Electronic Filing Instructions for your 2022 Federal Tax Return Important: Your taxes are not finished until all required steps are completed.



Harshil S Patel 204 10th St, Apt. 419 Jersey City, NJ 07302-7416

Balance Due/ Refund	Your federal tax return (Form 1 amount of \$1,239.00. Your tax r your account. The account infor 237039459424 Routing Transit Nu	efund will be mation you en	direct deposited into tered - Account Number:							
When Will You Get Your Refund?	The IRS issued more than 9 out than 21 days last year. The sam get your estimated refund date www.turbotax.com. If you do not or the amount you get is not wh Revenue Service directly at 1-8 www.irs.gov and select the "Whe	e results are from TurboTax receive your at you expect 00-829-4477.	expected in 2023. To , log into My TurboTax at refund within 21 days, ed, contact the Internal You can also check							
What You Need to Keep	Your Electronic Filing Instruct A copy of your federal return	Your Electronic Filing Instructions (this form) A copy of your federal return								
2022 Federal Tax Return Summary	Adjusted Gross Income Taxable Income Total Tax Total Payments/Credits Amount to be Refunded Effective Tax Rate	\$ \$ \$ \$ \$	79,910.00 66,960.00 10,348.00 11,587.00 1,239.00 12.95%							



Hi Harshil,

We just want to thank you for using TurboTax this year! It's our goal to make your taxes easy and accurate, year after year.

With TurboTax Premium:

Your Head Start On Next Year:

When you come back next year, taxes will be so easy! All your information will be saved and ready to transfer in to your new return. We'll ask you questions about what changed since we last talked, and we'll be ready to get you the credits and deductions you deserve, no matter what life throws at you.

Here's the final wrap up for your 2022 taxes:

Your federal refund is: \$ 1,239.00

Your Guarantee of Accuracy:

Breathe easy. The calculations on your return are backed with our 100% Accuracy Guarantee.

- We double checked your return for errors along the way.
- We helped with step-by-step guidance to get your answers on the right IRS forms.
- We asked you specific questions related to your business and found all the related deductions.
- We made sure you didn't miss a deduction even if something in your life changed, like a new job, new house or more kids!

Also included:

- We provide the Audit Support Center free of charge, in the unlikely event you get audited.

Many happy returns from TurboTax.

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

OMB No. 1545-0074

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

Filing Status Check only one box.		Single Married filing jointly uchecked the MFS box, enter the name		ed filing separately (N					spou	se (QSS)	
one box.		on is a child but not your dependent		our spouse. It you c	IIECKE		QOO DOX, EITE	lile Ci	iliu 5	name ii tiit	= qualifying
Your first name	and mi	ddle initial	Last na	me				You	ur soc	cial security	number
Harshil	S		Pate	:1				74	6-6	51-5060)
If joint return, s	pouse's	first name and middle initial	Last na					_			urity number
Home address	(numbe	er and street). If you have a P.O. box, see	instructio	ons.			Apt. no.	Pre	sider	tial Electio	n Campaign
204 10th	ı St						419			ere if you, o	
City, town, or p	ost offic	ce. If you have a foreign address, also co	mplete s _l	paces below.	Stat	е	ZIP code			this fund. C	tly, want \$3 Checking a
Jersey (City				NJ		073027416	bo	x belo	w will not o	•
Foreign country	y name		F	Foreign province/state/	county	/	Foreign postal co	de you	ır tax	or refund.	
										You	Spouse
Digital Assets		ny time during 2022, did you: (a) reco ange, gift, or otherwise dispose of a								☐ Yes	⊠ No
Standard	Som	eone can claim:	pendent	t	e as a	a dependent					
Deduction		Spouse itemizes on a separate retur	n or you	were a dual-status	alien						
Age/Blindness	You:	Were born before January 2, 1	958 [Are blind Spo	use:	☐ Was bor	n before Janua	•		☐ Is blir	
Dependents	s (see	instructions):		(2) Social security	·	(3) Relationsh	ip (4) Check the	e box if	qualifi	es for (see i	instructions):
If more	(1) Fi	rst name Last name		number		to you	Child ta	x credit	(Credit for oth	er dependents
than four											
dependents, see instruction	s ——										
and check	, —										
here]									<u>L</u>	
Income	1a	Total amount from Form(s) W-2, b	,	,					1a	8	0,269.
Attach Form(s)	b	Household employee wages not re							1b		
W-2 here. Also	С.	Tip income not reported on line 1a (see instructions)							1c		
attach Forms	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)						•	1d		
W-2G and 1099-R if tax	e	Taxable dependent care benefits f		*					1e	+	
was withheld.	f	Employer-provided adoption bene							1f	+	
If you did not get a Form	g	Wages from Form 8919, line 6.							1g	+	0.
W-2, see	h :	Other earned income (see instruct	,					•	1h		
instructions.	i -	Nontaxable combat pay election (s	see mstr	uctions)		<u>1i</u>			4-	Q	0,269.
Attach Sch. B	z 2a	Add lines 1a through 1h Tax-exempt interest	2a	0.	h Ta	xable interes	· · · · ·	•	1z 2b	+ 0	0.
if required.	3a	· -	3a	46.		rdinary divide		•	3b	+	47.
	4a		4a	10.			t	•	4b	+	
Standard	5a		5a				t	•	5b		
Deduction for—	6a		6a				t	•	6b	+	
Single or Married filing	С	If you elect to use the lump-sum e	_	method, check here				$\dot{\Box}$	0.5		
separately,	7	Capital gain or (loss). Attach Sche		· ·	•	,		П	7		-406.
\$12,950 Married filing	8	Other income from Schedule 1, lin			,			_	8		
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7							9	7	9,910.
surviving spouse,	10	Adjustments to income from Sche		•					10	T .	
\$25,900 • Head of	11	Subtract line 10 from line 9. This is	your ac						11	7	9,910.
household, \$19,400	12	Standard deduction or itemized	-	-					12		2,950.
If you checked	13	Qualified business income deduct				5-A			13		0.
any box under Standard	14	Add lines 12 and 13							14	1	2,950.
Deduction, see instructions.	15	Subtract line 14 from line 11. If zero or less, enter -0 This is your taxable income							15		6,960.

Form 1040 (2022	2)								Pag	ge 2
Tax and	16	Tax (see instructions). Check	if any from Form	ı(s): 1 881	4 2 🗌 4972	3 🗌		16	10,348	₹.
Credits	17	Amount from Schedule 2, lin	ie3					17		
	18	Add lines 16 and 17						18	10,348	3.
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812			19		
	20	Amount from Schedule 3, lin	ie 8					20		
	21	Add lines 19 and 20						21		
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	10,348	3.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21 .			23	().
	24	Add lines 22 and 23. This is	your total tax					24	10,348	3.
Payments	25	Federal income tax withheld	from:							
	а	Form(s) W-2				25 a 11	1,587.			
	b	Form(s) 1099				25b	0.			
	С	Other forms (see instructions	s)			25c				
	d	Add lines 25a through 25c						25d	11,587	7
If you have a	26	2022 estimated tax payment	ts and amount a	pplied from 20	121 return	.,		26		
qualifying child,	27	Earned income credit (EIC)			No .	27				
attach Sch. EIC.	28	Additional child tax credit from	n Schedule 8812	2		28				
	29	American opportunity credit	from Form 8863	3, line 8		29				
	30	Reserved for future use .				30				
	31	Amount from Schedule 3, lin	ie 15			31				
	32	Add lines 27, 28, 29, and 31	. These are your	total other pa	ayments and ref	undable credits		32		
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments				33	11,587	
Refund	34	If line 33 is more than line 24	l, subtract line 2	4 from line 33.	This is the amou	nt you overpaid		34	1,239	
	35a	Amount of line 34 you want			is attached, che	ck here	. 🗆	35a	1,239	}
Direct deposit?	b	Routing number 0 5 3				Checking	Savings			
See instructions.	d	Account number 2 3 7	0 3 9 4	5 9 4 2	2 4					
	36	Amount of line 34 you want a	applied to your	2023 estimate	ed tax	36				
Amount	37	Subtract line 33 from line 24		•						
You Owe		For details on how to pay, g	_			1 1		37		
	38	Estimated tax penalty (see in				38				
Third Party		you want to allow another	•						₩.	
Designee		structions		Phone			omplete I		× No	
	nar	3		no.			onal identi ber (PIN)	lication		
Sign	Un	der penalties of perjury, I declare t	hat I have examine	ed this return and	d accompanying sch	nedules and stateme	ents, and to	the bes	t of my knowledge	and
Here		ief, they are true, correct, and com								
пеге	Yo	ur signature		Date	Your occupation				nt you an Identity	
								ection Pl	N, enter it here	$\overline{}$
Joint return? See instructions.		avec's signature. If a joint values to	a a the manual airm	Dete	Project E: Spouse's occupat				***************************************	Ш
Keep a copy for	Sp	ouse's signature. If a joint return, I	oth must sign.	Date	Spouse's occupa	lion			nt your spouse an ection PIN, enter it	here
your records.							(see	inst.)		
	Ph	one no. (919)527-826	1	Email address						
Doid	Pre	eparer's name	Preparer's signat	ture		Date	PTIN		Check if:	
Paid									Self-employe	∌d
Preparer	Fin	m's name Self-Pre	epared				Phoi	ne no.		
Use Only	Fir	m's address					Firm	's EIN		
Go to www.irs.go	ov/Forn	n1040 for instructions and the late	st information.		BAA	REV 02/24/23 TTO			Form 1040 (2	2022)

SCHEDULE D (Form 1040)

Department of the Treasury

Internal Revenue Service

Capital Gains and Losses

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

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

OMB No. 1545-0074

2022

Attachment Sequence No. **12**

	rshil S Patel			ı	-61-	5060
	you dispose of any investment(s) in a qualified opportunity			_		
	es," attach Form 8949 and see its instructions for additiona					
Pa	Short-Term Capital Gains and Losses – Ge	nerally Assets I	Held One Year (or Less (se	e ins	tructions)
lines This	instructions for how to figure the amounts to enter on the below. form may be easier to complete if you round off cents to e dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	Adjustmer to gain or loss Form(s) 8949,	s from Part I,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result
				line 2, colum	iri (g)	with column (g)
1a 	Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b.					
1b	Totals for all transactions reported on Form(s) 8949 with Box A checked	1,755.	2,149.			-394.
2	Totals for all transactions reported on Form(s) 8949 with Box B checked					
3	Totals for all transactions reported on Form(s) 8949 with Box C checked					
4	Short-term gain from Form 6252 and short-term gain or (le				4	
5	Net short-term gain or (loss) from partnerships, Schedule(s) K-1	•		rusts from	5	
6	Short-term capital loss carryover. Enter the amount, if an Worksheet in the instructions	y, from line 8 of y	our Capital Loss	Carryover	6	(
7	Net short-term capital gain or (loss). Combine lines 1a term capital gains or losses, go to Part II below. Otherwise				7	-394.
Pai	t II Long-Term Capital Gains and Losses—Ger	nerally Assets H	leld More Than	One Year	(see i	nstructions)
lines This	instructions for how to figure the amounts to enter on the below. form may be easier to complete if you round off cents to e dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustmer to gain or loss Form(s) 8949, line 2, colum	s from Part II,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a	Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b.					
8b	Totals for all transactions reported on Form(s) 8949 with Box D checked	203.	215.		0.	-12.
9	Totals for all transactions reported on Form(s) 8949 with Box E checked					
10	Totals for all transactions reported on Form(s) 8949 with Box F checked					
11	Gain from Form 4797, Part I; long-term gain from Forms from Forms 4684, 6781, and 8824				11	
	Net long-term gain or (loss) from partnerships, S corporat				12	
13	1 3				13	
					14	(
15	Net long-term capital gain or (loss). Combine lines 8a	through 14 in co	lumn (h). Then, go	o to Part III		

BAA

Schedule D (Form 1040) 2022 Page 2

Part III **Summary** 16 Combine lines 7 and 15 and enter the result 16 -406. • If line 16 is a gain, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below. • If line 16 is a loss, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete • If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22. 17 Are lines 15 and 16 both gains? ☐ **Yes.** Go to line 18. No. Skip lines 18 through 21, and go to line 22. 18 If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet 18 19 If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet . 19 20 Are lines 18 and 19 both zero or blank and you are not filing Form 4952? ☐ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. Don't complete lines 21 and 22 below. and 22 below. If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of: 21 • The loss on line 16; or 406.) 21 • (\$3,000), or if married filing separately, (\$1,500) Note: When figuring which amount is smaller, treat both amounts as positive numbers. Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a? 22 X Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.

8949

Sales and Other Dispositions of Capital Assets

Go to www.irs.gov/Form8949 for instructions and the latest information. File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D. OMB No. 1545-0074 Attachment Sequence No. 12A

Name(s) shown on return Harshil S Patel

Department of the Treasury

Internal Revenue Service

Social security number or taxpayer identification number

746-61-5060

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part I Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.

Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box A. B. or C below. Check only one box. If more than one box applies for your short-term transactions. complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

(A) Short-term transactions(B) Short-term transactions(C) Short-term transactions	reported on	Form(s) 1099	9-B showing bas			•	e)
1 (a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis See the Note below and see <i>Column</i> (e) in the separate instructions.	Adjustment, i If you enter an enter a co See the sep	(h) Gain or (loss) Subtract column (e) from column (d) and	
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)		(f) Code(s) from instructions	(g) Amount of adjustment	combine the result with column (g).
M51474118 GILAT SATELLITE NETWORKS LTD. ORDINARY SHARES 20.00000000000000000000000000000000000	VARIOUS	01/19/22	156.	399.			-243.
META 08/05/2022 CALL \$162.50 1.000000000000000000	07/29/22	08/01/22	139.	186.			-47.
023135106 AMAZON.COM, INC. COMMON STOCK 9.9742400000000000	05/16/22	08/03/22	1,395.	1,115.			280.
AAPL 08/05/2022 CALL \$167.50 1.00000000000000000	07/29/22	08/03/22	65.	55.			10.
TSLA 08/05/2022 CALL \$1,000.00 1.00000000000000000	08/01/22	08/05/22	0.	394.			-394.
2 Totals. Add the amounts in columns negative amounts). Enter each total Schedule D, line 1b (if Box A above above is checked), or line 3 (if Box 6).	al here and inc is checked), lir	lude on your ne 2 (if Box B	1.755.	2.149.			-394.

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

Form 8949 (2022) Attachment Sequence No. **12A** Page **2**

 $\label{lem:name} \mbox{Name}(\mbox{s}) \mbox{ shown on return. Name and SSN or taxpayer identification no. not required if shown on other side \\ \mbox{Harshil S Patel}$

Social security number or taxpayer identification number 746-61-5060

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part II

Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You *must* check Box D, E, *or* F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

				-							
☑ (D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)											
(E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS											
(F) Long-term transactions	☐ (F) Long-term transactions not reported to you on Form 1099-B										
_					Adjustment, if any, to gain or loss						

(F) Long-term transactions	not reported	to you on it	JIII 1033-D				
(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis See the Note below and see <i>Column</i> (e) in the separate	If you enter an enter a c	f any, to gain or loss amount in column (g), ode in column (f). parate instructions.	(h) Gain or (loss) Subtract column (e) from column (d) and
		(Mo., day, yr.)	(see instructions)	instructions.	Code(s) from instructions	(g) Amount of adjustment	combine the result with column (g).
_247361702 DELTA AIR LINES, INC. 5.000000000000000000	12/07/20	01/18/22	199.	211.			-12.
	07/22/20	08/03/22	4.	4.	W	0.	0.
2 Totals. Add the amounts in columns negative amounts). Enter each total Schedule D, line 8b (if Box D above	al here and inc e is checked), lir	lude on your ne 9 (if Box E		0.1.5			10
above is checked), or line 10 (if Box	r above is chec	кеа)	203.	215.		0.	-12.

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column* (g) in the separate instructions for how to figure the amount of the adjustment.

Form **8995**

Department of the Treasury

Internal Revenue Service

Qualified Business Income Deduction Simplified Computation

Attach to your tax return.

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

OMB No. 1545-2294

2022

Attachment Sequence No. **55**

Name(s) shown on return	our taxpayer identification number
Harshil S Patel 7	746-61-5060

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.

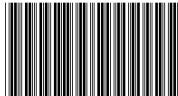
1	(a) Trade, business, or aggregation name	(b) Taxpayer identification number		Qualified business income or (loss)
i				
ii				
iii				
iv				
v				
2	Total qualified business income or (loss). Combine lines 1i through 1v, column (c)	2		
3	Qualified business net (loss) carryforward from the prior year	3 ()		
4 5	Total qualified business income. Combine lines 2 and 3. If zero or less, enter -0-Qualified business income component. Multiply line 4 by 20% (0.20)	4	5	
6	Qualified REIT dividends and publicly traded partnership (PTP) income or (loss) (see instructions)	6 1.	5	
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 1.		
9			9	0.
10	Qualified business income deduction before the income limitation. Add lines 5 an	1	10	0.
11 12	Taxable income before qualified business income deduction (see instructions)	11 66,960. 12 46.	-	
13	Net capital gain (see instructions)	12 46. 13 66,914.	-	
14	Income limitation. Multiply line 13 by 20% (0.20)	00,914.	14	13,383.
15	Qualified business income deduction. Enter the smaller of line 10 or line 14. Also			13,303.
	the applicable line of your return (see instructions)		15	0.
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 a zero, enter -0		17	(0.)

Electronic Filing Instructions for your 2022 New Jersey Tax Return Important: Your taxes are not finished until all required steps are completed.



HARSHIL S PATEL 204 10TH ST APT 419 JERSEY CITY, NJ 07302-7416

Balance Due/ Refund	Your New Jersey state tax return of \$2.00. Your return shows you have elected by Direct Debit using the followin - Amount Withdrawn: \$2.00 Account Number: 2370394 Routing Transit Number: 0530001 Date of Withdrawal: 03/06/2	d to pay yong informat 459424	our balance due of \$2							
No Signature Document Needed	No signature form is required sind electronically.	No signature form is required since you signed your return electronically.								
What You Need to Keep	,	Your Electronic Filing Instructions (this form) A copy of your state and federal returns								
2022 New Jersey Tax Return Summary	Taxable Income Total Tax Payment Due	\$ \$ \$	79,316.00 2.00 2.00							



2022 NJ-1040 New Jersey Resident Income Tax Return

For Privacy Act Notification, See Instructions

1555

NJ-1040 2022 Page 1

040MP01220

 $\begin{array}{l} {\rm Your\ Social\ Security\ Number\ (required)} \\ {\rm 746615060} \end{array}$

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 HARSHIL S

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

Home Address (Number and Street, including apartment number)

County/Municipality Code (See Table page 50) 204 10TH ST APT 419

0906

City, Town, Post Office State ZIP Code

JERSEY CITY NJ 073027416

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

P07953178209962

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 X 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.	4
dd2.	Account type (C for checking, S for savings)	dd2.	
dd3.	Fill in the checkbox if the direct deposit is going to an account outside the United States	dd3.	
dd4.	Routing number	dd4.	
dd5.	Account number	dd5.	



NJ-1040 2022

Name(s) as shown on Form NJ-1040 PATEL HARSHIL S

Your Social Security Number

746615060

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NJ-104	Į
2022	
Page 2	

040MP02220

		010	INF UZ	220							
Part-year residents, provide months/days you were a New Jersey resident during 2022:							Fiscal year	ar filers on	ly:		
From: To:							Enter month of your year end			2	023
	g Status only one										
1.	X	Single									
2.		Married/CU Couple, filing	joint retu	ırn							
3.		Married/CU Partner, filing	separate	return							
4.		Head of Household					Enter spouse's/CU partn	er's SSN			
5.		Qualifying Widow(er)/Sur	viving CU	J Partner							
		Indicate the year of your sp	ouse's/C	U partner's death:	2020	2021					
	nptions the oval	s that apply. You must enter a tot	tal in the bo	oxes to the right and co	mplete the calculation.						
6.	Regula	ar	×	Self	Spouse/CU Partner		Domestic Partner	1	x \$1,000 =	1000	
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.	Vetera	ın		Self	Spouse/CU Partner				x \$6,000 =		
10.	Qualif	ied Dependent Children							x \$1,500 =		
11.	Other	Dependents							x \$1,500 =		
12.	Depen	dents Attending Colleges (Se	ee instruc	tions)					x \$1,000 =		
13.	Total l	Exemption Amount (Add total	als from t	he lines at 6 throug	h 12)				13.	1000	•
14.	Depen	dent Information. Provide the	he follow	ing information for	each dependent.						
	Last N	lame, First Name, Middle Ini	itial				Social Security Number		Birth Year	No	Health Insurance
a.											
b.											
c.											

 $\begin{array}{c} {\rm Name}(s) \ as \ shown \ on \ Form \ NJ-1040 \\ {\rm PATEL} \quad {\rm HARSHIL} \quad {\rm S} \end{array}$

Your Social Security Number

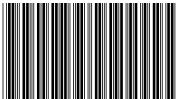
746615060

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NJ-1040 2022	
Page 3	040MP03220

15. Wages, salaries, tips, and other employee compensation (State wages from Box 16 of enclosed W-2(s)) (See instructions)	15.	80269 .
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.	
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.	80316 .
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.	80316 .
30. Exemption Amount (Enter amount from line 13. Part-year residents see instr.)	30.	1000 .
31. Medical Expenses (See Worksheet F and instructions)	31.	
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.	1000 .
39. Taxable Income (Subtract line 38 from line 29)	39.	79316 .
40a. Total Property Taxes (18% of Rent) Paid (See instructions page 25)	40a.	
40b. Indicate your residency status during 2022 (fill in only one) Homeowner Tenant	Both	
41. Property Tax Deduction (From Worksheet H) (See instructions)	41.	•
42. New Jersey Taxable Income (Subtract line 41 from line 39)	42.	79316 .
43. Tax on amount on line 42 (Tax Table page 52)	43.	2927 .
44. Credit For Income Taxes Paid to Other Jurisdictions (Enclose Schedule NJ-COJ) (See instructions)	44.	2925 .
Enter Code		32
45. Balance of Tax (Subtract line 44 from line 43)	45.	2 .
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.	2 .
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) REQUIRED Enclose Schedule HCC and fill in	53.	0 .

NJ-1040 2022 Page 4



Name(s) as shown on Form NJ-1040 PATEL HARSHIL S

Your Social Security Number

746615060

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54.	Total Tax Due (Add lines 50 through 53)		54.	2 .	
55.	Total NJ Income Tax Withheld (Enclose Forms W-2 and 1099) (Part year, see instructions)		55.		
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.		
	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.		
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.	2 .	
	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.		
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)	Enter Code	75.	•	
76.	Other Designated Contribution (See instructions)	Enter Code	76.	•	
77.	Other Designated Contribution (See instructions)	Enter Code	77.	•	
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.	2 .	
80.	Refund amount (If line 68 is more than zero, subtract line 78 from line 68)		80.	•	

Under penalties of perjury, I declare that I have exan the best of my knowledge and belief, it is true, correc based on all information of which the preparer has ar	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				
Your Signature	Date	Spouse's/CU Partner's Signature (required if filing jointly) Date	Revenue Processing Center - Payments PO Box 111		
Paid Preparer's Signature		Federal Identification Number	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		
Firm's Name SELF PREPARED		Firm's Federal Employer Identification Number	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	Social Security Number
PATEL HARSHIL S	746-61-5060

Schedule NJ-COJ

Credit for Income or Wage Taxes Paid to Other Jurisdiction

2022

1.	Income properly taxed by both New Jersey and other jurisdiction. (Jurisdiction Name: New York Do not combine the same income taxed by more than one jurisdicti				
	(The amount on line 1 cannot exceed the amount on line 2.)			1.	80,269.
2.	Income subject to tax by New Jersey (From line 29, NJ-1040)			2.	80,316.
3.	Maximum allowable credit percentage. Divide line 1 by line 2. (Instr	uction	s page 32)	3.	99.9415 %
	page 24 to determine if you are eligible for a property tax efit. If you are not eligible, only complete column B.		Column A		Column B
4.	Taxable Income (From line 39, Form NJ-1040)	4.		4.	79,316.
5.	Enter in box 5a the amount from Worksheet H, line 1. (Instructions page 29)				
	Property Tax Deduction. Enter the amount from Worksheet H, line 2. (Instructions page 29)	5.		5.	- 0 -
6.	New Jersey Taxable Income (Subtract line 5 from line 4)	6.		6.	79,316.
7.	Tax on line 6 amount (From Tax Table or Tax Rate Schedules)	7.		7.	2,927.
8.	Allowable Credit (Multiply line 7 by line 3)	8.		8.	2,925.
9.	Credit for Taxes Paid to Other Jurisdiction. Enter in box 9a the income or wage tax paid to other jurisdiction. (Instructions page 34) Credit Allowed. Enter the lesser of line 8 or box 9a. This amount cannot exceed your New				
	Jersey tax on line 43.	9.		9.	2,925.

If you are **not eligible** for a property tax benefit, enter the amount from line 9, column B on line 44, Form NJ-1040. Make no entry on lines 41 or 56, Form NJ-1040.

If you are **eligible** for a property tax benefit, you must complete Worksheet I on page 33 to determine whether you receive a greater benefit by claiming a Property Tax Deduction or taking the Property Tax Credit.

Keep a copy of this schedule for your records

Name(s) as shown on Form NJ-1040	Social Security Number
PATEL HARSHIL S	746-61-5060

Schedule NJ-DOP

Net Gains or Income From Disposition of Property

2022

	of the net gains or income, less net loss, derived from the sale, exchange, or other disposition of property including real or rsonal whether tangible or intangible as reported on federal Schedule D.								
	(a)	(b)	(c)	(d)	(e)	(f)			
1.	Kind of property and description	Date acquired (mm/dd/yyyy)	Date sold (mm/dd/yyyy)	Gross sales price	Cost or other basis as adjusted (see instructions) and expense of sale	Gain or (loss) (d minus e)			
	M51474118 GILAT SATELLITE NETWORKS LTD. ORDINARY SHARES 20.00000000000000000000000000000000000	VARIOUS	01/19/2022	156.	399.	-243.			
	META 08/05/2022 CALL \$162.50 1.000000000000000000	07/29/2022	08/01/2022	139.	186.	-47.			
	023135106 AMAZON.COM, INC. COMMON STOCK 9.9742400000000000	05/16/2022	08/03/2022	1,395.	1,115.	280.			
	AAPL 08/05/2022 CALL \$167.50 1.000000000000000000	07/29/2022	08/03/2022	65.	55.	10.			
	TSLA 08/05/2022 CALL \$1,000.00 1.00000000000000000	08/01/2022	08/05/2022	0.	394.	-394.			
	See Net Gains Or Income From Disposition Of Property			203.	215.	-12.			
2.	Capital Gains Distributions								
3.	Other Net Gains								
4.	Net Gains (Add lines 1, 2, and 3.) (Enter here and on line 19. If loss, enter zero here and make no								

Schedule NJ-WWC

Wounded Warrior Caregivers Credit

2022

	Did you provide care for a relative who was a qualifying armed services member (see instructions)?	> Yes	s O No	
	If "Yes," enter the name and Social Security number of the qualifying service member	er.		
	Last Name, First Name, Initial Social Security number			
	Enter your relationship to the qualifying service member.			
	If "No," you are not eligible for a Wounded Warrior Caregivers Credit. Make no entry	on lin	e 62, NJ-1040.	
1.	Enter the federal disability compensation of the armed services member	1.		
2.	Maximum credit allowed	2.	675	00
3.	Enter the lesser of line 1 or line 2	3.		
4.	Were you the only caregiver for this service member during the tax year? Yes No			
	If "No," enter your share (percentage) of the total care expenses for the year.	4.		%
5.	If you answered " Yes " at line 4, enter the amount from line 3 here and on line 62, NJ-1040.			
	If you answered " No " at line 4, multiply the amount on line 3 by the percentage on line 4. Enter the result here and on line 62, NJ-1040	5.		



If your income on line 29 is above the filing threshold, you **must** submit this schedule with your return.

Name(s) as shown on Form NJ-1040	Social Security Number
Name(s) as shown on Form No-1040	Godiai Gecunty Number
PATEL HARSHIL S	746-61-5060

Schedule NJ-HCC

Health Care Coverage

2022

If your income o	n line 2	9 is	at c	or be	low	the	e fil	ling th	resho	old (se	e inst	ructio	ns), d	o not	compl	ete th	is sch	edule	
Part I																			
Did you and, if applicate 2022? (See instruction Yes. You schedule No. Con	s for line do not de with yo	53, owe ur re	NJ- a sh eturr	1040 nared	.) P	art-	yea	ar resi	dents i	nclude	only r	nonths	s as a	New J	ersey r	esider	nt.		
Part II																			
Enter the name and Soperson had minimum enderson had minimum enderson person had minimum enderson had enderson	ssential ndividua	heal	lth c alifie	overa ed for	age · an	or c	qua emp	ilified to	for an enter t	exemp he exe	tion (p mptior	art-yea n numb	ar resider. (S	dents i ee inst	nclude ruction	only r	nonths ne 53,	as a l NJ-10	40.)
								Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Name		Soci	al S	ecurity	y Nu	ımbe	er												
Exemption number:										heck b	ox if this	s individ	dual ha	s more	than or	ne exen	nption r	number	
							ſ	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Name		Soci	al S	ecurity	y Nu	ımbe	er				·	,							
Exemption number:							Ĺ			heck b	ox if this	s individ	dual ha	s more	than or	ne exen	nption r	number	
							Γ	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Name		Soci	al S	ecurity	y Nu	ımbe	er	<u> </u>	1 02	IVIG.	7 (51	, may	Juni	- Gui	, ag	Сор		1101	500
Exemption number:										heck b	ox if this	s individ	dual ha	s more	than or	ne exen	nption r	number	
							Γ	Jan	Feh	Mar	Apr	May	lun	lut	Διια	Sep	Oct	Nov	Dec
Name		Soci	al S	ecurity	y Nu	ımbe	er	Jan	T CD	IVIAI	Дрі	iviay	Juli	Jui	Aug	ОСР	001	NOV	Бсс
Exemption number:										heck b	ox if this	s individ	dual ha	s more	than or	ne exen	nption r	number	
							Γ	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Name		Soci	al S	ecurity	y Nu	ımbe	er	<u> </u>			7 45.		<u> </u>	<u> </u>	,g	334			
Exemption number:										heck be	ox if this	s individ	dual ha	s more	than or	ne exen	nption r	number	

Schedule **NJ-HCC** (Form NJ-1040)

2022

New Jersey **Health Care Coverage**If your income on line 29 is at or below the filing threshold, do not complete this schedule.

Name as Shown on Return PATEL HARSHIL S	Social Security No. 746-61-5060
Part I	
Did you and, if applicable, all members of your tax household, have coverage for every month in 2022 (See instructions for line 53, NJ-1 include only months as a New Jersey resident. X Yes. You do not owe a shared responsibility payment. Fill in the enclose this schedule with your return. No. Continue to Part II.	040.) Part-year residents
Part II	
Enter the name and Social Security number for each member of you every month each person had minimum essential health coverage of (part-year residents include only months as a New Jersey resident). exemption, enter the exemption number. (See instructions for line 53 more than one exemption number, check the box. If you need more any additional individuals.	or qualified for an exemption If an individual qualified for an 3, NJ-1040.) If an individual has space, enclose a statement listing
QuickZoom to Shared Responsibility Payment Calculation Worksheet	· · · · · · · · · · · · · · · · · · ·

Name	SSN	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Exemption Code		_	Check	box if t	his indi	vidual l	has mo	re thar	n one e	xempti	on nun	nber .	
	i	. —	Check	box if t	his indi	vidual i	s unde	r 18 .	··		<u> </u>		
	<u> </u>			Ш									
Exemption Code		_	Check								on nun	nber .	
Í			Check	box if t	nis indi I	vidual i	s unde	r 18	i — i	i i i i	<u> </u>		
Exemption Code	l	ļ L	[∟	hav if t	∣∟ his indi	vidual I	has mo	re than		vemnti	on nun	her	
Exemption code : :	-	_	Check							•			
						i i							
Exemption Code	l _		Check	box if t	his indi	vidual l	has mo	re thar	n one e	xempti	on nun	nber .	
			Check	box if t	h <u>is ind</u> i	v <u>idual</u> i	s unde	r 18 .	. <u></u> .	<u></u>	<u></u> .	<u></u>	
Exemption Code	-	_	Check	box if t	his indi	vidual l	has mo	re thar	n one e	xempti	on nun	nber .	
	1		Check	box if t	his indi	vidual i	s unde	r 18 .	··		<u> </u>		
				Ш									
Exemption Code		_	Check							xempti	on nun	nber .	
			Check	box if t	nis indi I	vidual i	s unde	r 18	i — i	i i i i	<u> </u>	i	
Exemption Code			[∟	hov if t	∣∟ hic indi	vidual I	has mo	ro than		vomoti		obor	
Exemplion Code	-	_	Check							•	on nun	ibei .	
						Viadai i				اأ			
Exemption Code	l _		Check	box if t	his indi	vidual l	has mo	re thar	n one e	xempti	on nun	nber .	
		_	Check	box if t	his indi	vidual i	s unde	r 18 .					
Exemption Code		_	Check	box if t	his indi	vidual l	has mo	re thar	n one e	xempti	on nun	nber .	
	•	. —	Check	box if t	his indi	vidual i	s unde	r 18 .	··		·		
													\parallel
Exemption Code		_	Check								on nun	nber .	
			Check	box if t	his indi	vidual i	s unde	r 18 .					

HARSHIL S PATEL 746-61-5060 1

Additional Information From 2022 New Jersey Tax Return

Sch NJ-DOP: Net Gains or Income From Disposition of Property Net Gains Or Income From Disposition Of Property

Continuation Statement

Property Description	Date Acquired	Date Sold	Gross Sales Price	Cost	Gain or (Loss)
247361702 DELTA AIR LINES, INC. 5.0000000000000000000	12/07/2020	01/18/2022	199.	211.	-12.
023135106 AMAZON.COM, INC. COMMON STOCK 0.025760000000000000	07/22/2020	08/03/2022	4.	4.	0.
	•	Total	203.	215.	-12.

Electronic Filing Instructions for your 2022 New York Tax Return Important: Your taxes are not finished until all required steps are completed.



HARSHIL S PATEL 204 10TH ST 419 Jersey City, NJ 07302-7416

Balance Due/ Refund	Your New York state tax return (Form IT-203) shows a refund due to you in the amount of \$340.00. Your tax refund will be direct deposited into your account. The account information you entered - Account Number: 237039459424 Routing Transit Number: 053000196.								
Where's My Refund?	Before you call the New York State Department of Taxation and Finance with questions about your refund, give them 30 business days processing time from the date your return is accepted. If then you have not received your refund, or the amount is not what you expected, contact the New York State Department of Taxation and Finance directly at 1-518-457-5149. You can also visit the New York State Department of Taxation and Finance web site at https://www.tax.ny.gov/.								
What You Need to Sign	Sign and date E-File Signature Authorization within 1 day of acceptance.								
Do Not Mail	Do not mail a paper copy of your tax return. Since you filed electronically, the New York State Department of Taxation and Finance already has your return.								
What You Need to Keep	Your Electronic Filing Instructions (this form) - E-File Signature Authorization A copy of your state and federal returns								
2022 New York Tax Return Summary	Taxable Income								

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM

Nonresident and Part-Year Resident Income Tax Return New York State • New York City • Yo

New York State • New York City • Yonkers • MCTMT

		U	J

2022	For the year	January 1, 2022, throເ	ıgh Decembe	er 31, 2022, or fisca	l year be	ginning			22
Farbala aamalatina waxa	waterway and the impte	tiono Form IT 0	102 1		and	ending			
For help completing your Your first name and middle initial		ructions, Form II-2 It return. enter spouse's nam		Your date of birth (mm)	dana)	Your Socia	I Security nun	mher	
HARSHIL S	PATEL	it return, enter spouse's nam	ie on iine below)	0910199			7466150		
Spouse's first name and middle in				Spouse's date of birth (n		<u> </u>	Social Security		-r
opouco o mot namo ana madao m	opodoo o idot ridino			opouse a date of smar (n	mnaayyyy)		700.0.	,	
Mailing address (see instructions	(number and street or PO Bo	x)		Apartment num	ber	New York S	State county c	of resider	nce
204 10TH ST				419		NR			
City, village, or post office	Sta	te ZIP code	Country			School dist	trict name		
JERSEY CITY	NJ			STATES		NR			
Taxpayer's permanent home ad	dress (see instructions) (no. ar	nd street or rural route)	Apartment no.	City, village, or	post office	So	chool district		
State ZIP code	Country				T		ode number)l-44	e -ltl
State ZIP code	Country			Decedent	Taxpayer	s date of de	ath Spouse'	s date of	- deatr
				information					
A Filing ① X Sing	le			Yonkers part-year		-			
status			(Did you receive credit? (see instr				\prod_{No}	Γ
(mark on a Mar	ied filing joint return r both spouses' Social Securi	tv numbers above)		credit: (see msu	uclions)		163		
X in one	•	•		(2) Enter the amou	nt				.00
box): 3 Man	ied filing separate return r both spouses' Social Securit	y numbers above)	E	New York City par	t-year re	sidents o	nly		
④ Hea	d of household (with qual	ifvina nerson)		(1) Number of mon	-		_	2 [
		rymg porcon,	((2) Number of mon in NY City in 20	ths your	spouse liv	/ed	Г	
_	lifying surviving spouse		F	Enter your 2-chara				<u>-</u>	
B Did you itemize your defederal income tax return	•	Yes No 2		code(s) if applical				⊥ L	
C Can you be claimed as	a dependent on another		_	New York State pa Enter the date you	-				
taxpayer's federal return'		Yes L No L	7	or out of NYS (mma					
D1 Did you have a financial a foreign country?		Yes No	\simeq	On the last day of t 1) Lived in NYS	-				
III III BAANGIYAYAYANEEN BARARARA	à III			 Lived outside N NYS sources do 	YS; rece	ived incom	e from		_
	ä		;	3) Lived outside N	•	•			·· _
	\$ 			NYS sources do	uring non	resident pe	eriod		L
THE TRACE IN STANDARD WITH THE PROPERTY OF STREET	(7 - 1 1			Did you or your spo living quarters in N			Yes	☐ No	, [×
			((if Yes, complete Form	n IT-203-B	3)	_	_	
Dependent information	1								
First name and middle initial	Last name	Relati	ionship	Social Secu	rity numb	per	Date of birt	h (mmdd)	уууу)
l If more than 6 dependents, ma	rk an X in the box.								
203001224555		F EF							
		For office use of	Unily						

REV 01/27/23 TTO

Federal amount

746615060

Federal income and adjustments Whole dollars only Whole dollars only 80269.00 80269.00 1 Wages, salaries, tips, etc. 1 1 2 Taxable interest income 2 0.00 2 47.00 3 3 Ordinary dividends00 Taxable refunds, credits, or offsets of state and local 4 4 .00 income taxes (also enter on line 24)00 5 .00 5 .00 5 Alimony received 6 Business income or loss (submit a copy of federal Sch. C, Form 1040) 6 .00 6 .00 -406.00 7 7 .00 7 Capital gain or loss (if required, submit a copy of federal Sch. D, Form 1040) Other gains or losses (submit a copy of federal Form 4797) 8 .00 8 .00 9 9 Taxable amount of IRA distributions. Beneficiaries: mark **X** in box .00 .00 Taxable amount of pensions/annuities. Beneficiaries: mark **X** in box 10 .00 10 .00 Rental real estate, royalties, partnerships, S corporations, trusts, etc. (submit a copy of federal Schedule E, Form 1040) 11 .00 11 .00 12 Rental real estate included in line 11 (federal amount) 12. **13** Farm income or loss (submit a copy of federal Sch. F, Form 1040) 13 13 .00 .00 Unemployment compensation..... 14 .00 14 .00 Taxable amount of Social Security benefits (also enter on line 26) 15 .00 15 .00 Other income | Identify: 16 .00 16 .00 Add lines 1 through 11 and 13 through 16 17 79910.00 80269.00 17 Total federal adjustments to income Identify: 18 .00 18 .00 19 79910.00 19 80269.00 19 Federal adjusted gross income (subtract line 18 from line 17)... 19a Recomputed federal adjusted gross income (see Line 19a worksheets) | 19a 79910.00 19a 80269.00 **New York additions** 20 Interest income on state and local bonds and obligations (but not those of New York State or its localities) 20 0.00 20 .00 21 Public employee 414(h) retirement contributions 21 .00 21 .00 **22** Other (Form IT-225, line 9) 22 22 .00 .00 80269.00 23 Add lines 19a through 22 79910.00 23 **New York subtractions** 24 Taxable refunds, credits, or offsets of state and local income taxes (from line 4)00 24 .00 25 Pensions of NYS and local governments and the federal government 25 .00 25 .00 **26** Taxable amount of Social Security benefits (from line 15) 26 .00 26 .00 27 Interest income on U.S. government bonds 27 27 .00 .00 Pension and annuity income exclusion 28 .00 28 .00 Other (Form IT-225, line 18) 29 29 29 .00 .00 Add lines 24 through 2900 30 79910.00 80269.00 New York adjusted gross income (subtract line 30 from line 23) 31



32 Enter the amount from line 31, Federal amount column

79910.00

New York State amount

.00

0.00

4012.00

55

56

57

Name(s) as shown on page 1	En	ter your Social Security number		IT-203 (2022) Page 3 of 4
HARSHIL S PATEL		746615060		REV 01/27/23 TTO
Standard deduction or itemized deduction				
33 Enter your standard deduction or your itemized de	duction (from	n Form IT-196).		
Mark an X in the appropriate box	: 🔀 Stan	dard - or - Itemized	33	800.00
34 Subtract line 33 from line 32 (if line 33 is more than line	e 32, leave blar	nk)	34	71910.00
35 Dependent exemptions (enter the number of dependent	ts listed in Item	I; see instructions)	35	000.00
36 New York taxable income (subtract line 35 from line 3	4)		36	71910.00
Tax computation, credits, and other taxes				
New York taxable income (from line 36)			37	71910.00
38 New York State tax on line 37 amount			38	3994.00
39 New York State household credit			39	.00
Subtract line 39 from line 38 (if line 39 is more than line 3	38, leave blank)	40	3994.00
11 New York State child and dependent care credit			41	.00
Subtract line 41 from line 40 (if line 41 is more than line	40, leave blank	·)	42	3994.00
New York State earned income credit			43	.00
14 Base tax (subtract line 43 from line 42; if line 43 is more tha	an line 42, leav	e blank)	44	3994.00
15 Income New York State amount from line 3	B1 Fed	leral amount from line 31		Round result to 4 decimal places
percentage 80269.0	10 ÷	79910.00	45	1.0045
46 Allocated New York State tax (multiply line 44 by the dec			46	4012.00
17 New York State nonrefundable credits (Form IT-203-AT	,			.00
18 Subtract line 47 from line 46 (if line 47 is more than line 4		•		
19 Net other New York State taxes (Form IT-203-ATT, line 3	,			
50 Total New York State taxes (add lines 48 and 49)			50	4012.00
New York City and Yonkers taxes, credits, and surcha	rges, and M	СТМТ		
51 Part-year New York City resident tax (Form IT-360.1)	51	.00.		See instructions to compute
52 Part-year resident nonrefundable New York City				New York City and Yonkers
child and dependent care credit	52	.00		taxes, credits, and
52a Subtract line 52 from 51	52a	.00.		surcharges, and MCTMT.
52b MCTMT net				
earnings base 52b	.00		,	
52c MCTMT	52c	.00		
53 Yonkers nonresident earnings tax (Form Y-203)	53	.00		

8 Total New York State, New York City, Yonkers, and sales or use taxes, MCTMT, and voluntary contributions (add lines 50, 55, 56, and 57)

Sales or use tax (Do not leave blank.)

Total New York City and Yonkers taxes / surcharges and MCTMT (add lines 52a, and 52c through 54)

Voluntary contributions (Form IT-227, Part 2, line 1)

54 Part-year Yonkers resident income tax surcharge

(Form IT-360.1)



54



59 E	Enter amount from line 58				59	4012.00
Day	yments and refundable credits					
60 60a 61 62 63 64 65	Part-year NYC school tax credit (fixed amount) (also complete E or NYC school tax credit (rate reduction amount)	60a 61 62 63 64 64 65	5)	.00 .00 .00 3993.00 359.00 .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.
$\overline{}$	our refund, amount you owe, and account informati		-,			
68 68a	Amount overpaid (if line 66 is more than line 59, subtract Amount of line 67 available for refund (subtract line 65). TIP: Use this amount to check your refund status only Amount of line 68 that you want to deposit into a NYS 529 account deposit (subtract line).	69 from line lline. ccount (Form	67)IT-195, line 4) (a	also submit Form IT-195)	68	.00
69	Mark one refund choice: X direct depo savings according to your 2023 estimated tax (see instructions)	count (fill in a second of the count) of the count (fill in a second of the count o	cking or line 73) - or	paper check .00 pay by electronic]	Refund? Direct deposit is the easiest, fastest way to get your refund. See instructions for payment options.
	or money order you must complete Form IT-201-V Estimated tax penalty (include this amount on line 70, or reduce the overpayment on line 67) Other penalties and interest	/ and mail i			1	See instructions for the proper assembly of your return.
73	Account information for direct deposit or electronic fulf the funds for your payment (or refund) would come file. 73a Account type: Personal checking - or -	from (or go			mark	k an X in this box
	73b Routing number 053000196		count number			39459424
74	Electronic funds withdrawal			Amour		.00
des	Third-party signee? (see instr.) Print designee's name Email:		Design (nee's phone number)		Personal identification number (PIN)
	Paid preparer must complete ▼ Preparer's NYTPRIN (see instructions)	NYTPRIN excl. code		▼ Тахра	yer(s) must sign here ▼
Prep SE:	parer's signature Preparer's printed nam LF-PREPARED	ne er's PTIN or S	SSN	Your signature Your occupation		
Addr	ress Employ	yer identificatio	on number	PROJECT ENGI: Spouse's signature and		
		Date		Date		Daytime phone number (919) 527 8261

See instructions for where to mail your return.

Email: HARSHILP100996@GMAIL.COM



Email:





Department of Taxation and Finance

Summary of W-2 Statements New York State • New York City • Yonkers

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 c Employer's infor Employer's name	mation					
Box a Employee's Social Security number	NEW YORK CER	RTIFIED	INTER	ZIOR			
for this W-2 Record	Employer's address (nu						
746615060	17 MURRAY DE	RIVE					
Box b Employer identification number (EIN)	City			State	ZIP code	Country	
454268147	AIRMONT			NY	10952		
Box 1 Wages, tips, other compensation	Box 12a Amount		Code	Box	14a Amount		Description
60884.00		.00				24.00	NY-SDI
	Box 12b Amount		Code	Вох	14b Amount		Description
0.00		.00				50.00	NY-FLI
Box 10 Dependent care benefits	Box 12c Amount		Code	Вох	14c Amount		Description
0.00		.00				.00	
Box 11 Nonqualified plans	Box 12d Amount		Code	Box	14d Amount		Description
0.00		.00				.00	
NY State information: Box 15a NY State	Box 16a NYS v Box 16b Other	608	884.00		7a NYS income tax wit 3 C	33.00	Corrected (W-2c)
Other state information: Box 15b other state			.00			.00	
NYC and Yonkers Information (see instr.): Locality a Locality b	8 Local wages, tips, etc.		Box ality a	19 Local	income tax withheld 359.00	T	
Do not detach. W-2 Record 2 Box a Employee's Social Security number or this W-2 Record	EMPIRE CONTF Employer's address (no.	ROL ABAT		INC.			
746615060 Box b Employer identification number (EIN)	206 TERMINAL	- DRIVE		State	ZIP code	Country	
	,			NY	11803	Country	
112945779	PLAINVIEW		Cada		11003		
3ox 1 Wages, tips, other compensation 19385.00	Box 12a Amount		Code		44a Amerint		Description
		00		БОХ	14a Amount	99.00	Description
	Box 12h Amount	.00				99.00	NYPFL
Box 8 Allocated tips	Box 12b Amount		Code		14a Amount 14b Amount		NYPFL Description
3ox 8 Allocated tips .00		.00	Code	Вох	14b Amount	99.00	NYPFL Description SDI
3ox 8 Allocated tips .00 3ox 10 Dependent care benefits	Box 12b Amount Box 12c Amount	.00		Вох		8.00	NYPFL Description
3ox 8 Allocated tips .00 3ox 10 Dependent care benefits .00	Box 12c Amount		Code Code	Box	14b Amount		NYPFL Description SDI Description
30x 8 Allocated tips .00 30x 10 Dependent care benefits .00 30x 11 Nonqualified plans		.00	Code	Box	14b Amount	.00	NYPFL Description SDI
30x 8 Allocated tips .00 30x 10 Dependent care benefits .00 30x 11 Nonqualified plans .00	Box 12c Amount Box 12d Amount nent plan Third-pa	.00 .00 .00 arty sick pay	Code Code Code	Box Box	14c Amount 14d Amount	.00	NYPFL Description SDI Description
30x 8 Allocated tips .00 30x 10 Dependent care benefits .00 30x 11 Nonqualified plans .00 30x 13 Statutory employee Retiren NY State information: Box 15a	Box 12d Amount Box 12d Amount nent plan Third-pa Box 16a NYS w	.00 .00 .00 arty sick pay wages, tips, et	Code Code Code Code Code	Box Box	14b Amount 14c Amount 14d Amount 7a NYS income tax wit	.00 .00	NYPFL Description SDI Description Description
30x 8 Allocated tips .00 30x 10 Dependent care benefits .00 30x 11 Nonqualified plans .00 30x 13 Statutory employee Retiren	Box 12c Amount Box 12d Amount Third-pa Box 16a NYS v	.00 .00 arty sick pay wages, tips, et	Code Code Code Code Code	Box Box Box 1	14c Amount 14d Amount 7a NYS income tax wit	.00 .00 .00	NYPFL Description SDI Description Description
30x 8 Allocated tips .00 30x 10 Dependent care benefits .00 30x 11 Nonqualified plans .00 30x 13 Statutory employee Retiren NY State information: Box 15a	Box 12d Amount Box 12d Amount nent plan Third-pa Box 16a NYS w	.00 .00 arty sick pay wages, tips, et	Code Code Code Code Code	Box Box Box 1	14b Amount 14c Amount 14d Amount 7a NYS income tax wit	.00 .00 .00	NYPFL Description SDI Description Description
30x 8 Allocated tips .00 30x 10 Dependent care benefits .00 30x 11 Nonqualified plans .00 30x 13 Statutory employee Retiren NY State information: Box 15a NY State Other state information: Box 15b other state	Box 12c Amount Box 12d Amount Third-pa Box 16a NYS v	.00 .00 arty sick pay wages, tips, et	Code Code Code Code Code Code Code Code	Box 1 Box 1	14c Amount 14d Amount 7a NYS income tax wit	.00 .00 .00 hheld 060.00 x withheld	NYPFL Description SDI Description Description
30x 8 Allocated tips .00 30x 10 Dependent care benefits .00 30x 11 Nonqualified plans .00 30x 13 Statutory employee Retiren NY State information: Box 15a NY State Other state information: Box 15b other state	Box 12c Amount Box 12d Amount Third-pa Box 16a NYS v N Y Box 16b Other	.00 .00 .ou arty sick pay wages, tips, et 193 state wages,	Code Code Code Code Code Code Code Code	Box 1 Box 1	14c Amount 14d Amount 7a NYS income tax wit	8.00 .00 .00 hheld .06 0.00 x withheld	NYPFL Description SDI Description Corrected (W-2c) Box 20 Locality name





SCHEDULE D (Form 1040)

Department of the Treasury

Internal Revenue Service

Capital Gains and Losses

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

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

OMB No. 1545-0074

2022

Attachment Sequence No. **12**

	rshil S Patel			ı	-61-	5060
	you dispose of any investment(s) in a qualified opportunity			_		
	es," attach Form 8949 and see its instructions for additiona					
Pa	Short-Term Capital Gains and Losses – Ge	nerally Assets I	Held One Year (or Less (se	e ins	tructions)
lines This	instructions for how to figure the amounts to enter on the below. form may be easier to complete if you round off cents to e dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	Adjustmer to gain or loss Form(s) 8949,	s from Part I,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result
				line 2, colum	iri (g)	with column (g)
1a 	Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b.					
1b	Totals for all transactions reported on Form(s) 8949 with Box A checked	1,755.	2,149.			-394.
2	Totals for all transactions reported on Form(s) 8949 with Box B checked					
3	Totals for all transactions reported on Form(s) 8949 with Box C checked					
4	Short-term gain from Form 6252 and short-term gain or (le				4	
5	Net short-term gain or (loss) from partnerships, Schedule(s) K-1	•		rusts from	5	
6	Short-term capital loss carryover. Enter the amount, if an Worksheet in the instructions	y, from line 8 of y	our Capital Loss	Carryover	6	(
7	Net short-term capital gain or (loss). Combine lines 1a term capital gains or losses, go to Part II below. Otherwise				7	-394.
Pai	t II Long-Term Capital Gains and Losses—Ger	nerally Assets H	leld More Than	One Year	(see i	nstructions)
lines This	instructions for how to figure the amounts to enter on the below. form may be easier to complete if you round off cents to e dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustmer to gain or loss Form(s) 8949, line 2, colum	s from Part II,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a	Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b.					
8b	Totals for all transactions reported on Form(s) 8949 with Box D checked	203.	215.		0.	-12.
9	Totals for all transactions reported on Form(s) 8949 with Box E checked					
10	Totals for all transactions reported on Form(s) 8949 with Box F checked					
11	Gain from Form 4797, Part I; long-term gain from Forms from Forms 4684, 6781, and 8824				11	
	Net long-term gain or (loss) from partnerships, S corporat				12	
13	1 3				13	
					14	(
15	Net long-term capital gain or (loss). Combine lines 8a	through 14 in co	lumn (h). Then, go	o to Part III		

BAA

Schedule D (Form 1040) 2022 Page 2

Part III **Summary** 16 Combine lines 7 and 15 and enter the result 16 -406. • If line 16 is a gain, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below. • If line 16 is a loss, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete • If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22. 17 Are lines 15 and 16 both gains? ☐ **Yes.** Go to line 18. No. Skip lines 18 through 21, and go to line 22. 18 If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet 18 19 If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet . 19 20 Are lines 18 and 19 both zero or blank and you are not filing Form 4952? ☐ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. Don't complete lines 21 and 22 below. and 22 below. If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of: 21 • The loss on line 16; or 406.) 21 • (\$3,000), or if married filing separately, (\$1,500) Note: When figuring which amount is smaller, treat both amounts as positive numbers. Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a? 22 X Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.

Sales and Other Dispositions of Capital Assets

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form8949 for instructions and the latest information. File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D. Attachment Sequence No. 12A

OMB No. 1545-0074

ivairie(s) silowi	1 011	returri
Harshil	S	Patel

Social security number or taxpayer identification number 746-61-5060

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.

Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box A. B. or C below. Check only one box. If more than one box applies for your short-term transactions. complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

(A) Short-term transactions(B) Short-term transactions(C) Short-term transactions	reported on	Form(s) 1099	9-B showing bas			•	e)
1 (a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis See the Note below and see <i>Column</i> (e) in the separate instructions.	See the separate instructions.		(h) Gain or (loss) Subtract column (e)
					(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g).
M51474118 GILAT SATELLITE NETWORKS LTD. ORDINARY SHARES 20.00000000000000000000000000000000000	VARIOUS	01/19/22	156.	399.			-243.
META 08/05/2022 CALL \$162.50 1.000000000000000000	07/29/22	08/01/22	139.	186.			-47.
023135106 AMAZON.COM, INC. COMMON STOCK 9.9742400000000000	05/16/22	08/03/22	1,395.	1,115.			280.
AAPL 08/05/2022 CALL \$167.50 1.00000000000000000	07/29/22	08/03/22	65.	55.			10.
TSLA 08/05/2022 CALL \$1,000.00 1.00000000000000000	08/01/22	08/05/22	0.	394.			-394.
2 Totals. Add the amounts in columns negative amounts). Enter each total Schedule D, line 1b (if Box A above above is checked), or line 3 (if Box 6).	al here and inc is checked), lir	lude on your ne 2 (if Box B	1.755.	2.149.			-394.

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

Form 8949 (2022) Attachment Sequence No. **12A** Page

 $\label{eq:Name} \mbox{Name}(s) \mbox{ shown on return. Name and SSN or taxpayer identification no. not required if shown on other side} \\ \mbox{Harshil S Patel}$

Social security number or taxpayer identification number

746-61-5060

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part II

Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You *must* check Box D, E, *or* F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

(E) Long-term transactions (F) Long-term transactions (F) Long-term transactions	reported on	Form(s) 1099	-B showing bas	·			;)
1 (a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis See the Note below and see <i>Column</i> (e) in the separate instructions.	See the separate instructions.		(h) Gain or (loss) Subtract column (e)
					(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g).
247361702 DELTA AIR LINES, INC. 5.00000000000000000000000000000000000	12/07/20	01/18/22	199.	211.			-12.
023135106 AMAZON.COM, INC. COMMON STOCK 0.0257600000000000	07/22/20	08/03/22	4.	4.	W	0.	0.
2 Totals. Add the amounts in columns negative amounts). Enter each total Schedule D. line 8h (if Roy D. above	al here and inc	lude on your					

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column* (g) in the separate instructions for how to figure the amount of the adjustment.

above is checked), or line 10 (if Box F above is checked) .

203.

215.