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

internal nevenue service			
Submission Identification Number (SID)			
Taxpayer's name	Social securi	ty number	
SUNAYAN DOLI	061-41	-2769	
Spouse's name	Spouse's soc	ial security number	
	22 (Enter year you a	re authorizing.)	
Enter whole dollars only on lines 1 through 5.			
Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.		4 101	100
1 Adjusted gross income		1 101, 2 15,	482. 093.
 Total tax		_	
4 Amount you want refunded to you		= ,,	633. 540
5 Amount you owe		5	540.
Part II Taxpayer Declaration and Signature Authorization (Be sure you	get and keep a cop		n)
Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in return (original or amended) I am now authorizing. I consent to allow my intermediate service provito send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reafor any delay in processing the return or refund, and (c) the date of any refund. If applicable, I auth Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution a payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancerbusiness days prior to the payment (settlement) date. I also authorize the financial institutions involved taxes to receive confidential information necessary to answer inquiries and resolve issues related personal identification number (PIN) below is my signature for the income tax return (original or an Electronic Funds Withdrawal Consent. Taxpayer's PIN: check one box only	or amended) I am now aut Part I above are the ameder, transmitter, or electroson for rejection of the transmitter. So a for rejection of the transmitter are used in the transmitter and the transmitter are used in the transmitter and the so terminate the authorized at the processing of the transmitter and the processing of the transmitter and the payment. I further and the payment. I further are used to the payment. I further and the payment are used to the payment and the processing of the transmitter and the payment. I further are used to the payment and the payment are used to the payment and the payment are used to the payment and the payment are used to the payment are used to the payment and the payment are used to the payment are used	horizing, and to the bunts from the incomic return originato cansmission, (b) the nd its designated Fi ax preparation softwentry to this accountation. To revoke (cate received no later the electronic payrither acknowledge to izing and, if application and if application and its desired	best of ome tax or (ERO) reason inancial ware for nt. This ancel) a than 2 ment of that the ble, my as my
Your signature ► Sunayan Doli	Date ► 03/08/2023		
Spouse's PIN: check one box only			
	generate my PIN		as my
ERO firm name	• -	ter five digits, but	a.c,
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 amend if you are entering your own PIN and your return is filed using the Practitioner below.			
Spouse's signature ▶	Date ►		
Practitioner PIN Method Returns Only—contin	ue below		
Part III Certification and Authentication — Practitioner PIN Method Only	1		
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 er all zeros	9
I certify that the above numeric entry is my PIN, which is my signature for the electronic individual authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that requirements of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS <i>e-file</i> Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS <i>e-file</i> Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS <i>e-file</i> Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS <i>e-file</i> Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS <i>e-file</i> Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS <i>e-file</i> Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS <i>e-file</i> Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS <i>e-file</i> Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS <i>e-file</i> Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS <i>e-file</i> Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS <i>e-file</i> Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS <i>e-file</i> Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS <i>e-file</i> Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS <i>e-file</i> Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS <i>e-file</i> Practitioner PIN method PIN	I am submitting this retu	ırn in accordance v	
ERO's signature ▶	Date ►		
ERO Must Retain This Form — See Instru			
Don't Submit This Form to the IRS Unless Reques	sted To Do So		

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

2022

OMB No. 1545-007

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

Filing Status	s 🔀 S	Single Married filing jointly	Marrie	ed filing separatel	y (MFS)	☐ Head of	household (HOH)		lifying s		ng	
Check only one box.	•	u checked the MFS box, enter the nonis a child but not your dependen	,	our spouse. If yo	u check	ed the HOH or	QSS box, enter t		use (QS name i	,	ualifying	
Your first name	and mi	ddle initial	Last nar	me				Your so	cial sec	urity n	umber	
SUNAYAN			DOLI					061-	41-27	169		
If joint return, s	pouse's	first name and middle initial	Last nar	ne				Spouse'	s social	securit	ty number	
Home address	(numbe	er and street). If you have a P.O. box, see	instruction	ons.			Apt. no.	Preside	ntial Ele	ction (Campaign	
2641 FR	ONTAC	GE RD, NW					308	1	Check here if you, or your			
City, town, or p	ost offic	ce. If you have a foreign address, also co	omplete sp	paces below.	Sta	ite	ZIP code				want \$3 ecking a	
ROANOKE					V	A .	24017	box bel	ow will r	not cha	0	
Foreign countr	y name		F	oreign province/sta	ate/coun	ty	Foreign postal code	your tax	or refu	_	Spouse	
 Digital	At ar	ny time during 2022, did you: (a) rec	eive (as	a reward, award,	or payr	ment for prope	rty or services); o	r (b) sell,				
Assets	exch	ange, gift, or otherwise dispose of	a digital a	asset (or a financ	ial inter	est in a digital	asset)? (See instr	uctions.)	Ye	s 🔀	S No	
Standard Deduction		eone can claim:	•	•		a dependent						
Age/Blindnes	s You:	☐ Were born before January 2, 1	958	Are blind	Spouse	: Was bo	rn before January	2, 1958	ls	blind		
Dependent	s (see	instructions):		(2) Social secu	urity	(3) Relationsh	nip (4) Check the I	oox if quali	fies for (s	see inst	tructions):	
If more	(1) Fi	rst name Last name		number		to you	Child tax	credit	Credit fo	r other o	dependents	
than four												
dependents, see instruction	s ——											
and check	·											
here]											
Income	1a	Total amount from Form(s) W-2, b	ox 1 (see	e instructions)				. 1a		<u>111,</u>	<u>,708.</u>	
	b	Household employee wages not r		, ,				. 1b				
Attach Form(s) W-2 here. Also	С	Tip income not reported on line 1a	. 10									
attach Forms	d	Medicaid waiver payments not rep		. 1d								
W-2G and 1099-R if tax	е	•	Taxable dependent care benefits from Form 2441, line 26									
was withheld.	f	Employer-provided adoption bene						. 1f				
If you did not	g	Wages from Form 8919, line 6.						. 1g				
get a Form W-2, see	h	Other earned income (see instruct	,					. 1h			0.	
instructions.	i	Nontaxable combat pay election (see instr	uctions)		<u>1</u> i				111	700	
	<u>z</u>	Add lines 1a through 1h						. 1z		<u> </u>	<u>,708.</u>	
Attach Sch. B if required.	2a	Tax-exempt interest	2a			axable interes		. 2b				
	3a	Qualified dividends	3a			Ordinary divide Taxable amoun		. 3b				
24	4a 5a	IRA distributions Pensions and annuities	4a 5a			axable amoun		. 5b				
Standard Deduction for—	6a		6a			axable amoun		. 6b				
Single or Married filing	C	If you elect to use the lump-sum e		nethod check he								
separately,	7	Capital gain or (loss). Attach Sche		*	`	,				_1	,276.	
\$12,950 Married filing	8	Other income from Schedule 1, lir						. 8			,950.	
jointly or	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7						. 9			,482.	
Qualifying surviving spouse,	10	Adjustments to income from Sche		-				. 10			, 102.	
\$25,900 • Head of	11	Subtract line 10 from line 9. This is						. 11		101	,482.	
household, \$19,400	12	Standard deduction or itemized						. 12			,950.	
If you checked	13	Qualified business income deduct		`	,			. 13				
any box under Standard	14							. 14		12	,950.	
Deduction, see instructions.	15	Subtract line 14 from line 11. If ze									,532.	
220 111011101101101												

Form 1040 (2022	2)							Page 2
Tax and	16	Tax (see instructions). Check if any from Forn	n(s): 1 881	4 2 4972	3 🗌		16	15,093.
Credits	17	Amount from Schedule 2, line 3					17	
	18	Add lines 16 and 17					18	15,093.
	19	Child tax credit or credit for other depender	nts from Sched	ule 8812			19	
	20	Amount from Schedule 3, line 8					20	
	21	Add lines 19 and 20					21	
	22	Subtract line 21 from line 18. If zero or less,	enter -0				22	15,093.
	23	Other taxes, including self-employment tax,	from Schedule	e 2, line 21			23	0.
	24	Add lines 22 and 23. This is your total tax					24	15 , 093.
Payments	25	Federal income tax withheld from:						
	а	Form(s) W-2			25a 1	7,633.		
	b	Form(s) 1099			25b			
	С	Other forms (see instructions)			25c			
	d	Add lines 25a through 25c					25d	17,633.
If you have a	26	2022 estimated tax payments and amount a	applied from 20	021 return			26	
qualifying child,	27	Earned income credit (EIC)		No .	27			
attach Sch. EIC.	28	Additional child tax credit from Schedule 8812	2		28			
	29	American opportunity credit from Form 886	3, line 8		29			
	30	Reserved for future use			30			
	31	Amount from Schedule 3, line 15			31			
	32	Add lines 27, 28, 29, and 31. These are you	r total other pa	ayments and refu	ndable credits		32	
	33	Add lines 25d, 26, and 32. These are your to	otal payments				33	17,633.
Refund	34	If line 33 is more than line 24, subtract line 2	24 from line 33.	This is the amour	t you overpaid		34	2,540.
	35a	Amount of line 34 you want refunded to yo			k here Checking	🗌	35a	2,540.
Direct deposit?	b	Routing number 0 3 1 2 0 2 0						
See instructions.	d	Account number 3 8 3 0 1 2 8						
	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 the am For details on how to pay, go to <i>www.irs.go</i>	37					
	38	Estimated tax penalty (see instructions) .			38			
Third Party Designee		you want to allow another person to dis				Complete I	oelow.	⋈ No
•		signee's	Phone			sonal identi	fication	
		me	no.			nber (PIN)		
Sign Here		der penalties of perjury, I declare that I have examin ief, they are true, correct, and complete. Declaration						
TICIC	Yo	ur signature	Date	Your occupation				nt you an Identity
Latinat waste was O				NETWORK EN	CINEED		inst.)	IN, enter it here
Joint return? See instructions.	Sn	ouse's signature. If a joint return, both must sign.	Date	Spouse's occupation			,	nt your spouse an
Keep a copy for your records.	Op	odoo o dignatare. Il a joint rotain, bott maet eign.	Date	opouse e cocupati	511	Iden		ection PIN, enter it here
	Ph	one no. (267) 721-6028	Email address	SUNAYAN22.D	OLI@GMAIL.C	OM		
Poid	Pre	eparer's name Preparer's signa	ture		Date	PTIN		Check if:
Paid	SYAN	PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	03/07/2023	P0208	2703	Self-employed
Preparer	Fir	m's name GLOBAL TAXES LLC				Pho	ne no. (678) 965-9522
Use Only	Fir	m's address 245 ROONEY CT E BRU	JNSWICK N	J 08816		Firm	's EIN	84-3171965
								4040

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

SUNAYAN DOLI

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

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

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

Your social security number 061-41-2769

Par	t 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	ch Schedule E .	5	-8,950.
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		
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 ()	
t	Pension or annuity from a nonqualifed deferred compensation plan or			
	a nongovernmental section 457 plan	8t		
u	Wages earned while incarcerated	8u		
Z	Other income. List type and amount:			
_		8z		
9	Total other income. Add lines 8a through 8z		9	
10	Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR	or 1040-NR line 8	10	-8.950

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

Par	II Adjustments to Income			
11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-b			
	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	, ,, ,, , , , , , , , , , , , , , , ,	4a		
b	Deductible expenses related to income reported on line 8l from the			
		4b		
С	Nontaxable amount of the value of Olympic and Paralympic medals			
	·	4c		
d		4d		
е	Repayment of supplemental unemployment benefits under the Trade			
		4e		
f		24f		
g	, , , , , , , , , , , , , , , , , , , ,	4g		
h	Attorney fees and court costs for actions involving certain unlawful			
	,	4h		
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			
		24i	_	
J		24j		
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form	41-		
_	,	4k	_	
Z	Other adjustments. List type and amount:	4z		
25			05	
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 . E		26	
	Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a	<u> </u>		

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

Attachment

	rtment of the Treasury al Revenue Service Go to www.irs.gov/screduleit Use Form 8949 to list your to						Attachment Sequence No. 12
	e(s) shown on return NAYAN DOLI						ecurity number 2769
	you dispose of any investment(s) in a qualified opportuni es," attach Form 8949 and see its instructions for addition		•		No loss.		
Pa	rt I Short-Term Capital Gains and Losses—G	Generally Assets	Held One Year	or Le	ss (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 le dollars.	(d) Proceeds	(e) Cost (or other basis)	to ga	(g) djustmen in or loss (s) 8949, l 2, colum	from Part I,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
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.	or).					
1b	Totals for all transactions reported on Form(s) 8949 with Box A checked		111,474.		2 5	86.	-1,248.
2	Totals for all transactions reported on Form(s) 8949 with Box B checked	h	111/1/11				1,210.
3	Totals for all transactions reported on Form(s) 8949 with Box C checked	h					
4	Short-term gain from Form 6252 and short-term gain or	r (loss) from Forms 4	1684, 6781, and 88	324		4	
5	Net short-term gain or (loss) from partnerships Schedule(s) K-1	•		rusts 	from 	5	
6						6	()
7	Net short-term capital gain or (loss). Combine lines term capital gains or losses, go to Part II below. Otherw			•	•	7	-1,248.
Pa	rt II Long-Term Capital Gains and Losses—G	enerally Assets I	Held More Than	One	Year	(see i	instructions)
lines This	instructions for how to figure the amounts to enter on the below. form may be easier to complete if you round off cents to le dollars.	(d) Proceeds	(e) Cost (or other basis)	to ga Form((g) djustmen in or loss s) 8949, f 2, colum	from Part II,	(h) Gain or (loss) Subtract column (e) from column (d) and 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.	or).					
8b	Totals for all transactions reported on Form(s) 8949 with Box D checked		29.				-28.
9	Totals for all transactions reported on Form(s) 8949 with Box E checked	h					
10	Totals for all transactions reported on Form(s) 8949 with Box F checked						
12	Gain from Form 4797, Part I; long-term gain from Form from Forms 4684, 6781, and 8824	rations, estates, and		 dule(s)		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

-28.

14

15

Schedule D (Form 1040) 2022 Page 2

Part III Summary -1,276. 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 1,276.) 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.

Sales and Other Dispositions of Capital Assets

Attachment

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

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.

		Coquonoc No. 123
Name(s) shown on return	Social security number or taxpayer ide	entification number
SUNAYAN DOLI	061-41-2769	

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. X (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above) (B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS (C) Short-term transactions not reported to you on Form 1099-B

1	(a) scription of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis See the Note below	If you enter an enter a c	f any, to gain or loss amount in column (g), ode in column (f). parate instructions.	(h) Gain or (loss) Subtract column (e)	
(Exan	nple: 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	107,640.	111,474.	W	2,586.	-1,248.	
negative an Schedule D	the amounts in columns nounts). Enter each tota , line 1b (if Box A above ecked), or line 3 (if Box 6	al here and inc e is checked), lir	lude on your ne 2 (if Box B	107,640.	111,474.		2,586.	-1,248.	

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 SUNAYAN DOLI

Social security number or taxpayer identification number 061-41-2769

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 reported on Form(s) 1099-B showing basis wasn't reported to the IRS ☐ (F) Long-term transactions not reported to you on Form 1099-B 											
1 (a) Description of property	(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	1.	29.			-28.				
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) .

29.

SCHEDULE E (Form 1040)

Supplemental Income and Loss

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

Department of the Treasury Internal Revenue Service

Attach to Form 1040, 1040-SR, 1040-NR, or 1041, Go to www.irs.gov/ScheduleE for instructions and the latest information. Attachment Sequence No. 13

OMB No. 1545-0074

Name(s) shown on return Your social security number SUNAYAN DOLI 061-41-2769 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 . 1a Physical address of each property (street, city, state, ZIP code) NEAR SNEHA SOCIETY, NIZAMABAD TELANGANA IN 503002 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: 3 650. 4 Royalties received 4 **Expenses:** 5 5 Advertising 6 Auto and travel (see instructions) 6 900. 7 Cleaning and maintenance. 7 8 Commissions 8 9 9 Insurance . . 10 10 Legal and other professional fees 1,500. 11 Management fees 11 12 Mortgage interest paid to banks, etc. (see instructions) 12 13 13 2,900. 14 14 Repairs 2,500. 15 Supplies 15 16 16 Taxes 17 Utilities 17 1,800. 18 18 Depreciation expense or depletion 19 19 20 20 Total expenses. Add lines 5 through 19 9,600. 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 -8,950. 22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) 8,950.) 650. 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 23c 23d Total of all amounts reported on line 18 for all properties 9,600. 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 8,950. 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

26

-8,950.

Form **8582**

Passive Activity Loss Limitations

See separate instructions.

Attach to Form 1040, 1040-SR, or 1041.

Go to www.irs.gov/Form8582 for instructions and the latest information.

OMB No. 1545-1008

2022

Attachment Sequence No. 858

Department of the Treasury Internal Revenue Service

Name(s) shown on return

SUNAYAN DOLI

Identifying number 061-41-2769

Pai							
	Caution: Complete Parts IV ar	nd V before compl	eting Part I.				
	al Real Estate Activities With Active Parance for Rental Real Estate Activities			ive participation, s	ee Special		
1a b c d	Activities with net income (enter the a Activities with net loss (enter the amo Prior years' unallowed losses (enter the Combine lines 1a, 1b, and 1c	unt from Part IV, c ne amount from Pa	olumn (b)) art IV, column (c))	1b (0. 8,950.)	1d	-8,950.
All Ot	ther Passive Activities						
2a b c d	Activities with net income (enter the a Activities with net loss (enter the amo Prior years' unallowed losses (enter the Combine lines 2a, 2b, and 2c	unt from Part V, co ne amount from Pa	olumn (b)) art V, column (c))	2b (2c ()	2d	
3	Combine lines 1d and 2d. If this line is all losses are allowed, including any losses on the forms and schedules no	prior year unallow	ed losses entered	•	Report the	3	-8,950.
	If line 3 is a loss and: • Line 1d is a lead i	loss, go to Part II. loss (and line 1d is	zero or more), sk	ip Part II and go to	line 10.		
	on: If your filing status is married filing I. Instead, go to line 10.	separately and yo	ou lived with your	spouse at any tim	e during the	year,	do not complete
Par	t II Special Allowance for Rer Note: Enter all numbers in Par			•			
4 5 6	Enter the smaller of the loss on line 1 Enter \$150,000. If married filing separ Enter modified adjusted gross income Note: If line 6 is greater than or equal on line 9. Otherwise, go to line 7.	rately, see instructi e, but not less thar	ions n zero. See instruc	tions 6 1	50,000. 10,432.	4	8,950.
7 8	Subtract line 6 from line 5 Multiply line 7 by 50% (0.50). Do not e		,000. If married filir	7	39,568.	8	19,784.
9 Par	Enter the smaller of line 4 or line 8			• .		9	8,950.
10	Add the income, if any, on lines 1a an	d 2a and enter the	e total			10	0.
11	Total losses allowed from all passiv out how to report the losses on your t	ax return				11	8,950.
Par	t IV Complete This Part Before	e Part I, Lines 1	a, 1b, and 1c. S	ee instructions.			
	Name of activity	Curre	nt year	Prior years	Over	rall ga	in or loss
	Name of activity	(a) Net income (line 1a)	(b) Net loss (line 1b)	(c) Unallowed loss (line 1c)	(d) Gain	ı	(e) Loss
NEA:	R SNEHA SOCIETY,	0.	8,950.				8,950.

8,950.

0.

BAA

Total. Enter on Part I, lines 1a, 1b, and 1c

Form 8582 (2022)

,									. 490 🗕	
Part V Complete This Part Before	еР	art I, Lines 2	a, 2b,	and 2c. S	ee instruc	tions.			:	
Name of a state.		Currer	nt year		Prior ye	ears	Overa	ll ga	ain or loss	
Name of activity	(a	Net income (line 2a)	(b) (li	Net loss ne 2b)	(c) Unall loss (lin	owed e 2c)	(d) Gain		(e) Loss	
Total. Enter on Part I, lines 2a, 2b, and 2c										
Part VI Use This Part if an Amou	nt Is	Shown on F	Part II,	, Line 9. S	ee instruc	tions.	I			
Name of activity	an to	rm or schedule ad line number be reported on se instructions)	(a) Loss	(b) Ra	ıtio	allowarice		(d) Subtract column (c) from column (a).	
NEAR SNEHA SOCIETY,		E Ln 22		8 , 950.	1.0000	0000	8 , 95	0.	0.	
Total				8,950.	1.00)	8,95	0.	0.	
Part VII Allocation of Unallowed I	_oss			S.						
Name of activity	Form or sche and line num to be reporte (see instructi		mber ed on (a) L		Loss ((b) Ratio		(c) Unallowed loss	
Total							1.00			
Part VIII Allowed Losses. See instr	ucti	ons.								
Name of activity		Form or sche and line nun to be reporte (see instruct	nber ed on (a) L		_oss	(b) Ur	nallowed loss	((c) Allowed loss	
Total	<u>.</u>	_.								

2022 VA760CG Page 1





Page 1 of 2

SUNAYAN

DOLI

2641 FRONTAGE RD, NW APT 308

ROANOKE VA 24017

SSN-You DOLI		061412769	Vendor ID	1555		XXXXXX
SSN - Spouse						
Fed Adj Gross Income (FAGI)	1.	101482.	Withholding (VA) - Yo	ou	19A.	5857.
Additions	2.		Withholding (VA) - Spouse		19B.	
Subtotal	3.	101482.	Estimated Payments	;	20.	
Age Deduction - You	4A.		2021 Overpayment		21.	
Age Deduction - Spouse	4B.		Extension Payments	;	22.	
Soc Sec & Tier 1 Railroad	5.		Credit - Low-Income	or EIC	23.	
State Income Tax Overpayment	6.		Credit - Schedule OS	С	24.	
Subtractions	7.		Credits - Schedule Cl	R	25.	
Subtotal Subtractions	8.		Total Payments / Cre	edits	26.	5857.
Total VA Adj Gross Income (VAGI)	9.	101482.	Tax You Owe		27.	
Itemized Deductions - VA Sch A	10.		Tax Overpayment		28.	793.
Standard Deduction	11.	8000.	Overpayment Credite	ed to Next Year	29.	
Exemptions	12.	930.	VAC - Virginia 529 / A	ABLE	30.	
Deductions	13.		VAC - Other Contribu	utions	31.	
Subtotal (Deductions & Exemptions)	14.	8930.	Addition to Tax, Pena	alty & Interest	32.	
VA Taxable Income	15.	92552.	Sales and Use Tax		33.	
Amount of Tax	16.	5064.	Amount You Owe	t Cond N		
Spouse Tax Adjustment (STA)	17.		Will Pay by Credit/Debit Card N Your Refund		1	793.
VAGI - Spouse	17A.		Bank Routing #		_	031202084
Net Amount of Tax	18.	5064.	Bank Account #			2883754
L			Dalik Account #		20301	2003/J4

__LAR __DLAR __DTD __LTD \$____





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Filing Status, Age & License Information **Additional Filing Information** 1 161 Filing Status Locality Federal Head of Household Uninsured & Authorize DMAS 04221991 DOB - You Name or Filing Status Change VA Driver's License ID - You B69761539 Address Change VA Driver's License - Iss. Date - You 07222022 VA Return Not Filed Last Year Spouse Name (Filing Status 3 Only) Dependent on Another's Return Farmer / Fisherman / Merchant Seaman DOB - Spouse Amended VA Driver's License ID - Spouse Reason Code VA Driver's License - Iss. Date - Spouse Overseas on Due Date Exemptions (B) Exemptions (A) 65 & Over - You Federal EIC & Amount You Spouse 65 & Over - Spouse Deceased Indicator Form 760C or 760F Dependents Blind - You Total (A) 1 Blind - Spouse No Sales & Use Tax Due Indicator Χ Obtain Electronic 1099G Total (B) ID Theft PIN **Contact Information** I (We), the undersigned, declare under penalty of law that I (we) have examined this return & to the best of my (our) knowledge, it is a true, correct & complete return. If you are requesting direct deposit of your refund by providing bank information on your return, you are certifying that the information provided is for a domestic account within the territorial jurisdiction of the United States. 2677216028 Signature - You Date Phone - You Signature - Spouse _____ Date Phone - Spouse 030723 6789659522 Signature - Preparer SYAM PRIYA RAM SAGAR GUPTA TALLAM Date Phone - Preparer 7 P02082703

Preparer Information

NJ 08816

Page 2 of 2

GLOBAL TAXES LLC

245 ROONEY CT

E BRUNSWICK

1555 REV 02/17/23 PRO

The Tax Department may discuss my/our return with my/our preparer.

File by May 1, 2023 Include Page 1, Page 2 and all

supporting 760CG documents.

2022 Schedule INC/CG

061412769

Report all W-2s, 1099s & VK-1s with VA Withholding



DOLI



Your/ Spouse SSN	Withholding Type	VA Withholding	Employer VA FEIN Account Number		VA Wages, tips, other comp.	
Γ						
061412769	M	5857.	813222921	30813222921F001	111708.	

Total VA Withholding

You

061412769

5857

Spouse

Total # of W-2s,1099s & VK-1s

01

VA-8879 Virginia Department of Taxation

1555

Virginia Individual Income Tax e-File Signature Authorization

Tax Year 2022

DO NOT SEND THIS VA-8879 TO THE VIRGINIA DEPARTMENT OF TAXATION OR THE IRS. IT MUST BE MAINTAINED IN YOUR FILES!

Virgin	ia Submission Identification Number (SID)					
Your	Name	B Your Social Security Number				
	YAN DOLI	061-41-2769				
Spou	se's Name	A Spouse's Socia	I Security Number			
Part	I Tax Return Information	A Spouse	B Yourself			
1.	Federal Adjusted Gross Income (Form 760CG, Line 1; 760PY, Line 1, columns A & B; Form 763, Line 1)		101482.			
2.	Virginia Adjusted Gross Income (Form 760CG, Line 9; 760PY, Line 10, columns A & B; Form 763, Line 9)		101482.			
3.	Taxable Income (Form 760CG, Line 15; 760PY, Line 16, columns A & B; Form 763, Line 17)		92552.			
4.	Virginia Income Tax (Form 760CG, Line 18; 760PY, Line 17, columns A & B; Form 763 Line 18)		5064.			
5.	Withholding (Form 760CG, Line 19a & 19b; 760PY, Lines 19a & 19b; Form 763, Lines 19a & 19b)		5857.			
6.	Amount you Owe (Form 760CG, Line 35; Form 760PY, Line 35; Form 763, Line 35)					
7.	Refund (Form 760CG, Line 36; 760PY, Line 36; Form 763, Line 36)		793.			
Part	II Declaration of Taxpayer and Signature Authorization penalties of perjury, I declare that I have examined a copy of my individual income tax return and accompanying so					
December 31, 2022, and to the best of my knowledge and belief, it is true, correct and complete. I further declare that the information I provided to my Electronic Return Originator (ERO), Transmitter, or Intermediate Service Provider (including my name, address and social security number or individual tax identification number) and the amount shown in Part I above agree with the information and amounts shown on the corresponding lines of my electronic income tax return. If I am filing a balance due return, I understand that if the Virginia Department of Taxation (Virginia Tax) does not receive full and timely payment of my tax liability, I remain liable for the tax liability and all applicable interest and penalties. I authorize my ERO, Transmitter or Intermediate Service Provider to transmit my complete return to Virginia Tax. I have selected a personal identification number (PIN) as my signature for my electronic income tax return and, if applicable, the direct deposit of my refund or direct debit of my tax due. In choosing either direct deposit or direct debit, I certify that the transaction does not directly involve a financial institution outside of the territorial jurisdiction of the United States at any point in the process. Taxpayers may sign the form using a rubber stamp, mechanical device, such as a signature pen, or computer software program.						
Taxpa	yer's e-File PIN: check one box only					
I authorize the ERO named below to enter my e-File PIN 1 2 7 6 9 as my signature on my 2022 e-filed Virginia individual income tax return.						
Do not enter all zeros						
	GLOBAL TAXES LLC ERO Firm Name					
	I will enter my e-File PIN as my signature on my 2022 e-filed Virginia individual income tax return. Check this box and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.		your own e-File PIN			
Your S	Signature Sunayan Doli Date 03/08/	2023				
1	se's e-File PIN: check one box only					
I authorize the ERO named below to enter my e-File PIN as my signature on my 2022 e-filed Virginia individual income tax return. Do not enter all zeros						
	ERO Firm Name					
I will enter my e-File PIN as my signature on my 2022 e-filed Virginia individual income tax return. Check this box only if you are entering your own e-File PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.						
Spouse's Signature Date						
Part III Certification and Authentication – Practitioner PIN Method Only						
ERO's EFIN/PIN: Enter your six-digit EFIN followed by your five digit self-selected PIN. 2 2 2 4 9 6 6 1 9 8 9						
Do not enter all zeros I certify that the above numeric entry is my ERO EFIN/PIN, which is my signature for the 2022 Virginia individual income tax return for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Virginia's publication Handbook for Electronic Filers of Individual Income Tax Returns (Tax Year 2022). EROs may sign the form using a rubber stamp, mechanical device, such as a signature pen, or computer software program. ERO's Signature Date						
	-		_			