IRS e-file Signature Authorization

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

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

Submission Identification Number (SID)

Taxpay	/er s name	Social secur	ity numb	ber
APC	ORVA R MANE	890-84	-0062	2
Spouse	o's name	Spouse's so	cial secu	urity number
Par	t I Tax Return Information – Tax Year Ending December 31, 2022 (En	ter year you a	are aut	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	65 , 935.
2	Total tax		2	7,267.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	8,789.
4	Amount you want refunded to you		4	1,522.
5	Amount vou owe		5	

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

Тахрау	er's PIN: che	ck one box only				40062	
X	I authorize	GLOBAL TAXES	LLC	to enter or generate	my PIN		as my
	signature on	the income tax retu	ERO firm name urn (original or amended) I am now a	uthorizing.		Enter five digits, but don't enter all zeros	
			ure on the income tax return (original N and your return is filed using the l		od. The E	ERO must complete	
Your sig	nature 🕨	·/f	1 Ministration	Date ►	04/09	/2023	
Spouse	's PIN: checl	k one box only					
	l authorize			to enter or generate	my PIN		as my
	signature on	the income tax retu	ERO firm name urn (original or amended) I am now a	uthorizing.		Enter five digits, but don't enter all zeros	
			ure on the income tax return (original N and your return is filed using the l				

Spouse's signature ►	Date 🕨
Practitioner PIN Method Retu	rns Only—continue below
Part III Certification and Authentication – Practitioner	PIN Method Only
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit	self-selected PIN. 2 2 2 4 9 6 3 1 9 8 9 Don't enter all zeros

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

ERO's signature 🕨		Date 🕨	
	D Must Retain This Form — See nit This Form to the IRS Unless		
For Denergy ork Deduction Act Nation and your	stov votuvo inotructiono —		Earm 8879 (Payr 01 2021)

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

Deduction for- 6a Social security benefits 6a b Taxable amount 6b • Single or Married filing separately, \$12,950 c If you elect to use the lump-sum election method, check here (see instructions) . . . 6b 7 Capital gain or (loss). Attach Schedule D if required. If not required, check here 7 27	1040	· ·	rtment of the Treasury—Internal Revenue Serv 5. Individual Income Tax		urn 20 2	2	OMB No. 1545	-0074	IRS Use O	nly—Do no	ot write or stapl [,]	e in this space.
APCORVA R MANE 890-84-0062 If plot rubm, spoule's first name and middle initial Last name Spoule's social security number Home address furthern, spoule's first name and middle initial Last name Presidential Election Campaigner Home address furthern, spoule's first name and middle initial Presidential Election Campaigner Presidential Election Campaigner Gitty, tow, or post affice. If you have a foreign address, also complete spaces below. State 2101 Check here if you, or your spoule. If filing jorth, want 38 Foreign country name Foreign province/state/country Foreign postal code your tax or refund. Standard Someone can callerin. You a dependent Your spouse as dependent Deduction Spouse itemizes on a separate return or you were a dual-status allen Spouse itemizes on a separate return or you were a dual-status allen Age/Bindness You: Were born before January 2, 1958 Are bind Spouse itemizes or a separate return or you were a dual-status allen Page/Bindness You: I) First name Last name Spouse (Q) Balatonation Home of the home Company 2, 1958 I to bind Depandents I to all amount from Form(s) W-2, box 1 (see instructions) I to all to all the dependent How Set instructions I I to all amount from Form(s) W-2, box 1 (see instructions) I to all to the dependent care benefits from F	Check only	lf yo	u checked the MFS box, enter the n	ame of y						sp	oouse (QSS	5)
APCORVA R MANE 830-84-0062 If plot runn, spouse's first name and middle initial Last name Spouse's social security number Home address further, spouse's first name and middle initial Last name Spouse's social security number Home address further, spouse's first name and middle initial Last name Apt. no. Presidential Election Campaign State 2011 City, tow, or post affice, if you have a toreign address, also complete spaces below. State 2011 Foreign country name Foreign province/state/country Foreign postal code your tax or refund. Digital At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or b) sell, You You Asset Spouse itemizes on a separate return or you were a dual-status allen App./// Spouse Yes No Dependents, see instructions; (1) First name Last name Spouse itemizer or a separate return or you were a dual-status allen App.//// Spouse Implicit matching itemizations; Presidential sections (1) First name Last name Child tax cecit Child tax cecit Child tax cecit Cecit for other dependent Deprote	Your first name	and mi	ddle initial	Last nar	ne					Your	social secur	ritv number
If joint return, spouse's first name and middle initial Last name Apt. no. 294.89 Apt. no. 294.89 VALLEY FANCH PXWY E 2010 Check here if you, or your City, town, or pool office. If you have a foreign address, also complete spaces below. State 27 bods Dispose if filing fourth, want S3 as the your will not change if filing fourth, want S3 as the your will not change if filing fourth, want S3 as the your will not change if filing fourth your spouse as a dependent Presidential Election Campaign You (your spouse as a dependent You (your spouse as a dependent Defution Spouse's social security name Foreign country harme Foreign country harme is possible intervit on spluces; or (b) sell, asset (y campaign asset) (See instructions]. You (your spouse as a dependent Defuction Spouse itemizes on a separate return or you were a dual-status alien Appendix asset (y campaign asset) (See instructions); (9) Cheat me box if qualifies for fee instructions; If more if the president is the during were paraters in the president is or you were a dual-status alien Appendix asset if forms and were paraters in the president is or you were a dual-status alien Appendix asset if and anount form Form(s) W-2, box 1 (see instructions). 1a 72, 785, 1b In conservation 1a Total amount from Form(s) W-2, box 1 (see instructions). 1a 72, 785, 1b If more if the presin province adeplice on Form(s) W-2, cee in												-
Home address (number and street). If you have a P.O. box, see instructions. Apt. no. 2011 Presidential Election Campaign Check here if you, or your spoce if timing jointly, want 35 City, tow, or post office. If you have a foreign address, also complete spaces below. State ZP code spoce if timing jointly, want 35 Foreign country name Foreign province/state/country Foreign postal code You Spoces 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 othervise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions) Vos No Standard Spouse itemizes on a separate return or you were a dual-status allen Ape/Bindness You Spouse Dependents (see instructions): (g) Social security (g) Polationaling (g) Check the born before damuary 2, 1958 Is blind Dependents, see distructions): In Total amount from Form(s) W-2, box 1 (see instructions) In In In Income In Total amount from Form(s) W-2, box 1 (see instructions) In In In W-2 Asset Total amount from Form(s) W-2, box 1 (see instructions) In In In W-2 Asset Total amount fr			first name and middle initial		ne					-		
9448 VALLEY RANCH FXWTYE 2011 Check here if You, or you City, tow, or post office, if you have a foreign address, also complete spaces below. TX 75.063 browser if filling jours, want 33 to go to this fund. Checking a tog to this fund. Checking a your tax or refurd. Digital Assets At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset); (See instructions). Yes No Standard Someone can call citika as dependent Your a someone can citika asset); (C) sell, esci instructions); Yes No Dependents See instructions; (P) social accurry (P) sections (P) Check the box if qualifies for (see instructions); Check there dependent citika credit for other dependent dependent see instructions; If mortion (I) First name Last name (P) Social accurry (P) sections (P) Check the box if qualifies for (see instructions); If mortion (I) First name Last name (P) Social accurry (P) sections (P) Check the box if qualifies for (see instructions); If a total amount from Form(s) W-2, box 1 (see instructions) I I (P) Check the box if qualifies for (see instructions); If a total amount from Form(s) W-2, box 1 (see instructions) I <t< td=""><td>j</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></t<>	j											
9448 VALLEY RANCH FXWT E 2011 Check here if You, or you Check here if You Check here if You, Or you Check here if You </td <td>Home address (</td> <td>numbe</td> <td>r and street). If you have a P.O. box, see</td> <td>instructio</td> <td>ons.</td> <td></td> <td></td> <td>A</td> <td>pt. no.</td> <td>Presi</td> <td>dential Elect</td> <td>tion Campaign</td>	Home address (numbe	r and street). If you have a P.O. box, see	instructio	ons.			A	pt. no.	Presi	dential Elect	tion Campaign
City, town, or post office. If you have a foreign address, also complete spaces below. State 217 code spouse if filling jointly, want S3 tog to this fund. Checking a spouse it and accountly name Foreign province/state/countly Foreign province/state/countly <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>2</td> <td>011</td> <td></td> <td></td> <td>1 0</td>								2	011			1 0
ITX_TING TX 7506.3 box below will not change [®] Foreign country name Foreign province/state/country Foreign province/state/country your tax or refund. 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 Xe Deduction Spouse itemizes on a separate return or you were a dual-status allen Spouse: Assets Assets (a) Check the box if qualifies for (see instructions): (i) Oreck the box if qualifies for (see instructions): (i) Check the box if qualifies for (see instructions): (i) Check the box if qualifies for (see instructions): (ii) did tax credit Credit for other dependent If more than four (i) First name Last name number (i) Direck the box if qualifies for (see instructions): iii a 72, 785. If more there . 1 Total amount from Form(9) W-2, box 1 (see instructions). ia 72, 785. ib Harden Forms 4 Total amount from Form(9) W-2, box 1 (see instructions). ia 72, 785. ia 72, 785. How 2.2 see Modical waiver payments not reported on Form(s) W-2.2 see. ia 1 ia 72, 785. ia 1 How 2.2 see In				omplete sp	baces below.	Sta	ite		-			
Foreign country name Foreign province/state/county Foreign postal code your tax or refund. Digital Assetts At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) self. You Spouse Standard Someone can claim: You as a dependent You as a dependent You You No Standard Gependent: Geneone can claim: You as a dependent You (a) Realization (a) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	IRVING					T	K	750	63	Ŭ Ŭ		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 calm: Yues as dependent Yues as dependent Yues No Age/Blindness You: Were born before January 2, 1958 Are blind Spouse: Was born before January 2, 1958 Is blind Dependents (see instructions): (i) First name (i) Social security (ii) Relationship (ii) Check the box if qualifies for (see instructions): Check the box if qualifies for (see instructions) Imcome 1a Total amount from Form(s) W-2, box 1 (see instructions) . 1a 72, 785. In Otal amount from Form(s) W-2, box 1 (see instructions) . 1a 72, 785. 1b Ver 2, here .Asio Tip income not reported on Form(s) W-2, (see instructions) . 1a 72, 785. Ver 2, see instructions . 1a 72, 785. 1b 1a Ver 2, see instructions . . 1a 72, 785. 1a In Otal amount from Form(s) W-2, see instructions) . 1a<	-	name		F	oreign province/state/	-						•
Assets 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 Age/Blindness You: ↓ Were born before January 2, 1958 ↓ Are bind Spouse : ↓ Ware born before January 2, 1958 ↓ Is blind Dependents (1) First name ⊥ Last name ↓ 10 you (2) Social security 10 you (3) Relationship 10 you If more than four dependents (1) First name ⊥ Last name ↓ 10 you (2) Social security 10 you (3) Relationship 10 you If more than four dependents (1) First name ⊥ Last name ↓ 10 you (1) First name ⊥ Last name ↓ 10 you (1) First name ⊥ Last name ↓ 10 you Income there 1 1 1 1 1 New 2. 1 1 1 1 1 1 V2. Area. Also 1 1 1 1 1 1 1 New 2. 1 <t< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>🗌 You</td><td>Spouse</td></t<>											🗌 You	Spouse
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): (1) First name Last name (2) Social security (3) Relationship (4) Check the box if qualifies for Gee instructions); If more (1) First name Last name (2) Social security (3) Relationship (4) Check the box if qualifies for Gee instructions); dependents, see instructions									,	. ,		No
Deduction Spouse itemizes on a separate return or you were a dual-status alien Age/Blindness You: Ware born before January 2, 1958 Are blind Spouse: Was born before January 2, 1958 Is blind Dependents (9) First name Last name (9) First name Child tax credit Credit for other dependents dependents	Standard	Som	eone can claim: 🗌 You as a de	pendent	Your spous	e as	a dependent					
Dependents (see instructions): (2) Social security number (9) Relationship to you (4) Check the box if qualifies for (see instructions): If more than four dependents, see instructions (1) First name Last name (2) Social security number (3) Relationship to you (4) Check the box if qualifies for (see instructions): and check (1) First name Last name (2) Social security number (3) Relationship to you (4) Check the box if qualifies for (see instructions): and check (1) First name Last name (1) First name <			Spouse itemizes on a separate retur	n or you	were a dual-status	alier	ı					
Dependents (see instructions): (2) Social security number (9) Relationship to you (4) Check the box if qualifies for (see instructions): If more than four dependents, see instructions (1) First name Last name (2) Social security number (3) Relationship to you (4) Check the box if qualifies for (see instructions): and check (1) First name Last name (2) Social security number (3) Relationship to you (4) Check the box if qualifies for (see instructions): and check (1) First name Last name (1) First name <	Ago/Plindnooo	Vou		050	Are blind Sno			n hofe	ro lonuor	105		aliad
If more than four dependents, see instructions and check In to you Child tax credit Credit for other dependents see instructions and check Image: Standard St		_		900						· ·		
If more If it with white If it with white If it with white If it with white If with	-				., ,	'		ip ("			1	
dependents, see instructions Image: see instructions Image: see instructions and check here Image: see instructions Image: see instructions Image: see instructions Income Image: see instructions Image: see instructions Image: see instructions Image: see instructions Attach Form(s) Ve2 Area. Also Medicaid waiver payments not reported on Form(s) W-2 (see instructions) Image: see instructions Image: see instructions <td< td=""><td></td><td>(1) 1</td><td>Lasthame</td><td></td><td></td><td></td><td>. ,</td><td></td><td></td><td></td><td></td><td></td></td<>		(1) 1	Lasthame				. ,					
and check here]		
here Image: start of the		;]		
Income 1a Total amount from Form(s) W-2, box 1 (see instructions) 1a 72,785. Attach Form(s) b Household employee wages not reported on Form(s) W-2. 1b Attach Form(s) C Tip income not reported on line 1a (see instructions) 1c W-2 Area, Also Medicaid waiver payments not reported on Form(s) W-2 (see instructions) 1c W-2 Area Medicaid waiver payments not reported on Form (s) W-2 (see instructions) 1d W-2 Area e Taxable dependent care benefits from Form 2441, line 26 1d If you did not g Wages from Form 8919, line 6 1g 1g get a Form h Other earned income (see instructions) 1h 0. v-2, see instructions 1h 0. 1g get a Form h Other earned income (see instructions) 1h 0. v-2, see instructions 1h 0. 1g z Add lines 1a through 1h 1a 1z 72, 785. Attach Sch. B 2a au All all anoult is 5b 5b Deduction for 5a b Taxable amount 5b]		
Itechnologies Household employee wages not reported on Form(s) W-2. 1b Attach Forms c Tip income not reported on line 1a (see instructions) 1c W-2 here.Also d Medicaid waiver payments not reported on Form(s) W-2 (see instructions) 1d W-2G and e Taxable dependent care benefits from Form 2441, line 26 1e 109-81 ftax mass withheld. f Employer-provided adoption benefits from Form 8839, line 29 1f get a Form h Other earned income (see instructions) 11 1g get a Form h Other earned income (see instructions) 11 1 was withheld. f Employer-provided adoption benefits from Form 8839, line 29 1h 0. w2-2, see in Nontaxable combat pay election (see instructions) 11 1g 1 1 was withheld. f Employer-provided adoption benefits from Form 8839, line 29 1h 0. w2-2, see in Nontaxable combat pay election (see instructions) 11 1z 72, 785. ztach Sch. B a Qualified dividends 3a 110. b Dratable amount 5b Deduction fo		1a	Total amount from Form(s) W-2 b	ox 1 (see	e instructions)					,	1a	72.785
Attach Form(s) c Tip income not reported on line 1a (see instructions) 1c W-2 here. Also dtach Forms d Medicaid waiver payments not reported on Form(s) W-2 (see instructions) 1d W-2 geard 1099-R if tax was withheld. f Employer-provided adoption benefits from Form 8839, line 29 1e If you did not get a Form g Wages from Form 8919, line 6 1g 1g W-2, see instructions. in Nontaxable combat pay election (see instructions) 1i 1z 72, 785. Attach Sch. B 2a Tax-exempt interest 2a b Taxable interest 2b Standard 3a 110. b Taxable amount 4b 5b Standard Ining separately. \$72,2980 an Unities 5a b Taxable amount 6b Standard Deduction for- Single or in- Single or in-	Income			•	,					-	-	121100.
W-2 nee. Also attach Forms d Medicaid waiver payments not reported on Form(s) W-2 (see instructions) 1d W-26 and 1099-R if tar vas withheld. f Taxable dependent care benefits from Form 2441, line 26 1e If you did not get a Form g Wages from Form 8919, line 6 1g W-2, see in Nontaxable combat pay election (see instructions) 1l W-2, see in Nontaxable combat pay election (see instructions) 1l 0. W-2, see in Nontaxable combat pay election (see instructions) 1l 0. W-2, see in Nontaxable combat pay election (see instructions) 1l 0. W-2, see in Nontaxable combat pay election (see instructions) 1l 0. M-21 Add lines 1a through 1h 12 72,785. Attach Sch. B 2a Tax-exempt interest 2b Matter Hold 5a Pensions and annutites 5a b Standard 5a Pensions and annutites 5a b Taxable amount 6b Standard Tore c If you elect to use the lump-sum election method, check here (see instructions) 7 27. Standard filing separately, spl	Attach Form(s)			•	.,					-		
W-2G 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 was withheld. g Wages from Form 8919, line 6 1g get a Form W-2, see instructions. h Other earned income (see instructions) 1l x-2, see instructions. z Add lines 1 a through 1h 1z 72,785. Attach Sch. B 2a b b Tax-exempt interest 2b 4a IRA distributions 3a 110. b Ordinary dividends 3b 123. 5a Pensions and annuities 5a b Taxable amount 4b 5b Obduction for- ease genarativ, strandard Deduction for- dard filing jointly or lopintly or low Add lines 12, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 9 65, 935. 10 Standard deduction or itemized deductions (from Schedule A) 11 65, 935. 11 Subtract line 10 from line 9. This is your adjusted gross income 11 65, 935. 12 </td <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>		d								. –	1d	
1099-Rif tax was withheld. f Employer-provided adoption benefits from Form 8839, line 29 1f was withheld. f Employer-provided adoption benefits from Form 8839, line 29 1g get a Form h Other earned income (see instructions) 1h 0. W-2, see i Nontaxable combat pay election (see instructions) 1i 1z 72,785. Xtach Sch. B 2a Tax-exempt interest 2a b Taxale interest 2b 4a IRA distributions 3a 110. b Ordinary dividends 3b 123. Standard frequired. 3a Qualified dividends 3a 110. b Taxable amount 4b Standard fling separately, sile or full or out all on closes. 5a b Taxable amount 6b Standard fling separately, or Qualifying spouse. C If you elect to use the lump-sum election method, check here (see instructions) 7 27. Standard fling separately, or Qualifying spouse. So Caltal gain or (loss). Attach Schedule D if required. If not required, check here 7 27. Standard fling source. Gother income from Schedule 1, line 10 10 55. 9		e							. –	1e		
If you did not g Wages from Form 8919, line 6 1g get a Form h Other earned income (see instructions) 1h W-2, see i Nontaxable combat pay election (see instructions) 1i instructions. z Add lines 1a through 1h 12 Attach Sch. B 2a Qualified dividends 2a 4a Qualified dividends 3a 110. 4a IRA distributions 4a 5a Pensions and annuities 5a b Taxable amount 5b 6a b Taxable amount * Single or Married filing genarately, site 950 * Gapital gain or (loss). Attach Schedule 1, line 10 1a 9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 10 Standard 0ualified dividends or (loss). Attach Schedule 1, line 26 * Raried filing genarately, site 340 10 Standard deduction or itemized deductions (from Schedule 1, line 26 * Married filing gourting spouse, standard deduction or itemized deductions (from Schedule A) 11 65, 935. 10 Standard deduction or itemized deductions (from Schedule A) 11 65, 935. 12 11 13 Qualified business income deduction from Form 8995 or Form 8995 A 13 Qualified business income deduction from Form 8995 or Form 8995 A 14 12, 952.		f	•							. [1f	
In you do not W-2, see instructions. Z Add lines 1a through 1h Xtach Sch. B 2a If required. 3a Qualified dividends 3a Qualified dividends 4a B Tax-exempt interest 3a Qualified dividends 4a B Carrow b Tax-exempt interest 3a Qualified dividends 4a B Carrow b Carrow Car		g	Wages from Form 8919, line 6							. [1g	
Instructions. z Nontaxable combat pay election (see instructions)	,	h	Other earned income (see instruct	ions) .							1h	0.
z Add lines 1a through 1h 1z 72,785. Attach Sch. B 2a 1a b Taxable interest 2b Attach Sch. B 3a 110. b Taxable interest 2b a Qualified dividends 3a 110. b Ordinary dividends 3b 123. 4a IRA distributions 4a 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 27. Married filing jointly or Qualifying spouse, \$25,900 Cher income from Schedule 1, line 10 5 5 6 -7,000. 9 652,935. Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 9 652,935. 10 14 Add lines 12 and 13 . . 12 12,950. 12 12 12,950. 15 Subtract line 10 from line 9. This is your adjusted gross income . . 10 11		i	Nontaxable combat pay election (see instr	uctions)		1i					
if required. 3a Qualified dividends 3a 110. b Ordinary dividends 3b 123. 4a IRA distributions 4a b Taxable amount 4b 5a Pensions and annuities 5a b Taxable amount 4b 5a Pensions and annuities 5a 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 27. 8 Other income from Schedule 1, line 10 8 -7,000. 9 65,935. 10 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 10 11 65,935. <td< td=""><td></td><td>z</td><td>Add lines 1a through 1h</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>1z</td><td>72,785.</td></td<>		z	Add lines 1a through 1h								1z	72,785.
4a IRA distributions 4a b Taxable amount 4b 5a Pensions and annuities 5a b Taxable amount 5b • Single or Married filing separately, \$12,950 6a Social security benefits 6a b Taxable amount 5b • Gained filing separately, \$12,950 c If you elect to use the lump-sum election method, check here (see instructions) . . 6b • Married filing jointly or Qualifying surviving spouse, \$25,900 0 Other income from Schedule 1, line 10 . . . 8 -7,000. 9 65,935. 10 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income . . 11 65,935. 10 Adjustments to income from Schedule 1, line 26 12 12,950. 11 Subtract line 10 from line 9. This is your adjusted gross income 12 12,950. 16 Qualified business income deduction from Form 8995 or Form 8995-A 14 12,952.	Attach Sch. B	2a	Tax-exempt interest	2a		bТ	axable interest				2b	
Standard Deduction for- 5a Pensions and annuities	if required.	3a	Qualified dividends	3a	110.	bC	Ordinary divider	nds .			3b	123.
Deduction for- 6a Social security benefits 6a b Taxable amount 6b • Single or Married filing separately, \$12,950 c If you elect to use the lump-sum election method, check here (see instructions) . . 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 27. • Married filing jointly or Qualifying surviving spouse, \$25,900 8 Other income from Schedule 1, line 10 . . . 8 -7,000. • Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income . . . 9 65,935. • Head of household, \$19,400 11 Subtract line 10 from line 9. This is your adjusted gross income 11 65,935. • If you checked any box under Standard 12 12,950. 13 Qualified business income deduction from Form 8995 or Form 8995-A . . . 13 2. • Beduction, 14 12,952. 		4a	IRA distributions	4a		bТ	axable amoun	t			4b	
 Single or Married filing separately, \$12,950 Married filing jointly or Qualifying surviving spouse, \$25,900 Mad lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income Married filing jointly or Qualifying \$10 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income Married filing jointly or Qualifying \$25,900 Mad lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income Married filing jointly or Qualifying \$25,900 Mad lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income Married filing jointly or Qualifying \$10 Mad lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income Married filing jointly or Qualifying spouse, \$25,900 Mad lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income Married filing jointly or Qualifying spouse, \$25,900 Mad lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your adjusted gross income Married filing jointly or Qualified business income deductions (from Schedule A) Married filing jointly or Qualified business income deduction from Form 8995 or Form 8995-A Married filing spouse, 11 Married filing jointly or Qualified business income deduction from Form 8995 or Form 8995-A Married filing jointly or Qualified from line 11. If zero or less enter -0- This is your taxable income 	Standard	5a	Pensions and annuities	5a		bТ	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	Social security benefits	6a		bΤ	axable amoun	t		-	6b	
\$12,950 7 Capital gain of (loss). Attach Schedule D in required, theoremend, check here 1 7 27. 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 65, 935. 10 Adjustments to income from Schedule 1, line 26 10 11 65, 935. Head of household, \$19,400 12 Standard deduction or itemized deductions (from Schedule A) 11 65, 935. 13 Qualified business income deduction from Form 8995 or Form 8995-A 13 2. 14 12, 952. 14 12, 952. 52, 983 15 Subtract line 14 from line 11. If zero or less enter -0- This is your taxable income 15 52, 983	Married filing	С	If you elect to use the lump-sum e	election n	nethod, check here	(see	instructions)					
jointly or Qualifying surviving spouse, \$25,9009Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income965, 935.10Adjustments to income from Schedule 1, line 2610• Head of household, \$19,40011Subtract line 10 from line 9. This is your adjusted gross income1165, 935.12Standard deduction or itemized deductions (from Schedule A)1212, 950.• If you checked any box under Standard13Qualified business income deduction from Form 8995 or Form 8995-A132.1412, 952.Deduction, Deduction,1412, 952.1552, 983		7	Capital gain or (loss). Attach Sche	dule D if	required. If not requ	uired	, check here				7	
Qualifying surviving spouse, \$25,900 9 Add lines 12, 20, 30, 4b, 5b, 6b, 7, and 8. This is your total income 9 65, 935. 10 Adjustments to income from Schedule 1, line 26 10 10 Head of household, \$19,400 Subtract line 10 from line 9. This is your adjusted gross income 11 65, 935. 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 2. 14 12, 952. 14 12, 952. Deduction, 15 Subtract line 14 from line 11. If zero or less enter -0- This is your taxable income 15	 Married filing 	8	Other income from Schedule 1, lin	ne10.						· _	8	
\$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 65,935. • Head of household, \$19,400 12 Standard deduction or itemized deductions (from Schedule A) 12 12,950. • If you checked any box under Standard 13 Qualified business income deduction from Form 8995 or Form 8995-A 13 2. • Id 12,952. 14 12,952. 14 12,952. • Deduction, 15 Subtract line 14 from line 11. If zero or less enter -0- This is your taxable income 15 52,983	Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7	, and 8. ⁻	This is your total inc	com	e			·	9	65,935.
• Head of household, \$19,400 11 Subtract line 10 from line 9. This is your adjusted gross income 11 65,935. • Head of household, \$19,400 12 Standard deduction or itemized deductions (from Schedule A) 12 12,950. • If you checked any box under Standard 13 Qualified business income deduction from Form 8995 or Form 8995-A 13 2. 14 Add lines 12 and 13 . . . 14 12,952. Deduction, 15 Subtract line 14 from line 11. If zero or less enter -0- This is your taxable income 15 52,983		10	•							· _	10	
\$19,400 12 Standard deduction or itemized deductions (from Schedule A) 12 12,950. • If you checked any box under Standard 13 Qualified business income deduction from Form 8995 or Form 8995-A 13 2. 14 Add lines 12 and 13 13 14 12,952. Deduction, 15 Subtract line 14 from line 11. If zero or less enter -0- This is your taxable income 15 52,983	Head of									•	11	
any box under Standard 14 Add lines 12 and 13 12,952 Deduction, 15 Subtract line 14 from line 11. If zero or less enter -0- This is your taxable income 15 52,983										-		
Standard 14 Add lines 12 and 13 14 12,952 Deduction, 15 Subtract line 14 from line 11. If zero or less enter -0- This is your taxable income 15 52,983				ion from	Form 8995 or Form	899	95-A			-		
	Standard											
		15	Subtract line 14 from line 11. If zer	ro or less	s, enter -0 This is y	our	taxable incom	е.		·	15	52,983.

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

Form **1040** (2022)

Form 1040 (2022	2)								Page 2
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 🗌 881	4 2 4972	3 🗌		16	7,267.
Credits	17	Amount from Schedule 2, lin	ie3					17	
	18	Add lines 16 and 17						18	7,267.
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812			19	
	20	Amount from Schedule 3, lin	ie8					20	
	21	Add lines 19 and 20						21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	7,267.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21			23	0.
	24	Add lines 22 and 23. This is	your total tax					24	7,267.
Payments	25	Federal income tax withheld							
	а	Form(s) W-2				25a 8	,789.		
	b	Form(s) 1099				25b			
	с	Other forms (see instructions	s)			25c			
	d	Add lines 25a through 25c						25d	8,789.
	26	2022 estimated tax payment	ts and amount a	pplied from 20	21 return			26	
If you have a qualifying child,	27	Earned income credit (EIC)			No	27			
attach Sch. EIC.	28	Additional child tax credit from				28			
	29	American opportunity credit	from Form 8863	8, line 8		29			
	30	Reserved for future use .				30			
	31	Amount from Schedule 3, lin				31			
	32	Add lines 27, 28, 29, and 31						32	
	33	Add lines 25d, 26, and 32. T			-			33	8,789.
Defund	34	If line 33 is more than line 24						34	1,522.
Refund	35a	Amount of line 34 you want	refunded to you	J. If Form 8888	is attached, cheo	ck here	. 🗆	35a	1,522.
Direct deposit?	b	Routing number 0 1 1					Savings		
See instructions.	d	Account number 3 8 5					0		
	36	Amount of line 34 you want a				36			
Amount	37	Subtract line 33 from line 24	This is the amo	ount vou owe					
You Owe	0.	For details on how to pay, g						37	
	38	Estimated tax penalty (see in				38			
Third Party	Do	you want to allow another	person to disc	cuss this retu	rn with the IRS?	See			
Designee		structions	•				omplete b	elow.	X No
-		signee's		Phone			onal identif	ication	
	nai			no.			ber (PIN)		
Sign		der penalties of perjury, I declare t ief, they are true, correct, and com							
Here		· ·					1	• •	, ,
	YO	ur signature		Date	Your occupation				nt you an Identity IN, enter it here
Joint return?					SOFTWARE E	ENGINEER	(see i		
See instructions.	Sp	ouse's signature. If a joint return, t	ooth must sign.	Date	Spouse's occupati	on			nt your spouse an
Keep a copy for your records.							Ident (see i		ection PIN, enter it here
your records.							(nsi.)	
		one no. (774) 301-657		Email address	APOORVA.MAN	NE9@GMAIL.CO			
Paid		eparer's name	Preparer's signat			Date	PTIN		Check if:
Preparer		I PRIYA RAM SAGAR GUPTA TALLAM		RAM SAGAR	GUPTA TALLAM	04/07/2023	P02082		Self-employed
Use Only		m's name GLOBAL TAX							678)965-9522
			Y CT E BRU	NSWICK N	J 08816		Firm'	s EIN	84-3171965
Go to www.irc.a	ov/Form	a10/0 for instructions and the late	et information						Earm 1040 (2022)

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

BAA REV 03/22/23 PRO

Form **1040** (2022)

SCHEDULE	1
(Form 1040)	

Department of the Treasury

Additional Income and Adjustments to Income

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

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

OMB No. 1545-0074

A4

Attachment

Internal Revenue Service			Sequence No. UI
Name(s) shown on Fo	rm 1040, 1040-SR, or 1040-NR	Your soc	ial security number
APOORVA R MANE		890-84	-0062

Part I Additional Income 1 1 2a 2a **b** Date of original divorce or separation agreement (see instructions): 3 3 4 4 -7,000. 5 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 5 6 Farm income or (loss). Attach Schedule F. 6 7 Unemployment compensation 7 8 Other income: Net operating loss 8a а 8b b Cancellation of debt **8c** С d Foreign earned income exclusion from Form 2555 8d 8e е Income from Form 8889 f 8f Alaska Permanent Fund dividends g 8g 8h h i. Prizes and awards 8i i. 8i 8k Income from the rental of personal property if you engaged in the rental Т for profit but were not in the business of renting such property . . . 81 m Olympic and Paralympic medals and USOC prize money (see instructions) 8m Section 951(a) inclusion (see instructions) 8n n Section 951A(a) inclusion (see instructions) 0 80 Section 461(I) excess business loss adjustment р 8p Taxable distributions from an ABLE account (see instructions) . . . 8q a Scholarship and fellowship grants not reported on Form W-2 . . . 8r r Nontaxable amount of Medicaid waiver payments included on Form S 8s Pension or annuity from a nonqualifed deferred compensation plan or t a nongovernmental section 457 plan 8t **u** Wages earned while incarcerated 8u Other income. List type and amount: z 8z 9 9 -7,000. 10 Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8 10

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

Schedule 1 (Form 1040) 2022

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

SCHEDULE D (Form 1040)

Capital Gains and Losses

OMB No. 1545-0074

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

Go to *www.irs.gov/ScheduleD* for instructions and the latest information. Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.



Department of the Treasury Internal Revenue Service Name(s) shown on return

APOORVA R MANE

Your social security number

890-84-0062

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

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

lines This	ee instructions for how to figure the amounts to enter on the nes below. his form may be easier to complete if you round off cents to hole dollars. (d) Proceeds (sales price) (c) (e) Cost (or other basis) (g) Adjustment: to gain or loss t Form(s) 8949, P line 2, column			from Part I,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)	
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	1,913.	1,875.			38.
2	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					
4	Short-term gain from Form 6252 and short-term gain or (I	oss) from Forms 4	684, 6781, and 88	324	4	
5	5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1					
6					6	()
7	Net short-term capital gain or (loss). Combine lines 1a term capital gains or losses, go to Part II below. Otherwise	, ,	7	38.		

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

below. form may be easier to complete if you round off cents to	(d) Proceeds (sales price)	(e) Cost (or other basis)	to gain or loss Form(s) 8949,	s from Part II,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
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.					
Totals for all transactions reported on Form(s) 8949 with Box D checked	295.	306.			-11.
Totals for all transactions reported on Form(s) 8949 with Box E checked					
Totals for all transactions reported on Form(s) 8949 with Box F checked.					
				11	
Net long-term gain or (loss) from partnerships, S corporat	ions, estates, and	trusts from Sched	dule(s) K-1	12	
Capital gain distributions. See the instructions				13	
		-	-	14	()
	15	-11.			
	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 8bTotals for all transactions reported on Form(s) 8949 with Box D checkedBox D checkedTotals for all transactions reported on Form(s) 8949 with Box E checkedBox E checkedTotals for all transactions reported on Form(s) 8949 with Box F checkedBox F checkedGain from Form 4797, Part I; long-term gain from Forms from Forms 4684, 6781, and 8824Net long-term gain or (loss) from partnerships, S corporat Capital gain distributions. See the instructionsLong-term capital loss carryover. Enter the amount, if any Worksheet in the instructionsNet long-term capital gain or (loss).Combine lines 8a on the back	below. (d) form may be easier to complete if you round off cents to e dollars. Proceeds (sales price) 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 Totals for all transactions reported on Form(s) 8949 with Box D checked 295. Totals for all transactions reported on Form(s) 8949 with Box E checked 295. Totals for all transactions reported on Form(s) 8949 with Box F checked 295. Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; from Forms 4684, 6781, and 8824 . Net long-term gain or (loss) from partnerships, S corporations, estates, and Capital gain distributions. See the instructions . Long-term capital loss carryover. Enter the amount, if any, from line 13 of y Worksheet in the instructions . Net long-term capital gain or (loss). Combine lines 8a through 14 in co on the back .	below.(d) Proceeds (or other basis)form may be easier to complete if you round off cents to e dollars.(d) Proceeds (sales price)(e) Cost (or other basis)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). 	below. (d) (e) Adjustment form may be easier to complete if you round off cents to Proceeds (sales price) (or other basis) Adjustment to gain or loss Form(s) 8949, line 2, colum 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 295. 306. Totals for all transactions reported on Form(s) 8949 with Box D checked 295. 306. Totals for all transactions reported on Form(s) 8949 with Box E checked 295. 306. Gain from Form A797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824	below. (d) Proceeds (sales price) (e) Proceeds (sales price) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g) 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 Image: Column (g) Totals for all transactions reported on Form soft of all transactions reported on Form(s) 8949 with Box D checked 295. 306. Totals for all transactions reported on Form(s) 8949 with Box E checked 295. 306. Totals for all transactions reported on Form(s) 8949 with Box E checked 295. 306. Totals for all transactions reported on Form(s) 8949 with Box F checked 11 12 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824 11 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 12 Capital gain distributions. See the instructions 13 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover Worksheet in the instructions 14 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then, go to Part III on the back 15

Part	III Summary	
16	Combine lines 7 and 15 and enter the result	16 27.
	 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 line 22.	
	• 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?	
	X 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.	
21	If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of:	
	 The loss on line 16; or (\$3,000), or if married filing separately, (\$1,500) 	21 ()
	Note: When figuring which amount is smaller, treat both amounts as positive numbers.	
22	Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?	
	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.	
	REV 03/22/23 PRO	Schedule D (Form 1040) 2022

Form **8949**

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.



Internal Revenue Service Name(s) shown on return APOORVA R MANE

Department of the Treasury

890-84-0062

Social security number or taxpayer identification number

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

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

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

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

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 to you on Form 1099-B

1 (a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis See the Note below	Adjustment, if any, to gain or loss If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		(e) or other basis he Note below If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		(h) Gain or (loss) Subtract column (e)
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see <i>Column (e)</i> in the separate instructions.	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g).				
ROBINHOOD SECURITIES LLC	01/01/22	12/31/22	1,913.	1,875.			38.				
2 Totals. Add the amounts in columns negative amounts). Enter each tota Schedule D, line 1b (if Box A above above is checked), or line 3 (if Box C	al here and inc is checked), lir	lude on your ne 2 (if Box B	1,913.	1,875.			38.				

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.

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

Form 8949 (2022)	Attachment Sequence No. 12A	Page

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side APOORVA R MANE

Social security number or taxpayer identification number 890-84-0062

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

Part II Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

Note: You may aggregate all long-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 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You *must* check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-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.

(D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)

[] (E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS

(F) Long-term transactions not reported to you on Form 1099-B

1 (a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis See the Note below	or other basis e Note below See the separate		(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	(g) Amount of adjustment	from column (d) and combine the result with column (g).
ROBINHOOD SECURITIES LLC	01/04/21	12/31/22	295.	306.			-11.
2 Totals. Add the amounts in columns negative amounts). Enter each tota Schedule D, line 8b (if Box D above above is checked), or line 10 (if Box D	I here and inc is checked), lir	lude on your ne 9 (if Box E	295.	306.			-11.

Note: If you checked Box D 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.

	nent of the Treasury Revenue Service		Go to ww	Attach to Form 1040, w.irs.gov/ScheduleE fo	-				nformation.		Attachn Sequen	nent ice No. 13
Name(s)) shown on return									Your soci	al security	number
APOC	RVA R MANE									890-8	4-0062	
Part	Note: If you a	are in t	the business o	ental Real Estate an of renting personal proper 4835 on page 2, line 40.			e C . See	e instru	ctions. If you	are an indi	vidual, rep	ort farm
Α				that would require you	to file	Form(s)	1099? 8	See in	structions .		. 🗌 Ye	es 🛛 No
Bľ	f "Yes," did you or	r will y	ou file requi	red Form(s) 1099?							. 🗌 Ye	es 🗌 No
1a				y (street, city, state, Zl								
A	SHITOLENAGA	R PU	JNE MAHAF	RASHTRA IN 41102	27							
B												
С												
1b	Type of Property	2	For each r	ental real estate prope	erty lis	ted		Fa	ir Rental	Persor	nal Use	0.11/
	(from list below)		above, rep	port the number of fair	rental	and			Days	Da	ays	QJV
Α	3			ise days. Check the Q			Α		365		0	
В			aualified id	et the requirements to to the requirements to the termination of terminat	ine as	a s	В					
С			quainou j				С					
•••	of Property:											
	Single Family Resi			cation/Short-Term Ren	ntal	5 Lanc	-		Self-Rental			
2	Multi-Family Resid	dence	4 Co	mmercial		6 Roya	alties	8	Other (desc	ribe)		
									Propert	ies:		
Incom	ne:						Α		В			С
3	Rents received				3		4	50.				
4	Royalties receive	ed.			4							
Exper	ises:											
5	Advertising .				5							
6					6							
7	Cleaning and ma	intena	ance		7		6	50.				
8					8							
9					9							
10	-				10							
11	-				11		9	50.				
12				tc. (see instructions)	12							
13					13			F 0				
14					14			50.				
15	-				15		1,0	50.				
16 17					16		1 5	50.				
18					18		1,5	50.				
19					19							
20	Total expenses	Add li	nes 5 throuc	jh 19	20		7.4	50.				
21				and/or 4 (royalties). If			., -					
				o find out if you must								
					21		-7,0	00.				
22	Deductible rental	l real	estate loss a	after limitation, if any,								
					22	(7,00	00.)	()	()
23a				ne 3 for all rental prope				23a		450.		
b				ne 4 for all royalty prop				23b				
С				ne 12 for all properties				23c				
d				ne 18 for all properties				23d				
е				ne 20 for all properties				23e	-	7,450.		
24				iown on line 21. Do no								
25	-	•		e 21 and rental real esta							(7,000.)
26	Total rental real	l esta	te and roya	Ity income or (loss).	Comb	oine lines	24 and	25. E	nter the res	ult		

Supplemental Income and Loss

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

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

SCHEDULE E

(Form 1040)

here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2

For Paperwork Reduction Act Notice, see the separate instructions.

26

-7,000.

OMB No. 1545-0074

G 12

Qualified Business Income Deduction Simplified Computation

Attach to your tax return.

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form8995 for instructions and the latest	t information.
--	----------------

OMB No. 1545-2294 2022 Attachment Sequence No. 55

Name(s) shown	on	return	
	Ð		-

Your taxpayer identification number

APOORVA R MANE

890-84-0062

Note. You can claim the qualified business income deduction only if you have qualified business income from a qualified trade or business, real estate investment trust dividends, publicly traded partnership income, or a domestic production activities deduction passed through from an agricultural or horticultural cooperative. See instructions.

Use this form if your taxable income, before your qualified business income deduction, is at or below \$170,050 (\$340,100 if married filing jointly), and you aren't a patron of an agricultural or horticultural cooperative.

1	(a) Trade, business, or aggregation name	(b) Taxpayer identification number	(c) Qualified business income or (loss)	
i				
ii				
iii				
iv				
v				
2	Total qualified business income or (loss). Combine lines 1i through 1v, column (c)	2		
3 4 5	Qualified business net (loss) carryforward from the prior year	3 () 4	5	
6	Qualified REIT dividends and publicly traded partnership (PTP) income or (loss) (see instructions)	<u>6</u> 11.		
7	Qualified REIT dividends and qualified PTP (loss) carryforward from the prior year	7 ()		
8	Total qualified REIT dividends and PTP income. Combine lines 6 and 7. If zero or less, enter -0-	8 11.		
9	REIT and PTP component. Multiply line 8 by 20% (0.20)		9	2.
10	Qualified business income deduction before the income limitation. Add lines 5 and	9	10	2.
11		11 52,985.		
12		12 110.		
13	Subtract line 12 from line 11. If zero or less, enter -0			
14	Income limitation. Multiply line 13 by 20% (0.20)		14	10,575.
15	Qualified business income deduction. Enter the smaller of line 10 or line 14. Also e the applicable line of your return (see instructions)		15	2.
16	Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than	zero, enter -0	16	(0.)
17	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 ar zero, enter -0	d 7. If greater than	17	(0.)
For Pri	vacy Act and Paperwork Reduction Act Notice, see instructions.			Form 8995 (2022)

Form CT-1040 Required Fields

The following fields are required to be automatically populated or completed for taxpayers to continue filing, or must be completed in response to the selection of other fields.

Required to be Automatically-Populated Fields

Each page of each form submitted to DRS must include the following automatically populated fields:

- 1. **Document Identification Numbers -** Three occurrences of the Document Identification Number (DIN) must be on each page. The QR Code and two DINs must be on each scannable page. (See Document Identification Number and Quick Reference (QR) Code, on Page 4.)
- 2. **Social Security Number -** The Social Security Number must appear at the top of Form CT-1040, Pages 2, 3, and 4.
- 3. In addition, the following **Checklist for filing your Connecticut income tax return** must be included when hard copies of the form are printed. Taxpayers should not send the checklist to DRS with the return.

Do not send this sheet with your return.

Checklist for filing your Connecticut income tax return:

- 1. Be sure that Page 1 of your return is not printed on the back of this sheet.
- 2. Do not send "Draft" or "Unapproved" versions of your return. This will delay or stop the processing of your return.
- 3. Do not make manual (hand written or typed) corrections to your return; this is a machine readable return. Changes may only be made by reentering information in your software and re-printing the return.
- 4. Do not attach or send copies of forms W-2 or 1099.
- 5. Verify that the address lines on the return are correct and proper abbreviations are used.
- 6. If the Employer or Payer's Federal ID # is not listed on Page 2, Lines 18a through 18e, Column A, **all** withholding claimed will be disallowed and your return will not be successfully processed.
- 7. Do not attempt to remove or modify the solid boxes that print out on your return. Altering target marks may affect the processing of your return.
- 8. Do not use this return to change or amend previously filed returns. You must use Form CT-1040X to change or amend a previously filed Connecticut income tax return.
- Send all completed pages of CT-1040, Schedule CT-EITC, Schedule CT-CHET, Supplemental Schedule CT-1040WH, Schedule CT-IT Credit, Schedule CT-PE, Schedule CT-Dependent, and Form CT-6251. Send all four pages of your completed return, both pages of your completed CT-EITC schedule, the completed Schedule CT-CHET, and any other supporting schedules.
- 10. Make check payable to: Commissioner of Revenue Services
- 11. To ensure proper posting, write your SSN(s) (optional) and "2022 Form CT-1040" on your check.
- 12. To mail your return, use the following addresses:

For all tax returns with payment: Department of Revenue Services PO Box 2977 Hartford CT 06104-2977 For refunds and tax returns without payment: Department of Revenue Services PO Box 2976 Hartford CT 06104-2976

- 13. Verify that all fields print completely and any preparer information is filled out and legible before filing this return. If you find any errors, do not make manual changes. Re-enter information in your software and re-print the return.
- 14. If you wish to directly deposit a refund into a checking or savings bank account, confirm that Lines 25a through 25d have been completed. You **must** enter bank information on both the federal and Connecticut returns for each to be correctly deposited. Alpha characters are not allowed in Routing or Account Number fields.
- 15. When making payment using Form CT-1040V, **DO NOT** attach copies of your previously filed Form CT-1040.

Do not send this sheet with your return.

10401222V011555		Form CT-1040 Connecticut Resider		Return	
Page 1 of 4		(Rev. 12/22)			
Other tax year, beginning:	and end	ling:			
Y S N FJ	N MFS	N	нон N	QSS	
890 - 84 - 0062 -	-				
APOORVA R MAN	ΙE			N	Dec.
				N	Dec.
9448 VALLEY RNCH PKWY E	1	N	CT-8379	N CT-2210	N CT-19IT
APT 2011		USA N	CT-1040 CRC	N Federal Form 1310	N Schedule CT-Dependent
IRVING T	'X 75063	- •			

1.	Federal adjusted gross income (from federal Form 1040, Line 11, or federal Form 1040-SR, Line 11)	1.	65935
2.	Additions to federal adjusted gross income (from Schedule 1, Line 38)	2.	0
3.	Add Line 1 and Line 2	3.	65935
4.	Subtractions from federal adjusted gross income (from Schedule 1, Line 50)	4.	0
5.	Connecticut adjusted gross income: Line 4 subtracted from Line 3.	5.	65935
6.	Income tax	6.	3216
7.	Credit for income taxes paid to qualifying jurisdictions (from Schedule 2, Line 59)	7.	0
8.	Line 7 subtracted from Line 6. If Line 7 is greater than Line 6, "0" is entered.	8.	3216
9.	Connecticut alternative minimum tax (from Form CT-6251)	9.	0
10	. Add Line 8 and Line 9.	10.	3216
11	. Credit for property taxes paid on your primary residence, motor vehicle, or both (from Schedule 3, Line 68) 11.	0
12	. Line 11 subtracted from Line 10. If less than zero, "0" is entered.	12	3216
13	. Total allowable credits (from Schedule CT-IT Credit, Part 1, Line 11)	13.	0
14	. Connecticut income tax: Line 13 subtracted from Line 12. If less than zero, "0" is entered.	14.	3216
15	. Individual use tax (from Schedule 4, Line 69). If no tax is due, "0" is entered.	15.	0
16	. Total tax: Add Line 14 and Line 15.	16.	3216





10401222V011555

• • • • • • • • • • • • • • • • • •				
10401222V021555 23		• {	90840062	
17. Amount from Line 16		17.	3210	5
Forms W-2, W-2G, and 1099 Information				
	T Wages, Tips, etc.	Col. C -	CT Income Tax Wi	thheld
18a. 22 - 3316142 •	72785		3607	7
18b. – •	0		()
18c. –	0		()
18d. – •	0		()
18e. – •	0		()
18f. Additional Connecticut withholding (from Supplemental So	chedule CT-104 WH, L	ine 3) 1 f.	()
18. Total Connecticut income tax withheld: Amounts in Col	umn C.		18.	3607
19. Il 2022 estimated tax payments and any overpayments a	pplied from a prior yea	ır	19.	0
20. Payments made with Form CT-1040 EXT			20.	0
20a. Earned income tax credit (from Schedule CT-EITC, Line	16).		20a.	0
20b. Claim of right credit (from Form CT-1040 CRC, Line 6).			20b.	0
20c. Pass-through entity tax credit: (from Schedule CT-PE, Lir	ne 1). Schedule must b	e attached.	20c.	0
21. Total payments and refundable credits: Add Lines 18, 1	19, 20, 20a, 20b and 20)c.	21.	3607
22. Overpayment: If Line 21 is more than Line 17, Line 17 sub	tracted from Line 21.		22.	391
23. Amount of Line 22 you want applied to your 2023 estimate	ated tax		23.	0
24. Amount of Line 22 you want applied as a CHET contribution	on (from Schedule CT-	CHET, Line 4)	24.	0
24a. Total contributions of refund to designated charities (from	Schedule 5, Line 70)		24a.	0
25. Refund: Lines 23, 24, and 24a subtracted from Line 22. If you have not elected to direct deposit, a refund check w			-	391
25a. Acct. type Y Ck. N Sv. 25b. Rout. # ()]	L1900254 25	c. Acct. # 38	502455754	42
25d. Refund going to a bank account outside the U.S. $$ 25d. $$ $$ N $$				
26. Tax due: If Line 17 is more than Line 21, Line 21 subtract	ted from Line 17.		26.	0
27. If late: Penalty entered. Line 26 multiplied by 10% (.10).				0
28. If late: Interest entered.				
Line 26 multiplied by number of months or fraction of a month			2	0
29. Interest on underpayment of estimated tax (from Form CT-	-2210)		29.	0
30. Total amount due: Add Lines 26 through 29.			30.	0.00
Declaration: I declare under penalty of law that I have exan including reporting and payment of any use tax due, and, correct. I understand the penalty for willfully delivering a fa imprisonment for not more than five years, or both. The de information of which the preparer has any knowledge. Your signature	, to the best of my ki alse return or docume claration of a paid pr	nowledge and b ent to DRS is a fi	elief, it is true, co ne of not more th n the taxpayer is	omplete, and an \$5,000, or based on all ^{number}
	•		7743016	
Spouse's signature (if joint return) ●	Date		Daytime telephone nu	ımber
Paid preparer's signature Date	Telephone num	ıber	Paid Preparer's PTIN	
	0723 • 6789	659522	P020827	703
Paid preparer's name SYAM PRIYA RAM SAGAR GUPTA TA	ALL		FEIN 8431719	965
Firm's name, address and ZIP code GLOBAL TAXES LLC			Self-employed	
	SWI NJ 08810	5 -	N	
Third Party Designee - Complete the following to authorize DRS				
	hone number		ation number (PIN)	
•		•		
104012	222V021555			

Visit us at $\ensuremath{\text{portal.ct.gov}}\xspace/\ensuremath{\text{DRS}}$ for more information.

Sign Here Keep a copy for your records.

Form CT-1040, Page 3 of 4

10401222V031555



• 890840062

Schedule 1 - Modifications to Federal Adjusted Gross Income	•		
31. Interest on state and local government obligations other than Connec		3	B1. O
32. Mutual fund exempt-interest dividends from non-Connecticut state or			
obligations			32. 0
33. Taxable amount of lump-sum distributions from qualified plans not inc	luded in feder	•	0
gross income	:6		33. O
34. Beneficiary's share of Connecticut fiduciary adjustment: Entered only	n greater than		34. O 35. O
35. Loss on sale of Connecticut state and local government bonds36. Section 168(k) federal bonus depreciation deduction allowed for property	placed in con		
36a. 80% of Section 179 federal deduction.	placeu ili selv		Sa. ()
37. Other - specify ●			37. O
		C C	
38. Total additions: Add Lines 31 through 37.		3	38. 0
39. Interest on U.S. government obligations		3	9 . 0
40. Exempt dividends from certain qualifying mutual funds derived from L	I.S. governme	nt obligations 4	IO. O
41. Social Security benefit adjustment (from Social Security Benefit Adjustment)	tment Worksh	ieet) 4	1. 0
42. Refunds of state and local income taxes		4	12. 0
43. Tier 1 and Tier 2 railroad retirement benefits and supplemental annuit	ies	4	J3. 0
44. Military retirement pay		4	I4. 0
45. 50% of income received from Connecticut Teachers' Retirement System	em	4	I5. O
46. Beneficiary's share of Connecticut fiduciary adjustment: Entered only	if less than ze	ero. 4	l6. 0
47. Gain on sale of Connecticut state and local government bonds		4	i7. 0
48. CHET contributions made in 2022 or			
an excess carried forward from a prior year Acct. #:		4	l8. 0
			0
48a. 25% of Section 168(k) federal bonus depreciation deduction added b	ack in precedi	• •	
48b. 100% of pension or annuity income.		48	•
49. Other - specify •			19. O
50. Total subtractions: Add Lines 39 through 49.		5	50. O
Schedule 2 - Credit for Income Taxes Paid to Qualifying Jurisdiction	s		
51. Modified Connecticut adjusted gross income		5	51. 0
		Col. A	Col. B
FO Overlift in a basis distinction and the lefter and the			
52. Qualifying jurisdiction's name and two-letter code 52.			
53. Non-Connecticut income included on Line 51 and reported on a			
qualifying jurisdiction's income tax return (from Schedule 2 worksheet)	53.	0	0
	00.	0	0
54. Line 53 divided by Line 51	5	0.0000	0.0000
··· _··· · · · · · · · · · · · · · · ·		0.0000	0.0000
55. Income tax liability: Line 11 subtracted from Line 6.	55.	0	0
56. Line 54 multiplied by Line 55	5	0	0
57. Income tax paid to a qualifying jurisdiction	57.	0	0
		_	_
58. Lesser of Line 56 or Line 57	5	0	0
FO Tables de Addition FO Hall			<u>^</u>
59. Total credit: Add Line 58, all columns.		59	9. 0

10401222V031555

Visit us at **portal.ct.gov/DRS** for more information.

REV 02/07/23 PRO

Form CT-1040, Page 4 of 4

10401222V041555



• 890840062



Schedule 3 - Property Tax Credit

Qualifying PropertyName of Connecticut Tax Town or DistrictDescription of PropertyDate(s) Paid	Primary Residence ● ●	Auto 1	• •		Auto 2
• Amount Paid 60	• • • () 61) 1. O	• 62.		0
63. Total property tax paid: Add Lines 60, 61	, and 62.		63.		0
64. Maximum property tax credit allowed			64.	•	300
65. Lesser of Line 63 or Line 64.			65.	•	0
66. Property tax credit limitation decimal amou	nt: If zero, the amount from Line 6	35 is entered on Line 68.	66.	•	0.00
67. Line 65 multiplied by Line 66.			67.	•	0
68. Line 67 subtracted from Line 65.			68.		0
Schedule 4 - Individual Use Tax 69a. Use tax at 1% (from Connecticut Individ	dual Use Tax Worksheet, Section	A Column 7) 6	ба.		0
69b. Use tax at 6.35% (from Connecticut Ind			6 b.		0
69c. Use tax at 7.75% (from Connecticut Ind			69c.		0
69d. Use tax at 2.99% (from Connecticut Ind			69d.		0
69. Individual use tax: Add Lines 69a, 69b,		. ,	69 •		0
Schedule 5 - Contributions to Designated 70a. R			70a.		0
70b. OT		7	7 b.		0
70c. ES/W		7	70c.		0
70d. BCR		7	70d.		0
70e. SNS		7	70e.		0
70f. MR			70f.		0
70g. CBS		7	70g.		0
70h. MHCIA		7	70h.		0
70. Total Contributions: Add Lines 70a the Taxpayer email	rough 70h.		70.		0

10401222V041555