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

Internal Revenue Service	•						
Submission Identification Number (SID)							
Taxpayer's name	Social security	/ number					
SOHAIL RAJANI	824-92-	824-92-6166					
Spouse's name		ouse's social security number					
	nter year you ar	e authori	izing.)				
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.		4	00 001				
1 Adjusted gross income		2	89,994. 12,563.				
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	12,568.				
4 Amount you want refunded to you		4					
5 Amount you owe		5	J.				
Part II Taxpayer Declaration and Signature Authorization (Be sure you get a		-	return)				
Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amer							
for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account payment of my federal 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 term payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation business days prior to the payment (settlement) date. I also authorize the financial institutions involved in taxes to receive confidential information necessary to answer inquiries and resolve issues related to the personal identification number (PIN) below is my signature for the income tax return (original or amended Electronic Funds Withdrawal Consent.	t indicated in the ta citution to debit the inate the authoriza requests must be the processing of the payment. I furth	x preparation to this tion. To reverse received rather the electroner acknown	on software for saccount. This voke (cancel) a no later than 2 nic payment of vledge that the				
Taxpayer's PIN: check one box only							
▼ I authorize GLOBAL TAXES LLC to enter or gener	ate my PIN	6 1 6	as my				
ERO firm name	Ent	er five digits 't enter all z	s, 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 amended) I a if you are entering your own PIN and your return is filed using the Practitioner PIN n below.	nethod. The ERO	must cor					
Your signature ► Sohail Rajani Date	►4/17	/2023					
Spouse's PIN: check one box only							
☐ I authorize to enter or gener	ate my PIN		as my				
ERO firm name		er five digits					
signature on the income tax return (original or amended) I am now authorizing.	don	't enter all z	eros				
I will enter my PIN as my signature on the income tax return (original or amended) I a if you are entering your own PIN and your return is filed using the Practitioner PIN n below.							
Spouse's signature ▶ Date	>						
Practitioner PIN Method Returns Only—continue be	low						
Part III Certification and Authentication — Practitioner PIN Method Only							
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 2	2 2 4 9 6 Don't ente	3 1 r all zeros	9 8 9				
I certify that the above numeric entry is my PIN, which is my signature for the electronic individual incompation authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am strequirements of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS <i>e-file</i> Providers	submitting this retu	n in accor	dance with the				
ERO's signature ▶ Date	•						
ERO Must Retain This Form — See Instructions							

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. 1545-007

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

Filing Status Check only one box.	If yo	Single Married filing jointly uchecked the MFS box, enter the nonis a child but not your dependent	ame of y	ed filing separately (l	,	_		nold (HOH	, _	spou	fying surv se (QSS) name if th	Ü
Your first name			Last nai	me					Y	our soc	ial securit	v number
SOHAIL				NI						824-92-6166		
If joint return, spouse's first name and middle initial				me					_	Spouse's social security number		
Home address	(numbe	er and street). If you have a P.O. box, see	instruction	ons.			A	pt. no.	- 1			on Campaign
_6601 BII											ere if you,	or your tly, want \$3
City, town, or p	ost offic	ce. If you have a foreign address, also co	omplete s _l	paces below.	Stat	e	ZIP co	ode				Checking a
PLANO			TX			750	23	b	box below will not change			
Foreign country	y name		F	Foreign province/state/	count	У	Foreig	n postal co	de y			
 Digital	At ar	ny time during 2022, did you: (a) rec	eive (as	a reward, award, or	pavn	nent for prope	rtv or s	services):	or (b) sell.	rou	Spouse
Assets		ange, gift, or otherwise dispose of a	,				•	, .	, ,		Yes	⊠ No
Standard		eone can claim: You as a de		<u>_</u>		a dependent		`		,		
Deduction		Spouse itemizes on a separate retur	•	•								
Age/Blindness	S You:	☐ Were born before January 2, 1	958	Are blind Sp	ouse:	Was bor	rn befo	re Janua	γ2,1	1958	☐ Is bli	ind
Dependents			_	(2) Social security		(3) Relationsh	14				es for (see	instructions):
If more		(1) First name Last name		number		to you		Child tax cn		it (Credit for oth	her dependents
than four												
dependents,	_											<u> </u>
see instructions and check	s ——]			
here]]		[<u> </u>
Income	1a	Total amount from Form(s) W-2, b	ox 1 (see	e instructions) .						1a	9	90,000.
	b	Household employee wages not re	eported	on Form(s) W-2 .						1b		
Attach Form(s) W-2 here. Also	С	Tip income not reported on line 1a	a (see ins	structions)						1c		
attach Forms	d	Medicaid waiver payments not rep	orted or	n Form(s) W-2 (see i	nstru	ctions)				1d		
W-2G and	е	Taxable dependent care benefits from Form 2441, line 26								1e		
1099-R if tax was withheld.	f	Employer-provided adoption bene	efits from	n Form 8839, line 29	٠.					1f		
If you did not	g	Wages from Form 8919, line 6 .								1g		
get a Form	h	Other earned income (see instruct	ions) .							1h		0.
W-2, see instructions.	i	Nontaxable combat pay election (see instr	ructions)		<u>1</u> i	i					
	Z	Add lines 1a through 1h								1z	9	90,000.
Attach Sch. B	2a	Tax-exempt interest	2a		b Ta	axable interest	t.			2b		
if required.	3a	Qualified dividends	3a		b 0	rdinary divide	nds .			3b		
	4a	IRA distributions	4a		b Ta	axable amoun	t			4b		
Standard	5a	Pensions and annuities	5a			axable amoun				5b		
Deduction for— Single or	6a	Social security benefits	6a		b Ta	axable amoun	t			6b		
Married filing	С	If you elect to use the lump-sum e	lection r	nethod, check here	(see i	nstructions)						
separately, \$12,950	7	Capital gain or (loss). Attach Sche	dule D if	required. If not required.	uired,	check here				7		-6.
Married filing	8	Other income from Schedule 1, line 10								8		
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7	, and 8.	This is your total in	come					9	3	39 , 994.
surviving spouse, \$25,900	10	Adjustments to income from Schedule 1, line 26								10		
Head of Subtract line 10 from line 9. This is your adjusted gross income										11	3	39 , 994.
household, \$19,400	12	Standard deduction or itemized	deducti	ions (from Schedule	e A)					12	12,950.	
If you checked any box under	13	Qualified business income deduct								13		
Standard	14	Add lines 12 and 13								14		12 , 950.
Deduction, see instructions.	15	Subtract line 14 from line 11. If zer	ro or less	s, enter -0 This is y	our t	axable incom	ne .			15	1 7	77,044.

Form 1040 (2022	2)								Page 2
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 881	4 2 🗌 4972	3 🗌		16	12,563.
Credits	17	Amount from Schedule 2, lin	e3					17	
	18	Add lines 16 and 17						18	12,563.
	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	12,563.
	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 total tax					24	12,563.
Payments	25	Federal income tax withheld							
-	а	Form(s) W-2				25a 1	2,568.		
	b	Form(s) 1099				25b			
	С	Other forms (see instructions	s)			25c			
	d	Add lines 25a through 25c						25d	12,568.
If you have a	26	2022 estimated tax payment	s 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	n 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, lin	e 15			31			
	32	Add lines 27, 28, 29, and 31	32						
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments				33	12,568.
Refund	34	If line 33 is more than line 24	I, subtract line 2	4 from line 33.	This is the amou	ınt you overpai d	1	34	5.
neiuliu	35a	Amount of line 34 you want	refunded to you	ی. If Form 8888	s is attached, che	ck here	🗆	35a	5.
Direct deposit?	b	Routing number 1 1 1			c Type: 🛛	Checking [Savings		
See instructions.	d	Account number 4 8 8	0 7 7 4	4 1 0 4	1 9				
	36	Amount of line 34 you want a	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	nstructions) .			38			
Third Party Designee		you want to allow another	•				Complete	below.	X No
		signee's		Phone			rsonal iden	tification	
	nar			no.			mber (PIN)		
Sign Here		der penalties of perjury, I declare t ief, they are true, correct, and com			than taxpayer) is b		tion of which	ch prepar	er has any knowledge.
11010	Yo	ur signature		Date	Your occupation		Pro	tection P	nt you an Identity IN, enter it here
Joint return? See instructions.			SOFTWARE ENGINEER				e inst.)	<u> </u>	
Keep a copy for your records.	Sp	Spouse's signature. If a joint return, both must sign.		Date	lo lo				nt your spouse an ection PIN, enter it here
	———Ph	one no. (516) 234-314	3	Email address	SOHATI RAJI	ANI7@GMAIL.	COM		
		eparer's name	Preparer's signat		COINTIL IMO	Date	PTIN		Check if:
Paid		PRIYA RAM SAGAR GUPTA TALLAM			GIIPTA TAT.T.AN			32703	Self-employed
Preparer		m's name GLOBAL TAX		1411 0110111	OOT III IIIIIIAN	. 0 1 / 10 / 202			(678) 965-9522
Use Only			Y CT E BRU	INSWICK N.	J 08816			n's EIN	84-3171965
Co to warming				TIONITOR IN		DE\/ 00/22/22 5= 3		II O LIIN	Form 1040 (2022)
GO TO WWW.IIS.go	וווטאוענ	n1040 for instructions and the late	at innormation.		BAA	REV 03/22/23 PRO)		Form 1040 (2022)

SCHEDULE D (Form 1040)

Department of the Treasury

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

2022

Attachment Sequence No. 12

interna	al Revenue Service Ose Form 6949 to list your train	isactions for lines	1b, 2, 3, 6b, 9, and 1	ΙΟ.		`	bequence No. 12
	(s) shown on return HAIL RAJANI						curity number
Did y	ou dispose of any investment(s) in a qualified opportunity	•	•		No	<u> </u>	0100
	es," attach Form 8949 and see its instructions for additiona	•					
Pa	Short-Term Capital Gains and Losses—Ge	nerally Assets I	Held One Year o	or Les	s (se	e ins	tructions)
lines	instructions for how to figure the amounts to enter on the below. form may be easier to complete if you round off cents to	(d) Proceeds	(e) Cost	to gair	(g) justmen n or loss	from	(h) Gain or (loss) Subtract column (e) from column (d) and
	e dollars.	(sales price)	(or other basis)	,	8) 8949, I 1, colum		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 Box A checked						
2	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	49.	55.				-6.
4	Short-term gain from Form 6252 and short-term gain or (I	oss) from Forms 4	684, 6781, and 88	324		4	
5	Net short-term gain or (loss) from partnerships, Schedule(s) K-1	S corporations,	estates, and tr		from 	5	
6	Short-term capital loss carryover. Enter the amount, if ar Worksheet in the instructions	ny, from line 8 of y	our Capital Loss	Carry	over	6	()
7	Net short-term capital gain or (loss). Combine lines 1a term capital gains or losses, go to Part II below. Otherwis					7	-6.
Par	t II Long-Term Capital Gains and Losses—Ge	nerally Assets H	Held More Than	One	Year	(see i	nstructions)
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)	to gair Form(s	(g) justmen n or loss) 8949, F	from Part II,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result
	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.			line 2	, colum	n (g)	with column (g)
8b	Totals for all transactions reported on Form(s) 8949 with Box D checked						
9	Totals for all transactions reported on Form(s) 8949 with Box E checked						
10	Totals for all transactions reported on Form(s) 8949 with Box F checked						
11	Gain from Form 4797, Part I; long-term gain from Forms from Forms 4684, 6781, and 8824			ain or (loss)	11	

12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1

14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover Worksheet in the instructions

15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then, go to Part III

BAA

12

13

14

15

Schedule D (Form 1040) 2022 Page 2

Part III Summary 16 Combine lines 7 and 15 and enter the result 16 -6. • If line 16 is a gain, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below. • If line 16 is a loss, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete • If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22. 17 Are lines 15 and 16 both gains? ☐ **Yes.** Go to line 18. ■ No. Skip lines 18 through 21, and go to line 22. 18 If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the 18 19 If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet . 19 20 Are lines 18 and 19 both zero or blank and you are not filing Form 4952? ☐ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. Don't complete lines 21 and 22 below. □ No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below. If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of: 21 • The loss on line 16; or 21 6.) • (\$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.

8949

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

SOHAIL RAJANI

Sales and Other Dispositions of Capital Assets

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

OMB No. 1545-0074 Attachment Sequence No. 12A

File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D. Social security number or taxpayer identification number

824-92-6166

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 Part I 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 X (C) Short-term transactions not reported to you on Form 1099-B

1 (a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis See the Note below	If you enter an enter a c	if any, to gain or loss amount in column (g), ode in column (f). parate instructions.	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g).	
(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		
COIN BASE	01/01/22	12/31/22	45.	50.			-5.	
COIN BASE	01/01/22	12/31/22	4.	5.			-1.	
2 Totals. Add the amounts in column negative amounts). Enter each total Schedule D, line 1b (if Box A above above is checked), or line 3 (if Box A above above is checked).	al here and inc e is checked), lir	lude on your ne 2 (if Box B	49.	55.			-6.	

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.