

# IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.  
▶ Go to [www.irs.gov/Form8879](http://www.irs.gov/Form8879) for the latest information.

Submission Identification Number (SID) ▶

Taxpayer's name RAHUL SHRIVASTAVA	Social security number 783-45-9961
Spouse's name	Spouse's social security number

## Part I Tax Return Information – Tax Year Ending December 31, 2022 (Enter year you are authorizing.)

Enter whole dollars only on lines 1 through 5.

**Note:** Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.

1	Adjusted gross income	1	42,032.
2	Total tax	2	3,284.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	5,900.
4	Amount you want refunded to you	4	2,616.
5	Amount you owe	5	

## Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

### Taxpayer's PIN: check one box only

- I authorize GLOBAL TAXES LLC to enter or generate my PIN 

5	9	9	6	1
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 as my signature on the income tax return (original or amended) I am now authorizing.   
ERO firm name   
Enter five digits, but don't enter all zeros
- I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

### Spouse's PIN: check one box only

- I authorize \_\_\_\_\_ to enter or generate my PIN 

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 as my signature on the income tax return (original or amended) I am now authorizing.   
ERO firm name   
Enter five digits, but don't enter all zeros
- I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

### Practitioner PIN Method Returns Only—continue below

## Part III Certification and Authentication – Practitioner PIN Method Only

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 

2	2	2	4	9	6	0	8	2	7	1
---	---	---	---	---	---	---	---	---	---	---

  
Don't enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and **Pub. 1345**, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

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

Filing Status [X] Single [ ] Married filing jointly [ ] Married filing separately (MFS) [ ] Head of household (HOH) [ ] Qualifying surviving spouse (QSS)
Check only one box. If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent:

Form fields for personal information: Your first name and middle initial (RAHUL), Last name (SHRIVASTAVA), Your social security number (783-45-9961), Home address (4724 MELBOURNE ROAD, BALTIMORE, MD, 21229), and Presidential Election Campaign checkbox.

Digital Assets At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? [X] Yes [ ] No

Standard Deduction Someone can claim: [ ] You as a dependent [ ] Your spouse as a dependent [ ] Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness You: [ ] Were born before January 2, 1958 [ ] Are blind Spouse: [ ] Was born before January 2, 1958 [ ] Is blind

Table for Dependents with columns: (1) First name, Last name, (2) Social security number, (3) Relationship to you, (4) Child tax credit, Credit for other dependents.

Income section table with rows 1a through 1z, including Total amount from Form(s) W-2, Household employee wages, Tip income, Medicaid waiver payments, etc.

Table for interest and dividends: 2a Tax-exempt interest, 2b Taxable interest, 3a Qualified dividends, 3b Ordinary dividends, 4a IRA distributions, 4b Taxable amount, 5a Pensions and annuities, 5b Taxable amount, 6a Social security benefits, 6b Taxable amount.

Table for adjusted gross income and deductions: 7 Capital gain or (loss), 8 Other income from Schedule 1, line 10, 9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income, 10 Adjustments to income from Schedule 1, line 26, 11 Subtract line 10 from line 9. This is your adjusted gross income, 12 Standard deduction or itemized deductions (from Schedule A), 13 Qualified business income deduction from Form 8995 or Form 8995-A, 14 Add lines 12 and 13, 15 Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income.

<b>Tax and Credits</b>	<b>16</b>	<b>Tax</b> (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____	<b>16</b>	3,284.
	<b>17</b>	Amount from Schedule 2, line 3	<b>17</b>	
	<b>18</b>	Add lines 16 and 17	<b>18</b>	3,284.
	<b>19</b>	Child tax credit or credit for other dependents from Schedule 8812	<b>19</b>	
	<b>20</b>	Amount from Schedule 3, line 8	<b>20</b>	
	<b>21</b>	Add lines 19 and 20	<b>21</b>	
	<b>22</b>	Subtract line 21 from line 18. If zero or less, enter -0-	<b>22</b>	3,284.
	<b>23</b>	Other taxes, including self-employment tax, from Schedule 2, line 21	<b>23</b>	0.
	<b>24</b>	Add lines 22 and 23. This is your <b>total tax</b>	<b>24</b>	3,284.

<b>Payments</b>	<b>25</b>	Federal income tax withheld from:		
	<b>a</b>	Form(s) W-2	<b>25a</b>	5,900.
	<b>b</b>	Form(s) 1099	<b>25b</b>	
	<b>c</b>	Other forms (see instructions)	<b>25c</b>	
	<b>d</b>	Add lines 25a through 25c	<b>25d</b>	5,900.
	<b>26</b>	2022 estimated tax payments and amount applied from 2021 return	<b>26</b>	
	<b>27</b>	Earned income credit (EIC)	<b>27</b>	
	<b>28</b>	Additional child tax credit from Schedule 8812	<b>28</b>	
	<b>29</b>	American opportunity credit from Form 8863, line 8	<b>29</b>	
	<b>30</b>	Reserved for future use	<b>30</b>	
	<b>31</b>	Amount from Schedule 3, line 15	<b>31</b>	
	<b>32</b>	Add lines 27, 28, 29, and 31. These are your <b>total other payments and refundable credits</b>	<b>32</b>	
	<b>33</b>	Add lines 25d, 26, and 32. These are your <b>total payments</b>	<b>33</b>	5,900.

<b>Refund</b>	<b>34</b>	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>	<b>34</b>	2,616.
	<b>35a</b>	Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/>	<b>35a</b>	2,616.
	<b>b</b>	Routing number 031207607 <b>c</b> Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
	<b>d</b>	Account number 8133671154		
	<b>36</b>	Amount of line 34 you want <b>applied to your 2023 estimated tax</b>	<b>36</b>	

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

**Third Party Designee** Do you want to allow another person to discuss this return with the IRS? See instructions  **Yes**. Complete below.  **No**

Designee's name \_\_\_\_\_ Phone no. \_\_\_\_\_ Personal identification number (PIN) \_\_\_\_\_

**Sign Here** Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature	Date	Your occupation SOFTWARE ENGINEER	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
Spouse's signature. If a joint return, <b>both</b> must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
Phone no. (201) 920-0301	Email address RAHUL.WINWIN@GMAIL.COM		

**Paid Preparer Use Only**

Preparer's name SYAM PRIYA RAM SAGAR GUPTA TALLAM	Preparer's signature SYAM PRIYA RAM SAGAR GUPTA TALLAM	Date 04/19/2023	PTIN P02082703	Check if: <input type="checkbox"/> Self-employed
Firm's name GLOBAL TAXES LLC	Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816			Phone no. (678) 965-9522
Firm's EIN				84-3171965

**SCHEDULE 1  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Additional Income and Adjustments to Income**

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

Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.

OMB No. 1545-0074

**2022**  
Attachment  
Sequence No. **01**

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

RAHUL SHRIVASTAVA

Your social security number

783-45-9961

**Part I Additional Income**

<b>1</b>	Taxable refunds, credits, or offsets of state and local income taxes . . . . .		<b>1</b>	
<b>2a</b>	Alimony received . . . . .		<b>2a</b>	
<b>b</b>	Date of original divorce or separation agreement (see instructions): _____			
<b>3</b>	Business income or (loss). Attach Schedule C . . . . .		<b>3</b>	
<b>4</b>	Other gains or (losses). Attach Form 4797 . . . . .		<b>4</b>	
<b>5</b>	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E . . . . .		<b>5</b>	-6,442.
<b>6</b>	Farm income or (loss). Attach Schedule F . . . . .		<b>6</b>	
<b>7</b>	Unemployment compensation . . . . .		<b>7</b>	
<b>8</b>	Other income:			
<b>a</b>	Net operating loss . . . . .	<b>8a</b> ( )		
<b>b</b>	Gambling . . . . .	<b>8b</b>		
<b>c</b>	Cancellation of debt . . . . .	<b>8c</b>		
<b>d</b>	Foreign earned income exclusion from Form 2555 . . . . .	<b>8d</b> ( )		
<b>e</b>	Income from Form 8853 . . . . .	<b>8e</b>		
<b>f</b>	Income from Form 8889 . . . . .	<b>8f</b>		
<b>g</b>	Alaska Permanent Fund dividends . . . . .	<b>8g</b>		
<b>h</b>	Jury duty pay . . . . .	<b>8h</b>		
<b>i</b>	Prizes and awards . . . . .	<b>8i</b>		
<b>j</b>	Activity not engaged in for profit income . . . . .	<b>8j</b>		
<b>k</b>	Stock options . . . . .	<b>8k</b>		
<b>l</b>	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 . . . . .	<b>8l</b>		
<b>m</b>	Olympic and Paralympic medals and USOC prize money (see instructions) . . . . .	<b>8m</b>		
<b>n</b>	Section 951(a) inclusion (see instructions) . . . . .	<b>8n</b>		
<b>o</b>	Section 951A(a) inclusion (see instructions) . . . . .	<b>8o</b>		
<b>p</b>	Section 461(l) excess business loss adjustment . . . . .	<b>8p</b>		
<b>q</b>	Taxable distributions from an ABL account (see instructions) . . . . .	<b>8q</b>		
<b>r</b>	Scholarship and fellowship grants not reported on Form W-2 . . . . .	<b>8r</b>		
<b>s</b>	Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d . . . . .	<b>8s</b> ( )		
<b>t</b>	Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan . . . . .	<b>8t</b>		
<b>u</b>	Wages earned while incarcerated . . . . .	<b>8u</b>		
<b>z</b>	Other income. List type and amount: _____	<b>8z</b>		
<b>9</b>	Total other income. Add lines 8a through 8z . . . . .		<b>9</b>	
<b>10</b>	Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8		<b>10</b>	-6,442.

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

Schedule 1 (Form 1040) 2022

**Part II Adjustments to Income**

<b>11</b>	Educator expenses . . . . .		<b>11</b>
<b>12</b>	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 . . . . .		<b>12</b>
<b>13</b>	Health savings account deduction. Attach Form 8889 . . . . .		<b>13</b>
<b>14</b>	Moving expenses for members of the Armed Forces. Attach Form 3903 . . . . .		<b>14</b>
<b>15</b>	Deductible part of self-employment tax. Attach Schedule SE . . . . .		<b>15</b>
<b>16</b>	Self-employed SEP, SIMPLE, and qualified plans . . . . .		<b>16</b>
<b>17</b>	Self-employed health insurance deduction . . . . .		<b>17</b>
<b>18</b>	Penalty on early withdrawal of savings . . . . .		<b>18</b>
<b>19a</b>	Alimony paid . . . . .		<b>19a</b>
<b>b</b>	Recipient's SSN . . . . .		
<b>c</b>	Date of original divorce or separation agreement (see instructions): _____		
<b>20</b>	IRA deduction . . . . .		<b>20</b>
<b>21</b>	Student loan interest deduction . . . . .		<b>21</b>
<b>22</b>	Reserved for future use . . . . .		<b>22</b>
<b>23</b>	Archer MSA deduction . . . . .		<b>23</b>
<b>24</b>	Other adjustments:		
<b>a</b>	Jury duty pay (see instructions) . . . . .	<b>24a</b>	
<b>b</b>	Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit . . . . .	<b>24b</b>	
<b>c</b>	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m . . . . .	<b>24c</b>	
<b>d</b>	Reforestation amortization and expenses . . . . .	<b>24d</b>	
<b>e</b>	Repayment of supplemental unemployment benefits under the Trade Act of 1974 . . . . .	<b>24e</b>	
<b>f</b>	Contributions to section 501(c)(18)(D) pension plans . . . . .	<b>24f</b>	
<b>g</b>	Contributions by certain chaplains to section 403(b) plans . . . . .	<b>24g</b>	
<b>h</b>	Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions) . . . . .	<b>24h</b>	
<b>i</b>	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 . . . . .	<b>24i</b>	
<b>j</b>	Housing deduction from Form 2555 . . . . .	<b>24j</b>	
<b>k</b>	Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041) . . . . .	<b>24k</b>	
<b>z</b>	Other adjustments. List type and amount: _____	<b>24z</b>	
<b>25</b>	Total other adjustments. Add lines 24a through 24z . . . . .		<b>25</b>
<b>26</b>	Add lines 11 through 23 and 25. These are your <b>adjustments to income</b> . Enter here and on Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a . . . . .		<b>26</b>

**SCHEDULE D  
(Form 1040)**

**Capital Gains and Losses**

OMB No. 1545-0074

**2022**

Department of the Treasury  
Internal Revenue Service

Attach to Form 1040, 1040-SR, or 1040-NR.  
Go to [www.irs.gov/ScheduleD](http://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.

Attachment  
Sequence No. **12**

Name(s) shown on return

RAHUL SHRIVASTAVA

Your social security number

783-45-9961

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year?  Yes  No

If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

**Part I Short-Term Capital Gains and Losses—Generally Assets Held One Year or Less** (see instructions)

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
<b>1a</b> 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 .				
<b>1b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked . . . . .	283,907.	299,060.	5,754.	-9,399.
<b>2</b> Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked . . . . .				
<b>3</b> Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked . . . . .				
<b>4</b> Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 . . . . .				<b>4</b> -424.
<b>5</b> Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 . . . . .				<b>5</b>
<b>6</b> Short-term capital loss carryover. Enter the amount, if any, from line 8 of your <b>Capital Loss Carryover Worksheet</b> in the instructions . . . . .				<b>6</b> ( 31,024. )
<b>7 Net short-term capital gain or (loss).</b> Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on the back . . . . .				<b>7</b> -40,847.

**Part II Long-Term Capital Gains and Losses—Generally Assets Held More Than One Year** (see instructions)

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
<b>8a</b> 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 .				
<b>8b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked . . . . .				
<b>9</b> Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked . . . . .				
<b>10</b> Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked . . . . .				
<b>11</b> Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824 . . . . .				<b>11</b> -637.
<b>12</b> Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 . . . . .				<b>12</b>
<b>13</b> Capital gain distributions. See the instructions . . . . .				<b>13</b>
<b>14</b> Long-term capital loss carryover. Enter the amount, if any, from line 13 of your <b>Capital Loss Carryover Worksheet</b> in the instructions . . . . .				<b>14</b> ( )
<b>15 Net long-term capital gain or (loss).</b> Combine lines 8a through 14 in column (h). Then, go to Part III on the back . . . . .				<b>15</b> -637.

**Part III Summary**

<p><b>16</b> Combine lines 7 and 15 and enter the result . . . . .</p> <ul style="list-style-type: none"> <li>• If line 16 is a <b>gain</b>, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below.</li> <li>• If line 16 is a <b>loss</b>, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22.</li> <li>• If line 16 is <b>zero</b>, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22.</li> </ul>	<b>16</b>	-41,484.
<p><b>17</b> Are lines 15 and 16 <b>both</b> gains?</p> <p><input type="checkbox"/> <b>Yes.</b> Go to line 18.</p> <p><input type="checkbox"/> <b>No.</b> Skip lines 18 through 21, and go to line 22.</p>		
<p><b>18</b> If you are required to complete the <b>28% Rate Gain Worksheet</b> (see instructions), enter the amount, if any, from line 7 of that worksheet . . . . .</p>	<b>18</b>	
<p><b>19</b> If you are required to complete the <b>Unrecaptured Section 1250 Gain Worksheet</b> (see instructions), enter the amount, if any, from line 18 of that worksheet . . . . .</p>	<b>19</b>	
<p><b>20</b> Are lines 18 and 19 both zero or blank and you are not filing Form 4952?</p> <p><input type="checkbox"/> <b>Yes.</b> Complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> in the instructions for Form 1040, line 16. <b>Don't</b> complete lines 21 and 22 below.</p> <p><input type="checkbox"/> <b>No.</b> Complete the <b>Schedule D Tax Worksheet</b> in the instructions. <b>Don't</b> complete lines 21 and 22 below.</p>		
<p><b>21</b> If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the <b>smaller</b> of:</p> <ul style="list-style-type: none"> <li>• The loss on line 16; or</li> <li>• (\$3,000), or if married filing separately, (\$1,500) } . . . . .</li> </ul> <p><b>Note:</b> When figuring which amount is smaller, treat both amounts as positive numbers.</p>	<b>21</b>	( 3,000. )
<p><b>22</b> Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?</p> <p><input type="checkbox"/> <b>Yes.</b> Complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> in the instructions for Form 1040, line 16.</p> <p><input checked="" type="checkbox"/> <b>No.</b> Complete the rest of Form 1040, 1040-SR, or 1040-NR.</p>		



Sales and Other Dispositions of Capital Assets

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.

Name(s) shown on return

Social security number or taxpayer identification number

RAHUL SHRIVASTAVA

783-45-9961

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.

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

Table with 8 columns: (a) Description of property, (b) Date acquired, (c) Date sold or disposed of, (d) Proceeds (sales price), (e) Cost or other basis, (f) Code(s) from instructions, (g) Amount of adjustment, (h) Gain or (loss). Includes rows for APEX CLEARING and ROBINHOOD SECURITIES LLC.

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).

283,907. 299,060. 5,754. -9,399.

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.



**SCHEDULE E  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**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.  
Go to [www.irs.gov/ScheduleE](http://www.irs.gov/ScheduleE) for instructions and the latest information.

OMB No. 1545-0074

**2022**  
Attachment  
Sequence No. **13**

Name(s) shown on return

RAHUL SHRIVASTAVA

Your social security number

783-45-9961

**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.

- A** Did you make any payments in 2022 that would require you to file Form(s) 1099? See instructions . . . . .  Yes  No  
**B** If "Yes," did you or will you file required Form(s) 1099? . . . . .  Yes  No

**1a** Physical address of each property (street, city, state, ZIP code)

**A** C 601, IMPERIAL HEIGHTS, GOREGAON WEST MUMBAI IN 400104

**B**  
**C**

1b Type of Property (from list below)	2 For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions.	Fair Rental Days		Personal Use Days	QJV
		A	B	C	
<b>A</b> 3		210		0	<input type="checkbox"/>
<b>B</b>					<input type="checkbox"/>
<b>C</b>					<input type="checkbox"/>

**Type of Property:**

- 1 Single Family Residence      3 Vacation/Short-Term Rental      5 Land      7 Self-Rental  
 2 Multi-Family Residence      4 Commercial      6 Royalties      8 Other (describe) \_\_\_\_\_

Income:		Properties:		
		A	B	C
<b>3</b>	Rents received . . . . .	426.		
<b>4</b>	Royalties received . . . . .			
<b>Expenses:</b>				
<b>5</b>	Advertising . . . . .			
<b>6</b>	Auto and travel (see instructions) . . . . .			
<b>7</b>	Cleaning and maintenance . . . . .	650.		
<b>8</b>	Commissions . . . . .			
<b>9</b>	Insurance . . . . .			
<b>10</b>	Legal and other professional fees . . . . .			
<b>11</b>	Management fees . . . . .	930.		
<b>12</b>	Mortgage interest paid to banks, etc. (see instructions)			
<b>13</b>	Other interest . . . . .	508.		
<b>14</b>	Repairs . . . . .	1,241.		
<b>15</b>	Supplies . . . . .	2,154.		
<b>16</b>	Taxes . . . . .			
<b>17</b>	Utilities . . . . .	1,385.		
<b>18</b>	Depreciation expense or depletion . . . . .			
<b>19</b>	Other (list) _____			
<b>20</b>	Total expenses. Add lines 5 through 19 . . . . .	6,868.		
<b>21</b>	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 <b>Form 6198</b> . . . . .	-6,442.		
<b>22</b>	Deductible rental real estate loss after limitation, if any, on <b>Form 8582</b> (see instructions) . . . . .	( 6,442. )		
<b>23a</b>	Total of all amounts reported on line 3 for all rental properties . . . . .	23a	426.	
<b>b</b>	Total of all amounts reported on line 4 for all royalty properties . . . . .	23b		
<b>c</b>	Total of all amounts reported on line 12 for all properties . . . . .	23c		
<b>d</b>	Total of all amounts reported on line 18 for all properties . . . . .	23d		
<b>e</b>	Total of all amounts reported on line 20 for all properties . . . . .	23e	6,868.	
<b>24</b>	<b>Income.</b> Add positive amounts shown on line 21. <b>Do not</b> include any losses . . . . .	<b>24</b>		
<b>25</b>	<b>Losses.</b> Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here . . . . .	<b>25</b>	( 6,442. )	
<b>26</b>	<b>Total rental real estate and royalty income or (loss).</b> Combine lines 24 and 25. Enter the result 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 . . . . .	<b>26</b>		-6,442.

For Paperwork Reduction Act Notice, see the separate instructions.

NPA

-6,442.

Schedule E (Form 1040) 2022

**Gains and Losses From Section 1256  
Contracts and Straddles**

Go to [www.irs.gov/Form6781](http://www.irs.gov/Form6781) for the latest information.  
Attach to your tax return.

Name(s) shown on tax return

RAHUL SHRIVASTAVA

Identifying number

783-45-9961

Check all applicable boxes.  
See instructions.

**A** Mixed straddle election

**C** Mixed straddle account election

**B** Straddle-by-straddle identification election

**D** Net section 1256 contracts loss election

**Part I Section 1256 Contracts Marked to Market**

(a) Identification of account	(b) (Loss)	(c) Gain	
1 Form 1099-B 1099 B	-1,061.		
2 Add the amounts on line 1 in columns (b) and (c)	2 ( 1,061. )		
3 Net gain or (loss). Combine line 2, columns (b) and (c)		3 -1,061.	
4 Form 1099-B adjustments. See instructions and attach statement		4	
5 Combine lines 3 and 4		5 -1,061.	
<b>Note:</b> If line 5 shows a net gain, skip line 6 and enter the gain on line 7. Partnerships and S corporations, see instructions.			
6 If you have a net section 1256 contracts loss and checked box D above, enter the amount of loss to be carried back. Enter the loss as a positive number. If you didn't check box D, enter -0-		6 0.	
7 Combine lines 5 and 6		7 -1,061.	
8 <b>Short-term capital gain or (loss).</b> Multiply line 7 by 40% (0.40). Enter here and include on line 4 of Schedule D or on Form 8949. See instructions.		8 -424.	
9 <b>Long-term capital gain or (loss).</b> Multiply line 7 by 60% (0.60). Enter here and include on line 11 of Schedule D or on Form 8949. See instructions		9 -637.	

**Part II Gains and Losses From Straddles.** Attach a separate statement listing each straddle and its components.

**Section A—Losses From Straddles**

(a) Description of property	(b) Date entered into or acquired	(c) Date closed out or sold	(d) Gross sales price	(e) Cost or other basis plus expense of sale	(f) Loss. If column (e) is more than (d), enter difference. Otherwise, enter -0-.	(g) Unrecognized gain on offsetting positions	(h) Recognized loss. If column (f) is more than (g), enter difference. Otherwise, enter -0-.
10							
11a Enter the short-term portion of losses from line 10, column (h), here and include on line 4 of Schedule D or on Form 8949. See instructions							11a ( )
b Enter the long-term portion of losses from line 10, column (h), here and include on line 11 of Schedule D or on Form 8949. See instructions							11b ( )

**Section B—Gains From Straddles**

(a) Description of property	(b) Date entered into or acquired	(c) Date closed out or sold	(d) Gross sales price	(e) Cost or other basis plus expense of sale	(f) Gain. If column (d) is more than (e), enter difference. Otherwise, enter -0-.	
12						
13a Enter the short-term portion of gains from line 12, column (f), here and include on line 4 of Schedule D or on Form 8949. See instructions						13a
b Enter the long-term portion of gains from line 12, column (f), here and include on line 11 of Schedule D or on Form 8949. See instructions						13b

**Part III Unrecognized Gains From Positions Held on Last Day of Tax Year.** Memo entry only (see instructions)

(a) Description of property	(b) Date acquired	(c) Fair market value on last business day of tax year	(d) Cost or other basis as adjusted	(e) Unrecognized gain. If column (c) is more than (d), enter difference. Otherwise, enter -0-.
14				

2022 NJ-1040NR  
New Jersey Nonresident Income Tax Return

For Privacy Act Notification, See Instructions

NJ-1040NR  
2022  
Page 1



For Taxable Year January 1, 2022 – December 31, 2022 or Other Tax Year  
Beginning \_\_\_\_\_, 2022 Ending \_\_\_\_\_, 2023

1555

Your Social Security Number  
783459961

Last Name, First Name, Initial (Joint filers enter first name and middle initial of each. Enter spouse/CU partner last name only if different.)  
SHRIVASTAVA RAHUL

Spouse's/CU Partner's Social Security Number

State of Residency (outside NJ)  
MARYLAND

Home Address (Number and Street, incl. apt. # or rural route)  
4724 MELBOURNE ROAD

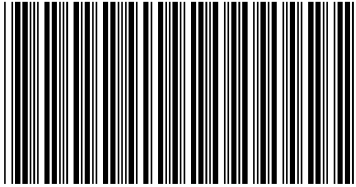
Driver's License # (Voluntary)	State	City, Town, Post Office	State	ZIP Code
S36606387404952	NJ	BALTIMORE	MD	21229

This is an amended return  
Federal extension application attached or enter confirmation number \_\_\_\_\_  
The address above is a foreign address  
Your address has changed  
Death certificate for deceased taxpayer is attached (See instructions page 9)  
I authorize the Division of Taxation to discuss my return and enclosures with my preparer

**NJ Residency Status** If you were a New Jersey resident for ANY part of the tax year, give the period of New Jersey residency. From: To:

<b>Gubernatorial Elections Fund</b>	Do you want to designate \$1 of your taxes for this fund? If joint return, does your spouse/CU partner want to designate \$1? Note: If you check the "Yes" box(es), it will not increase your tax or reduce your refund.	Yes	No
		Yes	No





040NV02220

Name(s) as shown on Form NJ-1040NR  
SHRIVASTAVA RAHUL

Your Social Security Number  
783459961

1555

**Filing Status**  
(Check only ONE box)

- 1.  Single
- 2.  Married/CU Couple, filing joint return
- 3.  Married/CU Partner, filing separate return
- 4.  Head of Household Name and SSN of Spouse/CU Partner
- 5.  Qualifying Widow(er)/Surviving CU Partner

**Exemptions**

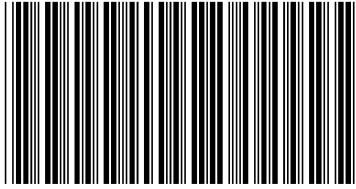
6. Regular	Self	Spouse/CU Partner	Domestic Partner	6.	1		
7. Age 65 or over	Self	Spouse/CU Partner		7.			
8. Blind or Disabled	Self	Spouse/CU Partner		8.			
9. Veteran Exemption	Self	Spouse/CU Partner					9.
10. Number of your qualified dependent children							10.
11. Number of other dependents							11.
12. Dependents attending colleges (See Instructions)				12.			
13. For line 13a – Add lines 6, 7, 8, and 12. For line 13b – Add lines 10 and 11. For line 13c – Enter amount from line 9.				13a.	1	13b.	13c.

**Dependent Information**

14. Dependent's Last Name, First Name, Middle Initial	Dependent's Social Security Number	Birth Year
a. _____		
b. _____		
c. _____		
d. _____		

COL. A - AMOUNT OF GROSS INCOME (EVERYWHERE) COL. B - AMOUNT FROM NEW JERSEY SOURCES

15. Wages, salaries, tips, and other employee compensation Check box if you completed lines 69 through 75	15.	11083 .	15.	11083 .
16. Interest	16.	.	16.	.
17. Dividends	17.	.	17.	.
18. Net profits from business (Schedule NJ-BUS-1, Part I, line 4)	18.	.	18.	.
19. Net gains or income from disposition of property (From line 68)	19.	0 .	19.	0 .
20. Net gains or income from rents, royalties, patents, and copyrights (Schedule NJ-BUS-1, Part II, line 4)	20.	0 .	20.	0 .
21. Net gambling winnings (See Instructions)	21.	.	21.	.
22. Taxable pensions, annuities, and IRA distributions/withdrawals	22.	.		
23. Distributive Share of Partnership Income (Schedule NJ-BUS-1, Part III, line 4)	23.	.	23.	.
24. Net pro rata share of S Corporation Income (Schedule NJ-BUS-1, Part IV, line 4)	24.	.	24.	.
25. Alimony and separate maintenance payments received	25.	.		
26. Other – State Nature and Source _____	26.	.	26.	.
27. TOTAL INCOME (Add lines 15 through 26)	27.	11083 .	27.	11083 .



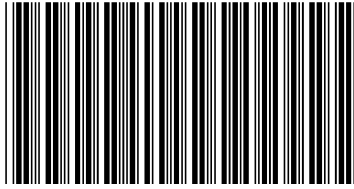
040NV03220

Name(s) as shown on Form NJ-1040NR  
SHRIVASTAVA RAHUL

Your Social Security Number  
783459961

1555

28a. Pension/Retirement Exclusion (See Instructions)	28a.	.	.
28b. Other Retirement Income Exclusion (See Worksheet and Instructions)	28b.	.	28b. .
28c. Total Exclusion Amount (Add line 28a and line 28b)	28c.	.	28c. .
29. Gross Income (Subtract line 28c from line 27)	29.	11083 .	29. 11083
30. Total Exemption Amount (See Instructions)	30.	1000 .	
31. Medical Expenses (See Worksheet and Instructions)	31.	.	
32. Alimony and separate maintenance payments	32.	.	
33. Qualified Conservation Contribution	33.	.	
34. Health Enterprise Zone Deduction	34.	.	
35. Alternative Business Calculation Adjustment (Schedule NJ-BUS-2, line 11)	35.	0 .	
36. Organ/Bone Marrow Donation Deduction (See instructions)	36.	.	
37a. NJBEST Deduction	37a.	.	
37b. NJCLASS Deduction	37b.	.	
37c. NJ Higher Education Tuition Deduction	37c.	.	
38. Total Exemptions and Deductions (Add lines 30 through 37c)	38.	1000 .	
39. <b>Taxable Income</b> (Subtract line 38 from line 29, column A)	39.	10083 .	
40. Tax on amount on line 39 (From Tax Table)	40.	141 .	
41. Income Percentage B. (line 29) / A. (line 29) = <u>100.00</u> %			
42. <b>New Jersey Tax</b> (Multiply amount from line 40 by income percentage from line 41)	42.		141 .
43. Sheltered Workshop Tax Credit (Enclose GIT-317. See Instructions)	43.	.	.
44. Gold Star Family Counseling Credit (See Instructions)	44.	.	.
45. Credit for Employer of Organ/Bone Marrow Donor (See instructions)	45.	.	.
46. Total Credits (Add lines 43, 44, and 45)	46.	.	.
47. Balance of Tax After Credits (Subtract line 46 from line 42)	47.		141 .
48. Interest on Underpayment of Estimated Tax.	48.		.
Check box if Form NJ-2210NR is enclosed			
49. Total Tax Due (Add line 47 and line 48)	49.		141 .
50. Total New Jersey Income Tax Withheld (From enclosed Forms W-2 and 1099) (Part-year nonresidents, see instructions)	50.	392 .	
51. New Jersey Estimated Tax Payments/Credit from 2021 return	51.	.	Also enter on line 51:
52. Tax paid on your behalf by Partnership(s)	52.	.	• Payments made in connection with sale of NJ real property
53. Excess NJ UI/WF/SWF Withheld (Enclose Form NJ-2450)	53.	.	• Payments by S corporation for nonresident shareholder
54. Excess NJ Disability Insurance Withheld (Enclose Form NJ-2450)	54.	.	
55. Excess NJ Family Leave Insurance Withheld (Enclose Form NJ-2450)	55.	.	
56. Pass-Through Business Alternative Income Tax Credit (See instructions)	56.	.	



040NV04220

Name(s) as shown on Form NJ-1040NR  
SHRIVASTAVA RAHUL

Your Social Security Number  
783459961

1555

57.	Total Payments/Credits (Add lines 50 through 56)	57.	392 .
58.	If line 57 is less than line 49, you have tax due. Subtract line 57 from line 49 and enter the amount you owe. If you owe tax, you can still make a donation on line 61A through 61F	58.	.
59.	If line 57 is more than line 49, you have an overpayment. Subtract line 49 from line 57 and enter the overpayment	59.	251 .
60.	Amount from line 59 you want to credit to your 2023 tax	60.	.
61.	Amount you want to credit to:		
	(A) N.J. Endangered Wildlife Fund	61A.	.
	(B) N.J. Children's Trust Fund	61B.	.
	(C) N.J. Vietnam Veterans' Memorial Fund	61C.	.
	(D) N.J. Breast Cancer Research Fund	61D.	.
	(E) U.S.S. N.J. Educational Museum Fund	61E.	.
	(F) Designated Contribution	Code	61F.
62.	Total Adjustments to Tax Due/ Overpayment (Add lines 60 through 61F)	62.	.
63.	Balance due (If line 58 is more than zero, add line 58 and 62)	63.	.
64.	Refund amount (If line 59 is more than zero, subtract line 62 from line 59)	64.	251 .

NOTE:  
An entry on lines 60 through 61F will reduce your tax refund

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. If prepared by a person other than taxpayer, this declaration is based on all information of which the preparer has any knowledge.

> \_\_\_\_\_  
Your Signature Date

> \_\_\_\_\_  
Spouse's/CU Partner's Signature (if filing jointly, BOTH must sign)

Paid Preparer's Signature

Federal Identification Number

SYAM PRIYA RAM SAGAR GUPTA TALLAM

P02082703

Firm's Federal Employer Identification Number

Firm's Name GLOBAL TAXES LLC

84-3171965

Pay amount on line 63 in full. Write Social Security number(s) on check or money order and make payable to:

State of New Jersey - TGI  
Division of Taxation  
Revenue Processing Center  
PO Box 244  
Trenton, NJ 08646-0244

You can also make a payment on our website:  
[nj.gov/taxation](http://nj.gov/taxation)

Name(s) as shown on Form NJ-1040NR: **SHRIVASTAVA RAHUL**  
 Your Social Security Number: **783459961**

**Part I Net Gains or Income From Disposition of Property** List the net gains or income, less net loss, derived from the sale, exchange, or other disposition of property including real or personal whether tangible or intangible as reported on federal Schedule D.

(a) Kind of property and description	(b) Date acquired (Mo., day, yr.)	(c) Date sold (Mo., day, yr.)	(d) Gross sales price	(e) Cost or other basis as adjusted (see instructions) and expense of sale	(f) Gain or (loss) (d less e)
65. APEX CLEARING	01/01/2022	12/31/2022	267859	272470	-4611
ROBINHOOD SECURITI	01/01/2022	12/31/2022	16048	20836	-4788
Oth gain/loss-F678	01/01/2021				-1061

66. Capital Gains Distribution .....	66.	
67. Other Net Gains.....	67.	
68. Net Gains (Add lines 65, 66, and 67) (Enter here and on line 19) (If loss, enter zero) .....	68.	0

**Part II Allocation of Wage and Salary Income Earned Partly Inside and Outside New Jersey** (See instructions if compensation depends entirely on volume of business transacted or if other basis of allocation is used.)

69. Amount reported on line 15 in column A required to be allocated .....	69.	
70. Total days in taxable year .....	70.	
71. Deduct nonworking days (Sundays, Saturdays, holidays, sick leave, vacation, etc.) .....	71.	
72. Total days worked in taxable year (subtract line 71 from line 70) .....	72.	
73. Deduct days worked outside New Jersey.....	73.	
74. Days worked in New Jersey (subtract line 73 from line 72).....	74.	

75. Allocation Formula \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_ (Include this amount on line 15, col. B)  
 (Enter amount from line 69) (Salary earned inside N.J.)

**Part III Allocation of Business Income to New Jersey** (See instructions if other than Formula Basis of allocation is used.)

Business Allocation Percentage (From Schedule NJ-NR-A)  
 Enter below the line number and amount of each item of business income reported in column A that is required to be allocated and multiply by allocation percentage to determine amount of income from New Jersey sources.

From Line No. \_\_\_\_\_ \$ \_\_\_\_\_ x \_\_\_\_\_% = \$ \_\_\_\_\_

From Line No. \_\_\_\_\_ \$ \_\_\_\_\_ x \_\_\_\_\_% = \$ \_\_\_\_\_

From Line No. \_\_\_\_\_ \$ \_\_\_\_\_ x \_\_\_\_\_% = \$ \_\_\_\_\_



**Schedule NJ-BUS-1**  
(Form NJ-1040NR)

New Jersey Gross Income Tax  
Business Income Summary Schedule

**2022**

**Part I Net Profits From Business** List the net profit (loss) from business(es). See Instructions.

	Business Name	Social Security Number/ Federal EIN	Profit or (Loss)
1.			
2.			
3.			
4.	Net Profit or (Loss). (Add lines 1, 2, and 3) (Enter here and on line 18, column A. If loss, enter zero on line 18, column A.)		4.

**Part II Net Gains or Income From Rents, Royalties, Patents, and Copyrights** List the net gains or net income, less net loss, derived from or in the form of rents, royalties, patents, and copyrights. See instructions.  
Type of Property:  
1-Rental real estate 2-Royalties 3-Patents 4-Copyrights

	Source of Income or Loss. If rental real estate, enter physical address of property.	Social Security Number/ Federal EIN	Type – Enter number from list above	Income or (Loss)
1.	C 601, IMPERIAL HEIGHTS,	783459961	1	-6,442.
2.				
3.				
4.	Net Income or (Loss). (Add lines 1, 2, and 3.) (Enter here and on line 20, column A. If loss, enter zero on line 20, column A.)		4.	-6,442.

**Part III Distributive Share of Partnership Income** List the distributive share of income (loss) from partnership(s). See instructions.

	Partnership Name	Federal EIN	Share of Partnership Income or (Loss)	Share of tax paid on your behalf by Partnerships	Share of Pass-Through Business Alternative Income Tax
1.					
2.					
3.					
4.	Distributive Share of Partnership Income or (Loss). (Add lines 1, 2, and 3.) (Enter here and on line 23, column A. If loss, enter zero on line 23, column A.)				
5.	Total Share of tax paid on your behalf by Partnerships (Add lines 1, 2, and 3.) Enter total here and include on line 52.				
6.	Total Share of Pass-Through Business Alternative Income Tax (Add lines 1, 2, and 3.) (Enter here and include on line 56.)				

**Part IV Net Pro Rata Share of S Corporation Income** List the pro rata share of income (usable loss) from S corporation(s). See instructions.

	S Corporation Name	Federal EIN	Pro Rata Share of S Corporation Income or (Usable Loss)	Share of Pass-Through Business Alternative Income Tax
1.				
2.				
3.				
4.	Net Pro Rata Share of S Corporation Income or (Usable Loss). (Add lines 1, 2, and 3.) (Enter here and on line 24, column A. If loss, enter zero on line 24, column A.)		4.	
5.	Total Share of Pass-Through Business Alternative Income Tax (Add lines 1, 2, and 3.) (Enter here and include on line 56.)		5.	

**Schedule NJ-BUS-2**  
(Form NJ-1040NR)New Jersey Gross Income Tax  
Alternative Business Calculation Adjustment**2022**

Part I Income (Loss)		Column A		Column B	
		Reportable Regular Business Income		Alternative Business Income (Loss)	
1.	Net Profits From Business	1a.	0.	1b.	0.
2.	Net Gain or Income From Rents, Royalties, Patents, and Copyrights	2a.	0.	2b.	-6,442.
3.	Distributive Share of Partnership Income	3a.	0.	3b.	0.
4.	Net Pro Rata Share of S Corporation Income	4a.	0.	4b.	0.
5.	Loss Carryforward From Tax Year 2021			5b.	( )
6.	Totals	6a.	0.	6b.	-6,442.
<b>Part II Adjustment Calculation</b>					
7.	Total Regular Business Income	7.	0.		
8.	Total Alternative Business Income/(Loss) (If loss, enter zero)	8.	0.		
9.	Business Increment (Subtract line 8 from line 7)	9.	0.		
10.	Adjustment Percentage	10.	0.50		
11.	Alternative Business Calculation Adjustment (line 9 x 0.50)	11.	0.		
<b>Part III Loss Carryforward to Tax Year 2023</b>					
12.	Loss Carryforward to Tax Year 2023	12.		(	6,442.

**Instructions**

- Line 1a. Enter the amount from line 18, column A, Form NJ-1040NR.
- Line 1b. Enter the amount from Part I, line 4, Schedule NJ-BUS-1 (Form NJ-1040NR).
- Line 2a. Enter the amount from line 20, column A, Form NJ-1040NR.
- Line 2b. Enter the amount from Part II, line 4, Schedule NJ-BUS-1 (Form NJ-1040NR).
- Line 3a. Enter the amount from line 23, column A, Form NJ-1040NR.
- Line 3b. Enter the amount from Part III, line 4, Schedule NJ-BUS-1 (Form NJ-1040NR).
- Line 4a. Enter the amount from line 24, column A, Form NJ-1040NR.
- Line 4b. Enter the amount from Part IV, line 4, Schedule NJ-BUS-1 (Form NJ-1040NR).
- Line 5b. Enter the amount from line 12 of your 2021 Schedule NJ-BUS-2 (Form NJ-1040NR).
- Line 6a. Enter the total of lines 1a through 4a.
- Line 6b. Enter the total of lines 1b through 5b, netting gains with losses.
- Line 7. Enter the amount from line 6a of this schedule.
- Line 8. Enter the amount from line 6b of this schedule. If loss, enter zero here.
- Line 9. Subtract line 8 from line 7. If the result is zero, enter zero on line 11 and on line 35 of Form NJ-1040NR, and continue with line 12.
- Line 10. The adjustment percentage for Tax Year 2022 is 50% (0.50).
- Line 11. Multiply the amount on line 9 by 50% (0.50). Enter here and on line 35 of Form NJ-1040NR.
- Line 12. If the amount on 6b is a loss, enter the amount of the loss on this line. Otherwise, enter zero.

**Keep a copy of this schedule for your records**



221010013

Keep this form for your records. Do not send this form to the State of Maryland unless specifically requested to do so. See Instructions.

Print Using Blue or Black Ink Only.

RAHUL SHRIVASTAVA 783459961
First Name MI Last Name SSN/Taxpayer Identification Number
Spouse's First Name MI Spouse's Last Name SSN/Taxpayer Identification Number

Part I Tax Return Information (whole dollars only)

- 1. Amount of overpayment to be applied to 2023 estimated tax . . . . . 1. .00
2. Amount of overpayment to be refunded to you . . . . . REFUND 2. 619 .00
3. Total amount due (Pay in full by April 15, 2023. See instructions.) . . . . . 3. .00

Part II Taxpayer Declaration and Signature Authorization

Under penalties of perjury, I declare that I have compared the information contained on my electronic return with the information that I provided to my Electronic Return Originator (ERO) or entered on-line and that the name(s) and amounts described above agree with the amounts shown on the corresponding lines of my 2022 Maryland electronic income tax return.

Your PIN: check one box only

[X] I authorize GLOBAL TAXES LLC to enter or generate my PIN 59961 as my signature on my tax year 2022 electronically filed income tax return.

[ ] I will enter my PIN as my signature on my tax year 2022 electronically filed income tax return. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method.

Your signature Date

Spouse's PIN: check one box only

[ ] I authorize to enter or generate my PIN as my signature on my tax year 2022 electronically filed income tax return.

[ ] I will enter my PIN as my signature on my tax year 2022 electronically filed income tax return. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method.

Spouse's signature Date

Practitioner PIN Method Returns Only

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. 22249608271

I certify this numeric entry is my PIN, which is my signature for the tax year 2022 electronically filed income tax return for the taxpayer(s). I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and the Maryland MeF Handbook for Authorized e-file Providers.

ERO's signature Date 04192023

DO NOT MAIL



225020013

\$

OR FISCAL YEAR BEGINNING \_\_\_\_\_ 2022, ENDING \_\_\_\_\_

783459961
Your Social Security Number Spouse's Social Security Number

RAHUL
Your First Name MI

SHRIVASTAVA
Your Last Name

Spouse's First Name MI

Spouse's Last Name

Does your name match the name on your social security card? If not, to ensure you get credit for your personal exemptions, contact SSA at 1-800-772-1213 or visit www.ssa.gov.

4724 MELBOURNE ROAD
Current Mailing Address Line 1 (Street No. and Street Name or PO Box)

BALTIMORE MD 21229
Current Mailing Address Line 2 (Apt No., Suite No., Floor No.) City or Town State ZIP Code + 4

Foreign Country Name Foreign Province/State/County

Foreign Postal Code

REQUIRED: Maryland Physical address of taxing area as of December 31, 2022 or last day of the taxable year for fiscal year taxpayers. See Instruction 6. Part-year residents see Instruction 26.

0300 BALTIMORE COUNTY
4 Digit Political Subdivision Code (See Instruction 6) Maryland Political Subdivision (See Instruction 6)

4724 MELBOURNE ROAD
Maryland Physical Address Line 1 (Street No. and Street Name) (No PO Box)

Maryland Physical Address Line 2 (Apt No., Suite No., Floor No.) (No PO Box)

BALTIMORE MD 21229 BALTIMORE COUNTY
City State ZIP Code + 4 Maryland County

FILING STATUS

CHECK ONE BOX

See Instruction 1 if you are required to file.

- 1. [X] Single (If you can be claimed on another person's tax return, use Filing Status 6.)
2. [ ] Married filing joint return or spouse had no income
3. [ ] Married filing separately, Spouse SSN
4. [ ] Head of household
5. [ ] Qualifying widow(er) with dependent child
6. [ ] Dependent taxpayer (Enter 0 in Exemption Box (A) - See Instruction 7.)

PART-YEAR RESIDENT

See Instruction 26.

Dates of Maryland Residence (MM DD YYYY) FROM TO

Other state of residence:

If you began or ended legal residence in Maryland in 2022 place a P in the box. MILITARY: If you or your spouse has non-Maryland military income, place an M in the box.

Enter Military Income amount here:



225020113

NAME RAHUL SHRIVASTAVA SSN 783459961

**EXEMPTIONS**

See Instruction 10. Check appropriate box(es). **NOTE:** If you are claiming dependents, you **must attach the Dependents' Information Form 502B** to this form to receive the applicable exemption amount.

**A.**  **Yourself**  **Spouse** . . . . . Enter number checked  See Instruction 10 **A. \$** 3200 .00

**B.**  65 or over  65 or over

Blind  Blind . . . . . Enter number checked  X \$1,000 . . . . . **B. \$** \_\_\_\_\_ .00

**C.** Enter number from line 3 of Dependent Form 502B . . . . .  See Instruction 10 **C. \$** \_\_\_\_\_ .00

**D. Enter Total Exemptions (Add A, B and C.)** . . . . .  **Total Amount. . . . . D. \$** 3200 .00

**MARYLAND HEALTH CARE COVERAGE**

See Instruction 3.

Check here  If you do not have health care coverage DOB (mm/dd/yyyy)

Check here  If your spouse does not have health care coverage DOB (mm/dd/yyyy)

Check here  I authorize the Comptroller of Maryland to share information from this tax return with the Maryland Health Benefit Exchange for the purpose of determining pre-eligibility for no-cost or low-cost health care coverage.

E-mail address

**INCOME**

See Instruction 11.

**1.** Adjusted gross income from your federal return . . . . . **1.** 42032 .00

**1a.** Wages, salaries and/or tips . . . . . **1a.** 51474 .00

**1b.** Earned income . . . . . **1b.** \_\_\_\_\_ .00

**1c.** Capital Gain or (loss) . . . . . **1c.** -3000 .00

**1d.** Taxable Pensions, IRAs, Annuities (**Attach Form 502R.**) **1d.** \_\_\_\_\_ .00

**1e. Place a "Y" in this box if the amount of your investment income is more than \$10,300 .**

**ADDITIONS TO MARYLAND INCOME**

See Instruction 12.

**2.** Tax-exempt interest on state and local obligations (bonds) other than Maryland . . . . . **2.** \_\_\_\_\_ .00

**3.** State retirement pickup. . . . . **3.** \_\_\_\_\_ .00

**4.** Lump sum distributions (from worksheet in Instruction 12.) . . . . . **4.** \_\_\_\_\_ .00

**5.** Other additions (Enter code letter(s) from Instruction 12.)  **5.** \_\_\_\_\_ .00

**6.** Total additions (Add lines 2 through 5. See instructions.) . . . . . **6.** \_\_\_\_\_ .00

**7.** Total federal adjusted gross income and Maryland additions (Add lines 1 and 6.) . . . . . **7.** 42032 .00

**SUBTRACTIONS FROM MARYLAND INCOME**

See Instruction 13.

**8.** Taxable refunds, credits or offsets of state and local income taxes included in line 1 . . . . . **8.** \_\_\_\_\_ .00

**9.** Child and dependent care expenses . . . . . **9.** \_\_\_\_\_ .00

**10a.** Pension exclusion from worksheet (13A) . . . . . **Yourself**  **Spouse**  **10a.** \_\_\_\_\_ .00

**10b.** Pension exclusion from worksheet (13E) . . . . . **Yourself**  **Spouse**  **10b.** \_\_\_\_\_ .00

**11.** Taxable Social Security and RR benefits (Tier I, II and supplemental) included in line 1 . . . . . **11.** \_\_\_\_\_ .00

**12.** Income received during period of nonresidence (See Instruction 26.) . . . . . **12.** \_\_\_\_\_ .00

**13.** Subtractions from attached Form 502SU . . . . . **13.** \_\_\_\_\_ .00

**14.** Two-income subtraction from worksheet in Instruction 13 . . . . . **14.** \_\_\_\_\_ .00

**15.** Total subtractions (Add lines 8 through 14. See instructions.) . . . . . **15.** \_\_\_\_\_ .00

**16.** Maryland adjusted gross income (Subtract line 15 from line 7.) . . . . . **16.** 42032 .00

**DEDUCTION METHOD**

See Instruction 16.

**All taxpayers must select one method and check the appropriate box.**

**STANDARD DEDUCTION METHOD** (Enter amount on line 17.)

**ITEMIZED DEDUCTION METHOD** (Complete lines 17a and 17b.)

**17a.** Total federal itemized deductions (from line 17, federal Schedule A) . **17a.** \_\_\_\_\_ .00

**17b.** State and local income taxes (See Instruction 14.) . . . . . **17b.** \_\_\_\_\_ .00

Subtract line 17b from line 17a and enter amount on line 17.

**17.** Deduction amount (Part-year residents see Instruction 26 (l and m).) . . . . . **17.** 2400 .00

**18.** Net income (Subtract line 17 from line 16.) . . . . . **18.** 39632 .00

**19.** Exemption amount from Exemptions area (See Instruction 10.) . . . . . **19.** 3200 .00

**20.** Taxable net income (Subtract line 19 from line 18.) . . . . . **20.** 36432 .00



225020213

NAME RAHUL SHRIVASTAVA SSN 783459961

<b>MARYLAND TAX COMPUTATION</b>	<b>21. Maryland tax</b> (from Tax Table or Computation Worksheet Schedules I or II) . . . . .	21.	1678	.00
	<b>22. Earned income credit (EIC)</b> (See Instruction 18.) . . . . .	▶ 22.		.00
	<input type="checkbox"/> Check this box if you are claiming the Maryland Earned Income Credit, but do not qualify for the federal Earned Income Credit.			
	<input type="checkbox"/> Check this box if you are claiming the Maryland Earned Income Credit with a qualifying child.			
	<b>23. Poverty level credit</b> (See Instruction 18.) . . . . .	▶ 23.		.00
	<b>24. Other income tax credits for individuals from Part AA, line 14 of Form 502CR (Attach Form 502CR.)</b>	24.	141	.00
	<b>25. Business tax credits</b> . . . . . <b>You must file this form electronically to claim business tax credits on Form 500CR.</b>			
	<b>26. Total credits</b> (Add lines 22 through 25.) . . . . .	26.	141	.00
<b>27. Maryland tax after credits</b> (Subtract line 26 from line 21.) If less than 0, enter 0. . . . .	27.	1537	.00	
<b>LOCAL TAX COMPUTATION</b>	<b>28. Local tax</b> (See Instruction 19 for tax rates and worksheet.) <b>Multiply line 20 by your local tax rate .0 0320</b> or use the Local Tax Worksheet . . . . .	28.	1166	.00
	<b>29. Local earned income credit</b> (from Local Earned Income Credit Worksheet in Instruction 19.) . . . . .	29.		.00
	<b>30. Local poverty level credit</b> (from Local Poverty Level Credit Worksheet in Instruction 19.) . . . . .	30.		.00
	<b>31. Local tax credit from Part BB, line 1 of Form 502CR (Attach Form 502CR.)</b> . . . . .	31.	0	.00
	<b>32. Total credits</b> (Add lines 29 through 31.) . . . . .	32.	0	.00
	<b>33. Local tax after credits</b> (Subtract line 32 from line 28.) If less than 0, enter 0. . . . .	33.	1166	.00
	<b>34. Total Maryland and local tax</b> (Add lines 27 and 33.) . . . . .	34.	2703	.00
<b>CONTRIBUTIONS</b> See Instruction 20.	<b>35. Contribution to Chesapeake Bay and Endangered Species Fund</b> . . . . .	▶ 35.		.00
	<b>36. Contribution to Developmental Disabilities Services and Support Fund</b> . . . . .	▶ 36.		.00
	<b>37. Contribution to Maryland Cancer Fund.</b> . . . . .	▶ 37.		.00
	<b>38. Contribution to Fair Campaign Financing Fund</b> . . . . .	▶ 38.		.00
<b>39. Total Maryland income tax, local income tax and contributions</b> (Add lines 34 through 38.) . . . . .	39.	2703	.00	
	<b>40. Total Maryland and local tax withheld</b> (Enter total from your W-2 and 1099 forms and attach if MD tax is withheld.) . . . . .	▶ 40.	3322	
	<b>41. 2022 estimated tax payments, amount applied from 2021 return, payment made with an extension request, and Form MW506NRS</b> . . . . .	▶ 41.		
	<b>42. Refundable earned income credit</b> (from worksheet in Instruction 21) . . . . .	▶ 42.		
	<b>43. Refundable income tax credits from Part CC, line 10 of Form 502CR</b> (Attach Form 502CR and/or Schedule K-1 (Forms 510/511), if applicable. See Instruction 21.)	43.		
	<b>44. Total payments and credits</b> (Add lines 40 through 43.) . . . . .	44.	3322	
	<b>45. Balance due</b> (If line 39 is more than line 44, subtract line 44 from line 39. See Instruction 22.) . . . . .	▶ 45.		
	<b>46. Overpayment</b> (If line 39 is less than line 44, subtract line 39 from line 44.) . . . . .	▶ 46.	619	
<b>REFUND</b>	<b>47. Amount of overpayment TO BE APPLIED TO 2023 ESTIMATED TAX.</b> . . . . .	▶ 47.		
	<b>48. Amount of overpayment TO BE REFUNDED TO YOU</b> (Subtract line 47 from line 46.) See line 51 . . . . . <b>REFUND</b>	▶ 48.	619	
	<b>49. Check here</b> <input type="checkbox"/> if you are attaching Form 502UP. Enter interest charges from line 18, _____ or for late filing _____ or homebuyer withdrawal penalty _____	▶ 49.		
<b>AMOUNT DUE</b>	<b>50. TOTAL AMOUNT DUE</b> (Add lines 45 and 49.) <b>IF \$1 OR MORE, PAY IN FULL WITH THIS RETURN. INCLUDE FORM PV.</b> . . . . .	50.		



225020313

NAME RAHUL SHRIVASTAVA SSN 783459961

**DIRECT DEPOSIT OF REFUND** (See Instruction 22.) **Verify that all account information is correct and clearly legible.** If you are requesting direct deposit of your refund, complete the following. **For Splitting Direct Deposit**, use Form 588.

▶  Check here if you authorize the State of Maryland to issue your refund by direct deposit.

▶  Check here if this refund will go to an account outside of the United States.

**51a.** Type of account: ▶  Checking  Savings **51b.** Routing Number (9-digits) ▶ 031207607

**51c.** Account Number ▶ 8133671154

**51d.** Name(s) as it appears on the bank account \_\_\_\_\_

▶ 2019200301 \_\_\_\_\_ ▶ \_\_\_\_\_  
Daytime telephone no. Home telephone no. CODE NUMBERS (3 digits per line)

Check here  if you authorize your preparer to discuss this return with us. Check here ▶  if you authorize your paid preparer not to file electronically. Check here ▶  if you agree to receive your 1099G Income Tax Refund statement electronically (See Instruction 24.)

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements and to the best of my knowledge and belief it is true, correct and complete. If prepared by a person other than taxpayer, the declaration is based on all information of which the preparer has any knowledge.

\_\_\_\_\_  
Your signature Date

GLOBAL TAXES LLC  
Printed name of the Preparer / or Firm's name

SYAM PRIYA RAM SAGAR GUPTA TALLAM  
Signature of preparer other than taxpayer (Required by Law)

\_\_\_\_\_  
Spouse's signature Date

245 ROONEY CT  
Street address of preparer or Firm's address

E BRUNSWICK NJ 08816  
City, State, ZIP Code + 4

6789659522 ▶ P02082703  
Telephone number of preparer Preparer's PTIN (Required by Law)

**For returns filed without payments, mail your completed return to:**

**To make an online payment, scan the QR code below and follow instructions.**

Comptroller of Maryland  
Revenue Administration Division  
110 Carroll Street  
Annapolis, MD 21411-0001

**For returns filed with payments, attach check or money order to Form PV. Make checks payable to Comptroller of Maryland. Do not attach Form PV or check/money order to Form 502. Place Form PV with attached check/money order on TOP of Form 502 and mail to:**

Comptroller of Maryland  
Payment Processing  
PO Box 8888  
Annapolis, MD 21401-8888





22502C013

Print Using Blue or Black Ink Only

▶ 783459961

Your Social Security Number



Spouse's Social Security Number

RAHUL

Your First Name

MI

SHRIVASTAVA

Your Last Name

Spouse's First Name

MI

Spouse's Last Name

**Read Instructions for Form 502CR. Note: You must complete and submit pages 1 through 4 of this form to receive credit for the items listed.**

**PART A - TAX CREDITS FOR INCOME TAXES PAID TO OTHER STATES AND LOCALITIES**

**If you were a part-year resident, do not claim a credit for tax paid on nonresident income you included on line 12 of the Form 502.**

**If you are claiming a credit for taxes paid to multiple states and/or localities, see instructions.**

- |     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |     |                  |
|-----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|------------------|
| 1.  | Enter your taxable net income from line 20, Form 502 (or line 10, Form 504).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 1.  | <u>36432</u> .00 |
| 2.  | Taxable net income in other state. Write on this line only the net income which is taxable in both the other state and Maryland. If you are taxed in the other state on income which is not taxable in Maryland, do not include that amount here. <b>NOTE:</b> When the tax in the other state is a percentage of a tax based on your total income regardless of source, you must apply the same percentage to your taxable income in the other state to determine the income taxable in both states.                                                          | 2.  | <u>10083</u> .00 |
| 3.  | Revised taxable net income (Subtract line 2 from line 1.) If less than zero, enter zero.                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 3.  | <u>26349</u> .00 |
| 4.  | Enter the Maryland tax from line 21, Form 502 (or line 11, Form 504). This is the Maryland tax based on your total income for the year.                                                                                                                                                                                                                                                                                                                                                                                                                        | 4.  | <u>1678</u> .00  |
| 5.  | Tax on amount on line 3. Compute the Maryland tax that would be due on the revised taxable net income by using the Maryland Tax Table or Computation Worksheet contained in the instructions for Forms 502 or 504.                                                                                                                                                                                                                                                                                                                                             | 5.  | <u>1198</u> .00  |
|     | <b>Do not include the local income tax</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |     |                  |
| 6.  | Tentative <b>State</b> tax credit (Subtract line 5 from line 4.) If less than zero, enter zero.                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 6.  | <u>480</u> .00   |
| 7.  | Enter the Local tax from line 28, Form 502 (or line 18, Form 504). This is the Local tax based on your total income for the year.                                                                                                                                                                                                                                                                                                                                                                                                                              | 7.  | <u>1166</u> .00  |
| 8.  | Local tax on amount on line 3. Compute the Local tax that would be due on the revised taxable net income by multiplying line 3 by your Local tax rate .0 <u>320</u>                                                                                                                                                                                                                                                                                                                                                                                            | 8.  | <u>843</u> .00   |
| 9.  | Tentative <b>Local</b> tax credit (Subtract line 8 from line 7.) If less than zero, enter zero.                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 9.  | <u>323</u> .00   |
| 10. | Tentative <b>Total</b> tax credit (Add line 6 and line 9.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 10. | <u>803</u> .00   |
| 11. | Total state and local tax shown on tax return(s) filed with the state of (Enter 2-letter state code, code must be entered for credit to be allowed) ▶ <u>NJ</u> Enter the amount of your 2022 income tax liability (after deducting any credits for personal exemptions) to the other state and locality in the other state (where applicable). Do not enter state or locality tax withheld from your W-2 forms. <b>It is important that a copy of the tax return that was filed with the other state and/or locality be attached to your Maryland return.</b> | 11. | <u>141</u> .00   |
| 12. | Credit for income tax paid to other state and/or locality. Your credit for taxes paid to another state and/or locality is the smaller of the tax actually paid (line 11) or the reduction in Maryland tax resulting from the exclusion of income in the other state and/or locality (line 10). Write the lesser of line 11 or line 10.                                                                                                                                                                                                                         | 12. | <u>141</u> .00   |

**State and Local Credits Allowed**

- |     |                                                                                                                  |       |                |
|-----|------------------------------------------------------------------------------------------------------------------|-------|----------------|
| 13. | <b>State Credit</b> for Income Tax Paid to other state (Lesser of line 6 or line 12). Enter on line 1, Part AA.  | ▶ 13. | <u>141</u> .00 |
| 14. | <b>Local Credit</b> for Income Tax Paid to other state (Subtract line 13 from line 12.) Enter on line 1, Part BB | ▶ 14. | <u>0</u> .00   |



22502C113

NAME RAHUL SHRIVASTAVA SSN 783459961

**PART B - CREDIT FOR CHILD AND DEPENDENT CARE EXPENSES**

1. Enter your federal adjusted gross income from line 1 of Form 502 or line 17, column 1 of Form 505 or Form 515. . . . . 1. \_\_\_\_\_ .00
2. Enter your federal Child and Dependent Care Credit from federal Form 2441 . . . . . 2. \_\_\_\_\_ .00
3. Enter the decimal amount from the chart in the instructions that applies to the amount on line 1 . . . . . 3. \_\_\_\_\_
4. Multiply line 2 by line 3. Enter here and on Part AA, line 2. . . . . 4. \_\_\_\_\_ .00

**PART C - QUALITY TEACHER INCENTIVE CREDIT**

Enter the Name of Qualified Employer

- |                                                                                                                                                                      | Taxpayer A | Taxpayer B |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|------------|
| 1. Enter the Maryland public school system or a State or local correctional facility or qualified juvenile facility in which you are employed and teach . . . . . 1. | _____      | _____      |
| 2. Enter amount of tuition paid to: _____ .00                                                                                                                        | _____ .00  | _____ .00  |
| Name of Institution(s)                                                                                                                                               |            |            |
| 3. Enter amount of tuition reimbursement . . . . . 3.                                                                                                                | _____ .00  | _____ .00  |
| 4. Subtract line 3 from line 2 . . . . . 4.                                                                                                                          | _____ .00  | _____ .00  |
| 5. Maximum Credit . . . . . 5.                                                                                                                                       | 1500 .00   | 1500 .00   |
| 6. Enter the lesser of line 4 or line 5 here. . . . . 6.                                                                                                             | _____ .00  | _____ .00  |
| 7. Total (Add amounts from line 6, for Taxpayers A and B). Enter here and on Part AA, line 3 . . . . . 7.                                                            | _____ .00  |            |

**PART D - CREDIT FOR AQUACULTURE OYSTER FLOATS**

1. Enter the amount paid to purchase an aquaculture oyster float(s) Enter here and on Part AA, line 4. This credit is limited. See Instructions. . . . . 1. \_\_\_\_\_ .00

**PART E - LONG-TERM CARE INSURANCE CREDIT: (THIS IS A ONE-TIME CREDIT.)**

Answer the questions and see instructions below before completing Columns A through E for each person for whom you paid long-term care insurance premiums.

- Question 1** - Did the insured individual have long-term care insurance prior to July 1, 2000? . . . . .  Yes  No
- Question 2** - Is the credit being claimed for the insured individual in this year by any other taxpayer? . . . . .  Yes  No
- Question 3** - Has credit been claimed **by anyone** for the insured individual in any other tax year? . . . . .  Yes  No
- Question 4** - Is the insured individual for whom the credit is being claimed a nonresident of Maryland? . . . . .  Yes  No

**If you answered YES to any of the above questions, that insured person does NOT qualify for the credit.**

Complete Columns A through D only for insured individuals who qualify for credit. Enter in Column E the lesser of the amount of premium paid for each insured person or:

- \$450 for those insured who are 40 or less, as of 12/31/22
- \$500 for those insured who are over age 40, as of 12/31/22

Add the amounts in Column E and enter the total on line 5 (total) and on Part AA, line 5.

	Column A Name of Qualifying Insured Individual	Age	Column B Social Security No. of Insured	Column C Relationship to Taxpayer	Column D Amount of Premium Paid	Column E Credit Amount	
1.	_____	_____	_____	_____	.00	1. _____ .00	
2.	_____	_____	_____	_____	.00	2. _____ .00	
3.	_____	_____	_____	_____	.00	3. _____ .00	
4.	_____	_____	_____	_____	.00	4. _____ .00	
5.	<b>TOTAL</b>						5. _____ .00

**PART F - CREDIT FOR PRESERVATION AND CONSERVATION EASEMENTS**

PTE members may not use the Form 502CR to claim this credit.

Taxpayer A

Taxpayer B

- |                                                                                                                                                                       |           |              |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--------------|
| 1. Enter the portion of the total current-year conveyance amount, and any carryover from prior year(s), attributable to each taxpayer . . . . . 1.                    | _____ .00 | 1. _____ .00 |
| 2. Enter the amount of any payment received for the easement by each taxpayer during 2022. . . . . 2.                                                                 | _____ .00 | 2. _____ .00 |
| 3. Subtract line 2 from line 1 . . . . . 3.                                                                                                                           | _____ .00 | 3. _____ .00 |
| 4. Enter the amount from line 21 of Form 502; line 32c of Form 505; line 33 of Form 515; line 13 of Form 504 or \$5,000, whichever is less. See instructions . . . 4. | _____ .00 | 4. _____ .00 |
| 5. Enter the lesser of line 3 or 4 here. (If you itemize deductions, see Instruction 14.) . . . . . 5.                                                                | _____ .00 | 5. _____ .00 |
| 6. Total (Add amounts from line 5 for Taxpayers A and B). Enter here and on Part AA, line 6 . . . . . 6.                                                              | _____ .00 |              |
| 7. Excess credit carryover. Subtract line 6 from the sum of lines 3A and 3B. . . . . 7.                                                                               | _____ .00 |              |



22502C213

NAME RAHUL SHRIVASTAVA SSN 783459961

PART G - VENISON DONATION - FEED THE HUNGRY ORGANIZATIONS TAX CREDIT

1. Enter the amount up to \$50 per deer of qualified expenses to butcher and process an antlerless deer for human consumption. Enter here and on Part AA, line 7. This credit is limited. See Instructions.
Number of antlerless deer donated 1 .00

PART H - COMMUNITY INVESTMENT TAX CREDIT \*\* must attach required certification

This credit is limited to individual taxpayers who have elected not to claim this credit on Form 500CR. If you have an Excess Carryover on Form 500CR attributable to any credit other than the Community Investment Tax Credit (CITC), you are not eligible to claim the CITC on Form 502CR. You must use Form 500CR. Also, PTE members may not elect to use Form 502CR to claim the CITC.

1. Enter the amount of Excess CITC Carryover from 2021 1 .00
2. Amount of approved contributions 2 .00
3. Enter 50% of line 2 3 .00
4. Enter the amount from line 3 or \$250,000, whichever is less 4 .00
5. Add line 1 and line 4. Enter the result here and on Part AA, line 8 5 .00

PART I - ENDOW MARYLAND TAX CREDIT \*\*must attach required certification

This credit is limited to individual taxpayers who have elected not to claim this credit on Form 500CR.

1. Enter the amount of Excess Endow Maryland Tax Credit Carryover from 2021 1 .00
2. Amount of approved donation to a qualified permanent endowment fund 2 .00
3. Enter 25% of line 2 3 .00
4. Enter the amount from line 3 or \$50,000, whichever is less 4 .00
5. Add line 1 and line 4. Enter the result here and on Part AA, line 9 5 .00

Note: Line 2 of Part I requires an addition to income. See Instruction 12.

PART J - PRECEPTORS IN AREAS WITH HEALTH CARE WORKFORCE SHORTAGES TAX CREDIT \*\* must attach required certification

1. Physician Preceptorship Tax Credit: Enter amount certified by Maryland Department of Health (See Instructions for specific requirements.) 1 .00
2. Nurse Practitioner Preceptorship Tax Credit: Enter amount certified by Maryland Department of Health (See Instructions for specific requirements.) 2 .00
3. Physician Assistant Preceptorship Tax Credit: Enter amount certified by Maryland Department of Health (See Instructions for specific requirements) 3 .00
4. Add line 1, 2, and 3. Enter the result here and on Part AA, line 10 4 .00

PART K - INDEPENDENT LIVING TAX CREDIT \*\* must attach required certification

1. Credit (Certified by the Maryland Department of Housing and Community Development) Enter here and on Part AA, line 11 1 .00

PART L - ENDOWMENTS OF MARYLAND HISTORICALLY BLACK COLLEGES AND UNIVERSITIES TAX CREDIT \*\* must attach required certification

1. Credit (Certified by the Office of The Comptroller). Enter here and on Part AA line 12 1 .00

PART M - SENIOR TAX CREDIT

1. Enter the credit claimed here and on Part AA, line 13 (See Instructions) 1 .00

PART AA - INCOME TAX CREDIT SUMMARY

1. Enter the amount from Part A, line 13 (If more than one state, see Instructions.) 1 141 .00
2. Enter the amount from Part B, line 4 2 .00
3. Enter the amount from Part C, line 7 3 .00
4. Enter the amount from Part D, line 1 4 .00
5. Enter the amount from Part E, line 5 5 .00
6. Enter the amount from Part F, line 6 6 .00
7. Enter the amount from Part G, line 1 7 .00
8. Enter the amount from Part H, line 5 8 .00
9. Enter the amount from Part I, line 5 9 .00
10. Enter the amount from Part J, line 4 10 .00
11. Enter the amount from Part K, line 1 11 .00
12. Enter the amount from Part L, line 1 12 .00



22502C313

NAME RAHUL SHRIVASTAVA SSN 783459961

13. Enter the amount from Part M, line 1. . . . . 13. \_\_\_\_\_ .00
14. Total (Add lines 1 through 13.) Enter this amount on line 24 of Form 502; line 14 of Form 504;  
line 34 of Form 505 or line 35 of Form 515 . . . . . 14. 141 .00

**PART BB – LOCAL INCOME TAX CREDIT SUMMARY**

1. Enter the amount from Part A, line 14 (If more than one state, see Instructions.) . . . . . 1. \_\_\_\_\_ 0 .00  
Enter this amount on line 31 of Form 502; line 19 of Form 504.

**PART CC- REFUNDABLE INCOME TAX CREDITS**

1. Student Loan Debt Relief Tax Credit (See Instructions.). Enter the amount and attach certification. . . . . ▶ 1. \_\_\_\_\_ .00
2. Heritage Structure Rehabilitation Tax Credit (See Instructions for Form 502S). Attach certification(s). . . . . ▶ 2. \_\_\_\_\_ .00
3. Refundable Business Income Tax Credit (See Instructions for Form 500CR.) **You must file your return electronically to claim a business income tax credit.**
4. IRC Section 1341 Repayment Credit. (See Instructions and Administrative Release 40.) Attach documentation ▶ 4. \_\_\_\_\_ .00
5. Catalytic Revitalization Projects and Historic Revitalization Tax Credit  
(See Instructions for required attachments) . . . . . ▶ 5. \_\_\_\_\_ .00
6. Flow-through Nonresident PTE tax (See Instructions for required attachments.) . . . . . ▶ 6. \_\_\_\_\_ .00
7. Refundable credit for Child and Dependent Care Expenses. (See Instructions.) . . . . . ▶ 7. \_\_\_\_\_ .00
8. Refundable credit for Child with disability (See worksheet 21C Instructions). . . . . ▶ 8. \_\_\_\_\_ .00
9. PTE Tax paid on members' distributive or pro rata shares of income . . . . . ▶ 9. \_\_\_\_\_ .00
10. Total. (Add lines 1 through 9.) Enter this amount on line 43 of Form 502, line 46 of Form 505  
or line 51 of Form 515. . . . . 10. \_\_\_\_\_ .00