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

2022	2
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OMB No. 1545-0074

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

Filing Status Check only	S 🗌 S	Single X Married filing jointly	Marrie	ed filing separate	ly (MFS)	☐ Head of	household (HC)H) [fying surv se (QSS)	riving
one box.	-	u checked the MFS box, enter the r on is a child but not your dependen	-	our spouse. If yo	ou check	ed the HOH or	QSS box, ent	er the	child's	name if th	e qualifying
Your first name and middle initial				me				Y	Your social security number		
RAJA				R DHAYALAN	1			-	701-02-0226		
If joint return, spouse's first name and middle initial Last name S						Spouse's social security number					
MONICKA	BERN	JATH	THOM	IAS				I	APPLIED FOR		
Home address	(numbe	r and street). If you have a P.O. box, see	instruction	ons.			Apt. no.	F	Presidential Election Campaign		
613 DRYS	STACE	K WAY						Check here if you, o			
City, town, or post office. If you have a foreign address, also comp				mplete spaces below. State ZI							tly, want \$3 Checking a
CARY				NC			27519			w will not	
Foreign country name			Foreign province/state/co			У	Foreign postal of			or refund.	· ·
										You	Spouse
Digital Assets		y time during 2022, did you: (a) rec ange, gift, or otherwise dispose of					-			Yes	⊠ No
Standard		eone can claim: You as a de				a dependent	, ,				
Deduction		Spouse itemizes on a separate retu	•			•					
Age/Blindness	You:	Were born before January 2, 1	958	Are blind	Spouse	: Was bo	rn before Janu			Is bli	
Dependent				(2) Social securit		(3) Relationsh	"P				instructions):
If more	(1) Fi	rst name Last name		number to you		Child	tax cred	redit Credit for other d		ner dependents	
than four dependents,								<u> </u>			ᆗ
see instruction	s ——							<u> </u>			ᆜ
and check	. —							<u> </u>			ᆜ
here											
Income	1a	Total amount from Form(s) W-2, b	,	,					1a	11	L2,860.
Attach Farm(s)	b	Household employee wages not r	•						1b 1c		
Attach Form(s) W-2 here. Also	C	Tip income not reported on line 1a (see instructions)									
attach Forms	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)									
W-2G and 1099-R if tax	Taxable dependent care benefits	•						1e 1f			
was withheld.	f	Employer-provided adoption benefits from Form 8839, line 29									
If you did not	9	•	6						1g		
get a Form h Other earned income (see instruction W-2, see									1h		0.
instructions.	i	Nontaxable combat pay election (see instr	ructions)		<u>1</u> i			-	1 1 1	10 000
	<u>z</u>	Add lines 1a through 1h			 I . .				1z	1 11	L2,860.
Attach Sch. B if required.	2a	Tax-exempt interest	2a		1	axable interes			2b		
ii required.	3a	Qualified dividends	3a		1	rdinary divide			3b		
	4a	IRA distributions	4a		1	axable amoun			4b		
Standard Deduction for—	5a	Pensions and annuities	5a		1		t		5b		
Single or	6a	Social security benefits	6a		1		t		6b		
Married filing separately,	C 7	If you elect to use the lump-sum e		·	`	,		. 🗀	7		1 O E
\$12,950	7	Capital gain or (loss). Attach Sche		·				. ⊔	7		-105.
Married filing jointly or	8	Other income from Schedule 1, lin							8	1 1 1	7.5.
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7							10	+ + + 1	L2 , 755.
\$25,900	10	Adjustments to income from Schedule 1, line 26								1 1 1	
Head of household,	11	Subtract line 10 from line 9. This is	•	-					11		L2,755.
\$19,400	12	Standard deduction or itemized		•	,	 E A			12	1 2	25 , 900.
If you checked any box under	13	Qualified business income deduct							13	 	
Standard Deduction,	14 15	Add lines 12 and 13							14		25 , 900.
see instructions.	13	Cubilact line 14 HOIII line 11. H Ze	10 01 168	5, GILGI -U IIIIS	is your I	avanic ilicoli			15	1 2	36 , 855.

Form 1040 (2022	2)								Page 2
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 881	4 2 🗌 4972	3 🗌		16	10,347.
Credits	17	Amount from Schedule 2, lin	ne 3					17	
	18	Add lines 16 and 17						18	10,347.
	19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812			19	
	20	Amount from Schedule 3, lin	ie 8					20	
	21	Add lines 19 and 20						21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	10,347.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21 .			23	0.
	24	Add lines 22 and 23. This is	your total tax					24	10,347.
Payments	25	Federal income tax withheld							
-	а	Form(s) W-2				25a 2	0,826.		
	b	Form(s) 1099							
	С	Other forms (see instructions	s)			25c			
	d	Add lines 25a through 25c						25d	20,826.
If you have a	26	2022 estimated tax payment	ts and amount a	pplied from 20	21 return			26	
qualifying child,	27	Earned income credit (EIC)							
attach Sch. EIC.	28	Additional child tax credit from	m Schedule 8812			28			
	29	American opportunity credit	from Form 8863	8, line 8		29			
	30	Reserved for future use .				30			
	31	Amount from Schedule 3, lin	ne 15			31			
	32	Add lines 27, 28, 29, and 31	32						
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments				33	20,826.
Refund	34	If line 33 is more than line 24	l, subtract line 2	4 from line 33.	This is the amo	unt you overpaid		34	10,479.
riciana	35a	Amount of line 34 you want			is attached, ch	eck here	🗌	35a	10,479.
Direct deposit?	b	Routing number 1 2 1				Checking	Savings		
See instructions.	d	Account number 3 2 5							
	36	Amount of line 34 you want a	applied to your	2023 estimate	ed tax	36			
Amount You Owe	37	Subtract line 33 from line 24						37	
roa owe	38	For details on how to pay, go to www.irs.gov/Payments or see instructions							
Third Dort		you want to allow another							
Third Party Designee		,	elow.	X No					
Doolgilloo		instructions							
	naı	me		no.		num	nber (PIN)		
Sign		der penalties of perjury, I declare t ief, they are true, correct, and com							
Here	Yo	ur signature	Date	Your occupation				nt you an Identity	
Joint return?				MECHANICA	AL ENGINEER	(see i		IN, enter it here	
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, I	ooth must sign.	Date	Spouse's occupa			nt your spouse an	
your records.							Identi (see i	-	ection PIN, enter it here
		HOME MAKEK							
		one no. (984) 837-245 eparer's name	ਹੈ Preparer's signat	Email address	RAJAP81@G	Date	PTIN		Check if:
Paid		•	'		יי די אות אויים אויים			2070	Self-employed
Preparer		SYAM PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 02/28/2023 P02082							
Use Only									678) 965-9522
				MOMICK N			Firm'	s EIN	84-3171965
Go to www.irs.g	ov/Forn	n1040 for instructions and the late	st information.		BAA	REV 02/24/23 PRO			Form 1040 (2022)

SCHEDULE D (Form 1040)

Department of the Treasury

Capital Gains and Losses

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

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

Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.

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2022

Attachment Sequence No. **12**

Internal Revenue Service Name(s) shown on return Your social security number 701-02-0226 RAJA PETER DHAYALAN & MONICKA BERNATH THOMAS Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss. 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 (h) Gain or (loss) (g) Adjustments Subtract column (e) lines below. Proceeds Cost to gain or loss from from column (d) and This form may be easier to complete if you round off cents to (sales price) (or other basis) Form(s) 8949, Part I, combine the result whole dollars. with column (g) line 2. column (a) 1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b . **1b** Totals for all transactions reported on Form(s) 8949 with Box A checked 531. 636. -105. Totals for all transactions reported on Form(s) 8949 with Box B checked 3 Totals for all transactions reported on Form(s) 8949 with Box C checked 0. Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 4 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from 5 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover 6 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). If you have any longterm capital gains or losses, go to Part II below. Otherwise, go to Part III on the back 7 -105. Part II Long-Term Capital Gains and Losses - Generally Assets Held More Than One Year (see instructions) See instructions for how to figure the amounts to enter on the (h) Gain or (loss) (g) Adjustments Subtract column (e) (d) (e) lines below. Proceeds to gain or loss from from column (d) and Cost This form may be easier to complete if you round off cents to (or other basis) Form(s) 8949, Part II, (sales price) combine the result whole dollars. line 2. column (a) with column (a) 8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions).

12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1

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

11

12

13

14

15

Schedule D (Form 1040) 2022 Page 2

Part III Summary 16 Combine lines 7 and 15 and enter the result 16 -105.• 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 105.) 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

Social security number or taxpayer identification number

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

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. Attachment Sequence No. 12A

OMB No. 1545-0074

RAJA PETER DHAYALAN & N	MONICKA B	ERNATH T	HOMAS	701-02	-0226		
Before you check Box A, B, or C belo statement will have the same informa broker and may even tell you which b	tion as Form 1	er you receive 1099-B. Either	d any Form(s) 10s will show whether	99-B or substitute er your basis (usua	statement(s) from your broke) was reported to	r. A substitute the IRS by your
Part I Short-Term. Transa instructions). For loa				eld 1 year or le	ss are ger	nerally short-te	rm (see
Note: You may agg reported to the IRS Schedule D, line 1a:	regate all s	hort-term tr ich no adjus	ansactions rep stments or cod	les are required	d. Enter the	e totals directly	y on
You must check Box A, B, or C k complete a separate Form 8949, p for one or more of the boxes, com	pelow. Chec page 1, for ea	k only one bach applicabl	oox. If more than e box. If you ha	one box applies	s for your si	hort-term transa	ctions,
☒ (A) Short-term transactions☐ (B) Short-term transactions☐ (C) Short-term transactions	reported on	Form(s) 1099	9-B showing bas	•)
1 (a)	(b)	(c) Date sold or	(d) Proceeds	Cost or other basis See the Note below and see <i>Column (e)</i> in the separate	Adjustment, i If you enter an enter a co	(h) Gain or (loss) Subtract column (e)	
Description of property (Example: 100 sh. XYZ Co.)	Date acquired (Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see 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	531.	636.			-105.
2 Totals. Add the amounts in columns	(d), (e), (g), and	d (h) (subtract					

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.

531.

-105.

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) .

636.

8949

Sales and Other Dispositions of Capital Assets

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

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

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

2022	
Attachment Sequence No. 12A	

Social security number or taxpayer identification number 701-02-0226 RAJA PETER DHAYALAN & MONICKA BERNATH THOMAS Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check. Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see Part I instructions). For long-term transactions, see page 2. Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions). You must check Box A. B. or C below. Check only one box. If more than one box applies for your short-term transactions. complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need. (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 X (C) Short-term transactions not reported to you on Form 1099-B Adjustment, if any, to gain or loss 1 If you enter an amount in column (a). (h) enter a code in column (f). (d) Cost or other basis Gain or (loss) (c) (a) (b) See the separate instructions. Date sold or Proceeds See the **Note** below Subtract column (e) Description of property Date acquired disposed of and see Column (e) (sales price) from column (d) and (Example: 100 sh. XYZ Co.) (Mo., day, yr.) (Mo., day, yr.) combine the result (see instructions) in the separate (g) Code(s) from Amount of adjustment with column (a). instructions. instructions Robinhood Securities LLC 01/01/22 12/31/22 1. 1. 0. 2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

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) .



Application for IRS Individual Taxpayer Identification Number

► For use by individuals who are not U.S. citizens or permanent residents.

► See separate instructions.

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

OMB No. 1545-0074

Application type (check one box):

Apply for a new ITIN Before you begin: Renew an existing ITIN Don't submit this form if you have, or are eligible to get, a U.S. social security number (SSN). Reason you're submitting Form W-7. Read the instructions for the box you check. Caution: If you check box b, c, d, e, f, or g, you must file a U.S. federal tax return with Form W-7 unless you meet one of the exceptions (see instructions). a Nonresident alien required to get an ITIN to claim tax treaty benefit **b** Nonresident alien filing a U.S. federal tax return c U.S. resident alien (based on days present in the United States) filing a U.S. federal tax return If d, enter relationship to U.S. citizen/resident alien (see instructions) ▶ **d** Dependent of U.S. citizen/resident alien e X Spouse of U.S. citizen/resident alien If d or e, enter name and SSN/ITIN of U.S. citizen/resident alien (see instructions) ▶ RAJA PETER DHAYALAN 701-02-0226 f Nonresident alien student, professor, or researcher filing a U.S. federal tax return or claiming an exception g Dependent/spouse of a nonresident alien holding a U.S. visa h ☐ Other (see instructions) ▶ Additional information for a and f: Enter treaty country ▶ and treaty article number ▶ 1a First name Middle name Last name Name MONICKA BERNATH THOMAS (see instructions) Middle name 1b First name Last name Name at birth if different . . 2 Street address, apartment number, or rural route number. If you have a P.O. box, see separate instructions. Applicant's 613 DRYSTACK WAY Mailing City or town, state or province, and country. Include ZIP code or postal code where appropriate. **Address** 27519 CARY USA 3 Street address, apartment number, or rural route number. Don't use a P.O. box number. Foreign (non-**U.S.) Address** City or town, state or province, and country. Include postal code where appropriate. (see instructions) 4 Date of birth (month / day / year) Country of birth City and state or province (optional) Male **Birth** Information 10/19/1983 TNDTA ▼ Female 6a Country(ies) of citizenship **6b** Foreign tax I.D. number (if any) 6c Type of U.S. visa (if any), number, and expiration date Other ATOMT Information **6d** Identification document(s) submitted (see instructions) X Passport ☐ Driver's license/State I.D. Other ☐ USCIS documentation Date of entry into the United States No.: U8978169 Exp. date: 12/29/2030 Issued by: INDIA (MM/DD/YYYY): 6e Have you previously received an ITIN or an Internal Revenue Service Number (IRSN)? No/Don't know. Skip line 6f. Yes. Complete line 6f. If more than one, list on a sheet and attach to this form (see instructions). 6f Enter ITIN and/or IRSN ▶ ITIN **IRSN** and name under which it was issued ▶ First name Middle name Last name 6g Name of college/university or company (see instructions) ▶ City and state ▶ Length of stay ▶ Under penalties of perjury, I (applicant/delegate/acceptance agent) declare that I have examined this application, including accompanying Sign documentation and statements, and to the best of my knowledge and belief, it is true, correct, and complete. I authorize the IRS to share information with my acceptance agent in order to perfect this Form W-7, Application for IRS Individual Taxpayer Identification Number. Here Signature of applicant (if delegate, see instructions) Date (month / day / year) Phone number Keep a copy for your records. Name of delegate, if applicable (type or print) Delegate's relationship Parent Court-appointed guardian to applicant Power of attorney Date (month / day / year) Signature Phone **Acceptance** Agent's Name and title (type or print) Name of company EIN **Use ONLY** Office code