Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization

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

Conicl converts number

Submission Identification Number (SID)

Taxpayer's name

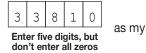
| RUPESH GANDE | | | | | | | | |
|--|---------------------------------------|--|---|--|--|--|--|--|
| Spouse's name Spouse's social security num | | | | | | | | |
| | 647-79 | -1278 | | | | | | |
| 22 (Enter | r year you a | re autho | orizing.) | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | 1 | 84,829. | | | | | |
| | | 2 | 2,660. | | | | | |
| | | 3 | 4,087. | | | | | |
| | | 4 | 1,427. | | | | | |
| | | 5 | · · · · · · | | | | | |
| | · · · · · · · · · · · · · · · · · · · | Spouse's soci 647-79- 22 (Enter year you and | 647-79-1278 22 (Enter year you are authors | | | | | |

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

Under penalties of perjury, 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 T | PAXES | LLC | to enter or generate my PIN | |
|---|-------------|----------|-------|---------------|------------------------------|----|
| | 1 authorize | | | | to enter or generate my rink | Er |
| | | | | 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.

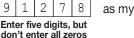
Your signature 🕨

Date 🕨 _

Spouse's PIN: check one box only

X I authorize GLOBAL TAXES LLC ERO firm name

| to enter | or | generate | my | PIN |
|----------|----|----------|----|-----|



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 I | | | | | | | |
|---|--------|----|--|--|--------------|---------|----|--|
| Practitioner PIN Method Returns Only—continu | e bel | ow | | | | | | |
| 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 | | | 3 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 > | | | |
|---|---|--|---------------------------------|
| |) Must Retain This Form — See it This Form to the IRS Unless R | | |
| For Denominarily Deduction Act Nation and you | tow waterwa in a two ations | | Farm 9970 (Days 01 0001) |

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

REV 03/22/23 PRO

| Filing Status Single Married filing jointy Married filing separately (MFS) Head of household (HOH) Durbling (SS) Chock only Tyou checked the MFS box, enter the name d your spouse. If you checked the HOH or GSS box, enter the child's name if the qualifying particular (SS) Dyout into anome of the child but not your dependent: Your first name and middle initial Last name Var social security number Dyout social security number SEI DIVYA KOTAGINI GANDE Apt. no. Prevalential Election Campaign SI A ROPEXEN ST Chy to have a PO. box, see instructions. Apt. no. Prevalential Election Campaign City, town, crostope office. If you have a PO. box, see instructions. Image: State and the wire you or your State and the wire you or your wire payment for property or service; or to you! Vare in the wire on | 1040 | | rtment of the Treasury-Internal Revenue Servi 5. Individual Income Tax | | urn | 202 | 2 | OMB No. 1545 | -0074 | IRS Use Only | —Do not v | vrite or staple | in this space. | | |
|---|---------------------|----------|--|-----------|------------|-----------------|-------|------------------|--------|---------------|------------|-----------------|------------------|--|--|
| RUPESH GANDS 041-13-3810 Hjoht Hum, spoule First name and middle initial Last name Spoule's social security number GATURI GATURI GATU | Check only | lf yo | u checked the MFS box, enter the na | ame of y | | | , | | | | spo | use (QSS) | 0 | | |
| I plot turn, spouse's first name and middle initial Lat name Spouse's social security number SRI_DIVXA KOTAGIRI 647-79-1278 Home address fumbor and street, if you have a P.o. box, see instructions. Apt. no. Precidentifical Election Campaign 214_REDPERN_ST Check here if you, roy our spouse if fing porty, number of the roy our have a foreign address, also complete spaces below. State ZIP code tpoce if fing porty, our spouse if fing porty, our spouse if fing porty, our spouse if fing porty, and state if roy or your spouse if fing porty, and state if roy or your spouse if fing porty, and state if a digital asset (or a financial interest in a digital asset) (see instructions). Vec I Spouse Digital At any time during 2022, did your (a) receive (as a reward, award, or payment for property or services), or below. Vec I Spouse Spouse if find asset)? (See instructions). Vec I Spouse Degital At any time during 2022, did your (a) receive (as a reward, award, or payment for property or services), or below. Vec I Spouse No Standard Semeone can claim: You as a dependent () You spouse as a dependent () You spouse as a dependent () Ports mane. Yes I Social security () See instructions). Vec I Social security () Chieft ta corefit cont for dialities for the instructions? Home of the first name. Lat name. Spouse () Social security () See instructions). I a 94, 4.61. <t< td=""><td>Your first name</td><td>and mi</td><td>ddle initial</td><td>Last na</td><td>me</td><td></td><td></td><td></td><td></td><td></td><td>Your so</td><td>cial securi</td><td>ty number</td></t<> | Your first name | and mi | ddle initial | Last na | me | | | | | | Your so | cial securi | ty number | | |
| SRI DIVYA K0TAGIRI 647-79-1278 Home address fumber and street]. If you have a P.O. box, see instructions. Apt. no. Presidential Election Campaign Chy, tow, or poor of other Hyou have a foreign address, size complete spaces below. State 2/P code. Chy, tow, or poor of the Hyou have a foreign address, size complete spaces below. State 2/P code. Top State Top State </td <td>RUPESH</td> <td></td> <td></td> <td>GAND</td> <td>Ε</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>041-</td> <td colspan="3">041-13-3810</td> | RUPESH | | | GAND | Ε | | | | | | 041- | 041-13-3810 | | | |
| Home address further and street). If you have a P.O. box, see instructions. Apt. no. Presidential Election Carpaging space if filing pointly read to region address, also complete spaces below. State ZP Code Presidential Election Carpaging space if filing pointly read to box below will not change Foreign country name Evelop rowince/state/country Foreign postnew data Foreign postnew data box below will not change your tax or refund. Digital At any time during 2022, did you: (a) receive (as a reward, avard, or payment for property or services); or (b) sell, exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions). Yes No Standard Someone can claim: You as a dependent Your spouse as a dependent Your spouse as a dependent Your spouse Was bom before January 2, 1958 Is blind Dependents: See instructions): (1) Filing tame (2) Folicit harmon (2) Folicit harmon< | If joint return, sp | ouse's | first name and middle initial | Last na | me | | | | | | Spouse | 's social se | curity number | | |
| 314 REDFERN ST Check here if you dryse. You dryse. Spouse Check here if you dryse. | SRI DIVY | A | | KOTA | GIRI | | | | | | 647- | 647-79-1278 | | | |
| Construction Construction State ZP code pouse if lifting jointly, went 38 Construction Construction Foreign country name Foreign province/state/country Foreign province/state/state/country Foreign province/state/state/country Foreign province/state/st | Home address (| numbe | r and street). If you have a P.O. box, see | instructi | ons. | | | | A | Apt. no. | Preside | ntial Election | on Campaigr | | |
| Corp. Market of Documents Data Corp. Control of Documents Degree of the Struct. Checking a Link 270508 b og to this fund. Checking a Corp. Checking Corp. | 314 REDF | ERN | ST | | | | | | | | | , , | , | | |
| Digital Assets At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, Assets Assets exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) Yes Yes No Standard Someone can claim: You as a dependent You spouse as a dependent Yes 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 Last name In order (i) Social security (i) Relationship (i) Child tax oredit Credit for other dependent In ord BADRI GANDE 718-57-1357 Son X I W2A bren. Asio Banount from Form(s) W-2, box 1 (see instructions) Ia Id | | | ce. If you have a foreign address, also co | mplete s | | | | | | to go to | this fund. | Checking a | | | |
| 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). Use Someone can claim: Vou as a dependent Vour spouse as a dependent Ves No Deduction Someone can claim: Vour spouse as a dependent Your spouse as a dependent Ves 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 Last name number (b) You Chelt ke box if qualifies for (see instructions): If more (i) First name Last name number (b) You Chelt as credit Chelt for other dependent Number (i) First name Last name number (b) You Chelt for other dependent Number (i) First name CANDE 71.8 - 57 - 13.57 Son Xion Iii Chelt for other dependent Number (i) First name CANDE First-13.57 Son Xion Iii Chelt as credit Chelt a | Foreign country | name | | | Foreign pr | rovince/state/o | coun | ty | Foreig | n postal code | your ta | k or refund. | | | |
| Assets exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions). □ Yes ○ No Standard Dependents Someone can claim: □ You as a dependent □ Your spouse as a dependent Age/Blindness Yes ○ No Age/Blindness Yes ○ No Spouse temizes on a separate return or you were a dual-status alien Age/Blindness Yes ○ No Operation (a) Check the box if qualifies for (see instructione): Child tax credit for other dependent than four dependents, see instructions; (a) Social security than four dependents, see instructions; (b) Relationship to you (a) Check the box if qualifies for (see instructione): Child tax credit for other dependent dependents, see instructions; Tat as name Immediate for the dependent It come tatch forms W-28 and instructions, 1a Op4, 461. 1b Immediate (a) 1a 04, 461. It come w-28 and instructions, 1a 04, 461. 1b 1c 1c W-28 and instructions, 1a 04, 461. 1b 1c 1d W-28 and instructions, 1a 04, 461. 1b 1c W-28 and instructions, 1a 04, 461. 1b 1c W-28 and instructions, 1a 04, 461. 1b 1c < | | | | | | | | | | | | You | Spouse | | |
| Deduction Spouse itemizes on a separate return or you were a dual-status alien Age/Blindness You: Were bom before January 2, 1958 Are blind Spouse: Was bom 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 (see instructions): If more than four BADRI GANDE 7.18 = 557 - 1357 Son X | Assets | exch | ange, gift, or otherwise dispose of a | digital | asset (or | r a financial i | nter | est in a digital | | , | . , | Yes | X No | | |
| Dependents (see instructions): (2) Social security number (3) Relationship to you (4) Check the box if qualifies for (see instructions): Child tax credit BADRI GANDE 718-57-1357 Son Son Credit for other dependents; see instructions; and check Image: Child tax credit Credit for other dependents; credit for other dependents; see instructions; and check Image: Child tax credit Credit for other dependent instructions; Income there 1a Total amount from Form(s) W-2, box 1 (see instructions) Image: Child tax credit | Deduction | <u> </u> | Spouse itemizes on a separate return | n or you | | | | <u> </u> | | | | | | | |
| Image: the second se | Age/Blindness | You: | Were born before January 2, 1 | 958 | Are bl | ind Spo | ouse | : 📋 Was bor | | , | , | | - | | |
| dependents, see instructions RUDRA GANDE 660-56-4693 Son X Income I Total amount from Form(s) W-2, box 1 (see instructions) I 94,461. Income I Total amount from Form(s) W-2, box 1 (see instructions) I 94,461. V:2 here Also attach Form(s) Household employee wages not reported on Form(s) W-2 (see instructions) Ic Ic V:2 here Also attach Forms Medicaid waiver payments not reported on Form(s) W-2 (see instructions) Id Ic W:2 here Also attach Forms Image: Standard begendent care benefits from Form 2441, line 26 Image: Standard begendent care benefits from Form 8839, line 29 If If you did not g Wages from Form 8919, line 6 Image: Standard begendent care benefits from Form 8839, line 29 Image: Standard begendent care benefits from Form 839, line 29 Image: Standard begendent care benefits from Form 839, line 29 If required. a Qualified dividends Image: Standard begendent care benefits from Form 839, line 29 Image: Standard begendent care benefits from Form 839, line 29 If required. a Qualified dividends Image: Standard begendent care benefits from Form 839, line 29 Image: Standard begendent care benefits from Form 849, line 10 Image: Standard begendent care benefits from Form 849, line 10 Image: Standard begendent care be | • | | | | | | | | | | | 1 | | | |
| see instructions COURA CANDE 000-56-4693 SON Counce here | | BAD | ORI GANDE | | 718 | -57-135 | 7 | Son | | X | | | | | |
| and check here i i i here i i i i i Income 1a Total amount from Form(s) W-2, box 1 (see instructions) ia 94, 461. Attach Form(s) t Tip income not reported on line 1a (see instructions) ic ia W-2Bor Also Medicaid waiver payments not reported on Form(s) W-2 (see instructions) id id W-2G and ig Taxable dependent care benefits from Form 2441, line 26 id id W-2G and f Employer-provided adoption benefits from Form 8839, line 29 if id W-2, see i Nontaxable combat pay election (see instructions) in in 0. W-2, see i Nontaxable combat pay election (see instructions) in in 0. W-2, see i Nontaxable combat pay election (see instructions) in in 0. W-2, see i Nontaxable combat pay election (see instructions) in in 0. Bradard Deduction for Sa in b Taxable amount 4b Standard Deduction for | | RUD | RA GANDE | | 660 | -56-469 | 3 | Son | | X | | | | | |
| Income 1a Total amount from Form(s) W-2, box 1 (see instructions) 1a 94,461. 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 here. Also d Medicaid waiver payments not reported on Form(s) W-2 (see instructions) 1d Upge A fit tax e Taxable dependent care benefits from Form 2441, line 26 1e Upge A form f Employer-provided adoption benefits from Form 8839, line 29 1f If you did not g Wages from Form Sens 919, line 6 1g w2, see instructions. 1i 1z 94, 461. W-2, see instructions. 1i 1g 1g w4 di lines 1a through 1h . . . 1e Attach Sch. B 2a Tax-exempt interest . 2b 1h 0 Standard Gearation form 5a anultises . 5a b 5b 0 Standard Gualified dividends . . . 6a . . 6 | | | | | | | | | | | | | | | |
| Ite of the second of the se | here 🗌 | | | | | | | | | | | | | | |
| Attach Form(s) Household employee wages not reported on Form(s) W-2. 1b Attach Forms() Tip income not reported on line 1a (see instructions) 1c W-2 here. Also attach Forms Medicaid waiver payments not reported on Form(s) W-2 (see instructions) 1c W-2 G and 1099-Ri ftax Taxable dependent care benefits from Form 2441, line 26 1d was withheld. Femployer-provided adoption benefits from Form 8839, line 29 1f If you did not Wages from Form 8919, line 6 1g get a form h Other earned income (see instructions) 1i W-2, see isstructions. 1i 1 instructions. Z Add lines 1a through 1h 2e 2b 4 Tax-exempt interest 2a b Taxable interest 2b 5 Pensions and annuities 5a b Taxable amount 4b Standard Oualified dividends 5a b Taxable amount 7 6 Social security benefits 6a b Taxable amount 6b 9 Add lines 12, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 7 7 7 Capital gain or (loss). Attach Schedule 1, line 26 </td <td>Income</td> <td>1a</td> <td>Total amount from Form(s) W-2, be</td> <td>ox 1 (se</td> <td>e instruc</td> <td>tions)</td> <td></td> <td></td> <td></td> <td></td> <td>. 1a</td> <td>1</td> <td>94,461.</td> | Income | 1a | Total amount from Form(s) W-2, be | ox 1 (se | e instruc | tions) | | | | | . 1a | 1 | 94,461. | | |
| W-2 here. Also attach Forms Implication for reported on Fine (age instructions) Implication for teported on Form(s) W-2 (see instructions) Implication for teported on Form(s) W-2 (see instructions) W-26 and 1099-R if tax was withheld. e Taxable dependent care benefits from Form 2441, line 26 1e If you did not get a Form W-2, see instructions. g Wages from Form 8919, line 6 1g If you did not get a Form W-2, see instructions. h Other earned income (see instructions) 1h 0. V-2, see instructions. i Nontaxable combat pay election (see instructions) 1i 1z 94, 461. Xttach Sch. B if required. 2a b Taxable interest 2b 2b 4a b Ordinary dividends 3b 1c 94, 461. Standard Deduction for- Single or Maried filing separately, s12,950 5a b Taxable amount 4b 4d b Taxable amount 6b 5b 6b 6a ocial security benefits 6a b Taxable amount 6b 6b 7 Capital gain or (loss). Attach Schedule D if required. If not required, check here 7 7 8 Other income from Schedule 1 | | b | Household employee wages not re | eported | on Form | (s) W-2 | | | | | . 1b |) | | | |
| attach Forms 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 1099-R if tax was withheld. f Employer-provided adoption benefits from Form 8839, line 29 1f If you did not g Wages from Form 8919, line 6 1g 1g get a Form h Other earned income (see instructions) 1i 1d W-2, see instructions 1i 1 0. instructions z Add lines 1a through 1h 1z 94, 461. Attach Sch. B 2a Tax-exempt interest 2a b b Taxable interest 2b if required. 3a Qualified dividends 3a b D Taxable amount 4b Standard Deduction for- 6a Social security benefits 6a b Taxable amount 6b * Single or Maried filing spouse, Stand annutites 5a Dension schedule 1, line 10 7 Capital gain or (loss). Attach Schedule D if required, check here 7 7 * Maried filing polity or Qualify or Qualifying s | ., | С | Tip income not reported on line 1a | (see in | struction | s) | • | | | | . 10 | ; | | | |
| 1099-R if tax was withheld. f Employer-provided adoption benefits from Form 8839, line 29 11 If you did not get a Form W-2, see i Mages from Form 8919, line 6 11 W-2, see i Nontaxable combat pay election (see instructions) 11 W-2, see i Nontaxable combat pay election (see instructions) 11 Attach Sch. B 2a Tax-exempt interest 2a Add lines 1a through 1h 3a b Dordinary dividends 4a b Taxable interest 2b Standard Deduction for 6a b Taxable amount 6a b Taxable amount 6b 5b Deduction for 6a b Taxable amount 6b Standard Deducton for 6a b Taxable amount 6b Standard bedue to use the lump-sum election method, check here (see instructions) 7 7 7 Standard bedue to use the lump-sum election method, check here 7 7 7 Standard bedue to use the lump-sum election method, check here 7 7 7 Standard fling sponter C <t< td=""><td></td><td>d</td><td>Medicaid waiver payments not rep</td><td>orted o</td><td>n Form(s</td><td>s) W-2 (see ir</td><td>nstru</td><td>uctions)</td><td></td><td></td><td>. 1d</td><td>1</td><td></td></t<> | | d | Medicaid waiver payments not rep | orted o | n Form(s | s) W-2 (see ir | nstru | uctions) | | | . 1d | 1 | | | |
| was withheld. f Employer-provided adoption benefits from Form 8839, line 29 11 If you did not get a Form g Wages from Form 8919, line 6 1g yet a Form h Other earned income (see instructions) 1i w2-z, see i Nontaxable combat pay election (see instructions) 1i w2-z, see i Nontaxable combat pay election (see instructions) 1i Attach Sch. B 2a b Taxable interest 2b Attach Sch. B 2a b Taxable interest 2b if required. 3a b Ordinary dividends 3b 4a IRA distributions 4a b Taxable amount 4b Standard Deduction for- 6a b Taxable amount 6b Social security benefits 6a b Taxable amount 7 5b Married filing separately, S12,950 7 Capital gain or (loss). Attach Schedule D if required. If not required, check here 7 7 S12,950 7 Capital gain or (loss). Attach Schedule D if required. If not required, check here 7 9 84,829. | | е | Taxable dependent care benefits f | rom For | m 2441, | line 26 . | • | | | | . 1e | • | | | |
| In your do not weight a Form In Other earned income (see instructions) In | | f | Employer-provided adoption bene | fits from | n Form 8 | 839, line 29 | | | | | . 1f | | | | |
| W-2, see instructions. i Ii Ii Attach Sch. B 2a Add lines 1a through 1h 1z 94,461. Attach Sch. B 2a Tax-exempt interest 2b 2b if required. 3a Qualified dividends 3a b Definition 4a IRA distributions 4a b Ordinary dividends 3b 5a Pensions and annuities 5a b Taxable amount 4b Standard Deduction for- 6a b Taxable amount 5b 6a Social security benefits 6a b Taxable amount 6b Single or Married filing separately, \$12,950 r Capital gain or (loss). Attach Schedule D if required. If not required, check here (see instructions) 1 7 Married filing jointly or 9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 9 84,829. 10 Subtract line 10 from line 9. This is your adjusted gross income 11 84,829. 11 Subtract line 10 from line 9. This is your adjusted gross income 12 25,900. 11 Subtract line 10 from line 9. This is your adjusted gross inco | | g | Wages from Form 8919, line 6 . | | | | • | | | | | | | | |
| Instructions. I Nontaxable compatibility and pay election (see instructions) II Attach Sch. B 2a Tax-exempt interest 1z 94,461. Attach Sch. B 2a Tax-exempt interest 2b if required. 3a b Ordinary dividends 2b 4a IRA distributions 3a b Ordinary dividends 3b 5a Qualified dividends 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 7 standard C If you elect to use the lump-sum election method, check here (see instructions) 7 7 stardifting pointly or Qualifying Other income from Schedule D if required. If not required, check here 7 7 standard Head of husebold, \$19, 400 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income< | | h | Other earned income (see instruction | ons) | | | • | · · · · · | · · | | . 1h | 1 | 0. | | |
| z Add lines 1a through 1h 1z 94,461. Attach Sch. B 2a Tax-exempt interest 2a b 2b Attach Sch. B 3a Qualified dividends 3a b 2b if required. 3a Qualified dividends 3a b 0 4a IRA distributions 4a b Taxable amount 4b Standard 5a Pensions and annuities 5a b Taxable amount 5b 6a Social security benefits 6a b Taxable amount 5b 6b * Single or Married filing separately, \$12,950 If you elect to use the lump-sum election method, check here (see instructions) 7 6b * Married filing jointly or Qualifying surviving spouse, \$25,900 Other income from Schedule 1, line 10 7 8 -9,632. 9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 9 84,829. 10 Subtract line 10 from line 9. This is your adjusted gross income 10 11 84,829. 12 25,900. 14 Add lines 12 and 13 25,900. 13 14 < | | i | Nontaxable combat pay election (s | see instr | ructions) | | • | 1 i | | | | | | | |
| if required. 3a 3a b Ordinary dividends 3b 4a IRA distributions 4a b Taxable amount 4b 5a Pensions and annuities 5a b Taxable amount 4b 5b 5a Pensions and annuities 5a b Taxable amount 5b • Single or Married filing separately, \$12,950 6a Social security benefits 5a b Taxable amount 5b • Married filing jointy or Qualifying surviving spouse, \$25,900 7 Capital gain or (loss). Attach Schedule D if required. If not required, check here 7 7 • Married filing jointy or Qualifying surviving spouse, \$25,900 9 Add lines 12, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 9 84, 829. 10 Adjustments to income from Schedule 1, line 26 10 11 84, 829. • Head of household, \$19,400 12 Standard deduction or itemized deductions (from Schedule A) 12 25, 900. 11 84, 829. 12 25, 900. 12 25, 900. 13 • Head of household, \$19,400 14 Add lines 12 and 13 14 25, 900. 13 | | z | Add lines 1a through 1h | • • | | | • | | | | . 1z | : . | 94,461. | | |
| 4a IRA distributions 4a 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 If you elect to use the lump-sum election method, check here (see instructions) 7 6b 7 Capital gain or (loss). Attach Schedule D if required. If not required, check here 7 7 9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 9 84, 829. 9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your adjusted gross income 10 9 84, 829. 10 8 9 84, 829. 10 Standard deduction or itemized deductions (from Schedule A) 11 84, 829. 11 84, 829. 12 25, 900. 13 Qualified business income deduction from Form 8995 or Form 8995-A 13 14 Add lines 12 and 13 Add lines 12 and | | 2a | Tax-exempt interest | 2a | | | | | | | |) | | | |
| Standard Deduction for- Obscience 5a Pensions and annuities 5a b Taxable amount 5b • Single or Married filing separately, \$12,950 6a b Taxable amount 5b 6b • Married filing jointly or Qualifying surviving spouse, \$25,900 7 Capital gain or (loss). Attach Schedule D if required. If not required, check here 7 7 • Married filing jointly or Qualifying surviving spouse, \$25,900 8 Other income from Schedule 1, line 10 . . 9 84,829. 10 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income . . 9 84,829. 11 Subtract line 10 from line 9. This is your adjusted gross income . . 11 84,829. 12 Standard deduction or itemized deductions (from Schedule A) . . 12 25,900. 13 Qualified business income deduction from Form 8995 or Form 8995 or Form 8995 A . . . 13 14 25,900. 25 • Head of household, \$19,400 13 Qualified business income deduction from Form 8995 or Form 8995 A </td <td>if required.</td> <td>3a</td> <td>Qualified dividends</td> <td>3a</td> <td></td> <td></td> <td></td> <td>-</td> <td></td> <td></td> <td>. 3b</td> <td>)</td> <td></td> | if required. | 3a | Qualified dividends | 3a | | | | - | | | . 3b |) | | | |
| Deduction for- 6a Social security benefits 6a b Taxable amount 6b • Single or Married filing separately, \$12,950 6a Social security benefits 6a b Taxable amount 6b 7 Capital gain or (loss). Attach Schedule D if required. If not required, check here 7 7 8 Other income from Schedule 1, line 10 7 8 -9, 632. 9 84, 829. 9 84, 829. 10 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 10 9 84, 829. 10 9 84, 829. 10 9 84, 829. 10 9 84, 829. 10 9 84, 829. 10 9 84, 829. 10 9 84, 829. 10 9 84, 829. 10 9 84, 829. 10 9 84, 829. 10 9 84, 829. 10 9 84, 829. 11 11 84, 829. 12 12 25, 900. | | 4a | | | | | | | | | . 4b |) | | | |
| Single or Married filing separately, \$12,950 Married filing iointly or Qualifying surviving spouse, \$25,900 Head of household, \$19,400 If you elect to use the lump-sum election method, check here (see instructions) Capital gain or (loss). Attach Schedule D if required. If not required, check here Capital gain or (loss). Attach Schedule D if required. If not required, check here Other income from Schedule 1, line 10 Married filing jointly or Qualifying surviving spouse, \$25,900 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income Adjustments to income from Schedule 1, line 26 Head of household, \$19,400 Standard deduction or itemized deductions (from Schedule A) If you checked any box under Standard Add lines 12 and 13 Add lines 12 and 13 Subtract line 14 from line 11. If zero or less enter -0- This is your taxable income 58, 929 | | 5a | | | | | | | | | . 5b |) | | | |
| Married filing separately, \$12,950 c If you elect to use the lump-sum election method, check here (see instructions) . | | 6a | | | | | | | t | | . 6b | • | | | |
| \$12,950 7 Capital gain of (loss). Attach Schedule D if required, if not required, check here 1 7 • Married filing jointly or Qualifying surviving spouse, \$25,900 9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 9 84,829. • Married filing jointly or Qualifying surviving spouse, \$25,900 • Adjustments to income from Schedule 1, line 26 9 84,829. • Head of household, \$19,400 • Standard deduction or itemized deductions (from Schedule A) 11 84,829. • If you checked any box under Standard 13 Qualified business income deduction from Form 8995 or Form 8995-A 13 • Add lines 12 and 13 • • • 14 25,900. • If you checked any box under Standard • • • • 14 25,900. • If you checked any box under Standard • • • • • • • 13 • Add lines 12 and 13 • • • • • • • • 58, 92.9 | Married filing | С | | | | | | | | L | | | | | |
| jointly or Qualifying surviving spouse, \$25,9009Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income984, 829.10Adjustments to income from Schedule 1, line 2610• Head of household, \$19,40011Subtract line 10 from line 9. This is your adjusted gross income1184, 829.1184, 829.12Standard deduction or itemized deductions (from Schedule A)1225, 900.• If you checked any box under Standard Deduction,13Qualified business income deduction from Form 8995 or Form 8995-A131425, 900.14Add lines 12 and 131425, 900.15Subtract line 14 from line 11. If zero or less enter -0-This is your taxable income15 | | 7 | | | f required | d. If not requ | iired | , check here | | L | _ 7 | | | | |
| Qualifying surviving spouse, \$25,9009Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income984, 829.10Adjustments to income from Schedule 1, line 2610• Head of household, \$19,40011Subtract line 10 from line 9. This is your adjusted gross income1184, 829.12Standard deduction or itemized deductions (from Schedule A)1225,900.• If you checked any box under Standard Deduction,13Qualified business income deduction from Form 8995 or Form 8995-A131425,900.1425,900.15Subtract line 14 from line 11. If zero or less enter -0-This is your taxable income15 | | | | | | | | | | | | | | | |
| \$25,900 10 Adjustments to income non schedule i, ine 20 11 10 • Head of household, \$19,400 12 Standard deduction or itemized deductions (from Schedule A) 11 84,829. • If you checked any box under Standard Deduction, Deduction, Deduction, Deduction, 13 Qualified business income deduction from Form 8995 or Form 8995-A 13 12 25,900. • If you checked any box under Standard Deduction, 13 | Qualifying | | | | | our total inc | om | е | | | | | 34,829. | | |
| household, \$19,400 12 Standard deduction or itemized deductions (from Schedule A) 12 25,900. • If you checked any box under Standard Deduction, 13 Qualified business income deduction from Form 8995 or Form 8995-A 13 13 14 Add lines 12 and 13 14 25,900. 14 25,900. 15 Subtract line 14 from line 11. If zero or less enter -0- This is your taxable income 15 58,929 | \$25,900 | | | | | | | | | | | - | | | |
| \$19,400 12 Standard deduction or itemized deductions (from Schedule A) 12 25,900. • If you checked any box under Standard 13 Qualified business income deduction from Form 8995 or Form 8995-A 13 13 • If you checked any box under Standard 14 Add lines 12 and 13 14 25,900. • If you checked any box under Standard 14 Subtract line 14 from line 11 If zero or less enter -0- This is your taxable income 15 58,929 | | | | - | | - | | | | | | | | | |
| any box under Standard14Add lines 12 and 13131425,900Deduction,15Subtract line 14 from line 11 If zero or less enter -0- This is your taxable income1558,929 | \$19,400 | | | | | | | | • • | | | | <u>25,900.</u> | | |
| Standard 14 Add lines 12 and 13 14 25,900. Deduction, 15 Subtract line 14 from line 11. If zero or less enter -0 This is your taxable income 15 58,929 | | | | | | | | | • • | | | | | | |
| | Standard | | | | | | | | | | | | | | |
| | | 15 | Subtract line 14 from line 11. If zer | o or les | s, enter - | -u This is y | our | taxable incom | ie . | | . 15 | | 58 , 929. | | |

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

Form **1040** (2022)

| Form 1040 (2022 | 2) | | | | | | | | P | Page 2 |
|------------------------------------|---------|--|------------------------|---------------------|-------------------|-----------------------|--------------|---------|---|---------------|
| Tax and | 16 | Tax (see instructions). Check if | any from Form | (s): 1 🗌 881 | 4 2 🗌 4972 | 3 | | 16 | 6,66 | 60. |
| Credits | 17 | Amount from Schedule 2, line | 3 | | | | | 17 | | |
| | 18 | Add lines 16 and 17 | | | | | | 18 | 6,66 | 60. |
| | 19 | Child tax credit or credit for ot | her dependent | ts from Sched | ule 8812 | | | 19 | 4,00 | 00. |
| | 20 | Amount from Schedule 3, line | 8 | | | | | 20 | | |
| | 21 | Add lines 19 and 20 | | | | | | 21 | 4,00 | . OC |
| | 22 | Subtract line 21 from line 18. I | f zero or less, e | enter -0 | | | | 22 | 2,66 | 60. |
| | 23 | Other taxes, including self-em | ployment tax, | from Schedule | e 2, line 21 . | | | 23 | | 0. |
| | 24 | Add lines 22 and 23. This is yo | | | | | | 24 | 2,66 | 60. |
| Payments | 25 | Federal income tax withheld fi | | | | | | | | |
| | а | Form(s) W-2 | | | | 25a 4 | ,087. | | | |
| | b | Form(s) 1099 | | | | 25b | | | | |
| | с | Other forms (see instructions) | | | | 25c | | | | |
| | d | Add lines 25a through 25c | | | | | | 25d | 4,08 | 87. |
| | 26 | 2022 estimated tax payments | | | | | | 26 | | |
| If you have a qualifying child, | 27 | Earned income credit (EIC) . | | | | 27 | | | | |
| attach Sch. EIC. | 28 | Additional child tax credit from | | | | 28 | | | | |
| | 29 | American opportunity credit fr | | | | 29 | | | | |
| | 30 | Reserved for future use | | | | 30 | | | | |
| | 31 | Amount from Schedule 3. line | 15 | | | 31 | | | | |
| | 32 | Add lines 27, 28, 29, and 31. 1 | These are vour | total other pa | avments and ref | undable credits | | 32 | | |
| | 33 | Add lines 25d, 26, and 32. The | | | | | | 33 | 4,08 | 87. |
| Defined | 34 | If line 33 is more than line 24, | | | | | | 34 | 1,42 | 27. |
| Refund | 35a | Amount of line 34 you want re | | | | | . 🗆 | 35a | 1,42 | 27. |
| Direct deposit? | b | Routing number 0 1 1 | | | | | Savings | | | |
| See instructions. | d | Account number 3 8 5 0 | 0 | | | | | | | |
| | 36 | Amount of line 34 you want ap | | | | 36 | | | | |
| Amount | 37 | Subtract line 33 from line 24. | This is the amc | ount vou owe | | | | | | |
| You Owe | 0. | For details on how to pay, go | | | | | | 37 | | |
| | 38 | Estimated tax penalty (see ins | - | - | | 38 | | | | |
| Third Party | Do | you want to allow another p | | | | ' See | | | | |
| Designee | | structions | | | | | omplete b | elow. | X No | |
| Ū | | signee's | | Phone | | | onal identif | ication | | |
| | nar | | | no. | | | ber (PIN) | | | |
| Sign | | der penalties of perjury, I declare that ief, they are true, correct, and complete the second s | | | | | | | | |
| Here | | | ete. Declaration of | | i , , | ased on all informati | | • • | , | 0 |
| | Yo | ur signature | | Date | Your occupation | | | | nt you an Identity IN, enter it here | / |
| Joint return? | | | | | SOFTWARE | CONSULTANT | (see i | | | Т |
| See instructions. | Sp | ouse's signature. If a joint return, bo | th must sign. | Date | Spouse's occupat | | If the | IRS ser | nt your spouse ar | n |
| Keep a copy for | • | | 0 | | | | | | ection PIN, enter | it here |
| your records. | | HOME MAKER (see in | | | | | | | | |
| | | one no. (919) 917-5666 | | Email address | RUPEE.GAN | DE@GMAIL.CO | | | | |
| Paid | Pre | eparer's name | Preparer's signat | ure | | Date | PTIN | | Check if: | |
| Preparer | SYAM | PRIYA RAM SAGAR GUPTA TALLAM S | SYAM PRIYA | RAM SAGAR | GUPTA TALLAM | 04/07/2023 | P02082 | 2703 | Self-emplo | yed |
| Use Only | Firi | m's name GLOBAL TAXI | ES LLC | | | | Phon | eno. (| (678)965-9 | 522 |
| | Firi | m's address 245 ROONEY | CT E BRU | NSWICK N | J 08816 | | Firm' | s EIN | 84-3171 | 965 |
| Go to www.irs.go | ov/Forn | 1040 for instructions and the latest | information. | | BAA | REV 03/22/23 PRO | | | Form 1040 |) (2022 |

| SCHEDULE | 1 |
|-------------|---|
| (Form 1040) | |

Department of the Treasury

Internal Revenue Service

Additional Income and Adjustments to Income

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

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

OMB No. 1545-0074 20 22

Attachment Sequence No. 01

Your social security number

Name(s) shown on Form 1040, 1040-SR, or 1040-NR RUPESH GANDE & SRI DIVYA KOTAGIRI

| RUPE | SH GANDE & SRI DIVYA KOTAGIRI | 041-13 | 3-383 | 10 | |
|---------|--|--------|-------|---------|---------|
| Par | t I Additional Income | | | | |
| 1 | Taxable refunds, credits, or offsets of state and local income taxes | | | 1 | |
| 2a | 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 | Ε. | 5 | -9,632. | |
| 6 | Farm income or (loss). Attach Schedule F. | | | 6 | |
| 7 | Unemployment compensation | | | 7 | |
| 8 | Other income: | | | | |
| а | Net operating loss | 8a (|) | | |
| b | Gambling | 8b | | | |
| С | Cancellation of debt | 8c | | | |
| d | Foreign earned income exclusion from Form 2555 | 8d (|) | | |
| е | Income from Form 8853 | 8e | | | |
| f | Income from Form 8889 | 8f | | | |
| g | Alaska Permanent Fund dividends | 8g | | | |
| h | Jury duty pay | 8h | | | |
| i | Prizes and awards | | | | |
| j | Activity not engaged in for profit income | | | | |
| k | Stock options | 8k | | | |
| | Income from the rental of personal property if you engaged in the rental | | | | |
| | for profit but were not in the business of renting such property | 81 | | | |
| m | Olympic and Paralympic medals and USOC prize money (see | | | | |
| | instructions) | 8m | | | |
| n | Section 951(a) inclusion (see instructions) | 8n | | | |
| 0 | Section 951A(a) inclusion (see instructions) | 80 | | | |
| р | Section 461(I) excess business loss adjustment | 8p | | | |
| q | Taxable distributions from an ABLE account (see instructions) | 8q | | | |
| r | Scholarship and fellowship grants not reported on Form W-2 | 8r | | | |
| S | Nontaxable amount of Medicaid waiver payments included on Form | | | | |
| | 1040, line 1a or 1d | 8s (|) | | |
| t | Pension or annuity from a nonqualifed deferred compensation plan or | | | | |
| | a nongovernmental section 457 plan | 8t | | | |
| u | Wages earned while incarcerated | 8u | | | |
| Z | Other income. List type and amount: | 0_ | | | |
| 0 | Total other income. Add lines 8a through 8z | 8z | | 9 | |
| 9 10 | Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, | | | 9 10 | -9,632. |
| 10 | Outhome intes i unough / and s. Linter here and officially 1040, 1040-30, | | | 10 | -9,032. |

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-b | asis gove | rnment | | |
| | 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) | 1a | | | |
| b | Deductible expenses related to income reported on line 8I from the | | | | |
| | | 4b | | | |
| С | Nontaxable amount of the value of Olympic and Paralympic medals | | | | |
| | | 1c | | | |
| d | | 4d | | | |
| е | Repayment of supplemental unemployment benefits under the Trade | | | | |
| | | 1e | | _ | |
| f | | 4f | | | |
| g | , | 1g | | | |
| h | Attorney fees and court costs for actions involving certain unlawful | | | | |
| | | 4h | | | |
| 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 | | | | |
| | | 4i | | - | |
| 1 | • | 4j | | - | |
| k | Excess deductions of section 67(e) expenses from Schedule K-1 (Form | | | | |
| | | 1k | | - | |
| Z | Other adjustments. List type and amount: | | | | |
| 05 | | 4z | | 05 | |
| 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 | | | 06 | |
| | | | | 26 | |
| | BAA | REV 03/22/23 PR | 0 | Schedul | e 1 (Form 1040) 2022 |

| | DULE E | | | Supplementa | l Inc | ome an | nd Los | SS | | | OMB No | . 1545-0074 |
|------------|-----------------------------------|----------|-----------------|--|----------|------------|----------------|----------|-------------------|--------------|-------------|------------------|
| (Form | 1040) | (From I | rental real est | ate, royalties, partners | hips, S | corporat | ions, es | states, | trusts, REMI | Cs, etc.) | 90 | 199 |
| Departm | ent of the Treasury | | | Attach to Form 1040, | , 1040- | SR, 1040- | NR, or | 1041. | | | Attachm | |
| | Revenue Service | | Go to www | w.irs.gov/ScheduleE for | r instru | uctions an | d the la | atest in | formation. | | Sequen | ce No. 13 |
| Name(s) | shown on return | | | | | | | | | Your socia | al security | number |
| | SH GANDE & | SRI I | DIVYA KOT | AGIRI | | | | | | 041-1 | 3-3810 | |
| Part | | | | ntal Real Estate an | | | | | | | | |
| | | | | f renting personal proper 1835 on page 2, line 40. | rty, use | e Schedule | c . See | e instru | ctions. If you a | are an indiv | /idual, rep | ort farm |
| A [| | | | hat would require you | to file | Form(s) 1 | 099? 5 | See ins | structions. | | . 🗌 Ye | s X No |
| | | | | ed Form(s) 1099? | | | | | | | | |
| 1a | | | | (street, city, state, ZIF | | | | | | | | |
| | - | | | | | • | 0.0 | | | | | |
| <u>A</u> | SAL VIDYA | NAGAR | COLONY S | IDDIPET TELANGA | ANA . | IN 5021 | .03 | | | | | |
| <u> </u> | | | | | | | | | | | | |
| C | | | F | | ut Pat | tl | | _ | b D and al | D | | |
| 1b | Type of Prope (from list below | | | ental real estate prope ort the number of fair | | | | Fa | ir Rental Days | Person Da | | QJV |
| Α | 3 | v) | | se days. Check the Q | | | Α | | 185 | Da | 0 | |
| B | 5 | | if you mee | t the requirements to f | file as | a | B | | 100 | | 0 | |
| C | | | qualified jo | int venture. See instru | uctions | S. · | C | | | | | |
| | of Property: | | | | | | • | | | | | |
| ••• | Single Family R | esidenco | e 3 Vac | ation/Short-Term Ren | ital | 5 Land | | 7 | Self-Rental | | | |
| | Multi-Family Re | | | nmercial | | 6 Roya | alties | 8 | Other (desc | ribe) | | |
| | • | | | | | - | | | | | | |
| | | | | | | | • | | Properti | es: | | С |
| Incom 3 | | | | | 3 | | A | 00. | В | | | 0 |
| 4 | | | | · · · · · · · · · · | 4 | | | | | | | |
| Exper | | veu . | | | | | | | | | | |
| 5 | | | | | 5 | | | | | | | |
| 6 | - | | | | 6 | | | | | | | |
| 7 | | | | | 7 | | 1,0 | 41. | | | | |
| 8 | - | | | | 8 | | , - | - | | | | |
| 9 | | | | | 9 | | | | | | | |
| 10 | | | | | 10 | | | | | | | |
| 11 | Management f | ees . | | | 11 | | 1,0 | 11. | | | | |
| 12 | Mortgage inter | est paid | to banks, et | c. (see instructions) | 12 | | | | | | | |
| 13 | Other interest | | | | 13 | | | | | | | |
| 14 | | | | | 14 | | | 50. | | | | |
| 15 | | | | | 15 | | 2,6 | 640. | | | | |
| 16 | | | | | 16 | | | | | | | |
| 17 | | | | | 17 | | 2,5 | 90. | | | | |
| 18 | | • | • | | 18 | | | | | | | |
| 19 20 | Other (list) | | non E throug | h 19 | 19 20 | | 10,2 | 2.2 | | | | |
| 20 | • | | 0 | | 20 | | 10,2 | 32. | | | | |
| 21 | | | | and/or 4 (royalties). If o find out if you must | | | | | | | | |
| | | | | · · · · · · · · · · | 21 | | -9,6 | 32. | | | | |
| 22 | | | | fter limitation, if any, | | | , - | - | | | | |
| | | | | · · · · · · · · · · | 22 | (| 9,63 | 32.) | (|) | (|) |
| 23a | | | | e 3 for all rental prope | | | | 23a | • | 600. | | / |
| b | | | • | e 4 for all royalty prop | | | | 23b | | | | |
| с | | | • | e 12 for all properties | | | | 23c | | | | |
| d | Total of all amo | ounts re | ported on lin | e 18 for all properties | | | | 23d | | | | |
| е | | | • | e 20 for all properties | | | | 23e | 10 | ,232. | | |
| 24 | | • | | own on line 21. Do no | | • | | | | . 24 | | |
| 25 | | | | 21 and rental real estat | | | | | | | (| 9,632.) |
| 26 | Total rental re | eal esta | te and roya | ty income or (loss). | Comb | ine lines | 24 and | 25. E | inter the resu | ılt 📔 | | |

| | 5 5 | | |
|--------|---|-----------------------------|------------------|
| 26 | Total rental real estate and royalty income or (loss). Co | mbine lines 24 and 25. | Enter the result |
| | here. If Parts II, III, IV, and line 40 on page 2 do not ap | ply to you, also enter | this amount on |
| | Schedule 1 (Form 1040), line 5. Otherwise, include this amo | ount in the total on line 4 | 1 on page 2 . |
| For Pa | aperwork Reduction Act Notice, see the separate instructions. | NPA | -9,632. |

on

SCHEDULE 8812 (Form 1040)

Department of the Treasury

Internal Revenue Service

Credits for Qualifying Children and Other Dependents

OMB No. 1545-0074

| Attach to E | orm 10/0 | 1040_SD | or 1040-NP |
|-------------|------------|----------|-------------|
| ALLACH TO F | -orm 1040, | 1040-38, | or 1040-NR. |

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

2022 Attachment Sequence No. 47

| Namela |) shown on return | Vou | r social o | ecurity number |
|--------|--|----------|------------|----------------|
| , | | • | | |
| | SH GANDE & SRI DIVYA KOTAGIRI | 04 | L-13-3 | 38T0 |
| | t Child Tax Credit and Credit for Other Dependents | | | |
| 1 | Enter the amount from line 11 of your Form 1040, 1040-SR, or 1040-NR | | 1 | 84,829. |
| 2a | Enter income from Puerto Rico that you excluded | | | |
| b | Enter the amounts from lines 45 and 50 of your Form 2555 . . . 2b | 0. | | |
| c | Enter the amount from line 15 of your Form 4563 2c | | | |
| d | Add lines 2a through 2c | | 2d | 0. |
| 3 | Add lines 1 and 2d | | 3 | 84,829. |
| 4 | Number of qualifying children under age 17 with the required social security number 4 | 2 | 2 | |
| 5 | Multiply line 4 by \$2,000 | | 5 | 4,000. |
| 6 | Number of other dependents, including any qualifying children who are not under age | | | |
| | 17 or who do not have the required social security number | (|) | |
| | Caution: Do not include yourself, your spouse, or anyone who is not a U.S. citizen, U.S. national, or U.S. n | resident | | |
| | alien. Also, do not include anyone you included on line 4. | | | |
| 7 | Multiply line 6 by \$500 | | 7 | |
| 8 | Add lines 5 and 7 | | 8 | 4,000. |
| 9 | Enter the amount shown below for your filing status. | | | |
| | • Married filing jointly—\$400,000 | | | |
| | • All other filing statuses—\$200,000 \$ | | 9 | 400,000. |
| 10 | Subtract line 9 from line 3. | | | |
| | • If zero or less, enter -0 | | | |
| | • If more than zero and not a multiple of \$1,000, enter the next multiple of \$1,000. For | | | |
| | example, if the result is \$425, enter \$1,000; if the result is \$1,025, enter \$2,000, etc. | | 10 | 0. |
| 11 | Multiply line 10 by 5% (0.05) | | 11 | 0. |
| 12 | Is the amount on line 8 more than the amount on line 11? | | 12 | 4,000. |
| | No. STOP. You cannot take the child tax credit, credit for other dependents, or additional child tax | credit. | | |
| | Skip Parts II-A and II-B. Enter -0- on lines 14 and 27. | | | |
| | X Yes. Subtract line 11 from line 8. Enter the result. | | | |
| 13 | Enter the amount from the Credit Limit Worksheet A | | 13 | 6,660. |
| 14 | Enter the smaller of line 12 or 13. This is your child tax credit and credit for other dependents | | 14 | 4,000. |
| | Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 19. | | L | • |
| | If the amount on line 12 is more than the amount on line 14, you may be able to take the add | tional o | hild tay | k credit |
| | | | | 07 |

on Form 1040, 1040-SR, or 1040-NR, line 28. Complete your Form 1040, 1040-SR, or 1040-NR through line 27 (also complete Schedule 3, line 11) before completing Part II-A.

For Paperwork Reduction Act Notice, see your tax return instructions. BAA REV 03/22/23 PRO Schedule 8812 (Form 1040) 2022

| Schedu | le 8812 (Form 1040) 2022 | | | Page 2 |
|------------|--|-----------------------------|---------|-----------------------|
| Part | II-A Additional Child Tax Credit for All Filers | | | |
| Cauti | on: If you file Form 2555, you cannot claim the additional child tax credit. | | | |
| 15 | Check this box if you do not want to claim the additional child tax credit. Skip Parts II-A | and II-B. Enter -0- on line | e 27 | 🔲 |
| 16a | Subtract line 14 from line 12. If zero, stop here; you cannot take the additional child ta | x credit. Skip Parts II-A | | |
| | and II-B. Enter -0- on line 27 | | 16a | 0. |
| b | Number of qualifying children under 17 with the required social security number: | x \$1,500. | | |
| | Enter the result. If zero, stop here; you cannot claim the additional child tax credit. S | kip Parts II-A and II-B. | | |
| | Enter -0- on line 27 | | 16b | |
| | TIP: The number of children you use for this line is the same as the number of children you | | | |
| 17 | Enter the smaller of line 16a or line 16b | | 17 | |
| 18a | Earned income (see instructions) | 18a | | |
| b | Nontaxable combat pay (see instructions) | _ | | |
| 19 | Is the amount on line 18a more than \$2,500? | | | |
| | No. Leave line 19 blank and enter -0- on line 20. | | | |
| | \Box Yes. Subtract \$2,500 from the amount on line 18a. Enter the result \ldots | 19 | | |
| 20 | Multiply the amount on line 19 by 15% (0.15) and enter the result $\ldots \ldots \ldots \ldots$ | | 20 | |
| | Next. On line 16b, is the amount \$4,500 or more? | | | |
| | No. If you are a bona fide resident of Puerto Rico, go to line 21. Otherwise, skip | Part II-B and enter the | | |
| | smaller of line 17 or line 20 on line 27. | | | |
| | Yes. If line 20 is equal to or more than line 17, skip Part II-B and enter the amount | from line 17 on line 27. | | |
| D 1 | Otherwise, go to line 21. | <u> </u> | | |
| Part | | Bona Fide Resident | SOTH | Juerto Rico |
| 21 | Withheld social security, Medicare, and Additional Medicare taxes from Form(s) W-2, | | | |
| | boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If | | | |
| | your employer withheld or you paid Additional Medicare Tax or tier 1 RRTA taxes, see instructions. | 21 | | |
| | | 21 | - | |
| 22 | Enter the total of the amounts from Schedule 1 (Form 1040), line 15; Schedule 2 (Form 1040), line 5; Schedule 2 (Form 1040), line 6; and Schedule 2 (Form 1040), line 13 . | 22 | | |
| 23 | Add lines 21 and 22 | 22 23 | - | |
| 23 24 | 1040 and | 25 | - | |
| 24 | 1040-SR filers: Enter the total of the amounts from Form 1040 or 1040-SR, line 27,) | | | |
| | and Schedule 3 (Form 1040), line 11. | | | |
| | 1040-NR filers: Enter the amount from Schedule 3 (Form 1040), line 11. | 24 | | |
| 25 | Subtract line 24 from line 23. If zero or less, enter -0 | | 25 | |
| 26 | Enter the larger of line 20 or line 25 | | 26 | |
| _* | Next, enter the smaller of line 17 or line 26 on line 27. | | | |
| Part | II-C Additional Child Tax Credit | | | |
| 27 | This is your additional child tax credit. Enter this amount on Form 1040, 1040-SR, or | · 1040-NR, line 28 | 27 | |
| | BAA REV 03/22/2 | , | edule 8 | 8812 (Form 1040) 2022 |
| | | | | - |

8889 Form Department of the Treasury

Internal Revenue Service

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

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

Health Savings Accounts (HSAs)

OMB No. 1545-0074

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

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

| Sequence No. 5 | | | |
|----------------|--|--|--|
| | ber of HSA beneficiary. HSAs, see instructions. | | |
| 041-13- | 3810 | | |

6 L

12

Attachment

| RUPE | USH GANDE 041-13 | 3-381 | . 0 |
|-------|--|---------|------------------|
| Befor | re you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, i | f requ | ired. |
| Part | HSA Contributions and Deduction. See the instructions before completing this part. If and both you and your spouse each have separate HSAs, complete a separate Part I for | | |
| 1 | Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2022. See instructions | 🗌 Se | If-only 🗵 Family |
| 2 | HSA contributions you made for 2022 (or those made on your behalf), including those made by the unextended due date of your tax return that were for 2022. Do not include employer contributions, contributions through a cafeteria plan, or rollovers. See instructions | 2 | 0. |
| 3 | If you were under age 55 at the end of 2022 and, on the first day of every month during 2022, you were, or were considered, an eligible individual with the same coverage, enter \$3,650 (\$7,300 for family coverage). All others , see the instructions for the amount to enter | 3 | 7,300. |
| 4 | Enter the amount you and your employer contributed to your Archer MSAs for 2022 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2022, also include any amount contributed to your spouse's Archer MSAs | 4 | 0. |
| 5 | Subtract line 4 from line 3. If zero or less, enter -0 | 5 | 7,300. |
| 6 | Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2022, see the instructions for the amount to enter | 6 | 7,300. |
| 7 | If you were age 55 or older at the end of 2022, married, and you or your spouse had family coverage under an HDHP at any time during 2022, enter your additional contribution amount. See instructions . | 7 | |
| 8 | Add lines 6 and 7 | 8 | 7,300. |
| 9 | Employer contributions made to your HSAs for 2022 | | |
| 10 | Qualified HSA funding distributions | | |
| 11 | Add lines 9 and 10 | 11 | 3,100. |
| 12 | Subtract line 11 from line 8. If zero or less, enter -0 | 12 | 4,200. |
| 13 | HSA deduction. Enter the smaller of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line 13 Caution: If line 2 is more than line 13, you may have to pay an additional tax. See instructions. | 13 | 0. |
| Part | | arate I | HSAs, complete |
| 14a | Total distributions you received in 2022 from all HSAs (see instructions) | 14a | 5,139. |
| b | Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were | | <u>.</u> |
| | withdrawn by the due date of your return. See instructions | 14b | |
| С | Subtract line 14b from line 14a | 14c | 5,139. |
| 15 | Qualified medical expenses paid using HSA distributions (see instructions) | 15 | 5,139. |
| 16 | Taxable HSA distributions. Subtract line 15 from line 14c. If zero or less, enter -0 Also, include this amount in the total on Schedule 1 (Form 1040), Part I, line 8f | 16 | 0. |
| 17a | If any of the distributions included on line 16 meet any of the Exceptions to the Additional 20% Tax (see instructions), check here | | |
| b | Additional 20% tax (see instructions). Enter 20% (0.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also, include this amount in the total on Schedule 2 (Form 1040), Part II, line 17c | 17b | |
| Part | | | oefore |
| | completing this part. If you are filing jointly and both you and your spouse each have sep complete a separate Part III for each spouse. | | |
| 18 | Last-month rule | 18 | |
| 19 | Qualified HSA funding distribution | 19 | |
| 20 | Total income. Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I, line 8f . | 20 | |
| 21 | Additional tax. Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2 (Form | | |

| 5 | 3867 | Paid Preparer's Due Diligence Che | cklist | OMB | No. 1545 | 5-0074 |
|---------|--|---|--|-------------------|-------------------|-----------------|
| Form | | Farned Income Credit (FIC) American Opportunity Tax Credi | it (AOTC) | | For tax y | /ear |
| Rev. No | vember 2022) | Child Tax Credit (CTC) (including the Additional Child Tax Credit Credit for Other Dependents (ODC)), and Head of Household (HOI | H) Filing Status | | 20 | |
| | ent of the Treasury T Revenue Service | o be completed by preparer and filed with Form 1040, 1040-SR, 1040-NF Go to www.irs.gov/Form8867 for instructions and the latest | R, 1040-PR, or 1040-SS. | Attac | hment ence No. | 70 |
| | er name(s) shown on ret | - | Taxpayer identificatio | | | 10 |
| | | SRI DIVYA KOTAGIRI | 041-13-381 | | | |
| | 's name | | Preparer tax identific | | ber | |
| SYAN | A PRIYA RAM S | SAGAR GUPTA TALLAM | P02082703 | | | |
| Part | Due Dilige | nce Requirements | | | | |
| | | priate box for the credit(s) and/or HOH filing status claimed on th I (check all that apply). | | e the rel AOTC | | arts I-\ HOH |
| 1 | Did you complete | e the return based on information for the applicable tax year prov | vided by the taxpayer | Yes | No | N/A |
| | or reasonably obt | tained by you? (See instructions if relying on prior year earned inco | ome.) | X | | |
| 2 | worksheets found 1040) instructions | timed on the return, did you complete the applicable EIC and d in the Form 1040, 1040-SR, 1040-NR, 1040-PR, 1040-SS, or S s, and/or the AOTC worksheet found in the Form 8863 instru- provides the same information, and all related forms and sche | Schedule 8812 (Form actions, or your own | X | | |
| 3 | the following.Interview the tax | he knowledge requirement? To meet the knowledge requirement, xpayer, ask questions, and contemporaneously document the tax the taxpayer is eligible to claim the credit(s) and/or HOH filing stat | payer's responses to | | | |
| | • Review information | tion to determine that the taxpayer is eligible to claim the credit gure the amount(s) of any credit(s) | (s) and/or HOH filing | X | | |
| 4 | information reaso | tion provided by the taxpayer or a third party for use in preponably known to you, appear to be incorrect, incomplete, or incomplete, and 4b. If " No ," go to question 5.) | consistent? (If "Yes," | | X | |
| а | - | sonable inquiries to determine the correct, complete, and consist | ent information? . | | | |
| b | Did you contemp you asked, whom | poraneously document your inquiries? (Documentation should in n you asked, when you asked, the information that was provided on your preparation of the return.) | nclude the questions | | | |
| 5 | Did you satisfy th keep a copy of yo applicable worksh 8867 and any ap taxpayer that you the amount(s) of t | he record retention requirement? To meet the record retention re- bour documentation referenced in question 4b, a copy of this Form heet(s), a record of how, when, and from whom the information uplicable worksheet(s) was obtained, and a copy of any docume u relied on to determine eligibility for the credit(s) and/or HOH film | a 8867, a copy of any ised to prepare Form nt(s) provided by the ng status or to figure | X | | |
| 6 | credit(s) and/or H | axpayer whether he/she could provide documentation to substan IOH filing status and the amount(s) of any credit(s) claimed on for audit? | the return if his/her | X | | |

- 7 Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous year? . . (If credits were disallowed or reduced, go to question 7a; if not, go to question 8.)
- If the taxpayer is reporting self-employment income, did you ask questions to prepare a complete and 8
- For Paperwork Reduction Act Notice, see separate instructions. REV 03/22/23 PRO

Form 8867 (Rev. 11-2022)

X

 \square

| Form 88 | 367 (Rev. 11-2022) | | | Page 2 |
|---------|--|---------------------|-------------------|-------------------|
| Part | II Due Diligence Questions for Returns Claiming EIC (If the return does not claim EIC, go | to Part | III.) | |
| 9a | Have you determined that the taxpayer is eligible to claim the EIC for the number of qualifying children | Yes | No | N/A |
| | claimed, or is eligible to claim the EIC without a qualifying child? (If the taxpayer is claiming the EIC | | | |
| | and does not have a qualifying child, go to question 10.) | | | |
| b | Did you ask the taxpayer if the child lived with the taxpayer for over half of the year, even if the taxpayer | | | |
| | has supported the child the entire year? | | | |
| С | Did you explain to the taxpayer the rules about claiming the EIC when a child is the qualifying child of | | | |
| | more than one person (tiebreaker rules)? | | | |
| Part | | claim C | CTC, A | CTC, |
| | or ODC, go to Part IV.) | | | |
| 10 | Have you determined that each qualifying person for the CTC/ACTC/ODC is the taxpayer's dependent who is | Yes | No | N/A |
| | a citizen, national, or resident of the United States? | X | | |
| 11 | Did you explain to the taxpayer that he/she may not claim the CTC/ACTC if the child has not lived with | | | |
| | the taxpayer for over half of the year, even if the taxpayer has supported the child, unless the child's | | _ | |
| | custodial parent has released a claim to exemption for the child? | X | | |
| 12 | Did you explain to the taxpayer the rules about claiming the CTC/ACTC/ODC for a child of divorced or | | | |
| | separated parents (or parents who live apart), including any requirement to attach a Form 8332 or similar | | | |
| | statement to the return? | X | | |
| Part | | - | | |
| 13 | Did the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the que | alified | Yes | No |
| Deut | tuition and related expenses for the claimed AOTC? | · · | | |
| Part | | - | | |
| 14 | Have you determined that the taxpayer was unmarried or considered unmarried on the last day of the tax | | Yes | No |
| Dout | and provided more than half of the cost of keeping up a home for the year for a qualifying person? | • • | | |
| Part | VI Eligibility Certification | | | |
| | You will have complied with all due diligence requirements for claiming the applicable credit(s) and on the return of the taxpayer identified above if you: | or HO | H filing | status |
| | A. Interview the taxpayer, ask adequate questions, contemporaneously document the taxpayer's respo in your notes, review adequate information to determine if the taxpayer is eligible to claim the credit(status and to figure the amount(s) of the credit(s); | nses on s) and/c | the ret or HOH | turn or filing |

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

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

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

REV 03/22/23 PRO

Form 8867 (Rev. 11-2022)

| Difference Second S | R-8453 (1/23) LA 8453 | | | | | | | | | | | | |
|--|---------------------------------|--|-------------------------------------|--|----------------------------|---------|--------|--------------|-----------|---------|---------|--------|--------------------|
| RUFESH. CANDE South 1 0 0 1 1 0 0 1 1 0 0 1 1 0 0 1 1 0 0 1 1 0 0 1 1 1 0 0 1 1 1 0 0 1 1 1 0 0 1 1 1 0 0 1 <th1< th=""> 1 1</th1<> | | UISIANA Ment & Revenue | | | | | | | | | | | |
| Special for some and filled Last name Special for some and filled 2 6 4 7 7 8 1 2 1 2 7 8 1 2 1 2 1 2 2 2 <th< td=""><td></td><td></td><td>I</td><td>Last name</td><td></td><td>1</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></th<> | | | I | Last name | | 1 | | | | | | | |
| SRL DIVIA KOTAGIRI Base Support 2 6 4 7 7 1 1 2 7 8 2 7 7 1 1 2 7 8 2 7 7 1 1 2 7 8 2 7 3 1 2 7 3 1 2 7 3 1 2 7 3 1 2 7 3 1 2 7 3 1 2 7 3 1 2 7 3 1 2 7 3 6 7 7 3 1 2 7 3 1 2 7 3 1 2 7 3 1 2 7 3 1 2 7 3 3 1 2 7 3 1 2 7 3 3 3 <t< td=""><td></td><td></td><td></td><td>Last name</td><td></td><td>'</td><td>0</td><td>4 1</td><td>13</td><td>3 3</td><td>8 1</td><td>1 0</td><td>- </td></t<> | | | | Last name | | ' | 0 | 4 1 | 13 | 3 3 | 8 1 | 1 0 | - |
| Present that the address nuclear and the loading spanteet nuclear or null codel | | | | | Social Security | 2 | 6 | 4 7 | 7 9 | 9 1 | 2. | 7 8 | |
| 314 RESPERN ST Norther 9 1 9 1 9 1 9 1 9 1 9 1 | Present home address (n | umber and street including apartm | ent number or rural ro | oute) | , | Τ | | ╧ | Ιİ | Ť | ΪŤ | ╧ | 2022 |
| LAFAYETTE LA 70508 Part A Tax Return Information Balance Due , | | ST | | | Number | 9 | 1 | 99 | 1 | 7 5 | 6 | 66 | 4 |
| Part A Tax Return Information Balance Due | | | | | | | | | | 08 | | | |
| Balance Due | | | | | | | | | , 0 0 | 00 | | | <u> </u> |
| Part B Direct Deposit of Refund (Optional) Xi or Direct Debit (Optional) Routing Number The first 2 digits of the routing number must be 01 through 12 or 21 through 32. 0 1 1 9 0 2 5 Account Number Image: Second Secon | Part A | | | Tax Return In | formation | | | | | | | | |
| Routing Number The first 2 digits of the routing number must be 01 through 12 or 21 through 32. Direct Debit Payment 0 1 1 9 0 2 5 Account Number | Balance Due | |], 🔲 | _ 00 | Refund I | Due | | | , [| | 1 | , 1 | 5 9 . 00 |
| number must be 01 through 12 or 21 through 32. Direct Debit Payment 0 1 1 9 0 2 5 Account Number Withdrawal Date MM 0 0 0 3 8 3 0 0 4 0 8 9 2 0 5 Type of Account: Checking Savings Full Payment Payment made/will be made by credit card. PART C Declaration of Taxpayer REV010523 PR0 X I consent that my refund be directly deposited as designated in Part B, and declare that the information shown in Part B is correct. If I have filed a joint return, this is an irrevocable appointment of the other spouse as an agent to receive the refund. I do not want direct deposited I will receive my refund by paper check. I do not want direct deposited I will receive my refund by paper check. I authorize the Louisiana Department of Revenue and its designated Financial Agent to initiate an ACH electronic funds withdrawal direct debit) entry to the financial institution account in Part B for payment of my state taxes owed on this return. I also authorize that I have filed a balance due return and if the Louisiana Department of Revenue does not receive full and timely payment of my tax liability. I will remain liable for the tax liability and all applicable interest and penalties. I understand that I have filed a balance due return and if | Part B | Direct D | eposit of Ref | und (Optional |) 🛛 or Direct | Debi | t (Op | otiona | 1) 🗆 | | | | |
| Account Number Withdrawal Date 3 8 5 0 4 0 8 9 2 0 5 Type of Account: Image: Checking Image: Savings Image: Checking | | | | | | [| Direct | t Debit | t Paym | nent | | | |
| Image: Solution of the solution and solution and the solution and solution account indicated in Part B and declare that the information shown in Part B is correct. If authorize the Louisiana Department of Revenue and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debosited I will receive my refund by paper check. I authorize the financial institution sinvolved in processing the electronic payment of my state taxes owed on this return. I also authorize the financial institution sinvolved in processing the electronic payment of Revenue does not receive full and timely payment of my tax liability. I will remain liable for the tax liability and all applicable interest and penalties. I understand that if I have filed a balance due return and if the Louisiana Department of Revenue does not receive full and timely payment of my knowledge and belief, it is true and complete. Please sign here. Your signature of Electronic Return Originator (ERO) and Paid Preparer I declare that I | 0 1 1 9 0 | 0 2 5 4 | | | | | | | I, [| | | , [] | _ 00 |
| Type of Account: MM DD YYYY Type of Account: Checking Savings Full Payment Partial Payment (Check one.) Payment made/will be made by credit card. PART C Declaration of Taxpayer REV 0105023 PRO I consent that my refund be directly deposited as designated in Part B, and declare that the information shown in Part B is correct. If I have filed a joint return, this is an irrevocable appointment of the other spouse as an agent to receive the refund. I do not want direct deposited I will receive my refund by paper check. I authorize the Louisiana Department of Revenue and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in Part B for payment of my state taxes owed on this return. I also authorize the financial institutions involved in processing the electronic payment of my state taxes owed on this return. I also authorize the financial institutions involved in processing the electronic payment of Revenue does not receive full and timely payment of my tax liability. I will remain liable for the tax liability and all applicable interest and penalties. I declare that I have examined my state income tax return prepared for electronic transmission to the State of Louisiana and, to the best of my knowledge and belief, it is true and complete. Please sign here. Your signature of Electronic Return Originator (ERO) and Paid Preparer I declare that I have releved the above taxpayer's return and that the entrites on the | Account Number | | | | | v | Vithd | rawal | Date | | | | |
| Type of Account: Checking Savings Full Payment Partial Payment Checking PART C Declaration of Taxpayer REV 010523 PRO I consent that my refund be directly deposited as designated in Part B, and declare that the information shown in Part B is correct. If I have filed a joint return, this is an irrevocable appointment of the other spouse as an agent to receive the refund. I do not want direct deposited I will receive my refund by paper check. I authorize the Louisiana Department of Revenue and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in Part B for payment of my state taxes owed on this return. I also authorize the financial institutions involved in processing the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I understand that if I have filed a balance due return and if the Louisiana Department of Revenue does not receive full and timely payment of my tax liability, I will remain liable for the tax liability and all applicable interest and penalties. I declare that I have examined my state income tax return prepared for electronic transmission to the State of Louisiana and, to the best of my knowledge and belief, it is true and complete. Please sign here. Your signature Date Spouse's signature (if joint return) Date Part D Declaration and Signature of Electronic Return Originator (ERO) and Paid Preparer Telephone | 3 8 5 0 0 | 4 0 8 9 2 0 | 5 | | | [| | | | | | | |
| Check one. Payment made/will be made by credit card. PART C Declaration of Taxpayer REV 0106523 PRO ✓ I consent that my refund be directly deposited as designated in Part B, and declare that the information shown in Part B is correct. If I have filed a joint return, this is an irrevocable appointment of the other spouse as an agent to receive the refund. I do not want direct deposit of my refund, am a first-time filer with Louisiana, or am not receiving a refund. I understand that by not having my refund direct deposited I will receive my refund by paper check. I authorize the Louisiana Department of Revenue and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in Part B for payment of my state taxes owed on this return. I also authorize the financial institutions involved in processing the electronic payment of taxes to receive confidential information neces- sary to answer inquiries and resolve issues related to the payment. I understand that if I have filed a balance due return and if the Louisiana Department of Revenue does not receive full and timely payment of my tax liability, I will remain liable for the tax liability and all applicable interest and penalties. I declare that I have examined my state income tax return prepared for electronic transmission to the State of Louisiana and, to the best of my knowledge based on the information submitted/furnished by the taxpayer. I also declare that I have complied with all of the requirements of the Louisiana Department of Revenue and in the Louisiana Handbook for Electronic Filers. Please sign here. Preparer's signature Soci | Type of Account: | | inas | | | F | | | | Pa | | - | ent 🗌 |
| I consent that my refund be directly deposited as designated in Part B, and declare that the information shown in Part B is correct. If I have filed a joint return, this is an irrevocable appointment of the other spouse as an agent to receive the refund. I do not want direct deposit of my refund, am a first-time filer with Louisiana, or am not receiving a refund. I understand that by not having my refund direct deposited I will receive my refund by paper check. I authorize the Louisiana Department of Revenue and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in Part B for payment of my state taxes owed on this return. I also authorize the financial institutions involved in processing the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I understand that if I have filed a balance due return and if the Louisiana Department of Revenue does not receive full and timely payment of my tax liability, I will remain liable for the tax liability and all applicable interest and penalties. I declare that I have examined my state income tax return prepared for electronic transmission to the State of Louisiana and, to the best of my knowledge and belief, it is true and complete. Please sign here. Your signature Date Spouse's signature (if joint return) Date Part D Declaration and Signature of Electronic Return Originator (ERO) and Paid Preparer I declare that I have reviewed the above taxpayer's return and that the entries on the return are complete and correctly represented to the best of my knowledge based on the information submitted/furnished by the taxpayer. I also declare that I have complied with all of the requirements of the Louisiana D | | | ingo | | | | | - | | | | - | |
| I have filed a joint return, this is an irrevocable appointment of the other spouse as an agent to receive the refund. I do not want direct deposit of my refund, am a first-time filer with Louisiana, or am not receiving a refund. I understand that by not having my refund direct deposited I will receive my refund by paper check. I authorize the Louisiana Department of Revenue and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in Part B for payment of my state taxes owed on this return. I also authorize the financial institutions involved in processing the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I understand that if I have filed a balance due return and if the Louisiana Department of Revenue does not receive full and timely payment of my tax liability, I will remain liable for the tax liability and all applicable interest and penalties. I declare that I have examined my state income tax return prepared for electronic transmission to the State of Louisiana and, to the best of my knowledge and belief, it is true and complete. Please sign here. Your signature of Electronic Return Originator (ERO) and Paid Preparer I declare that I have reviewed the above taxpayer's return and that the entries on the return are complete and correctly represented to the best of my knowledge based on the information submitted/furnished by the taxpayer. I also declare that I have complied with all of the requirements of the Louisiana Department of Revenue and in the Louisiana Handbook for Electronic Filers. Please sign here. | PART C | | 0 | Declaration of | Taxpayer | | | | | | | | REV 01/05/23 PRO |
| I do not want direct deposit of my refund, am a first-time filer with Louisiana, or am not receiving a refund. I understand that by not having my refund direct deposited I will receive my refund by paper check. I authorize the Louisiana Department of Revenue and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in Part B for payment of my state taxes owed on this return. I also authorize the financial institutions involved in processing the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I understand that if I have filed a balance due return and if the Louisiana Department of Revenue does not receive full and timely payment of my tax liability, I will remain liable for the tax liability and all applicable interest and penalties. I declare that I have examined my state income tax return prepared for electronic transmission to the State of Louisiana and, to the best of my knowledge and belief, it is true and complete. Please sign here. | I consent that | t my refund be directly | deposited as d | esignated in Pa | art B, and dec | lare tl | hat th | ne info | ormatio | on sh | iown i | n Par | t B is correct. If |
| having my refund direct deposited I will receive my refund by paper check. I authorize the Louisiana Department of Revenue and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in Part B for payment of my state taxes owed on this return. I also authorize the financial institutions involved in processing the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I understand that if I have filed a balance due return and if the Louisiana Department of Revenue does not receive full and timely payment of my tax liability, I will remain liable for the tax liability and all applicable interest and penalties. I declare that I have examined my state income tax return prepared for electronic transmission to the State of Louisiana and, to the best of my knowledge and belief, it is true and complete. Please sign here. | I have filed a | joint return, this is an ir | revocable appo | pintment of the | other spouse | as ai | n age | ent to | receiv | e the | e refur | ıd. | |
| (direct debit) entry to the financial institution account indicated in Part B for payment of my state taxes owed on this return. I also authorize the financial institutions involved in processing the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I understand that if I have filed a balance due return and if the Louisiana Department of Revenue does not receive full and timely payment of my tax liability, I will remain liable for the tax liability and all applicable interest and penalties. I declare that I have examined my state income tax return prepared for electronic transmission to the State of Louisiana and, to the best of my knowledge and belief, it is true and complete. Please sign here. | | | | | | r am I | not r | eceivii | ng a r | efund | d. I un | derst | and that by not |
| payment of my tax liability, I will remain liable for the tax liability and all applicable interest and penalties. I declare that I have examined my state income tax return prepared for electronic transmission to the State of Louisiana and, to the best of my knowledge and belief, it is true and complete. Please sign here. | (direct debit) authorize the | entry to the financial ir financial institutions in | nstitution accou volved in proce | unt indicated in electronic elect | Part B for pattronic payme | aymer | nt of | my st | ate ta | xes o | owed | on thi | is return. I also |
| the best of my knowledge and belief, it is true and complete. Please sign here. | | | | | | | | | | | | eive f | ull and timely |
| Your signature Date Spouse's signature (if joint return) Date Part D Declaration and Signature of Electronic Return Originator (ERO) and Paid Preparer I declare that I have reviewed the above taxpayer's return and that the entries on the return are complete and correctly represented to the best of my knowledge based on the information submitted/furnished by the taxpayer. I also declare that I have complied with all of the requirements of the Louisiana Department of Revenue and in the Louisiana Handbook for Electronic Filers. Please sign here. | | | | | ed for electron | ic tra | nsmi | ssion | to the | State | e of Lo | ouisia | ina and, to |
| Part D Declaration and Signature of Electronic Return Originator (ERO) and Paid Preparer I declare that I have reviewed the above taxpayer's return and that the entries on the return are complete and correctly represented to the best of my knowledge based on the information submitted/furnished by the taxpayer. I also declare that I have complied with all of the requirements of the Louisiana Department of Revenue and in the Louisiana Handbook for Electronic Filers. Please sign here. | Please sign h | | | | | | | | | | | | |
| I declare that I have reviewed the above taxpayer's return and that the entries on the return are complete and correctly represented to the best of my knowledge based on the information submitted/furnished by the taxpayer. I also declare that I have complied with all of the requirements of the Louisiana Department of Revenue and in the Louisiana Handbook for Electronic Filers. Please sign here. | | Your signatu | re | Date | Spc | use's | signa | ture (if | f joint r | eturn) | | | Date |
| the best of my knowledge based on the information submitted/furnished by the taxpayer. I also declare that I have complied with all of the requirements of the Louisiana Department of Revenue and in the Louisiana Handbook for Electronic Filers. Please sign here. Preparer's signature Social Security Number or ID Number Date Telephone Telephone 88-2145487 04/07/23 678-965-9522 | Part D | Declaration and S | Signature of E | lectronic Ret | urn Originato | or (EF | RO) a | nd Pa | aid Pr | epar | er | | |
| Preparer's signature Social Security Number or ID Number Date Telephone Mark box if also ERO. 88-2145487 04/07/23 678-965-9522 | the best of my know | owledge based on the ir | formation sub | mitted/furnishe | d by the taxpa | yer. I | also | decla | re tha | ıt I ha | | | |
| Mark box 88-2145487 04/07/23 678-965-9522 | Please sign here | | | | | | | | | | | | |
| □ if also ERO 88-2145487 04/07/23 678-965-9522 | Mark box | Preparer's signature | Sc | | | | | Date | | | | I ele | pnone |
| | if also ERO. | tronic Return Originator's sign | ature Sc | | | | 04/ | 07/2 Date | 23 | 6 | 78-9 | | |

This form is to be maintained by ERO. Do not submit to LDR.

| Name Change | IT-540-2D (Page 1 of 4) 2022 LOUISIANA | RE | SI | DENT | - 2D | | DEV | ID | 1002 |
|--------------------|---|-----------------------|-------------|-----------|----------------|-----------------------------|-------------------------|-------|------|
| Decedent Filing | RUPESH GANDE | | | | | Your SSN | С |)4113 | 3810 |
| Spouse Decedent | SRI DIVYA KOTAGIRI | | | | | Spouse's S | ISN E | 54779 | 1278 |
| Address Change | 314 REDFERN ST | | | | | | | | |
| Amended Return | LAFAYETTE | LA | . 7 | 0508 | | Telephone | 91 | .9917 | 5666 |
| NOL Carryback | | | | | | | | | |
| | | L03019 our Date of | - | | - | 261990 e's Date of Birth | | | |
| | G STATUS: Enter the appropriate number in the status box. It must agree with your federal return. | 6 | EX | EMPTIONS: | | | | | |
| | Enter a "1" in box if single . | 6A | Х | Yourself | 65 or older | Blind | Qualifying Widow(er) | | |
| | Enter a "2" in box if married filing jointly. | 6B | 6B 🗙 Spouse | 65 or | Blind | | 6A & 6B | 2 | |
| 2 | Enter a "3" in box if married filing separately. | 00 | ~ | Spouse | older | DIINU | | | |
| 2 | Enter a "4" in box if head of household . If the qualifying person is not your dependent, enter name he | ere | | | | | | _ | |
| | Enter a "5" in box if qualifying widow(er). If the qualifying person is not your dependent, enter name he | ere | | | | | | _ | |

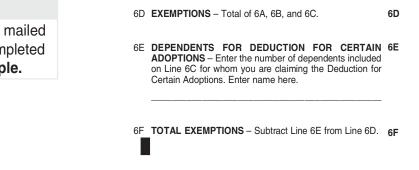
6C **DEPENDENTS** – Enter dependent information below. If you have more than 6 dependents, attach a statement to your return with the required information. Enter the number of dependents claimed on your Federal Form 1040 or 1040-SR here.

| First Name | Last Name | Social Security Number | Relationship to you | Birth Date (mm/dd/yyyy) |
|------------|--------------|------------------------|---------------------|-------------------------|
| BADRI | GANDE | 718-57-1357 | SON | 04/26/2018 |
| RUDRA | <u>GANDE</u> | 660-56-4693 | SON | 04/26/2018 |
| | | | | |
| | | | | |
| | | | | |

IMPORTANT!

All four (4) pages of this return MUST be mailed in together along with your W-2s and completed schedules. Please paperclip. **Do not staple.**

REV 01/05/23 PRO





FOR OFFICE USE ONLY

Field Flag 4

0

4

2

6C

If you are not required to file a federal return, indicate wages here.

Mark this box and enter zero "0" on Line 12

| 7 | FEDERAL ADJUSTED GROSS INCOME – IT your Federal Adjusted | From Louisiana Schedule E, attached | 7 | 84829 |
|-----|--|--|-----|-------|
| 8A | FEDERAL ITEMIZED DEDUCTIONS | | 8A | 0 |
| 8B | FEDERAL ITEMIZED DEDUCTION FOR MEDICAL AND DENTAL EXPENSES | | 8B | 0 |
| 8C | FEDERAL STANDARD DEDUCTION | | 8C | 0 |
| 8D | EXCESS FEDERAL ITEMIZED DEDUCTIONS - Subtract Line 8C from Line 8B | ι. | 8D | 0 |
| 9 | YOUR LOUISIANA TAX TABLE INCOME – Subtract Line 8D from Line 7. If less Use this figure to find your tax in the tax tables. | s than zero, enter '0' | 9 | 84829 |
| 10 | YOUR LOUISIANA INCOME TAX – Enter the amount from the tax table that correst status. | sponds with your filing | 10 | 2355 |
| 11 | NONREFUNDABLE PRIORITY 1 CREDITS – From Schedule C, Line 6 . | | 11 | 0 |
| 12 | TAX LIABILITY AFTER NONREFUNDABLE PRIORITY 1 CREDITS – Subtract If the result is less than zero, or you are not required to file a federal return, enter | | 12 | 2355 |
| 13 | 2022 LOUISIANA REFUNDABLE CHILD CARE CREDIT – Your Federal Adjus must be EQUAL TO OR LESS THAN \$25,000 to claim the credit on this line and the Refundable Child Care Credit Worksheet. | sted Gross Income b. See the instructions | 13 | 0 |
| 13A | Enter the qualified expense amount from the Refundable Child Care Credit Work | sheet, Line 3. | 13A | 0 |
| 13B | Enter the amount from the Refundable Child Care Credit Worksheet, Line 6. | | 13B | 0 |
| 14 | 2022 LOUISIANA REFUNDABLE SCHOOL READINESS CREDIT – Your feder Income must be EQUAL TO OR LESS THAN \$25,000 to claim the credit on the Refundable School Readiness Credit Worksheet. | al Adjusted Gross this line. See the | 14 | 0 |
| | 5 0 4 0 3 0 2 | 0 | | |
| 15 | EARNED INCOME CREDIT – See Louisiana Earned Income Credit (LA EIC) we | orksheet, Line 3. | 15 | 0 |
| 16 | OTHER REFUNDABLE PRIORITY 2 CREDITS – From Schedule F, Line 9. | | 16 | 0 |
| 17 | TOTAL REFUNDABLE PRIORITY 2 CREDITS – Add lines 13, and 14 through 1 amounts on Lines 13A and 13B. | 6. Do not include | 17 | 0 |
| 18 | TAX LIABILITY AFTER REFUNDABLE PRIORITY 2 CREDITS | | 18 | 2355 |
| 19 | OVERPAYMENT AFTER REFUNDABLE PRIORITY 2 CREDITS | | 19 | 0 |
| 20 | NONREFUNDABLE PRIOIRTY 3 CREDITS – From Schedule J, Line 16. | | 20 | 0 |

REV 01/05/23 PRO



2022 IT-540-2D (Page 3 of 4)

| 21 | ADJUSTED LOUISIANA INCOME TAX- Subtract Line 20 from Line | ne 18. | 21 | 2355 | | | | |
|--|---|---|--------------|------|--|--|--|--|
| 22 | CONSUMER USE TAX – You must mark one of these boxes. | X No use tax due. | 22 | 0 | | | | |
| | | Amount from the Consumer Use Tax Worksheet. | | | | | | |
| 23 | TOTAL INCOME TAX AND CONSUMER USE TAX - Add Lines 2 | 21 and 22. | 23 | 2355 | | | | |
| | | | | | | | | |
| 24 | OVERPAYMENT OF REFUNDABLE PRIORITY 2 CREDITS – Ent | 24 | 0 | | | | | |
| 25 | REFUNDABLE PRIORITY 4 CREDITS – From Schedule I, Line 6. | i. | 25 | 0 | | | | |
| PAYME | ENTS | | | | | | | |
| 26 | AMOUNT OF LOUISIANA TAX WITHHELD FOR 2022 – Attach I | Forms W-2 and 1099. | 26 | 3514 | | | | |
| 27 | AMOUNT OF CREDIT CARRIED FORWARD FROM 2021 | 27 | 0 | | | | | |
| 28 | AMOUNT OF ESTIMATED PAYMENTS MADE FOR 2022 | 28 | 0 | | | | | |
| 29 | AMOUNT OF EXTENSION PAYMENT | | 29 | 0 | | | | |
| | | | | | | | | |
| 30 | TOTAL REFUNDABLE TAX CREDITS AND PAYMENTS – Add Lin | nes 24 through 29. | 30 | 3514 | | | | |
| 31 | OVERPAYMENT – If Line 30 is greater than Line 23, subtract Line may be reduced by the Underpayment of Estimated Tax Penal | 31 | 1159 | | | | | |
| 32 | UNDERPAYMENT PENALTY – See the instructions for Underpayment Penalty and Form R-210R. 32 0 | | | | | | | |
| 33 | ADJUSTED OVERPAYMENT – If Line 31 is greater than Line 32, subtract Line 32 from Line 31, and enter on Line 33 If Line 32 is greater than Line 31, subtract Line 31 from Line 32, and enter the balance on Line 38. | | | | | | | |
| 34 | TOTAL DONATIONS – From Schedule D, Line 22. | 34 | 0 | | | | | |
| DEELIN | ND DUE | | | | | | | |
| 35 | SUBTOTAL – Subtract Line 34 from Line 33. This amount of over | rpayment is available for credit or refund | d. 35 | 1159 | | | | |
| 36 | AMOUNT OF LINE 35 TO BE CREDITED TO 2023 INCOME TAX | X CREDIT | 36 | 0 | | | | |
| | AMOUNT TO BE REFUNDED – Subtract Line 36 from Line 35. If n the address on the bottom of page 4. | mailing to LDR, use | | | | | | |
| 37 | Enter a "2" in box if you want to receive your refund by paper check | DEFUND | 37 | 1159 | | | | |
| Enter a "3" in box if you want to receive your refund by direct deposit. Complete REFUND 3 information below. If information is unreadable, you are filing for the first time, or if you do not make a refund selection, you will receive your refund by paper check. | | | | | | | | |
| | DIRECT DEPOSIT INFORMATION | | | | | | | |
| | Type: Checking X Savings | Will this refund be forwarded to a finan institution located outside the United S | Vee | No 🗙 | | | | |
| | Routing Number 011900254 | Account Number 38500408920 |)5 | | | | | |
| | | | - | | | | | |
| | • | | | | | | | |



GAND

AMOUNTS DUE LOUISIANA

| 46 | BALANCE DUE LOUISIANA – Add Lines 38 through 45 If mailing to LDR, use address below. For electronic payment options, see instructions. | 46 | 0 | |
|----|---|----|---|--|
| 45 | UNDERPAYMENT PENALTY – See the instructions from Underpayment Penalty and Form R-210R. If you are a farmer, check the box. | 45 | 0 | |
| 44 | DELINQUENT PAYMENT PENALTY - From Delinquent Payment Penalty Calculation Worksheet, Line 7. | 44 | 0 | |
| 43 | DELINQUENT FILING PENALTY – From the Delinquent Filing Penalty Calculation Worksheet, Line 3. | 43 | 0 | |
| 42 | INTEREST – From the Interest Calculation Worksheet, Line 5. | 42 | 0 | |
| 41 | ADDITIONAL DONATION TO LOUISIANA FOOD BANK ASSOCIATION | 41 | 0 | |
| 40 | ADDITIONAL DONATION TO THE COASTAL PROTECTION AND RESTORATION FUND | 40 | 0 | |
| 39 | ADDITIONAL DONATION TO THE MILITARY FAMILY ASSISTANCE FUND | 39 | 0 | |
| 38 | AMOUNT YOU OWE - If Line 23 is greater than Line 30, subtract Line 30 from Line 23. | 38 | 0 | |
| | | | | |

IMPORTANT!

All four (4) pages of this return MUST be mailed in together along with your W-2s and completed schedules. Please paperclip. Do not staple.

> Status 010

Contribution and Donation 0000

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. If I made a contribution to a START Savings Program, I consent that my Social Security Number may be given to the Louisiana Office of Student Financial Assistance to properly identify the START Savings Program account holder. If married filing jointly, both Social Security Numbers may be submitted. I understand that by submitting this form I authorize the disbursement of individual income tax refunds through the method as described on Line 37.

| Your Signature | | | Date (mm/dd/yyyy) | | Spouse's Signature (If filing jointly, both must sign.) | | | Date (mm/dd/yyyy) | |
|----------------------|-----------------------------------|-----------|-------------------|---------|---|-----|---------------|-------------------|------------------|
| FAID | Print/Type Preparer SYAM PRIYA | RAM SAGAR | | SYAM F | s Signature PRIYA RAM SAGAR | GUP | 04/0//2023 | Check | if Self-employed |
| PREPARER USE ONLY | | GLOBAL TA | | | | | Firm's FEIN > | 84- | 3171965 |
| | Firm's Address 🕨 | 245 ROONE | Y CT 1 | E BRUNS | SWICKNJ 08816 | | Telephone 🕨 | 678 | -965-9522 |

| Name | Individual Income Tax Return Calendar year return due 5/15/23 | | P02082703 | | | | |
|------|--|-------------------------|--------------------------------------|--|--|--|--|
| Rano | | | | | | | |
| GAND | Mailto: Department of Revenue | | PTIN, FEIN, or LDR Account Number | | | | |
| | PO BOX 3440 BATON ROUGE LA 70821-3440 | | of Paid Preparer | | | | |
| | | For Office Use Only. | | | | | |
| | REV 01/05/23 PRO | | 6235 | | | | |

DO NOT SEND CASH.

