### Form **8879**

(Rev. January 2021)

Department of the Treasury Internal Revenue Service

### IRS e-file Signature Authorization

► ERO must obtain and retain completed Form 8879.

► Go to www.irs.gov/Form8879 for the latest information.

OMB No. 1545-0074

Submission Identification Number (SID)  Taxapayer's name  Social security number  Toto-40-9462  Spouse's name  Social security number  Toto-40-9462  Spouse's acidal security number  Toto-40-9462  Spouse's acidal security number  967-91-6872  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 10-90-58 filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.  1 Adjusted gross income						
Spouse's social security number 967-91-6872  Part II Tax Return Information — Tax Year Ending December 31, 2022 (Enter year you are authorizing.)  Inter whole collars 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	Submi	ission Identification Number (SID)				
Spouse's social security number   967-91-6872     Part   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 1404-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.   1	Taxpaye	er's name		Social securit	y number	
Part   Tax Return Information — Tax Year Ending December 31, 2022 (Enter year you are authorizing.)	NITI	HIN ACHUTHAN KUTTY		760-40-	-9462	
Enter whole dollars only on lines 1 through 5.  Note: Form 1040-SS lities use line 4 only. Leave lines 1, 2, 3, and 5 blank.  1 Adjusted gross income	Spouse'	's name		Spouse's soci	ial security numbe	r
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	ASW	ATHI PADMANABHAN		967-91-	-6872	
Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.  1 Adjusted gross income	Part	Tax Return Information — Tax Year Ending Dec	<b>ember 31,</b> 2022 (Enter	year you a	re authorizing	.)
Adjusted gross income    1   82,534.   2   Total tax   2   4,038.   3   Federal income tax withheld from Form(s) W-2 and Form(s) 1099   3   7,652.   4   Amount you want refunded to you   4   3,614.   5   Amount you want refunded to you   5     6   Amount you want refunded to you   5     7   Amount you want refunded to you   5     7   Amount you want refunded to you   5     8   Amount you want refunded to you   5     9   Amount you want refunded to you   5     1   Amount you want refunded to you   5     2   Amount you want refunded to you   5     2   Amount you want refunded to you   5     2   Amount you want refunded to you   5     3   Amount you want refunded to you   4   3,614.   4   3,614.   5   Amount you want refunded to you   5     6   Amount you want refunded to you   5     7   Amount you want refunded to you   5     8   Amount you want refunded to you   5     9   Amount you want refunded to you   5     9   Amount you want refunded to you   5     1   Amount you want refunded to you   5     9   Amount you want refunded to you   5     1   Amount you want refunded to you   5     2   Amount you want refunded to you   5     2   Amount you want refunded to you   5     2   Amount you want refunded to you   5     3   Amount you want refunded to you   5     4   Amount you want refunded to you   5     5   Amount you want refunded to you   5     6   Amount you want refunded to you   5     7   Amount you want refunded to you   5     8   Amount you want refunded to you   5     9   Amount you want refunded to you   5     9   Amount you want r	Enter	whole dollars only on lines 1 through 5.				
Total tax  Tederal income tax withheld from Form(s) W-2 and Form(s) 1099  Federal income tax withheld from Form(s) W-2 and Form(s) 1099  Tederal income tax withheld from Form(s) W-2 and Form(s) 1099  Amount you want refunded to you  Amount you want refunded to you  Amount you owe  Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)  Under penalties of perjury. I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best or my knowledge and belef, it is true, correct, and complete. I further declare that the amounts in Parl I above are the amounts from the income tax return (original or amended) I am now authorizing, and to the best or my knowledge and belef, it is true, correct, and complete. I further declare that the amounts in Parl I above are the amounts from the income tax return (original or amended) I am now authorizing, and to the best or my knowledge and belef, it is true, correct, and complete. I further declare that the amounts in Parl I above are the amounts from the income tax return (original or amended) I am now authorizing, or declared the penaltic and the financial institution and the control or any delay in processing the return or refund, and (g) the date of any refund. If applicable, I authorize the I I.S. Treasury and its designated Financia Agent to I manacial institution and carount 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 authorized in the removal care that the authorization for revoke (cancel) payment. I must contact the U.S. Treasury Financial Agent at 1-888-383-4357. 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 provoke (cancel) payment, I must contact the U.S. Treasury Financial Agent at 1-88	Note:	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 b	lank.			
Amount you want refunded to you  Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)  Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best or return (original or amended) I am now authorizing, consent to allow my intermediate service provider, transmitter, or electronic fetum originator return (original or amended) I am now authorizing, consent to allow my intermediate service provider, transmitter, or electronic fetum originator in the income tax return (original or amended) I am now authorizing is consent to allow my intermediate service provider, transmitter, or electronic fetum originator (ERO for any delay in processing the return or refund, and (e) the date of any refund if applicable. I authorize the U.S. Treasury grant is designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debti) entry to the financial institution account indicated in the tax preparation software for payment of my deferal taxes over don't in the tax preparation software for payment of the payment of estimated tax, and the financial institution account indicated in the tax preparation software for payment of the payment of estimated tax, and the financial institution account indicated in the tax preparation software for payment of the submarial or the tax and the financial institution account indicated in the tax preparation software for any delay in the payment of the payment of estimated tax, and the financial institution account indicated in the tax preparation software for payment of the tax soft and the submarial account indicated in the tax preparation software for payment of the submarial account indicated in the tax by the submarial account indicated in the tax by	1	Adjusted gross income				
4 Amount you want refunded to you 5 Amount you wee Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return) Under penalties of perjuy, I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best or with knowledge and belief, it is true, correct, and compilete. I further declare that the amounts in Part I about 5 mpt he income tax return (original or amended) I am now authorizing, I consent to allow my intermediate service provider, transmitter, or electronic return originator (END send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for retion of the transmission, (b) the reasor 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 stricturion account indead 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 account indead 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 account indead 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 account indead in the tax preparation software for payment of my payment (settlement) date. I also authorize the financial institution account indead in the tax preparation software for payment of the payment. If 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 analysis and the processing of the electronic payment of taxes to receive continential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the income tax return (orig					<del> </del>	•
Part II		. , , , , , , , , , , , , , , , , , , ,			,	
Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)  Under penalties of perjury. I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best or wy 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 retion of the transmission, (b) the reasor 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 adjustment or accordance with the return of the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent at 1-886-353-4537. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institution is moved in the processing of the electronic payment of taxes to receive conflicted in Information necessary to answer inquiries and resolve Issues related to the payment. If untrier adknowledge that the presonal identification number (PRI) below is my signature for the income tax return (original or amended) I am now authorizing.  □ I vill 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 PIN: check one box only  □ I vill enter my PIN as my signature on the income tax return (original or amended) I am now autho		•				3,614.
Under penalties of perjuy, I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best or wy knowledge and bellet, 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 retection of the transmission, (b) the reasor 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 Financia Agent to Initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account close the 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 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 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 payment of the payment of the payment (and in a southorize the financial institutions involved in processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.  Taxpayer's PIN: check one box only    I authorize   GLOBAL TAXES   LLC   ERO firm name 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 r		Amount you owe				
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, training the Part I above are the amounts from 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 filled using the Part IIII Certification and Authentication — Practitioner PIN Method Only  ERO's EFIN/PIN. Enter your signature or the labove numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorizing.  Certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original all one multiput in the complete part in authorization authorized to file for tax year indicated and bove for the tax payer(s) indicated and power in file of the tax payer(s) indicated and power in file of the processing of the more and payment in file or the payment in file or						
Taxpayer's PIN: check one box only	return ( to send for any Agent t paymer authori paymer busines taxes t person	(original or amended) I am now authorizing. I consent to allow my intend my return to the IRS and to receive from the IRS (a) an acknowledge delay in processing the return or refund, and (c) the date of any refundo initiate an ACH electronic funds withdrawal (direct debit) entry to the nt of my federal taxes owed on this return and/or a payment of estimatization is to remain in full force and effect until I notify the U.S. Treasunt, I must contact the U.S. Treasury Financial Agent at 1-888-353-4 ss days prior to the payment (settlement) date. I also authorize the finato receive confidential information necessary to answer inquiries and all identification number (PIN) below is my signature for the income tax	mediate service provider, transm ment of receipt or reason for reje d. If applicable, I authorize the U e financial institution account indi ed tax, and the financial institution sury Financial Agent to terminate 1537. Payment cancellation requancial institutions involved in the resolve issues related to the p	itter, or electro- ection of the trans. Treasury are cated in the tallon to debit the the authoriza- lests must be processing of ayment. I furt	anic return original ansmission, (b) that its designated by preparation so entry to this account of the received no latthe electronic pather acknowledge.	ator (ERO) he reason I Financial ftware for ount. This (cancel) a er than 2 ayment of e that the
authorize GLOBAL TAXES LLC						
ERO firm name   Signature on the income tax return (original or amended)   1 am now authorizing.	-	· ·	to enter or generate	my PINI 0	9 4 6 2	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 ▶			to enter or generate	EIIL		as my
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 ▶		signature on the income tax return (original or amended) I an	n now authorizing.	uo.		
Spouse's PIN: check one box only  I authorize GLOBAL TAXES LLC to enter or generate my PIN 1 6 8 7 2 as my Enter five digits, but don't enter all zeros  I will enter my PIN 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.  Spouse's signature ▶ Date ▶  Practitioner PIN Method Returns Only—continue below  Part III Certification and Authentication — Practitioner PIN Method Only  ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.  2 2 2 4 9 6 6 1 9 8 9  Don't enter all zeros  I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the		if you are entering your own PIN and your return is filed usi				
I authorize   GLOBAL TAXES   LLC   to enter or generate my PIN   1 6 8 7 2   as my   ERO firm name   signature on the income tax return (original or amended)   am now authorizing.   I will enter my PIN as my signature on the income tax return (original or amended)   am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III   below.    Spouse's signature   Date   Part III   Certification and Authentication — Practitioner PIN Method Only   2 2 2 4 9 6 6 1 9 8 9   Don't enter all zeros   Don't e	Your s	signature ▶	Date ▶ _			
I authorize   GLOBAL TAXES   LLC   to enter or generate my PIN   1 6 8 7 2   as my   ERO firm name   signature on the income tax return (original or amended)   am now authorizing.   I will enter my PIN as my signature on the income tax return (original or amended)   am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III   below.    Spouse's signature   Date   Part III   Certification and Authentication — Practitioner PIN Method Only   2 2 2 4 9 6 6 1 9 8 9   Don't enter all zeros   Don't e	_					
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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   Practitioner PIN Method Returns Only—continue below  Part III Certification and Authentication — Practitioner PIN Method Only  ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.    Date	X		to enter or generate	,	-	as my
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 ▶  Practitioner PIN Method Returns Only—continue below  Part III Certification and Authentication — Practitioner PIN Method Only  ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.  Don't enter all zeros  I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the			n now authorizing			
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.  Don't enter all zeros  I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the		I will enter my PIN as my signature on the income tax return if you are entering your own PIN and your return is filed usi	(original or amended) I am n			
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.  Don't enter all zeros  I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the	Spous	se's signature ▶	Date ►			
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.  2 2 2 4 9 6 6 1 9 8 9  Don't enter all zeros  I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the			ırns Only—continue below			
Don't enter all zeros  I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the	Part	III Certification and Authentication — Practitioner	PIN Method Only			
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	ERO's	<b>S EFIN/PIN.</b> Enter your six-digit EFIN followed by your five-digit	self-selected PIN. 2 2			3 9
	authori	zed to file for tax year indicated above for the taxpayer(s) indicated	above. I confirm that I am subm	itting this retu	rn in accordance	
ERO's signature ▶ Date ▶	ERO's	s signature ▶	Date <b>▶</b>			
ERO Must Retain This Form — See Instructions		<del>-</del>				

Don't Submit This Form to the IRS Unless Requested To Do So

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

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

		ingle X Married filing jointly	Marrie	ed filing separately	(MFS)	☐ Head of	househ	old (HOH	l)			iving
Check only one box.	If voi	u checked the MFS box, enter the n	ame of v	our spouse. If you	ı check	ed the HOH or	r OSS h	ox. ente	r the cl	•	use (QSS) name if the	e qualifying
		on is a child but not your dependent						,				
Your first name	and mid	ddle initial	Last nar	me					Yo	ur so	cial security	/ number
NITHIN			ACHU	THAN KUTTY					176	760-40-9462		
If joint return, spouse's first name and middle initial Last name Spo						Spouse's social security number						
ASWATHI PADMANABHAN 96						67-9	91-6872					
Home address	numbe	r and street). If you have a P.O. box, see	instructio	ons.			A	ot. no.				n Campaign
4206 N W	ILSC	N DR					6			eck here if you, or your		
City, town, or p	ost offic	e. If you have a foreign address, also co	mplete s	paces below.	Sta	te	ZIP co	de			if filing joint this fund. (	
SHOREWOO	D				W J	Ī.	532	L1			ow will not	
Foreign country	name		F	oreign province/sta	te/coun	ty	Foreigr	postal co	de yo	ur tax	or refund.	· ·
											You	Spouse
Digital	At an	y time during 2022, did you: (a) rec	eive (as	a reward, award,	or payr	ment for prope	rty or s	ervices);	or (b)	sell,		
Assets	exch	ange, gift, or otherwise dispose of a	digital a	asset (or a financia	al inter	est in a digital	asset)?	(See ins	tructio	ons.)	Yes	⊠ No
Standard	Some	eone can claim: 🗌 You as a de	pendent	Your spo	use as	a dependent						
Deduction		pouse itemizes on a separate retur	n or you	were a dual-statu	ıs alien	1						
Age/Blindness	You:	☐ Were born before January 2, 1	958	Are blind S	pouse	: Was bor	rn befo	e Januai	rv 2. 19	958	☐ Is blii	nd
Dependents	-			(2) Social secu		(3) Relationsh						nstructions):
If more		rst name Last name		number	ity	to you	"P   '	Child ta		· 1		er dependents
than four	AVN			967-91-69	15	Daughter			1			<u> </u>
dependents,				307 31 03	, 10	Baagireer		Ī	<del></del>		Ī	
see instructions and check									1			<u> </u>
here												
Income	1a	Total amount from Form(s) W-2, b	ox 1 (see	e instructions) .						1a	9	0,994.
income	b	Household employee wages not re	eported	on Form(s) W-2 .						1b		
Attach Form(s)	С	Tip income not reported on line 1a	(see ins	structions)						1c		
W-2 here. Also attach Forms	d	Medicaid waiver payments not rep	orted or	n Form(s) W-2 (see	e instru	ictions)				1d		
W-2G and	е	Taxable dependent care benefits f	rom For	m 2441, line 26						1e		
1099-R if tax was withheld.	f	Employer-provided adoption bene	fits from	Form 8839, line	29 .					1f		
If you did not	g	Wages from Form 8919, line 6 .								1g		
get a Form	h	Other earned income (see instruct	ions) .							1h		0.
W-2, see instructions.	i	Nontaxable combat pay election (s	see instr	uctions)		<u>1</u> i	i					
	Z	Add lines 1a through 1h	. , .							1z	9	0,994.
Attach Sch. B	2a	Tax-exempt interest	2a		<b>b</b> T	axable interes	t.			2b		
if required.	<u>3a</u>	Qualified dividends	3a		<b>b</b> C	ordinary divide	nds .			3b		
	4a	IRA distributions	4a		b T	axable amoun	t			4b		
Standard Deduction for—	5a	_	5a			axable amoun				5b		
Single or	6a	,	6a			axable amoun	t		·	6b		
Married filing separately,	С	If you elect to use the lump-sum e		•	`	,						
\$12,950	7	Capital gain or (loss). Attach Sche		•	•					7		
<ul> <li>Married filing jointly or</li> </ul>	8	Other income from Schedule 1, lin								8		8,460.
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7		-					•	9		2,534.
\$25,900	10	Adjustments to income from Sche							•	10		
<ul> <li>Head of household,</li> </ul>	11	Subtract line 10 from line 9. This is	•	-					•	11		2,534.
\$19,400	12	Standard deduction or itemized								12		5 <b>,</b> 900.
If you checked any box under	13	Qualified business income deduct								13		E 000
Standard Deduction,	14 15	Add lines 12 and 13 Subtract line 14 from line 11. If zer							•	15		<u>5,900.</u>
see instructions.	10	Subtract line 14 HOIII line 11. II Zer	o or less	5, CITTET -U ITHS IS	s your	axable IIICOII	i <del>c</del> .			13		6,634.

Form 1040 (2022	2)								Page	2
Tax and	16	Tax (see instructions). Check	if any from Form	(s): <b>1</b> 881	4 <b>2</b> 🗌 4972	3 🗌		16	6,384	.—
Credits	17	Amount from Schedule 2, lir	ne 3				[	17		_
	18	Add lines 16 and 17					[	18	6,384	
	19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812			19	500	
	20	Amount from Schedule 3, lir	ne 8					20	1,846.	
	21	Add lines 19 and 20					[	21	2,346.	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0			[	22	4,038	_
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21		[	23	0.	
	24	Add lines 22 and 23. This is	your <b>total tax</b>				[	24	4,038	_
Payments	25	Federal income tax withheld							,	_
,	а	Form(s) W-2				<b>25a</b> 7	,652.			
	b	Form(s) 1099				25b				
	С	Other forms (see instruction	s)			25c				
	d	Add lines 25a through 25c	,					25d	7,652	
.,	26	2022 estimated tax paymen					[	26	·	_
If you have a qualifying child,	27	Earned income credit (EIC)				27				_
attach Sch. EIC.	28	Additional child tax credit from				28				
	29	American opportunity credit	from Form 8863	3, line 8		29				
	30	Reserved for future use .				30				
	31	Amount from Schedule 3, lir	ne 15			31				
	32	Add lines 27, 28, 29, and 31				ndable credits		32		
	33	Add lines 25d, 26, and 32. T					[	33	7,652	
Refund	34	If line 33 is more than line 24	•					34	3,614	
neiulia	35a	Amount of line 34 you want				•	. 🗆 🏗	35a	3,614	
Direct deposit?	b	Routing number 0 7 5					Savings			_
See instructions.	d	Account number 2 6 6	0 2 0 8	5 5		_				
	36	Amount of line 34 you want			ed tax	36				
Amount	37	Subtract line 33 from line 24								_
You Owe		For details on how to pay, g	_	-				37		
	38	Estimated tax penalty (see in				38				
Third Party		you want to allow another	•				malata ba	lavi	✓ Na	
Designee				Phone			mplete be		X No	
		signee's ne		no.			nal identifica er (PIN)	111011		$\neg$
Sign		der penalties of perjury, I declare								
Here	bel	ief, they are true, correct, and com	plete. Declaration of	of preparer (othe	r than taxpayer) is ba	sed on all information	n of which p	repare	er has any knowledge	€.
TICIC	Yo	ur signature		Date	Your occupation				nt you an Identity	
l-i-t0						MCTMEED	(see ins		N, enter it here	$\neg$
Joint return? See instructions.	Sn	SOFTWARE ENGINEER .							nt your spouse an	_
Keep a copy for	Op					ection PIN, enter it he	ere			
your records.					HOME MAKER		(see ins	st.)		
	Ph	one no. (414) 400-836	4	Email address	NITHI32@GM	AIL.COM				
Paid	Pre	eparer's name	Preparer's signat	ure		Date	PTIN	Ī	Check if:	_
Preparer	SYAN	I PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	01/26/2023	P020827	103	Self-employed	
Use Only	Fin	m's name GLOBAL TA	XES LLC				Phone	no. (	678)965-9522	2
————	Fin	m's address 245 ROONE	Y CT E BRU	NSWICK N	J 08816		Firm's	EIN	88-214548	7
Go to www.irs.go	ov/Form	n1040 for instructions and the late	st information.		BAA	REV 01/24/23 PRO			Form 1040 (20	22)

## SCHEDULE 1 (Form 1040)

### **Additional Income and Adjustments to Income**

OMB No. 1545-0074

2022

Attachment Sequence No. 01

Department of the Treasury Internal Revenue Service Attach to Form 1040, 1040-SR, or 1040-NR.

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

Name	(s) shown on Form 1040, 1040-SR, or 1040-NR	ocial s	ecurity number		
NITH	IN ACHUTHAN KUTTY & ASWATHI PADMANABHAN		760-4	10-94	62
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	ach Schedule	Ε.	5	-8,460.
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			
į	Prizes and awards	8i			
j	Activity not engaged in for profit income	8j			
k	Stock options	8k			
- 1	Income from the rental of personal property if you engaged in the rental				
	for profit but were not in the business of renting such property	81			
m	Olympic and Paralympic medals and USOC prize money (see	0			
	instructions)	8m		-	
	Section 951(a) inclusion (see instructions)	8n 8o			
0	Section 951A(a) inclusion (see instructions)	8p		-	
р	Taxable distributions from an ABLE account (see instructions)	8q			
q r	Scholarship and fellowship grants not reported on Form W-2	8r		-	
S	Nontaxable amount of Medicaid waiver payments included on Form	01		-	
3	1040, line 1a or 1d	8s (	)		
ŧ	Pension or annuity from a nonqualifed deferred compensation plan or				
	a nongovernmental section 457 plan	8t			
u	Wages earned while incarcerated	8u			
	Other income. List type and amount:				
_		8z			

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

-8,460.

9

10

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

Par	t II Adjustments to Income			
11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-b	asis governmen	t	
	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			
16	Self-employed SEP, SIMPLE, and qualified plans			
17	Self-employed health insurance deduction			
18	Penalty on early withdrawal of savings			
19a	Alimony paid			
b	Recipient's SSN	·	_	
С	Date of original divorce or separation agreement (see instructions):			
20	IRA deduction			
21	Student loan interest deduction		_	
22	Reserved for future use			
23	Archer MSA deduction		23	
24	Other adjustments:	_		
а	, , , , , , , , , , , , , , , , , , ,	4a		
b	Deductible expenses related to income reported on line 8l from the			
		4b		
С	Nontaxable amount of the value of Olympic and Paralympic medals	4.		
-1	· · · · · · · · · · · · · · · · · · ·	4c		
d		4d		
е	Repayment of supplemental unemployment benefits under the Trade Act of 1974	4e		
f		4f		
g		4g		
_	Attorney fees and court costs for actions involving certain unlawful			
		4h		
i	Attorney fees and court costs you paid in connection with an award			
	from the IRS for information you provided that helped the IRS detect			
		24i		
j		24j		
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form			
		4k		
Z	Other adjustments. List type and amount:	_		
		4z		
25	Total other adjustments. Add lines 24a through 24z			
26	Add lines 11 through 23 and 25. These are your <b>adjustments to income</b> . E			
	Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a	<u></u>	26	

## SCHEDULE 3 (Form 1040)

Department of the Treasury Internal Revenue Service

### **Additional Credits and Payments**

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

2022

Attachment
Sequence No. 03

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

NITHIN ACHUTHAN KUTTY & ASWATHI PADMANABHAN

Your social security number 760-40-9462

Par	Nonrelundable Credits				
1	Foreign tax credit. Attach Form 1116 if required			1	
2	Credit for child and dependent care expenses from Form 244 Form 2441		2		
3	Education credits from Form 8863, line 19			3	1,846.
4	Retirement savings contributions credit. Attach Form 8880			4	
5	Residential energy credits. Attach Form 5695			5	
6	Other nonrefundable credits:				
а	General business credit. Attach Form 3800	6a			
b	Credit for prior year minimum tax. Attach Form 8801	6b			
С	Adoption credit. Attach Form 8839	6с			
d	Credit for the elderly or disabled. Attach Schedule R	6d			
е	Alternative motor vehicle credit. Attach Form 8910	6e			
f	Qualified plug-in motor vehicle credit. Attach Form 8936	6f			
g	Mortgage interest credit. Attach Form 8396	6g			
h	District of Columbia first-time homebuyer credit. Attach Form 8859	6h			
i	Qualified electric vehicle credit. Attach Form 8834	6i			
j	Alternative fuel vehicle refueling property credit. Attach Form 8911	6j			
k	Credit to holders of tax credit bonds. Attach Form 8912	6k			
-1	Amount on Form 8978, line 14. See instructions	6I			
Z	Other nonrefundable credits. List type and amount:				
		6z			
7	Total other nonrefundable credits. Add lines 6a through 6z			7	
8	Add lines 1 through 5 and 7. Enter here and on Form 1040, 1040 line 20		Ť		1 045
	line 20			8	1,846.

(continued on page 2)

Schedule 3 (Form 1040) 2022 Page **2** 

Par	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	
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		14	
1 <del>4</del> 15	Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040-		14	
10	line 31		15	

#### **SCHEDULE E** (Form 1040)

#### **Supplemental Income and Loss**

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

Department of the Treasury Internal Revenue Service

Attach to Form 1040, 1040-SR, 1040-NR, or 1041. Go to www.irs.gov/ScheduleE for instructions and the latest information. Attachment Sequence No. 13

OMB No. 1545-0074

Name(s)	shown on return					١	Your socia	al security	number
NITH								0-9462	2
Part	Income or Loss From Rental Real Estate an Note: If you are in the business of renting personal proper rental income or loss from Form 4835 on page 2, line 40.			<b>C</b> . See	instruc	tions. If you are	e an indiv	ridual, rep	oort farm
Α	Did you make any payments in 2022 that would require you	to file l	Form(s) 1	099? 8	See ins	tructions		. 🗌 Ye	es 🛛 No
<b>B</b> I	f "Yes," did you or will you file required Form(s) 1099? .							. 🗌 Ye	es 🗌 No
1a	Physical address of each property (street, city, state, ZIF	ode	)						
Α	GANDHI NAGAR POLPULLY PALAKKAD IN 6785	552							
В									
С									
1b	Type of Property (from list below)  2 For each rental real estate properabove, report the number of fair				_	r Rental Days	Person Da		QJV
A	personal use days. Check the Qu			Α		365		0	
В	if you meet the requirements to f	file as a	a	В					
С	qualified joint venture. See instru	ictions.		С					
Туре	of Property:								
1	Single Family Residence 3 Vacation/Short-Term Ren Multi-Family Residence 4 Commercial	tal	5 Land 6 Roya			Self-Rental Other (descrik	be)		
						Propertie			
Incom	ie:			Α		В			С
3	Rents received	3		4	50.				
4	Royalties received	4							
Expen									
5	Advertising	5							
6	Auto and travel (see instructions)	6							
7	Cleaning and maintenance	7		9	00.				
8	Commissions	8							
9	Insurance	9							
10	Legal and other professional fees	10							
11	Management fees	11		1,5	00.				
12	Mortgage interest paid to banks, etc. (see instructions)	12							
13	Other interest	13							
14	Repairs	14			00.				
15	Supplies	15		2,0	10.				
16	Taxes	16							
17	Utilities	17		2,3	00.				
18	Depreciation expense or depletion	18							
19	Other (list)	19							
20	Total expenses. Add lines 5 through 19	20		8,9	10.				
21	Subtract line 20 from line 3 (rents) and/or 4 (royalties). If								
	result is a (loss), see instructions to find out if you must file Form 6198	^		-8,4	60				
00		21		-0,4	00.				
22	Deductible rental real estate loss after limitation, if any, on <b>Form 8582</b> (see instructions)	22	(	2 16	50.)(			(	,
23a	Total of all amounts reported on line 3 for all rental prope		(	0,40	23a		450.		
zsa b	Total of all amounts reported on line 4 for all regulty prop				23b		100.		
С	Total of all amounts reported on line 4 for all royalty properties	GI 1162			23c				
d	Total of all amounts reported on line 18 for all properties				23d				
e	Total of all amounts reported on line 20 for all properties				23e	8.	910.		
24	<b>Income.</b> Add positive amounts shown on line 21. <b>Do no</b>			sses			24		
25	Losses. Add royalty losses from line 21 and rental real estat		-		nter to	tal losses here		(	8,460.
26	Total rental real estate and royalty income or (loss).							-	
-	here. If Parts II, III, IV, and line 40 on page 2 do not Schedule 1 (Form 1040), line 5. Otherwise, include this ar	apply	to you,	also er	nter thi	is amount on			-8 460

#### **SCHEDULE 8812** (Form 1040)

### **Credits for Qualifying Children** and Other Dependents

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

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service Name(s) shown on return

Go to www.irs.gov/Schedule8812 for instructions and the latest information.

Attachment Sequence No. **47** 

Your social security number

NITH	ITHIN ACHUTHAN KUTTY & ASWATHI PADMANABHAN 760-4				
Par	t I Child Tax Credit and Credit for Other Dependents				
1	Enter the amount from line 11 of your Form 1040, 1040-SR, or 1040-NR	. 1	82 <b>,</b> 534.		
2a	Enter income from Puerto Rico that you excluded				
b	Enter the amounts from lines 45 and 50 of your Form 2555	0.			
c	Enter the amount from line 15 of your Form 4563				
d	Add lines 2a through 2c	. 2d	0.		
3	Add lines 1 and 2d	. 3	82,534.		
4	Number of qualifying children under age 17 with the required social security number 4	0			
5	Multiply line 4 by \$2,000	. 5			
6	Number of other dependents, including any qualifying children who are not under age				
	17 or who do not have the required social security number	1			
	Caution: Do not include yourself, your spouse, or anyone who is not a U.S. citizen, U.S. national, or U.S. resid	ent			
	alien. Also, do not include anyone you included on line 4.				
7	Multiply line 6 by \$500	. 7	500.		
8	Add lines 5 and 7	. 8	500.		
9	Enter the amount shown below for your filing status.				
	• Married filing jointly—\$400,000				
	• All other filing statuses—\$200,000 \int	. 9	400,000.		
10	Subtract line 9 from line 3.				
	• If zero or less, enter -0				
	• If more than zero and not a multiple of \$1,000, enter the next multiple of \$1,000. For				
	example, if the result is \$425, enter \$1,000; if the result is \$1,025, enter \$2,000, etc.	. 10	0.		
11	Multiply line 10 by 5% (0.05)	. 11	0.		
12	Is the amount on line 8 more than the amount on line 11?	. 12	500.		
	No. STOP. You cannot take the child tax credit, credit for other dependents, or additional child tax credit	edit.			
	Skip Parts II-A and II-B. Enter -0- on lines 14 and 27.				
	▼ Yes. Subtract line 11 from line 8. Enter the result.				
13	Enter the amount from the Credit Limit Worksheet A	. 13	4 <b>,</b> 538.		
14	Enter the smaller of line 12 or 13. <b>This is your child tax credit and credit for other dependents</b>	. 14	500.		
	Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 19.				
	If the amount on line 12 is more than the amount on line 14, you may be able to take the addition	nal child ta	x credit		
	on Form 1040, 1040-SR, or 1040-NR, line 28. Complete your Form 1040, 1040-SR, or 1040-N				
	(also complete Schedule 3, line 11) before completing Part II-A.	_			
For Pa	perwork Reduction Act Notice, see your tax return instructions.  BAA REV 01/24/23 PRO	Cohodula	8812 (Form 1040) 2022		
JI Pa	perwork Reduction Act Notice, see your tax return instructions.  BAA  REV 01/24/23 PRO	ocnedule 8	0012 (FUIIII 1U4U) 2U22		

Schedule 8812 (Form 1040) 2022

Part	II-A Additional Child Tax Credit for All Filers		
Cautio	on: If you file Form 2555, you cannot claim the additional child tax credit.		
15	Check this box if you do not want to claim the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line	27 .	
16a	Subtract line 14 from line 12. If zero, stop here; you cannot take the additional child tax credit. Skip Parts II-A		
	and II-B. Enter -0- on line 27	16a	0.
b	Number of qualifying children under 17 with the required social security number: x \$1,500.		
	Enter the result. If zero, stop here; you cannot claim the additional child tax credit. Skip Parts II-A and II-B.		
	Enter -0- on line 27	16b	
	<b>TIP:</b> The number of children you use for this line is the same as the number of children you used for line 4.		
17	Enter the <b>smaller</b> of line 16a or line 16b	17	
18a	Earned income (see instructions)		
b	Nontaxable combat pay (see instructions)		
19	Is the amount on line 18a more than \$2,500?		
	No. Leave line 19 blank and enter -0- on line 20.		
	Yes. Subtract \$2,500 from the amount on line 18a. Enter the result 19		
20	Multiply the amount on line 19 by 15% (0.15) and enter the result $\dots \dots \dots \dots \dots \dots \dots \dots$	20	
	<b>Next.</b> On line 16b, is the amount \$4,500 or more?		
	No. If you are a bona fide resident of Puerto Rico, go to line 21. Otherwise, skip Part II-B and enter the		
	smaller of line 17 or line 20 on line 27.		
	☐ <b>Yes.</b> If line 20 is equal to or more than line 17, skip Part II-B and enter the amount from line 17 on line 27.		
	Otherwise, go to line 21.		
Part	II-B Certain Filers Who Have Three or More Qualifying Children and Bona Fide Resident	s of P	uerto Rico
21	Withheld social security, Medicare, and Additional Medicare taxes from Form(s) W-2,		
	boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If		
	your employer withheld or you paid Additional Medicare Tax or tier 1 RRTA taxes, see		
	instructions		
22	Enter the total of the amounts from Schedule 1 (Form 1040), line 15; Schedule 2 (Form		
	1040), line 5; Schedule 2 (Form 1040), line 6; and Schedule 2 (Form 1040), line 13 . <b>22</b>		
23	Add lines 21 and 22		
24	1040 and		
	<b>1040-SR filers:</b> Enter the total of the amounts from Form 1040 or 1040-SR, line 27,		
	and Schedule 3 (Form 1040), line 11.		
	<b>1040-NR filers:</b> Enter the amount from Schedule 3 (Form 1040), line 11.		
25	Subtract line 24 from line 23. If zero or less, enter -0	25	
26	Enter the <b>larger</b> of line 20 or line 25	26	
	Next, enter the smaller of line 17 or line 26 on line 27.		
Part	II-C Additional Child Tax Credit	, ,	
27	This is your additional child tax credit. Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 28	27	

### Form **8863**

## **Education Credits**(American Opportunity and Lifetime Learning Credits)

Department of the Treasury Internal Revenue Service Name(s) shown on return Attach to Form 1040 or 1040-SR.

Go to www.irs.gov/Form8863 for instructions and the latest information.

Complete a separate Part III on page 2 for each student for whom you're claiming either credit before

2022 Attachment Sequence No. 50

OMB No. 1545-0074

CAUTION

NITHIN ACHUTHAN KUTTY & ASWATHI PADMANABHAN

you complete Parts I and II.

Your social security number 760-40-9462

Part	Refundable American Opportunity Credit					
1	After completing Part III for each student, enter the total of all amounts from all P	arts I	II, line	30	1	
2	Enter: \$180,000 if married filing jointly; \$90,000 if single, head of household, or qualifying surviving spouse	2				
3	Enter the amount from Form 1040 or 1040-SR, line 11. But if you're filing Form 2555 or 4563, or you're excluding income from Puerto Rico, see Pub. 970 for the amount to enter instead	3				
4	Subtract line 3 from line 2. If zero or less, <b>stop</b> ; you can't take any education credit	4			-	
5	Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or qualifying surviving spouse	5				
6	If line 4 is:  • Equal to or more than line 5, enter 1.000 on line 6				6	
	• Less than line 5, divide line 4 by line 5. Enter the result as a decimal (rou at least three places)					
7	Multiply line 1 by line 6. <b>Caution:</b> If you were under age 24 at the end of the conditions described in the instructions, you <b>can't</b> take the refundable America skip line 8, enter the amount from line 7 on line 9, and check this box	nity credit;	7			
8	<b>Refundable American opportunity credit.</b> Multiply line 7 by 40% (0.40). Enter on Form 1040 or 1040-SR, line 29. Then go to line 9 below.		8			
Part	II Nonrefundable Education Credits					
9	Subtract line 8 from line 7. Enter here and on line 2 of the Credit Limit Worksheet	9				
10	After completing Part III for each student, enter the total of all amounts from a zero, skip lines 11 through 17, enter -0- on line 18, and go to line 19		10	9,228.		
11 12	Enter the smaller of line 10 or \$10,000				11 12	9,228. 1,846.
13	Enter: \$180,000 if married filing jointly; \$90,000 if single, head of household, or qualifying surviving spouse	13		180,000.		
14	Enter the amount from Form 1040 or 1040-SR, line 11. But if you're filing Form 2555 or 4563, or you're excluding income from Puerto Rico, see Pub. 970 for the amount to enter instead	14		82,534.		
15	Subtract line 14 from line 13. If zero or less, skip lines 16 and 17, enter -0- on line 18, and go to line 19	15		97,466.		
16	Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or qualifying surviving spouse	16		20,000.		
17	If line 15 is:			)		
	<ul> <li>Equal to or more than line 16, enter 1.000 on line 17 and go to line 18</li> <li>Less than line 16, divide line 15 by line 16. Enter the result as a decimal (roun least three places)</li></ul>	ded t	o at	}	17	1.000
18	Multiply line 12 by line 17. Enter here and on line 1 of the Credit Limit Worksheet	(see i	instru	ctions) .	18	1,846.
19	<b>Nonrefundable education credits.</b> Enter the amount from line 7 of the Credit instructions) here and on Schedule 3 (Form 1040), line 3			`	19	1,846.

Name(s) showr	Your social security number			
NITHIN	ACHUTHAN KUTTY	& ASWATHI	PADMANABHAN	760-40-9462

	Î	
CA	UΤ	ION

Complete Part III for each student for whom you're claiming either the American opportunity credit or lifetime learning credit. Use additional copies of page 2 as needed for each student.

Par	Student and Educational Institution Information	n. See instructions.		
20	O Student name (as shown on page 1 of your tax return)  21 Student social security number (as shown of			on page 1 of
	ASWATHI your tax return)			
	PADMANABHAN	967-91-6872		
	Educational institution information (see instructions)	T		
a	Name of first educational institution	<b>b.</b> Name of second educational institution	ion (it a	any)
	UNIVERSITY OF CINCINNATI  1) Address. Number and street (or P.O. box). City, town or	(1) Address. Number and street (or P.	O hov	City town or
(	post office, state, and ZIP code. If a foreign address, see instructions.	post office, state, and ZIP code. If instructions.		
	P.O.BOX 210641			
	CINCINNATI OH 45221			
(	2) Did the student receive Form 1098-T       from this institution for 2022?       ∀es	(2) Did the student receive Form 1098 from this institution for 2022?	-T _	Yes 🗌 No
(	Did the student receive Form 1098-T from this institution for 2021 with box   ✓ Yes   No 7 checked?	(3) Did the student receive Form 1098 from this institution for 2021 with b 7 checked?		Yes 🗌 No
(	4) Enter the institution's employer identification number (EIN) if you're claiming the American opportunity credit or if you checked "Yes" in (2) or (3). You can get the EIN from Form 1098-T or from the institution.	(4) Enter the institution's employer ide if you're claiming the American opposed checked "Yes" in (2) or (3). You can 1098-T or from the institution.	ortuni	ty credit or if you
	31-6000989			
23	Has the American opportunity credit been claimed for this student for any 4 prior tax years?	$\square$ Yes — <b>Stop!</b> Go to line 31 for this student. $\bowtie$ No	— Go 1	to line 24.
24	Was the student enrolled at least half-time for at least one academic period that began or is treated as having begun in 2022 at an eligible educational institution in a program leading towards a postsecondary degree, certificate, or other recognized postsecondary educational credential? See instructions.		— <b>Sto</b> j :his stu	o! Go to line 31 dent.
25	Did the student complete the first 4 years of postsecondary education before 2022? See instructions.	X Yes − Stop!     Go to line 31 for this student.    No	— Go 1	to line 26.
26	Was the student convicted, before the end of 2022, of a felony for possession or distribution of a controlled substance?			nplete lines 27 for this student.
CAUT	You <b>can't</b> take the American opportunity credit and the layou complete lines 27 through 30 for this student, don't don'		in the	same year. If
	American Opportunity Credit			
27	Adjusted qualified education expenses (see instructions). Dor		27 28	
28	,			
29			29	
30	If line 28 is zero, enter the amount from line 27. Otherwise, a			
	enter the result. Skip line 31. Include the total of all amounts f <b>Lifetime Learning Credit</b>	rom an Parts III, line 30, on Part I, line 1.	30	
31	Adjusted qualified education expenses (see instructions). Incl	ude the total of all amounts from all Ports		
ΟI	III, line 31, on Part II, line 10		31	9,228.

#### **Health Savings Accounts (HSAs)**

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

OMB No. 1545-0074

Attachment Sequence No. 52

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

NITHIN ACHUTHAN KUTTY

Social security number of HSA beneficiary. If both spouses have HSAs, see instructions. 760-40-9462

**Before you begin:** Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if required. HSA Contributions and Deduction. See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part I for each spouse. Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2022. ☐ Self-only X Family HSA contributions you made for 2022 (or those made on your behalf), including those made by the unextended due date of your tax return that were for 2022. Do not include employer contributions, 2 0. If you were under age 55 at the end of 2022 and, on the first day of every month during 2022, you 3 were, or were considered, an eligible individual with the same coverage, enter \$3,650 (\$7,300 for 3 7,300. Enter the amount you and your employer contributed to your Archer MSAs for 2022 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2022, also 4 0. 5 7,300. 5 6 Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2022, see the instructions for the amount to enter . . . 6 7,300. If you were age 55 or older at the end of 2022, married, and you or your spouse had family coverage 7 under an HDHP at any time during 2022, enter your additional contribution amount. See instructions. 7 8 8 7,300. Employer contributions made to your HSAs for 2022 . . . . . . . . . 9 10 1,625. 11 11 5**,**675. 12 12 HSA deduction. Enter the smaller of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line 13 13 0. Caution: If line 2 is more than line 13, you may have to pay an additional tax. See instructions. Part II HSA Distributions. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part II for each spouse. Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were 14b 14c 15 15 Taxable HSA distributions. Subtract line 15 from line 14c. If zero or less, enter -0-. Also, include this 16 16 If any of the distributions included on line 16 meet any of the Exceptions to the Additional 20% b Additional 20% tax (see instructions). Enter 20% (0.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also, include this amount in the total on Schedule 2 (Form 1040). Part II. line 17c Income and Additional Tax for Failure To Maintain HDHP Coverage. See the instructions before Part III completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part III for each spouse. 18 18 19 19 20 **Total income.** Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I, line 8f 20 Additional tax. Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2 (Form 21

(Rev. November 2022)

Department of the Treasury Internal Revenue Service

Taxpayer name(s) shown on return

Paid Preparer's Due Diligence Checklist

Earned Income Credit (EIC), American Opportunity Tax Credit (AOTC),
Child Tax Credit (CTC) (including the Additional Child Tax Credit (ACTC) and
Credit for Other Dependents (ODC)), and Head of Household (HOH) Filing Status

To be completed by preparer and filed with Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS. Go to www.irs.gov/Form8867 for instructions and the latest information.

OMB No. 1545-0074 For tax year 20 Attachment Sequence No. 70

Taxpayer identification number

NITE	IIN ACHUTHAN KUTTY & ASWATHI PADMANABHAN	760-40-9462	2		
repare	's name	Preparer tax identifica	ation numb	oer	
	M PRIYA RAM SAGAR GUPTA TALLAM	P02082703			
Part	Due Diligence Requirements				
	check the appropriate box for the credit(s) and/or HOH filing status claimed on the retubenefit(s) claimed (check all that apply). $\square$ EIC $\square$ CTC/AC		the rela		arts I-V HOH
1	Did you complete the return based on information for the applicable tax year provided to reasonably obtained by you? (See instructions if relying on prior year earned income.)		Yes	No	N/A
2	If credits are claimed on the return, did you complete the applicable EIC and/or C worksheets found in the Form 1040, 1040-SR, 1040-NR, 1040-PR, 1040-SS, or Sched 1040) instructions, and/or the AOTC worksheet found in the Form 8863 instructions worksheet(s) that provides the same information, and all related forms and schedules claimed?	ule 8812 (Form s, or your own			
3	Did you satisfy the knowledge requirement? To meet the knowledge requirement, you nathe following.		X		
	<ul> <li>Interview the taxpayer, ask questions, and contemporaneously document the taxpayer determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status.</li> </ul>	·			
	• Review information to determine that the taxpayer is eligible to claim the credit(s) and status and to figure the amount(s) of any credit(s)		X		
4	Did any information provided by the taxpayer or a third party for use in preparing information reasonably known to you, appear to be incorrect, incomplete, or inconsist answer questions 4a and 4b. If "No," go to question 5.)	tent? (If "Yes,"		X	
а	Did you make reasonable inquiries to determine the correct, complete, and consistent inf	formation? .			
b	Did you contemporaneously document your inquiries? (Documentation should include you asked, whom you asked, when you asked, the information that was provided, and information had on your preparation of the return.)	the impact the			
5	Did you satisfy the record retention requirement? To meet the record retention requirer keep a copy of your documentation referenced in question 4b, a copy of this Form 8867 applicable worksheet(s), a record of how, when, and from whom the information used to 8867 and any applicable worksheet(s) was obtained, and a copy of any document(s) processes that you relied on to determine eligibility for the credit(s) and/or HOH filing state the amount(s) of the credit(s)	o prepare Form provided by the tus or to figure	×		
	List those documents provided by the taxpayer, if any, that you relied on:				
6	Did you ask the taxpayer whether he/she could provide documentation to substantiate credit(s) and/or HOH filing status and the amount(s) of any credit(s) claimed on the return is selected for audit?	eturn if his/her	×		
7	Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous (If credits were disallowed or reduced, go to question 7a; if not, go to question 8.)	year?	X		
а 8	Did you complete the required recertification Form 8862?	a complete and			

Form 88	867 (Rev. 11-2022)			Page 2
Part	Due Diligence Questions for Returns Claiming EIC (If the return does not claim EIC, go	to Part	III.)	
9a	claimed, or is eligible to claim the EIC without a qualifying child? (If the taxpayer is claiming the EIC	Yes	No	N/A
	and does not have a qualifying child, go to question 10.)			
b	Did you ask the taxpayer if the child lived with the taxpayer for over half of the year, even if the taxpayer has supported the child the entire year?			
С	Did you explain to the taxpayer the rules about claiming the EIC when a child is the qualifying child of more than one person (tiebreaker rules)?			
Part	Due Diligence Questions for Returns Claiming CTC/ACTC/ODC (If the return does not or ODC, go to Part IV.)	claim (	CTC, A	CTC,
10	Have you determined that each qualifying person for the CTC/ACTC/ODC is the taxpayer's dependent who is a citizen, national, or resident of the United States?	Yes	No	N/A
11	Did you explain to the taxpayer that he/she may not claim the CTC/ACTC if the child has not lived with the taxpayer for over half of the year, even if the taxpayer has supported the child, unless the child's custodial parent has released a claim to exemption for the child?	X		
12	Did you explain to the taxpayer the rules about claiming the CTC/ACTC/ODC for a child of divorced or separated parents (or parents who live apart), including any requirement to attach a Form 8332 or similar			
	statement to the return?	×		
Part			Part \	/.)
13	Did the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the quatuition and related expenses for the claimed AOTC?	alified 	Yes	No
Part	V Due Diligence Questions for Claiming HOH (If the return does not claim HOH filing statu	s, go to	o Part	VI.)
14	Have you determined that the taxpayer was unmarried or considered unmarried on the last day of the tax and provided more than half of the cost of keeping up a home for the year for a qualifying person?	x year	Yes	No
Part	VI Eligibility Certification			
	You will have complied with all due diligence requirements for claiming the applicable credit(s) and on the return of the taxpayer identified above if you:	or HO	H filing	status
	A. Interview the taxpayer, ask adequate questions, contemporaneously document the taxpayer's respo in your notes, review adequate information to determine if the taxpayer is eligible to claim the credit( status and to figure the amount(s) of the credit(s);	nses or s) and/o	the retor HOH	turn or filing
	<ul> <li>B. Complete this Form 8867 truthfully and accurately and complete the actions described in this checkled credit(s) claimed and HOH filing status, if claimed;</li> </ul>	list for a	ıny app	licable
	C. Submit Form 8867 in the manner required; and			
	D. Keep all five of the following records for 3 years from the latest of the dates specified in the Form 88 Document Retention.	67 instr	uctions	under
	1. A copy of this Form 8867.			
	2. The applicable worksheet(s) or your own worksheet(s) for any credit(s) claimed.			
	<ol><li>Copies of any documents provided by the taxpayer on which you relied to determine the taxpayer credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).</li></ol>	's eligib	oility for	the
	<ol><li>A record of how, when, and from whom the information used to prepare this form and the applica obtained.</li></ol>	ble wor	ksheet(	s) was
	<ol><li>A record of any additional information you relied upon, including questions you asked and the tax determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount</li></ol>	payer's ınt(s) of	respon the cre	ses, to edit(s).
	If you have not complied with all due diligence requirements, you may have to pay a penalty for eac related to a claim of an applicable credit or HOH filing status (see instructions for more information	:h failur i).	e to co	mply
15	Do you certify that all of the answers on this Form 8867 are, to the best of your knowledge, true, correct complete?		Yes	No
	'	Form <b>88</b>		11-2022

For the year Jan. 1-Dec. 31, 2022, or other tax year

, 20	, 2022 ending		g	begini	J	<b>.</b>	n amended return	Check here if an	C
	our social security number 760409462		Legal first name M.I. NITHIN			"	UTTY	Your legal last name ACHUTHAN KU	
	Spouse's social security number 967916872				ΓΉΙ	Spouse's le	AN	If a joint return, spouse's PADMANABHAN	S E
	<b>Tax district</b> Check below then fill in eith	Cł	Apt. no.			e a PO Box, se	er and street). If you have LSON DR	4206 N WILS	
ounty in which you	city, village, or town and the lived at the end of 2022.		de 211	Zi <sub>F</sub>	State			City or post office SHOREWOOD	- 1
Village Towr	_X_ City						heck √ below	Filing status Ch	g l
	City, village, or town ▶ MILWAUKEE	Cit						Single	
					t name	Legal last r	ng joint return	X Married filing	sser
	County of ▶ MILWAUKE	Co					ng separate return.	Married filing	
page 443619	School district number See	M.I.				Legal first	se's SSN above ne here		berore
	Special conditions					ed	usehold, NOT marrie i).	Head of hous (see page 13).	pag
see page 10)	Form 804 filed with return				arried, fill N above a			Head of hous (see page 13).	See
MMAS; <u>NO</u> CENTS	this → Ø147 • <u>NO</u> C	Use BLACK Ink • Print numbers like this $\rightarrow$ 0   23 45 67 89 Not like this $\rightarrow$ Ø147 •							ī
82534.00	1			line 11	ı 1040, l	from Form	sted gross income f	<b>1</b> Federal adjust	
0.00	page 13) <b>2</b>	2 Adjustments to federal adjusted gross income from Schedule I, line 3 (see page 13) 2							
82534.00	n purposes 3	3 Add lines 1 and 2. This is your federal adjusted gross income for Wisconsin purposes 3							
	90994.00	<b>-</b>	]			e 3	ages included in line	Form W-2 wag	
.00	(see page 14) <b>4</b>	lule AD (s	de Sche	33. In	AD, line	Schedule Al	ns to income from S	4 Total additions	
82534.00	5						and 4	<b>5</b> Add lines 3 an	
.00	e SB (see page 14)						ctions from income fositive number		
10303.00				<b>.</b>	5, <b>OR</b>	on page 35	duction. See table	8 Standard dedu	8
72231.00	d check here								- 1
72231.00				iiic 7,	i dian n		(Caution: See page		t ner
						-			_   
	2100.00								PAPER CLIP payment nere
	.00	10b	_ x \$250	= _	pouse	. + Sp	5 or older You	<b>b</b> Check if 65	
2100.00	10c						10a and 10b	c Add lines 10	בן   ב





Federal credit. . . .

29 Earned income credit. Number of qualifying children . .

.00 x % = . . . . . . . . . 29

**b** Schedule FC-A, line 13 . . . . . . . . . . 30b

**30** Farmland preservation credit. **a** Schedule FC, line 17 . . . . . . . . . . . **30a** 

.00

.00

.00

.00

Nan	ne(s) shown on Form 1	,	Your social security number
N]	THIN ACHUTHAN KUTTY & ASWATHI PADMANA	BHAN	760409462
			NO COMMAS; NO CENTS
32	Homestead credit. Include Schedule H or H-EZ 32	.00	<u>)</u>
33	Eligible veterans and surviving spouses property tax credit . 33	.00	)
34	Refundable credits from Schedule CR, line 40. Include Schedule CR 34	.00	<u>)</u>
35	AMENDED RETURN ONLY-Amounts previously paid (see page 31) 35	.00	<u>)</u>
36	Add lines 27 through 35	4431.00	<u>)</u>
37	AMENDED RETURN ONLY-Amounts previously refunded (see page 31) 37	.00	)
38	Subtract line 37 from line 36		4431.00
39	If line 38 is larger than line 26, subtract line 26 from line 38. This is the <b>AMOUNT YOU OVERPAID</b>		391355.00
40	Amount of line 39 you want <b>REFUNDED TO YOU</b>		1355.00
41	Amount of line 39 you want  APPLIED TO YOUR 2023 ESTIMATED TAX	0.0	0
42	If line 38 is smaller than line 26, subtract line 38 from line 26. This is the <b>AMOUNT YOU UNDERPAID</b>		4200
43	Underpayment interest. Fill in exception code-See Sch. U		.00
44	Add lines 42 and 43. This is the <b>AMOUNT YOU OWE.</b> Paper clip p	ayment to front of return	.00
45	Interest (see page 34)		.00
Thi Par Des		Persona	

	7
	/
M	

Paper clip copies of your federal income tax return and schedules to this return.

Assemble your return (pages 1-4) and withholding statements in the order listed on page 5.

#### Sign here

Your signature	Date	Daytime Phone	Wisconsin Identity Protection PIN (7 characters)
		414400836	4
Spouse's signature (if filing jointly, BOTH must sign)	Date	Daytime Phone	Wisconsin Identity Protection PIN (7 characters)
I-010ai Caution: Only enter a Wisconsin	Identity Protection	on PIN if you received one fro	m the department (see page 34).
Mail your return to: Wisconsin De	partment of Rev	venue	
If tax duePO Box 268	, Madison WI 5	53790-0001	
If refund or no tax duePO Box 59,	Madison WI 53	3785-0001	
If homestead credit claimedPO Box 34,	Madison WI 53	3786-0001	

REV 01/23/23 PRO

NO COMMAS; NO CENTS

Name NITHIN

1	Medical and dental expenses from federal Schedule A (Form 1040).  See instructions for exceptions	1	.00.
<u>2</u>	Interest paid from federal Schedule A (Form 1040). Do not include interest paid to purchase a second home located outside Wisconsin or a residence which is a boat. Also, do not include interest paid to purchase or hold U.S. government securities and interest from a tax-option (S) corporation if claimed as a subtraction	2	.00.
<u>3</u>	Gifts to charity from federal Schedule A (Form 1040). See instructions for exceptions	3	.00
<u>4</u>	Casualty losses from federal Schedule A (Form 1040)	4	.00
<u>5</u>	Add lines 1 through 4	5	.00
6	Fill in your standard deduction from line 8 on page 1 of Form 1	6	.00
7	Subtract line 6 from line 5. If line 6 is more than line 5, fill in 0	7	0 .00
8	Rate of credit is .05 (5%)	8	x .05
9	Multiply line 7 by line 8. Fill in here and on line 13 on page 2 of Form 1	9	.00

You must submit this page with Form 1 if you claim either of these credits



#### Schedule 2 – Married Couple Credit When Both Spouses Are Employed (see page 21)

When completing this schedule, be sure to fill in your income in column (A) and your spouse's income in column (B)

	(A) YOURSELF	(B) SPOUSE
Taxable wages, salaries, tips, and other employee compensation. Do NOT include deferred compensation, interest, dividends, pensions, unemployment compensation, or other unearned income 1	.00	.00
Net profit or (loss) from self-employment from federal Schedules C, C-EZ, and F (Form 1040), Schedule K-1 (Form 1065), and any other taxable self-employment or earned income	.00	.00
3 Combine lines 1 and 2. This is earned income	.00	.00
Add the amounts from federal <b>Schedule 1</b> (Form 1040), lines 12, 16, 20, 24e, 24f, and 24g, and any Wisconsin disability income exclusion. Fill in the total of these adjustments that apply to you or your spouse's income	.00	
5 Subtract line 4 from line 3. This is qualified earned income. If less than zero, fill in 0	.00	.00
6 Compare the amounts in columns (A) and (B) of line 5. Fill in the smaller amount here. If more than \$16,000, fill in \$16,000.	6	.00
<b>7</b> Rate of credit is .03 (3%)	7	x .03
8 Multiply line 6 by line 7. Fill in here and on line 17 on page 2 of Form	1 8	Do not fill in .00 more than \$480.

INTUIT



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

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

		ingle X Married filing jointly	Marrie	ed filing separately	(MFS)	☐ Head of	househ	old (HOH	l)			iving										
Check only one box.	If voi	u checked the MFS box, enter the n	ame of v	our spouse. If you	ı check	ed the HOH or	r OSS h	ox. ente	r the cl	•	use (QSS) name if the	e qualifying										
		on is a child but not your dependent						,														
Your first name	and mid	ddle initial	Last nar	me					Yo	ur so	cial security	/ number										
NITHIN			ACHU	THAN KUTTY					176	60-4	40-9462	)										
If joint return, sp	ouse's	first name and middle initial	Last nar	me					Sp	Spouse's social security numbe												
ASWATHI			PADM	ANABHAN					96	67-9	91-6872											
Home address	numbe	r and street). If you have a P.O. box, see	instructio	ons.			A	ot. no.				n Campaign										
4206 N W	ILSC	N DR					6			Check here if you, or your												
City, town, or p	ost offic	e. If you have a foreign address, also co	mplete s	paces below.	Sta	te	ZIP co	de		spouse if filing jointly, want \$3 to go to this fund. Checking a												
SHOREWOO	D				W J	Ī.	532	L1			ow will not											
Foreign country name Foreign province			oreign province/sta	te/coun	ty	Foreigr	postal co	de yo	ur tax	or refund.	· ·											
											You	Spouse										
Digital	At an	y time during 2022, did you: (a) rec	eive (as	a reward, award,	or payr	ment for prope	rty or s	ervices);	or (b)	sell,												
Assets	exch	ange, gift, or otherwise dispose of a	digital a	asset (or a financi	al inter	est in a digital	asset)?	(See ins	tructio	ons.)	Yes	⊠ No										
Standard	Some	eone can claim: 🗌 You as a de	pendent	Your spo	use as	a dependent																
Deduction		pouse itemizes on a separate retur	n or you	were a dual-statu	ıs alien	1																
Age/Blindness	You:	☐ Were born before January 2, 1	958	Are blind S	pouse	: Was bor	rn befo	e Januai	rv 2. 19	958	☐ Is blii	nd										
Dependents	-			(2) Social secu		(3) Relationsh						nstructions):										
If more		rst name Last name		number	ity	to you	"P   '	iib   · ·		Child tax credit										· 1		er dependents
than four	AVN			967-91-69	15	Daughter		Ornia tax ordan orean in			<u> </u>											
dependents,				307 31 03	, 10	Baagireer		Ī	<del></del>		Ī											
see instructions and check									1			<u> </u>										
here																						
Income	1a	Total amount from Form(s) W-2, b	ox 1 (see	e instructions) .						1a	9	0,994.										
income	b	Household employee wages not re	eported	on Form(s) W-2 .						1b												
Attach Form(s)	С	Tip income not reported on line 1a	(see ins	structions)						1c												
W-2 here. Also attach Forms	d	Medicaid waiver payments not rep	orted or	n Form(s) W-2 (see	e instru	ictions)				1d												
W-2G and	е	Taxable dependent care benefits f	rom For	m 2441, line 26						1e												
1099-R if tax was withheld.	f	Employer-provided adoption bene	fits from	Form 8839, line	29 .					1f												
If you did not	g	Wages from Form 8919, line 6 .								1g												
get a Form	h	Other earned income (see instruct	ions) .							1h		0.										
W-2, see instructions.	i	Nontaxable combat pay election (s	see instr	uctions)		<u>1</u> i	i															
	Z	Add lines 1a through 1h	. , .							1z	9	0,994.										
Attach Sch. B	2a	Tax-exempt interest	2a		<b>b</b> T	axable interes	t.			2b												
if required.	<u>3a</u>	Qualified dividends	3a		<b>b</b> C	ordinary divide	nds .			3b												
	4a	IRA distributions	4a		b T	axable amoun	t			4b												
Standard Deduction for—	5a	_	5a			axable amoun				5b												
Single or	6a	,	6a			axable amoun	t		·	6b												
Married filing separately,	С	If you elect to use the lump-sum e		•	`	,																
\$12,950	7	Capital gain or (loss). Attach Sche		•	•					7												
<ul> <li>Married filing jointly or</li> </ul>	8	Other income from Schedule 1, lin								8		8,460.										
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7		-					•	9		2,534.										
\$25,900	10	Adjustments to income from Sche							•	10												
<ul> <li>Head of household,</li> </ul>	11	Subtract line 10 from line 9. This is	•	-					•	11		2,534.										
\$19,400	12	Standard deduction or itemized								12		5 <b>,</b> 900.										
If you checked any box under	13	Qualified business income deduct								13		E 000										
Standard Deduction,	14 15	Add lines 12 and 13 Subtract line 14 from line 11. If zer							•	15		<u>5,900.</u>										
see instructions.	10	Subtract line 14 HOIII line 11. II Zer	o or less	5, CITTET -U ITHS IS	s your	axable IIICOII	i <del>c</del> .			13		6,634.										

Form 1040 (2022	2)								Page <b>2</b>
Tax and	16	Tax (see instructions). Check	if any from Form	(s): <b>1</b> 881	4 <b>2</b> 🗌 4972	3 🗌		16	6,384.
Credits	17	Amount from Schedule 2, lin	e3					17	
	18	Add lines 16 and 17						18	6,384.
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812			19	500.
	20	Amount from Schedule 3, lin	e8					20	1,846.
	21	Add lines 19 and 20						21	2,346.
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	4,038.
	23	Other taxes, including self-er	mployment tax,	from Schedule	e 2, line 21			23	0.
	24	Add lines 22 and 23. This is	your <b>total tax</b>					24	4,038.
Payments	25	Federal income tax withheld							<u> </u>
,	а	Form(s) W-2				25a 7	,652.		
	b	Form(s) 1099				25b			
	С	Other forms (see instructions	s)			25c			
	d	Add lines 25a through 25c						25d	7,652.
16	26	2022 estimated tax payment	s and amount a	pplied from 20	21 return			26	
If you have a qualifying child,	27	Earned income credit (EIC)				27			
attach Sch. EIC.	28	Additional child tax credit from	n Schedule 8812			28			
	29	American opportunity credit	from Form 8863	3, line 8		29			
	30	Reserved for future use .				30			
	31	Amount from Schedule 3, lin	e 15			31			
	32	Add lines 27, 28, 29, and 31.	. These are your	total other pa	ayments and refu	undable credits		32	
	33	Add lines 25d, 26, and 32. T						33	7,652.
Refund	34	If line 33 is more than line 24	, subtract line 2	4 from line 33.	This is the amou	nt you <b>overpaid</b>		34	3,614.
neiulia	35a	Amount of line 34 you want i			is attached, che	ck here		35a	3,614.
Direct deposit?	b	Routing number 0 7 5	0 0 0 0	1 9	c Type: 🛛 🗙	Checking	Savings		
See instructions.	d	Account number 2 6 6	0 2 0 8	5 5					
	36	Amount of line 34 you want a	applied to your	2023 estimate	ed tax	36			
Amount	37	Subtract line 33 from line 24	. This is the <b>am</b>	ount you owe.					
You Owe		For details on how to pay, go	o to <i>www.irs.go</i> u	//Payments or	see instructions .			37	
-	38	Estimated tax penalty (see in	nstructions) .			38			
<b>Third Party</b>		you want to allow another	•						
Designee		structions				_	•		⊠ No
		signee's me		Phone no.			onal identi ber (PIN)	fication	
Ciana		der penalties of perjury, I declare t	hat I have examine		l accompanying coh		, ,	the her	t of my knowledge and
Sign		lief, they are true, correct, and com							
Here	Yo	ur signature		Date	Your occupation		If the	RS se	nt you an Identity
					·				IN, enter it here
Joint return?					SOFTWARE I		,	inst.)	
See instructions. Keep a copy for	Sp	Spouse's signature. If a joint return, <b>both</b> must sign.		Date	Spouse's occupat	ion			nt your spouse an ection PIN, enter it here
your records.					HOME MAKEI	₹		inst.)	
	———Ph	one no. (414) 400-836	4	Email address	NITHI32@GN				
		eparer's name	Preparer's signat		1,1111102661	Date Date	PTIN		Check if:
Paid		·			GUPTA TALLAM	01/26/2023	P0208	2703	Self-employed
Preparer		m's name GLOBAL TAX				32,23,2020			(678) 965-9522
Use Only		m's address 245 ROONE		NSWICK N	J 08816			's EIN	88-2145487
Go to www ire a		n1040 for instructions and the late:			BAA	REV 01/24/23 PRO	1		Form <b>1040</b> (2022)
	0.11				מאמ	1.L V 01/24/23 FIRO			10 10 (2022)

## SCHEDULE 1 (Form 1040)

### **Additional Income and Adjustments to Income**

OMB No. 1545-0074

2022

Attachment Sequence No. 01

Department of the Treasury Internal Revenue Service Attach to Form 1040, 1040-SR, or 1040-NR.

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

Name	(s) shown on Form 1040, 1040-SR, or 1040-NR		Your so	ocial s	ecurity number
NITH	IN ACHUTHAN KUTTY & ASWATHI PADMANABHAN		760-4	10-94	62
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	ach Schedule	Ε.	5	-8,460.
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			
į	Prizes and awards	8i			
j	Activity not engaged in for profit income	8j			
k	Stock options	8k			
- 1	Income from the rental of personal property if you engaged in the rental				
	for profit but were not in the business of renting such property	81			
m	Olympic and Paralympic medals and USOC prize money (see	0			
	instructions)	8m		-	
	Section 951(a) inclusion (see instructions)	8n 8o			
0	Section 951A(a) inclusion (see instructions)	8p		-	
р	Taxable distributions from an ABLE account (see instructions)	8q			
q r	Scholarship and fellowship grants not reported on Form W-2	8r		-	
S	Nontaxable amount of Medicaid waiver payments included on Form	01		-	
3	1040, line 1a or 1d	8s (	)		
ŧ	Pension or annuity from a nonqualifed deferred compensation plan or				
	a nongovernmental section 457 plan	8t			
u	Wages earned while incarcerated	8u			
	Other income. List type and amount:				
_		8z			

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

-8,460.

9

10

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

Par	t II Adjustments to Income			
11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-b	asis governmen	t	
	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			
16	Self-employed SEP, SIMPLE, and qualified plans			
17	Self-employed health insurance deduction			
18	Penalty on early withdrawal of savings			
19a	Alimony paid			
b	Recipient's SSN	·	_	
С	Date of original divorce or separation agreement (see instructions):			
20	IRA deduction			
21	Student loan interest deduction		_	
22	Reserved for future use			
23	Archer MSA deduction		23	
24	Other adjustments:	_		
а	, , , , , , , , , , , , , , , , , , ,	4a		
b	Deductible expenses related to income reported on line 8l from the			
		4b		
С	Nontaxable amount of the value of Olympic and Paralympic medals	4.		
-1	· · · · · · · · · · · · · · · · · · ·	4c		
d		4d		
е	Repayment of supplemental unemployment benefits under the Trade Act of 1974	4e		
f		4f		
g		4g		
_	Attorney fees and court costs for actions involving certain unlawful			
		4h		
i	Attorney fees and court costs you paid in connection with an award			
	from the IRS for information you provided that helped the IRS detect			
		24i		
j		24j		
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form			
		4k		
Z	Other adjustments. List type and amount:	_		
		4z		
25	Total other adjustments. Add lines 24a through 24z			
26	Add lines 11 through 23 and 25. These are your <b>adjustments to income</b> . E			
	Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a	<u></u>	26	

## SCHEDULE 3 (Form 1040)

Department of the Treasury Internal Revenue Service

### **Additional Credits and Payments**

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

2022

Attachment
Sequence No. 03

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

NITHIN ACHUTHAN KUTTY & ASWATHI PADMANABHAN

Your social security number 760-40-9462

Par	Nonrelundable Credits				
1	Foreign tax credit. Attach Form 1116 if required			1	
2	Credit for child and dependent care expenses from Form 244 Form 2441			2	
3	Education credits from Form 8863, line 19			3	1,846.
4	Retirement savings contributions credit. Attach Form 8880			4	
5	Residential energy credits. Attach Form 5695			5	
6	Other nonrefundable credits:				
а	General business credit. Attach Form 3800	6a			
b	Credit for prior year minimum tax. Attach Form 8801	6b			
С	Adoption credit. Attach Form 8839	6с			
d	Credit for the elderly or disabled. Attach Schedule R	6d			
е	Alternative motor vehicle credit. Attach Form 8910	6e			
f	Qualified plug-in motor vehicle credit. Attach Form 8936	6f			
g	Mortgage interest credit. Attach Form 8396	6g			
h	District of Columbia first-time homebuyer credit. Attach Form 8859	6h			
i	Qualified electric vehicle credit. Attach Form 8834	6i			
j	Alternative fuel vehicle refueling property credit. Attach Form 8911	6j			
k	Credit to holders of tax credit bonds. Attach Form 8912	6k			
-1	Amount on Form 8978, line 14. See instructions	6I			
Z	Other nonrefundable credits. List type and amount:				
		6z			
7	Total other nonrefundable credits. Add lines 6a through 6z			7	
8	Add lines 1 through 5 and 7. Enter here and on Form 1040, 1040 line 20		Ť		1 045
	line 20			8	1,846.

(continued on page 2)

Schedule 3 (Form 1040) 2022 Page **2** 

Par	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	
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		14	
1 <del>4</del> 15	Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040-		14	
10	line 31		15	

#### **SCHEDULE E** (Form 1040)

#### **Supplemental Income and Loss**

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

Department of the Treasury Internal Revenue Service

Attach to Form 1040, 1040-SR, 1040-NR, or 1041. Go to www.irs.gov/ScheduleE for instructions and the latest information. Attachment Sequence No. 13

OMB No. 1545-0074

Name(s)	shown on return					١	Your socia	al security	number
NITH	IN ACHUTHAN KUTTY & ASWATHI PADMANABHA	AN					760-40	0-9462	2
Part	Income or Loss From Rental Real Estate an Note: If you are in the business of renting personal proper rental income or loss from Form 4835 on page 2, line 40.			<b>C</b> . See	instruc	tions. If you are	e an indiv	ridual, rep	oort farm
Α	Did you make any payments in 2022 that would require you	to file l	Form(s) 1	099? S	See ins	tructions		. 🗌 Ye	es 🛛 No
<b>B</b> I	f "Yes," did you or will you file required Form(s) 1099? .							. 🗌 Ye	es 🗌 No
1a	Physical address of each property (street, city, state, ZIF	ode	)						
Α	GANDHI NAGAR POLPULLY PALAKKAD IN 6785	552							
В									
С									
1b	Type of Property (from list below)  2 For each rental real estate properabove, report the number of fair				_	r Rental Days	Person Da		QJV
A	personal use days. Check the Qu			Α		365		0	
В	if you meet the requirements to f	file as a	a	В					
С	qualified joint venture. See instru	ictions.		С					
Туре	of Property:								
1	Single Family Residence 3 Vacation/Short-Term Ren Multi-Family Residence 4 Commercial	tal	5 Land 6 Roya			Self-Rental Other (descrik	be)		
						Propertie			
Incom	ie:			Α		В			С
3	Rents received	3		4	50.				
4	Royalties received	4							
Expen									
5	Advertising	5							
6	Auto and travel (see instructions)	6							
7	Cleaning and maintenance	7		9	00.				
8	Commissions	8							
9	Insurance	9							
10	Legal and other professional fees	10							
11	Management fees	11		1,5	00.				
12	Mortgage interest paid to banks, etc. (see instructions)	12							
13	Other interest	13							
14	Repairs	14			00.				
15	Supplies	15		2,0	10.				
16	Taxes	16							
17	Utilities	17		2,3	00.				
18	Depreciation expense or depletion	18							
19	Other (list)	19							
20	Total expenses. Add lines 5 through 19	20		8,9	10.				
21	Subtract line 20 from line 3 (rents) and/or 4 (royalties). If								
	result is a (loss), see instructions to find out if you must file Form 6198	^		-8,4	60				
00		21		-0,4	00.				
22	Deductible rental real estate loss after limitation, if any, on <b>Form 8582</b> (see instructions)	22	(	2 16	50.)(			(	,
23a	Total of all amounts reported on line 3 for all rental prope		(	0,40	23a		450.		
zsa b	Total of all amounts reported on line 4 for all regulty prop				23b		100.		
С	Total of all amounts reported on line 4 for all royalty properties	GI 1162			23c				
d	Total of all amounts reported on line 18 for all properties				23d				
e	Total of all amounts reported on line 20 for all properties				23e	8.	910.		
24	<b>Income.</b> Add positive amounts shown on line 21. <b>Do no</b>			sses			24		
25	Losses. Add royalty losses from line 21 and rental real estat		-		nter to	tal losses here		(	8,460.
26	Total rental real estate and royalty income or (loss).							-	
-	here. If Parts II, III, IV, and line 40 on page 2 do not Schedule 1 (Form 1040), line 5. Otherwise, include this ar	apply	to you,	also er	nter thi	is amount on			-8 460

#### SCHEDULE 8812 (Form 1040)

# Credits for Qualifying Children and Other Dependents

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

Go to www.irs.gov/Schedule8812 for instructions and the latest information.

2022

OMB No. 1545-0074

Attachment Sequence No. **47** 

Department of the Treasury Internal Revenue Service Name(s) shown on return

Your social security number

AT.T.H	IN ACHUTHAN KUTTY & ASWATHI PADMANABHAN //	60-40-	-9462
Par	t I Child Tax Credit and Credit for Other Dependents		
1	Enter the amount from line 11 of your Form 1040, 1040-SR, or 1040-NR	1	82,534.
2a	Enter income from Puerto Rico that you excluded		
b	Enter the amounts from lines 45 and 50 of your Form 2555	).	
c	Enter the amount from line 15 of your Form 4563		
d	Add lines 2a through 2c	2d	0.
3	Add lines 1 and 2d	3	82,534.
4	Number of qualifying children under age 17 with the required social security number  4	0	
5	Multiply line 4 by \$2,000	5	
6	Number of other dependents, including any qualifying children who are not under age 17 or who do not have the required social security number	1	
	<b>Caution:</b> Do not include yourself, your spouse, or anyone who is not a U.S. citizen, U.S. national, or U.S. residen alien. Also, do not include anyone you included on line 4.	t	
7	Multiply line 6 by \$500	7	500.
8	Add lines 5 and 7	8	500.
9	Enter the amount shown below for your filing status.		
	• Married filing jointly—\$400,000		
	• All other filing statuses—\$200,000 \( \)	9	400,000.
10	Subtract line 9 from line 3.		
	• If zero or less, enter -0		
	• If more than zero and not a multiple of \$1,000, enter the next multiple of \$1,000. For		
	example, if the result is \$425, enter \$1,000; if the result is \$1,025, enter \$2,000, etc.	10	0.
11	Multiply line 10 by $5\%$ (0.05)		0.
12	Is the amount on line 8 more than the amount on line 11?		500.
	No. STOP. You cannot take the child tax credit, credit for other dependents, or additional child tax credit	t.	
	Skip Parts II-A and II-B. Enter -0- on lines 14 and 27.		
	Yes. Subtract line 11 from line 8. Enter the result.		
13	Enter the amount from the Credit Limit Worksheet A		4,538.
14	Enter the smaller of line 12 or 13. <b>This is your child tax credit and credit for other dependents</b>	14	500.
	Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 19.		
	If the amount on line 12 is more than the amount on line 14, you may be able to take the <b>additional</b>		
	on Form 1040, 1040-SR, or 1040-NR, line 28. Complete your Form 1040, 1040-SR, or 1040-NR	through	line 27
	(also complete Schedule 3, line 11) before completing Part II-A.		

BAA

Schedule 8812 (Form 1040) 2022

Part	II-A Additional Child Tax Credit for All Filers		
Cautio	on: If you file Form 2555, you cannot claim the additional child tax credit.		
15	Check this box if you do not want to claim the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line	27 .	
16a	Subtract line 14 from line 12. If zero, stop here; you cannot take the additional child tax credit. Skip Parts II-A		
	and II-B. Enter -0- on line 27	16a	0.
b	Number of qualifying children under 17 with the required social security number: x \$1,500.		
	Enter the result. If zero, stop here; you cannot claim the additional child tax credit. Skip Parts II-A and II-B.		
	Enter -0- on line 27	16b	
	<b>TIP:</b> The number of children you use for this line is the same as the number of children you used for line 4.		
17	Enter the <b>smaller</b> of line 16a or line 16b	17	
18a	Earned income (see instructions)		
b	Nontaxable combat pay (see instructions)		
19	Is the amount on line 18a more than \$2,500?		
	No. Leave line 19 blank and enter -0- on line 20.		
	Yes. Subtract \$2,500 from the amount on line 18a. Enter the result 19		
20	Multiply the amount on line 19 by 15% (0.15) and enter the result $\dots \dots \dots \dots \dots \dots \dots \dots$	20	
	<b>Next.</b> On line 16b, is the amount \$4,500 or more?		
	No. If you are a bona fide resident of Puerto Rico, go to line 21. Otherwise, skip Part II-B and enter the		
	smaller of line 17 or line 20 on line 27.		
	☐ <b>Yes.</b> If line 20 is equal to or more than line 17, skip Part II-B and enter the amount from line 17 on line 27.		
	Otherwise, go to line 21.		
Part	II-B Certain Filers Who Have Three or More Qualifying Children and Bona Fide Resident	s of P	uerto Rico
21	Withheld social security, Medicare, and Additional Medicare taxes from Form(s) W-2,		
	boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If		
	your employer withheld or you paid Additional Medicare Tax or tier 1 RRTA taxes, see		
	instructions		
22	Enter the total of the amounts from Schedule 1 (Form 1040), line 15; Schedule 2 (Form		
	1040), line 5; Schedule 2 (Form 1040), line 6; and Schedule 2 (Form 1040), line 13 . <b>22</b>		
23	Add lines 21 and 22		
24	1040 and		
	<b>1040-SR filers:</b> Enter the total of the amounts from Form 1040 or 1040-SR, line 27,		
	and Schedule 3 (Form 1040), line 11.		
	<b>1040-NR filers:</b> Enter the amount from Schedule 3 (Form 1040), line 11.		
25	Subtract line 24 from line 23. If zero or less, enter -0	25	
26	Enter the <b>larger</b> of line 20 or line 25	26	
	Next, enter the smaller of line 17 or line 26 on line 27.		
Part	II-C Additional Child Tax Credit	, ,	
27	This is your additional child tax credit. Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 28	27	

### Form **8863**

## **Education Credits**(American Opportunity and Lifetime Learning Credits)

Department of the Treasury Internal Revenue Service Name(s) shown on return Attach to Form 1040 or 1040-SR.

Go to www.irs.gov/Form8863 for instructions and the latest information.

Complete a separate Part III on page 2 for each student for whom you're claiming either credit before

2022 Attachment Sequence No. 50

OMB No. 1545-0074

CAUTION

NITHIN ACHUTHAN KUTTY & ASWATHI PADMANABHAN

you complete Parts I and II.

Your social security number 760-40-9462

Part	Refundable American Opportunity Credit					
1	After completing Part III for each student, enter the total of all amounts from all P	arts I	II, line	30	1	
2	Enter: \$180,000 if married filing jointly; \$90,000 if single, head of household, or qualifying surviving spouse	2				
3	Enter the amount from Form 1040 or 1040-SR, line 11. But if you're filing Form 2555 or 4563, or you're excluding income from Puerto Rico, see Pub. 970 for the amount to enter instead	3				
4	Subtract line 3 from line 2. If zero or less, <b>stop</b> ; you can't take any education credit	4			-	
5	Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or qualifying surviving spouse	5				
6	If line 4 is:  • Equal to or more than line 5, enter 1.000 on line 6				6	
	• Less than line 5, divide line 4 by line 5. Enter the result as a decimal (rou at least three places)					
7	Multiply line 1 by line 6. <b>Caution:</b> If you were under age 24 at the end of the conditions described in the instructions, you <b>can't</b> take the refundable America skip line 8, enter the amount from line 7 on line 9, and check this box	an op	portu	nity credit;	7	
8	<b>Refundable American opportunity credit.</b> Multiply line 7 by 40% (0.40). Enter on Form 1040 or 1040-SR, line 29. Then go to line 9 below.				8	
Part	II Nonrefundable Education Credits					
9	Subtract line 8 from line 7. Enter here and on line 2 of the Credit Limit Worksheet	(see	instru	ictions) .	9	
10	After completing Part III for each student, enter the total of all amounts from a zero, skip lines 11 through 17, enter -0- on line 18, and go to line 19				10	9,228.
11 12	Enter the smaller of line 10 or \$10,000				11 12	9,228. 1,846.
13	Enter: \$180,000 if married filing jointly; \$90,000 if single, head of household, or qualifying surviving spouse	13		180,000.		
14	Enter the amount from Form 1040 or 1040-SR, line 11. But if you're filing Form 2555 or 4563, or you're excluding income from Puerto Rico, see Pub. 970 for the amount to enter instead	14		82,534.		
15	Subtract line 14 from line 13. If zero or less, skip lines 16 and 17, enter -0- on line 18, and go to line 19	15		97,466.		
16	Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or qualifying surviving spouse	16		20,000.		
17	If line 15 is:			)		
	<ul> <li>Equal to or more than line 16, enter 1.000 on line 17 and go to line 18</li> <li>Less than line 16, divide line 15 by line 16. Enter the result as a decimal (roun least three places)</li></ul>	ded t	o at	}	17	1.000
18	Multiply line 12 by line 17. Enter here and on line 1 of the Credit Limit Worksheet	(see i	instru	ctions) .	18	1,846.
19	<b>Nonrefundable education credits.</b> Enter the amount from line 7 of the Credit instructions) here and on Schedule 3 (Form 1040), line 3			`	19	1,846.

Name(s) showr	n on return			Your social security number
NITHIN	ACHUTHAN KUTTY	& ASWATHI	PADMANABHAN	760-40-9462

	Î	
CA	UΤ	ION

Complete Part III for each student for whom you're claiming either the American opportunity credit or lifetime learning credit. Use additional copies of page 2 as needed for each student.

Par	Student and Educational Institution Information	n. See instructions.				
20	Student name (as shown on page 1 of your tax return)  21 Student social security number (as shown on page 1 of			on page 1 of		
	ASWATHI	your tax return)				
	PADMANABHAN	967-91-6872				
	Educational institution information (see instructions)	T				
a	Name of first educational institution	<b>b.</b> Name of second educational institution	ion (it a	any)		
	UNIVERSITY OF CINCINNATI  1) Address. Number and street (or P.O. box). City, town or	(1) Address. Number and street (or P.	O hov	City town or		
,	post office, state, and ZIP code. If a foreign address, see instructions.	post office, state, and ZIP code. If instructions.				
	P.O.BOX 210641					
	CINCINNATI OH 45221					
(	2) Did the student receive Form 1098-T       from this institution for 2022?       ∀es	(2) Did the student receive Form 1098 from this institution for 2022?	-T _	Yes 🗌 No		
(	Did the student receive Form 1098-T from this institution for 2021 with box   ✓ Yes   No 7 checked?	(3) Did the student receive Form 1098 from this institution for 2021 with b 7 checked?		Yes 🗌 No		
(	4) Enter the institution's employer identification number (EIN) if you're claiming the American opportunity credit or if you checked "Yes" in (2) or (3). You can get the EIN from Form 1098-T or from the institution.	if you're claiming the American opportunity credit or if you				
	31-6000989					
23	Has the American opportunity credit been claimed for this student for any 4 prior tax years?	$\square$ Yes — <b>Stop!</b> Go to line 31 for this student. $\bowtie$ No	— Go 1	to line 24.		
24	Was the student enrolled at least half-time for at least one academic period that began or is treated as having begun in 2022 at an eligible educational institution in a program leading towards a postsecondary degree, certificate, or other recognized postsecondary educational credential? See instructions.		— <b>Sto</b> j :his stu	<b>o!</b> Go to line 31 dent.		
25	Did the student complete the first 4 years of postsecondary education before 2022? See instructions.	X Yes − Stop! Go to line 31 for this student.  No	— Go 1	to line 26.		
26	Was the student convicted, before the end of 2022, of a felony for possession or distribution of a controlled substance?			nplete lines 27 for this student.		
You can't take the American opportunity credit and the lifetime learning credit for the same student in the same year. If you complete lines 27 through 30 for this student, don't complete line 31.						
	American Opportunity Credit					
27	Adjusted qualified education expenses (see instructions). Dor		27			
28	Subtract \$2,000 from line 27. If zero or less, enter -0		28			
29			29			
30	If line 28 is zero, enter the amount from line 27. Otherwise, a					
	enter the result. Skip line 31. Include the total of all amounts f <b>Lifetime Learning Credit</b>	rom an Parts III, line 30, on Part I, line 1.	30			
31	Adjusted qualified education expenses (see instructions). Incl	ude the total of all amounts from all Ports				
ΟI	III, line 31, on Part II, line 10		31	9,228.		

#### **Health Savings Accounts (HSAs)**

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

OMB No. 1545-0074

Attachment Sequence No. 52

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

NITHIN ACHUTHAN KUTTY

Social security number of HSA beneficiary. If both spouses have HSAs, see instructions. 760-40-9462

**Before you begin:** Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if required. HSA Contributions and Deduction. See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part I for each spouse. Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2022. ☐ Self-only X Family HSA contributions you made for 2022 (or those made on your behalf), including those made by the unextended due date of your tax return that were for 2022. Do not include employer contributions, 2 0. If you were under age 55 at the end of 2022 and, on the first day of every month during 2022, you 3 were, or were considered, an eligible individual with the same coverage, enter \$3,650 (\$7,300 for 3 7,300. Enter the amount you and your employer contributed to your Archer MSAs for 2022 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2022, also 4 0. 5 7,300. 5 6 Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2022, see the instructions for the amount to enter . . . 6 7,300. If you were age 55 or older at the end of 2022, married, and you or your spouse had family coverage 7 under an HDHP at any time during 2022, enter your additional contribution amount. See instructions. 7 8 8 7,300. Employer contributions made to your HSAs for 2022 . . . . . . . . . 9 10 1,625. 11 11 5**,**675. 12 12 HSA deduction. Enter the smaller of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line 13 13 0. Caution: If line 2 is more than line 13, you may have to pay an additional tax. See instructions. Part II HSA Distributions. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part II for each spouse. Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were 14b 14c 15 15 Taxable HSA distributions. Subtract line 15 from line 14c. If zero or less, enter -0-. Also, include this 16 16 If any of the distributions included on line 16 meet any of the Exceptions to the Additional 20% b Additional 20% tax (see instructions). Enter 20% (0.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also, include this amount in the total on Schedule 2 (Form 1040). Part II. line 17c Income and Additional Tax for Failure To Maintain HDHP Coverage. See the instructions before Part III completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part III for each spouse. 18 18 19 19 20 **Total income.** Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I, line 8f 20 Additional tax. Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2 (Form 21

(Rev. November 2022)

Department of the Treasury Internal Revenue Service

Taxpayer name(s) shown on return

Paid Preparer's Due Diligence Checklist

Earned Income Credit (EIC), American Opportunity Tax Credit (AOTC),
Child Tax Credit (CTC) (including the Additional Child Tax Credit (ACTC) and
Credit for Other Dependents (ODC)), and Head of Household (HOH) Filing Status

To be completed by preparer and filed with Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS. Go to www.irs.gov/Form8867 for instructions and the latest information.

OMB No. 1545-0074 For tax year 20 Attachment Sequence No. 70

Taxpayer identification number

NITE	IIN ACHUTHAN KUTTY & ASWATHI PADMANABHAN	760-40-9462	2					
Preparer tax identification and the preparer tax identification and tax identi		Preparer tax identifica	ation numb	oer				
	M PRIYA RAM SAGAR GUPTA TALLAM	P02082703						
Part	Due Diligence Requirements							
Please check the appropriate box for the credit(s) and/or HOH filing status claimed on the return and complete the related Parts I–V or the benefit(s) claimed (check all that apply).								
1	Did you complete the return based on information for the applicable tax year provided to reasonably obtained by you? (See instructions if relying on prior year earned income.)		Yes	No	N/A			
2	If credits are claimed on the return, did you complete the applicable EIC and/or CTC/ACTC/ODC worksheets found in the Form 1040, 1040-SR, 1040-NR, 1040-PR, 1040-SS, or Schedule 8812 (Form 1040) instructions, and/or the AOTC worksheet found in the Form 8863 instructions, or your own worksheet(s) that provides the same information, and all related forms and schedules for each credit claimed?							
3	Did you satisfy the knowledge requirement? To meet the knowledge requirement, you must do both of the following.							
	<ul> <li>Interview the taxpayer, ask questions, and contemporaneously document the taxpayer determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status.</li> </ul>	·						
	• Review information to determine that the taxpayer is eligible to claim the credit(s) an status and to figure the amount(s) of any credit(s)		X					
4	Did any information provided by the taxpayer or a third party for use in preparing information reasonably known to you, appear to be incorrect, incomplete, or inconsist answer questions 4a and 4b. If "No," go to question 5.)	tent? (If "Yes,"		X				
а	Did you make reasonable inquiries to determine the correct, complete, and consistent inf	formation? .						
b	Did you contemporaneously document your inquiries? (Documentation should include you asked, whom you asked, when you asked, the information that was provided, and information had on your preparation of the return.)	the impact the						
5	Did you satisfy the record retention requirement? To meet the record retention requirer keep a copy of your documentation referenced in question 4b, a copy of this Form 8867 applicable worksheet(s), a record of how, when, and from whom the information used to 8867 and any applicable worksheet(s) was obtained, and a copy of any document(s) processes that you relied on to determine eligibility for the credit(s) and/or HOH filing state the amount(s) of the credit(s)	o prepare Form provided by the tus or to figure	×					
	List those documents provided by the taxpayer, if any, that you relied on:							
6	Did you ask the taxpayer whether he/she could provide documentation to substantiate credit(s) and/or HOH filing status and the amount(s) of any credit(s) claimed on the return is selected for audit?	eturn if his/her	×					
7	Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous (If credits were disallowed or reduced, go to question 7a; if not, go to question 8.)	year?	X					
а 8	Did you complete the required recertification Form 8862?	a complete and						

Form 88	867 (Rev. 11-2022)			Page 2		
Part	Due Diligence Questions for Returns Claiming EIC (If the return does not claim EIC, go	to Part	III.)			
9a	claimed, or is eligible to claim the EIC without a qualifying child? (If the taxpayer is claiming the EIC	Yes	No	N/A		
	and does not have a qualifying child, go to question 10.)					
b	Did you ask the taxpayer if the child lived with the taxpayer for over half of the year, even if the taxpayer has supported the child the entire year?					
С	Did you explain to the taxpayer the rules about claiming the EIC when a child is the qualifying child of more than one person (tiebreaker rules)?					
Part	Due Diligence Questions for Returns Claiming CTC/ACTC/ODC (If the return does not or ODC, go to Part IV.)	claim C	CTC, A	CTC,		
10	Have you determined that each qualifying person for the CTC/ACTC/ODC is the taxpayer's dependent who is a citizen, national, or resident of the United States?	Yes	No	N/A		
11	Did you explain to the taxpayer that he/she may not claim the CTC/ACTC if the child has not lived with the taxpayer for over half of the year, even if the taxpayer has supported the child, unless the child's custodial parent has released a claim to exemption for the child?	×				
12	Did you explain to the taxpayer the rules about claiming the CTC/ACTC/ODC for a child of divorced or separated parents (or parents who live apart), including any requirement to attach a Form 8332 or similar					
	statement to the return?	×				
Part			Part \	/.)		
13	Did the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the quetuition and related expenses for the claimed AOTC?	alified 	Yes	No		
Part	V Due Diligence Questions for Claiming HOH (If the return does not claim HOH filing statu	s, go to	o Part	VI.)		
14	Have you determined that the taxpayer was unmarried or considered unmarried on the last day of the tax and provided more than half of the cost of keeping up a home for the year for a qualifying person?	x year 	Yes	No		
Part	VI Eligibility Certification					
	You will have complied with all due diligence requirements for claiming the applicable credit(s) and on the return of the taxpayer identified above if you:	or HO	H filing	status		
	A. Interview the taxpayer, ask adequate questions, contemporaneously document the taxpayer's responses on the return or in your notes, review adequate information to determine if the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s);					
	<ul> <li>B. Complete this Form 8867 truthfully and accurately and complete the actions described in this check credit(s) claimed and HOH filing status, if claimed;</li> </ul>	list for a	ny app	licable		
	C. Submit Form 8867 in the manner required; and					
	D. Keep all five of the following records for 3 years from the latest of the dates specified in the Form 88 Document Retention.	67 instr	uctions	under		
	1. A copy of this Form 8867.					
	2. The applicable worksheet(s) or your own worksheet(s) for any credit(s) claimed.					
	<ol><li>Copies of any documents provided by the taxpayer on which you relied to determine the taxpayer credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).</li></ol>	's eligit	oility for	the		
	<ol><li>A record of how, when, and from whom the information used to prepare this form and the applica obtained.</li></ol>	ble wor	ksheet(	s) was		
	<ol><li>A record of any additional information you relied upon, including questions you asked and the tax determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount</li></ol>	payer's unt(s) of	respon the cre	ses, to edit(s).		
	If you have not complied with all due diligence requirements, you may have to pay a penalty for each related to a claim of an applicable credit or HOH filing status (see instructions for more information	h failur ).	e to co	mply		
15	Do you certify that all of the answers on this Form 8867 are, to the best of your knowledge, true, correct complete?		Yes	No		
	'	Form <b>88</b>		11-2022		