

# IRS e-file Signature Authorization

OMB No. 1545-0074

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

Submission Identification Number (SID) ▶

Taxpayer's name SWARAJ MALLA	Social security number 715-72-6563
Spouse's name	Spouse's social security number

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

Enter whole dollars only on lines 1 through 5.

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

1 Adjusted gross income . . . . .	1	77,719.
2 Total tax . . . . .	2	9,865.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 . . . . .	3	11,269.
4 Amount you want refunded to you . . . . .	4	1,404.
5 Amount you owe . . . . .	5	

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

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

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

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

2	6	5	6	3
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 as my signature on the income tax return (original or amended) I am now authorizing.   
ERO firm name  
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. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

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

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

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

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 as my signature on the income tax return (original or amended) I am now authorizing.   
ERO firm name  
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. 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
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Don't enter all zeros

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

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

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

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

Your first name and middle initial: SWARAJ, Last name: MALLA, Your social security number: 715-72-6563
If joint return, spouse's first name and middle initial: , Last name: , Spouse's social security number:
Home address (number and street). If you have a P.O. box, see instructions. 2323 STRAWBERRY CT, Apt. no.:
City, town, or post office. If you have a foreign address, also complete spaces below. EDISON, State: NJ, ZIP code: 08817
Foreign country name: , Foreign province/state/county: , Foreign postal code:
Presidential Election Campaign: [ ] You [ ] Spouse

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

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

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

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

Income Table: 1a Total amount from Form(s) W-2, box 1 (see instructions) 87,064. 1b Household employee wages not reported on Form(s) W-2. 1c Tip income not reported on line 1a (see instructions). 1d Medicaid waiver payments not reported on Form(s) W-2 (see instructions). 1e Taxable dependent care benefits from Form 2441, line 26. 1f Employer-provided adoption benefits from Form 8839, line 29. 1g Wages from Form 8919, line 6. 1h Other earned income (see instructions) 0. 1i Nontaxable combat pay election (see instructions). 1z Add lines 1a through 1h 87,064.

Attach Sch. B if required. 2a Tax-exempt interest. 2b Taxable interest. 3a Qualified dividends 60. 3b Ordinary dividends 66. 4a IRA distributions. 4b Taxable amount. 5a Pensions and annuities. 5b Taxable amount. 6a Social security benefits. 6b Taxable amount. 7 Capital gain or (loss). Attach Schedule D if required. If not required, check here 46. 8 Other income from Schedule 1, line 10 -9,457. 9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 77,719. 10 Adjustments to income from Schedule 1, line 26. 11 Subtract line 10 from line 9. This is your adjusted gross income 77,719. 12 Standard deduction or itemized deductions (from Schedule A) 12,950. 13 Qualified business income deduction from Form 8995 or Form 8995-A. 14 Add lines 12 and 13 12,950. 15 Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income 64,769.

Tax and Credits table with rows 16-24. Includes Tax (9,866), Amount from Schedule 2, line 3, Add lines 16 and 17 (9,866), Child tax credit, Amount from Schedule 3, line 8, Add lines 19 and 20 (1), Subtract line 21 from line 18 (9,865), Other taxes (0), Add lines 22 and 23 (9,865).

Payments table with rows 25-33. Includes Federal income tax withheld (11,269), 2022 estimated tax payments, Earned income credit (0), Additional child tax credit, American opportunity credit, Reserved for future use, Amount from Schedule 3, line 15, Add lines 27, 28, 29, and 31 (11,269), Add lines 25d, 26, and 32 (11,269).

Refund table with rows 34-36. Includes If line 33 is more than line 24 (1,404), Amount of line 34 you want refunded to you (1,404), Routing number (011400495), Account number (388005045591), Amount of line 34 you want applied to your 2023 estimated tax (36).

Amount You Owe table with rows 37-38. Includes Subtract line 33 from line 24 (37), Estimated tax penalty (38).

Third Party Designee section. Includes question: Do you want to allow another person to discuss this return with the IRS? See instructions. [ ] Yes. Complete below. [X] No. Designee's name, Phone no., Personal identification number (PIN).

Sign Here section. Includes declaration: Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Includes signature lines for taxpayer and spouse, and occupation information (JAVA DEVELOPER).

Paid Preparer Use Only section. Includes Preparer's name (SYAM PRIYA RAM SAGAR GUPTA TALLAM), Preparer's signature, Date (03/14/2023), PTIN (P02082703), Firm's name (GLOBAL TAXES LLC), Firm's address (245 ROONEY CT E BRUNSWICK NJ 08816), Phone no. (678) 965-9522, Firm's EIN (84-3171965).

**SCHEDULE 1  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Additional Income and Adjustments to Income**

Attach to Form 1040, 1040-SR, or 1040-NR.  
Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.

OMB No. 1545-0074

**2022**

Attachment  
Sequence No. **01**

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

Your social security number  
715-72-6563

**Part I Additional Income**

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

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

Schedule 1 (Form 1040) 2022

**Part II Adjustments to Income**

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

**SCHEDULE 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](http://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  
SWARAJ MALLA

Your social security number  
715-72-6563

**Part I Nonrefundable Credits**

<b>1</b>	Foreign tax credit. Attach Form 1116 if required . . . . .	<b>1</b>	1.
<b>2</b>	Credit for child and dependent care expenses from Form 2441, line 11. Attach Form 2441 . . . . .	<b>2</b>	
<b>3</b>	Education credits from Form 8863, line 19 . . . . .	<b>3</b>	
<b>4</b>	Retirement savings contributions credit. Attach Form 8880 . . . . .	<b>4</b>	
<b>5</b>	Residential energy credits. Attach Form 5695 . . . . .	<b>5</b>	
<b>6</b>	Other nonrefundable credits:		
<b>a</b>	General business credit. Attach Form 3800 . . . . .	<b>6a</b>	
<b>b</b>	Credit for prior year minimum tax. Attach Form 8801 . . . . .	<b>6b</b>	
<b>c</b>	Adoption credit. Attach Form 8839 . . . . .	<b>6c</b>	
<b>d</b>	Credit for the elderly or disabled. Attach Schedule R . . . . .	<b>6d</b>	
<b>e</b>	Alternative motor vehicle credit. Attach Form 8910 . . . . .	<b>6e</b>	
<b>f</b>	Qualified plug-in motor vehicle credit. Attach Form 8936 . . . . .	<b>6f</b>	
<b>g</b>	Mortgage interest credit. Attach Form 8396 . . . . .	<b>6g</b>	
<b>h</b>	District of Columbia first-time homebuyer credit. Attach Form 8859 . . . . .	<b>6h</b>	
<b>i</b>	Qualified electric vehicle credit. Attach Form 8834 . . . . .	<b>6i</b>	
<b>j</b>	Alternative fuel vehicle refueling property credit. Attach Form 8911 . . . . .	<b>6j</b>	
<b>k</b>	Credit to holders of tax credit bonds. Attach Form 8912 . . . . .	<b>6k</b>	
<b>l</b>	Amount on Form 8978, line 14. See instructions . . . . .	<b>6l</b>	
<b>z</b>	Other nonrefundable credits. List type and amount: _____	<b>6z</b>	
<b>7</b>	Total other nonrefundable credits. Add lines 6a through 6z . . . . .	<b>7</b>	
<b>8</b>	Add lines 1 through 5 and 7. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 20 . . . . .	<b>8</b>	1.

(continued on page 2)

**Part II Other Payments and Refundable Credits**

<b>9</b>	Net premium tax credit. Attach Form 8962 . . . . .		<b>9</b>	
<b>10</b>	Amount paid with request for extension to file (see instructions) . . . . .		<b>10</b>	
<b>11</b>	Excess social security and tier 1 RRTA tax withheld . . . . .		<b>11</b>	
<b>12</b>	Credit for federal tax on fuels. Attach Form 4136 . . . . .		<b>12</b>	
<b>13</b>	Other payments or refundable credits:			
<b>a</b>	Form 2439 . . . . .	<b>13a</b>		
<b>b</b>	Credit for qualified sick and family leave wages paid in 2022 from Schedule(s) H for leave taken before April 1, 2021 . . . . .	<b>13b</b>		
<b>c</b>	Reserved for future use . . . . .	<b>13c</b>		
<b>d</b>	Credit for repayment of amounts included in income from earlier years . . . . .	<b>13d</b>		
<b>e</b>	Reserved for future use . . . . .	<b>13e</b>		
<b>f</b>	Deferred amount of net 965 tax liability (see instructions) . . . . .	<b>13f</b>		
<b>g</b>	Reserved for future use . . . . .	<b>13g</b>		
<b>h</b>	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 . . . . .	<b>13h</b>		
<b>z</b>	Other payments or refundable credits. List type and amount:	<b>13z</b>		
<b>14</b>	Total other payments or refundable credits. Add lines 13a through 13z . . . . .		<b>14</b>	
<b>15</b>	Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 31 . . . . .		<b>15</b>	



**SCHEDULE D  
(Form 1040)**

**Capital Gains and Losses**

OMB No. 1545-0074

**2022**

Department of the Treasury  
Internal Revenue Service

Attach to Form 1040, 1040-SR, or 1040-NR.  
Go to [www.irs.gov/ScheduleD](http://www.irs.gov/ScheduleD) for instructions and the latest information.  
Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.

Attachment  
Sequence No. **12**

Name(s) shown on return  
SWARAJ MALLA

Your social security number  
715-72-6563

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year?  Yes  No  
If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

**Part I Short-Term Capital Gains and Losses—Generally Assets Held One Year or Less** (see instructions)

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
<b>1a</b> Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b .				
<b>1b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked . . . . .	13,416.	13,233.	117.	300.
<b>2</b> Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked . . . . .	4,970.	5,224.		-254.
<b>3</b> Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked . . . . .				
<b>4</b> Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 . . . . .				<b>4</b>
<b>5</b> Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 . . . . .				<b>5</b>
<b>6</b> Short-term capital loss carryover. Enter the amount, if any, from line 8 of your <b>Capital Loss Carryover Worksheet</b> in the instructions . . . . .				<b>6</b> ( )
<b>7</b> <b>Net short-term capital gain or (loss)</b> . Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on the back . . . . .				<b>7</b> 46.

**Part II Long-Term Capital Gains and Losses—Generally Assets Held More Than One Year** (see instructions)

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
<b>8a</b> Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b .				
<b>8b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked . . . . .				
<b>9</b> Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked . . . . .				
<b>10</b> Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked . . . . .				
<b>11</b> Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824 . . . . .				<b>11</b>
<b>12</b> Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 . . . . .				<b>12</b>
<b>13</b> Capital gain distributions. See the instructions . . . . .				<b>13</b>
<b>14</b> Long-term capital loss carryover. Enter the amount, if any, from line 13 of your <b>Capital Loss Carryover Worksheet</b> in the instructions . . . . .				<b>14</b> ( )
<b>15</b> <b>Net long-term capital gain or (loss)</b> . Combine lines 8a through 14 in column (h). Then, go to Part III on the back . . . . .				<b>15</b>



**Part III Summary**

<p><b>16</b> Combine lines 7 and 15 and enter the result . . . . .</p> <ul style="list-style-type: none"> <li>• If line 16 is a <b>gain</b>, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below.</li> <li>• If line 16 is a <b>loss</b>, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22.</li> <li>• If line 16 is <b>zero</b>, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22.</li> </ul>	<b>16</b>	46.
<p><b>17</b> Are lines 15 and 16 <b>both</b> gains?</p> <p><input type="checkbox"/> <b>Yes.</b> Go to line 18.</p> <p><input checked="" type="checkbox"/> <b>No.</b> Skip lines 18 through 21, and go to line 22.</p>		
<p><b>18</b> If you are required to complete the <b>28% Rate Gain Worksheet</b> (see instructions), enter the amount, if any, from line 7 of that worksheet . . . . .</p>	<b>18</b>	
<p><b>19</b> If you are required to complete the <b>Unrecaptured Section 1250 Gain Worksheet</b> (see instructions), enter the amount, if any, from line 18 of that worksheet . . . . .</p>	<b>19</b>	
<p><b>20</b> Are lines 18 and 19 both zero or blank and you are not filing Form 4952?</p> <p><input type="checkbox"/> <b>Yes.</b> Complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> in the instructions for Form 1040, line 16. <b>Don't</b> complete lines 21 and 22 below.</p> <p><input type="checkbox"/> <b>No.</b> Complete the <b>Schedule D Tax Worksheet</b> in the instructions. <b>Don't</b> complete lines 21 and 22 below.</p>		
<p><b>21</b> If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the <b>smaller</b> of:</p> <ul style="list-style-type: none"> <li>• The loss on line 16; or</li> <li>• (\$3,000), or if married filing separately, (\$1,500) } . . . . .</li> </ul> <p><b>Note:</b> When figuring which amount is smaller, treat both amounts as positive numbers.</p>	<b>21</b> ( )	
<p><b>22</b> Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?</p> <p><input checked="" type="checkbox"/> <b>Yes.</b> Complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> in the instructions for Form 1040, line 16.</p> <p><input type="checkbox"/> <b>No.</b> Complete the rest of Form 1040, 1040-SR, or 1040-NR.</p>		

# Sales and Other Dispositions of Capital Assets

Department of the Treasury  
Internal Revenue Service

Go to [www.irs.gov/Form8949](http://www.irs.gov/Form8949) for instructions and the latest information.  
File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

Name(s) shown on return  
SWARAJ MALLA

Social security number or taxpayer identification number  
715-72-6563

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

**Part I** **Short-Term.** Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.

**Note:** You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

**You must check Box A, B, or C below. Check only one box.** If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- (A)** Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- (B)** Short-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- (C)** Short-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis See the <b>Note</b> below and see <i>Column (e)</i> in the separate instructions.	Adjustment, if any, to gain or loss If you enter an amount in column (g), enter a code in column (f). <b>See the separate instructions.</b>		(h) <b>Gain or (loss)</b> Subtract column (e) from column (d) and combine the result with column (g).
						(f) Code(s) from instructions	(g) Amount of adjustment	
	Robinhood Securities LLC	01/01/22	12/31/22	13,416.	13,233.	W	117.	300.
<b>2 Totals.</b> Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if <b>Box A</b> above is checked), line 2 (if <b>Box B</b> above is checked), or line 3 (if <b>Box C</b> above is checked).				13,416.	13,233.		117.	300.

**Note:** If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.

# Sales and Other Dispositions of Capital Assets

Department of the Treasury  
Internal Revenue Service

Go to [www.irs.gov/Form8949](http://www.irs.gov/Form8949) for instructions and the latest information.  
File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

**2022**  
Attachment  
Sequence No. **12A**

Name(s) shown on return  
SWARAJ MALLA

Social security number or taxpayer identification number  
715-72-6563

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

**Part I Short-Term.** Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.

**Note:** You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

**You must check Box A, B, or C below. Check only one box.** If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- (B) Short-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- (C) Short-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis See the <b>Note</b> below and see <i>Column (e)</i> in the separate instructions.	Adjustment, if any, to gain or loss If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g).
						(f) Code(s) from instructions	(g) Amount of adjustment	
	ROBINHOOD CRYPTO LLC	01/01/22	12/31/22	4,970.	5,224.			-254.
<b>2 Totals.</b> Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, <b>line 1b</b> (if <b>Box A</b> above is checked), <b>line 2</b> (if <b>Box B</b> above is checked), or <b>line 3</b> (if <b>Box C</b> above is checked).				4,970.	5,224.			-254.

**Note:** If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.

**SCHEDULE E  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service

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

OMB No. 1545-0074

**2022**  
Attachment  
Sequence No. **13**

Name(s) shown on return  
SWARAJ MALLA

Your social security number  
715-72-6563

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

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

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

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

**A** D.NO:22,BAJAARU STREET, SOMPETA, SRIKAKULAM, ANDHRA PRADESH IN 532284

**B** \_\_\_\_\_  
**C** \_\_\_\_\_

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

**Type of Property:**

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

Income:	Properties:		
	A	B	C
<b>3</b> Rents received . . . . .	<b>3</b> 550.		
<b>4</b> Royalties received . . . . .	<b>4</b>		
<b>Expenses:</b>			
<b>5</b> Advertising . . . . .	<b>5</b>		
<b>6</b> Auto and travel (see instructions) . . . . .	<b>6</b>		
<b>7</b> Cleaning and maintenance . . . . .	<b>7</b> 951.		
<b>8</b> Commissions . . . . .	<b>8</b>		
<b>9</b> Insurance . . . . .	<b>9</b>		
<b>10</b> Legal and other professional fees . . . . .	<b>10</b>		
<b>11</b> Management fees . . . . .	<b>11</b> 1,152.		
<b>12</b> Mortgage interest paid to banks, etc. (see instructions)	<b>12</b>		
<b>13</b> Other interest . . . . .	<b>13</b>		
<b>14</b> Repairs . . . . .	<b>14</b> 2,881.		
<b>15</b> Supplies . . . . .	<b>15</b> 3,249.		
<b>16</b> Taxes . . . . .	<b>16</b>		
<b>17</b> Utilities . . . . .	<b>17</b> 1,774.		
<b>18</b> Depreciation expense or depletion . . . . .	<b>18</b>		
<b>19</b> Other (list) _____	<b>19</b>		
<b>20</b> Total expenses. Add lines 5 through 19 . . . . .	<b>20</b> 10,007.		
<b>21</b> Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file <b>Form 6198</b> . . . . .	<b>21</b> -9,457.		
<b>22</b> Deductible rental real estate loss after limitation, if any, on <b>Form 8582</b> (see instructions) . . . . .	<b>22</b> ( 9,457. )		
<b>23a</b> Total of all amounts reported on line 3 for all rental properties . . . . .	<b>23a</b> 550.		
<b>b</b> Total of all amounts reported on line 4 for all royalty properties . . . . .	<b>23b</b>		
<b>c</b> Total of all amounts reported on line 12 for all properties . . . . .	<b>23c</b>		
<b>d</b> Total of all amounts reported on line 18 for all properties . . . . .	<b>23d</b>		
<b>e</b> Total of all amounts reported on line 20 for all properties . . . . .	<b>23e</b> 10,007.		
<b>24</b> <b>Income.</b> Add positive amounts shown on line 21. <b>Do not</b> include any losses . . . . .	<b>24</b>		
<b>25</b> <b>Losses.</b> Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here	<b>25</b> ( 9,457. )		
<b>26</b> <b>Total rental real estate and royalty income or (loss).</b> Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2 .	<b>26</b> -9,457.		

2022 NJ-1040NR  
New Jersey Nonresident Income Tax Return

For Privacy Act Notification, See Instructions

NJ-1040NR  
2022  
Page 1



For Taxable Year January 1, 2022 – December 31, 2022 or Other Tax Year  
Beginning \_\_\_\_\_, 2022 Ending \_\_\_\_\_, 2023

1555

Your Social Security Number  
715726563

Last Name, First Name, Initial (Joint filers enter first name and middle initial of each. Enter spouse/CU partner last name only if different.)  
MALLA SWARAJ

Spouse's/CU Partner's Social Security Number

State of Residency (outside NJ)  
KENTUCKY

Home Address (Number and Street, incl. apt. # or rural route)  
2323 STRAWBERRY CT

Driver's License # (Voluntary)  
K04066539

State  
KS

City, Town, Post Office  
EDISON

State ZIP Code  
NJ 08817

This is an amended return

Federal extension application attached or enter confirmation number \_\_\_\_\_

The address above is a foreign address

Your address has changed

Death certificate for deceased taxpayer is attached (See instructions page 9)

I authorize the Division of Taxation to discuss my return and enclosures with my preparer

**NJ Residency Status** If you were a New Jersey resident for ANY part of the tax year, give the period of New Jersey residency.

From:

To:

**Gubernatorial Elections Fund** Do you want to designate \$1 of your taxes for this fund? If joint return, does your spouse/CU partner want to designate \$1? Note: If you check the "Yes" box(es), it will not increase your tax or reduce your refund.

Yes  
Yes

No  
No





Name(s) as shown on Form NJ-1040NR  
MALLA SWARAJ

Your Social Security Number  
715726563

1555

**Filing Status**  
(Check only ONE box)

- 1.  Single
- 2.  Married/CU Couple, filing joint return
- 3.  Married/CU Partner, filing separate return
- 4.  Head of Household Name and SSN of Spouse/CU Partner
- 5.  Qualifying Widow(er)/Surviving CU Partner

**Exemptions**

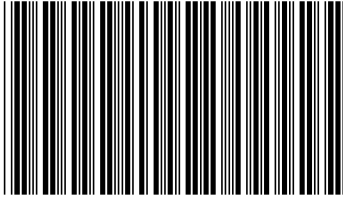
6. Regular	Self	Spouse/CU Partner	Domestic Partner	6.	1		
7. Age 65 or over	Self	Spouse/CU Partner		7.			
8. Blind or Disabled	Self	Spouse/CU Partner		8.			
9. Veteran Exemption	Self	Spouse/CU Partner					9.
10. Number of your qualified dependent children							10.
11. Number of other dependents							11.
12. Dependents attending colleges (See Instructions)				12.			
13. For line 13a – Add lines 6, 7, 8, and 12. For line 13b – Add lines 10 and 11. For line 13c – Enter amount from line 9.				13a.	1	13b.	13c.

**Dependent Information**

14. Dependent's Last Name, First Name, Middle Initial	Dependent's Social Security Number	Birth Year
a. _____		
b. _____		
c. _____		
d. _____		

COL. A - AMOUNT OF GROSS INCOME (EVERYWHERE) COL. B - AMOUNT FROM NEW JERSEY SOURCES

15. Wages, salaries, tips, and other employee compensation Check box if you completed lines 69 through 75	15.	87064 .	15.	0 .
16. Interest	16.	.	16.	.
17. Dividends	17.	66 .	17.	0 .
18. Net profits from business (Schedule NJ-BUS-1, Part I, line 4)	18.	.	18.	.
19. Net gains or income from disposition of property (From line 68)	19.	46 .	19.	0 .
20. Net gains or income from rents, royalties, patents, and copyrights (Schedule NJ-BUS-1, Part II, line 4)	20.	0 .	20.	.
21. Net gambling winnings (See Instructions)	21.	.	21.	.
22. Taxable pensions, annuities, and IRA distributions/withdrawals	22.	.		
23. Distributive Share of Partnership Income (Schedule NJ-BUS-1, Part III, line 4)	23.	.	23.	.
24. Net pro rata share of S Corporation Income (Schedule NJ-BUS-1, Part IV, line 4)	24.	.	24.	.
25. Alimony and separate maintenance payments received	25.	.		
26. Other – State Nature and Source _____	26.	.	26.	.
27. TOTAL INCOME (Add lines 15 through 26)	27.	87176 .	27.	0 .



040NV03220

Name(s) as shown on Form NJ-1040NR  
MALLA SWARAJ

Your Social Security Number  
715726563

1555

28a. Pension/Retirement Exclusion (See Instructions)	28a.	.	.
28b. Other Retirement Income Exclusion (See Worksheet and Instructions)	28b.	.	28b. .
28c. Total Exclusion Amount (Add line 28a and line 28b)	28c.	.	28c. .
29. Gross Income (Subtract line 28c from line 27)	29.	87176 .	29. 0
30. Total Exemption Amount (See Instructions)	30.	1000 .	
31. Medical Expenses (See Worksheet and Instructions)	31.	.	
32. Alimony and separate maintenance payments	32.	.	
33. Qualified Conservation Contribution	33.	.	
34. Health Enterprise Zone Deduction	34.	.	
35. Alternative Business Calculation Adjustment (Schedule NJ-BUS-2, line 11)	35.	0 .	
36. Organ/Bone Marrow Donation Deduction (See instructions)	36.	.	
37a. NJBEST Deduction	37a.	.	
37b. NJCLASS Deduction	37b.	.	
37c. NJ Higher Education Tuition Deduction	37c.	.	
38. Total Exemptions and Deductions (Add lines 30 through 37c)	38.	1000 .	
39. <b>Taxable Income</b> (Subtract line 38 from line 29, column A)	39.	86176 .	
40. Tax on amount on line 39 (From Tax Table)	40.	3363 .	
41. Income Percentage B. (line 29) / A. (line 29) = <u>0.00</u> %			
42. <b>New Jersey Tax</b> (Multiply amount from line 40 by income percentage from line 41)	42.		0 .
43. Sheltered Workshop Tax Credit (Enclose GIT-317. See Instructions)	43.		.
44. Gold Star Family Counseling Credit (See Instructions)	44.		.
45. Credit for Employer of Organ/Bone Marrow Donor (See instructions)	45.		.
46. Total Credits (Add lines 43, 44, and 45)	46.		.
47. Balance of Tax After Credits (Subtract line 46 from line 42)	47.		0 .
48. Interest on Underpayment of Estimated Tax.	48.		.
Check box if Form NJ-2210NR is enclosed			
49. Total Tax Due (Add line 47 and line 48)	49.		0 .
50. Total New Jersey Income Tax Withheld (From enclosed Forms W-2 and 1099) (Part-year nonresidents, see instructions)	50.	.	.
51. New Jersey Estimated Tax Payments/Credit from 2021 return	51.	.	Also enter on line 51:
52. Tax paid on your behalf by Partnership(s)	52.	.	• Payments made in connection
53. Excess NJ UI/WF/SWF Withheld (Enclose Form NJ-2450)	53.	.	with sale of NJ real property
54. Excess NJ Disability Insurance Withheld (Enclose Form NJ-2450)	54.	.	• Payments by S corporation for
55. Excess NJ Family Leave Insurance Withheld (Enclose Form NJ-2450)	55.	.	nonresident shareholder
56. Pass-Through Business Alternative Income Tax Credit (See instructions)	56.	.	





Name(s) as shown on Form NJ-1040NR  
MALLA SWARAJ

Your Social Security Number  
715726563

1555

57.	Total Payments/Credits (Add lines 50 through 56)	57.	.
58.	If line 57 is less than line 49, you have tax due. Subtract line 57 from line 49 and enter the amount you owe If you owe tax, you can still make a donation on line 61A through 61F	58.	0 .
59.	If line 57 is more than line 49, you have an overpayment. Subtract line 49 from line 57 and enter the overpayment	59.	.
60.	Amount from line 59 you want to credit to your 2023 tax	60.	.
61.	Amount you want to credit to:		
	(A) N.J. Endangered Wildlife Fund	61A.	.
	(B) N.J. Children's Trust Fund	61B.	.
	(C) N.J. Vietnam Veterans' Memorial Fund	61C.	.
	(D) N.J. Breast Cancer Research Fund	61D.	.
	(E) U.S.S. N.J. Educational Museum Fund	61E.	.
	(F) Designated Contribution	Code	61F.
			.
62.	Total Adjustments to Tax Due/ Overpayment (Add lines 60 through 61F)	62.	.
63.	Balance due (If line 58 is more than zero, add line 58 and 62)	63.	.
64.	Refund amount (If line 59 is more than zero, subtract line 62 from line 59)	64.	.

NOTE:  
An entry on lines 60 through 61F will  
reduce your tax refund

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

> \_\_\_\_\_  
Your Signature Date

> \_\_\_\_\_  
Spouse's/CU Partner's Signature (if filing jointly, BOTH must sign)

Paid Preparer's Signature

Federal Identification Number

SYAM PRIYA RAM SAGAR GUPTA TALLAM

P02082703

Firm's Federal Employer Identification Number

Firm's Name GLOBAL TAXES LLC

84-3171965

Pay amount on line 63 in full. Write Social Security number(s) on check or money order and make payable to:

State of New Jersey - TGI  
Division of Taxation  
Revenue Processing Center  
PO Box 244  
Trenton, NJ 08646-0244

You can also make a payment on our website:  
nj.gov/taxation

Name(s) as shown on Form NJ-1040NR MALLA SWARAJ						Your Social Security Number 715726563	
<b>Part I</b>		<b>Net Gains or Income From Disposition of Property</b>		List the net gains or income, less net loss, derived from the sale, exchange, or other disposition of property including real or personal whether tangible or intangible as reported on federal Schedule D.			
(a) Kind of property and description	(b) Date aquired (Mo., day, yr.)	(c) Date sold (Mo., day, yr.)	(d) Gross sales price	(e) Cost or other basis as adjusted (see instructions) and expense of sale		(f) Gain or (loss) (d less e)	
65. ROBINHOOD CRYPTO L	01/01/2022	12/31/2022	4970	5224		-254	
Robinhood Securiti	01/01/2022	12/31/2022	13416	13116		300	
66. Capital Gains Distribution .....						66.	
67. Other Net Gains.....						67.	
68. Net Gains (Add lines 65, 66, and 67) (Enter here and on line 19) (If loss, enter zero) .....						68.	46
<b>Part II</b>		<b>Allocation of Wage and Salary Income Earned Partly Inside and Outside New Jersey</b>		(See instructions if compensation depends entirely on volume of business transacted or if other basis of allocation is used.)			
69. Amount reported on line 15 in column A required to be allocated .....						69.	
70. Total days in taxable year .....						70.	
71. Deduct nonworking days (Sundays, Saturdays, holidays, sick leave, vacation, etc.) .....						71.	
72. Total days worked in taxable year (subtract line 71 from line 70) .....						72.	
73. Deduct days worked outside New Jersey.....						73.	
74. Days worked in New Jersey (subtract line 73 from line 72).....						74.	
75. Allocation Formula _____ x _____ = _____						(Include this amount on line 15, col. B)	
(Enter amount from line 69)						(Salary earned inside N.J.)	
<b>Part III</b>		<b>Allocation of Business Income to New Jersey</b>		(See instructions if other than Formula Basis of allocation is used.)			
Business Allocation Percentage (From Schedule NJ-NR-A)							
Enter below the line number and amount of each item of business income reported in column A that is required to be allocated and multiply by allocation percentage to determine amount of income from New Jersey sources.							
From Line No. _____ \$ _____ x _____ % = \$ _____							
From Line No. _____ \$ _____ x _____ % = \$ _____							
From Line No. _____ \$ _____ x _____ % = \$ _____							

Name(s) as shown on Form NJ-1040NR MALLA SWARAJ	Social Security Number 715-72-6563
--	---------------------------------------

**Schedule NJ-BUS-1**  
(Form NJ-1040NR)

New Jersey Gross Income Tax  
Business Income Summary Schedule

**2022**

<b>Part I</b> Net Profits From Business		List the net profit (loss) from business(es). See instructions.	
	Business Name	Social Security Number/ Federal EIN	Profit or (Loss)
1.			
2.			
3.			
4.	Net Profit or (Loss). (Add lines 1, 2, and 3) (Enter here and on line 18, column A. If loss, enter zero on line 18, column A.)		4.

<b>Part II</b> Net Gains or Income From Rents, Royalties, Patents, and Copyrights		List the net gains or net income, less net loss, derived from or in the form of rents, royalties, patents, and copyrights. See instructions. Type of Property: 1-Rental real estate 2-Royalties 3-Patents 4-Copyrights	
	Source of Income or Loss. If rental real estate, enter physical address of property.	Social Security Number/ Federal EIN	Type - Enter number from list above
1.	D.NO:22,BAJAARU STREET,	715726563	1
2.			
3.			
4.	Net Income or (Loss). (Add lines 1, 2, and 3.) (Enter here and on line 20, column A. If loss, enter zero on line 20, column A.)		4.

<b>Part III</b> Distributive Share of Partnership Income		List the distributive share of income (loss) from partnership(s). See instructions.	
	Partnership Name	Federal EIN	Share of Partnership Income or (Loss)
1.			
2.			
3.			
4.	Distributive Share of Partnership Income or (Loss). (Add lines 1, 2, and 3.) (Enter here and on line 23, column A. If loss, enter zero on line 23, column A.)		
5.	Total Share of tax paid on your behalf by Partnerships (Add lines 1, 2, and 3.) Enter total here and include on line 52.		
6.	Total Share of Pass-Through Business Alternative Income Tax (Add lines 1, 2, and 3.) (Enter here and include on line 56.)		

<b>Part IV</b> Net Pro Rata Share of S Corporation Income		List the pro rata share of income (usable loss) from S corporation(s). See instructions.	
	S Corporation Name	Federal EIN	Pro Rata Share of S Corporation Income or (Usable Loss)
1.			
2.			
3.			
4.	Net Pro Rata Share of S Corporation Income or (Usable Loss). (Add lines 1, 2, and 3.) (Enter here and on line 24, column A. If loss, enter zero on line 24, column A.)		4.
5.	Total Share of Pass-Through Business Alternative Income Tax (Add lines 1, 2, and 3.) (Enter here and include on line 56.)		5.

Name(s) as shown on Form NJ-1040NR MALLA SWARAJ	Social Security Number 715-72-6563
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**Schedule NJ-BUS-2**  
(Form NJ-1040NR)

New Jersey Gross Income Tax  
Alternative Business Calculation Adjustment

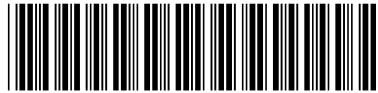
**2022**

		Column A			Column B		
Part I Income (Loss)		Reportable Regular Business Income			Alternative Business Income (Loss)		
1.	Net Profits From Business	1a.	0.		1b.	0.	
2.	Net Gain or Income From Rents, Royalties, Patents, and Copyrights	2a.	0.		2b.	-9,457.	
3.	Distributive Share of Partnership Income	3a.	0.		3b.	0.	
4.	Net Pro Rata Share of S Corporation Income	4a.	0.		4b.	0.	
5.	Loss Carryforward From Tax Year 2021				5b.	( )	
6.	Totals	6a.	0.		6b.	-9,457.	
<b>Part II Adjustment Calculation</b>							
7.	Total Regular Business Income	7.	0.				
8.	Total Alternative Business Income/(Loss) (If loss, enter zero)	8.	0.				
9.	Business Increment (Subtract line 8 from line 7)	9.	0.				
10.	Adjustment Percentage	10.	0.50				
11.	Alternative Business Calculation Adjustment (line 9 x 0.50)	11.	0.				
<b>Part III Loss Carryforward to Tax Year 2023</b>							
12.	Loss Carryforward to Tax Year 2023	12.	( 9,457.				

**Instructions**

- Line 1a. Enter the amount from line 18, column A, Form NJ-1040NR.
- Line 1b. Enter the amount from Part I, line 4, Schedule NJ-BUS-1 (Form NJ-1040NR).
- Line 2a. Enter the amount from line 20, column A, Form NJ-1040NR.
- Line 2b. Enter the amount from Part II, line 4, Schedule NJ-BUS-1 (Form NJ-1040NR).
- Line 3a. Enter the amount from line 23, column A, Form NJ-1040NR.
- Line 3b. Enter the amount from Part III, line 4, Schedule NJ-BUS-1 (Form NJ-1040NR).
- Line 4a. Enter the amount from line 24, column A, Form NJ-1040NR.
- Line 4b. Enter the amount from Part IV, line 4, Schedule NJ-BUS-1 (Form NJ-1040NR).
- Line 5b. Enter the amount from line 12 of your 2021 Schedule NJ-BUS-2 (Form NJ-1040NR).
- Line 6a. Enter the total of lines 1a through 4a.
- Line 6b. Enter the total of lines 1b through 5b, netting gains with losses.
- Line 7. Enter the amount from line 6a of this schedule.
- Line 8. Enter the amount from line 6b of this schedule. If loss, enter zero here.
- Line 9. Subtract line 8 from line 7. If the result is zero, enter zero on line 11 and on line 35 of Form NJ-1040NR, and continue with line 12.
- Line 10. The adjustment percentage for Tax Year 2022 is 50% (0.50).
- Line 11. Multiply the amount on line 9 by 50% (0.50). Enter here and on line 35 of Form NJ-1040NR.
- Line 12. If the amount on 6b is a loss, enter the amount of the loss on this line. Otherwise, enter zero.

**Keep a copy of this schedule for your records**



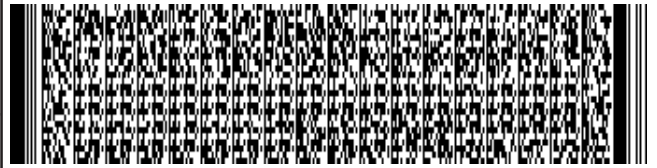
2 2 0 0 0 1 1 5 5 5

KENTUCKY  
INDIVIDUAL INCOME TAX RETURN  
Residents Only

2022

Check if deceased:  Spouse  Taxpayer For calendar year or other taxable year beginning \_\_\_\_\_, and ending \_\_\_\_\_.

<b>A. Spouse's Social Security Number</b>  	<b>B. Your Social Security Number</b>  715-72-6563
Name—Last, First, Middle Initial (Joint or combined return, give both names and initials.)  MALLA SWARAJ	
Mailing Address (Number and Street including Apartment Number or P.O. Box)  2323 STRAWBERRY CT	
City, Town or Post Office  EDISON	State ZIP Code  NJ 08817



**FILING STATUS** (see instructions)

1  Single

2  Married, filing separately on this combined return. (If both had income.)

3  Married, filing joint return.

4  Married, filing separate returns. Enter spouse's Social Security number above and full name here.

**Check if applicable:**

Amended (Enclose copy of 1040X, if applicable.)

**POLITICAL PARTY FUND**  
Designating \$2 will not change your refund or tax due.

	A. Spouse	B. Yourself
Democratic	(1) <input type="checkbox"/>	(4) <input type="checkbox"/>
Republican	(2) <input type="checkbox"/>	(5) <input type="checkbox"/>
No Designation	(3) <input type="checkbox"/>	(6) <input checked="" type="checkbox"/>

	A. Spouse (Use if Filing Status 2 is checked.)		B. Yourself (or Joint)	
5 Enter amount from federal Form 1040 or 1040-SR, line 11. (If total of Columns A and B is \$36,908 or less, you may qualify for the Family Size Tax Credit. See instructions.)	5	00	77,719.	00
6 Additions from Schedule M, line 6	6	00		00
7 Add lines 5 and 6	7	00	77,719.	00
8 Subtractions from Schedule M, line 17	8	00		00
9 Subtract line 8 from line 7. This is your <b>Kentucky Adjusted Gross Income</b>	9	00	77,719.	00
10 <b>Itemizers:</b> Enter itemized deductions from Kentucky Schedule A. <b>Nonitemizers:</b> Enter \$2,770 in Columns A and/or B.	10	00	2,770.	00
11 Subtract line 10 from line 9. This is your <b>Taxable Income</b>	11	00	74,949.	00
12 <b>Tax Computation:</b> Multiply line 11 by 5% (.05) or amount from Schedule J <input type="checkbox"/>	12	00	3,747.	00
13 Enter tax from Form 4972-K <input type="checkbox"/> ; Schedule RC-R <input type="checkbox"/> ; Schedule DS-R <input type="checkbox"/> ; Angel Investor Recapture <input type="checkbox"/>	13	00		00
14 Add lines 12 and 13 and enter total here	14	00	3,747.	00
15 Enter amounts from Schedule ITC, Section A, lines 25E and 25F	15	00		00
16 Subtract line 15 from line 14. If line 15 is larger than line 14, enter zero	16	00	3,747.	00
17 Enter personal tax credit amounts from Schedule ITC, Section B	17	00		00
18 Subtract line 17 from line 16. If line 17 is larger than line 16, enter zero	18	00	3,747.	00
19 Add tax amount(s) in Columns A and B, line 18 and enter here, continue to page 2			3,747.	00



20	Check the box that represents your total family size ( <b>see instructions</b> before completing lines 20 and 21) .....	2	1 <input checked="" type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
21	Multiply line 19 by <b>Family Size Tax Credit</b> decimal amount <u>0.00</u> ( <u>0</u> %) from Schedule ITC .....	21			0.	00
22	Subtract line 21 from line 19 .....	22			3,747.	00
23	Enter the <b>Education Tuition Tax Credit</b> from Form 8863-K, line 17 .....	23				00
24	Enter <b>Child and Dependent Care Credit</b> from federal Form 2441, line 11 <b>▶</b> _____ <b>x 20%</b> (.20) .....	24				00
25	RESERVED .....	2				00
26	<b>Income Tax Liability.</b> Subtract lines 23 through 25 from line 22. If zero or less, enter zero .....	26			3,747.	00
27	Enter <b>KENTUCKY USE TAX</b> due on Internet, mail order, or other out-of-state purchases ( <b>see instructions</b> ) ...	27				00
28	Add lines 26 and 27. This is your <b>TOTAL TAX LIABILITY</b> .....	2			3,747.	00
29	<b>For amended return;</b> overpayment, if any, shown on original return .....	29				00
30	Add lines 28 and 29, enter here .....	30			3,747.	00
31 a	Enter <b>Kentucky income tax withheld</b> as shown on enclosed Schedule KW-2 .....	31a			4,215.	00
b	Enter 2022 Kentucky estimated tax/extension payments .....	3 b				00
c	Enter 2022 refundable certified rehabilitation credit .....	31c				00
d	Enter 2022 refundable film industry tax credit .....	31d				00
e	Enter 2022 refundable development area tax credit .....	3 e				00
f	Enter 2022 refundable decontamination tax credit .....	f				00
g	<b>For amended return;</b> enter amount paid with original return plus additional payment(s) made after it was filed .....	31g				00
32	Add lines 31(a) through 31(g) .....	32			4,215.	00
33	If line 30 is larger than line 32, subtract line 32 from line 30, enter <b>ADDITIONAL TAX DUE</b> .....	33				00
34 a	Estimated tax penalty <input type="checkbox"/> <b>Check if Form 2210-K attached</b> .....	34a				0
b	Interest .....	34b				00
c	Late payment penalty .....	34c				00
d	Late filing penalty .....	34d				00
35	Add lines 34(a) through 34(d). Enter here .....	35				00
36	If the total of lines 30 and 35 is more than line 32, subtract line 32 from the total of lines 30 and 35. This is the <b>AMOUNT YOU OWE</b> , continue to page 3. <span style="border: 1px solid black; padding: 2px;"><b>OWE</b></span> .....	36				00
37	If line 32 is more than line 30, subtract lines 30 and 35 from line 32. This is the <b>AMOUNT YOU OVERPAID</b> , continue to page 3 .....	37			468.	00



38 FUND CONTRIBUTIONS; see instructions.

a Nature and Wildlife Fund .....	38a	00
b Child Victims' Trust Fund .....	38b	00
c Veterans' Program Trust Fund .....	38c	00
d Breast Cancer Research/Education Trust Fund .....	38d	00
e Farms to Food Banks Trust Fund .....	38e	00
f Local History Trust Fund .....	38f	00
g Special Olympics Kentucky.....	g	00
h Pediatric Cancer Research Trust Fund.....	38h	00
i Rape Crisis Center Trust Fund .....	i	00
j Court Appointed Special Advocate Trust Fund .....	38j	00
k YMCA Youth Association Fund .....	38k	00

39 Add lines 38(a) through 38(k) .....	3	00
40 Amount of line 37 to be <b>CREDITED TO YOUR 2023 ESTIMATED TAX</b> .....	<b>CREDIT FORWARD</b>	00
<b>(Credit forwards not available for amended returns)</b>		
41 Subtract lines 39 and 40 from line 37. Amount to be <b>REFUNDED TO YOU</b> .....	<b>REFUND</b>	468.00

I, the undersigned, declare under penalties of perjury that I have examined this return, including all accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete. I also understand and agree that our election to file a combined return under the provisions of Regulation 103 KAR 17:020 will result in refunds being made payable to us jointly and in each of us being jointly and severally liable for all taxes accruing under this return.

<b>Sign Here</b>	Signature of Taxpayer	Driver's License/State Issued ID No. K04066539	Date	Telephone Number (daytime) (978) 606-4851
	Signature of Spouse	Driver's License/State Issued ID No.	Date	
<b>Paid Preparer Use</b>	Signature of Preparer SYAM PRIYA RAM SAGAR GUPTA TALLAM		Date 03/14/2023	
	Name of Preparer or Firm GLOBAL TAXES LLC		ID Number P02082703	
	Email syam@gtaxfile.com	Telephone No. (678) 965-9522	May the DOR discuss this return with this preparer? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>Enclose</b>	Include a complete copy of federal Form 1040, if you received farm, business, or rental income or loss. If not required, check here. <input type="checkbox"/>		<b>Refund or No Payment</b>	<b>Kentucky Department of Revenue</b> Frankfort, KY 40618-0006
<b>Payment</b>	Check Payable: <b>Kentucky State Treasurer</b> E-Pay Options: <b>www.revenue.ky.gov</b> Include: Your Social Security number and "KY Income Tax—2022"		<b>With Payment</b>	<b>Kentucky Department of Revenue</b> Frankfort, KY 40619-0008





2 2 0 3 4 9 1 5 5 5

➤ Enclose with Form 740 or 740-NP

Enter name(s) as shown on tax return.

Your Social Security Number

MALLA, SWARAJ

715-72-6563

**SECTION A—BUSINESS INCENTIVES AND OTHER TAX CREDITS**

A	B Preapproval Required	C Credit Name	D Required Attachment	E		F	
				Spouse		Yourself	
1	No	Nonrefundable Limited Liability Entity	Kentucky Limited Liability Entity Tax Credit Worksheet C/Schedule K-1		00		00
2	es	Kentucky Small Business	Schedule K-1		00		00
3	es	Kentucky Selling Farmers	Schedule K-1		00		0
4	Yes	Skills Training Investment	Schedule K-1		00		00
5	Yes	Certified Rehabilitation	Certification Copies		00		00
6	No	Tax Paid to Another State	Copy(ies) of Other State(s) return or Worksheet A		00		
7	No	Unemployment	Schedule UTC		00		00
8	Yes	Recycling/Composting Equipment	Schedule RC		00		00
9	Yes	Kentucky Investment Fund	KEDFA notification		00		00
10	No	Qualified Research Facility	Schedule QR		00		00
11	No	GED Incentive	Form DAEL-31		00		00
12	Yes	Voluntary Environmental Remediation	Schedule VERB		00		00
13	Yes	Biodiesel	Schedule BIO		00		00
14	es	Clean Coal Incentive	Schedule CCI		00		0
15	Yes	Ethanol	Schedule ETH		00		00
16	Yes	Cellulosic Ethanol	Schedule CELL		00		00
17	No	Railroad Maintenance & Improvement	Schedule RR-I		00		00
18	Yes	Endow Kentucky	Schedule ENDOW		00		00
19	Yes	New Markets Development Program	Form 8874(K)-A		00		00
20	No	Distilled Spirits	Schedule DS		00		00
21	Yes	Angel Investor	Certification Letter		00		00
22	Yes	Film Industry	Film Office Certification		00		00
23	No	Inventory	Schedule INV		00		
24	Yes	Renewable Chemical Production	Schedule CHEM		00		00
25	Total of Other Tax Credits (add lines 1 through 24). Enter here and on Form 740, page 1, line 15, Columns A and B, or enter combined totals of Columns E and F on Form 740-NP, page 1, line 15.....				00		00



**SECTION B—PERSONAL TAX CREDITS**

**Taxpayer**

**Spouse**

Complete only if filing joint or married,  
filing separately on a combined return

Enter your date of birth (MM/DD/YYYY)

09/03/1991

Enter your date of birth (MM/DD/YYYY)

1 If you were 65 on or before 12/31/2022, enter 40.....	1	
2 If you were legally blind on 12/31/2022, enter 40 .....	2	
3 If you were a member of the Kentucky National Guard on 12/31/2022, enter 20.....	3	
4 Allowable Taxpayer Credit—Add lines 1 through 3.....	4	

5 If you were 65 on or before 12/31/2022, enter 40.....	5	
6 If you were legally blind on 12/31/2022, enter 40 .....	6	
7 If you were a member of the Kentucky National Guard on 12/31/2022, enter 20.....	7	
8 Allowable Spouse Credit—Add lines 5 through 7 .....	8	

**Assignment of Personal Tax Credits**

- 9 For filing status **Single or Married, filing separate returns**, enter the amount from line 4 here and in Column B of Form 740, line 17 or Form 740-NP, line 17 (Not to exceed 100) .....
- 10 For filing status **Married, filing separately on this combined return**, enter the amount from line 4 here and in column B of Form 740, line 17 (Not to exceed 100) .....
- 11 For filing status **Married, filing separately on this combined return**, enter the amount from line 8 here and in column A of Form 740, line 17. (Not to exceed 100).....
- 12 For filing status **Married, filing jointly**, add line 4 and line 8 and enter here and in Column B of Form 740, line 17 or Form 740-NP, line 17. (Not to exceed 200).....

9	
11	
12	

**SECTION C—FAMILY SIZE TAX CREDIT**

Enter dependents qualifying for family size credit. See instructions to determine family size and your qualifying dependents. Your family size will be used to determine your family size tax credit percentage.

First and Last Name	Dependent's Social Security number	Dependent's relationship to you	Check if qualifying child for family size tax credit
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>

Use this **Family Size Tax Credit Table** to determine the percentage of family size credit. You will need to know your family size and your modified gross income (a worksheet is located within the instructions). You will enter the percentage for the family size tax credit on Form 740 or 740-NP, line 21.

Family Size	One		Two		Three		Four or More		Credit Percentage is
	If MGI . . .	is over	is not over	is over	is not over	is over	is not over	is over	
<b>Tax Year 2022</b>	\$ ---	\$ 13,590	\$ ---	\$18,310	\$ ---	\$23,030	\$ ---	\$27,750	100
	13,590	14,134	18,310	19,042	23,030	23,951	27,750	28,860	90
	14,134	14,677	19,042	19,775	23,951	24,872	28,860	29,970	80
	14,677	15,221	19,775	20,507	24,872	25,794	29,970	31,080	70
	15,221	15,764	20,507	21,240	25,794	26,715	31,080	32,190	60
	15,764	16,308	21,240	21,972	26,715	27,636	32,190	33,300	50
	16,308	16,852	21,972	22,704	27,636	28,557	33,300	34,410	40
	16,852	17,259	22,704	23,254	28,557	29,248	34,410	35,243	30
	17,259	17,667	23,254	23,803	29,248	29,939	35,243	36,075	20
	17,667	18,075	23,803	24,352	29,939	30,630	36,075	36,908	10
18,075	---	24,352	---	30,630	---	36,908	---	0	

Multiply tax from Form 740 or 740-NP, line 19, by the applicable family size tax credit percentage and enter on Form 740 or 740-NP line 21. This is your **Family Size Tax Credit**.



Complete this Schedule KW-2 to determine the total Kentucky income tax withholding to be entered on Kentucky Form 740, 740-NP, or 7 NP-R. This schedule must be fully completed in order to receive proper credit for Kentucky income tax withheld. Include multiple Schedule KW-2(s) as needed to report all Kentucky income tax withholdings. Do not send in your W-2, 1099, or W-2-G forms; keep them with your tax records.

NAME(S) AS SHOWN ON THE TAX RETURN

SPOUSE'S SOCIAL SECURITY NUMBER

YOUR SOCIAL SECURITY NUMBER

MALLA, SWARAJ

715-72-6563

**Part I-Form W-2** Enter all W-2s with Kentucky income tax withheld (round to the nearest whole dollar). Do not include other state withholding or local income tax.

A	B	C	D	E		F		
Employee's Social Security Number	Employer's Identification Number (EIN)	State	Employer's State I.D. Number (Box 15 of Form W-2)	KY State Wages (Box 16 of Form W-2)		KY Income Tax Withheld (Box 17 of Form W-2)		
1	715-72-6563	83-2403872	KY	935330	87,064.	00	4,215.	00
2						00		00
3						00		00
4						00		00
5						00		00
6						00		00
7						00		00
8						00		00
9						00		00
10						00		00
11	<b>TOTAL FROM ALL W-2s</b>				87,064.	00	4,215.	00

**Part II-Form 1099 and W-2G** Enter all 1099s and W-2Gs with Kentucky income tax withheld (round to the nearest whole dollar).

A	B	C	D	E		F	
Recipient's Social Security Number	Payer's Identification Number (EIN)	State	Payer's State I.D. Number	KY Income Amount		KY Income Tax Withheld	
12						00	00
13						00	00
14						00	00
15						00	00
16						00	00
17	<b>AND W2-Gs</b>					00	00

**Part III-Totals** Enter total Kentucky income tax withheld (round to the nearest whole dollar) from line 18, Column F on your Kentucky income tax return (Form 740 and 740-NP, line 31(a) or 740-NP-R, line 1).

		F
		Total Kentucky Income Tax Withheld
18	Enter combined totals from Column F, lines 11 and 17.	4,215.