### Form **8879**

(Rev. January 2021)

Department of the Treasury Internal Revenue Service

### IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.

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

OMB No. 1545-0074

Subm	nission Identification Number (SID)				
Taxpay	ver's name	Social securit	y number		
DIV	YANG NAGRANI	393-91-	-6226		
Spouse	o's name	Spouse's soc	ial securi	ty number	
Par	Tax Return Information — Tax Year Ending December 31, 2022 (Ent	er year you a	re auth	orizing.)	
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	72,	263.
2	Total tax		2	8,	664.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	9,	966.
4	Amount you want refunded to you		4	1,	302.
5	Amount you owe		5		
Part	Taxpayer Declaration and Signature Authorization (Be sure you get and	keep a cop	y of yo	ur retur	n)
return to sen for any Agent payme author payme busine taxes persor	consending and belief, it is true, correct, and complete. I further declare that the amounts in Part I also (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transformed my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for my delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account in the ent of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institutization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to termine ent, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation receive days prior to the payment (settlement) date. I also authorize the financial institutions involved in the to receive confidential information necessary to answer inquiries and resolve issues related to the neal identification number (PIN) below is my signature for the income tax return (original or amended) is prior to the payment (Sosent.	smitter, or electro- ejection of the tr U.S. Treasury andicated in the ta- ution to debit the atte the authoriza- equests must be the processing of payment. I furt	nic returning returning ind its despite the control of the control	n originate on, <b>(b)</b> the signated Fration soft this accourevoke (cd no later tronic paynowledge	or (ERO) e reason inancial ware for unt. This ancel) a than 2 ment of that the
	ayer's PIN: check one box only				
-	I authorize GLOBAL TAXES LLC to enter or generate	e my PIN	6 2	2 6	as my
	Signature on the income tax return (original or amended) I am now authorizing.		er five dig n't enter a		
	I will enter my PIN as my signature on the income tax return (original or amended) I am if you are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN me below.				
Your	signature ▶ Date ▶				
Snou	se's PIN: check one box only				
Ороц	I authorize to enter or generat	o my DINI			ac my
	ERO firm name	-	er five di	nits but	as my
	signature on the income tax return (original or amended) I am now authorizing.		i't enter a		
	I will enter my PIN as my signature on the income tax return (original or amended) I am if you are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN me below.				
Spous	se's signature ▶ Date ▶				
	Practitioner PIN Method Returns Only—continue belo	w			
Part	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 4 9 Don't ente		1 9 8 s	9
author	fy that the above numeric entry is my PIN, which is my signature for the electronic individual income rized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am sulting ements of the Practitioner PIN method and <b>Pub. 1345,</b> Handbook for Authorized IRS e-file Providers of	omitting this retu	rn in acc	cordance	
EBO'	s signature ▶ Date ▶				
LNU	ERO Must Retain This Form — See Instructions				
	EITO MIUSE NELAIII TIIIS FUTITI — SEE IIISELUCIIUTIS				

Don't Submit This Form to the IRS Unless Requested To Do So

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

2022	
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OMB No. 1545-0074

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

Filing Status Check only one box.		Single Married filing jointly u checked the MFS box, enter the n		ed filing separately (N your spouse. If you cl					spou	ise (QSS)	
	pers	on is a child but not your dependent	t:								
Your first name	and mi	ddle initial	Last nai	me				Y	our so	cial security	y number
DIVYANG			NAGR	ANI				3	393-9	91-6226	<u>;                                    </u>
If joint return, s	pouse's	first name and middle initial	Last nai	me				s	pouse's	s social sec	urity number
Home address	(numbe	r and street). If you have a P.O. box, see	instruction	ons.			Apt. no.	Р	resider	ntial Election	n Campaign
3200 W (	COLFA	AX AVENUE					405			ere if you,	
City, town, or p	ost offic	ce. If you have a foreign address, also co	mplete s <sub>l</sub>	paces below.	Stat	е	ZIP code			0,	tly, want \$3 Checking a
DENVER					CO		80204		_	ow will not	_
Foreign country	y name		F	oreign province/state/	county	/	Foreign postal	ode y	our tax	or refund.	_
										You	Spouse
Digital Assets		ny time during 2022, did you: (a) rec ange, gift, or otherwise dispose of a								Yes	⊠ No
Standard		eone can claim: You as a de					, ,				
Deduction		Spouse itemizes on a separate retur	•	-							
Age/Blindness	You:	☐ Were born before January 2, 1	958	Are blind Spo	use:	☐ Was bor	n before Janu	ary 2,	1958	☐ Is bli	nd
Dependents	s (see	instructions):		(2) Social security	.	(3) Relationsh	ip (4) Check	the box	if qualif	ies for (see i	instructions):
If more	<b>(1)</b> Fi	rst name Last name		number		to you	Child	tax cred	dit	Credit for oth	er dependents
than four											<u> </u>
dependents, see instruction	s ——										
and check											
here	]										<u> </u>
Income	1a	Total amount from Form(s) W-2, b	,	,					1a	7	8,243.
	b	Household employee wages not re	eported	on Form(s) W-2 .					1b		
Attach Form(s) W-2 here. Also	С	Tip income not reported on line 1a	a (see ins	structions)					1c		
attach Forms	d	Medicaid waiver payments not rep		., .	nstru	ctions)			1d		
W-2G and 1099-R if tax	е	Taxable dependent care benefits f		·					1e		
was withheld.	f	Employer-provided adoption bene							1f		
If you did not	g	Wages from Form 8919, line 6.							1g		
get a Form W-2, see	h	Other earned income (see instruct	,						1h	-	0.
instructions.	i	Nontaxable combat pay election (s	see instr	ructions)		<u>1i</u>			_	-	
	<u>z</u>	Add lines 1a through 1h							1z		8,243.
Attach Sch. B if required.	2a	· –	2a	38.		axable interes			2b		
ii required.	3a		3a	30.		rdinary divide			3b		247.
	4a	_	4a				t		4b		
Standard Deduction for—	5a		5a 6a				t t		5b 6b		
Single or	6a	If you elect to use the lump-sum e		mothed shook hare					OD		
Married filing separately,	С 7	Capital gain or (loss). Attach Sche		,	`	,			7		43.
\$12,950 Married filing	8	Other income from Schedule 1, lin						. ⊔	8	<u> </u>	6,270.
jointly or	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7							9		2,263.
Qualifying surviving spouse,	10	Adjustments to income from Sche		•					10	+ '	2,200.
\$25,900 • Head of	11	Subtract line 10 from line 9. This is							11	7	2,263.
household,	12	Standard deduction or itemized	•	-					12		2,203.
\$19,400 If you checked	13	Qualified business income deduct				5-A			13	†	
any box under Standard	14	Add lines 12 and 13							14	1	2,950.
Deduction,	15	Subtract line 14 from line 11. If zer							15		59,313.
see instructions.				•							

Form 1040 (2022	2)							Page <b>2</b>
Tax and	16	Tax (see instructions). Check if any from Form	n(s): <b>1</b> 881	4 <b>2</b> 🗌 4972	3 🗌		16	8,664.
Credits	17	Amount from Schedule 2, line 3				[	17	
	18	Add lines 16 and 17				[	18	8,664.
	19	Child tax credit or credit for other dependen	its from Sched	ule 8812			19	
	20	Amount from Schedule 3, line 8					20	
	21	Add lines 19 and 20					21	
	22	Subtract line 21 from line 18. If zero or less,	enter -0			[	22	8,664.
	23	Other taxes, including self-employment tax,	from Schedule	e 2, line 21 .			23	0.
	24	Add lines 22 and 23. This is your total tax				[	24	8,664.
Payments	25	Federal income tax withheld from:						
•	а	Form(s) W-2			<b>25a</b> 9	,966.		
	b	Form(s) 1099			25b			
	С	Other forms (see instructions)			25c			
	d	Add lines 25a through 25c					25d	9,966.
15	26	2022 estimated tax payments and amount a				[	26	
If you have a qualifying child,	27	Earned income credit (EIC)			27			
attach Sch. EIC.	28	Additional child tax credit from Schedule 8812			28			
	29	American opportunity credit from Form 8863			29			
	30	Reserved for future use			30			
	31	Amount from Schedule 3, line 15			31			
	32	Add lines 27, 28, 29, and 31. These are your					32	
	33	Add lines 25d, 26, and 32. These are your to	•	•			33	9,966.
Defend	34	If line 33 is more than line 24, subtract line 2					34	1,302.
Refund	35a	Amount of line 34 you want refunded to you			•		35a	1,302.
Direct deposit?	b	Routing number 0 7 1 0 0 0 0		c Type:		Savings		
See instructions.	d	Account number 5 0 9 8 2 0 6						
	36	Amount of line 34 you want applied to your		ed tax	36	- 1		
Amount	37	Subtract line 33 from line 24. This is the am						
You Owe	0,	For details on how to pay, go to www.irs.go	•				37	
	38	Estimated tax penalty (see instructions) .			38			
Third Party	Do	you want to allow another person to disc			? See			
Designee		tructions				mplete be	low.	<b>X</b> No
		signee's	Phone			nal identific	ation _	
	naı		no.			er (PIN)		
Sign		der penalties of perjury, I declare that I have examine ef, they are true, correct, and complete. Declaration						
Here			1		ased on all informatio		•	,
	YO	ır signature	Date	Your occupation				you an Identity , enter it here
Joint return?				PROJECT M	ANAGER	(see in		
See instructions.	Sp	ouse's signature. If a joint return, <b>both</b> must sign.	Date	Spouse's occupa	tion	If the IF	RS sent	your spouse an
Keep a copy for your records.							_	tion PIN, enter it here
your records.						(see in:	St.)	
		one no. (720)878-9049	Email address	DIVYANGNAGR	ANI06@GMAIL.CO			
Paid	Pre	parer's name Preparer's signa			Date	PTIN		Check if:
Preparer	VENK	ATA SAI PAVAN KUMAR DUDIPALLI VENKATA SAI	PAVAN KUM	AR DUDIPALLI	03/15/2023	P024708	333	Self-employed
Use Only	Fire	n's name GLOBAL TAXES LLC				Phone	no. (6	78)965-9522
	Fir	n's address 245 ROONEY CT E BRU	JNSWICK N	J 08816		Firm's	EIN	88-2145487
Go to www.irs.ge	ov/Forn	1040 for instructions and the latest information.		BAA	REV 03/09/23 PRO			Form 1040 (2022)

## SCHEDULE 1 (Form 1040)

### **Additional Income and Adjustments to Income**

OMB No. 1545-0074

2022
Attachment Sequence No. 01

Department of the Treasury Internal Revenue Service

DIVYANG NAGRANI

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

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

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

Your social security number 393-91-6226

Par	t I Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxes		1	
2a	Alimony received		2a	
b	Date of original divorce or separation agreement (see instructions):			
3	Business income or (loss). Attach Schedule C		3	
4	Other gains or (losses). Attach Form 4797		4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Att		5	-6,270.
6	Farm income or (loss). Attach Schedule F		6	
7	Unemployment compensation		7	
8	Other income:			
а	Net operating loss	8a (	)	
b	Gambling	8b		
С	Cancellation of debt	8c		
d	Foreign earned income exclusion from Form 2555	8d (	)	
е	Income from Form 8853	8e		
f	Income from Form 8889	8f		
g	Alaska Permanent Fund dividends	8g		
h	Jury duty pay	8h		
i	Prizes and awards	8i		
j	Activity not engaged in for profit income	8j		
k	Stock options	8k		
I	Income from the rental of personal property if you engaged in the rental			
	for profit but were not in the business of renting such property	81		
m	Olympic and Paralympic medals and USOC prize money (see			
	instructions)	8m		
n	Section 951(a) inclusion (see instructions)	8n		
0	Section 951A(a) inclusion (see instructions)	80		
р	Section 461(I) excess business loss adjustment	8p		
q	Taxable distributions from an ABLE account (see instructions)	8q		
r	Scholarship and fellowship grants not reported on Form W-2	8r	-	
S	Nontaxable amount of Medicaid waiver payments included on Form			
	1040, line 1a or 1d	8s (	)	
t	Pension or annuity from a nonqualifed deferred compensation plan or			
	a nongovernmental section 457 plan	8t	-	
	Wages earned while incarcerated	8u	-	
Z	Other income. List type and amount:			
•	Table Harden Addition College to Co.	8z		
9	Total other income. Add lines 8a through 8z		9	6 050
10	Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SF	i, or 1040-NR, line 8	10	-6,270.

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

Par	t II Adjustments to Income			
11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-basis governing			
	officials. Attach Form 2106	[	12	1
13	Health savings account deduction. Attach Form 8889	[	13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903	[	14	
15	Deductible part of self-employment tax. Attach Schedule SE		15	
16	Self-employed SEP, SIMPLE, and qualified plans		16	
17	Self-employed health insurance deduction	[	17	
18	Penalty on early withdrawal of savings	[	18	
19a	Alimony paid		19a	
b	Recipient's SSN			
С	Date of original divorce or separation agreement (see instructions):			
20	IRA deduction		20	
21	Student loan interest deduction		21	
22	Reserved for future use	[	22	
23	Archer MSA deduction	[	23	
24	Other adjustments:			
а	Jury duty pay (see instructions)			
b	Deductible expenses related to income reported on line 8l from the			
	rental of personal property engaged in for profit			
С	Nontaxable amount of the value of Olympic and Paralympic medals			
	and USOC prize money reported on line 8m			
d	Reforestation amortization and expenses			
е	Repayment of supplemental unemployment benefits under the Trade			
	Act of 1974			
f	Contributions to section 501(c)(18)(D) pension plans			
g	Contributions by certain chaplains to section 403(b) plans 24g			
h	Attorney fees and court costs for actions involving certain unlawful			
	discrimination claims (see instructions)			
İ	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			
j	Housing deduction from Form 2555			
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form			
_	1041)			
Z	Other adjustments. List type and amount:			
25			O.F.	
25 26	Total other adjustments. Add lines 24a through 24z	-	25	
26	Add lines 11 through 23 and 25. These are your <b>adjustments to income</b> . Enter here an Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a		26	
	Form 1040 of 1040-3n, lifte 10, of Form 1040-1nn, lifte 10a		20	

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

OMB No. 1545-0074

2022

Attachment Sequence No. **12** 

Department of the Treasury Internal Revenue Service

Name(s) shown on return
DIVYANG NAGRANI
393-91-6226

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 668. 603. 65. 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 65. 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 601. 579. 0. -22. Totals for all transactions reported on Form(s) 8949 with Box E checked . . . . . . . . . . . . . . . . . . 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

BAA

-22.

15

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

#### Part III **Summary** 16 Combine lines 7 and 15 and enter the result 16 43. • If line 16 is a gain, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below. • If line 16 is a loss, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete • If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22. 17 Are lines 15 and 16 both gains? ☐ **Yes.** Go to line 18. No. Skip lines 18 through 21, and go to line 22. 18 If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the 18 19 If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet . 19 20 Are lines 18 and 19 both zero or blank and you are not filing Form 4952? ☐ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. Don't complete lines 21 and 22 below. □ No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below. If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of: 21 • The loss on line 16; or 21 • (\$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 qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a? 22 X 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**

Department of the Treasury

Internal Revenue Service

#### **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

Name(s) shown on return
DIVYANG NAGRANI

Social security number or taxpayer identification number

393-91-6226

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

Part I Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.

**Note:** You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

X (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)

(B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS

(C) Short-term transactions	not reported	I to you on F	orm 1099-B	·			
1 (a) Description of property	(b) Date acquired	(c) Date sold or	<b>(d)</b> Proceeds	(e) Cost or other basis See the <b>Note</b> below	If you enter an enter a co	f any, to gain or loss amount in column (g), ode in column (f). arate instructions.	(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	<b>(g)</b> Amount of adjustment	from column (d) and combine the result with column (g).
ROBINHOOD SECURITIES LLC	01/01/22	12/31/22	668.	603.			65.
2 Totals. Add the amounts in columns negative amounts). Enter each total Schedule D, line 1b (if Box A above above is checked) or line 3 (if Box 6).	al here and inc is checked), <b>lir</b>	lude on your ne 2 (if Box B	668.	603.			65.

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

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

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side DIVYANG NAGRANI

Social security number or taxpayer identification number 393-91-6226

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.

<ul><li>✗ (D) Long-term transactions</li><li>☐ (E) Long-term transactions</li><li>☐ (F) Long-term transactions</li></ul>	reported on	Form(s) 1099	-B showing bas				e)
(a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis See the <b>Note</b> below	If you enter an enter a co	f any, to gain or loss amount in column (g), ode in column (f). arate instructions.	(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	<b>(g)</b> Amount of adjustment	from column (d) and combine the result with column (g).
ROBINHOOD SECURITIES LLC	01/01/21	12/31/22	579.	601.	W	0.	-22.
2 Totals. Add the amounts in columns negative amounts). Enter each tota Schedule D, line 8b (if Box D above above is checked), or line 10 (if Box	al here and inc is checked), <b>lir</b>	lude on your ne 9 (if Box E	579.	601.		0.	-22.

**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.

#### **SCHEDULE E** (Form 1040)

#### **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.

OMB No. 1545-0074

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

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

Attachment Sequence No. 13

Your social security number

DIV	YANC	G NAGRANI										393-	-91-6226	5
Pa	rt I	Note: If you a	re in th	he business	ental Real E of renting person 4835 on page	onal proper			e C. See	instru	ctions. If you a	are an ir	ndividual, re	oort farm
Α	Did v	ou make any p					to file	Form(s)	1099? S	See ins	structions.		<b>\  Y</b>	es 🗵 No
В		es," did you or												es 🗌 No
1a		nysical address												
A		7 GULMOHAR						<u> </u>						
	-	GOLIMONAR	EIVC	TAVE DU	A FLAIS D	ETHT IN	, TT	JU47						
	_													
1b	Ту	pe of Property om list below)	2		rental real est					Fa	ir Rental Days		onal Use Days	QJV
A	3	·	1		use days. Che				Α		365		0	
В			1		et the require oint venture.				В					
С			1	quaimed j	om venture.	See mstru	ICLIONS	э.	С					
1	Sing	roperty: gle Family Resid ti-Family Resid			cation/Short- mmercial	Term Ren	tal	5 Land 6 Roya			Self-Rental Other (desci	ribe)		
											Properti	es:		
Inco									Α		В			С
3		nts received .					3		3	90.				
4		yalties received	<u> b</u>				4							
_	enses						_							
5							5							
6		to and travel (s					6		1 1	00				
7		eaning and mai					7		1,1	00.				
8 9		mmissions .					9							
10		urance gal and other p					10							
11	-	nagement fees					11		Ω	00.				
12		rtgage interest					12		0	00.				
13		ner interest .	•		•	,	13							
14		pairs					14		1,6	70				
15		pplies					15		1,1					
16		xes					16							
17		lities					17		1,9	10.				
18		preciation expe					18							
19		ner (list)					19							
20	Tot	tal expenses. A	dd lir	nes 5 throug	gh 19		20		6,6	60.				
21	res	btract line 20 fi sult is a (loss), s Form 6198	see in	structions t	to find out if	you must	21		-6,2	70.				
22		ductible rental <b>Form 8582</b> (se					22	(	6,27		(		)(	)
23a		tal of all amoun								23a		390		
k		tal of all amoun								23b				
c		tal of all amoun								23c				
c	I Tot	tal of all amoun	its rep	orted on li	ne 18 for all p	roperties				23d				
e	Tot	tal of all amoun	its rep	oorted on lii	ne 20 for all p	roperties				23e	6	,660		
24		ome. Add pos						-				. 2	4	
25	Los	sses. Add roya	Ity los	ses from lin	e 21 and renta	al real estat	te loss	es from li	ne 22. E	inter to	otal losses he	re <b>2</b>	5 (	6,270.)
26	her	tal rental real re. If Parts II, I hedule 1 (Form	III, IV	, and line 4	40 on page 2	2 do not	apply	to you,	also er	nter th	nis amount c		6	-6,270.



228454 11555 DR 8454 (01/26/23) COLORADO DEPARTMENT OF REVENUE Denver CO 80261-0005 Tax.Colorado.gov
Page 1 of 1

### **State of Colorado Income Tax Declaration** for Online Electronic Filing

	t mail this form to the II			For Tax Yea	ar (MM/DD/YY	7)		or Fisca	al Yea	r begin	ning (м	IM/DD/YY)
Depar	tment of Revenue. Reta	ain with you	r records.	12/31/	22							
Tax Ty	oe l											
Σ	Individual Income (DR 0104)	Corporate (DR 0112			nership/§ 0106)	S-Corp In	come	)		Fiduc (DR 0		ncome
Тахрау	er Last Name or Business Nam	е	First Na	me or Busine	ess DBA if	different fr	om Bu	siness N	lame			Middle Initia
NAGR	ANI		DIVYA	ANG								
Spous	e's Last Name (if applicable)		First Na	me								Middle Initia
Тахрау	er SSN or ITIN		Spouse 9	SSN or ITIN	(if applicab	le)			FEI	N		
393-	91-6226											
Taxpay	ver or Business Address				City					State	ZIP	
3200	W COLFAX AVENUE A	PT 405			DENVE	R				CO	802	204
		Р	art I — Tax	Return lı	nformati	on						
<b>1</b> . Tota	al Income from your feder	al return (see	instructions	s for more	informat	ion)	1	\$				72263
	able Income (or allowable more information)	e deduction) fr	om your fed	deral retur	n (see in	struction	s 2	\$				59313
	orado Tax from your Colo						3	\$				2610
	orado Tax Withheld or Pa nore information)	yments, from	your Colora	ado return	(see inst	tructions	4	\$				3375
	,	Pa	rt II — Dec	laration c	of Tax Pa	ıyer						
Federal/0 I underst	enalties of perjury, I declare that the Colorado income tax returns, and that and that I (or my Electronic Return s, and attachments upon request by	at said tax returns, st Originator (ERO) if	tatements, schedapplicable) may	dules and attac be required to	chments are o provide pa	true, correct per copies o	, and co	mplete to eclaration,	the be	est of my eturns, v	y knowle withhold	edge and belief ling statements
Signatu				, , , , ,	3 - 1			(MM/DD/	_			
Spouse	s's Signature (If Joint Return, Bo	oth Must Sign)					Date	(MM/DD/	YY)			
		Part III — D	Declaration	of ERO/F	reparer	/Transm	itter					
	If the transmitter did not	prepare the ta	ıx return, ch	neck here								
the prepartaxpayer correct, a have proof limitati	ot the preparer, I declare only that the arer, under penalties of perjury I declared the amounts shown in Part I abound complete to the best of my know vided the taxpayer with copies of all ons, and to provide paper copies of at any time during this period.	are that I have revie ove agree with the al redge and belief. As forms and informat	wed the above to mounts shown of s preparer, I furth tion filed. I also a	axpayer's Feden said tax returher declare that agree to maint	eral/Colorad rns, and that at I have obt ain this sign	o income tax said tax retual ained the tax ed Form (DR	returns urns, sta kpayer's 8 8454)	and that t tements, s signature for the pe	the inf sched e on th riod c	ormation ules, and nis form overed l	n provid ad attach at the ti by the C	ded to me by the hments are true ime of filing and Colorado statute
ERO's	Signature				Pre	eparer Iden	tificatio	n Numb	er, Yo	our SSI	N, or IT	IN
VENK	ATA SAI PAVAN KUMA	R DUDIPALLI	I		P	247083	3					
	Observativity in B				Da	te (MM/DD/Y	Y)					
	Check if also Prepar	er X			03	3/15/23						





DR 0104 (11/18/22)
COLORADO DEPARTMENT OF REVENUE
Tax. Colorado.gov
Page 1 of 4
(0013)

### 2022 Colorado Individual Income Tax Return

	r or Nonreside dent combina				0104	ŀΡΝ		c if Ab instru		d on due ons	date –	
Your Last Name		ĺ		rst Nam							Middle	e Initial
NAGRANI			DIVY	ANG								
Date of Birth (MM/DD/YYYY)	SSN or ITIN		Deceas	sed							•	
09/27/1996	393-91-62	226			1	the DF	cked and cla R 0102 and	death	cert	tificate wi	th your r	
Enter the following information	n from vour c	ırrent	State o	f Issue	ı	Last 4 d	characters of I	D num	ber [	Date of Issu	ance	
driver license or state identific		anone	CO			2944	ŀ			11/15/	21	
If Joint, Spouse's Last Name			Spouse	's First I	Name						Middle	e Initial
Spouse's Date of Birth (MM/DD/YYYY)	Spouse's SSN	l or ITIN	Deceas	sed							•	
							cked and cla R 0102 and					
Enter the following information	n from vour e	oouee'e	State o	f Issue		Last 4 d	characters of I	D num	ber [	Date of Issu	ance	
Enter the following information current driver license or state	identification	card.										
Mailing Address								F	Phone	e Number		
3200 W COLFAX AVENUE A	APT 405								(72)	0)878-9	049	
City				State	ZIP	Code		Forei	ign Co	ountry (if ap	plicable)	
DENVER				CO	80	204						
To see if you or members	s of your hou	sehold qua	lify for f	free or	redu	uced-d	cost health	cover	rage,	, check th	is box if	:
You are a Colorado re     AND	esident and a	t least one	person	in you	ır ho	useho	old does no	t have	e hea	alth cove	rage	
You give permission for												nect
for Health Colorado (the	e Colorado He	alth Benefit	Exchan	ge) and	the the	Depar	tment of He	alth C				D - II
Enter Federal Taxable Income	me from you	r foderal in	come t	av forn	n·				Rot	und To The	Nearest	Jollar
1040, 1040 SR, or 1040 SI		i iederai iii	come te	ax 1011			• 1				5931	3 00
Include W-2s and 1099s with		ng.					<u> </u>					
	Ad	Iditions to										
2. State Addback, enter the s					fede	ral for	m 1040,					
1040 SR, or 1040 SP sche	dule A, line 5	a (see inst	ructions	s)			• 2					0 0
3. Qualified Business Income	Deduction A	ddback (se	ee instru	uctions	s)		• 3					0 0



DR 0104 (11/18/22)
COLORADO DEPARTMENT OF REVENUE
Tax.Colorado.gov

220104 Page 2 of 4 Name SSN or ITIN DIVYANG NAGRANI 393-91-6226 00 4. Itemized Deduction addback (see instructions) • 4 5. CollegeInvest Recapture Prior Year - Non-qualifying Tuition Program Contribution (see instructions) • 5 00 00 **6.** Other Additions, explain (see instructions) • 6 Explain: 59313 00 7. Subtotal, sum of lines 1 through 6 7 **Colorado Subtractions** 8. Subtractions from the DR 0104AD Schedule, line 22, you must submit the DR 0104AD schedule with your return. • 8 00 59313 00 9. Colorado Taxable Income, subtract line 8 from line 7 • 9 Tax, Prepayments and Credits: see 104 Book for full-year tax table and part-year DR 0104PN Schedule 10. Colorado Tax from tax table or the DR 0104PN line 36, you must submit the DR 0104PN with your return if applicable. • 10 00 11. Alternative Minimum Tax from the DR 0104AMT line 8, you must submit the DR 0104AMT with your return. 00 • 11 12. Recapture of prior year credits 00 12 2610 **13.** Subtotal, sum of lines 10 through 12 13 00 14. Nonrefundable Credits from the DR 0104CR line 48, the sum of lines 14, 15, and 16 cannot exceed line 13, you must submit the DR 0104CR with your return. 00 15. Total Nonrefundable Enterprise Zone credits used – as calculated, or from the DR 1366 line 85, the sum of lines 14, 15, and 16 cannot exceed line 13, you must submit the DR 1366 with your return. • 15 00 16. Strategic Capital Tax Credit from DR 1330, the sum of lines 14, 15, and 16 cannot exceed line 13, you must submit the DR 1330 with your return. 00 16 2610 17. Net Income Tax, sum of lines 14, 15, and 16. Subtract that sum from line 13. 17 00 18. Use Tax reported on the DR 0104US schedule line 7, you must submit the DR 0104US with your return. 00 18 2610 19. Net Colorado Tax, sum of lines 17 and 18 00 19 20. CO Income Tax Withheld from W-2s and 1099s, you must submit the W-2s and/or 3375 1099s claiming Colorado withholding with your return. 20 00 21. Prior-year Estimated Tax Carryforward 00 21 22. Estimated Tax Payments, enter the sum of the guarterly payments remitted for this tax year 00 22 23. Extension Payment remitted with the DR 0158-I 23 00



DR 0104 (11/18/22) COLORADO DEPÁRTMENT OF REVENUE Tax.Colorado.gov

220104 Page 3 of 4 Name SSN or ITIN DIVYANG NAGRANI 393-91-6226 • DR 0104BEP DR 0108 ● DR 1079 ● **24 24.** Other Prepayments: 00 25. Gross Conservation Easement Credit from the DR 1305G line 33, you must submit 00 the DR 1305G with your return. 26. Innovative Motor Vehicle and Innovative Truck Credit from form DR 0617, you must 0 submit each DR 0617 with your return. 00 26 27. Refundable Credits from the DR 0104CR line 14, you must submit the DR 0104CR with your return. 00 27 3375 00 28. Subtotal, sum of lines 20 through 27 28 Modified AGI for TABOR Lines 30 through 33 are only used to calculate your TABOR Credit, they do not affect your Colorado tax liability. 29. Federal Adjusted Gross Income from your federal income tax form: 1040 line 11, 72263 1040 SR line 11. or 1040 SP line 11 00 29 00 30. Nontaxable Social Security Income 30 31. Nontaxable interest income from state and local bonds • 31 00 72263 00 32. Sum of lines 29 through 31: Modified AGI for TABOR **Modified AGI Tiers for State Sales Tax Refund** \$48,000 \$48,001 -\$95,001 -\$151,001 -\$209,001 -\$268,001 -If line 32 is: or less \$95,000 \$151,000 \$209,000 \$268,000 or more Single Filers Enter \$153 \$208 \$234 \$285 \$300 \$486 Joint Filers Enter \$306 \$416 \$468 \$600 \$570 \$972 33. State Sales Tax Refund: For full-year Colorado residents, born before 2004, or full-year Colorado residents who are under the age of eighteen but are required to file a return. Use the amount on line 32 and reference the table above. See instructions if you are filing an extension. 00 • 33 3375 **34.** Sum of lines 28 and 33 34 00 765 35. Overpayment, if line 34 is greater than line 19 then subtract line 19 from line 34 00 **36.** Estimated Tax Credit Carryforward to 2023 first guarter, if any. • 36 00 If you have an overpayment on line 37 below and would like to donate all or a portion of your overpayment to a qualified Colorado charity, include Form DR 0104CH to contribute. 765 00 **37.** Refund, subtract line 36 from line 35 (see instructions) 37 0 | 7 | 1 | 0 | 0 | 0 | 0 | 1 | 3 CollegeInvest 529 Routing Number Type: Checking Savings **Direct Deposit** Account Number 5 0 9 8 2 0 6 8 1

For questions regarding CollegeInvest direct deposit or to open an account, visit CollegeInvest.org or call 800-448-2424.



220104 41555

# DR 0104 (11/18/22) COLORADO DEPARTMENT OF REVENUE Tax.Colorado.gov

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220101 11333					
Name				SSN or ITIN	
DIVYANG NAGRANI				393-91-622	6
38. Net Tax Due, subtract line 34 from line 19		38			0 0
39. Delinquent Payment Penalty (see instruction	s)	• 39			0 0
40. Delinquent Payment Interest (see instruction		• 40			0 0
<b>41.</b> Estimated Tax Penalty, you must submit the (see instructions)	DR 0204 with your return.	• 41			0 0
<b>42.</b> Amount You Owe, sum of lines 38 through 4	1	• 42			
The State may convert your check to a one-time electronic to by the State. If converted, your check will not be returned. If Revenue may collect the payment amount directly from you	your check is rejected due to insuffi				
	Third Party Designee				
Do you want to allow another person to discuss this return and any related information with the Colorado Department of Revenue? See the instructions.	• X No •	Yes. Comple	ete the fo	ollowing:	
Designee's Name			Phone N	lumber	
•			•		
Sign Below Under penalties of perjury, I declare that to the	ne best of my knowledge and belief,	this return is tru	ue, correct	and complete.	
Your Signature				Date (MM/DD/YY)	
Spouse's Signature. If joint return, BOTH must sign.				Date (MM/DD/YY)	
Paid Preparer's Name			Paid Pre	parer's Phone	
GLOBAL TAXES LLC			(678)	965-9522	
Paid Preparer's Address	City		State	ZIP Code	
245 ROONEY CT	E BRUNSWICK		NJ	08816	

REV 02/09/23 PRO

#### File and pay at: Colorado.gov/RevenueOnline

If you are filing this return **with** a check or payment, please mail the return to:

COLORADO DEPARTMENT OF REVENUE Denver, CO 80261-0006

If you are filing this return **without** a check or payment, please mail the return to:

COLORADO DEPARTMENT OF REVENUE Denver, CO 80261-0005

These addresses and zip codes are exclusive to the Colorado Department of Revenue, so a street address is not required.