Internal Revenue Service

IRS e-file Signature Authorization

OMB No. 1545-0074

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

Submission Identification Number (SID)

Taxpayer's name Social security number BHABATOSH BISWAL 737-22-6457 Spouse's name Spouse's social security number 974-94-9507 NEELAM RAY Tax Return Information — Tax Year Ending December 31, 2022 (Enter year you are authorizing.) Part I 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. 86,250. 1 1 2 2 6,834. 3 3 15,087. 4 4 8,253. 5 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.

Taxpayer's PIN: check one box only

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

2	6	4	5	7	as my
Ent don	uo my				

9

5 0

Enter five digits, but don't enter all zeros

4

7

as mv

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

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

Your signature

Spouse's PIN: check one box only

X I authorize GLOBAL TAXES LLC ERO firm name

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

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

Spouse's signature	Date 🕨										
Practitioner PIN Method Returns Only—continue below											
Part III Certification and Authentication – Practitioner PIN Method Only											
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.	2	2					6 all zei		9	89	

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 ►		
	 		 0070 /=	04 000 W

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

to enter or generate my PIN

1040		artment of the Treasury—Internal Revenue Servi S. Individual Income Tax		urn	202	2	OMB No. 1545	-0074	IRS Use Only	–Do not w	rite or staple	in this space.	
Filing Status Check only one box.	lf yo	Single X Married filing jointly u checked the MFS box, enter the nation is a child but not your dependent	ame of	-	separately (N buse. If you cl					spou	use (QSS)	-	
Your first name	and mi	iddle initial	Last na	ame						Your so	cial securit	y number	
BHABATOS	н		BIS	VAL						737-2	737-22-6457		
		s first name and middle initial	Last na									curity number	
NEELAM			RAY							974-9	94-950'	7	
	(numbe	er and street). If you have a P.O. box, see		ions.				A	Apt. no.			on Campaigr	
5266 BAY	WATT	ER DRIVE									nere if you,		
		ce. If you have a foreign address, also co	mplete	spaces be	low.	Sta	ate	ZIP c	ode			tly, want \$3	
TAMPA		,				FI		336	515	Ŭ	this fund. ow will not	Checking a	
Foreign country	name			Foreign p	rovince/state/o				n postal code	1	or refund.	0	
, ,				5 1			,		,	-	You	Spouse	
Digital Assets		ny time during 2022, did you: (a) rec ange, gift, or otherwise dispose of a						-		. ,	Yes	X No	
Standard	Som	eone can claim: 🗌 You as a de	pender	nt 🗌	Your spouse	e as	a dependent						
Deduction		Spouse itemizes on a separate retur	n or yo	u were a	dual-status	alier	ı						
Age/Blindness	You:	Were born before January 2, 1	958	Are b	lind Spc	ouse	: 🗌 Was bor	n befo	ore January 2	2. 1958	🗌 ls bl	ind	
Dependents				<u> </u>	Social security		(3) Relationsh		I) Check the b				
If more		irst name Last name		(_)	number		to you	Child tax		redit	Credit for otl	her dependents	
than four	.,										[
dependents,											[7	
see instructions and check	s ——										[7	
here											[
	1a	Total amount from Form(s) W-2, b	ox 1 (se	e instruc	ctions)					. 1a		 97,150.	
Income	b	Household employee wages not re			,					. 1b		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Attach Form(s)	c		(see instructions)							. 1c			
W-2 here. Also attach Forms	d									. 1d			
W-2G and	e	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)								. 1e			
1099-R if tax	f	Employer-provided adoption benefits from Form 8839, line 29								. 1f			
was withheld.	g	Wages from Form 8919, line 6 .			-					. 1g			
lf you did not get a Form	h	Other earned income (see instruct								. <u>1</u> h		0.	
W-2, see	i	Nontaxable combat pay election (s	,				1	1					
instructions.	z	Add lines to through th								. 1z		97,150.	
Attach Sch. B		-	2a				axable interest			01		,	
if required.	3a		3a				Ordinary divider						
	4a		4a				axable amount						
Standard	5a		5a				axable amount			. 5b			
Deduction for-	6a		6a				axable amount			. 6b			
 Single or Married filing 	C	If you elect to use the lump-sum e		method.	check here				[
separately,	7	Capital gain or (loss). Attach Sche							[7			
\$12,950Married filing	8	Other income from Schedule 1, lin								. 8		L0,900.	
jointly or Qualifying	ntly or Add lines 1, 2h 2h 4h 5h 6h 7 and 9. This is your total income									. 9		36,250.	
surviving spouse,	viving spouse, 10 Adjustments to income from Schedule 1 line 26											. ,	
\$25,900 • Head of	11	Subtract line 10 from line 9. This is								. <u>10</u> . 11		36,250.	
household,	12	Standard deduction or itemized	-	•	•					. 12		25,900.	
 If you checked 13 Qualified business income deduction from Form 8995 or Form 8995-A										. 13			
any box under Standard	14											25,900.	
Deduction,	15	Subtract line 14 from line 11. If zer				our [.]	taxable incom	e .		. <u>14</u> . 15		50,350.	
see instructions.				,	,						`	,	

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	6,834.
Credits	17	Amount from Schedule 2, lir	ne3					17	
	18	Add lines 16 and 17						18	6,834.
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812			19	
	20	Amount from Schedule 3, lir	ne8					20	
	21	Add lines 19 and 20						21	
	22	Subtract line 21 from line 18						22	6,834.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21			23	0.
	24	Add lines 22 and 23. This is						24	6,834.
Payments	25	Federal income tax withheld							
	а	Form(s) W-2				25a 15	5,087.		
	b	Form(s) 1099				25b		1	
	с	Other forms (see instruction				25c		1	
	d	Add lines 25a through 25c	,					25d	15,087.
	26	2022 estimated tax payment						26	
If you have a qualifying child,	27	Earned income credit (EIC)				27			
attach Sch. EIC.	28	Additional child tax credit from				28		1	
	29	American opportunity credit				29		-	
	30	Reserved for future use .		,		30		1	
	31	Amount from Schedule 3, lir				31			
	32	Add lines 27, 28, 29, and 31	32						
	33	Add lines 25d, 26, and 32. T	33	15,087.					
Defendel	34	If line 33 is more than line 24						34	8,253.
Refund	35a	Amount of line 34 you want	-			, ,		35a	8,253.
Direct deposit?	b	Routing number 0 3 1							
See instructions.		Account number 8 5 2							
	36	Amount of line 34 you want			ed tax	36			
Amount	37	Subtract line 33 from line 24	,						
You Owe	07	For details on how to pay, g						37	
	38	Estimated tax penalty (see in	-			38			
Third Party	Do	you want to allow another							
Designee		structions	•				omplete l	below.	X No
Ū	De	signee's		Phone			onal identi	fication	
	na	me		no.		num	ber (PIN)		
Sign		der penalties of perjury, I declare t							
Here		ief, they are true, correct, and com	ipiete. Declaration (ased on all informati			, ,
	Yo	ur signature		Date	Your occupation				nt you an Identity IN, enter it here
Joint return?					COMPUTER SY	YSTEM ANALYS	1	inst.)	
See instructions.	Sp	ouse's signature. If a joint return, I	both must sign.	Date	Spouse's occupati			RS sei	nt your spouse an
Keep a copy for your records.			-						ection PIN, enter it here
your records.	HOMEMAKER (s								
		one no. (484)682-676		Email address	BHABATOSHBI	SWAL@GMAIL.C	1		1
Paid		eparer's name	Preparer's signat			Date	PTIN		Check if:
Preparer	SYAM	I PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	02/02/2023	P0208	2703	Self-employed
Use Only	Fir	m's name GLOBAL TA	ne no. (678)965-9522					
	Fir	m's address 245 ROONE	Y CT E BRU	NSWICK N	J 08816		Firm	's EIN	88-2145487
Go to www.irs a	ov/Forr	n1040 for instructions and the late	st information			DEV 01/24/22 DDO			Form 1040 (2022)

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

REV 01/24/23 PRO BAA

Form **1040** (2022)

SCHEDULE	1
(Form 1040)	

Department of the Treasury

Internal Revenue Service

Additional Income and Adjustments to Income

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

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

OMB No. 1545-0074

2022 Attachment Sequence No. 01 Your social security number

737-22-6457

Name(s) shown on Form 1040, 1040-SR, or 1040-NR												
	BHABATOSH	BISWAL	&	NEELAM	RAY							

Par	t I Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxes		1	
2 a	Alimony received		2a	
b	Date of original divorce or separation agreement (see instructions):			
3	Business income or (loss). Attach Schedule C		3	
4	Other gains or (losses). Attach Form 4797		4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Atta	ch Schedule E	5	-10,900.
6	Farm income or (loss). Attach Schedule F.		6	
7	Unemployment compensation		7	
8	Other income:			
а	Net operating loss	8a ()		
b		8b		
С	Cancellation of debt	8c		
d	Foreign earned income exclusion from Form 2555	8d ()		
е		8e		
f	Income from Form 8889	8f		
g	Alaska Permanent Fund dividends	8g		
ĥ		8h		
i	Prizes and awards	8i		
j	Activity not engaged in for profit income	8j		
k	Stock options	8k		
1	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	8p		
q	Taxable distributions from an ABLE account (see instructions)	8q		
r	Scholarship and fellowship grants not reported on Form W-2	8r		
S	Nontaxable amount of Medicaid waiver payments included on Form			
	1040, line 1a or 1d	8s ()		
t	Pension or annuity from a nonqualifed deferred compensation plan or			
	a nongovernmental section 457 plan	8t		
u		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-SR,	or 1040-NR, line 8	10	-10,900.

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

Schedule 1 (Form 1040) 2022

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 Temployed health insurance deduction 17 19 Alimony paid 19a 19 Alimony paid 19a 20 IRA deduction 21 21 Reserved for future use 22 23 Archer MSA deduction 21 24 Other adjustments: 22 a Jury duty pay (see instructions) 22 24 Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions) 24e 24e 24e 24e 24d 24e 24e 24d 24e 24e 24d 24e 24e 24d 24e <	Par	t II Adjustments to Income					
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 25 Total other adjustments. Add lines 24a through 24z	~		247				
26 Add lines 11 through 23 and 25. These are your adjustments to income. Enter here and on	25	Total other adjustments. Add lines 24a through 24z				25	
						20	
	20					26	
BAA REV 01/24/23 PRO Schedule 1 (Form 1040) 20							lo 1 (Form 1040) 00

	EDULE E				Supplem	nental	Inc	ome an	id Los	S				OMB N	o. 1545	5-0074
(Form	1040)	(From	n rental	real estate	e, royalties, pa	artnersh	ips, S	corporat	ions, es	tates,	trusts, REI	MICs,	etc.)	2(DD	2
	nent of the Treasury				Attach to For									Attach	ment	
	Revenue Service		Go	to www.ii	rs.gov/Sched	uleE for	instru	ictions an	d the la	test in	formation.				nce No.	
) shown on return													al security		er
_	BATOSH BISW											7	37-22	2-6457	/	
Part	Note: If yo	ou are in	the bus	iness of re	al Real Esta enting persona 85 on page 2, l	al propert			c . See	instru	ctions. If yo	u are a	an indiv	idual, rej	oort fa	rm
Α	Did you make ar						to file	Form(s) 1	099? 5	See ins	structions			. Y	es 🕅	No
	f "Yes," did you														_	No
1a	Physical addr															
Α	KADUGODI I	BANGA	LORE	KARNA	TAKA IN	56006	7									
В																
С																
1b	Type of Prope (from list below				al real estate the number					Fa	ir Rental Days	P	Personal Use Days		QJV	
Α	3		pers	sonal use	days. Check	the QJ	V box	c only	Α		365			0	1	\Box
В	-	u meet th				В					-	1				
С			qua	linea joint	venture. Se	e instruc	ctions	5.	С							
Туре	of Property:									1						
1	Single Family R	esiden	ce	3 Vacati	on/Short-Ter	rm Rent	al	5 Land			Self-Rent					
2	Multi-Family Re	sidenc	e	4 Comm	ercial			6 Roya	alties	8	Other (de	scribe	e)			
											Prope					
Incom	ne:								Α			B			С	
3	Rents received	1				[3		6	00.						
4	Royalties rece						4									
Exper																
5	Advertising						5			1						
6	Auto and trave	el (see i	nstructi	ons) .		[6									
7	Cleaning and r	mainter	nance .				7		1,0	00.						
8	Commissions					1	8									
9	Insurance .					1	9									
10	Legal and othe						10									
11	Management f						11		8	00.						
12	Mortgage inter						12									
13	Other interest	• •					13		4 0	0.0						
14 15	Repairs Supplies						14 15		4,2							
15				• • •			16		4,5	00.						
17	Utilities						17		3,0	00						
18	Depreciation e						18		570							
19	Other (list)		-			Ī	19									
20	Total expense						20		11,5	00.						
21	Subtract line 2	0 from	line 3 (rents) and	d/or 4 (royalt	ties). If										
	result is a (loss															
	file Form 6198					1	21	-	-10,9	00.						
22	Deductible rer on Form 8582						22	(10,90	0.)	()((
23a	Total of all am	ounts r	eported	d on line 3	for all renta	l proper	ties			23a		6	00.			
b	Total of all am		-		-		erties			23b						
С	Total of all am		-							23c						
d	Total of all am									23d						
е	Total of all am									23e		11,5	_			
24	Income. Add	-						-					24	(1.0	
25	Losses. Add re												25 (10,9	900.
26	Total rental re here. If Parts															

Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2

Schedule E (Form 1040) 2022

-10,900.

26

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