Virginia Individual Income Tax Declaration for Electronic Filing

DO NOT SEND THIS VA-8453 TO THE VIRGINIA DEPARTMENT OF TAXATION OR THE IRS. IT MUST BE MAINTAINED IN YOUR FILES!

Virg	inia Submission	Identificati	on Numb	er (SID)												-				
First	ame & Middle Ir	itial (if joint o	or combin	ed return,	enter l	both)	Last	Nam	е						1	B You	r Social S	ecurity N	umber	
PRA	TIK RAJEN	DRA					KHA	ARE								82	2-82-0	0843		
	ent Home Addres						1												ity Number	
220	1 4TH AVE	APT 21	9																	
City,	State and Zip Co																Onlin	ne Filed F	Return	
-	TTLE		WA	9812	1															
Part		rn Informa														AS	Spouse		B Yourse	elt
1.	Federal Adjust		•											,					102,6	531.
2.	Virginia Adjust	ed Gross Ind	come (For	m 760CG	, Line 🤅	9; 760P	Y, Line	e 10,	colum	ns A &	B; F	orm 76	63, Line	e 9)					102,6	531.
3.	Taxable Incom	e (Form 760	CG, Line	15; 760P	Y, Line	16, col	umns	A & E	B; Forn	n 763,	Line	17)							93,7	01.
4.	Virginia Incom	e Tax (Form	760CG, I	_ine 18; 76	60PY, I	Line 17,	colun	nns A	& B; I	Form 7	'63 L	ine 18)							5,1	.30
5.	Withholding (F	orm 760CG,	Line 19a	&19b; 76	0PY, L	ines 19	a & 19	9b; Fo	orm 76	3, Line	es 19a	a & 191	c)							304.
6.	Amount you O	we (Form 76	OCG. Lin	e 35: Forn	n 760P	Y. Line	35: Fo	orm 7	63. Lir	ne 35)			,						- / -	
7.	Refund (Form	·							,	,									1	7 /
Part		on of Taxp		T, LINC O	0, 1 011	II 700, L		0)											L	74.
8a.		t that my ref		rectly den	nsited :	as desir	inated	l on m	יע 202	3 Virai	inia ir	ncome	tax ret	ırn If	Ihav	e filed a i	oint return	this is a	n irrevocabl	۵
8b.	appointr the territ I do not	nent of the o orial jurisdic want direct o	ther spou tion of the deposit of	se as an a United St my refund	agent te tates a d or I a	o receiv t any po m not re	ve the pint in eceivir	refun the pi ng a r	d. I ce rocess efund.	ertify th 5. I cho	nat th ose t	e trans to have	action a cheo	does i ck mai	not dii led to	me.	olve a fina	ncial inst	itution outsi	de of
8c.	the financial institution account indicated on my 2023 Virginia income tax return for payment of my state taxes owed on this return and/or a payment of estimated tax. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I certify that the transaction does not directly involve a financial institution outside of the territorial jurisdiction of the United States at any point in the process.																			
the a know sent trans	I declare under penalties of perjury that I have compared the information on my return with the information I have provided to my electronic return originator and that the amounts described in Part I above agree with the amounts shown on the corresponding lines of my 2023 Virginia individual income tax return. To the best of my knowledge and belief, my return is true, correct and complete. I consent that my return including this declaration and accompanying schedules and statements be sent to the Internal Revenue Service (IRS) by my electronic return originator (ERO) and by the IRS to Virginia Tax. This declaration is to be retained by the ERO or transmitter as validation of my electronically filed Virginia income tax return. Taxpayers may sign the form using a rubber stamp, mechanical device, such as a signature pen, or computer software program. 3/5/2024									my De										
		Signature	<u> </u>			ate	•					ture (If F	iling St	atus 2	or 4, E	BOTH mus	t sign)		Date	
Part		on of Elec			-					•										
taxpa of all Indiv that I and o stam	lare that I have re ayer's signature of forms and inform idual Income Tax have examined complete. Decla p, mechanical de	n Form VA- hation to be f Returns (Ta the above ta ration of pre	8453 befo filed with t ax Year 20 expayer's r parer is ba	the IRS and (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	ting thi Id Virgi any req accom Il inforr	s return nia Tax juiremer npanying mation c	to the and h nts spe g sche of whic	e Inter nave fo ecifieo edules ch pre	rnal Re ollowe d by Vi s and s parer l gram.	evenue d all of irginia stateme	e Ser ther r Tax. ents, iy kno	vice (IF required If I arr and to owledg	RS) and ments and also the the be	d Virgi as des he Pai st of r	nia Ta scribeo d Pre ny kno	ax. I have d in Hand parer, une owledge a	e provided book for E der penalti and belief, can sign f	the taxp Electronic ies of per they are the form	ayer with a Filers of jury, I decla true, correc	copy re :t,
	's Signature									Date							SSN/PTI	N		
Firm	BAL TAXES s name (or yours ROONEY C	if self-emple	. ,	E BRUN	ISMIT	СК	N	LT O	881(6			Paid	l Prepa	arer?[□Y □ 84317		lf-employ	/ed? 🗆 Y 🗆] N
	ess, City, State a						IN	0 0	U U L I	0						04317	EIN			
	Preparer's Signa	•								03-0 Date)5-2	24				P0208		N		
SYA	M PRIYA R	AM SAGA		TA TAI	LLAM	I														
	s name (or yours		• /										Self	-emplo	yed?					
	ROONEY C			E BRUN	ISWI	CK	N	IJ 0	881(6						84317				
Addr	ess, City, State a	πα Ζιρ															EIN			
1555								REV	02/23/2	4 PRO										



2201 4TH AVE APT 219

PRATIK RAJEN



KHARE



SEATTLE	WA 98121		
SSN - You KHAR	822820843	Vendor ID 1555	XXXXX
SSN - Spouse			
Fed Adj Gross Income (FAGI) 1.	102631.	Withholding (VA) - You	19A. 5304.
Additions 2.		Withholding (VA) - Spouse	19B.
Subtotal 3.	102631.	Estimated Payments	20.
Age Deduction - You 4A.		2022 Overpayment	21.
Age Deduction - Spouse 4B.		Extension Payments	22.
Soc Sec & Tier 1 Railroad 5.		Credit - Low-Income or EIC	23.
State Income Tax Overpayment 6.		Credit - Schedule OSC	24.
Subtractions 7.		Credits - Schedule CR	25.
Subtotal Subtractions 8.		Total Payments / Credits	26. 5304 .
Total VA Adj Gross Income (VAGI) 9.	102631.	Tax You Owe	27.
Itemized Deductions - VA Sch A 10.		Tax Overpayment	28. 174.
Standard Deduction 11.	8000.	Overpayment Credited to Next Year	29.
Exemptions 12.	930.	VAC - Virginia 529 / ABLE	30.
Deductions 13.		VAC - Other Contributions	31.
Subtotal (Deductions & Exemptions) 14.	8930.	Addition to Tax, Penalty & Interest	32.
VA Taxable Income 15.	93701.	Sales and Use Tax	33.
Amount of Tax 16.	5130.	Amount You Owe	
Spouse Tax Adjustment (STA) 17.		Will Pay by Credit/Debit Card N Your Refund	174.
VAGI - Spouse 17A.			
Net Amount of Tax 18.	5130.	Bank Routing #	C 043000096
L		Bank Account #	1092723891

REV 02/23/24 PRO

822820843





	nformation	Additional Filing Information	
Filing Status	1	Locality	059
Federal Head of Household		Uninsured & Authorize DMAS	
DOB - You	07151991	Name or Filing Status Change	
VA Driver's License ID - You	T68325296	Address Change	
VA Driver's License - Iss. Date	-You 07312023	VA Return Not Filed Last Year	
Spouse Name (Filing Status 3	Only)	Dependent on Another's Return	
		Farmer / Fisherman / Merchant Seaman	
DOB - Spouse		Amended	
VA Driver's License ID - Spous		Reason Code	
VA Driver's License - Iss. Date		Overseas on Due Date	
emptions (A) You 1	Exemptions (B) 65 & Over - You	Federal EIC & Amount	
Spouse	65 & Over - Spouse	Deceased Indicator	
Dependents	Blind - You	Form 760C or 760F	
Total (A) 1	Blind - Spouse	No Sales & Use Tax Due Indicator	Х
	Total (B)	Obtain Electronic 1099G	
	Contact Information	ID Theft PIN	
(We), the undersigned, declare under		he best of my (our) knowledge, it is a true, correct & complete return. If yo	u are requesting dire

Signature - You	Date 3	/5/2024	Phone - You			
Signature - Spouse	Date		Phone - Spouse			
Signature - Preparer SYAM PRIYA RAM SAGAR GUPTA TALLAM	Date	030524	Phone - Preparer		67896	59522
The Tax Department may discuss my/our return with my/our pr	eparer.	GLOBA	Preparer Information L TAXES LLC	7	P020	82703
File by May 1, 2024 Include Page 1, Page 2 and all supporting 760CG documents.		-	OONEY CT NSWICK	NJ	08816	Page 2 of 2

2023 Schedule INC/CG 822820843

Report all W-2s, 1099s & VK-1s with VA Withholding

PRATIK RAJEN KHARE



Your/ Spouse SSN	Withholding Type	VA Withholding	Employer FEIN	VA Account Number	VA Wages, tips, other comp.
Г					Г
822820843	W	5304.	911986543	30911986543F001	101742.

Total VA Withholding	SSN	VA Withholding
You	822820843	5304.
Spouse		
Total # of W-2s,1099s & VK-1s	01	

To avoid delays - be sure to enter all information, including the Employer's FEIN.

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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.

Submission Identification Number (SID)

Taxpay	/er's name		Soci	al sec	urity num	ber
PRA	TIK RAJENDRA KHARE		82	22-8	2-084	3
Spouse	o's name		Spor	use's s	ocial sec	urity number
Par	t I Tax Return Information – Tax Year Ending December 31, 2023	(Enter	yea	r you	are au	thorizing.)
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.					
1	Adjusted gross income				1	91,085.
2	Total tax				2	12,249.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099				3	20,090.
4	Amount you want refunded to you				4	7,841.
5					5	

Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

Under penalties of periury. I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

X lauthorize GLOBAL TAXES LLC to enter or generate my PIN

Ent	er fiv n't er	/e dig	gits, all ze	but	as my
2	0	8	4	3	

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 am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature

3/5/2024 Date

Spouse's PIN: check one box only

authorize

to enter or generate my PIN

as mv Enter five digits, but don't enter all zeros

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 am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature	Date					 			
Practitioner PIN Method Returns Only—continu	e bel	ow							
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		6 nter a		2	7 1	

I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature ►		Date 🕨	
ERO Must Retain This F Don't Submit This Form to the			
For Paperwork Reduction Act Notice, see your tax return instructions.	BAA	REV 02/22/24 PRO	Form 8879 (Rev. 01-2021)

(see ins	dentifying number structions) -82-0843 Apt. no. 219 ZIP code 98121			
PRATIK RAJENDRA KHARE (see instructions) Home address (number and street). If you have a P.O. box, see instructions. 2201 4TH AVE	-82-0843 Apt. no. 219 ZIP code 98121			
Home address (number and street). If you have a P.O. box, see instructions.	Apt. no. 219 ZIP code 98121			
2201 4TH AVE	219 ZIP code 98121			
City, town, or post office. If you have a foreign address, also complete spaces below.	98121			
SEATTLE WA	ode			
Foreign country name Foreign province/state/county Foreign postal co				
Status If you checked the QSS box, enter the child's name if the qualifying person is a child but not your dependent: one box.	Estate Trust			
Digital Assets At any time during 2023, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.)	, exchange, or . Ves X No			
	ox if qualifies for (see inst.):			
(see instructions): (1) First name Last name (2) Dependent's identifying number (3) Relationship to you Child tax cred	dit Credit for other dependents			
If more than four dependents, see				
instructions and				
check here				
Income 1a Total amount from Form(s) W-2, box 1 (see instructions) 1a	a 101,742.			
Effectively b Household employee wages not reported on Form(s) W-2	-			
Connected c Tip income not reported on line 1a (see instructions)				
With U.S. d Medicaid waiver payments not reported on Form(s) W-2 (see instructions) . . Id Taular and the set of the form form (see instructions) .				
Trade or e Taxable dependent care benefits from Form 2441, line 26 1e Business f Employer-provided adoption benefits from Form 8839, line 29 1e 1f				
Business f Employer-provided adoption benefits from Form 8839, line 29 . . 1f g Wages from Form 8919, line 6 1g				
Attach h Other earned income (see instructions)				
Form(s) W-2, i Current carried internet (see instructions) i I I I 1042-S, i Reserved for future use . <td></td>				
SSA-1042-S, j Reserved for future use				
RRB-1042-S, and 8288-A k Total income exempt by a treaty from Schedule OI (Form 1040-NR), item L, line 1(e) here, Also line 1(e) 1				
attach z Add lines 1a through 1h 1z 1z	101,742.			
Form(s) 2a Tax-exempt interest 2a b Taxable interest 2b	3 .			
tax was 3a 25. b Ordinary dividends 3b) 131.			
withheld. 4a IRA distributions 4a b Taxable amount 4b)			
If you did not 5a 5a b Taxable amount	-			
7 Capital gain or (loss). Attach Schedule D (Form 1040) if required. If not required, check here X 7 Additional income from Schedule 1 (Form 1040) line 10				
8 Additional income from Schedule 1 (Form 1040), line 10 8 8 9 Add lines 1z, 2b, 3b, 4b, 5b, 7, and 8. This is your total effectively connected income 9	==,0101			
10 Adjustments to income from Schedule 1 (Form 1040), line 26. These are your total adjustments to income)			
11 Subtract line 10 from line 9. This is your adjusted gross income				
12 Itemized deductions (from Schedule A (Form 1040-NR)) or, for certain residents of India, standard deduction (see instructions). 12 Std Dedn US/India Treaty				
13a Qualified business income deduction from Form 8995 or Form 8995-A . 13a				
b Exemptions for estates and trusts only (see instructions) 13b				
c Add lines 13a and 13b	c			
14 Add lines 12 and 13c	1 3,850.			
15 Subtract line 14 from line 11. If zero or less, enter -0 This is your taxable income 15 Ear Disclosure Prince Act and Dependentian Act Nation 15	5 77,235.			

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

Form 1040-NR (2023)						Page 2
Tax and	16	Tax (see instructions). Check if any from Form(s): 1 2 8814 2 497	72 3	; 🗆		16	12,249.
Credits	17	Amount from Schedule 2 (Form 1040), line 3				17	0.
	18	Add lines 16 and 17				18	12,249.
	19	Child tax credit or credit for other dependents from Schedule 8812 (Form 10	. (40			19	
	20	Amount from Schedule 3 (Form 1040), line 8				20	
	21	Add lines 19 and 20				21	
	22	Subtract line 21 from line 18. If zero or less, enter -0	· · ·			22	12,249.
	23a	Tax on income not effectively connected with a U.S. trade or business from Schedule NEC (Form 1040-NR), line 15	23a				
	b	Other taxes, including self-employment tax, from Schedule 2 (Form 1040),	200			-	
	b		23b				
	с	Transportation tax (see instructions)	23c			-	
	d	Add lines 23a through 23c . <th></th> <th></th> <th></th> <th>23d</th> <th></th>				23d	
	24	Add lines 22 and 23d. This is your total tax				24	12,249.
Payments	25	Federal income tax withheld from:				27	12,249.
Payments	25 a	Form(s) W-2	25a	1 (9,902.		
	a b	Form(s) 1099	25a 25b	<u> </u>	188.	-	
			250 25c		100.	-	
	C	Other forms (see instructions)	L			05.4	20 000
	d	Add lines 25a through 25c				25d	20,090.
	e	Form(s) 8805				25e	
	f	Form(s) 8288-A				25f	
	g	Form(s) 1042-S				25g	
	26	2023 estimated tax payments and amount applied from 2022 return	1 1			26	
	27	Reserved for future use	27			-	
	28	Additional child tax credit from Schedule 8812 (Form 1040)	28			-	
	29	Credit for amount paid with Form 1040-C	29			_	
	30	Reserved for future use	30			-	
	31	Amount from Schedule 3 (Form 1040), line 15	31				
	32	Add lines 28, 29, and 31. These are your total other payments and refunda				32	
	33	Add lines 25d, 25e, 25f, 25g, 26, and 32. These are your total payments .				33	20,090.
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amour	•	-		34	7,841.
	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, chec				35a	7,841.
Direct deposit? See instructions.	b	Routing number 0 4 3 0 0 9 6 c Type: X	Check	ing 📋	Savings		
dee manuellons.	d	Account number 1 0 9 2 7 2 3 8 9 1					
	е	If you want your refund check mailed to an address outside the United State enter it here.					
	36	enter it here Amount of line 34 you want applied to your 2024 estimated tax	36			-	
Amount	37	Subtract line 33 from line 24. This is the amount you owe .					
You Owe		For details on how to pay, go to www.irs.gov/Payments or see instructions .				37	
	38	Estimated tax penalty (see instructions)	38				
Third	Do vo	w want to allow another person to discuss this return with the IRS? See instru-	ictions.		es. Comp	lete belov	v. 🛛 No
Party	Desig				nal identif		
Designee	name				er (PIN)		
		penalties of perjury, I declare that I have examined this return and accompanying schedu they are true, correct, and complete. Declaration of preparer (other than taxpayer) is base					
Sign		signature Date Your occupation					t you an Identity
Here	Tours	3/5/2024					N, enter it here
TIELE		CATEGORY M	IANAG	ER		inst.)	,
	Phone	e no.					
Daid		irer's name Preparer's signature	Date		PTIN	C	heck if:
Paid	SYAM	PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM					
Preparer		sname GLOBAL TAXES LLC		Self-employed 3)965-9522			
Use Only		saddress 245 ROONEY CT E BRUNSWICK NJ 08816			Firm's E		-3171965
Go to www.irs.		rm1040NR for instructions and the latest information. BAA	REV	02/22/24 PR	1		n 1040-NR (2023)

SCHEDULE	1
(Form 1040)	

Department of the Treasury

Additional Income and Adjustments to Income

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 20 C

Attachment

Internal Revenue Service Go to www.irs.gov/Form1040 for instructions and the latest information.						
Name(s) shown on Fo	rm 1040, 1040-SR, or 1040-NR	Your soc	al security number			
PRATIK RAJENDR	A KHARE	822-82	-0843			

Pa	t I Additional Income		
1	Taxable refunds, credits, or offsets of state and local income taxes	. 1	
2a	Alimony received		
b	Date of original divorce or separation agreement (see instructions):		
3	Business income or (loss). Attach Schedule C		
4	Other gains or (losses). Attach Form 4797		
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E		-11,546.
6	Farm income or (loss). Attach Schedule F.		
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		
g	Alaska Permanent Fund dividends		
ĥ	Jury duty pay		
i	Prizes and awards		
j	Activity not engaged in for profit income		
k	Stock options		
I	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		_	
ο	Section 951A(a) inclusion (see instructions)		
р	Section 461(I) excess business loss adjustment	_	
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		
t			
	a nongovernmental section 457 plan	_	
u	Wages earned while incarcerated 8u	_	
Z	Other income. List type and amount:		
•	Tatal athen in some Add lines On through On		
9	Total other income. Add lines 8a through 8z.	. 9	
10	Combine lines 1 through 7 and 9. This is your additional income . Enter here and on For		-11,546.
For Po	1040, 1040-SR, or 1040-NR, line 8		lle 1 (Form 1040) 2023
101 6	10 - 10 - 10 - 10 - 10 - 10 - 10 - 10 -	Schedu	ne i (FUIII I 040) 2023

Part	Adjustments to Income					
11	Educator expenses				11	
12	Certain business expenses of reservists, performing artists, and fee	-basi	s qove	ernment		
	officials. Attach Form 2106				12	
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	
8	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:					
		24a				
	Deductible expenses related to income reported on line 81 from the				-	
~		24b				
с	Nontaxable amount of the value of Olympic and Paralympic medals				-	
Ŭ	and USOC prize money reported on line 8m	24c				
d	Reforestation amortization and expenses	24d			-	
e	Repayment of supplemental unemployment benefits under the Trade				-	
C	Act of 1974	24e				
f	Contributions to section 501(c)(18)(D) pension plans	24f			-	
	Contributions by certain chaplains to section 403(b) plans	24g			-	
	Attorney fees and court costs for actions involving certain unlawful	2-19			-	
	discrimination claims (see instructions)	24h				
:	Attorney fees and court costs you paid in connection with an award	2711			-	
1	from the IRS for information you provided that helped the IRS detect					
	tax law violations	24i				
i	Housing deduction from Form 2555	24i 24j				
1	Excess deductions of section 67(e) expenses from Schedule K-1 (Form	<u>~</u> -†j				
ň		24k				
z	Other adjustments. List type and amount:	24N				
2	Other aujustitients. List type and amount.	24z				
5	Total other adjustments. Add lines 24a through 24z				25	
25 26	Add lines 11 through 23 and 25. These are your adjustments to income			 and an	25	
.0	Form 1040, 1040-SR, or 1040-NR, line 10				26	
	BAA		02/22/24 Pf		- I I	le 1 (Form 1040) 20

SCHEDULE NEC (Form 1040-NR)

Department of the Treasury

Internal Revenue Service

connected with a U.S. business

on Schedule D (Form 1040),

Tax on Income Not Effectively Connected With a U.S. Trade or Business

OMB No. 1545-0074

23

Attach to Form 1040-NR.

Go to www.irs.gov/Form1040NR for instructions and the latest information.

Name shown on Form 1040-NR

Sequence No. 7B Your identifying number

ഹ

74

Attachment

822-82-0843

PRATIK RAJENDRA KHARE

Enter a	mount of income under the appropriate rate of tax. See instructions.							
	Nature of Income			(a) 10%	(b) 15%	(c) 30%	(d) Other	r (specify)
				(a) 10%	(b) 13%	(C) 30%	%	%
1	Dividends and dividend equivalents:							
а	Dividends paid by U.S. corporations	. 1	a					
b	Dividends paid by foreign corporations	. 1	b					
С	Dividend equivalent payments received with respect to section 871(m) transaction	ons 1	c					
2	Interest:							
а	Mortgage	. 2	2a					
b	Paid by foreign corporations	. 2	2b					
с	Other	. 2	2c					
3	Industrial royalties (patents, trademarks, etc.)	. 3	3					
4	Motion picture or TV copyright royalties	. 4	4					
5	Other royalties (copyrights, recording, publishing, etc.)		5					
6	Real property income and natural resources royalties	. 6	6					
7	Pensions and annuities	. 7	7					
8	Social security benefits	. 8	8					
9	Capital gain from line 18 below	. 9	9					
10	Gambling—Residents of Canada only. Enter net income in column (c). If zero or less, enter -0							
а	Winnings							
b	Losses	. 10	0c					
11	Gambling—Residents of countries other than Canada. Note: Enter winnings only. Losses aren't allowed	. 1	1					
12	Other (specify):							
		1	2					
13	Add lines 1a through 12 in columns (a) through (d)		3					
14	Multiply line 13 by rate of tax at top of each column		4					
15	Tax on income not effectively connected with a U.S. trade or business. Add c						-NR, line 23a 15	
	Capital Gains and Loss	es Fro	om S	Sales or Excha	nges of Proper	у	1	
losses f exchang		e acquireo dd/yyyy	d	(c) Date sold mm/dd/yyyy	(d) Sales price	(e) Cost or other basis	(f) LOSS If (e) is more than (d), subtract (d) from (e).	(g) GAIN If (d) is more than (e), subtract (e) from (d).
effective	ely connected with a U.S. s. Do not include a gain							
or loss	on disposing of a U.S. real							
	y interest; report these Ind losses on Schedule D							
(Form 1								
	property sales or get that are effectively							

17 Add columns (f) and (g) of line 16

18

. .

17 (

SCHE	DULE	0
(Form	1040-1	NR)

Other Information

ah ta Fai

OMB No. 1545-0074

	nent of the Treasury Revenue Service	Go t	to www.irs.gov/Form1040N	<i>R</i> for instructions and wer all questions.	the latest information		Attachment Sequence N	
Name sl	hown on Form 1040	-NR				Your identifyin	g number	
PRAT	IK RAJENDR	A KHARE				822-82-0	843	
Α			vere you a citizen or nation					
В			residence for tax purpose					
С	Have you ever	applied to be a	green card holder (lawful p	permanent resident) of	the United States? .		Yes	🗙 No
D	Were you ever:						_	
	A U.S. citizen?							🛛 No
2.	-		rmanent resident) of the Ur				Ves	🔀 No
_	-		2), see Pub. 519, chapter 4,	-				
E			day of the tax year, enter the tax year. $F1$		didn't have a visa, en	-		
F			visa type (nonimmigrant sta te the date and nature of th		on status?			🔀 No
G			left the United States durin	g 2023. See instructio	ns.			
			Canada or Mexico AND cor			_		
	check the box	for Canada o	r Mexico and skip to item I	<u>+.</u>	🗌 Canada	Mexico		
		United States dd/yy	Date departed United Stat mm/dd/yy	es Da	ate entered United State mm/dd/yy		arted Unite mm/dd/yy	d States
н			vacation, nonworkdays, and					
	2021		, 2022	, and 20	23 365	·•		_
I	Did you file a U	.S. income tax	return for any prior year? .				X Yes	No
_	If "Yes," give th	ie latest year ar	nd form number you filed:	104	40NR			
J	Are you filing a	return for a tru	st?				Yes	🔀 No
			U.S. or foreign owner under ribution from a U.S. person					
V	-						☐ Yes ☐ Yes	□ No ⊠ No
K	-		sation of \$250,000 or more ative method to determine				⊡ Yes	
L			f you are claiming exempt		•			
-			. See Pub. 901 for more in			tax treaty wit	n a loreigi	r country,
1.			the applicable tax treaty an			claimed the ti	eatv benefi	it and the
			ne columns below. Attach Fo					, and me
		(a) Cou	Intry	(b) Tax treaty article	(c) Number of month	ns (d) Ar	nount of ex	empt
		.,			claimed in prior tax ye		in current t	
			n Form 1040-NR, line 1k. D					
			preign country on any of the				☐ Yes	No No
3.	-	• •	ts pursuant to a Competent	•			🗌 Yes	🔀 No
			Competent Authority deterr	nination letter to your	return.			
М	Check the appl	icable box if:						

1. This is the first year you are making an election to treat income from real property located in the United States as effectively connected

2. You have made an election in a previous year that has not been revoked, to treat income from real property located in the United States as effectively connected with a U.S. trade or business under section 871(d). See instructions

BAA

For Paperwork Reduction Act Notice, see the Instructions for Form 1040-NR.

REV 02/22/24 PRO Schedule OI (Form 1040-NR) 2023

	CHEDULE E Form 1040) (From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)								OMB No	0. 1545-0074		
	-	(From r	rental rea	Attach to Form 1040	• •	-	-	-	trusts, REIVII	US, etc.)	20	23
	ent of the Treasury Revenue Service		Go to	www.irs.gov/ScheduleE fo					formation.		Attachm Sequen	ent ce No. 13
Name(s)) shown on return									Your soci	al security	
PRAT	IK RAJENDR	A KHAF	RΕ							822-8	2-0843	
Part		or Los	s From	Rental Real Estate an	nd Ro	yalties						
	Note: If yo	ou are in t	he busine	ss of renting personal proper orm 4835 on page 2, line 40.	rty, use	Schedule	e C. See	instru	ctions. If you a	are an indi	vidual, rep	ort farm
Α				23 that would require you	to file	Form(s)	1099? 5	See ins	structions .		. 🗆 Ye	s 🕅 No
				quired Form(s) 1099?								
1a				erty (street, city, state, ZI								
Α												
B		011111111	. 011 1		12,7		1107110	111	121001			
1b	Type of Prope	rty 2	For ead	ch rental real estate prope	erty list	ted		Fa	ir Rental	Persor	nal Use	
	(from list below	∧) [°]	above,	report the number of fair	rental	and			Days	Da	ays	QJV
Α	3			al use days. Check the Qaneet the requirements to the requirements the requirements to			Α		365		0	
B				d joint venture. See instru			В					
_ C			•	,			С					
	of Property:	: -!	- 0	Veestien/Chart Tarma Dar		F Land	J	7	Calf Dantal			
	Single Family R Multi-Family Re			Vacation/Short-Term Ren Commercial	ital	5 Lanc 6 Roya	-		Self-Rental	riba)		
		sidence	4	Commercial			anties	0	Other (desc	nbe)		
									Propert	ies:	1	
Incom							Α		В			C
3					3		8	57.				
4		ived			4							
Exper 5					5							
6	•			s)	6							
7		-			7		2.4	15.				
8					8			±0.				
9					9							
10				es	10							
11	Management f	ees			11		1,8	57.				
12	Mortgage inter	est paid	to banks	s, etc. (see instructions)	12							
13					13							
14					14			68.				
15					15		3,4	15.				
16					16		1 7	10				
17 18					17		±,/	48.				
19	Other (list)	-	-		19							
20				ough 19	20		12,4	03.				
21				ts) and/or 4 (royalties). If			, _					
				is to find out if you must								
	file Form 6198				21		- 11,5	46.				
22	Deductible ren	/	11 5/		((
23a	on Form 8582 (see instructions)						11,54	23a	(<u>)</u> 857.)
	 b Total of all amounts reported on line 3 for all rental propertie b Total of all amounts reported on line 4 for all royalty propertie 							23a 23b		0.57.		
c								23c				
d				n line 18 for all properties				23d				
е				n line 20 for all properties				23e	12	2,403.		
24				shown on line 21. Do no		-				. 24		
25	Losses. Add ro	yalty loss	ses from	line 21 and rental real estat	te losse	es from lin	ie 22. E	nter to	tal losses her	e 25	(11,546.)

26 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, and IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2023

-11,546.

26

	R587	Pa	assive Activ	OMB No. 1545-1008						
Form	JJUZ		See sep	2023						
	ment of the Treasury I Revenue Service	Go to www.i		Attach to Form 1040, 1040-SR, or 1041. s.gov/Form8582 for instructions and the latest information.						
Name(s	s) shown on return					Ident	tifying n	umber		
PRA	PRATIK RAJENDRA KHARE 822									
Pa		Passive Activity Lose								
	Cautio	n: Complete Parts IV ar	nd V before compl	eting Part I.						
		ctivities With Active Partice Real Estate Activities			ive participation, s	ee Special				
1a	Activities with	net income (enter the a	mount from Part I	V, column (a)) .		Ο.				
b	Activities with	net loss (enter the amo	unt from Part IV, c	olumn (b))	1b (11,546.)				
С	Prior years' un	allowed losses (enter th	ne amount from Pa	art IV, column (c))	1c ()				
d	Combine lines	1a, 1b, and 1c					1d	-11,546.		
All O	ther Passive Ac	tivities								
2a	Activities with	net income (enter the a	mount from Part V	/, column (a)) .	2 a					
b	Activities with	net loss (enter the amo	unt from Part V, co	olumn (b))	2b ()				
С	Prior years' un	allowed losses (enter th	ne amount from Pa	art V, column (c))	2c ()				
d	Combine lines	2a, 2b, and 2c					2d			
3	zero or more,	to and 2d and subtra stop here and include llowed losses entered of	this form with you	ur return; all losse	s are allowed, inc	luding any				
	normally used						3	-11,546.		
	If line 3 is a los	ss and: • Line 1d is a l								
Part I	I. Instead, go to	status is married filing	separately and yontal Real Estate	Activities With	Active Participa	e during the	e year,	do not complete		
4		ller of the loss on line 1				<i>.</i>	4	11,546.		
5		0. If married filing separ				50,000.		11,010.		
6		adjusted gross income	-			02,631.	-			
_	Note: If line 6 on line 9. Othe	is greater than or equal erwise, go to line 7.			er -0-	·				
7	Subtract line 6		· · · · · · ·		7	47,369.		00 005		
8		by 50% (0.50). Do not ei ller of line 4 or line 8. If					8 9	23,685.		
9 Par		Losses Allowed	line 3 includes an	y ChD, see instruc			9	11,546.		
10		ne, if any, on lines 1a an	d 2a and enter the	total			10	0.		
11		allowed from all passiv				ons to find		••		
		port the losses on your t					11	11,546.		
Par		lete This Part Before						·		
	Neme	af a aki siku	Currei	nt year	Prior years	Ove	erall ga	in or loss		
	Name	of activity	(a) Net income (line 1a)	(b) Net loss (line 1b)	(c) Unallowed loss (line 1c)	(d) Gair	٦	(e) Loss		
NEA	R LAL CHAKK	I	0.	11,546.				11,546.		
							T			

11,546.

Ο.

For Paperwork Reduction Act Notice, see instructions.

Total. Enter on Part I, lines 1a, 1b, and 1c

REV 02/22/24 PRO

Form **8582** (2023)

Part V	Complete This Part Befor	e P	art I, Lines 2	a, 2b,	and 2c. S	ee instruc	ctions.				
			Currer	nt year		Prior y	ears	Overall gain or loss			
	Name of activity	(a	a) Net income (line 2a)	(b) (li	Net loss ne 2b)	(c) Unallowed loss (line 2c)				(e) Loss	
		-									
Total. Enter of Part VI	on Part I, lines 2a, 2b, and 2c Use This Part if an Amour	at la	s Shown on I	Dart II	Line 9 S		tions				
	Use This Fart II all Allou			art II,	Line 3. 0						
	Name of activity	ar to	rm or schedule nd line number be reported on ee instructions)	(a) Loss	(b) Ra	atio	(c) Special allowance		(d) Subtract column (c) from column (a).	
NEAR LAL	CHAKKI		E Ln 22		11,546.	1.0000	00000	11,54	6.	0.	
		-									
Total					11,546.	1.0	0	11,54	6.	0.	
Part VII	Allocation of Unallowed L	.os:			S.						
	Name of activity		Form or sche and line nur to be reporte (see instruct	mber ed on (a) L		Loss		(b) Ratio (d		(c) Unallowed loss	
Total Part VIII	Allowed Losses. See instr		<u></u>					1.00			
	Allowed Losses. See list	uct									
	Name of activity		Form or sch and line nur to be reporte (see instruct	nber ed on	(a)	Loss	(b) Ur	nallowed loss	((c) Allowed loss	
									-		
			1								
Total											

Form 8582 (2023)

REV 02/22/24 PRO

Form **8582** (2023)

Page **2**