

DOLLAR TAXSAVERS LLC
1197 Morning Glory Dr
Monroe Township, NJ 08831
(732) 475-0666
vshah@dollartaxsavers.com

April 10, 2023

GAURAV P. and ARPITA PATEL
17 MAXWELL ROAD
MONROE TOWNSHIP, NJ 08831

Dear GAURAV and ARPITA,

Please find enclosed copies of your tax return(s) for the tax year ended December 31, 2022. Instructions for filing your return(s) are attached for your convenience. Retain the copies for your records.

The federal income tax return will be electronically filed, do not mail the enclosed copy, but retain it for your records.

Form 1040 Federal Individual Income Tax Return

The New Jersey income tax return will be electronically filed, do not mail the enclosed copy, but retain it for your records.

Form NJ-1040 New Jersey Income Tax Resident Return

The Delaware income tax return will be electronically filed, do not mail the enclosed copy, but retain it for your records.

Form PIT-NON Delaware Non-resident Income Tax Return

The New York income tax return will be electronically filed, do not mail the enclosed copy, but retain it for your records.

Form IT-203 NY Nonresident/PY Resident Tax Return

We prepared your returns based on the information you provided us. Please review the returns carefully to ensure that there are no omissions or misstatements of material facts.

If you have any questions about your tax returns, please contact us. We appreciate this opportunity to serve you.

Sincerely,

VRAJESH SHAH, CPA

Tax Summary and Instructions for Filing
2022 Federal Individual Income Tax Return

Summary of Federal Information:

Federal adjusted gross income	\$ 182,057.00
Federal taxable income	\$ 155,506.00
Payment due IRS	\$ 6,593.00

Your return will be electronically filed.

Your balance due of \$6,593.00 will be automatically withdrawn from your checking account on April 18, 2023.

Tax Summary and Instructions for Filing
2022 New Jersey Individual Income Tax Return

Summary of Form NJ-1040 Information:

State taxable income	\$ 161,770.00
.....	
State refund	\$ 1,081.00
.....	

Your New Jersey return will be electronically filed.

Your New Jersey refund of \$1,081.00 will be directly deposited in your bank account.

Tax Summary and Instructions for Filing
2022 Delaware Individual Income Tax Return

Summary of Form PIT-NON Information:

State taxable income	\$ 172,057.00
.....	
Payment due State	\$ 266.00
.....	

Your Delaware return will be electronically filed.

Your balance due of \$266.00 will be automatically withdrawn from your Checking Account on 04/18/2023.

Tax Summary and Instructions for Filing
2022 New York Individual Income Tax Return

Summary of Form IT-203 Information:

State taxable income	\$	162,007.00
.....		
Payment due State	\$	358.00
.....		
State penalty/interest	\$	3.00
.....		

Your New York return will be electronically filed.

Your balance due of \$358.00 will be automatically withdrawn from your Checking Account on 04/18/2023.

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) ▶

Taxpayer's name GAURAV P PATEL	Social security number 144-96-6283
Spouse's name ARPITA PATEL	Spouse's social security number 671-40-3463

Part I Tax Return Information – Tax Year Ending December 31, 2022 (Enter year you are authorizing.)

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	182,057.
2 Total tax	2	19,842.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	13,249.
4 Amount you want refunded to you	4	
5 Amount you owe	5	6,593.

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

Under penalties of perjury, 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

- I authorize DOLLAR TAXSAVERS LLC to enter or generate my PIN

6	6	2	8	3
---	---	---	---	---

 as my 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 ▶ _____ Date ▶ _____

Spouse's PIN: check one box only

- I authorize DOLLAR TAXSAVERS LLC to enter or generate my PIN

0	3	4	6	3
---	---	---	---	---

 as my 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—continue below

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	0	3	8	1	3	1	4	2	9	1
---	---	---	---	---	---	---	---	---	---	---

 Don't enter all zeros

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 Form – See Instructions
Don't Submit This Form to the IRS Unless Requested To Do So

Filing Status [] Single [X] Married filing jointly [] Married filing separately (MFS) [] Head of household (HOH) [] Qualifying surviving spouse (QSS)
Check only one box. 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:

Personal information section including name, address, and social security numbers for both filers.

Digital Assets At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) [] Yes [X] No

Standard Deduction Someone can claim: [] You as a dependent [] Your spouse as a dependent [] Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness You: [] Were born before January 2, 1958 [] Are blind Spouse: [] Was born before January 2, 1958 [] Is blind

Table with 5 columns: (1) First name, Last name, (2) Social security number, (3) Relationship to you, (4) Check the box if qualifies for (see instructions). Lists dependents SIA, PRAVIN, TARULATABEN, and RIA PATEL.

Income section table with rows 1a through 1z. Total amount from Form(s) W-2, box 1 is 176,905.

Table with rows 2a through 3b. 2a Tax-exempt interest, 2b Taxable interest, 3a Qualified dividends (47), 3b Ordinary dividends (47).

Standard Deduction for—
• Single or Married filing separately, \$12,950
• Married filing jointly or Qualifying surviving spouse, \$25,900
• Head of household, \$19,400
• If you checked any box under Standard Deduction, see instructions.

Table with rows 4a through 15. 4a IRA distributions, 4b Taxable amount, 5a Pensions and annuities, 5b Taxable amount, 6a Social security benefits, 6b Taxable amount, 7 Capital gain or (loss), 8 Other income from Schedule 1, line 10, 9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income (182,057), 10 Adjustments to income from Schedule 1, line 26, 11 Subtract line 10 from line 9. This is your adjusted gross income (182,057), 12 Standard deduction or itemized deductions (from Schedule A) (25,900), 13 Qualified business income deduction from Form 8995 or Form 8995-A (651), 14 Add lines 12 and 13 (26,551), 15 Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income (155,506).

Table with columns for line numbers (16-24), descriptions (Tax and Credits), and amounts. Total tax is 19,842.

Table for Payments (lines 25-33). Includes federal income tax withheld (13,249) and total payments (13,249).

If you have a qualifying child, attach Sch. EIC.

Table for Refund (lines 34-36). Includes amount overpaid (6,593) and amount applied to 2023 estimated tax.

Table for Amount You Owe (lines 37-38). Total amount owed is 6,593.

Third Party Designee section. Designee: VRAJESH SHAH, CPA. Phone: (848) 667-3670. PIN: 14291.

Sign Here section. Includes signature lines for preparer and spouse, with occupation (EMPLOYED) and ID Protection PIN fields.

Paid Preparer Use Only section. Preparer: VRAJESH SHAH, CPA. Date: 04/10/2023. PTIN: P02083726. Firm: DOLLAR TAXSAVERS LLC.

**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

2022

Attachment
Sequence No. **01**

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

GAURAV P & ARPITA PATEL

Your social security number

144-96-6283

Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes	1	0.
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 Schedule E	5	5,105.
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation	7	
8	Other income:		
a	Net operating loss	8a	()
b	Gambling	8b	
c	Cancellation of debt	8c	
d	Foreign earned income exclusion from Form 2555	8d	()
e	Income from Form 8853	8e	
f	Income from Form 8889	8f	
g	Alaska Permanent Fund dividends	8g	
h	Jury duty pay	8h	
i	Prizes and awards	8i	
j	Activity not engaged in for profit income	8j	
k	Stock options	8k	
l	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	8l	
m	Olympic and Paralympic medals and USOC prize money (see instructions)	8m	
n	Section 951(a) inclusion (see instructions)	8n	
o	Section 951A(a) inclusion (see instructions)	8o	
p	Section 461(l) excess business loss adjustment	8p	
q	Taxable distributions from an ABL 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	8s	()
t	Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan	8t	
u	Wages earned while incarcerated	8u	
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. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8	10	5,105.

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

Part II Adjustments to Income

11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-basis government 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	
18	Penalty on early withdrawal of savings		18	
19a	Alimony paid		19a	
b	Recipient's SSN			
c	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:			
a	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		
c	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		
e	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		
h	Attorney fees and court costs for actions involving certain unlawful 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		
j	Housing deduction from Form 2555	24j		
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)	24k		
z	Other adjustments. List type and amount: _____	24z		
25	Total other adjustments. Add lines 24a through 24z		25	
26	Add lines 11 through 23 and 25. These are your adjustments to income . Enter here and on Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a		26	

**SCHEDULE 3
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Additional Credits and Payments

Attach to Form 1040, 1040-SR, or 1040-NR.
Go to www.irs.gov/Form1040 for instructions and the latest information.

OMB No. 1545-0074

2022
Attachment
Sequence No. **03**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR
GAURAV P & ARPITA PATEL

Your social security number
144-96-6283

Part I Nonrefundable Credits

1	Foreign tax credit. Attach Form 1116 if required	1	
2	Credit for child and dependent care expenses from Form 2441, line 11. Attach Form 2441	2	600.
3	Education credits from Form 8863, line 19	3	
4	Retirement savings contributions credit. Attach Form 8880	4	
5	Residential energy credits. Attach Form 5695	5	
6	Other nonrefundable credits:		
a	General business credit. Attach Form 3800	6a	
b	Credit for prior year minimum tax. Attach Form 8801	6b	
c	Adoption credit. Attach Form 8839	6c	
d	Credit for the elderly or disabled. Attach Schedule R	6d	
e	Alternative motor vehicle credit. Attach Form 8910	6e	
f	Qualified plug-in motor vehicle credit. Attach Form 8936	6f	
g	Mortgage interest credit. Attach Form 8396	6g	
h	District of Columbia first-time homebuyer credit. Attach Form 8859	6h	
i	Qualified electric vehicle credit. Attach Form 8834	6i	
j	Alternative fuel vehicle refueling property credit. Attach Form 8911	6j	
k	Credit to holders of tax credit bonds. Attach Form 8912	6k	
l	Amount on Form 8978, line 14. See instructions	6l	
z	Other nonrefundable credits. List type and amount: _____ _____	6z	
7	Total other nonrefundable credits. Add lines 6a through 6z	7	
8	Add lines 1 through 5 and 7. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 20	8	600.

(continued on page 2)

Part II Other Payments and Refundable Credits

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

**SCHEDULE E
(Form 1040)**

Supplemental Income and Loss

OMB No. 1545-0074

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

2022
Attachment
Sequence No. **13**

Department of the Treasury
Internal Revenue Service

Attach to Form 1040, 1040-SR, 1040-NR, or 1041.

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

Name(s) shown on return

GAURAV P & ARPITA PATEL

Your social security number

144-96-6283

Part I Income or Loss From Rental Real Estate and Royalties

Note: If you are in the business of renting personal property, use **Schedule C**. See instructions. If you are an individual, report farm rental income or loss from **Form 4835** on page 2, line 40.

- A** Did you make any payments in 2022 that would require you to file Form(s) 1099? See instructions Yes No
B If "Yes," did you or will you file required Form(s) 1099? Yes No

1a Physical address of each property (street, city, state, ZIP code)

A 34 FILBERT DR CAMDEN WYOMING DE 19934

B
C

1b Type of Property (from list below)	2 For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions.	Fair Rental Days		Personal Use Days	QJV
		A	B	C	
A 1		365		0	<input type="checkbox"/>
B					<input type="checkbox"/>
C					<input type="checkbox"/>

Type of Property:

- 1 Single Family Residence 3 Vacation/Short-Term Rental 5 Land 7 Self-Rental
 2 Multi-Family Residence 4 Commercial 6 Royalties 8 Other (describe) _____

Income:	Properties:		
	A	B	C
3 Rents received	3 16,500.		
4 Royalties received	4		
Expenses:			
5 Advertising	5		
6 Auto and travel (see instructions)	6 1,087.		
7 Cleaning and maintenance	7 550.		
8 Commissions	8		
9 Insurance	9		
10 Legal and other professional fees	10 350.		
11 Management fees	11 1,400.		
12 Mortgage interest paid to banks, etc. (see instructions)	12		
13 Other interest	13		
14 Repairs	14 1,600.		
15 Supplies	15 170.		
16 Taxes	16 760.		
17 Utilities	17		
18 Depreciation expense or depletion	18 5,478.		
19 Other (list) _____	19		
20 Total expenses. Add lines 5 through 19	20 11,395.		
21 Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198	21 5,105.		
22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22 () () ()		
23a Total of all amounts reported on line 3 for all rental properties	23a 16,500.		
b Total of all amounts reported on line 4 for all royalty properties	23b		
c Total of all amounts reported on line 12 for all properties	23c		
d Total of all amounts reported on line 18 for all properties	23d 5,478.		
e Total of all amounts reported on line 20 for all properties	23e 11,395.		
24 Income. Add positive amounts shown on line 21. Do not include any losses	24		5,105.
25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here	25 ()		
26 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, 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	26		5,105.

Child and Dependent Care Expenses

Department of the Treasury Internal Revenue Service

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

2022 Attachment Sequence No. 21

Go to www.irs.gov/Form2441 for instructions and the latest information.

Name(s) shown on return

GAURAV P & ARPITA PATEL

Your social security number

144-96-6283

A You can't claim a credit for child and dependent care expenses if your filing status is married filing separately unless you meet the requirements listed in the instructions under Married Persons Filing Separately. If you meet these requirements, check this box . . . []

B If you or your spouse was a student or was disabled during 2022 and you're entering deemed income of \$250 or \$500 a month on Form 2441 based on the income rules listed in the instructions under If You or Your Spouse Was a Student or Disabled, check this box . . . []

Part I Persons or Organizations Who Provided the Care—You must complete this part. If you have more than three care providers, see the instructions and check this box []

Table with 5 columns: (a) Care provider's name, (b) Address, (c) Identifying number, (d) Was the care provider your household employee in 2022?, (e) Amount paid. Row 1: KIDS KOTTAGE LEARNING CENTER, 659 ABBINGTON DR EAST WINDSOR NJ 08520, 02-0709123, [] Yes [X] No, 3,473.

Did you receive dependent care benefits? [] No Complete only Part II below. [] Yes Complete Part III on page 2 next.

Caution: If the care provider is your household employee, you may owe employment taxes. For details, see the Instructions for Schedule H (Form 1040). If you incurred care expenses in 2022 but didn't pay them until 2023, or if you prepaid in 2022 for care to be provided in 2023, don't include these expenses in column (d) of line 2 for 2022. See the instructions.

Part II Credit for Child and Dependent Care Expenses 2 Information about your qualifying person(s). If you have more than three qualifying persons, see the instructions and check this box []

Table with 4 columns: (a) Qualifying person's name (First/Last), (b) Qualifying person's social security number, (c) Check here if the qualifying person was over age 12 and was disabled, (d) Qualified expenses. Row 1: RIA, PATEL, 801-01-7372, [], 3,473.

Summary table for lines 3-11. Line 3: 3,000. Line 4: 78,028. Line 5: 98,877. Line 6: 3,000. Line 7: 182,057. Line 8: X .20. Line 9a: 600. Line 9b: 0. Line 9c: 600. Line 10: 25,442. Line 11: 600.

**SCHEDULE 8812
(Form 1040)**

**Credits for Qualifying Children
and Other Dependents**

OMB No. 1545-0074

2022

Attachment
Sequence No. **47**

Department of the Treasury
Internal Revenue Service

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

Go to www.irs.gov/Schedule8812 for instructions and the latest information.

Name(s) shown on return

Your social security number

GAURAV P & ARPITA PATEL

144-96-6283

Part I Child Tax Credit and Credit for Other Dependents

1	Enter the amount from line 11 of your Form 1040, 1040-SR, or 1040-NR		1	182,057.
2a	Enter income from Puerto Rico that you excluded	2a		
b	Enter the amounts from lines 45 and 50 of your Form 2555	2b	0.	
c	Enter the amount from line 15 of your Form 4563	2c		
d	Add lines 2a through 2c	2d	0.	
3	Add lines 1 and 2d	3	182,057.	
4	Number of qualifying children under age 17 with the required social security number	4	2	
5	Multiply line 4 by \$2,000	5	4,000.	
6	Number of other dependents, including any qualifying children who are not under age 17 or who do not have the required social security number	6	2	
	Caution: Do not include yourself, your spouse, or anyone who is not a U.S. citizen, U.S. national, or U.S. resident alien. Also, do not include anyone you included on line 4.			
7	Multiply line 6 by \$500	7	1,000.	
8	Add lines 5 and 7	8	5,000.	
9	Enter the amount shown below for your filing status. • Married filing jointly—\$400,000 } • All other filing statuses—\$200,000 }	9	400,000.	
10	Subtract line 9 from line 3. • If zero or less, enter -0-. • If more than zero and not a multiple of \$1,000, enter the next multiple of \$1,000. For example, if the result is \$425, enter \$1,000; if the result is \$1,025, enter \$2,000, etc. }	10	0.	
11	Multiply line 10 by 5% (0.05)	11	0.	
12	Is the amount on line 8 more than the amount on line 11?	12	5,000.	
	<input type="checkbox"/> No. STOP. You cannot take the child tax credit, credit for other dependents, or additional child tax credit. Skip Parts II-A and II-B. Enter -0- on lines 14 and 27.			
	<input checked="" type="checkbox"/> Yes. Subtract line 11 from line 8. Enter the result.			
13	Enter the amount from the Credit Limit Worksheet A	13	24,842.	
14	Enter the smaller of line 12 or 13. This is your child tax credit and credit for other dependents	14	5,000.	

Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 19.

If the amount on line 12 is more than the amount on line 14, you may be able to take the **additional child tax credit** on Form 1040, 1040-SR, or 1040-NR, line 28. Complete your Form 1040, 1040-SR, or 1040-NR through line 27 (also complete Schedule 3, line 11) before completing Part II-A.

Part II-A Additional Child Tax Credit for All Filers

Caution: If you file Form 2555, you cannot claim the additional child tax credit.

15	Check this box if you do not want to claim the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27 <input type="checkbox"/>		
16a	Subtract line 14 from line 12. If zero, stop here ; you cannot take the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27	16a	0.
b	Number of qualifying children under 17 with the required social security number: _____ x \$1,500. Enter the result. If zero, stop here ; you cannot claim the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27	16b	
TIP: The number of children you use for this line is the same as the number of children you used for line 4.			
17	Enter the smaller of line 16a or line 16b	17	
18a	Earned income (see instructions)	18a	
b	Nontaxable combat pay (see instructions)	18b	
19	Is the amount on line 18a more than \$2,500? <input type="checkbox"/> No. Leave line 19 blank and enter -0- on line 20. <input type="checkbox"/> Yes. Subtract \$2,500 from the amount on line 18a. Enter the result	19	
20	Multiply the amount on line 19 by 15% (0.15) and enter the result Next. On line 16b, is the amount \$4,500 or more? <input type="checkbox"/> No. If you are a bona fide resident of Puerto Rico, go to line 21. Otherwise, skip Part II-B and enter the smaller of line 17 or line 20 on line 27. <input type="checkbox"/> Yes. If line 20 is equal to or more than line 17, skip Part II-B and enter the amount from line 17 on line 27. Otherwise, go to line 21.	20	

Part II-B Certain Filers Who Have Three or More Qualifying Children and Bona Fide Residents of Puerto Rico

21	Withheld social security, Medicare, and Additional Medicare taxes from Form(s) W-2, boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If your employer withheld or you paid Additional Medicare Tax or tier 1 RRTA taxes, see instructions.		
22	Enter the total of the amounts from Schedule 1 (Form 1040), line 15; Schedule 2 (Form 1040), line 5; Schedule 2 (Form 1040), line 6; and Schedule 2 (Form 1040), line 13	22	
23	Add lines 21 and 22	23	
24	1040 and 1040-SR filers: Enter the total of the amounts from Form 1040 or 1040-SR, line 27, and Schedule 3 (Form 1040), line 11. } 1040-NR filers: Enter the amount from Schedule 3 (Form 1040), line 11. }	24	
25	Subtract line 24 from line 23. If zero or less, enter -0-	25	
26	Enter the larger of line 20 or line 25 Next, enter the smaller of line 17 or line 26 on line 27.	26	

Part II-C Additional Child Tax Credit

27	This is your additional child tax credit. Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 28		
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**Qualified Business Income Deduction
Simplified Computation**

Department of the Treasury
Internal Revenue Service

Attach to your tax return.

Attachment
Sequence No. **55**

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

Name(s) shown on return

GAURAV P & ARPITA PATEL

Your taxpayer identification number

144-96-6283

Note. You can claim the qualified business income deduction **only** if you have qualified business income from a qualified trade or business, real estate investment trust dividends, publicly traded partnership income, or a domestic production activities deduction passed through from an agricultural or horticultural cooperative. See instructions.

Use this form if your taxable income, before your qualified business income deduction, is at or below \$170,050 (\$340,100 if married filing jointly), and you aren't a patron of an agricultural or horticultural cooperative.

1	(a) Trade, business, or aggregation name	(b) Taxpayer identification number	(c) Qualified business income or (loss)
i	GAURAV P PATEL	144-96-6283	5,105.
ii			
iii			
iv			
v			
2	Total qualified business income or (loss). Combine lines 1i through 1v, column (c)	2 5,105.	
3	Qualified business net (loss) carryforward from the prior year	3 (1,849.)	
4	Total qualified business income. Combine lines 2 and 3. If zero or less, enter -0-	4 3,256.	
5	Qualified business income component. Multiply line 4 by 20% (0.20)		5 651.
6	Qualified REIT dividends and publicly traded partnership (PTP) income or (loss) (see instructions)	6	
7	Qualified REIT dividends and qualified PTP (loss) carryforward from the prior year	7 ()	
8	Total qualified REIT dividends and PTP income. Combine lines 6 and 7. If zero or less, enter -0-	8	
9	REIT and PTP component. Multiply line 8 by 20% (0.20)		9
10	Qualified business income deduction before the income limitation. Add lines 5 and 9		10 651.
11	Taxable income before qualified business income deduction (see instructions)	11 156,157.	
12	Net capital gain (see instructions)	12 47.	
13	Subtract line 12 from line 11. If zero or less, enter -0-	13 156,110.	
14	Income limitation. Multiply line 13 by 20% (0.20)		14 31,222.
15	Qualified business income deduction. Enter the smaller of line 10 or line 14. Also enter this amount on the applicable line of your return (see instructions)		15 651.
16	Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than zero, enter -0-		16 (0.)
17	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 and 7. If greater than zero, enter -0-		17 (0.)

Paid Preparer's Due Diligence Checklist
*Earned Income Credit (EIC), American Opportunity Tax Credit (AOTC),
Child Tax Credit (CTC) (including the Additional Child Tax Credit (ACTC) and
Credit for Other Dependents (ODC)), and Head of Household (HOH) Filing Status*
**To be completed by preparer and filed with Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS.
Go to www.irs.gov/Form8867 for instructions and the latest information.**

OMB No. 1545-0074

For tax year
20 _____

Attachment
Sequence No. **70**

Taxpayer name(s) shown on return GAURAV P & ARPITA PATEL	Taxpayer identification number 144-96-6283
Preparer's name VRAJESH SHAH, CPA	Preparer tax identification number P02083726

Part I Due Diligence Requirements

Please check the appropriate box for the credit(s) and/or HOH filing status claimed on the return and complete the related Parts I-V for the benefit(s) claimed (check all that apply). EIC CTC/ACTC/ODC AOTC HOH

	Yes	No	N/A
1 Did you complete the return based on information for the applicable tax year provided by the taxpayer or reasonably obtained by you? (See instructions if relying on prior year earned income.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2 If credits are claimed on the return, did you complete the applicable EIC and/or CTC/ACTC/ODC worksheets found in the Form 1040, 1040-SR, 1040-NR, 1040-PR, 1040-SS, or Schedule 8812 (Form 1040) instructions, and/or the AOTC worksheet found in the Form 8863 instructions, or your own worksheet(s) that provides the same information, and all related forms and schedules for each credit claimed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Did you satisfy the knowledge requirement? To meet the knowledge requirement, you must do both of the following. • Interview the taxpayer, ask questions, and contemporaneously document the taxpayer's responses to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status. • Review information to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to figure the amount(s) of any credit(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
4 Did any information provided by the taxpayer or a third party for use in preparing the return, or information reasonably known to you, appear to be incorrect, incomplete, or inconsistent? (If "Yes," answer questions 4a and 4b. If "No," go to question 5.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
a Did you make reasonable inquiries to determine the correct, complete, and consistent information?	<input type="checkbox"/>	<input type="checkbox"/>	
b Did you contemporaneously document your inquiries? (Documentation should include the questions you asked, whom you asked, when you asked, the information that was provided, and the impact the information had on your preparation of the return.)	<input type="checkbox"/>	<input type="checkbox"/>	
5 Did you satisfy the record retention requirement? To meet the record retention requirement, you must keep a copy of your documentation referenced in question 4b, a copy of this Form 8867, a copy of any applicable worksheet(s), a record of how, when, and from whom the information used to prepare Form 8867 and any applicable worksheet(s) was obtained, and a copy of any document(s) provided by the taxpayer that you relied on to determine eligibility for the credit(s) and/or HOH filing status or to figure the amount(s) of the credit(s) List those documents provided by the taxpayer, if any, that you relied on: <u>WE ONLY RELY ON THE DOCUMENTS PROVIDED BY THE CLIENT AND FOR DEPENDENTS AGE, RESIDENCE ETC. FOR INSTANCE BIRTH CERTIFICATE, DOCTOR NOTE, SCHOOL RECORDS, SOCIAL SECURITY CARD, COURT PAPERS, UTILITY AND TAX BILLS ETC</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
6 Did you ask the taxpayer whether he/she could provide documentation to substantiate eligibility for the credit(s) and/or HOH filing status and the amount(s) of any credit(s) claimed on the return if his/her return is selected for audit?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
7 Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous year? (If credits were disallowed or reduced, go to question 7a; if not, go to question 8.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a Did you complete the required recertification Form 8862?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 If the taxpayer is reporting self-employment income, did you ask questions to prepare a complete and correct Schedule C (Form 1040)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part II Due Diligence Questions for Returns Claiming EIC (If the return does not claim EIC, go to Part III.)

	Yes	No	N/A
9a Have you determined that the taxpayer is eligible to claim the EIC for the number of qualifying children claimed, or is eligible to claim the EIC without a qualifying child? (If the taxpayer is claiming the EIC and does not have a qualifying child, go to question 10.)	<input type="checkbox"/>	<input type="checkbox"/>	
b Did you ask the taxpayer if the child lived with the taxpayer for over half of the year, even if the taxpayer has supported the child the entire year?	<input type="checkbox"/>	<input type="checkbox"/>	
c Did you explain to the taxpayer the rules about claiming the EIC when a child is the qualifying child of more than one person (tiebreaker rules)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part III Due Diligence Questions for Returns Claiming CTC/ACTC/ODC (If the return does not claim CTC, ACTC, or ODC, go to Part IV.)

	Yes	No	N/A
10 Have you determined that each qualifying person for the CTC/ACTC/ODC is the taxpayer's dependent who is a citizen, national, or resident of the United States?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
11 Did you explain to the taxpayer that he/she may not claim the CTC/ACTC if the child has not lived with the taxpayer for over half of the year, even if the taxpayer has supported the child, unless the child's custodial parent has released a claim to exemption for the child?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12 Did you explain to the taxpayer the rules about claiming the CTC/ACTC/ODC for a child of divorced or separated parents (or parents who live apart), including any requirement to attach a Form 8332 or similar statement to the return?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Part IV Due Diligence Questions for Returns Claiming AOTC (If the return does not claim AOTC, go to Part V.)

	Yes	No
13 Did the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the qualified tuition and related expenses for the claimed AOTC?	<input type="checkbox"/>	<input type="checkbox"/>

Part V Due Diligence Questions for Claiming HOH (If the return does not claim HOH filing status, go to Part VI.)

	Yes	No
14 Have you determined that the taxpayer was unmarried or considered unmarried on the last day of the tax year and provided more than half of the cost of keeping up a home for the year for a qualifying person?	<input type="checkbox"/>	<input type="checkbox"/>

Part VI Eligibility Certification

You will have complied with all due diligence requirements for claiming the applicable credit(s) and/or HOH filing status on the return of the taxpayer identified above if you:

- A. Interview the taxpayer, ask adequate questions, contemporaneously document the taxpayer's responses on the return or in your notes, review adequate information to determine if the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s);
- B. Complete this Form 8867 truthfully and accurately and complete the actions described in this checklist for any applicable credit(s) claimed and HOH filing status, if claimed;
- C. Submit Form 8867 in the manner required; **and**
- D. Keep all five of the following records for 3 years from the latest of the dates specified in the Form 8867 instructions under *Document Retention*.
 - 1. A copy of this Form 8867.
 - 2. The applicable worksheet(s) or your own worksheet(s) for any credit(s) claimed.
 - 3. Copies of any documents provided by the taxpayer on which you relied to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).
 - 4. A record of how, when, and from whom the information used to prepare this form and the applicable worksheet(s) was obtained.
 - 5. A record of any additional information you relied upon, including questions you asked and the taxpayer's responses, to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).

If you have not complied with all due diligence requirements, you may have to pay a penalty for each failure to comply related to a claim of an applicable credit or HOH filing status (see instructions for more information).

	Yes	No
15 Do you certify that all of the answers on this Form 8867 are, to the best of your knowledge, true, correct, and complete?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Depreciation and Amortization (Including Information on Listed Property)

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form4562 for instructions and the latest information.

Attach to your tax return.

Table with 3 columns: Name(s) shown on return, Business or activity to which this form relates, Identifying number. Values: GAURAV P & ARPITA PATEL, Sch E 34 FILBERT DR, 144-96-6283

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

Table with 5 columns: Line number, Description, Amount, Line number, Amount. Rows 1-13 covering Section 179 election details.

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)

Table with 3 columns: Line number, Description, Amount. Rows 14-16 covering Special Depreciation Allowance and Other Depreciation.

Part III MACRS Depreciation (Don't include listed property. See instructions.)

Section A

Table with 3 columns: Line number, Description, Amount. Rows 17-18 covering MACRS deductions.

Section B—Assets Placed in Service During 2022 Tax Year Using the General Depreciation System

Table with 7 columns: (a) Classification of property, (b) Month and year placed in service, (c) Basis for depreciation, (d) Recovery period, (e) Convention, (f) Method, (g) Depreciation deduction. Rows 19a-i covering various property classifications.

Section C—Assets Placed in Service During 2022 Tax Year Using the Alternative Depreciation System

Table with 7 columns: Line number, Description, Amount, Line number, Amount, Line number, Amount. Rows 20a-d covering Alternative Depreciation System assets.

Part IV Summary (See instructions.)

Table with 3 columns: Line number, Description, Amount. Rows 21-23 covering Summary of listed property.

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						24b If "Yes," is the evidence written? <input type="checkbox"/> Yes <input type="checkbox"/> No			
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/Convention	(h) Depreciation deduction	(i) Elected section 179 cost	
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use. See instructions							25		
26 Property used more than 50% in a qualified business use:									
		%							
		%							
		%							
27 Property used 50% or less in a qualified business use:									
AUTO	01/01/2021	17.56 %				S/L -			
		%				S/L -			
		%				S/L -			
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1							28		
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1								29	

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

30 Total business/investment miles driven during the year (don't include commuting miles)	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
	1,800											
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven	8,450											
33 Total miles driven during the year. Add lines 30 through 32	10,250											
34 Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
	X											
35 Was the vehicle used primarily by a more than 5% owner or related person?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
	X											
36 Is another vehicle available for personal use?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
	X											

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons. See instructions.

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? See instructions		
Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.		

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2022 tax year (see instructions):					
43 Amortization of costs that began before your 2022 tax year					43
44 Total. Add amounts in column (f). See the instructions for where to report					44

Passive Activity Loss Limitations

Department of the Treasury
Internal Revenue Service

See separate instructions.
Attach to Form 1040, 1040-SR, or 1041.
Go to www.irs.gov/Form8582 for instructions and the latest information.

Name(s) shown on return

GAURAV P & ARPITA PATEL

Identifying number

144-96-6283

Part I 2022 Passive Activity Loss

Caution: Complete Parts IV and V before completing Part I.

Rental Real Estate Activities With Active Participation (For the definition of active participation, see **Special Allowance for Rental Real Estate Activities** in the instructions.)

1a Activities with net income (enter the amount from Part IV, column (a))	1a	5,105.		
b Activities with net loss (enter the amount from Part IV, column (b))	1b	(0.)		
c Prior years' unallowed losses (enter the amount from Part IV, column (c))	1c	()		
d Combine lines 1a, 1b, and 1c	1d		5,105.	

All Other Passive Activities

2a Activities with net income (enter the amount from Part V, column (a))	2a			
b Activities with net loss (enter the amount from Part V, column (b))	2b	()		
c Prior years' unallowed losses (enter the amount from Part V, column (c))	2c	()		
d Combine lines 2a, 2b, and 2c	2d			

3 Combine lines 1d and 2d. If this line is zero or more, stop here and include this form with your return; all losses are allowed, including any prior year unallowed losses entered on line 1c or 2c. Report the losses on the forms and schedules normally used	3		5,105.	
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- If line 3 is a loss and:
- Line 1d is a loss, go to Part II.
 - Line 2d is a loss (and line 1d is zero or more), skip Part II and go to line 10.

Caution: If your filing status is married filing separately and you lived with your spouse at any time during the year, **do not** complete Part II. Instead, go to line 10.

Part II Special Allowance for Rental Real Estate Activities With Active Participation

Note: Enter all numbers in Part II as positive amounts. See instructions for an example.

4 Enter the smaller of the loss on line 1d or the loss on line 3	4			
5 Enter \$150,000. If married filing separately, see instructions	5			
6 Enter modified adjusted gross income, but not less than zero. See instructions Note: If line 6 is greater than or equal to line 5, skip lines 7 and 8 and enter -0- on line 9. Otherwise, go to line 7.	6			
7 Subtract line 6 from line 5	7			
8 Multiply line 7 by 50% (0.50). Do not enter more than \$25,000. If married filing separately, see instructions	8			
9 Enter the smaller of line 4 or line 8	9		0.	

Part III Total Losses Allowed

10 Add the income, if any, on lines 1a and 2a and enter the total	10			
11 Total losses allowed from all passive activities for 2022. Add lines 9 and 10. See instructions to find out how to report the losses on your tax return	11			

Part IV Complete This Part Before Part I, Lines 1a, 1b, and 1c. See instructions.

Name of activity	Current year		Prior years	Overall gain or loss	
	(a) Net income (line 1a)	(b) Net loss (line 1b)	(c) Unallowed loss (line 1c)	(d) Gain	(e) Loss
34 FILBERT DR	5,105.	0.		5,105.	
Total. Enter on Part I, lines 1a, 1b, and 1c	5,105.	0.			

Part V Complete This Part Before Part I, Lines 2a, 2b, and 2c. See instructions.

Name of activity	Current year		Prior years	Overall gain or loss	
	(a) Net income (line 2a)	(b) Net loss (line 2b)	(c) Unallowed loss (line 2c)	(d) Gain	(e) Loss
Total. Enter on Part I, lines 2a, 2b, and 2c					

Part VI Use This Part if an Amount Is Shown on Part II, Line 9. See instructions.

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ratio	(c) Special allowance	(d) Subtract column (c) from column (a).
Total			1.00		

Part VII Allocation of Unallowed Losses. See instructions.

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ratio	(c) Unallowed loss
Total			1.00	

Part VIII Allowed Losses. See instructions.

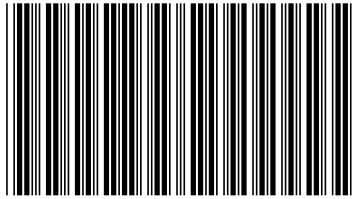
Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Unallowed loss	(c) Allowed loss
Total				

2022 NJ-1040
New Jersey Resident Income Tax Return

For Privacy Act Notification, See Instructions

1555

NJ-1040
2022
Page 1



040MP01220

Your Social Security Number (required)
144966283

Last Name, First Name, Initial (Joint Filers enter first name and middle initial of each. Enter spouse's/CU partner's last name ONLY if different.)
PATEL GAURAV P & ARPITA

Spouse's/CU Partner's SSN (if filing jointly)
671403463

County/Municipality Code (See Table page 50)
0106

Home Address (Number and Street, including apartment number)
17 MAXWELL ROAD

City, Town, Post Office	State	ZIP Code
MONROE TOWNSHIP	NJ	08831

Driver's License Number (Voluntary) (See instructions)

Federal extension filed.

The address above is a foreign address.

Your address has changed.

Death certificate is enclosed.

Do not want a paper form next year.

I authorize the Division of Taxation to discuss my return and enclosures with my preparer.
NJ-1040-O is enclosed.

Gubernatorial Elections Fund Note: This does not reduce your refund or increase your balance due.

Do you want to designate \$1 to the Gubernatorial Elections Fund?	You	Yes	No
If joint return, does your spouse want to designate \$1?	Spouse/CU Partner	Yes	No

Direct Deposit Information

dd1. Direct deposit indicator (1 for direct deposit, 4 for no direct deposit)	dd1.	1	
dd2. Account type (C for checking, S for savings)	dd2.	C	
dd3. Fill in the checkbox if the direct deposit is going to an account outside the United States	dd3.		
dd4. Routing number	dd4.		031207607
dd5. Account number	dd5.		8055710524





Name(s) as shown on Form NJ-1040
PATEL GAURAV P & ARPITA

Your Social Security Number
144966283

1555

Part-year residents, provide months/days you were a New Jersey resident during 2022:
From: To:

Fiscal year filers only:
Enter month of your year end 2 0 2 3

Filing Status
Fill in only one.

- 1. Single
- 2. Married/CU Couple, filing joint return
- 3. Married/CU Partner, filing separate return
- 4. Head of Household Enter spouse's/CU partner's SSN
- 5. Qualifying Widow(er)/Surviving CU Partner
Indicate the year of your spouse's/CU partner's death: 2020 2021

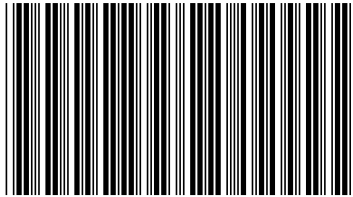
Exemptions

Fill in the ovals that apply. You must enter a total in the boxes to the right and complete the calculation.

6. Regular	<input checked="" type="checkbox"/>	Self	<input checked="" type="checkbox"/>	Spouse/CU Partner	Domestic Partner	2	x \$1,000 =	<u>2000</u>
7. Senior 65+ (Born in 1957 or earlier)		Self		Spouse/CU Partner			x \$1,000 =	_____
8. Blind/Disabled		Self		Spouse/CU Partner			x \$1,000 =	_____
9. Veteran		Self		Spouse/CU Partner			x \$6,000 =	_____
10. Qualified Dependent Children						2	x \$1,500 =	<u>3000</u>
11. Other Dependents						2	x \$1,500 =	<u>3000</u>
12. Dependents Attending Colleges (See instructions)							x \$1,000 =	_____
13. Total Exemption Amount (Add totals from the lines at 6 through 12)						13.		<u>8000</u> .

14. Dependent Information. Provide the following information for each dependent.

	Last Name, First Name, Middle Initial	Social Security Number	Birth Year	No Health Insurance
a.	<u>PATEL, SIA</u>	132211424	2013	
b.	<u>PATEL, PRAVIN</u>	141965221	1953	
c.	<u>PATEL, TARULATABEN</u>	144966284	1956	
d.	<u>PATEL, RIA</u>	801017372	2020	



040MP03220

Name(s) as shown on Form NJ-1040
PATEL GAURAV P & ARPITA

Your Social Security Number
144966283

1555

15.	Wages, salaries, tips, and other employee compensation (State wages from Box 16 of enclosed W-2(s)) (See instructions)	15.	184561 .
16a.	Taxable interest income (Enclose federal Schedule B if over \$1,500) (See instructions)	16a.	.
16b.	Tax-exempt interest income (Enclose Schedule) (See instructions) Do not include on line 16a	16b.	.
17.	Dividends	17.	47 .
18.	Net profits from business (Schedule NJ-BUS-1, Part I, line 4) (Enclose federal Schedule C)	18.	.
19.	Net gains or income from disposition of property (Schedule NJ-DOP, line 4)	19.	.
20a.	Taxable pensions, annuities, and IRA distributions/withdrawals (See instructions)	20a.	.
20b.	Excludable pension, annuity, and IRA distributions/withdrawals	20b.	.
21.	Distributive Share of Partnership Income (Schedule NJ-BUS-1, Part II, line 4) (Enclose Schedule NJK-1 or federal Schedule K-1)	21.	.
22.	Net pro rata share of S Corporation Income (Schedule NJ-BUS-1, Part III, line 4) (Enclose Schedule NJ-K-1 or federal Schedule K-1)	22.	.
23.	Net gains or income from rents, royalties, patents, and copyrights (Schedule NJ-BUS-1, Part IV, line 4)	23.	5014 .
24.	Net gambling winnings (See instructions)	24.	.
25.	Alimony and separate maintenance payments received	25.	.
26.	Other (Enclose documents) (See instructions)	26.	.
27.	Total Income (Add lines 15, 16a, 17 through 20a, and 21 through 26)	27.	189622 .
28a.	Pension/Retirement Exclusion (See instructions)	28a.	.
28b.	Other Retirement Income Exclusion (See Worksheet D and instructions pages 19-20)	28b.	.
28c.	Total Exclusion Amount (Add lines 28a and 28b)	28c.	.
29.	New Jersey Gross Income (Subtract line 28c from line 27) (See instructions)	29.	189622 .
30.	Exemption Amount (Enter amount from line 13. Part-year residents see instr.)	30.	8000 .
31.	Medical Expenses (See Worksheet F and instructions)	31.	7840 .
32.	Alimony and separate maintenance payments (See instructions)	32.	.
33.	Qualified Conservation Contribution	33.	.
34.	Health Enterprise Zone Deduction	34.	.
35.	Alternative Business Calculation Adjustment (Schedule NJ-BUS-2, line 11)	35.	0 .
36.	Organ/Bone Marrow Donation Deduction (See instructions)	36.	.
37a.	NJBEST Deduction	37a.	.
37b.	NJCLASS Deduction	37b.	.
37c.	NJ Higher Ed. Tuition Deduction	37c.	.
38.	Total Exemptions and Deductions (Add lines 30 through 37c)	38.	15840 .
39.	Taxable Income (Subtract line 38 from line 29)	39.	173782 .
40a.	Total Property Taxes (18% of Rent) Paid (See instructions page 25)	40a.	12012 .
40b.	Indicate your residency status during 2022 (fill in only one)		
	Homeowner	Tenant	Both
41.	Property Tax Deduction (From Worksheet H) (See instructions)	41.	12012 .
42.	New Jersey Taxable Income (Subtract line 41 from line 39)	42.	161770 .
43.	Tax on amount on line 42 (Tax Table page 52)	43.	6262 .
44.	Credit For Income Taxes Paid to Other Jurisdictions (Enclose Schedule NJ-COJ) (See instructions)	44.	2050 .
	Enter Code	99	
45.	Balance of Tax (Subtract line 44 from line 43)	45.	4212 .
46.	Sheltered Workshop Tax Credit	46.	.
47.	Gold Star Family Counseling Credit (See instructions)	47.	.
48.	Credit for Employer of Organ/Bone Marrow Donor (See instructions)	48.	.
49.	Total Credits (Add lines 46 through 48)	49.	.
50.	Balance of Tax After Credits (Subtract line 49 from line 45) If zero or less, make no entry	50.	4212 .
51.	Use Tax Due on Internet, Mail-Order, or Other Out-of-State Purchases (See instructions) If no Use Tax, enter 0	51.	0 .
52.	Interest on Underpayment of Estimated Tax	52.	.
	Fill in if Form NJ-2210 is enclosed		
53.	Shared Responsibility Payment (See instructions)	53.	0 .
	REQUIRED Enclose Schedule HCC and fill in <input checked="" type="checkbox"/>		



Name(s) as shown on Form NJ-1040
PATEL GAURAV P & ARPITA

Your Social Security Number
144966283

1555

54. Total Tax Due (Add lines 50 through 53)	54.	4212	.
55. Total NJ Income Tax Withheld (Enclose Forms W-2 and 1099) (Part year, see instructions)	55.	5293	.
56. Property Tax Credit (See instructions page 24)	56.	.	.
57. New Jersey Estimated Tax Payments/Credit from 2021 tax return	57.	.	.
58. New Jersey Earned Income Tax Credit (See instructions)	58.	.	.
Fill in if you had the IRS calculate your federal earned income credit			
Fill in if you are a CU couple claiming the NJ Earned Income Tax Credit			
59. Excess New Jersey UI/WF/SWF Withheld (Enclose Form NJ-2450) (See instructions)	59.	.	.
60. Excess New Jersey Disability Insurance Withheld (Enclose Form NJ-2450) (See instructions)	60.	.	.
61. Excess New Jersey Family Leave Insurance Withheld (Enclose Form NJ-2450) (See instructions)	61.	.	.
62. Wounded Warrior Caregivers Credit (See instructions)	62.	.	.
63. Pass-Through Business Alternative Income Tax Credit (See instructions)	63.	.	.
64. Child and Dependent Care Credit (See instructions)	64.	0	.
Fill in if you are a CU couple claiming the Child and Dependent Care Credit			
65. New Jersey Child Tax Credit (See instructions)	65.	.	.
Number of dependents under age 6 on 12/31/2022			
66. Total Withholdings, Credits, and Payments (Add lines 55 through 65)	66.	5293	.
67. If line 66 is less than line 54, you have tax due. Subtract line 66 from line 54 and enter the amount you owe	67.	.	.
If you owe tax, you can still make a donation on lines 70 through 77.			
68. If the total on line 66 is more than line 54, you have an overpayment. Subtract line 54 from line 66 and enter the overpayment	68.	1081	.
69. Amount from line 68 you want to credit to your 2023 tax	69.	.	.
70. Contribution to N.J. Endangered Wildlife Fund	70.	.	.
71. Contribution to N.J. Children's Trust Fund to Prevent Child Abuse	71.	.	.
72. Contribution to N.J. Vietnam Veterans' Memorial Fund	72.	.	.
73. Contribution to N.J. Breast Cancer Research Fund	73.	.	.
74. Contribution to U.S.S. New Jersey Educational Museum Fund	74.	.	.
75. Other Designated Contribution (See instructions)	75.	.	.
		Enter Code	
76. Other Designated Contribution (See instructions)	76.	.	.
		Enter Code	
77. Other Designated Contribution (See instructions)	77.	.	.
		Enter Code	
78. Total Adjustments to Tax Due/Overpayment amount (Add lines 69 through 77)	78.	.	.
79. Balance due (If line 67 is more than zero, add line 67 and line 78)	79.	.	.
80. Refund amount (If line 68 is more than zero, subtract line 78 from line 68)	80.	1081	.

Under penalties of perjury, I declare that I have examined this Income Tax return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. If prepared by a person other than the taxpayer, this declaration is based on all information of which the preparer has any knowledge.

Your Signature Date Spouse's/CU Partner's Signature (required if filing jointly) Date

Paid Preparer's Signature Federal Identification Number

VRAJESH SHAH, CPA **P02083726**
Firm's Name Firm's Federal Employer Identification Number

DOLLAR TAXSAVERS LLC **84-2874012**

Tax Due Address
Enclose payment along with the NJ-1040-V payment voucher and tax return. Use the labels provided with the envelope and mail to:
State of New Jersey
Division of Taxation
Revenue Processing Center - Payments
PO Box 111
Trenton, NJ 08645-0111

Include Social Security number and make check or money order payable to:
State of New Jersey - TGI
You can also make a payment on our website:
nj.gov/taxation

Refund or No Tax Due Address
Use the labels provided with the envelope and mail to:
New Jersey Division of Taxation
Revenue Processing Center - Refunds
PO Box 555
Trenton, NJ 08647-0555

Name(s) as shown on Form NJ-1040 PATEL GAURAV P & ARPITA	Social Security Number 144-96-6283
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Schedule NJ-BUS-1
(Form NJ-1040)

New Jersey Gross Income Tax
Business Income Summary Schedule

2022

Part I Net Profits From Business		List the net profit (loss) from business(es). See Instructions.	
	Business Name	Social Security Number/ Federal EIN	Profit or (Loss)
1.			
2.			
3.			
4.	Net Profit or (Loss). (Add lines 1, 2, and 3.) (Enter here and on line 18, NJ-1040. If loss, make no entry on line 18.)		4.

Part II Distributive Share of Partnership Income		List the distributive share of income (loss) from partnership(s). See instructions.	
	Partnership Name	Federal EIN	Share of Partnership Income or (Loss)
1.			
2.			
3.			
4.	Distributive Share of Partnership Income or (Loss). (Add lines 1, 2, and 3.) (Enter here and on line 21, NJ-1040. If loss, make no entry on line 21.)		4.
5.	Total Share of Pass-Through Business Alternative Income Tax (Add lines 1, 2, and 3.) (Enter here and include on line 63, NJ-1040.)		5.

Part III Net Pro Rata Share of S Corporation Income		List the pro rata share of income (usable loss) from S corporation(s). See instructions.	
	S Corporation Name	Federal EIN	Pro Rata Share of S Corporation Income or (Usable Loss)
1.			
2.			
3.			
4.	Net Pro Rata Share of S Corporation Income or (Usable Loss). (Add lines 1, 2, and 3.) (Enter here and on line 22, NJ-1040. If loss, make no entry on line 22.)		4.
5.	Total Share of Pass-Through Business Alternative Income Tax (Add lines 1, 2, and 3.) (Enter here and include on line 63, NJ-1040)		5.

Part IV Net Gains or Income From Rents, Royalties, Patents, and Copyrights		List the net gains or net income, less net loss, derived from or in the form of rents, royalties, patents, and copyrights. See instructions. Type of Property: 1 – Rental real estate 2 – Royalties 3 – Patents 4 – Copyrights	
	Source of Income or Loss. If rental real estate, enter physical address of property.	Social Security Number/ Federal EIN	Type – Enter number from list above
1.	34 FILBERT DR	144966283	1
2.	NJ Depr Adj-34 FILBERT DR	144966283	1
3.			
4.	Net Income or (Loss). (Add lines 1, 2, and 3.) (Enter here and on line 23, NJ-1040. If loss, make no entry on line 23.)		4.

Keep a copy of this schedule for your records

Schedule NJ-BUS-2 New Jersey Gross Income Tax **2022**
(Form NJ-1040) Alternative Business Calculation Adjustment

Part I Income (Loss)		Column A		Column B	
		Reportable Regular Business Income		Alternative Business Income (Loss)	
1.	Net Profits From Business	1a.	0.	1b.	0.
2.	Distributive Share of Partnership Income	2a.	0.	2b.	0.
3.	Net Pro Rata Share of S Corporation Income	3a.	0.	3b.	0.
4.	Net Gain or Income From Rents, Royalties, Patents, and Copyrights	4a.	5,014.	4b.	5,014.
5.	Loss Carryforward From Tax Year 2021			5b.	()
6.	Totals	6a.	5,014.	6b.	5,014.
Part II Adjustment Calculation					
7.	Total Regular Business Income	7.	5,014.		
8.	Total Alternative Business Income/(Loss) (If loss, enter zero)	8.	5,014.		
9.	Business Increment (Subtract line 8 from line 7)	9.	0.		
10.	Adjustment Percentage	10.	0.50		
11.	Alternative Business Calculation Adjustment (Line 9 x 0.50)	11.	0.		
Part III Loss Carryforward to Tax Year 2023					
12.	Loss Carryforward to Tax Year 2023	12.		()	

Instructions

- Line 1a. Enter the amount from line 18, Form NJ-1040.
- Line 1b. Enter the amount from Part I, line 4, Schedule NJ-BUS-1 (Form NJ-1040).
- Line 2a. Enter the amount from line 21, Form NJ-1040.
- Line 2b. Enter the amount from Part II, line 4, Schedule NJ-BUS-1 (Form NJ-1040).
- Line 3a. Enter the amount from line 22, Form NJ-1040.
- Line 3b. Enter the amount from Part III, line 4, Schedule NJ-BUS-1 (Form NJ-1040).
- Line 4a. Enter the amount from line 23, Form NJ-1040.
- Line 4b. Enter the amount from Part IV, line 4, Schedule NJ-BUS-1 (Form NJ-1040).
- Line 5b. Enter the amount from line 12 of your 2021 Schedule NJ-BUS-2 (Form NJ-1040).
- Line 6a. Enter the total of lines 1a through 4a.
- Line 6b. Enter the total of lines 1b through 5b, netting gains with losses.
- Line 7. Enter the amount from line 6a of this schedule.
- Line 8. Enter the amount from line 6b of this schedule. If loss, enter zero here.
- Line 9. Subtract line 8 from line 7. If the result is zero, enter zero on line 11 and continue with line 12.
- Line 10. The adjustment percentage for Tax Year 2022 is 50% (0.50).
- Line 11. Multiply the amount on line 9 by 50% (0.50). Enter here and on line 35 of Form NJ-1040.
- Line 12. If the amount on line 6b is a loss, enter the amount of the loss on this line. Otherwise, enter zero.

If your income on line 29 is at or below the filing threshold,
do not complete this schedule.

Name as Shown on Return PATEL GAURAV P & ARPITA	Social Security No. 144-96-6283
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Part I

Did you and, if applicable, all members of your tax household, have minimum essential health coverage for every month in 2022 (See instructions for line 53, NJ-1040.) Part-year residents include only months as a New Jersey resident.

- Yes. You do not owe a shared responsibility payment. Fill in the oval at line 53, NJ-1040, and enclose this schedule with your return.
- No. Continue to Part II.

Part II

Enter the name and Social Security number for each member of your tax household. Check the box for every month each person had minimum essential health coverage or qualified for an exemption (part-year residents include only months as a New Jersey resident). If an individual qualified for an exemption, enter the exemption number. (See instructions for line 53, NJ-1040.) If an individual has more than one exemption number, check the box. If you need more space, enclose a statement listing any additional individuals.

QuickZoom to Shared Responsibility Payment Calculation Worksheet ➔ _____

Name	SSN	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exemption Code . . .		Check box if this individual has more than one exemption number .											
		Check box if this individual is under 18											
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exemption Code . . .		Check box if this individual has more than one exemption number .											
		Check box if this individual is under 18											
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exemption Code . . .		Check box if this individual has more than one exemption number .											
		Check box if this individual is under 18											
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exemption Code . . .		Check box if this individual has more than one exemption number .											
		Check box if this individual is under 18											
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exemption Code . . .		Check box if this individual has more than one exemption number .											
		Check box if this individual is under 18											
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exemption Code . . .		Check box if this individual has more than one exemption number .											
		Check box if this individual is under 18											
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exemption Code . . .		Check box if this individual has more than one exemption number .											
		Check box if this individual is under 18											
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exemption Code . . .		Check box if this individual has more than one exemption number .											
		Check box if this individual is under 18											
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exemption Code . . .		Check box if this individual has more than one exemption number .											
		Check box if this individual is under 18											



New York State E-File Signature Authorization for Tax Year 2022

For Forms IT-201, IT-201-X, IT-203, IT-203-X, IT-214, and NYC-210

Electronic return originator (ERO): Do not mail this form to the Tax Department. Keep it for your records.

Taxpayer's name GAURAV P PATEL	Spouse's name (jointly filed return only) ARPITA PATEL
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Purpose

Form TR-579-IT must be completed to authorize an ERO to e-file a personal income tax return and to transmit bank account information for the electronic funds withdrawal.

EROs must complete Part C prior to transmitting electronically filed income tax returns (Forms IT-201, IT-201-X, IT-203, IT-203-X, IT-214, and NYC-210).

Both the paid preparer and the ERO are required to sign Part C. However, an individual performing as both the paid preparer and the ERO is only required to sign as the paid preparer. It is not necessary to include the ERO signature in this case. Note that an alternative signature can be used as described in Publication 58, *Information for Income Tax Return Preparers*, available on our website.

General instructions

Taxpayers must complete Part B before the ERO transmits the taxpayer's electronically filed Forms IT-201, *Resident Income Tax Return*, IT-201-X, *Amended Resident Income Tax Return*, IT-203, *Nonresident and Part-Year Resident Income Tax Return*, IT-203-X, *Amended Nonresident and Part-Year Resident Income Tax Return*, IT-214, *Claim for Real Property Tax Credit*, and NYC-210, *Claim for New York City School Tax Credit*. Note that an electronic signature can be used as described in TSB-M-20(1)C, (2)I, *E-File Authorizations (TR-579 forms) for Taxpayers Using a Paid Preparer for Electronically Filed Tax Returns*.

This form is not required for electronically filed Form IT-370, *Application for Automatic Six-Month Extension of Time to File for Individuals*. See Form TR-579.1-IT, *New York State Taxpayer Authorization for Electronic Funds Withdrawal for Tax Year 2022 Form IT-370 and Tax Year 2023 Form IT-2105*.

For returns filed jointly, both spouses must complete and sign Form TR-579-IT.

Part A – Tax return information

1 Federal adjusted gross income (from applicable line)	1.	182057.
2 Refund	2.	
3 Amount you owe	3.	358.
4 Financial institution routing number	4.	031207607
5 Financial institution account number	5.	8055710524
6 Account type: <input checked="" type="checkbox"/> Personal checking <input type="checkbox"/> Personal savings <input type="checkbox"/> Business checking <input type="checkbox"/> Business savings		

Part B – Declaration of taxpayer and authorizations for Forms IT-201, IT-201-X, IT-203, IT-203-X, IT-214, and NYC-210

Under penalty of perjury, I declare that I have examined the information on my 2022 New York State electronic personal income tax return, including any accompanying schedules, attachments, and statements, and certify that my electronic return is true, correct, and complete. The ERO has my consent to send my 2022 New York State electronic return to New York State through the Internal Revenue Service (IRS). In addition, by using a computer system and software to prepare and transmit my form electronically, I consent to the disclosure to New York State of all information pertaining to the transmission of my tax form electronically. I understand that by executing this Form TR-579-IT, I am authorizing the ERO to sign and file this return on my behalf and agree that the ERO's submission of my personal income tax return to the

IRS, together with this authorization, will serve as the electronic signature for the return and any authorized payment transaction. If I am paying my New York State personal income taxes due by electronic funds withdrawal, I certify that the account holder has authorized the New York State Tax Department and its designated financial agents to initiate an electronic funds withdrawal from the financial institution account indicated on my 2022 electronic return, and authorized the financial institution to withdraw the amount from that account. As New York does not support International ACH Transactions (IAT), I attest the source for these funds is within the United States. I understand and agree that I may revoke this authorization for payment only by contacting the Tax Department no later than two (2) business days prior to the payment date.

Taxpayer's signature	Date
Spouse's signature (jointly filed return only)	Date

Part C – Declaration of electronic return originator (ERO) and paid preparer

Under penalty of perjury, I declare that the information contained in this 2022 New York State electronic personal income tax return is the information furnished to me by the taxpayer. If the taxpayer furnished me a completed paper 2022 New York State return signed by a paid preparer, I declare that the information contained in the taxpayer's 2022 New York State electronic return

is identical to that contained in the paper copy of the return. If I am the paid preparer, under penalty of perjury I declare that I have examined this 2022 New York State electronic personal income tax return, and, to the best of my knowledge and belief, the return is true, correct, and complete. I have based this declaration on all information available to me.

Do not mail Form TR-579-IT to the Tax Department:

EROs must keep this form for three years and present it to the Tax Department upon request.

ERO's signature	Print name DOLLAR TAXSAVERS LLC	Date
Paid preparer's signature	Print name VRAJESH SHAH, CPA	Date 04102023



Department of Taxation and Finance

Nonresident and Part-Year Resident Income Tax Return

New York State • New York City • Yonkers • MCTMT

IT-203

For the year January 1, 2022, through December 31, 2022, or fiscal year beginning **22**
and ending

For help completing your return, see the instructions, Form IT-203-I.

Your first name and middle initial GAURAV P		Your last name (for a joint return, enter spouse's name on line below) PATEL		Your date of birth (mmddyyyy) 12051981	Your Social Security number 144966283
Spouse's first name and middle initial ARPITA		Spouse's last name PATEL		Spouse's date of birth (mmddyyyy) 01101985	Spouse's Social Security number 671403463
Mailing address (see instructions) (number and street or PO Box) 17 MAXWELL ROAD				Apartment number	New York State county of residence NR
City, village, or post office MONROE TOWNSHIP		State NJ	ZIP code 08831	Country UNITED STATES	School district name NR
Taxpayer's permanent home address (see instructions) (no. and street or rural route)				Apartment no.	City, village, or post office
				School district code number	
State	ZIP code	Country		Decedent information	Taxpayer's date of death
					Spouse's date of death

A Filing status
(mark an X in one box):

- ① Single
- ② Married filing joint return (enter both spouses' Social Security numbers above)
- ③ Married filing separate return (enter both spouses' Social Security numbers above)
- ④ Head of household (with qualifying person)
- ⑤ Qualifying surviving spouse

B Did you itemize your deductions on your 2022 federal income tax return? Yes No

C Can you be claimed as a dependent on another taxpayer's federal return? Yes No

D1 Did you have a financial account located in a foreign country? Yes No



D2 Yonkers part-year residents only:

(1) Did you receive a homeowner tax rebate credit? (see instructions) Yes No

(2) Enter the amount

E New York City part-year residents only

(1) Number of months **you** lived in NY City in 2022

(2) Number of months **your spouse** lived in NY City in 2022

F Enter your 2-character special condition code(s) if applicable

G New York State part-year residents

Enter the date you moved into or out of NYS (mmddyyyy)

On the last day of the tax year (mark an X in one box):

- 1) Lived in NYS
- 2) Lived outside NYS; received income from NYS sources during nonresident period
- 3) Lived outside NYS; received no income from NYS sources during nonresident period

H Did you or your spouse maintain living quarters in NYS in 2022? Yes No
(if Yes, complete Form IT-203-B)

I Dependent information

First name and middle initial	Last name	Relationship	Social Security number	Date of birth (mmddyyyy)
SIA	PATEL	DAUGHTER	132211424	12152013
PRAVIN	PATEL	PARENT	141965221	06041953
TARULATABEN	PATEL	PARENT	144966284	12271956
RIA	PATEL	DAUGHTER	801017372	02102020

If more than 6 dependents, mark an X in the box.



203001223555

For office use only

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM

Enter your Social Security number
144966283

Federal income and adjustments

Federal amount
Whole dollars only

New York State amount
Whole dollars only

Table with 3 columns: Line number, Federal amount, New York State amount. Rows include Wages, salaries, tips, etc. (1), Taxable interest income (2), Ordinary dividends (3), Taxable refunds, credits, or offsets of state and local income taxes (4), Alimony received (5), Business income or loss (6), Capital gain or loss (7), Other gains or losses (8), Taxable amount of IRA distributions (9), Taxable amount of pensions/annuities (10), Rental real estate, royalties, partnerships, S corporations, trusts, etc. (11), Rental real estate included in line 11 (12), Farm income or loss (13), Unemployment compensation (14), Taxable amount of Social Security benefits (15), Other income (16), Add lines 1 through 11 and 13 through 16 (17), Total federal adjustments to income (18), Federal adjusted gross income (19), and Recomputed federal adjusted gross income (19a).

New York additions

Table with 3 columns: Line number, Federal amount, New York State amount. Rows include Interest income on state and local bonds and obligations (20), Public employee 414(h) retirement contributions (21), Other (22), and Add lines 19a through 22 (23).

New York subtractions

Table with 3 columns: Line number, Federal amount, New York State amount. Rows include Taxable refunds, credits, or offsets of state and local income taxes (24), Pensions of NYS and local governments and the federal government (25), Taxable amount of Social Security benefits (26), Interest income on U.S. government bonds (27), Pension and annuity income exclusion (28), Other (29), Add lines 24 through 29 (30), and New York adjusted gross income (31).

32 Enter the amount from line 31, Federal amount column 182057.00

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM

203002223555



Standard deduction or itemized deduction

33 Enter your **standard deduction** or your **itemized deduction** (from Form IT-196).
Mark an **X** in the appropriate box: ... **Standard** – or – **Itemized**

33	16050.00
34 Subtract line 33 from line 32 (if line 33 is more than line 32, leave blank)	166007.00
35 Dependent exemptions (enter the number of dependents listed in Item I; see instructions)	4 000.00
36 New York taxable income (subtract line 35 from line 34)	162007.00

Tax computation, credits, and other taxes

37 New York taxable income (from line 36)	162007.00
38 New York State tax on line 37 amount	9745.00
39 New York State household credit	.00
40 Subtract line 39 from line 38 (if line 39 is more than line 38, leave blank)	9745.00
41 New York State child and dependent care credit	120.00
42 Subtract line 41 from line 40 (if line 41 is more than line 40, leave blank)	9625.00
43 New York State earned income credit	.00

44 Base tax (subtract line 43 from line 42; if line 43 is more than line 42, leave blank)	9625.00
---	---------

45 Income percentage	New York State amount from line 31	÷	Federal amount from line 31	=	Round result to 4 decimal places
	57060.00		182057.00		45 0.3134

46 Allocated New York State tax (multiply line 44 by the decimal on line 45)	3016.00
47 New York State nonrefundable credits (Form IT-203-ATT, line 8)	.00
48 Subtract line 47 from line 46 (if line 47 is more than line 46, leave blank)	3016.00
49 Net other New York State taxes (Form IT-203-ATT, line 33)	.00
50 Total New York State taxes (add lines 48 and 49)	3016.00

New York City and Yonkers taxes, credits, and surcharges, and MCTMT

51 Part-year New York City resident tax (Form IT-360.1)	51	.00	See instructions to compute New York City and Yonkers taxes, credits, and surcharges, and MCTMT.
52 Part-year resident nonrefundable New York City child and dependent care credit	52	.00	
52a Subtract line 52 from line 51	52a	.00	
52b MCTMT net earnings base	52b	.00	
52c MCTMT	52c	.00	
53 Yonkers nonresident earnings tax (Form Y-203)	53	.00	
54 Part-year Yonkers resident income tax surcharge (Form IT-360.1)	54	.00	
55 Total New York City and Yonkers taxes / surcharges and MCTMT (add lines 52a, and 52c through 54)	55	.00	
56 Sales or use tax (Do not leave blank.)	56	0.00	
57 Voluntary contributions (Form IT-227, Part 2, line 1)	57	.00	
58 Total New York State, New York City, Yonkers, and sales or use taxes, MCTMT, and voluntary contributions (add lines 50, 55, 56, and 57)	58	3016.00	

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM



Enter your Social Security number
144966283

59 Enter amount from line 58 **59** 3016 .00

Payments and refundable credits

60 Part-year NYC school tax credit (fixed amount) (also complete E on front)	60	.00	If applicable, complete Form(s) IT-2 and/or IT-1099-R and submit them with your return. Do not send federal Form W-2 with your return.
60a NYC school tax credit (rate reduction amount)	60a	.00	
61 Other refundable credits (Form IT-203-ATT, line 17)	61	.00	
62 Total New York State tax withheld	62	2661 .00	
63 Total New York City tax withheld	63	.00	
64 Total Yonkers tax withheld	64	.00	
65 Total estimated tax payments/amount paid with Form IT-370	65	.00	
66 Total payments and refundable credits (add lines 60 through 65)	66	2661 .00	

Your refund, amount you owe, and account information

67 Amount overpaid (if line 66 is more than line 59, subtract line 59 from line 66)	67	.00
68 Amount of line 67 available for refund (subtract line 69 from line 67)	68	.00
TIP: Use this amount to check your refund status online.		
68a Amount of line 68 that you want to deposit into a NYS 529 account (Form IT-195, line 4) (also submit Form IT-195)	68a	.00
68b Total refund after NYS 529 account deposit (subtract line 68a from line 68)	68b	.00

Mark one refund choice: direct deposit to checking or savings account (fill in line 73) - or - paper check

Refund? Direct deposit is the easiest, fastest way to get your refund.

See instructions for payment options.

See instructions for the proper assembly of your return.

69 Amount of line 67 that you want applied to your 2023 estimated tax (see instructions)	69	.00
70 Amount you owe (if line 66 is less than line 59, subtract line 66 from line 59). To pay by electronic funds withdrawal, mark an X in the box <input checked="" type="checkbox"/> and fill in lines 73 and 74. If you pay by check or money order you must complete Form IT-201-V and mail it with your return.	70	358 .00
71 Estimated tax penalty (include this amount on line 70, or reduce the overpayment on line 67)	71	3 .00
72 Other penalties and interest	72	.00

73 Account information for direct deposit or electronic funds withdrawal.
If the funds for your payment (or refund) would come from (or go to) an account outside the U.S., mark an **X** in this box

73a Account type: Personal checking - or - Personal savings - or - Business checking - or - Business savings

73b Routing number 031207607 73c Account number 8055710524

74 Electronic funds withdrawal Date 04182023 Amount 358 .00

Third-party designee? (see instr.) Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Print designee's name VRAJESH SHAH, CPA	Designee's phone number (848) 667 3670	Personal identification number (PIN)
	Email:		

▼ Paid preparer must complete ▼ (see instructions)	Preparer's NYTPRIN NYTPRIN excl. code 0 3
Preparer's signature VRAJESH SHAH, CPA	Preparer's printed name VRAJESH SHAH, CPA
Firm's name (or yours, if self-employed) DOLLAR TAXSAVERS LLC	Preparer's PTIN or SSN P02083726
Address 1197 MORNING GLORY DR MONROE TOWNSHIP NJ 08831	Employer identification number 842874012
Email: VSHAH@DOLLARTAXSAVERS.COM	Date 04102023

▼ Taxpayer(s) must sign here ▼	
Your signature	
Your occupation EMPLOYED	
Spouse's signature and occupation (if joint return) EMPLOYED	
Date	Daytime phone number ()
Email:	

See instructions for where to mail your return.

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM

203004223555





Department of Taxation and Finance

Claim for Child and Dependent Care Credit

New York State • New York City
Tax Law – Section 606(c)

IT-216

Submit this form with Form IT-201 or IT-203.

Name(s) as shown on return GAURAV P AND ARPITA PATEL	Your Social Security number 144966283
---	--

1 Have you already filed your New York State income tax return? Yes No
If Yes, you must file an amended New York State return and include Form IT-216 to claim this credit.

2 Persons or organizations who provided the care. (If you have more than two providers, see instructions.)

1st Care provider	A – Care provider name (first name, middle initial, and last name, or business name)	C – Identifying number (SSN or EIN)	D – Amount paid (see instr.)
	KIDS KOTTAGE LEARNING CENTER	02-0709123	3473.00
	B – Number and street City State ZIP code		
	659 ABBINGTON DR EAST WINDSOR NJ 08520		
2nd Care provider	A – Care provider name (first name, middle initial, and last name, or business name)	C – Identifying number (SSN or EIN)	D – Amount paid (see instr.)
			.00
	B – Number and street City State ZIP code		

3 Total number of qualifying persons you are claiming. **3** **1**
List in order from youngest to oldest. (If you are claiming more than five qualifying persons, see instructions.)

A	B	C	D	E	F		
First name	MI	Last name	Suffix	Qualified expenses paid	Person with disability (see instr.)	Social Security number	Date of birth (mmddyyyy)
RIA		PATEL		3473.00	<input type="checkbox"/>	801017372	02102020
				.00	<input type="checkbox"/>		
				.00	<input type="checkbox"/>		
				.00	<input type="checkbox"/>		
				.00	<input type="checkbox"/>		

Note: If you are claiming expenses paid for a dependent child, include only those qualified expenses paid through the day preceding the child's 13th birthday.

3a Total of line 3, column C amounts. Include amounts from additional sheet(s), if any **3a** 3473.00

3b Enter the amount from Worksheet 1, line 16, if applicable (see instr.) **3b** .00

4 Can you claim an exemption for all the qualified persons listed on line 3 and any additional sheet(s)? Yes No

5 Enter the **smallest** of:

- line 3a above; **or**
- line 3b above; **or**
- 3,000 if one qualifying person, 6,000 if two qualifying persons, 7,500 if three qualifying persons, 8,500 if four qualifying persons, or 9,000 if five or more qualifying persons

Whole dollars only

5	3000.00
6	78028.00

6 Enter your earned income (see instructions)

7 If your filing status is **2** Married filing joint return, enter your spouse's earned income;

all others, enter the amount from line 6 (see instructions)

7	98877.00
8	3000.00

8 Enter the smallest of line 5, 6, or 7

9 Enter the amount from Form IT-201, line 19a or IT-203,

line 19a, Federal amount column **9** 182057.00

10 Enter the decimal amount that applies to the amount on line 9 from the Table for line 10 in the instr. ...

10	.20
11	600.00

11 Multiply line 8 by the decimal amount on line 10 (enter here and on line 12 on page 2)

NO HANDWRITTEN ENTRIES ON THIS FORM

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12	Amount from line 11	12	600.00
13	Enter your New York adjusted gross income (Form IT-201 filers, line 33; Form IT-203 filers, line 32)		182057.00
	Use the <i>New York State child and dependent care credit limitation table</i> in the instructions to determine the decimal to be entered on this line	13	0.200
14	Multiply line 12 by the decimal amount on line 13. This is your New York State child and dependent care credit (<i>see instructions</i>)	14	120.00

Part-year New York State residents

15	Enter the amount from Form IT-203, line 40	15	.00
	If line 15 is equal to or more than line 14, stop. You do not have excess credit. If line 15 is less than line 14, continue on line 16 below.		
16	Subtract line 15 from line 14. This is your excess child and dependent care credit	16	.00
17	Enter the amount from Form IT-203-ATT, line 29 (<i>If you are not required to file Form IT-203-ATT, leave blank and continue on line 18 below.</i>)	17	.00
	If line 17 is equal to or more than line 16, stop. Do not continue with this worksheet. Enter the line 16 amount on Form IT-203-ATT, line 30. If line 17 is less than line 16, enter the line 16 amount on Form IT-203-ATT, line 30, and continue on line 18 below.		
18	Subtract line 17 from line 16. This is your remaining excess child and dependent care credit	18	.00
19	Amount from line 19, Column D, of <i>Part-year resident income allocation worksheet</i> , in Form IT-203-I – If you did not file Form IT-558, enter this amount (<i>see instructions</i>) – If you filed Form IT-558, add to or subtract from this amount any amounts on line 2 and line 4 of <i>Line 19a New York State amount column worksheet</i> , in Form IT-203-I (that is related to your NYS resident period), and enter the result. (<i>see instr.</i>)	19	.00
20	Enter the amount from Form IT-203, line 19a, <i>Federal amount</i> column	20	.00
21	Divide line 19 by line 20 (<i>round the result to the fourth decimal place</i>). This amount cannot exceed 100% (1.0000) (<i>see instructions</i>)	21	
22	Multiply line 18 by line 21. Enter the result here and on Form IT-203-ATT, line 9. This is the refundable portion of your New York State part-year resident child and dependent care credit.	22	.00

New York City child and dependent care credit

If you were a resident of New York City at any time during the tax year **and** your recomputed federal adjusted gross income is \$30,000 or less (*see Note under New York City credit* on page 1 of the instructions) **and** you listed a child under 4 years old as of December 31, on line 3, complete line 23 and see page 5 of the instructions.

23	Enter the portion of the total expenses from line 3a that was paid for children under 4 years old	23	.00
IT-201 filers:			
24	Refundable New York City child and dependent care credit (<i>from Worksheet 2, line 7 or line 13</i>)	24	.00
25	Add lines 14 and 24; also enter this amount on Form IT-201, line 64	25	.00
26	Part-year New York City resident nonrefundable New York City child and dependent care credit (<i>from Worksheet 2, line 8</i>); also enter this amount on Form IT-201-ATT, line 9a	26	.00

IT-203 filers:

27	Nonrefundable portion of your part-year New York City resident New York City child and dependent care credit (<i>from Worksheet 2, line 8</i>); also enter this amount on Form IT-203, line 52	27	.00
28	Refundable portion of your part-year New York City resident New York City child and dependent care credit (<i>from Worksheet 2, line 13</i>); also enter this amount on Form IT-203-ATT, line 9a	28	.00

Part-year New York City resident filers only:

29	Enter the amount from Worksheet 2, line 10	29	.00
30	Enter the amount from Worksheet 2, line 11	30	.00

NO HANDWRITTEN ENTRIES ON THIS FORM

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Department of Taxation and Finance

Underpayment of Estimated Tax By Individuals and Fiduciaries

New York State • New York City • Yonkers • MCTMT

IT-2105.9

Name(s) as shown on return GAURAV P AND ARPITA PATEL	Identification number (SSN or EIN) 144966283
---	---

Part 1 – All filers must complete this part (see instructions, Form IT-2105.9-I, for assistance)

1 Total tax from your 2022 return before withholding and estimated tax payments (<i>caution: see instructions</i>)	1	3016 .00
2 Empire State child credit (from Form IT-201, line 63)	2	.00
3 NYS/NYC child and dependent care credit (from Form IT-201, line 64)	3	.00
4 NY State earned income credit (EIC) (from Form IT-201, line 65)	4	.00
5 NY State noncustodial parent EIC (from Form IT-201, line 66)	5	.00
6 Real property tax credit (from Form IT-201, line 67)	6	.00
7 College tuition credit (from Form IT-201, line 68)	7	.00
7a Enter the total amount of STAR and homeowner tax rebate credits (see instructions)	7a	.00
8 NY City school tax credit (from Form IT-201, lines 69 and 69a, or Form IT-203, lines 60 and 60a) ..	8	.00
9 NY City earned income credit (from Form IT-201, line 70)	9	.00
9a This line intentionally left blank	9a	
10 Other refundable credits (from Form IT-201, line 71; Form IT-203, line 61; or Form IT-205, line 33)	10	.00
11 Add lines 2 through 10	11	.00
12 Current year tax (subtract line 11 from line 1)	12	3016 .00
13 Multiply line 12 by 90% (.90)	13	2714 .00
14 Income taxes withheld (from Form IT-201, lines 72, 73, and 74; Form IT-203, lines 62, 63, and 64; or Form IT-205, lines 34, 35, and 36)	14	2661 .00
15 Subtract line 14 from line 12. If the result is less than \$300, do not complete the rest of this form (see instructions)	15	355 .00
16 Enter your 2021 tax (<i>caution: see instructions</i>)	16	3230 .00
17 Enter the smaller of line 13 or line 16	17	2714 .00

Part 2 – Short method for computing the penalty – Complete lines 18 through 24 if you paid withholding tax and/or paid four equal estimated tax installments (on the due dates), or if you made no payments of estimated tax. Otherwise, you must complete *Part 3 – Regular method*.

18 Enter the amount from line 14 above	18	2661 .00
19 Enter the total amount of estimated tax payments you made (see instructions)	19	.00
20 Add lines 18 and 19	20	2661 .00
21 Total underpayment for year. Subtract line 20 from line 17 (if zero or less, you do not owe the penalty)	21	53 .00
22 Multiply line 21 by .05727 and enter the result	22	3 .00
23 If the amount on line 21 was paid on or after April 15, 2023, enter 0 . If the amount on line 21 was paid before April 15, 2023, make the following computation to find the amount to enter on this line: Amount on line 21 × number of days paid before April 15, 2023 × .00026 =	23	0 .00
24 Penalty. Subtract line 23 from line 22	24	3 .00

Part 3 – Regular method – Schedule A – Computing your underpayment (Schedule B is on the back)

Payment due dates	A 4/15/22	B 6/15/22	C 9/15/22	D 1/15/23
25 Required installments. Enter ¼ of line 17 in each column. (If you used the annualized income installment method, see instructions)..	25	.00	.00	.00
26 Estimated tax paid and tax withheld (see instructions)	26	.00	.00	.00
Complete lines 27 through 29, one column at a time, starting in column A.				
27 Overpayment or underpayment from prior period	27		.00	.00
28 If line 27 is an overpayment, add lines 26 and 27; if line 27 is an underpayment, subtract line 27 from line 26 (see instr.)	28	.00	.00	.00
29 Underpayment (subtract line 28 from line 25) or overpayment (subtract line 25 from line 28; see instructions)	29	.00	.00	.00

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Part 3 – Regular method – Schedule B – Computing the penalty

Payment due dates	A 4/15/22	B 6/15/22	C 9/15/22	D 1/15/23
30 Amount of underpayment (from line 29)00	.00	.00	.00
First installment penalty period (April 15 - June 15, 2022)				
31 April 15 - June 15 = (61 ÷ 365) × 7.5% = .01253 - or - April 15 - _____ = ([] ÷ 365) × 7.5% = []	31			
32 Multiply line 30, column A by line 31	32 .00			
Second installment penalty period (June 15 - September 15, 2022)				
33 June 15 - September 15 = (92 ÷ 365) × 7.5% = .01890 - or - June 15 - _____ = ([] ÷ 365) × 7.5% = []	33			
34 Multiply line 30, column B by line 33	34 .00			
Third installment penalty period (September 15, 2022 - January 15, 2023)				
35 September 15 - September 30 = (15 ÷ 365) × 7.5% = .00307 October 1 - December 31 = (92 ÷ 365) × 8.5% = .02142 January 1 - January 15 = (15 ÷ 365) × 9.5% = .00389 <u>.02838</u> Total				
- or - September 15 - _____ = ([] ÷ 365) × 7.5% = [] October 1 - _____ = ([] ÷ 365) × 8.5% = [] January 1 - _____ = ([] ÷ 365) × 9.5% = [] <u>[]</u> Total				
36 Multiply line 30, column C by line 35			36 .00	
Fourth installment penalty period (January 15 - April 15, 2023)				
37 January 15 - April 15 = (90 ÷ 365) × 9.5% = .02341 - or - January 15 - _____ = ([] ÷ 365) × 9.5% = []				37
38 Multiply line 30, column D by line 37				38 .00
39 Penalty. Add lines 32, 34, 36, and 38. Enter here and on Form IT-201, line 81; Form IT-203, line 71; or Form IT-205, line 42				39 .00





Department of Taxation and Finance

Summary of W-2 Statements

New York State • New York City • Yonkers

IT-2

Do not detach or separate the W-2 Records below. File Form IT-2 as an entire page with your return. See instructions on the back.

W-2 Record 1

Box a Employee's Social Security number for this W-2 Record

671403463

Box b Employer identification number (EIN)

980429806

Box c Employer's information

Employer's name TATA CONSULTANCY SERVICES LIMITED			
Employer's address (number and street) 379 THORNALL STREET			
City EDISON	State NJ	ZIP code 08837	Country

Box 1 Wages, tips, other compensation

98877.00

Box 8 Allocated tips

.00

Box 10 Dependent care benefits

.00

Box 11 Nonqualified plans

.00

Box 12a Amount

52.00

Code

C

Box 12b Amount

3145.00

Code

AA

Box 12c Amount

15445.00

Code

DD

Box 12d Amount

.00

Code

Box 14a Amount

169.00

Description

UI / WF / SWF

Box 14b Amount

147.00

Description

FLI

Box 14c Amount

147.00

Description

DI

Box 14d Amount

115.00

Description

TFB

Box 13 Statutory employee

Retirement plan

Third-party sick pay

Corrected (W-2c)

NY State information:

Box 15a NY State

NY

Box 16a NYS wages, tips, etc.

.00

Box 17a NYS income tax withheld

.00

Other state information:

Box 15b other state

NJ

Box 16b Other state wages, tips, etc.

105009.00

Box 17b Other state income tax withheld

4957.00

NYC and Yonkers information (see instr.):

Box 18 Local wages, tips, etc.

Locality a .00

Locality b .00

Box 19 Local income tax withheld

Locality a .00

Locality b .00

Box 20 Locality name

Locality a

Locality b

Do not detach.

W-2 Record 2

Box a Employee's Social Security number for this W-2 Record

144966283

Box b Employer identification number (EIN)

113411202

Box c Employer's information

Employer's name UNIQUE COMP INC			
Employer's address (number and street) 27-08 42ND RD			
City LONG ISLAND CITY	State NY	ZIP code 11101	Country

Box 1 Wages, tips, other compensation

57060.00

Box 8 Allocated tips

.00

Box 10 Dependent care benefits

.00

Box 11 Nonqualified plans

.00

Box 12a Amount

.00

Code

Box 12b Amount

.00

Code

Box 12c Amount

.00

Code

Box 12d Amount

.00

Code

Box 14a Amount

31.00

Description

NY SDI

Box 14b Amount

292.00

Description

NY FLI

Box 14c Amount

.00

Description

Box 14d Amount

.00

Description

Box 13 Statutory employee

Retirement plan

Third-party sick pay

Corrected (W-2c)

NY State information:

Box 15a NY State

NY

Box 16a NYS wages, tips, etc.

57060.00

Box 17a NYS income tax withheld

2661.00

Other state information:

Box 15b other state

Box 16b Other state wages, tips, etc.

.00

Box 17b Other state income tax withheld

.00

NYC and Yonkers information (see instr.):

Box 18 Local wages, tips, etc.

Locality a .00

Locality b .00

Box 19 Local income tax withheld

Locality a .00

Locality b .00

Box 20 Locality name

Locality a

Locality b

NO HANDWRITTEN ENTRIES ON THIS FORM

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Department of Taxation and Finance

Summary of W-2 Statements

New York State • New York City • Yonkers

IT-2

Do not detach or separate the W-2 Records below. File Form IT-2 as an entire page with your return. See instructions on the back.

W-2 Record 1

Box a Employee's Social Security number for this W-2 Record

144966283

Box b Employer identification number (EIN)

461724087

Box c Employer's information

Employer's name DIYA CARE INC			
Employer's address (number and street) 2015 LINCOLN HWY SUITE			
City EDISON	State NJ	ZIP code 08817	Country

Box 1 Wages, tips, other compensation

16261.00

Box 8 Allocated tips

.00

Box 10 Dependent care benefits

.00

Box 11 Nonqualified plans

.00

Box 12a Amount

.00

Code

Box 12b Amount

.00

Code

Box 12c Amount

.00

Code

Box 12d Amount

.00

Code

Box 14a Amount

69.00

Description

UI

Box 14b Amount

23.00

Description

DI

Box 14c Amount

23.00

Description

FLI

Box 14d Amount

.00

Description

Box 13 Statutory employee Retirement plan Third-party sick pay

Corrected (W-2c)

NY State information:

Box 15a NY State

N|Y

Box 16a NYS wages, tips, etc.

.00

Box 17a NYS income tax withheld

.00

Other state information:

Box 15b other state

N|J

Box 16b Other state wages, tips, etc.

16261.00

Box 17b Other state income tax withheld

254.00

NYC and Yonkers information (see instr.):

Box 18 Local wages, tips, etc.

Locality a .00

Locality b .00

Box 19 Local income tax withheld

Locality a .00

Locality b .00

Box 20 Locality name

Locality a

Locality b

Do not detach.

W-2 Record 2

Box a Employee's Social Security number for this W-2 Record

144966283

Box b Employer identification number (EIN)

815479535

Box c Employer's information

Employer's name PUBLIC PARTNERSHIPS FOR NJ HOUSE AGENT FOR PRAVIN PATEL			
Employer's address (number and street) 148 STREET 6TH FLOOR			
City BOSTON	State MA	ZIP code 02109	Country

Box 1 Wages, tips, other compensation

4706.00

Box 8 Allocated tips

.00

Box 10 Dependent care benefits

.00

Box 11 Nonqualified plans

.00

Box 12a Amount

.00

Code

Box 12b Amount

.00

Code

Box 12c Amount

.00

Code

Box 12d Amount

.00

Code

Box 14a Amount

7.00

Description

DI

Box 14b Amount

7.00

Description

FLI

Box 14c Amount

20.00

Description

UI / WF / SWF

Box 14d Amount

.00

Description

Box 13 Statutory employee Retirement plan Third-party sick pay

Corrected (W-2c)

NY State information:

Box 15a NY State

N|Y

Box 16a NYS wages, tips, etc.

.00

Box 17a NYS income tax withheld

.00

Other state information:

Box 15b other state

N|J

Box 16b Other state wages, tips, etc.

4706.00

Box 17b Other state income tax withheld

71.00

NYC and Yonkers information (see instr.):

Box 18 Local wages, tips, etc.

Locality a .00

Locality b .00

Box 19 Local income tax withheld

Locality a .00

Locality b .00

Box 20 Locality name

Locality a

Locality b

NO HANDWRITTEN ENTRIES ON THIS FORM

102001223555





Department of Taxation and Finance

Summary of W-2 Statements

New York State • New York City • Yonkers

IT-2

Do not detach or separate the W-2 Records below. File Form IT-2 as an entire page with your return. See instructions on the back.

W-2 Record 1

Box a Employee's Social Security number for this W-2 Record

144966283

Box b Employer identification number (EIN)

815479535

Box c Employer's information

Employer's name			
PUBLIC PARTNERSHIPS FOR NJ HOUSE AGENT FOR TARULATA PATEL			
Employer's address (number and street)			
148 STREET 6TH FLOOR			
City	State	ZIP code	Country
BOSTON	MA	02109	

Box 1 Wages, tips, other compensation

1.00

Box 8 Allocated tips

.00

Box 10 Dependent care benefits

.00

Box 11 Nonqualified plans

.00

Box 12a Amount

.00

Box 12b Amount

.00

Box 12c Amount

.00

Box 12d Amount

.00

Box 14a Amount

2.00 Description DI

Box 14b Amount

2.00 Description FLI

Box 14c Amount

6.00 Description UI/WF/SWF

Box 14d Amount

.00 Description

Box 13 Statutory employee Retirement plan Third-party sick pay

Corrected (W-2c)

NY State information:

Box 15a NY State N|Y

Box 16a NYS wages, tips, etc. .00

Box 17a NYS income tax withheld .00

Other state information:

Box 15b other state N|J

Box 16b Other state wages, tips, etc. 1525.00

Box 17b Other state income tax withheld 11.00

NYC and Yonkers information (see instr.):

Box 18 Local wages, tips, etc. Locality a .00 Locality b .00

Box 19 Local income tax withheld Locality a .00 Locality b .00

Box 20 Locality name

Do not detach.

W-2 Record 2

Box a Employee's Social Security number for this W-2 Record

Box b Employer identification number (EIN)

Box c Employer's information

Employer's name			
Employer's address (number and street)			
City	State	ZIP code	Country

Box 1 Wages, tips, other compensation

.00

Box 8 Allocated tips

.00

Box 10 Dependent care benefits

.00

Box 11 Nonqualified plans

.00

Box 12a Amount

.00

Box 12b Amount

.00

Box 12c Amount

.00

Box 12d Amount

.00

Box 14a Amount

.00 Description

Box 14b Amount

.00 Description

Box 14c Amount

.00 Description

Box 14d Amount

.00 Description

Box 13 Statutory employee Retirement plan Third-party sick pay

Corrected (W-2c)

NY State information:

Box 15a NY State N|Y

Box 16a NYS wages, tips, etc. .00

Box 17a NYS income tax withheld .00

Other state information:

Box 15b other state | |

Box 16b Other state wages, tips, etc. .00

Box 17b Other state income tax withheld .00

NYC and Yonkers information (see instr.):

Box 18 Local wages, tips, etc. Locality a .00 Locality b .00

Box 19 Local income tax withheld Locality a .00 Locality b .00

Box 20 Locality name

NO HANDWRITTEN ENTRIES ON THIS FORM

102001223555



**SCHEDULE E
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Supplemental Income and Loss

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

Attach to Form 1040, 1040-SR, 1040-NR, or 1041.
Go to www.irs.gov/ScheduleE for instructions and the latest information.

OMB No. 1545-0074

2022
Attachment
Sequence No. **13**

Name(s) shown on return

GAURAV P & ARPITA PATEL

Your social security number

144-96-6283

Part I Income or Loss From Rental Real Estate and Royalties

Note: If you are in the business of renting personal property, use **Schedule C**. See instructions. If you are an individual, report farm rental income or loss from **Form 4835** on page 2, line 40.

- A** Did you make any payments in 2022 that would require you to file Form(s) 1099? See instructions Yes No
B If "Yes," did you or will you file required Form(s) 1099? Yes No

1a Physical address of each property (street, city, state, ZIP code)

A 34 FILBERT DR CAMDEN WYOMING DE 19934

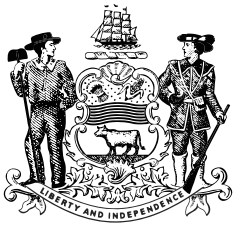
B
C

1b Type of Property (from list below)	2 For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions.	Fair Rental Days		Personal Use Days	QJV
		A	B	C	
A 1		365		0	<input type="checkbox"/>
B					<input type="checkbox"/>
C					<input type="checkbox"/>

Type of Property:

- 1 Single Family Residence 3 Vacation/Short-Term Rental 5 Land 7 Self-Rental
 2 Multi-Family Residence 4 Commercial 6 Royalties 8 Other (describe) _____

Income:	Properties:		
	A	B	C
3 Rents received	3 16,500.		
4 Royalties received	4		
Expenses:			
5 Advertising	5		
6 Auto and travel (see instructions)	6 1,087.		
7 Cleaning and maintenance	7 550.		
8 Commissions	8		
9 Insurance	9		
10 Legal and other professional fees	10 350.		
11 Management fees	11 1,400.		
12 Mortgage interest paid to banks, etc. (see instructions)	12		
13 Other interest	13		
14 Repairs	14 1,600.		
15 Supplies	15 170.		
16 Taxes	16 760.		
17 Utilities	17		
18 Depreciation expense or depletion	18 5,478.		
19 Other (list) _____	19		
20 Total expenses. Add lines 5 through 19	20 11,395.		
21 Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198	21 5,105.		
22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22 () () ()		
23a Total of all amounts reported on line 3 for all rental properties	23a 16,500.		
b Total of all amounts reported on line 4 for all royalty properties	23b		
c Total of all amounts reported on line 12 for all properties	23c		
d Total of all amounts reported on line 18 for all properties	23d 5,478.		
e Total of all amounts reported on line 20 for all properties	23e 11,395.		
24 Income. Add positive amounts shown on line 21. Do not include any losses	24		5,105.
25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here	25 ()		
26 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, 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	26		5,105.



DELAWARE 2022

DIVISION OF REVENUE FORM PIT-NON
DELAWARE INDIVIDUAL NON-RESIDENT INCOME TAX RETURN



For Fiscal Year beginning _____ and ending _____ Amended Return
Must include page 3

Your Taxpayer ID: 1 4 4 9 6 6 2 8 3 Spouse Taxpayer ID: 6 7 1 4 0 3 4 6 3

Filing Status (Must check one)

1. Single, Divorced, Widow(er) 3. Married & Filing Separate Forms

Your First Name: GAURAV M.I.: P Last Name: PATEL Suffix: Form PIT-UND: 2. Joint 5. Head of Household

Spouse First Name: ARPITA M.I.: Last Name: PATEL Suffix: Attached

Present Home Address (Number and Street): 17 MAXWELL ROAD Apartment #: Check if FULL-YEAR Non-Resident in 2022: X

City: MONROE TOWNSHIP State: NJ Zip Code: 08831 mm-dd-yyyy: mm-dd-yyyy:

SECTION A - INCOME AND ADJUSTMENTS FROM FEDERAL RETURN

	FEDERAL COLUMN A	DELAWARE SOURCE INCOME/LOSS COLUMN B
1. WAGES, SALARIES, TIPS, ETC.	176905.00	0.00
2. INTEREST	.00	.00
3. DIVIDENDS	47.00	0.00
4. STATE REFUNDS, CREDITS OR OFFSETS OF STATE & LOCAL INCOME TAXES	.00	.00
5. ALIMONY RECEIVED	.00	.00
6. BUSINESS INCOME OR (LOSS) (See instructions)	.00	.00
7a. CAPITAL GAIN OR (LOSS)	.00	.00
7b. OTHER GAINS OR (LOSSES)	.00	.00
8. IRA DISTRIBUTIONS	.00	.00
9. TAXABLE PENSIONS AND ANNUITIES	.00	.00
10. RENTS, ROYALTIES, PARTNERSHIPS, S CORPS, ESTATES, TRUSTS, ETC.	5105.00	5015.00
11. FARM INCOME OR (LOSS)	.00	.00
12. UNEMPLOYMENT COMPENSATION (INSURANCE)	.00	.00
13. TAXABLE SOCIAL SECURITY BENEFITS	.00	.00
14. OTHER INCOME (State nature and source)	.00	.00
15. TOTAL INCOME - Add Line 1 through Line 14	182057.00	5015.00
16. TOTAL FEDERAL ADJUSTMENTS (See instructions)	0.00	.00
17. FEDERAL ADJUSTED GROSS INCOME FOR DELAWARE PURPOSES Subtract Line 16 from Line 15	182057.00	5015.00

SECTION B - ADDITIONS

18. INTEREST RECEIVED ON OBLIGATIONS OF ANY STATE OTHER THAN DELAWARE	.00	.00
19. FIDUCIARY ADJUSTMENT, OIL DEPLETION	.00	.00
20. TOTAL - Add Line 18 to Line 19	.00	.00
21. Add Line 17 to Line 20	182057.00	5015.00

SECTION C - SUBTRACTIONS

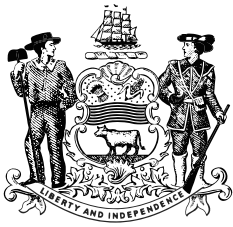
22. INTEREST RECEIVED ON U.S. OBLIGATIONS	.00	.00
23. PENSION/RETIREMENT EXCLUSIONS (For a definition of eligible income, see instructions)	.00	.00
24. DELAWARE STATE TAX REFUND	.00	.00
25. Fiduciary Adjustment, Work Opportunity Credit, Delaware NOL Carryforward, etc.	.00	.00
26a. Taxable Social Security Benefits/Railroad Retirement Benefits/Higher Education Exclusion	.00	.00
26b. 529 Contribution to Delaware-sponsored Tuition Program or ABLE Program	.00	.00
27. TOTAL Add Line 22 through Line 26b	.00	.00
28. Subtract Line 27 from Line 21	182057.00	5015.00
29. EXCLUSION FOR CERTAIN PERSONS 60 AND OVER OR DISABLED (See instructions)	.00	.00
30a. COLUMN B- Subtract Line 29 from Line 28. This is your modified Delaware Source Income. Enter on Page 2, Line 42, Box A	5015.00	5015.00

30b. COLUMN A - Subtract Line 29 from Line 28. This is your Delaware Adjusted Gross Income. Enter on Page 2, Line 37 and Line 42, Box B 182057.00

BALANCE DUE WITH PAYMENT ENCLOSED (LINE 59) MAIL COMPLETED FORM TO:
Delaware Division of Revenue
PO Box 508, Wilmington, DE 19899-0508
Make check payable to:
Delaware Division of Revenue
DFPITNON2022011555V1
Revision 20221209

REFUND (LINE 60) MAIL COMPLETED FORM TO:
Delaware Division of Revenue
PO Box 8710
Wilmington, DE 19899-8710

ALL OTHER RETURNS MAIL COMPLETED FORM TO:
Delaware Division of Revenue
PO Box 8711
Wilmington, DE 19899-8711



DELAWARE 2022

DIVISION OF REVENUE F O R M PIT-NON

DELAWARE INDIVIDUAL NON-RESIDENT INCOME TAX RETURN



SECTION D - DEDUCTIONS

31. ENTER TOTAL ITEMIZED DEDUCTIONS (If Filing Status 3, See instructions)	31.		10000	.00
32. ENTER FOREIGN TAXES PAID (See instructions)	32.			.00
33. ENTER CHARITABLE MILEAGE DEDUCTION (See instructions)	33.			.00
34. TOTAL - Add Line 31 through Line 33	34.		10000	.00
35. ENTER FORM PIT-CRS TAX CREDIT ADJUSTMENT (See instructions)	35.			.00
36. Subtract Line 35 from Line 34. Enter here and on Line 38.	36.		10000	.00

SECTION E - CALCULATIONS

37. DELAWARE ADJUSTED GROSS INCOME - Enter amount from Line 30b here	37.		182057	.00
38. If you elect the STANDARD DEDUCTION check here a. Filing Statuses 1, 3, & 5 enter \$3250; Filing Status 2 enter \$6500; If you elect the DELAWARE ITEMIZED DEDUCTIONS check here b. <input checked="" type="checkbox"/> Enter amount from Line 36.	38.		10000	.00
39. ADDITIONAL STANDARD DEDUCTIONS (Not Allowed with Itemized Deductions - See instructions) Check Box(es)- if SPOUSE was: 65 or over blind Check box(es) - if YOU were: 65 or over blind	39.			.00
40. TOTAL DEDUCTIONS - Add Line 38 to Line 39 and enter here	40.		10000	.00
41. TAXABLE INCOME - Subtract Line 40 from Line 37, and compute tax on this amount	41.		172057	.00
42. TAX LIABILITY COMPUTATION (See instructions)		PRORATION DECIMAL	Tax Liability from Tax Rate Table/ Schedule Amount	
A. Line 30a 5015 .00		(See instructions)		
B. Line 30b 182057 .00	=	0 . 0 2 7 5	X	10339 .00
43a. PERSONAL CREDITS If you are Filing Status 3, see instructions. Enter number of exemptions listed on Federal return 6 x \$110 = 660	43a.			18 .00
Multiply this amount by the proration decimal on Line 42 (x 0 . 0 2 7 5) and enter total here				
43b. CHECK BOX(ES) SPOUSE 60 or over (if filing status 2) SELF 60 or over Enter number of boxes checked on Line 43b x \$110 =	43b.			.00
Multiply this amount by the proration decimal on Line 42 (x) and enter total here				
44. TAX IMPOSED BY STATE OF Must attach copy of PIT-NNS and other state return - Part-Year Residents Only (See instructions)	44.			.00
45. OTHER NON-REFUNDABLE CREDITS (See instructions)	45.			.00
46. TOTAL NON-REFUNDABLE CREDITS - Add Line 43a through Line 45	46.		18	.00
47. BALANCE - Subtract Line 46 from Line 42. If Line 46 is greater than Line 42, enter 0.	47.		266	.00
48. DELAWARE TAX WITHHELD - (Attach W-2s/1099s)	48.			.00
49. ESTIMATED TAX PAID & PAYMENTS WITH EXTENSIONS	49.			.00
50. S CORP PAYMENTS (See instructions)	50.			.00
51. REFUNDABLE BUSINESS CREDITS (See instructions)	51.			.00
52. CAPITAL GAINS TAX PAYMENTS (Attach form REW-EST)	52.			.00
53. TOTAL REFUNDABLE CREDITS - Add Line 48 through Line 52	53.			.00
54. BALANCE DUE If Line 47 is greater than Line 53, Subtract Line 53 from Line 47 and enter here.	54.		266	.00
55. OVERPAYMENT If Line 53 is greater than Line 47, Subtract Line 47 from Line 53 and enter here.	55.			.00
56. CONTRIBUTIONS TO SPECIAL FUNDS (If electing a contribution, complete and attach PIT-NNS)	56.	TOTAL		.00
57. AMOUNT OF LINE 55 TO BE APPLIED TO 2023 ESTIMATED TAX ACCOUNT	57.	ENTER		.00
58. PENALTIES AND INTEREST DUE (If Line 54 is greater than \$800, see estimated tax instructions)	58.	ENTER		.00
59. NET BALANCE DUE - Add Line 54, Line 56, and Line 58	59.	PAY IN FULL	266	.00
60. NET REFUND - Subtract Lines 56, 57, and 58 from Line 55	60.	ZERO DUE/TO BE REFUNDED		.00

SECTION F - DIRECT DEPOSIT INFORMATION

If you would like your refund deposited directly to your checking or savings account, complete below. See instructions for details.

ACCOUNT TYPE	ROUTING NUMBER	ACCOUNT NUMBER
CHECKING		
SAVINGS		

Is this refund going to or through an account that is located outside of the United States?

YES NO

PLEASE REMEMBER TO ATTACH APPROPRIATE SUPPORTING SCHEDULES WHEN FILING YOUR RETURN

BE SURE TO SIGN YOUR RETURN BELOW AND KEEP A COPY FOR YOUR RECORDS

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and believe it is true, correct and complete.

YOUR SIGNATURE _____ DATE _____

SPOUSE SIGNATURE _____ DATE _____

HOME PHONE NUMBER _____ BUSINESS PHONE NUMBER _____

@ EMAIL ADDRESS _____

PAID PREPARER INFORMATION

VRAJESH SHAH, CPA 04/10/2023

PAID PREPARER SIGNATURE _____ DATE _____

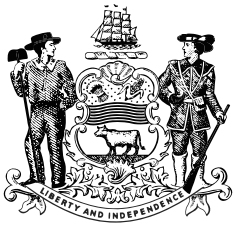
ADDRESS 1197 MORNING GLORY DR MONROE TOWNSHIP NJ
CITY STATE ZIP CODE

MONROE TOWNSHIP NJ 08831

EIN, SSN or PTIN 842874012 PHONE NO. 732-475-0666

@ EMAIL ADDRESS

VSHAH@DOLLARTAXSAVERS.COM



DELAWARE 2022

DIVISION OF REVENUE FORM

DELAWARE INDIVIDUAL NON-RESIDENT INCOME TAX RETURN



FOR AMENDED RETURNS ONLY

COLUMN B

61. TOTAL REFUNDABLE CREDITS - From Line 53	61.		.00
62. AMOUNT PAID ON ORIGINAL RETURN	62.		.00
63. SUBTOTAL - Add Lines 61 and 62	63.		.00
64. REFUND RECEIVED (If any, see instructions)	64.		.00
65. Estimated tax carryover and/or Special Funds contributions as shown on original return	65.		.00
66. Subtract Line 64 and Line 65 from Line 63	66.		.00
67. BALANCE DUE - If Line 47 is greater than Line 66, Subtract Line 66 from Line 47 and enter here	67.		.00
68. OVERPAYMENT - If Line 66 is greater than Line 47, Subtract Line 47 from Line 66 and enter here	68.		.00
69. AMOUNT OF LINE 68 TO BE APPLIED TO YOUR ESTIMATED TAX ACCOUNT (See Instructions)	69.		.00
70. PENALTIES AND INTEREST DUE	70.		.00
71. NET BALANCE DUE - Add Line 67 and Line 69 to Line 70	71.	PAY IN FULL	.00
72. NET REFUND - Subtract Line 69 and Line 70 from Line 68	72.	ZERO DUE/TO BE REFUNDED	.00

73. Is an amended Federal return being filed? **Yes** **No**

If no, please explain. If the changes pertain to the Delaware return only, list the line numbers being amended.

74. Has the Delaware Division of Revenue advised you your original return is being audited? **Yes** **No**

75. Is this amended return being filed as a protective claim? **Yes** **No**

A detailed explanation of all changes must be provided in this space. All supporting schedules and/or documentation must be attached.

**NET BALANCE DUE WITH
PAYMENT ENCLOSED (LINE 71)
MAIL COMPLETED FORM TO:**

Delaware Division of Revenue
PO Box 508, Wilmington, DE 19899-0508
Make check payable to: Delaware Division of Revenue

**NET REFUND (LINE 72)
MAIL COMPLETED FORM TO:**

Delaware Division of Revenue
PO Box 8710
Wilmington, DE 19899-8710

**ALL OTHER RETURNS
MAIL COMPLETED FORM TO:**

Delaware Division of Revenue
PO Box 8711
Wilmington, DE 19899-8711

PLEASE REMEMBER TO ATTACH APPROPRIATE SUPPORTING SCHEDULES WHEN FILING YOUR RETURN





DELAWARE 2022
 DIVISION OF REVENUE F O R M
 PIT-NSA
NON-RESIDENT SCHEDULE A - ITEMIZED DEDUCTIONS



NAME(S)

TAXPAYER ID

GAURAV P & ARPITA PATEL

1 4 4 9 6 6 2 8 3

MEDICAL AND DENTAL EXPENSES

- 1. Medical and dental expenses 5500 .00
- 2. Enter amount from **Federal Form 1040**, Line 11 182057 .00
- 3. **Multiply** Line 2 by 7.5% (0.075) 13654 .00
- 4. **Subtract** Line 3 from Line 1. If Line 3 is more than Line 1, enter 0. 0 .00
- 5. State and Local taxes

TAXES YOU PAID

- a. State and Local income taxes not claimed as a credit on Form PIT-NON (see instructions) 9263 .00
- b. State and Local general sales taxes (you may include either income taxes or sales taxes, but not both). If you elect to include general sales taxes instead of income taxes, check this box. .00
- c. State and Local real estate taxes 12012 .00
- d. State and Local personal property taxes 0 .00
- e. **Add** Line 5a through Line 5d 21275 .00
- f. Enter the smaller of Line 5e or \$10,000 (\$5,000 if married filing separately) 10000 .00
- 6. Other taxes. List type and amount: .00
- 7. **Add** Line 5f and Line 6 10000 .00

INTEREST YOU PAID

Caution:
 Your mortgage interest deduction may be limited.

- 8. Home mortgage interest and points. (If you didn't use all of your home mortgage loan(s) to buy, build, or improve your home, check this box.)
- a. Home mortgage interest and points reported to you on **Federal Form 1098** .00
- b. Home mortgage interest not reported to you on **Federal Form 1098** (If paid to the person from whom you bought the home, show that person's name, identifying no., and address.) .00

GIFTS TO CHARITY

If you made a gift and got a benefit for it, see **Federal Schedule A** instructions.

- c. Points not reported to you on **Federal Form 1098** .00
- d. Reserved for future use
- e. **Add** Line 8a through Line 8c .00
- 9. Investment interest. Attach **Federal Form 4952**. .00
- 10. **Add** Line 8e and Line 9 .00
- 11. Gifts by cash or check. If you made any gift of \$250 or more, see instructions. .00

CASUALTY AND THEFT LOSSES

- 12. Gifts other than by cash or check. If any gift of \$250 or more, see instructions. You **must** attach **Federal Form 8283** if over \$500. .00
- 13. Carryover from prior year .00
- 14. **Add** Line 11 through Line 13 .00

OTHER ITEMIZED DEDUCTIONS

- 15. Casualty and Theft Loss(es) from a Federally Declared Disaster (other than net qualified disaster losses). (Attach **Federal Form 4684** and enter the amount from Line 18 of **Federal Form 4684**.) .00
- Other deductions. See list in **Federal Schedule A** instructions. List type and amount:
- 16. 0 .00

TOTAL ITEMIZED DEDUCTIONS

- 17. **Add** Line 4, Line 7, Line 10, Line 14, Line 15, and Line 16. 10000 .00
- Enter amount from Line 17 on Form PIT-NON, Line 31 (see instructions)
- 18. If you elect to itemize deductions even though they are less than your standard deduction, check here.

Attach this form to your Delaware State tax return.

Filing Status [] Single [X] Married filing jointly [] Married filing separately (MFS) [] Head of household (HOH) [] Qualifying surviving spouse (QSS)
Check only one box. 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:

Personal information section including name (GAURAV P, ARPITA), social security numbers (144-96-6283, 671-40-3463), and home address (17 MAXWELL ROAD, MONROE TOWNSHIP, NJ 08831).

Digital Assets At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) [] Yes [X] No

Standard Deduction Someone can claim: [] You as a dependent [] Your spouse as a dependent [] Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness You: [] Were born before January 2, 1958 [] Are blind Spouse: [] Was born before January 2, 1958 [] Is blind

Table with 5 columns: (1) First name, Last name, (2) Social security number, (3) Relationship to you, (4) Check the box if qualifies for (see instructions). Lists dependents SIA, PRAVIN, TARULATABEN, and RIA PATEL.

Income section table with columns for line numbers (1a-1z) and amounts. Total amount from Form(s) W-2 is 176,905.

Table for tax-exempt interest (2a), qualified dividends (3a), IRA distributions (4a), pensions and annuities (5a), and social security benefits (6a).

Table for taxable interest (2b), ordinary dividends (3b), taxable amounts (4b, 5b, 6b), capital gain (7), other income (8), total income (9), adjusted gross income (11), standard deduction (12), and taxable income (15).

Table with columns for line numbers (16-24), descriptions (Tax and Credits), and amounts. Total tax is 19,842.

Table for Payments (lines 25-33). Includes federal income tax withheld (13,249) and total payments (13,249).

Table for Refund (lines 34-36). Includes amount overpaid (0) and amount applied to 2023 estimated tax (0).

Table for Amount You Owe (lines 37-38). Total amount owed is 6,593.

Third Party Designee section with fields for name (VRAJESH SHAH, CPA), phone number, and PIN (14291).

Sign Here section with signature lines for preparer and spouse, including occupation and date fields.

Paid Preparer Use Only section with fields for preparer name, signature, date, PTIN, and firm information.

**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

2022

Attachment
Sequence No. **01**

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

GAURAV P & ARPITA PATEL

Your social security number

144-96-6283

Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes	1	0.
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 Schedule E	5	5,105.
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation	7	
8	Other income:		
a	Net operating loss	8a	()
b	Gambling	8b	
c	Cancellation of debt	8c	
d	Foreign earned income exclusion from Form 2555	8d	()
e	Income from Form 8853	8e	
f	Income from Form 8889	8f	
g	Alaska Permanent Fund dividends	8g	
h	Jury duty pay	8h	
i	Prizes and awards	8i	
j	Activity not engaged in for profit income	8j	
k	Stock options	8k	
l	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	8l	
m	Olympic and Paralympic medals and USOC prize money (see instructions)	8m	
n	Section 951(a) inclusion (see instructions)	8n	
o	Section 951A(a) inclusion (see instructions)	8o	
p	Section 461(l) excess business loss adjustment	8p	
q	Taxable distributions from an ABLÉ 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	8s	()
t	Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan	8t	
u	Wages earned while incarcerated	8u	
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. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8	10	5,105.

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

Schedule 1 (Form 1040) 2022

Part II Adjustments to Income

11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-basis government 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	
18	Penalty on early withdrawal of savings		18	
19a	Alimony paid		19a	
b	Recipient's SSN			
c	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:			
a	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		
c	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		
e	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		
h	Attorney fees and court costs for actions involving certain unlawful 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		
j	Housing deduction from Form 2555	24j		
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)	24k		
z	Other adjustments. List type and amount: _____	24z		
25	Total other adjustments. Add lines 24a through 24z		25	
26	Add lines 11 through 23 and 25. These are your adjustments to income . Enter here and on Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a		26	

**SCHEDULE 3
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Additional Credits and Payments

Attach to Form 1040, 1040-SR, or 1040-NR.
Go to www.irs.gov/Form1040 for instructions and the latest information.

OMB No. 1545-0074

2022
Attachment
Sequence No. **03**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR
GAURAV P & ARPITA PATEL

Your social security number
144-96-6283

Part I Nonrefundable Credits

1	Foreign tax credit. Attach Form 1116 if required	1	
2	Credit for child and dependent care expenses from Form 2441, line 11. Attach Form 2441	2	600.
3	Education credits from Form 8863, line 19	3	
4	Retirement savings contributions credit. Attach Form 8880	4	
5	Residential energy credits. Attach Form 5695	5	
6	Other nonrefundable credits:		
a	General business credit. Attach Form 3800	6a	
b	Credit for prior year minimum tax. Attach Form 8801	6b	
c	Adoption credit. Attach Form 8839	6c	
d	Credit for the elderly or disabled. Attach Schedule R	6d	
e	Alternative motor vehicle credit. Attach Form 8910	6e	
f	Qualified plug-in motor vehicle credit. Attach Form 8936	6f	
g	Mortgage interest credit. Attach Form 8396	6g	
h	District of Columbia first-time homebuyer credit. Attach Form 8859	6h	
i	Qualified electric vehicle credit. Attach Form 8834	6i	
j	Alternative fuel vehicle refueling property credit. Attach Form 8911	6j	
k	Credit to holders of tax credit bonds. Attach Form 8912	6k	
l	Amount on Form 8978, line 14. See instructions	6l	
z	Other nonrefundable credits. List type and amount: _____ _____	6z	
7	Total other nonrefundable credits. Add lines 6a through 6z	7	
8	Add lines 1 through 5 and 7. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 20	8	600.

(continued on page 2)

Part II Other Payments and Refundable Credits

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

**SCHEDULE E
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Supplemental Income and Loss

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

Attach to Form 1040, 1040-SR, 1040-NR, or 1041.
Go to www.irs.gov/ScheduleE for instructions and the latest information.

OMB No. 1545-0074

2022
Attachment
Sequence No. **13**

Name(s) shown on return

GAURAV P & ARPITA PATEL

Your social security number

144-96-6283

Part I Income or Loss From Rental Real Estate and Royalties

Note: If you are in the business of renting personal property, use **Schedule C**. See instructions. If you are an individual, report farm rental income or loss from **Form 4835** on page 2, line 40.

- A** Did you make any payments in 2022 that would require you to file Form(s) 1099? See instructions Yes No
B If "Yes," did you or will you file required Form(s) 1099? Yes No

1a Physical address of each property (street, city, state, ZIP code)

A 34 FILBERT DR CAMDEN WYOMING DE 19934

B
C

1b Type of Property (from list below)	2 For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions.	Fair Rental Days		Personal Use Days	QJV
		A	B	C	
A 1		365		0	<input type="checkbox"/>
B					<input type="checkbox"/>
C					<input type="checkbox"/>

Type of Property:

- 1 Single Family Residence 3 Vacation/Short-Term Rental 5 Land 7 Self-Rental
 2 Multi-Family Residence 4 Commercial 6 Royalties 8 Other (describe) _____

Income:	Properties:		
	A	B	C
3 Rents received	3 16,500.		
4 Royalties received	4		
Expenses:			
5 Advertising	5		
6 Auto and travel (see instructions)	6 1,087.		
7 Cleaning and maintenance	7 550.		
8 Commissions	8		
9 Insurance	9		
10 Legal and other professional fees	10 350.		
11 Management fees	11 1,400.		
12 Mortgage interest paid to banks, etc. (see instructions)	12		
13 Other interest	13		
14 Repairs	14 1,600.		
15 Supplies	15 170.		
16 Taxes	16 760.		
17 Utilities	17		
18 Depreciation expense or depletion	18 5,478.		
19 Other (list) _____	19		
20 Total expenses. Add lines 5 through 19	20 11,395.		
21 Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198	21 5,105.		
22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22 () () ()		
23a Total of all amounts reported on line 3 for all rental properties	23a 16,500.		
b Total of all amounts reported on line 4 for all royalty properties	23b		
c Total of all amounts reported on line 12 for all properties	23c		
d Total of all amounts reported on line 18 for all properties	23d 5,478.		
e Total of all amounts reported on line 20 for all properties	23e 11,395.		
24 Income. Add positive amounts shown on line 21. Do not include any losses	24		5,105.
25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here	25 ()		
26 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, 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	26		5,105.

Child and Dependent Care Expenses

Department of the Treasury Internal Revenue Service

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

2022 Attachment Sequence No. 21

Go to www.irs.gov/Form2441 for instructions and the latest information.

Name(s) shown on return

Your social security number

GAURAV P & ARPITA PATEL

144-96-6283

A You can't claim a credit for child and dependent care expenses if your filing status is married filing separately unless you meet the requirements listed in the instructions under Married Persons Filing Separately. If you meet these requirements, check this box . . . []

B If you or your spouse was a student or was disabled during 2022 and you're entering deemed income of \$250 or \$500 a month on Form 2441 based on the income rules listed in the instructions under If You or Your Spouse Was a Student or Disabled, check this box . . . []

Part I Persons or Organizations Who Provided the Care—You must complete this part.

If you have more than three care providers, see the instructions and check this box []

Table with 5 columns: (a) Care provider's name, (b) Address, (c) Identifying number, (d) Was the care provider your household employee in 2022?, (e) Amount paid. Row 1: KIDS KOTTAGE LEARNING CENTER, 659 ABBINGTON DR EAST WINDSOR NJ 08520, 02-0709123, [] Yes [X] No, 3,473.

Did you receive dependent care benefits? [] No Complete only Part II below. [] Yes Complete Part III on page 2 next.

Caution: If the care provider is your household employee, you may owe employment taxes. For details, see the Instructions for Schedule H (Form 1040). If you incurred care expenses in 2022 but didn't pay them until 2023, or if you prepaid in 2022 for care to be provided in 2023, don't include these expenses in column (d) of line 2 for 2022. See the instructions.

Part II Credit for Child and Dependent Care Expenses

2 Information about your qualifying person(s). If you have more than three qualifying persons, see the instructions and check this box []

Table with 4 columns: (a) Qualifying person's name (First/Last), (b) Qualifying person's social security number, (c) Check here if the qualifying person was over age 12 and was disabled, (d) Qualified expenses. Row 1: RIA, PATEL, 801-01-7372, [], 3,473.

3 Add the amounts in column (d) of line 2. Don't enter more than \$3,000 if you had one qualifying person or \$6,000 if you had two or more persons. If you completed Part III, enter the amount from line 31 [3] 3,000.

4 Enter your earned income. See instructions [4] 78,028.

5 If married filing jointly, enter your spouse's earned income (if you or your spouse was a student or was disabled, see the instructions); all others, enter the amount from line 4 [5] 98,877.

6 Enter the smallest of line 3, 4, or 5 [6] 3,000.

7 Enter the amount from Form 1040, 1040-SR, or 1040-NR, line 11 [7] 182,057.

8 Enter on line 8 the decimal amount shown below that applies to the amount on line 7.

Table for line 8 with columns: If line 7 is: Over, But not over, Decimal amount is. Rows for ranges from \$0-15,000 to \$37,000-39,000 and 43,000-No limit.

9a Multiply line 6 by the decimal amount on line 8 [9a] 600.

b If you paid 2021 expenses in 2022, complete Worksheet A in the instructions. Enter the amount from line 13 of the worksheet here. Otherwise, enter -0- on line 9b and go to line 9c [9b] 0.

c Add lines 9a and 9b and enter the result [9c] 600.

10 Tax liability limit. Enter the amount from the Credit Limit Worksheet in the instructions [10] 25,442.

11 Credit for child and dependent care expenses. Enter the smaller of line 9c or line 10 here and on Schedule 3 (Form 1040), line 2 [11] 600.