

22

(T) DHANANI, RIA

1007 S Locust Street
Champaign , IL 61820

Return Status : COMPLETE



OFFICE NUMBER: 40905

CONFIDENTIAL CLIENT INFORMATION

TAXPAYER

RIA DHANANI

Cell

BEST TIME TO CALL:

(T)SSN

E-MAIL ADDRESS:

FILING STATUS:

ONLINE RETURN:

FED EFILE SETTLEMENT:

STATE EFILE SETTLEMENT:

(217)974-0596

869-19-3960

ria08.dhanani@gmail.com

Single

No

IRS Refund | Disbursement Direct Deposit

See General

TAX PREPARER

Sherri Kirkwood

512373

TAX PREP START DATE: 03-21-2023

TAX PREP FINISH DATE: 03-21-2023

NEW or RETURNING: New

RETURNS PREPARED:

Federal 1040

State/City IL

E-SIGNED DOCUMENTS: No

Applied Refund Advance: NA

BLOCK FEES

RETURN PREP FEE : \$50.00

OTHER FEE(s) : \$0.00*

Total Fees: \$50.00

* FEES INCLUDE: Fed RT(\$0.00) | Fed RT Check(\$0.00) | State RT(\$0.00) |

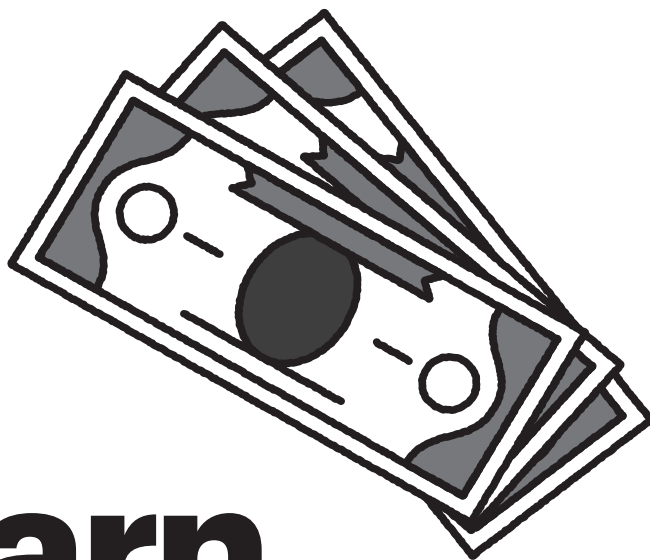
GENERAL

ENTITY	ADJUSTED GROSS INCOME	TAXABLE INCOME	TAX LIABILITY	TOTAL PAYMENTS	REFUND / BALANCE DUE	SETTLEMENT OPTION
FEDERAL	33135	20185	2216	3909	1693	IRS Refund Disbursement Direct Deposit
ILLINOIS	33135	30710	1520	1640	120	DOR Refund Disbursement Direct Deposit

FORM W2 INFO: Federal

SOURCE	EIN	O	TYPE	FEDERAL		SS		MEDICARE		DEF COMP	ALLOC TIPS	DCB	EPHC	STATE	STATE		LOCAL	
				WAGES	W/H	WAGES	W/H	WAGES	W/H						WAGES	W/H	WAGES	W/H
Synopsys Inc	561546236	T	R	32212	3817	0	0	0	0		0		4360	IL	32212	1594		
UNIVERSITY OF ILLINOIS	376000511	T	R	923	92	0	0	0	0		0		0	IL	923	46		
				-----	-----	-----	-----	-----	-----	-----	-----	-----	-----		-----	-----	-----	-----
				33135	3909	0	0	0	0	0	0	0	4360		33135	1640	0	0

Refer and earn up to \$300.



Through our Send A Friend referral program,
your friends and family get expert tax help,
while you get rewarded up to \$300. Win-win.

**H&R
BLOCK®**

**Check your email for details on how
to start referring – and earning.**

You'll receive up to a \$20 reward for each new client you refer that completes a 2022 tax return with H&R Block or Block Advisors or purchases a 12-month bookkeeping service and a \$10 reward for each new client you refer that completes a tax return with H&R Block Online, for a maximum of \$300. A new client is someone who did not use H&R Block or Block Advisors to prepare their 2021 tax return or utilize H&R Block or Block Advisors' bookkeeping services within the past year. The reward will be delivered for each new client after they prepare and pay for their tax return or purchase a 12-month bookkeeping service with H&R Block or Block Advisors. Rewards will be provided on virtual cards and are only available to individuals who provide a valid email address.

YOUR TAX PROFESSIONAL TODAY:

Sherri Kirkwood
972-285-1833
500 N GALLOWAY STE 58500 N GALLOWAY STE 58
MESQUITE TX 75149

WE'RE OPEN YEAR-ROUND:

Call 972-285-1833
Visit hrblock.com/myblock.
Download the MyBlock App.

**YOUR TAX PREPARATION AND
RELATED FEES:**

Tax Preparation :	\$50.00
Total:	\$50.00

WHAT YOU CAN EXPECT:

Federal Refund :	\$1,693.00
Illinois Refund :	\$120.00
Total Fees :	(\$50.00)

* Please note this amount may come in multiple deposits depending on when the taxing authorities issues your refunds.

* This is not proof of payment of your fees. Your fees will be paid from your refund account pursuant to the terms of the RT application & Agreement. Please note if you choose a State RT and your state refund arrives before your federal refund, your fees will be paid from your Refund Account at that time.

* If applicable your total will be reduced by any other payments you authorize from your refund, such as repayment of Refund Advance or if you owe certain debt.

WHAT YOU NEED TO KNOW:

To check the status of your return, visit hrblock.com/myreturnstatus or call 866-761-1040. You'll need your Social Security number and date of birth.

Refund: Federal and State refund timing varies. Delivery of your Federal refund may be delayed if the IRS selects your return for further review. The Department of Treasury Offset Program may offset your tax refund to pay delinquent federal student loans, child support or other debt. Call the Treasury Offset Program Call Center at 800-304-3107 if you have questions.

Balance Due: If you have a Federal balance due and did not make arrangements today to pay the full amount, go to [DirectPay](https://irs.gov) at [IRS.gov](https://irs.gov) or mail-in a check to pay the remaining balance by April 18. If you pay by credit/debit card, payment processor will assess a convenience fee. No part of this service fee goes to H&R Block. If you selected an installment plan, visit [IRS.gov](https://irs.gov) to apply for an online payment agreement. If you have a State balance due and did not make arrangements today to pay the full amount, you can pay the remaining balance by credit/debit card or check. Follow state instructions to avoid additional penalties/fees.

Bank Account Information: The bank account that will be used for your federal refund and/or balance due is:
Routing Transit Number (RTN): 071000013 Deposit Account Number (DAN): XXXXX0089

Extension: If you filed an extension, the original return must be filed by October 15. Any balance due must be paid by April 18 to avoid penalties/interest.

We're Open All Year! Call 800-HRBLOCK 800-472-5625 or visit hrblock.com to schedule an appointment.



Income	Year 2022	Year 2021	Change(\$)
Wages, salaries, tips, etc.	\$33,135	\$0	\$33,135
Interest income	\$0	\$0	\$0
Ordinary dividend income	\$0	\$0	\$0
IRA distributions and pension income	\$0	\$0	\$0
Taxable social security income	\$0	\$0	\$0
Capital gain or (loss) (Schedule D)	\$0	\$0	\$0
Schedule 1 - Income			
Refunds of state and local taxes	\$0	\$0	\$0
Alimony received	\$0	\$0	\$0
Business income or (loss) (Schedule C)	\$0	\$0	\$0
Other gains or (losses) (Form 4797)	\$0	\$0	\$0
Rental real estate, partnerships, estates, etc. (Schedule E)	\$0	\$0	\$0
Farm income or (loss) (Schedule F)	\$0	\$0	\$0
Unemployment compensation	\$0	\$0	\$0
Other income	\$0	\$0	\$0
Total Income:	\$33,135	\$0	\$33,135
Adjustments			
Schedule 1 - Adjustments			
Educator expenses	\$0	\$0	\$0
Busn expenses for reserviists, performing artists, etc	\$0	\$0	\$0
Health savings account deduction	\$0	\$0	\$0
Moving expenses	\$0	\$0	\$0
Deductible part of self-employment tax	\$0	\$0	\$0
Self-employed SEP, SIMPLE and qualified plans deduction	\$0	\$0	\$0
Self-employed health insurance	\$0	\$0	\$0
Penalty on early withdrawal of savings	\$0	\$0	\$0
Alimony paid	\$0	\$0	\$0
IRA contributions:	\$0	\$0	\$0
Student loan interest deduction	\$0	\$0	\$0
Archer MSA deduction	\$0	\$0	\$0
Other adjustments	\$0	\$0	\$0
Charitable contributions if taking standard deduction	\$0	\$0	\$0
Total adjustments:	\$0	\$0	\$0
ADJUSTED GROSS INCOME			
This is your total income less total adjustments	\$33,135	\$0	\$33,135
DEDUCTIONS:			
Standard deduction or Itemized deductions	\$12,950	\$0	\$12,950
Charitable contributions if taking standard deduction	\$0	\$0	\$0
If itemized, Schedule A deductions:			
Medical and dental expenses	\$0	\$0	\$0
Sales, income, and other taxes paid	\$1,640	\$0	\$1,640
Interest paid	\$0	\$0	\$0
Gifts to charity	\$0	\$0	\$0
Casualty and theft losses	\$0	\$0	\$0

We're Open All Year! Call 800-HRBLOCK 800-472-5625 or visit [hrblock.com](https://www.hrblock.com) to schedule an appointment.

The H&R Block Advantage document provides information that could help you improve your tax and financial situation, but your actual tax situation may change materially depending on future changes to the law and changes in your personal and financial circumstances. If your circumstances do change, we suggest that you review the change with your tax professional.



Other miscellaneous deductions	\$0	\$0	\$0
Qualified business income deduction	\$0	\$0	\$0
TAXABLE INCOME:	\$20,185	\$0	\$20,185

TAX COMPUTATION (BEFORE CREDITS)

Tax	\$2,216	\$0	\$2,216
Alternative minimum tax	\$0	\$0	\$0
Excess advance premium tax credit repayment	\$0	\$0	\$0

CREDITS

Child and other dependents tax credit	\$0	\$0	\$0
Schedule 3 - Non-Refundable Credits			
Foreign tax credit	\$0	\$0	\$0
Child care credit	\$0	\$0	\$0
Education credit	\$0	\$0	\$0
Retirement savings contribution credit	\$0	\$0	\$0
Other credits	\$0	\$0	\$0
Total credits:	\$0	\$0	\$0

OTHER TAXES

Self-employment tax	\$0	\$0	\$0
Other Taxes	\$0	\$0	\$0
Total Taxes	\$2,216	\$0	\$2,216

PAYMENTS

Federal income tax withheld	\$3,909	\$0	\$3,909
Schedule 3 - Non-Refundable Credits			
Estimated payments made	\$0	\$0	\$0
Earned income credit	\$0	\$0	\$0
Recovery rebate credit	\$0	\$0	\$0
Additional child tax credit	\$0	\$0	\$0
American opportunity credit	\$0	\$0	\$0
Qualified sick and family leave credit	\$0	\$0	\$0
Deferral for certain Schedule H or Schedule SE filers	\$0	\$0	\$0
Other payments:	\$0	\$0	\$0
Total payments:	\$3,909	\$0	\$3,909

Refund

Amount overpaid	\$1,693	\$0	\$1,693
Overpayment applied to next year	\$0	\$0	\$0
Refund	\$1,693	\$0	\$1,693
Amount due	\$0	\$0	\$0
Penalty	\$0	\$0	\$0

OTHER COMPUTATIONS

Marginal tax bracket	12%
Effective tax Rate	7%
Filing Status	Single

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H&R BLOCK®

BLOCK ADVANTAGE

RIA DHANANI

03/21/2023

Single	Tax Bracket
\$0- \$9,950	10%
\$9,950- \$40,525	12%
\$40,525- \$86,375	22%
\$86,375- \$164,925	24%
\$164,925- \$209,425	32%
\$209,425- \$523,600	35%
\$523,600 or greater	37%

-- \$9,950 of your income was taxed at 10%

-- \$10,235 of your income was taxed at 12%

Your effective taxrate is 7%

You paid \$2,216 in federal income taxes

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We stand behind our work.



Maximum Refund Guarantee¹

We'll get you the largest refund to which you're entitled or your tax preparation is free. No one can get you a bigger refund than H&R Block - guaranteed.



100% Accuracy Guarantee

If we make an error on your return, we'll pay any penalties and interest due to our error.



Tax Notice Services²

If we made an error on your tax return, we'll address the resulting letter at no additional cost.

24/7 access to your info

Log in to your personalized MyBlock account anytime, anywhere, to:

- Check your e-file return status
- View your tax returns
- Review your tax checklist
- Share tax docs with your Tax Pro
- Access your Emerald Card®
- Go paperless with digital docs

hrblock.com/myblock

We're here all year.

Our experienced tax pros are available by appointment to help in person all year long.

Call 800-HRBLOCK
(800-472-5625) or visit
hrblock.com to schedule
an appointment.

¹ Refund claims must be made during the calendar year in which the return was prepared. Amendment included at no additional charge.

² H&R Block will explain the position taken by the IRS or other taxing authority and assist you in preparing an audit response. Does not include in person Audit Representation.

Ria!

Here are your personalized tax tips to consider:



Secure access to your tax documents, Emerald Card™, and much more...

- Track receipts, donations, and other tax-related items year round.
- Utilize tax tools to estimate your refund or how much you owe.
- View a personalized tax checklist to know what you'll need when it's time to file.



March 21, 2023

500 N GALLOWAY STE 58
MESQUITE
TX

Ria, Dhanani

Tax Prof Name: Sherri Kirkwood

Office number: 40905

Need to contact us? Call (972) 285-1833

Your Current Returns Invoice

Description	Amount
Federal	\$50.00
Federal Tax Pro Review Fees	\$50.00
	Fee Subtotal
	\$50.00
	Total Fees
	\$50.00

Invoice Summary

SubTotal	\$50.00
Sales Tax	\$0.00
Amount Paid to Date	(\$50.00)
Total Amount Due	\$0.00



2022 Federal Tax Return Filing
Instructions
FOR THE YEAR ENDING
December 31, 2022

Prepared for	RIA DHANANI																
Tax Summary	<table><tr><td>Gross Income.....</td><td>\$33135</td></tr><tr><td>Adjusted Gross Income.....</td><td>\$33135</td></tr><tr><td>Total Deductions.....</td><td>\$12950</td></tr><tr><td>Total Taxable Income.....</td><td>\$20185</td></tr><tr><td>Total Tax.....</td><td>\$2216</td></tr><tr><td>Total Payments.....</td><td>\$3909</td></tr><tr><td>Refund Amount.....</td><td>\$1693</td></tr><tr><td>Amount You Owe.....</td><td>\$0</td></tr></table>	Gross Income.....	\$33135	Adjusted Gross Income.....	\$33135	Total Deductions.....	\$12950	Total Taxable Income.....	\$20185	Total Tax.....	\$2216	Total Payments.....	\$3909	Refund Amount.....	\$1693	Amount You Owe.....	\$0
Gross Income.....	\$33135																
Adjusted Gross Income.....	\$33135																
Total Deductions.....	\$12950																
Total Taxable Income.....	\$20185																
Total Tax.....	\$2216																
Total Payments.....	\$3909																
Refund Amount.....	\$1693																
Amount You Owe.....	\$0																
Make check payable to																	
Mailing Address	Since you are filing your return electronically and you chose to use an electronic signature, you do not mail your return.																

Instructions

If you e-filed your return and it has been accepted, you will get notified via text or email if you opted for that option.



**2022 STATE TAX RETURN FILING
INSTRUCTIONS
ILLINOIS
FOR THE YEAR ENDING
December 31, 2022**

Prepared for	RIA DHANANI																					
Tax Summary	<table><tr><td>Adjusted Gross Income.....</td><td>\$</td><td>33,135</td></tr><tr><td>Total Deductions.....</td><td>\$</td><td>2,425</td></tr><tr><td>Total Taxable Income.....</td><td>\$</td><td>30,710</td></tr><tr><td>Total Tax.....</td><td>\$</td><td>1,520</td></tr><tr><td>Total Payments.....</td><td>\$</td><td>1,640</td></tr><tr><td>Refund Amount.....</td><td>\$</td><td>120</td></tr><tr><td>Amount You Owe.....</td><td>\$</td><td>0</td></tr></table>	Adjusted Gross Income.....	\$	33,135	Total Deductions.....	\$	2,425	Total Taxable Income.....	\$	30,710	Total Tax.....	\$	1,520	Total Payments.....	\$	1,640	Refund Amount.....	\$	120	Amount You Owe.....	\$	0
Adjusted Gross Income.....	\$	33,135																				
Total Deductions.....	\$	2,425																				
Total Taxable Income.....	\$	30,710																				
Total Tax.....	\$	1,520																				
Total Payments.....	\$	1,640																				
Refund Amount.....	\$	120																				
Amount You Owe.....	\$	0																				
Make check payable to																						
Mailing Address	Since you are filing your return electronically and you chose to use an electronic signature, you do not mail your return.																					

Special Instructions

2022 TWO YEAR COMPARISON

RIA DHANANI
869-19-3960

Keep for Your Records

	2022	2021	Difference
Filing status	Single		
INCOME:			
Wages, salaries, tips, etc.	33,135		33,135
Interest income			
Ordinary dividend income			
IRA distributions and pension income			
Taxable social security income			
Capital gain or (loss) (Schedule D)			
Schedule 1 - Income			
Refunds of state and local taxes			
Alimony received			
Business income or (loss) (Schedule C)			
Other gains or (losses) (Form 4797)			
Rental real estate, partnerships, estates, etc. (Schedule E)			
Farm income or (loss) (Schedule F)			
Unemployment compensation			
Other income			
Total income	33,135		33,135
ADJUSTMENTS:			
Schedule 1 - Adjustments			
Educator expenses			
Busn expenses for reserviists, performing artists, etc			
Health savings account deduction			
Moving expenses			
Deductible part of self-employment tax			
Self-employed SEP, SIMPLE and qualified plans deduction			
Self-employed health insurance			
Penalty on early withdrawal of savings			
Alimony paid			
IRA contributions			
Student loan interest deduction			
Archer MSA deduction			
Other adjustments			
Total adjustments			
ADJUSTED GROSS INCOME:	33,135		33,135
DEDUCTIONS:			
Standard deduction or Itemized deductions	12,950		12,950
Charitable contributions if taking standard deduction	N/A		
If itemized, Schedule A deductions:			
Medical and dental expenses			
Sales, income, and other taxes paid	1,640		1,640
Interest paid			
Gifts to charity			
Casualty and theft losses			
Other miscellaneous deductions			
Qualified business income deduction			
TAXABLE INCOME:	20,185		20,185

2022 TWO YEAR COMPARISON

RIA DHANANI
869-19-3960

Keep for Your Records

	2022	2021	Difference
TAX COMPUTATION (BEFORE CREDITS):			
Tax	2,216		2,216
Tax calculation method	TABLE		
Schedule 2 - Taxes			
Alternative minimum tax			
Excess advance premium tax credit repayment			
Total taxes	2,216		2,216
Tax rate	12%		
CREDITS:			
Child and other dependents tax credit			
Schedule 3 - Non-Refundable Credits			
Foreign tax credit			
Child care credit			
Education credit			
Retirement savings contribution credit			
Other credits			
Total credits			
OTHER TAXES:			
Schedule 2 - Other Taxes			
Self-employment tax			
Additional tax on IRAs			
Other taxes			
TOTAL TAXES:	2,216		2,216
PAYMENTS:			
Federal income tax withheld	3,909		3,909
Estimated payments made			
Earned income credit			
Refundable child tax credit or additional child tax credit			
American opportunity credit			
Recovery rebate credit			
Schedule 3 - Refundable Credits & Payments			
ACA premium tax credit			
Qualified sick and family leave credit			
Deferral for certain Schedule H or Schedule SE filers		N/A	
Other payments			
Total payments	3,909		3,909
AMOUNT DUE / REFUND:			
Amount overpaid	1,693		1,693
Overpayment applied to next year			
Refund	1,693		1,693
Amount due			
Penalty			

Tax Calculation Methods:

Sch D = Sch D tax worksheet
Sch J = Inc Aver for Farmer/Fisherman
FEITW = Foreign Earned Income Tax WS

QDCGTW = Qual Div Cap Gain Tax WS
F8615 = Child with unearned income

TCW = Tax Comp Worksheet (rates)
TABLE = Tax Table

Filing Status ☒ Single ☐ Married filing jointly ☐ Married filing separately (MFS) ☐ Head of household (HOH) ☐ Qualifying surviving spouse (QSS)
Check only 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 one box. qualifying person is a child but not your dependent:

Your first name and middle initial % Ria Dhanani RIA	Last name DHANANI	Your social security number 869-19-3960
If joint return, spouse's first name and middle initial	Last name	Spouse's social security number

Home address (number and street). If you have a P.O. box, see instructions. 1007 S Locust Street		Apt. no. 101	Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse
City, town, or post office. If you have a foreign address, also complete spaces below. Champaign		State IL	
ZIP code 61820			
Foreign country name	Foreign province/state/county	Foreign postal 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 ☒ 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

Dependents (see instructions):

(1) First name	Last name	(2) Social security number	(3) Relationship to you	(4) Check the box if qualifies for (see inst.): Child tax credit Credit for other dependents
If more than four dependents, see instructions and check here				

Income

1a	Total amount from Form(s) W-2, box 1 (see instructions)	1a	33,135
b	Household employee wages not reported on Form(s) W-2	1b	
c	Tip income not reported on line 1a (see instructions)	1c	
d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)	1d	
e	Taxable dependent care benefits from Form 2441, line 26	1e	
f	Employer-provided adoption benefits from Form 8839, line 29	1f	
g	Wages from Form 8919, line 6	1g	
h	Other earned income (see instructions)	1h	
i	Nontaxable combat pay election (see instructions)	1i	
z	Add lines 1a through 1h	1z	33,135

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.	2a	Tax-exempt interest	2a		b	Taxable interest	2b	
	3a	Qualified dividends	3a		b	Ordinary dividends	3b	
	4a	IRA distributions	4a		b	Taxable amount	4b	
	5a	Pensions and annuities	5a		b	Taxable amount	5b	
Standard Deduction for-- • Single or Married filing separately, \$12,950 • Married filing jointly or Qualifying surviving spouse, \$25,900 • Head of household, \$19,400 • If you checked any box under Standard Deduction, see instructions.	6a	Social security benefits	6a		b	Taxable amount	6b	
	c	If you elect to use the lump-sum election method, check here (see instructions)						
	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here			7			
	8	Other income from Schedule 1, line 10			8			
	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income			9		33,135	
	10	Adjustments to income from Schedule 1, line 26			10			
	11	Subtract line 10 from line 9. This is your adjusted gross income			11		33,135	
	12	Standard deduction or itemized deductions (from Schedule A)			12		12,950	
	13	Qualified business income deduction from Form 8995 or Form 8995-A			13			
	14	Add lines 12 and 13			14		12,950	
15	Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income			15		20,185		

Tax and Credits	16 Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/>	16	2,216
	17 Amount from Schedule 2, line 3	17	
	18 Add lines 16 and 17	18	2,216
	19 Child tax credit or credit for other dependents from Schedule 8812	19	
	20 Amount from Schedule 3, line 8	20	
	21 Add lines 19 and 20	21	
	22 Subtract line 21 from line 18. If zero or less, enter -0-	22	2,216
	23 Other taxes, including self-employment tax, from Schedule 2, line 21	23	
	24 Add lines 22 and 23. This is your total tax	24	2,216

Payments	25 Federal income tax withheld from:		
	a Form(s) W-2	25a	3,909
	b Form(s) 1099	25b	
	c Other forms (see instructions)	25c	
	d Add lines 25a through 25c	25d	3,909
	26 2022 estimated tax payments and amount applied from 2021 return	26	
If you have a qualifying child, attach Sch. EIC.	27 Earned income credit (EIC)	27	
	28 Additional child tax credit from Schedule 8812	28	
	29 American opportunity credit from Form 8863, line 8	29	
	30 Reserved for future use	30	
	31 Amount from Schedule 3, line 15	31	
	32 Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits	32	
	33 Add lines 25d, 26, and 32. These are your total payments	33	3,909

Refund	34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	1,693
	35a Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	35a	1,693
Direct deposit? See instructions.	b Routing number 071000013	c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings	
	d Account number 762250089		
	36 Amount of line 34 you want applied to your 2023 estimated tax	36	

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

Third Party Designee	Do you want to allow another person to discuss this return with the IRS? See instructions <input type="checkbox"/> Yes. Complete below. <input checked="" type="checkbox"/> 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.			
Joint return? See instructions. Keep a copy for your records.	Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
	Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
	Phone no. 217-974-0596	Email address ria08.dhanani@gmail.com		

Paid Preparer Use Only	Preparer's name SHERRI KIRKWOOD	Preparer's signature	Date 03/21/2023	PTIN P00658378	Check if: <input type="checkbox"/> Self-employed
	Firm's name HRB TAX GROUP INC	Phone no. 972-285-1833			
	Firm's address 500 N GALLOWAY STE 58 MESQUITE TX 75149	Firm's EIN 431871840			

Go to www.irs.gov/Form1040 for instructions and the latest information.Form **1040** (2022)

Form **8879**

(Rev. January 2023)

Department of the Treasury
Internal Revenue Service**IRS e-file Signature Authorization**

CLIENT COPY

OMB No. 1545-0074

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

Submission Identification Number (SID) ▶

Taxpayer's name

RIA DHANANI

Spouse's name

Social security number

869-19-3960

Spouse's social security number

Part I Tax Return Information -- Tax Year Ending December 31,

(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	33,135
2	Total tax	2	2,216
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	3,909
4	Amount you want refunded to you	4	1,693
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 HRB TAX GROUP INC to enter or generate my PIN 11241 as my
ERO firm name signature on the income tax return (original or amended) I am now authorizing. Enter five digits, but don't enter all zeros

☐ 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 ▶ SIGNATURE AND DATE ON FILEDate ▶ 03-21-2023**Spouse's PIN: check one box only**

☐ I authorize _____ to enter or generate my PIN _____ as my
ERO firm name signature on the income tax return (original or amended) I am now authorizing. Enter five digits, but don't enter all zeros

☐ 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.

75566312373**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 ▶ 03-21-2023

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

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

Form **8879** (Rev. 01-2023)

2022 WAGES AND SALARIES SUMMARY ATTACHMENT

RIA DHANANI
869-19-3960

Employer Name	Employer EIN	T or S	Wages	Federal Withholding	Social Security Tax Withheld	State	State Wages	State Tax Withheld	Local Tax Withheld
Synopsys Inc	56-1546236	T	32,212	3,817		IL	32,212	1,594	
UNIVERSITY OF ILLINOIS	37-6000511	T	923	92		IL	923	46	

CLIENT COPY

DO NOT FILE

Total	33,135	3,909	33,135	1,640
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2022 FEDERAL TAX WITHHOLDINGS ATTACHMENT

RIA DHANANI
869-19-3960

W-2	Synopsys Inc	3,817
W-2	UNIVERSITY OF ILLINOIS	92

CLIENT COPY

DO NOT FILE

Total to Form 1040/1040-SR line 25d	3,909
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2022 SCHEDULE A – STATE AND LOCAL TAX ATTACHMENT

RIA DHANANI
869-19-3960

IL STATE W2 W/H FROM Synopsys Inc
IL STATE W2 W/H FROM UNIVERSITY OF ILLINOIS

1,594
46

CLIENT COPY

DO NOT FILE

TOTAL TO SCHEDULE A LINE 5A

1,640

2023 CARRYFORWARD INFORMATION

RIA DHANANI
869-19-3960

Keep for Your Records

Itemized Returns Only – 2022 state and local tax refund (this amount may not be taxable in 2022)	_____
Charitable contributions carryover to 2023	_____
Estimated short-term capital loss carryover	_____
Estimated long-term capital loss carryover	_____
2022 tax liability (for 2023 Form 2210 purposes)	2,216
Form 8839: 2021 carryover of unqualified expenses	_____
Refund amount applied to 2023	_____
Disallowed investment interest in 2022	_____
Additional state taxes paid	_____
Form 8396: Mortgage interest credit from 2020	_____
Mortgage interest credit from 2021	_____
Mortgage interest credit from 2022	_____
Form 8801: Minimum tax credit carryforward	0
Potential 2023 IRA contribution from 2022 tax refund	_____

NOL carryforward:		Regular Tax		AMT Tax	
from 2002	_____	from 2012	_____	from 2002	_____
from 2003	_____	from 2013	_____	from 2003	_____
from 2004	_____	from 2014	_____	from 2004	_____
from 2005	_____	from 2015	_____	from 2005	_____
from 2006	_____	from 2016	_____	from 2006	_____
from 2007	_____	from 2017	_____	from 2007	_____
from 2008	_____	from 2018	_____	from 2008	_____
from 2009	_____	from 2019	_____	from 2009	_____
from 2010	_____	from 2020	_____	from 2010	_____
from 2011	_____	from 2021	_____	from 2011	_____
Gross NOL generated in 2022	_____			Gross AMT NOL generated in 2022	_____
To be absorbed in carryback period	_____			To be absorbed in carryback period	_____
Net carryforward from 2022	_____			Net carryforward from 2022	_____
Total carryforward to 2023	_____			Total carryforward to 2023	_____

- The amounts carried to next year from Schedule(s) E, pages 1 and/or 2, are found on Form 8582, Worksheet 6. Carryover AMT amounts are found on the AMT Form 8582, Worksheet 6.
- Foreign Tax Credit carryforward to 2023
- General Business Credit carryforward to 2023
- First-Time Homebuyer Credit Repayment carryforward to 2023
- If there are Form(s) 6252 in this tax return, the gross profit ratio and prior payments received (including the current year payments) will carry forward from each Form 6252.
- Amounts from Form 6251, lines 16 through 18, lines 27 and 28 are automatically carried forward to 2023.

2022 ILLINOIS TWO YEAR COMPARISON

Taxpayer's Last and First Name
RIA DHANANI

Taxpayer's SSN
869-19-3960

	Tax Year 2022	Tax Year 2021	Difference
Filing status	<u>SINGLE</u>		
Residency status	<u>Resident</u>		
Number of exemptions claimed	<u>1</u>		
State Base Form Filed	<u>IL1040</u>		

INCOME, DEDUCTIONS AND ADJUSTMENTS:

Federal Adjusted Gross Income	<u>33,135</u>		<u>33,135</u>
Additions to Federal Income			
Deductions from Federal Income			
IL Base Income	<u>33,135</u>		<u>33,135</u>
Exemption Amount (Allowance) / Personal Exemptions	<u>2,425</u>		<u>2,425</u>
IL Taxable Income	<u>30,710</u>		<u>30,710</u>

TAX, CREDIT AND PAYMENTS:

IL Tax	<u>1,520</u>		<u>1,520</u>
Credit for Taxes Paid to Another State			
IL Credits			
Net Tax	<u>1,520</u>		<u>1,520</u>
Income Tax Withheld	<u>1,640</u>		<u>1,640</u>
Estimated Tax and Extension Payments			
Total Payments	<u>1,640</u>		<u>1,640</u>

REFUND OR BALANCE DUE

Balance Due			
Underpayment Penalty			
Other Penalties and Interests			
Amount You Owe			
Overpayment	<u>120</u>		<u>120</u>
Overpayment Applied to Estimated Payments			
Amount to be Refunded	<u>120</u>		<u>120</u>

Illinois Department of Revenue
2022 Form IL-1040
Individual Income Tax Return

or for fiscal year ending _____

Step 1: Personal Information

Do not write above this line.

RIA DHANANI
1998

869-19-3960

1007 S LOCUST STREET APT 101
CHAMPAIGN IL 61820

ria08.dhanani@gmail.com

- B Filing status: ☒ Single ☐ Married filing jointly ☐ Married filing separately ☐ Widowed ☐ Head of household
C Check if someone can claim you, or your spouse if filing jointly, as a dependent. See instructions. ☐ You ☐ Spouse
D Check the box if this applies to you during 2022: ☐ Nonresident - Attach Sch. NR ☐ Part-year resident - Attach Sch. NR

Step 2: Income

(Whole dollars only)

- 1 Federal adjusted gross income from your federal Form 1040 or 1040-SR, Line 11. 1 33,135 .00
2 Federally tax-exempt interest and dividend income from your federal Form 1040 or 1040-SR, Line 2a. 2 .00
3 Other additions. Attach Schedule M. 3 .00
4 Total income. Add Lines 1 through 3. 4 33,135 .00

Step 3: Base Income

- 5 Social Security benefits and certain retirement plan income received if included in Line 1. Attach Page 1 of federal return. 5 .00
6 Illinois Income Tax overpayment included in federal Form 1040 or 1040-SR, Sch. 1, Ln. 1. 6 .00
7 Other subtractions. Attach Schedule M. 7 .00
8 Add Lines 5, 6, and 7. This is the total of your subtractions. 8 .00
9 Illinois base income. Subtract Line 8 from Line 4. 9 33,135 .00

Step 4: Exemptions

- 10 a Enter the exemption amount for yourself and your spouse. See instructions. a 2,425 .00
b Check if 65 or older: ☐ You + ☐ Spouse # of checkboxes x \$1,000 = b .00
c Check if legally blind: ☐ You + ☐ Spouse # of checkboxes x \$1,000 = c .00
d If you are claiming dependents, enter the amount from Schedule IL-E/EIC, Step 2, Line 1. Attach Schedule IL-E/EIC. d .00
Exemption allowance. Add Lines 10a through 10d. 10 2,425 .00

Step 5: Net Income and Tax

- 11 Residents: Net income. Subtract Line 10 from Line 9. Nonresidents and part-year residents: Enter the Illinois net income from Schedule NR. Attach Schedule NR. 11 30,710 .00
12 Residents: Multiply Line 11 by 4.95% (.0495). Cannot be less than zero. Nonresidents and part-year residents: Enter the tax from Schedule NR. 12 1,520 .00
13 Recapture of investment tax credits. Attach Schedule 4255. 13 .00
14 Income tax. Add Lines 12 and 13. Cannot be less than zero. 14 1,520 .00

Step 6: Tax After Nonrefundable Credits

- 15 Income tax paid to another state while an Illinois resident. Attach Schedule CR. 15 .00
16 Property tax and K-12 education expense credit amount from Schedule ICR. Attach Schedule ICR. 16 .00
17 Credit amount from Schedule 1299-C. Attach Schedule 1299-C. 17 .00
18 Add Lines 15, 16, and 17. This is the total of your credits. Cannot exceed the tax amount on Line 14. 18 .00
19 Tax after nonrefundable credits. Subtract Line 18 from Line 14. 19 1,520 .00

Step 7: Other Taxes

- 20 Household employment tax. See instructions. 20 .00
21 Use tax on internet, mail order, or other out-of-state purchases from UT Worksheet or UT Table in the instructions. Do not leave blank. 21 0 .00
22 Compassionate Use of Medical Cannabis Program Act and sale of assets by gaming licensee surcharges. 22 .00
23 Total Tax. Add Lines 19, 20, 21, and 22. 23 1,520 .00

NO HANDWRITTEN ENTRIES ON THIS FORM

Staple W-2 and 1099 forms here
Staple your check and IL-1040-V





24 Total tax from Page 1, Line 23. 24 1,520 .00

Step 8: Payments and Refundable Credit

25 Illinois Income Tax withheld. **Attach** Schedule IL-WIT. 25 1,640 .00
 26 Estimated payments from Forms IL-1040-ES and IL-505-I, including any overpayment applied from a prior year return. 26 .00
 27 Pass-through withholding. **Attach** Sch. K-1-P or K-1-T. 27 .00
 28 Pass-through entity tax credit. **Attach** Sch. K-1-P or K-1-T. 28 .00
 29 Earned Income Credit from Schedule IL-E/EIC, Step 4, Line 8. **Attach** Schedule IL-E/EIC. 29 .00
 30 **Total payments and refundable credit.** Add Lines 25 through 29. 30 1,640 .00

Step 9: Total

31 If Line 30 is greater than Line 24, subtract Line 24 from Line 30. 31 120 .00
 32 If Line 24 is greater than Line 30, subtract Line 30 from Line 24. 32 0 .00

Step 10: Underpayment of Estimated Tax Penalty and Donations

33 Late-payment penalty for underpayment of estimated tax. 33 .00
 a ☐ Check if at least two-thirds of your federal gross income is from farming.
 b ☐ Check if you or your spouse are 65 or older and permanently living in a nursing home.
 c ☐ Check if your income was not received evenly during the year and you annualized your income on Form IL-2210. **Attach** Form IL-2210.
 d ☐ Check if you were not required to file an Illinois Individual Income Tax return in the previous tax year.
 34 Voluntary charitable donations. **Attach** Schedule G. 34 .00
 35 **Total penalty and donations.** Add Lines 33 and 34. 35 .00

Step 11: Refund or Amount you owe

36 If you have an amount on Line 31 and this amount is greater than Line 35, subtract Line 35 from Line 31. This is your **overpayment**. 36 120 .00
 37 Amount from Line 36 you want **refunded to you**. Check **one** box on Line 38. See instructions. 37 120 .00
 38 I choose to receive my refund by
 a ☒ **direct deposit** - Complete the information below if you check this box.
 You may also contribute to college savings funds here. See instructions! 38
 Routing number 071000013 ☒ Checking or ☐ Savings
 Account number 762250089
 b ☐ **paper check**.
 39 Amount to be **credited forward**. Subtract Line 37 from Line 36. See instructions. 39 .00
 40 If you have an amount on Line 32, add Lines 32 and 35. **-or-**
 If you have an amount on Line 31 and this amount is less than Line 35, subtract Line 31 from Line 35. This is the **amount you owe**. See instructions. 40 .00

Step 12: Health Insurance Checkbox and Signature

41 ☐ Check this box if IDOR may share your income information with other Illinois state agencies in order to determine your eligibility for health insurance benefits. See instructions for more information.

Signature - Note: If this is a joint return, both you and your spouse must sign below.

Under penalties of perjury, I state that I have examined this return and, to the best of my knowledge, it is true, correct, and complete.

Sign Here	Your signature	Date (mm/dd/yyyy)	Spouse's signature	Date (mm/dd/yyyy)	Daytime phone number	
					217-974-0596- (i	
Paid Preparer Use Only	Print/Type paid preparer's name		Paid preparer's signature		Date (mm/dd/yyyy)	Check if self-employed <input type="checkbox"/> Paid Preparer's PTIN
	SHERRI KIRKWOOD				03-21-2023	P00658378
	Firm's name	HRB TAX GROUP INC		Firm's FEIN	431871840	
	Firm's address	500 N GALLOWAY STE 58 500 N GALLOWAY		Firm's phone	972-285-1833	
Third Party Designee	Designee's name (please print)		Designee's phone number		Check if the Department may discuss this return with the third party designee shown in this step. <input type="checkbox"/>	

Refer to the 2022 IL-1040 Instructions for the address to mail your return.

Illinois Department of Revenue
2022 Schedule IL-WIT Illinois Income Tax Withheld



Attach to your Form IL-1040. If you have more than five withholding forms, complete multiple copies of this schedule. IL Attachment No. 31

Use the reference for Column A shown in the chart below.

Form Type	Letter Code for Column A	Form Type	Letter Code for Column A
W-2	W	1099-DIV	D
W-2G	WG	1099-INT	I
1099-R	R	1042-S	S
1099-G	G	1099-B	B
1099-MISC	M	1099-K	K
1099-OID	O	1099-NEC	N

Step 1: Provide your withholding records (include all W-2 and 1099 forms that show Illinois withholding)

RIA DHANANI

869 19 3960

Your name as shown on Form IL-1040

Your Social Security number

Column A Form type	Column B Employer/Payer Identification Number	Column C Federal Wages, Winnings, Gross Distributions, Compensation, etc.	Column D Illinois Wages, Winnings, Gross Distributions, Compensation, etc.	Column E Illinois Income Tax Withheld
1 W	56-1546236	\$ 32,212.00	\$ 32,212.00	\$ 1,594.00
2 W	37-6000511	\$ 923.00	\$ 923.00	\$ 46.00
3		\$.00	\$.00	\$.00
4		\$.00	\$.00	\$.00
5		\$.00	\$.00	\$.00

Step 2: Provide spouse's withholding records (include all W-2 and 1099 forms that show Illinois withholding)

Your spouse's name as shown on Form IL-1040

Your spouse's Social Security number

Column A Form type	Column B Employer/Payer Identification Number	Column C Federal Wages, Winnings, Gross Distributions, Compensation, etc.	Column D Illinois Wages, Winnings, Gross Distributions, Compensation, etc.	Column E Illinois Income Tax Withheld
6		\$.00	\$.00	\$.00
7		\$.00	\$.00	\$.00
8		\$.00	\$.00	\$.00
9		\$.00	\$.00	\$.00
10		\$.00	\$.00	\$.00

Step 3: Total Illinois withholding

11 Add the amounts in Column E for Lines 1 through 10 (and the amounts from Column E of any additional copies you attached). This is the total amount of your Illinois income tax withheld.

Enter this amount here and on Form IL-1040, Line 25.

11 \$ 1,640.00

→ Attach all Schedules IL-WIT to your IL-1040. ←

IL-1040 Schedule IL-WIT Front (R-12/22)

Printed by authority of the state of Illinois. Electronic only, one copy.

This form is authorized as outlined under the Illinois Income Tax Act. Disclosure of this information is required. Failure to provide information could result in a penalty.


WELCOME TO H&R BLOCK®

Thank you for choosing H&R BLOCK®. If you are having your taxes prepared, and you are at an office operated by HRB Tax Group, Inc. ("HRB"), your tax return will be prepared by HRB. If you are at a franchised H&R BLOCK® office, your return will be prepared by an independently owned and operated franchisee ("Franchisee"). In either case, this Client Service Agreement ("CSA") explains what to expect from your tax preparer and from other companies that may provide you products and services, and what is needed from you so they can provide great service. This CSA contains an Arbitration Agreement, the terms of which are set forth below.

If you are having your taxes prepared, your tax preparer will (1) interview you to learn details that affect your taxes, and (2) ask you for documents to help accurately record your income, credits or deductions. You agree to provide information related to all products and services you receive, including your W-2(s) and other information that affects your tax situation, and to verify the accuracy of this information (including any W-2 you download for pick-up in the tax office). If you discover that you did not provide complete and accurate information, you agree to file an amended return. Your tax preparer can prepare any amendment for you, but there may be an additional charge. The use and disclosure of information you provide to H&R BLOCK® is governed by the Privacy Notice provided to you. You may request a copy of our most recent Privacy Notice from any office, or you may access a copy at www.hrblock.com. If you obtain a Refund Transfer, your fees are not due until all services are complete, which is typically when your refund is received and your authorized payments are disbursed, but in any event no more than 30 days after your tax return is e-filed.

ARBITRATION IF A DISPUTE ARISES ("ARBITRATION AGREEMENT")

1. Scope of Arbitration Agreement. You and the H&R Block Parties agree that all disputes and claims between you and the H&R Block Parties shall be resolved through binding individual arbitration unless you opt out of this Arbitration Agreement using the process explained below. However, to the fullest extent permitted by applicable law, either you or the H&R Block Parties may elect that an individual claim be decided in small claims court, as long as it is brought and maintained as an individualized claim and is not removed or appealed to a court of general jurisdiction. All issues are for the arbitrator to decide, except that issues relating to the arbitrability of disputes and the validity, enforceability, and scope of this Arbitration Agreement, including the interpretation of and compliance with sections 2, 4, and 6 below, shall be decided by a court and not an arbitrator. The terms "H&R Block Parties" or "we" or "us" in this Arbitration Agreement include HRB, Emerald Financial Services, LLC, and Franchisee, along with their predecessors, successors, and assigns, and each of the past, present, and future direct or indirect parents, subsidiaries, affiliates, officers, directors, agents, employees, and franchisees of any of them.

Arbitration Opt Out: You may opt out of this Arbitration Agreement within 30 days after you sign this CSA by filling out the form at www.hrblock.com/goto/optout, or by sending a signed letter to Arbitration Opt Out, P.O. Box 32818, Kansas City, MO 64171. The letter should include your printed name, address, the first five digits of your Social Security number, and the words "Reject Arbitration." If you opt out of this Arbitration Agreement, any prior arbitration agreement shall remain in force and effect.

2. Commencing Arbitration. You or we may commence an arbitration proceeding only if you and we do not reach an agreement to resolve the dispute or claim during the Informal Resolution Period (defined below).

a. Pre-Arbitration Notice of Dispute. A party who intends to seek arbitration must first mail a written Notice of Dispute ("Notice") to the other party. The Notice to the H&R Block Parties should be addressed to: H&R Block-Legal Department, Attention: Notice of Dispute, One H&R Block Way, Kansas City, MO 64105. The Notice to you will be sent to the last known address on file with the H&R Block Parties. The Notice must be on an individual basis and include all of the following: (1) the claimant's name, address, telephone number, and e-mail address; (2) the nature or basis of the dispute or claim; (3) the specific relief sought; and (4) the claimant's signature.

b. Informal Settlement Conference. After the Notice containing all of the information required above is received, within 60 days either party may request an individualized discussion (by telephone or videoconference) regarding informal resolution of the dispute ("Informal Settlement Conference"). If timely requested, the parties will work together in good faith to select a mutually agreeable time for the Informal Settlement Conference. You and our business representative must both personally participate in a good-faith effort to settle the dispute without the need to proceed with arbitration. The requirement of personal participation in an Informal Settlement Conference may be waived only if both you and we agree in writing. Any counsel representing you or us may also participate; however, if you have retained counsel, a signed statement is required by law to authorize the H&R Block Parties to disclose your confidential tax and account records to your counsel. Any applicable statute of limitations will be tolled for the claims and relief set forth in the Notice during the period between the date that either you or we send the other a fully complete Notice, until the later of (1) 60 days after receipt of the Notice; or (2) if a Settlement Conference is timely requested, 30 days after completion of the Settlement Conference (the "Informal Resolution Period"). The parties agree that the existence or substance of any settlement discussions are confidential and shall not be disclosed, except as provided by applicable law.

c. Enforcement of Pre-Arbitration Requirements. The Notice and Informal Settlement Conference requirements are essential so that you and we have a meaningful chance to resolve disputes informally before proceeding to arbitration. A court will have authority to enforce this section 2, including the power to enjoin the filing or prosecution of an arbitration or the assessment of or demand for payment of fees in connection with an arbitration, if you or we do not first provide a fully complete Notice and participate in a timely requested Informal Settlement Conference. In addition, unless prohibited by applicable law, the arbitration administrator shall not accept, assess or demand fees for, or administer an arbitration commenced during the Informal Resolution Period.

3. How Arbitration Works. Arbitration shall be conducted by the American Arbitration Association ("AAA") pursuant to its Consumer Arbitration Rules ("AAA Rules"), as modified by this Arbitration Agreement. The AAA Rules are available on AAA's website www.adr.org. If AAA is unavailable or unwilling to administer the arbitration consistent with this

FOCSA1

12/08/2022

TS23 Client Service Agreement

CLIENT COPY

Arbitration Agreement, the parties shall agree to, or the court shall select, another arbitration provider. Unless the parties agree otherwise, any arbitration hearing shall take place in the county of your residence. The arbitrator will be either a retired judge or an attorney specifically licensed to practice law in the state of your residence and selected by the parties from the arbitration provider's national roster of arbitrators. The arbitrator will be selected using the following procedure: (1) the arbitration provider will send the parties a list of five candidates meeting this criteria; (2) if the parties cannot agree on an arbitrator from the list, each party shall return its list to the arbitration provider within 10 days, striking up to two candidates, and ranking the remaining candidates in order of preference; (3) the arbitration provider shall appoint as arbitrator the candidate with the highest aggregate ranking; and (4) if for any reason the appointment cannot be made according to this procedure, the arbitration provider will provide the parties a new list of five candidates meeting the above criteria until an appointment can be made.

4. Waiver of Right to Bring Class Action and Representative Claims. All arbitrations shall proceed on an individual basis. The arbitrator is empowered to resolve the dispute with the same remedies available in court, including compensatory, statutory, and punitive damages; attorneys' fees; and declaratory, injunctive, and equitable relief. However, the arbitrator's rulings or any relief granted must be individualized to you and shall not apply to or affect any other client. The arbitrator is also empowered to resolve the dispute with the same defenses available in court, including but not limited to statutes of limitation. **You and the H&R Block Parties also agree that each may bring claims against the other in arbitration only in your or their respective individual capacities and in so doing you and the H&R Block Parties hereby waive the right to a trial by jury, to assert or participate in a class action lawsuit or class action arbitration, to assert or participate in a private attorney general lawsuit or private attorney general arbitration, and to assert or participate in any joint or consolidated lawsuit or joint or consolidated arbitration of any kind.** If, after exhaustion of all appeals, a court decides that applicable law precludes enforcement of any of this section's limitations as to a particular claim or any particular request for a remedy for a claim (such as a request for public injunctive relief), then the parties agree that the particular claim or the particular request for a remedy (and only that particular claim or particular request for a remedy) must remain in court and be severed from any arbitration. No arbitration shall proceed in any manner as a class action arbitration, private attorney general arbitration, or arbitration involving joint or consolidated claims, unless all parties consent in writing.

5. Arbitration Costs. Payment of all filing, administrative, case-management, arbitrator, and hearing fees will be governed by AAA Rules, but if you inform us that you cannot afford to pay your share of the fees, we will consider advancing those fees on your behalf and will do so if required by applicable law. In addition, we will reimburse you for your share of the fees at the conclusion of the arbitration (regardless of who wins) so long as (i) you complied with the notice of dispute requirements in sections 2 and 4 above and section 6 below, and (ii) neither the substance of your claim nor the relief you sought was determined to be frivolous or brought for an improper purpose as measured by the standards set forth in Federal Rule of Civil Procedure 11(b); otherwise, the payment of fees will be governed by AAA Rules and you agree to reimburse the H&R Block Parties for all fees advanced on your behalf.

6. Arbitration of Similar Claims. If 25 or more claimants submit Notices or seek to file arbitrations raising similar claims and are represented by the same or coordinated counsel (regardless of whether the cases are submitted simultaneously), all of the cases must be resolved in arbitration in stages using staged bellwether proceedings if they are not resolved during the Informal Resolution Period. You agree to this process even though it may delay the arbitration of your claim. In the first stage, each side shall select 10 cases (20 cases total) to be filed in arbitration and resolved individually by different arbitrators, with each case assigned to an arbitrator from the claimant's home state. In the meantime, no other cases may be filed in arbitration, and the AAA shall not accept, assess or demand fees for, or administer arbitrations that are commenced in violation of this section. The arbitrators are encouraged to resolve the cases within 120 days of appointment or as swiftly as possible, consistent with principles of fundamental fairness. If the remaining cases are unable to be resolved after the conclusion of the first stage bellwether proceeding, each side shall select up to another 10 cases (20 cases total) to be filed in arbitration and resolved individually in accordance with this Arbitration Agreement. During this second stage, no other cases may be filed in arbitration. If any claims remain after the second stage, the process will be repeated until all claims are resolved through settlement or arbitration, with two alterations. First, a total of 50 cases may be filed each round (unless a higher number of cases is mutually agreed upon in writing). Second, arbitrators who were assigned cases in previous rounds may be appointed to new cases. If this section 6 applies to a Notice, the statute of limitations applicable to the claims and relief set forth in that Notice shall be tolled from the beginning date of the Informal Resolution Period until that Notice is selected for a bellwether proceeding, withdrawn, or otherwise resolved. A court will have authority to enforce this section 6, including to enjoin the filing, assessing or demanding fees for, administration of, or prosecution of arbitrations.

7. Other Terms. This Arbitration Agreement shall be governed by, and interpreted, construed, and enforced in accordance with, the Federal Arbitration Act and other applicable federal law. Except as set forth above in section 4, if any portion of this Arbitration Agreement is deemed invalid or unenforceable, it will not invalidate the remaining portions of the Arbitration Agreement. No arbitration award or decision will have any preclusive effect as to any issues or claims in any dispute, arbitration, or court proceeding where any party was not a named party in the arbitration, unless and except as required by applicable law.

FOCSA2

12/08/2022



THIS AGREEMENT CONTAINS A BINDING MUTUAL ARBITRATION AGREEMENT

I have the authority to sign on behalf of the taxpayer(s), I acknowledge the Privacy Notice was provided to me prior to service, and I understand and voluntarily agree to the terms of the Arbitration Agreement described above, as well as all other terms, conditions and disclosures presented in this CSA.

Signature and Date on File

Client's Signature

Date

Spouse's Signature (Required only if MFJ and Spouse is Present)

Date

Client Sources of Income Verification

To ensure your return is prepared accurately, review the entries below and confirm they represent all your sources of income, regardless of taxability.

Sources of Income – Total \$ 33,135.00

NOTE: The amount shown may not match your total Adjusted Gross Income as there may be sources of income present on your return that are not independently reported to the IRS.

Document	Issued by		Amount
W2	Taxpayer	Synopsys Inc	32,212.00
W2	Taxpayer	UNIVERSITY OF ILLINO	923.00

My/our signature(s) below confirms that I/we verify that I/we have no additional sources of income for the 2022 tax year in the categories listed above.

Name	Signature	Date
Client RIA DHANANI	Signature and Date on File	
Spouse		

(If married and Spouse is present, Spouse must also sign.)

Tax Professional: Date:

Consent to Disclose Tax Return Information

We want to help you reach your goals and provide you the products and services you requested. In order to do this, we need your permission to share some of your tax return information.

The Internal Revenue Code requires that absent a specific exception we obtain your consent before disclosing information provided to HRB Tax Group, Inc., its subsidiaries, or their independently owned and operated third-party franchisees (collectively, "H&R Block") in connection with preparing your tax return.

Please check each disclosure you authorize.	
<input type="checkbox"/>	<p>Refund Transfer (RT):</p> <p>I authorize H&R Block to disclose to Pathward, National Association, Member FDIC, from my 2022 income tax return my contact information, Social Security number, refund status, refund amount, how long I have been an H&R Block client, and other information required to process my application for, report on, and if approved, provide and service my RT. This information may be accessible by Pathward's service providers, including Emerald Financial Services, LLC.</p>
<input type="checkbox"/>	<p>H&R Block Emerald Prepaid Mastercard®:</p> <p>I authorize H&R Block to disclose to Pathward, National Association, Member FDIC,* from my 2022 income tax return my contact information, Social Security number, refund status, refund amount, and other information required to process my application for, report on, and if approved, provide and service my H&R Block Emerald Prepaid Mastercard®. This information may be accessible by Pathward's service providers, including Emerald Financial Services, LLC.*</p>
<input type="checkbox"/>	<p>H&R Block Emerald Savings Account:</p> <p>I authorize H&R Block to disclose to Pathward, National Association, Member FDIC,* from my 2022 income tax return my contact information, Social Security number, number of years I have been an H&R Block client and other information required to process my application for, report on, and if approved, provide and service my H&R Block Emerald Savings Account and the related H&R Block Emerald Prepaid Mastercard®. This information may be accessible by Pathward's service providers, including Emerald Financial Services, LLC.*</p>

Please check each disclosure you authorize.	
<input type="checkbox"/>	<p>Refund Advance:</p> <p>I authorize H&R Block to disclose to Pathward, National Association, Member FDIC,* information from my 2022 income tax return including my contact information, Social Security number, date of birth, filing status, financial information, credits, deductions, refund amount, forms and schedules filed, number, age, and relationship status of dependents, number of exemptions and other information required to process my application for, report on and support the Refund Advance program, and if approved, provide and service my Refund Advance. This information may also be used by these entities to comply with various regulatory obligations associated with the Refund Advance loan program.</p> <p>If I am a previous H&R Block customer, I also authorize H&R Block to disclose to these entities how long I have been an H&R Block customer and from my 2021 income tax return my expected and actual refund amount, total disbursements from the IRS, credits, deductions, forms and schedules filed, number, age, and relationship status of dependents, and number of earned-income credit qualifying dependents.#</p> <p>This information may be accessible by Pathward's service providers, including Emerald Financial Services, LLC.*</p>
<input checked="" type="checkbox"/>	<p>H&R Block Personalized Services:</p> <p>I authorize H&R Block to disclose to H&R Block Personalized Services, LLC my 2022 tax return information (<u>excluding</u> all Social Security numbers) and information regarding how long I have been an H&R Block client so that, after I file, H&R Block Personalized Services can develop, offer, and provide products and services tailored to or that may interest me, including:</p> <ul style="list-style-type: none"> • Personalized advice based on my tax situation; • Offer products or services customized to me; • Updates regarding tax law changes; and • Develop new or improved products and services. <p>H&R Block Personalized Services may use service providers and business partners to accomplish these tasks.</p> <p>For more information, please visit http://www.hrbpersonalizedservices.com.</p>

Federal law requires this consent form be provided to you. Unless authorized by law, we cannot disclose your tax return information to third parties for purposes other than the preparation and filing of your tax return without your consent. If you consent to the disclosure of your tax return information, Federal law may not protect your tax return information from further use or distribution.

You are not required to complete this form to engage in tax return preparation services. If we obtain your signature on this form by conditioning our tax return preparation services on your consent, your consent will not be valid. If you agree to the disclosure of your tax return

information, your consent is valid for the amount of time that you specify. If you do not specify the duration of your consent, your consent is valid for one year from the date of signature.

If you believe your tax return information has been disclosed or used improperly in a manner unauthorized by law or without your permission, you may contact the Treasury Inspector General for Tax Administration (TIGTA) by telephone at 1-800-366-4484, or by email at complaints@tigta.treas.gov.

***IMPORTANT DISCLOSURE:** Tax services are offered through HRB Tax Group, Inc., its subsidiaries, or franchisees of H&R Block Tax Services LLC. When you apply for a banking service offered by Pathward, National Association, Member FDIC, you will be a Pathward customer. Pathward may use or disclose your information in accordance with its privacy notice and applicable law.

This consent does not obligate you to enter into a loan transaction or pay any consideration. If you decide you want a Refund Advance, you will have to apply, sign a loan agreement, and be approved by Pathward, National Association, Member FDIC.

By completing and signing this form, you authorize H&R Block to disclose your tax return information as indicated.

Taxpayer's Signature Signature and Date on File Date _____

Taxpayer's Printed Name RIA DHANANI

Spouse's Signature (if MFJ) _____ Date _____

Spouse's Printed Name (if MFJ) _____