Deduction for- Sa Definition and annutries Sa Definition an	1040	-	artment of the Treasury—Internal Revenue Servi S. Individual Income Tax		turn	202	3	OMB No. 1545	-0074	IRS Use Only	∕−Do not w	vrite or sta	aple in this space.
DHRUY_PARESI PATEL 780 92 4511 If port events find name and model initial Last mane Socuest Social security number Home address (number and streed, if you have a foreign address, also complete spaces bolow. Apt. no. Precidential Election Campaign City, town, or post office. If you have a foreign address, also complete spaces bolow. State 2/P code Socuest filling jority, want 33 Foreign country name Foreign province/state/country Foreign post-line state 0/C 74 0/75 tow below will not obtaing by our tax or refund. Filing Status Single Image address (number address, also complete spaces bolow. C autifying surviving spouse (QSS) If you checked the MIS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the quilifying person is child but not your dependent. C autifying surviving spouse (QSS) If you checked the MIS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the quilifying stress on a separater return or you were a dual-status alien Asset Seconset Image address (No Standard Seconse temizes on a separater return or you were a dual-status alien Age/Plindiness You: Image address (No Image address (No Image address for the point of the precidential dependent in the own seconset addrestore address (No	For the year Jan	. 1-Dec	2. 31, 2023, or other tax year beginning			, 2023, end	ling			, 20	See se	parate	instructions.
If joint return, spocae's first name and middle initial Last name Spocae's social security number Item address journaber and strengt, if you have a P.O. box, see instructions. 410 B At no. 4539 N. WASHINGTON ST 40 B Chrock in you have a P.O. box, see instructions. 40 B STILLINATER Chrock in you have a forsign address, also complete spaces below. State 2P code tog to this fund. Chrocking a space filing jointy, want S3 to below will not change your taker or relind. Filing Status Single Presign address, also complete spaces below. Creat or relind. Ver Image Space State	Your first name	and mi	iddle initial	Last r	name						Your so	cial sec	urity number
If joint return, spocae's first name and middle initial Last name Spocae's social security number Item address journaber and strengt, if you have a P.O. box, see instructions. 410 B At no. 4539 N. WASHINGTON ST 40 B Chrock in you have a P.O. box, see instructions. 40 B STILLINATER Chrock in you have a forsign address, also complete spaces below. State 2P code tog to this fund. Chrocking a space filing jointy, want S3 to below will not change your taker or relind. Filing Status Single Presign address, also complete spaces below. Creat or relind. Ver Image Space State	DHRUV PA	RESI	H	PAT	ΈL						780	92	4611
4599 N. WASHINGTON ST 40.6 Check here if you or you," Gity, town, or post office. If you have a foreign address, also complete spaces below. State 2/P code Dod Foreign country name Foreign province/state/country Fore													
4599 N. WASHINGTON ST 40.6 Check here if you or you," Gity, town, or post office. If you have a foreign address, also complete spaces below. State 2/P code Dod Foreign country name Foreign province/state/country Fore													
Gdy, som, or prost office. If you have a foreign address, also complete spaces below. State 2/2 code spouse if filling jointly, went 35 STILLINATER Foreign province/state/com/y Foreign province/state/com/y Foreign province/state/com/y spouse if filling jointly, went 35 Filling Status Single Image province/state/com/y Foreign province/state/com/y Foreign province/state/com/y Image province/state/state/com/y Image province/state/com/y <t< td=""><td>Home address</td><td>(numbe</td><td>ar and street). If you have a P.O. box, see</td><td>instruc</td><td>ctions.</td><td></td><td></td><td></td><td>A</td><td>vpt. no.</td><td>Preside</td><td>ntial Ele</td><td>ection Campaigr</td></t<>	Home address	(numbe	ar and street). If you have a P.O. box, see	instruc	ctions.				A	vpt. no.	Preside	ntial Ele	ection Campaigr
Bay Born and provide the angle and the decide approximation of the approximate approxi									4	0B			
STILUNATER OK 740.75 box below will not change Foreign country name Foreign province/state/county Foreign province/state/county You you tax or refund. Filing Status Single Head of household (HOH) You You Sepose Check only Married filing jointly (even if only one had income) Qualifying surviving spouse. (ISS) If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent. Digital At any time during 2023, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell. Assets Scheagew with mot change Beduction Spouse itemizes on a separate return or you were a dual-status allen Age/Bindness You Yes No Beduction (I) first name Last name Immoder (a) Relationship If more than four (I) first name Last name Immoder (a) Relationship (b) Check the box if qualifies for feen instructions) If more than four (I) first name Last name Immoder (a) Relationship (b) Check the box if qualifies for feen instructions) In total amount from Form(§) W-2, box 1 (see instructions) In total	City, town, or p	ost offi	ce. If you have a foreign address, also co	mplete	spaces be	elow.	Sta	ite	ZIP co	ode			
Filing Status Single Head of household (HOH) Check only one box. Married filing jointly (even if only one had income) married filing separately (MFS) Qualifying surviving spouse (QSS) If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent. Digital Assets At any time during 2023, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell. Standard Deduction Someone can claim: You as a dependent Your spouse as a dependent Deduction Spouse itemizes on a separate return or you were a dual-status allen Apellinidness You: Were bon before January 2, 1959 Its bilind Dependents (see instructions): (a) Featatorship (b) Check the box if qualifies for (see instructions) If more table form(b) 1 Total amount from Form(s) W-2, box 1 (see instructions) (a) Featatorship (b) Check the box if qualifies for (see instructions) W-28 and and check 1 Total amount from Form(s) W-2, box 1 (see instructions) 1 (c) featatorship W-28 and and check 1 Total amount from Form(s) W-2, box 1 (see instructions) 1 1 W-28 and and check 1 Total amount from Form(s) W-2, box 1	STILLWAT	ER					OF	X	740	75	box bel	ow will	not change
Filing Status Single Head of household (HOH) Check only Married filing jointly (even if only one had income) Cualifying surviving spouse (OSS) If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent:	Foreign country	/ name			Foreign p	rovince/state/	coun	ty	Foreig	n postal code	your tax		_
Check only Married filing jointly (even if only one had income) Qualifying surviving spouse (QSS) Married filing separately (MFS) Qualifying surviving spouse (QSS) If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent: Digital At any time during 2023, did you! (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions): Yes Yes No Standard Someone can claim: You as a dependent Your spouse as a dependent Yes No Standard Someone can claim: You as a dependent Your spouse as a dependent Yes No Age/Blindess You: Were born before January 2, 1959 Is blind Person the fore dependent Dependents, see instructions; (P) foctal accurity (P) foctal the box if qualifies for (see instructions) If more there 1 Total amount from Form(s) W-2, box 1 (see instructions) 1 1 7.9, 017. Needicaid waiver payments not reported on Form(s) W-2. 1 1 1 1 1 1 1 1 1 1 1 <td< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>ou Spouse</td></td<>													ou Spouse
Click Oliny Married filing separately (MFS) Qualifying surviving spouse (QSS) If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent: Digital At any time during 2023, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions) Ves No Standard Someone can claim: You spouse as a dependent Your spouse as a dependent Yes No Standard Spouse termizes on a separate return or you were a dual-status alien Spouse termizes on a separate return or you were a dual-status alien Age/Blindness You: Were born before January 2, 1959 Are blind Spouse: Was born before January 2, 1959 Is blind Dependents (see instructions); (I) First name Lat name Immediate structions); Child ta cerefit	Filing Status	, <u>×</u>	Single					Head of h	ouseh	old (HOH)			
If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent: Digital Assets At any time during 2023, did you: (a) receive (as a reward, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions) Ives No Standard Deduction Someone can claim: You so a dependent Your spouse as a dependent Vers No Age/Blindness You: Were born before January 2, 1959 Are blind Spouse: Was born before January 2, 1959 Is blind Dependents (see instructions): (1) First name Last name Immoder Imm	Check only			ne hac	l income)								
qualifying person is a child but not your dependent: Digital At any time during 2023, did you: (a) receive (as a reward, avard, or payment for property or services); or (b) sell, Assets exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) Yes X No Standard Someone can claim: You sous a dependent Your spouse as a dependent Yes X No Age/Blindness You: Wes born before January 2, 1959 Are blind Spouse: Was born before January 2, 1959 Is blind Dependents (see instructions): (i) Fist name Last name Child tax credit Credit for other dependents If more in ortal amount from Form(s) W-2, box 1 (see instructions) 1a 7.9, 017. Total amount from Form(s) W-2, box 1 (see instructions) 1a 7.9, 017. In total amount from Form(s) W-2, box 1 (see instructions) 1d Medical divider payments not reported on Form(s) W-2. 1b W-26 and noge first from Form S019, line 6	one box.									• ·	. ,		
Digital At any time during 2023, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) Image: Comparison of the comparis						pouse. If you	u che	ecked the HOF	l or Q	SS box, ente	er the ch	ild's na	me if the
Assets exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) ↓ Yes ⊠ No Standard Someone can claim: \orage You so a dependent \orage You spouse as a dependent \orage You spouse as a dependent Age/Blindness You: \orage You before January 2, 1959 \orage A blind Spouse: \orage Yauser \		qu	alitying person is a child but not you	ir aepe	endent:								
Assets exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) Yes No Standard Someone can claim: \vert or a separate return or you were a dual-status alien Age/Blindness You: Were born before January 2, 1959 Are blind Spouse: Was born before January 2, 1959 Is blind Dependents (see instructions): (1) First name Last name (2) Social security (3) Relationship (4) Check the box if qualifies for (see instructions) If more (1) First name Last name (2) Social security (3) Relationship (4) Check the box if qualifies for (see instructions) Income 1a Total amount from Form(s) W-2, box 1 (see instructions) 1a 79, 017. It were as withheld c 1a 79, 017. 1b Ve2 area Medicaid waive payments not reported on Form(s) W-2 (see instructions) 1d 1d We2 area Ga Ga instructions) 1d 1d We2 area Ga Ga instructions) 1d 1d If we awitheld Ga instructions) 1d 1d 1d We2 area Ga instruk we awitheld	Digital	At ar	ny time during 2023, did you: (a) rece	eive (a	s a rewar	d, award, or	payr	ment for prope	rty or	services); or	(b) sell,		
Deduction Spouse itemizes on a separate return or you were a dual-status alien Age/Blindness You: Were born before January 2, 1959 A re blind Spouse: Was born before January 2, 1959 Is blind Dependents (see instructions): (a) Exectionship (b) Exectionship (c) Exect the box if qualifies for Gee instructions) If more (1) First name Last name number (b) Exectionship (c) Exect the box if qualifies for Gee instructions) dependents, see instructions in our dependents, see instructions and check in our our reported on Form(s) W-2, box 1 (see instructions) in our dependent care benefits from Form (s) W-2 (see instructions) in our dependent care benefits from Form (s) W-2 (see instructions) in our dependent care benefits from Form (s) W-2 (see instructions) in our dependent care benefits from Form (s) W-2 (see instructions) in our dependent care benefits from Form (s) W-2 (see instructions) in our dependent care benefits from Form (s) W-2 (see instructions) in our dependent care benefits from Form (s) W-2 (see instructions) in our dependent care benefits from Form (s) W-2 (see instructions) in our dependent care benefits from Form (s) W-2 (see instructions) in our dependent care benefits from Form (s) W-2 (see		exch	ange, or otherwise dispose of a digi	ital ass	set (or a fi	nancial intere	est ir	n a digital asse	et)? (Se	e instructio	ns.)	□ Ye	es 🛛 No
Age/Blindness You: Were born before January 2, 1959 Are blind Spouse: Was born before January 2, 1959 Is blind Dependents (see instructions): (2) Social security (3) Relationship (4) Check the box if qualifies for (see instructions) If more dependents, see instructions (1) First name Last name (2) Social security (3) Relationship (4) Check the box if qualifies for (see instructions) and check here (1) First name Last name (2) Social security (3) Relationship (4) Check the box if qualifies for (see instructions) Attach Form(s) (1) First name Last name (2) Cell tax credit Credit tor other dependent were instructions 1 (2) Social security (3) Relationship Credit tor other dependent here 1 1 (2) Social security (3) Relationship Credit tor other dependent W26 and 1090-R1 it tax 1 1 (4) Check the box if qualifies for (see instructions) 1 W26 and 1090-R1 it tax 1 1 (4) Check the box if qualifies for (see instructions) 1 W26 and 1090-R1 it tax 1 1 (4) Check the box if qualifies for (see instructions) 1	Standard	Som	eone can claim: 🗌 You as a de	pende	ent 🗌	Your spouse	e as	a dependent					
Dependents (see instructions): (2) Social security number (3) Relationship (4) Check the box if qualifies for (see instructions). If more than four dependents, see instructions and check here	Deduction		Spouse itemizes on a separate return	n or yo	ou were a	dual-status	alien	ı					
Dependents (see instructions): (2) Social security number (3) Relationship (4) Check the box if qualifies for (see instructions). If more than four dependents, see instructions and check here	Age/Blindness	S You:	: Were born before January 2, 1	959	🗌 Are b	lind Spo	ouse	: 🗌 Was bor	n befo	ore January	2, 1959		s blind
If more than four dependents, see instructions and check here Image: transme tra	Dependents	s (see	instructions):		(2)	Social security	,		14			fies for (see instructions)
than four dependents, see instructions and check here (additional income from Schedule 1, line 10 b Taxable amount	-				(2)					Child tax c	redit	Credit fo	or other dependents
see instructions and check here Image: see instructions here is see instructions													
and check													
here Image: structure in the ima		3											
Attach Form(s) W-2 here.klsp b Household employee wages not reported on Form(s) W-2. 1b Attach Forms W-2 here.klsp c Tip income not reported on line 1a (see instructions) 1c W-2 are.klsp d Medicaid waiver payments not reported on Form(s) W-2 (see instructions) 1d W-2 are.klsp f Taxable dependent care benefits from Form 2441, line 26 1d was withheld. f Employer-provided adoption benefits from Form 8839, line 29 1f If you did not get a form W-2, see motor form 8919, line 6 1g 1d Wages from Form 8919, line 6 1g 1h 0. yez, see in Nontaxable combat pay election (see instructions) 1i 79, 017. Ztach Sch. B a Qualified dividends 3a b b required. 3a Qualified dividends 3b 3b 1d Standard Declaction for- single or Married fling separately, S13.860 a IRA distributions 4a b Taxable amount 6b Married fling separately, S13.860 a If not required, check here 7 -322. 8 Additional income from Schedule 1, line 26 10	here 🗌												
Attach Form(s) Tip income not reported on line 1a (see instructions) 1c w2 Ener, Also Tip income not reported on line 1a (see instructions) 1d W2 Care, Also Medicaid waiver payments not reported on Form(s) W-2 (see instructions) 1d W2 Care, Also Taxable dependent care benefits from Form 2441, line 26 1e 1099-R if tax Employer-provided adoption benefits from Form 8839, line 29 1f get a Form Motical dependent care benefits from Form 8839, line 29 1f W2, See Nontaxable combat pay election (see instructions) 1h 0. W2, See Nontaxable combat pay election (see instructions) 1i 79,017. Attach Sch. B 2a Tax-exempt interest 2a b Drdinary dividends 3b Standard 3a b Taxable amount 4b 5b 5b Standard 5a 5a b Taxable amount 5b 5b Standard 5a 5a 5a b Taxable amount 5b Standard 5a 5a b Taxable amount 5b Standard 5a 5a b	Income	1a	Total amount from Form(s) W-2, be	ox 1 (s	see instruc	ctions) .					. 1a	1	79,017.
W-2 here, Also attach Forms c 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 e Taxable dependent care benefits from Form 2441, line 26 1e was withheld. f Employer-provided adoption benefits from Form 839, line 29 1f If you did not get a Form g Wages from Form 8919, line 6 1g W-2, see in Other earned income (see instructions) 1i 1g V-2, see in Nontaxable combat pay election (see instructions) 1i 1g Z Add lines 1a through 1h 1 2b 2b 2b Attach Sch, B aa b Taxable interest 2b 2b Standard Deductin for- 5a Qualified dividends 3a b Taxable amount 4b Standard Direge of Married filing separately. 51 Standard Standa	Attach Form(s)	b	Household employee wages not re	eporte	d on Form	n(s) W-2 .					. 1b		
W-26 and 1099-R if tax e Taxable dependent care benefits from Form 2441, line 26 1e was withheld. f Employer-provided adoption benefits from Form 2441, line 26 1f If you did not get a form W-2, see g Wages from Form 8919, line 6 1g If was withheld. f Employer-provided adoption benefits from Form 2441, line 26 1g If was withheld. g Wages from Form 8919, line 6 1g If was withheld. f Nontaxable combat pay election (see instructions) 1h 0. V-2, see in Nontaxable combat pay election (see instructions) 1i 79,017. Z Add lines 1a through 1h 1 2a 2b 2b Attach Sch. B 2a ac Qualified dividends 3a b Dordnary dividends 3b Standard Qualified dividends 5a b Taxable amount 4b Standard Pensions and annuities 5a b Taxable amount 5b Standard C If you elect to use the lump-sum election method, check here (see instructions) 7 -322. Married filing jointly or C If you elect to use t	W-2 here. Also	С	Tip income not reported on line 1a	ι (see i	nstructior	าs)					. 10	;	
1099-R if tax e Taxable dependent care benefits from Form 2441, line 26 1 was withheld. f Employer-provided adoption benefits from Form 8839, line 29 1 If you did not get a Form g Wages from Form 8919, line 6 1g W-2, see h Other earned income (see instructions) 1h 0. W-2, see Nontaxable combat pay election (see instructions) 1i 1z 79,017. Attach Sch. B 2a Lata b Taxable interest 2b Attach Sch. B a Qualified dividends 3a b b Taxable amount 4b Standard Deduction for- 5a Pensions and annuities 5a b Taxable amount 5b Beduction for- 6a Social security benefits 6a b Taxable amount 6b Married fling separately, searately, or antable amount 1f g -13,715. 22. Standard Deduction for- 6a Social security benefits 6a 1f 6b -13,715. Standard Dige or Maried fling sponse, Strands on theom Schedule 1, line 10 Standard bedet to use the lump-sum election		d			orm 2441, line 26								
If you did not g Wages from Form 8919, line 6 1g get a Form h Other earned income (see instructions) 1i W-2, see i Nontaxable combat pay election (see instructions) 1i attach Sch. B 2a Tax-exempt interest 2a Add lines 1 a through 1h 1z 79,017. Attach Sch. B 2a Tax-exempt interest 2b if required. 3a 0ualified dividends 3a Qualified dividends 3a b Taxable amount Attach Sch. B 4a IRA distributions 4a Married filing separately, 5a sigseparately, sila gain or (loss). Attach Schedule D if required. If not required, check here 6b Married filing 6ing ionthore 6a Stadd of Form Schedule 1, line 10 7 Additional income from Schedule 1, line 10 9 Addiusen ts to income from Schedule 1, line 26 10 Household, Standard deduction or itemized deductions (from Schedule A) 12 13 Qualified business income deduction from Schedule A) 12	1099-R if tax		•					• •					
get a form h Other earned income (see instructions) 1h 0. w2.2, see i Nontaxable combat pay election (see instructions) 1i 1i z Add lines 1 a through 1h 1 79,017. Attach Sch. B 2a Tax-exempt interest 2b attach Sch. B 3a Qualified dividends 3a b di required. 4a b Ordinary dividends 3b standard 5a Qualified dividends 5a b Taxable amount 4b Standard 5a Pensions and annuities 5a b Taxable amount 4b Standard 5a Social security benefits 6a b Taxable amount 6b Married filing separately, \$13,850 r Capital gain or (loss). Attach Schedule D if required. there (see instructions) 7 -322. Married filing surviving spouse, \$27,700 Additional income from Schedule 1, line 10 10 10 Household, \$20,800 12 Standard deduction or itemized deductions (from Schedule A) 11 64, 980. 12 13,850. 13 Qualified busine		f							• •				
W-2, see In Other earlied informe (see instructions) In Other earlied informe (see instructions) instructions. i Nontaxable combat pay election (see instructions) 1i In 79,017. Attach Sch. B Z Add lines 1a through 1h b Tax-exempt interest 2b Attach Sch. B Za Tax-exempt interest 2a b Dordinary dividends 2b Attach Sch. B Gualified dividends 3a b Dordinary dividends 3b 2b Standard Ga Qualified dividends 3a b Taxable amount 4b 5b Standard Fa Pensions and annuities 5a b Taxable amount 5b 6b Social security benefits 6a Social security benefits 6a b Taxable amount 6b Maried filing separately, \$13,850 7 Capital gain or (loss). Attach Schedule D if required. If not required, check here 7 -3222. Maried filing jointy or 8 Addiines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 9 64, 980. \$27,700 10 Addiines 1z, 2b, 3b, 4b	,	g					• •		• •				
zAdd lines 1a through 1h1279,017.Attach Sch. B if required.2abTaxable interest2b3aQualified dividends3abOrdinary dividends3bStandard Deduction for obsingle or Maried filing separately, s13,8504aIRA distributions4abTaxable amount4b5aPensions and annuities5abTaxable amount4b5b5aPensions and annuities5abTaxable amount5b6aSocial security benefits6abTaxable amount6b7Capital gain or (loss). Attach Schedule D if required. If not required, check here7-322.8Additional income from Schedule 1, line 107-322.964, 980.964, 980.\$27,70010Adjustments to income from Schedule 1, line 26101164, 980.1164, 980.\$20,80012Standard deduction or itemized deductions (from Schedule A)1213, 850.13Qualified business income deduction from Form 8995 or Form 8995-A131413, 850.	W-2, see		•	,			• •	· · · ·			. <u>1</u> h		0.
Attach Sch. B 2a Tax-exempt interest 2a b Taxable interest 2b if required. 3a Qualified dividends 3a b Ordinary dividends 3b Standard Deduction for- 5a Pensions and annuities 5a b Taxable amount 4b Standard Deduction for- 5a Pensions and annuities 5a b Taxable amount 5b Single or Married filing separately, \$13,850 c If you elect to use the lump-sum election method, check here (see instructions) 6b Valaifying surving spouse, \$27,700 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 9 64, 980. 14 Add lines 12, and 13 14 Add lines 12 and 13 14 13,850.	instructions.			see ins	structions)	• •	[1]					79 017
if required. 3a Qualified dividends 3a b Ordinary dividends 3b Standard Deduction for-Single or Single or Singl				 20		· · · ·	 ьт	· · · ·	· ·			-	19,017.
4a IRA distributions 4a b Taxable amount 4b Standard 5a Pensions and annuities 5a b Taxable amount 5b Single or 6a Social security benefits 6a b Taxable amount 5b Married filing separately, \$13,850 c If you elect to use the lump-sum election method, check here (see instructions) 1 6b Married filing jointly or Capital gain or (loss). Attach Schedule D if required. If not required, check here 7 -322. Married filing soruse, \$12, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 8 -13, 715. Qualifying surviving spouse, \$22, 700 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 10 Head of household, \$20, 800 1 Subtract line 10 from line 9. This is your adjusted gross income 11 64, 980. If you checked any box under Standard deduction or itemized deductions (from Schedule A) 12 13, 850. 13 If you checked any box under Standard 14 Add lines 12 and 13 14 13, 850.												-	
Standard Deduction for - 5a Pensions and annuities								-				-	
Single or Married filing separately, \$13,850 6a b Taxable amount	Standard											-	
Married filing separately, \$13,850 c If you elect to use the lump-sum election method, check here (see instructions) .												-	
7 Capital gain or (loss). Attach Schedule D if required. If not required, check here 7 -322. Married filing jointly or Qualifying surviving spouse, \$27,700 9 Additional income from Schedule 1, line 10 8 -13,715. 9 64,980. 9 64,980. 9 64,980. 10 Adjustments to income from Schedule 1, line 26 10 10 11 64,980. 11 64,980. \$20,800 12 Standard deduction or itemized deductions (from Schedule A) 11 64,980. 12 13,850. 13 Qualified business income deduction from Form 8995 or Form 8995-A 13 14 13,850. 14 13,850.	Married filing				n method.	check here				[
Married filling jointly or Qualifying surviving spouse, \$27,7008Additional income from Schedule 1, line 108-13,7159Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income964,98010Adjustments to income from Schedule 1, line 2610Head of household, \$20,80011Subtract line 10 from line 9. This is your adjusted gross income1164,98012Standard deduction or itemized deductions (from Schedule A)1213Qualified business income deduction from Form 8995 or Form 8995-A131413,8501413,850										[7		-322.
Qualifying surving spouse, \$27,7009Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income964, 980.10Adjustments to income from Schedule 1, line 2610Head of household, \$20,80011Subtract line 10 from line 9. This is your adjusted gross income1164, 980.12Standard deduction or itemized deductions (from Schedule A)1213, 850.13Qualified business income deduction from Form 8995 or Form 8995-A131413, 850.	 Married filing jointly or 												
10 Adjustments to income from Schedule 1, line 26 10 Head of household, \$20,800 11 Subtract line 10 from line 9. This is your adjusted gross income 11 64,980. 12 Standard deduction or itemized deductions (from Schedule A) 12 13,850. 13 Qualified business income deduction from Form 8995 or Form 8995-A 13 14 Add lines 12 and 13 14 13,850.	Qualifying												
Head of household, \$20,80011Subtract line 10 from line 9. This is your adjusted gross income1164,980.12Standard deduction or itemized deductions (from Schedule A)1213,850.13Qualified business income deduction from Form 8995 or Form 8995-A1314Add lines 12 and 131413,850.	\$27,700	10									. 10		
\$20,800 12 Standard deduction or itemized deductions (from Schedule A) 12 13,850. If you checked any box under Standard Deduction, 13 Qualified business income deduction from Form 8995 or Form 8995-A 13 13 Add lines 12 and 13 13 14 13,850. 14		11	•			gross incor	ne				. 11		64,980.
13Qualified business income deduction from Form 8995 or Form 8995-A133tandard14Add lines 12 and 13141413,850	\$20,800	12		-							. 12		
Deduction, 14 Add lines 12 and 13	any box under	13	Qualified business income deducti	ion fro	m Form 8	995 or Form	899	95-A			. 13		
see instructions. 15 Subtract line 14 from line 11. If zero or less, enter -0 This is your taxable income 15 51,130.	Deduction,	14	Add lines 12 and 13								. 14		13,850.
	see instructions.	15	Subtract line 14 from line 11. If zer	o or le	ess, enter	-0 This is y	our	taxable incom	ie .		. 15		51,130.

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

Form 1040 (2023)

Form 1040 (2023	3)								Page 2
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 🗌 881	4 2 4972	3 🗌		16	6 , 555.
Credits	17	Amount from Schedule 2, lin	ie3					17	
	18	Add lines 16 and 17						18	6,555.
	19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812			19	
	20	Amount from Schedule 3, lin	ie8					20	
	21	Add lines 19 and 20						21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	6 , 555.
	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	6 , 555.
Payments	25	Federal income tax withheld							
	а	Form(s) W-2				25a	9,821.		
	b	Form(s) 1099				25b			
	с	Other forms (see instructions	s)			25c			
	d	Add lines 25a through 25c						25d	9,821.
If you have a	26	2023 estimated tax payment	ts and amount a	pplied from 20)22 return			26	
qualifying child,	27	Earned income credit (EIC)			No	27			
attach Sch. EIC.	28	Additional child tax credit from	n Schedule 8812			28		1	
	29	American opportunity credit	from Form 8863	8, line 8		29		1	
	30	Reserved for future use .				30		1	
	31	Amount from Schedule 3, lin	ie 15			31		1	
	32	Add lines 27, 28, 29, and 31	. These are your	total other pa	ayments and ref	undable credits		32	
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments				33	9,821.
Refund	34	If line 33 is more than line 24	1, subtract line 24	4 from line 33.	This is the amou	nt you overpaid		34	3,266.
	35a	Amount of line 34 you want	refunded to you	J. If Form 8888	3 is attached, che	ck here	🗆	35a	3,266.
Direct deposit?	b	Routing number 1 2 1	0 0 0 2	4 8	c Type: 🛛 🗙	Checking	Savings		
See instructions.	d	Account number 2 6 4	1 5 4 4	0 2 4					
	36	Amount of line 34 you want a	applied to your :	2024 estimate	edtax	36			
Amount	37	Subtract line 33 from line 24	. This is the amo	ount you owe					
You Owe		For details on how to pay, g	o to <i>www.irs.gov</i>	//Payments or	see instructions			37	
	38	Estimated tax penalty (see in	nstructions) .			38			
Third Party	Do	you want to allow another	person to disc	cuss this retu	rn with the IRS?	'See			_
Designee	ins	structions				🗌 Yes. C	omplete k	elow.	× No
	De nai	signee's		Phone no.			onal identif ber (PIN)	ication	
Ciarra		der penalties of perjury, I declare tl	nat I have examined		accompanying sche		. ,	he hest	of my knowledge and
Sign		ief, they are true, correct, and com							
Here	Yo	ur signature		Date	Your occupation		If the	IRS se	nt you an Identity
							Prote	ection P	IN, enter it here
Joint return?						CTURING ENGI		,	
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, I	Date	Spouse's occupat	tion			nt your spouse an ection PIN, enter it here	
your records.							(see	,	ection Pin, enter it here
	Ph	one no. (806) 730-523	0	Email address	ן זיזוסטס דישייגס	2248CMATE C	`	,	
		one no. (806) 730-523 eparer's name	o Preparer's signat		FAIGTDUKAAI	234@GMAIL.C Date			Check if:
Paid		PRIYA RAM SAGAR GUPTA TALLAM					P02082	2702	Self-employed
Preparer		n's name GLOBAL TAX		TAUN JAUAR	JULIA IAUDAM	02/23/2024	· · · ·		(678) 965-9522
Use Only			Y CT E BRU	NSWICK N	J 08816			s EIN	84-3171965
Go to www.irs.cr		1040 for instructions and the late		TYDAATCI/ IN			1		Form 1040 (2023)
		in the instructions and the late	scinomation.		BAA	REV 02/16/24 PRO			10111 10-10 (2023)

SCHEDULE	1
(Form 1040)	

Department of the Treasury

Internal Revenue Service

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

Attachment Sequence No. 01

Name(s) shown on Form 1040, 1040-SR, or 1040-NR	Your soc	ial security number
DHRUV PARESH PATEL	780-92	-4611
Part I Additional Income		

Par	t Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxes		1	
2a	Alimony received		2a	
b	Date of original divorce or separation agreement (see instructions):			
3	Business income or (loss). Attach Schedule C		3	
4	Other gains or (losses). Attach Form 4797		4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Sch		5	-13,715.
6	Farm income or (loss). Attach Schedule F		6	
7	Unemployment compensation		7	
8	Other income:			
а	Net operating loss)	
b	Gambling			
С	Cancellation of debt			
d	Foreign earned income exclusion from Form 2555)	
е	Income from Form 8853		_	
f	Income from Form 8889		_	
g	Alaska Permanent Fund dividends		_	
h	Jury duty pay		_	
	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 8 Olympic and Paralympic medals and USOC prize money (see		-	
m	instructions)			
n	Section 951(a) inclusion (see instructions)		-	
0	Section 951A(a) inclusion (see instructions)		-	
p	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	Pension or annuity from a nonqualifed deferred compensation plan or			
	a nongovernmental section 457 plan			
u	Wages earned while incarcerated			
z	Other income. List type and amount:			
	8z			
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 a	nd on Form		
	1040, 1040-SR, or 1040-NR, line 8	<u></u>	10	-13,715.
For Pa	perwork Reduction Act Notice, see your tax return instructions.		Schedule	1 (Form 1040) 2023

1	Adjustments to Income Educator expenses				. 11	
	•					
2	Certain business expenses of reservists, performing artists, and fee	-pasis	s gov	ernme	nt . 12	
`	officials. Attach Form 2106	• •	• •	• •	· 12	
3	Moving expenses for members of the Armed Forces. Attach Form 3903					
4						
5	Deductible part of self-employment tax. Attach Schedule SE					
6	Self-employed SEP, SIMPLE, and qualified plans					
7	Self-employed health insurance deduction					
8	Penalty on early withdrawal of savings					
9a	Alimony paid					a
b	Recipient's SSN	·			_	
С	Date of original divorce or separation agreement (see instructions):				_	
0	IRA deduction					
21	Student loan interest deduction					
22	Reserved for future use					
3	Archer MSA deduction				. 23	3
24	Other adjustments:					
а	Jury duty pay (see instructions)	24a				
b	Deductible expenses related to income reported on line 8l from the					
	rental of personal property engaged in for profit	24b				
С	Nontaxable amount of the value of Olympic and Paralympic medals					
	and USOC prize money reported on line 8m	24c				
d	Reforestation amortization and expenses	24d				
е	Repayment of supplemental unemployment benefits under the Trade					
-	Act of 1974	24e				
f	Contributions to section 501(c)(18)(D) pension plans	24f				
g	Contributions by certain chaplains to section 403(b) plans	24g				
•	Attorney fees and court costs for actions involving certain unlawful	9			_	
••	discrimination claims (see instructions)	24h				
i	Attorney fees and court costs you paid in connection with an award				_	
•	from the IRS for information you provided that helped the IRS detect					
	tax law violations	24i				
	Housing deduction from Form 2555	24i 24i				
۲ ا	Excess deductions of section 67(e) expenses from Schedule K-1 (Form	2 4j			_	
ĸ		24k				
-		24K				
z	Other adjustments. List type and amount:	24z				
F	Total athen adjustments Add lines 04- through 04-					
25	Total other adjustments. Add lines 24a through 24z				. 25)
6	Add lines 11 through 23 and 25. These are your adjustments to income					
	Form 1040, 1040-SR, or 1040-NR, line 10	• •			. 26	i

SCHEDULE D (Form 1040)

Capital Gains and Losses

OMB No. 1545-0074

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

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

2023 Attachment Sequence No. 12

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

DHRUV PARESH PATEL

Your social security number

780-92-4611

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year?
Yes X No
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)

	instructions for how to figure the amounts to enter on the below.	(d) Proceeds	(e) Cost	(g) Adjustment to gain or loss		(h) Gain or (loss) Subtract column (e) from column (d) and
	form may be easier to complete if you round off cents to e dollars.	(sales price)	(or other basis)	Form(s) 8949, F line 2, column	Part I,	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	116.	153.			-37.
2	Totals for all transactions reported on Form(s) 8949 with Box B checked	256.	500.			-244.
3	Totals for all transactions reported on Form(s) 8949 with Box C checked					
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			usts from	5	
6	Short-term capital loss carryover. Enter the amount, if an Worksheet in the instructions		•	-	6	()
7	Net short-term capital gain or (loss). Combine lines 1a term capital gains or losses, go to Part II below. Otherwise				7	-281.

Part II Long-Term Capital Gains and Losses—Generally Assets Held More Than One Year (see instructions)

lines	instructions for how to figure the amounts to enter on the below.	(d) Proceeds	(e) Cost	(g) Adjustmen to gain or loss	from	(h) Gain or (loss) Subtract column (e) from column (d) and	
	form may be easier to complete if you round off cents to e dollars.	(sales price)	(or other basis)	Form(s) 8949, I line 2, colum		combine the result with column (g)	
8a	Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b.						
8b	Totals for all transactions reported on Form(s) 8949 with Box D checked	28.	69.			-41.	
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				11		
12				. ,	12		
13	Capital gain distributions. See the instructions	13					
14	14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover Worksheet in the instructions						
15	15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then, go to Part III on the back .						

Part	III Summary	
16	Combine lines 7 and 15 and enter the result	16 -322.
	• 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 line 22.	
	• 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?	
	No. Skip lines 18 through 21, and go to line 22.	
18	If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet	18
19	If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet	19
20	 Are lines 18 and 19 both zero or blank and you are not filing Form 4952? Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. Don't complete lines 21 and 22 below. 	
	□ No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.	
21	If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of:	
	The loss on line 16; or (\$3,000), or if married filing separately, (\$1,500)	21 (322.)
	Note: When figuring which amount is smaller, treat both amounts as positive numbers.	
22	Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?	
	☐ 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.	
	BAA REV 02/16/24 PRO	Schedule D (Form 1040) 2023

8949

Department of the Treasury

Internal Revenue Service

Name(s) shown on return

Sales and Other Dispositions of Capital Assets

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



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

Social security number or taxpayer identification number

DHRUV PARESH PATEL

780-92-4611

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.

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 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	Adjustment, i If you enter an enter a c See the sep	(h) Gain or (loss) Subtract column (e)	
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see Column (e) in the separate instructions.	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g).
ROBINHOOD SECURITIES LLC	01/01/23	12/31/23	116.	153.			-37.
2 Totals. Add the amounts in columns negative amounts). Enter each tota Schedule D, line 1b (if Box A above above is checked), or line 3 (if Box C	116.	153.			-37.		

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.

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

|--|

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side DHRUV PARESH PATEL

Social security number or taxpayer identification number 780-92-4611

Before you check Box D, E, or F 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 II Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

Note: You may aggregate all long-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 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You *must* check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-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.

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

[] (E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS

(F) Long-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	Adjustment, i If you enter an enter a co See the sep	(h) Gain or (loss) Subtract column (e)	
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see Column (e) in the separate instructions.	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g).
ROBINHOOD SECURITIES LLC	01/01/23	12/31/23	28.	69.			-41.
2 Totals. Add the amounts in columns negative amounts). Enter each tota Schedule D, line 8b (if Box D above above is checked), or line 10 (if Box D	28.	69.			-41.		

Note: If you checked Box D 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 **8949**

Sales and Other Dispositions of Capital Assets

File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D. Go to www.irs.gov/Form8949 for instructions and the latest information.



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

Social security number or taxpayer identification number

DHRUV PARESH PATEL

780-92-4611

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.

(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 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	Adjustment, if If you enter an a enter a co See the sep		
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see <i>Column (e)</i> in the separate instructions.	(f) (g) Code(s) from instructions Amount of adjustment		
ROBINHOOD CRYPTO LLC	01/01/23	12/31/23	256.	500.			-244.
2 Totals. Add the amounts in column negative amounts). Enter each to Schedule D, line 1b (if Box A abov above is checked), or line 3 (if Box	lude on your ne 2 (if Box B	256.	500.			-244.	

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.

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

SCHE (Form	EDULE E Supplemental Income and Loss						OMB No. 1545-0074								
							trusts, REMI	Cs, etc.)	20) 23					
	ent of the Treasury Revenue Service			Go	o to ww		ScheduleE for					formation.		Attachn Seguen	nent ice No. 13
	shown on return												Your soci	al security	
DHRU	RUV PARESH PATEL 780-9								2-4611						
Part	art I Income or Loss From Rental Real Estate and Royalties														
	Note: If yo	ou ar	e in th	ne bu	isiness o	of renting p	ersonal proper age 2, line 40.	ty, use	Schedule	e C. See	e instru	ctions. If you	are an indi	vidual, rep	ort farm
Α	Did you make an						-	to file	Form(s) 1	10992.5	See ins	structions			s X No
	f "Yes," did you														
1a	Physical addr														
	12/C/19,E				. ,				,		TN	400092			
 	12/C/19,E	SIE	E A	PI	SAIBA	IBA NAG	AR BURIWA	7TT - M	VESI,MC	MBAI	T IN	400092			
<u>с</u>															
	Type of Prope	rtv	2	For	each r	ental real	estate prope	ntv liet	ted		Fa	ir Rental	Persor	nal Use	
1.0	(from list below		-				umber of fair				''	Days		ays	QJV
Α	3						Check the Q			Α		365		0	
В							uirements to f re. See instru			В					
С				qua	Jimeu ju				.	С					
	of Property:														
	Single Family R			•			ort-Term Ren	tal	5 Lanc	-		Self-Rental			
2	Multi-Family Re	side	ence		4 Cor	nmercial			6 Roya	alties	8	Other (desc	ribe)		
												Propert	ies:		
Incom	ie:									Α		В			С
3	Rents received							3		6	48.				
4	Royalties recei	ived			<u></u>			4							
Exper															
5								5							
6	Auto and trave							6		0 5	7.6				
7	Cleaning and r							7		2,5	76.				
8 9	Commissions							8							
9 10	Insurance Legal and othe							10							
11	Management f							11		2 3	64.				
12	Mortgage inter							12		213					
13	Other interest							13							
14	Repairs							14		2,6	92.				
15	a							15			15.				
16	Taxes							16							
17	Utilities							17		2,1	37.				
18	Depreciation e	xpe	nse c	or de	pletion			18		2,3	79.				
19	Other (list)							19							
20	Total expenses				•			20		14,3	63.				
21	Subtract line 2														
	result is a (loss file Form 6198							21		-13,7	15				
22	Deductible ren							21		,	13.				
22	on Form 8582							22	C	13,71	5.)	()	(
23a	Total of all am										23a	1	648.		
b	Total of all am										23b				
с	Total of all amo										23c				
d	Total of all am	ount	ts rep	oorte	d on lin	ne 18 for a	all properties				23d		2,379.		
е	Total of all am										23e	14	1,363.		
24	Income. Add p								-				. 24		
25	Losses. Add ro													(13,715.
26	Total rental re														
	here. If Parts I	1, III,	, and	ıv,	and line	e 40 on p	aye 2 do no	n appl	y ιο you,	aiso e	nier ti	iis amount			

For Paperwork Reduction Act Notice, see the separate instructions.	

NPA



NOTE:	Do not mail Oklah	I Income Tax De oma Tax Return - For to determine if you are	rm 511 or Form	511-NR.	2023
Your first na	ame and middle initial	Last name		Your social	
DHRU	/ PARESH	PATEL		security number:	780924611
If a joint ret	turn, spouse's first name and m	iddle initial Last name		Spouse's social security number:	
Mailing add	dress (number and street, inclue	ling apartment number, rural route	or PO Box)		
4599 City, State,		<u> 40 </u>			Filing status:
-	LWATER	OK	74075		Total number of exemptions:
PART	ONE - TAX RETUR	N INFORMATION (W	HOLE DOLLAR	S ONLY)	
	homa Adjusted Gross Inc	come (511, Line 7) or Sources (511-NR, Line 8) .			1
		se Tax (511, Line 20 or 511-			
		ents and Credits (511, Line			
	-	IR, Line 38)			
		511-NR, Line 42)			
Intern timel	nal Revenue Code (IRC) o	f the IRS provides for a later a weekend or legal holiday w	due date, your payme	ent may be made by	or before the due date of April 15th. If the the later due date and will be considered t is due the next business day.
6				namia mantian of mu OC	023 Oklahoma income tax return.
remain liat Under pen nator (ERC return. To t	entry to the financia and/or a payment or receive confidential ed a balance due return, I u ole for the tax liability and a nalties of perjury, I declare I D), and the amounts descril	Institution account indicated f estimated tax. I also authoriz information necessary to ans understand that if the Oklahom I applicable interest and pena have compared the information bed in Part One above, agree nd belief, my return is true, co	in the tax preparation s the financial institution wer inquiries and resolu- na Tax Commission (OT tites. In contained on my retu- with the amounts show	oftware for payment of ons involved in the pro- ve issues related to the C) does not receive f orn, with information I n on the correspondir	I electronic funds withdrawal (direct debit) of my Oklahoma taxes owed on this return poessing of the electronic payment of taxes to be payment. full and timely payment of my tax liability, I will have provided to my Electronic Return Origi- ng lines of my 2023 Oklahoma income tax h, including this declaration and accompanying
		em and software to prepare and o my use of the system and so			to the disclosure to the Oklahoma Tax Com- irn electronically.
Sign Here: Your	r Signature	Date	Spouse's Sig	nature (If joint return,	both must sign) Date
PART	THREE - DECLARAT	ION OF ELECTRONIC		ATOR (ERO) AN	D PAID PREPARER
lectors are the taxpaye other requi penalties o	not responsible for reviewin er's signature on Form 511-I irements described in Pub. 1 of perjury I declare I have exa	g the taxpayer's return; howeve EF and I have provided the tax 345, Handbook for Electronic I	er, they must ensure Fo bayer with a copy of all t Filers of Individual Incon eturn and accompanying	rm 511-EF accurately orms and information ne Tax Returns (Tax Ye schedules and stater	the best of my knowledge. (EROs who are col- reflects the data on the return.) I have obtained to be filed with the OTC, and have followed all ear 2023). If I am also a Paid Preparer, under nents, and to the best of my knowledge and ve any knowledge.
ERO Use Only			02/2	3/2024	
	ERO or Paid Preparer's Sig	nature	Date	PTIN	
Paid Prepa	rer		02/23	/2024 P02	2082703
Use Only	Paid Preparer Signature		02723	PTIN	
Firm Nam	e (or yours if self-employed):	SYAM PRIYA RAM SA	AGAR GUPTA TAL	LAM	
	Address and ZIP:	245 ROONEY CT E B	BRUNSWICK NJ 0	8816	
	Phone Number:	(678_) 965-95	22		REV 01/26/24 PRO

2023 Form 511 Resident Income Tax Return 2D Barcode Page

FAILURE TO SUBMIT THIS PAGE WILL DELAY PROCESSING OF YOUR RETURN







Note: This is to be mailed with original return. Please DO NOT attach this sheet when filing the payment voucher, Form 511V.

Form 511 **Oklahoma Resident Income Tax Return**



2023

Your	Social Security Number	Place an 'X' in this	Spouse's (joint return		Security Num		ace an 'X' in th	is	Place a	n 'X' in t	ETURN his box i	f	_
	780-92-4611	box if this taxpayer is deceased —▶					ox if this taxpay deceased			in amen le 511-l.	ded 511.	See	
	ne and Address - Please Prir First Name	nt or Type Middle Initial Last Name			If a Joint Return, S	pouse's F	irst Name	Middle Initia	Last Nan	ne			
	RUV PARESH	PATEL											
Mailin	g Address (Number and street, including	g apartment number, rural route	or PO Box)	City			State	ZIP or Posta	al Code	Count	ry		
459	99 N WASHINGTON S	T APT 40B		STIL	LWATER		OK	74075					
	1 × Single				* Note: If clair	ming Sp	ecial Exempt	ion, see inst * Special	ructions o Blind	on page	9 of 51	1 Packet.	
	2 Married filing joint r	return (even if only one h	had income	e)	s l	Yourself	1 +	+		•	1 -	(a)	
sn	3 Married filing separ	rate			Exemptions	Spouse	+	+			-	(b)	
Status		ling, list name and SSN i	in the boxe	s)	dwe		Number	r of depen	dents	•	_	(c)	
Filing	Name	SSN			EX A	dd the T	fotals from bo						
ΪĒ								r the TOTAI			1	han ((0)) in	th a
	4 Head of household	I with qualifying person					claimed as a egular exemp		t on anot	ner ret	urn, en	ter "0" in	the
	, , , , , , , , , , , , , , , , , , ,	er) with dependent child	4.		Age 65 or	r Older	? (Please see	instructions)		Yourse	əlf	Spou	ise
	• Please list the year sp	pouse died in box at right	ι.				. (
De	pendents - If more than four	dependents, see instru	ctions and	place a	an 'X' here:								
1. Fin	st Name	2. Last Name		-	3. Social Security N	Number	4. Date of B	irth	5. Relation	iship to Y	/ou		
PA	RT ONE: TO ARRIVE	AT OKLAHOMA AI	DJUSTE	D GR		ME			Roun	nd to N	earest	Whole Do	ollar
1	Federal adjusted gross incor	me (from Federal 1040 c	or 1040-SF	۶)					1			64980	00
2	Oklahoma Subtractions (pro	vide Schedule 511-A)							2				00
3	Line 1 minus line 2								3			64980	00
4	Out-of-state income, except	wages. Describe:							5			04900	
	(Provide Federal schedule with	detailed description; see in	nstructions))					4				00
5	5 Line 3 minus line 4								5			64980	00
6	Oklahoma Additions (provide	e Schedule 511-B)							6				00
7	Oklahoma adjusted gross (If line 7 is different than								7			64980	00
PA	RT TWO: OKLAHOMA	TAXABLE INCOM	IE, TAX	AND	CREDITS								
8	Oklahoma Adjustments (prov	vide Schedule 511-C)							8				00
9	Oklahoma income after adju	stments (line 7 minus lin	ne 8)						9			64980	00



	e(s) Shown orm 511: DHRUV PARESH PATEL	Your Soci Security I	ocial y Number: 780-92-4611			
PA	RT TWO: OKLAHOMA TAXABLE INCOME, TAX AND CREDI	TS contin	ued			
STO	PAND READ: If line 4 on page 1 is zero, complete lines 10-11. If line 4 is more	than zero, se	e Schedule	511-E ar	nd do not complete lines 10-1	1.
10	Oklahoma itemized deductions (from Schedule 511-D, line 11) or Oklahoma st (Single or Married Filing Separate: \$6,350 • Married Filing Joint or Qual Head of Household: \$9,350).	ifying Widow	/(er): \$12,7		10 6350	00
11	Exemptions: Enter the total number of exemptions claimed on page 1	1	X \$1,000		11 1000	00
12	Total deductions and exemptions (add lines 10 and 11 or amount from Sch. 51	1-E, line 5)			12 7350	00
13	Oklahoma Taxable Income (line 9 minus line 12)				13 57630	00
14	 (a) Oklahoma Income Tax from Tax Table (see pages 27-38 of instructions) or if using Farm Income Averaging, enter tax from Form 573, line 22 and enter a "1" in box on line 14	I4a	2	549 00		
	(b) If paying the Health Savings Account additional 10% tax, add additional tax here and enter a "2" in box on line 14. If recapturing the Oklahoma Affordable Housing Tax Credit, add recaptured credit here and enter a "3" in box on line 14. If making an Oklahoma installment payment pursuant to IRC Section 965(h) and 68 OS Sec. 2368(K), add the installment payment here and enter a "4" in the box on line 14 1	14b		00		
	Oklahama kasaraa Tay (jina 44a niya jina 44b)					
STOP	Oklahoma Income Tax (line 14a plus line 14b) AND READ: If line 7 is equal to or larger than line 1, complete line 15. If line 7 is smaller than line			and 511-G.	14 2549	00
						0.0
15	Oklahoma child care/child tax credit (see instructions)				15	00
16	Credit for taxes paid to another state (provide Form 511TX)				16	00
17	Form 511CR - Other Credits Form. List 511CR line number claimed here:		17	00		
18	Income Tax (line 14 minus lines 15-17) Do not enter less than zero DO NOT PAY THIS AMOUNT. PAYMENT IS FIGURED ON LINE 41.				18 2549	9 00
PA	RT THREE: TAX, CREDITS AND PAYMENTS					
19	Use tax due on Internet, mail order, or other out-of-state purchases				19	00
20	(For use tax table, see page 14 of the Packet) If you certify that no use tax is du Balance (add lines 18 and 19)				20 2549	9 00
21	Oklahoma withholding (provide all W-2s, 1099s or other withholding statements)	21	3	247 00		
22	2023 estimated tax payments (qualified farmer))	22		00		
23	2023 payment with extension	23		00		
24	Low Income Property Tax Credit (provide Form 538-H)	24		00		
25	Sales Tax Relief Credit (provide Form 538-S)	25		00		
26	Natural Disaster Tax Credit (provide Form 576)	26		00		
27	Credit from Form 578	27		00		
28	Oklahoma earned income credit (see instructions)	28		00		
29	Amount paid with original return plus additional paid after it was filed (amended return only)	29		00		



	e(s) Shown orm 511: DHRUV PARESH PA	TEL			Your Soc Security		er: 780-92-4611	
PA	RT THREE: TAX, CREDITS ANI	D PAYMENTS continued]		
30	Payments and credits (add lines 2	1-29 from page 2)				30	3247	00
31	Overpayment, if any, as shown on c as previously adjusted by Oklahoma		5211	00				
32	Total payments and credits (line 3	30 minus 31)				32	3247	00
PA	RT FOUR: REFUND							
33	If line 32 is more than line 20, subtra	act line 20 from line 32. This is y	our overp	ayment		33	698	8 00
34	· · · · · · · · · · · · · · · · · · ·		3,		0.0			
Sche	(For further information regarding esti dule 511-H provides you with the oppo		,	34	00			
your of the	efund to a variety of Oklahoma organ organization from Schedule 511-H in one organization, put a "99" in the box	izations. Please place the line nu the box below. If you give to mo	mber re					
05				0.5				
35	Donations from your refund (total fro			35	00			
36	Total deductions from refund (add li	36		00				
37	Amount to be refunded to you (line	37	698	3 00				
\$10 sele OTC	I. You can also choose to receive eith 00 is required to receive a paper che cted, you will receive a debit card. Se will not allow direct deposits to or th ad my refund as a:	ck. If you request a paper check be the 511 Packet for direct depo	for an am osit, debit o ns. If you u jh an acco	ount less than \$10.00, card and paper check in ise a foreign financial in	a debit card formation. I stitution you	will b Due to a will b	e issued. If no options and o electronic banking rules be issued a paper check.	re s, the
	Debit Card	X Checking Account	Pouting	101000040				
	Paper Check		Number:	121000248				
	r upor oncok	Savings Account	Account Number:	2641544024				
						,		
PA	RT FIVE: AMOUNT YOU O	WE]		
38	If line 20 is more than line 32, subtra	act line 32 from line 20. This is y	our tax du	ıe		38		00
39 Underpayment of estimated tax interest (annualized installment method)) (If you have an underpayment of estimated tax (line 39) & overpayment (line 33), see instructions.)						39		00
			,	,,				
40	For delinquent payment add penalty	/ of 5%	\$					
	plus interest of 1.25% per month		\$			40		00
41	Total tax, penalty and interest (add l	ines 38-40)				41		00
	penalty of perjury, I declare the information conta nents and schedules, is true and correct to the b			is box if the Oklahoma Tax Com return with your tax preparer				

Taxpayer's Signature	Date	Spouse's Signature	Date	Paid Preparer's Signature	Date
				SYAM PRIYA RAM SAGAR GUPTA TALLAM	02/23/2024
Taxpayer's Occupation	NCINE	Spouse's Occupation		Paid Preparer's Address and Phone	Number (678) 965-9522
LEAN MANUFACTURING E Daytime Phone	NGINE	Daytime Phone		245 ROONEY CT E BRUNSWICK	NJ 08816
(optional)		(optional)		Paid Preparer's PTIN P02082	703

Do not staple documentation to this form. To attach items, please use a paper clip. Mailing Address for this form: PO Box 26800, Oklahoma City, OK 73126-0800

The Oklahoma Tax Commission is not required to give actual notice to taxpayers of changes in any state tax law. REV 01/26/24 PRO