(Rev. January 2021)

Department of the Treasury Internal Revenue Service

### IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.

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

OMB No. 1545-0074

internal Revenue Service	ormation:
Submission Identification Number (SID)	
Taxpayer's name	Social security number
ADITYA PATHAK	359-83-1720
Spouse's name	Spouse's social security number
· · · · · · · · · · · · · · · · · · ·	2022 (Enter year you are authorizing.)
Enter whole dollars only on lines 1 through 5.	
Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.	<b>1</b>   57,283.
1 Adjusted gross income	
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	
4 Amount you want refunded to you	1,5=5
5 Amount you owe	2,132.
Part II Taxpayer Declaration and Signature Authorization (Be sure yo	u get and keep a copy of your return)
Under penalties of perjury, I declare that I have examined a copy of the income tax return (original my knowledge and belief, it is true, correct, and complete. I further declare that the amounts return (original or amended) I am now authorizing. I consent to allow my intermediate service por to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I a Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institutio payment of my federal taxes owed on this return and/or a payment of estimated tax, and the finauthorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agen payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment ca business days prior to the payment (settlement) date. I also authorize the financial institutions it taxes to receive confidential information necessary to answer inquiries and resolve issues repersonal identification number (PIN) below is my signature for the income tax return (original or Electronic Funds Withdrawal Consent.  Taxpayer's PIN: check one box only  I authorize GLOBAL TAXES LLC to enter ERO firm name signature on the income tax return (original or amended) I am now authorizing I will enter my PIN as my signature on the income tax return (original or amended).  I will enter my PIN as my signature on the income tax return (original or amended).  Your signature ▶	in Part I above are the amounts from the income tax ovider, transmitter, or electronic return originator (ERO) reason for rejection of the transmission, (b) the reason uthorize the U.S. Treasury and its designated Financial on account indicated in the tax preparation software for ancial institution to debit the entry to this account. This not to terminate the authorization. To revoke (cancel) a ncellation requests must be received no later than 2 electronic payment of electronic payment. I further acknowledge that the ramended) I am now authorizing and, if applicable, my or generate my PIN  The street of the processing of the electronic payment of the electron
Spouse's PIN: check one box only	
☐ I authorize to enter	or generate my PIN as my
ERO firm name	Enter five digits, but
signature on the income tax return (original or amended) I am now authorizing	•
I will enter my PIN as my signature on the income tax return (original or ame if you are entering your own PIN and your return is filed using the Practition below.	
Spouse's signature ▶	Date ▶
Practitioner PIN Method Returns Only—con	tinue below
Part III Certification and Authentication — Practitioner PIN Method O	nly
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PI	N. 2 2 2 4 9 6 6 1 9 8 9  Don't enter all zeros
I certify that the above numeric entry is my PIN, which is my signature for the electronic individual authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm the requirements of the Practitioner PIN method and <b>Pub. 1345,</b> Handbook for Authorized IRS e-file	nat I am submitting this return in accordance with the
ERO's signature ▶	Date <b>▶</b>
ERO Must Retain This Form — See Inst	ructions

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

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

OMB No. 1545-0074

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

Filing Status Check only one box.	If yo	Single  Married filing jointly u checked the MFS box, enter the	name of y	ed filing separatelyour spouse. If yo					spoi	lifying survi use (QSS) s name if the	J
		on is a child but not your depender									
Your first name	and mi	ddle initial	Last nar							cial security	
ADITYA			PATH							83-1720	
If joint return, sp	oouse's	s first name and middle initial	Last nar	me					Spouse	's social sec	urity numbe
Home address	numbe	er and street). If you have a P.O. box, se	e instruction	ons.			Apt. r	10.	Preside	ntial Electio	n Campaigr
3336 LIE	RAR	Y LANE								here if you,	,
City, town, or po	ost offic	ce. If you have a foreign address, also o	complete sp	paces below.	Sta	te	ZIP code			if filing joint this fund. C	
MINNEAPC	LIS				MN	1	55426		_	ow will not a	_
Foreign country	name		F	oreign province/sta	ite/count	У	Foreign po	stal code	your tax	or refund.	_
										You	Spouse
Digital Assets		ny time during 2022, did you: (a) re ange, gift, or otherwise dispose of								Yes	X No
Standard		eone can claim: You as a d		<u>_</u>		a dependent	, (-		,		
Deduction		Spouse itemizes on a separate retu		•	us alien						
Age/Blindness	You:	☐ Were born before January 2,	1958	Are blind	Spouse	: Was bor	n before J	lanuary	2, 1958	☐ Is blir	nd
Dependents	(see	instructions):		(2) Social secu	ırity	(3) Relationsh	ip (4) Ch	eck the b	ox if quali	fies for (see i	nstructions):
If more		rst name Last name		number		to you	С	hild tax o	redit	Credit for oth	er dependents
than four											
dependents, see instructions											
and check	,										
here											
Income	1a	Total amount from Form(s) W-2,	box 1 (see	e instructions) .					. 1a	1 6	3,283.
	b	Household employee wages not	reported	on Form(s) W-2.					. 1b	)	
Attach Form(s) W-2 here. Also	С	Tip income not reported on line 1	a (see ins	structions)					. 10	;	
attach Forms	d	Medicaid waiver payments not re	eported or	n Form(s) W-2 (se	e instru	ctions)			. 1d	I	
W-2G and 1099-R if tax	е	Taxable dependent care benefits	from For	m 2441, line 26					. 1e	)	
was withheld.	f	Employer-provided adoption ben	efits from	Form 8839, line	29 .				. 1f		
If you did not	g	Wages from Form 8919, line 6 .							. 1g	ı	
get a Form	h	Other earned income (see instruc	ctions) .						. 1h	1	0.
W-2, see instructions.	i	Nontaxable combat pay election	(see instr	uctions)		<u>1i</u>					
	Z	Add lines 1a through 1h							. 1z	: 6	3,283.
Attach Sch. B	2a	Tax-exempt interest	2a			axable interest			. 2b	)	
if required.	3a	Qualified dividends	3a	55.		rdinary divider			. 3b		60.
	4a	IRA distributions	4a		b T	axable amoun	t		. 4b	)	
Standard Deduction for—	5a	Pensions and annuities	5a			axable amoun			. 5b		
Single or	6a	Social security benefits	6a			axable amoun	t		. 6b	)	
Married filing separately,	С	If you elect to use the lump-sum		•	•	,					
\$12,950	7	Capital gain or (loss). Attach Sch		required. If not re	equired	, check here			_   7		-108.
Married filing jointly or	8	Other income from Schedule 1, li							. 8		5,952.
Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b,							. 9		7,283.
surviving spouse, \$25,900	10	Adjustments to income from Sch	-						. 10		
Head of household,	11	Subtract line 10 from line 9. This	•						. 11		7,283.
\$19,400	12	Standard deduction or itemized		`	,				. 12		2,950.
If you checked any box under	13	Qualified business income deduc							. 13		
Standard Deduction,	14	Add lines 12 and 13							. 14		<u>2,950.</u>
see instructions.	15	Subtract line 14 from line 11. If zero or less, enter -0 This is your <b>taxable income</b>								9   4	4,333.

Form 1040 (2022	2)								Page <b>2</b>
Tax and	16	Tax (see instructions). Check	if any from Form	(s): <b>1</b> 881	4 <b>2</b> 4972	3 🗌		16	5,366.
Credits	17	Amount from Schedule 2, lin	e3					17	
	18	Add lines 16 and 17						18	5,366.
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812			19	
	20	Amount from Schedule 3, lin	e8					20	
	21	Add lines 19 and 20						21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	5,366.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21 .			23	0.
	24	Add lines 22 and 23. This is	your <b>total tax</b>					24	5,366.
Payments	25	Federal income tax withheld							
-	а	Form(s) W-2				25a	7,818.		
	b	Form(s) 1099				25b			
	С	Other forms (see instructions	s)			25c			
	d	Add lines 25a through 25c						25d	7,818.
If	26	2022 estimated tax payment	s and amount a	pplied from 20	21 return			26	
If you have a qualifying child,	27	Earned income credit (EIC)			No .	27			
attach Sch. EIC.	28	Additional child tax credit from				28			
	29	American opportunity credit	from Form 8863	3, line 8		29			
	30	Reserved for future use .				30			
	31	Amount from Schedule 3, lin				31			
	32	Add lines 27, 28, 29, and 31,				fundable credits		32	
	33	Add lines 25d, 26, and 32. T	•	-	-			33	7,818.
Refund	34	If line 33 is more than line 24						34	2,452.
neiulia	35a	Amount of line 34 you want i	efunded to you	ı. If Form 8888	s is attached, che	eck here	🗆	35a	2,452.
Direct deposit?	b	Routing number 0 9 1				Checking	Savings		
See instructions.	d	Account number 1 0 4	7 8 4 2	4 6 7 5			Ü		
	36	Amount of line 34 you want a	pplied to your	2023 estimate	ed tax	36			
Amount	37	Subtract line 33 from line 24	This is the <b>amo</b>	ount vou owe.					
You Owe		For details on how to pay, go		•				37	
	38	Estimated tax penalty (see in	structions) .			38			
Third Party	Do	you want to allow another	person to disc	cuss this retu	n with the IRS	? See			
Designee <sup>2</sup>	ins	tructions				Tes. C	Complete I	pelow.	<b>X</b> No
		signee's		Phone			sonal identi	fication	
	naı			no.			nber (PIN)		
Sign		der penalties of perjury, I declare t ief, they are true, correct, and com							
Here		ur signature	pioto. Boolaration	Date	Your occupation		1		nt you an Identity
	10	ui signature		Date	Tour occupation				IN, enter it here
Joint return?					FINANCIAL	ANALYST	(see	inst.)	
See instructions.	Sp	ouse's signature. If a joint return, t	oth must sign.	Date	Spouse's occupa	ation			nt your spouse an
Keep a copy for your records.							I .	tity Prote inst.)	ection PIN, enter it here
, ca coo. ac.							(566	11151.)	
		one no. (612)469-895		Email address	PATHA053@	1	DTIN		01 1 1
Paid		eparer's name	Preparer's signat			Date	PTIN		Check if:
Preparer	SYAM	PRIYA RAM SAGAR GUPTA TALLAM		RAM SAGAR	GUPTA TALLAN	M 03/21/2023	P0208		Self-employed
Use Only		m's name GLOBAL TAX							678)965-9522
	Fir	m's address 245 ROONE?	CT E BRU	NSWICK N	J 08816		Firm	's EIN	84-3171965
Go to www.irs.go	ov/Forn	n1040 for instructions and the late	st information.		BAA	REV 03/09/23 PRO			Form 1040 (2022)

## SCHEDULE 1 (Form 1040)

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

OMB No. 1545-0074

2022

Attachment
Soguence No. 01

Department of the Treasury Internal Revenue Service

ADITYA PATHAK

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

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

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

	Sequence No. <b>01</b>
Your soci	ial security number
250 02	1720

Par	t I Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxes		1	
2a	Alimony received		2a	
b	Date of original divorce or separation agreement (see instructions):			
3	Business income or (loss). Attach Schedule C		3	
4	Other gains or (losses). Attach Form 4797		4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Atta	ach Schedule E .	5	-6,500.
6	Farm income or (loss). Attach Schedule F		6	
7	Unemployment compensation		7	
8	Other income:			
а	Net operating loss	8a (		
b	Gambling	8b		
С	Cancellation of debt	8c		
d	Foreign earned income exclusion from Form 2555	8d (		
е	Income from Form 8853	8e		
f	Income from Form 8889	<b>8f</b> 548.		
g	Alaska Permanent Fund dividends	8g		
h	Jury duty pay	8h		
i	Prizes and awards	8i		
j	Activity not engaged in for profit income	8j		
k	Stock options	8k		
ı	Income from the rental of personal property if you engaged in the rental			
	for profit but were not in the business of renting such property	81		
m	Olympic and Paralympic medals and USOC prize money (see			
	instructions)	8m		
n	Section 951(a) inclusion (see instructions)	8n		
0	Section 951A(a) inclusion (see instructions)	80		
р	Section 461(I) excess business loss adjustment	8p		
q	Taxable distributions from an ABLE account (see instructions)	8q		
r	Scholarship and fellowship grants not reported on Form W-2	8r		
S	Nontaxable amount of Medicaid waiver payments included on Form			
	1040, line 1a or 1d	8s (	4	
t	Pension or annuity from a nonqualifed deferred compensation plan or			
	a nongovernmental section 457 plan	8t		
u	Wages earned while incarcerated	8u		
Z	Other income. List type and amount:			
_	Tatal athermina and Add Break Oa threadah Oa	8z		F 4.0
9 10	Total other income. Add lines 8a through 8z		9	548. -5 952
111	Contone mes i mionor / ano s chiernere and on com 1040-1040-58	UL 1040-IND III10 0	1 10	-7.77/

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

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

## SCHEDULE 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 for instructions and the latest information.

OMB No. 1545-0074

2022

Attachment Sequence No. 02

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

Your social security number
359-83-1720

Pa	rt I Tax		
1	Alternative minimum tax. Attach Form 6251	1	
2	Excess advance premium tax credit repayment. Attach Form 8962	2	
3	Add lines 1 and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 17.	3	
Par	t II Other Taxes		
4	Self-employment tax. Attach Schedule SE	4	
5	Social security and Medicare tax on unreported tip income.  Attach Form 4137		
6	Uncollected social security and Medicare tax on wages. Attach Form 8919		
7	Total additional social security and Medicare tax. Add lines 5 and 6	7	
8	Additional tax on IRAs or other tax-favored accounts. Attach Form 5329 if required.		
	If not required, check here	8	0.
9	Household employment taxes. Attach Schedule H	9	
10	Repayment of first-time homebuyer credit. Attach Form 5405 if required	10	
11	Additional Medicare Tax. Attach Form 8959	11	
12	Net investment income tax. Attach Form 8960	12	
13	Uncollected social security and Medicare or RRTA tax on tips or group-term life insurance from Form W-2, box 12	13	
14	Interest on tax due on installment income from the sale of certain residential lots and timeshares	14	
15	Interest on the deferred tax on gain from certain installment sales with a sales price over \$150,000	15	
16	Recapture of low-income housing credit. Attach Form 8611	16	
	(co	ontinu	ed on page 2)

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

Schedule 2 (Form 1040) 2022

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

### Part II Other Taxes (continued)

7	Other additional taxes:			
а	Recapture of other credits. List type, form number, and amount:	47-		
	Described of federal methods are being if the federal methods are	17a		
b	Recapture of federal mortgage subsidy, if you sold your home see instructions	17b		
_	Additional tax on HSA distributions. Attach Form 8889	17c		
	Additional tax on an HSA because you didn't remain an eligible	170		
u	individual. Attach Form 8889	17d		
е	Additional tax on Archer MSA distributions. Attach Form 8853.	17e		
f	Additional tax on Medicare Advantage MSA distributions. Attach			
-	Form 8853	17f		
g	Recapture of a charitable contribution deduction related to a			
	fractional interest in tangible personal property	17g		
h	Income you received from a nonqualified deferred compensation			
_	plan that fails to meet the requirements of section 409A	17h		
i	Compensation you received from a nonqualified deferred compensation plan described in section 457A	17i		
J	Section 72(m)(5) excess benefits tax	17j		
k		17k		
ı	Tax on accumulation distribution of trusts	171	_	
m	Excise tax on insider stock compensation from an expatriated corporation	17m		
n	Look-back interest under section 167(g) or 460(b) from Form	17111		
"	8697 or 8866	17n		
0	Tax on non-effectively connected income for any part of the			
	year you were a nonresident alien from Form 1040-NR	170		
р	Any interest from Form 8621, line 16f, relating to distributions			
	from, and dispositions of, stock of a section 1291 fund	17p		
q	Any interest from Form 8621, line 24	17q		
Z	Any other taxes. List type and amount:			
		17z		
8	Total additional taxes. Add lines 17a through 17z		. 18	
9	Reserved for future use		. 19	
20	Section 965 net tax liability installment from Form 965-A	20		
21	Add lines 4, 7 through 16, and 18. These are your total other taxes			
	on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b.		. 21	0.

## SCHEDULE D (Form 1040)

### **Capital Gains and Losses**

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

Go to www.irs.gov/ScheduleD for instructions and the latest information.
Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.

OMB No. 1545-0074

2022

Attachment Sequence No. **12** 

Department of the Treasury Internal Revenue Service

Name(s) shown on return
ADITYA PATHAK

Your social security number
359-83-1720

	vou dispose of any investment(s) in a qualified opportunity es," attach Form 8949 and see its instructions for additiona	•	•			
	rt I Short-Term Capital Gains and Losses—Ge				e ins	tructions)
lines This	nstructions for how to figure the amounts to enter on the below.  form may be easier to complete if you round off cents to edollars.  (d) Proceeds (sales price)  (e) Cost to gain or loss from Form(s) 8949, Pailine 2, column (seed to gain or loss from Form(s) 8949, Pailine 2,					(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
	Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b .					
1b	Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked					
	Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked	1,000.	1,108.			-108.
	Box C checked					
4	Short-term gain from Form 6252 and short-term gain or (lo	•			4	
5	Net short-term gain or (loss) from partnerships, Schedule(s) K-1				5	
6	Short-term capital loss carryover. Enter the amount, if an <b>Worksheet</b> in the instructions		_		6	(
7	Net short-term capital gain or (loss). Combine lines 1a term capital gains or losses, go to Part II below. Otherwise	through 6 in colu	mn (h). If you have	e any long-	7	-108.
Pai	t II Long-Term Capital Gains and Losses—Ger					I.
lines This	e instructions for how to figure the amounts to enter on the es below.  Is form may be easier to complete if you round off cents to ole dollars.  (g)  (d)  (e)  Cost  (or other basis)  (or other basis)				from Part II,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a	Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b.					
8b	Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked					
9	Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked					
10	Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked					
11	Gain from Form 4797, Part I; long-term gain from Forms from Forms 4684, 6781, and 8824			, ,	11	
12	Net long-term gain or (loss) from partnerships, S corporati				12	
13	. 9				13	
14	Long-term capital loss carryover. Enter the amount, if any <b>Worksheet</b> in the instructions	=	our <b>Capital Loss</b>	Carryover	14	(
15	Net long-term capital gain or (loss). Combine lines 8a	through 14 in co	lumn (h). Then, go	to Part III	45	

Schedule D (Form 1040) 2022 Page 2

#### Part III **Summary** 16 Combine lines 7 and 15 and enter the result 16 -108.• If line 16 is a gain, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below. • If line 16 is a loss, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete • If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22. 17 Are lines 15 and 16 both gains? ☐ **Yes.** Go to line 18. No. Skip lines 18 through 21, and go to line 22. 18 If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet . . . . . . . . . . . . . . . . . . 18 19 If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet . 19 20 Are lines 18 and 19 both zero or blank and you are not filing Form 4952? ☐ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. Don't complete lines 21 and 22 below. □ No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below. If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of: 21 • The loss on line 16; or 108.) 21 • (\$3,000), or if married filing separately, (\$1,500) Note: When figuring which amount is smaller, treat both amounts as positive numbers. Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a? 22 X Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.

**Sales and Other Dispositions of Capital Assets** 

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

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

OMB No. 1545-0074

2022

Attachment
Sequence No. 12A

Internal Revenue Service

Name(s) shown on return

ADITYA PATHAK

Department of the Treasury

Social security number or taxpayer identification number 359-83-1720

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

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

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

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

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

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

(C) Short-term transactions	not reported	d to you on F	orm 1099-B	·			
1 (a) Description of property		Date sold or	d or Proceeds	(e) Cost or other basis See the <b>Note</b> below	Adjustment, in If you enter an enter a co See the sep	(h) Gain or (loss) Subtract column (e)	
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see Column (e) in the separate instructions.	(f) Code(s) from instructions	<b>(g)</b> Amount of adjustment	from column (d) and combine the result with column (g).
Robinhood Crypto LLC	01/01/22	12/31/22	1,000.	1,108.			-108.
2 Totals. Add the amounts in columns negative amounts). Enter each total Schedule D, line 1b (if Box A above above is checked), or line 3 (if Box 6).	al here and inc is checked), <b>lir</b>	lude on your ne 2 (if Box B	1.000.	1.108.			-108.

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

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

#### **Supplemental Income and Loss**

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

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

Attachment Sequence No. 13

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

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

` '	SHOWN OF FERMIN							al Security		
	YA PATHAK						359-8	3-1720		
Part	Note: If you are in the business of renting personal proper			<b>C</b> . See	instru	ctions. If you are	e an indi	vidual, rep	ort farm	
	rental income or loss from <b>Form 4835</b> on page 2, line 40.									
	Did you make any payments in 2022 that would require you		. ,							
B I	f "Yes," did you or will you file required Form(s) 1099? .							. <u></u> Ye	s N	0
1a	Physical address of each property (street, city, state, ZIF	code	e)							
Α	5 GARSTIN PLACE KOLKATA KOLKATA IN 700	0001								
В										
С										
1b	Type of Property 2 For each rental real estate prope	rty list	ted		Fa	ir Rental	Persor	nal Use	0.11/	,
	(from list below) above, report the number of fair	rental	and			Days	Da	ıys	QJV	
Α	personal use days. Check the Q			Α		365		0		
В	if you meet the requirements to f qualified joint venture. See instru			В						
С	quainied joint venture. See institu	Ctions	·	С						
Туре	of Property:									
1	Single Family Residence 3 Vacation/Short-Term Ren	tal	5 Land			Self-Rental				
2	Multi-Family Residence 4 Commercial		6 Roya	lties	8	Other (describ	be)			
						Propertie				
Incom	no.			Α		В	Э.		С	
3	Rents received	3			00.					
4	Royalties received	4			00.					
Exper		-								
5 5	Advertising	5								
6	Auto and travel (see instructions)	6								
7	Cleaning and maintenance	7		8	00.					
8	Commissions	8			00.					
9	Insurance	9								
10	Legal and other professional fees	10								
11	Management fees	11		5	00.					
12	Mortgage interest paid to banks, etc. (see instructions)	12			00.					
13	Other interest	13								
14	Repairs	14		1.8	00.					
15	Supplies	15			00.					
16	Taxes	16		<u> </u>						
17	Utilities	17		2,3	00.					
18	Depreciation expense or depletion	18								
19	Other (list)	19								
20	Total expenses. Add lines 5 through 19	20		6,9	00.					
21	Subtract line 20 from line 3 (rents) and/or 4 (royalties). If									
	result is a (loss), see instructions to find out if you must									
	file <b>Form 6198</b>	21		-6,5	00.					
22	Deductible rental real estate loss after limitation, if any,									
	on Form 8582 (see instructions)	22	(	6,50	0.)	(	)	(		)
23a	Total of all amounts reported on line 3 for all rental prope	rties			23a		400.			
b	Total of all amounts reported on line 4 for all royalty prop	erties			23b					
С	Total of all amounts reported on line 12 for all properties				23c					
d	Total of all amounts reported on line 18 for all properties				23d					
е	Total of all amounts reported on line 20 for all properties				23e	6,	900.			
24	Income. Add positive amounts shown on line 21. Do no		-				24			
25	Losses. Add royalty losses from line 21 and rental real estat	te loss	es from lir	ne 22. E	nter to	otal losses here	25	(	6,500	. )
26	Total rental real estate and royalty income or (loss).									
	here. If Parts II, III, IV, and line 40 on page 2 do not									_
	Schedule 1 (Form 1040), line 5. Otherwise, include this ar	nount	in the tot	aı on li	ne 41	on page 2 .	26		-6,50	0.

Department of the Treasury Internal Revenue Service

# Additional Taxes on Qualified Plans (Including IRAs) and Other Tax-Favored Accounts

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

Go to www.irs.gov/Form5329 for instructions and the latest information.

OMB No. 1545-0074

2022

Attachment
Soguence No. 29

Name o	of individual subject to additio	nal tax. If married filing jointly, see instructions.			Your socia	al security number
ADI'	TYA PATHAK				359-83	3-1720
		Home address (number and street), or P.O. box	if mail is not delivered to yo	our home		Apt. no.
F:II :	Varus Adduaga Only					
	Your Address Only Are Filing This	City, town or post office, state, and ZIP code. If below. See instructions.	you have a foreign address	, also complete the spaces		
	by Itself and Not	below. See instructions.			If this is a	ın amended
	Your Tax Return				return, ch	eck here
		Foreign country name	Foreign province/state/o	ounty	Foreign po	stal code
		nal 10% tax on the full amount of the		ou may be able to r	eport this	tax directly on
		e 8, without filing Form 5329. See instru	ictions.			
Par		x on Early Distributions. Complet				
		ution) before you reached age 591/2				
		ntract (unless you are reporting this ta				
		te this part to indicate that you qualify	for an exception to	the additional tax on	early dis	tributions or for
		A distributions. See instructions.				
1	•	cludible in income (see instructions). Fo		•	1	
2	=	cluded on line 1 that are not subject to		-		
		exception number from the instruction			2	
3	,	ditional tax. Subtract line 2 from line 1			3	
4		10% (0.10) of line 3. Include this amou			4	
		of the amount on line 3 was a distribut		RA, you may have to		
		amount on line 4 instead of 10%. See in				
Part		x on Certain Distributions From I				
		an amount in income, on Schedule 1				savings account
		ied tuition program (QTP), or on Scheo				
5		d in income from a Coverdell ESA, a Q			5	
6		d on line 5 that are not subject to the a	,	•	6	
7	•	Iditional tax. Subtract line 6 from line 5			7	
8		10% (0.10) of line 7. Include this amou		•	8	
Part		x on Excess Contributions to Tra				ed more to your
		for 2022 than is allowable or you had a				
9	•	tributions from line 16 of your 2021 Forn		is. If zero, go to line 15	9	
10		A contributions for 2022 are less th		40		
		n, see instructions. Otherwise, enter -0		10	_	
11		distributions included in income (see in	,	11	-	
12		prior year excess contributions (see in:		12	10	
13		12			13 14	
14	•	ntributions. Subtract line 13 from line 9				
15 16		for 2022 (see instructions)			15 16	
16		6% (0.06) of the <b>smaller</b> of line 16 <b>or</b> th				
17		22 contributions made in 2023). Include the			17	
Part		x on Excess Contributions to Ro				re to your Both
· a.c		nan is allowable or you had an amount	•		outed file	ne to your riotii
18		stributions from line 24 of your 2021 Forn	<u>-</u>		18	
19	•	tributions for 2022 are less than your r	I and the second se		10	
13		ructions. Otherwise, enter -0		19		
20		om your Roth IRAs (see instructions)		20		
21	Add lines 19 and 20			-	21	
22		ntributions. Subtract line 21 from line 1			22	
23	-	for 2022 (see instructions)			23	
24		itions. Add lines 22 and 23			24	
25		6% (0.06) of the <b>smaller</b> of line 24 <b>or</b> th				
		contributions made in 2023) Include this			25	

Part				tributions to Coverdell ESAs. C				,
26				han is allowable or you had an amoun of your 2021 Form 5329. See instruction			26	1 5329.
27				SAs for 2022 were less than the	2010, g		20	
_,				uctions. Otherwise, enter -0	27			
28				As (see instructions)	28			
29	Add I	ines 27 and 2	28				29	
30	Prior	year excess	contributions. Subtract li	ne 29 from line 26. If zero or less, ente	er -0		30	
31	Exces	ss contribution	ons for 2022 (see instruct	ions)			31	
32	Total	excess cont	ributions. Add lines 30 ar	nd 31			32	
	Dece (Form	mber 31, 20 1 1040), line 8	22 (including 2022 contri 8	maller of line 32 or the value of you butions made in 2023). Include this a	mount on S	Schedule 2	33	
Part \				ibutions to Archer MSAs. Completed in a library is allowable or you had an amount				
34				of your 2021 Form 5329. See instruction			34	10020.
35				for 2022 are less than the maximum	2010, 9	0 10 11110 00		
00				therwise, enter -0	35			
36				from Form 8853, line 8				
37			-	· · · · · · · · · · · · · · · · · · ·			37	
38				ne 37 from line 34. If zero or less, ente			38	
39		-		ions)			39	
40	Total	excess cont	ributions. Add lines 38 ar	nd 39			40	
41	Addit	tional tax. E	Enter 6% (0.06) of the s	smaller of line 40 or the value of y	our Archer	MSAs on		
				butions made in 2023). Include this a				
	(Form	1040), line 8	8				41	
Part V				tributions to Health Savings Ac	•	•		
				nployer contributed more to your HS	SAs for 202	22 than is a	llowab	le or you had ar
			ine 49 of your 2021 Form					
42	Enter	the excess of	contributions from line 48	3 of your 2021 Form 5329. If zero, go t	o line 47		42	0.
43				2022 are less than the maximum				
				therwise, enter -0	43		_	
44			-	orm 8889, line 16	44			
45							45	
46		-		ne 45 from line 42. If zero or less, ente			46	
47			,	ions)			47	548.
48				nd 47			48	548.
49				<b>aller</b> of line 48 <b>or</b> the value of your H 2023). Include this amount on Schedule			49	0.
Part V				ributions to an ABLE Account. C	omplete th	is part if cor	ntributi	ons to your ABLE
			2022 were more than is a				T T	
50			ons for 2022 (see instruct				50	
51				<b>Emailer</b> of line 50 <b>or</b> the value of your schedule 2 (Form 1040), line 8			51	
Part I				mulation in Qualified Retirement				Complete this par
				quired distribution from your qualified	•	_	710/1	ompioto tino par
52				e instructions)		-	52	
53			•				53	
54	Subtr	act line 53 fr	rom line 52. If zero or less	s, enter -0			54	
55	Addit	t <b>ional tax.</b> Er	nter 50% (0.50) of line 54	. Include this amount on Schedule 2 (F	orm 1040)	, line 8 .	55	
_		nly if You nis Form	Under penalties of perjury, I de belief, it is true, correct, and com	clare that I have examined this form, including acc pplete. Declaration of preparer (other than taxpayer) i	ompanying atta s based on all i	chments, and to	the bes	arer has any knowledge and
-		Not With						
Your T	ax Re	eturn	Your signature			Date		
Paid		Print/Type prep	parer's name	Preparer's signature	Date	Check self-em	if	PTIN
Prepa		Firm's name			1	Firm's EIN		
Use (	חוט	Firm's address	S			Phone no.		

Department of the Treasury

ADITYA PATHAK

#### **Health Savings Accounts (HSAs)**

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

Go to www.irs.gov/Form8889 for instructions and the latest information.

OMB No. 1545-0074

2022
Attachment
Sequence No. 52

Internal Revenue Service

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

Social security number of HSA beneficiary. If both spouses have HSAs, see instructions. 359-83-1720

Before you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if required. HSA Contributions and Deduction. See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part I for each spouse. Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2022. ■ Self-only 
 □ Family HSA contributions you made for 2022 (or those made on your behalf), including those made by the unextended due date of your tax return that were for 2022. Do not include employer contributions, contributions through a cafeteria plan, or rollovers. See instructions . . . . . . . . . . . . . . . 2 0. If you were under age 55 at the end of 2022 and, on the first day of every month during 2022, you 3 were, or were considered, an eligible individual with the same coverage, enter \$3,650 (\$7,300 for 3 3,650. Enter the amount you and your employer contributed to your Archer MSAs for 2022 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2022, also 4 0. 5 5 3,650. 6 Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2022, see the instructions for the amount to enter . . . 6 3,650. If you were age 55 or older at the end of 2022, married, and you or your spouse had family coverage 7 under an HDHP at any time during 2022, enter your additional contribution amount. See instructions . 0. 7 8 8 3,650. Employer contributions made to your HSAs for 2022 . . . . . . . . . 9 10 4,198. 11 11 0. 12 12 HSA deduction. Enter the smaller of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line 13 13 13 0. Caution: If line 2 is more than line 13, you may have to pay an additional tax. See instructions. HSA Distributions. If you are filing jointly and both you and your spouse each have separate HSAs, complete Part II a separate Part II for each spouse. 14a Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were 14b 14c Qualified medical expenses paid using HSA distributions (see instructions) . . . . . . . . . . . . 15 15 Taxable HSA distributions. Subtract line 15 from line 14c. If zero or less, enter -0-. Also, include this 16 16 If any of the distributions included on line 16 meet any of the Exceptions to the Additional 20% Additional 20% tax (see instructions). Enter 20% (0.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also, include this amount in the total on Schedule 2 (Form 1040), Part II, line 17c Income and Additional Tax for Failure To Maintain HDHP Coverage. See the instructions before Part III completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part III for each spouse. 18 18 19 19 20 **Total income.** Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I, line 8f 20 Additional tax. Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2 (Form 21

21





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

ADIT Your Fire	ГҮА st Name and Initial	PATHAK Last Name	359831720 Your Social Security Numb		4071997ur Date of Birth (MM/DD/YYYY
If a Joint	Return, Spouse's First Name and Initial	Spouse's Last Name	Spouse's Social Security Nu	nber Sp	ouse's Date of Birth
	5 LIBRARY LANE Home Address		Check if Address is:		New Foreign
MINI City	NEAPOLIS		MN State	<u>5</u>	5426 Code
2022	Federal Filing Status (place	ce an X in one box):			
<b>X</b> (1	) Single (2) Married Filing Jointly	(3) Married Filing Separately Spouse Name		ehold [	(5) Qualifying Widow(er
Depe	endents (see instructions):	Spouse SSN			
Depend	lent 1 First Name	Dependent 1 Last Name	Dependent 1 SSN	Deper	ndent 1 Relationship to You
Depend	lent 2 First Name	Dependent 2 Last Name	Dependent 2 SSN	Deper	ndent 2 Relationship to You
Depend	lent 3 First Name	Dependent 3 Last Name	Dependent 3 SSN	Deper	ndent 3 Relationship to You
	Your Federal Return (see in: 63283 es, salaries, tips, etc. B. IRA	of tructions)  Of the structions, and annuities	O C. Unemployment		44333 taxable income
A. wag	es, salaries, tips, etc. B. IKA	, pensions, and annuities	C. Onemployment	). Federal	taxable income
1	Federal adjusted gross income (fr	om line 11 of federal Form 10	40 and 1040-SR)	1■	57283
2	Additions to income from line 10	of Schedule M1M and line 9 of	Schedule M1MB (see instructions)	2■	·
3	Add lines 1 and 2			3	57283
4	Itemized deductions (from Sched	ule M1SA) or your <b>standard de</b>	duction (see instructions)	4∎	12900
5	Exemptions (determine from instr	uctions)		5	I
6	State income tax refund from line	1 of federal Schedule 1		6■	I
7	Subtractions from line 32 of Scheo	dule M1M and line 21 of Scheo	lule M1MB (see instructions)	. 7	I
8	Total subtractions. Add lines 4 thr	ough 7		8	12900
9	Minnesota taxable income. Subtr	act line 8 from line 3. If zero o	r less, leave blank	9	44383
10	Tax from the table or schedules in	the Form M1 instructions		. 10	2609

#### 2022 M1, page 2



11	Alternative minimum tax (enclose Schedule M1MT)		.11	
12 13	Full-year residents: Enter the amount from line 12 on line 13. Part-year residents and nonresidents: From Schedule M1NR, 6	. Skip lines 13a and 13b. enter the amount from line 32 on		<u>2609</u> 2609
	line 13, from line 28 on line 13a, and from line 29 on line 13b	(enclose Schedule M1NR)	13	2009
	13a■0 13b■0	<u>)</u>		
14	Other taxes, such as recapture amounts and the tax on lump-	sum distributions (check appropriate boxes)		
	(a) Schedule M1HOME (b) Schedule M1529	(c) Schedule M1LS	14 ■	
15	Tax before credits. Add lines 13 and 14		15	2609
16	Amount from line 19 of Schedule M1C, Nonrefundable Credits	s (enclose Schedule M1C)	16 ■	
17	Subtract line 16 from line 15 (if result is zero or less, leave black	nk)	17	2609
18	Nongame Wildlife Fund contribution (see instructions)		40 =	
	This will reduce your refund or increase the amount you owe		18 ■	
19	Add lines 17 and 18		19	2609
20	Minnesota income tax withheld. Complete and enclose Sched			3465
	Minnesota withholding from Forms W-2, 1099, and W-2G and S	chedules KPI, KS, and KF	20 ■	3403
21	Minnesota estimated tax and extension payments made for 2	022	21 ■	
22	Amount from line 12 of Schedule M1REF, Refundable Credits (	(see instructions; enclose Schedule M1REF)	22 ■	
23	Total payments. Add lines 20 through 22		23	3465
24	<b>REFUND.</b> If line 23 is more than line 19, subtract line 19 from		_	856
25	For direct deposit, complete line 25		24 ■	830
	X Checking Savings 09100002	2 104784246753		
	Routing Number	Account Number		
	AMOUNT YOU OWE. If line 19 is more than line 23, subtract I	· · · · · · · · · · · · · · · · · · ·	26 ■	
27	Penalty amount from Schedule M15 (see instructions). Also su this amount from line 24 or add it to line 26 (enclose Schedule		27 ■	
IF Y	OU PAY ESTIMATED TAX and want part of your refund credited		27	
	Amount from line 24 you want sent to you		28 ■	
	Amount from line 24 you want applied to your 2023 estimate		29 ■	
Гахр	ayer(s): I declare that this return is correct and complete to the	best of my knowledge and belief.		
Your	Signature	Spouse's Signature (If Filing Jointly)	Date	e (MM/DD/YYYY)
	24698959	PATHA053@UMN.EDU		
,	mePhone AM PRIYA RAM SAGAR GUPTA TALLAM	Email Address 03212023	ъΛ	2082703
	Preparer's Signature	Date (MM/DD/YYYY)		N or VITA/TCE # (required)
	89659522	SYAM@GTAXFILE.COM		
repa	arer's Daytime Phone	Preparer's Email Address		
	I do not want my paid preparer to file my return electronically.	I authorize the Minnesota Department of Revenue with the preparer or the third-party designee indic		
	Include a convint your 2022 federal return and schedules	with the preparer of the tillia-party designee indic	ateu UII IIIV	reuciai retulli.

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





### 2022 Schedule M1W, Minnesota Income Tax Withheld

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

ADITYA Your First Name and Initial		PATHAK Last Name  359831720 Your Social Security N					
ioui Fiist Name and midai		Last Ivallie				Tour Socia	i Security Number
If a Joint Return, Spouse's Firs	t Name and Initial	Spouse's Las	st Name			Spouse's S	ocial Security Number
If you received a federa complete this schedule amounts to the nearest W-2G; keep them with y 1 Minnesota wages and complete line 5 on th	to determine line whole dollar. You your tax records. A Minnesota tax wi	e 20 of Form M I must include All instructions	<ol> <li>List only the form this schedule when are included on the</li> </ol>	ns that rep n you file yo nis schedule	ort Minnesota incom our return. <b>DO NOT</b> : :.	ne tax withhe send in your	eld. Round dollar Forms W-2, 1099, or
Α	B—Box 13	C—Box 15		D—Box		E—Box 1	
• you, enter 1	If Retirement Plan box is checked,	Employer's s Tax ID Numb	even-digit Minnesota er		ges, tips, etc. o nearest whole dollar)		ta tax withheld nearest whole dollar)
• spouse, enter 2 a1	mark an X below.	c1 MN	9539270	d1	25735	e1	1357
a2 <u>1</u>	b2	c2 MN	7412338	d2	1326	e2	41
a3 <u>1</u>	b3	c3 MN	7412338	d3	36222	e3	2067
a4	b4	c4 MN		d4		e4	
a5	b5	c5 MN		d5		e5	
Subtotal for additiona	al Forms W-2 <i>(fron</i>	n line 5 on page	2)				
Total Minnesota tax	withheld on all Fo	rms W-2 (add a	amounts in line 1, co	lumn E)		1■	3465
<ul> <li>Minnesota tax withher</li> <li>A</li> <li>If the Form 1099, W-2G, or</li> <li>you, enter 1</li> <li>spouse, enter 2</li> </ul>		<b>B</b> Payer's sever	42-S. If you have mon-digit Minnesota Tax ID nknown, contact the page	<b>C</b> Income	forms, complete line amount (see the table on a for amounts to include)	<b>D</b> Minne	k. sota tax withheld to nearest whole dollar)
a1		b1 MN		c1		d1	
a2		b2 MN		c2		d2	
a3		ыз ММ		c3		d3	
a4		b4 MN		c4		d4	
Subtotal for additiona	al 1099, W-2G, and	l 1042-S (from	line 6 on page 2)				
Total Minnesota tax	withheld on all 10	99, W-2G, and	<b>1042-S</b> (add amoun	ts in line 2, c	column D)	2■	
3 Total Minnesota tax	, ,		•			. =	
(from line 7 on page 2  Total. Add the Minne Enter the total here a	sota tax withheld	on lines 1, 2, ar				3 ■ 4 ■	3465

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

2022	
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OMB No. 1545-0074

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

Filing Status Check only one box.	If yo	u checked the MFS box, enter the n	ame of y	ed filing separately (Norour spouse. If you cl					spo	alifying su use (QSS s name if	3)
		on is a child but not your dependent									
Your first name	and mi	adie initial	Last nar								rity number
ADITYA		final management and all the initial	PATH							83-17	
if joint return, s	pouses	first name and middle initial	Last nar	пе					Spouse	's social s	security numbe
Home address	(numbe	er and street). If you have a P.O. box, see	instructio	ons.				Apt. no.	1		tion Campaigr
3336 LI	BRAR?	Y LANE									u, or your
City, town, or p	ost offi	ce. If you have a foreign address, also co	mplete sp	oaces below.	Sta	te	ZIP	code			ointly, want \$3 d. Checking a
MINNEAPO	OLIS				MN	Ι	55	426			ot change
Foreign country	y name		F	oreign province/state/o	count	у	Fore	eign postal code	your ta	x or refun	d
										You	Spouse
Digital Assets		ny time during 2022, did you: (a) rec ange, gift, or otherwise dispose of a	•				•	, -	. ,	_	s 🛛 No
Standard		eone can claim: You as a de						, (	,		
Deduction		Spouse itemizes on a separate retur	•			•					
Age/Blindness	You:	Were born before January 2, 1	958	Are blind Spo	use	: Was bor	rn be	fore January	2, 1958	☐ Is	blind
Dependents	•			(2) Social security	,	(3) Relationsh	qin	(4) Check the b	ox if qual	ifies for (se	ee instructions):
If more		irst name Last name		number		to you		Child tax of	redit	Credit for	other dependents
than four	•										П
dependents,											
see instruction and check	s ——										
here	]										
Income	1a	Total amount from Form(s) W-2, b	ox 1 (see	e instructions)					. 1	9	63,283.
	b	Household employee wages not re	eported	on Form(s) W-2					. 1k	)	
Attach Form(s) W-2 here. Also	С	Tip income not reported on line 1a (see instructions)						. 10	•		
attach Forms	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)						. 10	t t		
W-2G and 1099-R if tax	е	Taxable dependent care benefits from Form 2441, line 26						. 16	e		
was withheld.	f	Employer-provided adoption benefits from Form 8839, line 29						. 11	f		
If you did not	g	Wages from Form 8919, line 6 .							. 19	9	
get a Form	h	Other earned income (see instruct	ions) .				4		. 11	า	0.
W-2, see instructions.	i	Nontaxable combat pay election (s	see instr	uctions)		<u>1</u> i					
	z	Add lines 1a through 1h							. 12	Z	63,283.
Attach Sch. B	2a	Tax-exempt interest	2a		b Ta	axable interes	t		. 2k	)	
if required.	3a	Qualified dividends	3a	55.	<b>b</b> 0	rdinary divide	nds		. 3k	)	60.
	4a	IRA distributions	4a		b Ta	axable amoun	t.		. 4t	)	
Standard	5a	_	5a		b Ta	axable amoun	t.		. 5k	)	
Deduction for— Single or	6a	,	6a			axable amoun	t.		. 6t	)	
Married filing separately,	С	If you elect to use the lump-sum e		•	`	,					
\$12,950	7	Capital gain or (loss). Attach Sche		required. If not requ	ıired,	check here			<b>□</b>		-108.
<ul> <li>Married filing jointly or</li> </ul>	8	Other income from Schedule 1, lin							. 8		-5,952.
Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7							. 9		57,283.
surviving spouse, \$25,900	10	Adjustments to income from Sche	-						. 10		
Head of household.	11	Subtract line 10 from line 9. This is	•						. 11		57,283.
\$19,400	12	Standard deduction or itemized		,	,				. 12		12,950.
If you checked any box under	13	Qualified business income deduct							. 13		
Standard Deduction,	14	Add lines 12 and 13							. 14		12,950.
see instructions.	15	Subtract line 14 from line 11. If zer	o or less	s, enter -0 This is y	our <b>t</b>	axable incom	ne		. 15	5	44,333.

Form 1040 (2022	2)							Page <b>2</b>
Tax and	16	Tax (see instructions). Check if any from Form	n(s): <b>1</b> 881	4 <b>2</b> 🗌 4972	3 🗌		16	5,366.
Credits	17	Amount from Schedule 2, line 3					17	
	18	Add lines 16 and 17					18	5,366.
	19	Child tax credit or credit for other depender	nts from Sched	ule 8812			19	
	20	Amount from Schedule 3, line 8					20	
	21	Add lines 19 and 20					21	
	22	Subtract line 21 from line 18. If zero or less,	enter -0				22	5,366.
	23	Other taxes, including self-employment tax,	from Schedule	e 2, line 21 .			23	0.
	24	Add lines 22 and 23. This is your <b>total tax</b>					24	5,366.
Payments	25	Federal income tax withheld from:						· ·
,	а	Form(s) W-2			<b>25a</b> 7	,818.		
	b	Form(s) 1099			25b			
	С	Other forms (see instructions)			25c			
	d	Add lines 25a through 25c					25d	7,818.
	26	2022 estimated tax payments and amount a					26	,
If you have a qualifying child,	27	Earned income credit (EIC)			27			
attach Sch. EIC.	28	Additional child tax credit from Schedule 8812			28			
	29	American opportunity credit from Form 886			29			
	30	Reserved for future use	-		30			
	31	Amount from Schedule 3, line 15			31			
	32	Add lines 27, 28, 29, and 31. These are you					32	
	33	Add lines 25d, 26, and 32. These are your to		-			33	7,818.
	34	If line 33 is more than line 24, subtract line 2					34	2,452.
Refund	35a	Amount of line 34 you want <b>refunded to yo</b>			•		35a	2,452.
Direct deposit?	b	Routing number 0 9 1 0 0 0 0				· □   Savings	000	
See instructions.		Account number 1 0 4 7 8 4 2				Javings		
	36	Amount of line 34 you want applied to your			36			
Amount		, , , , , ,			00			
You Owe	37	Subtract line 33 from line 24. This is the <b>am</b> For details on how to pay, go to <i>www.irs.go</i>	•				37	
	38	Estimated tax penalty (see instructions) .	,		38		37	
Third Party		you want to allow another person to dis						
Designee		tructions				mplete be	elow.	X No
	De	signee's	Phone			nal identifi		
	nar	ne	no.		numb	er (PIN)		
Sign		der penalties of perjury, I declare that I have examin-						
Here		ef, they are true, correct, and complete. Declaration			pased on all information	1		,
	Yo	ır signature	Date	Your occupation				nt you an Identity IN, enter it here
Joint return?				   FINANCIAL	TPY.IANA	(see ir		IN, enter it fiere
See instructions.	Sp	buse's signature. If a joint return, <b>both</b> must sign.	Date	Spouse's occupa		If the	IRS ser	nt your spouse an
Keep a copy for						Identi	ty Prote	ection PIN, enter it here
your records.						(see ir	ıst.)	
	Ph	one no. (612)469-8959	Email address	PATHA053@	UMN.EDU			
Paid	Pre	parer's name Preparer's signa	ture		Date	PTIN		Check if:
Preparer	SYAM	PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA	RAM SAGAR	GUPTA TALLAN	1 03/21/2023	P02082	703	Self-employed
Use Only	Fire	n's name GLOBAL TAXES LLC				Phone	∍ no. (	678)965-9522
	Fir	n's address 245 ROONEY CT E BRU	JNSWICK N	J 08816		Firm's	; EIN	84-3171965
Go to www.irs.g	ov/Forn	1040 for instructions and the latest information.		BAA	REV 03/09/23 PRO			Form <b>1040</b> (2022)

## SCHEDULE 1 (Form 1040)

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

OMB No. 1545-0074

2022
Attachment Sequence No. 01

Department of the Treasury Internal Revenue Service Attach to Form 1040, 1040-SR, or 1040-NR.

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

Name	(s) shown on Form 1040, 1040-SR, or 1040-NR	,	Your so	cial s	security numb	er
ADIT	YA PATHAK		359-8	3-17	720	
Par	t I Additional Income					
1	Taxable refunds, credits, or offsets of state and local income taxes			1		
2a	Alimony received			2a		
b	Date of original divorce or separation agreement (see instructions):					
3	Business income or (loss). Attach Schedule C			3		
4	Other gains or (losses). Attach Form 4797			4		
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Sche	dule l	Ε.	5	-6,50	0.
6	Farm income or (loss). Attach Schedule F			6		
7	Unemployment compensation			7		
8	Other income:					
а	Net operating loss		)			
b	Gambling					
С	Cancellation of debt					
d	Foreign earned income exclusion from Form 2555		)			
е	Income from Form 8853					
f	Income from Form 8889		548.			
g	Alaska Permanent Fund dividends 8g					
h	Jury duty pay					
i	Prizes and awards					
j	Activity not engaged in for profit income					
k	Stock options					
- 1	Income from the rental of personal property if you engaged in the rental					
	for profit but were not in the business of renting such property 81					
m	Olympic and Paralympic medals and USOC prize money (see					
	instructions)					
n	Section 951(a) inclusion (see instructions)					
0	Section 951A(a) inclusion (see instructions)					
р	Section 461(I) excess business loss adjustment					
q	Taxable distributions from an ABLE account (see instructions) <b>8q</b>					
r	Scholarship and fellowship grants not reported on Form W-2 8r					
s	Nontaxable amount of Medicaid waiver payments included on Form		_			
	1040 line 1a or 1d		)			

8t

8u

8z

u Wages earned while incarcerated

9

Other income. List type and amount:

Total other income. Add lines 8a through 8z . . . . . . . . . . . .

Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8

9

10

548.

-5,952.

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

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

## SCHEDULE 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 for instructions and the latest information.

OMB No. 1545-0074

2022

Attachment Sequence No. 02

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

Your social security number
359-83-1720

Pa	rt I Tax		
1	Alternative minimum tax. Attach Form 6251	1	
2	Excess advance premium tax credit repayment. Attach Form 8962	2	
3	Add lines 1 and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 17.	3	
Par	t II Other Taxes		
4	Self-employment tax. Attach Schedule SE	4	
5	Social security and Medicare tax on unreported tip income.  Attach Form 4137		
6	Uncollected social security and Medicare tax on wages. Attach Form 8919		
7	Total additional social security and Medicare tax. Add lines 5 and 6	7	
8	Additional tax on IRAs or other tax-favored accounts. Attach Form 5329 if required.		
	If not required, check here	8	0.
9	Household employment taxes. Attach Schedule H	9	
10	Repayment of first-time homebuyer credit. Attach Form 5405 if required	10	
11	Additional Medicare Tax. Attach Form 8959	11	
12	Net investment income tax. Attach Form 8960	12	
13	Uncollected social security and Medicare or RRTA tax on tips or group-term life insurance from Form W-2, box 12	13	
14	Interest on tax due on installment income from the sale of certain residential lots and timeshares	14	
15	Interest on the deferred tax on gain from certain installment sales with a sales price over \$150,000	15	
16	Recapture of low-income housing credit. Attach Form 8611	16	
	(co	ontinu	ed on page 2)

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

Schedule 2 (Form 1040) 2022

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

### Part II Other Taxes (continued)

7	Other additional taxes:			
а	Recapture of other credits. List type, form number, and amount:	47-		
	Described of federal methods are being if the federal methods are	17a		
b	Recapture of federal mortgage subsidy, if you sold your home see instructions	17b		
_	Additional tax on HSA distributions. Attach Form 8889	17c		
	Additional tax on an HSA because you didn't remain an eligible	170		
u	individual. Attach Form 8889	17d		
е	Additional tax on Archer MSA distributions. Attach Form 8853.	17e		
f	Additional tax on Medicare Advantage MSA distributions. Attach			
-	Form 8853	17f		
g	Recapture of a charitable contribution deduction related to a			
	fractional interest in tangible personal property	17g		
h	Income you received from a nonqualified deferred compensation			
_	plan that fails to meet the requirements of section 409A	17h		
i	Compensation you received from a nonqualified deferred compensation plan described in section 457A	17i		
J	Section 72(m)(5) excess benefits tax	17j		
k		17k		
ı	Tax on accumulation distribution of trusts	171	_	
m	Excise tax on insider stock compensation from an expatriated corporation	17m		
n	Look-back interest under section 167(g) or 460(b) from Form	17111		
"	8697 or 8866	17n		
0	Tax on non-effectively connected income for any part of the			
	year you were a nonresident alien from Form 1040-NR	170		
р	Any interest from Form 8621, line 16f, relating to distributions			
	from, and dispositions of, stock of a section 1291 fund	17p		
q	Any interest from Form 8621, line 24	17q		
Z	Any other taxes. List type and amount:			
		17z		
8	Total additional taxes. Add lines 17a through 17z		. 18	
9	Reserved for future use		. 19	
20	Section 965 net tax liability installment from Form 965-A	20		
21	Add lines 4, 7 through 16, and 18. These are your total other taxes			
	on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b.		. 21	0.

## SCHEDULE D (Form 1040)

Department of the Treasury

Internal Revenue Service

### **Capital Gains and Losses**

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

Go to www.irs.gov/ScheduleD for instructions and the latest information. Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.

OMB No. 1545-0074

2022

Attachment Sequence No. **12** 

	(s) snown on return ITYA PATHAK				sociai se 1 – 83 –	1720
	ou dispose of any investment(s) in a qualified opportunity	fund during the ta	x year?			
If "Y	es," attach Form 8949 and see its instructions for additiona	al requirements fo	r reporting your ga	ain or loss.		
Pa	rt I Short-Term Capital Gains and Losses—Ge	nerally Assets I	Held One Year	or Less (s	ee ins	tructions)
lines This	instructions for how to figure the amounts to enter on the below.  form may be easier to complete if you round off cents to e dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustme to gain or los Form(s) 8949 line 2, colur	ss from , Part I,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a	Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b.					
1b	Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked					
2	Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked	1,000.	1,108.			-108.
3	Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked					
4	Short-term gain from Form 6252 and short-term gain or (le	oss) from Forms 4	684, 6781, and 88	324	4	
5	Net short-term gain or (loss) from partnerships, Schedule(s) K-1			rusts from	5	
6	Short-term capital loss carryover. Enter the amount, if an <b>Worksheet</b> in the instructions	y, from line 8 of y	our <b>Capital Loss</b>	Carryover	6	(
7	Net short-term capital gain or (loss). Combine lines 1a term capital gains or losses, go to Part II below. Otherwise				7	-108.
Pai	t II Long-Term Capital Gains and Losses—Ger	nerally Assets H	leld More Than	One Year	(see i	instructions)
lines This	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) (e) (cost (cost (sales price) (or other basis) (or other basis)			ss from , Part II,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)	
8a	Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b.					
8b	Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked					
9	Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked					
10	Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked					
11	Gain from Form 4797, Part I; long-term gain from Forms from Forms 4684, 6781, and 8824			, ,	11	
12	Net long-term gain or (loss) from partnerships, S corporat				12 13	
13	1 0					
	Long-term capital loss carryover. Enter the amount, if any <b>Worksheet</b> in the instructions				14	(
15	15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then, go to Part					

BAA

Schedule D (Form 1040) 2022 Page 2

#### Part III **Summary** 16 Combine lines 7 and 15 and enter the result 16 -108.• If line 16 is a gain, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below. • If line 16 is a loss, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete • If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22. 17 Are lines 15 and 16 both gains? ☐ **Yes.** Go to line 18. No. Skip lines 18 through 21, and go to line 22. 18 If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet . . . . . . . . . . . . . . . . . . 18 19 If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet . 19 20 Are lines 18 and 19 both zero or blank and you are not filing Form 4952? ☐ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. Don't complete lines 21 and 22 below. □ No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below. If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of: 21 • The loss on line 16; or 108.) 21 • (\$3,000), or if married filing separately, (\$1,500) Note: When figuring which amount is smaller, treat both amounts as positive numbers. Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a? 22 X Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.

**Sales and Other Dispositions of Capital Assets** 

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

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

OMB No. 1545-0074

2022

Attachment
Sequence No. 12A

Internal Revenue Service

Name(s) shown on return

ADITYA PATHAK

Department of the Treasury

Social security number or taxpayer identification number 359-83-1720

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

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

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

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

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

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

(C) Short-term transactions	not reported	to you on F	orm 1099-B	·			
1 (a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis See the <b>Note</b> below and see <i>Column</i> (e) in the separate instructions.	Adjustment, in If you enter an enter a co See the sep	(h) Gain or (loss) Subtract column (e)	
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)		(f) Code(s) from instructions	<b>(g)</b> Amount of adjustment	from column (d) and combine the result with column (g).
Robinhood Crypto LLC	01/01/22	12/31/22	1,000.	1,108.			-108.
2 Totals. Add the amounts in columns negative amounts). Enter each total Schedule D, line 1b (if Box A above above is checked), or line 3 (if Box 6).	al here and inc is checked), <b>lir</b>	lude on your ne 2 (if Box B	1.000.	1.108.			-108.

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

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

#### **Supplemental Income and Loss**

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

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

Attachment Sequence No. 13

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

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

` '	SHOWN OF FERMIN							al Security	liullibei	
	YA PATHAK						359-8	3-1720		
Part	Note: If you are in the business of renting personal proper			<b>C</b> . See	instru	ctions. If you are	e an indi	vidual, rep	ort farm	
	rental income or loss from <b>Form 4835</b> on page 2, line 40.								<b>7</b>	
	Did you make any payments in 2022 that would require you		. ,							
B I	f "Yes," did you or will you file required Form(s) 1099? .							Yе	s UNC	)
1a	Physical address of each property (street, city, state, ZIF	ode	e)							
Α	5 GARSTIN PLACE KOLKATA KOLKATA IN 700	001								
В										
С										
1b	Type of Property 2 For each rental real estate prope				Fa	ir Rental	Persor	nal Use	O.IV	
	(from list below) above, report the number of fair					Days	Da	ays	Q01	
Α	gersonal use days. Check the Quif you meet the requirements to f			Α		365		0		
В	qualified joint venture. See instru			В						
<u> </u>				С						
	of Property:				_	0 15 0 1 1				
	Single Family Residence 3 Vacation/Short-Term Rent	tal	5 Land			Self-Rental				
2	Multi-Family Residence 4 Commercial		6 Roya	ities	8	Other (describ	oe)			
						Propertie	s:			
Incom	ne:			Α		В			С	
3	Rents received	3		4	00.					
4	Royalties received	4								
Exper	ises:									
5	Advertising	5								
6	Auto and travel (see instructions)	6								⊠ No □ No  QJV □ □ □
7	Cleaning and maintenance	7		8	00.					
8	Commissions	8								
9	Insurance	9								
10	Legal and other professional fees	10			0.0					
11	Management fees	11 12		5	00.					
12 13	Mortgage interest paid to banks, etc. (see instructions) Other interest	13								
14	Repairs	14		1 8	00.					
15	Supplies	15			00.					
16	Taxes	16		1,5	00.					
17	Utilities	17		2,3	00.					
18	Depreciation expense or depletion	18		, -						
19	Other (list)	19								
20	Total expenses. Add lines 5 through 19	20		6,9	00.					
21	Subtract line 20 from line 3 (rents) and/or 4 (royalties). If									
	result is a (loss), see instructions to find out if you must									
	file <b>Form 6198</b>	21		-6,5	00.					
22	Deductible rental real estate loss after limitation, if any,									
	on Form 8582 (see instructions)	22	(	6,50		(	)	(		)
23a	Total of all amounts reported on line 3 for all rental prope				23a		400.			
b	Total of all amounts reported on line 4 for all royalty properties.	erties			23b					
C C	Total of all amounts reported on line 12 for all properties				23c					
d	Total of all amounts reported on line 18 for all properties				23d		900.			
e 24	Total of all amounts reported on line 20 for all properties <b>Income.</b> Add positive amounts shown on line 21. <b>Do no</b>	tingle	 Ide any la		23e	О,	24			
24 25	Losses. Add royalty losses from line 21 and rental real estat		-		nter to	 ntal losses here		(	6 500	
26	Total rental real estate and royalty income or (loss).							\	0,500	• )
20	here. If Parts II, III, IV, and line 40 on page 2 do not									
	Schedule 1 (Form 1040), line 5. Otherwise, include this ar						26		-6,500	0.

Department of the Treasury Internal Revenue Service

#### **Additional Taxes on Qualified Plans** (Including IRAs) and Other Tax-Favored Accounts

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

Go to www.irs.gov/Form5329 for instructions and the latest information.

OMB No. 1545-0074

Attachment Sequence No. 29

						Your social security number $359-83-1720$		
ADI	IIA PAIHAN	Home address (number and street), or P.	.O. box if mail is not delivered to y	our home	339-0.	Apt. no.		
Fill in Your Address Only if You Are Filing This Form by Itself and Not With Your Tax Return		City, town or post office, state, and ZIP of below. See instructions.	If this is an amended return, check here					
With Four lax neturn				Foreign po				
Sche	dule 2 (Form 1040), line	nal 10% tax on the full amount eas, without filing Form 5329. See		you may be able to r	eport this	s tax directly	y on	
Par	disaster distrib endowment con have to comple	ax on Early Distributions. Coution) before you reached age ntract (unless you are reporting that this part to indicate that you are distributions. See instructions.	59% from a qualified rethis tax directly on Sched	tirement plan (includi ule 2 (Form 1040)—se	ing an IF ee above	RA) or mod ). You may	dified also	
1	Early distributions inc	cludible in income (see instruction	ns). For Roth IRA distribution	ons, see instructions.	1			
2	-	cluded on line 1 that are not subje						
		e exception number from the instr			2			
3		dditional tax. Subtract line 2 from			3			
4		r 10% (0.10) of line 3. Include this	· · · · · · · · · · · · · · · · · · ·	•	4			
		of the amount on line 3 was a disamount on line 4 instead of 10%.		RA, you may have to				
Part		x on Certain Distributions Fr		nts and ABLE Acco	unts. Co	mplete this	part	
	if you included	an amount in income, on Sched fied tuition program (QTP), or on S	dule 1 (Form 1040), line 8z	, from a Coverdell ec	ducation s			
5	Distributions included	d in income from a Coverdell ESA	, a QTP, or an ABLE acco	unt	5			
6	Distributions included	d on line 5 that are not subject to	the additional tax (see inst	ructions)	6			
7	Amount subject to ac	dditional tax. Subtract line 6 from	line 5		7			
8	8 Additional tax. Enter 10% (0.10) of line 7. Include this amount on Schedule 2 (Form 1040), line 8				8			
Part	III Additional Ta	x on Excess Contributions t	o Traditional IRAs. Cor	mplete this part if you	contribut	ed more to	your	
	traditional IRAs	for 2022 than is allowable or you	had an amount on line 17	of your 2021 Form 53	29.			
9	Enter your excess cor	ntributions from line 16 of your 202	1 Form 5329. See instruction	ns. If zero, go to line 15	9			
10		RA contributions for 2022 are lead, see instructions. Otherwise, en		10				
11	2022 traditional IRA	distributions included in income (s	see instructions)	11				
12		prior year excess contributions (s	•	12				
13	Add lines 10, 11, and	112			13			
14	=	ntributions. Subtract line 13 from			14			
15		s for 2022 (see instructions)			15			
16		utions. Add lines 14 and 15			16			
17		6% (0.06) of the <b>smaller</b> of line 16						
		22 contributions made in 2023). Incl			17			
Part		x on Excess Contributions t	•		buted mo	ore to your I	Roth	
		han is allowable or you had an am	<u> </u>		10			
18	•	ntributions from line 24 of your 202		ns. If zero, go to line 23	18			
19		tributions for 2022 are less than tructions. Otherwise, enter -0		19				
20				20	_			
20 21	Add lines 19 and 20	om your Roth IRAs (see instruction	-		21			
22		ntributions. Subtract line 21 from			22			
23	-	for 2022 (see instructions)			23			
24		utions. Add lines 22 and 23			24			
25		6% (0.06) of the <b>smaller</b> of line 24						
23		contributions made in 2023). Includ			25			

Part				tributions to Coverdell ESAs. C				,
26				han is allowable or you had an amoun of your 2021 Form 5329. See instruction			26	1 5329.
27				SAs for 2022 were less than the			20	
_,				uctions. Otherwise, enter -0	27			
28	2022	distributions	s from your Coverdell ESA	As (see instructions)	28			
29	Add I	ines 27 and 2	28				29	
30	Prior	year excess	contributions. Subtract li	ne 29 from line 26. If zero or less, ente	er -0		30	
31	Exces	ss contribution	ons for 2022 (see instruct	ions)			31	
32	Total	excess cont	ributions. Add lines 30 ar	nd 31			32	
	Dece (Form	mber 31, 20 1 1040), line 8	22 (including 2022 contri 8	maller of line 32 or the value of you butions made in 2023). Include this a	mount on S	Schedule 2	33	
Part \				ibutions to Archer MSAs. Completed in a library is allowable or you had an amount				
34				of your 2021 Form 5329. See instruction			34	10020.
35				for 2022 are less than the maximum	2010, 9	0 10 11110 00	0.	
00				therwise, enter -0	35			
36				from Form 8853, line 8				
37			-				37	
38				ne 37 from line 34. If zero or less, ente			38	
39		-		ions)			39	
40	Total	excess cont	ributions. Add lines 38 ar	nd 39			40	
41	Addit	tional tax. E	Enter 6% (0.06) of the s	smaller of line 40 or the value of y	our Archer	MSAs on		
				butions made in 2023). Include this a				
	(Form	1040), line 8	8				41	
Part V				tributions to Health Savings Ac	•	•		
				nployer contributed more to your HS	SAs for 202	22 than is a	llowab	le or you had ar
			ine 49 of your 2021 Form					
42	Enter	the excess of	contributions from line 48	3 of your 2021 Form 5329. If zero, go t	o line 47		42	0.
43				2022 are less than the maximum				
				therwise, enter -0	43		_	
44			-	orm 8889, line 16				
45							45	
46		-		ne 45 from line 42. If zero or less, ente			46	
47			,	ions)			47	548.
48				nd 47			48	548.
49				<b>aller</b> of line 48 <b>or</b> the value of your H 2023). Include this amount on Schedule			49	0.
Part V				ributions to an ABLE Account. C	omplete th	s part if cor	ntributi	ons to your ABLE
			2022 were more than is a				T T	
50			ons for 2022 (see instruct				50	
51				<b>Emailer</b> of line 50 <b>or</b> the value of your schedule 2 (Form 1040), line 8			51	
Part I				mulation in Qualified Retirement				Complete this par
				quired distribution from your qualified	•	_	710)1	ino par
52				e instructions)		-	52	
53			•				53	
54	Subtr	act line 53 fr	rom line 52. If zero or less	s, enter -0			54	
55	Addit	t <b>ional tax.</b> Er	nter 50% (0.50) of line 54	. Include this amount on Schedule 2 (F	orm 1040)	line 8 .	55	
_		nly if You nis Form	Under penalties of perjury, I de- belief, it is true, correct, and com	clare that I have examined this form, including accomplete. Declaration of preparer (other than taxpayer) in	ompanying atta s based on all i	chments, and to	the bes	at of my knowledge and arer has any knowledge
-		Not With						
Your T	ax Re		Your signature	T=	1	Date		
Paid		Print/Type pre	parer's name	Preparer's signature	Date	Check self-em		PTIN
Prepa		Firm's name		1	1	Firm's EIN		
Use (	nly	Firm's address	3			Phone no.		

Department of the Treasury

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#### **Health Savings Accounts (HSAs)**

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

Go to www.irs.gov/Form8889 for instructions and the latest information.

OMB No. 1545-0074

2022
Attachment
Sequence No. 52

Internal Revenue Service

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

Social security number of HSA beneficiary. If both spouses have HSAs, see instructions. 359-83-1720

Before you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if required. HSA Contributions and Deduction. See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part I for each spouse. Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2022. ■ Self-only 
 □ Family HSA contributions you made for 2022 (or those made on your behalf), including those made by the unextended due date of your tax return that were for 2022. Do not include employer contributions, contributions through a cafeteria plan, or rollovers. See instructions . . . . . . . . . . . . . . . 2 0. If you were under age 55 at the end of 2022 and, on the first day of every month during 2022, you 3 were, or were considered, an eligible individual with the same coverage, enter \$3,650 (\$7,300 for 3 3,650. Enter the amount you and your employer contributed to your Archer MSAs for 2022 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2022, also 4 0. 5 5 3,650. 6 Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2022, see the instructions for the amount to enter . . . 6 3,650. If you were age 55 or older at the end of 2022, married, and you or your spouse had family coverage 7 under an HDHP at any time during 2022, enter your additional contribution amount. See instructions . 0. 7 8 8 3,650. Employer contributions made to your HSAs for 2022 . . . . . . . . . 9 10 4,198. 11 11 0. 12 12 HSA deduction. Enter the smaller of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line 13 13 13 0. Caution: If line 2 is more than line 13, you may have to pay an additional tax. See instructions. HSA Distributions. If you are filing jointly and both you and your spouse each have separate HSAs, complete Part II a separate Part II for each spouse. 14a Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were 14b 14c Qualified medical expenses paid using HSA distributions (see instructions) . . . . . . . . . . . . 15 15 Taxable HSA distributions. Subtract line 15 from line 14c. If zero or less, enter -0-. Also, include this 16 16 If any of the distributions included on line 16 meet any of the Exceptions to the Additional 20% Additional 20% tax (see instructions). Enter 20% (0.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also, include this amount in the total on Schedule 2 (Form 1040), Part II, line 17c Income and Additional Tax for Failure To Maintain HDHP Coverage. See the instructions before Part III completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part III for each spouse. 18 18 19 19 20 **Total income.** Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I, line 8f 20 Additional tax. Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2 (Form 21

21