Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization

Social accurity number

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

Submission Identification Number (SID)

Taypayar'a nama

тахрау	er's name	Social security number
KAR	THIKEYAN KALIAPPAN	809-63-1648
Spouse	's name	Spouse's social security number
MAL	INI DHANDAPANI	954-99-9129
Part	Tax Return Information – Tax Year Ending December 31, 2022 (Enter	r 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	1 105,852.
2	Total tax	2 8,168.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3 10,275.
4	Amount you want refunded to you	4 2,107.
5	Amount you owe	5

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

Under penalties of periury. I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

			FBO firm name		Er
X	l authorize	GLOBAL TAXES	5 LLC	to enter or generate my PIN	3

3	1	6	4	8	
Ent dor	er fiv n't er	/e di nter a	gits, all ze	but ros	as my

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

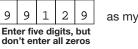
I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature

Spouse's PIN: check one box only

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

Date



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

S

below.

Spouse's s	signature P	ate 🖡											
	Practitioner PIN Method Returns Only—continue	bel	ow										
Part III	Certification and Authentication – Practitioner PIN Method Only												
ERO's EFI	N/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.	2	2	2	4	9	6	6	1	9	8	9	
					Don	't er	nter a	all ze	eros				

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 🕨	
	ust Retain This Form — Se his Form to the IRS Unless		
For Denominarly Reduction Act Nation and your tax	raturn instructions - · ·	REV 02/10/22 RBO	Earm 8879 (Payl 01 2021)

For Paperwork Reduction Act Notice, see your tax return instructions. BAA REV 02/10/23 PRO

Filing Statue Single Single Married filing jointy Married filing separately (MFS) Head of household (HOH) Outsifying surviving survivin	1040		artment of the Treasury–Internal Revenue Servi S. Individual Income Tax		urn	202	2	OMB No. 1545	-0074	IRS Use	only-	Do not w	rite or staple	in this space.
Your first name and middle initial Last name Your social security number XARTHILKEYAN KALLAPPAN KALLAPPAN 809-63-1648 With Plant Runts, posses first name and middle initial Last name Spouse first name and middle initial Last name MALLINI DEANDAPANI DEANDAPANI 954-99-912.9 Home address (number and street), if you have a foreign address, also complete spaces below. State 201 43.240 City, town, or post office. If you have a foreign address, also complete spaces below. State 201 43.240 Foreign country name Foreign province/state/county Foreign postal code your tax or effind. Digital At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or service); or (b) sell, exchange, diff, to otherwise disposed address (or a financial interest in a digital asset)? (See instructions): (You = Souse) Dependentis Semeone can claim: You as a dependent (Your spouse as a dependent) Dependentis (see instructions): (You ar spouse) (Was born before January 2, 1986 Is blind Dependentis (see instructions): (1) First name (a) for (a) first name (a) for (a) first name (a) for (a) first name Harton four	Check only	lf yo	u checked the MFS box, enter the n	ame of y	0		,					spou	use (QSS)	Ũ
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Standard Deduction for- 5a Pensions and annuities	if required.	<u>3a</u>		3a		111.	b C	Ordinary divide	nds .		· ·	3b		115.
Deduction for- 6a Social security benefits 6a b Taxable amount 6b • Single or Married filing separately, \$12,950 6a Social security benefits 6a b Taxable amount 6b • Married filing jointly or Qualifying surviving spouse, \$25,900 7 Capital gain or (loss). Attach Schedule D if required. If not required, check here 7 -1,567. • 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 9 105,852. • Married filing jointly or Qualifying surviving spouse, \$25,900 10 Adjustments to income from Schedule 1, line 26 10 • Head of household, \$19,400 12 Standard deduction or itemized deductions (from Schedule A) 11 105,852. • If you checked any box under Standard 13 Qualified business income deduction from Form 8995 or Form 8995-A 13 0. • Head of household, \$19,400 13 Qualified business income deduction from Form 8995 or Form 8995-A 13 0. • If you checked any box under Standard 14 25,900. 14 25,900. • If you checked any box under Standard 14 25,900. 15 79,952											· ·			
 Single or Married filing separately, \$12,950 Married filing jointy or Qualifying surviving spouse, \$25,900 Head of household, \$12,900 Head of household, \$12,900 Head of household, \$12,900 Subtract line 10 from line 9. This is your adjusted gross income Handrad deduction or itemized deductions (from Schedule A) Standard deduction or itemized deductions (from Schedule A) Married filing 13 Married filing 14 from line 11. If zero or less enter -0- This is your taxable income Subtract line 14 from line 11. If zero or less enter -0- This is your taxable income 	Standard	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 in required, in hot required, check here 1 7 -1,367. • 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 9 105,852. • Married filing jointly or Qualifying surviving spouse, \$25,900 10 9 105,852. • Head of household, \$19,400 11 Subtract line 10 from line 9. This is your adjusted gross income 11 105,852. • If you checked any box under Standard 12 25,900. 13 Qualified business income deduction from Form 8995 or Form 8995-A 13 0. • If you checked any box under Standard 14 25,900. 14 25,900. 14 25,900.	Married filing								· ·		· Ц			
jointly or Qualifying surviving spouse, \$25,9009Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income9105, 852.10Adjustments to income from Schedule 1, line 2610• Head of household, \$19,40011Subtract line 10 from line 9. This is your adjusted gross income11105, 852.12Standard deduction or itemized deductions (from Schedule A)1225, 900.• If you checked any box under Standard13Qualified business income deduction from Form 8995 or Form 8995-A130.1425, 900.14Add lines 12 and 131425, 900.1579, 952					f required	J. If not requ	uired	, check here	· ·		. 🗆			-1,567.
Qualifying surviving spouse, \$25,900 9 105,852. 10 Adjustments to income from Schedule 1, line 26 10 Head of household, \$19,400 11 Subtract line 10 from line 9. This is your adjusted gross income 11 105,852. I1 105,852. 10 I2 Standard deduction or itemized deductions (from Schedule A) 12 25,900. I3 Qualified business income deduction from Form 8995 or Form 8995-A 13 0. I4 25,900. 14 25,900. Subtract line 12 and 13 11 form line 11. If zero or less enter -0- This is your taxable income 15 79,952											· ·			
\$25,900 10 Adjustments to income nom obligating its of income nom oblig	Qualifying								• •	• •	· ·)5,852.
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 0. 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 79,952			•	-					• •	• •	· ·			
\$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 0. 14 Add lines 12 and 13 14 25,900. 14 25,900. Deduction, 15 Subtract line 14 from line 11. If zero or less enter -0- This is your taxable income 15 79,952					-	•			• •	• •	· ·			
any box under Standard14Add lines 12 and 131425,900.Deduction,15Subtract line 14 from line 11. If zero or less enter -0- This is your taxable income1579,952	\$19,400						,		• •	• •	· ·			-
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 79,952						395 or Form	n 899	95-A	• •	• •	· ·			
	Standard								• •	• •	· ·			
		15	Subtract line 14 from line 11. If zer	o or les	s, enter -	·U This is y	our '	taxable incom	ie .	• •	• •	15		/9,952.

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

Form 1040 (2022	2)									Page 2
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 🗌 881	4 2 4972	3		16	9,1	L68.
Credits	17	Amount from Schedule 2, lin	e3					17		
	18	Add lines 16 and 17						18	9,1	L68.
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812			19	1,0	000.
	20	Amount from Schedule 3, lin	e8					20		
	21	Add lines 19 and 20						21	1,0	000.
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	8,1	L68.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21 .			23		0.
	24	Add lines 22 and 23. This is						24	8,1	L68.
Payments	25	Federal income tax withheld								
i aj incluio	а	Form(s) W-2				25a 10	,275.			
	b	Form(s) 1099				25b	-	1		
	с	Other forms (see instructions				25c		1		
	d	Add lines 25a through 25c	,					25d	10,2	275.
	26	2022 estimated tax payment						26	- ,	
If you have a ^L gualifying child,	27	Earned income credit (EIC)				27				
attach Sch. EIC.	28	Additional child tax credit from				28		1		
)	29	American opportunity credit				29		1		
	30	Reserved for future use .		,		30				
	31	Amount from Schedule 3, lin				31		1		
	32	Add lines 27, 28, 29, and 31						32		
	33	Add lines 25d, 26, and 32. T	,					33	10,2	275.
	34	If line 33 is more than line 24						34		L07.
Refund	35a	Amount of line 34 you want	·			,		35a		L07.
Direct deposit?	b	Routing number 0 4 4					Savings			
See instructions.		Account number 9 1 0					earnige			
	36	Amount of line 34 you want a			ed tax	36				
Amount	37	Subtract line 33 from line 24								
You Owe	57	For details on how to pay, ge						37		
	38	Estimated tax penalty (see in	-			38		01		
Third Party		you want to allow another								
Designee		structions	•				omplete b	below.	🗙 No	
J	De	signee's		Phone			onal identif	ication		
	nai	nē		no.		num	ber (PIN)			
Sign		der penalties of perjury, I declare t								
Here	bel	ief, they are true, correct, and com	plete. Declaration of	of preparer (othe		ased on all information	1			· ·
	Yo	ur signature		Date	Your occupation				nt you an Identi IN, enter it here	
Joint return?					SOFTWARE I	DEVELOPER	(see			
See instructions.	Sp	ouse's signature. If a joint return, k	ooth must sian.	Date	Spouse's occupat		If the	IRS ser	nt your spouse a	an
Keep a copy for	-1-		g				Ident	tity Prote	ection PIN, ente	
your records.					HOME MAKE	ર	(see	inst.)		
		one no. (216)507-583		Email address	KARTHIKEYAN	.KD@GMAIL.CO	M			
Paid	Pre	eparer's name	Preparer's signat	ure		Date	PTIN		Check if:	
Preparer	SYAM	PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	02/17/2023	P02082	2703	Self-empl	loyed
Use Only	Fir	m's name GLOBAL TAX	XES LLC				Phor	ie no. (678)965-9	9522
	Fir	m's address 245 ROONE	Y CT E BRU	NSWICK N	J 08816		Firm'	's EIN	84-3171	1965
Go to www.irs.go	ov/Form	n1040 for instructions and the late	st information.		BAA	REV 02/10/23 PRO			Form 104	0 (2022)

SCHEDULE D (Form 1040)

Capital Gains and Losses

OMB No. 1545-0074

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

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

Attachment Sequence No. 12 Your social security number

20

Internal Revenue Service Name(s) shown on return

Department of the Treasury

KARTHIKEYAN KALIAPPAN & MALINI DHANDAPANI

809-63-1648

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

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

7	Net short-term capital gain or (loss). Combine lines 1a term capital gains or losses, go to Part II below. Otherwise		7	-1,403.		
6	Worksheet in the instructions					()
5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1						
4	Short-term gain from Form 6252 and short-term gain or (oss) from Forms 4	684, 6781, and 88	324	4	
3	Totals for all transactions reported on Form(s) 8949 with Box C checked					
2	2 Totals for all transactions reported on Form(s) 8949 with Box B checked28,343.29,331.				74.	-514.
1b	Totals for all transactions reported on Form(s) 8949 with Box A checked	12,063.	12,976.	2	24.	-889.
1a	Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b.					
lines This	instructions for how to figure the amounts to enter on the below. form may be easier to complete if you round off cents to le dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss fi Form(s) 8949, Pa line 2, column	rom art I,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)

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

See instructions for how to figure the amounts to enter on the lines below.		(d) Proceeds	(e) Cost	(g) Adjustmen to gain or loss		(h) Gain or (loss) Subtract column (e) from column (d) and
This form may be easier to complete if you round off cents to whole dollars.		(sales price)	(or other basis)	Form(s) 8949, F line 2, column	Part II,	combine the result with column (g)
8a	Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b.					
8b	Totals for all transactions reported on Form(s) 8949 with Box D checked	271.	435.			-164.
9	Totals for all transactions reported on Form(s) 8949 with Box E checked					
10	Totals for all transactions reported on Form(s) 8949 with Box F checked.					
11	Gain from Form 4797, Part I; long-term gain from Forms from Forms 4684, 6781, and 8824		• •	. ,	11	
12	Net long-term gain or (loss) from partnerships, S corporat			()	12	
13	Capital gain distributions. See the instructions				13	
14	Long-term capital loss carryover. Enter the amount, if any Worksheet in the instructions				14	()
15	Net long-term capital gain or (loss). Combine lines 8a on the back	•			15	-164.

Part	III Summary	
16	Combine lines 7 and 15 and enter the result	16 -1,567.
	• If line 16 is a gain , enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below.	
	• If line 16 is a loss , skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22.	
	• If line 16 is zero , skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22.	
17	Are lines 15 and 16 both gains?	
	No. Skip lines 18 through 21, and go to line 22.	
18	If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet	18
19	If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet	19
20	 Are lines 18 and 19 both zero or blank and you are not filing Form 4952? Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. Don't complete lines 21 and 22 below. 	
	□ No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.	
21	If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of:	
	The loss on line 16; or (\$3,000), or if married filing separately, (\$1,500)	21 (1,567.)
	Note: When figuring which amount is smaller, treat both amounts as positive numbers.	
22	Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?	
	Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16.	
	□ No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.	

REV 02/10/23 PRO

Schedule D (Form 1040) 2022

Form	8949	

Department of the Treasury

Internal Revenue Service

Name(s) shown on return

Sales and Other Dispositions of Capital Assets

OMB No. 1545-0074

Go to www.irs.gov/Form8949 for instructions and the latest information.

File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

Attachment Sequence No. 12A Social security number or taxpayer identification number

48

					-
KARTHIKEYAN	KALIAPPAN	&	MALINI	DHANDAPANI	809-63-16

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

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

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

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

X (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)

(B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS

C) Short-term transactions not reported to you on Form 1099-B

1 (a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis See the Note below	Adjustment, if any, to gain or loss If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		n (g), (h) Gain or (loss) ns. Subtract column (e)
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see Column (e) in the separate instructions.	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g).
Robinhood Securities LLC	05/16/22	12/31/22	12,063.	12,976.	W	24.	-889.
2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked).			12,063.	12,976.		24.	-889.

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

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

Form 8949 (2022)	Attachment Sequence No. 12A	Page 2
Name(c) shown on roturn. Name and SSN or tax navor identification no. not required if shown on other side	Social security number or taxpayer identification nun	her

KARTHIKEYAN KALIAPPAN & MALINI DHANDAPANI

Social security number or taxpayer identification number 809–63–1648

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

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

Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You *must* check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

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

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

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

1 (a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis See the Note below and see <i>Column (e)</i> in the separate instructions.	If you enter an enter a c	f any, to gain or loss amount in column (g), ode in column (f). parate instructions. (g) Amount of adjustment	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g).
Robinhood Securities LLC	07/10/21	12/31/22	271.	435.			-164.
2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if Box F above is checked).			271.	435.			-164.

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column* (g) in the separate instructions for how to figure the amount of the adjustment.

Form	8949	

Department of the Treasury

Internal Revenue Service

Name(s) shown on return

Sales and Other Dispositions of Capital Assets

OMB No. 1545-0074

Go to www.irs.gov/Form8949 for instructions and the latest information.

File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

Attachment Sequence No. 12A Social security number or taxpayer identification number

					-
KARTHIKEYAN	KALIAPPAN	&	MALINI	DHANDAPANI	809-63-1648

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

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

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

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

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

X (B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS

C) Short-term transactions not reported to you on Form 1099-B

1	(a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis See the Note below			(e) If you enter an amount in column (g), enter a code in column (f). See the Note below See the separate instructions.		(h) Gain or (loss) Subtract column (e)
	(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see Column (e) in the separate instructions.	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g).		
Apex	Clearing	04/11/22	12/31/22	28,343.	29,331.	W	474.	-514.		
neg Sch	als. Add the amounts in columns ative amounts). Enter each tota iedule D, line 1b (if Box A above ive is checked), or line 3 (if Box 6	al here and inc is checked), lir	lude on your 1e 2 (if Box B	28,343.	29,331.		474.	-514.		

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

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

SCHEDULE 8812 (Form 1040)

Department of the Treasury

Internal Revenue Service

Credits for Qualifying Children and Other Dependents

OMB No. 1545-0074

Attach to Form 1040, 1040-SR, or 1040-NF	Attach to	Form 1040	, 1040-SR,	or 1040-NR
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Go to www.irs.gov/Schedule8812 for instructions and the latest information.

2022 Attachment Sequence No. 47

Name(s) shown on return		Your	social se	curity number
KART	HIKEYAN KALIAPPAN & MALINI DHANDAPANI		809	-63-1	648
Pa	t I Child Tax Credit and Credit for Other Dependents				
1	Enter the amount from line 11 of your Form 1040, 1040-SR, or 1040-NR			1	105,852.
2a	Enter income from Puerto Rico that you excluded				
b	Enter the amounts from lines 45 and 50 of your Form 2555		0.		
с	Enter the amount from line 15 of your Form 4563				
d	Add lines 2a through 2c			2d	0.
3	Add lines 1 and 2d			3	105,852.
4	Number of qualifying children under age 17 with the required social security number 4		0		
5	Multiply line 4 by \$2,000			5	
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		2		
	Caution: Do not include yourself, your spouse, or anyone who is not a U.S. citizen, U.S. nation	al. or U.S. resid	_		
	alien. Also, do not include anyone you included on line 4.	,			
7	Multiply line 6 by \$500			7	1,000.
8	Add lines 5 and 7			8	1,000.
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	1,000.
	○ No. STOP. You cannot take the child tax credit, credit for other dependents, or addition Skip Parts II-A and II-B. Enter -0- on lines 14 and 27.	al child tax cr	edit.		
	Yes. Subtract line 11 from line 8. Enter the result.				
13	Enter the amount from the Credit Limit Worksheet A			13	9,168.
14	Enter the smaller of line 12 or 13. This is your child tax credit and credit for other depended	ents		14	1,000.
	Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 19.				
	If the amount on line 12 is more than the amount on line 14, you may be able to tak on Form 1040, 1040-SR, or 1040-NR, line 28. Complete your Form 1040, 1040-S				

(also complete Schedule 3, line 11) before completing Part II-A.

For Paperwork Reduction Act Notice, see your tax return instructions. BAA REV 02/10/23 PRO Schedule 8812 (Form 1040) 2022

Schedu	le 8812 (Form 1040) 2022		Page 2
Part	II-A Additional Child Tax Credit for All Filers		
Cautio	on: If you file Form 2555, you cannot claim the additional child tax credit.		
15	Check this box if you do not want to claim the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on lin	e 27	🔲
16a	Subtract line 14 from line 12. If zero, stop here; you cannot take the additional child tax credit. Skip Parts II-A		
	and II-B. Enter -0- on line 27	16a	0.
b	Number of qualifying children under 17 with the required social security number: x \$1,500.		
	Enter the result. If zero, stop here; you cannot claim the additional child tax credit. Skip Parts II-A and II-B.		
	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 used for line 4.		
17	Enter the smaller of line 16a or line 16b	17	
18a	Earned income (see instructions)		
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.		
•	Yes. Subtract \$2,500 from the amount on line 18a. Enter the result 19		
20	Multiply the amount on line 19 by 15% (0.15) and enter the result	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.		
	Otherwise, go to line 21.		
Part		ts of F	Puerto Rico
21	Withheld social security, Medicare, and Additional Medicare taxes from Form(s) W-2,		
	boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If		
	your employer withheld or you paid Additional Medicare Tax or tier 1 RRTA taxes, see		
	instructions		
22	Enter the total of the amounts from Schedule 1 (Form 1040), line 15; Schedule 2 (Form		
	1040), line 5; Schedule 2 (Form 1040), line 6; and Schedule 2 (Form 1040), line 13 . 22		
23	Add lines 21 and 22		
24	1040 and		
	1040-SR filers: Enter the total of the amounts from Form 1040 or 1040-SR, line 27, and Schedule 3 (Form 1040), line 11.		
	1040-NR filers: Enter the amount from Schedule 3 (Form 1040), line 11.		
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 02/10/23 PRO Sci	hedule 8	8812 (Form 1040) 2022

Qualified Business Income Deduction Simplified Computation

Attach to your tax return.

Department of the Treasury Internal Revenue Service

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

20**22** Attachment Sequence No. **55**

OMB No. 1545-2294

	-	 0	
Name(s) shown on return			

Your taxpayer identification number 809-63-1648

KARTHIKEYAN KALIAPPAN & MALINI DHANDAPANI

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

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

1	(a) Trade, business, or aggregation name	(b) Taxpayer identification number	(c) Qualified business income or (loss)		
i					
ii					
iii					
iv					
v					
2	Total qualified business income or (loss). Combine lines 1i through 1v,				
-		2			
3		3 ()			
4		4	_		
5	Qualified business income component. Multiply line 4 by 20% (0.20)		5		
6	Qualified REIT dividends and publicly traded partnership (PTP) income or (loss)				
_		6 2.	-		
7	Qualified REIT dividends and qualified PTP (loss) carryforward from the prior	7 ()			
8	Total gualified REIT dividends and PTP income. Combine lines 6 and 7. If zero				
0		8 2.			
9	REIT and PTP component. Multiply line 8 by 20% (0.20)		9	0.	
10	Qualified business income deduction before the income limitation. Add lines 5 and		10	0.	
11	Taxable income before qualified business income deduction (see instructions)	1 79,952.			
12	Net capital gain (see instructions)	2 111.			
13	Subtract line 12 from line 11. If zero or less, enter -0	3 79,841.			
14	Income limitation. Multiply line 13 by 20% (0.20)		14	15,968.	
15	Qualified business income deduction. Enter the smaller of line 10 or line 14. Also e				
	the applicable line of your return (see instructions)		15	0.	
16	Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than 2		16	(0.)	
17	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 and		4-7		
For D-	zero, enter -0		17	(0.) Form 8995 (2022)	
	vacy Act and Paperwork Reduction Act Notice, see instructions. REV 02/10.	23 PRU		(2022)	

	8867	Paid Preparer's Due	Diligence Check	list	OMB	No. 1545	-0074
Form		Earned Income Credit (EIC), Americ Child Tax Credit (CTC) (including the A				For tax y	rear
(Rev. N	ovember 2022)	Crilia Tax Credit (CTC) (including the A Credit for Other Dependents (ODC)), and	Head of Household (HOH) Fi	ling Status		20	
	nent of the Treasury Revenue Service	To be completed by preparer and filed with Form Go to <i>www.irs.gov/Form886</i> 7 for ins			Attach Seque	nment ence No.	70
	er name(s) shown or	_		Taxpayer identificat			
KAR	THIKEYAN KA	ALIAPPAN & MALINI DHANDAPANI		809-63-164	18		
Prepare	er's name			Preparer tax identifi	cation numl	oer	
SYA	M PRIYA RAN	M SAGAR GUPTA TALLAM		P02082703			
Par	Due Dil	igence Requirements					
		propriate box for the credit(s) and/or HOH filin ned (check all that apply).			te the rel AOTC		arts I–V HOH
1	. ,	lete the return based on information for the ap			Yes	No	N/A
·	or reasonably	obtained by you? (See instructions if relying or	prior year earned income	.)	X		
2		claimed on the return, did you complete th					
		und in the Form 1040, 1040-SR, 1040-NR, 10 ions, and/or the AOTC worksheet found in					
		that provides the same information, and all re					
					X		
3	Did you satisf the following.	y the knowledge requirement? To meet the kn	owledge requirement, you	I must do both of			
	Interview the determine t	e taxpayer, ask questions, and contemporaneo nat the taxpayer is eligible to claim the credit(s)	and/or HOH filing status.	·			
		rmation to determine that the taxpayer is eligi o figure the amount(s) of any credit(s)			X		
4	information re	mation provided by the taxpayer or a third asonably known to you, appear to be incorre ons 4a and 4b. If " No ," go to question 5.) .		sistent? (If "Yes,"		X	
а	Did you make	reasonable inquiries to determine the correct,	complete, and consistent	information? .			
b	you asked, wi	emporaneously document your inquiries? (Do nom you asked, when you asked, the informa id on your preparation of the return.)	tion that was provided, ar	nd the impact the			
5	Did you satisf keep a copy c applicable wo 8867 and any taxpayer that the amount(s)	y the record retention requirement? To meet to of your documentation referenced in question 4 rksheet(s), a record of how, when, and from w applicable worksheet(s) was obtained, and a you relied on to determine eligibility for the cr of the credit(s)	the record retention require b, a copy of this Form 88 shom the information used copy of any document(s) edit(s) and/or HOH filing s	ement, you must 67, a copy of any to prepare Form provided by the status or to figure			
6	credit(s) and/o	ne taxpayer whether he/she could provide doc or HOH filing status and the amount(s) of an ted for audit?	y credit(s) claimed on the	e return if his/her	-		
7		ted for audit?			X		
'	•	re disallowed or reduced, go to question 7a;		•			
а		lete the required recertification Form 8862? .					
8	If the taxpaye	r is reporting self-employment income, did you	u ask questions to prepare	e a complete and			
		ule C (Form 1040)?					
For Pa	aperwork Reduct	ion Act Notice, see separate instructions.	REV 02/10/23 PRO		Form 88	67 (Rev.	11-2022)

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 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.)	Yes	No	N/A
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	III Due Diligence Questions for Returns Claiming CTC/ACTC/ODC (If the return does not or ODC, go to Part IV.)	claim C	CTC, A	CTC,
10	Have you determined that each qualifying person for the CTC/ACTC/ODC is the taxpayer's dependent who is a citizen, national, or resident of the United States?	Yes X	No	N/A
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	IV Due Diligence Questions for Returns Claiming AOTC (If the return does not claim AOTC	C, go to	Part \	′.)
13	Did the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the qu tuition and related expenses for the claimed AOTC?	alified	Yes	No
Part	V Due Diligence Questions for Claiming HOH (If the return does not claim HOH filing statu	s, go to	o Part '	√I.)
14	Have you determined that the taxpayer was unmarried or considered unmarried on the last day of the tax and provided more than half of the cost of keeping up a home for the year for a qualifying person?		Yes	No
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 HOI	H filing	status
	A. Interview the taxpayer, ask adequate questions, contemporaneously document the taxpayer's responsion 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	urn or filing
	 B. Complete this Form 8867 truthfully and accurately and complete the actions described in this check credit(s) claimed and HOH filing status, if claimed; 	list for a	ny app	icable
	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 88 Document Retention.	67 instr	uctions	under
	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	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 02/10/23 PRO

Form 8867 (Rev. 11-2022)

Do not staple	1	2	02	22 Ohio	IT [•]	104	40			(
Ohio	Department of Taxation			lual Income		-				
02 17 23	U	se only black in	k/UP	PERCASE let	ters. l	Jse	whole dollars o	nly.	22000198 Sec	uence No.
AMENDED RET	URN - Check here a	nd include Ohio I	ΓRE		NC	DL C	ARRYBACK - C	heck here an	d include Schedule	IT NOL.
Primary taxpayer's SSN 809 63 1648		If deceased	•	use's SSN (if fili 54 99 93		itly)	🖌 If	deceased	School district 2103	t #
First name KARTHIKEYAN	1	r	M.I.	Last name KALIAPI	PAN					
Spouse's first name (if f MALINI	iling jointly)	I	M.I.	Last name DHANDA	PAN	Ľ				
Address line 1 (number 8926 CYGNUS	,	Box								
Address line 2 (apartme	ent number, suite nur	mber, etc.)								
City COLUMBUS					State OH		ZIP code 43240	Ohio co DEL	unty (first four letters) A	
Foreign country (if the n	nailing address is ou	tside the U.S.)			Forei	gn p	ostal code			
Residency Status	- Check only one for	or primary			Fili	na	Status – Checl	k one (as repo	rted on federal incom	e tax return
X Resident	Part-year resident	Nonresident Indicate state							alifying widow(er)	
Check only one for spor X Resident	use (if filing jointly) Part-year resident	Nonresident Indicate state			×		rried filing jointly rried filing separ		Spouse's SSN	I
Ohio Nonresident						_		6 1 1 1		
Primary meets the	five criteria for irrebut	table presumption	as n	onresident.		Fed	deral extension	Tilers - check	nere.	
Spouse meets the	five criteria for irrebut	table presumption	as n	onresident.			omeone can clair bendent, check h		spouse if filing jointly	r) as a
1. Federal adjusted g if negative								1.	1	05852
2a. Additions – Ohio Scl	hedule of Adjustmen	ts, line 10 (includ	le sc	hedule)				2a.		
2b.Deductions – Ohio S	Schedule of Adjustme	ents, line 39 (incl	ude	schedule)				2b.		
3. Ohio adjusted gross	income (line 1 plus	line 2a minus line	2b).	Place a "-" in	the bo	x if n	egative	3.	1	05852
4. Exemption amount (Number of exemptior						 1		4.		7600
5. Ohio income tax bas	•••					- 		5.		98252
6. Taxable business inc	come – Ohio Schedu	ile IT BUS, line 13	3 (in	clude schedu	le)			6.		
7. Taxable nonbusines	s income (line 5 min	us line 6; if negati	ve, e	enter zero)				7.		98252
			С,	nor nas rair nas Dá staiste hat						
								M	M-DD-YY C	ode
		ISSNE PARABA	ŧŧ,				REV 02/14/23	PRO 202	2 IT 1040 – page 1	of 2

Do not staple or paper clip.

2022 Ohio IT 1040 Individual Income Tax Return



SSN 809 63 1648	I Income Tax Return	22000298 Sequence No. 2
7a.Amount from line 7 on page 1	7a	
8a. Nonbusiness income tax liability on line 7a (see instructions for ta	x tables)	8a. 2626
8b.Business income tax liability – Ohio Schedule IT BUS, line 14 (inc	lude schedule)	8b.
8c. Income tax liability before credits (line 8a plus line 8b)		8c. 2626
9. Ohio nonrefundable credits – Ohio Schedule of Credits, line 35 (i	nclude schedule)	9. 0
10. Tax liability after nonrefundable credits (line 8c minus line 9; if neg	jative, enter zero)	
11. Interest penalty on underpayment of estimated tax (include Ohio	IT/SD 2210)	11.
12. Unpaid use tax (see instructions)		12.
13. Total Ohio tax liability before withholding or estimated payments	; (add lines 10, 11 and 12)	
14. Ohio income tax withheld – Schedule of Ohio Withholding, part A, income statements)		14. 3417
15. Estimated and extension payments (from Ohio IT 1040ES and IT from last year's return	, ·	15.
16.Refundable credits – Ohio Schedule of Credits, line 41 (include s	chedule)	
17. <u>Amended return only</u> – amount previously paid with original and	/or amended return	
18. Total Ohio tax payments (add lines 14, 15, 16 and 17)		
19. <u>Amended return only</u> – overpayment previously requested on or	iginal and/or amended return	19.
20. Line 18 minus line 19. Place a "-" in the box if negative		20. 3417
If line 20 is MORE THAN line 13, skip to line 24. OTHER		
21. Tax due (line 13 minus line 20). If line 20 is negative, ignore the "-		21.
22. Interest due on late payment of tax (see instructions)		
23. TOTAL AMOUNT DUE (line 21 plus line 22). Include Ohio IT 4 IT 40XP (if amended return) and make check payable to "Ohio T		IE ▶ 23.
24. Overpayment (line 20 minus line 13)		
25. <u>Original return only</u> – portion of line 24 carried forward to next ye 26. <u>Original return only</u> – portion of line 24 you wish to donate: a. Wildlife Species b. Military Injury Relief	ar's tax liability c. Ohio History Fund	25.
d. Nature Preserves/Scenic Rivers e. Breast/Cervical Cancer	f. Wishes for Sick Children	al26g.
27. REFUND (line 24 minus lines 25 and 26g)	YOUR REFUN	ID ▶ 27. 791
Sign Here (required): I have read this return. Under penalties of perjury, and belief, the return and all enclosures are true, correct and complete.		your refund is \$1.00 or less, no refund will be issued. If you owe \$1.00 or less, no payment is necessary.
Primary signature Pho	one number(216)507-5831	NO Payment Included – Mail to: Ohio Department of Taxation
Spouse's signature Dat		P.O. Box 2679
Check here to authorize your preparer to discuss this return with the Depa		Columbus, OH 43270-2679
SYAM PRIYA RAM SAGAR GUP	NP 02082703	Payment Included – Mail to: Ohio Department of Taxation P.O. Box 2057 Columbus, OH 43270-2057
		2022 IT 1040 page 2 of 2



2022 Ohio Schedule of Dependents



22230198

02 17 23

Primary taxpayer's SSN 809 63 1648

Use only black ink/UPPERCASE letters.

Sequence No. 9

Do not list the primary filer and/or spouse (if filing jointly) as dependents on this schedule. Use this schedule to claim dependents. If you have more than 15 dependents, complete additional copies of this schedule and include them with your income tax return. Abbreviate the "Dependent's relationship to you" if necessary.

1. Dependent's SSN	Dependent's date of birth (MM-DD-YYYY)	Dependent's relationship to you
954 99 9152	10 04 2015	DAUGHTER
Dependent's first name	M.I. Dependent's last name	
HARINI	KARTHIKEYAN KALI	АРРА
2. Dependent's SSN	Dependent's date of birth (MM-DD-YYYY)	Dependent's relationship to you
967 97 2463	10 04 2015	DAUGHTER
Dependent's first name	M.I. Dependent's last name	
HAARSHINI	KARTHIKEYAN KALI	APPA
3. Dependent's SSN	Dependent's date of birth (MM-DD-YYYY)	Dependent's relationship to you
Dependent's first name	M.I. Dependent's last name	
4. Dependent's SSN	Dependent's date of birth (MM-DD-YYYY)	Dependent's relationship to you
Dependent's first name	M.I. Dependent's last name	
5. Dependent's SSN	Dependent's date of birth (MM-DD-YYYY)	Dependent's relationship to you
Dependent's first name	M.I. Dependent's last name	
6. Dependent's SSN	Dependent's date of birth (MM-DD-YYYY)	Dependent's relationship to you
Dependent's first name	M.I. Dependent's last name	
7. 0. 1. 1. 00.1		
7. Dependent's SSN	Dependent's date of birth (MM-DD-YYYY)	Dependent's relationship to you
Dependent's first name	M.I. Dependent's last name	





hio Department of Taxation

2022 Schedule of Ohio Withholding



22350198

Use only black ink/UPPERCASE letters. Use whole dollars only.

Primary taxpayer's SSN

Sequence No. 11

809 63 1648

List your and your spouse's (if filing jointly) W-2, 1099, and W-2G forms **only if they have Ohio withholding**. Enter "P" in the "P/S" box if the form is the primary taxpayer's and enter "S" if it is the spouse's. If the Ohio ID number on a statement has 9 digits, enter only the first 8 digits. Complete additional copies if necessary. **Place state copies of your income statements after the last page of your return**.

Part A - Total Withholding

 1. Total of all Ohio state tax withheld on pages 1 and 2 as well as any additional pages. Enter here and on line 14 of your Ohio IT 1040
 3417

Part B -			
1. P/S P	Box b - EIN 043512883	Box 1 - Wages, tips, other compensation 50235	Box 2 - Federal income tax withheld 6096
	Box 15 - Employer's Ohio ID number 52611906	Box 16 - Ohio wages, tips, etc. 50235	Box 17 - Ohio income tax 1728
2. P/S P	Box b - EIN 980429806	Box 1 - Wages, tips, other compensation 57069	Box 2 - Federal income tax withheld 4179
	Box 15 - Employer's Ohio ID number 52650229	Box 16 - Ohio wages, tips, etc. 57069	Box 17 - Ohio income tax 1689
3. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
4. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
5. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
6. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
7. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax



2022 Schedule of Ohio Withholding Primary taxpayer's SSN



equence No. 12

				22350298
Part C -	1099-Rs	809 63 1648		Sequence No.
1. P/S	Payer's TIN	Box 1 - Gross distribution	Total distribution	Box 7 - Distribution code
	Box 15 - Payer's Ohio number	Box 4 - Federal income tax withheld	Box 14	- Ohio tax withheld
2. P/S	Payer's TIN	Box 1 - Gross distribution	Total distribution	Box 7 - Distribution code
	Box 15 - Payer's Ohio number	Box 4 - Federal income tax withheld	Box 14	- Ohio tax withheld
3. P/S	Payer's TIN	Box 1 - Gross distribution	Total distribution	Box 7 - Distribution code
	Box 15 - Payer's Ohio number	Box 4 - Federal income tax withheld	Box 14	- Ohio tax withheld
4. P/S	Payer's TIN	Box 1 - Gross distribution	Total distribution	Box 7 - Distribution code
	Box 15 - Payer's Ohio number	Box 4 - Federal income tax withheld	Box 14	- Ohio tax withheld
Part D -	W 2Co			
<u>Part D -</u> 1. P/S	Payer's federal ID number	Box 1 - Reportable winnings	Box 4 - Federa	al income tax withheld
	Box 13 - Ohio state ID number	Box 14 - Ohio state winnings	Box 15	5 - Ohio income tax withheld
2. P/S	Payer's federal ID number	Box 1 - Reportable winnings	Box 4 - Federa	al income tax withheld
	Box 13 - Ohio state ID number	Box 14 - Ohio state winnings	Box 15	5 - Ohio income tax withheld
3. P/S	Payer's federal ID number	Box 1 - Reportable winnings	Box 4 - Federa	al income tax withheld
	Box 13 - Ohio state ID number	Box 14 - Ohio state winnings	Box 15	5 - Ohio income tax withheld
<u>Part E -</u> 1. P/S	<u>1099-NECs</u> Payer's TIN	Box 1 - Nonemployee compensation	Box 4 - Federa	al income tax withheld
	Box 6 - Payer's Ohio number	Box 7 - State income	Box 5 ·	- Ohio tax withheld
2. P/S	Payer's TIN	Box 1 - Nonemployee compensation	Box 4 - Federa	al income tax withheld

Box 7 - State income

Box 6 - Payer's Ohio number

Box 5 - Ohio tax withheld



1040		artment of the Treasury—Internal Revenue Servi S. Individual Income Tax		urn	202	2	OMB No. 1545	-0074	IRS Use O	nly—Do n	ot write or	staple ir	this space.
Filing Status Check only one box.	lf yo	Single X Married filing jointly u checked the MFS box, enter the n son is a child but not your dependent	ame of y	0	separately (l use. If you c	,			,	s	ualifyin oouse (d's nam	ŽSS)	0
Your first name		, ,	Last na	me						Your	social s	ecurity	number
KARTHIKE				APPAN							-63-	-	
		s first name and middle initial	Last na										urity number
MALINI				IDAPAN	т						-99-		•
	(numbe	er and street). If you have a P.O. box, see			<u>+</u>			Α	pt. no.				n Campaigr
8926 CYG	NUS	T.N									k here i		
		ce. If you have a foreign address, also co	mplete s	paces bel	ow.	Sta	ate	ZIP co	ode			0,	ly, want \$3
COLUMBUS	5		-	-		OF	H	432	40		o to this below w		Checking a
Foreign country	name			Foreign pr	ovince/state/	coun	ty	Foreig	n postal cod		tax or re		Jildingo
												You	Spouse
Digital Assets		ny time during 2022, did you: (a) rec ange, gift, or otherwise dispose of a										Yes	X No
Standard	Som	eone can claim: 🗌 You as a de	penden	t 🗌 '	Your spous	e as	a dependent						
Deduction		Spouse itemizes on a separate retur	n or you	u were a o	dual-status	alier	ı						
Age/Blindness	You	Were born before January 2, 1	958 [Are bli	ind Sp	ouse	: 🗌 Was bor	n befc	ore Januar	v 2, 195	8	ls blir	nd
Dependents	(see	instructions):		(2) S	ocial securit	/	(3) Relationsh					or (see i	nstructions):
If more		irst name Last name		(_,)	number	,	to you		Child tax	credit	Credi	t for oth	er dependents
than four	HAF	RINI KARTHIKEYAN KAL	IAPPAN	APPAN 954-99-9152		2	Daughter]		>	٢
dependents,	<u>ил</u> 7	HAARSHINI KARTHIKEYAN KALIAPPAN			-97-246		Daughter					>	
see instructions and check	; —					-]			
here 🗌]]
Income	1a	Total amount from Form(s) W-2, b	ox 1 (se	e instruc	tions) .						1a	10	7,304.
moome	b	Household employee wages not re	eported	on Form	(s) W-2 .						1b		
Attach Form(s) W-2 here. Also	с	Tip income not reported on line 1a	a (see in:	struction	s)						1c		
attach Forms	d	Medicaid waiver payments not rep	orted o	n Form(s) W-2 (see	nstru	uctions)				1d		
W-2G and 1099-R if tax	е	Taxable dependent care benefits f	rom Foi	rm 2441,	line 26						1e		
was withheld.	f	Employer-provided adoption bene	fits fron	n Form 8	339, line 29						1f		
lf you did not	g	Wages from Form 8919, line 6 .								·	1g		
get a Form W-2, see	h	Other earned income (see instruct	ions)					· ·		·	1h		0.
instructions.	i	Nontaxable combat pay election (s	see insti	ructions)			1 i			_			
	Z				· · ·			· ·		·	1z	10	7,304.
Attach Sch. B	2a	'	2a		111		axable interest			· -	2b		
if required.	<u>3a</u>		3a		111.		Ordinary divide			· -	3b		115.
	4a		4a				axable amoun			· -	4b		
Standard Deduction for –	5a		5a				axable amoun			· -	5b		
Single or	6a	, _	6a				axable amoun	t		÷ F	6b		
Married filing separately,	c 7	If you elect to use the lump-sum e						• •			-		1 607
\$12,950	7	Capital gain or (loss). Attach Scher						• •			7	-	1,567.
 Married filing jointly or 	8 9	Other income from Schedule 1, lin					· · · ·	• •	• • •	· ⊢	8 9	1 0	E 0E0
Qualifying spouse,	9 10	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7 Adjustments to income from Sche						• •		• -	9 10	τU	5,852.
\$25,900	11	Subtract line 10 from line 9. This is	-					• •		• -	11	1 ^	5 050
 Head of household, 	12	Standard deduction or itemized						• •		• -	12		<u>5,852.</u> 5,900
\$19,400 • If you checked	13	Qualified business income deduct						• •		-	12	Z	<u>5,900.</u> 0.
any box under	13 14	Add lines 12 and 13					<u>.</u>	• •		-	14		<u> </u>
Standard Deduction,	14 15	Subtract line 14 from line 11. If zer			 .0- This is v		taxahle incom	 10		• -	14		
see instructions.	10			5, GHLEF -	5 . 1113 13 j	Jul				•	10	/	9,952.

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

Form 1040 (2022	2)									Page 2
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 🗌 881	4 2 4972	3		16	9,1	L68.
Credits	17	Amount from Schedule 2, lin	e3					17		
	18	Add lines 16 and 17						18	9,1	L68.
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812			19	1,0	000.
	20	Amount from Schedule 3, lin	e8					20		
	21	Add lines 19 and 20						21	1,0	000.
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	8,1	L68.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21 .			23		0.
	24	Add lines 22 and 23. This is						24	8,1	L68.
Payments	25	Federal income tax withheld								
i aj incluio	а	Form(s) W-2				25a 10	,275.			
	b	Form(s) 1099				25b	-	1		
	с	Other forms (see instructions				25c		1		
	d	Add lines 25a through 25c	,					25d	10,2	275.
	26	2022 estimated tax payment						26	- ,	
If you have a ^L gualifying child,	27	Earned income credit (EIC)				27				
attach Sch. EIC.	28	Additional child tax credit from				28		1		
)	29	American opportunity credit				29		1		
	30	Reserved for future use .		,		30				
	31	Amount from Schedule 3, lin				31		1		
	32	Add lines 27, 28, 29, and 31						32		
	33	Add lines 25d, 26, and 32. T	,					33	10,2	275.
	34	If line 33 is more than line 24						34		L07.
Refund	35a	Amount of line 34 you want	·			,		35a		L07.
Direct deposit?	b	Routing number 0 4 4					Savings			
See instructions.		Account number 9 1 0					earnige			
	36	Amount of line 34 you want a			ed tax	36				
Amount	37	Subtract line 33 from line 24								
You Owe	57	For details on how to pay, ge						37		
	38	Estimated tax penalty (see in	-			38		01		
Third Party		you want to allow another								
Designee		structions	•				omplete b	below.	× No	
J	De	signee's		Phone			onal identif	ication		
	nai	nē		no.		num	ber (PIN)			
Sign		der penalties of perjury, I declare t								
Here	bel	ief, they are true, correct, and com	plete. Declaration of	of preparer (othe		ased on all information	1			· ·
	Yo	ur signature		Date	Your occupation				nt you an Identi IN, enter it here	
Joint return?					SOFTWARE I	DEVELOPER	(see			
See instructions.	Sp	ouse's signature. If a joint return, k	ooth must sian.	Date	Spouse's occupat		If the	IRS ser	nt your spouse a	an
Keep a copy for	-1-		g				Ident	tity Prote	ection PIN, ente	
your records.					HOME MAKE	ર	(see	inst.)		
		one no. (216)507-583		Email address	KARTHIKEYAN	.KD@GMAIL.CO	M			
Paid	Pre	eparer's name	Preparer's signat	ure		Date	PTIN		Check if:	
Preparer	SYAM	PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	02/17/2023	P02082	2703	Self-empl	loyed
Use Only	Fir	m's name GLOBAL TAX	XES LLC				Phor	ie no. (678)965-9	9522
	Fir	m's address 245 ROONE	Y CT E BRU	NSWICK N	J 08816		Firm'	's EIN	84-3171	1965
Go to www.irs.go	ov/Form	n1040 for instructions and the late	st information.		BAA	REV 02/10/23 PRO			Form 104	0 (2022)