Form **8879**

(Rev. January 2021)

Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.

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

OMB No. 1545-0074

	1					
Subm	ission Identification Number (SID)					
Taxpaye	er's name	Social securi	ty numl	per		
VIS	HAL DHIMAN	620-99-8693				
Spouse	's name	Spouse's soo	cial secu	urity number	r	
Part	Tax Return Information — Tax Year Ending December 31, 2022 (Ent	er year you a	re au	thorizina.	.)	
	whole dollars only on lines 1 through 5.	o. you. you 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	45	,648.	
2	Total tax		2	1	,716.	
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	4	,987.	
4	Amount you want refunded to you		4	3	,271.	
5	Amount you owe		5			
Part	II Taxpayer Declaration and Signature Authorization (Be sure you get and	l keep a cop	y of y	our retu	rn)	
return to send for any Agent payme authori payme busine taxes to person	owledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I ab (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transd my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for redelay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account in the financial taxes owed on this return and/or a payment of estimated tax, and the financial institution is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminant, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation resist days prior to the payment (settlement) date. I also authorize the financial institutions involved in the receive confidential information necessary to answer inquiries and resolve issues related to the all identification number (PIR) below is my signature for the income tax return (original or amended) I	emitter, or electrejection of the t U.S. Treasury andicated in the totion to debit the atte the authorizequests must be processing of payment. I fur	onic refransmisted ax prepartion. The receiff the elatter action.	turn origina ssion, (b) the designated paration soft to this acco To revoke (ved no late ectronic par knowledge	tor (ERO) ne reason Financial ftware for ount. This (cancel) a er than 2 ayment of that the	
	onic Funds Withdrawal Consent. Ayer's PIN: check one box only					
X		a my PIN	8 6	5 9 3	as my	
	ERO firm name signature on the income tax return (original or amended) I am now authorizing.	ř En		digits, but r all zeros	as my	
	I will enter my PIN as my signature on the income tax return (original or amended) I am if you are entering your own PIN and your return is filed using the Practitioner PIN me below.					
Yours	signature ▶ Date ▶					
Snous	se's PIN: check one box only					
	I authorize to enter or generat	e my PIN			as my	
	ERO firm name	_	ter five	digits, but	ao my	
	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 if you are entering your own PIN and your return is filed using the Practitioner PIN me below.					
Spous	se's signature ▶ Date ▶					
	Practitioner PIN Method Returns Only—continue belo	w				
Part	III Certification and Authentication — Practitioner PIN Method Only					
ERO's	s EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.	1 8 9 5 Don't ent	2 3 er all ze	1 9 8 eros	9	
authori	y that the above numeric entry is my PIN, which is my signature for the electronic individual income ized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am subsements of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS e-file Providers or	mitting this ret	urn in a	accordance		
ERO's	s signature ► Date ►					
	ERO Must Retain This Form — See Instructions					
	Don't Submit This Form to the IRS Unless Requested To	Do So				

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

OMB No. 1545-0074

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

Filing Status Check only one box.		Single Married filing jointly u checked the MFS box, enter the name		ed filing separately (Nour spouse. If you co					spou	ise (QSS)	
		on is a child but not your dependent	:						1		
Your first name	and mi	ddle initial	Last na	me						cial securit	-
VISHAL			DHIM	IAN					620-9	99-8693	3
If joint return, s	pouse's	first name and middle initial	Last na	me					Spouse'	s social sec	curity number
Home address	(numbe	r and street). If you have a P.O. box, see	instructio	ons.			Apt. n	D.	1		on Campaign
6584 CO	CSFII	ELD AVE								ere if you,	
City, town, or p	ost offic	ce. If you have a foreign address, also co	mplete s	paces below.	Stat	e	ZIP code			0,	itly, want \$3 Checking a
LAS VEG	AS				NV	-	89139		box belo	ow will not	change
Foreign country	y name		F	Foreign province/state/	county	У	Foreign pos	tal code	your tax	or refund.	
										You	Spouse
Digital Assets		ny time during 2022, did you: (a) reco ange, gift, or otherwise dispose of a								Yes	⊠ No
Standard		eone can claim: You as a de					, (,		
Deduction		Spouse itemizes on a separate retur									
Age/Blindness	You:	☐ Were born before January 2, 1	958	Are blind Spo	use:	☐ Was bor	rn before Ja	anuary 2	2, 1958	☐ Is bli	ind
Dependents	s (see	instructions):		(2) Social security	.	(3) Relationsh	nip (4) Che	ck the b	ox if qualit	ies for (see	instructions):
If more	(1) Fi	rst name Last name		number		to you	Ch	ild tax c	redit	Credit for oth	her dependents
than four											
dependents, see instruction	s ——										
and check											
here										[<u></u>
Income	1a	Total amount from Form(s) W-2, b	,	,					. 1a	4	<u>45,730.</u>
	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)							. 1c		
attach Forms	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)							. 1d		
W-2G and 1099-R if tax	е	Taxable dependent care benefits f		•					. 1e		
was withheld.	f	Employer-provided adoption benefits from Form 8839, line 29									
If you did not	g	Wages from Form 8919, line 6.							. 1g		
get a Form W-2, see	h	Other earned income (see instruct	,				· · ·		. 1h		0.
instructions.	i	Nontaxable combat pay election (s	see instr	ructions)		<u>li</u>					45 530
	<u>z</u>	Add lines 1a through 1h							. 1z		45,730.
Attach Sch. B if required.	2a	·	2a			axable interes			. 2b		
ii required.	3a		3a			rdinary divide			. 3b		
	4a		4a			axable amoun			. 4b		
Standard Deduction for—	5a		5a			axable amoun			. 5b		
Single or	6a	,	6a	mothed sheek have		axable amoun	τ		. 6b		
Married filing separately,	c	If you elect to use the lump-sum e		·	•	,		[╡┝ ,		0.2
\$12,950	7	Capital gain or (loss). Attach Scherother income from Schedule 1, lin			-				7		-82.
 Married filing jointly or 	8 9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7		This is your total inc					. 8	 	1E 640
Qualifying surviving spouse,	10	Adjustments to income from Sche		•		· · · · ·			. 10		45,648.
\$25,900	11	Subtract line 10 from line 9. This is	,						. 10		45,648.
Head of household,	12	Standard deduction or itemized	-	-					. 12		
\$19,400 If you checked	13	Qualified business income deduct				 5-Δ			. 13	_	12,950.
any box under	14	Add lines 12 and 13							. 14		12,950.
Standard Deduction,	15	Subtract line 14 from line 11. If zer							. 15		32,698.
see instructions.	.5	2223401 1110 111111111111111111111111111111	J 01 100	c, cinci c i i i i i i y	Jui 1				. 13		,2,0,0.

Form 1040 (2022	2)									Page 2
Tax and	16	Tax (see instructions). Check	if any from Form	n(s): 1 881	4 2 🗌 4972	3 🗌		. 16	3,	,716.
Credits	17	Amount from Schedule 2, lin	e3					. 17		
	18	Add lines 16 and 17						. 18	3 ,	,716.
	19	Child tax credit or credit for o	other dependen	ts from Sched	ule 8812			. 19		
	20	Amount from Schedule 3, lin	e8					. 20	2,	,000.
	21	Add lines 19 and 20						. 21	2,	,000.
	22	Subtract line 21 from line 18.	. If zero or less,	enter -0				. 22	1,	,716.
	23	Other taxes, including self-er	mployment tax,	from Schedule	2, line 21 .			. 23		0.
	24	Add lines 22 and 23. This is	your total tax					. 24	1,	,716.
Payments	25	Federal income tax withheld								
,	а	Form(s) W-2				25a	4,98	37.		
	b	Form(s) 1099				25b				
	С	Other forms (see instructions				25c				
	d	Add lines 25a through 25c	•					. 25d	4.	,987.
	26	2022 estimated tax payment								
If you have a qualifying child,	27	Earned income credit (EIC)				27				
attach Sch. EIC.	28	Additional child tax credit from				28				
	29	American opportunity credit				29				
	30	Reserved for future use .		-		30				
	31	Amount from Schedule 3, lin				31				
	32	Add lines 27, 28, 29, and 31.					edits .	. 32	1	
	33	Add lines 25d, 26, and 32. The state of the	,	-	-			-	4	,987.
	34	If line 33 is more than line 24								,271.
Refund	35a	Amount of line 34 you want				-	=			,271.
Direct deposit?	b	Routing number 0 2 1			c Type:					
See instructions.	d	Account number 4 8 3				S Officering	Savi	ngs		
	36	Amount of line 34 you want a				36				
Amount	37	Subtract line 33 from line 24.				30				
You Owe		For details on how to pay, go	•	•				. 37		
	38	Estimated tax penalty (see in								
Third Party Designee		you want to allow another structions	•				es Comp	lete below.	× No	
Designee		signee's		Phone		· · ш.	•	dentification	_	
	nai			no.			number (F			
Sign		der penalties of perjury, I declare the ief, they are true, correct, and compared to the ief, they are true, correct, and compared to the ief.			, , ,		,		,	0
Here		ur signature		Date	Your occupation		1	If the IRS se	ent you an Ide	ntity
Joint return?		Spouse's signature. If a joint return, both must sign.					Protection F (see inst.)	PIN, enter it he	ere	
See instructions.	Sp			Date	Spouse's occupa			If the IRS se	ent your spous	e an
Keep a copy for your records.									tection PIN, er	nter it here
your records.								(see inst.)		
		one no. (516)534-601		Email address	VISHAALDHIMA					
Paid		eparer's name	Preparer's signat			Date	PTI		Check if:	
Preparer	SYAM	PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAN	1 04/03/2	2023 PO	2082703	Self-em	nployed
Use Only	Fire	m's name GLOBAL TAX						Phone no.	(678)965	-9522
	Fir	m's address 245 ROONE	CT E BRU	NSWICK N	J 08816			Firm's EIN	84-31	71965
Go to www.irs.go	ov/Forn	n1040 for instructions and the lates	st information.		BAA	REV 03/22/2	3 PRO		Form 10	040 (2022)

SCHEDULE 3 (Form 1040)

Department of the Treasury Internal Revenue Service

Additional Credits and Payments

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. 03

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

Your social security number 620-99-8693

Pai	Nonrefundable Credits			
1	Foreign tax credit. Attach Form 1116 if required		1	
2	Credit for child and dependent care expenses from Form 2441 Form 2441	, line 11. Attach	2	
3	Education credits from Form 8863, line 19		3	2,000.
4	Retirement savings contributions credit. Attach Form 8880		4	
5	Residential energy credits. Attach Form 5695		5	
6	Other nonrefundable credits:			
а	General business credit. Attach Form 3800	6a		
b	Credit for prior year minimum tax. Attach Form 8801	6b		
С	Adoption credit. Attach Form 8839	6c		
d	Credit for the elderly or disabled. Attach Schedule R	6d		
е	Alternative motor vehicle credit. Attach Form 8910	6e		
f	Qualified plug-in motor vehicle credit. Attach Form 8936	6f		
g	Mortgage interest credit. Attach Form 8396	6g		
h	District of Columbia first-time homebuyer credit. Attach Form 8859	6h		
i	Qualified electric vehicle credit. Attach Form 8834	6i		
j	Alternative fuel vehicle refueling property credit. Attach Form 8911	6j		
k	Credit to holders of tax credit bonds. Attach Form 8912	6k		
-1	Amount on Form 8978, line 14. See instructions	61		
Z	Other nonrefundable credits. List type and amount:			
		6z		
7	Total other nonrefundable credits. Add lines 6a through 6z $$. $$.		7	
8	Add lines 1 through 5 and 7. Enter here and on Form 1040, 1040-	SR, or 1040-NR,		
	line 20		8	2,000.
		(C	ontinue	d on page 2)

Schedule 3 (Form 1040) 2022 Page **2**

Par	Other Payments and Refundable Credits			
9	Net premium tax credit. Attach Form 8962		9	
10	Amount paid with request for extension to file (see instructions) .		10	
11	Excess social security and tier 1 RRTA tax withheld		11	
12	Credit for federal tax on fuels. Attach Form 4136		12	
13	Other payments or refundable credits:			
а	Form 2439	13a		
b	Credit for qualified sick and family leave wages paid in 2022 from Schedule(s) H for leave taken before April 1, 2021	13b		
С	Reserved for future use	13c		
d	Credit for repayment of amounts included in income from earlier years	13d		
е	Reserved for future use	13e		
f	Deferred amount of net 965 tax liability (see instructions)	13f		
g	Reserved for future use	13g		
h	Credit for qualified sick and family leave wages paid in 2022 from Schedule(s) H for leave taken after March 31, 2021, and before October 1, 2021	13h		
Z	Other payments or refundable credits. List type and amount:	13z		
14	Total other payments or refundable credits. Add lines 13a through		14	
15	Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040-line 31	-SR, or 1040-NR,	15	

SCHEDULE D (Form 1040)

Capital Gains and Losses

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

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

OMB No. 1545-0074

Attachment Sequence No. 12

Department of the Treasury Internal Revenue Service

Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10. Name(s) shown on return Your social security number 620-99-8693 VISHAL DHIMAN

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss. Part I Short-Term Capital Gains and Losses – Generally Assets Held One Year or Less (see instructions) See instructions for how to figure the amounts to enter on the (h) Gain or (loss) (g) Adjustments Subtract column (e) lines below. Proceeds Cost to gain or loss from from column (d) and This form may be easier to complete if you round off cents to Form(s) 8949, Part I, combine the result (sales price) (or other basis) whole dollars. line 2. column (a) with column (a) 1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b . **1b** Totals for all transactions reported on Form(s) 8949 with Box A checked -82. 912. 1,018. 24. Totals for all transactions reported on Form(s) 8949 with Box B checked 3 Totals for all transactions reported on Form(s) 8949 with Box C checked Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 4 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from 5 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover 6 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). If you have any longterm capital gains or losses, go to Part II below. Otherwise, go to Part III on the back 7 -82. Part II Long-Term Capital Gains and Losses - Generally Assets Held More Than One Year (see instructions) See instructions for how to figure the amounts to enter on the (h) Gain or (loss) (g) Adjustments Subtract column (e) (d) (e) lines below. Proceeds to gain or loss from from column (d) and Cost This form may be easier to complete if you round off cents to (sales price) (or other basis) Form(s) 8949, Part II, combine the result whole dollars. line 2. column (a) with column (a) 8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b . 8b Totals for all transactions reported on Form(s) 8949 with Totals for all transactions reported on Form(s) 8949 with Box E checked 10 Totals for all transactions reported on Form(s) 8949 with 11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) 11 12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 12 13 14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover 14 15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then, go to Part III 15

REV 03/22/23 PRO

Schedule D (Form 1040) 2022 Page 2

Part III **Summary** 16 Combine lines 7 and 15 and enter the result 16 -82. • 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. 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 82.) 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 gualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a? 22 ☐ 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

Internal Revenue Service

Name(s) shown on return

VISHAL DHIMAN

Department of the Treasury

Social security number or taxpayer identification number 620-99-8693

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	to you on F	orm 1099-B			.0	
1 (a) Description of property		Date sold or	(d) Proceeds	(e) Cost or other basis See the Note below	Adjustment, if If you enter an a enter a co See the sepa	(h) Gain or (loss) Subtract column (e)	
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see Column (e) in the separate instructions.	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g).
ROBINHOOD SECURITIES LLC	01/01/22	12/31/22	885.	992.	W	24.	-83.
ROBINHOOD CRYPTO LLC	01/01/22	12/31/22	27.	26.			1.
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), lir	lude on your ne 2 (if Box B	912.	1,018.		24.	-82.

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 **8863**

Education Credits (American Opportunity and Lifetime Learning Credits)

Department of the Treasury Internal Revenue Service

Attach to Form 1040 or 1040-SR.

Go to www.irs.gov/Form8863 for instructions and the latest information.

OMB No. 1545-0074

2022

Attachment Sequence No. 50

Name(s) shown on return

VISHAL DHIMAN

Your social security number 620-99-8693



Complete a separate Part III on page 2 for each student for whom you're claiming either credit before you complete Parts I and II.

Part	Refundable American Opportunity Credit					
1	After completing Part III for each student, enter the total of all amounts from all P	arts II	I, line 3	30	1	
2	Enter: \$180,000 if married filing jointly; \$90,000 if single, head of household, or qualifying surviving spouse	2				
3	Enter the amount from Form 1040 or 1040-SR, line 11. But if you're filing Form 2555 or 4563, or you're excluding income from Puerto Rico, see Pub. 970 for the amount to enter instead	3				
4	Subtract line 3 from line 2. If zero or less, stop ; you can't take any education credit	4				
5	Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or qualifying surviving spouse	5				
6	If line 4 is: • Equal to or more than line 5, enter 1.000 on line 6		.)			
	• Less than line 5, divide line 4 by line 5. Enter the result as a decimal (ro at least three places)				6	
7	Multiply line 1 by line 6. Caution: If you were under age 24 at the end of the conditions described in the instructions, you can't take the refundable Americs skip line 8, enter the amount from line 7 on line 9, and check this box	an op	portun	ity credit;	7	
8	Refundable American opportunity credit. Multiply line 7 by 40% (0.40). Enter				-	
	on Form 1040 or 1040-SR, line 29. Then go to line 9 below		8			
Part						
9	Subtract line 8 from line 7. Enter here and on line 2 of the Credit Limit Worksheet	,		,	9	
10	After completing Part III for each student, enter the total of all amounts from					
	zero, skip lines 11 through 17, enter -0- on line 18, and go to line 19				10	10,600.
11	Enter the smaller of line 10 or \$10,000				11	10,000.
12	Multiply line 11 by 20% (0.20)	1			12	2,000.
13	Enter: \$180,000 if married filing jointly; \$90,000 if single, head of household, or qualifying surviving spouse	13		90,000.		
14	Enter the amount from Form 1040 or 1040-SR, line 11. But if you're filing Form 2555 or 4563, or you're excluding income from Puerto Rico, see Pub. 970 for the amount to enter instead	14		45,648.		
15	Subtract line 14 from line 13. If zero or less, skip lines 16 and 17, enter -0- on line 18, and go to line 19	15		44,352.		
16	Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or qualifying surviving spouse	16		10,000.		
17	If line 15 is:					
	• Equal to or more than line 16, enter 1.000 on line 17 and go to line 18					
	• Less than line 16, divide line 15 by line 16. Enter the result as a decimal (roun least three places)		.)		17	1.000
18	Multiply line 12 by line 17. Enter here and on line 1 of the Credit Limit Worksheet	(see i	nstruc	tions) .	18	2,000.
19	Nonrefundable education credits. Enter the amount from line 7 of the Credit instructions) here and on Schedule 3 (Form 1040), line 3				19	2,000.

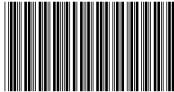
Name(s) shown on return	Your social security number
VISHAL DHIMAN	620-99-8693



Complete Part III for each student for whom you're claiming either the American opportunity credit or lifetime learning credit. Use additional copies of page 2 as needed for each student.

Par	Student and Educational Institution Information	See instructions	
20	Student name (as shown on page 1 of your tax return)	21 Student social security number (as she	own on page 1 or
	VISHAL	your tax return)	
	DHIMAN	620-99-8693	
22	Educational institution information (see instructions)		
a	Name of first educational institution	 b. Name of second educational institutio 	n (if any)
	HARRISBURG UNIVERSITY OF SCINCE		
(1) Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see	(1) Address. Number and street (or P.O post office, state, and ZIP code. If a	
	instructions. 326 MARKET ST	instructions.	
	HARRISBURG PA 17101		
(2) Did the student receive Form 1098-T from this institution for 2022? ✓ Yes ☐ No	(2) Did the student receive Form 1098-7 from this institution for 2022?	「 ☐ Yes ☐ No
(Did the student receive Form 1098-T from this institution for 2021 with box ☐ Yes ☒ No 7 checked?	(3) Did the student receive Form 1098-7 from this institution for 2021 with bo 7 checked?	
(4) Enter the institution's employer identification number (EIN) if you're claiming the American opportunity credit or if you checked "Yes" in (2) or (3). You can get the EIN from Form 1098-T or from the institution.	(4) Enter the institution's employer ident if you're claiming the American opportunity of the checked "Yes" in (2) or (3). You can a 1098-T or from the institution.	rtunity credit or if you
	25-1900793		
23	Has the American opportunity credit been claimed for this student for any 4 prior tax years?	Yes — Stop! Go to line 31 for this student. X No —	Go to line 24.
24	Was the student enrolled at least half-time for at least one academic period that began or is treated as having begun in 2022 at an eligible educational institution in a program leading towards a postsecondary degree, certificate, or other recognized postsecondary educational credential? See instructions.		Stop! Go to line 31 is student.
25	Did the student complete the first 4 years of postsecondary education before 2022? See instructions.	Yes — Stop! Go to line 31 for this student. No —	Go to line 26.
26	Was the student convicted, before the end of 2022, of a felony for possession or distribution of a controlled substance?		Complete lines 27 gh 30 for this student.
CAUT			n the same year. If
	American Opportunity Credit		
27	Adjusted qualified education expenses (see instructions). Dor	't enter more than \$4,000	27
28	Subtract \$2,000 from line 27. If zero or less, enter -0		28
29		F	29
30	If line 28 is zero, enter the amount from line 27. Otherwise, a	<u> </u>	
00	enter the result. Skip line 31. Include the total of all amounts f		30
	Lifetime Learning Credit	on an raite in, line oo, on rait i, line 1 .	00
	<u> </u>		
31	Adjusted qualified education expenses (see instructions). Incl III, line 31, on Part II, line 10		31 10,600.

NJ-1040NR 2022 Page 1



2022 NJ-1040NR New Jersey Nonresident Income Tax Return

For Privacy Act Notification, See Instructions

Year January 1, 2022 – De	ecember 31,	2022 or Other Tax Year	1555
. 2022	Ending	. 2023	

Your Social Security Number 620998693

 $Last\ Name,\ First\ Name,\ Initial\ (\textit{Joint filers enter first name and middle initial of each.}\ Enter\ spouse/CU\ partner\ last\ name\ only\ if\ different.)$

DHIMAN VISHAL

Spouse's/CU Partner's Social Security Number

State of Residency (outside NJ)

Home Address (Number and Street, incl. apt. # or rural route)

For Taxable

Beginning

NEVADA

6584 COTSFIELD AVE

Driver's License # (Voluntary)

City, Town, Post Office LAS VEGAS

ZIP Code NV 89139

This is an amended return

Federal extension application attached or enter confirmation number

The address above is a foreign address

Your address has changed

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

State

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

If you were a New Jersey resident for ANY part of the tax year, **NJ Residency Status**

give the period of New Jersey residency.

From: To:

Gubernatorial

Do you want to designate \$1 of your taxes for this fund? If joint **Elections Fund** return, does your spouse/CU partner want to designate \$1? Note: If you check the "Yes" box(es), it will not increase your tax or

reduce your refund.

Yes No Yes No



NJ-1040NR 2022

Page 2

1. **X**



Name(s) as shown on Form NJ-1040NR DHIMAN VISHAL

Your Social Security Number

620998693

1555

Filing Status
(Check only ONE box)

Single

2.	Married/CU Couple, filing joint return							
3.	Married/CU Partner, filing separate return							
4.	Head of Household	Name and SSN of Spouse/CU Partner						
5.	Qualifying Widow(er)/Surviving CU Partner							
_								
	mptions					-		
	Regular Self	Spouse/CU Partne		Domestic Partner	6.	1		
	Age 65 or over Self	Spouse/CU Partne			7.			
8.	Blind or Disabled Self	Spouse/CU Partne			8.			
9.	Veteran Exemption Self	Spouse/CU Partne	r				4.0	9.
	Number of your qualified dependent children						10.	
	Number of other dependents						11.	
	Dependents attending colleges (See Instructions)				12.	-		
13.	For line 13a – Add lines 6, 7, 8, and 12. For line 13b – Add lines 10 ar For line 13c – Enter amount from line 9.	nd 11.			13a.	1	13b.	13c.
Dep	endent Information							
14.	Dependent's Last Name, First Name, Middle Initial	Dependen	t's Social Se	curity Number		Birth	Year	
	a							
	b							
	c							
	d							
			COL A AMOL	NIT OF CROSS BIGO	AE (EVEDV	MHEDE) (OL D. AMOUNT F	ROM NEW JERSEY SOURCES
			COL. A - AMOU		`		OL. B - AMOUNT FI	
15.	Wages, salaries, tips, and other employee compensation		15.	4!	5730	•	15.	10894 .
	Check box if you completed lines 69 through 75							
16.	Interest		16.			•	16.	•
17.	Dividends		17.			•	17.	•
18.	Net profits from business (Schedule NJ-BUS-1, Part I, line 4)		18.			•	18.	
19.	Net gains or income from disposition of property (From line 68)		19.		0	•	19.	0 .
20.	$20. \hspace{0.5cm} \text{Net gains or income from rents, royalties, patents, and copyrights (Schedule NJ-BUS-1, Part II, line 4)} \\$						20.	
21.	21. Net gambling winnings (See Instructions)						21.	
22.	Taxable pensions, annuities, and IRA distributions/withdrawals		22.					
23.	Distributive Share of Partnership Income (Schedule NJ-BUS-1, Part	III, line 4)	23.				23.	
24.	Net pro rata share of S Corporation Income (Schedule NJ-BUS-1, Pa	art IV, line 4)	24.				24.	
25.	Alimony and separate maintenance payments received		25.					
26.	Other – State Nature and Source		26.				26.	
27.	TOTAL INCOME (Add lines 15 through 26)		27.	4!	5730		27.	10894 .

$$\label{eq:Name} \begin{split} &\text{Name}(s) \text{ as shown on Form NJ-1040NR} \\ &\text{DHIMAN VISHAL} \end{split}$$

Your Social Security Number

620998693

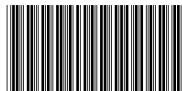
1555

NJ-1040NR 2022 Page 3

040NV03220

28a.	Pension/Retirement Exclusion (See Instructions)	28a.				
28b.	Other Retirement Income Exclusion (See Worksheet and Instructions)	28b.	•	28b.		
	· · · · · · · · · · · · · · · · · · ·	28c.	•	28c.		•
28c. 29.	Total Exclusion Amount (Add line 28a and line 28b) Gross Income (Subtract line 28c from line 27)	29.	45730 ·	29.	10894	•
			1000	29.	10094	
30.	Total Exemption Amount (See Instructions)	30.	1000 •			
31.	Medical Expenses (See Worksheet and Instructions)	31.	•			
32.	Alimony and separate maintenance payments	32.	•			
33.	Qualified Conservation Contribution	33.	•			
34.	Health Enterprise Zone Deduction	34.				
35.	Alternative Business Calculation Adjustment (Schedule NJ-BUS-2, line 11)	35.	0 .			
36.	Organ/Bone Marrow Donation Deduction (See instructions)	36.	•			
37a.	NJBEST Deduction	37a.	•			
37b.	NJCLASS Deduction	37b.	•			
37c.	NJ Higher Education Tuition Deduction	37c.	•			
38.	Total Exemptions and Deductions (Add lines 30 through 37c)	38.	1000 .			
39.	Taxable Income (Subtract line 38 from line 29, column A)	39.	44730 .			
40.	Tax on amount on line 39 (From Tax Table)	40.	979 .			
41.	Income Percentage B. (line 29) / A. (line 29) =					
42.	New Jersey Tax (Multiply amount from line 40 by income percentage from line 41)			42.	233	
43.	Sheltered Workshop Tax Credit (Enclose GIT-317. See Instructions)			43.		
44.	Gold Star Family Counseling Credit (See Instructions)			44.		
45.	Credit for Employer of Organ/Bone Marrow Donor (See instructions)			45.		
46.	Total Credits (Add lines 43, 44, and 45)			46.		
47.	Balance of Tax After Credits (Subtract line 46 from line 42)			47.	233	
48.	Interest on Underpayment of Estimated Tax.			48.		
	Check box if Form NJ-2210NR is enclosed					
49.	Total Tax Due (Add line 47 and line 48)			49.	233	
50.	Total New Jersey Income Tax Withheld (From enclosed Forms W-2 and 1099) (Part-year nonresidents, see instructions)	50.	335 .			
51.	New Jersey Estimated Tax Payments/Credit from 2021 return	51.		Also enter on		
52.	Tax paid on your behalf by Partnership(s)	52.			nts made in connection le of NJ real property	
53.	Excess NJ UI/WF/SWF Withheld (Enclose Form NJ-2450)	53.		 Paymer 	nts by S corporation for	
54.	Excess NJ Disability Insurance Withheld (Enclose Form NJ-2450)	54.		nonresi	dent shareholder	
55.	Excess NJ Family Leave Insurance Withheld (Enclose Form NJ-2450)	55.				
56.	Pass-Through Business Alternative Income Tax Credit (See instructions)	56.				

NJ-1040NR



$$\label{eq:Name} \begin{split} &\text{Name}(s) \text{ as shown on Form NJ-1040NR} \\ &\text{DHIMAN } &\text{VISHAL} \end{split}$$

Your Social Security Number

620998693

1555

NJ-1040NR 2022 Page 4

57.	Total Payments/Credits (Add lines 50 through 56)				57.	335 .
58.	 If line 57 is less than line 49, you have tax due. Subtract line 57 from line 49 and enter the amount you owe If you owe tax, you can still make a donation on line 61A through 61F 				58.	•
59.	9. If line 57 is more than line 49, you have an overpayment. Subtract line 49 from line 57 and enter the overpayment				59.	102 .
60.	Amount from line 59 you want to credit to your 2023 tax					
61.	Amount you want to credit to:					
	(A) N.J. Endangered Wildlife Fund	61A.		NOTE:		
	(B) N.J. Children's Trust Fund	61B.		An entry on lines (reduce your tax ref	60 through 61F will fund	
	(C) N.J. Vietnam Veterans' Memorial Fund		61C.		,	
	(D) N.J. Breast Cancer Research Fund		61D.			
	(E) U.S.S. N.J. Educational Museum Fund		61E.			
	(F) Designated Contribution	Code	61F.			
62.	Total Adjustments to Tax Due/ Overpayment (Add lines 60 thro	ugh 61F)			62.	
63.	Balance due (If line 58 is more than zero, add line 58 and 62)				63.	
64.	. Refund amount (If line 59 is more than zero, subtract line 62 from line 59)				64.	102 .

Under penalties of perjury, I my knowledge and belief, it information of which the pre	Pay amount on line 63 in full. Write Social Security number(s) on check or money order a make payable to:			
> Your Signature	Date	> Spouse's/Cl	U Partner's Signature (if filing jointly, BOTH must sign)	State of New Jersey - TGI Division of Taxation Revenue Processing Center PO Box 244 Trenton, NJ 08646-0244
Paid Preparer's Signature			Federal Identification Number	11chion, 143 00040-0244
SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	P02082703	You can also make a payment on our website: nj.gov/taxation
Firm's Name GLOBAL	TAXES LLC		Firm's Federal Employer Identification Number $84 - 3171965$	

Name(s) as shown on Form NJ-1040NR Your Social Security Numb							nber		
DHIMAN VISHAL						620998693			
Part I Net Gains or Income From Disposition of Property List the net gains or income, less net loss, derived from the sale, exchange, or other disposition of property including real or personal whether tangible or intangible as reported on federal Schedule D.									
(a) Kind of property and description (b) Date aquired (Mo., day, yr.) (c) Date sold (Mo., day, yr.) (d) Gross sales price basis as adjus (see instructio and expense of					tted (f) Gain or (loss) (ns) (d less e)		ss)		
65. ROBINHOOD	SECURITI	01/01/2022	12/31/2022	885		968		-83	
ROBINHOOD C		01/01/2022	12/31/2022	27		26		1	
66. Capital Gains [Distribution						66.		
67. Other Net Gains							67.		
68. Net Gains (Add lines 65, 66, and 67) (Enter here and on line 19) (If loss, enter zero)							68.	0	
Part II Ind	Allocation of Wage and Salary (See instructions if compensation depends entirely on volume of business								
69. Amount reported on line 15 in column A required to be allocated							69.		
70. Total days in taxable year							70.		
71. Deduct nonworking days (Sundays, Saturdays, holidays, sick leave, vacation, etc.)							71.		
72. Total days work	ked in taxable year (subtr	act line 71 from	line 70)				72.		
73. Deduct days worked outside New Jersey							73.		
74. Days worked in New Jersey (subtract line 73 from line 72)							74.		
75. Allocation Formula									
DOM:	ocation of Business ome to New Jersey	(S	ee instructions i	f other than Form	ula Ba	sis of allocation i	s used.)	
Business Allocation Percentage (From Schedule NJ-NR-A)									
Enter below the line number and amount of each item of business income reported in column A that is required to be allocated and multiply by allocation percentage to determine amount of income from New Jersey sources.									
From Lir	ne No \$. x	% = \$					
From Lir	ne No \$. x	% = \$					
From Lin	ne No \$. х	% = \$					