## Form **8879**

(Rev. January 2021)

Department of the Treasury Internal Revenue Service

## IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.

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

OMB No. 1545-0074

Submis	ission Identification Number (SID)					
Taxpaye	er's name		Social securit	ty numb	er	
RAVI	IKUMAR GURUNG		790-06-	-2692	2	
Spouse's	's name		Spouse's soc	ial secu	rity numbe	r
Dort	Tax Return Information — Tax Year Ending December 31,	2022 (Entor)	/OOK VOLL O	ro out	horizina	١
Part		2022 <b>(Enter</b> )	ear you a	re aut	nonzing.	.)
	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	88	,205.
	Total tax			2		,808.
	Federal income tax withheld from Form(s) W-2 and Form(s) 1099			3		,697.
	Amount you want refunded to you			4		,889.
	Amount you owe			5		,003.
Part		re you get and ke	ер а сор	y of y	our retu	ırn)
my kno return (a to send for any Agent to paymen authoriz paymen busines taxes to persona	penalties of perjury, I declare that I have examined a copy of the income tax return (pulledge and belief, it is true, correct, and complete. I further declare that the am (original or amended) I am now authorizing. I consent to allow my intermediate served my return to the IRS and to receive from the IRS (a) an acknowledgement of received delay in processing the return or refund, and (c) the date of any refund. If applicable to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution of my federal taxes owed on this return and/or a payment of estimated tax, and to examine the unit of my federal taxes owed on the return and/or a payment of estimated tax, and to examine the unit of	ounts in Part I above ice provider, transmitt into r reason for rejectle, I authorize the U.S stitution account indicate the financial institution. I Agent to terminate the transmitted in the provider in the paues related to the particle.	are the amorer, or electron of the trial to debit the the authorization must be rocessing of yment. I further to further the authorization for the trial to debit the further the authorization for the trial tria	ounts front returns and its deax preparation. The receive of the electrical forms of the receiver acles.	om the in urn origina sion, (b) the lesignated aration so this according to the certonic parknowledge	come tax tor (ERO) ne reason Financial ftware for ount. This (cancel) a er than 2 ayment of e that the
	nic Funds Withdrawai Consent.  Nyer's PIN: check one box only					
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	I will enter my PIN as my signature on the income tax return (original or if you are entering your own PIN <b>and</b> your return is filed using the Pracebelow.	r amended) I am no				
Your si	signature ▶	Date ▶				
Snous	se's PIN: check one box only					
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	signature on the income tax return (original or amended) I am now author	orizing.	do	n't enter	all zeros	
	I will enter my PIN as my signature on the income tax return (original or if you are entering your own PIN <b>and</b> your return is filed using the Pracebelow.					
Spouse	e's signature ▶	Date ►				
	Practitioner PIN Method Returns Only—	-continue below				
Part I	III Certification and Authentication — Practitioner PIN Metho	od Only				
ERO's	s EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected	ed PIN. 2 2	2 4 9 Don't ent	6 6 er all ze	1 9 8	9
authoriz	that the above numeric entry is my PIN, which is my signature for the electronic zed to file for tax year indicated above for the taxpayer(s) indicated above. I conments of the Practitioner PIN method and <b>Pub. 1345</b> , Handbook for Authorized IRS	firm that I am submit	ting this retu	urn in a	ccordance	
ERO's	s signature ►	Date ►				
	ERO Must Retain This Form — See					
	Don't Submit This Form to the IRS Unless	Requested To Do	o So			

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



OMB No. 1545-0074

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

Assets exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.)	Filing Status Check only one box.	If yo	Single Married filing jointly unchecked the MFS box, enter the nonis a child but not your dependent	ame of y	ed filing separately (l	ŕ	_		oox, ente	,	spou	ifying surv se (QSS) name if th	Ü	
If joint return, spouse's first name and middle initial   Last name   Last name   Apt. no.   C7-940   FRANKLIN ROAD	Your first name	and mi	ddle initial	Last nar	me					Y	our so	cial securit	y number	
Apt. no.   Presidential Election Campaign   Check here if you, or your   Check here if you, or your   South   Check here   Check here if you, or your   South   Check here if you, or your   South   Check here   Check here if you, or your   South   Check here   Check	RAVIKUMA	AR		GURU	NG					7	790-06-2692			
City, town, or post office. If you have a foreign address, also complete spaces below.   State   ZIP code   MI   48 0.34   South State   MI   48 0.34   South S	If joint return, s	pouse's	first name and middle initial	Last nar	me					S	Spouse's social security number			
City, town, or post office. If you have a foreign address, also complete spaces below.   State   ZIP code   MI   48 0.34   South State   MI   48 0.34   South S	Home address	(numbe	er and street). If you have a P.O. box, see	instruction	ons.			А	pt. no.	Pı	esider	ntial Election	n Campaign	
City, town, or post office. If you have a foreign address, also complete spaces below.  SOUTHFIELD  Foreign country name  Foreign province/state/county  Fo	27400 FF	RANKI	LIN ROAD					6	20	С	heck h	ere if you,	or your	
Foreign country name				mplete sp	paces below.	Stat	e							
Foreign country name	SOUTHFIE	ELD		MI 48				480						
Digital Assets	Foreign country	y name		F	oreign province/state/	count	у	Foreig	n postal co				U	
Assets exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.)												You	Spouse	
Standard Deduction Standard Deduction 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):   (2) Social security   (3) Relationship   (4) Check the box if qualifies for feee instructions;   (1) First name   Last name     (2) Social security   (3) Relationship   (4) Check the box if qualifies for feee instructions;   (3) Relationship   (4) Check the box if qualifies for feee instructions;   (3) Relationship   (4) Check the box if qualifies for feee instructions;   (3) Relationship   (4) Check the box if qualifies for feee instructions;   (3) Relationship   (4) Check the box if qualifies for feee instructions;   (4) Check the box if qua	Digital			,				•	, .	` '				
Spouse itemizes on a separate return or you were a dual-status alien					<u>_</u>			asset)	? (See ins	tructi	ons.)	∐ Yes	No No	
Age/Blindness You: Were born before January 2, 1958 Are blind Spouse: Was born before January 2, 1958 Is blind  Dependents (see instructions): (2) Social security number to you Child tax credit Credit for other dependents han four dependents, see instructions and check here: Total amount from Form(s) W-2, box 1 (see instructions): 1 a 97, 879.  Income 1 a Total amount from Form(s) W-2, box 1 (see instructions)				•	•		a dependent							
Capital part   Capi	Deduction		spouse itemizes on a separate retur	n or you	were a dual-status	allen								
If more	Age/Blindness	You:	☐ Were born before January 2, 1	958	Are blind Sp	ouse:	☐ Was bor	rn befo	re Janua	y 2, 1	958	☐ Is bli	nd	
If more than four dependents, see instructions and check here .   Income  1a Total amount from Form(s) W-2, box 1 (see instructions)	Dependents	s (see	instructions):			,		nip (4	Check the	e box i	f qualif	ies for (see	instructions):	
dependents, see instructions and check here	If more	<b>(1)</b> Fi	rst name Last name		number		to you		Child ta	k cred	it (	Credit for oth	ner dependents	
see instructions and check here	than four													
Income  Income  Income  Income  Attach Form(s) W-2 here. Also W-2		s ——							L					
Income  1a Total amount from Form(s) W-2, box 1 (see instructions)  1b Household employee wages not reported on Form(s) W-2  1c Tip income not reported on line 1a (see instructions)  1c Medicaid waiver payments not reported on Form(s) W-2 (see instructions)  1d Medicaid waiver payments not reported on Form(s) W-2 (see instructions)  1d Medicaid waiver payments not reported on Form(s) W-2 (see instructions)  1d Medicaid waiver payments not reported on Form(s) W-2 (see instructions)  1d Medicaid waiver payments not reported on Form(s) W-2 (see instructions)  1d Medicaid waiver payments not reported on Form(s) W-2 (see instructions)  1d Medicaid waiver payments not reported on Form(s) W-2 (see instructions)  1d Medicaid waiver payments not reported on Form(s) W-2 (see instructions)  1d Medicaid waiver payments not reported on Form(s) W-2 (see instructions)  1d Medicaid waiver payments not reported on Form(s) W-2 (see instructions)  1d Medicaid waiver payments not reported on Form(s) W-2 (see instructions)  1d Medicaid waiver payments not reported on Form(s) W-2 (see instructions)  1d Medicaid waiver payments not reported on Form(s) W-2 (see instructions)  1d Medicaid waiver payments not reported on Form(s) W-2 (see instructions)  1d Medicaid waiver payments not reported on Form(s) W-2 (see instructions)  1d Medicaid waiver payments not reported on Form(s) W-2 (see instructions)  1d Medicaid waiver payments not reported on Form(s) W-2 (see instructions)  1d Medicaid waiver payments not reported on Form 8895, line 29  1f you delor to waiver payments not reported on Form 8895, line 29  1f you delor to waiver payments not reported on Form 8895, line 29  1f you delor to waiver payments not reported on Form 8895, line 29  1f you delor to waiver payments not reported on Form 8895, line 29  1f you delor to waiver payments not reported on Form(s) W-2 (see instructions)  1d Dedication, line 12  1d Dedicati	and check	, —										L		
Attach Form(s) W-2 here. Also attach Forms W-2 here. Also attach Forms W-2 mere. Also attach Sch. B form form search forms form Form 8839, line 29 Wages from Form 8919, line 6 Under earned income (see instructions) W-2 mere. Also attach Sch. B if required.  Add lines 1 a through 1 h  Attach Sch. B if required.  Add lines 1 a through 1 h  Attach Sch. B if required.  Add lines 1 a through 1 h  Attach Sch. B if required.  Add lines 1 a through 1 h  Attach Sch. B if required.  Add lines 1 a through 1 h  Attach Sch. B if required.  Add lines 1 a through 1 h  Attach Sch. B if required.  Add lines 1 a through 1 h  Attach Sch. B if required.  Add lines 1 a through 1 h  Attach Sch. B if required.  Add lines 1 a through 1 h  Attach Sch. B if required.  Add lines 1 a through 1 h  Attach Sch. B if required.  Add lines 1 a through 1 h  Attach Sch. B if required.  Add lines 1 a through 1 h  Attach Sch. B if required.  Add lines 1 a through 1 h  Attach Sch. B if required.  Add lines 1 a through 1 h  Add l	here	]												
Attach Forms W-2 here. Also datach Forms W-2 fare. Also datach Forms W-2 fare. Also datach Forms W-2 fand 1099-Ri ft tax was withheld.  If you did not get a Form W-2, see instructions.  If you get a Form W-2, see instructions.  If you get a Form Home was personal instructions.  If you did not get a Form Home was personal instructions.  If you did not get a Form Home was personal instructions.  If you did not get a Form Home was personal instructions.  If you did not get a Form Home was personal instructions.  If you did not get a Form Home was personal instructions.  If you did not get a Form Home was personal instructions.  If you did not get a Form Home was personal instructions.  If you did not get a Form Home was personal instructions.  If you did not get a Form Home was personal instructions.  If you did not get a Form Home was personal instructions.  If you did not get a Form Home was personal instructions.  If you did not get a Form Home was personal instructions.  If you did not get a Form Home was personal instructions.  If you decid dovidends as a B. b Taxable interest.  If you decid dividends as a B. b Taxable amount.  If you decid dividends as a B. b Taxable amount.  If you decid to use the lump-sum election method, check here (see instructions).  If you elect to use the lump-sum election method, check here (see instructions).  If you elect to use the lump-sum election method, check here (see instructions).  If you elect to use the lump-sum election method, check here (see instructions).  If you elect to use the lump-sum election method, check here (see instructions).  If you elect to use the lump-sum election method, check here (see instructions).  If you elect to use the lump-sum election method, check here (see instructions).  If you elect to use the lump-sum election method, check here (see instructions).  If you elect to use the lump-sum election method, check here (see instructions).  If you elect to use the lump-sum election method, check here (see instructions).  If you elect to use the lump	Income	1a	. , .	`	,						_	9	)7 <b>,</b> 879.	
W-2 here. Also attach Forms W-2G and 1099-Rif tax was withheld. If you did not get a Form W-2, see instructions  W-2, See instructions.  Attach Sch. B  Tax-exempt interest  Add lines 1a through 1h  Ad	Attach Form(s)			•	` '									
W-2G and 1099-R if tax was withheld. If you did not get a Form W242 and 1099-R if tax was withheld. If you did not get a Form W242 see instructions	W-2 here. Also		·	`	,					•	_			
1099-R if tax was withheld.  f Employer-provided adoption benefits from Form 8839, line 29  Wages from Form 8919, line 6  Other earned income (see instructions)  Nontaxable combat pay election (see instructions)  Add lines 1a through 1h  Attach Sch. B a lare from If the different seems of the seems of t	attach Forms								•					
Wages from Form 8919, line 6	1099-R if tax		•		· ·				•	_				
h Other earned income (see instructions)  Ith 0.  W-2, see instructions.  Ith 0.  Nontaxable combat pay election (see instructions)  Ith 0.  Ith 0.  Nontaxable combat pay election (see instructions)  Ith 0.  Ith 0.  Nontaxable combat pay election (see instructions)  Ith 0.  Ith 0.  Nontaxable combat pay election (see instructions)  Ith 0.  Ith 0.  Nontaxable combat pay election (see instructions)  Ith 0.  Ith 0.  Nontaxable combat pay election (see instructions)  Ith 0.  Ith 0.  Ith 0.  Nontaxable combat pay election (see instructions)  Ith 0.  Ith 1.  Ith 0.  Ith	was withheld.		. ,	etits from	1 Form 8839, line 29					•				
W-2, see instructions.  i Nontaxable combat pay election (see instructions)	If you did not	_	•											
Add lines 1a through 1h  Attach Sch. B  B. Taxable amount  B. Taxable amount  B. Taxable amount  B. Taxab	W-2, see		,	,				i ·		•	10			
Attach Sch. B if required.  3a Qualified dividends 3a 8. b Ordinary dividends 3b 831.  4a IRA distributions 4a b Taxable amount 4b  Standard Deduction for—Single or Married filing separately, \$12,950  Married filing jointly or Qualifying spouse, \$25,900  Head of household, \$19,400  It you checked any box under Standard Deduction, 15 Subtract line 10 from line 9. This is your adjusted gross income  15 Subtract line 12 from line 11 If zero or less enter -0- This is your taxable income  2b 8.  b Taxable interest 2b b 8.  b Taxable amount 4b  b Taxable amount 5b  b Taxable amount 6b  c If you elect to use the lump-sum election method, check here (see instructions) 6b  Capital gain or (loss). Attach Schedule D if required. If not required, check here 70 124.  8 Other income from Schedule 1, line 10 8 -10, 637.  9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 9 88, 205.  10 Subtract line 10 from line 9. This is your adjusted gross income 11 88, 205.  11 Add lines 12 and 13 14 12, 950.  12 Subtract line 14 from line 11 If zero or less enter -0- This is your taxable income 15 15 Subtract line 14 from line 11 If zero or less enter -0- This is your taxable income 15 15 Subtract line 14 from line 11 If zero or less enter -0- This is your taxable income 15 15 Subtract line 14 from line 11 If zero or less enter -0- This is your taxable income 15 15 Subtract line 14 from line 11 If zero or less enter -0- This is your taxable income 15 15 Subtract line 14 from line 11 If zero or less enter -0- This is your taxable income 15 15 Subtract line 14 from line 11 If zero or less enter -0- This is your taxable income 15 15 Subtract line 14 from line 11 If zero or less enter -0- This is your taxable income 15 15 Subtract line 14 from line 11 If zero or less enter -0- This is your taxable income 15 15 Subtract line 14 from line 11 If zero or less enter -0- This is your taxable income 15 15 Subtract line 14 from line 11 If zero or less enter -0- This is your taxable income 15 15 Subtract line 14 from line 15 15 S	instructions.			see mstr	uctions)						4-		27 070	
If required.   3a   Qualified dividends   3a   8.   b   Ordinary dividends   3b   831.	Attack Cab D			20		 b T	· · · ·			•	_	3		
4a IRA distributions . 4a b Taxable amount . 4b  Standard Deduction for—Single or Married filing separately, \$12,950  Married filing jointly or Qualifying surviving spouse, \$25,900  Head of household, \$11 Subtract line 10 from line 9. This is your adjusted gross income . 10 Subtract line 10 from line 9. This is your adjusted gross income . 11 88,205.  15 Subtract line 12 and 13 . 14 Add lines 12 and 13 . 15 Subtract line 14 from line 11 If zero or less enter -0- This is your taxable income . 15 Subtract line norms. 15 b Taxable amount . 5b  5a coial security benefits . 6a b Taxable amount . 5b  5b coial security benefits . 6a b Taxable amount . 5b  6c c If you elect to use the lump-sum election method, check here (see instructions)			. –		8					•				
Standard Deduction for—Single or Married filing separately, \$12,950  Married filing jointly or Qualifying surviving spouse, \$25,900  Head of household, \$19,400  If you checked any box under Standard Deduction, peduction, pedication,							,			•				
Single or Married filing separately, \$12,950  Married filing jointly or Qualifying surviving spouse, \$25,900  Head of household, \$19,400  If you checked any box under Standard Deduction, Policy of Married filing solution, 200 and 12 and 13	Standard		_								_			
Single or Married filing separately, \$12,950  Married filing jointly or Qualifying surviving spouse, \$25,900  Head of Household, \$11 Subtract line 10 from line 9. This is your adjusted gross income  12 Standard deduction or itemized deductions (from Schedule A)  13 Qualified business income deduction from Form 8995 or Form 8995-A  15 Subtract line 14 from line 11 If zero or less enter -0- This is your taxable income  16 If you elect to use the lump-sum election method, check here (see instructions)  7 124.  7 124.  8 -10,637.  9 8 -10,637.  9 88,205.  10 Subtract line 10 from Schedule 1, line 26  10 10 11 88,205.  11 88,205.  12 12,950.	Deduction for—		_								_			
separately, \$12,950  7 Capital gain or (loss). Attach Schedule D if required. If not required, check here  7 124.  Married filing jointly or Qualifying surviving spouse, \$25,900  10 Adjustments to income from Schedule 1, line 26  11 Subtract line 10 from line 9. This is your adjusted gross income  12 Standard deduction or itemized deductions (from Schedule A)  13 Qualified business income deduction from Form 8995 or Form 8995-A  14 Add lines 12 and 13  15 Subtract line 14 from line 11 If zero or less enter -0- This is your taxable income  15 Subtract line 14 from line 11 If zero or less enter -0- This is your taxable income  16 12 124.  17 124.  18 -10,637.  18 -10,637.  19 88,205.  10 10 11 88,205.  11 88,205.  12 12,950.	Single or		,		method check here						0.0			
Married filing jointly or Qualifying 9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 9 88, 205.  10 Adjustments to income from Schedule 1, line 26 10 Subtract line 10 from line 9. This is your adjusted gross income 11 88, 205.  12 Standard deduction or itemized deductions (from Schedule A) 12 12, 950.  13 Qualified business income deduction from Form 8995 or Form 8995-A 13 14 Add lines 12 and 13 15 Subtract line 14 from line 11. If zero or less enter -0- This is your taxable income 15 75, 255	separately,		•		•	•	,			$\Box$	7		124	
9   Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income   9   88, 205.	Married filing		,							_	_	-1		
surviving spouse, \$25,900  Head of household, \$19,400  If you checked any box under Standard Deduction, Deduction, Deduction, 15  Subtract line 10 from line 9. This is your adjusted gross income  10  Adjustments to income from Schedule 1, line 26  11  Subtract line 10 from line 9. This is your adjusted gross income  11  88,205.  12  13  Qualified business income deduction from Form 8995 or Form 8995-A  13  14  Add lines 12 and 13  15  Subtract line 14 from line 11 If zero or less enter -0- This is your taxable income	jointly or		,								<del></del>			
Head of household, \$19,400  If you checked any box under Standard Deduction, \$200 Deduction, \$100 Deduction, \$	surviving spouse,				•						_	1		
household, \$19,400   12   Standard deduction or itemized deductions (from Schedule A)	\$25,900 • Head of		•	,								5	 38,205.	
If you checked any box under Standard Deduction, Deduction, Description, Descriptio	household,													
any box under Standard  14 Add lines 12 and 13	If you checked	_	Qualified business income deduct	ion from	Form 8995 or Form	899	ō-А							
Deduction, 15 Subtract line 14 from line 11. If zero or less enter -0 This is your taxable income. 15 75. 255		14	Add lines 12 and 13								14	1	<u>2,9</u> 50.	
	Deduction,	15	Subtract line 14 from line 11. If zer	ro or less	s, enter -0 This is y	our <b>t</b>	axable incom	ne .			15			

Form 1040 (2022	2)								Page <b>2</b>
Tax and	16	Tax (see instructions). Check	f any from Form	(s): <b>1</b> 881	4 <b>2</b> 🗌 4972	3 🗌		16	12,168.
Credits	17	Amount from Schedule 2, line	∍3					17	
	18	Add lines 16 and 17						18	12 <b>,</b> 168.
	19	Child tax credit or credit for o	other dependent	ts from Sched	ule 8812			19	
	20	Amount from Schedule 3, line	98					20	360.
	21	Add lines 19 and 20						21	360.
	22	Subtract line 21 from line 18.	If zero or less,	enter -0				22	11,808.
	23	Other taxes, including self-er	nployment tax,	from Schedule	e 2, line 21 .			23	0.
	24	Add lines 22 and 23. This is y	our total tax					24	11,808.
Payments	25	Federal income tax withheld							
-	а	Form(s) W-2				<b>25a</b> 16	6,695.		
	b	Form(s) 1099				25b	2.		
	С	Other forms (see instructions	)			25c			
	d	Add lines 25a through 25c .						25d	16 <b>,</b> 697.
If you have a	26	2022 estimated tax payment	s and amount a	pplied from 20	21 return			26	
qualifying child,	27	Earned income credit (EIC) .			No .	27			
attach Sch. EIC.	28	Additional child tax credit fron	n Schedule 8812			28			
	29	American opportunity credit	from Form 8863	8, line 8		29			
	30	Reserved for future use				30			
	31	Amount from Schedule 3, line	e 15			31			
	32	Add lines 27, 28, 29, and 31.	These are your	total other pa	ayments and ref	undable credits		32	
	33	Add lines 25d, 26, and 32. Th	nese are your <b>to</b>	tal payments				33	16,697.
Refund	34	If line 33 is more than line 24						34	4,889.
neiuliu	35a	Amount of line 34 you want r	efunded to you	ı. If Form 8888	s is attached, che	ck here		35a	4,889.
Direct deposit?	b	Routing number 0 7 1	0 0 0 0	1   3	c Type:	Checking	Savings		
See instructions.	d	Account number 3 6 5					· ·		
	36	Amount of line 34 you want a	pplied to your	2023 estimate	ed tax	36			
Amount You Owe	37	Subtract line 33 from line 24. For details on how to pay, go						37	
	38	Estimated tax penalty (see in	structions) .			38			
Third Party Designee		you want to allow another tructions	person to disc	cuss this retur	n with the IRS?		omplete b	elow.	X No
		signee's		Phone			onal identif	ication	
	nar	ne		no.		num	ber (PIN)		
Sign Here		der penalties of perjury, I declare the fief, they are true, correct, and comp							
Ticic	Yo	ur signature		Date	Your occupation		Prote	ction P	nt you an Identity IN, enter it here
Joint return?					SYSTEM EN		(see i		
See instructions. Keep a copy for your records.	Sp	ouse's signature. If a joint return, <b>b</b>	oth must sign.	Date	Spouse's occupat	tion		ity Prote	nt your spouse an ection PIN, enter it here
	Ph	one no. (361) 522-0211		Email address	RAVIKIIMAR CI	JRUNG@YAHOO.C	 )M		
		parer's name	- Preparer's signat		TATATIONAL GO	Date	PTIN		Check if:
Paid		PRIYA RAM SAGAR GUPTA TALLAM			GIIPTA TAI.I.AN		P02082	703	Self-employed
Preparer		n's name GLOBAL TAX		1711 0110111	COLITY INDUME.	1 02/22/2025			678) 965-9522
Use Only		m's address 245 ROONEY		NSWICK N.	J 08816		Firm'		84-3171965
Co to warming =				I.OVIICIC IV		PEL/ 00//2/22 EF =	1 1 11111	J LIIN	Form <b>1040</b> (2022)
GO TO WWW.Irs.go	virom	11040 for instructions and the lates	st iriiOfffidtiOff.		BAA	REV 02/10/23 PRO			Form 1040 (2022)

# SCHEDULE 1 (Form 1040)

Ν

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

OMB No. 1545-0074

2022
Attachment Sequence No. 01

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

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

	(s) shown on Form 1040, 1040-SR, or 1040-NR			curity number	
RAVI	KUMAR GURUNG	790	-06-2	269	2
Par	t I Additional Income				
1	Taxable refunds, credits, or offsets of state and local income taxes		1		
2a	Alimony received			1	
b	Date of original divorce or separation agreement (see instructions):				
3	Business income or (loss). Attach Schedule C				
4	Other gains or (losses). Attach Form 4797		4		
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule	èΕ.	5		-10,637.
6	Farm income or (loss). Attach Schedule F		6		
7	Unemployment compensation		7		
8	Other income:				
а	Net operating loss		)		
b	Gambling				
С	Cancellation of debt				
d	Foreign earned income exclusion from Form 2555 8d (		)		
е	Income from Form 8853				
f	Income from Form 8889				
g	Alaska Permanent Fund dividends 8g				
h	Jury duty pay				
i	Prizes and awards				
j	Activity not engaged in for profit income				
k	Stock options				
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 8I				
m	Olympic and Paralympic medals and USOC prize money (see				
	instructions)				
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				
a	Taxable distributions from an ABLE account (see instructions)				

8r

8s

8t

8u

8z

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

**u** Wages earned while incarcerated

9

Other income. List type and amount:

Scholarship and fellowship grants not reported on Form W-2 . . .

Total other income. Add lines 8a through 8z . . . . . . . . . . . .

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

Schedule 1 (Form 1040) 2022

-10,637.

9

10

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

Par	t II Adjustments to Income		
11	Educator expenses	 11	
12	Certain business expenses of reservists, performing artists, and fee-basis gov		
	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)		
b	Deductible expenses related to income reported on line 8l from the		
	rental of personal property engaged in for profit		
С	Nontaxable amount of the value of Olympic and Paralympic medals		
	and USOC prize money reported on line 8m		
d	Reforestation amortization and expenses	-	
е	Repayment of supplemental unemployment benefits under the Trade		
	Act of 1974	-	
f	Contributions to section 501(c)(18)(D) pension plans		
g	Contributions by certain chaplains to section 403(b) plans	-	
h	Attorney fees and court costs for actions involving certain unlawful		
	discrimination claims (see instructions)	-	
- 1	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		
	tax law violations		
J	Excess deductions of section 67(e) expenses from Schedule K-1 (Form		
k	1041)		
-	Other adjustments. List type and amount:		
Z	04-		
25	Total other adjustments. Add lines 24a through 24z	25	
25 26	Add lines 11 through 23 and 25. These are your <b>adjustments to income</b> . Enter here	23	
20	Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a	26	

## SCHEDULE 3 (Form 1040)

Department of the Treasury Internal Revenue Service

### **Additional Credits and Payments**

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

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

OMB No. 1545-0074

2022

Attachment Sequence No. 03

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

Your social security number 790-06-2692

Par	t I Nonrefundable Credits		
1	Foreign tax credit. Attach Form 1116 if required	1	
2	Credit for child and dependent care expenses from Form 2441, line 11. Attach Form 2441	2	
3	Education credits from Form 8863, line 19	3	360.
4	Retirement savings contributions credit. Attach Form 8880	4	0001
5	Residential energy credits. Attach Form 5695	5	
6	Other nonrefundable credits:		
а	General business credit. Attach Form 3800 6a		
b	Credit for prior year minimum tax. Attach Form 8801 6b		
С	Adoption credit. Attach Form 8839 6c		
d	Credit for the elderly or disabled. Attach Schedule R 6d		
е	Alternative motor vehicle credit. Attach Form 8910 6e		
f	Qualified plug-in motor vehicle credit. Attach Form 8936 6f		
g	Mortgage interest credit. Attach Form 8396 6g		
h	District of Columbia first-time homebuyer credit. Attach Form 8859 6h		
i	Qualified electric vehicle credit. Attach Form 8834 6i		
j	Alternative fuel vehicle refueling property credit. Attach Form 8911 6j		
k	Credit to holders of tax credit bonds. Attach Form 8912 6k		
I	Amount on Form 8978, line 14. See instructions		
Z	Other nonrefundable credits. List type and amount:		
	6z		
7	Total other nonrefundable credits. Add lines 6a through 6z	7	
8	Add lines 1 through 5 and 7. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 20	8	360.

(continued on page 2)

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

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

#### SCHEDULE D (Form 1040)

### **Capital Gains and Losses**

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

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

OMB No. 1545-0074

Attachment Sequence No. 12

Department of the Treasury Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10. Internal Revenue Service Name(s) shown on return Your social security number 790-06-2692 RAVIKUMAR GURUNG Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? 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 (h) Gain or (loss) (g) Adjustments Subtract column (e) lines below. Proceeds Cost to gain or loss from from column (d) and This form may be easier to complete if you round off cents to (sales price) (or other basis) Form(s) 8949, Part I, combine the result whole dollars. with column (g) line 2. column (a) 1a 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 . **1b** Totals for all transactions reported on Form(s) 8949 with Box A checked . . . . . . . . . . . . . . 1,709. 124. 1,833. Totals for all transactions reported on Form(s) 8949 with Box B checked . . . . . . . . . . . . . 3 Totals for all transactions reported on Form(s) 8949 with Box C checked . . . . . . . . . . . . . . . Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 4 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from 5 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover 6 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). If you have any longterm capital gains or losses, go to Part II below. Otherwise, go to Part III on the back . . . . . . . . 7 124. 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 (h) Gain or (loss) (g) Adjustments Subtract column (e) (d) (e) lines below. Proceeds to gain or loss from from column (d) and Cost This form may be easier to complete if you round off cents to (or other basis) Form(s) 8949, Part II, (sales price) combine the result whole dollars. line 2. column (a) with column (a) 8a 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 . 8b Totals for all transactions reported on Form(s) 8949 with 9 Totals for all transactions reported on Form(s) 8949 with 10 Totals for all transactions reported on Form(s) 8949 with 11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) 11 12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 12

14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover 

15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then, go to Part III

13

14

15

Schedule D (Form 1040) 2022 Page 2

### Part III Summary 16 Combine lines 7 and 15 and enter the result 16 124. • If line 16 is a gain, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below. • If line 16 is a loss, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete • If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22. 17 Are lines 15 and 16 both gains? ☐ **Yes.** Go to line 18. No. Skip lines 18 through 21, and go to line 22. 18 If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet . . . . . . . . . . . . . . . . . . 18 19 If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet . 19 20 Are lines 18 and 19 both zero or blank and you are not filing Form 4952? ☐ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. Don't complete lines 21 and 22 below. □ No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below. If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of: 21 • The loss on line 16; or 21 • (\$3,000), or if married filing separately, (\$1,500) **Note:** When figuring which amount is smaller, treat both amounts as positive numbers. Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a? 22 X Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.

## 8949 Form

Department of the Treasury

Internal Revenue Service

### **Sales and Other Dispositions of Capital Assets**

Go to 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.

OMB No. 1545-0074

2022
Attachment Sequence No. 12A

Name(s) shown on return
RAVIKUMAR GURUNG

Social security number or taxpayer identification number

790-06-2692

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.

**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.

X (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	d to you on F	orm 1099-B				
1 (a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis See the <b>Note</b> below	See the separate instructions.		(h) Gain or (loss) Subtract column (e)
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see Column (e) in the separate instructions.	(f) Code(s) from instructions	<b>(g)</b> Amount of adjustment	from column (d) and combine the result with column (g).
ROBINHOOD SECURITIES LLC	01/01/22	12/31/22	1,833.	1,709.			124.
2 Totals. Add the amounts in columns negative amounts). Enter each total Schedule D, line 1b (if Box A above above is checked) or line 3 (if Box A)	al here and ince is checked), <b>lir</b>	lude on your ne 2 (if Box B	1 833	1 709			124

**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)

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

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

OMB No. 1545-0074

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

Name(s) shown on return

Your social security number

RAVI	KUMAR GURUNG						790-0	6-2692	
Par				0 0		-4: If	! !!	مروب إمريامك	
	Note: If you are in the business of renting personal proper rental income or loss from Form 4835 on page 2, line 40.	rτy, use	Schedule	e C. See	ınstru	ctions. If you are	e an indiv	viduai, rep	ort tarm
A I	Did you make any payments in 2022 that would require you		Form(s) 1	1099? S	see ins	structions		. 🗌 Ye	s 🛮 No
	f "Yes," did you or will you file required Form(s) 1099? .								
1a	Physical address of each property (street, city, state, ZII								
Α	52, DEEPNAGAR NEAR AKESAN PALANPUR, BA		-	GUJAI	RAT	IN 385001			
В									
С									
1b	Type of Property (from list below)  2 For each rental real estate properation above, report the number of fair	erty list	ted		Fa	ir Rental Days	Person Da		QJV
Α	personal use days. Check the Qu			Α		365		0	
В	if you meet the requirements to the requirement t	file as	a	В		303			
С	qualified joint venture. See instru	uctions	S.	С					
Туре	of Property:					'			
1	Single Family Residence 3 Vacation/Short-Term Ren	ntal	5 Lanc	d	7	Self-Rental			
2	Multi-Family Residence 4 Commercial		6 Roya	alties	8	Other (describ	oe)		
						Propertie			
Incon	ne:			Α		В			С
3	Rents received	3			42.				
4	Royalties received								
Ехреі	ises:								
5	Advertising	5							
6	Auto and travel (see instructions)								
7	Cleaning and maintenance	7		1,8	36.				
8	Commissions	8							
9	Insurance	9							
10	Legal and other professional fees								
11	Management fees			2,9	54.				
12 13	Mortgage interest paid to banks, etc. (see instructions) Other interest	12							
14	Repairs			2,0	2 Q				
15	Supplies	15		2,6					
16	Taxes	16			-				
17	Utilities	17		1,7	67.				
18	Depreciation expense or depletion	18							
19	Other (list)	19							
20	Total expenses. Add lines 5 through 19	20		11,2	79.				
21	Subtract line 20 from line 3 (rents) and/or 4 (royalties). If								
	result is a (loss), see instructions to find out if you must file Form 6198			-10,6	37				
00	Deductible rental real estate loss after limitation, if any,	21		-10,0	57.				
22	on Form 8582 (see instructions)	22	(	10,63	7.)	(	)	(	)
23a	Total of all amounts reported on line 3 for all rental proper				23a		642.		
b	Total of all amounts reported on line 4 for all royalty prop				23b				
C	Total of all amounts reported on line 12 for all properties				23c				
d	Total of all amounts reported on line 18 for all properties				23d	11	270		
e 24	Total of all amounts reported on line 20 for all properties				23e		279.		
24 25	Income. Add positive amounts shown on line 21. Do no Losses. Add royalty losses from line 21 and rental real esta		•		 Inter to		24	(	10 637 \
	• •							1	10,637.)
26	Total rental real estate and royalty income or (loss). here. If Parts II, III, IV, and line 40 on page 2 do not Schedule 1 (Form 1040), line 5. Otherwise, include this a	apply	to you,	also er	nter th	is amount on			-10,637.

## Form **8863**

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

Department of the Treasury Internal Revenue Service

Attach to Form 1040 or 1040-SR.

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

OMB No. 1545-0074

2022

Attachment Sequence No. 50

Name(s) shown on return
RAVIKUMAR GURUNG

Your social security number 790-06-2692



Complete a separate Part III on page 2 for each student for whom you're claiming either credit before you complete Parts I and II.

_						
Part						
1	After completing Part III for each student, enter the total of all amounts from all P	arts II	II, line	30	1	
2	Enter: \$180,000 if married filing jointly; \$90,000 if single, head of household, or qualifying surviving spouse	2				
3	Enter the amount from Form 1040 or 1040-SR, line 11. But if you're filing Form 2555 or 4563, or you're excluding income from Puerto Rico, see Pub. 970 for the amount to enter instead	3				
4	Subtract line 3 from line 2. If zero or less, <b>stop</b> ; you can't take any education credit	4				
5	Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or qualifying surviving spouse	5				
6	If line 4 is:			,		
	• Equal to or more than line 5, enter 1.000 on line 6					
	• Less than line 5, divide line 4 by line 5. Enter the result as a decimal (rou at least three places)			}	6	
7	Multiply line 1 by line 6. <b>Caution:</b> If you were under age 24 at the end of the conditions described in the instructions, you <b>can't</b> take the refundable America skip line 8, enter the amount from line 7 on line 9, and check this box	an op	portu	nity credit;	7	
8	<b>Refundable American opportunity credit.</b> Multiply line 7 by 40% (0.40). Enter on Form 1040 or 1040-SR, line 29. Then go to line 9 below.		8			
Part	Nonrefundable Education Credits	• •			U	
9	Subtract line 8 from line 7. Enter here and on line 2 of the Credit Limit Worksheet	(SEE	instru	ctions)	9	
10	After completing Part III for each student, enter the total of all amounts from a	,				
. •	zero, skip lines 11 through 17, enter -0- on line 18, and go to line 19				10	10,000.
11	Enter the smaller of line 10 or \$10,000				11	10,000.
12	Multiply line 11 by 20% (0.20)				12	2,000.
13	Enter: \$180,000 if married filing jointly; \$90,000 if single, head of household, or qualifying surviving spouse	13		90,000.		
14	Enter the amount from Form 1040 or 1040-SR, line 11. But if you're filing Form 2555 or 4563, or you're excluding income from Puerto Rico, see Pub. 970 for the amount to enter instead	14		88,205.		
15	Subtract line 14 from line 13. If zero or less, skip lines 16 and 17, enter -0- on line 18, and go to line 19	15		1,795.		
16	Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or qualifying surviving spouse	16		10,000.		
17	If line 15 is:					
	• Equal to or more than line 16, enter 1.000 on line 17 and go to line 18					
	• Less than line 16, divide line 15 by line 16. Enter the result as a decimal (roun least three places)			}	17	0.180
18	Multiply line 12 by line 17. Enter here and on line 1 of the Credit Limit Worksheet	•			18	360.
19	<b>Nonrefundable education credits.</b> Enter the amount from line 7 of the Credit instructions) here and on Schedule 3 (Form 1040), line 3				19	360.

Name(s) shown on return

RAVIKUMAR GURUNG

Your social security number
790-06-2692



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

Par	Student and Educational Institution Information	n. See instructions.		
20	Student name (as shown on page 1 of your tax return)	21 Student social security number (as s	hown	on page 1 of
	RAVIKUMAR	your tax return)		
	GURUNG	790-06-2692		
	Educational institution information (see instructions)			
а	. Name of first educational institution	<b>b.</b> Name of second educational institution	ion (if a	any)
	UNIVERSITY OF THE CUMBERLANDS	(1)		\ <b>.</b>
(	<ol> <li>Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions.</li> </ol>	(1) Address. Number and street (or P. post office, state, and ZIP code. If instructions.		
	6198 COLLEGE STATION DRIVE			
	WILLIAMSBURG KY 40769			
(2	2) Did the student receive Form 1098-T	(2) Did the student receive Form 1098 from this institution for 2022?	-T _	Yes □ No
(:	j Did the student receive Form 1098-T from this institution for 2021 with box ☐ Yes ☒ No 7 checked?	(3) Did the student receive Form 1098 from this institution for 2021 with b 7 checked?		] Yes   No
(4	4) Enter the institution's employer identification number (EIN) if you're claiming the American opportunity credit or if you checked "Yes" in (2) or (3). You can get the EIN from Form 1098-T or from the institution.	(4) Enter the institution's employer ide if you're claiming the American opposed checked "Yes" in (2) or (3). You can 1098-T or from the institution.	ortuni	ty credit or if you
	61-0470593			
23	Has the American opportunity credit been claimed for this student for any 4 prior tax years?	☐ Yes — <b>Stop!</b> Go to line 31 for this student.   ✓ No	— Go 1	to line 24.
24	Was the student enrolled at least half-time for at least one academic period that began or is treated as having begun in 2022 at an eligible educational institution in a program leading towards a postsecondary degree, certificate, or other recognized postsecondary educational credential? See instructions.		— <b>Sto</b> j :his stu	<b>p!</b> Go to line 31 ident.
25	Did the student complete the first 4 years of postsecondary education before 2022? See instructions.	X Yes − Stop! Go to line 31 for this student.  No	— Go 1	to line 26.
26	Was the student convicted, before the end of 2022, of a felony for possession or distribution of a controlled substance?			nplete lines 27 for this student.
CAUT	You <b>can't</b> take the American opportunity credit and the li you complete lines 27 through 30 for this student, don't don		in the	same year. If
	American Opportunity Credit			
27	Adjusted qualified education expenses (see instructions). Dor		27	
28	Subtract \$2,000 from line 27. If zero or less, enter -0		28	
29	1 3 7		29	
30	If line 28 is zero, enter the amount from line 27. Otherwise,			
	enter the result. Skip line 31. Include the total of all amounts f	rom all Parts III, line 30, on Part I, line 1.	30	
	Lifetime Learning Credit			
31	Adjusted qualified education expenses (see instructions). Incl III, line 31, on Part II, line 10		31	10,000.

or for fiscal year ending	_			_
---------------------------	---	--	--	---

Step 1: Personal Information Enter personal information and Social Security numbers (SSN). You must provide the entire SSN(s) - no partial SSN.

					MINIMPLET COLUMN	DESTRUCTION OF THE PROPERTY OF		*A. A. LUK*. <b>M</b> ETHT
79	90-06-2692	1992						
R.A	AVIKUMAR		GURUNG	r			a i Desge Have e Pose i Kosa O Have Love i Des i Kosa	鄉海際圖川
						icaen (alemania)		/[TXXIV.20
27	7400 FRANKLIN	ROAD		620				3(33)(A);
SC	UTHFIELD	MI	48034		III KANDAKAAN WAXAAN	, New Brook Brown Lead Back State	erona kreedaara	SPARACHIII
			RAVIKUMAR_GU	JRUNG@YAHOO	.COM			
<b>B</b> F	Filing status: 🛛 S	ingle M	arried filing join	itly 🔲 Marrie	ed filing separately Widowe	ed  Head of I	nousehold	
C	Check If someone ca	an claim you	, or your spouse	if filing jointly,	as a dependent. See instruction	ıs. 🗌 You 🔲 🤅	Spouse	
D C	Check the box if this	applies to y	you during 2022	2: Nonres	ident - <b>Attach</b> Sch. NR 🔲 Par	t-year resident -	Attach Sch.	NR
S	tep 2: Income						(Whole	dollars only)
1		l gross incon	ne from your fed	deral Form 104	10 or 1040-SR, Line 11.		1	88,205.00
2	•			income from y	your federal Form 1040 or 1040	)-SR, Line 2a.	2	.00
3 4							3 4	.00 88,205 <sub>.00</sub>
s	tep 3: Base Inco							
5	,							
<u>.</u> 6	received if includ				eturn. 1040 or 1040-SR,	5	.00	
	Schedule 1, Ln.		ieni included in	lederal Form	1040 01 1040-31,	6	.00	
2 7	Other subtractio	ns. <b>Attach</b> S				6 7	.00	
8 9			•		S.		8 9	.00 88,205 <sub>00</sub>
$\sim$	tep 4: Exemption		det Eine o nom	LITIC 4.				
•			unt for yourself a	and your spou	se. See instructions.	<b>a</b> 2,42	5.00	
ā	b Check if 65 o	r older: 🛛 🖺	🛮 You 🛨 🔲 S	Spouse #	of checkboxes X \$1,000 =			
	c Check if lega				of checkboxes <b>X</b> \$1,000 = chedule IL-E/EIC, Step 2, Line 1.	с	.00	
5	Attach Schedu				7100010 12 27 210, Otop 2, 2110 11	d	0.00	
2		aic il L/Lio.		ام ۱۸ ما سید			10	2,425 <sub>.00</sub>
5 –		wance. Add	Lines 10a thro	ugn 10a.				
	tep 5: Net Incom	wance. Add e and Tax						
	tep 5: Net Incom 1 <i>Residents:</i> Net	e and Tax income. Su	ubtract Line 10 f	from Line 9.	s net income from Schedule NR.	Attach Schedule		
1	tep 5: Net Incom 1 Residents: Net Nonresidents a 2 Residents: Mul	wance. Add e and Tax income. Su and part-yea tiply Line 11	ubtract Line 10 f <i>ar residents:</i> Er by 4.95% (.049	from Line 9. nter the <b>Illinois</b> 95). Cannot be		Attach Schedule	NR. <b>11</b>	85,780 <sub>.00</sub>
12	tep 5: Net Incom 1 Residents: Net Nonresidents a 2 Residents: Mul Nonresidents a	wance. Add e and Tax income. Su and part-yea tiply Line 11 and part-yea	ubtract Line 10 f ar residents: En by 4.95% (.049 ar residents: En	from Line 9. nter the <b>Illinois</b> 95). Cannot be nter the tax fro	e less than zero. om Schedule NR.	Attach Schedule	NR. <b>11</b>	85,780 <sub>.00</sub> 4,246 <sub>.00</sub>
1	tep 5: Net Incom 1 Residents: Net Nonresidents a 2 Residents: Mult Nonresidents a 3 Recapture of inv	e and Tax income. Su and part-yea tiply Line 11 and part-yea yestment tax	ubtract Line 10 f ar residents: En by 4.95% (.049 ar residents: En c credits. Attach	from Line 9. nter the <b>Illinois</b> 95). Cannot be nter the tax fr 1 Schedule 42	e less than zero. om Schedule NR. 55.	Attach Schedule	NR. 11 12 13	85 <b>,</b> 780 <sub>.00</sub>
12 13 14 14	tep 5: Net Incom 1 Residents: Net Nonresidents a 2 Residents: Mult Nonresidents a 3 Recapture of inv 4 Income tax. Ad	e and Tax income. Su and part-yea tiply Line 11 and part-yea yestment tax d Lines 12 a	ubtract Line 10 f ar residents: En by 4.95% (.049 ar residents: En c credits. Attach and 13. Cannot I	from Line 9. nter the <b>Illinois</b> 95). Cannot be nter the tax fr 1 Schedule 42	e less than zero. om Schedule NR. 55.	Attach Schedule	NR. <b>11</b>	85,780 <sub>.00</sub> 4,246 <sub>.00</sub> .00
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1: 1: 1: 1: 1: 1: 1: 1: 1: 1: 1: 1: 1: 1	tep 5: Net Incom 1 Residents: Net Nonresidents a 2 Residents: Multiple Nonresidents a 3 Recapture of inv. 4 Income tax. Additep 6: Tax After Nonresidents and Attach Schedule 7 Credit amount from Add Lines 15, 16 9 Tax after nonresidents 10 Household emp 1 Use tax on inter	e and Tax income. Su and part-yea tiply Line 11 and part-yea vestment tax d Lines 12 a Nonrefund to another s d K-12 educa e ICR. rom Schedul 6, and 17. The fundable cu es loyment tax net, mail ord	ubtract Line 10 f ar residents: En by 4.95% (.049 ar residents: En c credits. Attach and 13. Cannot I able Credits state while an III ation expense of the 1299-C. Attach his is the total of redits. Subtract . See instruction der, or other out	from Line 9. Inter the Illinois 195). Cannot be inter the tax from Schedule 42 Illinois resident credit amount 1950 ch Schedule 1951 fyour credits. 1951 t Line 18 from ins.	e less than zero. om Schedule NR. 55. tero.  Attach Schedule CR. from Schedule ICR.  1299-C. Cannot exceed the tax amount	15 16 17 on Line 14.	NR. 11  12 13 14  .00  .00  .00  .00  18 19 20	85,780.00 4,246.00 .00 4,246.00 0.00 4,246.00
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<b>24</b> Tot	tal tax from Page 1, Line 2	3.					24	4,246.00
Step 8:	Payments and Refund	dable Credit						
<b>25</b> Illino	ois Income Tax withheld. <b>A</b>	ttach Schedule IL-W	IT.			<b>25</b> 4,	845.00	
26 Esti	mated payments from For	ns IL-1040-ES and I	∟-505-I,					
	uding any overpayment ap					26 27	.00	
	s-through withholding. Atta	.00						
	s-through entity tax credit.	28 2. 29	.00					
	ned Income Credit from Sc	.00	4 0 4 5					
	al payments and refunda	ble credit. Add Lines	25 through	29.			30	4,845.00
Step 9:								F 0 0
	ne 30 is greater than Line 24						31	599.00
	ne 24 is greater than Line 3						32	.00
-	): Underpayment of Est		-	ation	S			
	e-payment penalty for unde					33	00	
	Check if at least two-thir							
_	Check if you or your spo		•	•	•	•	- II 0040	
СГ	Check if your income was	s not received evenly	during the y	ear ar	nd you annuali	zed your income o	on Form IL-2210.	
4 -	Attach Form IL-2210.	avivad ta fila an Illina	اميانان الماما	lnaam	a Toy return in	the provious toy	4004	
	Check if you were not re Intary charitable donations			Incom	ie rax return ir	34	.00	
	al penalty and donations					J4	<u></u> <b>35</b>	.00
	I: Refund or Amount y		т.					
•	•				05 1	1. 05 ( 1.	0.4	
-	ou have an amount on Line	31 and this amount	is greater th	an Lin	e 35, subtract	Line 35 from Line		599.00
	s is your <b>overpayment</b> . ount from Line 36 you want	refunded to you. Ch	ook <b>ono</b> hov	on Li	no 29. Soo inci	tructions	36 37	599.00
	•	_	ieck <b>one</b> box	COII LII	ne 36. 3ee ms	iructions.	37	
	oose to receive my refund	-						
a 2	direct deposit - Comple							
	You may also contribute to college savings funds			0	0 0 1 3	× Checkir	ng or Savings	3
	here. See instructions!	Account number	Account number 3 6 5 5		0 8 5 5			
	<b>.</b> .							
	paper check.		1 : 00 /	0 :	_4		20	00
	ount to be <b>credited forward</b>				structions.		39	.00
-	ou have an amount on Line				_			
	ou have an amount on Line						40	
subi	tract Line 31 from Line 35.	This is the amount y	<b>ou owe</b> . Se	e instr	uctions.		40	.00
Step 12	2: Health Insurance C	heckbox and Sigr	ature					
41 🗌	Check this box if IDOR ma	ay share your income	information	with c	ther Illinois st	ate agencies in ord	der to determine	
	your eligibility for health in	surance benefits. Se	e instruction	s for n	nore information	on.		
0								
_	ure - Note: If this is a joint r		-	-	-	mu kasuladas iti		nd complete
- Orider p	enalties of perjury, I state	that i have examine	u iiiis reiuri	ı anu, ı	to the best of	my knowledge, it i	s true, correct, a	na complete.
Sign	Your signature	Date (mm/dd/yyyy)	Spouse's sig	nature		Date (mm/dd/yyyy)	Daytime phone n	umber
Here							(361) 522-	0211
	Print/Type paid preparer's na	me	Paid prepare	r's sign	ature	Date (mm/dd/yyyy)	<u>`</u>	aid Preparer's PTIN
Paid	SYAM PRIYA RAM SAGAR GUPT				AR GUPTA TALLAM		self-employed P	
Preparer	Firm's name GLOB	AL TAXES LLC				Firm's FEIN	843171965	
Use Only			BRUNSWIC	רווא ^	9916	Firm's phone	(678) 965-	 9522
Third	Designee's name (please pr		DV0N9MTC				<u> </u>	
Party	2 301g1100 0 Harrio (piedoe pi	,		Desigi	nee's phone nur	nper	discuss this retu	Department may rn with the third
Designee				(	)			shown in this step.
		022 IL-1040 Ins	struction	s for	the addra	ess to mail vo		
	ricici to tile 2	VEE INTO III	, ii aotioii	5 101	c addit	oo to man ye	ai icidiii.	

IL-1040 Back (R-12/22) DR\_\_\_\_\_\_ AP\_\_\_\_ RR DC IR ID ID: 3WM REV 02/01/23 PRO





RAVIKUMAR GURUNG

### Illinois Department of Revenue

## 2022 Schedule IL-WIT Illinois Income Tax Withheld

Attach to your Form IL-1040. If you have more than five withholding forms, complete multiple copies of this schedule.

IL Attachment No. 31

6

Use the reference for Column A shown in the chart below.

Form Type	Letter Code for Column A	Form Type	Letter Code for Column A
W-2	W	1099-DIV	D
W-2G	WG	1099-INT	I
1099-R	R	1042-S	S
1099-G	G	1099-B	В
1099-MISC	М	1099-K	K
1099-OID	0	1099-NEC	N

### Step 1: Provide your withholding records (include all W-2 and 1099 forms that show Illinois withholding)

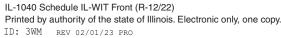
Υοι	ur name as shown	on Form IL-1040		Your Social Se							
Column A Form type		Column B Employer/Payer Identification Number	Federal Wa	Column C ages, Winnings, Gross as, Compensation, etc.	Illinois W	Column D ages, Winnings, Gross ons, Compensation, etc.	Column E Illinois Income Tax Withheld				
1	W	26-2543435	\$	97 <b>,</b> 879 <b>•00</b>	\$	97 <b>,</b> 879 <b>•00</b>	\$	4,845 <b>.00</b>			
2			\$	<u>•00</u>	\$	•00	\$	•00			
3			\$	•00	\$	•00	\$	<u>•00</u>			
4			\$	•00	\$	•00	\$	•00			
5			\$	•00	\$	•00	\$	•00			
You	ur spouse's name a	as shown on Form IL-1040		Your spouse's Social Security number							
	Column A Form type	Column B Employer/Payer Identification Number	Federal Wa	Column C ages, Winnings, Gross as, Compensation, etc.	Illinois Wa	Column D ages, Winnings, Gross ons, Compensation, etc.	III	Column E linois Income Tax Withheld			
6			\$	•00	\$	•00	\$	•00			
7			\$	•00	\$	•00	\$	•00			
8			\$	•00	\$	•00	\$	<u>•00</u>			
9			\$	•00	\$	•00	\$	<u>•00</u>			
10			¢	00	¢	00	¢	00			

#### Step 3: Total Illinois withholding

11 Add the amounts in Column E for Lines 1 through 10 (and the amounts from Column E of any additional copies you attached). This is the total amount of your Illinois income tax withheld. Enter this amount here and on Form IL-1040, Line 25.

**11** \$ 4,845•00

→ Attach all Schedules IL-WIT to your IL-1040. ←



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6



## Illinois Department of Revenue

					-								_							
Submission ID																				

2022 IL-8453 Illinois Individual Income Tax Electronic Filing Declaration

Sten	1: Provide taxpayer in	n IL-8453 to the Illinois	•				-		,	
Otop	RAVIKUMAR		GURUNG			7 9	0 _ 0	6	2 6	5 9 2
	First name and middle initial	Spouse's first name (and last na	ne if different)	Last name		Social Sec	curity number			
Print or	27400 FRANKLIN RO	)AD 620								
type						.'	Social Security			
	SOUTHFIELD	MI		48034		(361)	522-021	1		
	City	State		ZIP		Daytime pl	hone number			
Step	2: Complete informat	ion from tax return		Choose one	e: 🗙 IL-1	1040 🗌	] IL-1040->	(		
		1040 or IL-1040-X, Line 11						1		780   <b>00</b>
	ax from Form IL-1040 or							2		246   <b>00</b>
		d from Form IL-1040 or IL-		only (enter "	<b>0</b> " if none	<del>)</del> )		3		345   <u>00</u> 599   <u>00</u>
		1040, Line 36 or IL-1040 m IL-1040, Line 40 or IL-1						4 — 5		1 00
		Married filing jointly		senarately	Widow	ا ام	Head of hou	usahold		
		eposit of refund or elec						35611010		
<b>7</b> F	Routing no. (RN): $\frac{0}{}$	e not funded by internation	3	nic payments v	will not be	accepte 	d and refund	ds Will be	e via pa	per check.
	ype of account: X Ch									
	•	electronically withdrawn: _								
11 E	Electronic funds withdrawa	ıl amount:ı	00_							
<b>12</b> N	lame on account:									
Step	4: Taxpayer declaration	on and signature (Sign	only after con	pleting Ste	p 2 and,	if applie	cable, Ste	р 3.)		
×		d may be directly deposite joint return, this is an irrev								is
	withdrawal as designate financial institutions inve	epartment of Revenue (ID ed in the electronic portion of olved in the processing of quiries and resolve issues	of my 2022 Illinoi an electronic ove	or Original or A erpayment of	mended I	ndividua	I Income Tax	return.	I author	ize the
	I do not want direct dep	osit of my refund, or an ele	ectronic funds w	thdrawal (dire	ect debit)	of my ba	lance due.			
return and a	originator (ERO) are ident ccompanying information n	are the information on my e ical. To the best of my know hay be sent to IDOR by my excted, I authorize IDOR to id	edge, my return ERO. I authorize	s true, correct IDOR to inforn	, and com n my ERO	plete. I c and/or th	onsent that the transmitter	my retur	n, this do	eclaration, n has
Sign										
<u>here</u>	Your signature	Date		Spouse's sig	nature (if joi	nt return, <b>b</b> o	oth must sign)		Date	
I decl	are that I have examined anation. I have followed all	riginator (ERO) and path this taxpayer's electronic Frequirements of this progranying information are true,	orm IL-1040 or I am and declare,	L-1040-X, the under penaltic	e informat	ion on th				
				2/22/2023	3	Check if	paid prepare	er: 🛛 (S	See instr	uctions.)
	ERO's signature			Date			- ·	,		,
ERO	GLOBAL TAXES LLC	i amalayad				$\frac{P}{\text{Your PTIN}}$	2 _0_	8 2	2 7	0 3
use	Firm's name or your name if self	-employed						4 -	. ,	0 5
only	245 ROONEY CT  Mailing address					8 8 Federal en	_ — 2 1 nployer identific	45 cation num		8 <sub>I)</sub> _7_
	E BRUNSWICK	NJ	(	8816			965-952		- \- =	•
	City	State		ZIP			hone number	•		

Step 6: Attach required documents (e.g., W-2 forms, 1099 forms, IL-1310).

<u>Do not mail</u> Form IL-8453 and these documents unless requested for review.

