(Rev. January 2021)

Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.

► Go to www.irs.gov/Form8879 for the latest information.

OMB No. 1545-0074

Submi	ssion Identification Number (SID)		•			
Taxpaye	r's name	Social securit	y numl	oer		
GURJ	JINDER SINGH OBEROI	755-35-	-028	4		
Spouse's	s name	Spouse's soc	ial seci	urity nur	nber	
Part	Tax Return Information — Tax Year Ending December 31, 2022 (Enter	⊥ ∵year you a	re au	thorizi	ng.)	
	whole dollars only on lines 1 through 5.	, ,			<u> </u>	
Note:	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.					
1	Adjusted gross income		1		80,2	183.
	Total tax		2		10,4	<u>407.</u>
	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3			<u> 374.</u>
	Amount you want refunded to you		4		4	<u> 167.</u>
5 Part	Amount you owe	· · · ·	5	(OUR P	oturn	
	penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended					
for any Agent to paymer authoriz paymer busines taxes to persona	my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejected in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account induit of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution action is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate at, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requise days prior to the payment (settlement) date. I also authorize the financial institutions involved in the payment cancellation necessary to answer inquiries and resolve issues related to the payment financial information necessary to answer inquiries and resolve issues related to the payment (PIN) below is my signature for the income tax return (original or amended) I and icentification number (PIN) below is my signature for the income tax return (original or amended) I and its Funds Withdrawal Consent.	S. Treasury as cated in the taken to debit the tendent the authorization of the processing of the authorization. I further the tayment. I further the cated the authorization of	nd its of ax preparties. The received the element of the element o	designa paration to this a To revo ved no ectronic knowle	ted Fin softwaccour ke (ca later c paynedge the	nancial vare for nt. This ncel) a than 2 nent of nat the
					\neg	
	yer's PIN: check one box only I authorize GLOBAL TAXES LLC to enter or generate	5 DIN	0 2	2 8	4	
X	I authorize GLOBAL TAXES LLC to enter or generate ERO firm name signature on the income tax return (original or amended) I am now authorizing.	Ent		digits, b	out	as my
	I will enter my PIN as my signature on the income tax return (original or amended) I am n if you are entering your own PIN and your return is filed using the Practitioner PIN meth below.					
Your si	ignature ▶ Date ▶ _					
Spous	e's PIN: check one box only				_	
	I authorize to enter or generate	mv PIN				as my
	ERO firm name	Ent		digits, b	ut	y
	signature on the income tax return (original or amended) I am now authorizing.			r all zer		
	I will enter my PIN as my signature on the income tax return (original or amended) I am n if you are entering your own PIN and your return is filed using the Practitioner PIN meth below.					
Spouse	e's signature ▶ Date ▶					
	Practitioner PIN Method Returns Only—continue below					
Part I	Certification and Authentication — Practitioner PIN Method Only					
ERO's	EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 2 2	2 4 9	6 6	1 9	8	9
		Don't ente	er all ze	eros		
authoriz	that the above numeric entry is my PIN, which is my signature for the electronic individual income to the tax year indicated above for the taxpayer(s) indicated above. I confirm that I am subments of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS e-file Providers of In	itting this retu	ırn in a	accorda	inće w	
ERO's	signature ▶ Date ▶					
	ERO Must Retain This Form — See Instructions					
	Don't Submit This Form to the IRS Unless Requested To I	o So				

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

OMB No. 1545-0074

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

Filing Status	s 🔀 🤅	Single Married filing jointly	Marrie	ed filing separately (MFS)	Head of	housel	nold (HOH)		lifying surv use (QSS)	viving
Check only one box.	If yo	ou checked the MFS box, enter the	name of y	our spouse. If you	check	ed the HOH o	r QSS I	box, ente	r the c	•	` ,	e qualifying
	-	son is a child but not your depende	-	,								. , ,
Your first name	and m	iddle initial	Last nar	me					Yo	our so	cial securit	y number
GURJINDI	ER S	INGH	OBER	OI					7	55-3	35-0284	4
If joint return, s	pouse's	s first name and middle initial	Last nar	me					Sp	ouse'	s social sec	urity number
Home address	(numbe	er and street). If you have a P.O. box, se	ee instructio	ons.			A	pt. no.	Pr	eside	ntial Election	on Campaign
6948 HU	CKLE	BERRY DR									nere if you,	
City, town, or p	ost offi	ce. If you have a foreign address, also	complete sp	paces below.	Stat	te	ZIP co			spouse if filing jointly, want \$3 o go to this fund. Checking a		
MINNETR	ISTA				MN	Ī	553	31			ow will not	
Foreign country	y name		F	oreign province/state	/count	у	Foreig	n postal co	de yo	our tax	or refund.	
											You	Spouse
Digital Assets		ny time during 2022, did you: (a) re lange, gift, or otherwise dispose of									☐Yes	⊠ No
Standard		eone can claim: You as a d		<u></u>			asseij	: (566 1113	structi	0113.)		<u> </u>
Deduction		Spouse itemizes on a separate retu				а черепчетт						
Age/Blindness	s You	: Were born before January 2,	1958	Are blind Sp	ouse:	: Was bo	rn befo	re Janua	y 2, 1	958	☐ Is bli	ind
Dependents	s (see	instructions):		(2) Social securit	y	(3) Relationsh	nip (4) Check the	e box i	f qualit	fies for (see	instructions):
If more		irst name Last name		number		to you		Child ta	x credi	t	Credit for oth	ner dependents
than four												
dependents, see instruction											[
and check	S										[
here											[
Income	1a	Total amount from Form(s) W-2,	•	,						1a	8	30,150.
	b	Household employee wages not	reported	on Form(s) W-2 .						1b		
Attach Form(s) W-2 here. Also	С	Tip income not reported on line 1a (see instructions)							1c			
attach Forms	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)							1d			
W-2G and 1099-R if tax	е	Taxable dependent care benefits from Form 2441, line 26						1e				
was withheld.	f	Employer-provided adoption ber		•						1f		
If you did not	g	Wages from Form 8919, line 6 .								1g		
get a Form W-2, see	h	Other earned income (see instruc	,							1h		0.
instructions.	i	Nontaxable combat pay election	(see instr	ructions)		<u>1</u> i				+ .		00 150
	<u>z</u>	Add lines 1a through 1h								1z		30,150.
Attach Sch. B if required.	2a	Tax-exempt interest	2a	13.		axable interes			•	2b		1.4
ii required.	3a	Qualified dividends	3a 4a			rdinary divide axable amoun				3b		14
24	4a	IRA distributions							•	4b		
Standard Deduction for—	5a	Pensions and annuities	5a			axable amoun			•	5b		
Single or	6a	Social security benefits If you elect to use the lump-sum	6a	nothed shock hard		axable amoun	н		·	6b		
Married filing separately,	7	Capital gain or (loss). Attach Sch		•	•	,				7		19.
\$12,950 Married filing	8	Other income from Schedule 1, I		· · · · · · ·					ш	8		19.
jointly or	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b,							•	9		30,183.
Qualifying surviving spouse,	10	Add lines 12, 25, 35, 45, 35, 65, Adjustments to income from Sch				, 			•	10		,, <u>, , , , , , , , , , , , , , , , , ,</u>
\$25,900 • Head of	11	Subtract line 10 from line 9. This	-						•	11		30,183.
household,	12	Standard deduction or itemize	•						•	12		L2,950.
\$19,400 If you checked	13	Qualified business income deduc		•	,	5-A			•	13		
any box under Standard	14	Add lines 12 and 13								14	_	2,950.
Deduction,	15	Subtract line 14 from line 11. If z					ne .			15		57,233.
see instructions.	I											

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,	407.
Credits	17	Amount from Schedule 2, lin	e3					17		
	18	Add lines 16 and 17						18	10,	407.
	19	Child tax credit or credit for	other dependen	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,	407.
	23	Other taxes, including self-e	mployment tax,	from Schedule	2, line 21 .			23		0.
	24	Add lines 22 and 23. This is	your total tax					24	10,	407.
Payments	25	Federal income tax withheld								
•	а	Form(s) W-2				25a 10	0,874.			
	b	Form(s) 1099				25b				
	С	Other forms (see instructions	s)			25c		1		
	d	Add lines 25a through 25c						25d	10,5	874.
16	26	2022 estimated tax payment	ts and amount a	pplied from 20	21 return			26		
If you have a qualifying child,	27	Earned income credit (EIC)			No .	27				
attach Sch. EIC.	28	Additional child tax credit from				28		1		
	29	American opportunity credit	from Form 8863	3, line 8		29		1		
	30	Reserved for future use .		-		30				
	31	Amount from Schedule 3, lin	e 15			31				
	32	Add lines 27, 28, 29, and 31				undable credits		32		
	33	Add lines 25d, 26, and 32. T	•		-			33	10,	874.
Defined	34	If line 33 is more than line 24						34	,	467.
Refund	35a	Amount of line 34 you want						35a	,	467.
Direct deposit?	b	Routing number 0 7 5			_	Checking				
See instructions.		Account number 5 3 2								
	36	Amount of line 34 you want a			ed tax	36				
Amount You Owe	37	Subtract line 33 from line 24 For details on how to pay, g	. This is the amo	ount you owe.				37		
	38	Estimated tax penalty (see in	nstructions) .			38				
Third Party Designee		you want to allow another	person to disc	cuss this retur	n with the IRS	? See	omplete l	pelow.	⊠ No	
•		signee's		Phone			sonal identi	fication		
	nar	ne		no.		num	ber (PIN)			
Sign Here		der penalties of perjury, I declare t ief, they are true, correct, and com								
TICIC	You	ur signature		Date	Your occupation		Prot	ection P	nt you an Ident IN, enter it here	
Joint return?					SOFTWARE			inst.)		
See instructions. Keep a copy for your records.	Sp	ouse's signature. If a joint return, I	ooth must sign.	Date	Spouse's occupa	tion	Iden		nt your spouse ection PIN, ent	
		one no.		Email address	CADDVCTNC	JQ Q@CM X TT C				
		eparer's name	Preparer's signat		DNICIARR	198@GMAIL.CO	PTIN		Check if:	
Paid		PRIYA RAM SAGAR GUPTA TALLAM			מווסיית ייתודת.		P0208	2702	Self-emp	oloved
Preparer				אאטאנ ויוא	GUFIA IALLAN	1 03/14/2023			1	
Use Only			XES LLC Y CT E BRU	MCWT CIV N	J 08816				678)965 <u>-</u>	
				TADMICK INC			Firm	's EIN	84-317	
GO TO WWW.Irs.go	ov/Forn	n1040 for instructions and the late	st information.		BAA	REV 03/02/23 PRO			Form 10 4	+U (2022)

SCHEDULE D (Form 1040)

Capital Gains and Losses

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

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

OMB No. 1545-0074

Attachment Sequence No. 12

Department of the Treasury Internal Revenue Service

Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10. Name(s) shown on return Your social security number 755-35-0284 GURJINDER SINGH OBEROI

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 Form(s) 8949, Part I, combine the result (sales price) (or other basis) whole dollars. line 2. column (a) with 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 108. 102. 6. 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 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 6. 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 (sales price) (or other basis) Form(s) 8949, Part II, 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). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b . 8b Totals for all transactions reported on Form(s) 8949 with 98. 111. 13. Totals for all transactions reported on Form(s) 8949 with 10 Totals for all transactions reported on Form(s) 8949 with 11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) 11 12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 12 13 14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover 14 15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then, go to Part III

13.

15

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

Part	Summary		
16	Combine lines 7 and 15 and enter the result	16	19.
	• 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 line 22.		
	• 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?		
	X 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 amount, if any, from line 7 of that worksheet	18	
		10	
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.		
21	If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of:		
	• The loss on line 16; or • (\$3,000), or if married filing separately, (\$1,500)	21	()
	Note: When figuring which amount is smaller, treat both amounts as positive numbers.		
22	Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?		
	☐ 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.		

Form **8949**

Sales and Other Dispositions of Capital Assets

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

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

OMB No. 1545-0074

2022

Attachment
Sequence No. 12A

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

Social security number or taxpayer identification number

755-35-0284

GURJINDER SINGH OBEROI

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. X (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above) (B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS (C) Short-term transactions not reported to you on Form 1099-B Adjustment, if any, to gain or loss 1 If you enter an amount in column (a). (h) enter a code in column (f). Cost or other basis Gain or (loss) (d) (c) (a) (b) Date sold or Proceeds See the **Note** below See the separate instructions. Subtract column (e) Description of property Date acquired (sales price) from column (d) and disposed of and see Column (e) (Example: 100 sh. XYZ Co.) (Mo., day, yr.) combine the result (Mo., day, yr.) (see instructions) in the separate (g) Code(s) from Amount of adjustment instructions. with column (g). instructions Robinhood Securities LLC | 01/01/22 | 12/31/22 108. 102. 6. 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.

108.

6.

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) .

102.

Form 8949 (2022) Attachment Sequence No. **12A** Page **2**

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side GURJINDER SINGH OBEROI

Social security number or taxpayer identification number 755-35-0284

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

Part II

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

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

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

★ (D) Long-term transactions(E) Long-term transactions(F) Long-term transactions	reported on I	Form(s) 1099	-B showing bas				e)
1 (a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis See the Note below	Adjustment, i If you enter an enter a c See the sep	(h) Gain or (loss) Subtract column (e)	
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see Column (e) in the separate instructions.	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g).
Robinhood Securities LLC	01/01/22	12/31/22	111.	98.			13.
2 Totals. Add the amounts in columns negative amounts). Enter each tota Schedule D, line 8b (if Box D above	al here and incl	lude on your					

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

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

111.

98.

Internal Revenue Service

Health Savings Accounts (HSAs)

Attach to Form 1040, 1040-SR, or 1040-NR. Department of the Treasury Go to www.irs.gov/Form8889 for instructions and the latest information. OMB No. 1545-0074

Attachment Sequence No. **52**

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

GURJINDER SINGH OBEROI

Social security number of HSA beneficiary. If both spouses have HSAs, see instructions.

755-35-0284

Befor	re you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if	f requ	ired.
Part	HSA Contributions and Deduction. See the instructions before completing this part. If y and both you and your spouse each have separate HSAs, complete a separate Part I for		
1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2022. See instructions	X Se	elf-only
2	HSA contributions you made for 2022 (or those made on your behalf), including those made by the unextended due date of your tax return that were for 2022. Do not include employer contributions, contributions through a cafeteria plan, or rollovers. See instructions	2	0.
3	If you were under age 55 at the end of 2022 and, on the first day of every month during 2022, you were, or were considered, an eligible individual with the same coverage, enter \$3,650 (\$7,300 for family coverage). All others , see the instructions for the amount to enter	3	3,650.
4	Enter the amount you and your employer contributed to your Archer MSAs for 2022 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2022, also include any amount contributed to your spouse's Archer MSAs	4	0.
5	Subtract line 4 from line 3. If zero or less, enter -0	5	3,650.
6	Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family		
	coverage under an HDHP at any time during 2022, see the instructions for the amount to enter	6	3,650.
7	If you were age 55 or older at the end of 2022, married, and you or your spouse had family coverage under an HDHP at any time during 2022, enter your additional contribution amount. See instructions.	7	0.
8	Add lines 6 and 7	8	3,650.
9	Employer contributions made to your HSAs for 2022		
10	Qualified HSA funding distributions		
11	Add lines 9 and 10	11	858.
12	Subtract line 11 from line 8. If zero or less, enter -0	12	2,792.
13	HSA deduction. Enter the smaller of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line 13	13	0.
	Caution: If line 2 is more than line 13, you may have to pay an additional tax. See instructions.		
Part	HSA Distributions. If you are filing jointly and both you and your spouse each have separate Part II for each spouse.	arate	HSAs, complete
14a	Total distributions you received in 2022 from all HSAs (see instructions)	14a	
b	Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return. See instructions	14b	
С	Subtract line 14b from line 14a	14c	
15	Qualified medical expenses paid using HSA distributions (see instructions)	15	
16	Taxable HSA distributions. Subtract line 15 from line 14c. If zero or less, enter -0 Also, include this amount in the total on Schedule 1 (Form 1040), Part I, line 8f	16	
17a	If any of the distributions included on line 16 meet any of the Exceptions to the Additional 20% Tax (see instructions), check here		
	Additional 20% tax (see instructions). Enter 20% (0.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also, include this amount in the total on Schedule 2 (Form 1040), Part II, line 17c	17b	
Part	completing this part. If you are filing jointly and both you and your spouse each have sep complete a separate Part III for each spouse.		
18	Last-month rule	18	
19	Qualified HSA funding distribution	19	
20	Total income. Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I, line 8f .	20	
21	Additional tax. Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2 (Form		
	1040), Part II, line 17d	21	





2022 Form M1, Individual Income Tax Do not use staples on anything you submit.

	JINDER SINGH st Name and Initial	OBEROI Last Name	755350284 Your Social Security Numbe		0021992 ur Date of Birth (MM/DD/YYYY
If a Joint	Return, Spouse's First Name and Initial	Spouse's Last Name	Spouse's Social Security Num	iber Sp	ouse's Date of Birth
	B HUCKLEBERRY DR Home Address		Check if Address is:		New Foreign
MINI City	NETRISTA		MN State	<u>5</u> zip	5331 Code
2022	Federal Filing Status (place	ce an X in one box):			
X (1) Single (2) Married Filing Jointly	(3) Married Filing Separately Spouse Name		nold	(5) Qualifying Widow(er)
Depe	endents (see instructions)	Spouse SSN			
Depend	ent 1 First Name	Dependent 1 Last Name	Dependent 1 SSN	Depen	dent 1 Relationship to You
Depend	lent 2 First Name	Dependent 2 Last Name	Dependent 2 SSN	Depen	dent 2 Relationship to You
Depend	lent 3 First Name	Dependent 3 Last Name	Dependent 3 SSN	Depen	dent 3 Relationship to You
	Your Federal Return (see in 80150 es, salaries, tips, etc. B. IRA	of tructions) Of the structions, and annuities			67233
	·		• •		
1	Federal adjusted gross income (f	rom line 11 of federal Form 10	40 and 1040-SR)	1	80183
2	Additions to income from line 10	of Schedule M1M and line 9 o	f Schedule M1MB (see instructions)	. 2	
3	Add lines 1 and 2			. 3	80183
4	Itemized deductions (from Sched	ule M1SA) or your standard de	eduction (see instructions)	. 4	12900
5	Exemptions (determine from instr	ructions)		. 5	
6	State income tax refund from line	1 of federal Schedule 1		. 6■	
7	Subtractions from line 32 of Sche	dule M1M and line 21 of Scheo	dule M1MB (see instructions)	7	l
8	Total subtractions. Add lines 4 thr	ough 7		. 8	12900
9	Minnesota taxable income. Subtr	ract line 8 from line 3. If zero o	r less, leave blank	. 9	67283
10	Tax from the table or schedules in	n the Form M1 instructions		10	4166

2022 M1, page 2



14	Albamadina minimum bay (analasa Cabadula AddAdT)		=	
11	Alternative minimum tax (enclose Schedule M1MT)	•••••	.11	
12 13	Full-year residents: Enter the amount from line 12 on line 13. Part-year residents and nonresidents: From Schedule M1NR, 6	Skip lines 13a and 13b. enter the amount from line 32 on		2011
	line 13, from line 28 on line 13a, and from line 29 on line 13b	(enclose Schedule M1NR)	13	
	13a■ <u>38702</u> 13b■ <u>80183</u>	<u>3</u>		
14	Other taxes, such as recapture amounts and the tax on lump-	sum distributions (check appropriate boxes)		
	(a) Schedule M1HOME (b) Schedule M1529	(c) Schedule M1LS	14 ■	
15	Tax before credits. Add lines 13 and 14		15	2011
16	Amount from line 19 of Schedule M1C, Nonrefundable Credits	s (enclose Schedule M1C)	16 ■	
17	Subtract line 16 from line 15 (if result is zero or less, leave bla	nk)	17	2011
18	Nongame Wildlife Fund contribution (see instructions) This will reduce your refund or increase the amount you owe		18 ■	
	This will reduce your retains of increase the amount you owe		10	
19	Add lines 17 and 18		19	2011
20	Minnesota income tax withheld. Complete and enclose Sched Minnesota withholding from Forms W-2, 1099, and W-2G and S		20 ■	2157
21	Minnesota estimated tax and extension payments made for 2	022	21 ■	
22	Amount from line 12 of Schedule M1REF, Refundable Credits ((see instructions; enclose Schedule M1REF)	22 ■	
23	Total payments. Add lines 20 through 22		23	2157
24 25	For direct deposit, complete line 25		24 ■	146
	Checking Savings 075000019	9 532882131 Account Number		
26	AMOUNT YOU OWE. If line 19 is more than line 23, subtract I	ine 23 from line 19 (see instructions)	26■	
	Penalty amount from Schedule M15 (see instructions). Also su	ubtract		
IF V	this amount from line 24 or add it to line 26 (enclose Schedule		27 ■	
	OU PAY ESTIMATED TAX and want part of your refund credited Amount from line 24 you want sent to you		28 ■	
			20 -	
	Amount from line 24 you want applied to your 2023 estimate ayer(s): I declare that this return is correct and complete to the		29 ■	
Your	Signature	Spouse's Signature (If Filing Jointly)		e (MM/DD/YYYY)
73	28378588	GARRYSINGH98@GMAIL.COM		- ,,,,
,	ime Phone AM PRIYA RAM SAGAR GUPTA TALLAM	Email Address 03142023	PΠ	2082703
	Preparer's Signature	Date (MM/DD/YYYY)		N or VITA/TCE # (required)
	89659522 arer's Daytime Phone	SYAM@GTAXFILE.COM Preparer's Email Address		
. ср	l do not want my paid preparer to file my return electronically.	I authorize the Minnesota Department of Revenue	to discuss t	his tay return
	Include a copy of your 2022 federal return and schedules	with the preparer or the third-party designee indic		

Mail to: Minnesota Individual Income Tax, Mail Station 0010, 600 N. Robert St., St. Paul, MN 55145-0010 1031 REV 02/28/23 PRO





2022 Schedule M1NR, Nonresidents/Part-Year Residents

Before you complete this schedule, read the instructions and complete lines 1 through 11 of Form M1.

	RUINDER SINGH First Name and Initial	OBEROI Your Last Name			o U 2 8 4 al Security Number
Spo	use's First Name and Initial	Spouse's Last Name		Spouse's	Social Security Number
Min	nesota Residency (Place an X in one box ar				
You:	X Full-year Nonresident F	art-Year Resident from(MM/DD/YYY	(MM/DD/YYYY)	Other State of Residency:	VI
Your	Spouse: Full-year Nonresident P	art-Year Resident from (MM/DD/YY	to(MM/DD/YYYY)	Other State of Residency:	
				A. Total Amount	B. Minnesota Portion
1	Wages, salaries, tips, etc. (from line	Iz of federal Form 1040 or 1040	-SR)	180150	38702
2	Taxable interest and ordinary divider	nd income (lines 2b and 3b of Fo	orm 1040 or 1040-SR) .	214	0
3	Business income or loss (from line 3	of federal Schedule 1)		3	
4	Capital gain or loss (from line 7 of Fo	rm 1040 or 1040-SR)		419	0
5 6	IRA distributions, pensions, and annu Net income from rents, royalties, pa estates, and trusts (from line 5 of fed	tnerships, S corporations,			
7 8		1040 or 1040-SR and			
9	Interest and dividends from non-Mir (add lines 1 and 2 of Schedule M1M)	•		9	
10	Bonus depreciation addition from lin	e 1 of Schedule M1MB	1	LO I	—
11	If you entered an amount on line 9 c	f Schedule M1REF, see instructi	ons 1	11	-
12	Suspended loss from line 4 of Sched	ule M1MB		2	•
13	Other required adjustments from Sc	nedules M1M, M1MB, and M1A	AR (see instructions) 1		•
14	Federal adjustments from Schedule	M1NC (See instructions)		4■	•
15	Add lines 1 through 14 for each colu	mn		80183	38702
-	our Minnesota gross income is below				
10	Educator expenses, certain business (add lines 11, 12, and 14 of federal S			16	
17	Self-employed SEP, SIMPLE, and qua	•			
	(add lines 16 and 20 of federal Sched			17	
18	Health savings account and Archer N (add lines 13 and 23 of federal School			18	
19	One-half of self-employment tax and	,			
	(add lines 15 and 17 of federal School	lule 1)		19	
20	Deductions for alimony paid and stu (see instructions for line 20, column in			20	

2022 Form M1NR, page 2



21	Penalty on early withdrawal of savings (from line 18 of federal Schedule 1) 21	
22	Net operating loss carryover adjustment from line 13 of Schedule M1MB (see instructions) 22	
23	Social Security benefit from line 12 of Schedule M1M (see instructions)	■
24 25	Subtraction for federal bonus depreciation from line 10 of Schedule M1MB	•
26	Subtraction for federal section 179 expensing (from line 11 of Schedule M1MB)	
27 28	Add lines 16 through 26 for each column	0
29	M1. If your Minnesota gross income is below \$12,900 or the result is zero or less, enter 0	38702
30	Divide line 28 by line 29, and enter the result as a decimal (carry to five decimal places). If line 28 is more than line 29, enter 1.0. If line 28 is zero, enter 0	.48267
31	Amount from line 12 of Form M1	4166
32	Multiply line 30 by line 31. Enter the result here and on line 13 of Form M1	2011

You must include this schedule with Form M1. Enter the amounts from lines 28 and 29 of this schedule on Form M1, lines 13a and 13b.





2022 Schedule M1W, Minnesota Income Tax Withheld

Complete this schedule to report Minnesota income tax withheld. Include this schedule when you file your return.

G	URJINDER SI	NGH	OBERO	I			75535	50284
Your First Name and Initial			Last Name				Your Socia	Il Security Number
If a	ı Joint Return, Spouse's Fi	rst Name and Initial	Spouse's La	st Name			Spouse's S	Social Security Number
co an W	implete this schedule nounts to the neares -2G; keep them with Minnesota wages ar	e to determine line it whole dollar. You your tax records. nd Minnesota tax w	e 20 of Form N u must include All instruction	/11. List only the for this schedule whe sare included on the	ms that rep n you file yo nis schedule	KS, or KF showing Minort Minnesota incompour return. DO NOT sec. W-2G. If you have mor	e tax withherend in your	eld. Round dollar Forms W-2, 1099, or
	complete line 5 on t	ne раск. В—Вох 13	C—Box 15		D—Box	16	E—Box 1	7
	If the Form W-2 is for: • you, enter 1	If Retirement Plan box is checked,		seven-digit Minnesota per	State wa	ages, tips, etc. to nearest whole dollar)	Minneso	ta tax withheld o nearest whole dollar)
	 spouse, enter 2 a1 1 	mark an X below. b1 X	c1 MN	9539270	d1	38702	e1	2157
	a2	b2	c2 MN		d2		e2	
	a3	b3	c3 MN		d3		e3	
	a4	b4	c4 MN		d4		e4	
	a5	b5	c5 MN		d5		e5	
	Subtotal for addition	nal Forms W-2 (fror	n line 5 on pag	e 2)				
	Total Minnesota tax	withheld on all Fo	orms W-2 (add	amounts in line 1, co	lumn E)	::	1■	2157
2		neld on Forms 1099), W-2G, and 10)42-S. If you have mo		r forms, complete line		ck.
	A If the Form 1000, W/26	or 1042 S is for:	B Payor's sove	n digit Minnocota Tay ID	C	amount (see the table on	D Minno	sota tax withheld
	If the Form 1099, W-2G,you, enter 1spouse, enter 2	, 01 1042-3 IS 101 .	· ·	n-digit Minnesota Tax ID unknown, contact the pa		k for amounts to include)		to nearest whole dollar)
	a1		b1 MN		c1		d1	
	a2		b2 MN		c2		d2	
	a3		b3 MN		c3		d3	
	a4		b4 MN		c4		d4	
	Subtotal for addition	nal 1099, W-2G, and	d 1042-S <i>(from</i>	line 6 on page 2)				
	Total Minnesota tax	withheld on all 10	99, W-2G, and	1042-S (add amoun	ts in line 2, o	column D)	2 🔳	
3	Total Minnesota tax						3 ■	
4	Total. Add the Minn	•					- -	
	Enter the total here	and on line 20 of E	orm M1				4	2157

For the year Jan. 1-Dec. 31, 2022, or other tax year

Ch	eck here if an amended return	▶ be	ginning		, 2022 ending	, 20
- 1	legal last name EROI	Legal first name GURJ INDER	SINGH	M.I.	Your social security number 755350284	r
If a j	oint return, spouse's legal last name	Spouse's legal first na	ne	M.I.	Spouse's social security nu	mber
Hom 69	e address (number and street). If you have 48 HUCKLEBERRY DR	a PO Box, see page 12.	Apt. no		Tax district	in either the name of the
• '	or post office NNETRISTA	State MN	Zip code 55331			nd the county in which you
Fi	ling status Check ✓ below				_X_ City	Village Towr
_X	Single				City, village, or town WAUKE	СПУ
	_ Married filing joint return	Legal last name				
_	_ Married filing separate return.				County of ▶ WAUKE	ESHA
	Fill in spouse's SSN above and full name here	Legal first name		M.I.	School district numl	ber See page 446174
	_, Head of household, NOT married (see page 13).	d	\uparrow		Special conditions	
_		If married, fill in SSN above and			Form 804 filed with	n return (see page 10)
Us	e BLACK Ink Print numbers	like this → Ø / 23	456789	Not lik	e this → Ø147 ●	NO COMMAS; NO CENTS
1	Federal adjusted gross income fr	om Form 1040, line	e 11		1	80183.00
2	Adjustments to federal adjusted of	gross income from	Schedule I, lin	e 3 (se	e page 13) 2	0.00
3	Add lines 1 and 2. This is your fe	deral adjusted gros	s income for V	Viscons	sin purposes 3	80183.00
	Form W-2 wages included in line	3		<u> </u>	80150.00	
4	Total additions to income from So	chedule AD, line 33	. Include Sche	edule A	D (see page 14) 4	.00
5	Add lines 3 and 4				5	80183.00
6	Total subtractions from income fr	,			\ 1 3 /	4.00
	Enter as a positive number					4.00
7	Subtract line 6 from line 5. This is	s your Wisconsin in	come		7	80179.00
8	Standard deduction. See table of If someone else can claim you (or y	n page 35, OR our spouse) as a de	oendent, see pa	 age 15 a		4199.00
9	Subtract line 8 from line 7. If line	8 is larger than line	7, fill in 0		9	75980.00
10	Exemptions (Caution: See pag	e 15)				
	a Fill in exemptions allowed		1 x \$70	00 10	0a 700.00	
9 10	b Check if 65 or older You	+ Spouse =	x \$25	50 1 0	.00 d d	
i	c Add lines 10a and 10b				10c	700.00
V 7100						



		NO COMMAS; NO CENTS
11	Subtract line 10c from line 9. If line 10c is larger than line 9, fill in 0. This is taxable income 11_	75280.00
12	Tax (see table on page 37)	3681.00
13	Itemized deduction credit. Include Schedule 1, page 4	
14	Additional child and dependent care tax credit (see page 17)	
	Federal credit	
15	School property tax credit	
	a Rent paid in 2022 – heat included Rent paid in 2022 – heat not included .00 Find credit from table page 19 . 15a	
	b Property taxes paid on home in 2022	
16	Working families tax credit (see page 20)	
17	Married couple credit. Include Schedule 2, page 4	
18	Nonrefundable credits from line 34 of Schedule CR	
19	Net income tax paid to another state. Include Schedule OS MN 19 2011.00	
20	Add lines 13 through 19	2011.00
21	Subtract line 20 from line 12. If line 20 is larger than line 12, fill in 0. This is your net tax 21 _	1670.00
22	Sales and use tax due on internet, mail order, or other out-of-state purchases (see page 23) 22_ If you certify that no sales or use tax is due, check here	.00
23	Donations (decreases refund or increases amount owed)	
	a Endangered resources e Military family relief	
	b Cancer research	
	c Veterans trust fund g Red Cross WI Disaster Relief	
	d Multiple sclerosis	
	Total (add lines a through h) > 23i_	.00.
24	Penalties on IRAs, retirement plans, MSAs, etc. (see page 25) 00 x .33 = 24 _	.00
25	Other penalties (see page 25)	.00
26	Add lines 21, 22, 23i, 24, and 25	1670.00
27	Wisconsin tax withheld. Include withholding statements	
28	2022 estimated tax payments and amount applied from 2021 return 28 00	
29	Earned income credit. Number of qualifying children	
	Federal credit	
30	Farmland preservation credit. a Schedule FC, line 17	
	b Schedule FC-A, line 13	
31	Repayment credit (see page 27)	



Nam	e(s) shown on Form 1			Your socia	I security number	
GU	RJINDER SINGH OBEROI			75535	50284	
				NO	COMMAS; NO	CENTS
32	Homestead credit. Include Schedule H or H-EZ	32 _	.0	0		
33	Eligible veterans and surviving spouses property tax credit	33 _	.0	0		
34	Refundable credits from Schedule CR, line 40. Include Schedule CR	34 _	.0	0		
35	AMENDED RETURN ONLY-Amounts previously paid (see page 31)	35	.0	0		
36	Add lines 27 through 35	36 _	1939.0	<u>0</u>		
37	AMENDED RETURN ONLY—Amounts previously refunded (see page 31)	37	.0	0		
38	Subtract line 37 from line 36			38	19	39.00
39	If line 38 is larger than line 26, subtract line 26 from line 38. This is the AMOUNT YOU OVERPAID			39	2	269.00
40	Amount of line 39 you want REFUNDED TO YOU			40	2	269.00
41	Amount of line 39 you want APPLIED TO YOUR 2023 ESTIMATED TAX	41	0	00		
42	If line 38 is smaller than line 26, subtract line 38 from line 26. This is the AMOUNT YOU UNDERPAID			42		.00
43	Underpayment interest. Fill in exception code-See Sch. U			43		.00
44	Add lines 42 and 43. This is the AMOUNT YOU OWE. Paper cli	ip pay	ment to front of return	44		.00
45	Interest (see page 34)			45		.00
Thiı	Do you want to allow another person to discuss this return with the depar	tment	(see page 34)?	Complet	te the following.	X No
Par		e	Persor	al		

14
\smile

Paper clip copies of your federal income tax return and schedules to this return.

Assemble your return (pages 1-4) and withholding statements in the order listed on page 5.

Sign here

Your signature	Date	Daytime Phone	Wisconsin Identity Protection PIN (7 characters)
Spouse's signature (if filing jointly, BOTH must sign)	Date	Daytime Phone	Wisconsin Identity Protection PIN (7 characters)
I-010ai Coution Only optor a Wisconsi	Identity Protection	on DIN if you received one fro	m the denoting the respect (see page 24)
Caution: Only enter a Wisconsin	,	,	ш ше церапшет (<i>see page 34).</i>
Mail your return to: Wisconsin De	partment of Re	venue	
If tax duePO Box 26	8, Madison WI 5	53790-0001	
If refund or no tax duePO Box 59	, Madison WI 53	3785-0001	
If homestead credit claimedPO Box 34	, Madison WI 53	3786-0001	



NO COMMAS; NO CENTS

Schedule 1 – Itemized Deduction Credit (see page 16)

Name GURJINDER SINGH OBEROI

Medical and dental expenses from federal Schedule A (Form 1040). See instructions for exceptions	. 1	.00
Interest paid from federal Schedule A (Form 1040). Do not include interest paid to purchase a second home located outside Wisconsin or a residence which is a boat. Also, do not include interest paid to purchase or hold U.S. government securities and interest from a tax-option (S) corporation if claimed as a subtraction		3539 .00
3 Gifts to charity from federal Schedule A (Form 1040). See instructions for exceptions	. 3	.00
4 Casualty losses from federal Schedule A (Form 1040)	. 4	.00
5 Add lines 1 through 4	. 5	3539 .00
6 Fill in your standard deduction from line 8 on page 1 of Form 1	. 6	4199 .00
7 Subtract line 6 from line 5. If line 6 is more than line 5, fill in 0	. 7	0 .00
8 Rate of credit is .05 (5%)	. 8	x .05
9 Multiply line 7 by line 8. Fill in here and on line 13 on page 2 of Form 1	. 9	0 .00

You must submit this page with Form 1 if you claim either of these credits



Schedule 2 – Married Couple Credit When Both Spouses Are Employed (see page 21)

When completing this schedule, be sure to fill in your income in column (A) and your spouse's income in column (B)

		(A) YOURSELF	(B) SPOUSE
1	Taxable wages, salaries, tips, and other employee compensation. Do NOT include deferred compensation, interest, dividends, pensions, unemployment compensation, or other unearned income 1	.00	.00
2	Net profit or (loss) from self-employment from federal Schedules C, C-EZ, and F (Form 1040), Schedule K-1 (Form 1065), and any other taxable self-employment or earned income 2	.00	.00
3	Combine lines 1 and 2. This is earned income	.00	.00
4	Add the amounts from federal Schedule 1 (Form 1040), lines 12, 16, 20, 24e, 24f, and 24g, and any Wisconsin disability income exclusion. Fill in the total of these adjustments that apply to you or your spouse's income	.00	00
5	Subtract line 4 from line 3. This is qualified earned income. If less than zero, fill in 0	.00	.00
6	Compare the amounts in columns (A) and (B) of line 5. Fill in the smaller amount here. If more than \$16,000, fill in \$16,000.	6	.00
7	Rate of credit is .03 (3%)	7	x .03
8	Multiply line 6 by line 7. Fill in here and on line 17 on page 2 of Form 1	18	Do not fill in .00 more than \$480.

INTUIT



Schedule OS Wisconsin

Credit for Net Tax Paid to Another State

Attach to your Wisconsin Form 1, 1NPR, or 2

2022

Department of Revenue

Name(s) shown on Form 1, 1NPR, or 2

Identifying number

GURJINDER SINGH OBEROI

755-35-0284

To be eligible for this credit, you must have been a full-year or part-year Wisconsin resident in 2022 and have paid 2022 state income tax **on the same income** to Wisconsin and another state.

Be sure to include a copy of your tax return from the other state(s).

NO CENTS



				State 1	State 2
PA	RT I - Income From Other State	ostal abbr.	\rightarrow	_M_N_	
<u>1</u>	Wages, salaries, tips, etc		1 _	38702.00	.00
<u>2</u>	Business income / loss		2 _	.00	.00.
<u>3</u>	Capital gain / loss		3 _	0.00	.00.
<u>4</u>	Other gains / losses		4 _	.00	.00
<u>5</u>	IRA distributions, pensions, and annuities		5 _	.00	.00.
6	Rental real estate, royalties, partnerships, S corporations, trusts, e	etc	6 _	.00	.00
<u>7</u>	Farm income / loss		7 _	.00	.00
<u>8</u>	Unemployment compensation		8 _	.00	.00.
9	Social security benefits		9 _	.00	.00
<u>10</u>	Other income		10 _	.00	.00
<u>11</u>	Add lines 1 through 10 in each column		11 _	38702.00	.00
Adj	ustments to Income				
<u>12</u>	Deductible part of self-employment tax		12 _	.00	.00
<u>13</u>	Self-employed SEP, SIMPLE, and qualified plans		13 _	.00	.00
<u>14</u>	Self-employed health insurance deduction		14 _	.00	.00
<u>15</u>	IRA deduction		15 _	.00	.00.
<u>16</u>	Other adjustments to income		16 _	.00	.00
<u>17</u>	Add lines 12 through 16 in each column		17 _	.00	.00.
<u>18</u>	Total income taxed by other state – subtract line 17 from line 11		18 _	38702.00	.00.
PA	RT II – Calculation of Credit (Individual, Estate, or Trust Ir	ncome Ta	x)		
<u>19</u>	Income taxable to both Wisconsin and other state (see instructions	s)	19	38702.00	.00
20	Total income taxed by the other state (see instructions)		20	38702.00	.00.
<u>21</u>	Divide line 19 by line 20. Carry the decimal to four places and fill in If line 20 is less than line 19, enter 1.0000		21	1.0000	
<u>22</u>	From the income tax return of the other state, fill in the net tax amo subtracting all nonrefundable and refundable credits (see instruction		22 _	2011.00	.00
<u>23</u>	Multiply line 21 by line 22. Round the result to the nearest dollar. It paid to another state and passed through to you by a tax-option (Station, limited liability company, or partnership, go on to Part III. Ot skip lines 25 through 29 and go on to Part IV. If claiming a credit for paid to Minnesota, lowa, Illinois, or Michigan, skip lines 30 through fill in the amount from line 23 on line 35	S) corpor- therwise, or net tax h 34 and	23 _	2011.00	.00.

2022 Schedule OS Page 2 of 2

Name(s) shown on Form 1, 1NPR, or 2

GURJINDER SINGH OBEROI

755-35-0284

NO COMMAS; NO CENTS

				<u> </u>
PA	RT III - Calculation of Credit (Shareholders, Partners, and Membe	ers)	State 1	State 2
Ca	ution: See Instructions			
<u>24</u>	Postal abbreviation for state to which tax was paid	24	<u>M</u> <u>N</u>	
<u>25</u>	Income taxable to both Wisconsin and other state (see instructions)	25	0.00	.00
<u>26</u>	Total income taxed by the other state (see instructions)	26	0.00	.00
<u>27</u>	Divide line 25 by line 26. Carry the decimal to four places and fill in on line 27. If line 26 is less than line 25, enter 1.0000	27		
<u>28</u>	From the income tax return of the other state, fill in the net tax amount after subtracting all nonrefundable and refundable credits (see instructions)	28	0.00	.00.
<u>29</u>	Multiply line 27 by line 28. Round the result to the nearest dollar. If claiming a credit for net tax paid to Minnesota, Iowa, Illinois, or Michigan, skip lines 30 through 34 and fill in the amount from line 29 on line 36	29	.00	.00
PA	RT IV - Credit Allowed			
<u>30</u>	Income taxable to both Wisconsin and other state (see instructions)	30	.00	.00
<u>31</u>	Wisconsin income from Form 1, line 7, Form 1NPR, line 30, or Form 2, see instructions	31	.00	.00
<u>32</u>	Divide line 30 by line 31. Carry the decimal to four places and fill in on line 32. If line 31 is less than line 30, fill in 1.0000	32		
<u>33</u>	Fill in the Wisconsin net income tax from: • Form 1, line 12, less the amounts on lines 13 through 18 • Form 1NPR, line 46, less the amounts on lines 47 through 49			
	• Form 2, line 6c, less the amount on line 7	33	.00	.00
<u>34</u>	Multiply line 32 by line 33. Round the result to the nearest dollar	34	.00	.00
<u>35</u>	Fill in the amount from line 23	35	2011.00	.00
<u>36</u>	Fill in the amount from line 29	36	.00	.00
<u>37</u>	Add lines 35 and 36	37	2011.00	.00
<u>38</u>	Fill in the smaller of line 34 or line 37. If claiming a credit for net tax paid to Minnesota, Iowa, Illinois, or Michigan, fill in the amount from line 37	38	2011.00	.00
<u>39</u>	Add the amounts in each column of line 38. Fill in the total here		39	2011.00
<u>40</u>	If you have tax paid to more than 2 states, fill in the amount from line 39 of any additional Schedules OS		40	.00.
<u>41</u>	Add lines 39 and 40. This is your credit for tax paid to another state (see instructions)		41	2011.00



Schedule SB

Form 1 – Subtractions from Income

Wisconsin
Department of Revenue

File with Wisconsin Form 1

2022

Name Social Security Number GURJINDER SINGH OBEROI 755350284

See the instructions for additional information on the subtractions listed below. Enter all amounts as positive numbers.

Su	btractions from Income		
<u>1</u>	Taxable refund of state income tax (from line 1 of federal Schedule 1)	. 1	.00
<u>2</u>	United States government interest	. 2	.00
<u>3</u>	Unemployment compensation	. 3	.00
<u>4</u>	Social security adjustment	. 4	.00
<u>5</u>	Capital gain/loss subtraction	. 5	4.00
<u>6</u>	Medical care insurance	. 6	.00
<u>7</u>	Long-term care insurance	. 7	.00
<u>8</u>	Tuition and fee expenses	. 8	.00
<u>9</u>	Private school tuition	. 9	.00
<u>10</u>	Contributions to an Edvest or Tomorrow's Scholar college savings account	10	.00
<u>11</u>	Distributions of certain earnings from Wisconsin state-sponsored college tuition programs	. 11	.00
<u>12</u>	Military and uniformed services retirement benefits	12	.00
<u>13</u>	Local and state retirement benefits	13	.00
<u>14</u>	Federal retirement benefits	14	.00
<u>15</u>	Railroad retirement benefits, railroad unemployment insurance, and sickness benefits	15	.00
<u>16</u>	Retirement income subtraction	16	.00
<u>17</u>	Reserve or National Guard members	. 17	.00
<u>18</u>	U.S. Armed Forces active duty pay	. 18	.00
<u>19</u>	Combat zone related death	19	.00
<u>20</u>	Adoption expenses	20	.00
<u>21</u>	Contributions to ABLE accounts	21	.00
<u>22</u>	Disability income exclusion	22	.00
<u>23</u>	Wisconsin net operating loss deduction	23	.00
<u>24</u>	Farm loss carryover	24	.00
<u>25</u>	Native Americans	25	.00
<u>26</u>	Sale of business assets or assets used in farming to a related person	26	.00
<u>27</u>	Recoveries of federal itemized deductions	27	.00
<u>28</u>	Repayment of income previously taxed	28	.00
<u>29</u>	Add lines 1 through 28. Enter here and on line 30, page 2	29	4.00



2022 Schedule SB Page 2 of 3

Nar	ne GURJINDER SINGH OBEROI		Social Secur 7553	rity Number 50284
30	Enter amount from line 29 on page 1		30	4.00
<u>31</u>	Human organ donation		31	.00
<u>32</u>	Expenses paid to related entities		32	.00
33	Income from a related entity		33	.00
<u>34</u>	Legislator's per diem		34	.00
<u>35</u>	Sales of certain insurance policies			.00
<u>36</u>	Physician or psychiatrist grant			.00
<u>37</u>	Olympic, Paralympic, and Special Olym			0.0
00	and Special Olympic Board of Directors			
38	AmeriCorps education awards			.00
<u>39</u>	Differences in federal and Wisconsin ba			.00
<u>40</u>	Differences in federal and Wisconsin ba			
41	Differences in federal and Wisconsin re		·	.00
42	Charitable contributions from tax-option		,	
		Amount 42a		
	FEIN	Amount 42b	.00	
	<u>c</u> Name			
	FEIN	Amount 42c	.00	
	₫ Add lines 42a through 42c		42d	.00
43	Tax-option (S) corporation adjustments. provide amount)	Do not include adjustments listed on l	ine 46 (list and	
	<u>a</u> Name			
	FEIN	Amount 43a	.00	
	<u>b</u> Name			
	FEIN			
	<u>c</u> Name			
		Amount 43c		
	d Add lines 43a through 43c		43d	.00
44	Add lines 30 through 41, 42d and 43d. E	Enter here and on line 45, page 3		4.00



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2022 Schedule SB Page 3 of 3

ne JRJ	INDER SINGH OBEROI			urity Number 50284
En	ter amount from line 44 on page 2		45	4.0
Tax	c-option (S) corporation entity level to	ax election adjustments (list and provide	e amount)	
<u>a</u>	Name			
		Amount 46a		
<u>b</u>	Name			
		Amount 46b		
<u>c</u>	Name			
		Amount 46c		
				.0
list	ed on line 48 (list and provide amour	,	,	
		A ma a comb 47 a		
		Amount 47a		
		Amount 47b		
		Amount 47c		
_			47d	.0
Pa	rtnership entity level tax election adju	ustments (list and provide amount)		
<u>a</u>	Name			
	FEIN	Amount 48a	.00	
<u>b</u>	Name			
	FEIN	Amount 48b	.00	
<u>c</u>	Name			
	FEIN	Amount 48c	.00	
<u>d</u>	Add lines 48a through 48c		48d	.0
Oth	ner subtractions from income (list an	d provide amount)		
<u>a</u>		Amount 49a	.00	
<u>b</u>				
<u>с</u>				
				.0
_	3			



INTUIT REV 02/17/23 PRO

Schedule WD Wisconsin

Capital Gains and Losses

♦ Include with Wisconsin Form 1 or 1NPR

2022

Department of Revenue

Name(s) shown on Form 1 or Form 1NPR

GURJINDER SINGH OBEROI

Your social security number

755-35-0284

Part I Short-Term Capital Gains and Losses – Assets Held One Year or Less							
Note: Round all amounts (use a minus sign (-) for negative amounts)		(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)		
1a	Amount from line 1a of Schedule D	.00	.00		.00		
1 b	Amount from line 1b of Schedule D	108.00	102.00	.00	6.00		
2	Amount from line 2 of Schedule D	.00	.00	.00	.00		
3	Amount from line 3 of Schedule D	.00	.00	.00	.00		
<u>4</u>	Short-term gain from Form 6252 and short-term gain or loss from Forms 4684, 6781, and 8824						
<u>5</u>	Net short-term gain or loss from partnerships, S corporations, estates, and trusts from Schedule(s) K-1						
<u>6</u>	Adjustment from Wisconsin Schedule T (see Basis Difference in instructions)				.00		
<u>7</u>	Short-term capital loss carryover from 2021 Wisconsin Schedule WD, line 34. Enter amount as a negative number						
<u>8</u>	Net short-term capital gain or loss. C	ombine lines 1a through	7 in column (h)	8	6.00		

Part II Long-Term Capital Gains and Losses – Assets Held More Than One Year						
(Note: Round all amounts (use a minus sign (-) for negative amounts)	(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)	
9 a	Amount from line 8a of Schedule D	.00	.00		.00	
9 b	Amount from line 8b of Schedule D	111.00	98.00	.00	13.00	
10	Amount from line 9 of Schedule D	.00	.00	.00	.00	
11	Amount from line 10 of Schedule D	.00	.00	.00	.00	
<u>12</u>	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 .00					
<u>13</u>	Net long-term gain or loss from partnerships, S corporations, estates, and trusts from Schedule(s) K-1					
<u>14</u>	Capital gain distributions					
<u>15</u>	Adjustment from Wisconsin Schedule T (see Basis Difference in instructions)					
<u>15 a</u>	Adjustment from Wisconsin Schedule QI	. Enter amount as a neg	ative number	15a	.00	
<u>16</u>	Long-term capital loss carryover from 20 negative number				.00	
<u>17</u>	Net long-term capital gain or loss. Co	mbine lines 9a through	16 in column (h)	17	13.00	

Go on to Part III \rightarrow



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2022 Schedule WD Page 2 of 2

Name	Social Security Number	
GURJINDER SINGH OBEROI		35-0284
Part III Summary of Parts I and II (see instructions) - use a minus sign	(-) for negative amounts.	
18 Combine lines 8 and 17, and fill in the net gain or loss here (if line 18 is a loss, go to	o line 28)	19.00
19 Fill in the smaller of line 17 or 18, or -0- if a loss or no entry on line 17	. 19 13 .0	0
20 Fill in 30% of line 19	20 4 .0	0
<u>21</u> Fill in the amount of long-term capital gain from the sale of farm assets listed on Form 8949 and taxable to Wisconsin plus gain from the sale of farm assets that is		
included on line 12 or 13 of Schedule WD. If zero, skip lines 22 through 25 and fill in the amount from line 20 on line 26	.210	0
22 Gain included in line 17. Do not include any losses in this amount	22	0
23 Divide line 21 by line 22. Carry the decimal to 4 places	23	
24 Multiply line 19 by the decimal amount on line 23	24	0
25 Fill in 30% of line 24	25	0
<u>26</u> Add lines 20 and 25	26	4.00
27 Subtract line 26 from line 18	27	15.00
28 If line 18 shows a loss, fill in the smaller of: (a) The loss on line 18,		
Note: When figuring whether a, b, or c is smaller, treat (b) \$500, or (c) Wisconsin ordinary income	(see instructions) 28	
Part IV Computation of Wisconsin Adjustment to Income		
29 Adjustment (see instructions for Part IV and Schedule I adjustments)		
<u>a</u> Fill in gain from line 7 of federal Form 1040 or 1040-SR, or gain from line 1e of	10 0	0
Schedule I, if filed (if a loss, fill in -0-)		<u> </u>
b Fill in gain from Part III, line 27, (if blank, fill in -0-)		
c If line 29b is more than 29a, subtract line 29a from line 29b. See instructions on whe		1
 d If line 29b is less than 29a, subtract line 29b from line 29a. See instructions on where e Fill in loss from line 7 of federal Form 1040 or 1040-SR, as a positive 	e to enter this amount . 290	ı <u>+.00</u>
e Fill in loss from line 7 of federal Form 1040 or 1040-SR, as a positive amount or the loss from line 2c of Schedule I, if filed (if a gain, fill in -0-)		_
<u>f</u> Fill in loss from Part III, line 28 as a positive amount	29f 0 .0	<u></u>
$\underline{\mathbf{g}}$ If line 29f is more than 29e, subtract line 29e from line 29f. See instructions for when	•	
h If line 29f is less than 29e, subtract line 29f from line 29e. See instructions for whe	re to enter this amount 29h	.00 <u></u>
Part V Computation of Capital Loss Carryovers from 2022 to 2023 (Comp	olete this nart if the loss on line 18 i	s more than the loss on line 28)
	·	
30 Fill in loss shown on line 8 as a positive amount. If none, fill in -0- and skip lines 3131 Fill in gain shown on line 17. If that line is blank or shows a loss, fill in -0	•	.00
32 Subtract line 31 from line 30		.00
33 Fill in the smaller of line 28 or line 32, treating both as positive amounts		.00
34 Subtract line 33 from line 32. This is your short-term capital loss carryover from 202		.00
35 Fill in loss from line 17 as a positive amount. If none, fill in -0- and skip lines 36 thr		.00
36 Fill in gain shown on line 8. If that line is blank or shows a loss, fill in -0	_	.00
37 Subtract line 36 from line 35		.00
38 Subtract line 33 from line 28, treating both as positive amounts. (<i>Note: If you skip</i> ,		.00
lines 31 through 34, fill in amount from line 28 as a positive amount.)		.00
39 Subtract line 38 from line 37. This is your long-term capital loss carryover from 20	22 to 2023 39	.00

