(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

	10.10.11.00				
Submi	ssion Identification Number (SID)				
Taxpaye	r's name	Social securi	ty numl	per	
DIKS	SHA SAINI	787-99	-038	8	
Spouse'	s name	Spouse's soo	ial seci	urity numbe	r
Part	Tax Return Information — Tax Year Ending December 31, 2022 (Enter	vear vou a	re au	thorizina	.)
	whole dollars only on lines 1 through 5.	<i>y</i> ca. <i>y</i> ca. c	0 0.0.		·/
	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.				
1	Adjusted gross income		1	141	,399.
2	Total tax		2	24	,654.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	27	,273.
4	Amount you want refunded to you		4	2	,619.
_ 5	Amount you owe		5		
Part	II Taxpayer Declaration and Signature Authorization (Be sure you get and k	еер а сор	y of y	our retu	rn)
return ( to send for any Agent t paymen authoriz paymen busines taxes t persona	wledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmit my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejected delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U. or initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated to fine for a payment of estimated tax, and the financial institution action is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate at, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requires days prior to the payment (settlement) date. I also authorize the financial institutions involved in the preceive confidential information necessary to answer inquiries and resolve issues related to the part of the Institution of the Instit	tter, or electriction of the ties. Treasury a cated in the ties to debit the authorizes must be processing or ayment. I fur	onic refransmised ax prepartion. The receiff the elaboration at the elaboration are receiff.	turn origina ssion, (b) the designated paration so- to this acco To revoke ( ved no late ectronic par knowledge	tor (ERO) ne reason Financial ftware for bunt. This (cancel) a er than 2 ayment of that the
	nic Funds Withdrawal Consent.  yer's PIN: check one box only				
X		nv PIN 9	0 3	3 8 8	as my
	ERO firm name signature on the income tax return (original or amended) I am now authorizing.	ř En		digits, but er all zeros	asiny
	I will enter my PIN as my signature on the income tax return (original or amended) I am not if you are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN method below.				
Your s	ignature ▶ Date ▶				
Spous	e's PIN: check one box only				
	I authorize to enter or generate r	nv PIN			as my
	ERO firm name	En		digits, but	a,
	signature on the income tax return (original or amended) I am now authorizing.	do	n't ente	r all zeros	
	I will enter my PIN as my signature on the income tax return (original or amended) I am no if you are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN method below.				
Spous	e's signature ▶ Date ▶				
	Practitioner PIN Method Returns Only—continue below				
Part	Certification and Authentication — Practitioner PIN Method Only				
ERO's	<b>EFIN/PIN.</b> Enter your six-digit EFIN followed by your five-digit self-selected PIN. 2 2	2 4 9 Don't ent	6 3 er all ze	1 9 8	9
authori	that the above numeric entry is my PIN, which is my signature for the electronic individual income ta zed to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitments of the Practitioner PIN method and <b>Pub. 1345</b> , Handbook for Authorized IRS e-file Providers of In	x return (origi tting this retu	inal or urn in a	amended) accordance	
ERO's	signature ▶ Date ▶				
	ERO Must Retain This Form — See Instructions				
	Don't Submit This Form to the IRS Unless Requested To D	o So			

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

2022
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OMB No. 1545-0074

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

Filing Status Check only	s 🗙 🤄	Single Married filing jointly	Marrie	ed filing separately	(MFS)	Head of	household (HOH)		lifying s use (QS		ing
one box.	•	u checked the MFS box, enter the n on is a child but not your dependent	•	our spouse. If you	check	ed the HOH or	QSS box, enter t	he child's	name	if the	qualifying
Your first name	and mi	ddle initial	Last nar	me				Your social security number			
DIKSHA SA			SAIN	I				787-99-0388			
If joint return, spouse's first name and middle initial				me				Spouse's social security number			
Home address	(numbe	r and street). If you have a P.O. box, see	instructio	ons.			Apt. no.	Preside	ntial Ele	ection	Campaign
_15566 NI	221	ND PLACE					S-657	Check I			•
City, town, or p	ost offic	ce. If you have a foreign address, also co	mplete s	paces below.	Sta	te	ZIP code				, want \$3 necking a
BELLEVUE				WA 9			98007	box bel	ow will	not ch	0
Foreign country	y name		F	Foreign province/state	e/count	ty	Foreign postal code	your tax	your tax or refund.  You Spous		
Digital		ny time during 2022, did you: (a) rec	,				,.	. ,			
Assets		ange, gift, or otherwise dispose of a		<u>_</u>			asset)? (See instr	uctions.)	Y	es [	X No
Standard Deduction	_	eone can claim:	•			a dependent					
Age/Blindness	You:	Were born before January 2, 1	958	Are blind S	oouse	: Was bor	n before January	2, 1958	l:	s blind	t
Dependents	s (see	instructions):		(2) Social securi	ity	(3) Relationsh	ip (4) Check the b	oox if quali	fies for (	see ins	structions):
If more	<b>(1)</b> Fi	rst name Last name		number		to you	Child tax of	credit	Credit fo	or other	dependents
than four											
dependents, see instruction	s ——										
and check											
here L											
Income	1a	Total amount from Form(s) W-2, b	ox 1 (see	e instructions) .				. 1a		<u> 141</u>	,295.
	b	Household employee wages not re	eported	on Form(s) W-2.				. 1b			
Attach Form(s) W-2 here. Also	С	Tip income not reported on line 1a (see instructions)									
attach Forms	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)									
W-2G and 1099-R if tax	е	Taxable dependent care benefits from Form 2441, line 26						. 1e			
was withheld.	f	Employer-provided adoption bene	fits from	Form 8839, line 2	9 .			. 1f			
If you did not	g	Wages from Form 8919, line 6.						. 1g			
get a Form W-2, see	h	Other earned income (see instruct	,					. 1h			0.
instructions.	i	Nontaxable combat pay election (s	see instr	uctions)		<u>1i</u>				1 11	205
	<u>z</u>	Add lines 1a through 1h						. 1z			,295.
Attach Sch. B if required.	2a	· –	2a	106.		axable interes		. 2b			111
	3a_		3a	100.		ordinary divide axable amoun		-			114.
Standard	4a 5a	_	4a 5a			axable amoun		. 4b			
Standard Deduction for—	6a		6a			axable amoun		. 6b			
Single or Married filing	C	If you elect to use the lump-sum e		method check here							
separately,	7	Capital gain or (loss). Attach Sche		*	`	,		7			-10.
\$12,950 Married filing	8	Other income from Schedule 1, lin						. 8			
jointly or	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7						. 9		141	,399.
Qualifying surviving spouse,	10	Adjustments to income from Sche	•	,				. 10			, 5, 5, 5
\$25,900 • Head of	11	Subtract line 10 from line 9. This is						. 11		141	,399.
household, \$19,400	12	Standard deduction or itemized	,					. 12			2,950.
If you checked	13	Qualified business income deduct		•	,			. 13			1.
any box under Standard	14	Add lines 12 and 13						. 14		12	2,951.
Deduction, see instructions.	15	Subtract line 14 from line 11. If zer									3,448.
)											

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	24,654.
Credits	17	Amount from Schedule 2, lin	ne 3				[	17	
	18	Add lines 16 and 17					[	18	24,654.
	19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812			19	
	20	Amount from Schedule 3, lin	ne 8				[	20	
	21	Add lines 19 and 20					[	21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	24,654.
	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	24,654.
Payments	25	Federal income tax withheld							
-	а	Form(s) W-2				<b>25a</b> 27	7,252.		
	b	Form(s) 1099				25b	21.		
	С	Other forms (see instruction	s)			25c			
	d	Add lines 25a through 25c						25d	27,273.
If you have a	26	2022 estimated tax paymen	ts and amount a	pplied from 20	21 return		[	26	
qualifying child,	27	Earned income credit (EIC)			No .	27			
attach Sch. EIC.	28	Additional child tax credit from	m Schedule 8812	2		28			
	29	American opportunity credit	from Form 8863	3, line 8		29			
	30	Reserved for future use .				30			
	31	Amount from Schedule 3, lir	ne 15			31			
	32	Add lines 27, 28, 29, and 31	. These are your	total other pa	ayments and ref	undable credits		32	
	33	Add lines 25d, 26, and 32. T	hese are your <b>to</b>	tal payments			[	33	27,273.
Refund	34	If line 33 is more than line 24	1, subtract line 2	4 from line 33.	This is the amou	ınt you <b>overpaid</b>		34	2,619.
nerana	35a	Amount of line 34 you want	refunded to you	ار. If Form 8888	is attached, che	ck here	. 🗆 🛚	35a	2,619.
Direct deposit?	b	Routing number 0 2 1	0 0 0 0	8 9	c Type:	Checking	Savings		
See instructions.	d	Account number 6 7 9	6 0 0 4	1 7 7					
	36	Amount of line 34 you want	applied to your	2023 estimate	ed tax	36			
Amount You Owe	37	Subtract line 33 from line 24 For details on how to pay, g						37	
	38	Estimated tax penalty (see in	•	•		38		-	
Third Party		you want to allow another							
Designee		structions	•				omplete be	low.	X No
	De	signee's		Phone			onal identific		
	naı	me		no.		num	ber (PIN)		
Sign		der penalties of perjury, I declare t ief, they are true, correct, and com			, , ,		,		, ,
Here	Yo	Your signature Date Your occupation If the							nt you an Identity N, enter it here
Joint return?						(see in:			
See instructions.							If the If	RS sen	t your spouse an
Keep a copy for your records.							1 .		ection PIN, enter it here
your rocords.							(see in	51.)	
		one no. (631)710-109		Email address	DSHUSAINI8	B11@GMAIL.CO		<del></del>	Ob I. if.
Paid		eparer's name	Preparer's signat			Date	PTIN		Check if:
Preparer	SYAM	I PRIYA RAM SAGAR GUPTA TALLAM		RAM SAGAR	GUPTA TALLAM	1 04/12/2023	P02082		Self-employed
Use Only		m's name GLOBAL TA					Phone		678)965-9522
	Fir	m's address 245 ROONE	Y CT E BRU	NSWICK N	J 08816		Firm's	EIN	84-3171965
Go to www.irs.g	ov/Forn	n1040 for instructions and the late	st information.		BAA	REV 03/22/23 PRO			Form 1040 (2022)

# SCHEDULE D (Form 1040)

Department of the Treasury

Internal Revenue Service

Name(s) shown on return

## **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) shown on return KSHA SAINI				<b>social se</b> 7 – 9 9 –	ecurity number
	you dispose of any investment(s) in a qualified opportunity es," attach Form 8949 and see its instructions for additiona	•	•	_		
Pa	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) Adjustmento gain or los Form(s) 8949 line 2, colum	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	123.	133.			-10.
2	Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked					
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	•	estates, and tr	rusts from	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	-10.
Pai	t II Long-Term Capital Gains and Losses—Ger	nerally Assets H	leld More Than	One Year	r (see i	instructions)
See lines This whol	ents ss from , Part II, mn (g)	(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	
	Capital gain distributions. See the instructions				13	
14	Long-term capital loss carryover. Enter the amount, if any <b>Worksheet</b> in the instructions	-	-		14	(
15	Net long-term capital gain or (loss). Combine lines 8a	through 14 in co	lumn (h). Then, go	o to Part III		

BAA

Schedule D (Form 1040) 2022 Page 2

### Part III **Summary** 16 Combine lines 7 and 15 and enter the result 16 -10. • 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 10.) 21 • (\$3,000), or if married filing separately, (\$1,500) Note: When figuring which amount is smaller, treat both amounts as positive numbers. Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a? 22 X Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.

# Form **8949**

## **Sales and Other Dispositions of Capital Assets**

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

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

OMB No. 1545-0074

2022

Attachment
Sequence No. 12A

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

Social security number or taxpayer identification number

787-99-0388

DIKSHA SAINI

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

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

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

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

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

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

(C) Short-term transactions	not reported	I to you on F	orm 1099-B				
(a) Description of property	Date sold or Proceeds See t		(e) Cost or other basis See the Note below  Adjustment, if any, to gain or los if you enter an amount in column (enter a code in column (f). See the separate instructions.			), (h) Gain or (loss) Subtract column (e)	
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see Column (e) in the separate instructions.	(f) Code(s) from instructions	<b>(g)</b> Amount of adjustment	from column (d) and combine the result with column (g).
FIDELITY BROKERAGE SERVICES LLC	01/01/22	12/31/22	123.	133.			-10.
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 A)	I here and inc is checked), <b>lir</b>	lude on your ne 2 (if Box B	123	133			_10

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

## Form **8995**

Department of the Treasury

Internal Revenue Service

Qualified Business Income Deduction Simplified Computation

Attach to your tax return.

Go to www.irs.gov/Form8995 for instructions and the latest information.

OMB No. 1545-2294

2022

Attachment Sequence No. **55** 

Name(s) shown on return	Your taxpayer identification number
DIKSHA SAINI	787-99-0388

**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 at or below \$170,050 (\$340,100 if married filing jointly), and you aren't a patron of an agricultural or horticultural cooperative.

1	(a) Trade, business, or aggregation name	(b) Taxpayer identification number		Qualified business income or (loss)
i				
ii				
iii				
iv				
v				
2	Total qualified business income or (loss). Combine lines 1i through 1v, column (c)	2		
3	Qualified business net (loss) carryforward from the prior year	3 (		
4 5	Total qualified business income. Combine lines 2 and 3. If zero or less, enter -0-Qualified business income component. Multiply line 4 by 20% (0.20)	4	5	
6	Qualified REIT dividends and publicly traded partnership (PTP) income or (loss) (see instructions)	<b>6</b> 3.		
7	Qualified REIT dividends and qualified PTP (loss) carryforward from the prior year	7 (		
8	Total qualified REIT dividends and PTP income. Combine lines 6 and 7. If zero or less, enter -0	8 3.		
9	REIT and PTP component. Multiply line 8 by 20% (0.20)		9	1.
10	Qualified business income deduction before the income limitation. Add lines 5 an	d 9	10	1.
11	Taxable income before qualified business income deduction (see instructions)	11 128,449.		
12	Net capital gain (see instructions)	<b>12</b> 106.		
13	Subtract line 12 from line 11. If zero or less, enter -0	<b>13</b> 128,343.		
14	Income limitation. Multiply line 13 by 20% (0.20) $\cdot$		14	25,669.
15	Qualified business income deduction. Enter the smaller of line 10 or line 14. Also			
	the applicable line of your return (see instructions) $\ \ . \ \ . \ \ . \ \ . \ \ . \ \ . \ \ . \ \ .$		15	1.
16	Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than		16	( 0.)
17	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 a zero, enter -0		17	( 0.)