IRS e-file Signature Authorization

OMB No. 1545-0074

Social accurity number

Department of the Treasury Internal Revenue Service

ERO must obtain and retain completed Form 8879. ▶ Go to www.irs.gov/Form8879 for the latest information.

Submission Identification Number (SID)

Taypayar'a nama

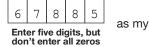
er s name	Social security number
ESH MEDARA	703-66-7885
's name	Spouse's social security number
XA MEDARA	594-80-4556
Tax Return Information – Tax Year Ending December 31, 2022 (Ente	r year you are authorizing.)
whole dollars only on lines 1 through 5.	
Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.	
Adjusted gross income	1 120,210.
Total tax	2 11,986.
Federal income tax withheld from Form(s) W-2 and Form(s) 1099	· · · · 3 13,331.
Amount you want refunded to you	4 1,345.
Amount you owe	5
	ESH MEDARA 's name XA MEDARA I Tax Return Information — Tax Year Ending December 31, 2022 (Enterwhole dollars only on lines 1 through 5. Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank. Adjusted gross income

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

Under penalties of periury. 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

				ERO firm name		E	r
X	I authorize	GLOBAL	TAXES	LLC	to enter or generate my PIN)



5 5

Enter five digits, but don't enter all zeros

6

as mv

0 4

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

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

Date

Your signature

Spouse's PIN: check one box only

X lauthorize GLOBAL TAXES LLC to enter or generate my PIN ERO firm name

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

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

Spouse's signature 🕨	Date 🕨
Practitioner PIN Method Retu	rns Only—continue below
Part III Certification and Authentication – Practitioner F	VIN Method Only
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit	self-selected PIN. 5 1 8 9 5 2 3 1 9 8 9 Don't enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the 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 🕨	
	Retain This Form — See Form to the IRS Unless		
For Paperwork Reduction Act Notice, see your tax retur	n instructions. DAA	REV 03/22/23 PRO	Form 8879 (Rev. 01-2021)

1040		artment of the Treasury—Internal Revenue Servi S. Individual Income Tax		urn 20 2	2	OMB No. 1545-	-0074	IRS Use Only	∕—Do not v	vrite or staple in th	is space.
Filing Status Check only one box.	lf yo	Single X Married filing jointly U checked the MFS box, enter the n son is a child but not your dependent	ame of y	ed filing separately (l vour spouse. If you c					spo	lifying survivii use (QSS) s name if the c	0
Your first name	and mi	iddle initial	Last na	me					Your so	cial security n	umber
RAKESH			MEDA	RA					703-	66-7885	
If joint return, sp	oouse's	s first name and middle initial	Last na	me					Spouse	's social securi	ty numbei
ALEXA			MEDA	RA					594-	80-4556	
Home address ((numbe	er and street). If you have a P.O. box, see	instructio	ons.			A	Apt. no.	Preside	ntial Election (Campaigr
<u>6350 S H</u>	AVA	NA ST					1	324		here if you, or	
City, town, or po	ost offic	ce. If you have a foreign address, also co	omplete s	paces below.	Sta	ate	ZIP c	ode		if filing jointly, this fund. Che	
ENGLEWOO	D				C	C	801	11	Ŭ Ŭ	ow will not cha	0
Foreign country	name		F	oreign province/state/	coun	ty	Foreig	n postal code	your ta	x or refund.	
										You	Spouse
Digital Assets	exch	ny time during 2022, did you: (a) rec- lange, gift, or otherwise dispose of a	a digital a	asset (or a financial	inter	est in a digital				Yes 2	✓ No
Standard	_	eone can claim: 🗌 You as a de	•			•					
Deduction		Spouse itemizes on a separate retur	n or you	were a dual-status	alier	1					
Age/Blindness	You:	Were born before January 2, 1	958	Are blind Sp	ouse	: 🗌 Was bor	n befo	ore January 2	2, 1958	Is blind	
Dependents				(2) Social security		(3) Relationsh		,	-	ifies for (see inst	tructions):
If more		irst name Last name		number	·	to you		Child tax c	redit	Credit for other	dependents
than four											
dependents,											
see instructions and check	;										
here 🗌											
Income	1a	Total amount from Form(s) W-2, b	ox 1 (se	e instructions) .					. 1a	119	,951.
meome	b	Household employee wages not re	eported	on Form(s) W-2.					. 1k)	
Attach Form(s) W-2 here, Also	с	Tip income not reported on line 1a	a (see ins	structions)					. 10	;	
attach Forms	d	Medicaid waiver payments not rep	ported or	n Form(s) W-2 (see i	nstru	uctions)			. 10	1	
W-2G and	е	Taxable dependent care benefits f	from For	m 2441, line 26					. 1e	•	
1099-R if tax was withheld.	f	Employer-provided adoption bene	fits from	n Form 8839, line 29					. 11	:	
If you did not	g	Wages from Form 8919, line 6 .							. 1ç	1	
get a Form	h	Other earned income (see instruct	ions) .				· ·		. 11	1	0.
W-2, see instructions.	i	Nontaxable combat pay election (see instr	ructions)		1 i					
	Z	Add lines 1a through 1h	• • •						. 1z	. 119	,951.
Attach Sch. B	2a	· ·	2a		bΤ	axable interest			. 2t)	
if required.	3a		3a	5.		Ordinary divider			. 3t)	5.
	4a		4a			axable amount			. 4t)	
Standard Deduction for —	5a		5a			axable amount			. 5t		
Single or	6a	, _	6a			axable amoun	t	· · · ·	. 6k)	
Married filing separately,	с	If you elect to use the lump-sum e			•		· ·	l	_		
\$12,950	7	Capital gain or (loss). Attach Sche						L			
 Married filing jointly or 	8	Other income from Schedule 1, lin							. 8	100	254.
Qualifying spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7					• •		. 9		,210.
\$25,900	10	Adjustments to income from Schedule 1, line 26						. 10		010	
 Head of household, 	11	Subtract line 10 from line 9. This is	•				• •		. 11		<u>,210.</u>
\$19,400	12	Standard deduction or itemized					• •		. 12		,900.
 If you checked any box under 	13	Qualified business income deduct			1 895	ло-А			. 13		0.0.0
Standard Deduction,	14 15	Add lines 12 and 13 Subtract line 14 from line 11. If zer			· ·	· · · · ·	• •	· · ·	. 14		<u>,900.</u>
see instructions.	15			s, enter -0 This is y	Jur		θ.		. 15	94	,310.

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

Form **1040** (2022)

Form 1040 (2022	2)								Page 2
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 🗌 881	4 2 4972	3		16	11,986.
Credits	17	Amount from Schedule 2, lir	ne3					17	
	18	Add lines 16 and 17						18	11,986.
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812			19	
	20	Amount from Schedule 3, lir	ne8					20	
	21	Add lines 19 and 20						21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	11,986.
	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	11,986.
Payments	25	Federal income tax withheld							
	а	Form(s) W-2				25a 1	3,331.		
	b	Form(s) 1099				25b		1	
	с	Other forms (see instruction	s)			25c			
	d	Add lines 25a through 25c						25d	13,331.
If you have a	26	2022 estimated tax paymen	ts and amount a	pplied from 20)21 return			26	
If you have a qualifying child,	27	Earned income credit (EIC)			No	27			
attach Sch. EIC.	28	Additional child tax credit from				28		1	
	29	American opportunity credit	from Form 8863	3, line 8		29			
	30	Reserved for future use .				30			
	31	Amount from Schedule 3, lir				31			
	32	Add lines 27, 28, 29, and 31				indable credits		32	
	33	Add lines 25d, 26, and 32. T	•	-	-			33	13,331.
Refund	34	If line 33 is more than line 24	4, subtract line 2	4 from line 33.	This is the amou	nt you overpaid		34	1,345.
Refutio	35a	Amount of line 34 you want				•		35a	1,345.
Direct deposit?	b	Routing number 1 0 2					Savings		
See instructions.	d	Account number 6 8 5					Ū		
	36	Amount of line 34 you want			ed tax	36			
Amount	37	Subtract line 33 from line 24	. This is the am	ount vou owe					
You Owe		For details on how to pay, g						37	
	38	Estimated tax penalty (see in	nstructions) .			38			
Third Party	Do	you want to allow another	person to disc	cuss this retu	rn with the IRS?	See			
Designee			•				Complete	below.	X No
		signee's		Phone			sonal identi	fication	
	nai			no.			nber (PIN)		
Sign		der penalties of perjury, I declare t ief, they are true, correct, and corr							
Here		ur signature		Date	Your occupation				nt you an Identity
	10			Date	Tour occupation				IN, enter it here
Joint return?					ELECTRICAI	L ENGINEER	(see	inst.)	
See instructions.	Sp	ouse's signature. If a joint return,	both must sign.	Date	Spouse's occupati	on			nt your spouse an
Keep a copy for your records.						000000000000000000000000000000000000000		tity Prote inst.)	ection PIN, enter it here
,		(212) 400 000	<u></u>	Fue ell'estatue es	MEMBERSHIP		OR T		
		one no. (313) 420-892 eparer's name	6 Preparer's signat	Email address	RAKESHMEDAR	A88@GMAIL.C Date	OM PTIN		Check if:
Paid					OIIDMA			2702	Self-employed
Preparer		PRIYA RAM SAGAR GUPTA TALLAM		KAM SAGAR	GUPTA TALLAM	04/06/2023			
Use Only		m's name GLOBAL TA		NOUT OF N	T 0001C				(678) 965-9522
		m's address 245 ROONE	Y CT E BRU	INSWICK N			Firm	i's EIN	84-3171965
(in to www.ire a	ov/Forn	17/1/1/1 tor instructions and the late	et intormation		DAA	DEV 02/22/22 DDC			Form 1141 (2022)

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

BAA REV 03/22/23 PRO

Form **1040** (2022)

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 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	Your social security number
RAKESH & ALEXA MEDARA	703-66-7885
Dart L Additional Income	

Par	Additional income			
1	Taxable refunds, credits, or offsets of state and local income taxes		1	
2a	Alimony received		2 a	
b	Date of original divorce or separation agreement (see instructions):			
3	Business income or (loss). Attach Schedule C		3	254.
4	Other gains or (losses). Attach Form 4797		4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Att		5	
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		
n	Section 951(a) inclusion (see instructions)	8n		
0	Section 951A(a) inclusion (see instructions)	80	_	
р	Section 461(I) excess business loss adjustment	8p	-	
q	Taxable distributions from an ABLE account (see instructions)	8q	-	
r	Scholarship and fellowship grants not reported on Form W-2	8r	-	
S	Nontaxable amount of Medicaid waiver payments included on Form			
	1040, line 1a or 1d	8s (<u>/</u>	
t	Pension or annuity from a nonqualifed deferred compensation plan or			
	a nongovernmental section 457 plan	8t	-	
u	Wages earned while incarcerated	8u	-	
Z	Other income. List type and amount:			
~	Tatal athening and Add lines On through On	8z		
9	Total other income. Add lines 8a through 8z		9	
10	Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SF	, or 1040-INR, line 8	10	254.

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

Schedule 1 (Form 1040) 2022

Par	t II Adjustments to Income					
11	Educator expenses				11	
12	Certain business expenses of reservists, performing artists, and fee	e-basi	s gov	ernment		
	officials. Attach Form 2106				12	
13	Health savings account deduction. Attach Form 8889				13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903				14	
15	Deductible part of self-employment tax. Attach Schedule SE				15	
16	Self-employed SEP, SIMPLE, and qualified plans				16	
17	Self-employed health insurance deduction				17	
18	Penalty on early withdrawal of savings				18	
19a	Alimony paid				19a	
b	Recipient's SSN	· _				
С	Date of original divorce or separation agreement (see instructions):					
20	IRA deduction				20	
21	Student loan interest deduction				21	
22	Reserved for future use				22	
23	Archer MSA deduction				23	
24	Other adjustments:					
а	Jury duty pay (see instructions)	24a				
b	Deductible expenses related to income reported on line 8I from the					
	rental of personal property engaged in for profit	24b				
С	Nontaxable amount of the value of Olympic and Paralympic medals					
	and USOC prize money reported on line 8m	24c				
d	Reforestation amortization and expenses	24d				
е	Repayment of supplemental unemployment benefits under the Trade					
	Act of 1974	24e				
f	Contributions to section 501(c)(18)(D) pension plans	24f				
g	Contributions by certain chaplains to section 403(b) plans	24g				
h	Attorney fees and court costs for actions involving certain unlawful					
	discrimination claims (see instructions)	24h				
i	Attorney fees and court costs you paid in connection with an award					
	from the IRS for information you provided that helped the IRS detect					
	tax law violations	24i				
j	Housing deduction from Form 2555	24j				
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form					
	1041)	24k				
z	Other adjustments. List type and amount:					
		24z				
25	Total other adjustments. Add lines 24a through 24z				25	
26	Add lines 11 through 23 and 25. These are your adjustments to income	e. Ente	er here	and on		
	Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a				26	
	BAA	REV	03/22/23 P	RO	Schedu	ile 1 (Form 1040) 2022

SCHEDULE C (Form 1040)

L.

Profit or Loss From Business

(Sole Proprietorship)

OMB No. 1545-0074 6

Go to www.irs.gov/ScheduleC for instructions and the latest information	on.
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Department of the Treasury Attachment Attach to Form 1040, 1040-SR, 1040-NR, or 1041; partnerships must generally file Form 1065. Internal Revenue Service Sequence No. 09 Name of proprietor Social security number (SSN) 594-80-4556 ALEXA MEDARA Α Principal business or profession, including product or service (see instructions) B Enter code from instructions RIDESHARE SERVICES 4 9 2 0 0 0 С Business name. If no separate business name, leave blank. D Employer ID number (EIN) (see instr.) Business address (including suite or room no.) 6350 S HAVANA ST, Apt. 1324 Е City, town or post office, state, and ZIP code ENGLEWOOD, CO 80111 (3) Other (specify) E Accounting method: (1) 🗙 Cash (2) Accrual G Did you "materially participate" in the operation of this business during 2022? If "No," see instructions for limit on losses . 🗵 Yes No н If you started or acquired this business during 2022, check here Did you make any payments in 2022 that would require you to file Form(s) 1099? See instructions Yes X No If "Yes," did you or will you file required Form(s) 1099? Yes No Part I Income 1 Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on 675. Form W-2 and the "Statutory employee" box on that form was checked 1 2 2 675. 3 Subtract line 2 from line 1 3 4 Cost of goods sold (from line 42) . 4 5 5 675. 6 6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions) . . 675. 7 7 Gross income. Add lines 5 and 6 Part II **Expenses.** Enter expenses for business use of your home **only** on line 30. 8 Advertising 8 18 Office expense (see instructions) . 18 19 19 Pension and profit-sharing plans . 9 Car and truck expenses 9 261. (see instructions) . . . 20 Rent or lease (see instructions): 10 10 Vehicles, machinery, and equipment Commissions and fees . а 20a 11 Contract labor (see instructions) 11 b Other business property . . . 20b 100. 12 Depletion 12 21 Repairs and maintenance . . . 21 Depreciation and section 179 13 22 Supplies (not included in Part III) . 22 expense deduction (not 23 Taxes and licenses 23 included in Part III) (see 24 13 Travel and meals: instructions) а Travel. . . . 24a Employee benefit programs 14 (other than on line 19) 14 h Deductible meals (see 15 Insurance (other than health) 15 instructions) 24b 60. 25 25 Interest (see instructions): Utilities 16 26 Mortgage (paid to banks, etc.) 16a Wages (less employment credits) 26 а 16b 27a b Other Other expenses (from line 48) . . 27a 17 Legal and professional services 17 b Reserved for future use . . 27b 421 28 **Total expenses** before expenses for business use of home. Add lines 8 through 27a 28 29 29 254. 30 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method. See instructions. Simplified method filers only: Enter the total square footage of (a) your home: . Use the Simplified and (b) the part of your home used for business: Method Worksheet in the instructions to figure the amount to enter on line 30 30 31 Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on both Schedule 1 (Form 1040), line 3, and on Schedule SE, line 2. (If you 254. 31 checked the box on line 1, see instructions.) Estates and trusts, enter on Form 1041, line 3. • If a loss, you must go to line 32. 32 If you have a loss, check the box that describes your investment in this activity. See instructions. • If you checked 32a, enter the loss on both Schedule 1 (Form 1040), line 3, and on Schedule **32a** All investment is at risk. SE, line 2. (If you checked the box on line 1, see the line 31 instructions.) Estates and trusts, enter on Form 1041, line 3. **32b** Some investment is not at risk.

If you checked 32b, you must attach Form 6198. Your loss may be limited.

REV 03/22/23 PRO

Schedu	le C (Form 1040) 2022			Page 2
Part	III Cost of Goods Sold (see instructions)			
33	Method(s) used to value closing inventory: a Cost b Lower of cost or market c Other (att	ach e	xolanation)	
34	Was there any change in determining quantities, costs, or valuations between opening and closing inventor If "Yes," attach explanation	ory?	. Ves	🗌 No
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35		
36	Purchases less cost of items withdrawn for personal use	36		
37	Cost of labor. Do not include any amounts paid to yourself	37		
38	Materials and supplies	38		
39	Other costs	39		
40	Add lines 35 through 39	40		
41	Inventory at end of year	41		
42	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4	42		
Part	Information on Your Vehicle. Complete this part only if you are claiming car or are not required to file Form 4562 for this business. See the instructions for line Form 4562.			
43 44	When did you place your vehicle in service for business purposes? (month/day/year)09/03/2021 Of the total number of miles you drove your vehicle during 2022, enter the number of miles you used your	vehicl	e for:	
а	Business 430 b Commuting (see instructions) c	Other		175
45	Was your vehicle available for personal use during off-duty hours?		🗙 Yes	🗌 No
46	Do you (or your spouse) have another vehicle available for personal use?		🗌 Yes	🗙 No
47a	Do you have evidence to support your deduction?		🗌 Yes	🗙 No
b	If "Yes," is the evidence written?		🗌 Yes	No
Part	V Other Expenses. List below business expenses not included on lines 8–26 or lii	ne 30).	
48	Total other expenses. Enter here and on line 27a	48		

Form **88889**

Health Savings Accounts (HSAs)

OMB No. 1545-0074

22

20

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

	Go to www.irs.gov/Form8889 for instructions and the latest information and	ation.	At	ttachment equence No. 52
Name(s)	shown on Form 1040, 1040-SR, or 1040-NR	Social security nur	nber of	f HSA beneficiary.
RAKE	ISH MEDARA	703-66-		As, see instructions. 5
Befor	e you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance	Contracts, if	requi	red.
Part	I HSA Contributions and Deduction. See the instructions before completing	this part. If vo	ou ar	e filina iointly
	and both you and your spouse each have separate HSAs, complete a separ			
1	Check the box to indicate your coverage under a high-deductible health plan (HDHP)	during 2022	_	_
-	See instructions	· · · · L		f-only 🗵 Family
2	HSA contributions you made for 2022 (or those made on your behalf), including those unextended due date of your tax return that were for 2022. Do not include employer or contributions through a cafeteria plan, or rollovers. See instructions	ontributions,	2	0.
3	If you were under age 55 at the end of 2022 and, on the first day of every month durin were, or were considered, an eligible individual with the same coverage, enter \$3,650 family coverage). All others , see the instructions for the amount to enter) (\$7,300 for	3	7,300.
4	Enter the amount you and your employer contributed to your Archer MSAs for 2022 from lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time durin include any amount contributed to your spouse's Archer MSAs	ng 2022, also	4	0.
5	Subtract line 4 from line 3. If zero or less, enter -0	[5	7,300.
6	Enter the amount from line 5. But if you and your spouse each have separate HSAs an coverage under an HDHP at any time during 2022, see the instructions for the amount to		6	2,990.
7	If you were age 55 or older at the end of 2022, married, and you or your spouse had fan under an HDHP at any time during 2022, enter your additional contribution amount. See in		7	
8	Add lines 6 and 7	[8	2,990.
9 10	Employer contributions made to your HSAs for 2022 9 Qualified HSA funding distributions 10	2,990.		
11	Add lines 9 and 10		11	2,990.
12	Subtract line 11 from line 8. If zero or less, enter -0	-	12	0.
13	HSA deduction. Enter the smaller of line 2 or line 12 here and on Schedule 1 (Form 1040), I Caution: If line 2 is more than line 13, you may have to pay an additional tax. See instruct		13	0.
Part			ate F	ISAs, complete
14a	Total distributions you received in 2022 from all HSAs (see instructions)		14a	
b	Distributions included on line 14a that you rolled over to another HSA. Also include contributions (and the earnings on those excess contributions) included on line 14	a that were		
с	withdrawn by the due date of your return. See instructions	-	14b 14c	
15	Qualified medical expenses paid using HSA distributions (see instructions)	_	15	
16	Taxable HSA distributions. Subtract line 15 from line 14c. If zero or less, enter -0 Also amount in the total on Schedule 1 (Form 1040), Part I, line 8f	, include this	16	
17a	If any of the distributions included on line 16 meet any of the Exceptions to the Additional Tax (see instructions), check here	onal 20%		
	Additional 20% tax (see instructions). Enter 20% (0.20) of the distributions included or are subject to the additional 20% tax. Also, include this amount in the total on Scher 1040), Part II, line 17c	dule 2 (Form	17b	
Part	Income and Additional Tax for Failure To Maintain HDHP Coverage. See completing this part. If you are filing jointly and both you and your spouse excomplete a separate Part III for each spouse.	e the instructic ach have sepa		
18	Last-month rule		18	
19	Qualified HSA funding distribution		19	
20	Total income. Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part		20	
21	Additional tax. Multiply line 20 by 10% (0.10). Include this amount in the total on Sche 1040), Part II, line 17d		21	

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

BAA REV 03/22/23 PRO

Form **8889** (2022)

Form **8889** Department of the Treasury Internal Revenue Service

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

Health Savings Accounts (HSAs)

OMB No. 1545-0074

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

Go to www.irs.gov/Form8889 for instructions and the latest information.

ition.	Sequence No. 52
	ber of HSA beneficiary. HSAs, see instructions
501_00_	1556

20

ALEX	KA MEDARA 594-80)-455	6
Befo	re you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, it	f requ	ired.
Part	HSA Contributions and Deduction. See the instructions before completing this part. If y and both you and your spouse each have separate HSAs, complete a separate Part I for		
1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2022. See instructions	🗌 Se	lf-only 🗵 Family
2	HSA contributions you made for 2022 (or those made on your behalf), including those made by the unextended due date of your tax return that were for 2022. Do not include employer contributions, contributions through a cafeteria plan, or rollovers. See instructions	2	0.
3	If you were under age 55 at the end of 2022 and, on the first day of every month during 2022, you were, or were considered, an eligible individual with the same coverage, enter \$3,650 (\$7,300 for family coverage). All others , see the instructions for the amount to enter	3	7,300.
4	Enter the amount you and your employer contributed to your Archer MSAs for 2022 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2022, also include any amount contributed to your spouse's Archer MSAs	4	0.
5	Subtract line 4 from line 3. If zero or less, enter -0	5	7,300.
6	Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2022, see the instructions for the amount to enter	6	4,310.
7	If you were age 55 or older at the end of 2022, married, and you or your spouse had family coverage under an HDHP at any time during 2022, enter your additional contribution amount. See instructions .	7	· · · ·
8	Add lines 6 and 7	8	4,310.
9	Employer contributions made to your HSAs for 2022 9 1,441.	-	1/0101
10	Qualified HSA funding distributions	-	
11	Add lines 9 and 10	11	1,441.
12	Subtract line 11 from line 8. If zero or less, enter -0	12	2,869.
13	HSA deduction. Enter the smaller of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line 13	13	0.
13	Caution: If line 2 is more than line 13, you may have to pay an additional tax. See instructions.	13	0.
Part			
	a separate Part II for each spouse.		
14a	Total distributions you received in 2022 from all HSAs (see instructions)	14a	
b	Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return. See instructions	14b	
0	Subtract line 14b from line 14a	14c	
с 15	Qualified medical expenses paid using HSA distributions (see instructions)	140	
	Taxable HSA distributions. Subtract line 15 from line 14c. If zero or less, enter -0 Also, include this	15	
16	amount in the total on Schedule 1 (Form 1040), Part I, line 8f	16	
17a	If any of the distributions included on line 16 meet any of the Exceptions to the Additional 20% Tax (see instructions), check here		
b	Additional 20% tax (see instructions). Enter 20% (0.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also, include this amount in the total on Schedule 2 (Form 1040), Part II, line 17c	17b	
Part	completing this part. If you are filing jointly and both you and your spouse each have sep complete a separate Part III for each spouse.		
18	Last-month rule	18	
19	Qualified HSA funding distribution	19	
20	Total income. Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I, line 8f .	20	
21	Additional tax. Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2 (Form 1040), Part II, line 17d	21	

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

BAA REV 03/22/23 PRO

Additional Information From 2022 Federal Tax Return

Schedule C (RIDESHARE SERVICES): Profit or Loss from Business

Line 25	Itemization Statement		
Description	Amount		
PHONE BILLS	60.		
T	otal 60.		



DR 8454 (01/26/23) COLORADO DEPARTMENT OF REVENUE Denver CO 80261-0005 *Tax. Colorado.gov* Page 1 of 1

State of Colorado Income Tax Declaration for Online Electronic Filing

Do not mail this form to the IRS or the Colora			1 01 100		ar (MM/	M/DD/YY)			or Fiscal Year beginning (MM/DD/YY))		
Depar	tment of Rev	enue. Reta	in with you	ur recor	ds.	12/31/	22								
Tax Ty	pe				ļ										
Σ	Individual In (DR 0104)	icome	Corpora (DR 011	te Incom 2)	е		nersi 0106		orp Inc	ome	• [Fiduc (DR (ncom	e
Тахрау	er Last Name or	Business Nam	e	Firs	t Nan	ne or Busin	ess DI	BA if diff	erent fror	n Bu	siness Na	ame		Middle	e Initial
MEDA	RA			RA	KES	Н									
Spous	e's Last Name (if	applicable)		Firs	t Nan	ne								Middle	e Initial
MEDA	RA			AL	EXA	L									
Тахрау	er SSN or ITIN			Spou	use S	SSN or ITIN	(if app	licable)				FEIN			
703-	66-7885			59	4-8	0-4556									
Тахрау	ver or Business A	ddress					City					State	ZIP		
6350	S HAVANA	ST APT 13	324				EN	GLEWO	OD			CO	80	111	
				Part I —	Тах	Return I	nforn	nation					1		
1. Tota	al Income from	n vour feder	al return (see	e instruct	ions	for more	infor	mation)	1	\$			120	210
2. Tax	able Income (more informat	or allowable								2	\$			94	310
3. Col	orado Tax fror	n vour Colo	rado return (see instri	uctic	ons for mo	ore in	format	ion)	3	\$			4	150
4. Col	orado Tax Wit nore informati	hheld or Pa								4	\$			4	964
		011)	Р	art II — I	Dec	laration of	of Tax	k Paye	r		Ψ				
Federal/0	enalties of perjury, I Colorado income tax and that I (or my El s, and attachments	c returns, and that ectronic Return	t said tax returns, Originator (ERO) i	statements, sif applicable)	sched may	lules and atta be required to	chment o provid	s are true le paper o	, correct, a copies of t	and co his de	mplete to t claration,	the best of m	y knowl withhold	edge an ling stat	d belief.
Signatu		upon request by			Ceven	de at any time	uunng			-	e (MM/DD/Y		mation	3.	
												l			
Spouse	e's Signature (If Jo	oint Return, Bo	th Must Sign)							Date	e (MM/DD/Y	Υ)			
Part III — Declaration of ERO/Preparer/Transmitter															
If the transmitter did not prepare the tax return, check here															
If I am not the preparer, I declare only that the amounts shown in Part I above agree with the amounts shown on the taxpayer's Federal/Colorado income tax returns. If I am the preparer, under penalties of perjury I declare that I have reviewed the above taxpayer's Federal/Colorado income tax returns and that the information provided to me by the taxpayer and the amounts shown in Part I above agree with the amounts shown on said tax returns, and that said tax returns, statements, schedules, and attachments are true, correct, and complete to the best of my knowledge and belief. As preparer, I further declare that I have obtained the taxpayer's signature on this form at the time of filing and have provided the taxpayer with copies of all forms and information filed. I also agree to maintain this signed Form (DR 8454) for the period covered by the Colorado statute of limitations, and to provide paper copies of this declaration, said returns, withholding statements, schedules and attachments upon request by the Colorado Department of Revenue at any time during this period.															
ERO's	Signature							Prepar	er Identif	icatio	n Numbe	er, Your SS	N, or IT		
SYAM	I PRIYA RAM	I SAGAR GI	JPTA TALLA	M				P020	82703						
	0							Date (r	MM/DD/YY)						
Check if also Preparer X				04/06/23											





DR 0104 (11/18/22) COLORADO DEPARTMENT OF REVENUE Tax. Colorado.gov Page 1 of 4 (0013)

2022 Colorado Individual Income Tax Return

xFull-YearPart-Year or Nonresident (or resident, part-year, non-resident combination) *Must include DR 0104PNMark if Abroad on due date – see instructions								
Your Last Name		Your First Nam						Middle Initial
MEDARA	RAKESH							
Date of Birth (MM/DD/YYYY)	SSN or ITIN	Deceased						·
06/13/1988	703-66-7885							must include your return.
Enter the following information	n from vour current	State of Issue		Last 4 chara	acters of ID) number	Date of Issuar	nce
driver license or state identific		СО		6341			06/02/20)
If Joint, Spouse's Last Name		Spouse's First	Name	e				Middle Initial
MEDARA		ALEXA						
Spouse's Date of Birth (MM/DD/YYYY)	Spouse's SSN or ITIN	Deceased						
01/20/1989	594-80-4556			If checked the DR 01	d and cla	iming a death ce	refund, you ertificate with	must include your return.
Enter the following information	n from vour spouse's	State of Issue		Last 4 chara	acters of ID) number	Date of Issuar	nce
current driver license or state		CO 8749			08/14/19			
Mailing Address						Pho	ne Number	
6350 S HAVANA ST APT 1	.324					(33	13)420-89	26
City		State	ZIP	Code		Foreign (Country (if appl	icable)
ENGLEWOOD		CO	80)111				
To see if you or member	s of your household qua	lify for free or	r redu	uced-cost	health c	coverage	e, check this	box if:
	esident and at least one	person in you	ur ho	ousehold o	does not	have he	ealth covera	ge
AND	the Colorado Department	of Povenue to	. cha	re the info	mation o	n Form (with Connect
for Health Colorado (the Colorado Health Benefit Exchange) and the Department of Health Care Policy & Financing. Round To The Nearest Dollar								
1. Enter Federal Taxable Inco		come tax for	m:					94310
1040, 1040 SR, or 1040 SP line 15. • 1								
Include W-2s and 1099s with CO withholding.								
Additions to Federal Taxable Income 2. State Addback, enter the state income tax deduction from your federal form 1040,								
1040 SR, or 1040 SP schedule A, line 5a (see instructions) • 2						0 0		
3. Qualified Business Income Deduction Addback (see instructions) • 3								



220104	21555	Page 2 of 4			
Name				SSN or ITIN	
RAKESH & ALEX	a menara			703-66-7885	
IGILEOII & ALEA	A MEDANA			105 00 1005	
	ction addback (see in:		• 4		0
		 Non-qualifying Tuition Program 			
Contribution (s	ee instructions)		• 5		0
	s, explain (see instruc	tions)	• 6		0
Explain:					
7 Subtotal sum	of lines 1 through 6		7	94310	0
T. Sublotal, Sum	of lines 1 through 6	Colorado Subtracti	-		0
8 Subtractions fr	om the DR 0104AD S	chedule, line 22, you must su			
	hedule with your return				0
DI 0104AD 30		111.	• 8		
9 Colorado Taxa	ble Income, subtract I	ine 8 from line 7	• 9	94310	0
		see 104 Book for full-year ta		R 010/PN Schodulo	0
		R 0104PN line 36, you must			
	th your return if applic		• 10	4150	0
		R 0104AMT line 8, you must			Ť
	with your return.		• 11		0
Breere	nar your rotarn.		• 11		Ť
12. Recapture of p	rior vear credits		• 12		0
13. Subtotal sum	of lines 10 through 12		13	4150	0
		0104CR line 48, the sum of li			
		mit the DR 0104CR with you			0
		e credits used – as calculated			
		, 15, and 16 cannot exceed li			
	1366 with your return		• 15		0
		R 1330, the sum of lines 14, 1	5, and 16 cannot		
• ·		DR 1330 with your return.	• 16		0
	•	e		4150	
17. Net Income Ta	x, sum of lines 14, 15,	, and 16. Subtract that sum fr	om line 13. 17	4150	0
		S schedule line 7, you must si			
DR 0104US wi	th your return.	-	• 18		0
				4150	
	ax, sum of lines 17 a		19	4150	0
20. CO Income Ta	x Withheld from W-2s	and 1099s, you must submit	the W-2s and/or	4964	
1099s claiming	Colorado withholding	g with your return.	• 20	4904	0
	nated Tax Carryforwa		• 21		0
22. Estimated Tax	Payments, enter the	sum of the quarterly payment	s remitted for		
this tax year			• 22		0
	ment remitted with the		• 23		0

DR 0104 (11/18/22) COLORADO DEPARTMENT OF REVENUE Tax.Colorado.gov Page 3 of 4

220104 3	1555	Page 3 of	f 4						
Name					SSN or IT	în 🛛			
RAKESH & ALEXA M	EDARA				703-6	6-7885	-		
24. Other Prepayments	24. Other Prepayments: OR 0104BEP OR 0108 OR 1079 • 24								
25. Gross Conservation the DR 1305G with		lit from the DR 1	305G line 33, yo	ou must submit • 25			00		
26. Innovative Motor Ve submit each DR 06	hicle and Innova		from form DR 0			0	00		
27. Refundable Credits with your return.			u must submit the				00		
28. Subtotal, sum of line	es 20 through 27			28		4964	00		
		Modified	AGI for TABOI	R			100		
Lines 30 through 3 29. Federal Adjusted G					t your Colorado	tax liability.			
1040 SR line 11, or				• 29		120210	00		
30. Nontaxable Social	Security Income			• 30			00		
31. Nontaxable interest	income from sta	te and local bon	ds	• 31			00		
32. Sum of lines 29 thro				32		120210	00		
	\$48,000	bified AGI Tiers \$48,001 –	for State Sales \$95,001 –	\$151,001 –	\$209,001 -	\$268,001			
If line 32 is:	or less	\$95,000	\$151,000	\$209,000	\$268,000 \$268,000	or more			
Single Filers Enter	\$153	\$208	\$234	\$285	\$300	\$486			
Joint Filers Enter	\$306	\$416	\$468	\$570	\$600	\$972			
full-year Colorado r to file a return. Use	 33. State Sales Tax Refund: For full-year Colorado residents, born before 2004, or full-year Colorado residents who are under the age of eighteen but are required to file a return. Use the amount on line 32 and reference the table above. See instructions if you are filing an extension. 								
34. Sum of lines 28 and	1 33			34		5432	00		
35. Overpayment, if line	e 34 is greater th	an line 19 then s	ubtract line 19 fr	om line 34 35		1282	00		
36. Estimated Tax Cred	36. Estimated Tax Credit Carryforward to 2023 first quarter, if any. • 36								
If you have an overpayment on line 37 below and would like to donate all or a portion of your overpayment to a qualified Colorado charity, include Form DR 0104CH to contribute.									
37. Refund, subtract line 36 from line 35 (see instructions) • 37							00		
Direct									
Deposit Account Nu	mber 6 8 5 3	3 0 0 6 7 2	2						
For questions regarding CollegeInvest direct deposit or to open an account, visit CollegeInvest.org or call 800-448-2424.									

DR 0104 (11/18/22) COLORADO DEPARTMENT OF REVENUE Tax.Colorado.gov Page 4 of 4

220104 41333	1 uge 4 01 4					
Name			SSN or ITIN			
RAKESH & ALEXA MEDARA			703-66-788	5		
38. Net Tax Due, subtract line 34 from line 19	38			0 0		
39. Delinquent Payment Penalty (see instructions			0 0			
40. Delinquent Payment Interest (see instructions41. Estimated Tax Penalty, you must submit the I				0 0		
(see instructions)	• 41			0 0		
42. Amount You Owe, sum of lines 38 through 41	• 42					
The State may convert your check to a one-time electronic banking transaction. Your bank account may be debited as early as the same day received by the State. If converted, your check will not be returned. If your check is rejected due to insufficient or uncollected funds, the Department of Revenue may collect the payment amount directly from your bank account electronically.						
	Third Party Designee					
Do you want to allow another person to discuss this return and any related information with the Colorado Department of Revenue? See the instructions.	• X No • Yes. Comple	ete the fo	bllowing:			
Designee's Name		Phone N	lumber			
•		•				
Sign Below Under penalties of perjury, I declare that to the	e best of my knowledge and belief, this return is tru	ue, correct				
Your Signature			Date (MM/DD/YY)			
Spouse's Signature. If joint return, BOTH must sign.			Date (MM/DD/YY)			
Paid Preparer's Name		Paid Prep	barer's Phone			
GLOBAL TAXES LLC		(678)	965-9522			
Paid Preparer's Address	City	State	ZIP Code			
245 ROONEY CT	E BRUNSWICK	NJ	08816			

REV 02/09/23 PRO

File and pay at: Colorado.gov/RevenueOnline

If you are filing this return with a check or payment, please mail the return to:	If you are filing this return without a check or payment, please mail the return to:				
COLORADO DEPARTMENT OF REVENUE Denver, CO 80261-000 6	COLORADO DEPARTMENT OF REVENUE Denver, CO 80261-000 5				
These addresses and zip codes are exclusive to the Colorado Department of Revenue, so a street address is not required.					