Detach Here and Mail With Your Payment

Department of the Treasury Internal Revenue Service

Calendar Year -Due 04/18/2023

2023 Form 1040-ES Payment Voucher 1

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the **'United States Treasury**. Write your social security number and '2023' Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

221-13-0537 124-99-1840 SUBASHINI SELVAM ARUN RAMASAMY 224 S LONGFIELD DRIVE SUN PRAIRIE WI 53590

Amount of estimated tax you are paying by check or money order.... REV 01/28/23 PRO

1555

256.

Detach Here and Mail With Your Payment

Department of the Treasury Internal Revenue Service

Calendar Year -Due 06/15/2023

2023 Form 1040-ES Payment Voucher 2

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the **'United States Treasury**. Write your social security number and '2023 Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

221-13-0537 124-99-1840 SUBASHINI SELVAM ARUN RAMASAMY 224 S LONGFIELD DRIVE SUN PRAIRIE WI 53590

Amount of estimated tax you are paying by check or money order... REV 01/28/23 PRO

256.

1555

Detach Here and Mail With Your Payment

Department of the Treasury Internal Revenue Service

Calendar Year -Due 09/15/2023

2023 Form 1040-ES Payment Voucher 3

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the **'United States Treasury**. Write your social security number and '2023 Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

221-13-0537 124-99-1840 SUBASHINI SELVAM ARUN RAMASAMY 224 S LONGFIELD DRIVE SUN PRAIRIE WI 53590

Amount of estimated tax you are paying by check 256. or money order... REV 01/28/23 PRO 1555

Detach Here and Mail With Your Payment

Department of the Treasury Internal Revenue Service

Calendar Year -Due 01/16/2024

2023 Form 1040-ES Payment Voucher 4

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the **'United States Treasury**. Write your social security number and '2023' Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

221-13-0537 124-99-1840 SUBASHINI SELVAM ARUN RAMASAMY 224 S LONGFIELD DRIVE SUN PRAIRIE WI 53590

Amount of estimated tax you are paying by check 256. or money order... REV 01/28/23 PRO 1555

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.

Submission Identification	Number ((SID))
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Taxpayer's name		Social security numb	per
SUBASHINI SELVAM		221-13-053	7
Spouse's name		Spouse's social seco	urity number
ARUN RAMASAMY		124-99-184	0
Part I Tax Return Information – Tax Year Ending December 31,	2022 (Enter	year you are au	thorizing.)
Enter whole dollars only on lines 1 through 5.			
Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.			
1 Adjusted gross income		1	171,546.
2 Total tax		2	21,276.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	22,384.
4 Amount you want refunded to you		4	1,108.
5 Amount you owe		5	
Part II Taxpayer Declaration and Signature Authorization (Be sure y	ou get and k	eep a copy of y	our return)

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
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authorize	GLOBAL	TAXES	LГС	to enter or generate my PIN	

Ent	er fiv i't en	/e dig	gits, all ze	but	as my
3	0	5	3	7	
	3 Ent	3 0 Enter fiv	3 0 5 Enter five dig don't enter a	3 0 5 3 Enter five digits, don't enter all ze	3 0 5 3 7 Enter five digits, but don't enter all zeros

		ERO firm n	ame		-
signature on	the income tax	return (origina	l or amended) I am now	authorizing

if you are entering your of the Pin and your return is filed using the Practitioner PIN method. The ERO must complete Pa below.			y signature or								
below Cubat	if you are e	entering Vour	own PIN and	your return	is filed usi	ng the Prac	ctitioner PI	N method.	The ERO n	nust comp	olete Part II
	below.	Subo	Am	,		0					

Your signature

X 1

Spouse's PIN: check one box only

X	I authorize	GLOBAL	TAXES	LLC		to enter or generate my	PIN	9	1	8	4	0	as my
				ERO firm nan	ne				er fiv				
	signature or	the incom	e tax reti	urn (original o	or amended) I am now a	authorizing.		don	n't en	ter a	all ze	eros	
	I will enter n	ny PIN as n	ny signat	ure on the ir	ncome tax return (origin	al or amended) I am now	author	rizir	ng. (Che	ck t	his	box only
	if you are er	ntering you	r own Pll	N and your r	return is filed using the	Practitioner PIN method	. The E	RO	mu	ist d	com	plet	e Part III

ii you are enten	DocuSigned by:	211
below.		
	K (Oml	
	744305090277403	

DE955BCAE1F5412...

Spouse's signature ►

Practitioner	PIN	Method	Returns

Part III Certification and Authentication — Practitioner PIN Method Only

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.

2 2 2 4 9 6 6 1 9 8 9 Don't enter all zeros

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

ERO's signature 🕨	Date 🕨								
	ERO Must Retain This Form — Se Ibmit This Form to the IRS Unless								
For Denemicarly Deduction Act Nation and		DEV 01/28/22 DBO	Earm 8879 (Bay, 01 2021)						

Date

Date

Only—continue below

Deduction for- 6a Social security benefits 6a b Taxable amount 6b • Single or Married filing separately, \$12,950 6a Social security benefits 6a b Taxable amount 6b 7 Capital gain or (loss). Attach Schedule D if required. If not required, check here 7 7 • Married filing jointly or Qualifying surviving spouse, \$25,900 9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 9 171, 546. 10 10 10 10 10 10	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 w	rite or stap	ple in th	his space.
Your first name and middle initial Last name Your social security number SUBASHINI ELVAM 221-13-0537 Hom suffices further and street, if you have a P.O. box, see instructions. ARUM RAMASANY ARUN RAMASANY 124-99-1840 ARUN RAMASANY I24-99-1840 ARUN RAMASANY I24-99-1840 ARUN RAMASANY I24-99-1840 City, torm, or post office, if you have a foreign address, also complete spaces below. State ZP code SUN PRAITIE DETINE Foreign country name Foreign province/state/county Foreign postal code Someone can claim: You as a dependent Your spouse as a dependent Your spouse as a dependent Your spouse as a dependent Dependents Gene instructions): (P code instructions): (P c	Check only	lf yc	u checked the MFS box, enter the n	ame of y							spou	use (QS	S)	0
SUBASHINI SELVAM 221-13-0537 Hjört terun, spose's first name and middle initial Lak name Spose's social security number ARUN RAMS.SAWY 124-93-1840 Horn address (number and stree), Hyou have a PO. box, see irstructions. Apt. no. Presidential Election Campaign City, tow, or post office, Hyou have a foreign address, also complete spaces below. State 2P code Top office, Hyou have a foreign address, also complete spaces below. State 2P code Top office, Hyou have a foreign address, also complete spaces below. State 2P code Top office, Hyou have a foreign address, also complete spaces below. State Presidential Electron Campaign Top office, Hyou have a foreign address, also complete spaces below. State Provide Space Top office, Hyou have a foreign address, also complete spaces below. State Provide Space Top office, Hyou have a foreign address, also complete spaces below. State Provide Hyou have a foreign address, also complete spaces below. State Provide Hyou have a foreign address, also complete spaces below. Top office, Hyou have a foreign address, also complete spaces, provide dataset (Code Hyou Code Hyou Hyou Hyou Hyou Hyou Hyou Hyou Hyou	Your first name	•	, ,		me						Your so	cial secu	urity r	umber
If joint roturn, spouse's first name and middle initial Last name Spouse's social security number ARUN ARUN ARUN ARUN 224 S LONGFIELD DRTVE Check here if you, or your Check here if you, or your Gridging At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, Arestes Assets Schange, dif, or otherwise dispose of a digital asset (r a financial asset (r) (Bee instructions); Yes No Beduction Spouse itemizes on a separate return or you were a dual-status alien Age/Bindness Yes No Age/Bindness Yes Are bind Spouse itemizes on a separate return or you were a dual-status alien Age/Bindness Age/Bindness Aread check Interest and Interest ange/Bindness Interest ange/													-	lamber
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224 S LONGFTELD DRIVE Check here if you, or you Check here is you Check here is you		(numbe	r and street). If you have a P.O. box, see					A	pt. no.					Campaign
City, tow, or op cet office. If you have a foreign address, also complete spaces below. State 2 price spouse if filing jointly, want \$3, 59 ob SUN PRAIRIE Foreign country name Foreign province/state/country Foreign province/state/count	224 S LO	`)NGF'	FTD DRIVE											1 0
SUN PRAIRTE NI 5390 box below will not change [®] Foreign country name Foreign province/static/country Foreign province/static/country your tax or trainage [®] Digital At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions) Yes No Standard Someone can claim: You as a dependent Your spouse as a dependent Our spouse as a dependent Deduction Spouse itemizes on a separate return or you were a dual-status allen Age/Bilindees Yes No Age/Bilindees You: (I) First name Last name number (a) Relationship (b) Check the box if qualifies for (see instructions); If more there instructions (I) First name Last name Imathetic Imathet				mplete s	paces below.	Sta	te	ZIP co	ode		•			
Foreign country name Foreign province/state/county Foreign postal code You	SUN PRAI	RIE				WI		535	90		0			•
Digital Assets At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions). Ves No Standard Deduction Someone can claim: You sa a dependent Your spouse as a dependent Deduction Spouse itemizes on a separate return or you were a dual-status allen Age/Blindness You: Were born before January 2, 1958 Are blind Spouse: Was born before January 2, 1958 Is blind Dependents (see instructions): (1) First name Latranee (1) Order the box if qualifies for feee instructions): Credit for other dependent in than four its or you Child tax credit Credit for other dependent in than four its or you were a dual-status allen Income 1a Total amount from Form(s) W-2, box 1 (see instructions) 1a 194, 846. here 1a Total amount from Form(s) W-2, box 1 (see instructions) 1a 194, 846. tisse if tax was withheld. f Employer-provided adoption benefits form Form 2441, line 26. 1a tisse at the formed g Wages from Form 8919, line 6 1a 194, 846. tisse at a form were dual comous (see instructions) 1a	Foreign country	/ name		F	oreign province/state/	count	у	Foreig	n postal c	ode				
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If or protection (I) First name Last name number (I) First name Credit for other dependents than four dependents, see instructions DHANVIN ARUN 863-38-7359 Son Son IIII is dependents, see instructions IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII			• • • •	330 L				14		-				
If more than four dependents, see instructions DHANVIN ARUN 863-38-7359 Son Image: Son the second se	-								'P					
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W-2 here. Also attach Forms d Medicaid waiver payments not reported on Form(s) W-2 (see instructions) 1d W-26 and 1099-R if tar e Taxable dependent care benefits from Form 2441, line 26 1e 1099-R if tar f Employer-provided adoption benefits from Form 8839, line 29 1f If you did not get a Form g Wages from Form 8919, line 6 1g W-2, see in Other earned income (see instructions) 1i W-2, see instructions. 1i 1 instructions. z Add lines 1a through 1h 2a b Attach Sch. B 2a Tax-exempt interest 2b b If required. 3a b Taxable amount 3b Standard 5a b Taxable amount 5b Deduction for- Single or Married fling separately, S12,950 Fa ensions and annuities 5a b Taxable amount 6b 11 Social security benefits 6a C If you elect to use the lump-sum election method, check here (see instructions) 7 S12,950 7 Capital gain or (loss). Attach Schedule D if required. If not required, check here 7 <	• • • • • • • • • • • • • • • • • • • •	с	, , , ,	•							1c			
W-26 and 1099-R if tax was withheld. e Taxable dependent care benefits from Form 2441, line 26 1e 1099-R if tax was withheld. f Employer-provided adoption benefits from Form 8839, line 29 1f If you did not get a Form g Wages from Form 8919, line 6 1g If you did not get a Form h Other earned income (see instructions) 1l V-2; see instructions. i Nontaxable combat pay election (see instructions) 1i Attach Sch. B 2a b b Tax-exempt interest 2b Attach Sch. B 2a b b Taxable interest 2b 4a IRA distributions 4a b Ordinary dividends 3b 5a pensions and annuities 5a b Taxable amount 4b 5a pensions and annuities 5a b Taxable amount 6b 6a social security benefits 6a b Taxable amount 7 7 Capital gain or (loss). Attach Schedule D if required. If not required, check here 7 7 9 Other income from Schedule 1, line 26 10 22, 900. 11 <td></td> <td>d</td> <td></td> <td></td> <td>,</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>1d</td> <td></td> <td></td> <td></td>		d			,						1d			
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instructions. I Nontaxable combat pay election (see instructions) II z Add lines 1a through 1h Image: combat pay election (see instructions) Image: combat pay election (see instructio	get a Form	h	Other earned income (see instruct	ions) .							1h			0.
z Add lines 1a through 1h 12 194,846. Attach Sch. B 2a Tax-exempt interest 2a b if required. 3a 3a b Ordinary dividends 3b 4a IRA distributions 4a b Taxable amount 3b 3b 5a Pensions and annuities 5a b Taxable amount 4b 4b Standard Deduction for- 6a 5a Pensions and annuities 5a b Taxable amount 5b Married filing separately, \$12,950 Social security benefits 6a b Taxable amount 7 Varied filing biotity or Qualifying sous, \$25,900 Capital gain or (loss). Attach Schedule D if required. If not required, check here 7 8 -23,300. Maried filing biotity or Qualifying sous, \$25,900 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 9 171, 546. 10 Subtract line 10 from line 9. This is your adjusted gross income 11 171, 546. 14 Add lines 12 and 13 25, 900. 13 14 25, 900. 14 25, 900. 14 25, 900.	,	i	Nontaxable combat pay election (s	see instr	ructions)		1 i	i						
if required. 3a Qualified dividends 3a b Ordinary dividends 3b 4a IRA distributions 4a b Taxable amount 4b 5a Pensions and annuities 5a b Taxable amount 5b 5a Pensions and annuities 6a b Taxable amount 5b 6a Social security benefits 6a b Taxable amount 5b 6a Social security benefits 6a b Taxable amount 5b 6a Social security benefits 6a b Taxable amount 5b 6a Social security benefits 6a b Taxable amount 5b 6a Social security benefits 6a b Taxable amount 5b 7 Capital gain or (loss). Attach Schedule D if required. If not required, check here 7 7 9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 9 171, 546. 10 Subtract line 10 from line 9. This is your adjusted gross income 11 171, 546. 10 Standard deduction or itemized deductions (from Sc		z	Add lines 1a through 1h								1z		194	,846.
4a IRA distributions 4a b Taxable amount 4b 5a Pensions and annuities 5a b Taxable amount 5b 9 Social security benefits 6a b Taxable amount 7 • Single or Married filing separately, \$12,950 6a Social security benefits 6a b Taxable amount 7 • C If you elect to use the lump-sum election method, check here (see instructions) 0 7 6b • Married filing jointly or Qualifying surviving spouse, \$25,900 0 Other income from Schedule 1, line 10 7 8 -23, 300. 9 171, 546. 10	Attach Sch. B	2a	Tax-exempt interest	2a		b Ta	axable interes [.]	t.			2b			
Standard Deduction for - 5a 5a b Taxable amount	if required.	3a	Qualified dividends	3a			,				3b			
Deduction for- 6a Social security benefits 6a b Taxable amount 6b • Single or Married filing separately, \$12,950 6a Social security benefits 6a b Taxable amount 6b • Married filing jointly or Qualifying surviving spouse, \$25,900 7 Capital gain or (loss). Attach Schedule D if required. If not required, check here 7 7 • Married filing jointly or Qualifying surviving spouse, \$25,900 9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 9 171, 546. • Head of household, \$19,400 11 Subtract line 10 from line 9. This is your adjusted gross income 11 171, 546. • Head of household, \$19,400 12 Standard deduction or itemized deductions (from Schedule A) 12 25, 900. • If you checked any box under Standard 13 Qualified business income deduction from Form 8995 or Form 8995-A 13 14 25, 900. • If you checked any box under Standard 14 25, 900. 15 145 64.6		4a	IRA distributions	4a		b Ta	axable amoun	t			4b			
 Single or Married filing separately, \$12,950 Married filing jointy or Qualifying surviving spouse, \$25,900 Head of household, \$12,900 Head of household, \$12,900 Had of household, \$13,000 Had of household, \$14,000 Had of household, \$12,900 Had of household, \$14,000 Had of household, \$12,000 Had of household, \$12,000 Had of household, \$12,000 Had of household, \$12,000 Had of household, \$13,000 Had of household, \$14,000 Had of household, \$14,000 Had of household, \$12,000 Had of household, \$14,000 Had of household, \$14,000 Had of household, \$12,000 Had of household, \$14,000 Had of household, \$1	Standard	5a		5a		b Ta	axable amoun	t			5b	_		
Married filing separately, \$12,950 c If you elect to use the lump-sum election method, check here (see instructions) .		6a	-					t		· _	6b	_		
\$12,950 7 Capital gain or (loss). Attach Schedule D if required, theor required, check here 1 7 • Married filing jointly or Qualifying surviving spouse, \$25,900 9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 9 171, 546. • Head of household, \$19,400 11 Subtract line 10 from line 9. This is your adjusted gross income 11 171, 546. • Head of household, \$19,400 12 Standard deduction or itemized deductions (from Schedule A) 12 25, 900. • If you checked any box under Standard 13 Qualified business income deduction from Form 8995 or Form 8995-A 13 • Add lines 12 and 13 11 12, 5, 900. 13 • If you checked any box under Standard 14 25, 900. • If Subtract line 14 from line 11. If zero or less enter -0- This is your taxable income 15 145, 646	Married filing		, ,			•	,			. L				
jointly or Qualifying surviving spouse, \$25,9009Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income9171, 546.10Adjustments to income from Schedule 1, line 2610• Head of household, \$19,40011Subtract line 10 from line 9. This is your adjusted gross income11171, 546.12Standard deduction or itemized deductions (from Schedule A)1225, 900.• If you checked any box under Standard13Qualified business income deduction from Form 8995 or Form 8995-A131425, 900.14Subtract line 14 from line 11. If zero or less enter -0-This is your taxable income15										. L				
Qualifying surviving spouse, \$25,900 9 171,546. 10 Adjustments to income from Schedule 1, line 26 10 Head of household, \$19,400 Subtract line 10 from line 9. This is your adjusted gross income 11 171,546. 12 Standard deduction or itemized deductions (from Schedule A) 12 25,900. If you checked ary box under Standard 13 Qualified business income deduction from Form 8995 or Form 8995-A 13 14 25,900. 14 25,900. 14 25,900. 15 Subtract line 14 from line 11. If zero or less enter -0- This is your taxable income 15 145.646	 Married filing jointly or 													
\$25,900 10 Adjustments to income nom outedule 1, inte 20 11 10 • Head of household, \$19,400 11 Subtract line 10 from line 9. This is your adjusted gross income 11 171,546. • Head of household, \$19,400 12 Standard deduction or itemized deductions (from Schedule A) 12 25,900. • If you checked any box under Standard 13 Qualified business income deduction from Form 8995 or Form 8995-A 13 14 25,900. 14 25,900. 15 Subtract line 14 from line 11. If zero or less enter -0- This is your taxable income 15 145.646	Qualifying				-								171	,546.
household, \$19,400 12 Standard deduction or itemized deductions (from Schedule A) 12 25,900. If you checked any box under Standard Deduction, 13 Qualified business income deduction from Form 8995 or Form 8995-A 13 14 25,900. 14 Add lines 12 and 13 14 25,900. 14 25,900. 15 Subtract line 14 from line 11. If zero or less enter -0- This is your taxable income 15 145.646									• •					
\$19,400 12 Standard deduction or itemized deductions (from Schedule A) 12 25,900. • If you checked any box under Standard 13 Qualified business income deduction from Form 8995 or Form 8995-A 13 13 • If you checked any box under Standard 14 Add lines 12 and 13 14 25,900. • Deduction, Deduction, 15 Subtract line 14 from line 11. If zero or less enter -0- This is your taxable income 15 145.646	 Head of household. 			-					• •	• •				
any box under Standard 14 Add lines 12 and 13 14 25,900 Deduction, 15 Subtract line 14 from line 11. If zero or less enter -0- This is your taxable income 15 145 646	\$19,400									• •			_25	,900.
Standard 14 Add lines 12 and 13 14 25,900 Deduction, 15 Subtract line 14 from line 11. If zero or less enter -0- This is your taxable income 15 145 646										• •				
	Standard									• •		_		
		10	Subtract line 14 from line 11. If zer	U ULIES	s, enter -u This is y	ourt		ie .	• •	• •	15		143	,040.

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 For	rm(s): 1 🗌 881	4 2 4972	3 🗌		16	23,276.
Credits	17	Amount from Schedule 2, line 3					17	
	18	Add lines 16 and 17					18	23,276.
	19	Child tax credit or credit for other depende	ents from Sched	lule 8812			19	2,000.
	20	Amount from Schedule 3, line 8					20	
	21	Add lines 19 and 20					21	2,000.
	22	Subtract line 21 from line 18. If zero or less	s, enter -0				22	21,276.
	23	Other taxes, including self-employment ta	x, from Schedul	e 2, line 21			23	0.
	24	Add lines 22 and 23. This is your total tax					24	21,276.
Payments	25	Federal income tax withheld from:						
	а	Form(s) W-2			25a 22	,384.		
	b	Form(s) 1099			25b			
	с	Other forms (see instructions)			25c			
	d	Add lines 25a through 25c					25d	22,384.
If you have a	26	2022 estimated tax payments and amount	applied from 20	021 return			26	
If you have a l qualifying child,	27	Earned income credit (EIC)			27			
attach Sch. EIC.	28	Additional child tax credit from Schedule 88			28			
	29	American opportunity credit from Form 88	63, line 8		29			
	30	Reserved for future use			30			
	31	Amount from Schedule 3, line 15			31			
	32	Add lines 27, 28, 29, and 31. These are yo			Indable credits		32	
	33	Add lines 25d, 26, and 32. These are your					33	22,384.
Refund	34	If line 33 is more than line 24, subtract line	e 24 from line 33.	. This is the amour	nt you overpaid		34	1,108.
neruna	35a	Amount of line 34 you want refunded to y	ou. If Form 8888	B is attached, cheo	ckhere	. 🗆	35a	1,108.
Direct deposit?	b	Routing number 0 7 1 0 0 0	0 1 3	c Type: 🛛 🗙	Checking	Savings		
See instructions.	d	Account number 7 3 3 9 0 9	9 1 0					
	36	Amount of line 34 you want applied to you	ur 2023 estimate	ed tax	36			
Amount	37	Subtract line 33 from line 24. This is the a	mount you owe					
You Owe		For details on how to pay, go to www.irs.g					37	
	38	Estimated tax penalty (see instructions)			38			
Third Party	Do	you want to allow another person to d	iscuss this retu	rn with the IRS?	See			
Designee	ins	tructions			. 🗌 Yes. C	omplete b	elow.	X No
	De: nar	signee's	Phone no.			onal identif oer (PIN)	cation	
						. ,		
Sign	hal	der 99948i998 bit perjury, I declare that I have exam ier, they are true, correct, and complete. Declaratic						
Here	Yo	un di complete. Declaratic Li signature — DE955BCAE1F5412	Date	Your occupation				nt you an Identity
	.C		Buto					IN, enter it here
Joint return?		-DocuSigned by:		IT PROFESS	SIONAL	(see i	nst.)	
See instructions. Keep a copy for	Sp	by se's signature. If a joint return, both must sign.	Date	Spouse's occupati	on			nt your spouse an
your records.		K S (Oml				Ident (see i	-	ection PIN, enter it here
		-7443D5C90277403		IT PROFESS				
		pne no. (309) 660-0383 parer's name Preparer's sign	Email address	SURASHINISEL	VAM@YAHOO.CO. Date	PTIN		Check if:
Paid		PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA				P02082	202	Self-employed
Preparer			A RAM JAGAK	GUFIA IALLAM	02/00/2023			(678) 965-9522
Use Only		n's name GLOBAL TAXES LLC n's address 245 ROONEY CT E BB	UNIQUITOR N	т 08816			e no. (s EIN	
Cata warmin		1040 for instructions and the latest information	TOTIONICK N	0 00010				84-3171965

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

REV 01/28/23 PRO BAA

Form **1040** (2022)

1

SCHEDULE 1 Additional Income and Adjustments to Income (Form 1040) Attach to Form 1040, 1040-SR, or 1040-NR. Department of the Treasury Go to www.irs.gov/Form1040 for instructions and the latest information. Internal Revenue Service Name(s) shown on Form 1040, 1040-SR, or 1040-NR Your social security number SUBASHINI SELVAM & ARUN RAMASAMY 221-13-0537 Part I **Additional Income** Taxable refunds, credits, or offsets of state and local income taxes 1 . . . 2a 2a Alimony received

2a	Alimony received		2a	
b	Date of original divorce or separation agreement (see instructions):			
3	Business income or (loss). Attach Schedule C		3	-14,350.
4	Other gains or (losses). Attach Form 4797		4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Att	ach Schedule E .	5	-8,950.
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		
ο	Section 951A(a) inclusion (see instructions)	80		
р	Section 461(I) excess business loss adjustment	8р		
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 ()	
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:			
		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	l, or 1040-NR, line 8	10	-23,300.
For Pa	perwork Reduction Act Notice, see your tax return instructions.		Schedul	e 1 (Form 1040) 2022

OMB No. 1545-0074

2022
Attachment Sequence No. 01

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-basis government	
	officials. Attach Form 2106	12
13	Health savings account deduction. Attach Form 8889	13
14	Moving expenses for members of the Armed Forces. Attach Form 3903	14
15	Deductible part of self-employment tax. Attach Schedule SE	15
16	Self-employed SEP, SIMPLE, and qualified plans	16
17	Self-employed health insurance deduction	17
18	Penalty on early withdrawal of savings	18
19a	Alimony paid	19a
b	Recipient's SSN	
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 8I 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 24g	-
h	Attorney fees and court costs for actions involving certain unlawful	
	discrimination claims (see instructions)	-
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	-
, i	Housing deduction from Form 2555	-
K	Excess deductions of section 67(e) expenses from Schedule K-1 (Form	
_	1041)	-
Z	Other adjustments. List type and amount: 24z	
OF		25
25	Total other adjustments. Add lines 24a through 24z	20
26	Add lines 11 through 23 and 25. These are your adjustments to income . Enter here and on Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a	26
		· · · · ·
	BAA REV 01/28/23 PRO	Schedule 1 (Form 1040) 2022

	EDULE C n 1040)	-		Profit or Los	ropriet	torship)		OMB No. 1545-0074
	ment of the Treasury			•		ictions and the latest information.		Attachment
	Revenue Service	Attach to F	orm 10	40, 1040-SR, 1040-NR, or	1041;	partnerships must generally file F		
	of proprietor							curity number (SSN)
	N RAMASAMY			die en en en el vet en el en el en el en el	- :	(ational)		9-1840
Α		s or protessio	on, inclu	ding product or service (se	e instri	lctions)		ode from instructions
	PIXZ LLC	16						6 1 9 1 0
С		it no separate	busines	ss name, leave blank.			D Employ	er ID number (EIN) (see instr.
	PIXZ LLC			004 0 T 0				
E				00m no.) 224 S LC				
	City, town or pos					WI 53590		
F	Accounting meth		Cash			Other (specify)		
G						2022? If "No," see instructions for li		
Н	-			-				
I	•	• • •		· •		n(s) 1099? See instructions		
J		or will you file	e require	d Form(s) 1099?				🗌 Yes 🛄 No
Par								
1						this income was reported to you on		
		-			hecked	1	1	
2	Returns and allo				• •		2	
3	Subtract line 2 fr				• •		3	
4	Cost of goods se		,					
5	•							
6						refund (see instructions)		
7	Gross income.	Add lines 5 ar	nd 6.	· · · · · · · · ·	· ·	<u></u>	. 7	
Part				for business use of yo				
8	Advertising		8	100.	18	Office expense (see instructions) .		1,000.
9	Car and truck	expenses			19	Pension and profit-sharing plans .	19	
	(see instructions)	9		20	Rent or lease (see instructions):		
10	Commissions ar		10		а	Vehicles, machinery, and equipment	20a	
11	Contract labor (see	e instructions)	11		b	Other business property	20b	
12	Depletion		12		21	Repairs and maintenance	21	
13	Depreciation and expense dedu				22	Supplies (not included in Part III) .	22	
	included in Pa	``			23	Taxes and licenses	23	
	instructions) .		13		24	Travel and meals:		
14	Employee benef	it programs			а	Travel	24a	4,000.
	(other than on lir	ne 19) .	14		b	Deductible meals (see		
15	Insurance (other	than health)	15			instructions)	24b	
16	Interest (see inst	ructions):			25	Utilities	25	200.
а	Mortgage (paid to	banks, etc.)	16a		26	Wages (less employment credits)	26	
b	Other		16b		27a	Other expenses (from line 48) .	27a	9,050.
17	Legal and profess	ional services	17		b	Reserved for future use	27b	
28	-					8 through 27a		14,350.
29	Tentative profit of	or (loss). Subti	ract line	28 from line 7			29	-14,350.
30	Expenses for bu	usiness use o	of your h	nome. Do not report these	e expe	nses elsewhere. Attach Form 8829		
	unless using the	simplified me	thod. Se	ee instructions.				
				he total square footage of			_	
	and (b) the part of	of your home	used for	business:		. Use the Simplified		
	Method Workshe	eet in the instr	ructions	to figure the amount to en	ter on l	ine 30	30	
31	Net profit or (lo	ss). Subtract	line 30 f	rom line 29.				
				(Form 1040), line 3, and c tions.) Estates and trusts,			31	-14,350.
	• If a loss, you m	-		,,			<u> </u>	
32		0		describes your investment	in this	activity. See instructions.		
				2		,		
				n both Schedule 1 (Form * ine 1, see the line 31 instruc		Estates and trusts, enter on	32a 🗙	All investment is at risk.
	Form 1041, line							Some investment is not
			st attacl	n Form 6198. Your loss ma	av he li	, J		at risk.

For Paperwork Reduction Act Notice, see the separate instructions.

REV 01/28/23 PRO

	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 (atta	ch exi	olanation)	
34	Was there any change in determining quantities, costs, or valuations between opening and closing inventor If "Yes," attach explanation	y?	,	🗌 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 1 Form 4562.			
43	When did you place your vehicle in service for business purposes? (month/day/year)			
44	Of the total number of miles you drove your vehicle during 2022, enter the number of miles you used your v	ehicle	for:	
а	Business b Commuting (see instructions) c O	ther		
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 line	e 30.		
AU	TOMOBILE AND TRUCK EXPENSE			500.
EQ	UIPMENT RENT			100.
PA	RKING FEES AND TOOLS			50.
TR.	AINING/CONTINUING EDUCATION			200.
TE	LEPHONE			3,000.
CO	MPUTER SERVICES AND SUPPLIES			3,000.
PR	INTING			300.
BA	NK CHARGES			200.
Se	e Line 48 Other Expenses Total other expenses. Enter here and on line 27a	48		1,700. 9,050.
			I	-,

SCHE (Form		-		Supplementa							OMB No	. 1545-0074
•	,	(From re		oyalties, partners		-			trusts, REMIC	s, etc.)	20	22
	ent of the Treasury Revenue Service			ach to Form 1040, gov/ScheduleE for					formation.		Attachm	ent ce No. 13
	shown on return			<u> </u>						our soci	al security	
SUBA	SHINI SELV.	AM & A	RUN RAMASAM	Y						221-1	3-0537	
Part				Real Estate an					I			
	Note: If yo	ou are in th	ne business of renti s from Form 4835 (ng personal proper	ty, use	Schedule	c . See	instruc	ctions. If you are	e an indiv	idual, rep	ort farm
Α				vould require you	to file	Form(s) 1	099? 5	See ins	tructions		. 🗌 Ye	s 🕅 No
				orm(s) 1099?		. ,						
1a				et, city, state, ZIF								
Α	RAINBOW N	AGAR PI	UDUCHERRY II	N 605011								
В		-										
С												
1b	Type of Prope			real estate prope				Fa	ir Rental	Person	al Use	QJV
	(from list below	N)		ne number of fair in ays. Check the Q.			_		Days	Da		
	3			requirements to f			A		365		0	
B C				enture. See instru			B C					
	of Property:						U					
	Single Family R	esidence	a 3 Vacation	/Short-Term Ren	tal	5 Land	l	7	Self-Rental			
	Multi-Family Re		4 Commer	cial		6 Roya	alties	8	Other (describ	ce)		
	-					-			Propertie			
Incom	e:				-		Α		B			С
3		H			3			50.				
4	Royalties recei	ived			4							
Expen												
5	•				5							
6			structions)		6							
7	•		nce		7		1,2	00.				
8					8							
9 10			sional fees		9 10							
11					11		1.5	00.				
12	0		to banks, etc. (se		12							
13	Other interest				13							
14	Repairs				14		2,8	00.				
15	Supplies				15		2,3	00.				
16					16							
17					17		1,8	00.				
18 19		-	or depletion		18 19							
19 20			nes 5 through 19		20		9,6	00				
21	•		ne 3 (rents) and/o									
				out if you must								
	file Form 6198				21		-8,9	50.				
22			estate loss after l				_				. –	_
		-	ructions)		22	(0.)()	()
23a				or all rental prope				23a		650.		
b c				or all royalty prop for all properties				23b 23c				
d				for all properties				230 23d				
e				for all properties				23e	9,	600.		
24				on line 21. Do no						24		
25	Losses. Add ro	oyalty loss	ses from line 21 a	nd rental real estat	te losse	es from lir	ne 22. E	inter to	tal losses here	25	(8,950.)
26				come or (loss).								
				page 2 do not								0 0 0 0 0
Fer D				se, include this ar arate instructions.		In the to		116 4 1	on page 2 . -8,950.	26		-8,950.
I UI Fa		IULI AULIN	ouve, see the sep	arate ກາວເກັບປະເບເກີນ.		T # T			-,	201	IEUUIE E (FO	orm 1040) 2022

SCHEDULE 8812 (Form 1040)

Department of the Treasury

Credits for Qualifying Children and Other Dependents

OMB No. 1545-0074

Attach to	Form 1040	, 1040-SR, o	r 1040-NR
Allachill	1011111040	, 1040-311, 0	1 1040-1411.

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

9 12 Attachment Sequence No. 47

Internal	al Revenue Service Go to <i>www.lrs.gov/Schedule8812</i> for Instructions and the latest information.						
Name(s	s) shown on return				Your	social s	ecurity number
SUBA	SHINI SELVAM & ARUN RAMASAMY				221.	-13-0)537
Par	rt I Child Tax Credit and Credit for Other Dependents						
1	Enter the amount from line 11 of your Form 1040, 1040-SR, or 1040-NR					1	171,546.
2a	Enter income from Puerto Rico that you excluded	2a					
b	Enter the amounts from lines 45 and 50 of your Form 2555	2b			0.		
c	Enter the amount from line 15 of your Form 4563	2c					
d	Add lines 2a through 2c					2d	0.
3	Add lines 1 and 2d					3	171,546.
4	Number of qualifying children under age 17 with the required social security number	4			1		
5	Multiply line 4 by \$2,000					5	2,000.
6	Number of other dependents, including any qualifying children who are not under age						
	17 or who do not have the required social security number	6			0		
	Caution: Do not include yourself, your spouse, or anyone who is not a U.S. citizen, U.S. n	ationa	al, or I	J.S. resi	dent		
	alien. Also, do not include anyone you included on line 4.						
7	Multiply line 6 by \$500					7	
8	Add lines 5 and 7	• •			•	8	2,000.
9	Enter the amount shown below for your filing status.						
	• Married filing jointly—\$400,000						
	• All other filing statuses— $$200,000 \int \dots $	• •			•	9	400,000.
10	Subtract line 9 from line 3.						
	• If zero or less, enter -0						
	• If more than zero and not a multiple of \$1,000, enter the next multiple of \$1,000. For						
	r r r r r r r r r r r r r r r r r r r					10	0.
11	Multiply line 10 by 5% (0.05)					11	0.
12	Is the amount on line 8 more than the amount on line 11?					12	2,000.
	○ No. STOP. You cannot take the child tax credit, credit for other dependents, or add Skip Parts II-A and II-B. Enter -0- on lines 14 and 27.	litiona	al chi	d tax ci	edit.		
	Yes. Subtract line 11 from line 8. Enter the result.						
13	Enter the amount from the Credit Limit Worksheet A $\ldots \ldots \ldots \ldots \ldots \ldots \ldots$					13	23,276.
14	Enter the smaller of line 12 or 13. This is your child tax credit and credit for other dep	ender	nts .			14	2,000.

Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 19.

If the amount on line 12 is more than the amount on line 14, you may be able to take the **additional child tax credit** on Form 1040, 1040-SR, or 1040-NR, line 28. Complete your Form 1040, 1040-SR, or 1040-NR through line 27 (also complete Schedule 3, line 11) before completing Part II-A.

For Paperwork Reduction Act Notice, see your tax return instructions. REV 01/28/23 PRO Schedule 8812 (Form 1040) 2022 BAA

	ile 8812 (Form 1040) 2022		Page 2
	II-A Additional Child Tax Credit for All Filers		
	on: If you file Form 2555, you cannot claim the additional child tax credit.		
15	Check this box if you do not want to claim the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on lin	e 27 .	🗆
16a	Subtract line 14 from line 12. If zero, stop here; you cannot take the additional child tax credit. Skip Parts II-A		_
_	and II-B. Enter -0- on line 27	16a	0.
b	Number of qualifying children under 17 with the required social security number: x \$1,500.		
	Enter the result. If zero, stop here; you cannot claim the additional child tax credit. Skip Parts II-A and II-B.	10	
	Enter -0- on line 27	16b	
15	TIP: The number of children you use for this line is the same as the number of children you used for line 4.	15	
17	Enter the smaller of line 16a or line 16b	17	
18a	Earned income (see instructions)	-	
b 19	Nontaxable combat pay (see instructions) 1 18b Is the amount on line 18a more than \$2,500?		
19	\square No. Leave line 19 blank and enter -0- on line 20.		
	Yes. Subtract \$2,500 from the amount on line 18a. Enter the result		
20	Multiply the amount on line 19 by 15% (0.15) and enter the result	20	
20	Next. On line 16b, is the amount \$4,500 or more?	20	
	No. If you are a bona fide resident of Puerto Rico, go to line 21. Otherwise, skip Part II-B and enter the		
	smaller of line 17 or line 20 on line 27.		
	Yes. If line 20 is equal to or more than line 17, skip Part II-B and enter the amount from line 17 on line 27.		
	Otherwise, go to line 21.		
Part	II-B Certain Filers Who Have Three or More Qualifying Children and Bona Fide Resident	s of Pue	erto Rico
21	Withheld social security, Medicare, and Additional Medicare taxes from Form(s) W-2,		
	boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If		
	your employer withheld or you paid Additional Medicare Tax or tier 1 RRTA taxes, see		
	instructions		
22	Enter the total of the amounts from Schedule 1 (Form 1040), line 15; Schedule 2 (Form		
	1040), line 5; Schedule 2 (Form 1040), line 6; and Schedule 2 (Form 1040), line 13 . 22		
23	Add lines 21 and 22		
24	1040 and		
	1040-SR filers: Enter the total of the amounts from Form 1040 or 1040-SR, line 27,		
	and Schedule 3 (Form 1040), line 11.		
	1040-NR filers: Enter the amount from Schedule 3 (Form 1040), line 11. 24		
25	Subtract line 24 from line 23. If zero or less, enter -0	25	
26	Enter the larger of line 20 or line 25	26	
	Next, enter the smaller of line 17 or line 26 on line 27.		
	II-C Additional Child Tax Credit	, , , , , , , , , , , , , , , , , , ,	
27	This is your additional child tax credit. Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 28	27	

Form **8889**

Health Savings Accounts (HSAs)

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

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

OMB No. 1545-0074

Internal	Revenue Service	S	Sequence No. 52
		nave HS	of HSA beneficiary. As, see instructions. 37
	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		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		
7	coverage under an HDHP at any time during 2022, see the instructions for the amount to enter If you were age 55 or older at the end of 2022, married, and you or your spouse had family coverage	6	7,300.
	under an HDHP at any time during 2022, enter your additional contribution amount. See instructions.	7	
8	Add lines 6 and 7	8	7,300.
9	Employer contributions made to your HSAs for 2022	-	
10	Qualified HSA funding distributions 10		
11	Add lines 9 and 10	11	3,000.
12	Subtract line 11 from line 8. If zero or less, enter -0	12	4,300.
13	HSA deduction. Enter the smaller of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line 13 Caution: If line 2 is more than line 13, you may have to pay an additional tax. See instructions.	13	0.
Part	HSA Distributions. If you are filing jointly and both you and your spouse each have separate Part II for each spouse.	irate I	HSAs, 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 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	
с	Subtract line 14b from line 14a	140 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, include this		
10	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	17h	
Part		17b	oforo
Part	Income and Additional Tax for Failure To Maintain HDHP Coverage. See the instruction completing this part. If you are filing jointly and both you and your spouse each have septimized 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 Pa	no annual. De duction Act Notice, and use the statemention of	1	Form 8889 (2022)
	aperwork Reduction Act Notice, see your tax return instructions. BAA REV 01/28/23 PRO		

Form 8867 Paid Preparer's Due Diligence Checklist	OMB	No. 1545 For tax y	
Form Earned Income Credit (EIC), American Opportunity Tax Credit (AOTC), (Rev. November 2022) Child Tax Credit (CTC) (including the Additional Child Tax Credit (ACTC) and Credit for Other Dependents (ODC)), and Head of Household (HOH) Filing Status		20	
Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form8867 for instructions and the latest information.		nment ence No.	70
Taxpayer name(s) shown on return Taxpayer identification	tion number		
SUBASHINI SELVAM & ARUN RAMASAMY 221-13-05			
Preparer's name Preparer tax identi		ber	
SYAM PRIYA RAM SAGAR GUPTA TALLAM P02082703			
Part I Due Diligence Requirements			
	AOTC		НОН
1 Did you complete the return based on information for the applicable tax year provided by the taxpaye or reasonably obtained by you? (See instructions if relying on prior year earned income.)	r Yes	No	N/A
2 If credits are claimed on the return, did you complete the applicable EIC and/or CTC/ACTC/ODC worksheets found in the Form 1040, 1040-SR, 1040-NR, 1040-PR, 1040-SS, or Schedule 8812 (Form 1040) instructions, and/or the AOTC worksheet found in the Form 8863 instructions, or your own worksheet(s) that provides the same information, and all related forms and schedules for each credit to the test.	n n t		
claimed?	×		
3 Did you satisfy the knowledge requirement? To meet the knowledge requirement, you must do both o the following.			
 Interview the taxpayer, ask questions, and contemporaneously document the taxpayer's responses to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status. 			
Review information to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to figure the amount(s) of any credit(s)			
4 Did any information provided by the taxpayer or a third party for use in preparing the return, o information reasonably known to you, appear to be incorrect, incomplete, or inconsistent? (If "Yes, answer questions 4a and 4b. If "No," go to question 5.)		X	
a Did you make reasonable inquiries to determine the correct, complete, and consistent information? .			
b Did you contemporaneously document your inquiries? (Documentation should include the questions you asked, whom you asked, when you asked, the information that was provided, and the impact the information had on your preparation of the return.)			
5 Did you satisfy the record retention requirement? To meet the record retention requirement, you must keep a copy of your documentation referenced in question 4b, a copy of this Form 8867, a copy of an applicable worksheet(s), a record of how, when, and from whom the information used to prepare Form 8867 and any applicable worksheet(s) was obtained, and a copy of any document(s) provided by the taxpayer that you relied on to determine eligibility for the credit(s) and/or HOH filing status or to figure the amount(s) of the credit(s)	/ 1 2		
List those documents provided by the taxpayer, if any, that you relied on:	-		
6 Did you ask the taxpayer whether he/she could provide documentation to substantiate eligibility for the credit(s) and/or HOH filing status and the amount(s) of any credit(s) claimed on the return if his/he return is selected for audit?			
7 Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous year?		×	
(If credits were disallowed or reduced, go to question 7a; if not, go to question 8.)			
a Did you complete the required recertification Form 8862?			
8 If the taxpayer is reporting self-employment income, did you ask questions to prepare a complete and			
correct Schedule C (Form 1040)? REV 01/28/23 PRO For Paperwork Reduction Act Notice, see separate instructions. REV 01/28/23 PRO	Form 88	67 (Boy	11_2022

Form 8	867 (Rev. 11-2022)			Page 2
Part	II Due Diligence Questions for Returns Claiming EIC (If the return does not claim EIC, go	to Part	III.)	_
9a	Have you determined that the taxpayer is eligible to claim the EIC for the number of qualifying children	Yes	No	N/A
	claimed, or is eligible to claim the EIC without a qualifying child? (If the taxpayer is claiming the EIC			
	and does not have a qualifying child, go to question 10.)			
b	Did you ask the taxpayer if the child lived with the taxpayer for over half of the year, even if the taxpayer			
	has supported the child the entire year?			
С				
	more than one person (tiebreaker rules)?			
Part		claim C	CTC, A	CTC,
	or ODC, go to Part IV.)			
10	Have you determined that each qualifying person for the CTC/ACTC/ODC is the taxpayer's dependent who is	Yes	No	N/A
	a citizen, national, or resident of the United States?	×		
11	Did you explain to the taxpayer that he/she may not claim the CTC/ACTC if the child has not lived with			
	the taxpayer for over half of the year, even if the taxpayer has supported the child, unless the child's			
	custodial parent has released a claim to exemption for the child?	×		

Part	statement to the return?	X	<u></u>
	separated parents (or parents who live apart), including any requirement to attach a Form 8332 or similar		
	Did you explain to the taxpayer the rules about claiming the CTC/ACTC/ODC for a child of divorced or		

Due Dingence Questions for metaling Acro (in the retain does not claim Acro, go to r art v.)					
13	Did the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the qualified	Yes	No		
	tuition and related expenses for the claimed AOTC?				
Part	V Due Diligence Questions for Claiming HOH (If the return does not claim HOH filing status, go to	o Part V	VI.)		
14	Have you determined that the taxpayer was unmarried or considered unmarried on the last day of the tax year	Yes	No		
	and provided more than half of the cost of keeping up a home for the year for a qualifying person?				

Part VI **Eligibility Certification**

You will have complied with all due diligence requirements for claiming the applicable credit(s) and/or HOH filing status on the return of the taxpayer identified above if you:

- A. Interview the taxpayer, ask adequate questions, contemporaneously document the taxpayer's responses on the return or in your notes, review adequate information to determine if the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s);
- B. Complete this Form 8867 truthfully and accurately and complete the actions described in this checklist for any applicable credit(s) claimed and HOH filing status, if claimed;
- C. Submit Form 8867 in the manner required; and
- D. Keep all five of the following records for 3 years from the latest of the dates specified in the Form 8867 instructions under Document Retention.
 - 1. A copy of this Form 8867.
 - 2. The applicable worksheet(s) or your own worksheet(s) for any credit(s) claimed.
 - 3. Copies of any documents provided by the taxpayer on which you relied to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).
 - 4. A record of how, when, and from whom the information used to prepare this form and the applicable worksheet(s) was obtained.
 - 5. A record of any additional information you relied upon, including questions you asked and the taxpayer's responses, to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).

If you have not complied with all due diligence requirements, you may have to pay a penalty for each failure to comply related to a claim of an applicable credit or HOH filing status (see instructions for more information).

15	5 Do you certify that all of the answers on this Form 8867 are, to the best of	your knowledge, true, correct, and	Yes	No
	complete?		X	

REV 01/28/23 PRO

Form 8867 (Rev. 11-2022)

Additional Information From 2022 Federal Tax Return

Schedule C (PIXZ LLC): Profit or Loss from Business

Line 48 Other Expenses

Continuation Statement

Description	Amount
DISCOUNTS	500.
DUES AND SUBSCRIPTIONS	150.
INTERNET	200.
MISCELLANEOUS	500.
PERMITS AND FEES	50.
SUPPLIES	300.
Total	1,700.