

# IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.  
▶ Go to [www.irs.gov/Form8879](http://www.irs.gov/Form8879) for the latest information.

Submission Identification Number (SID) ▶

Taxpayer's name KINJALKUMAR G PATEL	Social security number 026-15-0518
Spouse's name KUSHBOO P PATEL	Spouse's social security number 667-44-4436

## Part I Tax Return Information – Tax Year Ending December 31, 2022 (Enter year you are authorizing.)

Enter whole dollars only on lines 1 through 5.

**Note:** Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.

1 Adjusted gross income . . . . .	1	144,464.
2 Total tax . . . . .	2	17,318.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 . . . . .	3	19,690.
4 Amount you want refunded to you . . . . .	4	2,510.
5 Amount you owe . . . . .	5	

## 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

I authorize GLOBAL TAXES LLC to enter or generate my PIN 

5	0	5	1	8
---	---	---	---	---

 as my 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

I authorize GLOBAL TAXES LLC to enter or generate my PIN 

4	4	4	3	6
---	---	---	---	---

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

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

Spouse's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

### Practitioner PIN Method Returns Only—continue below

## Part III Certification and Authentication – Practitioner PIN Method Only

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

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

 Don't enter all zeros

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

ERO's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

**ERO Must Retain This Form – See Instructions**  
**Don't Submit This Form to the IRS Unless Requested To Do So**

Filing Status [ ] Single [X] Married filing jointly [ ] Married filing separately (MFS) [ ] Head of household (HOH) [ ] Qualifying surviving spouse (QSS)
Check only one box. If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent:

Personal information section including name, social security numbers, home address, and state/zip code.

Digital Assets At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) [ ] Yes [X] No

Standard Deduction Someone can claim: [ ] You as a dependent [ ] Your spouse as a dependent [ ] Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness You: [ ] Were born before January 2, 1958 [ ] Are blind Spouse: [ ] Was born before January 2, 1958 [ ] Is blind

Table for Dependents with columns for (1) First name, Last name, (2) Social security number, (3) Relationship to you, and (4) Child tax credit/Credit for other dependents.

Main income table with rows 1a through 15, including sub-rows for interest, dividends, and deductions, leading to total taxable income of 118,564.

<b>Tax and Credits</b>	<b>16</b>	<b>Tax</b> (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____	<b>16</b>	17,318.
	<b>17</b>	Amount from Schedule 2, line 3	<b>17</b>	
	<b>18</b>	Add lines 16 and 17	<b>18</b>	17,318.
	<b>19</b>	Child tax credit or credit for other dependents from Schedule 8812	<b>19</b>	
	<b>20</b>	Amount from Schedule 3, line 8	<b>20</b>	
	<b>21</b>	Add lines 19 and 20	<b>21</b>	
	<b>22</b>	Subtract line 21 from line 18. If zero or less, enter -0-	<b>22</b>	17,318.
	<b>23</b>	Other taxes, including self-employment tax, from Schedule 2, line 21	<b>23</b>	0.
	<b>24</b>	Add lines 22 and 23. This is your <b>total tax</b>	<b>24</b>	17,318.

<b>Payments</b>	<b>25</b>	Federal income tax withheld from:		
	<b>a</b>	Form(s) W-2	<b>25a</b>	19,690.
	<b>b</b>	Form(s) 1099	<b>25b</b>	
	<b>c</b>	Other forms (see instructions)	<b>25c</b>	
	<b>d</b>	Add lines 25a through 25c	<b>25d</b>	19,690.
	<b>26</b>	2022 estimated tax payments and amount applied from 2021 return	<b>26</b>	
	<b>27</b>	Earned income credit (EIC) <input type="checkbox"/> NO	<b>27</b>	
	<b>28</b>	Additional child tax credit from Schedule 8812	<b>28</b>	
	<b>29</b>	American opportunity credit from Form 8863, line 8	<b>29</b>	
	<b>30</b>	Reserved for future use	<b>30</b>	
	<b>31</b>	Amount from Schedule 3, line 15	<b>31</b>	138.
	<b>32</b>	Add lines 27, 28, 29, and 31. These are your <b>total other payments and refundable credits</b>	<b>32</b>	138.
	<b>33</b>	Add lines 25d, 26, and 32. These are your <b>total payments</b>	<b>33</b>	19,828.

<b>Refund</b>	<b>34</b>	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>	<b>34</b>	2,510.
	<b>35a</b>	Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/>	<b>35a</b>	2,510.
Direct deposit? See instructions.	<b>b</b>	Routing number 1 2 2 1 0 5 2 7 8 <b>c</b> Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
	<b>d</b>	Account number 1 1 2 3 5 4 3 9 8 3		
	<b>36</b>	Amount of line 34 you want <b>applied to your 2023 estimated tax</b>	<b>36</b>	

<b>Amount You Owe</b>	<b>37</b>	Subtract line 33 from line 24. This is the <b>amount you owe</b> . For details on how to pay, go to <a href="http://www.irs.gov/Payments">www.irs.gov/Payments</a> or see instructions	<b>37</b>	
	<b>38</b>	Estimated tax penalty (see instructions)	<b>38</b>	

**Third Party Designee** Do you want to allow another person to discuss this return with the IRS? See instructions  **Yes**. Complete below.  **No**

Designee's name \_\_\_\_\_ Phone no. \_\_\_\_\_ Personal identification number (PIN) \_\_\_\_\_

**Sign Here** 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.

Your signature	Date	Your occupation SOFTWARE DEVELOPER	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
Spouse's signature. If a joint return, <b>both</b> must sign.	Date	Spouse's occupation DINING SERVICE MANAGER	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
Phone no. (480) 886-7323	Email address KINJAL.STREAM@GMAIL.COM		

**Paid Preparer Use Only**

Preparer's name	Preparer's signature	Date	PTIN	Check if: <input type="checkbox"/> Self-employed
Firm's name GLOBAL TAXES LLC	Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816			Phone no.
Firm's EIN				

**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](http://www.irs.gov/Form1040) for instructions and the latest information.

OMB No. 1545-0074

**2022**  
Attachment  
Sequence No. **01**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR  
KINJALKUMAR G & KUSHBOO P PATEL

Your social security number  
026-15-0518

**Part I Additional Income**

<b>1</b>	Taxable refunds, credits, or offsets of state and local income taxes . . . . .	<b>1</b>	
<b>2a</b>	Alimony received . . . . .	<b>2a</b>	
<b>b</b>	Date of original divorce or separation agreement (see instructions): _____		
<b>3</b>	Business income or (loss). Attach Schedule C . . . . .	<b>3</b>	-54,651.
<b>4</b>	Other gains or (losses). Attach Form 4797 . . . . .	<b>4</b>	
<b>5</b>	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E . . . . .	<b>5</b>	
<b>6</b>	Farm income or (loss). Attach Schedule F . . . . .	<b>6</b>	
<b>7</b>	Unemployment compensation . . . . .	<b>7</b>	
<b>8</b>	Other income:		
<b>a</b>	Net operating loss . . . . .	<b>8a</b>	( )
<b>b</b>	Gambling . . . . .	<b>8b</b>	
<b>c</b>	Cancellation of debt . . . . .	<b>8c</b>	
<b>d</b>	Foreign earned income exclusion from Form 2555 . . . . .	<b>8d</b>	( )
<b>e</b>	Income from Form 8853 . . . . .	<b>8e</b>	
<b>f</b>	Income from Form 8889 . . . . .	<b>8f</b>	
<b>g</b>	Alaska Permanent Fund dividends . . . . .	<b>8g</b>	
<b>h</b>	Jury duty pay . . . . .	<b>8h</b>	
<b>i</b>	Prizes and awards . . . . .	<b>8i</b>	
<b>j</b>	Activity not engaged in for profit income . . . . .	<b>8j</b>	
<b>k</b>	Stock options . . . . .	<b>8k</b>	
<b>l</b>	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 . . . . .	<b>8l</b>	
<b>m</b>	Olympic and Paralympic medals and USOC prize money (see instructions) . . . . .	<b>8m</b>	
<b>n</b>	Section 951(a) inclusion (see instructions) . . . . .	<b>8n</b>	
<b>o</b>	Section 951A(a) inclusion (see instructions) . . . . .	<b>8o</b>	
<b>p</b>	Section 461(l) excess business loss adjustment . . . . .	<b>8p</b>	
<b>q</b>	Taxable distributions from an ABL account (see instructions) . . . . .	<b>8q</b>	
<b>r</b>	Scholarship and fellowship grants not reported on Form W-2 . . . . .	<b>8r</b>	
<b>s</b>	Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d . . . . .	<b>8s</b>	( )
<b>t</b>	Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan . . . . .	<b>8t</b>	
<b>u</b>	Wages earned while incarcerated . . . . .	<b>8u</b>	
<b>z</b>	Other income. List type and amount: _____	<b>8z</b>	
<b>9</b>	Total other income. Add lines 8a through 8z . . . . .	<b>9</b>	
<b>10</b>	Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8	<b>10</b>	-54,651.

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

Schedule 1 (Form 1040) 2022

**Part II Adjustments to Income**

<b>11</b>	Educator expenses . . . . .		<b>11</b>
<b>12</b>	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 . . . . .		<b>12</b>
<b>13</b>	Health savings account deduction. Attach Form 8889 . . . . .		<b>13</b>
<b>14</b>	Moving expenses for members of the Armed Forces. Attach Form 3903 . . . . .		<b>14</b>
<b>15</b>	Deductible part of self-employment tax. Attach Schedule SE . . . . .		<b>15</b>
<b>16</b>	Self-employed SEP, SIMPLE, and qualified plans . . . . .		<b>16</b>
<b>17</b>	Self-employed health insurance deduction . . . . .		<b>17</b>
<b>18</b>	Penalty on early withdrawal of savings . . . . .		<b>18</b>
<b>19a</b>	Alimony paid . . . . .		<b>19a</b>
<b>b</b>	Recipient's SSN . . . . .		
<b>c</b>	Date of original divorce or separation agreement (see instructions): _____		
<b>20</b>	IRA deduction . . . . .		<b>20</b>
<b>21</b>	Student loan interest deduction . . . . .		<b>21</b>
<b>22</b>	Reserved for future use . . . . .		<b>22</b>
<b>23</b>	Archer MSA deduction . . . . .		<b>23</b>
<b>24</b>	Other adjustments:		
<b>a</b>	Jury duty pay (see instructions) . . . . .	<b>24a</b>	
<b>b</b>	Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit . . . . .	<b>24b</b>	
<b>c</b>	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m . . . . .	<b>24c</b>	
<b>d</b>	Reforestation amortization and expenses . . . . .	<b>24d</b>	
<b>e</b>	Repayment of supplemental unemployment benefits under the Trade Act of 1974 . . . . .	<b>24e</b>	
<b>f</b>	Contributions to section 501(c)(18)(D) pension plans . . . . .	<b>24f</b>	
<b>g</b>	Contributions by certain chaplains to section 403(b) plans . . . . .	<b>24g</b>	
<b>h</b>	Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions) . . . . .	<b>24h</b>	
<b>i</b>	Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations . . . . .	<b>24i</b>	
<b>j</b>	Housing deduction from Form 2555 . . . . .	<b>24j</b>	
<b>k</b>	Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041) . . . . .	<b>24k</b>	
<b>z</b>	Other adjustments. List type and amount: _____	<b>24z</b>	
<b>25</b>	Total other adjustments. Add lines 24a through 24z . . . . .		<b>25</b>
<b>26</b>	Add lines 11 through 23 and 25. These are your <b>adjustments to income</b> . Enter here and on Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a . . . . .		<b>26</b>

**SCHEDULE 3  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Additional Credits and Payments**

Attach to Form 1040, 1040-SR, or 1040-NR.  
Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.

OMB No. 1545-0074

**2022**  
Attachment  
Sequence No. **03**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR  
KINJALKUMAR G & KUSHBOO P PATEL

Your social security number  
026-15-0518

**Part I Nonrefundable Credits**

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

(continued on page 2)

**Part II Other Payments and Refundable Credits**

<b>9</b>	Net premium tax credit. Attach Form 8962 . . . . .		<b>9</b>	
<b>10</b>	Amount paid with request for extension to file (see instructions) . . . . .		<b>10</b>	
<b>11</b>	Excess social security and tier 1 RRTA tax withheld . . . . .		<b>11</b>	138.
<b>12</b>	Credit for federal tax on fuels. Attach Form 4136 . . . . .		<b>12</b>	
<b>13</b>	Other payments or refundable credits:			
<b>a</b>	Form 2439 . . . . .	<b>13a</b>		
<b>b</b>	Credit for qualified sick and family leave wages paid in 2022 from Schedule(s) H for leave taken before April 1, 2021 . . . . .	<b>13b</b>		
<b>c</b>	Reserved for future use . . . . .	<b>13c</b>		
<b>d</b>	Credit for repayment of amounts included in income from earlier years . . . . .	<b>13d</b>		
<b>e</b>	Reserved for future use . . . . .	<b>13e</b>		
<b>f</b>	Deferred amount of net 965 tax liability (see instructions) . . . . .	<b>13f</b>		
<b>g</b>	Reserved for future use . . . . .	<b>13g</b>		
<b>h</b>	Credit for qualified sick and family leave wages paid in 2022 from Schedule(s) H for leave taken after March 31, 2021, and before October 1, 2021 . . . . .	<b>13h</b>		
<b>z</b>	Other payments or refundable credits. List type and amount:	<b>13z</b>		
<b>14</b>	Total other payments or refundable credits. Add lines 13a through 13z . . . . .		<b>14</b>	
<b>15</b>	Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 31 . . . . .		<b>15</b>	138.



**SCHEDULE C  
(Form 1040)**

**Profit or Loss From Business  
(Sole Proprietorship)**

OMB No. 1545-0074

**2022**

Attachment  
Sequence No. **09**

Department of the Treasury  
Internal Revenue Service

Go to [www.irs.gov/ScheduleC](http://www.irs.gov/ScheduleC) for instructions and the latest information.  
Attach to Form 1040, 1040-SR, 1040-NR, or 1041; partnerships must generally file Form 1065.

Name of proprietor KINJALKUMAR G PATEL		Social security number (SSN) 026-15-0518
<b>A</b> Principal business or profession, including product or service (see instructions) STREAM SOFTWARE SERVICES	<b>B</b> Enter code from instructions 5 4 1 9 9 0	
<b>C</b> Business name. If no separate business name, leave blank. STREAM SOFTWARE SERVICES	<b>D</b> Employer ID number (EIN) (see instr.) 9 2 3 0 7 1 9 1 0	
<b>E</b> Business address (including suite or room no.) 6612 NEW JESUP HWY City, town or post office, state, and ZIP code BRUNSWICK, GA 31523		
<b>F</b> Accounting method: (1) <input checked="" type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) _____		
<b>G</b> Did you "materially participate" in the operation of this business during 2022? If "No," see instructions for limit on losses <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
<b>H</b> If you started or acquired this business during 2022, check here <input type="checkbox"/>		
<b>I</b> Did you make any payments in 2022 that would require you to file Form(s) 1099? See instructions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>J</b> If "Yes," did you or will you file required Form(s) 1099? <input type="checkbox"/> Yes <input type="checkbox"/> No		

**Part I Income**

1 Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked <input type="checkbox"/>	1	
2 Returns and allowances	2	
3 Subtract line 2 from line 1	3	
4 Cost of goods sold (from line 42)	4	
5 <b>Gross profit.</b> Subtract line 4 from line 3	5	
6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6	
7 <b>Gross income.</b> Add lines 5 and 6	7	

**Part II Expenses.** Enter expenses for business use of your home **only** on line 30.

8 Advertising	8		18 Office expense (see instructions)	18	
9 Car and truck expenses (see instructions)	9	10,031.	19 Pension and profit-sharing plans	19	
10 Commissions and fees	10		20 Rent or lease (see instructions):		
11 Contract labor (see instructions)	11		a Vehicles, machinery, and equipment	20a	
12 Depletion	12		b Other business property	20b	5,000.
13 Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13		21 Repairs and maintenance	21	1,500.
14 Employee benefit programs (other than on line 19)	14		22 Supplies (not included in Part III)	22	
15 Insurance (other than health)	15		23 Taxes and licenses	23	
16 Interest (see instructions):			24 Travel and meals:		
a Mortgage (paid to banks, etc.)	16a		a Travel	24a	
b Other	16b		b Deductible meals (see instructions)	24b	
17 Legal and professional services	17		25 Utilities	25	3,120.
28 <b>Total expenses</b> before expenses for business use of home. Add lines 8 through 27a	28		26 Wages (less employment credits)	26	
29 Tentative profit or (loss). Subtract line 28 from line 7	29		27a Other expenses (from line 48)	27a	35,000.
30 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method. See instructions. <b>Simplified method filers only:</b> Enter the total square footage of (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30	30		27b <b>Reserved for future use</b>	27b	
31 <b>Net profit or (loss).</b> Subtract line 30 from line 29. • If a profit, enter on both <b>Schedule 1 (Form 1040), line 3</b> , and on <b>Schedule SE, line 2</b> . (If you checked the box on line 1, see instructions.) Estates and trusts, enter on <b>Form 1041, line 3</b> . • If a loss, you <b>must</b> go to line 32.	31		28 <b>Total expenses</b> before expenses for business use of home. Add lines 8 through 27a	28	54,651.
32 If you have a loss, check the box that describes your investment in this activity. See instructions. • If you checked 32a, enter the loss on both <b>Schedule 1 (Form 1040), line 3</b> , and on <b>Schedule SE, line 2</b> . (If you checked the box on line 1, see the line 31 instructions.) Estates and trusts, enter on <b>Form 1041, line 3</b> . • If you checked 32b, you <b>must</b> attach <b>Form 6198</b> . Your loss may be limited.			29 Tentative profit or (loss). Subtract line 28 from line 7	29	-54,651.
			31 <b>Net profit or (loss).</b> Subtract line 30 from line 29.	31	-54,651.
			32a <input checked="" type="checkbox"/> All investment is at risk.	32a	
			32b <input type="checkbox"/> Some investment is not at risk.	32b	



**Part III Cost of Goods Sold** (see instructions)

**33** Method(s) used to value closing inventory:    **a**  Cost    **b**  Lower of cost or market    **c**  Other (attach explanation)

**34** Was there any change in determining quantities, costs, or valuations between opening and closing inventory?  
If "Yes," attach explanation . . . . .  **Yes**     **No**

<b>35</b> Inventory at beginning of year. If different from last year's closing inventory, attach explanation . . .	<b>35</b>	
<b>36</b> Purchases less cost of items withdrawn for personal use . . . . .	<b>36</b>	
<b>37</b> Cost of labor. Do not include any amounts paid to yourself . . . . .	<b>37</b>	
<b>38</b> Materials and supplies . . . . .	<b>38</b>	
<b>39</b> Other costs . . . . .	<b>39</b>	
<b>40</b> Add lines 35 through 39 . . . . .	<b>40</b>	
<b>41</b> Inventory at end of year . . . . .	<b>41</b>	
<b>42</b> <b>Cost of goods sold.</b> Subtract line 41 from line 40. Enter the result here and on line 4 . . . . .	<b>42</b>	

**Part IV Information on Your Vehicle.** Complete this part **only** if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.

**43** When did you place your vehicle in service for business purposes? (month/day/year) 01/01/2022

**44** Of the total number of miles you drove your vehicle during 2022, enter the number of miles you used your vehicle for:

**a** Business 16,600    **b** Commuting (see instructions) \_\_\_\_\_    **c** Other 364

**45** Was your vehicle available for personal use during off-duty hours? . . . . .  **Yes**     **No**

**46** Do you (or your spouse) have another vehicle available for personal use?. . . . .  **Yes**     **No**

**47a** Do you have evidence to support your deduction? . . . . .  **Yes**     **No**

**b** If "Yes," is the evidence written? . . . . .  **Yes**     **No**

**Part V Other Expenses.** List below business expenses not included on lines 8–26 or line 30.

BACK OFFICE EXPENSES		35,000.
<b>48</b> <b>Total other expenses.</b> Enter here and on line 27a . . . . .	<b>48</b>	35,000.

**Additional Information From 2022 Federal Tax Return****Schedule C (STREAM SOFTWARE SERVICES): Profit or Loss from Business****Line 25****Itemization Statement**

Description	Amount
PHONE (\$200*12 P.M)	2,400.
INTERNET	720.
<b>Total</b>	<b>3,120.</b>

FORM 40 Alabama 2022 Individual Income Tax Return RESIDENTS & PART-YEAR RESIDENTS



For the year Jan. 1 - Dec. 31, 2022, or other tax year:

Beginning: ● Ending: ●

Your social security number

● 026-15-0518

●  Check if primary is deceased  
Primary's deceased date (mm/dd/yyyy) ●

Spouse's SSN if joint return

● 667-44-4436

●  Check if spouse is deceased  
Spouse's deceased date (mm/dd/yyyy) ●

Your first name

● KINJALKUMAR

Initial

● G

Last name

● PATEL

Spouse's first name

● KUSHBOO

Initial

● P

Last name

● PATEL

Present home address (number and street or P.O. Box number)

● 22 BRADFORDS XING

City, town, or post office

● BRUNSWICK

State

● GA

ZIP code

● 31525

Check if address is outside U.S. ●

Foreign Country

▶ CHECK BOX IF AMENDED RETURN ●

**Filing Status/Exemptions** 1 ●  \$1,500 Single 3 ●  \$1,500 Married filing separate. Complete Spouse SSN ●  NRA  
2 ●  \$3,000 Married filing joint 4 ●  \$3,000 Head of Family (with qualifying person). Complete Schedule HOF

	A - Alabama tax withheld		B - Income	
	5a	●	5b	●
5a Alabama Income Tax Withheld (from Schedule W-2, line 18, column G) .....				
5b Wages, salaries, tips, etc. (from Schedule W-2, line 18, column I plus J): .....	8,219	●	199,115	●
6 Interest and dividend income (also attach Schedule B if over \$1,500) .....		●		●
7 Other income (from page 2, Part I, line 9) .....		●	0	●
8 Total income. Add amounts in the income column for line 5b through line 7 .....		●	199,115	●
9 Total adjustments to income (from page 2, Part II, line 16) .....		●		●
10 Adjusted gross income. Subtract line 9 from line 8. ....		●	199,115	●

**Income and Adjustments**

11 Box a or b MUST be checked.  
Check box a, if you **itemize deductions**, and enter amount from Schedule A, line 27.  
Check box b, if you **do not** itemize deductions, and enter **standard deduction** (see instructions)

	11	●	15	●
● a <input checked="" type="checkbox"/> <b>Itemized Deductions</b> ● b <input type="checkbox"/> <b>Standard Deduction</b> .....	16,504	●	36,822	●
12 Federal tax deduction (see instructions) <b>DO NOT ENTER THE FEDERAL TAX WITHHELD FROM YOUR FORM W-2(S)</b>	17,318	●		●
13 Personal exemption (from line 1, 2, 3, or 4) .....	3,000	●		●
14 Dependent exemption (from page 2, Part III, line 2) .....		●		●
15 Total deductions. Add lines 11, 12, 13, and 14 .....		●		●

**Deductions**

If claiming a deduction on line 12, you must attach page 1, 2 and Schedule 1 of your Federal Return, if applicable.

**Tax**

16 Taxable income. Subtract line 15 from line 10 .....	162,293	●		●
17 Income Tax due. Enter amount from tax table or check if from ● <input type="checkbox"/> Form NOL-85A .....	8,033	●		●
18 Net tax due Alabama. Check box if computing tax using Schedule OC ● <input type="checkbox"/> , otherwise enter amount from line 17. ....	8,033	●		●
19 Additional taxes (from Schedule ATP, Part I, Line 3) .....	0	●		●
20 Alabama Election Campaign Fund. You may make a voluntary contribution to the following: a Alabama Democratic Party <input type="checkbox"/> \$1 <input type="checkbox"/> \$2 <input type="checkbox"/> none .....		●		●
b Alabama Republican Party <input type="checkbox"/> \$1 <input type="checkbox"/> \$2 <input type="checkbox"/> none .....		●		●
21 Total tax liability and voluntary contribution. Add lines 18, 19, 20a, and 20b .....	8,033	●		●

**Payments**

22 Alabama income tax withheld (from column A, line 5a) .....	8,219	●		●
23 2022 estimated tax payments/Automatic Extension Payment .....		●		●
24 Amended Returns Only - Previous payments (see instructions) .....		●		●
25 Refundable Credits. Enter the amount from Schedule OC, Section F, line F4 .....		●		●
26 Payments from Schedule CP, Section B, Line 1 .....		●		●
27 Total payments. Add lines 22, 23, 24, 25, and 26 .....	8,219	●		●
28 Amended Returns Only - Previous refund (see instructions) .....		●		●
29 Adjusted Total Payments. Subtract line 28 from line 27 .....	8,219	●		●

**AMOUNT YOU OWE**

30 If line 21 is larger than line 29, subtract line 29 from line 21, and add line 31 and enter **AMOUNT YOU OWE**.  
Place payment, along with Form 40V, loose in the mailing envelope. (FORM 40V MUST ACCOMPANY PAYMENT.)

31 Penalties (from Schedule ATP, Part II, line 3) (see instructions) .....		●		●
--	--	---	--	---

**OVERPAID**

32 If line 29 is larger than line 21, subtract line 21 from line 29, and enter **AMOUNT OVERPAID** .....
 186 | ● |  | ● |

**Donations**

33 Amount of line 32 to be applied to your **2023 estimated tax** .....
  | ● |  | ● |

**REFUND**

34 Total Donation Check-offs from Schedule DC, line 2 .....
  | ● |  | ● |

35 **REFUNDED TO YOU. (CAUTION: You must sign this return on the reverse side.)**  
If line 32 is greater than zero, subtract lines 31, 33, and 34 from line 32 .....
 186 | ● |  | ● |

For Direct Deposit, check here ●  and complete Part V, Page 2.



**PART I**

1	Alimony received	1	●
2	Business income or (loss) (attach Federal Schedule C or C-EZ) (see instructions)	2	● 0
3	Gain or (loss) from sale of Real Estate, Stocks, Bonds, etc. (attach Schedule D)	3	●
<b>Other Income</b>	<b>4a</b> Total IRA distributions	<b>4a</b>	●
(See instructions)	<b>4b</b> Taxable amount (see instructions)	<b>4b</b>	●
	<b>5a</b> Total pensions and annuities	<b>5a</b>	●
	<b>5b</b> Taxable amount (see instructions)	<b>5b</b>	●
	6 Rents, royalties, partnerships, estates, trusts, etc. (attach Schedule E)	6	●
	7 Farm income or (loss) (attach Federal Schedule F)	7	●
	8 Other income (state nature and source — see instructions)	8	●
	<b>9 Total other income.</b> Add lines 1 through 8. Enter here and also on page 1, line 7	9	● 0

**PART II**

<b>Adjustments to Income</b>	<b>1a</b> Your IRA deduction	<b>1a</b>	●
(See instructions)	<b>b</b> Spouse's IRA deduction	<b>1b</b>	●
	2 Payments to a Keogh retirement plan and self-employment SEP deduction	2	●
	3 Penalty on early withdrawal of savings	3	●
	4 Alimony paid. Recipient's last name _____ SSN ● _____	4	●
	5 Adoption expenses	5	●
	6 Moving Expenses (Attach Federal Form 3903) to: City _____ State _____ ZIP _____	6	●
	7 Self-employed health insurance deduction	7	●
	8 Payments to Alabama College Counts 529 Fund or Alabama PACT Program	8	●
	9 Health insurance deduction for small employer employee (see instructions)	9	●
	10 Costs to retrofit or upgrade home to resist wind or flood damage	10	●
	11 Deposits to a catastrophe savings account	11	●
	12 Contributions to a health savings account	12	●
	13 Deposits to an Alabama First-Time and Second Chance Home Buyer Savings Account (see instructions)	13	●
	14 Firefighter's Insurance Premium	14	●
	15 Contributions to an Achieving a Better Life Experience (ABLE) savings account	15	●
	<b>16 Total adjustments.</b> Add lines 1 through 15. Enter here and also on page 1, line 9	<b>16</b>	●

**PART III**

<b>Dependents</b>	1 Total number of dependents from Schedule DS, line 1b	1	●
	2 <b>Amount allowed.</b> Multiply total number of dependents claimed on line 1 by the amount on the dependent chart in the instructions. Enter amount here and on page 1, line 14	2	●

**PART IV**

**General Information**

1 **Residency** Check only one box  Full Year  Part Year From \_\_\_\_\_ 2022 through \_\_\_\_\_ 2022.

2 Did you file an Alabama income tax return for the year 2021?  Yes  No If no, state reason \_\_\_\_\_

3 Give name and address of present employer(s). Yours KANAP SYSTEMS LLC 4949 PLEASANT ST, SUITE 200 WEST DES MOINES IA 50266  
Your Spouse's COMPASS GROUP USA, INC 2400 YORKMONT RD CHARLOTTE NC 28217

**All Taxpayers Must Complete This Section.**

4 Enter the Federal Adjusted Gross Income ● \$ 144,464 and Federal Taxable Income ● \$ 118,564 as reported on your 2022 Federal Individual Income Tax Return.

5 Do you have income which is reported on your Federal return, but not reported on your Alabama return (other than your state tax refund)?  Yes  No  
If yes, enter source(s) and amount(s) below: (other than state income tax refund)

Source ●	Amount ●
Source ●	Amount ●

**PART V**

For Direct Deposit of your refund, complete 1, 2, 3, and 4 below. (See Page 17 of instructions to see if you qualify.)

**Direct Deposit**

1 Routing Number: 122105278 2 Type:  Checking  Savings 3 Account Number: 1123543983

4 Is this refund going to or through an account that is located outside of the United States?  Yes  No

**Drivers License Info**

DOB (mm/dd/yyyy) ● <u>XX/XX/XXXX</u> Your state ● <u>XX</u> DL# ● <u>XXXXXXXX</u> Iss date (mm/dd/yyyy) ● <u>XX/XX/XXXX</u> Exp date (mm/dd/yyyy) ● <u>XX/XX/XXXX</u>
DOB (mm/dd/yyyy) ● <u>XX/XX/XXXX</u> Spouse state ● <u>XX</u> DL# ● <u>XXXXXXXX</u> Iss date (mm/dd/yyyy) ● <u>XX/XX/XXXX</u> Exp date (mm/dd/yyyy) ● <u>XX/XX/XXXX</u>

I authorize a representative of the Department of Revenue to discuss my return and attachments with my preparer.  
**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.**

**Sign Here In Black Ink**  
Keep a copy of this return for your records.

Your Signature _____	Date _____	Daytime Telephone Number <u>(480) 886-7323</u>	Your Occupation <u>SOFTWARE DEVELOPER</u>
Spouse's Signature (if joint return, BOTH must sign) _____	Date _____	Daytime Telephone Number _____	Spouse's Occupation <u>DINING SERVICE MANAGER</u>
Preparer's Signature _____	Date _____	Check if Self-employed <input type="checkbox"/> Preparer's SSN or PTIN _____	E.I. Number _____
<b>Paid Preparer's Use Only</b>	Firm's Name (or yours if self employed) <u>GLOBAL TAXES LLC</u>	Daytime Telephone No. _____	ZIP Code <u>08816</u>
Address <u>245 ROONEY CT E BRUNSWICK NJ</u>			

**SCHEDULES  
A, B, & DC  
(FORM 40)**



(Schedules B and DC are on back page)

**ATTACH TO FORM 40 — SEE INSTRUCTIONS FOR SCHEDULE A**

Name(s) as shown on Form 40 <b>KINJALKUMAR G &amp; KUSHBOO P PATEL</b>	Your social security number <b>026-15-0518</b>
---	---

The itemized deductions you may claim for the year 2022 are similar to the itemized deductions claimed on your Federal return; however, the amounts may differ. Please see instructions before completing this schedule. **PART-YEAR RESIDENTS:** A resident of Alabama for only a part of the year should list below only those deductions actually paid while a resident of Alabama.

<b>Medical and Dental Expenses</b>		<i>CAUTION: Do not include expenses reimbursed or paid by others.</i>					
1	Medical and dental expenses.....	1		0	00		
2	Enter amount from Form 40, line 10. ....	2		00			
3	Multiply the amount on line 2 by 4% (.04). Enter the result.....	3			00		
4	Subtract line 3 from line 1. Enter the result. If zero or less, enter -0-.....	4	•				00
<b>Taxes You Paid</b>		5	Real estate taxes.....		00		
6	FICA Tax (Social Security and Medicare) and Federal Self-Employment Tax.....	6		15,409	00		
7	Railroad Retirement (Tier 1 only).....	7			00		
8	Other taxes. (List – include personal property taxes.) ▶ <u>OTHER TAXES</u>	8		1,095	00		
9	Add the amounts on lines 5 through 8. Enter the total here.....	9	•				16,504 00
<b>Interest You Paid</b>		10a	Home mortgage interest and points reported to you on Federal Form 1098.....	10a			00
<i>NOTE: Personal interest is not deductible.</i>		10b	Home mortgage interest not reported to you on Federal Form 1098. (If paid to an individual, show that person's name and address.) ▶ ..... .....	10b			00
11	Reserved for future use.....	11			00		
12	Points not reported to you on Form 1098.....	12			00		
13	Investment interest. (Attach Form 4952A.).....	13			00		
14	Add the amounts on lines 10a through 13. Enter the total here.....	14	•				00
<b>Gifts to Charity</b>		<i>CAUTION: If you made a charitable contribution and received a benefit in return, see instructions.</i>					
15	Contributions by cash or check.....	15			00		
16	Other than cash or check. (You <b>MUST</b> attach Federal Form 8283 if over \$500.).....	16			00		
17	Carryover from prior year.....	17			00		
18	Add the amounts on lines 15 through 17. Enter the total here.....	18	•				00
<b>Casualty and Theft Loss</b> (Attach Form 4684)		19a	Enter the loss from Federal Form 4684, either <b>A</b> <input type="checkbox"/> line 15, or <b>B</b> <input type="checkbox"/> line 16.....	19a			00
		19b	Enter 10% of your Adjusted Gross Income (Form 40, line 10) if box B is checked, otherwise enter zero.....	19b			00
		19c	Subtract line 19b from line 19a. If zero or less, enter -0-.....	19c	•		00
<b>Job Expenses and Most Other Miscellaneous Deductions</b>		20	Unreimbursed employee expenses — job travel, union dues, job education, etc. You <b>MUST</b> attach Federal Form 2106 if required. See instructions. ▶ ..... .....	20			00
		21	Other expenses (investment, tax preparation, safe deposit box, etc.). List type and amount. ▶ ..... .....	21			00
		22	Add the amounts on lines 20 and 21. Enter the total.....	22			00
		23	Multiply the amount on Form 40, line 10 by 2% (.02). Enter the result here.....	23			00
		24	Subtract line 23 from line 22. Enter the result. If zero or less, enter -0-.....	24	•		00
<b>Other Miscellaneous Deductions</b>		25	Other (from list in the instructions). List type and amount. ▶ ..... .....	25	•		00
<b>Qualified Long-Term Care Ins. Premiums</b>		<i>CAUTION: Do not include medical premiums.</i>					
26	Enter amount here.....	26	•				00
<b>Total Itemized Deductions</b>		27	Add the amounts on lines 4, 9, 14, 18, 19c, 24, 25, and 26. Enter the total here. Then enter on Form 40, page 1, line 11 and check 11a, Itemized Deductions.....	27	•		16,504 00



SCHEDULE  
**ATP**

ALABAMA DEPARTMENT OF REVENUE  
INCOME TAX ADMINISTRATION DIVISION  
**Additional Taxes & Penalties**

**2022**

NAME(S) AS SHOWN ON THE TAX RETURN

SOCIAL SECURITY NUMBER

KINJALKUMAR G & KUSHBOO P PATEL

026-15-0518

**PART I** Additional Taxes

1	Consumer Use Tax (see instructions). If you certify that no use tax is due, check box <input checked="" type="checkbox"/>	1	●	0
2	Catastrophe savings tax (see instructions)	2	●	
3	Total Additional Taxes. Add line 1 and line 2. Enter here and also on Form 40, page 1, line 19	3	●	0

**PART II** Penalties

1	Estimated Tax Penalty (see instructions). Farmers and Fishermen that meets IRC §6654, check box <input type="checkbox"/>	1	●	
2	First-time Second chance Home Buyer Savings Account penalty (from Schedule HBC, Part IV, Line 4)	2	●	
3	Total penalties. Add line 1 and line 2. Enter here and also on Form 40, page 1, line 31	3	●	



Alabama Department of Revenue  
**Wages, Salaries, Tips, etc.**

*Schedule W-2 must be completed fully and included with your return in order to receive proper credit for your Alabama income tax withheld. Attach a copy of all withholding statements to your return.*

NAME(S) AS SHOWN ON TAX RETURN: KINJALKUMAR G & KUSHBOO P PATEL  
 PRIMARY'S SOCIAL SECURITY NO.: 026-15-0518  
 SPOUSE'S SOCIAL SECURITY NO.: 667-44-4436

A	B	C	D	E	F	G	H	I	J
Employee's Social Security Number	Employer's Identification Number (EIN)	Statutory Employee	Schedule C/C-EZ Filed?	State Code	Alabama Employer's State ID Number	Alabama State Income Tax Withheld	Federal Wages (Box 1 of Form W-2)	Alabama State Wages (Box 16 of Form W-2)	Additional Taxable Wages - Other States
1	026-15-0518	<input type="checkbox"/>	<input type="checkbox"/>	AL	010280141	3,904	90,000	90,000	
2	026-15-0518	<input type="checkbox"/>	<input type="checkbox"/>	AL	366857	2,243	59,233	59,233	
3	667-44-4436	<input type="checkbox"/>	<input type="checkbox"/>	AL	000030	2,072	49,882	49,882	
4		<input type="checkbox"/>	<input type="checkbox"/>						
5		<input type="checkbox"/>	<input type="checkbox"/>						
6		<input type="checkbox"/>	<input type="checkbox"/>						
7		<input type="checkbox"/>	<input type="checkbox"/>						
8		<input type="checkbox"/>	<input type="checkbox"/>						
9		<input type="checkbox"/>	<input type="checkbox"/>						
10		<input type="checkbox"/>	<input type="checkbox"/>						
11		<input type="checkbox"/>	<input type="checkbox"/>						
12		<input type="checkbox"/>	<input type="checkbox"/>						
13		<input type="checkbox"/>	<input type="checkbox"/>						
14		<input type="checkbox"/>	<input type="checkbox"/>						
15		<input type="checkbox"/>	<input type="checkbox"/>						
16	TOTAL ALABAMA TAX WITHHELD FROM W-2s. Total lines 1-15, Column G and enter the amount here . . .					8,219			
17	ALABAMA TAX WITHHELD FROM 1099s AND W-2Gs. Enter the total Alabama Income Tax Withheld from all Form 1099s and Form W-2Gs received. See instructions on where to report the income from these statements . . . . .					0			
18	TOTAL WAGES AND TOTAL ALABAMA TAX WITHHELD FROM W-2s, 1099s, AND W-2Gs. See instructions . . . . .					8,219	199,115	199,115	

**THIS SCHEDULE CAN ONLY BE SUBMITTED AND/OR PRINTED VIA LANDSCAPE**



Your first name and initial KINJALKUMAR G	Last name PATEL
If a joint return, spouse's first name and initial KUSHBOO P	Last name PATEL
Home address (number and street). If a P.O. Box, see instructions. 22 BRADFORDS XING	
City, town or post office, state, and ZIP code BRUNSWICK GA 31525	

Your social security number 0 2 6 : 1 5 : 0 5 1 8
Spouse's soc. sec. no. if joint return 6 6 7 : 4 4 : 4 4 3 6
Telephone number (optional) (480) 886-7323

Part I	
1 Alabama taxable income (Form 40, line 16 or Form 40NR, line 18) . . . . .	1 162,293
2 Total tax liability (Form 40, line 21) or Net tax due (Form 40NR, line 20) . . . . .	2 8,033
3 Total payments (Form 40, line 27 or Form 40NR, line 26) . . . . .	3 8,219
4 Refund (Form 40, line 35 or Form 40NR, line 33) . . . . .	4 186
5 Amount you owe (Form 40, line 30 or Form 40NR, line 29) . . . . .	5

**Part II**  
Refund and Payment Information

1 Routing number: 1 2 2 1 0 5 2 7 8

2 Account number: 1 1 2 3 5 4 3 9 8 3

3 Type of account:  Checking  Savings

4 Type of transaction:  Direct Deposit  Direct Debit

5  Paper Check (Check this box to have your refund issued by a paper check.)

**Part III**  
Declaration of Taxpayer

(Sign only after Part I is completed.)

I authorize a representative of the Department of Revenue to discuss my return and attachments with my preparer.

Sign Here ▶

_____ Your signature	_____ Date	_____ Spouse's signature. If a joint return, BOTH must sign.	_____ Date
-------------------------	---------------	---	---------------

**Part IV**  
Declaration of Electronic Return Originator (ERO) and Paid Preparer

(See instructions.)

I declare that I have reviewed the above taxpayer's Alabama individual income tax return and that the entries on this form are complete and correctly represented based on all information of which I have any knowledge. I also declare that I have followed all other requirements described in IRS PUB. 1345, Revenue Procedures for Electronic Filing of Individual Income Tax Returns (Tax Year 2022), and the Alabama Handbook for Electronic Filers of Individual Income Tax Returns (Tax Year 2022). By using a computer system and software to prepare and transmit my client's return electronically, I consent to the disclosure of all information pertaining to my use of the system and software to create my client's return and to the electronic transmission of my client's tax return to the **Alabama Department of Revenue**, as applicable by law. **If I am also the paid preparer, 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.**

**ERO's Use Only**

ERO's signature ▶	Date	Check if also paid preparer <input type="checkbox"/>	Preparer's PTIN
Firm's name (or yours if self-employed) and address ▶	GLOBAL TAXES LLC 245 ROONEY CT E BRUNSWICK NJ		E.I. No. 88-2145487 ZIP Code 08816

**Paid Preparer's Use Only**

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.

Preparer's signature ▶	Date	Check if self-employed <input type="checkbox"/>	Preparer's PTIN
Firm's name (or yours if self-employed) and address ▶	245 ROONEY CT E BRUNSWICK NJ		E.I. No. ZIP Code 08816

**DO NOT MAIL TO ALABAMA DEPT. OF REVENUE**

## Income Worksheet

**2022**

Name as Shown on Return KINJALKUMAR G & KUSHBOO P PATEL	Social Security Number 026-15-0518
--	---------------------------------------

**Wages, Salaries, Tips, Etc for Line 5 of Form 40/40NR**

Special Type Indicator (X = Income will not be included in your return)  
Check this box to exclude income from your Alabama return.

Check this box if you are excluding income and plan to attempt to electronically file your return.

**NOTE: Part-year** residents may use this worksheet to remove non Alabama source income. Resident and Non-Resident returns may be rejected during electronic filing if you exclude income by marking boxes in the # column.

Payer's name	#	State name	Gross earnings	Alabama wages	Alabama tax withheld
KANAP SYSTEMS LLC	<input type="checkbox"/>	AL	90,000.	90,000.	3,904.
ADP TOTALSOURCE FL XVII I	<input type="checkbox"/>	AL	59,233.	59,233.	2,243.
COMPASS GROUP USA, INC	<input type="checkbox"/>	AL	49,882.	49,882.	2,072.
	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				
<b>Total</b> . . . . .			199,115.	199,115.	8,219.

**Other Income for Form 40/40NR**

# Special Type Indicator (X = Income will not be included in your return)  
Check this box to exclude income from your Alabama return.

Description	#	Total amount	Alabama amount
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
<b>Total</b> . . . . .			

