Department of the Treasury-Internal Revenue Service

Amended U.S. Individual Income Tax Return

▶ Use this revision to amend 2019 or later tax returns.

▶ Go to www.irs.gov/Form1040X for instructions and the latest information.

OMB No. 1545-0074

(Rev. July 2021) This return is for calendar year (enter year) or fiscal year (enter month and year ended) 2022 Your first name and middle initial Last name Your social security number 807-22-6634 PRAVEEN KUMAR RAWAT If joint return, spouse's first name and middle initial Last name Spouse's social security number MONIKA RAWAT 856-72-0512 Current home address (number and street). If you have a P.O. box, see instructions. Ant no Your phone number 4261 TURNWORTH ARCH (757)401-1168City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below. See instructions. VIRGINIA BEACH VA 23456 Foreign country name Foreign province/state/county Foreign postal code Amended return filing status. You must check one box even if you are not changing your filing status. Caution: In general, you can't change your filing status from married filing jointly to married filing separately after the return due date. Qualifying widow(er) (QW) If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent Enter on lines 1 through 23, columns A through C, the amounts for the return A. Original amount B. Net change -C. Correct reported or as amount of increase year entered above. previously adjusted or (decrease) amount Use Part III on page 2 to explain any changes. (see instructions) explain in Part III **Income and Deductions** Adjusted gross income. If a net operating loss (NOL) carryback is 1 92,362. 4,285. 96,647. 2 Itemized deductions or standard deduction 2 25,900. 0. 25,900. 3 Subtract line 2 from line 1 3 66,462. 4,285. 70,747. 4a Reserved for future use . . . 4a 4b Qualified business income deduction . 0. 5 Taxable income. Subtract line 4b from line 3. If the result is zero or less, 66,462. 4,285. 5 70,747. **Tax Liability** Tax. Enter method(s) used to figure tax (see instructions): 6 7,566. 510. 8,076. 7 Nonrefundable credits. If a general business credit carryback is 7 2,500. 2,500. 0. 8 Subtract line 7 from line 6. If the result is zero or less, enter -0-8 5,066. 510. 5,576. 9 9 10 Other taxes 10 0. 0. 0. 11 Total tax. Add lines 8 and 10 11 5,066. 510. 5,576. **Payments** 12 Federal income tax withheld and excess social security and tier 1 RRTA tax withheld. (If changing, see instructions.) 12 5,286. 350. 5,636. 13 Estimated tax payments, including amount applied from prior year's return 13 0. 0. 14 14 0. 0. Refundable credits from: Schedule 8812 Form(s) 2439 4136 15 ☐ 8885 ☐ 8962 or ☐ other (specify): 15 0. Total amount paid with request for extension of time to file, tax paid with original return, and additional 16 16 17 Total payments. Add lines 12 through 15, column C, and line 16 17 5,636. **Refund or Amount You Owe** Overpayment, if any, as shown on original return or as previously adjusted by the IRS 18 220. 18 19 19 5,416. 20 20 **Amount you owe.** If line 11, column C, is more than line 19, enter the difference . . . 160. 21 If line 11, column C, is less than line 19, enter the difference. This is the amount **overpaid** on this return 21 22 Amount of line 21 you want **refunded to you** 23 Amount of line 21 you want applied to your (enter year): estimated tax Complete and sign this form on page 2.

Form 1040-X (Rev. 7-2021) Page 2 Part I **Dependents** A. Original number Complete this part to change any information relating to your dependents. B. Net change of dependents C. Correct This would include a change in the number of dependents. amount of increase reported or as number or (decrease) Enter the information for the return year entered at the top of page 1. previously adjusted 24 Reserved for future use 24 Your dependent children who lived with you 25 25 2 0 26 Your dependent children who didn't live with you due to divorce or separation 26 0 0 27 Other dependents 27 0 0 28 28 Reserved for future use 29 Reserved for future use . . 29 30 List ALL dependents (children and others) claimed on this amended return. Dependents (see instructions): (d) ✓ if qualifies for (see instructions): (c) Relationship (b) Social security Credit for other If more number to you Child tax credit (a) First name Last name dependents than four TANISHA RAWAT Daughter 941-95-8840 × dependents, see AVIK RAWAT 759-98-8516 Son X instructions and check here ► Presidential Election Campaign Fund (for the return year entered at the top of page 1) Part II Checking below won't increase your tax or reduce your refund. Check here if you didn't previously want \$3 to go to the fund, but now do. Check here if this is a joint return and your spouse did not previously want \$3 to go to the fund, but now does. Explanation of Changes. In the space provided below, tell us why you are filing Form 1040-X. Attach any supporting documents and new or changed forms and schedules. I HAVE FILED 2022 TAX RETURNS BUT FORGOT TO INCLUDE ANOTHER W2. NOW DOING AMENDMENT BY INCLUDING IT. PLEASE CHECK AND PROCESS THE RETURNS.

	Unde		have filed an original return, and wledge and belief, this amended	that I have examine d return is true, corre		ed return, including accompanying sch llete. Declaration of preparer (other tha	
Sign Here	•	Your signature		 Date		SOFTWARE ENGINEER Your occupation	
	•	Spouse's signature. If a joint return,	both must sign.	 Date		HOME MAKER Spouse's occupation	
Paid	Print/Type preparer's name		Preparer's signature	gnature		Check if PTIN self-employed	
Preparer Use Only	Firm	's name ► GLOBAL TAXE;	5 LLC			Firm's EIN ▶	
USE Office	Firm	s address ► 245 ROONEY	CT E BRUNSWICK NJ	08816		Phone no.	

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

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OMB No. 1545-0074

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

Filing Status Check only	s 🗌 S	Single X Married filing jointly	Marrie	ed filing separatel	y (MFS)	Head of	household (HOI	H)		fying survi se (QSS)	ving
one box.	If yo	u checked the MFS box, enter the r	name of y	our spouse. If yo	u check	ced the HOH or	QSS box, ente	er the c		` ,	e qualifying
	pers	on is a child but not your dependen	t:								
Your first name	and mi	ddle initial	Last na	me				Y	our soc	ial security	number
PRAVEEN	KUMA	AR	RAWA	Т				8	07-2	2-6634	:
If joint return, s	pouse's	first name and middle initial	Last na	me				Sp	oouse's	social secu	urity number
MONIKA			RAWA					8	56-7	2-0512	
Home address	(numbe	er and street). If you have a P.O. box, see	e instructio	ons.			Apt. no.	Pı	esiden	tial Electio	n Campaign
4261 TU	RNWOI	RTH ARCH								ere if you, o	,
City, town, or p	ost offic	ce. If you have a foreign address, also co	omplete s _l	paces below.	Sta	ate	ZIP code				ly, want \$3 Checking a
VIRGINI	A BEA	ACH			V	P	23456	bo	ox belo	w will not o	
Foreign country	y name		F	Foreign province/sta	ate/coun	ty	Foreign postal co	ode yo	our tax	or refund.	
										You	Spouse
Digital Assets		ny time during 2022, did you: (a) rec ange, gift, or otherwise dispose of	`				,	. ,		Yes	⊠ No
Standard		eone can claim: You as a de				a dependent	40000). (000 111	otraotr	0110.)		
Deduction		Spouse itemizes on a separate retu	•			•					
								. 0 1	050		1
Age/Blindnes	_		1958 _		Spouse		n before Janua			Is blir	nstructions):
Dependent		rst name Last name		(2) Social secunumber	urity	(3) Relationsh to you	iip · ·	ax credi			er dependents
If more than four					0.40					> Pedit for other	
-1		IISHA RAWAT		941-95-8		Daughter		 X		<u></u>	<u>1</u>
dependents, see instruction	s AVI	K RAWAT		759-98-8	210	Son		<u> </u>			┪
and check here \lceil	1 —							_			
	1a	Total amount from Form(s) W-2, b	nox 1 (se	e instructions)		1			1a	11	3 , 087.
Income	b	Household employee wages not r	`	,					1b		<u> </u>
Attach Form(s)	c								1c		
W-2 here. Also attach Forms	d	Tip income not reported on line 1a (see instructions)									
W-2G and	е	Taxable dependent care benefits from Form 2441, line 26							1d 1e		
1099-R if tax	f	Employer-provided adoption benderated		·	29 .				1f		
was withheld. If you did not	g	Wages from Form 8919, line 6 .							1g		
get a Form	h	Other earned income (see instruc-							1h		0.
W-2, see	i	Nontaxable combat pay election									
instructions.	z	Add lines 1a through 1h	`	· · · · · ·					1z	11	3,087.
Attach Sch. B	2a	Tax-exempt interest	2a		b T	axable interest	t		2b		
if required.	За	Qualified dividends	3a		b 0	Ordinary divide	nds		3b		
	4a	IRA distributions	4a		b T	axable amoun	t		4b		
Standard	5a	Pensions and annuities	5a		b T	axable amoun	t		5b		
Deduction for—	6a	Social security benefits	6a		b T	axable amoun	t		6b		
Single or Married filing	С	If you elect to use the lump-sum	election r	nethod, check he	ere (see	instructions)		. 🗆			
separately, \$12,950	7	Capital gain or (loss). Attach Sche	edule D if	required. If not r	equired	l, check here			7	_	3,000.
Married filing	8	Other income from Schedule 1, lir	ne 10 .						8	-1	3,440.
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7	, and 8.	This is your total	incom	е			9	9	6,647.
surviving spouse, \$25,900	10	Adjustments to income from Sche	edule 1, l	ine 26					10		
Head of	11	Subtract line 10 from line 9. This i	s your ac	djusted gross in	come				11	9	6,647.
household, \$19,400	12	Standard deduction or itemized	deducti	ions (from Sched	ule A)				12	2	5,900.
If you checked	13	Qualified business income deduc-	tion from	Form 8995 or Fo	orm 899	95-A			13		
any box under Standard	14	Add lines 12 and 13							14	2	5,900.
Deduction, see instructions.	15	Subtract line 14 from line 11. If ze	ro or less	s, enter -0 This	is your	taxable incom	ne		15	7	0,747.

Form 1040 (202)	2)							Page 2
Tax and	16	Tax (see instructions). Check if any fr	rom Form(s): 1 881	4 2 🗌 4972	3 🗌		. 16	8,076.
Credits	17	Amount from Schedule 2, line 3 .					. 17	
	18	Add lines 16 and 17					. 18	8,076.
	19	Child tax credit or credit for other de	ependents from Sched	ule 8812			. 19	2,500.
	20	Amount from Schedule 3, line 8 .					. 20	
	21	Add lines 19 and 20					. 21	2,500.
	22	Subtract line 21 from line 18. If zero	or less, enter -0				. 22	5,576.
	23	Other taxes, including self-employment		,				0.
	24	Add lines 22 and 23. This is your to	tal tax				. 24	5,576.
Payments	25	Federal income tax withheld from:						
	а	Form(s) W-2			25a	5 , 63	36.	
	b	Form(s) 1099			25b			
	С	Other forms (see instructions)			25c			ļ
	d	Add lines 25a through 25c					. 25d	5,636.
If you have a	26	2022 estimated tax payments and a	• • •				. 26	
qualifying child, attach Sch. EIC.	27	Earned income credit (EIC)		No .	27			
allacii Scii. Elc.	28	Additional child tax credit from Sched	dule 8812		28			
	29	American opportunity credit from Fo	orm 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		-				
	33	Add lines 25d, 26, and 32. These ar						5,636.
Refund	34	If line 33 is more than line 24, subtra						60.
	35a	Amount of line 34 you want refunde					35a	60.
Direct deposit? See instructions.	b	Routing number 0 5 1 0 0		c Type: ⊠	Checking	Savi	ngs	
Coo mondonono.	d	Account number 4 3 5 0 3			+ + + + + + + + + + + + + + + + + + + +			
	36	Amount of line 34 you want applied	to your 2023 estimate	ed tax	36			
Amount You Owe	37	Subtract line 33 from line 24. This is For details on how to pay, go to www					. 37	
	38	Estimated tax penalty (see instruction	ons)		38			
Third Party Designee		you want to allow another persor				s. Comp	lete below.	⋉ No
		signee's	Phone				dentification	
		ne	no.			number (F		
Sign Here		der penalties of perjury, I declare that I hav ief, they are true, correct, and complete. De						
пеге	Yo	ur signature	Date	Your occupation				ent you an Identity
				COEMMADE	ENCINEED		Protection F (see inst.)	PIN, enter it here
Joint return? See instructions.	- Sn	ouse's signature. If a joint return, both mus	st sign. Date	SOFTWARE : Spouse's occupat			· · ·	nt your spouse an
Keep a copy for your records.	Sp	ouse's signature. If a joint return, both mus	st sign. Date	HOME MAKE:				ection PIN, enter it here
	———Ph	one no. (757) 401-1168	Email address	PRAVEEN.RAV		COM		
			er's signature	LIVIA TITIN • IVWA	Date	PTI	N	Check if:
Paid			ŭ					Self-employed
Preparer	———	m's name GLOBAL TAXES I	.T.C		1		Phone no.	
Use Only		m's address 245 ROONEY CT		т 08816			Firm's EIN	
Co to unusus free er		a1040 for instructions and the letti-f-					5 E 4	T 1040 (2002)

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2022

Attachment Sequence No. 01

Department of the Treasury Internal Revenue Service Attach to Form 1040, 1040-SR, or 1040-NR.

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

Name	s) shown on Form 1040, 1040-SR, or 1040-NR		Your so	cial se	ecurity number
PRAV	EEN KUMAR & MONIKA RAWAT		807-2	2-66	34
Par	t I Additional Income				
1	Taxable refunds, credits, or offsets of state and local income taxes			1	
2a	Alimony received			2a	
b	Date of original divorce or separation agreement (see instructions):				
3	Business income or (loss). Attach Schedule C			3	
4	Other gains or (losses). Attach Form 4797			4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Atta	ach Schedule	E .	5	-13,440.
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			
ı	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			
	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	0- (
	1040, line 1a or 1d	8s (
t	Pension or annuity from a nonqualifed deferred compensation plan or	04			
	a nongovernmental section 457 plan	8t			
	Wages earned while incarcerated	8u			
Z	Other income. List type and amount:				

Total other income. Add lines 8a through 8z

Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8

-13,440.

9

10

8z

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-basin		
	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 8I 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		
h	Attorney fees and court costs for actions involving certain unlawful		
	discrimination claims (see instructions)	-	
İ	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		
	zan		
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:		
25		25	
25 26	Total other adjustments. Add lines 24a through 24z	25	
26	Add lines 11 through 23 and 25. These are your adjustments to income . Ent	00	
	Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a	 26	

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

PRAVEEN KUMAR

& MONIKA RAWAT

Your social security number 807-22-6634

	you dispose of any investment(s) in a qualified opportunity res," attach Form 8949 and see its instructions for additional					
Pa	Short-Term Capital Gains and Losses—Ger	nerally Assets I	Held One Year	or Less (se	e ins	tructions)
lines This	instructions for how to figure the amounts to enter on the below. form may be easier to complete if you round off cents to e dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustmen to gain or loss Form(s) 8949, line 2, colum	from Part I,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
	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	69 , 077.	113,037.			-43,960.
	Totals for all transactions reported on Form(s) 8949 with Box B checked					
3	Totals for all transactions reported on Form(s) 8949 with Box C checked					
4	Short-term gain from Form 6252 and short-term gain or (lo	oss) from Forms 4	684, 6781, and 88	324	4	
5	Net short-term gain or (loss) from partnerships, Schedule(s) K-1	•		rusts from	5	
6	Short-term capital loss carryover. Enter the amount, if an Worksheet in the instructions			-	6	()
7	Net short-term capital gain or (loss). Combine lines 1a term capital gains or losses, go to Part II below. Otherwise				7	-43,960.
Pai	t II Long-Term Capital Gains and Losses—Ger	nerally Assets H	leld More Than	One Year	(see	instructions)
lines	instructions for how to figure the amounts to enter on the below. form may be easier to complete if you round off cents to	(d) Proceeds	(e) Cost	(g) Adjustmen	from	(h) Gain or (loss) Subtract column (e) from column (d) and
who	e dollars.	(sales price)	(or other basis)	Form(s) 8949, line 2, colum		combine the result with column (g)
8a	Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b.					
8b	Totals for all transactions reported on Form(s) 8949 with Box D checked	12 , 977.	14,831.			-1,854.
9	Totals for all transactions reported on Form(s) 8949 with Box E checked	, -	,			,
10	Totals for all transactions reported on Form(s) 8949 with Box F checked					
11	Gain from Form 4797, Part I; long-term gain from Forms from Forms 4684, 6781, and 8824				11	
12 13	Net long-term gain or (loss) from partnerships, S corporati	ions, estates, and	trusts from Scheo	dule(s) K-1	12 13	
	Long-term capital loss carryover. Enter the amount, if any Worksheet in the instructions	, from line 13 of y	our Capital Loss	Carryover	14	(
15	Net long-term capital gain or (loss). Combine lines 8a	through 14 in co	lumn (h). Then, go	to Part III	15	_1 85 <i>/</i> l

BAA

Schedule D (Form 1040) 2022 Page 2

Part III Summary -45,814. 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 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.) • (\$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.

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 Attachment Sequence No. 12A

Department of the Treasury Internal Revenue Service Name(s) shown on return

Social security number or taxpayer identification number

807-22-6634

PRAVEEN KUMAR & MONIKA RAWAT

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.

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

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

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

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

] (B) Short-term transactions] (C) Short-term transactions			-	sis wasn't report	ed to the IF	RS	
1	(a)	Description of property Date acquired disposed of disposed of sales price	Date sold or	(d) Proceeds	(e) Cost or other basis See the Note below	See the separate instructions.		(h) Gain or (loss) Subtract column (e)
	(Example: 100 sh. XYZ Co.)		(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).	
MORGA	N STANLEY DOMESTIC HOLDINGS, INC	01/01/22	12/31/22	69,077.	113,037.			-43,960.
n S	otals. Add the amounts in columns egative amounts). Enter each totachedule D, line 1b (if Box A above soove is checked), or line 3 (if Box 6)	al here and inc e is checked), lir	lude on your ne 2 (if Box B	69,077.	113,037.			-43,960.

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.

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 $PRAVEEN \quad KUMAR \qquad \& \quad MONIKA \quad RAWAT$

Social security number or taxpayer identification number 807-22-6634

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.

(E) Long-term transactions(F) Long-term transactions(F) Long-term transactions	reported on	Form(s) 1099)-B showing bas	•	,		9)	
1 (a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis See the Note below			(e) or other basis de Note below If you enter an amount i enter a code in co See the separate ins	(h) Gain or (loss) Subtract column (e)
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	(Mo., day, yr.) (sales price) and see Column (sales price) in the separate	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).		
MORGAN STANLEY DOMESTIC HOLDINGS, INC	01/01/22	12/31/22	12,977.	14,831.			-1,854.	
2 Totals. Add the amounts in columns negative amounts). Enter each total Schedule D. line 8h (if Box D. above	al here and inc	lude on your						

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.

above is checked), or line 10 (if Box F above is checked) .

-1,854.

12,977.

14,831.

SCHEDULE E (Form 1040)

Supplemental Income and Loss

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

Attach to Form 1040, 1040-SR, 1040-NR, or 1041, Attachment

Department of the Treasury Internal Revenue Service Name(s) shown on return

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

Sequence No. 13

Your social security number

OMB No. 1545-0074

807-22-6634 PRAVEEN KUMAR & MONIKA RAWAT Part I Income or Loss From Rental Real Estate and Royalties Note: If you are in the business of renting personal property, use Schedule C. See instructions. If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40. Did you make any payments in 2022 that would require you to file Form(s) 1099? See instructions . If "Yes." did you or will you file required Form(s) 1099? 1a Physical address of each property (street, city, state, ZIP code) 4261 TURNWORTH ARCH VIRGINIA BEACH VA 23456 Α В C 1b Type of Property **Fair Rental Personal Use** For each rental real estate property listed QJV (from list below) above, report the number of fair rental and **Davs Davs** personal use days. Check the QJV box only Α Α 365 0 if you meet the requirements to file as a В В qualified joint venture. See instructions. С C Type of Property: 3 Vacation/Short-Term Rental 1 Single Family Residence 5 Land 7 Self-Rental 8 Other (describe) 2 Multi-Family Residence 4 Commercial 6 Royalties **Properties:** Α В C Income: 3 628. 4 Royalties received 4 **Expenses:** 5 5 Advertising 6 Auto and travel (see instructions) 6 7 Cleaning and maintenance. 7 8 Commissions 8 9 9 Insurance . . 1,063. 10 10 Legal and other professional fees 11 Management fees 11 12 Mortgage interest paid to banks, etc. (see instructions) 12 7,739. 13 13 2,193. 14 14 Repairs . . . 15 Supplies 15 16 16 Taxes 3,073. 17 17 18 18 Depreciation expense or depletion 19 19 20 20 Total expenses. Add lines 5 through 19 14,068. 21 Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198 21 -13,440.22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) 13,440.) 628. Total of all amounts reported on line 3 for all rental properties Total of all amounts reported on line 4 for all royalty properties 23b Total of all amounts reported on line 12 for all properties 7,739. 23c 23d Total of all amounts reported on line 18 for all properties 14,068. Total of all amounts reported on line 20 for all properties 23e 24 **Income.** Add positive amounts shown on line 21. **Do not** include any losses 24 25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here 25 13,440. Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result 26 here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2 . -13,440.

SCHEDULE 8812 (Form 1040)

Credits for Qualifying Children and Other Dependents

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

2022

OMB No. 1545-0074

Attachment Sequence No. **47**

Department of the Treasury Internal Revenue Service Name(s) shown on return

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

Your social security number

PRAV.	EEN KUMAR & MONIKA RAWA'I' 8	0 /-22-	.6634
Par	t I Child Tax Credit and Credit for Other Dependents		
1	Enter the amount from line 11 of your Form 1040, 1040-SR, or 1040-NR	1	96,647.
2a	Enter income from Puerto Rico that you excluded		
b	Enter the amounts from lines 45 and 50 of your Form 2555	0.	
c	Enter the amount from line 15 of your Form 4563		
d	Add lines 2a through 2c	2d	0.
3	Add lines 1 and 2d	3	96,647.
4	Number of qualifying children under age 17 with the required social security number 4	1	
5	Multiply line 4 by \$2,000	5	2,000.
6	Number of other dependents, including any qualifying children who are not under age 17 or who do not have the required social security number	1	
	Caution: Do not include yourself, your spouse, or anyone who is not a U.S. citizen, U.S. national, or U.S. resider	ıt	
	alien. Also, do not include anyone you included on line 4.		
7	Multiply line 6 by \$500	7	500.
8	Add lines 5 and 7	8	2,500.
9	Enter the amount shown below for your filing status.		,
	• Married filing jointly—\$400,000		
	• All other filing statuses—\$200,000 \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	9	400,000.
10	Subtract line 9 from line 3.		
	• If zero or less, enter -0		
	• If more than zero and not a multiple of \$1,000, enter the next multiple of \$1,000. For		
	example, if the result is \$425, enter \$1,000; if the result is \$1,025, enter \$2,000, etc.	10	0.
11	Multiply line 10 by 5% (0.05)		0.
12	Is the amount on line 8 more than the amount on line 11?	12	2,500.
	No. STOP. You cannot take the child tax credit, credit for other dependents, or additional child tax credit	t.	
	Skip Parts II-A and II-B. Enter -0- on lines 14 and 27.		
	Yes. Subtract line 11 from line 8. Enter the result.		
13	Enter the amount from the Credit Limit Worksheet A	_	8,076.
14	Enter the smaller of line 12 or 13. This is your child tax credit and credit for other dependents	14	2,500.
	Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 19.		
	If the amount on line 12 is more than the amount on line 14, you may be able to take the additiona		
	on Form 1040, 1040-SR, or 1040-NR, line 28. Complete your Form 1040, 1040-SR, or 1040-NR	through	line 27
	(also complete Schedule 3, line 11) before completing Part II-A.		

BAA

Schedule 8812 (Form 1040) 2022

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

Form **8889**

Health Savings Accounts (HSAs)

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

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

OMB No. 1545-0074

2022
Attachment
Sequence No. 52

Social security number of HSA beneficiary.

Department of the Treasury Internal Revenue Service

PRAVEEN KUMAR RAWAT

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

If both spouses have HSAs, see instructions. 807-22-6634

Before you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if required. HSA Contributions and Deduction. See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part I for each spouse. Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2022. ☐ Self-only X Family HSA contributions you made for 2022 (or those made on your behalf), including those made by the unextended due date of your tax return that were for 2022. Do not include employer contributions, 2 0. If you were under age 55 at the end of 2022 and, on the first day of every month during 2022, you 3 were, or were considered, an eligible individual with the same coverage, enter \$3,650 (\$7,300 for 3 7,300. Enter the amount you and your employer contributed to your Archer MSAs for 2022 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2022, also 4 0. 5 7,300. 5 6 Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2022, see the instructions for the amount to enter . . . 6 7,300. If you were age 55 or older at the end of 2022, married, and you or your spouse had family coverage 7 under an HDHP at any time during 2022, enter your additional contribution amount. See instructions. 7 8 8 7,300. Employer contributions made to your HSAs for 2022 9 10 1,750. 11 11 12 12 5,550. HSA deduction. Enter the smaller of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line 13 13 13 0. Caution: If line 2 is more than line 13, you may have to pay an additional tax. See instructions. Part II HSA Distributions. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part II for each spouse. Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were 14b 14c 15 15 Taxable HSA distributions. Subtract line 15 from line 14c. If zero or less, enter -0-. Also, include this 16 16 If any of the distributions included on line 16 meet any of the Exceptions to the Additional 20% b Additional 20% tax (see instructions). Enter 20% (0.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also, include this amount in the total on Schedule 2 (Form 1040). Part II. line 17c Income and Additional Tax for Failure To Maintain HDHP Coverage. See the instructions before Part III completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part III for each spouse. 18 18 19 19 20 **Total income.** Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I, line 8f 20 Additional tax. Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2 (Form 21