Department of the Treasury Internal Revenue Service

Calendar Year — Due **04/18/2023**

2023 Form 1040-ES Payment Voucher 1

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the **'United States Treasury.'** Write your social security number and '2023 Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Amount of estimated tax you are paying by check or money order.....

336.

REV 02/05/23 PRO

762-25-7006 159-53-7779
NITIN KAPOOR
ANISHA SHARMA
46 STOCKTON CT
MORRIS PLAINS NJ 07950

INTERNAL REVENUE SERVICE OF BOX 931100 CEPT OF BOX

Department of the Treasury Internal Revenue Service

Calendar Year — Due **06/15/2023**

2023 Form 1040-ES Payment Voucher 2

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the **'United States Treasury.'** Write your social security number and '2023 Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

336.

REV 02/05/23 PRO

762-25-7006 159-53-7779
NITIN KAPOOR
ANISHA SHARMA
46 STOCKTON CT
MORRIS PLAINS NJ 07950

INTERNAL REVENUE SERVICE PO BOX 931100 LOUISVILLE KY 40293-1100

Department of the Treasury Internal Revenue Service

Calendar Year — Due **09/15/2023**

2023 Form 1040-ES Payment Voucher 3

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the **'United States Treasury.'** Write your social security number and '2023 Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Amount of estimated tax you are paying by check or money order.....

336.

REV 02/05/23 PRO

762-25-7006 159-53-7779
NITIN KAPOOR
ANISHA SHARMA
46 STOCKTON CT
MORRIS PLAINS NJ 07950

INTERNAL REVENUE SERVICE
PO BOX 931100
LOUISVILLE KY 40293-1100

Department of the Treasury Internal Revenue Service

Calendar Year — Due **01/16/2024**

2023 Form 1040-ES Payment Voucher 4

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the **'United States Treasury.'** Write your social security number and '2023 Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Amount of estimated tax you are paying by check or money order......

REV 02/05/23 PRO 1555

336.

762-25-7006 159-53-7779
NITIN KAPOOR
ANISHA SHARMA
46 STOCKTON CT
MORRIS PLAINS NJ 07950

INTERNAL REVENUE SERVICE PO BOX 931100 LOUISVILLE KY 40293-1100

Form **8879**

(Rev. January 2021)

Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization

► ERO must obtain and retain completed Form 8879.

► Go to www.irs.gov/Form8879 for the latest information.

OMB No. 1545-0074

Submi	ssion Identification Number (SID)		·
Taxpaye	er's name	Social securi	ty number
NITI	IN KAPOOR	762-25	-7006
Spouse'	s name	Spouse's soc	cial security number
ANIS	SHA SHARMA	159-53	-7779
Part	Tax Return Information — Tax Year Ending December 31, 2022	(Enter year you a	re authorizing.)
Enter v	whole dollars only on lines 1 through 5.		0 /
	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.		
1	Adjusted gross income		1 1 1 86, 753.
2	Total tax		2 26,622.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3 27,941.
4	Amount you want refunded to you		4 1,319.
5	Amount you owe		5
Part		t and keep a cop	v of vour return)
	penalties of perjury, I declare that I have examined a copy of the income tax return (original or al		
for any Agent t paymer authoriz paymer busines taxes to persona	In my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account of my federal taxes owed on this return and/or a payment of estimated tax, and the financial zation is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to the transport of the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellates a days prior to the payment (settlement) date. I also authorize the financial institutions involve or receive confidential information necessary to answer inquiries and resolve issues related all identification number (PIN) below is my signature for the income tax return (original or amen nic Funds Withdrawal Consent.	te the Ú.S. Treasury a count indicated in the transitution to debit the erminate the authorized in the processing of the payment. I furto the payment. I furto the payment. I furto the payment.	and its designated Financia ax preparation software for entry to this account. This ation. To revoke (cancel) a e received no later than 2 f the electronic payment of the racknowledge that the
	yer's PIN: check one box only		
		5 DIN	
×	FRO firm name	nerate my PIN En	ter five digits, but
	signature on the income tax return (original or amended) I am now authorizing.	do	n't enter all zeros
	I will enter my PIN as my signature on the income tax return (original or amended) if you are entering your own PIN and your return is filed using the Practitioner PII below.		
Your s	ignature ▶ Da	ate ▶	
Spous	se's PIN: check one box only		
· 🗵		nerate my PIN 3	7 7 7 9 as my
	ERO firm name		ter five digits, but
	signature on the income tax return (original or amended) I am now authorizing.	do	n't enter all zeros
	I will enter my PIN as my signature on the income tax return (original or amended) if you are entering your own PIN and your return is filed using the Practitioner PII below.		
Spous	e's signature ► Da	ate ▶	
	Practitioner PIN Method Returns Only—continue	below	
Part l	Certification and Authentication — Practitioner PIN Method Only		
ERO's	EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.	2 2 2 4 9 Don't ent	6 6 1 9 8 9 er all zeros
authoriz	that the above numeric entry is my PIN, which is my signature for the electronic individual in zed to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I a ments of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS <i>e-file</i> Provided	m submitting this retu	urn in accordance with the
EBO's	signature >	ote 🕨	

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

E 1040 Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Return

|--|

OMB No. 1545-0074

IRS Use Only-Do not write or staple in this space.

Filing Status	s 🗌 S	Single 🔀 Married filing jointly [Marri	ed filing separate	ly (MFS)	Head of	hous	ehold (HOF	l) 🗌		ifying surv	iving
Check only one box.	If vo	u checked the MFS box, enter the r	name of	vour spouse. If vo	u chack	red the HOH or	r 089	Shov ente	r tha c		ise (QSS)	e auglifyina
One box.		on is a child but not your dependen		your spouse. If yo	iu ciiecn		ı QO	J DOX, GITTE	i til e c	illu 3	name ii tii	e qualifyilig
Your first name		· · · · · · · · · · · · · · · · · · ·	Last na	ame					Y	our so	cial securit	v number
NITIN	, a											-
						762-25-7006 Spouse's social security number						
ANISHA	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		SHAE						_ ·		53 - 7779	-
	(numbe	er and street). If you have a P.O. box, see						Apt. no.				on Campaign
46 STOCI	,		0 11 10 11 00 1					, 1011 1101	- 1		nere if you,	
		ce. If you have a foreign address, also c	omplete s	spaces below	Sta	nte.	7IP	code	sp	ouse	if filing join	tly, want \$3
MORRIS 1			0	5pacco 20.0111	No			950	- 1	0		Checking a
Foreign countr		\ <u>\</u>		Foreign province/sta			+	eign postal co			ow will not or refund.	Change
. o.o.g oou	,			. o. o.g p. ovoo, o.	a.c, 00 a	-,		g poota. oo			You	Spouse
 Digital	Δt ar	ny time during 2022, did you: (a) red	ceive (as	a reward award	or navr	ment for prope	rtv o	r services).	or (b)	المء		
Assets		ange, gift, or otherwise dispose of					-				Yes	⊠ No
Standard		eone can claim: You as a de		· · · · · · · · · · · · · · · · · · ·		a dependent	-	.,. (000	, a a a	31.01)		
Deduction	_	Spouse itemizes on a separate retu										
Age/Rlindnes		Were born before January 2,	1058 [Are blind	Spouse	w	rn he	fore Janua	n/2 1	958	ls bli	nd
Dependent			1000 [(2) Social sec	•	(3) Relationsh			•			instructions):
If more		rst name Last name		number	unity	to you	"P	Child ta	x credi	t	Credit for oth	ner dependents
than four									7		Γ	7
dependents,									-			
see instruction and check	s ——								-			
here]								-			
Incomo	1a	Total amount from Form(s) W-2, b	oox 1 (se	ee instructions)					- .	1a	22	25 , 113.
Income	b	Household employee wages not i	,	,						1b		
Attach Form(s)	С	Tip income not reported on line 1								1c		
W-2 here. Also attach Forms	d	Medicaid waiver payments not re			ee instru	uctions)				1d		
W-2G and	е	Taxable dependent care benefits	from Fo	rm 2441, line 26						1e		
1099-R if tax was withheld.	f	Employer-provided adoption ben-	efits fror	n Form 8839, line	29 .					1f		
If you did not	g	Wages from Form 8919, line 6 .								1g		
get a Form	h	Other earned income (see instruc	tions)							1h		0.
W-2, see instructions.	i	Nontaxable combat pay election	(see inst	ructions)		li	i					
instructions.	z	Add lines 1a through 1h								1z	22	25,113.
Attach Sch. B	2a	Tax-exempt interest	2a		b T	axable interes	t			2b		
if required.	3a	Qualified dividends	3a		b 0	Ordinary divide	nds			3b		
	4a	IRA distributions	4a		b T	axable amoun	ıt.			4b		
Standard	5a	Pensions and annuities	5a		b T	axable amoun	ıt.			5b		
Deduction for— Single or	6a	Social security benefits	6a		b T	axable amoun	ıt.			6b		
Married filing	С	If you elect to use the lump-sum	election	method, check he	ere (see	instructions)						
separately, \$12,950	7	Capital gain or (loss). Attach Sche	edule D i	if required. If not r	required	l, check here				7		4,243.
Married filing	8	Other income from Schedule 1, lin	ne 10							8	-4	2,603.
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7	7, and 8.	This is your total	lincom	е				9	18	36 , 753.
surviving spouse, \$25,900	10	Adjustments to income from Sche	edule 1,	line 26						10		
Head of	11	Subtract line 10 from line 9. This i	is your a	djusted gross in	come					11	18	86,753.
household, \$19,400	12	Standard deduction or itemized	l deduct	tions (from Sched	lule A)					12	2	25 , 900.
If you checked	13	Qualified business income deduc	tion fron	n Form 8995 or Fo	orm 899	95-A				13		
any box under Standard	14									14	2	25 , 900.
Deduction, see instructions.	15	Subtract line 14 from line 11. If ze	ero or les	ss, enter -0 This	is your	taxable incom	ne			15	16	50,853.

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		26,6	622.
Credits	17	Amount from Schedule 2, lin	ie 3					17			
	18	Add lines 16 and 17						18		26,6	622.
	19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812			19			
	20	Amount from Schedule 3, lin	ie 8					20			
	21	Add lines 19 and 20						21			
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22		26,6	622.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21			23			0.
	24	Add lines 22 and 23. This is	your total tax					24		26,6	622.
Payments	25	Federal income tax withheld									
•	а	Form(s) W-2				25a 27	,941.				
	b	Form(s) 1099				25b					
	С	Other forms (see instructions	s)			25c					
	d	Add lines 25a through 25c						25d		27,9	941.
If you have a	26	2022 estimated tax payment	ts and amount a	pplied from 20)21 return			26			
qualifying child,	27	Earned income credit (EIC)				27					
attach Sch. EIC.	28	Additional child tax credit from	m Schedule 8812	2		28					
	29	American opportunity credit	from Form 8863	B, line 8		29					
	30	Reserved for future use .				30					
	31	Amount from Schedule 3, lin	ne 15			31					
	32	Add lines 27, 28, 29, and 31	. These are your	total other pa	ayments and refu	indable credits		32			
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments				33			941.
Refund	34	If line 33 is more than line 24	l, subtract line 2	4 from line 33.	This is the amoun	nt you overpaid		34		1,3	319.
Herana	35a	Amount of line 34 you want			is attached, chec	ck here		35a		1,3	319.
Direct deposit?	b	Routing number 0 2 1			c Type:	Checking	Savings				
See instructions.	d	Account number 1 0 5	8 5 9 3	7 2							
	36	Amount of line 34 you want a	applied to your	2023 estimate	ed tax	36					
Amount You Owe	37	Subtract line 33 from line 24 For details on how to pay, g		•				37			
	38	Estimated tax penalty (see in	nstructions) .			38					
Third Party Designee		you want to allow another structions	•		rn with the IRS?		omplete	below.	× No	5	
-		signee's me		Phone no.			onal identi ber (PIN)	fication		П	
Sign		der penalties of perjury, I declare t lief, they are true, correct, and com			1 , 0		,		,		0
Here		ur signature		Date	Your occupation				nt you ar	•	•
	10	ar oignaturo		Buto	Tour occupation				IN, enter		
Joint return?					SOFTWARE I	EVELOPER	(see	inst.)			
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, I	ooth must sign.	Date	Spouse's occupati	on			nt your s		
your records.					 SOFTWARE	ALITET ODED		inst.)	ection PI	N, ente	er it nere
	Dh	one no. (317) 970-648	6	Email address		1989@GMAIL.C	(
		eparer's name	Preparer's signat		INTITINGATOOK.	Date	PTIN		Check	if:	
Paid		1 PRIYA RAM SAGAR GUPTA TALLAM			СПРТА ТАТ.Т.АМ	02/11/2023	P0208	27N3	l —	 elf-emp	loved
Preparer		m's name GLOBAL TA		IVIII DIIONI	COLITY ITHUMPI	02/11/2025			(678)		
Use Only			A CA E BDII	INCMTOK N	T 09916			'c EIN			1065

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245 ROONEY CT E BRUNSWICK NJ 08816

Firm's address

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

Firm's EIN

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2022

Attachment
Seguence No. 01

Department of the Treasury Internal Revenue Service

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

NITIN KAPOOR & ANISHA SHARMA

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

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

		Sequence No. 01
1	Your soc	ial security number
	762-25	-7006

Par	t I Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxes		1	
2a	Alimony received		2a	
b	Date of original divorce or separation agreement (see instructions):			
3	Business income or (loss). Attach Schedule C		3	-42,603.
4	Other gains or (losses). Attach Form 4797		4	•
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Att.		5	
6	Farm income or (loss). Attach Schedule F		6	
7	Unemployment compensation		7	
8	Other income:			
а	Net operating loss	8a ()	
b	Gambling	8b		
С	Cancellation of debt	8c		
d	Foreign earned income exclusion from Form 2555	8d ()	
е	Income from Form 8853	8e		
f	Income from Form 8889	8f		
g	Alaska Permanent Fund dividends	8g		
h	Jury duty pay	8h		
i	Prizes and awards	8i		
j	Activity not engaged in for profit income	8j		
k	Stock options	8k		
I	Income from the rental of personal property if you engaged in the rental			
	for profit but were not in the business of renting such property	81		
m	Olympic and Paralympic medals and USOC prize money (see			
	instructions)	8m		
n	Section 951(a) inclusion (see instructions)	8n		
0	Section 951A(a) inclusion (see instructions)	80		
р	Section 461(I) excess business loss adjustment	8p		
q	Taxable distributions from an ABLE account (see instructions)	8q		
r	Scholarship and fellowship grants not reported on Form W-2	8r	_	
S	Nontaxable amount of Medicaid waiver payments included on Form			
	1040, line 1a or 1d	8s (<u>)</u>	
t	Pension or annuity from a nonqualifed deferred compensation plan or			
	a nongovernmental section 457 plan	8t	_	
	Wages earned while incarcerated	8u		
Z	Other income. List type and amount:	0_		
0	Total other income. Add lines to through the	8z		
9 10	Total other income. Add lines 8a through 8z		10	-42,603.
10	Combine lines i unough / and 9. Enter here and on Form 1040, 1040-56	1, OI 1040-IND, IIIIE 6	10	-42,0U3.

Schedule 1 (Form 1040) 2022 Page **2**

Par	t II Adjustments to Income			
11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-basis	government		
	officials. Attach Form 2106		12	
13	Health savings account deduction. Attach Form 8889		13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903		14	
15	Deductible part of self-employment tax. Attach Schedule SE		15	
16	Self-employed SEP, SIMPLE, and qualified plans		16	
17	Self-employed health insurance deduction		17	
18	Penalty on early withdrawal of savings		18	
19a	Alimony paid		19a	
b	Recipient's SSN			
С	Date of original divorce or separation agreement (see instructions):			
20	IRA deduction		20	
21	Student loan interest deduction		21	
22	Reserved for future use		22	
23	Archer MSA deduction		23	
24	Other adjustments:			
а	Jury duty pay (see instructions)		-	
b	Deductible expenses related to income reported on line 8l from the			
	rental of personal property engaged in for profit			
С	Nontaxable amount of the value of Olympic and Paralympic medals			
	and USOC prize money reported on line 8m		-	
d	Reforestation amortization and expenses		-	
е	Repayment of supplemental unemployment benefits under the Trade Act of 1974			
f	Contributions to section 501(c)(18)(D) pension plans			
g	Contributions by certain chaplains to section 403(b) plans 24g			
_	Attorney fees and court costs for actions involving certain unlawful			
	discrimination claims (see instructions)			
i	Attorney fees and court costs you paid in connection with an award			
	from the IRS for information you provided that helped the IRS detect			
	tax law violations			
j	Housing deduction from Form 2555			
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form			
	1041)			
Z	Other adjustments. List type and amount:			
	0.4_			
25	Total other adjustments. Add lines 24a through 24z		25	
26	Add lines 11 through 23 and 25. These are your adjustments to income . Enter			
	Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a		26	

SCHEDULE C (Form 1040)

Profit or Loss From Business (Sole Proprietorship)

OMB No. 1545-0074 Attachment

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/ScheduleC for instructions and the latest information. Attach to Form 1040, 1040-SR, 1040-NR, or 1041; partnerships must generally file Form 1065. Sequence No. 09

	of proprietor						-25-7006
A	IN KAPOOR Principal business or profession	on including	n product or service (se	a inetri	uctions)		er code from instructions
^	SOFTWARE SERVICES	ni, including	g product or service (se	1113111	detions)		1 9 2 0 0
С	Business name. If no separate	husings n	ame leave blank				
•	KAPOOR SOFTWARES	, 500111000 11	arrio, loavo blariit.			D Ellip	loyer ID number (EIN) (see instr.)
	Business address (including su	uite or room	100) 46 STOCE	 ⟨π∩n			
_	City, town or post office, state				NS, NJ 07950		
F		Cash			201		
G					2022? If "No," see instructions for lin		osses . X Yes No
Н							
ı					n(s) 1099? See instructions		
J							
Part			(-)				
1 2	Form W-2 and the "Statutory of Returns and allowances	employee" l	oox on that form was c	hecked 	this income was reported to you on	1 2	
3							
4	- · · · · · · · · · · · · · · · · · · ·						
5					refund (see instructions)		
6 7			•		•		
Part	Expenses. Enter expenses.	nenses fo	r business use of v	our ho			
8	Advertising	8	i baomioco aco or ye	18	Office expense (see instructions) .	18	2,500.
	o a			19	Pension and profit-sharing plans .		2,300.
9	Car and truck expenses (see instructions)	9	602.	20	Rent or lease (see instructions):	13	
10	Commissions and fees .	10	002.	a	Vehicles, machinery, and equipment	20a	
11	Contract labor (see instructions)	11		b	Other business property		
12	Depletion	12		21	Repairs and maintenance		1,200.
13	Depreciation and section 179			22	Supplies (not included in Part III) .		1,684.
	expense deduction (not included in Part III) (see			23	Taxes and licenses		9,250.
	instructions)	13		24	Travel and meals:		
14	Employee benefit programs			а	Travel	24a	
	(other than on line 19) .	14		b	Deductible meals (see		
15	Insurance (other than health)	15			instructions)	24b	2,400.
16	Interest (see instructions):			25	Utilities	25	6,420.
а	Mortgage (paid to banks, etc.)	16a	5,047.	26	Wages (less employment credits)	26	
b	Other	16b		27a	Other expenses (from line 48)	27a	13,500.
17	Legal and professional services	17		b	Reserved for future use	27b	
28	Total expenses before expen	ses for busi	ness use of home. Add	d lines 8	8 through 27a	28	42,603.
29	Tentative profit or (loss). Subtr	ract line 28	from line 7			29	-42,603.
30	Expenses for business use of unless using the simplified method filers only and (b) the part of your home.	ethod. See ing. Enter the	nstructions. total square footage of	·	ur home: . Use the Simplified		
	Method Worksheet in the instr			ter on I	<u> </u>	30	
31	Net profit or (loss). Subtract		-				
	If a profit, enter on both Sch checked the box on line 1, see	nedule 1 (Fo	orm 1040), line 3, and o		, ,	31	-42,603.
	• If a loss, you must go to line						
32	If you have a loss, check the b	ox that des	cribes your investment	in this	activity. See instructions.		
	• If you checked 32a, enter the SE, line 2. (If you checked the Form 1041, line 3.	box on line	1, see the line 31 instruc	ctions.)	Estates and trusts, enter on		All investment is at risk.Some investment is not at risk.

BAA

Schedule C (Form 1040) 2022 Page **2**

Part	Cost of Goods Sold (see instructions)			
33	Method(s) used to value closing inventory: a Cost b Lower of cost or market c Other (at	tach ev	planation)	
34	Was there any change in determining quantities, costs, or valuations between opening and closing inventor "Yes," attach explanation	ory?	. Yes	☐ No
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35		
36	Purchases less cost of items withdrawn for personal use	36		
37	Cost of labor. Do not include any amounts paid to yourself	37		
38	Materials and supplies	38		
39	Other costs	39		
40	Add lines 35 through 39	40		
41	Inventory at end of year	41		
42	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4	42		
Part		r trucl	expenses or find out if you	n line 9 and u must file
43	When did you place your vehicle in service for business purposes? (month/day/year) 12/19/2020			
44	Of the total number of miles you drove your vehicle during 2022, enter the number of miles you used your	vehicle	e for:	
а	Business b Commuting (see instructions) c	Other		200
45	Was your vehicle available for personal use during off-duty hours?		🛛 Yes	☐ No
46	Do you (or your spouse) have another vehicle available for personal use?		Tes	⊠ No
47a	Do you have evidence to support your deduction?		Tes	⊠ No
b	If "Yes," is the evidence written?		Yes	☐ No
Part	Other Expenses. List below business expenses not included on lines 8–26 or li	ne 30		
BA	CK OFFICE OPERATION EXPENSES			13,500.
48	Total other expenses. Enter here and on line 27a	48		13,500.

SCHEDULE D (Form 1040)

Capital Gains and Losses

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.

OMB No. 1545-0074

2022

Attachment Sequence No. **12**

Department of the Treasury Internal Revenue Service

Name(s) shown on return

NITIN KAPOOR & ANISHA SHARMA

Your social security number 762-25-7006

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss. Short-Term Capital Gains and Losses - Generally Assets Held One Year or Less (see instructions) Part I See instructions for how to figure the amounts to enter on the (h) Gain or (loss) (g) Adjustments Subtract column (e) lines below. Proceeds Cost to gain or loss from from column (d) and This form may be easier to complete if you round off cents to (sales price) (or other basis) Form(s) 8949, Part I, combine the result whole dollars. with column (g) line 2. column (a) 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 . **1b** Totals for all transactions reported on Form(s) 8949 with Box A checked 134,305. 134,832. 5,229. 4,702. Totals for all transactions reported on Form(s) 8949 with Box B checked 3 Totals for all transactions reported on Form(s) 8949 with Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 4 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from 5 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover 6 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). If you have any longterm capital gains or losses, go to Part II below. Otherwise, go to Part III on the back 7 4,702. 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 (h) Gain or (loss) (g) Adjustments Subtract column (e) (d) (e) lines below. Proceeds to gain or loss from from column (d) and Cost This form may be easier to complete if you round off cents to (or other basis) Form(s) 8949, Part II, (sales price) combine the result whole dollars. line 2. column (a) with column (a) 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 722. 59. 204. -459. 9 Totals for all transactions reported on Form(s) 8949 with 10 Totals for all transactions reported on Form(s) 8949 with 11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) 11 12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 12 13 14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover

15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then, go to Part III

BAA

-459.

14

15

Schedule D (Form 1040) 2022 Page 2

Part III Summary 4,243. 16 Combine lines 7 and 15 and enter the result 16 • 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 • 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? ☐ **Yes.** Go to line 18. 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. If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of: 21 • The loss on line 16; or 21 • (\$3,000), or if married filing separately, (\$1,500) **Note:** When figuring which amount is smaller, treat both amounts as positive numbers. Do you have gualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a? 22 ☐ 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.

Form **8949**

Sales and Other Dispositions of Capital Assets

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.

OMB No. 1545-0074

2022

Attachment
Sequence No. 12A

Department of the Treasury Internal Revenue Service

Social security number or taxpayer identification number

762-25-7006

NITIN KAPOOR & ANISHA SHARMA

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 Adjustment, if any, to gain or loss 1 If you enter an amount in column (a). (h) enter a code in column (f). (d) Cost or other basis Gain or (loss) (c) (a) (b) See the separate instructions. Date sold or Proceeds See the **Note** below Subtract column (e) Description of property Date acquired disposed of and see Column (e) (sales price) from column (d) and (Example: 100 sh. XYZ Co.) (Mo., day, yr.) (Mo., day, yr.) combine the result (see instructions) in the separate (g) Code(s) from Amount of adjustment instructions. with column (a). instructions ROBINHOOD SECURITIES LLC 01/01/22 12/31/22 134,305. 134,832. W 5,229. 4,702. 2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your

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.

134,305.

4,702.

5,229.

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) .

134,832.

Form 8949 (2022) Attachment Sequence No. 12A Page 2

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side NITIN KAPOOR & ANISHA SHARMA

Social security number or taxpayer identification number 762-25-7006

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.

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

	(E) Long-term transactions (F) Long-term transactions				is wasn't reporte	ed to the IF	RS	•
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.		(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).
ROB	INHOOD SECURITIES LLC	01/01/22	12/31/22	204.	722.	W	59.	-459.
	otals. Add the amounts in columns							

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.

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) .

204.

722.

Additional Information From 2022 Federal Tax Return

Schedule C (SOFTWARE SERVICES): Profit or Loss from Business

Line 18 Itemization Statement

Description	Amount
OFFICE FURNITURE	2,500.
Total	2,500.

Schedule C (SOFTWARE SERVICES): Profit or Loss from Business

Line 22 Itemization Statement

Description	Amount
DESK	450.
CHAIR	229.
STATIONERY	63.
WHITE BOARDS	142.
WATCH	300.
PHONE	500.
Total	1,684.

Schedule C (SOFTWARE SERVICES): Profit or Loss from Business Line 25

Itemization Statement

Description	Amount
PHONE BILL (110*12)	1,320.
INTERNET (70*12)	840.
ELECTRICITY (130*12)	1,560.
GAS (125*12)	1,500.
WATER (100*12)	1,200.
Total	6,420.