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

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

Check only				ed filing separately (M						spou	ise (QSS)	_
one box.	-	u checked the MFS box, enter the na on is a child but not your dependent	-	our spouse. If you ch	necke	d the HOH or	QSS box	, enter	the o	child's	name if th	ie qualifying
Your first name	and mi	ddle initial	Last na	me					Y	our so	cial securit	y number
AJAY RATHOR 79								798-30-1788				
	oouse's	first name and middle initial	Last na						_			curity number
DEVKEE			SAHU						l A	PPLI	ED FO	R
	(numbe	er and street). If you have a P.O. box, see					Apt.	no.				on Campaign
2400 ASH	ILANI	O RD					A4		- 1		ere if you,	
		ce. If you have a foreign address, also co	mplete s	paces below.	State	Э	ZIP code					itly, want \$3
COLUMBIA	4				SC		29210				tnis tuna. ow will not	Checking a change
Foreign country	name		F	oreign province/state/c	county	,	Foreign po	stal cod	_		or refund.	•
											You	Spouse
Digital Assets		ny time during 2022, did you: (a) rece ange, gift, or otherwise dispose of a			-		-				Yes	⊠ No
Standard		eone can claim: You as a de										
Deduction		Spouse itemizes on a separate return				Саоронаот						
Age/Blindness	You:	☐ Were born before January 2, 1	958	Are blind Spo	use:	☐ Was bor	n before	Januar	y 2, 1	958	☐ Is bl	ind
Dependents	s (see	instructions):		(2) Social security		(3) Relationsh	ip (4) Ch	eck the	box	f qualif	ies for (see	instructions):
If more	(1) Fi	rst name Last name		number		to you		hild tax	cred	it (Credit for otl	her dependents
than four]		[
dependents, see instructions	s ——]		[
and check]		[
here											[
Income	1a	Total amount from Form(s) W-2, be	ox 1 (se	e instructions)						1a	9	98 , 771.
	b	Household employee wages not re		. ,						1b		
Attach Form(s) W-2 here. Also	С	Tip income not reported on line 1a	(see ins	structions)						1c		
attach Forms	d	Medicaid waiver payments not rep	orted or	n Form(s) W-2 (see ir	nstruc	ctions)				1d		
W-2G and 1099-R if tax	е	Taxable dependent care benefits f		•						1e		
was withheld.	f	Employer-provided adoption bene	fits from	Form 8839, line 29						1f		
If you did not	g	Wages from Form 8919, line 6 .								1g		
get a Form W-2, see	h	Other earned income (see instructi	ons) .							1h	-	0.
instructions.	i	Nontaxable combat pay election (s	see instr	ructions)		<u>1i</u>						
	Z	Add lines 1a through 1h								1z	9	98 , 771.
Attach Sch. B	2 a	Tax-exempt interest	2a		b Ta	xable interest	t			2b		
if required.	3a	Qualified dividends	3a		b Or	dinary divider	nds			3b		11.
	4a	IRA distributions	4a		b Ta	xable amoun	t			4b		
Standard Deduction for—	5a		5a			xable amoun				5b		
Single or	6a	,	6a			xable amoun	t		·	6b		
Married filing separately,	С	If you elect to use the lump-sum el				,			Ц			
\$12,950	7	Capital gain or (loss). Attach Scheo			,				Ш	7	-	-1 , 086.
Married filing jointly or	8	Other income from Schedule 1, line								8	1	
Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,								9	1 9	97,696.
surviving spouse, \$25,900	10	Adjustments to income from Schee	-							10	1	
Head of household,	11	Subtract line 10 from line 9. This is	•	-						11		97 , 696.
\$19,400	12	Standard deduction or itemized								12	1 2	25 , 900.
If you checked any box under	13	Qualified business income deducti								13	1	
Standard	14	Add lines 12 and 13								14		25 , 900.
Deduction, see instructions.	15	Subtract line 14 from line 11. If zer	o or less	s, enter -0 This is yo	our t a	axable incom	ie			15		71,796.

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	8,202.
Credits	17	Amount from Schedule 2, lin	ne 3					17	
	18	Add lines 16 and 17						18	8,202.
	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	8,202.
	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	8,202.
Payments	25	Federal income tax withheld							
-	а	Form(s) W-2				25a 1	4,841.		
	b	Form(s) 1099				25b			
	С	Other forms (see instructions	s)			25c			
	d	Add lines 25a through 25c						25d	14,841.
15	26	2022 estimated tax payment	ts and amount a	pplied from 20	21 return			26	
If you have a qualifying child,	27	Earned income credit (EIC)				27			
attach Sch. EIC.	28	Additional child tax credit from				28		1	
	29	American opportunity credit	from Form 8863	3, line 8		29		1	
	30	Reserved for future use .				30		1	
	31	Amount from Schedule 3, lin	ne 15			31			
	32	Add lines 27, 28, 29, and 31				fundable credits		32	
	33	Add lines 25d, 26, and 32. T	•	-	-			33	14,841.
Refund	34	If line 33 is more than line 24						34	6,639.
neiulia	35a	Amount of line 34 you want	refunded to you	ı. If Form 8888	is attached, ch	eck here	🗆	35a	6,639.
Direct deposit?	b	Routing number 1 0 7				Checking	Savings		
See instructions.	d	Account number 2 6 3				_	J		
	36	Amount of line 34 you want			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	•	-		1 1		0.	
Third Party	Do	you want to allow another	person to disc	cuss this retu	n with the IRS	? See _			
Designee		structions					Complete b		⊠ No
		signee's me		Phone no.			sonal identi nber (PIN)	ication	
Sign		der penalties of perjury, I declare t ief, they are true, correct, and com							
Here		ur signature	piete. Declaration of	Date	Your occupation		If the	IRS se	nt you an Identity
Joint return?					SOFTWARE	DEVELOPER		ection P inst.)	IN, enter it here
See instructions.	Sp	ouse's signature. If a joint return, I	Date	Spouse's occupa	If the	IRS ser	nt your spouse an		
Keep a copy for			· ·					-	ection PIN, enter it here
your records.					HOME MAKE	IR	(see	inst.)	
		one no. (720) 309-307		Email address	AJRATHOR8	86@GMAIL.CO			
Paid	Pre	eparer's name	Preparer's signat	ure		Date	PTIN		Check if:
Preparer	SYAM	I PRIYA RAM SAGAR GUPTA TALLAM		RAM SAGAR	GUPTA TALLA	M 04/05/2023	P02082	2703	Self-employed
Use Only	Fire	m's name GLOBAL TA					Phor	ne no. ((678) 965-9522
	Fin	m's address 245 ROONE	Y CT E BRU	NSWICK N	J 08816		Firm	's EIN	84-3171965
Go to www.irs.g	ov/Forn	n1040 for instructions and the late	st information.		BAA	REV 03/22/23 PRO			Form 1040 (2022

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.

OMB No. 1545-0074

	tment of the Treasury al Revenue Service	Go to <i>www.irs.gov/ScheduleD</i> to Use Form 8949 to list your tran					Attachment Sequence No. 12
Name	e(s) shown on return				l l		ecurity number
	AY RATHOR & :					-30-	1788
		investment(s) in a qualified opportunity 949 and see its instructions for additiona					
Pa	rt I Short-Te	rm Capital Gains and Losses—Ge	nerally Assets I	Held One Year	or Less (s	ee ins	tructions)
lines This	below.	w to figure the amounts to enter on the er to complete if you round off cents to	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustme to gain or los Form(s) 8949 line 2, colur	s from , Part I,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result
	Totals for all sho 1099-B for which which you have However, if you	rt-term transactions reported on Form basis was reported to the IRS and for no adjustments (see instructions). choose to report all these transactions ave this line blank and go to line 1b.			iiile 2, Colui	iiii (g)	with column (g)
1b	Totals for all trans Box A checked	sactions reported on Form(s) 8949 with	2 , 059.	3,216.		1.	-1,156.
2	Totals for all trans Box B checked	sactions reported on Form(s) 8949 with		,			,
3	Totals for all trans Box C checked	sactions reported on Form(s) 8949 with					
4	Short-term gain f	rom Form 6252 and short-term gain or (lo	oss) from Forms 4	684, 6781, and 88	324	4	
5		gain or (loss) from partnerships, S	•			5	
6	Short-term capital Worksheet in the	Il loss carryover. Enter the amount, if an instructions	•	•	-	6	()
7		capital gain or (loss). Combine lines 1a s or losses, go to Part II below. Otherwise				7	-1,156.
Pai	rt II Long-Te	rm Capital Gains and Losses—Ger	nerally Assets F	leld More Than	One Year	(see	instructions)
lines This	below.	w to figure the amounts to enter on the er to complete if you round off cents to	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustme to gain or los Form(s) 8949 line 2, colur	s from Part II,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a	1099-B for which which you have However, if you of	g-term transactions reported on Form basis was reported to the IRS and for no adjustments (see instructions), choose to report all these transactions ave this line blank and go to line 8b.					
8b	Totals for all trans Box D checked	sactions reported on Form(s) 8949 with	2,373.	2,271.			102.
9	Totals for all trans Box E checked	sactions reported on Form(s) 8949 with	·				
10		sactions reported on Form(s) 8949 with	4.	36.			-32.
12	from Forms 4684 Net long-term ga	4797, Part I; long-term gain from Forms, 6781, and 8824	 ions, estates, and	trusts from Sched	 dule(s) K-1	11 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

14

15

Schedule D (Form 1040) 2022 Page 2

Part III Summary 16 Combine lines 7 and 15 and enter the result 16 -1,086. • 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 1,086.) • (\$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.

Sales and Other Dispositions of Capital Assets

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

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

OMB No. 1545-0074 Attachment

Social security number or taxpayer identification number

798-30-1788

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

AJAY RATHOR & DEVKEE SAHU

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

Sequence No. 12A

proker and may even tell you which b	ox to check.						
Part I Short-Term. Trans				eld 1 year or le	ss are ger	nerally short-te	rm (see
instructions). For lo Note: You may agg	O	•	. 0	orted on Form	(s) 1099-F	S showing basis	s was
reported to the IRS	and for whi	ich no adjus	stments or cod	es are required	d. Enter th	e totals directly	/ on
Schedule D, line 1a			<u> </u>			,	
You must check Box A, B, or C I complete a separate Form 8949, poor one or more of the boxes, com	page 1, for ea	ach applicabl	e box. If you have	ve more short-te	rm transac	hort-term transa tions than will fit	ctions, on this page
X (A) Short-term transactions							e)
☐ (B) Short-term transactions☐ (C) Short-term transactions				sis wasn't report	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, i If you enter an enter a c See the sep	(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).
ROBINHOOD SECURITIES LLC	01/01/22	12/31/22	2,059.	3,216.	W	1.	-1,156.
	I.						

2,059.

2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked) .

3,216.

Form 8949 (2022) Attachment Sequence No. 12A

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side AJAY RATHOR & DEVKEE SAHU

Social security number or taxpayer identification number 798-30-1788

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☐ (E) Long-term transactions	reported on	Form(s) 1099	-B showing bas	•			•)
(a) Description of property	(b) Date acquired	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds	(e) Cost or other basis See the Note below and see <i>Column</i> (e)	Adjustment, if If you enter an enter a co See the sep	(h) Gain or (loss) Subtract column (e)	
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)		(sales price) (see instructions)	and see Column (e) in the separate instructions.	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g).
ROBINHOOD SECURITIES LLC	01/01/22	12/31/22	2,373.	2,271.			102.
2 Totals. Add the amounts in column negative amounts). Enter each tot Schedule D, line 8b (if Box D above above is checked), or line 10 (if Box	al here and inc e is checked), lir	lude on your ne 9 (if Box E	2,373.	2,271.			102.

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.

Attachment Sequence No. 12A Form 8949 (2022)

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side AJAY RATHOR & DEVKEE SAHU

Social security number or taxpayer identification number 798-30-1788

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

Part II

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

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

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

(D)	Long-term transactions	reported on F	orm(s) 10	099-B showin	g basis w	vas reported t	to the IRS	(see N	ote a	lbove)
(E)	Long-term transactions	reported on F	orm(s) 10	99-B showin	g basis w	vasn't reporte	ed to the IF	RS		

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

(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis See the Note below and see <i>Column</i> (e) in the separate instructions.	If you enter an enter a c	f any, to gain or loss amount in column (g), ode in column (f). parate instructions. (g) Amount of adjustment	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g).
ROBINHOOD SECURITIES LLC	01/01/22	12/31/22	4.	36.		-	-32.
2 Totals. Add the amounts in columns negative amounts). Enter each tota Schedule D, line 8b (if Box D above above is checked), or line 10 (if Box	I here and inclining is checked), lir	lude on your ne 9 (if Box E	4.	36.			-32.

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.



Application for IRS Individual Taxpayer Identification Number

An IRS individual taxpayer identification number (ITIN) is for U.S. federal tax purposes only.

OMB No. 1545-0074

Application type (check one box):

• Don't submit th	: is form if you have, or are eligib	ole to get, a U.S.	social sec	urity number (SS	SN).		ply for a new ITIN new an existing ITIN			
Reason you're si	ubmitting Form W-7. Read the	e instructions for	r the box y	ou check. Cauti	on: If you					
a Nonresident	alien required to get an ITIN to cla	im tax treaty bene	efit	-			•			
b Nonresident	alien filing a U.S. federal tax return	n								
c U.S. residen	t alien (based on days present in	the United State	s) filing a U.	S. federal tax retur	n					
d Dependent	of U.S. citizen/resident alien	d, enter relationsh	ip to U.S. cit	izen/resident alien	ı (see instru	uctions) ►				
e ⊠ Spouse of U		d or e, enter name JAY RATHOR		IN of U.S. citizen/			700 20 1700			
f Nonresident	alien student, professor, or resear	cher filing a U.S. f	ederal tax re	turn or claiming a	n exceptio	n				
g Dependent/s	spouse of a nonresident alien holdi	ing a U.S. visa								
h Other (see in	nstructions) ►									
Additional information	on for a and f : Enter treaty country			and treaty ar	ticle numbe	er 🕨				
Name	1a First name	Midd	lle name		Last na					
(see instructions)	DEVKEE				SAHU					
Name at birth if different ▶	1b First name		lle name		Last na					
Applicant's Mailing	2 Street address, apartment num 2400 ASHLAND RD A	pt A4					nstructions.			
Address	City or town, state or province									
	COLUMBIA		SC	USA		29210				
Foreign (non- U.S.) Address	3 Street address, apartment number, or rural route number. Don't use a P.O. box number.									
(see instructions)	City or town, state or province	e, and country. Inc	lude postal	code where appro	priate.					
Birth Information	4 Date of birth (month / day / year) 09/10/1987	Country of birth INDIA		City and state or	province (optional)	5			
Other Information	6a Country(ies) of citizenship INDIA	6b Foreign tax I.I	D. number (if	any) 6c Type	of U.S. visa	a (if any), ni	umber, and expiration date			
illolliation	6d Identification document(s) submitted (see instructions)									
	LISCIS documentation Other									
	Date of entry into the United States									
	Issued by: INDIA N	lo.: U2042674	Fx	p. date: 02/05/		(MM/DD/Y				
						(,			
	 Have you previously received an ITIN or an Internal Revenue Service Number (IRSN)? No/Don't know. Skip line 6f. 									
	Yes. Complete line 6f. If more than one, list on a sheet and attach to this form (see instructions).									
	6f Enter ITIN and/or IRSN ► I	ΓIN		IF	RSN		and			
	name under which it was issu	ued ▶								
		First	name	Middle r	name		Last name			
	6g Name of college/university or company (see instructions) ▶									
	City and state ▶			Length of	f stay ▶					
Sign Here	Under penalties of perjury, I (applic documentation and statements, and information with my acceptance agent	to the best of my	knowledge a	nd belief, it is true,	correct, ar	nd complete	e. I authorize the IRS to share			
Keep a copy for	Signature of applicant (if dele	•		Date (month / day)		Phone num				
your records.	Name of delegate, if applical	ble (type or print)		Delegate's relation to applicant	nship	Parent Court-appointed guardian Power of attorney				
Acceptance	Signature			Date (month / day	, , .	Phone	акоттеу			
Agent's	Nome and title (to a second title	1	Nome -f -	l mnon:		ax	DTIN			
Use ONLY Name and title (type or print) Name of company EIN Office code						de	PTIN			