20	23 P02	2082703	Self-employed
Preparer	Fir	n's name GLOBAL TAXES LI	LC					Phone no.	(678)965-9522
Use Only	Fir	n's address 245 ROONEY CT H		NSWICK N	J 08816			Firm's EIN	84-3171965
Go to www.irs.go	ov/Forn	1040 for instructions and the latest informa	tion.		BAA	REV 03/09/23 F	RO		Form 1040 (20)
•					-				

SCHEDULE	1
(Form 1040)	

Department of the Treasury

Additional Income and Adjustments to Income

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

OMB No. 1545-0074 2 22 (0)

Department of the Treasury Internal Revenue Service	Go to www.irs.gov/Form1040 for instructions and the latest information.		Attachment Sequence No. 01
Name(s) shown on Fo	rm 1040, 1040-SR, or 1040-NR	Your soc	ial security number
BHAGIRATH ANDA	PALI	896-51	-4127

Par	t 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. Att	ach Schedule E .	5	-4,797.
6	Farm income or (loss). Attach Schedule F.		6	
7	Unemployment compensation		7	
8	Other income:			
а	Net operating loss	8a ()	
b	Gambling	8b		
С	Cancellation of debt	8c		
d	Foreign earned income exclusion from Form 2555	8d ()	
е	Income from Form 8853	8e		
f	Income from Form 8889	8f		
g	Alaska Permanent Fund dividends	8g		
h	Jury duty pay	8h		
i	Prizes and awards	8i	_	
j	Activity not engaged in for profit income	8j	_	
k	Stock options	8k	_	
	Income from the rental of personal property if you engaged in the rental			
	for profit but were not in the business of renting such property	81	-	
m	Olympic and Paralympic medals and USOC prize money (see			
	instructions)	8m	-	
n	Section 951(a) inclusion (see instructions)	8n	-	
0	Section 951A(a) inclusion (see instructions)	80	-	
р	Section 461(I) excess business loss adjustment	8p	-	
q	Taxable distributions from an ABLE account (see instructions)	8q	-	
r	Scholarship and fellowship grants not reported on Form W-2	8r	-	
S	Nontaxable amount of Medicaid waiver payments included on Form			
	1040, line 1a or 1d	8s (4	
t	Pension or annuity from a nonqualifed deferred compensation plan or	01		
	a nongovernmental section 457 plan	8t	-	
	Wages earned while incarcerated	8u	-	
Z	Other income. List type and amount:	8z		
0	Total other income. Add lines 9a through 97			
9	Total other income. Add lines 8a through 8z		9	1 707
10	Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SF	, or 1040-INR, IINE 8	10	-4,797.

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 gove	rnment		
	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		24a				
b	Deductible expenses related to income reported on line 8I from the					
		24b				
С	Nontaxable amount of the value of Olympic and Paralympic medals	04-				
ام		24c				
d	· · ·	24d			-	
е	Repayment of supplemental unemployment benefits under the Trade Act of 1974	24e				
£		24e 24f				
f g		24g			-	
•	Attorney fees and court costs for actions involving certain unlawful	279				
	, , , , , , , , , , , , , , , , , , , ,	24h				
;	Attorney fees and court costs you paid in connection with an award	<u> </u>				
	from the IRS for information you provided that helped the IRS detect					
		24i				
i		24j				
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form	,				
		24k				
z	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 adjustments to income.			and on		
	Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a				26	
	BAA	REV 0	3/09/23 PF	10	Schedu	le 1 (Form 1040) 2022

SCHE	DULE	2
(Form	1040)	

12

13

14

15

16

Additional Taxes

OMB No. 1545-0074

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

Departi Interna	AS	ttachment equence No. 02				
Name	e(s) shown on Forn	n 1040, 1040-SR, or 1040-NR		Your so	-	ecurity number
BHA	GIRATH ANDAP.	ALI		896-53	1-41	27
Ра	rt I Tax				,	
1	Alternative mi	nimum tax. Attach Form 6251			1	
2	Excess advar	nce premium tax credit repayment. Attach Form 8962			2	
3	Add lines 1 ar	nd 2. Enter here and on Form 1040, 1040-SR, or 1040	D-NR, line 1	7	3	
Pa	rt II Other Ta	axes				
4	Self-employm	nent tax. Attach Schedule SE			4	
5		ty and Medicare tax on unreported tip income.	5			
6		social security and Medicare tax on wages. Attach	6			
7	Total addition	al social security and Medicare tax. Add lines 5 and 0	6		7	
8	Additional tax	on IRAs or other tax-favored accounts. Attach Form	5329 if req	uired.		
	If not required	d, check here			8	
9	Household er	nployment taxes. Attach Schedule H			9	
10	Repayment o	f first-time homebuyer credit. Attach Form 5405 if red	quired		10	
11	Additional Me	edicare Tax. Attach Form 8959			11	722.

Uncollected social security and Medicare or RRTA tax on tips or group-term life

Interest on tax due on installment income from the sale of certain residential lots

Interest on the deferred tax on gain from certain installment sales with a sales price

Recapture of low-income housing credit. Attach Form 8611

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

(continued on page 2)

12

13

14

15

16

Schedule 2 (Form 1040) 2022

722.

Par	t II Other Taxes (continued)			
17	Other additional taxes:			
а	Recapture of other credits. List type, form number, and amount:			
		17a		
b	Recapture of federal mortgage subsidy, if you sold your home			
		17b	-	
-	Additional tax on HSA distributions. Attach Form 8889	17c	-	
d	Additional tax on an HSA because you didn't remain an eligible individual. Attach Form 8889	17d		
е	Additional tax on Archer MSA distributions. Attach Form 8853.	17e		
f	Additional tax on Medicare Advantage MSA distributions. Attach Form 8853	17f		
g	Recapture of a charitable contribution deduction related to a fractional interest in tangible personal property	17g		
h	Income you received from a nonqualified deferred compensation plan that fails to meet the requirements of section 409A	17h		
i	Compensation you received from a nonqualified deferred compensation plan described in section 457A	17i		
j	Section 72(m)(5) excess benefits tax	17j		
k	Golden parachute payments	17k		
Ι	Tax on accumulation distribution of trusts	171		
m	Excise tax on insider stock compensation from an expatriated corporation	17m		
n	Look-back interest under section 167(g) or 460(b) from Form 8697 or 8866	17n		
0	Tax on non-effectively connected income for any part of the year you were a nonresident alien from Form 1040-NR	170		
р	Any interest from Form 8621, line 16f, relating to distributions from, and dispositions of, stock of a section 1291 fund	17p		
q	Any interest from Form 8621, line 24	17q		
z	Any other taxes. List type and amount:			
		17z		
18	Total additional taxes. Add lines 17a through 17z		18	
19	Reserved for future use		19	
20	Section 965 net tax liability installment from Form 965-A	20		
21	Add lines 4, 7 through 16, and 18. These are your total other taxe			
	on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b BAA	REV 03/09/23 PRO	21 Schedu	722. Ile 2 (Form 1040) 2022

Department of the Treasury

Additional Credits and Payments

OMB No. 1545-0074 20

2

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

Departn Internal		Attachment Sequence No. 03				
		rm 1040, 1040-SR, or 1040-NR				I security number
Par	GIRATH AND	fundable Credits		85	96-51-	-4127
		credit. Attach Form 1116 if required			. 1	
1 2	0	hild and dependent care expenses from Form 244				
2	Form 2441			· · · · ·	. 2	2
3	Education c	redits from Form 8863, line 19..........			. 3	}
4	Retirement	savings contributions credit. Attach Form 8880			. 4	
5	Residential	energy credits. Attach Form 5695			. 5	;
6	Other nonre	fundable credits:				
а	General bus	iness credit. Attach Form 3800	6a			
b	Credit for p	ior year minimum tax. Attach Form 8801	6b			
С	Adoption cr	edit. Attach Form 8839	6c			
d	Credit for th	e elderly or disabled. Attach Schedule R	6d			
е	Alternative r	notor vehicle credit. Attach Form 8910	6e			
f	Qualified plu	ug-in motor vehicle credit. Attach Form 8936	6f			
g	Mortgage in	terest credit. Attach Form 8396	6g			
h	District of Co	olumbia first-time homebuyer credit. Attach Form 8859	6h			
i	Qualified ele	ectric vehicle credit. Attach Form 8834	6i			
j	Alternative f	uel vehicle refueling property credit. Attach Form 8911	6j			
k	Credit to ho	Iders of tax credit bonds. Attach Form 8912	6k			
Ι	Amount on	Form 8978, line 14. See instructions	61			
z	Other nonre	fundable credits. List type and amount:				
			6z			
7	Total other I	nonrefundable credits. Add lines 6a through 6z			. 7	,
8		through 5 and 7. Enter here and on Form 1040, 1040				
	line 20				. 8	
Eor Do	porwork Poduct	on Act Notice, see your tax return instructions.		00/00/00 PP -		inued on page 2)
IVIFO		BAA BAA	REV	03/09/23 PRO	Sche	edule 3 (Form 1040) 2022

Schedu	le 3 (Form 1040) 2022			Page 2
Par	t II Other Payments and Refundable Credits			
9	Net premium tax credit. Attach Form 8962		9	
10	Amount paid with request for extension to file (see instructions) .		10	
11	Excess social security and tier 1 RRTA tax withheld		11	3,612.
12	Credit for federal tax on fuels. Attach Form 4136		12	
13	Other payments or refundable credits:			
а	Form 2439	13a		
b	Credit for qualified sick and family leave wages paid in 2022 from Schedule(s) H for leave taken before April 1, 2021	13b		
С	Reserved for future use	13c		
d	Credit for repayment of amounts included in income from earlier years	13d		
е	Reserved for future use	13e		
f	Deferred amount of net 965 tax liability (see instructions)	13f		
g	Reserved for future use	13g		
h	Credit for qualified sick and family leave wages paid in 2022 from Schedule(s) H for leave taken after March 31, 2021, and before October 1, 2021	13h		
Z	Other payments or refundable credits. List type and amount:			
		13z		
14	Total other payments or refundable credits. Add lines 13a through	13z	14	
15	Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040 line 31)-SR, or 1040-NR,	15	3,612.
	BAA REV	03/09/23 PRO	Schedu	le 3 (Form 1040) 2022

SCHE	DULE	A
(Form	1040)	

Itemized Deductions

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

Attach to Form 1040 or 1040-SR.

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service Caution: If you are claiming a net qualified disaster loss on Form 4684, see the instructions for line 16.

2 Attachment Sequence No. 07

Name(s) shown on	Form	1040 or 1040-SR		Your so	ocial security number
BHAGIRATH	AN	DAPALI		896-	51-4127
Medical and Dental Expenses	2 3	Caution: Do not include expenses reimbursed or paid by others. Medical and dental expenses (see instructions) Enter amount from Form 1040 or 1040-SR, line 11 Multiply line 2 by 7.5% (0.075) Subtract line 3 from line 1. If line 3 is more than line 1, enter -0	3	. 4	
Taxes You		State and local taxes.			
Paid	a k c	a State and local income taxes or general sales taxes. You may include either income taxes or general sales taxes on line 5a, but not both. If you elect to include general sales taxes instead of income taxes, check this box	5a 1,21 5b 3,87 5c 5d 5,09	<u>6.</u> 1.	
	6	Separately)	5e 5,00	0.	
	0	Other taxes. List type and amount:	6		
	7	Add lines 5e and 6	•	. 7	5,000.
Interest You Paid Caution: Your mortgage interest deduction may be limited. See instructions.	8 2 1 2 2 2 2 2 9	Home mortgage interest and points. If you didn't use all of your home mortgage loan(s) to buy, build, or improve your home, see instructions and check this box	8a 28,97 8b 8c 8d 8e 28,97 9	3.	
Gifts to	11	Gifts by cash or check. If you made any gift of \$250 or more, see	44		
Charity Caution: If you made a gift and got a benefit for it, see instructions.	13	instructions	11 12 13	. 14	
Casualty and Theft Losses	15	Casualty and theft loss(es) from a federally declared disaster (othe disaster losses). Attach Form 4684 and enter the amount from line 1 instructions	er than net qualifient 18 of that form. So	ed ee 15	
Other Itemized Deductions	16	Other-from list in instructions. List type and amount:		16	
Total	17	Add the amounts in the far right column for lines 4 through 16. Also, e	enter this amount		
Itemized		Form 1040 or 1040-SR, line 12	standard deduction	17	33,973.

For Paperwork Reduction Act Notice, see the Instructions for Form 1040.

Schedule A (Form 1040) 2022

	EDULE E		Supplemen	ital Inc	come ar	nd Los	SS			OMB No	. 1545-0074
(Form	1040)	(From	rental real estate, royalties, partn	erships, S	S corporat	ions, es	tates, trus	ts, REMI	Cs, etc.)	20	99
	Attach to Form 1040, 1040-SR, 1040-NR, or 1041.Go to www.irs.gov/ScheduleE for instructions and the latest information.										
) shown on return								Your soci	al security r	
	JIRATH ANDA	ΡΔΤ.Τ								1-4127	
Part			ss From Rental Real Estate	and Ro	valties				050 5		
T al t	Note: If yo	ou are in	the business of renting personal pro- bass from Form 4835 on page 2, line	perty, us		e C. See	instructior	ns. If you a	are an indi	vidual, repo	ort farm
Α			ients in 2022 that would require y		Form(s)	1099? S	See instru	ctions .		. 🗌 Ye	s 🗵 No
			you file required Form(s) 1099?								
1a			each property (street, city, state,								
					,						
	H NO.2-2-64	4/////	G/26 FLAT NO 501 PALANTI	SREE	NILAYAN	1, BAGA	MBERPET	, HIDER	(ABAD ,	LELANGAN	IA IN 500013
B											
<u>C</u>									_		
1b	Type of Prope						Fair R			nal Use	QJV
_	(from list below	vv)	above, report the number of f personal use days. Check the				Da	-	Da	iys	
	3		if you meet the requirements			A		365		0	
			qualified joint venture. See ins			B					
						С					
	of Property:				- I		7 0 1				
	Single Family R			Rental	5 Land			f-Rental			
2	Multi-Family Re	sidence	e 4 Commercial		6 Roya	alties	8 Oth	ier (desc	ribe)		
								Properti	es:		
Incom	ne:					Α		В			С
3	Rents received	t		. 3		6	80.				
4											
Exper											
5				. 5							
6	•		nstructions)								
7			nance			9	67.				
8	-					-					
9											
10			ssional fees								
11	•	•				1,2	77				
12			d to banks, etc. (see instructions			-72	· · ·				
13	00	•		·							
14						2.3	80.				
15						3,1					
16						0/1					
17						1,9	50				
18			or depletion			-15					
19		•	•	10							
20	· · ·	s Add I	lines 5 through 19			9,6	74				
21			line 3 (rents) and/or 4 (royalties).								
21			instructions to find out if you mu								
						-8,9	94.				
22			estate loss after limitation, if ar			- , -					
			structions)		(0.)()	()
23a			eported on line 3 for all rental pro				23a		680.	<u>\</u>	/
b			eported on line 4 for all royalty p	•			23b				
c			eported on line 12 for all propert	•			23c				
d			eported on line 18 for all propert				23d				
e			eported on line 20 for all propert				23e	C	,674.		
24			e amounts shown on line 21. Do								
24 25		•	osses from line 21 and rental real e		-					(0.)
										\	· · /
26			ate and royalty income or (los V, and line 40 on page 2 do n								
			10), line 5. Otherwise, include this						· 26		0.
	20		,,						- 20		0.

SCHEDULE E

Schedul	e E (Form	1040) 2022				Attachment	Seque	ence No	. 13							Page 2
. ,		n return. Do not enter name and ANDAPALI	d social seci	urity number	if show	n on other s	ide.							al security 1-4127		er
Cautio	on: The	IRS compares amounts	reported	on your ta	ax retu	urn with a	mour	nts sho	own	on S	chedule(s) K-					
Part	ll Ir N th	to the second se	Partner	rships an stribution, d tach the rec	id S (lispose juired	Corpora e of stock, basis com	tions or rec putation	s eive a on. If y	loan ou re	repay eport	ment from an a loss from an	S cor at-risl	k act			
27	passive	u reporting any loss not a activity (if that loss wa tructions before comple	as not rep	orted on				eimbur	rsed	part		nses	? If	you ansv	vere	d "Yes,"
28		(a) Name	0		partr	inter P for hership; S corporation	fo	Check if reign nership		(d) Employer ication number		(e) C is co	heck if mputation quired	(f) (any a	Check if amount is t at risk
Α	NORT	HSTAR GURU LLC				P	puit			88-	2681080		[
В													[
<u> </u>																
D		Dessitive lasses				I										
	(0	Passive Income Passive loss allowed		i s assive income	e	(i) Nonpa	assive le				sive Income i) Section 179 ex			s (k) Nonp	assive	income
		ch Form 8582 if required)		Schedule K-				ule K-1			duction from For			from So		
								4,79	97.							
B C																
29a	Totals															
b	Totals							4,7	97.							
30		lumns (h) and (k) of line											30			
31 32									-	31	(797.)			
32 Part		arthership and 5 corp ncome or Loss From				. Combir	ie line	30 8	anu	31			32		-4,	,797.
33	(a) Name									i	(b) Emp dentificatio					
Α																
В		Dessive						1			a na na airra dhe					
	(c)	Passive deduction or loss allo			Nonpassive Inc (d) Passive income (e) Deduction or loss							f) Other inc		rom		
	1	(attach Form 8582 if required	(k	fror	n Sche	dule K-1			fro	om Sch	edule K-1			Schedu	le K-1	
 34a	Totals															
b	Totals															
35	Add co	lumns (d) and (f) of line	34a .									. (35			
36		lumns (c) and (e) of line											36	()
37 Dovt		state and trust income											37			
Part 38	IV II	ncome or Loss From	Real Es		00			ess inclu		<u> </u>	(d) Taxable i					
00		(a) Name		(d) identific	Employ ation n	er l'	Schee	dules Q	, line	2c	(net loss) f	rom		(e) In Schedu	come les Q ,	
39		ne columns (d) and (e) o	only. Enter	the result	here	and inclu	ide in	the to	otal o	on lin	e 41 below	. (39			
Part		ummary		40.05				401.1					40			
40 41	Total in	m rental income or (loss ncome or (loss). Combi	,			•					d on Schedul	e	40			
42								•	41		-4,	,797.				
42	 2 Reconciliation of farming and fishing income. Enter your gross farming and fishing income reported on Form 4835, line 7; Schedule K-1 (Form 1065), box 14, code B; Schedule K-1 (Form 1120-S), box 17, code AD; and Schedule K-1 (Form 1041), box 14, code F. See instructions . 															
43		ciliation for real estate						-								
-	profess reporte from al	sional (see instructions d anywhere on Form I rental real estate activ), enter 1040, For ities in w	the net i m 1040-S /hich you i	ncom R, or materi	e or (los Form 10 ially parti	ss) ya 040-N cipate	ou IR ed								
	under t	he passive activity loss	rules .	· · ·	<u> </u>	<u> </u>	<u>· ·</u>	. 4	13							

Form 888 Department of the Treasury

Health Savings Accounts (HSAs)

OMB No. 1545-0074

2

2

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

Internal	Revenue Service	Go to www.irs.gov/Form8889 for instructions and the latest informat	tion.	Se	equence No. 52
Name(s)	shown on Form 10	40, 1040-SR, or 1040-NR	Social security nul	mber of ave HSA	HSA beneficiary. As, see instructions.
BHAG	GIRATH ANDA		896-51		
Befor	re you begin:	Complete Form 8853, Archer MSAs and Long-Term Care Insurance	Contracts, if	requi	red.
Part		partributions and Deduction. See the instructions before completing h you and your spouse each have separate HSAs, complete a separate			
1	Check the bo See instruction	x to indicate your coverage under a high-deductible health plan (HDHP) d	luring 2022.	Sel	f-only 🗵 Family
2	unextended d	ions you made for 2022 (or those made on your behalf), including those nue date of your tax return that were for 2022. Do not include employer control include a cafeteria plan, or rollovers. See instructions	ontributions,	2	0.
3	were, or were	der age 55 at the end of 2022 and, on the first day of every month during considered, an eligible individual with the same coverage, enter \$3,650 ge). All others , see the instructions for the amount to enter	(\$7,300 for	3	7,300.
4	lines 1 and 2.	unt you and your employer contributed to your Archer MSAs for 2022 from If you or your spouse had family coverage under an HDHP at any time during nount contributed to your spouse's Archer MSAs	g 2022, also	4	0.
5		from line 3. If zero or less, enter -0		5	7,300.
6		ount from line 5. But if you and your spouse each have separate HSAs and er an HDHP at any time during 2022, see the instructions for the amount to e		6	7,300.
7	If you were ag	e 55 or older at the end of 2022, married, and you or your spouse had fami P at any time during 2022, enter your additional contribution amount. See ins	ly coverage	7	
8	Add lines 6 an	d7	[8	7,300.
9 10		tributions made to your HSAs for 2022 . . . 9 funding distributions . . . 10	3,021.		
11		d 10		11	3,021.
12		1 from line 8. If zero or less, enter -0	-	12	4,279.
13		n. Enter the smaller of line 2 or line 12 here and on Schedule 1 (Form 1040), P	· · ·	13	0.
Part		e 2 is more than line 13, you may have to pay an additional tax. See instructions is the second struction in the second stributions. If you are filing jointly and both you and your spouse eac		rate H	ISAs. complete
		ate Part II for each spouse.			,
14a	Total distribut	ons you received in 2022 from all HSAs (see instructions)		14a	
b	contributions	ncluded on line 14a that you rolled over to another HSA. Also include (and the earnings on those excess contributions) included on line 14a	that were		
	•	the due date of your return. See instructions		14b	
C		4b from line 14a	-	14c	
15 16	Taxable HSA	cal expenses paid using HSA distributions (see instructions)	include this	15	
17a	If any of the d	total on Schedule 1 (Form 1040), Part I, line 8f	nal 20%	16	
		uctions), check here			
b		% tax (see instructions). Enter 20% (0.20) of the distributions included on the additional 20% tax. Also, include this amount in the total on Schedline 17c	ule 2 (Form	17b	
Part		and Additional Tax for Failure To Maintain HDHP Coverage. See			efore
	complet	ing this part. If you are filing jointly and both you and your spouse ea e a separate Part III for each spouse.			
18	Last-month ru	le		18	
19	Qualified HSA	funding distribution	[19	
20		Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I	-	20	
21		. Multiply line 20 by 10% (0.10). Include this amount in the total on Sched	· ·		
	1040), Part II,	line 17d		21	

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

8959 Form Department of the Treasury Internal Revenue Service

Name(s) shown on return

Additional Medicare Tax

If any line does not apply to you, leave it blank. See separate instructions. Attach to Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS. Go to www.irs.gov/Form8959 for instructions and the latest information.

OMB No. 1545-0074 2022 Attachment Sequence No. 71

896-51-4127

Your social security number

23 Additional Medicare Tax withholding on railroad retirement (RRTA) compensation from Form W-2, box 14 (see instructions) 23 24 Total Additional Medicare Tax withholding. Add lines 22 and 23. Also include this amount with federal income tax withholding on Form 1040, 1040-SR, or 1040-NR, line 25c (Form 1040-PR or 1040-SS filers, see instructions) 24 0.	BHAG	IRATH ANDAPALI		896-5	51-41	27
Form W-2, enter the total of the amounts from box 5 1 205, 250. 2 Unreported tips from Form 8319, line 6 2 4 Add lines 1 through 3 4 5 Enter the following amount for your filing status: Married filing separately. \$250,000 5 Enter the following amount for your filing status: Married filing separately. \$125,000 6 80,250. 7 722.	Part	Additional Medicare Tax on Medicare Wages		ł		
2 Unreported tips from Form 4137, line 6 2 3 3 Wages from Form 8919, line 6 3 4 205, 250. 4 Add lines 1 through 3 4 205, 250. 4 5 Enter the following amount for your filing status: 5 4 205, 250. 6 Subtract line 5 from line 4. If zaro or less, enter -0. 5 125, 000. 5 7 Additional Medicare Tax on Medicare wages. Multiply line 6 by 0.9% (0.009). Enter here and go to Part II. 6 80, 250. 7 722. Part II Additional Medicare Tax on Self-Employment Income 8 8 8 8 9 Enter the following amount for your filing status: 8 8 8 9 10	1	Medicare wages and tips from Form W-2, box 5. If you have more than one				
3 Wages from Form 9319, line 6 3 4 205, 250. 4 Add lines 1 through 3 5 125, 000. 5 125, 000. 5 Enter the following amount for your filing startive: \$250,000 5 125, 000. 6 800, 250. 6 Subtract line 5 from line 4.1 fezo or less, enter -0. 6 80, 250. 7 7 722. 7 Additional Medicare Tax on Medicare wages. Multiply line 6 by 0.9% (0.009). Enter here and go to part line segmetaria. 7 722. 7 Part line segmetaria. \$250,000 8 8 8 9 Enter the following amount for your filing starus: Married filing jointly. \$250,000 8 8 9 Enter the amount from line 4. 5125,000 9 9 10 11 12 Subtract line 10 from line 9. If zero or less, enter -0. 11 12		Form W-2, enter the total of the amounts from box 5	1	205,250.		
3 Wages from Form 9319, line 6 3 4 205, 250. 4 Add lines 1 through 3 5 125, 000. 5 125, 000. 5 Enter the following amount for your filing startive: \$250,000 5 125, 000. 6 800, 250. 6 Subtract line 5 from line 4.1 fezo or less, enter -0. 6 80, 250. 7 7 722. 7 Additional Medicare Tax on Medicare wages. Multiply line 6 by 0.9% (0.009). Enter here and go to part line segmetaria. 7 722. 7 Part line segmetaria. \$250,000 8 8 8 9 Enter the following amount for your filing starus: Married filing jointly. \$250,000 8 8 9 Enter the amount from line 4. 5125,000 9 9 10 11 12 Subtract line 10 from line 9. If zero or less, enter -0. 11 12	2	Unreported tips from Form 4137, line 6	2			
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5 Enter the following amount for your filing status: Married filing jointly \$250,000 5 125,000 6 8 Single, Head of household, or Qualifying surviving spouse. \$200,000 5 125,000 6 7 Additional Medicare Tax on Medicare wages. Multiply line 6 by 0.9% (0.009). Enter here and go to Part II 6 80,2550. 7 Additional Medicare Tax on Self-Employment Income 8 8 6 80,2550. 9 Enter the following amount for your filing status: Married filing separately 5125,000 9 12 7 722. 9 Enter the following amount for your filing status: Married filing separately \$125,000 9 10 11 12 12 Additional Medicare Tax on Self-Employment Income. Single, Head of household, or Cualifying surving spouse. \$200,000 9 10 11 12 13 Additional Medicare Tax on self-employment Income. Multiply line 12 by 0.9% (0.009). Enter here and go to Part III 12 13 13 14 Fall Raking amount for your filing status: Married filing gionitly \$250,000 15 15 16 16 Fall Head of household, or Cualifying surving spouse. \$200,000 15	4	•	4	205,250.		
Married filing jointly \$250,000 Married filing separately \$125,000 Subtract line 5 from line 4. If zero or less, enter -0. 6 Additional Medicare Tax on Self-Employment Income 8 Self-employment income from Schedule SE (Form 1040, Part I, line 6. If you had a loss, enter -0. (Form 1040-PR or 1040-SS files, see instructions) 8 Enter the following amount for your filing status: \$250,000 Married filing jointly. \$250,000 Subtract line 10 from line 4. If zero or less, enter -0. 10 11 11 12 Subtract line 11 from line 8. If zero or less, enter -0. 11 13 2000,000 9 14 Ratiroad retirement (RFTA) compensation and tips from Form(s) W-2, box 14 (see instructions) 12 14 Ratiroad retirement (RFTA) compensation and tips from Form(s) W-2, box 14 (see instructions) 15 15 16 7 16 Additional Medicare Tax on railroad retirement (RFTA) compensation 14 16 Additional Medicare Tax on self-employment income. Multiply line 12 by 0.9% (0.009). 15 17 Ratiroad retirement (RFTA) compensation and tips from Form(s) W-2, box 14 (see instructions)	5			,	-	
Married filing separately \$125,000 5 125,000 6 30,250. 7 Additional Medicare Tax on Medicare wages. Multiply line 6 by 0.9% (0.009). Enter here and go to Part II 6 30,250. 7 Additional Medicare Tax on Self-Employment Income 8 8 7 722. Part II Additional Medicare Tax on Self-Employment Income 8 8 7 722. Part II Additional Medicare Tax on Self-Employment Income 8 8 7 722. Part II Additional Medicare Tax on Self-Employment Income 8 8 7 722. Part III India loss, entre -0. (From 1040-PR or 1040-SS files, see instructions.) 8 7 722. 9 Enter the following amount for your filing status: S125,000 9 10 11 11 Subtract line 11 from line 8. If zero or less, enter -0- 10 11 13 12 Additional Medicare Tax on Self-Employment income. Multiply line 12 by 0.3% (0.009). Enter here and go to Part III 13 14 14 14 14 14 14 14 15 <t< th=""><td></td><td></td><td></td><td></td><td></td><td></td></t<>						
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6 Subtract line 5 from line 4. If zero or less, enter -0. 6 80,250. 7 Additional Medicare Tax on Self-Employment Income 7 722. 8 Self-employment income from Schedule SE (form 1040), Part I, line 6. If you had a loss, enter -0. (form 1040-PR or 1040-SS lites, see instructions) 8 8 9 Enter the following amount for your filing status: \$250,000 9 10 11 11 Subtract line 11 from line 9. If zero or less, enter -0. 10 11 12 2 Subtract line 11 from line 8. If zero or less, enter -0. 10 11 13 2 Subtract line 10 from line 9. If zero or less, enter -0. 11 13 13 2 Subtract line 10 from line 9. If zero or less, enter -0. 14 14 14 12 Subtract line 10 from line 4. If zero or less, enter -0. 14 14 14 13 2 2 14 14 14 14 15 14 Test the following amount for your filing status: Marind filing jeinity \$250,000 15 16 14 14 14 14 14 16 16 17 16 17<		÷ · ·	5	125,000		
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Part II 7 722. Part II Additional Medicare Tax on Self-Employment Income 7 722. Part II Additional Medicare Tax on Self-Employment Income 8 8 Self-employment income from Schedule SE (Form 1040). Part I, line 6. If you had a loss, enter -0. (Form 1040)-PR or 1040-SS filers, see instructions.) 8 8 9 Enter the following amount fory our filing status: %250,000 9 10 11 Subtract line 10 from line 4. \$250,000 9 10 12 Subtract line 10 from line 9. If zero or less, enter -0. 11 12 12 Subtract line 11 from line 8. If zero or less, enter -0. 12 13 Part III Additional Medicare Tax on self-employment income. Multiply line 12 by 0.9% (0.009). Enter here and go to Part III. 13 13 Part III Additional Medicare Tax on self-employment income. Multiply line 12 by 0.9% (0.009). Enter here and go to Part III. 14 14 14 14 14 15 Enter the following amount for your filing status: \$250,000 15 16 16 Additional Medicare Tax on ralicoad retirement (RRTA) compensation. Multiply line 16 by 0.9% (0.009). Enter here and go to Part IV. 17					•	00,230.
Part III Additional Medicare Tax on Self-Employment Income 8 Self-employment income from Schedule SE (Form 1040), Part I, line 6. If you had a loss, enter -0: form 1040-PR of 1040-SS filers, see instructions.) 8 9 Enter the following amount for your filing status: Married filing jointy. \$250,000 9 Enter the following amount for your filing status: Married filing separately \$125,000 9 Enter the amount from line 4 10 11 Subtract line 10 from line 9. If zero or less, enter -0: 11 12 Subtract line 11 from line 8. If zero or less, enter -0: 11 13 Part III Additional Medicare Tax on self-employment income. Multiply line 12 by 0.9% (0.009). Enter here and go to Part III. 13 Part III Additional Medicare Tax on Railroad Retirement Tax Act (RRTA) Compensation 14 Ise instructions) \$250,000 15 Enter the following amount for your filing status: Married filing jointly \$250,000 14 Subtract line 15 from line 14. If zero or less, enter -0: 16 17 Additional Medicare Tax 18 18 Add lines 7, 13, and 17. Also include this amount on Schedule 2 (Form 1040), line 11 (Form 1040-PR or 1040-SR liters, see instructions), and go to Part V 17 19 </th <th>1</th> <th></th> <th></th> <th>•</th> <th>7</th> <th>722</th>	1			•	7	722
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had a loss, enter -0- (Form 1040-PR or 1040-SS filers, see instructions.) 8 9 Enter the following amount for your filing status: \$250,000 Married filing jently. \$125,000 Single, Head of household, or Qualifying surviving spouse . \$200,000 10 11 12 Subtract line 10 from line 9. If zero or less, enter -0 11 13 Additional Medicare Tax on self-employment income. Multiply line 12 by 0.9% (0.009). Enter here and go to Part III 13 Part III Additional Medicare Tax on Railroad Retirement Tax Act (RRTA) Compensation 14 14 Railroad retirement (RRTA) compensation and tips from Form(s) W-2, box 14 (see instructions) . 14 15 Enter the following amount for your filing status: Married filing jointly . \$125,000 16 Subtract line 15 from line 14. If zero or less, enter -0 15 17 Part IV Total Additional Medicare Tax 18 18 Additional Medicare Tax 19 2,976. 19 Medicare tax withheld from Form W-2, box 6. If you have more than one Form W-2, enter the total of the amounts from box 6 19 2,976. 20 205,250. 20 205,250. 20 2,976. 21						
9 Enter the following amount for your filing status: Married filing jointly. \$250,000 9 1 10 Enter the amount from line 4 10 11 11 12 Subtract line 11 from line 9. If zero or less, enter -0 11 13 Additional Medicare Tax on self-employment income. Multiply line 12 by 0.9% (0.009). Enter here and go to Part III. 12 14 Raliroad retirement (RRTA) compensation and tips from Form(s) W-2, box 14 (see instructions). 14 15 Enter the following amount for your filing status: Married filing jointly. \$250,000 15 Enter the following amount for your filing status: Married filing jointly. \$250,000 16 15 Enter the following amount for your filing surviving spouse. \$200,000 16 17 Additional Medicare Tax on railroad retirement (RRTA) compensation. Multiply line 16 by 0.9% (0.009). Enter here and go to Part IV. 17 Part IV Total Additional Medicare Tax 18 722. 18 Add lines 7, 13, and 17. Also include this amount on Schedule 2 (Form 1040), line 11 (Form 1040-PR or 1040-SR filers, see instructions), and go to Part V. 18 19 Medicare tax withheld from Form W-2, box 6. If you have more than one Form W-2, ettre the total of the amounts from box 6 <t< th=""><td>8</td><td></td><td>•</td><td></td><td></td><td></td></t<>	8		•			
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10 Enter the amount from line 4 10 11 11 Subtract line 10 from line 8. If zero or less, enter -0- 11 12 12 Subtract line 11 from line 8. If zero or less, enter -0- 12 13 Additional Medicare Tax on self-employment income. Multiply line 12 by 0.9% (0.009). Enter here and go to Part III 13 PartUII Additional Medicare Tax on Railroad Retirement Tax Act (RRTA) Compensation 14 14 Railroad retirement (RRTA) compensation and tips from Form(s) W-2, box 14 (see instructions) 14 15 Enter the following amount for your filing status: \$250,000 Married filing spenztely \$125,000 15 16 Subtract line 15 from line 14. If zero or less, enter -0- 16 17 Additional Medicare Tax on railroad retirement (RRTA) compensation. Multiply line 16 by 0.9% (0.009). Enter here and go to Part IV 17 Part IV Total Additional Medicare Tax 18 722. Part V Withholding Reconciliation 19 2, 976. 19 2, 976. 20 20, 5, 250. 21 Multiply line 20 by 1.45% (0.0145). This is your regular Medicare tax 21 2, 976. 22 Subtract line 21 from line 1.						
11 Subtract line 10 from line 9. If zero or less, enter -0			9			
12 Subtract line 11 from line 8. If zero or less, enter -0	10		-			
13 Additional Medicare Tax on self-employment income. Multiply line 12 by 0.9% (0.009). Enter here and go to Part III 13 Part III Additional Medicare Tax on Railroad Retirement Tax Act (RRTA) Compensation 13 14 Railroad retirement (RRTA) compensation and tips from Form(s) W-2, box 14 (see instructions) 14 15 Enter the following amount for your filling status: Married filing genartely \$250,000 15 Enter the following amount for your filling status: Married filing separately \$250,000 16 Subtract line 15 from line 14. If zero or less, enter -0- 16 17 Additional Medicare Tax on railroad retirement (RRTA) compensation. Multiply line 16 by 0.9% (0.009). Enter here and go to Part IV 17 Part IV Total Additional Medicare Tax 18 722. 18 Add lines 7, 13, and 17. Also include this amount on Schedule 2 (Form 1040), line 11 (Form 1040-PR or 1040-SS filers, see instructions), and go to Part V 19 2, 976. 20 205, 250. 1 2, 976. 20 205, 250. 21 2, 976. 20 2, 976. 20 2 0. 23 Subtract line 21 from line 19. If zero or less, enter -0- This is your regular Medicare Tax 12 2, 976. 2 0.	11					
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Married filing jointly	15	Enter the following amount for your filing status:				
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21 Multiply line 20 by 1.45% (0.0145). This is your regular Medicare tax withholding on Medicare wages	20				-	
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federal income tax withholding on Form 1040, 1040-SR, or 1040-NR, line 25c (Form 1040-PR or 1040-SS filers, see instructions)	04				20	
For Denominaria Deduction Act Nation, and your tay return instructions	24	federal income tax withholding on Form 1040, 1040-SR, or 1040-NR, line 25	ic (Fo	orm 1040-PR or		
For Denominaria Deduction Act Nation, and your tay return instructions		1040-SS filers, see instructions)	<u> </u>	<u></u>	24	
	For Pa	nominante Daduation Act Nation, and your tay return instructions				Form 8959 (2022)

8960 Form

Department of the Treasury

Net Investment Income Tax— Individuals, Estates, and Trusts

OMB No. 1545-2227

2 (C

Attach to your tax return.

	The to the Treasury Attach to your tax return. Revenue Service Go to www.irs.gov/Form8960 for instructions and the late	st information.		A	Attachment Sequence No. 72
) shown on your tax return		Your soc		curity number or EIN
	GIRATH ANDAPALI		896-5		•
Part	Investment Income Section 6013(g) election (see instructions)				
	Section 6013(h) election (see instructions)				
	Regulations section 1.1411-10(g) election (see in	structions)			
1	Taxable interest (see instructions)			1	
2	Ordinary dividends (see instructions)			2	
3	Annuities (see instructions)			3	
4a	Rental real estate, royalties, partnerships, S corporations, trusts, etc. (see				
	instructions)	4a -4,	797.		
b	Adjustment for net income or loss derived in the ordinary course of a non- section 1411 trade or business (see instructions)	4b 4,	797.		
С	Combine lines 4a and 4b		· ·	4c	0.
5a	Net gain or loss from disposition of property (see instructions)	5a			
b	Net gain or loss from disposition of property that is not subject to net investment income tax (see instructions)	5b			
С	Adjustment from disposition of partnership interest or S corporation stock (see				
	instructions)	5c			
d	Combine lines 5a through 5c			5d	
6	Adjustments to investment income for certain CFCs and PFICs (see instructions)		[6	
7	Other modifications to investment income (see instructions)		[7	
8	Total investment income. Combine lines 1, 2, 3, 4c, 5d, 6, and 7			8	0.
Part	II Investment Expenses Allocable to Investment Income and Modif	ications			
9a	Investment interest expenses (see instructions)	9a			
b	State, local, and foreign income tax (see instructions)	9b			
С	Miscellaneous investment expenses (see instructions)	9c			
d	Add lines 9a, 9b, and 9c			9d	
10	Additional modifications (see instructions)			10	
11	Total deductions and modifications. Add lines 9d and 10			11	
Part	III Tax Computation				
12	Net investment income. Subtract Part II, line 11, from Part I, line 8. Individuals,				
	Estates and trusts, complete lines 18a–21. If zero or less, enter -0		· ·	12	0.
	Individuals:				
13	Modified adjusted gross income (see instructions)		161.		
14	Threshold based on filing status (see instructions)		000.		
15	Subtract line 14 from line 13. If zero or less, enter -0		161.		
16	Enter the smaller of line 12 or line 15			16	0.
17	Net investment income tax for individuals. Multiply line 16 by 3.8% (0.038). En				
	on your tax return (see instructions)		· ·	17	0.
	Estates and Trusts:				
18a	Net investment income (line 12 above)	18a			
b	Deductions for distributions of net investment income and deductions under section 642(c) (see instructions)	18b			
С	Undistributed net investment income. Subtract line 18b from line 18a (see instructions). If zero or less, enter -0-	18c			
19a	Adjusted gross income (see instructions)	19a			
b	Highest tax bracket for estates and trusts for the year (see instructions) .	19b			
с	Subtract line 19b from line 19a. If zero or less, enter -0	19c			
20	Enter the smaller of line 18c or line 19c			20	
21	Net investment income tax for estates and trusts. Multiply line 20 by 3.8% (0.	038). Enter here	e and		
	include on your tax return (see instructions)			21	
For Pa	perwork Reduction Act Notice, see your tax return instructions.				Form 8960 (2022)

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

BAA

Form 8582
Department of the Treasury

Internal Revenue Service

Name(s) shown on return

Passive Activity Loss Limitations

See separate instructions.

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

Go to www.irs.gov/Form8582 for instructions and the latest information.

OMB No. 1545-1008

Identifying number 896-51-4127

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Part I 2022 Passive Activity Loss

Caution: Complete Parts IV and V before completing Part I.

Renta Allowa			
1a b c d	Activities with net income (enter the amount from Part IV, column (a))1aActivities with net loss (enter the amount from Part IV, column (b))1bPrior years' unallowed losses (enter the amount from Part IV, column (c))1cCombine lines 1a, 1b, and 1c	1d	
All Ot	her Passive Activities		
2a b c d	Activities with net income (enter the amount from Part V, column (a)) . 2a 0. Activities with net loss (enter the amount from Part V, column (b)) . . 2b (-8,994.) Prior years' unallowed losses (enter the amount from Part V, column (c)) Combine lines 2a, 2b, and 2c 	2d	-8,994.
3	Combine lines 1d and 2d. If this line is zero or more, stop here and include this form with your return; all losses are allowed, including any prior year unallowed losses entered on line 1c or 2c. Report the losses on the forms and schedules normally used	3	-8,994.

If line 3 is a loss and: • Line 1d is a loss, go to Part II.

• Line 2d is a loss (and line 1d is zero or more), skip Part II and go to line 10.

Caution: If your filing status is married filing separately and you lived with your spouse at any time during the year, **do not** complete Part II. Instead, go to line 10.

Pa	rt II Special Allowance for Rental Real Estate Activities With Active Participation		
	Note: Enter all numbers in Part II as positive amounts. See instructions for an example.		
4	Enter the smaller of the loss on line 1d or the loss on line 3	4	
5	Enter \$150,000. If married filing separately, see instructions 5		
6	Enter modified adjusted gross income, but not less than zero. See instructions 6		
	Note: If line 6 is greater than or equal to line 5, skip lines 7 and 8 and enter -0- on line 9. Otherwise, go to line 7.		
7	Subtract line 6 from line 5		
8	Multiply line 7 by 50% (0.50). Do not enter more than \$25,000. If married filing separately, see instructions	8	
9	Enter the smaller of line 4 or line 8	9	0.
Pa	t III Total Losses Allowed		
10	Add the income, if any, on lines 1a and 2a and enter the total	10	0.
11	Total losses allowed from all passive activities for 2022. Add lines 9 and 10. See instructions to find out how to report the losses on your tax return	11	0.

Part IV Complete This Part Before Part I, Lines 1a, 1b, and 1c. See instructions.

Name of activity	Currer	nt year	Prior years	Overall gain or loss		
	(a) Net income (line 1a)	(b) Net loss (line 1b)	(c) Unallowed loss (line 1c)	(d) Gain	(e) Loss	
Total. Enter on Part I, lines 1a, 1b, and 1c						
For Paperwork Reduction Act Notice see instr	uctions				Earm 8582 (2022)	

For Paperwork Reduction Act Notice, see instructions. BAA

REV 03/09/23 PRO

Form **8582** (2022)

Complete This Part Befor										
Complete This Part Belor	e P	art I, Lines 2	a, 2b,	and 2c. S	ee instruc	ctions.				
Name of a division	Current year			Prior years		Overall gain or		ain or loss		
Name of activity	(a) Net income (line 2a)	(b) (li	Net loss ne 2b)	(c) Unallowed loss (line 2c)		(d) Gain		(e) Loss	
647/77/G/26		0.		8,994.					8,994.	
n Part I, lines 2a, 2b, and 2c		0.		8,994.						
	nt Is	Shown on F	Part II,		ee instruc	ctions.				
Name of activity	an to I	d line number be reported on	(a) Loss			(c) Special allowance	(c) Special (d) allowance cc		
					1.0	0				
			uction	s.		-				
Part VII Allocation of Unallowed Loss Name of activity		and line num to be reported		(a) L	(a) Loss		(b) Ratio ((c) Unallowed loss	
647/77/G/26	E Ln 22		2	8,994.		1.0000000			8,994.	
					8,994.		1.00		8,994.	
Allowed Losses. See instr	ucti	ons.			0,0011		1.00			
Name of activity	and line num to be reporte		nber ed on	(a) Loss		(b) Unallowed loss		((c) Allowed loss	
647/77/G/26		E Ln 22	2		8,994.		8,994.		0.	
					8,994.		8,994.		0.	
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