

**FEDERAL TAX RETURN SUMMARY 2021**

<b>Income</b>	<b>Year 2021</b>	<b>Year 2020</b>	<b>Change(\$)</b>
Wages, salaries, tips, etc.:	\$393,785	\$332,430	\$61,355
Interest income:	\$23,125	\$129	\$22,996
Ordinary dividend income:	\$2,260	\$0	\$2,260
Refunds of state and local taxes:	\$0	\$0	\$0
Business income or (loss) (Schedule C):	\$0	\$0	\$0
Capital gain or (loss) (Schedule D):	\$5,788	\$0	\$5,788
Other gains or (losses) (Form 4797):	\$0	\$0	\$0
IRA distributions and pension income:	\$0	\$0	\$0
Rental real estate, partnerships, estates, etc. (Schedule E):	\$0	\$0	\$0
Farm income or (loss) (Schedule F):	\$0	\$0	\$0
Unemployment compensation:	\$0	\$0	\$0
Taxable social security income:	\$0	\$0	\$0
Other income:	\$0	\$0	\$0
<b>Total income:</b>	<b>\$424,958</b>	<b>\$332,559</b>	<b>\$92,399</b>
<b>Adjustments</b>			
Student loan interest deduction:	\$0	\$0	\$0
Domestic production activities deduction:	\$0	\$0	\$0
IRA contributions:	\$0	\$0	\$0
Deductible part of self-employment tax:	\$0	\$0	\$0
Self-employed health insurance:	\$0	\$0	\$0
Self-employed SEP, SIMPLE, and qualified plans:	\$0	\$0	\$0
Other adjustments:	\$0	\$0	\$0
Charitable contributions if taking standard deduction:	\$0	N/A	\$0
<b>Total Adjustments:</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>Adjusted Gross Income (AGI)</b>			
This is your total income less total adjustments:	\$424,958	\$332,559	\$92,399
<b>Deductions</b>			
Itemized/Standard Deductions:	\$25,100	\$24,800	\$300
Medical and dental expenses:	\$0	\$0	\$0
Taxes paid:	\$10,000	\$0	\$10,000
Interest paid:	\$0	\$0	\$0
Gifts to charity:	\$0	\$0	\$0
Casualty and theft losses:	\$0	\$0	\$0
Other miscellaneous deductions:	\$0	\$0	\$0
Qualified business income deduction:	\$18	\$0	\$18
<b>Tax Computation</b>			
Tax:	\$88,327	\$62,021	\$0
Alternative minimum tax:	\$0	\$0	\$0
Excess Advance Premium Tax Credit Repayment:	\$0	\$0	\$0
<b>Other Taxes</b>			
Self-employment tax:	\$0	\$0	\$0
Other Taxes:	\$3,251	\$922	\$2,329
<b>Total Taxes:</b>	<b>\$91,538</b>	<b>\$60,943</b>	<b>\$30,595</b>

**Credits**

**We're Open All Year! Call 800-HRBLOCK 800-472-5625 or visit [hrblock.com](http://hrblock.com) to schedule an appointment.**

Child and other dependents tax credit:	\$0	\$0	\$0
Foreign tax credit:	\$0	\$0	\$0
Child Care Credit:	\$0	\$0	\$0
Other Credits:	\$0	\$0	\$0
Total Credits:	\$0	\$0	\$0

**Payments**

Federal income tax withheld:	\$55,958	\$42,041	\$13,917
Estimated payments:	\$0	\$0	\$0
Earned Income Credit:	\$0	\$0	\$0
Recovery rebate credit:	\$0	N/A	\$0
Qualified sick and family leave credit:	\$0	N/A	\$0
Deferral for certain Schedule H or Schedule SE filers:	\$0	N/A	\$0
Other Payments:	\$5,770	\$7,298	(\$1,528)
Total Payments:	\$61,728	\$49,339	\$12,389

**Balance Due**

Amount overpaid:	\$0	\$0	\$0
Overpayment applied to next year:	\$0	\$0	\$0
Refund:	\$0	\$0	\$0
Amount Due:	\$29,918	\$11,604	\$18,314
Penalty:	\$108	\$0	\$108

**Other Computations**

Marginal tax bracket:	32%
Effective tax Rate:	21%
Filing Status:	MFJ

Married Filing Jointly	Tax Bracket
\$0 - \$19,900	10%
\$19,900 - \$81,050	12%
\$81,050 - \$172,750	22%
\$172,750 - \$329,850	24%
\$329,850 - \$418,850	32%
\$418,850 - \$628,300	35%
\$628,300 or greater	37%

--\$19,900 of your income was taxed at 10%  
 --\$61,150 of your income was taxed at 12%  
 --\$91,700 of your income was taxed at 22%  
 --\$157,100 of your income was taxed at 24%  
 --\$69,990 of your income was taxed at 32%

Your effective tax rate is 21%  
 You paid \$88,327 in federal income taxes

**We're Open All Year! Call 800-HRBLOCK 800-472-5625 or visit [hrblock.com](http://hrblock.com) to schedule an appointment.**

# We stand behind our work.

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## Maximum Refund Guarantee<sup>1</sup>

We'll get you the largest refund to which you're entitled or your tax preparation is free. No one can get you a bigger refund than H&R Block - guaranteed.



## 100% Accuracy Guarantee

If we make an error on your return, we'll pay any penalties and interest due to our error.



## Tax Notice Services<sup>2</sup>

If we made an error on your tax return, we'll address the resulting letter at no additional cost.

## 24/7 access to your info

Log in to your personalized MyBlock account anytime, anywhere, to:

- Check your e-file return status
- View your tax returns
- Review your tax checklist
- Share tax docs with your Tax Pro
- Access your Emerald Card®
- Go paperless with digital docs

[hrblock.com/myblock](https://hrblock.com/myblock)

## We're here all year.

Our experienced tax pros are available by appointment to help in person all year long.

Call 800-HRBLOCK  
(800-472-5625) or visit  
[hrblock.com](https://hrblock.com) to schedule  
an appointment.

<sup>1</sup> Refund claims must be made during the calendar year in which the return was prepared. Amendment included at no additional charge.

<sup>2</sup> H&R Block will explain the position taken by the IRS or other taxing authority and assist you in preparing an audit response. Does not include in person Audit Representation.

# Samir and Parita!

Here are your personalized tax tips to consider:

## Optimize your withholdings to meet your financial needs

Most tax refunds occur when taxes withheld and estimated taxes paid during the year exceed your actual tax liability. A balance due is the opposite – your tax liability was more than what you paid during the year through withholding or estimated tax payments. If you expect the balance due on your 2022 tax return to be more than \$1,000 make sure you withhold at least 90% of your 2022 tax liability (or 100% of your 2021 tax liability) to avoid a penalty. You may prefer getting a bigger refund back or using that money during the year, but either result can be controlled by completing a new W-4 with your employer.

## Optimize your withholdings to meet your financial needs

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## Save for college with a 529 plan

Anyone can contribute to a 529 plan for your child, including grandparents or family friends. Contributions grow and remain tax-free when used to pay for qualified educational expenses such as room and board, books and supplies. Although there is no annual limit to what you can contribute, giving more than \$16,000 to a single person has gift tax reporting implications.



### Secure access to your tax documents, Emerald Card™, and much more...

- Track receipts, donations, and other tax-related items year round.
- Utilize tax tools to estimate your refund or how much you owe.
- View a personalized tax checklist to know what you'll need when it's time to file.

**2022 INCOME TAX ESTIMATOR/PLANNER**

SAMIR V AND PARITA S SONI  
687-10-1759

Keep for Your Records

	<b>Current 2021</b>	<b>Adjustments 2022</b>	<b>Estimated 2022</b>
Filing status .....	MFJ		MFJ
<b>INCOME:</b>			
Wages, salaries, tips, etc. ....	393,785		393,785
Interest income .....	23,125		23,125
Ordinary dividend income (excluding Qualified Dividends) ....	547		547
IRA distributions and pension income .....			
Taxable social security income .....			
Capital gain or (loss) (Schedule D) (including Qual Dividends)	7,501		7,501
<b>Schedule 1 Income</b>			
Refunds of state and local taxes .....			
Alimony received from divorces finalized before 1/1/2021 ....			
Business income or (loss) (Schedule C) .....			
Other gains or (losses) (Form 4797) .....			
Rental real estate, partnerships, estates, etc. (Schedule E) ....			
Farm income or (loss) (Schedule F) .....			
Unemployment compensation .....			
Other income .....			
<b>Total income</b> .....	424,958		424,958
<b>ADJUSTMENTS:</b>			
<b>Schedule 1 Adjustments</b>			
Educator expenses .....			
Certain business expenses of reservists, performing artist, and fee-basis government officials .....			
Health savings account deduction (Form 8889) .....			
Qualified moving expenses .....			
Deductible part of self-employment tax (Schedule SE) .....			
Self-employed SEP, SIMPLE and qualified plans deduction ..			
Self-employed health insurance .....			
Penalty on early withdrawal of savings .....			
Alimony paid on divorces finalized before 1/1/2021 .....			
IRA deduction .....			
Student loan interest deduction .....			
Other adjustments .....			
<b>Total adjustments</b> .....			
<b>ADJUSTED GROSS INCOME:</b> .....	424,958		424,958
<b>DEDUCTIONS:</b>			
Standard deduction .....	25,100	800	25,900
Itemized deductions:			
Medical and dental expenses .....			
Sales, income, and other taxes paid .....	10,000		10,000
Interest paid .....			
Gifts to charity .....			
Casualty and theft losses .....			
Other miscellaneous deductions .....			
<b>Total itemized deductions</b> .....	10,000		10,000
Deduction actually claimed .....	25,100	800	25,900
Qualified business income deduction .....	18		18

**2022 INCOME TAX ESTIMATOR/PLANNER**

SAMIR V AND PARITA S SONI  
687-10-1759

Keep for Your Records

	Current 2021	Adjustments 2022	Estimated 2022
<b>TAX COMPUTATION (BEFORE CREDITS):</b>			
Taxable income .....	399,840	-800	399,040
Tax .....	88,327	-256	88,071
<b>Schedule 2 - Taxes</b>			
Alternative minimum tax .....	_____	_____	_____
Excess advance premium tax credit repayment .....	_____	_____	_____
Tax rate .....	32%		32%
<b>CREDITS:</b>			
Child and other dependents tax credit .....	_____	750	750
<b>Schedule 3 - Nonrefundable Credits</b>			
Foreign tax credit .....	40	_____	40
Child care credit .....	_____	_____	_____
Education credit .....	_____	_____	_____
Retirement savings contribution credit .....	_____	_____	_____
Other credits .....	_____	_____	_____
<b>Total credits</b> .....	40	750	790
<b>OTHER TAXES:</b>			
<b>Schedule 2 - Other Taxes</b>			
Self-employment tax .....	_____	_____	_____
Additional tax on IRAs .....	_____	_____	_____
Health Care (Individual Responsibility) (repealed after 2019) .....	_____	_____	<b>Not Applicable</b>
Other taxes .....	3,251	_____	3,251
<b>Total other taxes</b> .....	3,251	_____	3,251
<b>PAYMENTS:</b>			
Federal income tax withheld .....	55,958	_____	55,958
Earned income credit .....	_____	_____	_____
Additional child tax credit .....	_____	_____	_____
<b>Schedule 3 - Refundable Credits and Payments</b>			
Estimated payments .....	_____	_____	_____
American opportunity credit .....	_____	_____	_____
ACA premium tax credit .....	_____	_____	_____
Other payments .....	5,770	_____	5,770
<b>Total payments</b> .....	61,728	_____	61,728
<b>AMOUNT DUE / REFUND:</b>			
Amount overpaid .....	_____	_____	_____
Overpayment applied to next year .....	_____	_____	_____
<b>Refund</b> .....	_____	_____	_____
<b>Amount due</b> .....	29,810	-1,006	28,804

Note: These amounts and calculations are for estimating purposes only and should not be assumed to be your final refund or liability for 2021 taxes. State implications have not been considered in these calculations. Be sure to schedule a tax appointment to have your 2021 tax return prepared using the actual 2021 tax forms issued by the Internal Revenue Service and your actual 2021 source documents.

**ADDITIONAL DISCLOSURES:**

# THE STATE AND LOCAL TAX DEDUCTION IS LIMITED TO \$10,000 (\$5,000 MFS).  
 # SUBJECT TO AN ADJUSTED WITHHOLDING ENTRY, THE 2021 WITHHOLDING IS BEING USED TO CALCULATE THE 2022 ESTIMATED TAX REFUND OR BALANCE DUE. BEGINNING IN JANUARY 2022 THE IRS HAS CHANGED THE WAY W4 SHOULD BE PREPARED REPORTING EXTRA INCOME, DEDUCTIONS AND CREDITS RATHER THAN EXEMPTION COUNTS. THESE CHANGES MIGHT CAUSE SOME CHANGE IN WITHHOLDING. ADVISE CLIENT THAT EMPLOYERS MAY REQUIRE A NEW W4 BE FILED UNDER THE NEW FORMAT.

H AND R BLOCK  
4727 E BELL RD  
PHOENIX AZ 85032  
6029710200

04-08-2022

SAMIR SONI  
PARITA SONI

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INSTRUCTIONS FOR FILING 2021 FEDERAL FORM 1040/1040-SR  
.Your return has a balance due of \$29,918.00. (Penalty Incl)  
.You have elected to file your Federal return ELECTRONICALLY.  
.You have entered a PIN for your signature.  
.You have elected EFW from your bank account on 04-15-2022.  
.DO NOT MAIL A PAPER COPY OF YOUR RETURN TO THE IRS.

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INSTRUCTIONS FOR FILING 2021 NEW YORK IT-203  
.Your return has a balance due of \$272.00.  
.You have elected to file your State return ELECTRONICALLY.  
.You have elected EFW from your bank account on 04/15/2022.  
.DO NOT MAIL A PAPER COPY OF YOUR STATE RETURN.

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INSTRUCTIONS FOR FILING 2021 NEW JERSEY FORM NJ-1040NR  
.Your return has a balance due of \$1,015.00.  
.You have elected to file your State return ELECTRONICALLY.  
.No signature is required.  
.You have elected EFW from your bank account on 04/15/2022.  
.DO NOT MAIL A PAPER COPY OF YOUR STATE RETURN.

H AND R BLOCK  
4727 E BELL RD  
PHOENIX AZ 85032  
6029710200

04-08-2022

SAMIR SONI  
PARITA SONI

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INSTRUCTIONS FOR FILING 2021 ARIZONA 140PY

- .Your return has a balance due of \$1,749.00.
- .You have elected to file your State return ELECTRONICALLY.
- .Both you and your spouse must sign form AZ-8879.
- .You have elected EFW from your bank account on 04/15/2022.
- .DO NOT MAIL A PAPER COPY OF YOUR RETURN TO ARIZONA.



**Filing Status**  Single  Married filing jointly  Married filing separately (MFS)  Head of household (HOH)  Qualifying widow(er) (QW)  
 Check only  If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QW box, enter the child's name if the  
 one box.  qualifying person is a child but not your dependent ▶

Your first name and middle initial SAMIR V		Last name SONI	Your social security number 687-10-1759	
If joint return, spouse's first name and middle initial PARITA S		Last name SONI	Spouse's social security number 280-91-6390	
Home address (number and street). If you have a P.O. box, see instructions. 9925 E ROTATION DR			Apt. no.	
City, town, or post office. If you have a foreign address, also complete spaces below. MESA		State AZ	ZIP code 85212	
Foreign country name		Foreign province/state/county		Foreign postal code

**Presidential Election Campaign**  
 Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.

You  Spouse  
 Yes  No

At any time during 2021, did you receive, sell, exchange, or otherwise dispose of any financial interest in any virtual currency?  Yes  No

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

**Age/Blindness** You:  Were born before January 2, 1957  Are blind Spouse:  Was born before January 2, 1957  Is blind

**Dependents** (see instructions):

(1) First name	Last name	(2) Social security number	(3) Relationship to you	(4) <input checked="" type="checkbox"/> if qualifies for (see inst.):	
				Child tax credit	Credit for other dependents
KIARA	SONI	668-91-9024	DAUGHTER	<input checked="" type="checkbox"/>	

<b>Attach Sch. B if required.</b>  <b>Standard Deduction for-</b> • Single or Married filing separately, \$12,550 • Married filing jointly or Qualifying widow(er), \$25,100 • Head of household, \$18,800 • If you checked any box under Standard Deduction, see instructions.	<b>1</b> Wages, salaries, tips, etc. Attach Form(s) W-2		<b>1</b>	393,785
	<b>2a</b> Tax-exempt interest	<b>2a</b> 24	<b>2b</b> Taxable interest	<b>2b</b> 23,125
	<b>3a</b> Qualified dividends	<b>3a</b> 1,713	<b>3b</b> Ordinary dividends	<b>3b</b> 2,260
	<b>4a</b> IRA distributions	<b>4a</b>	<b>4b</b> Taxable amount	<b>4b</b>
	<b>5a</b> Pensions and annuities	<b>5a</b>	<b>5b</b> Taxable amount	<b>5b</b>
	<b>6a</b> Social security benefits	<b>6a</b>	<b>6b</b> Taxable amount	<b>6b</b>
	<b>7</b> Capital gain or (loss). Attach Schedule D if required. If not required, check here		<b>7</b>	5,788
	<b>8</b> Other income from Schedule 1, line 10		<b>8</b>	
	<b>9</b> Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b>		<b>9</b>	424,958
	<b>10</b> Adjustments to income from Schedule 1, line 26		<b>10</b>	
	<b>11</b> Subtract line 10 from line 9. This is your <b>adjusted gross income</b>		<b>11</b>	424,958
	<b>12a</b> Standard deduction or itemized deductions (from Schedule A)	<b>12a</b> 25,100	<b>12c</b>	25,100
	<b>b</b> Charitable contributions if you take the standard deduction (see instructions)	<b>12b</b>	<b>13</b>	18
	<b>c</b> Add lines 12a and 12b		<b>14</b>	25,118
	<b>13</b> Qualified business income deduction from Form 8995 or Form 8995-A		<b>15</b>	399,840
<b>14</b> Add lines 12c and 13				
<b>15</b> Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-				

<b>16</b> Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/>	<b>16</b>	88,327
<b>17</b> Amount from Schedule 2, line 3	<b>17</b>	
<b>18</b> Add lines 16 and 17	<b>18</b>	88,327
<b>19</b> Nonrefundable child tax credit or credit for other dependents from Schedule 8812	<b>19</b>	
<b>20</b> Amount from Schedule 3, line 8	<b>20</b>	40
<b>21</b> Add lines 19 and 20	<b>21</b>	40
<b>22</b> Subtract line 21 from line 18. If zero or less, enter -0-	<b>22</b>	88,287
<b>23</b> Other taxes, including self-employment tax, from Schedule 2, line 21	<b>23</b>	3,251
<b>24</b> Add lines 22 and 23. This is your <b>total tax</b>	<b>24</b>	91,538
<b>25</b> Federal income tax withheld from:		
<b>a</b> Form(s) W-2	<b>25a</b>	55,787
<b>b</b> Form(s) 1099	<b>25b</b>	27
<b>c</b> Other forms (see instructions)	<b>25c</b>	144
<b>d</b> Add lines 25a through 25c	<b>25d</b>	55,958
<b>26</b> 2021 estimated tax payments and amount applied from 2020 return	<b>26</b>	
<b>27a</b> Earned income credit (EIC). Check here if you were born after January 1, 1998, and before January 2, 2004, and you satisfy all the other requirements for taxpayers who are at least age 18, to claim the EIC. See instructions ... <input type="checkbox"/>	<b>27a</b>	
<b>b</b> Nontaxable combat pay election	<b>27b</b>	
<b>c</b> Prior year (2019) earned income	<b>27c</b>	
<b>28</b> Refundable child tax credit or additional child tax credit from Schedule 8812	<b>28</b>	
<b>29</b> American opportunity credit from Form 8863, line 8	<b>29</b>	
<b>30</b> Recovery rebate credit. See instructions.	<b>30</b>	
<b>31</b> Amount from Schedule 3, line 15	<b>31</b>	5,770
<b>32</b> Add lines 27a and 28 through 31. These are your <b>total other payments and refundable credits</b>	<b>32</b>	5,770
<b>33</b> Add lines 25d, 26, and 32. These are your <b>total payments</b>	<b>33</b>	61,728
<b>Refund</b> <b>34</b> If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>	<b>34</b>	
<b>35a</b> Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/>	<b>35a</b>	
<b>b</b> Routing number	<b>c</b> Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	
<b>d</b> Account number		
<b>36</b> Amount of line 34 you want <b>applied to your 2022 estimated tax</b>	<b>36</b>	
<b>Amount</b> <b>37</b> <b>Amount you owe</b> . Subtract line 33 from line 24. For details on how to pay, see instructions	<b>37</b>	29,918
<b>You Owe</b> <b>38</b> Estimated tax penalty (see instructions)	<b>38</b>	108

If you have a qualifying child, attach Sch. EIC.

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

Designee's name **H AND R BLOCK** Phone no. **602-971-0200** Personal identification number (PIN) **97672**

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

Your signature	Date	Your occupation SOFTWARE ENGR	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation PHYSICIAN	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
Phone no. 919-449-7542	Email address SAMIR.SONI@DATACORESYSTEMS.COM		

**Paid Preparer Use Only**

Preparer's name HB SINGH	Preparer's signature HB SINGH	Date 04-08-2022	PTIN P00717922	Check if: <input type="checkbox"/> Self-employed
Firm's name <b>H AND R BLOCK</b>			Phone no. 602-971-0200	
Firm's address <b>4727 E BELL RD PHOENIX AZ 85032</b>			Firm's EIN <b>452460841</b>	

**SCHEDULE 2**  
**(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Additional Taxes**

▶ Attach to Form 1040, 1040-SR, or 1040-NR.  
▶ Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.

OMB No. 1545-0074

**2021**

Attachment  
Sequence No. **02**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR  
SAMIR V AND PARITA S SONI

Your social security number  
687-10-1759

**Part I Tax**

<b>1</b>	Alternative minimum tax. Attach Form 6251	<b>1</b>	
<b>2</b>	Excess advance premium tax credit repayment. Attach Form 8962	<b>2</b>	
<b>3</b>	Add lines 1 and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 17	<b>3</b>	

**Part II Other Taxes**

<b>4</b>	Self-employment tax. Attach Schedule SE	<b>4</b>	
<b>5</b>	Social security and Medicare tax on unreported tip income. Attach Form 4137	<b>5</b>	
<b>6</b>	Uncollected social security and Medicare tax on wages. Attach Form 8919	<b>6</b>	
<b>7</b>	Total additional social security and Medicare tax. Add lines 5 and 6	<b>7</b>	
<b>8</b>	Additional tax on IRAs or other tax-favored accounts. Attach Form 5329 if required	<b>8</b>	
<b>9</b>	Household employment taxes. Attach Schedule H	<b>9</b>	
<b>10</b>	Repayment of first-time homebuyer credit. Attach Form 5405 if required	<b>10</b>	
<b>11</b>	Additional Medicare Tax. Attach Form 8959	<b>11</b>	1,816
<b>12</b>	Net investment income tax. Attach Form 8960	<b>12</b>	1,185
<b>13</b>	Uncollected social security and Medicare or RRTA tax on tips or group-term life insurance from Form W-2, box 12	<b>13</b>	
<b>14</b>	Interest on tax due on installment income from the sale of certain residential lots and timeshares	<b>14</b>	
<b>15</b>	Interest on the deferred tax on gain from certain installment sales with a sales price over \$150,000	<b>15</b>	
<b>16</b>	Recapture of low-income housing credit. Attach Form 8611	<b>16</b>	

(continued on page 2)

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

**Schedule 2 (Form 1040) 2021**

**Part II Other Taxes** (continued)

<b>17</b>	Other additional taxes:		
<b>a</b>	Recapture of other credits. List type, form number, and amount ▶ _____	<b>17a</b>	
<b>b</b>	Recapture of federal mortgage subsidy. If you sold your home in 2021, see instructions . . . . .	<b>17b</b>	
<b>c</b>	Additional tax on HSA distributions. Attach Form 8889 . . . . .	<b>17c</b>	
<b>d</b>	Additional tax on an HSA because you didn't remain an eligible individual. Attach Form 8889 . . . . .	<b>17d</b>	
<b>e</b>	Additional tax on Archer MSA distributions. Attach Form 8853 . . . . .	<b>17e</b>	
<b>f</b>	Additional tax on Medicare Advantage MSA distributions. Attach Form 8853 . . . . .	<b>17f</b>	
<b>g</b>	Recapture of a charitable contribution deduction related to a fractional interest in tangible personal property . . . . .	<b>17g</b>	
<b>h</b>	Income you received from a nonqualified deferred compensation plan that fails to meet the requirements of section 409A . . . . .	<b>17h</b>	
<b>i</b>	Compensation you received from a nonqualified deferred compensation plan described in section 457A . . . . .	<b>17i</b>	
<b>j</b>	Section 72(m)(5) excess benefits tax . . . . .	<b>17j</b>	
<b>k</b>	Golden parachute payments . . . . .	<b>17k</b>	
<b>l</b>	Tax on accumulation distribution of trusts . . . . .	<b>17l</b>	
<b>m</b>	Excise tax on insider stock compensation from an expatriated corporation . . . . .	<b>17m</b>	
<b>n</b>	Look-back interest under section 167(g) or 460(b) from Form 8697 or 8866 . . . . .	<b>17n</b>	
<b>o</b>	Tax on non-effectively connected income for any part of the year you were a nonresident alien from Form 1040-NR . . . . .	<b>17o</b>	
<b>p</b>	Any interest from Form 8621, line 16f, relating to distributions from, and dispositions of, stock of a section 1291 fund . . . . .	<b>17p</b>	
<b>q</b>	Any interest from Form 8621, line 24 . . . . .	<b>17q</b>	
<b>z</b>	Any other taxes. List type and amount ▶ _____	<b>17z</b>	
<b>18</b>	Total additional taxes. Add lines 17a through 17z . . . . .	<b>18</b>	
<b>19</b>	Additional tax from Schedule 8812 . . . . .	<b>19</b>	250
<b>20</b>	Section 965 net tax liability installment from Form 965-A . . . . .	<b>20</b>	
<b>21</b>	Add lines 4, 7 through 16, 18, and 19. These are your <b>total other taxes</b> . Enter here and on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b . . . . .	<b>21</b>	3,251

Schedule 2 (Form 1040) 2021

**SCHEDULE 3**

(Form 1040)

**Additional Credits and Payments**

OMB No. 1545-0074

**2021**

Attachment  
Sequence No. **03**

Department of the Treasury  
Internal Revenue Service

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

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

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

SAMIR V AND PARITA S SONI

Your social security number

687-10-1759

**Part I Nonrefundable Credits**

<b>1</b>	Foreign tax credit. Attach Form 1116 if required	<b>1</b>	40
<b>2</b>	Credit for child and dependent care expenses from Form 2441, line 11. Attach Form 2441	<b>2</b>	
<b>3</b>	Education credits from Form 8863, line 19	<b>3</b>	
<b>4</b>	Retirement savings contributions credit. Attach Form 8880	<b>4</b>	
<b>5</b>	Residential energy credits. Attach Form 5695	<b>5</b>	
<b>6</b>	Other nonrefundable credits:		
<b>a</b>	General business credit. Attach Form 3800	<b>6a</b>	
<b>b</b>	Credit for prior year minimum tax. Attach Form 8801	<b>6b</b>	
<b>c</b>	Adoption credit. Attach Form 8839	<b>6c</b>	
<b>d</b>	Credit for the elderly or disabled. Attach Schedule R	<b>6d</b>	
<b>e</b>	Alternative motor vehicle credit. Attach Form 8910	<b>6e</b>	
<b>f</b>	Qualified plug-in motor vehicle credit. Attach Form 8936	<b>6f</b>	
<b>g</b>	Mortgage interest credit. Attach Form 8396	<b>6g</b>	
<b>h</b>	District of Columbia first-time homebuyer credit. Attach Form 8859	<b>6h</b>	
<b>i</b>	Qualified electric vehicle credit. Attach Form 8834	<b>6i</b>	
<b>j</b>	Alternative fuel vehicle refueling property credit. Attach Form 8911	<b>6j</b>	
<b>k</b>	Credit to holders of tax credit bonds. Attach Form 8912	<b>6k</b>	
<b>l</b>	Amount on Form 8978, line 14. See instructions	<b>6l</b>	
<b>z</b>	Other nonrefundable credits. List type and amount ▶ _____	<b>6z</b>	
<b>7</b>	Total other nonrefundable credits. Add lines 6a through 6z	<b>7</b>	
<b>8</b>	Add lines 1 through 5 and 7. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 20	<b>8</b>	40

(continued on page 2)

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

Schedule 3 (Form 1040) 2021

**Part II Other Payments and Refundable Credits**

<b>9</b>	Net premium tax credit. Attach Form 8962		<b>9</b>	
<b>10</b>	Amount paid with request for extension to file (see instructions)		<b>10</b>	
<b>11</b>	Excess social security and tier 1 RRTA tax withheld		<b>11</b>	5,770
<b>12</b>	Credit for federal tax on fuels. Attach Form 4136		<b>12</b>	
<b>13</b>	Other payments or refundable credits:			
<b>a</b>	Form 2439	<b>13a</b>		
<b>b</b>	Qualified sick and family leave credits from Schedule(s) H and Form(s) 7202 for leave taken before April 1, 2021	<b>13b</b>		
<b>c</b>	Health coverage tax credit from Form 8885	<b>13c</b>		
<b>d</b>	Credit for repayment of amounts included in income from earlier years	<b>13d</b>		
<b>e</b>	Reserved for future use	<b>13e</b>		
<b>f</b>	Deferred amount of net 965 tax liability (see instructions)	<b>13f</b>		
<b>g</b>	Credit for child and dependent care expenses from Form 2441, line 10. Attach Form 2441	<b>13g</b>		
<b>h</b>	Qualified sick and family leave credits from Schedule(s) H and Form(s) 7202 for leave taken after March 31, 2021	<b>13h</b>		
<b>z</b>	Other payments or refundable credits. List type and amount ▶ _____	<b>13z</b>		
<b>14</b>	Total other payments or refundable credits. Add lines 13a through 13z		<b>14</b>	
<b>15</b>	Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 31.		<b>15</b>	5,770

Schedule 3 (Form 1040) 2021

**SCHEDULE B**  
**(Form 1040)**

**Interest and Ordinary Dividends**

OMB No. 1545-0074

**2021**

Attachment  
Sequence No. **08**

Department of the Treasury  
Internal Revenue Service (99)

▶ Go to [www.irs.gov/ScheduleB](http://www.irs.gov/ScheduleB) for instructions and the latest information.  
▶ Attach to Form 1040 or 1040-SR.

Name(s) shown on return SAMIR V AND PARITA S SONI Your social security no. 687-10-1759

<b>Part I</b>		<b>Amount</b>
<b>Interest</b>  (See instructions and the Instructions for Form 1040, line 2b.)	<b>1</b> List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see the instructions and list this interest first. Also, show that buyer's social security number and address ▶ <u>BANK OF AMERICA</u> <u>CLARKS LANING FUND 36-4716555</u>	112 23,013
	<b>2</b> Add the amounts on line 1	23,125
<b>3</b> Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815	<b>3</b>	
<b>4</b> Subtract line 3 from line 2. Enter the result here and on Form 1040 or 1040-SR, line 2b ▶	<b>4</b>	23,125

**Note:** If line 4 is over \$1,500, you must complete Part III.

<b>Part II</b>		<b>Amount</b>	
<b>Ordinary Dividends</b>  (See instructions and the Instructions for Form 1040, line 3b.)	<b>5</b> List name of payer ▶ <u>USAA FINANCIAL ADV</u> <u>WEALTHFRONT BROKERAGE LLC</u> <u>WEALTHFRONT BROKERAGE LLC</u>	1,240 909 111	
	<b>6</b> Add the amounts on line 5. Enter the total here and on Form 1040 or 1040-SR, line 3b ▶	<b>6</b>	2,260

**Note:** If line 6 is over \$1,500, you must complete Part III.

<b>Part III</b>		<b>Yes</b>	<b>No</b>
You must complete this part if you (a) had over \$1,500 of taxable interest or ordinary dividends; (b) had a foreign account; or (c) received a distribution from, or were a grantor of, or a transferor to, a foreign trust.			
<b>Foreign Accounts and Trusts</b>  <b>Caution:</b> If required, failure to file FinCEN Form 114 may result in substantial penalties. See instructions.	<b>7a</b> At any time during 2021, did you have a financial interest in or signature authority over a financial account (such as a bank account, securities account, or brokerage account) located in a foreign country? See instructions	X	
	If "Yes," are you required to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), to report that financial interest or signature authority? See FinCEN Form 114 and its instructions for filing requirements and exceptions to those requirements		
	<b>b</b> If you are required to file FinCEN Form 114, enter the name of the foreign country where the financial account is located ▶ <u>INDIA</u>		
	<b>8</b> During 2021, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? If "Yes," you may have to file Form 3520. See instructions		X

**SCHEDULE D**  
**(Form 1040)**

Department of the Treasury  
Internal Revenue Service (99)

**Capital Gains and Losses**

▶ Attach to Form 1040, 1040-SR, or 1040-NR.  
▶ Go to [www.irs.gov/ScheduleD](http://www.irs.gov/ScheduleD) for instructions and the latest information.  
▶ Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.

OMB No. 1545-0074

**2021**

Attachment  
Sequence No. **12**

Name(s) shown on return **SAMIR V AND PARITA S SONI** Your social security number **687-10-1759**

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

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

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

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
<b>1a</b> Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b . . . . .	99,679	101,120		(1,441)
<b>1b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked . . . . .				
<b>2</b> Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked . . . . .				
<b>3</b> Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked . . . . .				
<b>4</b> Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 . . . . .				<b>4</b>
<b>5</b> Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 . . . . .				<b>5</b>
<b>6</b> Short-term capital loss carryover. Enter the amount, if any, from line 8 of your <b>Capital Loss Carryover Worksheet</b> in the instructions . . . . .				<b>6</b> ( )
<b>7</b> <b>Net short-term capital gain or (loss).</b> Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on page 2 . . . . .				<b>7</b> (1,441)

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

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
<b>8a</b> Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b . . . . .	9,181	1,952		7,229
<b>8b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked . . . . .				
<b>9</b> Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked . . . . .				
<b>10</b> Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked . . . . .				
<b>11</b> Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824 . . . . .				<b>11</b>
<b>12</b> Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 . . . . .				<b>12</b>
<b>13</b> Capital gain distributions. See the instructions . . . . .				<b>13</b>
<b>14</b> Long-term capital loss carryover. Enter the amount, if any, from line 13 of your <b>Capital Loss Carryover Worksheet</b> in the instructions . . . . .				<b>14</b> ( )
<b>15</b> <b>Net long-term capital gain or (loss).</b> Combine lines 8a through 14 in column (h). Then, go to Part III on the back . . . . .				<b>15</b> 7,229

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

Schedule D (Form 1040) 2021



**Part III Summary**

16	Combine lines 7 and 15 and enter the result . . . . .  <ul style="list-style-type: none"> <li>● If line 16 is a <b>gain</b>, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below.</li> <li>● If line 16 is a <b>loss</b>, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22.</li> <li>● If line 16 is <b>zero</b>, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22.</li> </ul>	<b>16</b>	5,788
17	Are lines 15 and 16 <b>both</b> gains? <input checked="" type="checkbox"/> <b>Yes.</b> Go to line 18. <input type="checkbox"/> <b>No.</b> Skip lines 18 through 21, and go to line 22.		
18	If you are required to complete the <b>28% Rate Gain Worksheet</b> (see instructions), enter the amount, if any, from line 7 of that worksheet . . . . . ▶	<b>18</b>	
19	If you are required to complete the <b>Unrecaptured Section 1250 Gain Worksheet</b> (see instructions), enter the amount, if any, from line 18 of that worksheet . . . . . ▶	<b>19</b>	
20	Are lines 18 and 19 both zero or blank and are you not filing Form 4952? <input checked="" type="checkbox"/> <b>Yes.</b> Complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> in the instructions for Forms 1040 and 1040-SR, line 16. <b>Don't</b> complete lines 21 and 22 below.  <input type="checkbox"/> <b>No.</b> Complete the <b>Schedule D Tax Worksheet</b> in the instructions. <b>Don't</b> complete lines 21 and 22 below.		
21	If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the <b>smaller</b> of:  <ul style="list-style-type: none"> <li>● The loss on line 16; or</li> <li>● (\$3,000), or if married filing separately, (\$1,500)</li> </ul>	<b>21</b>	( )
<p><b>Note:</b> When figuring which amount is smaller, treat both amounts as positive numbers.</p>			
22	Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?  <input type="checkbox"/> <b>Yes.</b> Complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> in the instructions for Forms 1040 and 1040-SR, line 16.  <input type="checkbox"/> <b>No.</b> Complete the rest of Form 1040, 1040-SR, or 1040-NR.		

SCHEDULE E (Form 1040)

Supplemental Income and Loss

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

2021

Attachment Sequence No. 13

Department of the Treasury Internal Revenue Service (99)

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

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

Name(s) shown on return

SAMIR V AND PARITA S SONI

Your social security number

687-10-1759

Part I Income or Loss From Rental Real Estate and Royalties Note: If you are in the business of renting personal property, use Schedule C. See instructions. If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40.

A Did you make any payments in 2021 that would require you to file Form(s) 1099? See instructions
B If "Yes," did you or will you file required Form(s) 1099?

1a Physical address of each property (street, city, state, ZIP code)
A 3053 E SUNRISE PL CHANDLER AZ 85286

Table with columns: 1b Type of Property, 2 Fair Rental Days, Personal Use Days, QJV. Row 1: 1 Single Family Residence, 23,000 days.

Type of Property:

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

Main income/expense table with columns: Income, Properties, A, B, C. Rows include Rents received (23,000), Expenses (Total 27,312), and Total income/loss (24).

For Paperwork Reduction Act Notice, see the separate instructions.

Name(s) shown on return. Do not enter name and social security number if shown on other side.

Your social security number

SAMIR V AND PARITA S SONI

687-10-1759

**Caution:** The IRS compares amounts reported on your tax return with amounts shown on Schedule(s) K-1.

**Part II Income or Loss From Partnerships and S Corporations – Note:** If you report a loss, receive a distribution, dispose of stock, or receive a loan repayment from an S corporation, you **must** check the box in column (e) on line 28 and attach the required basis computation. If you report a loss from an at-risk activity for which **any** amount is **not** at risk, you **must** check the box in column (f) on line 28 and attach **Form 6198**. See instructions.

**27** Are you reporting any loss not allowed in a prior year due to the at-risk or basis limitations, a prior year unallowed loss from a passive activity (if that loss was not reported on Form 8582), or unreimbursed partnership expenses? If you answered "Yes," see instructions before completing this section  **Yes**  **No**

<b>28</b>	(a) Name	(b) Enter P for partnership; S for S corp.	(c) Check if foreign partnership	(d) Employer identification number	(e) Check if basis computation is required	(f) Check if any amount is not at risk
<b>A</b>	CLARKS LANING FUND	P		36-4716555	<input checked="" type="checkbox"/>	
<b>B</b>						
<b>C</b>						
<b>D</b>						

<b>Passive Income and Loss</b>		<b>Nonpassive Income and Loss</b>		
(g) Passive loss allowed (attach Form 8582 if required)	(h) Passive income from Schedule K-1	(i) Nonpassive loss allowed (see Schedule K-1)	(j) Section 179 expense deduction from Form 4562	(k) Nonpassive income from Schedule K-1
<b>A</b>				
<b>B</b>				
<b>C</b>				
<b>D</b>				
<b>29 a</b> Totals				
<b>b</b> Totals				
<b>30</b>	Add columns (h) and (k) of line 29a			<b>30</b>
<b>31</b>	Add columns (g), (i), and (j) of line 29b			<b>31</b> ( )
<b>32</b>	<b>Total partnership and S corporation income or (loss).</b> Combine lines 30 and 31			<b>32</b>

**Part III Income or Loss From Estates and Trusts**

<b>33</b>	(a) Name	(b) Employer identification number
<b>A</b>		
<b>B</b>		

<b>Passive Income and Loss</b>		<b>Nonpassive Income and Loss</b>	
(c) Passive deduction or loss allowed (attach Form 8582 if required)	(d) Passive income from Schedule K-1	(e) Deduction or loss from Schedule K-1	(f) Other income from Schedule K-1
<b>A</b>			
<b>B</b>			
<b>34 a</b> Totals			
<b>b</b> Totals			
<b>35</b>	Add columns (d) and (f) of line 34a		<b>35</b>
<b>36</b>	Add columns (c) and (e) of line 34b		<b>36</b> ( )
<b>37</b>	<b>Total estate and trust income or (loss).</b> Combine lines 35 and 36		<b>37</b>

**Part IV Income or Loss From Real Estate Mortgage Investment Conduits (REMICs) – Residual Holder**

<b>38</b>	(a) Name	(b) Employer identification number	(c) Excess inclusion from Schedules Q, line 2c (see instructions)	(d) Taxable income (net loss) from Schedules Q, line 1b	(e) Income from Schedules Q, line 3b
<b>39</b>	Combine columns (d) and (e) only. Enter the result here and include in the total on line 41 below				<b>39</b>

**Part V Summary**

<b>40</b>	Net farm rental income or (loss) from Form 4835. Also, complete line 42 below	<b>40</b>
<b>41</b>	<b>Total income or (loss).</b> Combine lines 26, 32, 37, 39, and 40. Enter the result here and on Schedule 1 (Form 1040), line 5	<b>41</b>
<b>42</b>	<b>Reconciliation of farming and fishing income.</b> Enter your gross farming and fishing income reported on Form 4835, line 7; Schedule K-1 (Form 1065), box 14, code B; Schedule K-1 (Form 1120-S), box 17, code AD; and Schedule K-1 (Form 1041), box 14, code F. See instructions	<b>42</b>
<b>43</b>	<b>Reconciliation for real estate professionals.</b> If you were a real estate professional (see instructions), enter the net income or (loss) you reported anywhere on Form 1040, Form 1040-SR, or Form 1040-NR from all rental real estate activities in which you materially participated under the passive activity loss rules	<b>43</b>

**SCHEDULE 8812**  
**(Form 1040)**

**Credits for Qualifying Children and Other Dependents**

1040  
1040-SR  
1040-NR

OMB No. 1545-0074

**2021**

Attachment  
Sequence No. **47**

Department of the Treasury  
Internal Revenue Service (99)

▶ **Attach to Form 1040, 1040-SR, or 1040-NR.**  
▶ **Go to [www.irs.gov/Schedule8812](http://www.irs.gov/Schedule8812) for instructions and the latest information.**

**8812**

Name(s) shown on return **SAMIR V AND PARITA S SONI** Your social security number **687-10-1759**

**Part I-A Child Tax Credit and Credit for Other Dependents**

<b>1</b>	Enter the amount from line 11 of your Form 1040, 1040-SR, or 1040-NR	<b>1</b>	424,958
<b>2a</b>	Enter income from Puerto Rico that you excluded	<b>2a</b>	
<b>b</b>	Enter the amounts from lines 45 and 50 of your Form 2555	<b>2b</b>	
<b>c</b>	Enter the amount from line 15 of your Form 4563	<b>2c</b>	
<b>d</b>	Add lines 2a through 2c	<b>2d</b>	
<b>3</b>	Add lines 1 and 2d	<b>3</b>	424,958
<b>4a</b>	Number of qualifying children under age 18 with the required social security no.	<b>4a</b>	1
<b>b</b>	Number of children incl. on line 4a who were under age 6 at the end of 2021	<b>4b</b>	1
<b>c</b>	Subtract line 4b from line 4a	<b>4c</b>	
<b>5</b>	If line 4a is more than zero, enter the amount from the <b>Line 5 Worksheet</b> ; otherwise, enter -0-	<b>5</b>	2,000
<b>6</b>	Number of other dependents, including any qualifying children who are not under age 18 or who do not have the required social security number <b>Caution:</b> Do not include yourself, your spouse, or anyone who is not a U.S. citizen, U.S. national, or U.S. resident alien. Also, do not include anyone you included on line 4a.	<b>6</b>	
<b>7</b>	Multiply line 6 by \$500	<b>7</b>	
<b>8</b>	Add lines 5 and 7	<b>8</b>	2,000
<b>9</b>	Enter the amount shown below for your filing status. • Married filing jointly--\$400,000 • All other filing statuses--\$200,000	<b>9</b>	400,000
<b>10</b>	Subtract line 9 from line 3. • If zero or less, enter -0-. • If more than zero and not a multiple of \$1,000, enter the next multiple of \$1,000. For example, if the result is \$425, enter \$1,000; if the result is \$1,025, enter \$2,000, etc.	<b>10</b>	25,000
<b>11</b>	Multiply line 10 by 5% (0.05)	<b>11</b>	1,250
<b>12</b>	Subtract line 11 from line 8. If zero or less, enter -0-	<b>12</b>	750
<b>13</b>	Check all the boxes that apply to you (or your spouse if married filing jointly). <b>A</b> Check here if you (or your spouse if married filing jointly) had a principal place of abode in the United States for more than half of 2021 <input checked="" type="checkbox"/> <b>B</b> Check here if you (or your spouse if married filing jointly) were a bona fide resident of Puerto Rico for 2021 <input type="checkbox"/>		

**Part I-B Filers Who Check a Box on Line 13**

**Caution:** If you did not check a box on line 13, do not complete Part I-B; instead, skip to Part I-C.

<b>14a</b>	Enter the smaller of line 7 or line 12	<b>14a</b>	
<b>b</b>	Subtract line 14a from line 12	<b>14b</b>	750
<b>c</b>	If line 14a is zero, enter -0-; otherwise, enter the amount from the <b>Credit Limit Worksheet A</b>	<b>14c</b>	0
<b>d</b>	Enter the smaller of line 14a or line 14c	<b>14d</b>	
<b>e</b>	Add lines 14b and 14d	<b>14e</b>	750
<b>f</b>	Enter the aggregate amount of advance child tax credit payments you (and your spouse if filing jointly) received for 2021. See your Letter(s) 6419 for the amounts to include on this line. If you are missing Letter 6419, see the instructions before entering an amount on this line. If you didn't receive any advance child tax credit payments for 2021, enter -0- <b>Caution:</b> If the amount on this line doesn't match the aggregate amounts reported to you (and your spouse if filing jointly) on your Letter(s) 6419, the processing of your return will be delayed.	<b>14f</b>	1,000
<b>g</b>	Subtract line 14f from line 14e. If zero or less, enter -0- on lines 14g through 14i and go to Part III	<b>14g</b>	
<b>h</b>	Enter the smaller of line 14d or line 14g. <b>This is your credit for other dependents. Enter this amount on line 19 of your Form 1040, 1040-SR, or 1040-NR</b>	<b>14h</b>	
<b>i</b>	Subtract line 14h from line 14g. <b>This is your refundable child tax credit. Enter this amount on line 28 of your Form 1040, 1040-SR, or 1040-NR</b>	<b>14i</b>	

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

Schedule 8812 (Form 1040) 2021

**Part III Additional Tax** (use only if line 14g or line 15f, whichever applies, is zero)

<b>28a</b>	Enter the amount from line 14f or line 15e, whichever applies . . . . .	<b>28a</b>	1,000
<b>b</b>	Enter the amount from line 14e or line 15d, whichever applies . . . . .	<b>28b</b>	750
<b>29</b>	Excess advance child tax credit payments. Subtract line 28b from line 28a. If zero, stop; you do not owe the additional tax . . . . .	<b>29</b>	250
<b>30</b>	Enter the number of qualifying children taken into account in determining the annual advance amount you received for 2021. See your Letter 6419 for this number. If you are missing your Letter 6419, you are filing a joint return, or you received more than one Letter 6419, see the instructions before entering a number on this line . . . . . <b>Caution:</b> If the amount on this line doesn't match the number of qualifying children reported to you (and your spouse if filing jointly) on your Letter(s) 6419, the processing of your return will be delayed.	<b>30</b>	1
<b>31</b>	Enter the smaller of line 4a or line 30 . . . . .	<b>31</b>	1
<b>32</b>	Subtract line 31 from line 30. If zero, skip to line 40 and enter the amount from line 29; otherwise, continue to line 33. . . . .	<b>32</b>	
<b>33</b>	Enter the amount shown below for your filing status. <ul style="list-style-type: none"> <li>• Married filing jointly or Qualifying widow(er)–\$60,000</li> <li>• Head of household–\$50,000</li> <li>• All other filing statuses–\$40,000</li> </ul>	<b>33</b>	
<b>34</b>	Subtract line 33 from line 3. If zero or less, enter –0– . . . . .	<b>34</b>	0
<b>35</b>	Enter the amount from line 33 . . . . .	<b>35</b>	
<b>36</b>	Divide line 34 by line 35. Enter the result as a decimal (rounded to at least three places). If the result is 1.000 or more, enter 1.000 . . . . .	<b>36</b>	
<b>37</b>	Multiply line 32 by \$2,000 . . . . .	<b>37</b>	
<b>38</b>	Multiply line 37 by line 36 . . . . .	<b>38</b>	
<b>39</b>	Subtract line 38 from line 37. . . . .	<b>39</b>	
<b>40</b>	Subtract line 39 from line 29. If zero or less, enter –0–. <b>This is your additional tax. If more than zero, enter this amount on Schedule 2 (Form 1040), line 19</b> . . . . .	<b>40</b>	250

# Nondeductible IRAs

▶ **Go to [www.irs.gov/Form8606](http://www.irs.gov/Form8606) for instructions and the latest information.**  
▶ **Attach to 2021 Form 1040, 1040-SR, or 1040-NR.**

Name. If married, file a separate form for each spouse required to file 2021 Form 8606. See instructions.

**Your social security number**  
687-10-1759

SAMIR V SONI

**Fill in Your Address Only if You Are Filing This Form by Itself and Not With Your Tax Return**

Home address (number and street, or P.O. box if mail is not delivered to your home)		Apt. no.
City, town or post office, state, and ZIP code. If you have a foreign address, also complete the spaces below (see instructions).		
Foreign country name	Foreign province/state/county	Foreign postal code

**Part I Nondeductible Contributions to Traditional IRAs & Distributions From Traditional, SEP, & SIMPLE IRAs**

Complete this part only if one or more of the following apply.

- You made nondeductible contributions to a traditional IRA for 2021.
- You took distributions from a traditional, SEP, or SIMPLE IRA in 2021 **and** you made nondeductible contributions to a traditional IRA in 2021 or an earlier year. For this purpose, a distribution does not include a rollover (other than a repayment of a qualified disaster distribution (see 2021 Forms 8915-D and 8915-F)), qualified charitable distribution, one-time distribution to fund an HSA, conversion, recharacterization, or return of certain contributions.
- You converted part, but not all, of your traditional, SEP, and SIMPLE IRAs to Roth IRAs in 2021 **and** you made nondeductible contributions to a traditional IRA in 2021 or an earlier year.

1 Enter your nondeductible contributions to traditional IRAs for 2021, including those made for 2021 from January 1, 2022, through April 18, 2022. See instructions . . . . .	<b>1</b>		6,000				
2 Enter your total basis in traditional IRAs. See instructions . . . . .	<b>2</b>		34,000				
3 Add lines 1 and 2 . . . . .	<b>3</b>		40,000				
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%; padding: 5px;"> <b>In 2021, did you take a distribution from traditional, SEP, or SIMPLE IRAs, or make a Roth IRA conversion?</b> </td> <td style="width: 10%; text-align: center;"> <input type="checkbox"/> <b>No</b> </td> <td style="width: 10%; text-align: center;"> <input type="checkbox"/> <b>Yes</b> </td> <td style="width: 50%;">                 Enter the amount from line 3 on line 14. Do not complete the rest of Part I. Go to line 4.             </td> </tr> </table>				<b>In 2021, did you take a distribution from traditional, SEP, or SIMPLE IRAs, or make a Roth IRA conversion?</b>	<input type="checkbox"/> <b>No</b>	<input type="checkbox"/> <b>Yes</b>	Enter the amount from line 3 on line 14. Do not complete the rest of Part I. Go to line 4.
<b>In 2021, did you take a distribution from traditional, SEP, or SIMPLE IRAs, or make a Roth IRA conversion?</b>	<input type="checkbox"/> <b>No</b>	<input type="checkbox"/> <b>Yes</b>	Enter the amount from line 3 on line 14. Do not complete the rest of Part I. Go to line 4.				
4 Enter those contributions included on line 1 that were made from January 1, 2022, through April 18, 2022 . . . . .	<b>4</b>						
5 Subtract line 4 from line 3 . . . . .	<b>5</b>						
6 Enter the value of <b>all</b> your traditional, SEP, and SIMPLE IRAs as of December 31, 2021, plus any outstanding rollovers. Subtract any repayments of qualified disaster distributions (see 2021 Forms 8915-D, and 8915-F) . . . . .	<b>6</b>						
7 Enter your distributions from traditional, SEP, and SIMPLE IRAs in 2021. <b>Do not</b> include rollovers (other than repayments of qualified disaster distributions (see 2021 Forms 8915-D and 8915-F)), qualified charitable distributions, a one-time distribution to fund an HSA, conversions to a Roth IRA, certain returned contributions, or recharacterizations of traditional IRA contributions (see instructions). . . . .	<b>7</b>						
8 Enter the net amount you converted from traditional, SEP, and SIMPLE IRAs to Roth IRAs in 2021. Also, enter this amount on line 16 . . . . .	<b>8</b>						
9 Add lines 6, 7, and 8 . . . . .	<b>9</b>						
10 Divide line 5 by line 9. Enter the result as a decimal rounded to at least 3 places. If the result is 1.000 or more, enter "1.000" . . . . .	<b>10</b>	X					
11 Multiply line 8 by line 10. This is the nontaxable portion of the amount you converted to Roth IRAs. Also enter this amount on line 17 . . . . .	<b>11</b>						
12 Multiply line 7 by line 10. This is the nontaxable portion of your distributions that you did not convert to a Roth IRA . . . . .	<b>12</b>						
13 Add lines 11 and 12. This is the nontaxable portion of all your distributions . . . . .	<b>13</b>						
14 Subtract line 13 from line 3. This is <b>your total basis in traditional IRAs for 2021 and earlier years</b> . . . . .	<b>14</b>		40,000				
15a Subtract line 12 from line 7 . . . . .	<b>15a</b>						
<b>b</b> Enter the amount on line 15a attributable to qualified disaster distributions from 2021 Forms 8915-D and 8915-F (see instructions). Also, enter this amount on 2021 Form 8915-D, line 23; or 2021 Form 8915-F, line 18, as applicable . . . . .	<b>15b</b>						
<b>c Taxable amount.</b> Subtract line 15b from line 15a. If more than zero, also include this amount on 2021 Form 1040, 1040-SR, or 1040-NR, line 4b . . . . .	<b>15c</b>						
<p><b>Note:</b> You may be subject to an additional 10% tax on the amount on line 15c if you were under age 59½ at the time of the distribution. See instructions.</p>							

# Nondeductible IRAs

▶ **Go to [www.irs.gov/Form8606](http://www.irs.gov/Form8606) for instructions and the latest information.**  
▶ **Attach to 2021 Form 1040, 1040-SR, or 1040-NR.**

Name. If married, file a separate form for each spouse required to file 2021 Form 8606. See instructions.

**Your social security number**  
280-91-6390

PARITA S SONI

**Fill in Your Address Only if You Are Filing This Form by Itself and Not With Your Tax Return**

Home address (number and street, or P.O. box if mail is not delivered to your home)		Apt. no.
City, town or post office, state, and ZIP code. If you have a foreign address, also complete the spaces below (see instructions).		
Foreign country name	Foreign province/state/county	Foreign postal code

**Part I Nondeductible Contributions to Traditional IRAs & Distributions From Traditional, SEP, & SIMPLE IRAs**

Complete this part only if one or more of the following apply.

- You made nondeductible contributions to a traditional IRA for 2021.
- You took distributions from a traditional, SEP, or SIMPLE IRA in 2021 **and** you made nondeductible contributions to a traditional IRA in 2021 or an earlier year. For this purpose, a distribution does not include a rollover (other than a repayment of a qualified disaster distribution (see 2021 Forms 8915-D and 8915-F)), qualified charitable distribution, one-time distribution to fund an HSA, conversion, recharacterization, or return of certain contributions.
- You converted part, but not all, of your traditional, SEP, and SIMPLE IRAs to Roth IRAs in 2021 **and** you made nondeductible contributions to a traditional IRA in 2021 or an earlier year.

1 Enter your nondeductible contributions to traditional IRAs for 2021, including those made for 2021 from January 1, 2022, through April 18, 2022. See instructions . . . . .	<b>1</b>		6,000						
2 Enter your total basis in traditional IRAs. See instructions . . . . .	<b>2</b>		34,000						
3 Add lines 1 and 2 . . . . .	<b>3</b>		40,000						
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%; padding: 5px;"> <b>In 2021, did you take a distribution from traditional, SEP, or SIMPLE IRAs, or make a Roth IRA conversion?</b> </td> <td style="width: 10%; text-align: center;"> <input type="checkbox"/> <b>No</b> </td> <td style="width: 60%;"> <input type="checkbox"/> Enter the amount from line 3 on line 14. Do not complete the rest of Part I.                 </td> </tr> <tr> <td></td> <td style="text-align: center;"> <input type="checkbox"/> <b>Yes</b> </td> <td> <input type="checkbox"/> Go to line 4.                 </td> </tr> </table>				<b>In 2021, did you take a distribution from traditional, SEP, or SIMPLE IRAs, or make a Roth IRA conversion?</b>	<input type="checkbox"/> <b>No</b>	<input type="checkbox"/> Enter the amount from line 3 on line 14. Do not complete the rest of Part I.		<input type="checkbox"/> <b>Yes</b>	<input type="checkbox"/> Go to line 4.
<b>In 2021, did you take a distribution from traditional, SEP, or SIMPLE IRAs, or make a Roth IRA conversion?</b>	<input type="checkbox"/> <b>No</b>	<input type="checkbox"/> Enter the amount from line 3 on line 14. Do not complete the rest of Part I.							
	<input type="checkbox"/> <b>Yes</b>	<input type="checkbox"/> Go to line 4.							
4 Enter those contributions included on line 1 that were made from January 1, 2022, through April 18, 2022 . . . . .	<b>4</b>								
5 Subtract line 4 from line 3 . . . . .	<b>5</b>								
6 Enter the value of <b>all</b> your traditional, SEP, and SIMPLE IRAs as of December 31, 2021, plus any outstanding rollovers. Subtract any repayments of qualified disaster distributions (see 2021 Forms 8915-D, and 8915-F) . . . . .	<b>6</b>								
7 Enter your distributions from traditional, SEP, and SIMPLE IRAs in 2021. <b>Do not</b> include rollovers (other than repayments of qualified disaster distributions (see 2021 Forms 8915-D and 8915-F)), qualified charitable distributions, a one-time distribution to fund an HSA, conversions to a Roth IRA, certain returned contributions, or recharacterizations of traditional IRA contributions (see instructions). . . . .	<b>7</b>								
8 Enter the net amount you converted from traditional, SEP, and SIMPLE IRAs to Roth IRAs in 2021. Also, enter this amount on line 16 . . . . .	<b>8</b>								
9 Add lines 6, 7, and 8 . . . . .	<b>9</b>								
10 Divide line 5 by line 9. Enter the result as a decimal rounded to at least 3 places. If the result is 1.000 or more, enter "1.000" . . . . .	<b>10</b>	X							
11 Multiply line 8 by line 10. This is the nontaxable portion of the amount you converted to Roth IRAs. Also enter this amount on line 17 . . . . .	<b>11</b>								
12 Multiply line 7 by line 10. This is the nontaxable portion of your distributions that you did not convert to a Roth IRA . . . . .	<b>12</b>								
13 Add lines 11 and 12. This is the nontaxable portion of all your distributions . . . . .	<b>13</b>								
14 Subtract line 13 from line 3. This is <b>your total basis in traditional IRAs for 2021 and earlier years</b> . . . . .	<b>14</b>		40,000						
15a Subtract line 12 from line 7 . . . . .	<b>15a</b>								
<b>b</b> Enter the amount on line 15a attributable to qualified disaster distributions from 2021 Forms 8915-D and 8915-F (see instructions). Also, enter this amount on 2021 Form 8915-D, line 23; or 2021 Form 8915-F, line 18, as applicable . . . . .	<b>15b</b>								
<b>c Taxable amount.</b> Subtract line 15b from line 15a. If more than zero, also include this amount on 2021 Form 1040, 1040-SR, or 1040-NR, line 4b . . . . .	<b>15c</b>								
<p><b>Note:</b> You may be subject to an additional 10% tax on the amount on line 15c if you were under age 59½ at the time of the distribution. See instructions.</p>									

**Qualified Business Income Deduction**

Department of the Treasury  
Internal Revenue Service

▶ **Attach to your tax return.**  
▶ **Go to [www.irs.gov/Form8995A](http://www.irs.gov/Form8995A) for instructions and the latest information.**

Name(s) shown on return SAMIR V AND PARITA S SONI Your taxpayer identification number 687-10-1759

**Note:** You can claim the qualified business income deduction **only** if you have qualified business income from a qualified trade or business, real estate investment trust dividends, publicly traded partnership income, or a domestic production activities deduction passed through from an agricultural or horticultural cooperative. See instructions.

Use this form if your taxable income, before your qualified business income deduction, is above \$164,900 (\$164,925 if married filing separately; \$329,800 if married filing jointly), or you're a patron of an agricultural or horticultural cooperative.

**Part I Trade, Business, or Aggregation Information**

Complete Schedules A, B, and/or C (Form 8995-A), as applicable, before starting Part I. Attach additional worksheets when needed. See instructions.

1	(a) Trade, business, or aggregation name	(b) Check if specified service	(c) Check if aggregation	(d) Taxpayer identification number	(e) Check if patron
<b>A</b>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
<b>B</b>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
<b>C</b>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>

**Part II Determine Your Adjusted Qualified Business Income**

	A	B	C
2 Qualified business income from the trade, business, or aggregation. See instructions . . . . .	2		
3 Multiply line 2 by 20% (0.20). If your taxable income is \$164,900 or less (\$164,925 if married filing separately; \$329,800 if married filing jointly), skip lines 4 through 12 and enter the amount from line 3 on line 13 . . . . .	3		
4 Allocable share of W-2 wages from the trade, business, or aggregation . . . . .	4		
5 Multiply line 4 by 50% (0.50) . . . . .	5		
6 Multiply line 4 by 25% (0.25) . . . . .	6		
7 Allocable share of the unadjusted basis immediately after acquisition (UBIA) of all qualified property . . . . .	7		
8 Multiply line 7 by 2.5% (0.025) . . . . .	8		
9 Add lines 6 and 8 . . . . .	9		
10 Enter the greater of line 5 or line 9 . . . . .	10		
11 W-2 wage and UBIA of qualified property limitation. Enter the smaller of line 3 or line 10 . . . . .	11		
12 Phased-in reduction. Enter the amount from line 26, if any . . . . .	12		
13 Qualified business income deduction before patron reduction. Enter the greater of line 11 or line 12 . . . . .	13		
14 Patron reduction. Enter the amount from Schedule D (Form 8995-A), line 6, if any. See instructions . . . . .	14		
15 Qualified business income component. Subtract line 14 from line 13 . . . . .	15		
16 Total qualified business income component. Add all amounts reported on line 15 . . . . . ▶	16		

**For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.**



**Part III Phased-in Reduction**

Complete Part III only if your taxable income is more than \$164,900 but not \$214,900 (\$164,925 and \$214,925 if married filing separately; \$329,800 and \$429,800 if married filing jointly) and line 10 is less than line 3. Otherwise, skip Part III.

		A	B	C
17	Enter the amounts from line 3	17		
18	Enter the amounts from line 10	18		
19	Subtract line 18 from line 17	19		
20	Taxable income before qualified business income deduction	20		
21	Threshold. Enter \$164,900 (\$164,925 if married filing separately; \$329,800 if married filing jointly)	21		
22	Subtract line 21 from line 20	22		
23	Phase-in range. Enter \$50,000 (\$100,000 if married filing jointly)	23		
24	Phase-in percentage. Divide line 22 by line 23	24	%	
25	Total phase-in reduction. Multiply line 19 by line 24	25		
26	Qualified business income after phase-in reduction. Subtract line 25 from line 17. Enter this amount here and on line 12, for the corresponding trade or business	26		

**Part IV Determine Your Qualified Business Income Deduction**

27	Total qualified business income component from all qualified trades, businesses, or aggregations. Enter the amount from line 16	27		
28	Qualified REIT dividends and publicly traded partnership (PTP) income or (loss). See instructions	28	92	
29	Qualified REIT dividends and PTP (loss) carryforward from prior years	29	( )	
30	Total qualified REIT dividends and PTP income. Combine lines 28 and 29. If less than zero, enter -0-	30	92	
31	REIT and PTP component. Multiply line 30 by 20% (0.20)	31	18	
32	Qualified business income deduction before the income limitation. Add lines 27 and 31	32		18
33	Taxable income before qualified business income deduction	33	399,858	
34	Net capital gain. See instructions	34	7,501	
35	Subtract line 34 from line 33. If zero or less, enter -0-	35		392,357
36	Income limitation. Multiply line 35 by 20% (0.20)	36		78,471
37	Qualified business income deduction before the domestic production activities deduction (DPAD) under section 199A(g). Enter the smaller of line 32 or line 36	37		18
38	DPAD under section 199A(g) allocated from an agricultural or horticultural cooperative. Don't enter more than line 33 minus line 37	38		
39	Total qualified business income deduction. Add lines 37 and 38	39		18
40	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 28 and 29. If zero or greater, enter -0-	40	( )	

**SCHEDULE A**  
**(Form 8995-A)**

**Specified Service Trades or Businesses**

OMB No. 1545-2294

**2021**  
Attachment  
Sequence No. **55B**

Department of the Treasury  
Internal Revenue Service

▶ **Attach to Form 8995-A.**  
▶ **Go to [www.irs.gov/Form8995A](http://www.irs.gov/Form8995A) for instructions and the latest information.**

Name(s) shown on return SAMIR V AND PARITA S SONI Your taxpayer identification number 687-10-1759

Complete Schedule A only if your trade or business is a specified service trade or business (see instructions) and your taxable income is more than \$164,900 but not \$214,900 (\$164,925 and \$214,925 if married filing separately; \$329,800 and \$429,800 if married filing jointly). If your taxable income isn't more than \$164,900 (\$164,925 if married filing separately; \$329,800 if married filing jointly) and you're not a patron of an agricultural or horticultural cooperative, don't file this form; instead, file Form 8995, Qualified Business Income Deduction Simplified Computation. Otherwise, complete Schedule D (Form 8995-A) before beginning Schedule A. If your taxable income is more than \$214,900 (\$214,925 if married filing separately; \$429,800 if married filing jointly), your specified service trade or business doesn't qualify for the deduction. If you have more than three trades or businesses, attach as many Schedules A as needed. See instructions.

**Part I Other Than Publicly Traded Partnerships (PTP)**

See instructions before completing Parts I and II.

		A	B	C
<b>1a</b>	Trade or business name	1a RENTAL REAL		
<b>1b</b>	Taxpayer identification number	1b 687-10-1759		
<b>2</b>	Qualified business income or (loss) from the trade or business	2 -4,312		
<b>3</b>	Allocable share of W-2 wages from the trade or business	3		
<b>4</b>	Allocable share of the unadjusted basis immediately after acquisition (UBIA) of all qualified property	4		
<b>5</b>	Taxable income before qualified business income deduction	5 399,858		
<b>6</b>	Threshold. Enter \$164,900 (\$164,925 if married filing separately; \$329,800 if married filing jointly)	6 329,800		
<b>7</b>	Subtract line 6 from line 5	7 70,058		
<b>8</b>	Phase-in range. Enter \$50,000 (\$100,000 if married filing jointly)	8 100,000		
<b>9</b>	Divide line 7 by line 8	9 70.058		
<b>10</b>	Applicable percentage. Subtract line 9 from 100%	10 29.942%		
<b>11</b>	Applicable percentage of qualified business income or (loss). Multiply line 2 by line 10. Enter this amount on Schedule C (Form 8995-A) or on Form 8995-A, line 2, for the corresponding trade or business, as appropriate	11 -1,291		
<b>12</b>	Applicable percentage of W-2 wages. Multiply line 3 by line 10. Enter this amount on Form 8995-A, line 4, for the corresponding trade or business, as appropriate	12		
<b>13</b>	Applicable percentage of the UBIA of qualified property. Multiply line 4 by line 10. Enter this amount on Form 8995-A, line 7, for the corresponding trade or business, as appropriate	13		

**Part II Publicly Traded Partnership**

		A	B	C
<b>14</b>	Trade or business name	14		
<b>15</b>	Taxpayer identification number	15		
<b>16</b>	Qualified PTP income or (loss)	16		
<b>17</b>	Total PTP specified service trade or business (SSTB) income or (loss). Combine all amounts on line 16	17		
<b>18</b>	Taxable income before qualified business income deduction	18		
<b>19</b>	Threshold. Enter \$164,900 (\$164,925 if married filing separately; \$329,800 if married filing jointly)	19		
<b>20</b>	Subtract line 19 from line 18	20		
<b>21</b>	Phase-in range. Enter \$50,000 (\$100,000 if married filing jointly)	21		
<b>22</b>	Divide line 20 by line 21	22		
<b>23</b>	Applicable percentage. Subtract line 22 from 100%	23		%
<b>24</b>	Applicable percentage of qualified PTP income or (loss). Multiply line 17 by line 23. Include this amount on Form 8995-A, line 28	24		

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Schedule A (Form 8995-A) 2021

**SCHEDULE C  
(Form 8995-A)**

**Loss Netting and Carryforward**

OMB No. 1545-2294

**2021**

Attachment  
Sequence No. **55D**

Department of the Treasury  
Internal Revenue Service

▶ **Attach to Form 8995-A.**  
▶ **Go to [www.irs.gov/Form8995A](http://www.irs.gov/Form8995A) for instructions and the latest information.**

Name(s) shown on return: **SAMIR V AND PARITA S SONI**  
Your taxpayer identification number: **687-10-1759**

If you have more than three trades, businesses, or aggregations, complete and attach as many Schedules C as needed. See instructions.

1 Trade, business, or aggregation name	(a) Qualified business income/(loss)	(b) Reduction for loss netting (see instructions)	(c) Adjusted qualified business income (Combine (a) and (b). If zero or less, enter -0-.)
RENTAL REAL ESTATE	-1,291	( )	
		( )	
		( )	
<b>2</b> Qualified business net (loss) carryforward from prior years. See instructions .....			<b>2</b> ( 5,005 )
<b>3</b> Total of the trades, businesses, or aggregations losses. Combine the negative amounts on lines 1, column (a), and 2 for all trades, businesses, or aggregations .....			<b>3</b> ( 6,296 )
<b>4</b> Total of the trades, businesses, or aggregations income. Add the positive amounts on line 1, column (a), for all trades, businesses, or aggregations .....			<b>4</b> ( )
<b>5</b> Losses netted with income of other trades, businesses, or aggregations. Enter in the parentheses on line 5 the smaller of the absolute value of line 3 or line 4. Allocate this amount to each of the trades, businesses, or aggregations on line 1, column (b) .....			<b>5</b> ( )
<b>6</b> Qualified business net (loss) carryforward. Subtract line 5 from line 3. If zero or more, enter -0- .....			<b>6</b> ( 6,296 )

**For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.**

**Schedule C (Form 8995-A) 2021**

### Additional Medicare Tax

▶ **If any line does not apply to you, leave it blank. See separate instructions.**  
 ▶ **Attach to Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS.**  
 ▶ **Go to [www.irs.gov/Form8959](http://www.irs.gov/Form8959) for instructions and the latest information.**

Department of the Treasury  
Internal Revenue Service

Name(s) shown on return <b>SAMIR V AND PARITA S SONI</b>	Your social security number <b>687-10-1759</b>
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#### Part I Additional Medicare Tax on Medicare Wages

1 Medicare wages and tips from Form W-2, box 5. If you have more than one Form W-2, enter the total of the amounts from box 5 .....	<b>1</b>	451,822		
2 Unreported tips from Form 4137, line 6 .....	<b>2</b>			
3 Wages from Form 8919, line 6 .....	<b>3</b>			
4 Add lines 1 through 3 .....	<b>4</b>	451,822		
5 Enter the following amount for your filing status:				
Married filing jointly .....		\$250,000		
Married filing separately .....		\$125,000		
Single, Head of household, or Qualifying widow(er) .....		\$200,000		
	<b>5</b>	250,000		
6 Subtract line 5 from line 4. If zero or less, enter -0- .....	<b>6</b>		201,822	
7 Additional Medicare Tax on Medicare wages. Multiply line 6 by 0.9% (0.009). Enter here and go to Part II .....	<b>7</b>			1,816

#### Part II Additional Medicare Tax on Self-Employment Income

8 Self-employment income from Schedule SE (Form 1040), Part I, line 6. If you had a loss, enter -0- (Form 1040-PR or 1040-SS filers, see instructions.) .....	<b>8</b>			
9 Enter the following amount for your filing status:				
Married filing jointly .....		\$250,000		
Married filing separately .....		\$125,000		
Single, Head of household, or Qualifying widow(er) .....		\$200,000		
	<b>9</b>	250,000		
10 Enter the amount from line 4 .....	<b>10</b>	451,822		
11 Subtract line 10 from line 9. If zero or less, enter -0- .....	<b>11</b>			
12 Subtract line 11 from line 8. If zero or less, enter -0- .....	<b>12</b>			
13 Additional Medicare Tax on self-employment income. Multiply line 12 by 0.9% (0.009). Enter here and go to Part III .....	<b>13</b>			

#### Part III Additional Medicare Tax on Railroad Retirement Tax Act (RRTA) Compensation

14 Railroad retirement (RRTA) compensation and tips from Form(s) W-2, box 14 (see instructions) .....	<b>14</b>			
15 Enter the following amount for your filing status:				
Married filing jointly .....		\$250,000		
Married filing separately .....		\$125,000		
Single, Head of household, or Qualifying widow(er) .....		\$200,000		
	<b>15</b>	250,000		
16 Subtract line 15 from line 14. If zero or less, enter -0- .....	<b>16</b>			
17 Additional Medicare Tax on railroad retirement (RRTA) compensation. Multiply line 16 by 0.9% (0.009). Enter here and go to Part IV .....	<b>17</b>			

#### Part IV Total Additional Medicare Tax

18 Add lines 7, 13, and 17. Also include this amount on Schedule 2 (Form 1040), line 11 (Form 1040-PR or 1040-SS filers, see instructions), and go to Part V .....	<b>18</b>			1,816
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#### Part V Withholding Reconciliation

19 Medicare tax withheld from Form W-2, box 6. If you have more than one Form W-2, enter the total of the amounts from box 6 .....	<b>19</b>	6,695		
20 Enter the amount from line 1 .....	<b>20</b>	451,822		
21 Multiply line 20 by 1.45% (0.0145). This is your regular Medicare tax withholding on Medicare wages .....	<b>21</b>	6,551		
22 Subtract line 21 from line 19. If zero or less, enter -0-. This is your Additional Medicare Tax withholding on Medicare wages .....	<b>22</b>		144	
23 Additional Medicare Tax withholding on railroad retirement (RRTA) compensation from Form W-2, box 14 (see instructions) .....	<b>23</b>			
24 <b>Total Additional Medicare Tax withholding.</b> Add lines 22 and 23. Also include this amount with federal income tax withholding on Form 1040, 1040-SR, or 1040-NR, line 25c (Form 1040-PR or 1040-SS filers, see instructions) .....	<b>24</b>			144

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

## Net Investment Income Tax -- Individuals, Estates, and Trusts

Department of the Treasury  
Internal Revenue Service (99)

▶ **Attach to your tax return.**

▶ **Go to [www.irs.gov/Form8960](http://www.irs.gov/Form8960) for instructions and the latest information.**

Name(s) shown on your tax return <b>SAMIR V AND PARITA S SONI</b>	Your social security number or EIN <b>687-10-1759</b>
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**Part I Investment Income**

Section 6013(g) election (see instructions)  
 Section 6013(h) election (see instructions)  
 Regulations section 1.1411-10(g) election (see instructions)

<b>1</b>	Taxable interest (see instructions) . . . . .	<b>1</b>	23,125
<b>2</b>	Ordinary dividends (see instructions) . . . . .	<b>2</b>	2,260
<b>3</b>	Annuities (see instructions) . . . . .	<b>3</b>	
<b>4a</b>	Rental real estate, royalties, partnerships, S corporations, trusts, etc. (see instructions) . . . . .	<b>4a</b>	
<b>b</b>	Adjustment for net income or loss derived in the ordinary course of a non-section 1411 trade or business (see instructions) . . . . .	<b>4b</b>	
<b>c</b>	Combine lines 4a and 4b . . . . .	<b>4c</b>	
<b>5a</b>	Net gain or loss from disposition of property (see instructions) . . . . .	<b>5a</b>	5,788
<b>b</b>	Net gain or loss from disposition of property that is not subject to net investment income tax (see instructions) . . . . .	<b>5b</b>	
<b>c</b>	Adjustment from disposition of partnership interest or S corporation stock (see instructions) . . . . .	<b>5c</b>	
<b>d</b>	Combine lines 5a through 5c . . . . .	<b>5d</b>	5,788
<b>6</b>	Adjustments to investment income for certain CFCs and PFICs (see instructions) . . . . .	<b>6</b>	
<b>7</b>	Other modifications to investment income (see instructions) . . . . .	<b>7</b>	
<b>8</b>	Total investment income. Combine lines 1, 2, 3, 4c, 5d, 6, and 7 . . . . .	<b>8</b>	31,173

**Part II Investment Expenses Allocable to Investment Income and Modifications**

<b>9a</b>	Investment interest expenses (see instructions) . . . . .	<b>9a</b>	
<b>b</b>	State, local, and foreign income tax (see instructions) . . . . .	<b>9b</b>	
<b>c</b>	Miscellaneous investment expenses (see instructions) . . . . .	<b>9c</b>	
<b>d</b>	Add lines 9a, 9b, and 9c . . . . .	<b>9d</b>	
<b>10</b>	Additional modifications (see instructions) . . . . .	<b>10</b>	
<b>11</b>	Total deductions and modifications. Add lines 9d and 10 . . . . .	<b>11</b>	

**Part III Tax Computation**

<b>12</b>	Net investment income. Subtract Part II, line 11, from Part I, line 8. Individuals, complete lines 13-17. Estates and trusts, complete lines 18a-21. If zero or less, enter -0- . . . . .	<b>12</b>	31,173
<b>Individuals:</b>			
<b>13</b>	Modified adjusted gross income (see instructions) . . . . .	<b>13</b>	424,958
<b>14</b>	Threshold based on filing status (see instructions) . . . . .	<b>14</b>	250,000
<b>15</b>	Subtract line 14 from line 13. If zero or less, enter -0- . . . . .	<b>15</b>	174,958
<b>16</b>	Enter the smaller of line 12 or line 15 . . . . .	<b>16</b>	31,173
<b>17</b>	Net investment income tax for individuals. Multiply line 16 by 3.8% (0.038). <b>Enter here and include on your tax return</b> (see instructions) . . . . .	<b>17</b>	1,185
<b>Estates and Trusts:</b>			
<b>18a</b>	Net investment income (line 12 above) . . . . .	<b>18a</b>	
<b>b</b>	Deductions for distributions of net investment income and deductions under section 642(c) (see instructions) . . . . .	<b>18b</b>	
<b>c</b>	Undistributed net investment income. Subtract line 18b from line 18a (see instructions). If zero or less, enter -0- . . . . .	<b>18c</b>	
<b>19a</b>	Adjusted gross income (see instructions) . . . . .	<b>19a</b>	
<b>b</b>	Highest tax bracket for estates and trusts for the year (see instructions) . . . . .	<b>19b</b>	
<b>c</b>	Subtract line 19b from line 19a. If zero or less, enter -0- . . . . .	<b>19c</b>	
<b>20</b>	Enter the smaller of line 18c or line 19c . . . . .	<b>20</b>	
<b>21</b>	Net investment income tax for estates and trusts. Multiply line 20 by 3.8% (0.038). <b>Enter here and include on your tax return</b> (see instructions) . . . . .	<b>21</b>	

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

# Depreciation and Amortization (Including Information on Listed Property)

▶ **Attach to your tax return.**  
▶ **Go to [www.irs.gov/Form4562](http://www.irs.gov/Form4562) for instructions and the latest information.**

Name(s) shown on return <b>SAMIR V AND PARITA S SONI</b>	Business or activity to which this form relates <b>FOR SCHEDULE E #1</b>	Identifying number <b>687-10-1759</b>
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**Part I Election To Expense Certain Property Under Section 179**

**Note:** If you have any listed property, complete Part V before you complete Part I.

1 Maximum amount (see instructions) .....	<b>1</b>	
2 Total cost of section 179 property placed in service (see instructions) .....	<b>2</b>	
3 Threshold cost of section 179 property before reduction in limitation (see instructions) .....	<b>3</b>	
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- .....	<b>4</b>	
5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions .....	<b>5</b>	
<b>6 (a) Description of property</b> .....	<b>(b) Cost (busn. use only)</b> .....	<b>(c) Elected cost</b> .....
7 Listed property. Enter the amount from line 29 .....	<b>7</b>	
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 .....	<b>8</b>	
9 Tentative deduction. Enter the <b>smaller</b> of line 5 or line 8 .....	<b>9</b>	
10 Carryover of disallowed deduction from line 13 of your 2020 Form 4562 .....	<b>10</b>	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions.	<b>11</b>	
12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 .....	<b>12</b>	
13 Carryover of disallowed deduction to 2022. Add lines 9 and 10, less line 12 ▶	<b>13</b>	

**Note:** Don't use Part II or Part III below for listed property. Instead, use Part V.

**Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)**

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions .....	<b>14</b>	
15 Property subject to section 168(f)(1) election .....	<b>15</b>	
16 Other depreciation (including ACRS) .....	<b>16</b>	

**Part III MACRS Depreciation (Don't include listed property. See instructions.)**

**Section A**

17 MACRS deductions for assets placed in service in tax years beginning before 2021 .....	<b>17</b>	15,355
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ▶ <input type="checkbox"/>		

**Section B -- Assets Placed in Service During 2021 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depr. (business/investment use only -- see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
<b>19a</b> 3-year property						
<b>b</b> 5-year property						
<b>c</b> 7-year property						
<b>d</b> 10-year property						
<b>e</b> 15-year property						
<b>f</b> 20-year property						
<b>g</b> 25-year property			25 yrs.		S/L	
<b>h</b> Residential rental property			27.5 yrs.	MM	S/L	
			27.5 yrs.	MM	S/L	
<b>i</b> Nonresidential real property			39 yrs.	MM	S/L	
				MM	S/L	

**Section C -- Assets Placed in Service During 2021 Tax Year Using the Alternative Depreciation System**

<b>20a</b> Class life					S/L	
<b>b</b> 12-year			12 yrs.		S/L	
<b>c</b> 30-year			30 yrs.	MM	S/L	
<b>d</b> 40-year			40 yrs.	MM	S/L	

**Part IV Summary (See instructions.)**

21 Listed property. Enter amount from line 28 .....	<b>21</b>	
22 <b>Total.</b> Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations -- see instructions .....	<b>22</b>	15,355
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs .....	<b>23</b>	

**For Paperwork Reduction Act Notice, see separate instructions.**

# Passive Activity Loss Limitations

▶ See separate instructions.

**2021**

Department of the Treasury  
Internal Revenue Service (99)

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

Attachment  
Sequence No. **858**

▶ Go to [www.irs.gov/Form8582](http://www.irs.gov/Form8582) for instructions and the latest information.

Name(s) shown on return

SAMIR V AND PARITA S SONI

**Identifying number**  
687-10-1759

## Part I 2021 Passive Activity Loss

**Caution:** Complete Parts IV and V before completing Part I.

**Rental Real Estate Activities With Active Participation** (For the definition of active participation, see **Special Allowance for Rental Real Estate Activities** in the instructions.)

<b>1a</b>	Activities with net income (enter the amount from Part IV, column (a))			
<b>1b</b>	Activities with net loss (enter the amount from Part IV, column (b))	(	4,312	)
<b>1c</b>	Prior years' unallowed losses (enter the amount from Part IV, column (c))	(	15,182	)
<b>1d</b>	Combine lines 1a, 1b, and 1c			-19,494

### All Other Passive Activities

<b>2a</b>	Activities with net income (enter the amount from Part V, column (a))			
<b>2b</b>	Activities with net loss (enter the amount from Part V, column (b))	(	15,513	)
<b>2c</b>	Prior years' unallowed losses (enter the amount from Part V, column (c))	(		)
<b>2d</b>	Combine lines 2a, 2b, and 2c			-15,513

<b>3</b>	Combine lines 1d and 2d. If this line is zero or more, stop here and include this form with your return; all losses are allowed, including any prior year unallowed losses entered on line 1c or 2c. Report the losses on the forms and schedules normally used			
<b>3</b>				-35,007

- If line 3 is a loss and:
- Line 1d is a loss, go to Part II.
  - Line 2d is a loss (and line 1d is zero or more), skip Part II and go to line 10.

**Caution:** If your filing status is married filing separately and you lived with your spouse at any time during the year, **do not** complete Part II. Instead, go to line 10.

## Part II Special Allowance for Rental Real Estate Activities With Active Participation

**Note:** Enter all numbers in Part II as positive amounts. See instructions for an example.

<b>4</b>	Enter the <b>smaller</b> of the loss on line 1d or the loss on line 3			
<b>5</b>	Enter \$150,000. If married filing separately, see instructions		150,000	
<b>6</b>	Enter modified adjusted gross income, but not less than zero. See instructions		424,958	
<b>Note:</b> If line 6 is greater than or equal to line 5, skip lines 7 and 8 and enter -0- on line 9. Otherwise, go to line 7.				
<b>7</b>	Subtract line 6 from line 5			
<b>8</b>	Multiply line 7 by 50% (0.50). <b>Do not</b> enter more than \$25,000. If married filing separately, see instructions			
<b>9</b>	Enter the <b>smaller</b> of line 4 or line 8			0

## Part III Total Losses Allowed

<b>10</b>	Add the income, if any, on lines 1a and 2a and enter the total			
<b>11</b>	<b>Total losses allowed from all passive activities for 2021.</b> Add lines 9 and 10. See instructions to find out how to report the losses on your tax return			0

## Part IV Complete This Part Before Part I, Lines 1a, 1b, and 1c. See instructions.

Name of activity	Current year		Prior years	Overall gain or loss	
	(a) Net income (line 1a)	(b) Net loss (line 1b)	(c) Unallowed loss (line 1c)	(d) Gain	(e) Loss
SEE ATTACHMENT					
<b>Total.</b> Enter on Part I, lines 1a, 1b, and 1c. ▶					

**For Paperwork Reduction Act Notice, see instructions.**

**2021 FORM 8582 PART IV ATTACHMENT** (See the instructions)

SAMIR V AND PARITA S SONI

687-10-1759

**Caution:** The worksheets must be filed with your tax return.

Keep a copy of the worksheets for your records.

Name of Activity	Current year		Prior years	Overall gain or loss	
	(a) Net income (line 1a)	(b) Net loss (line 1b)	(c) Unallowed loss (line 1c)	(d) Gain	(e) Loss
RENTAL REAL ESTATE		4,312	15,182		19,494
<b>Total. Enter on Form 8582, Part I, lines 1a, 1b, and 1c</b> .....		4,312	15,182		





**2021 FORM 8582 PART VI ATTACHMENT** (Use Part VI if an amount is shown on Form 8582, line 9 - See instr.)

SAMIR V AND PARITA S SONI  
687-10-1759

**Caution:** The worksheets must be filed with your tax return.  
Keep a copy of the worksheets for your records.

**Instructions for Part VI**

Use Part VI to allocate the special allowance on Part II line 9 of Form 8582 among your rental real estate activities.

**Column (a):** Enter the overall loss from column (e) of Part IV for each activity.

**Column (b):** Divide each of the individual losses shown in column (a) by the total of all the losses in column (a) and enter this ratio for each activity in column (b). The total of all the ratios in column (b) must equal 1.00.

**Column (c):** Multiply each ratio in column (b) by the amount on Part II, line 9 of Form 8582, and enter the results in column (c). The total of column (c) must be the same as Part II, line 9 of Form 8582.

**Column (c) total is the same as column (a) total:** If the total losses in column (c) are the same as those in column (a), the losses in Part IV are allowed in full and are not carried over to Part VII. Report all amounts in columns (a), (b), and (c) of Part IV on the proper forms and schedules.

**Column (c) total is less than column (a) total:** If the total losses in column (c) are less than the total losses in column (a), complete column (d).

**Column (d):** Subtract column (c) from column (a) and enter the results in column (d). Also enter the amounts from column (d) of Part VI in column (a) of Part VII.

Name of Activity	Form or Schedule and Line Number to be Reported on (see instructions)	(a) Loss	(b) Ratio	(c) Special allowance	(d) Subtract Col (c) From Column (a)
RENTAL REAL ESTATE	SCH E PT 1	19,494	1		19,494
	<b>Total</b> ▶	19,494	1.00		19,494

## 2021 FORM 8582 PART VII FOR ALLOCATION OF UNALLOWED LOSSES (See instructions)

SAMIR V AND PARITA S SONI  
687-10-1759

**Caution:** The worksheets must be filed with your tax return.  
Keep a copy of the worksheets for your records.

### Instructions for Part VII

On Part VII, enter the name of each activity and the form or schedule and line number on which the loss will be reported.

**Column (a):** Enter the amounts, if any, from column (d) of Part VI (from column (e) of Part IV if you did not have complete Part VI). Also enter the losses, if any, from column (e) of Part V.

**Column (b):** Divide each of the individual losses shown in column (a) by the total of all the losses in column (a) and enter this ratio for each activity in column (b). The total of all the ratios must equal 1.00.

**Column (c):** Complete the following computation:

- A. Enter as a positive amount Part I, line 3 of Form 8582 ..... 35,007
- B. Enter Part II, line 9 of Form 8582 ..... \_\_\_\_\_
- C. Subtract line B from line A ..... 35,007

Multiply each ratio in column (b) by the amount on line C above, and enter the result in column (c).

Name of Activity	Form or Schedule and Line Number to be Reported on (see instructions)	(a) Loss	(b) Ratio	(c) Unallowed loss
CLARKS LANING FUND	SCH E PT 2	15,513	0.44314	15,513
RENTAL REAL ESTATE	SCH E PT 1	19,494	0.55686	19,494
<b>Total</b>		35,007	<b>1.00</b>	35,007

**2021 FORM 8582 PART VIII FOR ALLOWED LOSSES** (See instructions)

SAMIR V AND PARITA S SONI  
687-10-1759

**Caution:** The worksheets must be filed with your tax return.

Keep a copy of the worksheets for your records.

**Instructions for Part VIII**

**Column (a):** For each activity entered in Part VIII, enter the net loss plus the prior year unallowed loss for the activity. Figure this amount by adding the losses in columns (b) and (c) of Parts IV and V.

**Column (b):** For each activity entered in Part VIII, enter the amount from column (c) of Part VII for the activity. These are your unallowed losses for 2021. Keep a record of these amounts so the losses can be used to figure your passive activity loss (PAL) next year.

**Column (c):** Subtract column (b) from column (a). These are your allowed losses for 2021. Report the amounts in this column on the forms and schedules normally used.

Name of Activity	Form or Schedule and Line Number to be Reported on (See Instructions)	(a) Loss	(b) Unallowed loss	(c) Allowed loss
CLARKS LANING FUND	SCH E PT 2	15,513	15,513	
RENTAL REAL ESTATE	SCH E PT 1	19,494	19,494	
<b>Total</b>		<b>35,007</b>	<b>35,007</b>	

# Limitation on Business Interest Expense Under Section 163(j)

▶ **Attach to your tax return.**

▶ **Go to [www.irs.gov/Form8990](http://www.irs.gov/Form8990) for instructions and the latest information.**

Taxpayer name(s) shown on tax return <b>SAMIR V AND PARITA S SONI</b>	Identification number <b>687-10-1759</b>
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If Form 8990 relates to an information return for a foreign entity (for example, Form 5471), enter:

Name of foreign entity ▶ \_\_\_\_\_

Employer identification number, if any ▶ \_\_\_\_\_

Reference ID number ▶ \_\_\_\_\_

## Part 1 Computation of Allowable Business Interest Expense

Part I is completed by all taxpayers subject to section 163(j). Schedule A and Schedule B need to be completed before Part I when the taxpayer is a partner or shareholder of a pass-through entity subject to section 163(j).

### Section I—Business Interest Expense

1 Current year business interest expense (not including floor plan financing interest expense), before the section 163(j) limitation . . . . .	1	6,384		
2 Disallowed business interest expense carryforwards from prior years. (Does not apply to a partnership) . . . . .	2			
3 Partner's excess business interest expense treated as paid or accrued in current year (Schedule A, line 44, column (h)) . . . . .	3			
4 Floor plan financing interest expense. See instructions . . . . .	4			
<b>5 Total business interest expense.</b> Add lines 1 through 4 . . . . . ▶	<b>5</b>		<b>6,384</b>	

### Section II—Adjusted Taxable Income

#### Taxable Income

6 <b>Taxable income.</b> See instructions . . . . .	6		399,840	
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**Additions** (adjustments to be made if amounts are taken into account on line 6)

7 Any item of loss or deduction that is not properly allocable to a trade or business of the taxpayer. See instructions . . . . .	7			
8 Any business interest expense not from a pass-through entity. See instructions . . . . .	8	6,384		
9 Amount of any net operating loss deduction under section 172 . . . . .	9			
10 Amount of any qualified business income deduction allowed under section 199A . . . . .	10			
11 Deduction allowable for depreciation, amortization, or depletion attributable to a trade or business. See instructions . . . . .	11			
12 Amount of any loss or deduction items from a pass-through entity. See instructions . . . . .	12			
13 Other additions. See instructions . . . . .	13			
14 Total current year partner's excess taxable income (Schedule A, line 44, column (f)) . . . . .	14			
15 Total current year S corporation shareholder's excess taxable income (Schedule B, line 46, column (c)) . . . . .	15			
<b>16 Total.</b> Add lines 7 through 15 . . . . . ▶	<b>16</b>		<b>6,384</b>	

**Reductions** (adjustments to be made if amounts are taken into account on line 6)

17 Any item of income or gain that is not properly allocable to a trade or business of the taxpayer. See instructions . . . . .	17	( )		
18 Any business interest income not from a pass-through entity. See instructions . . . . .	18	( )		
19 Amount of any income or gain items from a pass-through entity. See instructions . . . . .	19	( )		
20 Other reductions. See instructions . . . . .	20	( )		
<b>21 Total.</b> Combine lines 17 through 20 . . . . . ▶	<b>21</b>	( )		
<b>22 Adjusted taxable income.</b> Combine lines 6, 16, and 21. (If zero or less, enter -0-.) . . . . . ▶	<b>22</b>		<b>406,224</b>	

**For Paperwork Reduction Act Notice, see the instructions.**

**Section III--Business Interest Income**

<b>23</b>	Current year business interest income. See instructions .....	<b>23</b>		
<b>24</b>	Excess business interest income from pass-through entities (total of Schedule A, line 44, column (g), and Schedule B, line 46, column (d)) .....	<b>24</b>		
<b>25</b>	<b>Total.</b> Add lines 23 and 24 .....			<b>25</b>

**Section IV--163(j) Limitation Calculations**

**Limitation on Business Interest Expense**

<b>26</b>	Multiply adjusted taxable income (line 22) by the applicable percentage. See instructions .....	<b>26</b>	121,867	
<b>27</b>	Business interest income (line 25) .....	<b>27</b>		
<b>28</b>	Floor plan financing interest expense (line 4) .....	<b>28</b>		
<b>29</b>	<b>Total.</b> Add lines 26, 27, and 28 .....			<b>29</b> 121,867

**Allowable Business Interest Expense**

<b>30</b>	<b>Total current year business interest expense deduction.</b> See instructions .....	<b>30</b>		6,384
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**Carryforward**

<b>31</b>	<b>Disallowed business interest expense.</b> Subtract line 29 from line 5. (If zero or less, enter -0-.) .....	<b>31</b>		
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**Part II Partnership Pass-Through Items**

Part II is only completed by a partnership that is subject to section 163(j). The partnership items below are allocated to the partners and are not carried forward by the partnership. See the instructions for more information.

**Excess Business Interest Expense**

<b>32</b>	<b>Excess business interest expense.</b> Enter amount from line 31 .....	<b>32</b>		
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**Excess Taxable Income** (If you entered an amount on line 32, skip lines 33 through 37.)

<b>33</b>	Subtract the sum of lines 4 and 25 from line 5. (If zero or less, enter -0-.) .....	<b>33</b>		
<b>34</b>	Subtract line 33 from line 26. (If zero or less, enter -0-.) .....	<b>34</b>		
<b>35</b>	Divide line 34 by line 26. Enter the result as a decimal. (If line 26 is zero, enter -0-.) .....	<b>35</b>		
<b>36</b>	<b>Excess taxable income.</b> Multiply line 35 by line 22 .....	<b>36</b>		

**Excess Business Interest Income**

<b>37</b>	<b>Excess business interest income.</b> Subtract the sum of lines 1, 2, and 3 from line 25. (If zero or less, enter -0-.) .....	<b>37</b>		
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**Part III S Corporation Pass-Through Items**

Part III is only completed by S corporations that are subject to section 163(j). The S corporation items below are allocated to the shareholders. See the instructions for more information.

**Excess Taxable Income**

<b>38</b>	Subtract the sum of lines 4 and 25 from line 5. (If zero or less, enter -0-.) .....	<b>38</b>		
<b>39</b>	Subtract line 38 from line 26. (If zero or less, enter -0-.) .....	<b>39</b>		
<b>40</b>	Divide line 39 by line 26. Enter the result as a decimal. (If line 26 is zero, enter -0-.) .....	<b>40</b>		
<b>41</b>	<b>Excess taxable income.</b> Multiply line 40 by line 22 .....	<b>41</b>		

**Excess Business Interest Income**

<b>42</b>	<b>Excess business interest income.</b> Subtract the sum of lines 1, 2, and 3 from line 25. (If zero or less, enter -0-.) .....	<b>42</b>		
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**SCHEDULE A Summary of Partner's Section 163(j) Excess Items**

Any taxpayer that owns an interest in a partnership subject to section 163(j) should complete Schedule A before completing Part I.

(a) Name of partnership	(b) EIN	Excess Business Interest Expense			(f) Current year excess taxable income	(g) Current year excess business interest income	(h) Excess business interest expense treated as paid or accrued (see instructions)	(i) Current year excess business interest expense carryforward ((e) minus (h))
		(c) Current year	(d) Prior year carryforward	(e) Total ((c) plus (d))				
43								
<b>44 Total</b>								

**SCHEDULE B Summary of S Corporation Shareholder's Excess Taxable Income and Excess Business Interest Income**

Any taxpayer that is required to complete Part I and is a shareholder in an S corporation that has excess taxable income or excess business interest income should complete Schedule B before completing Part I.

(a) Name of S corporation	(b) EIN	(c) Current year excess taxable income	(d) Current year excess business interest income
45			
<b>46 Total</b>			

**Form 8990, Line 30 – Statement of Business Interest Expense Allocation and Excess Business Interest Income (Continued)**

SAMIR V AND PARITA S SONI  
 687-10-1759

(a) Business Interest Expense from:	(b) Line	(c) Total Business Interest Expense including Floor Plan Financing	(d) Deductible Business Interest Expense
SCH E #1 RENTAL REAL ESTATE	12 DIRECT	6,384	6,384

**Total:** 6,384 6,384



## 2021 WAGES AND SALARIES SUMMARY ATTACHMENT

SAMIR V AND PARITA S SONI  
687-10-1759

Employer Name	Employer EIN	T or S	Wages	Federal Withholding	Social Security Tax Withheld	State	State Wages	State Tax Withheld	Local Tax Withheld
DATA CORE SYSTEMS INC	23-2535216	T	89,003	7,265	5,518	AZ	89,003	2,402	
MAIMONIDES MEDICAL CENTER	11-1635081	S	42,704	3,587	2,648	NY	42,704	2,134	1,474
HORIZON HEALTHCARE SERVICES	22-0999690	T	157,911	26,137	8,854	NJ	159,137	7,438	
PULMONARY CONSULTANTS PC	86-0392561	S	104,167	18,798	6,458	AZ	104,167	2,813	
TOTAL			393,785	55,787	23,478		395,011	14,787	1,474

**2021 MISCELLANEOUS/NEC INCOME SUMMARY ATTACHMENT**

SAMIR V AND PARITA S SONI  
687-10-1759

Payer Name	Payer's Federal ID Number	T or S	Form	Activity	Rent (Box 1)	Royalties (Box 2)	Other Income (Box 3)	NonEmp Comp (NEC Box 1)	Federal Tax Withheld (Box 4)	State	State Income (Box 18)	State Tax Withheld (Box 16)
PRS PROPERTY	MA03-0444161	T	MISC	SCH E	23,000							
TOTAL					23,000							

**2021 FEDERAL TAX WITHHOLDINGS ATTACHMENT**

SAMIR V AND PARITA S SONI  
687-10-1759

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W-2	DATA CORE SYSTEMS INC	7,265
W-2	MAIMONIDES MEDICAL CENTER	3,587
W-2	HORIZON HEALTHCARE SERVICES INC	26,137
W-2	PULMONARY CONSULTANTS PC	18,798
1099-INT	WITHHOLDINGS	27
8959	ADDITIONAL MEDICARE TAX	144
TOTAL TO FORM 1040/1040-SR LINE 25D		55,958

**2021 SCHEDULE B - INTEREST / DIVIDEND SUMMARY ATTACHMENT**

SAMIR V AND PARITA S SONI  
687-10-1759

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TAX-EXEMPT INTEREST/DIVIDENDS	
EXEMPT-INTEREST DIVIDENDS (FORM 1099-DIV)	24
TOTAL TAX-EXEMPT INTEREST	24
TOTAL TAX-EXEMPT INTEREST TO 1040 LINE 2A	24

## 2021 RECOVERY REBATE CREDIT WORKSHEET – LINE 30

SAMIR V AND PARITA S SONI  
687-10-1759

**Before you begin:**  See the instructions for line 30 to find out if you can take this credit and for definitions and other information needed to fill out this worksheet.  
 If you received Notice 1444-C, have it available.  
 Don't include on line 13 any amount you received but later returned to the IRS.  
 If you can't take the recovery rebate credit, you don't have to repay any amount of EIP 3 on Form 1040 or 1040-SR.

1. Can you be claimed as a dependent on another person's 2021 return? If filing a joint return, go to line 2.  
 **No.** Go to line 2.  
 **Yes.** **STOP** You can't take the credit. Don't complete the rest of this worksheet and don't enter any amount on line 30.
2. Does your 2021 return include a social security number that was issued on or before the due date of your 2021 return (including extensions) for you and, if filing a joint return, your spouse?  
 **Yes.** Go to line 6.  
 **No.** If you are filing a joint return, go to line 3. If you aren't filing a joint return, go to line 5.
3. Was at least one of you a member of the U.S. Armed Forces at any time during 2021, and does at least one of you have a social security number that was issued on or before the due date of your 2021 return (including extensions)?  
 **Yes.** Your credit is not limited. Go to line 6.  
 **No.** Go to line 4.
4. Does one of you have a social security number that was issued on or before the due date of your 2021 return (including extensions)?  
 **Yes.** Your credit is limited. Go to line 6.  
 **No.** Go to line 5.
5. Do you have any dependents listed in the Dependents section on page 1 of Form 1040 or 1040-SR for whom you entered a social security number that was issued on or before the due date of your 2021 return (including extensions) or an adoption taxpayer identification number?  
 **Yes.** Enter zero on line 6 and go to line 7.  
 **No.** **STOP** You can't take the credit. Don't complete the rest of this worksheet and don't enter any amount on line 30.
6. Enter:
  - \$1,400 if single, head of household, married filing separately, or qualifying widow(er),
  - \$1,400 if married filing jointly and you answered "Yes" to question 4, or
  - \$2,800 if married filing jointly and you answered "Yes" to question 2 or 3

6. 2,800
7. Multiply \$1,400 by the number of dependents listed in the Dependents section on page 1 of Form 1040 or 1040-SR for whom you entered a social security number that was issued on or before the due date of your 2021 return (including extensions) or an adoption taxpayer identification number

7. 1,400

8. Add lines 6 and 7

8. 4,200

9. Is the amount on line 11 of Form 1040 or 1040-SR more than the amount shown below for your filing status?
  - Single or Married filing separately – \$75,000
  - Married filing jointly or qualifying widow(er) – \$150,000
  - Head of household – \$112,500 **Yes.** Enter the amount from line 11 of Form 1040 or 1040-SR and go to line 10  
 **No.** Enter the amount from line 8 on line 12 and skip lines 10 and 11

9. 424,958

10. Is line 9 more than the amount shown below for your filing status?
  - Single or married filing separately – \$80,000
  - Married filing jointly or qualifying widow(er) – \$160,000
  - Head of household – \$120,000 **Yes.** **STOP** You can't take the credit. Don't complete the rest of this worksheet and don't enter any amount on line 30.  
 **No.** Subtract line 9 from the amount shown above for your filing status

10. \_\_\_\_\_

11. Divide line 10 by the amount shown below for your filing status. Enter the result as a decimal (rounded to at least 2 places).
  - Single or married filing separately – \$5,000
  - Married filing jointly or qualifying widow(er) – \$10,000
  - Head of household – \$7,500

11. \_\_\_\_\_
12. Multiply line 8 by line 11

12. \_\_\_\_\_

13. Enter the amount, if any, of EIP 3 that was issued to you. If filing a joint return, include the amount, if any, or your spouse's EIP 3. You may refer to Notice 1444-C or your tax account information at IRS.gov/Account for the amount to enter here

13. \_\_\_\_\_

14. **Recovery rebate credit.** Subtract line 13 from line 12. If zero or less, enter -0-. If line 13 is more than line 12, you don't have to pay back the difference. Enter the result here and, if more than zero, on line 30 of Form 1040 or 1040-SR

14. 0

2021 DETAIL STATEMENTS

SAMIR SONI  
687-10-1759

PAGE 1

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STATEMENT #1 - MORTGAGE INT PAID/BANK- DIRECT (SCHEDULE E PROP #1 LINE 1

CENTRAL LOAN ADMIN [TAXPAYER].....	1,640
NATIONAL MORTGAGE LLC [TAXPAYER].....	4,744
TOTAL CARRIED TO SCHEDULE E PROP #1 LINE 12.....	6,384

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## 2021 IRA RECORD WORKSHEET

SAMIR V SONI  
687-10-1759

Year	Basis in Contributions	Nontaxable Distributions from Prior Years	Current Year Nontaxable Distributions	Cumulative Basis	FMV on 12/31 (as reported on Form 5498)
2016	5,500			5,500	
2018	5,500			11,000	
2019	6,000			17,000	
2020	6,000			23,000	
2021	6,000			29,000	

# 2021 IRA RECORD WORKSHEET

PARITA S SONI  
280-91-6390

Year	Basis in Contributions	Nontaxable Distributions from Prior Years	Current Year Nontaxable Distributions	Cumulative Basis	FMV on 12/31 (as reported on Form 5498)
2016	5,500			5,500	
2018	5,500			11,000	
2019	6,000			17,000	
2020	6,000			23,000	
2021	6,000			29,000	



## 2021 QUALIFIED DIVIDENDS and CAPITAL GAIN TAX WORKSHEET – LINE 16

SAMIR V AND PARITA S SONI  
687-10-1759 SAMIR V AND PARITA S SONI

**Keep for Your Records**

- Before you begin:** ✓ See the instructions for line 16 in the instructions to see if you can use this worksheet to figure your tax.  
 ✓ Before completing this worksheet, complete Form 1040 or 1040-SR through line 15.  
 ✓ If you do not have to file Schedule D and you received capital gain distributions, be sure you checked the box on Form 1040 or 1040-SR, line 7.

1. Enter the amount from Form 1040 or 1040-SR, line 15. However, if you are filing Form 2555 (relating to foreign earned income), enter the amount from line 3 of the Foreign Earned Income Tax Worksheet .....	1.	399,840	
2. Enter the amount from Form 1040 or 1040-SR, line 3a* ..	2.	1,713	
3. Are you filing Schedule D?*			
<b>Yes.</b> Enter the <b>smaller</b> of line 15 or 16 of Schedule D. If either line 15 or line 16 is blank or a loss, enter -0-	}		
<b>No.</b> Enter the amt from Fm 1040 or 1040-SR, ln 7.			
3. ....	3.	5,788	
4. Add lines 2 and 3 .....	4.	7,501	
5. Subtract line 4 from line 1. If zero or less, enter -0- .....	5.	392,339	
6. Enter: \$40,400 if single or married filing separately, \$80,800 if married filing jointly or qualifying widow(er), \$54,100 if head of household.	}		
6. ....			
6. ....	6.	80,800	
7. Enter the smaller of line 1 or line 6 .....	7.	80,800	
8. Enter the smaller of line 5 or line 7 .....	8.	80,800	
9. Subtract line 8 from line 7. This amount is taxed at 0% .....	9.		
10. Enter the smaller of line 1 or line 4 .....	10.	7,501	
11. Enter the amount from line 9 .....	11.	0	
12. Subtract line 11 from line 10 .....	12.	7,501	
13. Enter: \$445,850 if single, \$250,800 if married filing separately, \$501,600 if married filing jointly or qualifying widow(er), \$473,750 if head of household.	}		
13. ....			
13. ....	13.	501,600	
14. Enter the smaller of line 1 or line 13 .....	14.	399,840	
15. Add lines 5 and 9 .....	15.	392,339	
16. Subtract line 15 from line 14. If zero or less, enter -0- .....	16.	7,501	
17. Enter the smaller of line 12 or line 16 .....	17.	7,501	
18. Multiply line 17 by 15% (0.15) .....	18.	1,125	
19. Add lines 9 and 17 .....	19.	7,501	
20. Subtract line 19 from line 10 .....	20.	0	
21. Multiply line 20 by 20% (0.20) .....	21.	0	
22. Figure the tax on the amount on line 5. If the amount on line 5 is less than \$100,000, use the Tax Table to figure the tax. If the amount on line 5 is \$100,000 or more, use the Tax Computation Worksheet .....	22.	87,202	
23. Add lines 18, 21, and 22 .....	23.	88,327	
24. Figure the tax on the amount on line 1. If the amount on line 1 is less than \$100,000, use the Tax Table to figure the tax. If the amount on line 1 is \$100,000 or more, use the Tax Computation Worksheet .....	24.	89,603	
25. <b>Tax on all taxable income.</b> Enter the <b>smaller</b> of line 23 or line 24. Also include this amount on the entry space on Form 1040 or 1040-SR, line 16. If you are filing Form 2555, don't enter this amount on the entry space on Form 1040 or 1040-SR, line 16. Instead, enter it on line 4 of the Foreign Earned Income Tax Worksheet .....	25.	88,327	

\* If you are filing Form 2555, see the footnote in the Foreign Earned Income Tax Worksheet before completing this line.

## 2021 SCHEDULE 8812 LINE 5 WORKSHEET

SAMIR V AND PARITA S SONI  
687-10-1759

**Keep for Your Records**

- |  |     |         |
|--|-----|---------|
| 1. Multiply Schedule 8812, line 4b, by \$3,600 .....   | 1.  | 3,600   |
| 2. Multiply Schedule 8812, line 4c, by \$3,000 .....   | 2.  | _____   |
| 3. Add line 1 and line 2 .....   | 3.  | 3,600   |
| 4. Multiply Schedule 8812, line 4a, by \$2,000 .....   | 4.  | 2,000   |
| 5. Subtract line 4 from line 3 .....   | 5.  | 1,600   |
| 6. Enter the amount shown below for your filing status:  |     |         |
| ● Married filing jointly – \$12,500  |     |         |
| ● Qualifying widow(er) – \$2,500   |     |         |
| ● Head of household – \$4,375  |     |         |
| ● All other filing statuses – \$6,250 .....  | 6.  | 12,500  |
| 7. Enter the smaller of line 5 or line 6 .....   | 7.  | 1,600   |
| 8. Enter the amount shown below for your filing status:  |     |         |
| ● Married filing jointly or Qualifying widow(er) – \$150,000   |     |         |
| ● Head of household – \$112,500  |     |         |
| ● All other filing statuses – \$75,000 .....   | 8.  | 150,000 |
| 9. Subtract line 8 from Schedule 8812, line 3  |     |         |
| ● If zero or less, enter -0-   |     |         |
| ● If more than zero and not a multiple of \$1,000, enter the next multiple of \$1,000                  |     |         |
| For example, if the result is \$425, enter \$1,000; if the result is \$1,025, enter \$2,000, etc ..... | 9.  | 275,000 |
| 10. Multiply line 9 by 5% (0.05) .....   | 10. | 13,750  |
| 11. Enter the smaller of line 7 or line 10 .....   | 11. | 1,600   |
| 12. Subtract line 11 from line 3. Enter on Schedule 8812, line 5 .....                                 | 12. | 2,000   |

**2021 FORM 2210 UNDERPAYMENT PENALTY WORKSHEET**

SAMIR V AND PARITA S SONI

687-10-1759

Due Date	PAYMENT ALLOCATION					Total
	4/15/2021	6/15/2021	9/15/2021	1/15/2022		
Required Installment	16,759	16,759	16,759	16,760		67,037
WITHHOLDING	4/15/2021	15,432				15,432
WITHHOLDING	6/15/2021	1,327				1,327
WITHHOLDING	6/15/2021		14,105			14,105
WITHHOLDING	9/15/2021		2,654			2,654
WITHHOLDING	9/15/2021			12,778		12,778
WITHHOLDING	1/15/2022			3,981		3,981
WITHHOLDING	1/15/2022				11,451	11,451
BALANCE DUE	4/18/2022				5,309	5,309
TOTAL PAYMENTS	4/18/2022	16,759	16,759	16,759	16,760	67,037

**PENALTY CALCULATION**

Transaction	Date	Beginning Balance	Amount	Adjusted Balance	Days Late	Interest Rate	Penalty*
FIRST INSTALLMENT 4/15/2021							
REQUIRED INSTALLMENT	4/15/2021		16,759	16,759			
WITHHOLDING	4/15/2021	16,759	15,432	1,327			
WITHHOLDING	6/15/2021	1,327	1,327		61	3	7
TOTAL 1ST QTR PENALTY							7
SECOND INSTALLMENT 6/15/2021							
REQUIRED INSTALLMENT	6/15/2021		16,759	16,759			
WITHHOLDING	6/15/2021	16,759	14,105	2,654			
WITHHOLDING	9/15/2021	2,654	2,654		92	3	20
TOTAL 2ND QTR PENALTY							20
THIRD INSTALLMENT 9/15/2021							
REQUIRED INSTALLMENT	9/15/2021		16,759	16,759			
WITHHOLDING	9/15/2021	16,759	12,778	3,981			
WITHHOLDING	1/15/2022	3,981	3,981		122	3	40
TOTAL 3RD QTR PENALTY							40
FOURTH INSTALLMENT 1/15/2022							
REQUIRED INSTALLMENT	1/15/2022		16,760	16,760			
WITHHOLDING	1/15/2022	16,760	11,451	5,309			
BALANCE DUE	4/18/2022	5,309	5,309		93	3	41
TOTAL 4TH QTR PENALTY							41
TOTAL PENALTY							108

\*Penalty = Amount x Interest Rate x (Days Late / 365 (or 366 if it is a leap year))

**SCHEDULE D AMT**  
**(Form 1040)**

**Capital Gains and Losses**

FOR AMT PURPOSES ONLY

Department of the Treasury  
Internal Revenue Service(99)

▶ Attach to Form 1040, 1040-SR, or 1040-NR.  
▶ Go to [www.irs.gov/ScheduleD](http://www.irs.gov/ScheduleD) for instructions and the latest information.  
▶ Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.

**2021**  
Attachment  
Sequence No. **12**

Name(s) shown on return **SAMIR V AND PARITA S SONI** Your social security number **687-10-1759**

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

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

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

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
<b>1a</b> Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b . . . . .	99,679	101,120		(1,441)
<b>1b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked . . . . .				
<b>2</b> Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked . . . . .				
<b>3</b> Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked . . . . .				
<b>4</b> Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 . . . . .				<b>4</b>
<b>5</b> Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 . . . . .				<b>5</b>
<b>6</b> Short-term capital loss carryover. Enter the amount, if any, from line 8 of your <b>Capital Loss Carryover Worksheet</b> in the instructions . . . . .				<b>6</b> ( )
<b>7</b> <b>Net short-term capital gain or (loss).</b> Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on page 2 . . . . .				<b>7</b> (1,441)

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

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
<b>8a</b> Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b . . . . .	9,181	1,952		7,229
<b>8b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked . . . . .				
<b>9</b> Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked . . . . .				
<b>10</b> Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked . . . . .				
<b>11</b> Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824 . . . . .				<b>11</b>
<b>12</b> Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 . . . . .				<b>12</b>
<b>13</b> Capital gain distributions. See the instructions . . . . .				<b>13</b>
<b>14</b> Long-term capital loss carryover. Enter the amount, if any, from line 13 of your <b>Capital Loss Carryover Worksheet</b> in the instructions . . . . .				<b>14</b> ( )
<b>15</b> <b>Net long-term capital gain or (loss).</b> Combine lines 8a through 14 in column (h). Then go to Part III on page 2 . . . . .				<b>15</b> 7,229

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

Schedule D (Form 1040 or 1040-SR) 2021  
AMT ONLY

**Part III Summary**

16	Combine lines 7 and 15 and enter the result . . . . .	16	5,788
<ul style="list-style-type: none"> <li>● If line 16 is a <b>gain</b>, enter the amount from line 16 on Form 1040 or 1040-SR, or 1040-NR line 7. Then go to line 17 below.</li> <li>● If line 16 is a <b>loss</b>, skip lines 17 through 20 below. Then go to line 21. Also be sure to complete line 22.</li> <li>● If line 16 is <b>zero</b>, skip lines 17 through 21 below and enter -0- on Form 1040 or 1040-SR, or 1040-NR, line 7. Then go to line 22.</li> </ul>			
17	Are lines 15 and 16 <b>both</b> gains?		
<input checked="" type="checkbox"/> <b>Yes.</b> Go to line 18. <input type="checkbox"/> <b>No.</b> Skip lines 18 through 21, and go to line 22.			
18	If you are required to complete the <b>28% Rate Gain Worksheet</b> (see instructions), enter the amount, if any, from line 7 of that worksheet . . . . . ▶	18	
19	If you are required to complete the <b>Unrecaptured Section 1250 Gain Worksheet</b> (see instructions), enter the amount, if any, from line 18 of that worksheet . . . . . ▶	19	
20	Are lines 18 and 19 both zero or blank and are you not filing Form 4952?		
<input checked="" type="checkbox"/> <b>Yes.</b> Complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> in the instructions for Forms 1040 and 1040-SR, line 16. <b>Don't</b> complete lines 21 and 22 below.			
<input type="checkbox"/> <b>No.</b> Complete the <b>Schedule D Tax Worksheet</b> in the instructions. <b>Don't</b> complete lines 21 and 22 below.			
21	If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the <b>smaller</b> of:		
<ul style="list-style-type: none"> <li>● The loss on line 16; or</li> <li>● (\$3,000), or if married filing separately, (\$1,500)</li> </ul>			
<b>Note:</b> 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?		
<input type="checkbox"/> <b>Yes.</b> Complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> in the instructions for Forms 1040 and 1040-SR, line 16.			
<input type="checkbox"/> <b>No.</b> Complete the rest of Form 1040, 1040-SR or 1040-NR.			

#1

SCHEDULE E AMT (Form 1040)

Supplemental Income and Loss

FOR AMT PURPOSES ONLY

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

2021

Attachment Sequence No. 13

Department of the Treasury Internal Revenue Service (99)

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

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

Name(s) shown on return

SAMIR V AND PARITA S SONI

Your social security number

687-10-1759

Part I Income or Loss From Rental Real Estate and Royalties Note: If you are in the business of renting personal property, use Schedule C (see instructions). If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40.

A Did you make any payments in 2021 that would require you to file Form(s) 1099? (see instructions) Yes No
B If "Yes," did you or will you file required Forms 1099? Yes No

1a Physical address of each property (street, city, state, ZIP code)
A 3053 E SUNRISE PL CHANDLER AZ 85286
B
C

Table with columns: 1b Type of Property, 2 Fair Rental Days, Personal Use Days, QJV. Row 1: 1 Single Family Residence, 23,000 days, 0 days, 0 QJV.

Type of Property:

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

Main income/expense table with columns: Income, Properties, A, B, C. Rows include Rents received (23,000), Expenses (Total 27,312), and Total income/loss (24).

For Paperwork Reduction Act Notice, see the separate instructions. Schedule E (Form 1040 or 1040-SR) 2021

# 2021 FORM 8960 MAGI WORKSHEET

SAMIR V AND PARITA S SONI  
687-10-1759

**Keep for Your Records**

1. Enter your adjusted gross income ..... 1. 424,958
  
2. Foreign earned income exclusion:
  - (a) Enter your foreign earned income exclusion (from line 42 of Form 2555) ..... 2(a). \_\_\_\_\_
  - (b) Enter the deductions reported on line 44 of Form 2555 allocable to your foreign earned income exclusion ..... (b). ( \_\_\_\_\_ )
  - (c) Combine lines 2(a) and 2(b) ..... 2. \_\_\_\_\_
  
3. Adjustments for certain CFCs and certain PFICs ..... 3. \_\_\_\_\_
  
4. Enter the sum of line 1, line 2(c), and line 3. (Enter this amount on Form 8960, line 13) ..... 4. 424,958

2021 FEDERAL DEPRECIATION SCHEDULE

SAMIR V AND PARITA S SONI  
687-10-1759

DESCRIPTION	DATE	METHOD - LIFE	COST	PRIOR 179	CURRENT 179	PR SPEC ALLOW	CURR SPEC ALLOW	BASIS	PRIOR DEPR	CURRENT DEPR	ACCUM DEPR	ADJ BASIS
SCHEDULE E #001												
RENTAL REAL EAS	06-08-18	S/L-27.5	427307	0	0	0	0	422307	39029	15355	54384	367923
1 ASSETS		TOTALS:	427307	0	0	0	0	422307	39029	15355	54384	367923



2021 FEDERAL AMT DEPRECIATION SCHEDULE

SAMIR V AND PARITA S SONI  
687-10-1759

DESCRIPTION	DATE	METHOD - LIFE	COST	PRIOR 179	CURRENT 179	PR SPEC ALLOW	CURR SPEC ALLOW	BASIS	PRIOR DEPR	CURRENT DEPR	ACCUM DEPR	ADJ BASIS
SCHEDULE E #001												
RENTAL REAL EAS	06-08-18	S/L-27.5	427307	0	0	0	0	422307	39029	15355	54384	367923
1 ASSETS		TOTALS:	427307	0	0	0	0	422307	39029	15355	54384	367923

## 2021 FEDERAL PARTNERSHIP SCHEDULE K-1 SUMMARY ATTACHMENT

SAMIR V SONI  
687-10-1759

Entity Name: CLARKS LANING FUND

Entity EIN: 36-4716555

Description	Schedule K-1 Line Number	Activity Code*	Schedule K-1 Received Input
FORM 4952			
INVESTMENT INCOME	20A		23,013
OTHER			
DISTRIBUTIONS OF MONEY	19A		7,500
SCHEDULE B			
INTEREST	5	PORT	23,013
SCHEDULE E PAGE 2			
ORDINARY INCOME/LOSS	1	PASS	-15,513

\* Pass = Passive Activity; ARRE = Active Rental Real Estate Activity; REPro = Real Estate Professional; Mat P = Material Participation  
Port = Portfolio Income; PTP = Publicly Traded Partnership

**2021 FEDERAL PARTNERSHIP K-1 PARTNER'S OUTSIDE BASIS WORKSHEET**

SAMIR V SONI  
687-10-1759

Partnership Name: CLARKS LANING FUND  
Partnership EIN: 36-4716555

**Keep for Your Records**

**PART I - PARTNER'S OUTSIDE BASIS**

<b>I N C R E A S E S</b>	1.	Adjusted basis at beginning of year. Not less than zero. Enter -0- if first tax year	1.	500,000
	2a.	Cash contributions	2a.	
	b.	Property contributions (adjusted basis less associated liabilities), not less than zero	b.	
	c.	Service contributions at fair market value (if taxed)	c.	
	d.	Total contributions	2d.	
	3.	Increased share of or assumption of partnership liabilities	3.	
	4a.	Share income or gains (incl. tax-exempt income)(Part II, col a line 21 plus 22)	4a.	23,013
	b.	Business interest expense included on 4a	b.	
	c.	Subtract line 4b from line 4a. If the result is less than zero, enter zero and carry the amount as positive on line 12	4c.	23,013
5.	Other basis increases (Part II, col a, line 23)	5.		
6.	Total increases (Total lines 2d through 5)	6.	23,013	
7.	Adjusted basis before decreases (line 1 plus line 6)	7.	523,013	
	8a.	Cash distributions	8a.	7,500
	b.	Adjusted basis of distributed property	b.	
c.	Total distributions	8c.	7,500	
9.	Decreased share of partnership liabilities	9.		
10.	Adjusted basis before additional decreases and expenses (line 7 less lines 8c and 9). Not less than zero	10.	515,513	
11.	Share of the partnership's current year losses and deductions (Part II, col b, line 21)	11.	15,513	
<b>D E C R E A S E S</b>	12.	Remaining business interest expense (line 4b less line 4a). Not less than zero	12.	
	13.	Prior year suspended losses (Part II, col c, line 21 plus 24)	13.	
	14.	Losses allowed this year (lines 11 through 13, but not more than line 10)	14.	15,513
	15.	Disallowed losses this year (line 11 through 13, less line 13)	15.	
	16.	Adjusted basis before nondeductible expenses & other basis adjustments (ln 10 less ln 14). Not less than zero	16.	500,000
	17.	Share of the partnership's current year nondeductible expenses (Part II, col b, line 22)	17.	
	18.	Prior year suspended nondeductible expenses (Part II, col c, line 22)	18.	
	19.	Nondeductible expenses allowed this year (line 16 plus line 17, but not more than line 15)	19.	0
	20.	Disallowed nondeductible expenses this year (line 17 plus line 18 less line 19)	20.	
	21.	Adjusted basis before other basis adjustments (line 16 less line 19). Not less than zero	21.	500,000
22.	Other current year basis decreases (Part II, col b, line 23)	22.		
23.	Prior year suspended other basis decreases (Part II, col c, line 23)	23.		
24.	Other basis decreases allowed this year (line 22 plus line 23, but not more than line 21)	24.	0	
25.	Disallowed other basis decreases this year (line 22 plus line 23 less line 24)	25.		
26.	Adjusted basis in the partnership at the end of the year (Line 21 less line 24). Not less than zero	26.	500,000	

**2021 FEDERAL PARTNERSHIP K-1 PARTNER'S OUTSIDE BASIS WORKSHEET CONT.**

SAMIR V SONI  
687-10-1759

Partnership Name: CLARKS LANING FUND  
Partnership EIN: 36-4716555

**Keep for Your Records**

PART II - PARTNER'S SHARE OF INCOME AND DEDUCTIONS	Current Year		(c) Prior Year
	(a) Income	(b) Loss	Suspended Loss
1. Ordinary income (loss) . . . . .	1.	15,513	
2. Net income (loss) from rental real estate activities . . . . .	2.		
3. Net income (loss) from other rental activities . . . . .	3.		
4. Interest income . . . . .	4.	23,013	
5. Dividend income . . . . .	5.		
6. Royalty income . . . . .	6.		
7. Net short-term capital gain (loss) . . . . .	7.		
8. Net long-term capital gain (loss) . . . . .	8.		
9. Net section 1231 gain (loss) . . . . .	9.		
10. Other portfolio income (loss) . . . . .	10.		
11. Other income (loss) . . . . .	11.		
12. Section 179 expense . . . . .	12.		
13. Charitable contributions . . . . .	13.		
14. Deductions related to portfolio income . . . . .	14.		
15. Investment interest expense . . . . .	15.		
16. Royalty deductions . . . . .	16.		
17. Foreign taxes . . . . .	17.		
18. Section 59(e)(2) expenditures . . . . .	18.		
19. Other deductions . . . . .	19.		
20. Unreimbursed partnership expenses . . . . .	20.		
21. Total income/expenses (total lines 1 through 20) . . . . .	21.	23,013	15,513
22. Tax-exempt income/nondeductible expenses . . . . .	22.		
23. Other basis increases/decreases . . . . .	23.		
24. Business interest deducted (Box 20 Code N) . . . . .	24.		

**2021 FEDERAL PARTNERSHIP K-1 PARTNER'S OUTSIDE BASIS WORKSHEET CONTINUATION**

SAMIR V SONI  
687-10-1759

**Keep for Your Records**

Partnership Name: CLARKS LANING FUND

Partnership EIN: 36-4716555

**Part III -- Allocation of Allowed Losses**

	(a) Current Year Losses	(b) Prior Year Suspended Losses	(c) Total	(d) Ratio	(e) Total Losses Allowed	Amounts Allowed		(h) Suspended Losses to Next Year
						(f) Current	(g) Prior	
1. Total losses allowed (Part I, line 13)								15,513
2. Ordinary income (loss)	15,513		15,513	100.0000%	15,513	15,513		
3. Rental real estate income (loss)								
4. Other rental income (loss)								
5. Interest income								
6. Dividend income								
7. Royalty income								
8. Net short-term capital gain (loss)								
9. Net long-term capital gain (loss)								
10. Net section 1231 gain (loss)								
11. Other portfolio income (loss)								
12. Other income (loss)								
13. Section 179 expense								
14. Charitable contributions								
15. Deduction related to portfolio inc								
16. Investment interest expense								
17. Royalty deductions								
18. Foreign taxes								
19. Section 59(e)(2) expenditures								
20. Other deductions								
21. Unreimbursed partnership exp.								
22. Total loss items			15,513	100.0000%	15,513			
23. Total nondeductible expenses allowed (Part I, line 18)								0
24. Nondeductible expenses				100.0000%				
25. Total other basis decreases allowed (Part I, line 23)								0
26. Other basis decreases				100.0000%				

**Note:** Each line in column (d) is calculated by dividing the sum of any losses in columns (a) and (b) for that line by the total of all loss items from column (c), line 22. Column (e) is calculated by multiplying the ratio in column (d) by the losses allowed from line 1. Current year losses (column a) and prior year losses (column b) are prorated when compared to the losses allowed (column e) for each line and reflected in columns (f) and (g). Column h is calculated by reducing the total losses in column (c) by the losses allowed in column (e).

## 2021 PUBLICLY TRADED PARTNERSHIP WORKSHEET

SAMIR V AND PARITA S SONI  
687-10-1759

**Keep for Your Records**

Partnership Name: INTEREST 36-4716555

Form or schedule to be reported on	Current year		Prior year	Overall gain or loss	
	(a) Net income	(b) Net loss	(c) Unallowed loss	(d) Gain	(e) Loss
INTEREST	23,013			23,013	

- 1a** Total income from column (a) ..... **1a** 23,013
- b** Total loss from column (b) ..... **b** \_\_\_\_\_
- c** Total prior year loss from column (c) ..... **c** \_\_\_\_\_
- 
- 2** Overall income or loss (combine lines 1a, 1b, and 1c) ..... **2** 23,013  
**If the result on line 2 is net income or zero, all losses are allowed.**
- 
- 3** Nonpassive income (amount from line 2 if greater than zero, or amount from line 1a if disposed in a fully taxable transaction) ..... **3** 23,013
- 4** Nonpassive losses (amount from line 1b and 1c if disposed in a fully taxable transaction) ..... **4** \_\_\_\_\_
- 5** Passive income (amount from line 1a, not to exceed the sum of 1b and 1c) ..... **5** \_\_\_\_\_
- 6** Passive losses allowed (amount from line 1b and 1c not to exceed line 1a) ..... **6** \_\_\_\_\_

**ALLOCATION OF UNALLOWED LOSSES**

Form or schedule to be reported on	(a) Loss (See instructions)	(b) Ratio (See instructions)	(c) Unallowed loss (See instructions)
<b>Total</b> ..... ▶		<b>1.00</b>	

**ALLOWED LOSSES**

Form or schedule to be reported on	(a) Loss (See instructions)	(b) Unallowed loss (See instructions)	(c) Allowed loss (See instructions)
<b>Total</b> ..... ▶			

# Passive Activity Loss Limitations

Department of the Treasury  
Internal Revenue Service (99)

▶ See separate instructions.  
▶ Attach to Form 1040, 1040-SR, or 1041.  
▶ Go to [www.irs.gov/Form8582](http://www.irs.gov/Form8582) for instructions and the latest information.

Name(s) shown on return <b>SAMIR V AND PARITA S SONI</b>	Identifying number <b>687-10-1759</b>
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**Part I 2021 Passive Activity Loss**

**Caution:** Complete Parts IV and V before completing Part I.

<b>Rental Real Estate Activities With Active Participation</b> (For the definition of active participation, see <b>Special Allowance for Rental Real Estate Activities</b> in the instructions.)			
<b>1a</b> Activities with net income (enter the amount from Part IV, column (a))	<b>1a</b>		
<b>b</b> Activities with net loss (enter the amount from Part IV, column (b))	<b>1b</b>	( 4,312 )	
<b>c</b> Prior years' unallowed losses (enter the amount from Part IV, column (c))	<b>1c</b>	( )	
<b>d</b> Combine lines 1a, 1b, and 1c	<b>1d</b>		-4,312
<b>All Other Passive Activities</b>			
<b>2a</b> Activities with net income (enter the amount from Part V, column (a))	<b>2a</b>		
<b>b</b> Activities with net loss (enter the amount from Part V, column (b))	<b>2b</b>	( 15,513 )	
<b>c</b> Prior years' unallowed losses (enter the amount from Part V, column (c))	<b>2c</b>	( )	
<b>d</b> Combine lines 2a, 2b, and 2c	<b>2d</b>		-15,513
<b>3</b> Combine lines 1d and 2d. If this line is zero or more, stop here and include this form with your return; all losses are allowed, including any prior year unallowed losses entered on line 1c or 2c. Report the losses on the forms and schedules normally used	<b>3</b>		-19,825

If line 3 is a loss and:

- Line 1d is a loss, go to Part II.
- Line 2d is a loss (and line 1d is zero or more), skip Part II and go to line 10.

**Caution:** If your filing status is married filing separately and you lived with your spouse at any time during the year, **do not** complete Part II. Instead, go to line 10.

**Part II Special Allowance for Rental Real Estate Activities With Active Participation**

**Note:** Enter all numbers in Part II as positive amounts. See instructions for an example.

<b>4</b> Enter the <b>smaller</b> of the loss on line 1d or the loss on line 3	<b>4</b>		4,312
<b>5</b> Enter \$150,000. If married filing separately, see instructions	<b>5</b>	150,000	
<b>6</b> Enter modified adjusted gross income, but not less than zero. See instructions	<b>6</b>	424,958	
<b>Note:</b> If line 6 is greater than or equal to line 5, skip lines 7 and 8 and enter -0- on line 9. Otherwise, go to line 7.			
<b>7</b> Subtract line 6 from line 5	<b>7</b>		
<b>8</b> Multiply line 7 by 50% (0.50). <b>Do not</b> enter more than \$25,000. If married filing separately, see instructions	<b>8</b>		
<b>9</b> Enter the <b>smaller</b> of line 4 or line 8	<b>9</b>		0

**Part III Total Losses Allowed**

<b>10</b> Add the income, if any, on lines 1a and 2a and enter the total	<b>10</b>		
<b>11 Total losses allowed from all passive activities for 2021.</b> Add lines 9 and 10. See instructions to find out how to report the losses on your tax return	<b>11</b>		0

**Part IV Complete This Part Before Part I, Lines 1a, 1b, and 1c.** See instructions.

Name of activity	Current year		Prior years	Overall gain or loss	
	(a) Net income (line 1a)	(b) Net loss (line 1b)	(c) Unallowed loss (line 1c)	(d) Gain	(e) Loss
<b>Total.</b> Enter on Part I, lines 1a, 1b, and 1c. ▶					

**For Paperwork Reduction Act Notice, see instructions.**







**2021 FORM 8582 PART VI** (Use Part VI if an amount is shown on Form 8582, line 9 - See instr.)

SAMIR V AND PARITA S SONI

687-10-1759

**Caution:** The worksheets must be filed with your tax return.

Keep a copy of the worksheets for your records.

**Instructions for Part VI**

Use Part VI to allocate the special allowance on Part II line 9 of Form 8582 among your rental real estate activities.

**Column (a):** Enter the overall loss from column (e) of Part IV for each activity.

**Column (b):** Divide each of the individual losses shown in column (a) by the total of all the losses in column (a) and enter this ratio for each activity in column (b). The total of all the ratios in column (b) must equal 1.00.

**Column (c):** Multiply each ratio in column (b) by the amount on Part II, line 9 of Form 8582, and enter the results in column (c). The total of column (c) must be the same as Part II, line 9 of Form 8582.

**Column (c) total is the same as column (a) total:** If the total losses in column (c) are the same as those in column (a), the losses in Part IV are allowed in full and are not carried over to Part VII. Report all amounts in columns (a), (b), and (c) of Part IV on the proper forms and schedules.

**Column (c) total is less than column (a) total:** If the total losses in column (c) are less than the total losses in column (a), complete column (d).

**Column (d):** Subtract column (c) from column (a) and enter the results in column (d). Also enter the amounts from column (d) of Part VI in column (a) of Part VII.

Name of Activity	Form or Schedule and Line Number to be Reported on (See Instructions)	(a) Loss	(b) Ratio	(c) Special Allowance	(d) Subtract Col (c) from Column (a)
RENTAL REAL ESTATE	SCH E PT 1	4,312	1		4,312
	<b>Total</b> ▶	<b>4,312</b>	<b>1.00</b>		<b>4,312</b>

**2021 FORM 8582AMT PART VII – ALLOCATION OF UNALLOWED LOSSES** (See the instructions)

SAMIR V AND PARITA S SONI  
687-10-1759

**Caution:** The worksheets must be filed with your tax return.  
Keep a copy of the worksheets for your records.

**Instructions for Part VII**

On Part VII, enter the name of each activity and the form or schedule and line number on which the loss will be reported.

**Column (a):** Enter the amounts, if any, from column (d) of Part VI (from column (e) of Part IV if you did not have complete Part VI). Also enter the losses, if any, from column (e) of Part V.

**Column (b):** Divide each of the individual losses shown in column (a) by the total of all the losses in column (a) and enter this ratio for each activity in column (b). The total of all the ratios must equal 1.00.

**Column (c):** Complete the following computation:

- A. Enter as a positive amount Part I, line 3 of Form 8582 ..... 19,825
- B. Enter Part II, line 9 of Form 8582 ..... \_\_\_\_\_
- C. Subtract line B from line A ..... 19,825

Multiply each ratio in column (b) by the amount on line C above, and enter the result in column (c).

Name of Activity	Form or Schedule and Line Number to be Reported on (See Instructions)	(a) Loss	(b) Ratio	(c) Unallowed loss
CLARKS LANING FUND	SCH E PT 2	15,513	0.78250	15,513
RENTAL REAL ESTATE	SCH E PT 1	4,312	0.21750	4,312
<b>Total ▶</b>		19,825	<b>1.00</b>	19,825



## 2021 FEDERAL PARTNERSHIP K-1 PARTNER'S AMT OUTSIDE BASIS WORKSHEET

SAMIR V SONI  
687-10-1759

Partnership Name: CLARKS LANING FUND  
Partnership EIN: 36-4716555

**Keep for Your Records**

### PART I - PARTNER'S OUTSIDE BASIS

<b>I N C R E A S E S</b>	1.	Adjusted basis at beginning of year. Not less than zero. Enter -0- if first tax year	1.	500,000
	2a.	Cash contributions	2a.	
	b.	Property contributions (adjusted basis less associated liabilities), not less than zero	b.	
	c.	Service contributions at fair market value (if taxed)	c.	
	d.	Total contributions	2d.	
	3.	Increased share of or assumption of partnership liabilities	3.	
	4a.	Share income or gains (incl. tax-exempt income)(Part II, col a line 21 plus 22)	4a.	23,013
	b.	Business interest expense included on 4a	b.	
	c.	Subtract line 4b from line 4a. If the result is less than zero, enter zero and carry the amount as positive on line 12	4c.	23,013
5.	Other basis increases (Part II, col a, line 23)	5.		
6.	Total increases (Total lines 2d through 5)	6.	23,013	
7.	Adjusted basis before decreases (line 1 plus line 6)	7.	523,013	
	8a.	Cash distributions	8a.	7,500
	b.	Adjusted basis of distributed property	b.	
c.	Total distributions	8c.	7,500	
9.	Decreased share of partnership liabilities	9.		
10.	Adjusted basis before additional decreases and expenses (line 7 less lines 8c and 9). Not less than zero	10.	515,513	
11.	Share of the partnership's current year losses and deductions (Part II, col b, line 21)	11.	15,513	
<b>D E C R E A S E S</b>	12.	Remaining business interest expense (line 4b less line 4a). Not less than zero	12.	
	13.	Prior year suspended losses (Part II, col c, line 21 plus 24)	13.	
14.	Losses allowed this year (lines 11 through 13, but not more than line 10)	14.	15,513	
15.	Disallowed losses this year (line 11 through 13, less line 13)	15.		
16.	Adjusted basis before nondeductible expenses & other basis adjustments (ln 10 less ln 14). Not less than zero	16.	500,000	
17.	Share of the partnership's current year nondeductible expenses (Part II, col b, line 22)	17.		
18.	Prior year suspended nondeductible expenses (Part II, col c, line 22)	18.		
19.	Nondeductible expenses allowed this year (line 16 plus line 17, but not more than line 15)	19.	0	
20.	Disallowed nondeductible expenses this year (line 17 plus line 18 less line 19)	20.		
21.	Adjusted basis before other basis adjustments (line 16 less line 19). Not less than zero	21.	500,000	
22.	Other current year basis decreases (Part II, col b, line 23)	22.		
23.	Prior year suspended other basis decreases (Part II, col c, line 23)	23.		
24.	Other basis decreases allowed this year (line 22 plus line 23, but not more than line 21)	24.	0	
25.	Disallowed other basis decreases this year (line 22 plus line 23 less line 24)	25.		
26.	Adjusted basis in the partnership at the end of the year (Line 21 less line 24). Not less than zero	26.	500,000	

**2021 FEDERAL PARTNERSHIP K-1 PARTNER'S AMT OUTSIDE BASIS WORKSHEET CONT.**

SAMIR V SONI  
687-10-1759

Partnership Name: CLARKS LANING FUND  
Partnership EIN: 36-4716555

**Keep for Your Records**

PART II - PARTNER'S SHARE OF INCOME AND DEDUCTIONS	Current Year		(c) Prior Year
	(a) Income	(b) Loss	Suspended Loss
1. Ordinary income (loss) . . . . .	1.	15,513	
2. Net income (loss) from rental real estate activities . . . . .	2.		
3. Net income (loss) from other rental activities . . . . .	3.		
4. Interest income . . . . .	4.	23,013	
5. Dividend income . . . . .	5.		
6. Royalty income . . . . .	6.		
7. Net short-term capital gain (loss) . . . . .	7.		
8. Net long-term capital gain (loss) . . . . .	8.		
9. Net section 1231 gain (loss) . . . . .	9.		
10. Other portfolio income (loss) . . . . .	10.		
11. Other income (loss) . . . . .	11.		
12. Section 179 expense . . . . .	12.		
13. Charitable contributions . . . . .	13.		
14. Deductions related to portfolio income . . . . .	14.		
15. Investment interest expense . . . . .	15.		
16. Royalty deductions . . . . .	16.		
17. Foreign taxes . . . . .	17.		
18. Section 59(e)(2) expenditures . . . . .	18.		
19. Other deductions . . . . .	19.		
20. Unreimbursed partnership expenses . . . . .	20.		
21. Total income/expenses (total lines 1 through 20) . . . . .	21.	23,013	15,513
22. Tax-exempt income/nondeductible expenses . . . . .	22.		
23. Other basis increases/decreases . . . . .	23.		
24. Business interest deducted (Box 20 Code N) . . . . .	24.		

**2021 FEDERAL PARTNERSHIP K-1 PARTNER'S AMT OUTSIDE BASIS WORKSHEET CONTINUATION**

SAMIR V SONI  
687-10-1759

**Keep for Your Records**

Partnership Name: CLARKS LANING FUND

Partnership EIN: 36-4716555

**Part III -- Allocation of Allowed Losses**

	(a) Current Year Losses	(b) Prior Year Suspended Losses	(c) Total	(d) Ratio	(e) Total Losses Allowed	Amounts Allowed		(h) Suspended Losses to Next Year
						(f) Current	(g) Prior	
1. Total losses allowed (Part I, line 13)								15,513
2. Ordinary income (loss)	15,513		15,513	100.0000%	15,513	15,513		
3. Rental real estate income (loss)								
4. Other rental income (loss)								
5. Interest income								
6. Dividend income								
7. Royalty income								
8. Net short-term capital gain (loss)								
9. Net long-term capital gain (loss)								
10. Net section 1231 gain (loss)								
11. Other portfolio income (loss)								
12. Other income (loss)								
13. Section 179 expense								
14. Charitable contributions								
15. Deduction related to portfolio inc								
16. Investment interest expense								
17. Royalty deductions								
18. Foreign taxes								
19. Section 59(e)(2) expenditures								
20. Other deductions								
21. Unreimbursed partnership exp								
22. Total loss items			15,513	100.0000%	15,513			
23. Total nondeductible expenses allowed (Part I, line 18)								0
24. Nondeductible expenses				100.0000%				
25. Total other basis decreases allowed (Part I, line 23)								0
26. Other basis decreases				100.0000%				

**Note:** Each line in column d is calculated by dividing the sum of any losses in columns a and b for that line by the total of all loss items from column c, line 22. Column e is calculated by multiplying the ratio in column d by the losses allowed from line 1. Current year losses (column a) and prior year losses (column b) are prorated when compared to the losses allowed (column e) for each line and reflected in columns f and g. Column h is calculated by reducing the total losses in column c by the losses allowed in column e.

**2021 QUALIFIED BUSINESS INCOME DEDUCTION WORKSHEET  
DETAIL BY BUSINESS**

SAMIR V AND PARITA S SONI

687-10-1759

Schedule/Form	SCH E #1	DIV #1	DIV #2	DIV #3
Business Name	RENTAL R	USAA FIN	WEALTHFR	WEALTHFR
EIN/SSN	687-10-1759	04-3523567	27-1967207	27-1967207
Business Type	SPECIFIE	NON-SPEC	NON-SPEC	NON-SPEC
Included in Aggregation #				
PTP Income	NO	NO	NO	NO
<b>Qualified Business Income (QBI)</b>				
1. Specified Business Income/Loss from Sch/Form	-4312			
2. Non-Specified Business Income/Loss from Sch/Form				
Less applicable adjustments from 1040 Schedule 1 (includes SE Tax, SEHIN, & Qual Retirement plans)				
3. QBID Qualified Losses and ST Gains from Asset Disposition				
4. Net Qualified Business Income (QBI) (sum L1 - L3)	-4312			
<b>Qualified Other Income (QOI)</b>				
5. Qualified REIT Sec 199A Dividends from 1099-DIV and K-1s			85	6
6. Qualified Other Income from PTPs				1
7. QOI Qualified Losses and ST Gains from Disposition incl Sale of PTP				
8. Net Qualified Other Income (QOI) (L5 + L6 + L7)			85	6
				1
9. Net QBI and QOI (L4 + L8)			-4312	85
				6
				1



**2022 CARRYFORWARD INFORMATION**

SAMIR V AND PARITA S SONI  
687-10-1759

**Keep for Your Records**

Itemized Returns Only – 2021 state and local tax refund (this amount may not be taxable in 2022) .....	_____
Charitable contributions carryover to 2022 .....	_____
Estimated short-term capital loss carryover .....	_____
Estimated long-term capital loss carryover .....	_____
2021 tax liability (for 2022 Form 2210 purposes) .....	91,538
Form 8839: 2021 carryover of unqualified expenses .....	_____
Refund amount applied to 2022 .....	_____
Disallowed investment interest in 2021 .....	_____
Additional state taxes paid .....	3,036
Form 8396: Mortgage interest credit from 2019 .....	_____
Mortgage interest credit from 2020 .....	_____
Mortgage interest credit from 2021 .....	_____
Form 8801: Minimum tax credit carryforward .....	_____
Potential 2022 IRA contribution from 2021 tax refund .....	_____

NOL carryforward:		<b>Regular Tax</b>		<b>AMT Tax</b>			
from 2001	_____	from 2011	_____	from 2001	_____	from 2011	_____
from 2002	_____	from 2012	_____	from 2002	_____	from 2012	_____
from 2003	_____	from 2013	_____	from 2003	_____	from 2013	_____
from 2004	_____	from 2014	_____	from 2004	_____	from 2014	_____
from 2005	_____	from 2015	_____	from 2005	_____	from 2015	_____
from 2006	_____	from 2016	_____	from 2006	_____	from 2016	_____
from 2007	_____	from 2017	_____	from 2007	_____	from 2017	_____
from 2008	_____	from 2018	_____	from 2008	_____	from 2018	_____
from 2009	_____	from 2019	_____	from 2009	_____	from 2019	_____
from 2010	_____	from 2020	_____	from 2010	_____	from 2020	_____
Gross NOL generated in 2021 .....	_____	Gross AMT NOL generated in 2021 .....	_____				
To be absorbed in carryback period .....	_____	To be absorbed in carryback period .....	_____				
Net carryforward from 2021 .....	_____	Net carryforward from 2021 .....	_____				
Total carryforward to 2022 .....	_____	Total carryforward to 2022 .....	_____				

- The amounts carried to next year from Schedule(s) E, pages 1 and/or 2, are found on Form 8582, Worksheet 6. Carryover AMT amounts are found on the AMT Form 8582, Worksheet 6.
- Foreign Tax Credit carryforward to 2022 .....
- General Business Credit carryforward to 2022 .....
- First-Time Homebuyer Credit Repayment carryforward to 2022 .....
- If there are Form(s) 6252 in this tax return, the gross profit ratio and prior payments received (including the current year payments) will carry forward from each Form 6252.
- Amounts from Form 6251, lines 16 through 18, lines 27 and 28 are automatically carried forward to 2022.

NY INCOME TAX DUE ON 2021 RETURN PAYABLE IN 2022..	272
NY 2021 NY TAX FOR 2022 UNDERPMT PENALTY FORM.....	3,946
NY 2021 AGI FOR 2022 UNDERPMT PENALTY FORM CALCULA	424,958
NJ INCOME TAX DUE ON 2021 RETURN PAYABLE IN 2022..	1,015
NJ 2021 TAX FOR 2022 UNDERPMT PENALTY FORM.....	8,453
NJ 2021 LOSS CARRYFORWARD TO 2022.....	9,317
AZ INCOME TAX DUE ON 2021 RETURN PAYABLE IN 2022..	1,749
2021 AZ TAX FOR 2022 AZ UNDERPMT PENALTY FORM.....	6,964

## 2021 ARIZONA TWO YEAR COMPARISON

SAMIR V AND PARITA S SONI  
687-10-1759

Keep for Your Records

	<b>Tax Year 2021</b>	<b>Tax Year 2020</b>	<b>Difference</b>
Filing status .....	<u>MFJ</u>	<u>MFJ</u>	
Residency status	PT-YR RES	PT-YR RES	
Number of exemptions claimed .....	<u>3</u>	<u>3</u>	
State Base Form Filed .....	<u>AZ140PY</u>	<u>AZ140PY</u>	

**INCOME, DEDUCTIONS AND ADJUSTMENTS:**

Federal Adjusted Gross Income .....	424,958	332,559	92,399
Additions to Federal Income .....	<u>15,355</u>	<u>15,355</u>	
Subtractions from Federal Income .....			
Arizona Income .....	<u>224,231</u>	<u>98,205</u>	<u>126,026</u>
Itemized/Standard Deduction .....	<u>25,100</u>	<u>24,800</u>	<u>300</u>
Exemption Amount (Allowance) / Personal Exemptions .....			
Taxable Income .....	<u>199,131</u>	<u>73,405</u>	<u>125,726</u>

**TAX, CREDIT AND PAYMENTS:**

Arizona Tax .....	6,964	2,043	4,921
Credit for Taxes Paid to Another State .....			
Other Credits .....			
Net Tax .....	<u>6,964</u>	<u>2,013</u>	<u>4,951</u>
Income Tax Withheld .....	<u>5,215</u>	<u>2,650</u>	<u>2,565</u>
Estimated Tax Payments .....			
Amount Paid with Extension .....			
Other payments including refundable credits			
Total Payments .....	<u>5,215</u>	<u>2,650</u>	<u>2,565</u>

**REFUND OR BALANCE DUE**

Balance Due .....	1,749		1,749
Underpayment Penalty .....			
Other Penalties and Interests .....			
Amount You Owe .....	<u>1,749</u>		<u>1,749</u>
Overpayment .....		637	-637
Overpayment Applied to Estimated Payments .....			
Amount to be Refunded .....		<u>637</u>	<u>-637</u>

DO NOT STAPLE ANY ITEMS TO THE RETURN.

Exemptions 8, 9, and 11a - Dependents 10a and 10b

Arizona Income  
Subtractions - cont. on page 2  
Additions

82F  Check box 82F if filing under extension OR FISCAL YEAR BEGINNING 2021 AND ENDING 20 66F

1 Your First Name and Middle Initial SAMIR V Last Name SONI Enter your SSN(s). Your Social Security Number 687-10-1759  
 1 Spouse's First Name and Middle Initial (if box 4 or 6 checked) PARITA S Last Name SONI Spouse's Social Security No. 280-91-6390  
 2 Current Home Address - number and street, rural route 9925 E ROTATION DR Apt. No. 94 Daytime Phone (with area code) 919-449-7542  
 3 City, Town or Post Office MESA State AZ ZIP Code 85212 Last Names Used in Last Four Prior Year(s) (if different) 97

4  Married filing joint return 4a  Injured Spouse Protection of Joint Overpayment REVENUE USE ONLY. DO NOT MARK IN THIS AREA.  
 5  Head of household: Enter name of qualifying child or dependent on next line: 88R  
 6  Married filing separate return: Enter spouse's name and Social Security Number above.  
 7  Single

Enter the number claimed. Do not put a check mark.  
 8  Age 65 or over (you and/or spouse) If completing lines 8, 9, and 11a, also complete lines 46, 47, and 49. For lines 10a and 10b, also complete line 59.  
 9  Blind (you and/or spouse)  
 10a 1 Dependents: Under age of 17. 10b  Dependents: Age 17 and over. 81P PM 80R RCVD  
 11a  Qualifying parents and grandparents  
 12-13 Residency Status (check one): 12  Part-Year Resident Other than Active Military 13  Part-Year Resident Active Military

(Box 10a and 10b): Dependent Information. See instructions. For more space, check the box and complete page 4, Part 1.

	(a) FIRST AND LAST NAME (Do not list yourself or spouse.)	(b) SOCIAL SECURITY NUMBER	(c) RELATIONSHIP	(d) NO. OF MONTHS LIVED IN YOUR HOME IN 2021	(e) Dependent Age included in:		(f) if you did not claim this person on your federal return due to educational credits
					1 (Box 10a)	2 (Box 10b)	
10c	KIARA SONI	668-91-9024	DAUGHTER	12	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10d					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(Box 11a): Qualifying parents and grandparents. See instructions. For more space, check the box and complete page 4, Part 2.

	(a) FIRST AND LAST NAME (Do not list yourself or spouse.)	(b) SOCIAL SECURITY NO.	(c) RELATIONSHIP	(d) NO. OF MONTHS LIVED IN YOUR HOME IN 2021	(e) IF AGE 65 OR OVER	(f) IF DIED IN 2021
11b					<input type="checkbox"/>	<input type="checkbox"/>
11c					<input type="checkbox"/>	<input type="checkbox"/>

14 Dates of Arizona residency: From 06-12-2021 to 12-31-2021  
 List other state(s) of residency: NY

	2021 FEDERAL Amount from Federal Return	2021 ARIZONA Amount Only
15 Wages, salaries, tips, etc. ....	15 393,785 00	193,170 00
16 Interest .....	16 23,125 00	23,013 00
17 Dividends .....	17 2,260 00	2,260 00
18 Arizona income tax refunds .....	18 00	00
19 Business income (or loss) from federal Schedule C .....	19 00	00
20 Gains (or losses) from federal Schedule D. See instructions for ARIZONA column .....	20 5,788 00	5,788 00
21 Rents, royalties, partnerships, estates, trusts, small business corporations from federal Schedule E .....	21 00	00
22 Other income reported on your federal return: Include your own schedule .....	22 00	00
23 Total income: Add lines 15 through 22 .....	23 424,958 00	224,231 00
24 Other federal adjustments: Include your own schedule .....	24 0 00	0 00
25 Federal adjusted gross income: Subtract line 24 from line 23 in the FEDERAL column ..	25 424,958 00	
26 Arizona gross income: Subtract line 24 from line 23 in the ARIZONA column .....	26	224,231 00
27 Arizona income ratio : Divide line 26 by line 25 and enter the result (not over 1.000) .....	27	0.528

This box may be blank or may contain a printed barcode of data from your return.

28 Small Business income: 28S <input type="checkbox"/> check the box. See instr. 28		00
29 Modified AZ gross income. Subtract line 28 from 26. .... 29		224,231 00
30 Total depreciation included in Arizona gross income. .... 30		15,355 00
31 Other Additions to Income. Complete page 5. .... 31		00
32 Subtotal: Add lines 29, 30 and 31 .....	32	239,586 00
33 AZ gain/loss - line 20 .... 33	5,788 00	
34 AZ Short-term gain/loss .. 34	-1,441 00	
35 AZ Long-term gain/loss .. 35	7,229 00	
36 Net L/T gain (see instruct). 36	00	
37 Multiply line 36 by 25% (.25) .....	37	00
38 Net capital gain from qualified small business .... 38		00
39 Subtract lines 37 and 38 from 32 .....	39	239,586 00

Your Name (as shown on page 1) **SAMIR V AND PARITA S SONI** Your Social Security Number **687-10-1759**

Subtractions cont. from page 1	40	Recalculated Arizona depreciation	40	15,355	00
	41	Contributions to: <b>41a</b> 529 College Savings Plans <input type="text"/> <input type="text"/> <b>00</b> <b>41b</b> 529A (ABLE accounts) <input type="text"/> <input type="text"/> <b>00</b> add 41a and 41b . <b>41c</b>			00
	42	Interest on U.S. obligations such as U.S. savings bonds and treasury bills	42		00
	43	U.S. Social Security or Railroad Retirement Act benefits included in your Arizona income	43		00
	44	Other Subtractions from Income. Complete Other Subtractions from Arizona Gross Income schedule on page 6	44		00
Exemptions	45	Subtract lines 40 through 44 from line 39. Enter the difference	45	224,231	00
	46	Age 65 or over: Multiply the number in box 8 by \$2,100	46		00
	47	Blind: Multiply the number in box 9 by \$1,500	47		00
	48	Other Exemptions. See instructions . . . <b>48E</b> <input type="text"/> Multiply the number in box <b>48E</b> by \$2,300 . . . <b>48</b>	48		00
	49	Qualifying parents and grandparents: Multiply the number in box 11a by \$10,000	49		00
Balance of Tax	50	Add lines 46 through 49. Enter the total	50		00
	51	Multiply line 50 by the Arizona income ratio on line 27.	51		00
	52	<b>Arizona adjusted gross income:</b> Subtract line 51 from line 45. If less than zero, enter "0".	52	224,231	00
	53	<b>Deductions: Check box and enter amount.</b> See instructions . . . . . <b>53I</b> <input type="checkbox"/> <b>ITEMIZED</b> <b>53S</b> <input checked="" type="checkbox"/> <b>STANDARD</b>	53	25,100	00
	54	If you checked box <b>53S</b> and claim charitable contributions check <b>54C</b> <input type="checkbox"/> <b>Complete page 3.</b> See instructions. . . . . <b>54</b>	54		00
	55	Arizona taxable income: Subtract lines 53 and 54 from line 52. If less than zero, enter "0"	55	199,131	00
	56a	Compute the tax using amount from line 55 and Tax Tables X and Y	56a	6,964	00
	56b	If line 55 is \$250,001 or more (single/mfs) or \$500,001 or more (mfj/hoh) compute the tax surcharge. Enter the amount	56b		00
	57	Tax from recapture of credits from Arizona Form 301, Part 2, line 30	57		00
	58	Subtotal of tax: Add lines 56a, 56b and 57. Enter the total	58	6,964	00
Total Payments and Refundable Credits	59	Dependent Tax Credit. See instructions	59		00
	60	Family income tax credit (from the worksheet - see instructions)	60		00
	61	Nonrefundable credits from Arizona Form 301, Part 2, line 61	61		00
	62	<b>Balance of tax:</b> Subtract lines 59, 60 and 61 from line 58. If the sum of lines 59, 60 and 61 is more than line 58, enter "0".	62	6,964	00
	63	2021 AZ income tax withheld	63	5,215	00
	64	2021 AZ estimated tax payments. <b>64a</b> <input type="text"/> <input type="text"/> <b>00</b> Claim of Right <b>64b</b> <input type="text"/> <input type="text"/> <b>00</b> Add 64a and 64b. <b>64c</b>	64		00
	65	2021 AZ extension payment (Form 204)	65		00
	66	Increased Excise Tax Credit (from the worksheet - see instructions)	66		00
	67	Other refundable credits: Check the box(es) and enter the total amount . . . . . <b>67I</b> <input type="checkbox"/> 308-I <b>67J</b> <input type="checkbox"/> 349	67		00
	68	<b>Total payments and refundable credits:</b> Add lines 63 through 67. Enter the total	68	5,215	00
Tax Due or Overpayment	69	<b>TAX DUE:</b> If line 62 is larger than line 68, subtract line 68 from line 62. Enter amount of tax due. Skip lines 70, 71 and 72.	69	1,749	00
	70	<b>OVERPAYMENT:</b> If line 68 is larger than line 62, subtract line 62 from line 68. Enter amount of overpayment	70		00
	71	Amount of line 70 to be applied to 2022 estimated tax	71		00
	72	Balance of overpayment: Subtract line 71 from line 70. Enter the difference	72		00
Voluntary Gifts	<b>73 - 83 Voluntary Gifts to:</b>				
		Solutions Teams Assigned to Schools	73		00
		Arizona Wildlife	74		00
	75	Child Abuse Prevention			00
		Domestic Violence Services	76		00
		Political Gift	77		00
	78	Neighbors Helping Neighbors			00
		Veterans' Donations Fund	80		00
	Special Olympics	79		00	
	Sustainable State Parks and Road Fund	82		00	
	Spay/Neuter of Animals	83		00	
81	I Didn't Pay Enough Fund			00	
84	Political Party (if amount is entered on line 77 - check only one): <b>841</b> <input type="checkbox"/> Democratic <b>842</b> <input type="checkbox"/> Libertarian <b>843</b> <input type="checkbox"/> Republican				
Penalty	85	Estimated payment penalty	85		00
	86	<b>861</b> <input type="checkbox"/> Annualized/Other <b>862</b> <input type="checkbox"/> Farmer or Fisherman <b>863</b> <input type="checkbox"/> Form 221 included			
	87	Add lines 73 through 83 and 85; enter the total	87		00
Refund or Amount Owed	88	<b>REFUND:</b> Subtract line 87 from line 72. If less than zero, enter amount owed on line 89	88		00
		<b>Direct Deposit of Refund: Check box</b> <b>88A</b> if your deposit will be ultimately placed in a <b>foreign account</b> ; see instructions. <b>88A</b> <input type="checkbox"/>			
		<b>C</b> <input type="checkbox"/> Checking or <b>ROUTING NUMBER</b> <b>ACCOUNT NUMBER</b> <b>98</b> <b>S</b> <input type="checkbox"/> Savings <b>053000196</b> <b>237006423247</b>			
89	<b>AMOUNT OWED:</b> Add lines 69 and 87. Make check payable to Arizona Department of Revenue; write your SSN on payment.	89	1,749	00	

Under penalties of perjury, I declare that I have read this return and any documents with it, and to the best of my knowledge and belief, they are true, correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

YOUR SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_ **SOFTWARE ENGR**  
OCCUPATION

SPOUSE'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_ **PHYSICIAN**  
SPOUSE'S OCCUPATION

PAID PREPARER'S SIGNATURE **HB SINGH** DATE **04-08-2022** **H AND R BLOCK**  
FIRM'S NAME (PREPARER'S IF SELF-EMPLOYED)

PAID PREPARER'S STREET ADDRESS **4727 E BELL RD** **P00717922**  
PAID PREPARER'S TIN

PAID PREPARER'S CITY **PHOENIX** STATE **AZ** ZIP CODE **85032** **6029710200**  
PAID PREPARER'S PHONE NUMBER



2021 ARIZONA DEPRECIATION SCHEDULE

SAMIR V AND PARITA S SONI  
687-10-1759

DESCRIPTION	DATE	METHOD - LIFE	COST	PRIOR 179	CURRENT 179	PR SPEC ALLOW	CURR SPEC ALLOW	BASIS	PRIOR DEPR	CURRENT DEPR	ACCUM DEPR	ADJ BASIS
SCHEDULE E #001												
RENTAL REAL EAS	06-08-18	S/L-27.5	427307	0	0	0	0	422307	39029	15355	54384	367923
1 ASSETS	TOTALS:		427307	0	0	0	0	422307	39029	15355	54384	367923
1 ASSETS	GRAND TOTALS:		427307	0	0	0	0	422307	39029	15355	54384	367923

**2021 NEW JERSEY TWO YEAR COMPARISON**

SAMIR V AND PARITA S SONI  
687-10-1759

Keep for Your Records

	<u>Tax Year 2021</u>	<u>Tax Year 2020</u>	<b>Difference</b>
Filing status .....	MFJ		
Residency status .....	NON-RESIDENT	NON-RESIDENT	
Number of exemptions claimed .....	3	3	
State Base Form Filed .....	NJ 1040NR	NJ 1040NR	

**INCOME, DEDUCTIONS AND ADJUSTMENTS:**

New Jersey Income .....	403,171	331,751	71,420
Itemized/Standard Deduction .....			
Exemption Amount (Allowance) / Personal Exemptions .....	3,500	3,500	
Taxable Income .....	399,671	328,251	71,420

**TAX, CREDIT AND PAYMENTS:**

New Jersey Tax .....	8,453	7,071	1,382
Credit for Taxes Paid to Another State .....			
Other Credits .....			
Net Tax .....	8,453	7,071	1,382
Income Tax Withheld .....	7,438	6,578	860
Estimated Tax Payments .....			
Amount Paid with Extension .....			
Other payments including refundable credits .....			
Total Payments .....	7,438	6,578	860

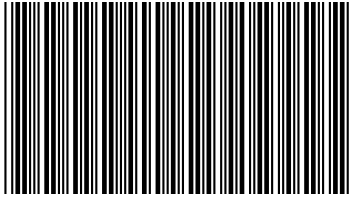
**REFUND OR BALANCE DUE**

Balance Due .....	1,015	493	522
Underpayment Penalty .....			
Other Penalties and Interests .....			
Amount You Owe .....	1,015	493	522
Overpayment .....			
Overpayment Applied to Estimated Payments .....			
Amount to be Refunded .....			

2021 NJ-1040NR  
New Jersey Nonresident Income Tax Return

For Privacy Act Notification, See Instructions

NJ-1040NR  
2021  
Page 1



040NV01210

For Taxable Year January 1, 2021 – December 31, 2021 or Other Tax Year  
Beginning \_\_\_\_\_, 2021 Ending \_\_\_\_\_, 2022

2029

Your Social Security Number  
687101759

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

Spouse's/CU Partner's Social Security Number  
280916390

State of Residency (outside NJ)  
NY

Home Address (Number and Street, incl. apt. # or rural route)  
9925 E ROTATION DR

Driver's License # (Voluntary)	State	City, Town, Post Office	State	ZIP Code
D07947460	AZ	MESA	AZ	85212

This is an amended return

Federal extension application attached or enter confirmation number \_\_\_\_\_

The address above is a foreign address

Your address has changed

Death certificate for deceased taxpayer is attached (See instructions page 9)

I authorize the Division of Taxation to discuss my return and enclosures with my preparer

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

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







Name(s) as shown on Form NJ-1040NR  
SAMIR V SONI

Your Social Security Number  
687101759

2029

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

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

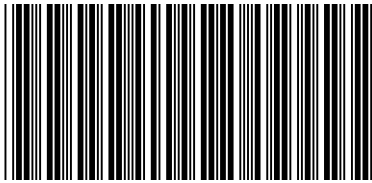
**Exemptions**

- 6. Regular  Self  Spouse/CU Partner Domestic Partner 6. 2
- 7. Age 65 or Over Self Spouse/CU Partner 7.
- 8. Blind or Disabled Self Spouse/CU Partner 8.
- 9. Veteran Exemption Self Spouse/CU Partner 9.
- 10. Number of your qualified dependent children 10. 1
- 11. Number of other dependents 11.
- 12. Dependents attending colleges (See Instructions) 12.
- 13. For line 13a - Add lines 6, 7, 8, and 12. For line 13b - Add lines 10 and 11. For line 13c - Enter amount from line 9. 13a. 2 13b. 1 13c.

**Dependent Information**

- 14. Dependent's Last Name, First Name, Middle Initial Dependent's Social Security Number Birth Year
- a. SONI, KIARA 668919024 2020
- b. \_\_\_\_\_
- c. \_\_\_\_\_
- d. \_\_\_\_\_

	COL. A - AMOUNT OF GROSS INCOME (EVERYWHERE)		COL. B - AMOUNT FROM NEW JERSEY SOURCES
15. Wages, salaries, tips, and other employee compensation Check box if you completed lines 68 through 74	15. 395011	•	15. 159137
16. Interest	16. 112	•	•
17. Dividends	17. 2260	•	•
18. Net profits from business (Schedule NJ-BUS-1, Part I, line 4)	18. •	•	•
19. Net gains or income from disposition of property (From line 65)	19. 5788	•	•
20. Net gains or income from rents, royalties, patents, and copyrights (Schedule NJ-BUS-1, Part II, line 4)	20. •	•	•
21. Net gambling winnings (See Instructions)	21. •	•	•
22. Taxable pensions, annuities, and IRA distributions/withdrawals	22. •	•	•
23. Distributive Share of Partnership Income (Schedule NJ-BUS-1, Part III, line 4)	23. •	•	•
24. Net pro rata share of S Corporation Income (Schedule NJ-BUS-1, Part IV, line 4)	24. •	•	•
25. Alimony and separate maintenance payments received	25. •	•	•
26. Other - State Nature and Source _____	26. •	•	•
27. TOTAL INCOME (Add lines 15 through 26)	27. 403171	•	27. 159137
28a. Pension/Retirement Exclusion (See Instructions)	28a. •	•	•
28b. Other Retirement Income Exclusion (See Worksheet and Instructions)	28b. •	•	•
28c. Total Exclusion Amount (Add line 28a and line 28b)	28c. •	•	•
29. Gross Income (Subtract line 28c from line 27)	29. 403171	•	29. 159137
30. Total Exemption Amount (See Instructions)	30. 3500	•	•
31. Medical Expenses (See Worksheet and Instructions)	31. •	•	•
32. Alimony and separate maintenance payments	32. •	•	•
33. Qualified Conservation Contribution	33. •	•	•
34. Health Enterprise Zone Deduction	34. •	•	•
35. Alternative Business Calculation Adjustment (Schedule NJ-BUS-2, line 11)	35. •	•	•



040NV03210

Name(s) as shown on Form NJ-1040NR  
SAMIR V SONI

Your Social Security Number  
687101759

2029

36.	Organ/Bone Marrow Donation Deduction (See instructions)	36.	.	.
37.	Total Exemptions and Deductions (Add lines 30 through 36)	37.	3500	.
38.	<b>Taxable Income</b> (Subtract line 37 from line 29, column A)	38.	399671	.
39.	Tax on amount on line 38 (From Tax Table page 34)	39.	21417	.
40.	Income Percentage B. (line 29) / A. (line 29) = <u>39.47</u> %			
41.	<b>New Jersey Tax</b> (Multiply amount from line 39 by income percentage from line 40)	41.	8453	.
42.	Sheltered Workshop Tax Credit (Enclose GIT-317. See Instructions)	42.	.	.
43.	Gold Star Family Counseling Credit (See Instructions)	43.	.	.
44.	Credit for Employer of Organ/Bone Marrow Donor (See instructions)	44.	.	.
45.	Total Credits (Add lines 42, 43, and 44)	45.	.	.
46.	Balance of Tax After Credits (Subtract line 45 from line 41)	46.	8453	.
47.	Penalty for Underpayment of Estimated Tax. Check box if Form NJ-2210NR is enclosed	47.	.	.
48.	Total Tax and Penalty (Add line 46 and line 47)	48.	8453	.
49.	Total New Jersey Income Tax Withheld (From enclosed Forms W-2 and 1099) (Part-year, see instr)	49.	7438	.
50.	New Jersey Estimated Tax Payments/Credit from 2020 return	50.	.	.
51.	Tax paid on your behalf by Partnership(s)	51.	.	.
52.	Excess NJ UI/WF/SWF With held (Enclose Form NJ-2450)	52.	.	.
53.	Excess NJ Disability Insurance Withheld (Enclose Form NJ-2450)	53.	.	.
54.	Excess NJ Family Leave Insurance Withheld (Enclose Form NJ-2450)	54.	.	.
55.	Pass-Through Business Alternative Income Tax Credit (See instructions)	55.	.	.
56.	Total Payments/Credits (Add lines 49 through 55)	56.	7438	.
57.	If line 56 is less than line 48, you have tax due. Subtract line 56 from line 48 and enter the amount you owe	57.	1015	.
58.	If line 56 is more than line 48, you have an overpayment. Subtract line 48 from line 56 and enter the overpayment	58.	.	.
59.	Amount from line 58 you want to credit to your 2022 tax	59.	.	.
60.	Amount you want to credit to:			.
	(A) N.J. Endangered Wildlife Fund	60A.	.	.
	(B) N.J. Children's Trust Fund	60B.	.	.
	(C) N.J. Vietnam Veterans' Memorial Fund	60C.	.	.
	(D) N.J. Breast Cancer Research Fund	60D.	.	.
	(E) U.S.S. N.J. Educational Museum Fund	60E.	.	.
	(F) Designated Contribution Code	60F.	.	.
61.	Total Adjustments to Tax Due/ Overpayment (Add lines 59 through 60F)	61.	.	.
62.	Balance due (If line 57 is more than zero, add line 57 and 61)	62.	1015	.
63.	Refund amount (If line 58 is more than zero, subtract line 61 from line 58)	63.	.	.

Also enter on line 50:  
 • Payments made in connection with sale of NJ real property  
 • Payments by S corporation for nonresident shareholder

NOTE:  
 An entry on lines 59 through 60F will reduce your tax refund

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

> 04-08-2022 > \_\_\_\_\_  
 Your Signature Date Spouse's/CU Partner's Sig. (if filing jointly, BOTH must sign)

Paid Preparer's Signature Federal Identification Number

HB SINGH P00717922

Firm's Name Firm's Federal Employer Identification Number

H AND R BLOCK 452460841

Pay amount on line 62 in full. Write Social Security number(s) on check or money order and make payable to:

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

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

Name(s) as shown on Form NJ-1040NR **SAMIR V AND PARITA S SONI** Your Social Security Number **687-10-1759**

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

(a) Kind of property and description	(b) Date acquired (Mo., day, yr.)	(c) Date sold (Mo., day, yr.)	(d) Gross sales price	(e) Cost or other basis as adjusted (see instructions) and expense of sale	(f) Gain or (loss) (d less e)
64. FIDELITY WEALTHFRONT	VARIOUS	08-13-2021	9181	1952	7229
WEALTHFRONT	VARIOUS	11-29-2021	91125	92506	-1381
WEALTHFRONT	VARIOUS	12-30-2021	8554	8614	-60
65. Capital Gains Distribution					65.
66. Other Net Gains					66.
67. Net Gains (Add lines 64, 65, and 66) (Enter here and on line 19) (If loss, enter zero)					67. 5788

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

68. Amount reported on line 15 in column A required to be allocated	68.
69. Total days in taxable year	69.
70. Deduct nonworking days (Sundays, Saturdays, holidays, sick leave, vacation, etc.)	70.
71. Total days worked in taxable year (subtract line 70 from line 69)	71.
72. Deduct days worked outside New Jersey	72.
73. Days worked in New Jersey (subtract line 72 from line 71)	73.
74. Allocation Formula	
$\frac{\text{(Line 73)}}{\text{(Line 71)}} \times \text{(Enter amt. from line 68)} = \text{(Salary earned inside N.J.)}$	(Include this amount on line 15, Col. B)

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

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

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

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

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

**Schedule NJ-DOP**

**Net Gains or Income From  
Disposition of Property**

**2021**

List the net gains or income, less net loss, derived from the sale, exchange, or other disposition of property including real or personal whether tangible or intangible as reported on federal Schedule D.						
1.	(a) Kind of property and description	(b) Date acquired (mm/dd/yyyy)	(c) Date sold (mm/dd/yyyy)	(d) Gross sales price	(e) Cost or other basis as adjusted (see instructions) and expense of sale	(f) Gain or (loss) (d minus e)
	FIDELITY	VARIOUS	08-13-2021	9,181	1,952	7,229
	WEALTHFRONT	VARIOUS	11-29-2021	91,125	92,506	-1,381
	WEALTHFRONT	VARIOUS	12-30-2021	8,554	8,614	-60
2.	Capital Gains Distributions .....					
3.	Other Net Gains .....					
4.	Net Gains (Add lines 1, 2, and 3.) (Enter here and on line 19. If loss, enter zero here and make no entry on line 19.) .....					5,788

**Schedule NJ-WWC**

**Wounded Warrior Caregivers Credit**

**2021**

Did you provide care for a relative who was a qualifying armed services member (see instructions)? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
If "Yes," enter the name and Social Security number of the qualifying service member.			
Last Name, First Name, Initial	Social Security number		
Enter your relationship to the qualifying service member.			
If "No," you are not eligible for a Wounded Warrior Caregivers Credit. Make no entry on line 61, NJ-1040.			
1. Enter the federal disability compensation of the armed services member .....	1.		
2. Maximum credit allowed .....	2.	675	00
3. Enter the lesser of line 1 or line 2 .....	3.		
4. Were you the only caregiver for this service member during the tax year?  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  If "No," enter your share (percentage) of the total care expenses for the year.	4.		%
5. If you answered "Yes" at line 4, enter the amount from line 3 here and on line 61, NJ-1040.  If you answered "No" at line 4, multiply the amount on line 3 by the percentage on line 4. Enter the result here and on line 61, NJ-1040 .....	5.		

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

Name(s) as shown on Form NJ-1040NR SAMIR V AND PARITA S SONI	Social Security Number 687-10-1759
---	---------------------------------------

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

**New Jersey Gross Income Tax  
Business Income Summary Schedule**

**2021**

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

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

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

	Source of Income or Loss. If rental real estate, enter physical address of property.	Social Security Number/ Federal EIN	Type -- Enter number from list above	Income or (Loss)
1.	3053 E SUNRISE PL CHANDLER	687-10-1759	1	-4,312
2.				
3.				
4.	Net Income or (Loss). (Add Lines 1, 2, and 3.) (Enter here and on line 20, Column A. If loss, enter zero on line 20, column A.)			4. -4,312

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

	Partnership Name	Federal EIN	Share of Partnership Income or (Loss)	Share of tax paid on your behalf by Partnerships	Share of Pass-Through Business Alternative Income Tax
1.					
2.					
3.					
4.	Distributive Share of Partnership Income or (Loss). (Add lines 1, 2, and 3.) (Enter here and on line 23, column A. If loss, enter zero on line 23, column A.)				
5.	Total Share of tax paid on your behalf by Partnerships (Add lines 1, 2, and 3.) Enter total here and include on line 51.				
6.	Total Share of Pass-Through Business Alternative Income Tax (Add lines 1, 2, and 3.) (Enter here and include on line 55.)				

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

	S Corporation Name	Federal EIN	Pro Rata Share of S Corporation Income or (Usable Loss)	Share of Pass-Through Business Alternative Income Tax
1.				
2.				
3.				
4.	Net Pro Rata Share of S Corporation Income or (Usable Loss). (Add lines 1, 2, and 3.) (Enter here and on line 24, column A. If loss, enter zero on line 24, column A.)			4.
5.	Total Share of Pass-Through Business Alternative Income Tax (Add lines 1, 2, and 3.) (Enter here and include on line 55.)			5.

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

Name(s) as shown on Form NJ-1040NR SAMIR V AND PARITA S SONI	Social Security Number 687-10-1759
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**Schedule NJ-BUS-2**  
(Form NJ-1040NR)

**New Jersey Gross Income Tax**  
**Alternative Business Calculation Adjustment**

**2021**

Part I Income (Loss)		Column A		Column B	
		Reportable Regular Business Income		Alternative Business Income (Loss)	
1.	Net Profits From Business	1a.		1b.	
2.	Net Gain or Income From Rents, Royalties, Patents, and Copyrights	2a.		2b.	-4,312
3.	Distributive Share of Partnership Income	3a.		3b.	
4.	Net Pro Rata Share of S Corporation Income	4a.		4b.	
5.	Loss Carryforward From Tax Year 2020			5b. (	5,005 )
6.	Totals	6a.		6b.	-9,317
<b>Part II Adjustment Calculation</b>					
7.	Total Regular Business Income	7.			
8.	Total Alternative Business Income/(Loss) (If loss, enter zero)	8.			
9.	Business Increment (Subtract line 8 from line 7)	9.			
10.	Adjustment Percentage	10.	<b>0.50</b>		
11.	Alternative Business Calculation Adjustment (line 9 x 0.50)	11.			
<b>Part III Loss Carryforward to Tax Year 2022</b>					
12.	Loss Carryforward to Tax Year 2022			12. (	9,317 )

**Instructions**

- Line 1a. Enter the amount from line 18, column A, Form NJ-1040NR.
- Line 1b. Enter the amount from Part I, line 4, Schedule NJ-BUS-1 (Form NJ-1040NR).
- Line 2a. Enter the amount from line 20, column A, Form NJ-1040NR.
- Line 2b. Enter the amount from Part II, line 4, Schedule NJ-BUS-1 (Form NJ-1040NR).
- Line 3a. Enter the amount from line 23, column A, Form NJ-1040NR.
- Line 3b. Enter the amount from Part III, line 4, Schedule NJ-BUS-1 (Form NJ-1040NR).
- Line 4a. Enter the amount from line 24, column A, Form NJ-1040NR.
- Line 4b. Enter the amount from Part IV, line 4, Schedule NJ-BUS-1 (Form NJ-1040NR).
- Line 5b. Enter the amount from line 12 of your 2020 Schedule NJ-BUS-2 (Form NJ-1040NR).
- Line 6a. Enter the total of lines 1a through 4a.
- Line 6b. Enter the total of lines 1b through 5b, netting gains with losses.
- Line 7. Enter the amount from line 6a of this schedule.
- Line 8. Enter the amount from line 6b of this schedule. If loss, enter zero here.
- Line 9. Subtract line 8 from line 7. If the result is zero, enter zero on line 11 and on line 35 of Form NJ-1040NR, and continue with line 12.
- Line 10. The adjustment percentage for Tax Year 2021 is 50% (0.50).
- Line 11. Multiply the amount on line 9 by 50% (0.50). Enter here and on line 35 of Form NJ-1040NR.
- Line 12. If the amount on 6b is a loss, enter the amount of the loss on this line. Otherwise, enter zero.

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

2021 NEW JERSEY DEPRECIATION SCHEDULE

SAMIR V AND PARITA S SONI  
687-10-1759

DESCRIPTION	DATE	METHOD - LIFE	COST	PRIOR 179	CURRENT 179	PR SPEC ALLOW	CURR SPEC ALLOW	BASIS	PRIOR DEPR	CURRENT DEPR	ACCUM DEPR	ADJ BASIS
SCHEDULE E #001												
RENTAL REAL EAS	06-08-18	S/L-27.5	427307	0	0	0	0	422307	39029	15355	54384	367923
1 ASSETS	TOTALS:		427307	0	0	0	0	422307	39029	15355	54384	367923
1 ASSETS	GRAND TOTALS:		427307	0	0	0	0	422307	39029	15355	54384	367923

## 2021 NEW YORK TWO YEAR COMPARISON

SAMIR V AND PARITA S SONI  
687-10-1759

Keep for Your Records

	<b>Tax Year 2021</b>	<b>Tax Year 2020</b>	<b>Difference</b>
Filing status . . . . .	MFJ	MFJ	
Residency status . . . . .	PT-YR RES	PT-YR RES	
Number of exemptions claimed . . . . .	1	1	
State Base Form Filed . . . . .	NY IT-203	NY IT-203	

**INCOME, DEDUCTIONS AND ADJUSTMENTS:**

Federal Adjusted Gross Income . . . . .	424,958	332,559	92,399
Additions to Federal Income . . . . .			
Subtractions from Federal Income . . . . .			
New York Income . . . . .	424,958	332,559	92,399
Itemized/Standard Deduction . . . . .	16,050	16,050	
Exemption Amount (Allowance) / Personal Exemptions . . . . .	1,000	1,000	
Taxable Income . . . . .	407,908	315,509	92,399

**TAX, CREDIT AND PAYMENTS:**

New York Tax . . . . .	27,942	20,224	7,718
NYC and/or Yonkers Tax . . . . .	1,138	2,779	-1,641
Credit for Taxes Paid to Another State . . . . .			
Other Credits . . . . .			
Net Tax . . . . .	3,946	8,517	-4,571
Income Tax Withheld . . . . .	3,608	7,948	-4,340
Estimated Tax Payments . . . . .			
Other payments including refundable credits . . . . .			
Total Payments . . . . .	3,674	8,112	-4,438

**REFUND OR BALANCE DUE**

Balance Due . . . . .	272	405	-133
Underpayment Penalty . . . . .			
Other Penalties and Interests . . . . .			
Amount You Owe . . . . .	272	405	-133
Overpayment . . . . .			
Overpayment Applied to Estimated Payments . . . . .			
Amount to be Refunded . . . . .			





Office of Processing and Taxpayer Services  
W A Harriman Campus, Albany NY 12227-0865

## **New York State requires this income tax return to be filed electronically.**

### **Attention tax return preparer:**

Most tax return preparers are required to e-file their clients' New York State tax returns. Because this return was prepared using software, you **MUST** use e-file. If you file a paper New York State tax return, you will be in violation of New York State law.

## **Preparers who file paper returns are subject to penalties.**

### **Avoid penalties and e-file this return.**

### **Attention taxpayer:**

New York State law requires this return to be filed electronically. If your tax return preparer has provided you with a paper New York State tax return with instructions to mail it, contact that preparer and request that the return be electronically filed.

- **No charge for e-filing:** New York State Tax Law prohibits your tax preparer from charging you a separate or additional fee for e-filing your New York State tax return.
- **Faster tax refunds:** New York State tax refunds on e-filed returns are twice as fast as refunds on paper returns.
- **Most New Yorkers** enjoy the benefits of e-filing.

### **Questions?**

Visit our website for more information about New York's e-file mandate.



# Nonresident and Part-Year Resident Income Tax Return

New York State • New York City • Yonkers • MCTMT

# IT-203

For the year January 1, 2021, through December 31, 2021, or fiscal year beginning ..... 21  
and ending .....

For help completing your return, see the instructions, Form IT-203-I.

Your first name and middle initial SAMIR V		Your last name (for a joint return, enter spouse's name on line below) SONI		Your date of birth (mmddyyyy) 10061984	Your Social Security number 687101759
Spouse's first name and middle initial PARITA S		Spouse's last name SONI		Spouse's date of birth (mmddyyyy) 04141987	Spouse's Social Security number 280916390
Mailing address (see instructions) (number and street or PO Box) 9925 E ROTATION DR				Apartment number	New York State county of residence KINGS
City, village, or post office MESA		State AZ	ZIP code 85212	Country UNITED STATES	School district name BROOKLYN
Taxpayer's permanent home address (see instr.) (no. and street or rural route)			Apartment no.	City, village, or post office	School district code number
State	ZIP code	Country		Decedent information	Taxpayer's date of death
					Spouse's date of death

### A Filing status (mark an X in one box):

- (1)  Single
- (2)  Married filing joint return (enter both spouses' Social Security numbers above)
- (3)  Married filing separate return (enter both spouses' Social Security numbers above)
- (4)  Head of household (with qualifying person)
- (5)  Qualifying widow(er)

**B** Did you itemize your deductions on your 2021 federal income tax return? Yes  No

**C** Can you be claimed as a dependent on another taxpayer's federal return? Yes  No

**D1** Did you have a financial account located in a foreign country? (see instructions) Yes  No

**D2** Were you required to report any nonqualified deferred compensation, as required by IRC § 457A, on your 2021 federal return? (see instr.) Yes  No

### E New York City part-year residents only (see instructions)

- (1) Number of months you lived in NY City in 2021 .... 6
- (2) Number of months your spouse lived in NY City in 2021 ..... 6

**F** Enter your 2-character special condition code(s) if applicable (see instructions) .....

### G New York State part-year residents (see instructions)

- Enter the date you moved into or out of NYS (mmddyyyy) ..... 06122021
- On the last day of the tax year (mark an X in one box):
- 1) Lived in NYS .....
  - 2) Lived outside NYS; received income from NYS sources during nonresident period .....
  - 3) Lived outside NYS; received no income from NYS sources during nonresident period .....

### H New York State nonresidents (see instructions)

Did you or your spouse maintain living quarters in NYS in 2021? Yes  No   
(if Yes, complete Form IT-203-B)



### I Dependent information (see instructions)

First name and middle initial	Last name	Relationship	Social Security number	Date of birth (mmddyyyy)
KIARA	SONI	DAUGHTER	668919024	01272020

If more than 6 dependents, mark an X in the box.



203001212029

For office use only

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM

Enter your Social Security number  
687101759

**Federal income and adjustments** (see instructions)

**Federal amount**  
Whole dollars only

**New York State amount**  
Whole dollars only

1	Wages, salaries, tips, etc.	1	393785.00	1	42704.00
2	Taxable interest income	2	23125.00	2	.00
3	Ordinary dividends	3	2260.00	3	.00
4	Taxable refunds, credits, or offsets of state and local income taxes (also enter on line 24)	4	.00	4	.00
5	Alimony received	5	.00	5	.00
6	Business income or loss (submit a copy of federal Sch. C, Form 1040)	6	.00	6	.00
7	Capital gain or loss (if required, submit a copy of federal Sch. D, Form 1040)	7	5788.00	7	.00
8	Other gains or losses (submit a copy of federal Form 4797)	8	.00	8	.00
9	Taxable amount of IRA distributions. Beneficiaries: mark X in box <input type="checkbox"/>	9	.00	9	.00
10	Taxable amount of pensions/annuities. Beneficiaries: mark X in box <input type="checkbox"/>	10	.00	10	.00
11	Rental real estate, royalties, partnerships, S corporations, trusts, etc. (submit a copy of federal Schedule E, Form 1040)	11	.00	11	.00
12	Rental real estate included in line 11 (federal amount) <b>12.</b> .00				
13	Farm income or loss (submit a copy of federal Sch. F, Form 1040)	13	.00	13	.00
14	Unemployment compensation	14	.00	14	.00
15	Taxable amount of Social Security benefits (also enter on line 26)	15	.00	15	.00
16	Other income (see inst.) Identify:	16	.00	16	.00
17	Add lines 1 through 11 and 13 through 16	17	424958.00	17	42704.00
18	Total federal adjustments to income (see instructions) Identify:	18	.00	18	.00
19	Federal adjusted gross income (subtract line 18 from line 17)	19	424958.00	19	42704.00
19a	Recomputed federal adjusted gross income (see page 23, Line 19a worksheets)	19a	424958.00	19a	42704.00

**New York additions** (see instructions)

20	Interest income on state and local bonds and obligations (but not those of New York State or its localities)	20	.00	20	.00
21	Public employee 414(h) retirement contributions	21	.00	21	.00
22	Other (Form IT-225, line 9)	22	.00	22	.00
23	Add lines 19a through 22	23	424958.00	23	42704.00

**New York subtractions** (see instructions)

24	Taxable refunds, credits, or offsets of state and local income taxes (from line 4)	24	.00	24	.00
25	Pensions of NYS and local governments and the federal government (see instructions)	25	.00	25	.00
26	Taxable amount of Social Security benefits (from line 15)	26	.00	26	.00
27	Interest income on U.S. government bonds	27	.00	27	.00
28	Pension and annuity income exclusion	28	.00	28	.00
29	Other (Form IT-225, line 18)	29	.00	29	.00
30	Add lines 24 through 29	30	.00	30	.00
31	<b>New York adjusted gross income</b> (subtract line 30 from line 23)	31	424958.00	31	42704.00

32 Enter the amount from line 31, **Federal amount** column 424958.00

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM



Name(s) as shown on page 1 SAMIR V AND PARITA S SONI	Enter your Social Security number 687101759
---	--

**Standard deduction or itemized deduction** (see page 27)

33 Enter your **standard deduction** (table on page 27) or your **itemized deduction** (from Form IT-196).  
 Mark an **X** in the appropriate box: . . .  **Standard** -or-  **Itemized**

33		16050.00
34	Subtract line 33 from line 32 (if line 33 is more than line 32, leave blank)	408908.00
35	Dependent exemptions (enter the number of dependents listed in Item I; see page 27)	1000.00
36	<b>New York taxable income</b> (subtract line 35 from line 34)	407908.00

**Tax computation, credits, and other taxes**

37	New York taxable income (from line 36)	407908.00
38	New York State tax on line 37 amount (see page 28)	27942.00
39	New York State household credit (page 28, table 1, 2, or 3)	.00
40	Subtract line 39 from line 38 (if line 39 is more than line 38, leave blank)	27942.00
41	New York State child and dependent care credit (see page 29)	.00
42	Subtract line 41 from line 40 (if line 41 is more than line 40, leave blank)	27942.00
43	New York State earned income credit (see page 29)	.00

44	Base tax (subtract line 43 from line 42; if line 43 is more than line 42, leave blank)	27942.00
----	--	----------

45 Income percentage (see page 29)	New York State amount from line 31 42704.00	÷	Federal amount from line 31 424958.00	=	Round result to 4 decimal places 0.1005
------------------------------------	--	---	--	---	--

46	Allocated New York State tax (multiply line 44 by the decimal on line 45)	2808.00
47	New York State nonrefundable credits (Form IT-203-ATT, line 8)	.00
48	Subtract line 47 from line 46 (if line 47 is more than line 46, leave blank)	2808.00
49	Net other New York State taxes (Form IT-203-ATT, line 33)	.00
50	<b>Total New York State taxes</b> (add lines 48 and 49)	2808.00

**New York City and Yonkers taxes, credits, and surcharges, and MCTMT**

51	Part-year New York City resident tax (Form IT-360.1)	1138.00
52	Part-year resident nonrefundable New York City child and dependent care credit	.00
52a	Subtract line 52 from 51	1138.00
52b	MCTMT net earnings base	.00
52c	MCTMT	.00
53	Yonkers nonresident earnings tax (Form Y-203)	.00
54	Part-year Yonkers resident income tax surcharge (Form IT-360.1)	.00
55	<b>Total New York City and Yonkers taxes / surcharges and MCTMT</b> (add lines 52a, and 52c through 54)	1138.00
56	<b>Sales or use tax</b> (See the instructions on page 31. Do not leave line 56 blank.)	0.00
57	<b>Voluntary contributions</b> (Form IT-227, Part 2, line 1)	.00
58	<b>Total New York State, New York City, Yonkers, and sales or use taxes, MCTMT, and voluntary contributions</b> (add lines 50, 55, 56, and 57)	3946.00

See instructions on pages 29 through 31 to compute New York City and Yonkers taxes, credits, and surcharges, and MCTMT.

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM



Enter your Social Security number  
687101759

59 Enter amount from line 58 ..... 59 3946.00

Payments and refundable credits (see instructions)

60	Part-year NYC school tax credit (fixed amt.) (also complete E on page 1)	60	.00	If applicable, complete Form(s) IT-2 and/or IT-1099-R and submit them with your return (see instructions).  Do not send federal Form W-2 with your return.
60a	NYC school tax credit (rate reduction amount)	60a	66.00	
61	Other refundable credits (Form IT-203-ATT, line 17)	61	.00	
62	Total New York State tax withheld	62	2134.00	
63	Total New York City tax withheld	63	1474.00	
64	Total Yonkers tax withheld	64	.00	
65	Total estimated tax payments/amount paid with Form IT-370	65	.00	
66	Total payments and refundable credits (add lines 60 through 65)	66	3674.00	

Your refund, amount you owe, and account information (see instructions)

67	Amount overpaid (if line 66 is more than line 59, subtract line 59 from line 66; see instructions)	67	.00
68	Amount of line 67 available for refund (subtract line 69 from line 67)	68	.00
TIP: Use this amount to check your refund status online.			
68a	Amount of line 68 that you want to deposit into a NYS 529 account (Form IT-195, line 4) (also submit Form IT-195)	68a	.00
68b	Total refund after NYS 529 account deposit (subtract line 68a from line 68)	68b	.00

Mark one refund choice:  direct deposit to checking or savings account (fill in line 73) - or -  paper check

Refund? Direct deposit is the easiest, fastest way to get your refund.

See instructions for payment options.

See instructions for the proper assembly of your return.

69	Amount of line 67 that you want applied to your 2022 estimated tax (see instructions)	69	.00
70	Amount you owe (if line 66 is less than line 59, subtract line 66 from line 59). To pay by electronic funds withdrawal, mark an X in the box <input checked="" type="checkbox"/> and fill in lines 73 and 74. If you pay by check or money order you must complete Form IT-201-V and mail it with your return.	70	272.00
71	Estimated tax penalty (include this amount on line 70, or reduce the overpayment on line 67; see instructions)	71	.00
72	Other penalties and interest (see instructions)	72	.00

73 Account information for direct deposit or electronic funds withdrawal (see instructions). If the funds for your payment (or refund) would come from (or go to) an account outside the U.S., mark an X in this box (see instructions)

73a Account type:  Personal checking - or -  Personal savings - or -  Business checking - or -  Business savings

73b Routing number 053000196 73c Account number 237006423247

74 Electronic funds withdrawal (see instructions) Date 04152022 Amount 272.00

Third-party designee? (see instr.) Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Print designee's name HB SINGH	Designee's phone number 6029710200	Personal identification number (PIN)
Email: HRBTAXPRO@HRBLOCK.COM			

Paid preparer must complete (see instructions)		Preparer's NYTPRN 10632079	NYTPRN excl. code
Preparer's signature	Preparer's printed name HB SINGH		
Firm's name (or yours, if self-employed) H AND R BLOCK	Preparer's PTIN or SSN P00717922		
Address 4727 E BELL RD  PHOENIX AZ 85032	Employer identification number 452460841		
Email:	Date 04082022		

Taxpayer(s) must sign here	
Your signature	
Your occupation SOFTWARE ENGR	
Spouse's signature and occupation (if joint return) PHYSICIAN	
Date 04082022	Daytime phone number 9194497542
Email: SAMIR.SONI@DATACORESYSTEMS	

See instructions for where to mail your return.

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM





# Change of City Resident Status

# IT-360.1

New York City • Yonkers

Submit this form with Form IT-201 or Form IT-203.

Name(s) as shown on return SONI SAMIR AND PARITA	Social Security number 687101759
---	-------------------------------------

**Change of resident status** -- If you are married and filing separate New York State returns, each of you must complete a separate Form IT-360.1 (see instructions, Form IT-360.1-I, page 1).

- Mark an **X** in only **one** box (A)  **New York City change of residence** - Complete Parts 1, 2, 3, and 4.
- (B)  **Yonkers change of residence** - Complete Parts 1 and 5.
- (C)  **New York City and Yonkers change of residence** - Complete the entire form.

NO HANDWRITTEN ENTRIES ON THIS FORM

Part 1 -- New York adjusted gross income (see instructions, page 3)	Column A Federal income and adjustments (all sources)	Column B Amount of Column A for New York City resident period	Column C Amount of Column A for Yonkers resident period
1 Wages, salaries, tips, etc . . . . .	1 393785.00	42704.00	.00
2 Taxable interest income . . . . .	2 23125.00	.00	.00
3 Ordinary dividends . . . . .	3 2260.00	.00	.00
4 Taxable refunds, credits, or offsets of state and local income taxes . . . . .	4 .00	.00	.00
5 Alimony received . . . . .	5 .00	.00	.00
6 Business income or loss (submit copy of federal Schedule C, Form 1040) . . . . .	6 .00	.00	.00
7 Capital gain or loss (submit copy of federal Schedule D, Form 1040) . . . . .	7 5788.00	.00	.00
8 Other gains or losses (submit copy of federal Form 4797) . . . . .	8 .00	.00	.00
9 Taxable amount of IRA distributions . . .	9 .00	.00	.00
10 Taxable amount of pensions and annuities	10 .00	.00	.00
11 Rental real estate, royalties, partnerships, S corporations, trusts, etc. (submit copy of federal Schedule E, Form 1040) . . . . .	11 .00	.00	.00
12 Farm income or loss (submit copy of federal Schedule F, Form 1040) . . . . .	12 .00	.00	.00
13 Unemployment compensation . . . . .	13 .00	.00	.00
14 Taxable amount of Social Security benefits	14 .00	.00	.00
15 Other income . . . . .			
Identify:	15 .00	.00	.00
16 Total (add lines 1 through 15) . . . . .	16 424958.00	42704.00	.00
17 Total federal adjustments to income . . .			
Identify:	17 .00	.00	.00
18 Federal adjusted gross income (subtract line 17 from line 16) . . . . .	18 424958.00	42704.00	.00
18a Recomputed federal adjusted gross income (see instructions) . . . . .	18a 424958.00	42704.00	.00
19 New York modifications (submit schedule)	19 .00	.00	.00
20 New York adjusted gross income (line 18a and add or subtract line 19) . . .	20 424958.00	42704.00	.00



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Part 2 - Itemized deductions for New York City (see instr., page 4)
If you are claiming the standard deduction, do not complete Part 2.

Table with 3 columns: Line number, Column A (Itemized deductions), and Column B (Amount of Column A for New York City resident period). Rows include Medical and dental expenses, Taxes you paid, Interest you paid, Gifts to charity, Casualty and theft losses, Job expenses, Other itemized deductions, Reduction for itemized deduction limitation, Total itemized deductions, State, local, and foreign income taxes, and Itemized deduction.

Part 3 - Dependent exemptions (see instructions, page 6)

37 Enter the period you were a New York City resident during 2021; use a two-digit number to represent the month and day (see instructions)

From: month 01 day 01 To: month 06 day 24

Table with 3 columns: Line number, Description, and Amount. Rows include county where you resided while a nonresident, number of full months in the New York City resident period, prorated value of one dependent exemption, number of dependent exemptions claimed, and the calculated amount for dependent exemptions.

Part 4 -- Part-year New York City resident tax (see instructions, page 6)

Table with 3 columns: Line number, Description, and Amount. Rows include New York City adjusted gross income, Resident period standard deduction or resident period itemized deduction, Subtract line 44 from line 43, Dependent exemption amount, New York City taxable income, New York City tax on line 47 amount, Total New York City household credit and accumulation distribution credit, Subtract line 49 from line 48, Part-year New York City separate tax on lump-sum distributions, Part-year New York City resident tax on capital gain portion of lump-sum distributions, Add lines 50, 51, and 52, Credit for part-year New York City unincorporated business tax paid, and Part-year New York City resident tax.

NO HANDWRITTEN ENTRIES ON THIS FORM



360002212029





# Summary of W-2 Statements

# IT-2

New York State • New York City • Yonkers

Do not detach or separate the W-2 Records below. File Form IT-2 as an entire page with your return. See instructions.

## W-2 Record 1

Box a Employee's Social Security number for this W-2 Record

687101759

Box b Employer identification number (EIN)

232535216

Box c Employer's information

Employer's name			
DATA CORE SYSTEMS INC			
Employer's address (number and street)			
1500 JFK BLVD 2 PENN CTR			
City	State	ZIP code	Country (if not United States)
PHILADELPHIA	PA	19102	

Box 1 Wages, tips, other compensation  
89003.00

Box 12a Amount  
.00

Box 14a Amount  
.00

Box 8 Allocated tips  
.00

Box 12b Amount  
.00

Box 14b Amount  
.00

Box 10 Dependent care benefits  
.00

Box 12c Amount  
.00

Box 14c Amount  
.00

Box 11 Nonqualified plans  
.00

Box 12d Amount  
.00

Box 14d Amount  
.00

Box 13 Statutory employee  Retirement plan  Third-party sick pay  Corrected (W-2c)

NY State information:

Box 15a NY State

Box 16a NYS wages, tips, etc.  
.00

Box 17a NYS income tax withheld  
.00

Other state information:

Box 15b other state AZ

Box 16b Other state wages, tips, etc.  
89003.00

Box 17b Other state income tax withheld  
2402.00

NYC and Yonkers information (see instr.):

Box 18 Local wages, tips, etc.  
Locality a .00  
Locality b .00

Box 19 Local income tax withheld  
Locality a .00  
Locality b .00

Box 20 Locality name

## W-2 Record 2

Box a Employee's Social Security number for this W-2 Record

280916390

Box b Employer identification number (EIN)

111635081

Box c Employer's information

Employer's name			
MAIMONIDES MEDICAL CENTER			
Employer's address (number and street)			
4802 TENTH AVENUE			
City	State	ZIP code	Country (if not United States)
BROOKLYN	NY	11219	

Box 1 Wages, tips, other compensation  
42704.00

Box 12a Amount  
.00

Box 14a Amount  
.00

Box 8 Allocated tips  
.00

Box 12b Amount  
.00

Box 14b Amount  
.00

Box 10 Dependent care benefits  
.00

Box 12c Amount  
.00

Box 14c Amount  
.00

Box 11 Nonqualified plans  
.00

Box 12d Amount  
.00

Box 14d Amount  
.00

Box 13 Statutory employee  Retirement plan  Third-party sick pay  Corrected (W-2c)

NY State information:

Box 15a NY State NY

Box 16a NYS wages, tips, etc.  
42704.00

Box 17a NYS income tax withheld  
2134.00

Other state information:

Box 15b other state

Box 16b Other state wages, tips, etc.  
.00

Box 17b Other state income tax withheld  
.00

NYC and Yonkers information (see instr.):

Box 18 Local wages, tips, etc.  
Locality a 42704.00  
Locality b .00

Box 19 Local income tax withheld  
Locality a 1474.00  
Locality b .00

Box 20 Locality name  
NYC

102001212029



NO HANDWRITTEN ENTRIES ON THIS FORM





# Summary of W-2 Statements

# IT-2

New York State • New York City • Yonkers

Do not detach or separate the W-2 Records below. File Form IT-2 as an entire page with your return. See instructions.

## W-2 Record 1

Box a Employee's Social Security number for this W-2 Record

687101759

Box b Employer identification number (EIN)

220999690

### Box c Employer's information

Employer's name: HORIZON HEALTHCARE SERVICES INC

Employer's address (number and street): 3 PENN PLAZA EAST

City: NEWARK State: NJ ZIP code: 07105 Country (if not United States):

Box 1 Wages, tips, other compensation: 157911.00

Box 8 Allocated tips: .00

Box 10 Dependent care benefits: .00

Box 11 Nonqualified plans: .00

Box 12a Amount: 430.00 Code: C

Box 12b Amount: 10648.00 Code: AA

Box 12c Amount: 8248.00 Code: DD

Box 12d Amount: .00 Code:

Box 14a Amount: 387.00 Description: FLI

Box 14b Amount: 154.00 Description: UI

Box 14c Amount: .00 Description:

Box 14d Amount: .00 Description:

Box 13 Statutory employee  Retirement plan  Third-party sick pay  Corrected (W-2c)

NY State information: Box 15a NY State: .00 Box 16a NYS wages, tips, etc.: .00 Box 17a NYS income tax withheld: .00

Other state information: Box 15b other state: NJ Box 16b Other state wages, tips, etc.: 159137.00 Box 17b Other state income tax withheld: 7438.00

NYC and Yonkers information (see instr.): Box 18 Local wages, tips, etc. Locality a: .00 Locality b: .00 Box 19 Local income tax withheld Locality a: .00 Locality b: .00 Box 20 Locality name:

## W-2 Record 2

Box a Employee's Social Security number for this W-2 Record

280916390

Box b Employer identification number (EIN)

860392561

### Box c Employer's information

Employer's name: PULMONARY CONSULTANTS PC

Employer's address (number and street): 6750 E BAYWOOD AVE STE 401

City: MESA State: AZ ZIP code: 85206 Country (if not United States):

Box 1 Wages, tips, other compensation: 104167.00

Box 8 Allocated tips: .00

Box 10 Dependent care benefits: .00

Box 11 Nonqualified plans: .00

Box 12a Amount: .00 Code:

Box 12b Amount: .00 Code:

Box 12c Amount: .00 Code:

Box 12d Amount: .00 Code:

Box 14a Amount: .00 Description:

Box 14b Amount: .00 Description:

Box 14c Amount: .00 Description:

Box 14d Amount: .00 Description:

Box 13 Statutory employee  Retirement plan  Third-party sick pay  Corrected (W-2c)

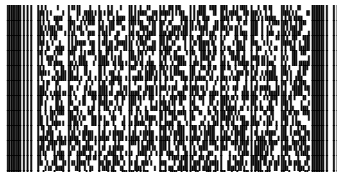
NY State information: Box 15a NY State: .00 Box 16a NYS wages, tips, etc.: .00 Box 17a NYS income tax withheld: .00

Other state information: Box 15b other state: AZ Box 16b Other state wages, tips, etc.: 104167.00 Box 17b Other state income tax withheld: 2813.00

NYC and Yonkers information (see instr.): Box 18 Local wages, tips, etc. Locality a: .00 Locality b: .00 Box 19 Local income tax withheld Locality a: .00 Locality b: .00 Box 20 Locality name:

NO HANDWRITTEN ENTRIES ON THIS FORM

102001212029



2021 NEW YORK DEPRECIATION SCHEDULE

SAMIR V AND PARITA S SONI  
687-10-1759

DESCRIPTION	DATE	METHOD - LIFE	COST	PRIOR 179	CURRENT 179	PR SPEC ALLOW	CURR SPEC ALLOW	BASIS	PRIOR DEPR	CURRENT DEPR	ACCUM DEPR	ADJ BASIS
SCHEDULE E #001												
RENTAL REAL EAS	06-08-18	S/L-27.5	427307	0	0	0	0	422307	39029	15355	54384	367923
1 ASSETS	TOTALS:		427307	0	0	0	0	422307	39029	15355	54384	367923
1 ASSETS	GRAND TOTALS:		427307	0	0	0	0	422307	39029	15355	54384	367923

**2021 NEW YORK TAX COMPUTATION WORKSHEETS  
FORM IT-203**

SAMIR V AND PARITA S SONI  
687-10-1759

**Keep for Your Records**

**Married Filing Jointly and Qualifying Widow(er)**

**TAX COMPUTATION WORKSHEET 3**

If the New York AGI (line 32) is more than \$323,200, but not more than \$25,000,000, and the taxable income (line 37) is more than \$323,200, but not more than \$2,155,350, then you must compute the tax using this worksheet.

1. New York adjusted gross income from line 32 . . . . .	1.	<u>424,958.</u>
2. Taxable income from line 37 . . . . .	2.	<u>407,908.</u>
3. Multiply line 2 by 6.85% (.0685) (Stop: If the line 1 amount is \$373,200 or more, skip lines 4 through 10 and enter the line 3 amount on line 11) . . . . .	3.	<u>27,942.</u>
4. New York State tax on the line 2 amount from the New York State Tax Rate schedule on page 57 . . . . .	4.	<input type="text"/>
5. Subtract line 4 from line 3 . . . . .	5.	<input type="text"/>
6. Enter <b>\$1,056</b> on line 6 . . . . .	6.	<b>1,056</b>
7. Subtract line 6 from line 5 . . . . .	7.	<input type="text"/>
8. Excess of line 1 over \$323,200 . . . . .	8.	<input type="text"/>
9. Divide line 8 by \$50,000 and round the result to the fourth decimal place . . . . .	9.	<input type="text"/>
10. Multiply line 7 by line 9 . . . . .	10.	<input type="text"/>
11. Add lines 4, 6, and 10. <b>Enter here and on line 38.</b> . . . . .	11.	<u>27,942.</u>

**TAX COMPUTATION WORKSHEET 4**

If your New York AGI (line 33) is more than \$2,155,350, but not more than \$25,000,000, and your taxable income (line 38) is more than \$2,155,350 but not more than \$25,000,000, then you must compute the tax using this worksheet.

1. New York adjusted gross income from line 32 . . . . .	1.	<input type="text"/>
2. Taxable income from line 37 . . . . .	2.	<input type="text"/>
3. Multiply line 2 by 9.65% (.0965) (Stop: If the line 1 amount is \$2,205,350 or more, skip lines 4 through 10 and enter the line 3 amount on line 11) . . . . .	3.	<input type="text"/>
4. Enter New York State tax on the line 2 amount from the New York State tax rate schedule on page 57 . . . . .	4.	<input type="text"/>
5. Subtract line 4 from line 3 . . . . .	5.	<input type="text"/>
6. Enter <b>\$2,736</b> on line 6 . . . . .	6.	<b>2,736</b>
7. Subtract line 6 from line 5 . . . . .	7.	<input type="text"/>
8. The excess of line 1 over \$2,155,350 . . . . .	8.	<input type="text"/>
9. Divide line 8 by \$50,000 and round the result to the fourth decimal place . . . . .	9.	<input type="text"/>
10. Multiply line 7 by line 9 . . . . .	10.	<input type="text"/>
11. Add lines 4, 6, and 10. <b>Enter here and on line 38.</b> . . . . .	11.	<input type="text"/>

2021 NEW YORK CITY DEPRECIATION SCHEDULE

SAMIR V AND PARITA S SONI  
687-10-1759

DESCRIPTION	DATE	METHOD - LIFE	COST	PRIOR 179	CURRENT 179	PR SPEC ALLOW	CURR SPEC ALLOW	BASIS	PRIOR DEPR	CURRENT DEPR	ACCUM DEPR	ADJ BASIS
SCHEDULE E #001												
RENTAL REAL EAS	06-08-18	S/L-27.5	427307	0	0	0	0	422307	39029	15355	54384	367923
1 ASSETS	TOTALS:		427307	0	0	0	0	422307	39029	15355	54384	367923
1 ASSETS	GRAND TOTALS:		427307	0	0	0	0	422307	39029	15355	54384	367923