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)			
Taxpayer's name	Social security	number	
PRAGADEESWARAN CHEMBAKARAMAN	191-88-	2676	
Spouse's name	Spouse's soci	al security nun	nber
LAVANYA ANNATHURAI	967-97-		
Part I Tax Return Information — Tax Year Ending December 31, 2022 (Enter y	year you ar	e authorizi	ng.)
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.	ı	1 .	
1 Adjusted gross income	t		05,877.
2 Total tax		2	6,686.
Federal income tax withheld from Form(s) W-2 and Form(s) 1099	+	3 4	7,604.
4 Amount you want refunded to you5 Amount you owe	+	5	918.
Part II Taxpayer Declaration and Signature Authorization (Be sure you get and ke	en a conv	-	eturn)
Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) I my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitt to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for reject for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indica payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate t payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation reque business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the paymersonal identification number (PIN) below is my signature for the income tax return (original or amended) I am Electronic Funds Withdrawal Consent. Taxpayer's PIN: check one box only I authorize GLOBAL TAXES LLC to enter or generate mesonal information 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 if you are entering your own PIN and your return is filed using the Practitioner PIN method below.	am now auth are the amo ter, or electronition of the trace. Treasury an ated in the tall to debit the authorization ests must be processing of the authorization of the authoriza	orizing, and tunts from the nic return originsmission, (to dissert the dissert the nic received no the electronic ler acknowled in and, if approximately and in the nice of th	to the best of the income tax ginator (ERO) the reason ted Financial software for account. This ke (cancel) a later than 2 to payment of dge that the oplicable, my
Your signature ▶ Date ▶			
Spouse's PIN: check one box only			
I authorize GLOBAL TAXES LLC to enter or generate measignature 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 if you are entering your own PIN and your return is filed using the Practitioner PIN method below.	Ente don w authorizin		os is box only
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 4 9 6 Don't ente		8 9
I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitt requirements of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS e-file Providers of Ind	ting this retur	n in accorda	nce with the
ERO's signature ► Date ► FRO Must Retain This Form — See Instructions			

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

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

2022

OMB No. 1545-0074

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

Filing Status Check only	s 🗌 S	Single X Married filing jointly [Marrie	ed filing separate	ly (MFS)	Head of	household (HOI	H)		fying surv se (QSS)	iving		
one box.	If yo	u checked the MFS box, enter the r	name of y	our spouse. If yo	u check	ced the HOH or	QSS box, ente	er the c		` ,	e qualifying		
	pers	on is a child but not your dependen	it:										
Your first name	and mi	ddle initial	Last na	me				Y	Your social security number				
PRAGADEI	RAN	BAKARAMAN				1	191-88-2676						
If joint return, s	pouse's	first name and middle initial	Last na	me				Sp	oouse's	social sec	urity number		
LAVANYA				THURAI				9	67-9	7-7317	7		
Home address	(numbe	r and street). If you have a P.O. box, see	e instructio	ons.			Apt. no.	Pı	esiden	tial Election	n Campaign		
3606 E I	BASEI	LINE ROAD					#156			ere if you,			
City, town, or p	ost offic	ce. If you have a foreign address, also c	omplete s _l	paces below.	Sta	ate	ZIP code				tly, want \$3 Checking a		
PHOENIX					A	Z	85042			w will not			
Foreign countr	y name		F	oreign province/st	ate/coun	ty	Foreign postal co	ode yo	our tax	or refund.	_		
										You	Spouse		
Digital		y time during 2022, did you: (a) red	•				,	. ,		□Vaa	⊠ No		
Assets		ange, gift, or otherwise dispose of					asset)? (See in	Structi	oris.)	Yes	NO		
Standard		eone can claim:	•			a dependent							
Deduction		Spouse itemizes on a separate retu	rn or you	were a dual-stat	tus alier	1							
Age/Blindnes	s You:	☐ Were born before January 2,	1958	Are blind	Spouse	: Was bor	n before Janua	ary 2, 1	958	☐ Is bli	nd		
Dependent	s (see	instructions):		(2) Social sec	urity	(3) Relationsh	ip (4) Check th	ne box i	f qualifi	es for (see	instructions):		
If more	(1) Fi	rst name Last name		number		to you	Child to	Child tax credit			edit Credit for other dependent		
than four	AAR	ANYA PRAGADEESWARAN	LAVANYA	967-97-7	390	Daughter	. [[X		
dependents, see instruction	s AAR	SHIV PRAGADEESWARAN	LAVANYA	193-11-0	799	Son		×					
and check _													
here													
Income	1a	Total amount from Form(s) W-2, b	oox 1 (see	e instructions)					1a	11	6,164.		
	b	Household employee wages not reported on Form(s) W-2											
Attach Form(s) W-2 here. Also	С	Tip income not reported on line 1a (see instructions)											
attach Forms	d	Medicaid waiver payments not re	licaid waiver payments not reported on Form(s) W-2 (see instructions)										
W-2G and 1099-R if tax	е	Taxable dependent care benefits from Form 2441, line 26											
was withheld.	f	Employer-provided adoption ben-	efits from	n Form 8839, line	29 .				1f				
If you did not	g	Wages from Form 8919, line 6 .							1g				
get a Form W-2, see	h	Other earned income (see instruc	,			1			1h		0.		
instructions.	i	Nontaxable combat pay election	(see instr	ructions)		<u>1i</u>							
	Z _	Add lines 1a through 1h	· ; ·						1z	11	6,164.		
Attach Sch. B	2a	Tax-exempt interest	2a		b T	axable interest	t		2b				
if required.	<u>3a</u>	Qualified dividends	3a		b C	Ordinary divide	nds		3b				
	4a	IRA distributions	4a		b T	axable amoun	t		4b				
Standard Deduction for—	5a	Pensions and annuities	5a			axable amoun			5b				
Single or	6a	Social security benefits	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		required. If not r	required	l, check here		. Ш	7				
Married filing jointly or	8	Other income from Schedule 1, lin							8		0,287.		
Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7		-					9	10)5 , 877.		
surviving spouse, \$25,900	10	Adjustments to income from Sche	-						10				
Head of household,	11	Subtract line 10 from line 9. This i	•	-					11)5 , 877.		
\$19,400	12	Standard deduction or itemized							12	2	25,900.		
If you checked any box under	13	Qualified business income deduc							13				
Standard	14	Add lines 12 and 13							14		25,900.		
Deduction, see instructions.	15	Subtract line 14 from line 11. If ze	ero or less	s, enter -0 This	is your	taxable incom	ie		15		79 , 977.		

Form 1040 (202)	2)								Pa	age Z
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 881	4 2 🗌 4972	3 🗌		16	9,18	6.
Credits	17	Amount from Schedule 2, lin	e3					17		
	18	Add lines 16 and 17						18	9,18	6.
	19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812			19	2,50	0.
	20	Amount from Schedule 3, lin	e8					20		
	21	Add lines 19 and 20						21	2,50	0.
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	6,68	6.
	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 total tax					24	6,68	6.
Payments	25	Federal income tax withheld	from:							
	а	Form(s) W-2				25a	7 , 604.			
	b	Form(s) 1099				25b				
	С	Other forms (see instructions	s)			25c				
	d	Add lines 25a through 25c						25d	7,60	4.
If you have a	26	2022 estimated tax payment	s and amount a	pplied from 20	021 return			26		
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	ndable credits		32		
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments				33	7,60	4.
Refund	34	If line 33 is more than line 24	l, subtract line 2	4 from line 33.	This is the amour	nt you overpaid		34	91	8.
	35a	Amount of line 34 you want			3 is attached, chec	k here	🗆	35a	91	8.
Direct deposit?	b	Routing number 1 2 2				Checking	Savings			
See instructions.	d	Account number 4 5 7	0 3 8 9	1 1 9 4	4 7					
	36	Amount of line 34 you want a	applied to your	2023 estimate	ed tax	36				
Amount You Owe	37	Subtract line 33 from line 24 For details on how to pay, g						37		
	38	Estimated tax penalty (see in	nstructions) .			38				
Third Party Designee		you want to allow another structions			rn with the IRS?		Complete	below.	× No	
•		signee's		Phone			sonal iden	tification		
		me		no.			nber (PIN)			Ш
Sign Here		der penalties of perjury, I declare t lief, they are true, correct, and com								
11010	Yo	ur signature		Date	Your occupation				nt you an Identity IN. enter it here	
loint roturn?					AUTOMATION	I ENGINEER	1 -	e inst.)	IN, enter it flere	\Box
Joint return? See instructions.	Sp	ouse's signature. If a joint return, I	ooth must sian.	Date	Spouse's occupati				nt your spouse an	
Keep a copy for your records.	Op.	ouco o olginaturor ir a joint rotum, i	our maer eigin	Jaio	HOUSE WIFE		Ide		ection PIN, enter it	
	Ph	one no. (602) 596-601	6	Email address	CPW1983@GM					
Deid	Pre	eparer's name	Preparer's signat	ure		Date	PTIN		Check if:	
Paid	SYAN	M PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	02/10/2023	P0208	32703	Self-employ	/ed
Preparer									(678) 965 - 95	22
Use Only			Y CT E BRU	NSWICK N	J 08816			n's EIN	84-31719	
									4040	

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074 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	Name(s) shown on Form 1040, 1040-SR, or 1040-NR							
PRAG	ADEESWARAN CHEMBAKARAMAN & LAVANYA ANNATHURAI		191-8	8-26	76			
Par	t I Additional Income							
1	Taxable refunds, credits, or offsets of state and local income taxes			1				
2a	Alimony received		T T	2a				
b	Date of original divorce or separation agreement (see instructions):							
3	Business income or (loss). Attach Schedule C		·	3				
4	Other gains or (losses). Attach Form 4797			4				
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Att	ach Schedule	ε . ĺ	5	-10,287.			
6	Farm income or (loss). Attach Schedule F		[6				
7	Unemployment compensation		[7				
8	Other income:							
а	Net operating loss	8a ()					
b	Gambling	8b						
С	Cancellation of debt	8c						
d	Foreign earned income exclusion from Form 2555	8d ()					
е	Income from Form 8853	8e						
f	Income from Form 8889	8f						
g	Alaska Permanent Fund dividends	8g						
h	Jury duty pay	8h						
i	Prizes and awards	8i						
j	Activity not engaged in for profit income	8j						
k	Stock options	8k						
I	Income from the rental of personal property if you engaged in the rental							
	for profit but were not in the business of renting such property	81						
m	Olympic and Paralympic medals and USOC prize money (see							
	instructions)	8m						
	Section 951(a) inclusion (see instructions)	8n						
0	Section 951A(a) inclusion (see instructions)	80						
р	Section 461(I) excess business loss adjustment	8p						
q	Taxable distributions from an ABLE account (see instructions)	8q						
r	Scholarship and fellowship grants not reported on Form W-2	8r						
S	Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d	8s (\					
		05 (
t	Pension or annuity from a nonqualifed deferred compensation plan or a nongovernmental section 457 plan	8t						
u	Wages earned while incarcerated	8u						
u Z	Other income. List type and amount:	34						
~	other income. List type and amount.	8z						
9	Total other income. Add lines 8a through 8z			9				

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

-10,287.

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

SCHEDULE E (Form 1040)

Supplemental Income and Loss

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

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

Department of the Treasury Internal Revenue Service

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

Sequence No. 13

OMB No. 1545-0074

Name(s) shown on return Your social security number PRAGADEESWARAN CHEMBAKARAMAN & LAVANYA ANNATHURAI 191-88-2676 Part I Income or Loss From Rental Real Estate and Royalties **Note:** If you are in the business of renting personal property, use **Schedule C**. See instructions. If you are an individual, report farm rental income or loss from **Form 4835** on page 2, line 40. Did you make any payments in 2022 that would require you to file Form(s) 1099? See instructions . 1a Physical address of each property (street, city, state, ZIP code) VELLIMALAI PAN KANYAKUMARI TAMILNADU IN 629204 Α В C 1b Type of Property For each rental real estate property listed **Fair Rental Personal Use** QJV (from list below) above, report the number of fair rental and **Davs Davs** personal use days. Check the QJV box only Α Α 365 0 if you meet the requirements to file as a В В qualified joint venture. See instructions. С C Type of Property: 3 Vacation/Short-Term Rental 1 Single Family Residence 5 Land 7 Self-Rental 8 Other (describe) 2 Multi-Family Residence 4 Commercial 6 Royalties **Properties:** Α В C Income: 3 680. 4 Royalties received 4 **Expenses:** 5 5 Advertising 6 Auto and travel (see instructions) 6 7 Cleaning and maintenance. 7 1,142. 8 Commissions 8 9 9 Insurance . . 10 10 Legal and other professional fees 1,275. 11 Management fees 11 12 Mortgage interest paid to banks, etc. (see instructions) 12 13 13 3,200. 14 14 Repairs . . . 3,150. 15 Supplies 15 16 16 Taxes 17 17 2,200. 18 18 Depreciation expense or depletion 19 19 20 20 Total expenses. Add lines 5 through 19 10,967. 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 21 -10,287.22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) 10,287.) 680. Total of all amounts reported on line 3 for all rental properties Total of all amounts reported on line 4 for all royalty properties 23b Total of all amounts reported on line 12 for all properties 23c 23d Total of all amounts reported on line 18 for all properties 10,967. Total of all amounts reported on line 20 for all properties 23e 24 **Income.** Add positive amounts shown on line 21. **Do not** include any losses 24 25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here 25 10,287. Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result 26 here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2 -10,287.26

SCHEDULE 8812 (Form 1040)

Credits for Qualifying Children and Other Dependents

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

OMB No. 1545-0074

Attachment Sequence No. **47**

Department of the Treasury Internal Revenue Service

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

Name(s) shown on return Your social security number PRAGADEESWARAN CHEMBAKARAMAN & LAVANYA ANNATHURAI 191-88-2676

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	105,877.
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	105,877.
4	Number of qualifying children under age 17 with the required social security number 4 1		
5	Multiply line 4 by \$2,000	5	2,000.
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	-	
	Caution: Do not include yourself, your spouse, or anyone who is not a U.S. citizen, U.S. national, or U.S. resident 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	2,500.
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)	11	0.
12	Is the amount on line 8 more than the amount on line 11?	12	2,500.
	No. STOP. You cannot take the child tax credit, credit for other dependents, or additional child tax credit. 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	9,186.
14	Enter the smaller of line 12 or 13. This is your child tax credit and credit for other dependents	14	2,500.
	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 additional cl	nild ta	x credit
	on Form 1040, 1040-SR, or 1040-NR, line 28. Complete your Form 1040, 1040-SR, or 1040-NR thr	ough	line 27

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										
	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								
	TIP: 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 smaller 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 $\dots \dots \dots \dots \dots \dots \dots \dots \dots$	20								
	Next. 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.									
	☐ Yes. 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 . 22									
23	Add lines 21 and 22									
24	1040 and									
	1040-SR filers: Enter the total of the amounts from Form 1040 or 1040-SR, line 27,									
	and Schedule 3 (Form 1040), line 11.									
	1040-NR filers: 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 larger of line 20 or line 25	26								
	Next, enter the smaller of line 17 or line 26 on line 27.									
	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								

(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

PRAG	GADEESWARAN CHEMBAKARAMAN & LAVANYA ANNATHURAI	191-88-2676	5		
Prepare	r's name	Preparer tax identifica	tion numb	per	
	M PRIYA RAM SAGAR GUPTA TALLAM	P02082703			
Part					
Please or the	check the appropriate box for the credit(s) and/or HOH filing status claimed on the return benefit(s) claimed (check all that apply).		the rela		arts I-V HOH
1	Did you complete the return based on information for the applicable tax year provided I		Yes	No	N/A
	or reasonably obtained by you? (See instructions if relying on prior year earned income.)	i	X		
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	X		
3	Did you satisfy the knowledge requirement? To meet the knowledge requirement, you nathe following. • 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.				
	• 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,"		×	
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 states.	7, a copy of any or prepare Form provided by the atus or to figure			
	the amount(s) of the credit(s)		×		
	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?		×		
7	Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous	year?	X		
	(If credits were disallowed or reduced, go to question 7a; if not, go to question 8.)	ĺ			
а	Did you complete the required recertification Form 8862?				
8	If the taxpayer is reporting self-employment income, did you ask questions to prepare a correct Schedule C (Form 1040)?				

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	Have you determined that the taxpayer is eligible to claim the EIC for the number of qualifying children 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
44				
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?	×		
10				
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 attachment to the return?			
Part	statement to the return?	X \	Dort \	//
	Did the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the qua		Yes	No
13	tuition and related expenses for the claimed AOTC?			
Part	g ,			
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?		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 on s) and/o	the retor HOH	turn or filing
	 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; 	list for a	iny 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.			
	 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). 	's eligib	ility for	the
	 A record of how, when, and from whom the information used to prepare this form and the applica obtained. 	ble worl	ksheet(s) was
	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	payer's ınt(s) of	respon the cre	ses, to dit(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).	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 **8582**

Department of the Treasury

Internal Revenue Service

Passive Activity Loss Limitations

See separate instructions.

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

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

2022 Attachment Sequence No. 858

OMB No. 1545-1008

Name(s) shown on return Identifying number PRAGADEESWARAN CHEMBAKARAMAN & LAVANYA ANNATHURAI 191-88-2676 Part I 2022 Passive Activity Loss Caution: Complete Parts IV and V before completing Part I. Rental Real Estate Activities With Active Participation (For the definition of active participation, see Special Allowance for Rental Real Estate Activities in the instructions.) **1a** Activities with net income (enter the amount from Part IV, column (a)) . . . **b** Activities with net loss (enter the amount from Part IV, column (b)) 1b 10,287. c Prior years' unallowed losses (enter the amount from Part IV, column (c)) . . . **d** Combine lines 1a, 1b, and 1c 1d -10,287.**All Other Passive Activities** 2a Activities with net income (enter the amount from Part V, column (a)) 2a **b** Activities with net loss (enter the amount from Part V, column (b)) 2b **c** Prior years' unallowed losses (enter the amount from Part V, column (c)) . 2c (2d Combine lines 1d and 2d. If this line is zero or more, stop here and include this form with your return; all losses are allowed, including any prior year unallowed losses entered on line 1c or 2c. Report the losses on the forms and schedules normally used 3 -10,287.If line 3 is a loss and: • Line 1d is a loss, go to Part II. • Line 2d is a loss (and line 1d is zero or more), skip Part II and go to line 10. Caution: If your filing status is married filing separately and you lived with your spouse at any time during the year, do not complete Part II. Instead, go to line 10. Special Allowance for Rental Real Estate Activities With Active Participation Part II Note: Enter all numbers in Part II as positive amounts. See instructions for an example. Enter the **smaller** of the loss on line 1d or the loss on line 3 4 10,287. 5 Enter \$150,000. If married filing separately, see instructions 150,000. Enter modified adjusted gross income, but not less than zero. See instructions 6 116,164. Note: If line 6 is greater than or equal to line 5, skip lines 7 and 8 and enter -0on line 9. Otherwise, go to line 7. 7 33,836. Multiply line 7 by 50% (0.50). Do not enter more than \$25,000. If married filing separately, see instructions 8 16,918. Enter the **smaller** of line 4 or line 8 9 9 10,287. **Total Losses Allowed** Part III 10 10 0. Total losses allowed from all passive activities for 2022. Add lines 9 and 10. See instructions to find 10,287. 11 Complete This Part Before Part I, Lines 1a, 1b, and 1c. See instructions. Part IV Overall gain or loss Current year Prior years Name of activity (a) Net income (b) Net loss (c) Unallowed (d) Gain (e) Loss (line 1a) loss (line 1c) (line 1b) 0. 10,287. 10,287. VELLIMALAI PAN

Total. Enter on Part I, lines 1a, 1b, and 1c

0.

10,287.

Form 8582 (2022) Page **2**

									. 490 🗕	
Part V Complete This Part Before	re P	art I, Lines 2	a, 2b,	and 2c. S	ee instruc	ctions.			•	
Name of authority		Currer	ıt year		Prior y	ears	Overa	ll ga	gain or loss	
Name of activity	(a	(a) Net income (line 2a)		(b) Net loss (line 2b)		owed e 2c)	(d) Gain		(e) Loss	
	+									
	+									
Total. Enter on Part I, lines 2a, 2b, and 2c										
Part VI Use This Part if an Amou	nt Is	Shown on F	Part II,	Line 9. S	ee instruc	tions.				
Name of activity	an to	rm or schedule ad line number be reported on se instructions)	(a) Loss	(b) Ratio		(c) Special allowance		(d) Subtract column (c) from column (a).	
VELLIMALAI PAN		E Ln 22		10,287.	1.0000	0000	10,287.		0.	
	+									
Total				10,287.	1.00	0	10,28	7.	0.	
Part VII Allocation of Unallowed	Loss	ses. See instr								
Name of activity	Form or sche and line nun to be reporte (see instruct		ımber ted on (a) L		Loss		(b) Ratio		(c) Unallowed loss	
Total		one.					1.00			
Allowed Losses. See Itisti	ucti		odulo							
Name of activity		Form or sche and line nun to be reporte (see instructi		(a) l	_oss	(b) Ur	nallowed loss	(c) Allowed loss	
Total		<u></u>	<u></u>							

E-file Signature Authorization

2022

(Arizona Forms 140, 140A, 140EZ, 140NR and 140PY) Do not mail this form to the Arizona Department of Revenue. The ERO must retain this document a minimum of four years. Your First Name and Initial Last Name Your Social Security Number* **Enter** PRAGADEESWARAN CHEMBAKARAMAN ı 88 ı 2676 vour Your Spouse's First Name and Initial (if filed joint) Last Name Spouse's Social Security No.* SSN(s). ANNATHURAI 97 | 7317 LAVANYA PART 1 – PURPOSE (If you are e-filing a Small Business Income Tax Return, also complete Form AZ-8879 SBI)*Do Not Truncate • To certify the truthfulness, correctness, and completeness of the taxpayer's electronic income tax return. • To authorize the Electronic Return Originator (ERO) to affirm that the taxpayer wishes to use the taxpayer's electronic signature to the taxpayer's federal individual income tax return as the taxpayer's signature to the taxpayer's electronic Arizona individual income tax return. PART 2 - TAX RETURN INFORMATION PART 3 - FINANCIAL INSTITUTION INFORMATION Must be present when requesting direct debit or deposit. 85,455 00 1 Arizona Adjusted Gross Income ☐ Foreign Account Deposit/Debit: See instructions below. 2 Balance Of Tax 1,367 00 ROUTING NUMBER 2,771 00 ☑ Checking 2 2 1 0 ■ Savings 3 Arizona Income Tax Withheld ... ACCOUNT NUMBER Check box 4 or box 5: 4 5 7 0 3 8 9 1 1 9 4 1,404 00 **4** ■ **REFUND**: Enter the amount of refund...... DIRECT DEBIT REQUEST DATE DIRECT DEBIT PAYMENT AMOUNT **5** ■ **AMOUNT YOU OWE**: Enter the amount owed....... loo 00 Box 4 Checkbox - Refund: You are due a refund based on the information Foreign Account Deposit/Debit Checkbox: Check the "Foreign Account provided on your tax return. Your refund amount will be deposited in the Deposit/Debit" box if your deposit will be ultimately placed in or come account listed in the Financial Institution Information Section (Part 3). from a foreign account. If you check this box, do not enter your account numbers. If this box is checked, we will not direct deposit or debit your Box 5 Checkbox - Amount You Owe: You owe taxes based on the information provided on your tax return. You have elected to direct debit account. If you are due a refund, we will send you a check instead. If you owe tax, you must mail a check to the Arizona Department of Revenue. for payment. The payment will be withdrawn from the account and on the PO Box 29085, Phoenix, AZ 85038-9085. date listed in the Financial Institution Information Section (Part 3). PART 4 - DECLARATION AND SIGNATURE AUTHORIZATION (Sign only after completing Part 2) I consent to my Electronic Return Originator (ERO) or On-Line Service Under penalties of perjury, I declare that I have examined a copy of my Provider (OLSP) sending my electronic Arizona individual income tax electronic Arizona individual income tax return and accompanying schedules return and accompanying schedules and statements to ADOR, and I and statements for the year ending December 31, 2022, and to the best of consent to my ERO or OLSP sending such information to ADOR through a my knowledge and belief, it is true, correct, and complete. I further declare transmitter. I consent to ADOR sending my ERO, OLSP and/or transmitter that the amounts of Arizona adjusted gross income, total tax, Arizona an acknowledgement of receipt of transmission and an indication of income tax withheld, and refund (or amount owed) listed above are the whether or not the transmission of my return is accepted and, if the return amounts shown on the copy of my electronic Arizona income tax return. is rejected, the reason(s) for the rejection. If the processing of my return **6a** X I consent that my refund be directly deposited as designated in the or refund is delayed, I authorize ADOR to disclose to my ERO, OLSP and/ electronic portion of my 2022 Arizona individual income tax return. or transmitter the reason(s) for the delay, or when the refund was sent. If I have filed a joint return, this is an irrevocable appointment of If ADOR contacts my ERO for a copy of my return, any documents or the other spouse as an agent to receive the refund. schedules to my return, and/or this authorization form, I authorize my ERO **6b** \prod I do not want direct deposit of my refund or I am not receiving a to release copies of the requested documents to ADOR. refund 6c I authorize the Arizona Department of Revenue (ADOR) and its designated Financial Agent to initiate an ACH electronic funds I authorize GLOBAL TAXES LLC withdrawal (direct debit) entry to the financial institution account (ELECTRONIC RETURN ORIGINATOR) indicated in the tax preparation software for payment of my Arizona taxes owed on this return. I also authorize the financial institutions to make the election that I want my electronic signature to my electronic involved in the processing of the electronic payment of taxes to federal individual income tax return to serve as my signature to my receive confidential information necessary to answer inquiries and electronic Arizona individual income tax return for the year ending December 31, 2022. I understand that when my ERO makes the election resolve issues related to the payment. that my electronic signature to my federal individual income tax return will If I have filed a balance due return, I understand that if the ADOR does not serve as my signature to my Arizona individual income tax return, I will receive full and timely payment of my tax liability by April 18, 2023, I will have signed my Arizona individual income tax return and declared under remain liable for the tax liability and all applicable interest and penalties. penalties of perjury that to the best of my knowledge and belief the return When electronically filing my federal and state tax returns, I understand is true, correct and complete. that if there is an error on my federal return, my state return will also be rejected. PLEASE SIGN HERE YOUR PEN AND INK SIGNATURE DATE

SPOUSE'S PEN AND INK SIGNATURE

DATE

THE RETURN			Arizona Form	Part-Y	ear Resi	ident P	ersona	ıl Income	e T	ax Retur	n	FOI	_	ENDAR YEAR	
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2	_		GADEESWARAN				EMBAKAR.	ΔΜΔΝ		Enter		191		-8 ı 8-2	
			se's First Name and Middle	e Initial (if box 4 o	or 6 checked)		t Name	7 71.17 71.4		your	S			ocial Security	
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E'	_		nt Home Address - numbe	r and street, rura	I route		<u> </u>	Apt. No.		Daytii	me Ph			area code)	
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ш	_		own or Post Office		ate		ZIP Code	1 "	Lá	ast Names Used	`	,			rent)
Ы	3	PHOI	ENIX	А	Z		85042								97
DO NOT STAPLI	_		Married filing joint re		jured Spouse	Protection		/ernavment	RI	EVENUE USE C	NLY. D	O NO	ΓМΑΙ	RK IN THIS AF	REA.
S	STATUS	5	Head of household:					тограуттогк	88	R					
9	S			Enter name or que	mymig orma or a	iopondoni o			Г	_					
0	FILING	6	Married filing separa	te return: Enter s	pouse's name a	and Social S	ecurity Numb	per above.							
\Box	ᇤ	7	Single		•		,								
			♦ Enter the number cl	aimed. Do not	put a check r	mark.									
	Ω	8	Age 65 or over (you	and/or spouse)	If completing li	nes 8, 9, and	11a, also com	plete lines 46,	81	PM			80R	RCVD	
	110	9	Blind (you and/or spo	ouse)	47, and 49. For	lines 10a and	d 10b, also coi	mplete line 59.	┞	_					
	au	10a	2 Dependents: Under	age of 17.	10b De	pendents:	Age 17 and	d over.	L						
	10a	11a	Qualifying parents ar	nd grandparents											
	and 11a - Dependents 10a and 10b	12-1	13 Residency Status (c	heck one): 12 🗵	Part-Year Re	esident Ot	her than Ac	tive Military	13	☐ Part-Year I	Reside	ent Act	tive N	Military	
	pue		(Box 10a and 10b): De	pendent Informa	tion. See inst			pace, check	the	box 🔲 and o	compl	ete pa	ige 4	l, Part 1.	
	e be		FIDOT AN	(a)			(b)	(c)		(d)	✓ Depe	(e) endent A	\ae	✓ if you did not	oloim
	a.			D LAST NAME ourself or spouse.)			SECURITY MBER	RELATIONS	HIP	NO. OF MONTHS LIVED IN YOUR	inc	luded in	2	this person on federal return d	your
	7		, ,							HOME IN 2022		a) (Box	(10b)	educational cre	
	and			PRAGADEESWAR				Daughte	r	12	M	_	빍	—	
.≍	6,	10 d		PRAGADEESWAR				Son		12			Ш		
9	Suc		(Box 11a): Qualifying pa	arents and grand	lparents. See		ns. For mo b)	re space, che	ck t	he box 🔲 and	d com	plete p (e)	age	4, Part 2.	
7	ρtic		FIRSTAN	D LAST NAME			SECURITY		HIP	NO. OF MONTHS	√ _{IF} A	(e) AGE 65	OR	✓ IF DIED	IN
ents after Form 140PY	Exemptions 8, 9,		(Do not list ye	ourself or spouse.)		NUN	MBER			LIVED IN YOUR HOME IN 2022		OVER		2022	
ř.		11 _b													
Ē		11c													
a		14	Dates of Arizona residency:	From <u>[0 , 5 0 ,</u>	1 2 0 2 2	2 to 1	2 3,1 2	,0,2,2		2022 FEDE				22 ARIZONA	4
ť			List other state(s) of residence	cy: LTX					_	nount from Feder		_		Amount Only	1
		15	Wages, salaries, tips, etc.						15	116,	164			85,455	
ਹ		16	Interest					Ī	16			00			00
용		17	Dividends						17			00			00
Ę	e	18	Arizona income tax refund					i i				00			00
Ħ	Son	19	Business income (or loss						19 20			00			00
5	a n	20	Gains (or losses) from fee					T I		-10,		 			00
es	Arizona Income	21 22	Rents, royalties, partnerships Other income reported or						22	10,		00			00
티	Ā	23	Total income: Add lines 15	•	-			i i		105,		 		85 , 455	
e		24	Other federal adjustments							2007	<u> </u>	00		00,100	00
SC		25	Federal adjusted gross in							105,	877				100
A			Arizona gross income: Si											85,455	00
p		27	Arizona income ratio:									27		0.807	
a	Ñ	This	box may be blank or may con					•		check the box. Se		28			00
era	Additions					WW.								85 , 455	00
eg	₽ddi	1		YEARS NO HOLD			30 Total de	epreciation inclu	ded i	n Arizona gross ir	ncome	30			00
5			Facility of Month (Control of Section 1)				31 Other	Additions to Inc	ome	. Complete pag	e 5	31			00
<u>=</u>	je 2					137009	32 Subto	otal: Add lines	29,	30 and 31		32		85 , 455	00
ğ	Subtractions - cont. on page 2		######################################	HEFERERE!			33 AZ gain	/loss - line 20	33			00			
7	nt. o			TEREBEREE!			34 AZ Sho	ort-term gain/loss	34			00			
Place any required federal and AZ schedules or other docum	00 -		ĸĸĸĸĸĸĸĸĸĸĸĸĸĸ			W///	11	ng-term gain/loss				00			
çe	suc-		SEMERACE MODERNI MATERIAL			/ - 	11	gain (see instruct).				00			100
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1555

ſ	Your N	lame (as shown on page 1)	our Social Security	Number		٦				
	D 0		101 00 00	7.6						
	PC	HEMBAKARAMAN & L ANNATHURAI	191-88-26	76		┙				
s Je 1	40	Recalculated Arizona depreciation		40		00				
Subtractions cont. from page 1	41	Contributions to: 41a 529 College Savings Plans 00 41b 529A (ABLE accounts) 00		I		00				
Subtractions nt. from page	42	Interest on U.S. obligations such as U.S. savings bonds and treasury bills				00				
Sub nt. 1	43	U.S. Social Security or Railroad Retirement Act benefits included in your Arizona income			(00				
8	44	44 Other Subtractions from Income. Complete Other Subtractions from Arizona Gross Income schedule on page 6 44								
	45	Subtract lines 40 through 44 from line 39. Enter the difference			85 , 455 (<u>)(</u>				
	46	Age 65 or over: Multiply the number in box 8 by \$2,100		00						
Suc	47	Blind: Multiply the number in box 9 by \$1,500		00						
Exemptions	48	Other Exemptions. See instructions48E Multiply the number in box 48E by \$2,300	00							
xen	49	Qualifying parents and grandparents: Multiply the number in box 11a by \$10,000								
ш	50	50 Add lines 46 through 49. Enter the total								
	51	Multiply line 50 by the Arizona income ratio on line 27		51	0 (
	52	Arizona adjusted gross income: Subtract line 51 from line 45. If less than zero, enter "0"		_	85 , 455 (
	53	Deductions: Check box and enter amount. See instructions			25 , 900 (
	54	If you checked box 53S and claim charitable contributions check 54C Complete page 3. See instr				00				
	55	Arizona taxable income: Subtract lines 53 and 54 from line 52. If less than zero, enter "0"			59 , 555 (
ă	56	Compute the tax using amount from line 55 and Tax Tables X and Y			1,528					
of	57	Tax from recapture of credits from Arizona Form 301, Part 2, line 32		57		0(
Balance of Tax	58	Subtotal of tax: Add lines 56 and 57. Enter the total		58	1,528 (
Bal	59	Dependent Tax Credit. See instructions			161 (
	60	Family income tax credit (from the worksheet - see instructions)				00				
	61	Nonrefundable credits from Arizona Form 301, Part 2, line 64				00				
	62	Balance of tax: Subtract lines 59, 60 and 61 from line 58. If the sum of lines 59, 60 and 61 is more than line			1,367					
and lits	63	2022 AZ income tax withheld			2,771					
nts a	64	· · · · · · · · · · · · · · · · · · ·	00 Add 64a and 6			00				
Total Payments and Refundable Credits	65	2022 AZ extension payment (Form 204)				00				
I Pa	66	Increased Excise Tax Credit (from the worksheet - see instructions)				00				
Tota Refu	67	Other refundable credits: Check the box(es) and enter the total amount				00				
	68	Total payments and refundable credits: Add lines 63 through 67. Enter the total			2,771					
o lent	69	TAX DUE: If line 62 is larger than line 68, subtract line 68 from line 62. Enter amount of tax due. Skip lines 7			00					
Due		OVERPAYMENT: If line 68 is larger than line 62, subtract line 62 from line 68. Enter amount of overpayment			1,404					
Tax Due or Overpayment		Amount of line 70 to be applied to 2023 estimated tax.			1,404	00				
		Balance of overpayment: Subtract line 71 from line 70. Enter the difference.			1,404	<u>)(</u>				
£	/3	- 83 VOIUNTARY GITTS to:Assigned to Schools		00						
S				00						
ntai		Neighbors Helping Neighbors78 O Special Olympics		00						
Voluntary G				00						
		Political Party (if amount is entered on line 77- check only one): 841 Democratic 842 Libertarian 84			1,	_				
<u>r</u>	85	Estimated payment penalty		85		00				
Penalty	86	861 Annualized/Other 862 Farmer or Fisherman 863 Form 221 included		07		_				
ш	87	Add lines 73 through 83 and 85; enter the total				00				
g	88	Direct Deposit of Refund: Check box 88A if your deposit will be ultimately placed in a foreign account; see		_	1,404	J				
Refund or Amount Owed		- ACCOUNT AUMED	IIIstructions. 66A	_						
efun		98 S ☐ Savings								
Ame R	89	AMOUNT OWED: Add lines 69 and 87. Make check payable to Arizona Department of Revenue; write you	our SSN on navme	ent 89	(0(
	00	Make offer payable to virzona beparament of Nevertae, while ye	our cort on payme	.nt. 00						
ш	U	Inder penalties of periury. I declare that I have read this return and any documents with it, and to	the best of my	knowledge	and belief, they are	٦				
	tr	Inder penalties of perjury, I declare that I have read this return and any documents with it, and to ue, correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which pre				ı				
出	→_		JTOMATION CUPATION	ENGINE	ER	ı				
z	→		OUSE WIFE			ı				
<u> </u>	S	POUSE'S SIGNATURE DATE SPO	OUSE'S OCCUPATIO	N		1				
יון		SYAM PRIYA RAM SAGAR GUPTA TALLAM 02102023 GLOBAL TAXES LI				1				
LEASE SIGN HERE		AID PREPARER'S SIGNATURE DATE FIRM'S NAME (PREPARER'S IF 245 ROONEY CT	SELF-EMPLOYED) 84-3171	965						
EA		AID PREPARER'S STREET ADDRESS	PAID PREPARE			1				
ゴ		E BRUNSWICK NJ 08816	(678) 96			1				

PAID PREPARER'S CITY STATE ZIP CODE PAID PREPARER'S PHONE NUMBER

If you are also sending a payment, mail to Arizona Department of Revenue, PO Box 52016, Phoenix, AZ 85072-2016 (PO Box 29204, Phoenix, AZ 85038-9204 if your return has a barcode).

If you are not sending a payment, mail to Arizona Department of Revenue, PO Box 52138, Phoenix, AZ 85072-2138 (PO Box 29205, Phoenix, AZ 85038-9205 if your return has a barcode).

Your Name (as shown on page 1)	Your Social Security Number
P CHEMBAKARAMAN & L ANNATHURAI	191-88-2676

2022 Form 140PY Dependent and Other Exemption Information

Include page 4 with your return if:

- You are listing additional dependents (for box 10a and 10b) from page 1.
- You are listing additional qualifying parents and grandparents (for box 11a) from page 1.
 - You are claiming Other Exemptions on page 2, line 48.

Part 1: Dependents (Box 10a and 10b) continued from page 1

Information used to compute your allowable **Dependent Tax Credit** on page 2, line 59.

NOTE: If you have more than three qualifying dependents, you *must* complete Part 1 *and* the worksheet in the instructions to compute your Dependent Tax Credit on line 59.

	compute your Dependent Tax Great on line 39.								
	(a) FIRST AND LAST NAME (Do not list yourself or spouse.)		(b) (c) SOCIAL SECURITY RELATIONSHIP NUMBER	(d) NO. OF MONTHS LIVED IN YOUR HOME IN 2022	(e) ✓ Dependent Age included in:		(f) ✓ IF YOU DID NOT CLAIM THIS PERSON ON YOUR FEDERAL		
					TIOWE IN 2022	1 (Box 10a)	2 (Box 10b)	RETURN DUE TO EDUCATIONAL CREDITS	
10e									
10 _f									
10g									
10 h									
10i									
10j									
10k									
10ı									
10m									
10 n									
10o									

Part 2: Qualifying parents and grandparents (Box 11a) continued from page 1

Additional qualifying parents and grandparents information used to compute your allowable exemption on page 2, line 49.

	Additional qualifying parents and grandparents information used to compute your allowable exemption on page 2, line 49.							
	(a)		(b)	(c)	(d)	(e)	(f)	
	FIRST AND LAST NAME (Do not list yourself or spouse.)		SOCIAL SECURITY NUMBER	RELATIONSHIP	NO. OF MONTHS LIVED IN YOUR HOME IN 2022	✓ IF AGE 65 OR OVER	✓ IF DIED IN 2022	
11a								
11e								
11 f								
11 g								
11h								
11i								

Part 3: Other Exemptions

Information used to compute your allowable **Other Exemptions** on page 2, line 48.

	(a)	(b)	(c)		(d)
	FIRST AND LAST NAME (Do not list yourself or spouse.)	SOCIAL SECURITY NUMBER	✓ AGE 65 (see inst	OR OVER ructions)	✓ STILLBORN CHILD IN 2022
			C1	C2	
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

Enter the total number of individuals listed in Part 3 in box 48E on page 2, line 48.

ADOR 10149 (22) 1 5 5 5 AZ Form 140PY (2022) REV 02/04/23 PRO Page 4 of 6