California Required Notices

This report does not guarantee the accuracy or truthfulness of the information as to the subject of the investigation, but only that it is accurately copied from public records, and information generated as a result of identity theft, including evidence of criminal activity, may be inaccurately associated with the consumer who is the subject of the report.

An investigative consumer reporting agency shall provide a consumer seeking to obtain a copy of a report or making a request to review a file, a written notice in simple, plain English and Spanish setting forth the terms and conditions of his or her right to receive all disclosures, as provided in CA Civil Code Section 1786.26.

This report was prepared using software provided by RP On-Site LLC, which can be contacted at: 2201 Lakeside Blvd., Richardson, TX 75082; 1-877-222-0384; or https://www.on-site.com/request-rental-report-or-submit-dispute/.

Avisos obligatorios en el estado de California

El presente informe no garantiza la exactitud ni la veracidad de la información con respecto al tema de investigación, sino únicamente que es una copia exacta de los registros públicos y es posible que la información generada como consecuencia del robo de identidad, incluidos los registros de antecedentes delictivos, se haya asociado por error con el consumidor objeto del presente informe.

Una agencia de investigación de verificación de crédito proporcionará al consumidor que desee obtener una copia de un informe o que solicite la revisión de un archivo un aviso por escrito en inglés y español, escrito en un lenguaje simple y claro, que establezca los términos y condiciones de su derecho a recibir todas las divulgaciones conforme a la Sección 1786.26 del Código Civil de California.

Este informe se preparo con el software proporcionado pro RP On-Site LLC, que puede contractarse en: 2201 Lakeside Blvd., Richardson, TX 75082; 1-877-222-0384; or https://www.on-site.com/request-rental-report-or-submit-dispute/.

Rental Report for Minar Rawal (Guarantor)

Overall Recommendation	
9.8 / 10 **APPROVE**	This application meets your requirements based on your Property's Screening Criteria. On-Site makes no independent assessment of an applicant's qualifications.

Score for Minar Rawal (Guarantor): 9.8 / 10		
	Importance	**Result**
Total monthly income to rent ratio exceeds 5.0	Extremely	
Gross monthly income after rent and estimated debt exceeds 25.0% of the monthly income	Extremely	
Maximum percentage of past due negative accounts is less than 25.0%	Very	
Unpaid collections and grossly delinquent past due balances do not exceed $500.00	Very	
May have been through a bankruptcy	Not Very	

Credit Quick Summary	
Custom scoring for this report:	
Medical collections not considered	Student loans not considered
Total monthly income (reported by Applicant)	$34,945.58
Total combined monthly income to rent ratio	10.43 (based on rent of $3,350.00)
Estimated monthly debt and rent payments	$11,290.00 (32% of monthly income)
Total number of accounts	32
Accounts with no late payments	31 (0 unpaid past due)
Accounts paid 30-59 days past due	1 (0 unpaid past due)
Accounts paid 60-89 days past due	0 (0 unpaid past due)
Accounts paid more than 90 days past due	0 (0 unpaid past due)
Total outstanding balance	$603,941.00 ($0.00 past due)
Outstanding revolving debt	$1,791.00 (0% of limit) ($0.00 past due)
Outstanding loan balance	$602,150.00 ($0.00 past due)
Bankruptcies, foreclosures, and legal items	0
Collection total balance (includes past due)	$0.00

Identity	From Application	From Equifax
Name:	Minar Rawal (Guarantor)	MINAR RAWAL RAKESH RAWAL MINER RAWAL MINAR R. RAKESH MINAR J. PATEL
SSN:	615-94-****	615-94-****
Birth Date:	10/**/1982	10/**/1982

Addresses	From Application	From Equifax
	5400 LIPAN APACHE BND AUSTIN, TX 78738 - US	1041 LEMOYNE BLVD PRENTISS, MS 39474 (Applicant) Reported 4/2024 5400 LIPAN APACHE BND. AUSTIN, TX 78738 (Applicant) Reported 4/2024 3400 RANCH ROAD 620 S. 12204 BEE CAVE, TX 78738 (Applicant) Reported 12/2023 116 KILDRUMMY LN. AUSTIN, TX 78738 (Applicant) Reported 9/2014 305 CLOSZ DR. WEBSTER CITY, IA 50595 (Applicant) Reported 6/2012 2721 E INDEPENDENCE BLVD CHARLOTTE, NC 28205 (Applicant) Reported 2/2011 201 NE 3RD ST. BEND, OR 97701 (Applicant) Reported 2/2011

Employment	From Application	From Equifax
Applicant:	Sole Proprietor Self $419,347.00/Yr. Total monthly Income: $34,945.58	OWNER SHIVSHAKIS NAMAY IN PRESIDENTOWNER SHIVSHAKTI NAMAY INC

Restricted Person Search

Requested For	Requested	Returned
Minar Rawal	4/22/2024	4/22/2024

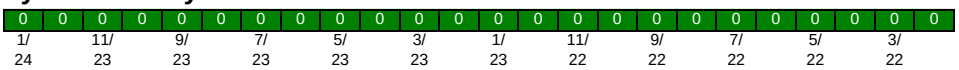
Results
No Records Found

Credit Accounts

From Equifax

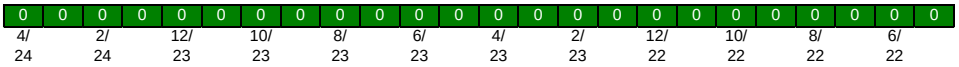
Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
NATIONSTAR DBA MR CO (Applicant)	4/2019	1/2024					$379,435.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
	$3,908.00	$411,200.00	MORTGAGE	FANNIE MAE ACCOUNT FIXED RATE Rate/Status 1: Pays account as agreed			

Payment History



Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
CITIZENS BANK (Applicant)	10/2020	3/2024					$56,455.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
	$529.00	$68,000.00	MORTGAGE	VARIABLE/ADJUSTABLE RATE Rate/Status 1: Pays account as agreed			

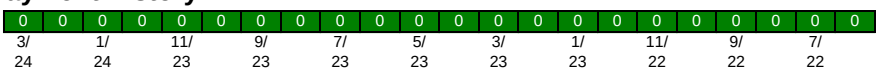
Payment History



Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
NATIONSTAR DBA MR CO (Applicant)	4/2019	1/2024					$55,550.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
	$632.00	$63,750.00	MORTGAGE	FANNIE MAE ACCOUNT FIXED RATE Rate/Status 1: Pays account as agreed			

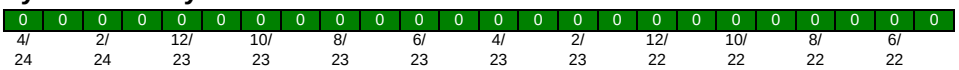
Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
TOYOTA MOTOR CREDIT (Applicant)	5/2022	2/2024					$44,246.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
	$1,157.00	$64,373.00	INSTALLMENT	FIXED RATE Rate/Status 1: Pays account as agreed			

Payment History



Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
MERCEDES-BENZ FINANC (Applicant)	12/2020	3/2024					$44,087.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
	$1,369.00	$86,264.00	INSTALLMENT	FIXED RATE Rate/Status 1: Pays account as agreed			

Payment History



Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
GREENSKY CREDIT/GREE (Applicant)	6/2020	2/2024					$22,377.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
	$256.00	$30,488.00	INSTALLMENT	FIXED RATE Rate/Status 1: Pays account as agreed			
	Payment History						
	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 3/ 1/ 11/ 9/ 7/ 5/ 3/ 1/ 11/ 9/ 7/ 5/ 24 24 23 23 23 23 23 23 22 22 22 22						

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
DISCOVER BANK (Applicant)	10/2002	3/2024					$1,712.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
	$64.00	$16,629.00	REVOLVING	Rate/Status 1: Pays account as agreed			
	Payment History						
	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 4/ 2/ 12/ 10/ 8/ 6/ 4/ 2/ 12/ 10/ 8/ 6/ 24 24 23 23 23 23 23 23 22 22 22 22						

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
BANK OF AMERICA (Applicant)	2/2014	3/2024					$79.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
	$25.00	$6,191.00	REVOLVING	Rate/Status 1: Pays account as agreed			
	Payment History						
	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 4/ 2/ 12/ 10/ 8/ 6/ 4/ 2/ 12/ 10/ 8/ 6/ 24 24 23 23 23 23 23 23 22 22 22 22						

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
CENLAR FEDERAL SAVIN (Applicant)	2/2015	4/2019					$0.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
		$405,000.00	MORTGAGE	FREDDIE MAC ACCOUNT FIXED RATE Rate/Status 1: Pays account as agreed			

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
MERCEDES-BENZ FINANC (Applicant)	12/2021	1/2022					$0.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
		$140,031.00	INSTALLMENT	FIXED RATE Rate/Status 1: Pays account as agreed			
	Payment History						
	0 0 2/ 22						

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
BANK OF AMERICA, N.A (Applicant)	4/2018	10/2022					$0.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
		$130,425.00	INSTALLMENT	Rate/Status 1: Pays account as agreed			
	Payment History						
	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 11/ 9/ 7/ 5/ 3/ 1/ 11/ 9/ 7/ 5/ 3/ 1/ 22 22 22 22 22 22 21 21 21 21 21 21						

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
LOANCARE SERVICING C (Applicant)	4/2019	12/2023					$0.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
		$63,750.00	MORTGAGE	FANNIE MAE ACCOUNT FIXED RATE Rate/Status 1: Pays account as agreed			
	Payment History						
	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 2/24 12/23 10/23 8/23 6/23 4/23 2/23 12/22 10/22 8/22 6/22 4/22						

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
TRUSTMARK NATIONAL B (Applicant)	9/2008	4/2019					$0.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
		$57,000.00	MORTGAGE	Rate/Status 1: Pays account as agreed			

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
TD AUTO FINANCE (Applicant)	9/2013	8/2019					$0.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
		$48,128.00	INSTALLMENT	FIXED RATE Rate/Status 1: Pays account as agreed			

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
REGIONS BANK (Applicant)	10/2015	11/2016					$0.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
		$41,350.00	INSTALLMENT	Rate/Status 1: Pays account as agreed			

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
FIFTH THIRD BANK, N. (Applicant)	10/2013	8/2019					$0.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
		$40,000.00	INSTALLMENT	FIXED RATE Rate/Status 1: Pays account as agreed			

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
GS LOAN SVCS/MIDLAND (Applicant)	7/2020	6/2022					$0.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
		$10,712.00	INSTALLMENT	FIXED RATE Rate/Status 1: Pays account as agreed			
	Payment History						
	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 10/22 8/22 6/22 4/22 2/22 12/21 10/21 8/21 6/21 4/21 2/21 12/20						

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
SYNCB/LOWES (Applicant)	6/2013	8/2021					$0.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
		$6,287.00	REVOLVING	Rate/Status 1: Pays account as agreed			
	Payment History						
	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 4/24 2/24 12/23 10/23 8/23 6/23 4/23 2/23 12/22 10/22 8/22 6/22						

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
JPMCB - CARD SERVICE (Applicant)	8/2001	1/2009					$0.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
		$5,559.00	REVOLVING	ACCOUNT CLOSED BY CREDIT GRANTOR Rate/Status 1: Pays account as agreed			

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
FEB - RETAIL (Applicant)	9/2015	9/2016					$0.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
		$5,520.00	REVOLVING	Rate/Status 1: Pays account as agreed			

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
WELLS FARGO CARD SER (Applicant)	8/2001	3/2024					$0.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
		$5,152.00	REVOLVING	CONSUMER DISPUTES THIS ACCOUNT INFORMATION Rate/Status 1: Pays account as agreed			

Payment History

4/24	2/24	12/23	10/23	8/23	6/23	4/23	2/23	12/22	10/22	8/22	6/22
0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0	0 0	0 0	0 0

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
CITICARDS CBNA (Applicant)	9/2015	11/2019					$0.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
		$2,138.00	REVOLVING	ACCOUNT CLOSED DUE TO INACTIVITY Rate/Status 1: Pays account as agreed			

Payment History

7/21	5/21	3/21	1/21	11/20	9/20	7/20	5/20	3/20	1/20	11/19	9/19
0 0 0	0 0 0	0 0 0	0 0 0	0 0 0	0	0 0 0	0	0 0 0	0 0 0	0 0 0	0

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
AMERICAN EXPRESS (Applicant)	6/2006	9/2016					$0.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
		$2,104.00	REVOLVING	Rate/Status 1: Pays account as agreed			

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
FEB - RETAIL (Applicant)	2/2015	6/2015					$0.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
		$2,000.00	REVOLVING	Rate/Status 1: Pays account as agreed			

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
SYNCB/SAM'S CLUB DC (Applicant)	2/2013	5/2016					$0.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
		$956.00	REVOLVING	ACCOUNT CLOSED AT CONSUMER'S REQUEST Rate/Status 1: Pays account as agreed			

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
WF/DILLARDS (Applicant)	1/2021	8/2023	1	0	0		$0.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
		$627.00	REVOLVING	Rate/Status 1: Pays account as agreed			

Payment History

4/24	2/24	12/23	10/23	8/23	6/23	4/23	2/23	12/22	10/22	8/22	6/22
0 0	0	0 0 0	0 0	0	0 0 0	0	2	0 0	0 0	0	0 0 0

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
COMENITY BANK/PIER 1 (Applicant)	9/2015	1/2017					$0.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
		$410.00	REVOLVING	ACCOUNT CLOSED BY CREDIT GRANTOR Rate/Status 1: Pays account as agreed			

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
CAPITAL ONE (Applicant)	11/2007	12/2007					$0.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
		$409.00	REVOLVING	ACCOUNT CLOSED BY CREDIT GRANTOR Rate/Status 1: Pays account as agreed			

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
COMENITY BANK/BUCKLE (Applicant)	12/2010	4/2013					$0.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
		$371.00	REVOLVING	ACCOUNT CLOSED BY CREDIT GRANTOR Rate/Status 1: Pays account as agreed			

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
MACYS/CITIBANK, N.A. (Applicant)	12/2013	5/2014					$0.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
		$293.00	REVOLVING	ACCOUNT CLOSED BY CREDIT GRANTOR Rate/Status 1: Pays account as agreed			

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
SYNCB/BELK (Applicant)	6/2010	9/2011					$0.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
		$104.00	REVOLVING	Rate/Status 1: Pays account as agreed			

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
AMEX/CITIBANK, N.A. (Applicant)	12/2013	5/2014					$0.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
		$0.00	REVOLVING	ACCOUNT CLOSED BY CREDIT GRANTOR Rate/Status 1: Pays account as agreed			

Previous Credit Inquiries	
From Equifax	
12/2023	BUSINESS CREDIT AND (Applicant)
8/2022	TRUSTMARK NATIONAL B (Applicant)
6/2022	THE H.T. HACKNEY CO (Applicant)
5/2022	FACTUAL DATA (Applicant)

California Required Notices

This report does not guarantee the accuracy or truthfulness of the information as to the subject of the investigation, but only that it is accurately copied from public records, and information generated as a result of identity theft, including evidence of criminal activity, may be inaccurately associated with the consumer who is the subject of the report.

An investigative consumer reporting agency shall provide a consumer seeking to obtain a copy of a report or making a request to review a file, a written notice in simple, plain English and Spanish setting forth the terms and conditions of his or her right to receive all disclosures, as provided in CA Civil Code Section 1786.26.

This report was prepared using software provided by RP On-Site LLC, which can be contacted at: 2201 Lakeside Blvd., Richardson, TX 75082; 1-877-222-0384; or https://www.on-site.com/request-rental-report-or-submit-dispute/.

Avisos obligatorios en el estado de California

El presente informe no garantiza la exactitud ni la veracidad de la información con respecto al tema de investigación, sino únicamente que es una copia exacta de los registros públicos y es posible que la información generada como consecuencia del robo de identidad, incluidos los registros de antecedentes delictivos, se haya asociado por error con el consumidor objeto del presente informe.

Una agencia de investigación de verificación de crédito proporcionará al consumidor que desee obtener una copia de un informe o que solicite la revisión de un archivo un aviso por escrito en inglés y español, escrito en un lenguaje simple y claro, que establezca los términos y condiciones de su derecho a recibir todas las divulgaciones conforme a la Sección 1786.26 del Código Civil de California.

Este informe se preparo con el software proporcionado pro RP On-Site LLC, que puede contractarse en: 2201 Lakeside Blvd., Richardson, TX 75082; 1-877-222-0384; or https://www.on-site.com/request-rental-report-or-submit-dispute/.

Rental Report for Nidhi Rawal

Overall Recommendation	
9.8 / 10 **APPROVE**	This application meets your requirements based on your Property's Screening Criteria. On-Site makes no independent assessment of an applicant's qualifications.

Score for Nidhi Rawal: 4.3 / 10

		Importance	Result
Total monthly income to rent ratio exceeds 3.0		Extremely	
Gross monthly income after rent and estimated debt exceeds 25.0% of the monthly income		Extremely	
Maximum percentage of past due negative accounts is less than 50.0%		Very	
Unpaid collections and grossly delinquent past due balances do not exceed $1,000.00		Very	
May have been through a bankruptcy		Not Very	
Criminal and Other Public Records: Felony Convictions		Pass/Fail	
Total Considered Felony Convictions	None	Pass/Fail	
Alcohol	None in the last 5 years	Pass/Fail	
Bad Check	None in the last 5 years	Pass/Fail	
Criminal Other	None in the last 5 years	Pass/Fail	
Drug Manufacture Distribution	None ever	Pass/Fail	
Drug Marijuana Use	None in the last 5 years	Pass/Fail	

Drug Meth Manufacture	None in the last 15 years	Pass/Fail	
Drug Use	None in the last 5 years	Pass/Fail	
Fraud	None in the last 15 years	Pass/Fail	
Government Obstruction	None in the last 10 years	Pass/Fail	
Kidnapping	None in the last 15 years	Pass/Fail	
Property Destruction	None in the last 15 years	Pass/Fail	
Property Other	None in the last 5 years	Pass/Fail	
Property Theft	None in the last 15 years	Pass/Fail	
Prostitution	None in the last 15 years	Pass/Fail	
Sex Offense Coerced	None in the last 15 years	Pass/Fail	
Sex Offense Willful	None in the last 15 years	Pass/Fail	
Society Other	None in the last 10 years	Pass/Fail	
Violent Fatal	None in the last 15 years	Pass/Fail	
Violent Non Fatal	None in the last 15 years	Pass/Fail	
Weapons	None in the last 15 years	Pass/Fail	
Wildlife	None ever	Pass/Fail	
Criminal and Other Public Records: Misdemeanor Convictions		Pass/Fail	
Total Considered Misdemeanor Convictions	None	Pass/Fail	
Bad Check	None in the last 3 years	Pass/Fail	
Criminal Other	None in the last 3 years	Pass/Fail	
Drug Manufacture Distribution	None ever	Pass/Fail	
Drug Meth Manufacture	None in the last 10 years	Pass/Fail	
Fraud	None in the last 10 years	Pass/Fail	
Government Obstruction	None in the last 5 years	Pass/Fail	
Kidnapping	None in the last 15 years	Pass/Fail	
Property Destruction	None in the last 10 years	Pass/Fail	
Property Other	None in the last 3 years	Pass/Fail	
Property Theft	None in the last 10 years	Pass/Fail	
Prostitution	None in the last 15 years	Pass/Fail	
Sex Offense Coerced	None in the last 15 years	Pass/Fail	
Sex Offense Willful	None in the last 15 years	Pass/Fail	
Society Other	None in the last 3 years	Pass/Fail	
Violent Fatal	None in the last 15 years	Pass/Fail	

Violent Non Fatal	None in the last 15 years	Pass/Fail	👍
Weapons	None in the last 10 years	Pass/Fail	👍
Wildlife	None in the last 3 years	Pass/Fail	👍
Alcohol	-	Not Considered	N/A
Drug Marijuana Use	-	Not Considered	N/A
Drug Use	-	Not Considered	N/A
Is not a registered sex offender		Pass/Fail	👍

Credit Quick Summary

Custom scoring for this report:

Medical collections not considered
Do not consider mortgages in default.
Student loans not considered
Do not consider foreclosures.

Total monthly income (reported by Applicant)	$250.00
Total combined monthly income to rent ratio	0.07 (based on rent of $3,350.00)
Estimated monthly debt and rent payments	$4,700.00 (1,880% of monthly income)
Total number of accounts	2
Accounts with no late payments	2 (0 unpaid past due)
Accounts paid 30-59 days past due	0 (0 unpaid past due)
Accounts paid 60-89 days past due	0 (0 unpaid past due)
Accounts paid more than 90 days past due	0 (0 unpaid past due)
Total outstanding balance	$49,977.00 ($0.00 past due)
Outstanding revolving debt	$5,731.00 (8% of limit) ($0.00 past due)
Outstanding loan balance	$44,246.00 ($0.00 past due)
Bankruptcies, foreclosures, and legal items	0
Collection total balance (includes past due)	$0.00

Identity	From Application	From Equifax
Name:	Nidhi Rawal	NIDHI RAWAL
SSN:	543-63-****	543-63-****
Birth Date:	1/**/2003	1/**/2003

Addresses	From Application	From Equifax
	5400 LIPAN APACHE BND AUSTIN, TX 78738 - US	5400 LIPAN APACHE BND. AUSTIN, TX 78738 (Applicant) Reported 4/2024

Employment	From Application	From Equifax
Applicant:	Fashion and Beauty Model Sole proprietor $3,000.00/Yr. Total monthly Income: $250.00	

Criminal and Other Public Records

Requested For	Location Searched	Period Searched	Requested	Returned
Nidhi Rawal	Multistate Search	4/22/2017 - 4/22/2024	4/22/2024	4/22/2024

Results
No Records Found

National Sex Offender Registry History

Requested For	Date Requested	Date Returned
Nidhi Rawal	4/22/2024	4/22/2024

Results
No Records Found

Restricted Person Search

Requested For	Requested	Returned
Nidhi Rawal	4/22/2024	4/22/2024

Results
No Records Found

Credit Accounts

From Equifax

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
TOYOTA MOTOR CREDIT (Applicant)	5/2022	2/2024					$44,246.00

Monthly Payment	High Credit	Type	Comments
$1,157.00	$64,373.00	INSTALLMENT	FIXED RATE Rate/Status 1: Pays account as agreed

Payment History

0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
3/ 24	1/ 24	11/ 23	9/ 23	7/ 23	5/ 23	3/ 23	1/ 23	11/ 22	9/ 22	7/ 22											

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
JPMCB - CARD SERVICE (Applicant)	11/2018	3/2024					$5,731.00

Monthly Payment	High Credit	Type	Comments
$193.00	$7,280.00	REVOLVING	Rate/Status 1: Pays account as agreed

Payment History

0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
4/ 24	2/ 24	12/ 23	10/ 23	8/ 23	6/ 23	4/ 23	2/ 23	12/ 22	10/ 22	8/ 22	6/ 22												

Para información en español, visite www.consumerfinance.gov/learnmore o escribe a la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under FCRA. **For more information, including information about additional rights, go to www.consumerfinance.gov/learnmore or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your "file disclosure"). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
  - a person has taken adverse action against you because of information in your credit report;
  - you are the victim of identity theft and place a fraud alert in your file;
  - your file contains inaccurate information as a result of fraud;
  - you are on public assistance;
  - you are unemployed but expect to apply for employment within 60 days.

In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.consumerfinance.gov/learnmore for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.consumerfinance.gov/learnmore for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete, or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need – usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.consumerfinance.gov/learnmore
- **You may limit "prescreened" offers of credit and insurance you get based on information in your credit report.** Unsolicited "prescreened" offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address form the lists these offers are based on. You may opt out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).
- The following FCRA right applies with respect to nationwide consumer reporting agencies:

  CONSUMERS HAVE THE RIGHT TO OBTAIN A SECURITY FREEZE

  You have a right to place a "security freeze" on your credit report, which will prohibit a consumer reporting agency from releasing information in your credit report without your express authorization. The security freeze is designed to prevent credit, loans, and services from being approved in your name without your consent. However, you should be aware that using a security freeze to take control over who gets access to the personal and financial information in your credit report may delay, interfere with, or prohibit the timely approval of any subsequent request or application you make regarding a new loan, credit, mortgage, or any other account involving the extension of credit.

  As an alternative to a security freeze, you have the right to place an initial or extended fraud alert on your credit file at no cost. An initial fraud alert is a 1-year alert that is placed on a consumer's credit file. Upon seeing a fraud alert display on a consumer's credit file, a business is required to take steps to verify the consumer's identity before extending new credit. If you are a victim of identity theft, you are entitled to an extended fraud alert, which is a fraud alert lasting 7 years.

  A security freeze does not apply to a person or entity, or its affiliates, or collection agencies acting on behalf of the person or entity, with which you have an existing account that requests information in your credit report for the purposes of reviewing or collecting the account. Reviewing the account includes activities related to account maintenance, monitoring, credit line increases, and account upgrades and enhancements.

- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.consumerfinance.gov/learnmore.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For information about your federal rights, contact:

TYPE OF BUSINESS:	CONTACT:
1.a. Banks, savings associations, and credit unions with total assets of over $10 billion and their affiliates b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the CFPB:	a. Consumer Financial Protection Bureau 1700 G Street, N.W. Washington, DC 20552 b. Federal Trade Commission Consumer Response Center 600 Pennsylvania Avenue, N.W. Washington, DC 20580 (877) 382-4357
2. To the extent not included in item 1 above: a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and Insured State Branches of Foreign Banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act. c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations d. Federal Credit Unions	a. Office of the Comptroller of the Currency Customer Assistance Group 1301 McKinney Street, Suite 3450 Houston, TX 77010-9050 b. Federal Reserve Consumer Help Center P.O. Box 1200 Minneapolis, MN 55480 c. FDIC Consumer Response Center 1100 Walnut Street, Box #11 Kansas City, MO 64106 d. National Credit Union Administration Office of Consumer Financial Protection (OCFP) Division of Consumer Compliance Policy and Outreach 1775 Duke Street Alexandria, VA 22314
3. Air carriers	Asst. General Counsel for Aviation Enforcement & Proceedings Aviation Consumer Protection Division Department of Transportation 1200 New Jersey Avenue, S.E. Washington, DC 20590
4. Creditors Subject to the Surface Transportation Board	Office of Proceedings, Surface Transportation Board Department of Transportation 395 E Street, S.W. Washington, DC 20423
5. Creditors Subject to the Packers and Stockyards Act, 1921	Nearest Packers and Stockyards Administration area supervisor
6. Small Business Investment Companies	Associate Deputy Administrator for Capital Access United States Small Business Administration 409 Third Street, S.W., Suite 8200 Washington, DC 20416
7. Brokers and Dealers	Securities and Exchange Commission 100 F Street, N.E. Washington, DC 20549
8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations	Farm Credit Administration 1501 Farm Credit Drive McLean, VA 22102-5090
9. Retailers, Finance Companies, and All Other Creditors Not Listed Above	Federal Trade Commission Consumer Response Center 600 Pennsylvania Avenue, N.W. Washington, DC 20580 (877) 382-4357

A Summary of Your Additional Rights in New York

You have a right to place a "security freeze" on your credit report, which will prohibit a consumer credit reporting agency from releasing information in your credit report without your express authorization. A security freeze must be requested in writing by certified or overnight mail. The security freeze is designed to prevent credit, loans, and services from being approved in your name without your consent.

To place a security freeze on your credit report, you must contact each of these credit reporting agencies:

Equifax Security Freeze
P.O. Box 105788
Atlanta, GA 30348
(800) 685-1111
https://www.freeze.equifax.com

Experian Security Freeze
P.O. Box 9554
Allen, TX 75013
(888) 397-3742
https://www.experian.com/freeze/center.html

TransUnion LLC
P.O. Box 2000
Chester, PA 19022-2000
(888) 909-8872
www.transunion.com/personal-credit/credit-disputes/credit-freezes.page

However, you should be aware that using a security freeze to take control over who gets access to the personal and financial information in your credit report may delay, interfere with, or prohibit the timely approval of any subsequent request or application you make regarding a new loan, credit mortgage, government services or payments, insurance, rental housing, employment, investment, license, cellular phone, utilities, digital signature, Internet credit card transaction, or other services, including an extension of credit at point of sale. When you place a security freeze on your credit report, you will be provided a personal identification number or password to use if you choose to remove the freeze on your credit report or authorize the release of your credit report to a specific party or for a period of time after the freeze is in place. To provide that authorization you must contact the consumer credit reporting agency and provide all of the following:

1. The personal identification number or password;
2. Proper identification to verify your identity;
3. The proper information regarding the party or parties who are to receive the credit report or the period of time for which the report shall be available to users of the credit report; and
4. Payment of any applicable fee.

A consumer reporting agency must authorize the release of your credit report no later than three business days after receiving the above information.

A security freeze does not apply to circumstances in which you have an existing account relationship and a copy of your report is requested by your existing creditor or its agents or affiliates for certain types of account review, collection, fraud control or similar activities.

If you are actively seeking credit, you should understand that the procedures involved in lifting a security freeze may slow your application for credit. You should plan ahead and lift a freeze, either completely if you are shopping around, or specifically for a certain creditor, before applying for new credit.

Additional rights under your state's law, which are also in the federal Fair Credit Reporting Act, are explained in the enclosed Summary of Your Rights under the Fair Credit Reporting Act.

Wells Fargo Everyday Checking

MINAR R RAWAL
RAKESH R RAWAL
POD DHRUV RAWAL
5400 LIPAN APACHE BND
AUSTIN TX 78738-4073

Questions?

Available by phone 24 hours a day, 7 days a week:
We accept all relay calls, including 711
1-800-742-4932

En español: 1-877-727-2932

Online: wellsfargo.com

Write: Wells Fargo Bank, N.A. (808)
P.O. Box 6995
Portland, OR 97228-6995

You and Wells Fargo

Thank you for being a loyal Wells Fargo customer. We value your trust in our company and look forward to continuing to serve you with your financial needs.

Account options

A check mark in the box indicates you have these convenient services with your account(s). Go to wellsfargo.com or call the number above if you have questions or if you would like to add new services.

Online Banking	☑	Direct Deposit	☐
Online Bill Pay	☑	Auto Transfer/Payment	☐
Online Statements	☑	Overdraft Protection	☐
Mobile Banking	☑	Debit Card	
My Spending Report	☑	Overdraft Service	☐

Other Wells Fargo Benefits

Don't fall for an IRS imposter scam. Learn to spot scams and help avoid tax fraud at www.wellsfargo.com/spottaxscams.

Statement period activity summary

Beginning balance on 2/27	$60,233.43
Deposits/Additions	300,442.66
Withdrawals/Subtractions	- 123.19
Ending balance on 3/25	**$360,552.90**

Account number: **2062245697**
MINAR R RAWAL
RAKESH R RAWAL
POD DHRUV RAWAL

Texas/Arkansas account terms and conditions apply

For Direct Deposit use
Routing Number (RTN): 111900659

Overdraft Protection

This account is not currently covered by Overdraft Protection. If you would like more information regarding Overdraft Protection and eligibility requirements please call the number listed on your statement or visit your Wells Fargo branch.

Transaction history

Date	Check Number	Description	Deposits/ Additions	Withdrawals/ Subtractions	Ending daily balance
2/28		Paypal Inst Xfer 240228 Google Google S Minar Rawal		3.19	60,230.24
3/6		Deposit Made In A Branch/Store	442.66		60,672.90
3/11		Safe Box Annual Fee TX-Wba01359-337		120.00	60,552.90
3/25		Online Transfer From Rawal D Everyday Checking xxxxxx0547 Ref #Ib022F6RC9 on 03/23/24	300,000.00		360,552.90
Ending balance on 3/25					**360,552.90**
Totals			**$300,442.66**	**$123.19**	

The Ending Daily Balance does not reflect any pending withdrawals or holds on deposited funds that may have been outstanding on your account when your transactions posted. If you had insufficient available funds when a transaction posted, fees may have been assessed.

Monthly service fee summary

For a complete list of fees and detailed account information, see the disclosures applicable to your account or talk to a banker. Go to wellsfargo.com/feefaq for a link to these documents, and answers to common monthly service fee questions.

Fee period 02/27/2024 - 03/25/2024	Standard monthly service fee $10.00	You paid $0.00
How to avoid the monthly service fee	Minimum required	This fee period
Have any **ONE** of the following each fee period		
• Minimum daily balance	$500.00	$60,230.24 ÷
• Total amount of qualifying electronic deposits	$500.00	$0.00
• Age of primary account owner	17 - 24	
• Account is linked to a Wells Fargo Campus ATM Card or Campus Debit Card	1	0

RC/RC

IMPORTANT ACCOUNT INFORMATION

NEW YORK CITY CUSTOMERS ONLY -- Pursuant to New York City regulations, we request that you contact us at 1-800-TO WELLS (1-800-869-3557) to share your language preference.

WELLS FARGO

Worksheet to balance your account

Follow the steps below to reconcile your statement balance with your account register balance. Be sure that your register shows any interest paid into your account and any service charges, automatic payments or ATM transactions withdrawn from your account during this statement period.

A **Enter the ending balance** on this statement. $ _____

B **List outstanding deposits and other credits** to your account that do not appear on this statement. **Enter the total** in the column to the right.

Description	Amount
Total	$

+ $ _____

C **Add A and B** to calculate the subtotal. = $ _____

D **List outstanding checks, withdrawals, other debits** to your account that do not appear on this statement. **Enter the total** in the column to the right.

Number/Description	Amount
Total	$

- $ _____

E **Subtract D from C** to calculate the adjusted ending balance. This amount should be the same as the current balance shown in your register. = $ _____

Important Information You Should Know

- **To dispute or report inaccuracies in information we have furnished to a Consumer Reporting Agency about your accounts.** Wells Fargo Bank, N.A. may furnish information about deposit accounts to Early Warning Services. You have the right to dispute the accuracy of information that we have furnished to a consumer reporting agency by writing to us at Overdraft Collection and Recovery, P.O. Box 5058, Portland, OR 97208-5058. Include with the dispute the following information as available: Full name (First, Middle, Last), Complete address, The account number or other information to identify the account being disputed, Last four digits of your social security number, Date of Birth. Please describe the specific information that is inaccurate or in dispute and the basis for the dispute along with supporting documentation. If you believe the information furnished is the result of identity theft, please provide us with an identity theft report.
- **If your account has a negative balance:** Please note that an account overdraft that is not resolved 60 days from the date the account first became overdrawn will result in closure and charge off of your account. In this event, it is important that you make arrangements to redirect recurring deposits and payments to another account. The closure will be reported to Early Warning Services. We reserve the right to close and/or charge-off your account at an earlier date, as permitted by law. The laws of some states require us to inform you that this communication is an attempt to collect a debt and that any information obtained will be used for that purpose.
- **In case of errors or questions about your electronic transfers:** Telephone us at the number printed on the front of this statement or write us at Wells Fargo Bank, P.O. Box 6995, Portland, OR 97228-6995 as soon as you can, if you think your statement or receipt is wrong or if you need more information about a transfer on the statement or receipt. We must hear from you no later than 60 days after we sent you the FIRST statement on which the error or problem appeared.
  1. Tell us your name and account number (if any).
  2. Describe the error or the transfer you are unsure about, and explain as clearly as you can why you believe it is an error or why you need more information.
  3. Tell us the dollar amount of the suspected error.

  We will investigate your complaint and will correct any error promptly. If we take more than 10 business days to do this, we will credit your account for the amount you think is in error, so that you will have the use of the money during the time it takes us to complete our investigation.
- **In case of errors or questions about other transactions (that are not electronic transfers):**

  Promptly review your account statement within 30 days after we made it available to you, and notify us of any errors.
- To download and print an Account Balance Calculation Worksheet (PDF) to help you balance your checking or savings account, enter www.wellsfargo.com/balancemyaccount in your browser on either your computer or mobile device.

EQUAL HOUSING LENDER

TMH
P. O. BOX 609
COLUMBIA, MS 39429-0609

RAKESH & MINAR RAWAL
5400 LIPAN APACHE BEND
AUSTIN, TX 78738

CLIENT'S COPY

Tax Return Carryovers to 2023

NAME: RAKESH R. & MINAR RAWAL ID Number: 604-80-1233

Disallowing Form	Description	Originating Form	Entity/ Activity	St/ City	Amount
7203AMT	SCH E - SHIVSHAKTI NAMAY, INC.	SCH E P2	2		4,213.
7203AMT	STATE SCH E - SHIVSHAKTI NAMAY, INC.	SCH E P2	2		6,981.
1116	PASSIVE INC C/O FROM 2013	1116			4.
1116AMT	PASSIVE INC C/O FROM 2013	1116 AMT			9.

212541 04-01-22

Direct Deposit/Debit Report

Name: RAKESH R. & MINAR RAWAL ID Number: 604-80-1233

Unit	Form	Name of Financial Institution	Account Type	Routing Number	Account Number	Debit/Deposit Date	Amount
MO	MO-1040	REGIONS BANK	CHECKING	065305436	0162229990	DEPOSIT	5,072.

P. O. BOX 609
COLUMBIA, MS 39429
T 601.736.3449
tmhcpas.com

CLIENT: 20606400
OCTOBER 16, 2023

RAKESH R. & MINAR RAWAL
1041 LEMOYNE BLVD
PRENTISS, MS 39474

CASHRAWAL84@YAHOO.COM

PROFESSIONAL SERVICES RENDERED IN THE PREPARATION OF YOUR 2022 INDIVIDUAL INCOME TAX RETURNS, INCLUDING:

FORM 1040, U.S. INDIVIDUAL INCOME TAX RETURN
SCHEDULE 1, ADDITIONAL INCOME AND ADJUSTMENTS TO INCOME
SCHEDULE 2, ADDITIONAL TAXES
SCHEDULE 8812, CREDITS FOR QUALIFYING CHILDREN & DEP
SCHEDULE A, ITEMIZED DEDUCTIONS
SCHEDULE D AMT, CAPITAL GAINS AND LOSSES ALT MIN
SCHEDULE D, CAPITAL GAINS AND LOSSES
SCHEDULE E, SUPPLEMENTAL INCOME AND LOSS PAGE 2
FORM 1040-V, PAYMENT VOUCHER
FORM 1116, FOREIGN TAX CREDIT
FORM 1116, FOREIGN TAX CREDIT (AMT)
FORM 2210, UNDERPAYMENT OF ESTIMATED TAX BY INDIVIDUALS
FORM 4797, SALES OF BUSINESS PROPERTY
FORM 4797, SALES OF BUSINESS PROPERTY (AMT)
FORM 6251, ALTERNATIVE MINIMUM TAX
FORM 8879, E-FILE SIGNATURE AUTHORIZATION
FORM 8960, NET INVESTMENT INCOME TAX
FORM 8962, PREMIUM TAX CREDIT (PTC)
FORM 8995-A, QUALIFIED BUSINESS INCOME DEDUCTION
7203 ALT MIN, SCORP SHAREHOLDERS STOCK AND DEBT BASIS
7203, S CORP SHAREHOLDER STOCK AND DEBT BASIS LIMIT
PPIN, PRACTITIONER PIN
TWO-YEAR COMPARISON WORKSHEET
MO 1040, INDIVIDUAL INCOME TAX RETURN
MO A, INDIVIDUAL INCOME TAX ADJUSTMENTS
MO NRI, NONRESIDENT INCOME PERCENTAGE
MS 80-105, RESIDENT INDIVIDUAL INCOME TAX RETURN
MS 80-107, INCOME/WITHHOLDING TAX SCHEDULE
MS 80-106, PAYMENT VOUCHER FOR INDIVIDUAL INCOME TAX
MS 80-108, ADJUSTMENTS AND CONTRIBUTIONS
MS 80-160, TAX CREDIT FOR TAX PAID TO OTHER STATES
MS 80-320, INTEREST ON UNDERESTIMATE OF INCOME TAX
MS 8453, DECLARATION FOR ELECTRONIC FILING

P. O. BOX 609
COLUMBIA, MS 39429
T 601.736.3449
tmhcpas.com

RAKESH R. & MINAR RAWAL
1041 LEMOYNE BLVD
PRENTISS, MS 39474

TAX PREPARATION FEE	$ 1795.00

Two-Year Comparison Worksheet

2022

Name(s) as shown on return: RAKESH R. & MINAR RAWAL

Social security number: 604-80-1233

2021 Filing Status: MARRIED FILING JOINT

2022 Filing Status: MARRIED FILING JOINT

2021 Tax Bracket: 22.0%

2022 Tax Bracket: 32.0%

Description	Tax Year 2021	Tax Year 2022	Increase (Decrease)
WAGES, SALARIES, AND TIPS	57,395.	16,150.	-41,245.
SCHEDULE B - TAXABLE INTEREST	412.	0.	-412.
SCHEDULE D (CAPITAL GAIN/LOSS)	0.	173,192.	173,192.
FORM 4797 (OTHER GAINS OR LOSSES)	0.	145,462.	145,462.
SCHEDULE E (RENTAL AND PASSTHROUGH)	132,149.	84,543.	-47,606.
TOTAL INCOME	189,956.	419,347.	229,391.
SELF-EMPLOYED HEALTH INS. DEDUCTION	15,981.	0.	-15,981.
TOTAL ADJUSTMENTS	15,981.	0.	-15,981.
ADJUSTED GROSS INCOME	173,975.	419,347.	245,372.
TAXES	10,000.	10,000.	0.
INTEREST (DEDUCTIBLE)	30,085.	26,200.	-3,885.
CONTRIBUTIONS	0.	74.	74.
TOTAL ITEMIZED DEDUCTIONS	40,085.	36,274.	-3,811.
QUALIFIED BUSINESS INCOME DEDUCTION	26,430.	16,909.	-9,521.
TOTAL DEDUCTIONS	66,515.	53,183.	-13,332.
TAXABLE INCOME	107,460.	366,164.	258,704.
TAX	15,138.	59,963.	44,825.
EXCESS ADVANCE PTC REPAYMENT	0.	3,456.	3,456.
TAX BEFORE CREDITS	15,138.	63,419.	48,281.
CHILD TAX CR. AND CR. FOR OTH. DEP.	500.	0.	-500.
TAX AFTER NON-REFUNDABLE CREDITS	14,638.	63,419.	48,781.
TOTAL TAX	14,638.	63,419.	48,781.
FED. INCOME TAX WITHHELD, FORM W-2	4,800.	1,719.	-3,081.
ESTIMATED TAX PAYMENTS	51.	0.	-51.
TOTAL PAYMENTS	4,851.	1,719.	-3,132.
FORM 2210/2210F (EST. TAX PENALTY)	165.	576.	411.
BALANCE DUE (INCLUDING 2210/2210F)	9,952.	62,276.	52,324.
LATE PAYMENT/LATE FILING PEN. & INT.	578.	4,404.	3,826.
TOTAL DUE AFTER PENALTY & INTEREST	10,530.	66,680.	56,150.
MISSISSIPPI STATE RETURN			
TAXABLE INCOME	122,011.	367,952.	245,941.
TAX	5,561.	17,798.	12,237.
NON-REFUNDABLE CREDITS	1,506.	13,294.	11,788.
PAYMENTS	0.	571.	571.
BALANCE DUE INCLUDING PEN. & INT.	4,449.	4,298.	-151.
MISSOURI STATE RETURN			
TAXABLE INCOME	36,915.	271,875.	234,960.
TAX	1,872.	14,134.	12,262.
PAYMENTS	2,890.	0.	-2,890.

Two-Year Comparison Worksheet

2022

Name(s) as shown on return: RAKESH R. & MINAR RAWAL

Social security number: 604-80-1233

2021 Filing Status: MARRIED FILING JOINT

2022 Filing Status: MARRIED FILING JOINT

2021 Tax Bracket: 22.0%

2022 Tax Bracket: 32.0%

Description	Tax Year 2021	Tax Year 2022	Increase (Decrease)
AMOUNT REFUNDED	1,018.	5,072.	4,054.

P. O. BOX 609
COLUMBIA, MS 39429
T 601.736.3449
tmhcpas.com

October 15, 2023

Rakesh R. & Minar Rawal
1041 Lemoyne Blvd
Prentiss, MS 39474

Dear Mr. and Mrs. Rawal:

Enclosed are your 2022 income tax returns.

Specific filing instructions are as follows.

FEDERAL INCOME TAX RETURN:

This return has been prepared for electronic filing and the practitioner PIN program has been elected. Please sign and return Form 8879 to our office. We will then transmit your return electronically to the IRS. Do not mail the paper copy of the return to the IRS. Return federal Form 8879 to us by October 16, 2023.

Your check for $66,680, payable to the United States Treasury, must be paid by October 16, 2023. Be sure to include your payment with Form 1040-V, Form 1040 Payment Voucher. Include your social security number, daytime phone number, and the words "2022 Form 1040" on your check.

Mail to - Internal Revenue Service Center
P.O. Box 1214
Charlotte, NC 28201-1214

MISSISSIPPI INCOME TAX RETURN:

This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the MSDOR, please sign, date, and return Form MS 8453 to our office. We will then submit your electronic return to the MSDOR. Do not mail the paper copy of the return to the MSDOR. Return Form MS 8453 to us by October 16, 2023.

Your check for $4,298, payable to Mississippi Department of Revenue, must be mailed by October 16, 2023. Be sure to attach your payment to Mississippi Payment Voucher 80-106, Payment Voucher. Include your social security number on your check.

Mail to - Department of Revenue
PO Box 23192
Jackson, MS 39225-3192

MISSOURI INCOME TAX RETURN:

This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the MODOR, please sign, date, and return federal Form 8879 to our office. We will then submit your electronic return to the MODOR. Do not mail the paper copy of the return to the MODOR. Return federal Form 8879 to us by October 16, 2023.

No payment is required as you are to receive a refund in the amount of $5,072. Your refund will be deposited directly into your account ending in 9990. Refer to Form MO-1040 on the Direct Deposit/Debit Report for complete account information.

Your copies of the returns are enclosed for your files. We suggest that you retain these copies indefinitely.

Very truly yours,

Michael W. Davis, CPA

Form **8879** (Rev. January 2021)
Department of the Treasury
Internal Revenue Service

IRS e-file Signature Authorization

▶ **ERO must obtain and retain completed Form 8879.**
▶ **Go to www.irs.gov/Form8879 for the latest information.**

OMB No. 1545-0074

Submission Identification Number (SID) ▶

Taxpayer's name	Social security number
RAKESH R. RAWAL	604 80 1233
Spouse's name	**Spouse's social security number**
MINAR RAWAL	615 94 8613

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	419,347.
2	Total tax	2	63,419.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	1,719.
4	Amount you want refunded to you	4	
5	Amount you owe *	5	62,276.

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.

* INCLUDES LATE PENALTIES AND INTEREST: 66,680.

Taxpayer's PIN: check one box only

☒ I authorize TMH to enter or generate my PIN 41233 as my
ERO firm name **Enter five digits, but don't enter all zeros**
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 TMH to enter or generate my PIN 58613 as my
ERO firm name **Enter five digits, but don't enter all zeros**
signature on the income tax return (original or amended) I am now authorizing.

☐ 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. 6404622190 0
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 ▶ 10/15/2023

219995 04-01-22

ERO Must Retain This Form - See Instructions
Don't Submit This Form to the IRS Unless Requested To Do So

Tax Year 2022 e-file Jurat/Disclosure
for Form 1040 or 1040NR
using Practitioner PIN method
(with or without Electronic Funds Withdrawal)

ERO Declaration

I declare that the information contained in this electronic tax return is the information furnished to me by the taxpayer. If the taxpayer furnished me a completed tax return, I declare that the information contained in this electronic tax return is identical to that contained in the return provided by the taxpayer. If the furnished return was signed by a paid preparer, I declare I have entered the paid preparer's identifying information in the appropriate portion of this electronic return. If I am the paid preparer, under the penalties of perjury I declare that I have examined this electronic return, and to the best of my knowledge and belief, it is true, correct, and complete. This declaration is based on all information of which I have any knowledge.

ERO Signature

I am signing this Tax Return by entering my PIN below.

ERO's PIN 64046221900

(enter EFIN plus 5 self-selected numerics)

Taxpayer Declarations

Perjury Statement

Perjury Statement (1040 and 1040NR)

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct and complete. Declaration of preparer (other than the taxpayer) is based on all information of which the preparer has any knowledge.

Perjury Statement (104X)

Under penalties of perjury, I declare that I have filed an original return and that I have examined this amended return, including accompanying schedules and statements, and to the best of my knowledge and belief, this amended return is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information about which the preparer has any knowledge.

Consent to Disclosure

I consent to allow my Intermediate Service Provider, transmitter, or Electronic Return Originator (ERO) to send my return/form to IRS and to receive the following information from IRS: a) an acknowledgment of receipt or reason for rejection of transmission; b) the reason for any delay in processing or refund; and, c) the date of any refund.

Electronic Funds Withdrawal Consent

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 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 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 am signing this Tax Return and Electronic Funds Withdrawal Consent, if applicable, by entering my Self-Select PIN below.

Taxpayer's PIN: 41233 Date 10152023

Spouse's PIN: 58613

2022 Form 1040-V

Department of the Treasury
Internal Revenue Service

Paperwork Reduction Act Notice.

We ask for the information on Form 1040-V to help us carry out the Internal Revenue laws of the United States. If you use Form 1040-V, you must provide the requested information. Your cooperation will help us ensure that we are collecting the right amount of tax.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Internal Revenue Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For the estimated averages, see the instructions for your income tax return. If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.

210681 05-16-22

LHA

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions. ▼ **DETACH HERE** ▼ Form **1040-V** (2022)

Department of the Treasury
Internal Revenue Service

OMB No. 1545-0074
2022

Form 1040-V Payment Voucher

- ▶ Use this voucher when making a payment with Form 1040
- ▶ Do not staple this voucher or your payment to Form 1040
- ▶ Make your check or money order payable to the "United States Treasury."
- ▶ Write your social security number (SSN) on your check or money order.

Enter the amount of your payment ▶	Dollars	Cents
	66,680	

1019

RAKESH R. & MINAR RAWAL
1041 LEMOYNE BLVD
PRENTISS, MS 39474

P.O. BOX 1214
CHARLOTTE, NC 28201-1214

604801233 NY RAWA 30 0 202212 610

Form **1040** Department of the Treasury - Internal Revenue Service

U.S. Individual Income Tax Return

2022 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 ☐ Married filing separately (MFS) ☐ Head of household (HOH) ☐ Qualifying surviving spouse (QSS)

If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent

Your first name and middle initial	Last name	Your social security number
RAKESH R.	RAWAL	604 80 1233
If joint return, spouse's first name and middle initial	Last name	Spouse's social security number
MINAR	RAWAL	615 94 8613

Home address (number and street). If you have a P.O. box, see instructions. 1041 LEMOYNE BLVD — Apt. no.

City, town, or post office. If you have a foreign address, also complete spaces below. PRENTISS — State MS — ZIP code 39474

Foreign country name — Foreign province/state/county — Foreign postal code

Presidential Election Campaign Check here if you, or your spouse if filing jointly, want $3 to go to this fund. Checking a box below will not change your tax or refund. ☐ You ☐ Spouse

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 ☒ 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

Dependents (see instructions):

If more than four dependents, see instr. and check here ☐ (1) First name Last name	(2) Social security number	(3) Relationship to you	(4) Check the box if qualifies for (see instr.): Child tax credit	Credit for other dependents
NIDHI RAWAL	543-63-9942	DAUGHTER	☐	☒
			☐	☐
			☐	☐
			☐	☐

Income

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.

If you did not get a Form W-2, see instructions.

1a	Total amount from Form(s) W-2, box 1 (see instructions) STMT 1	1a	16,150.
b	Household employee wages not reported on Form(s) W-2	1b	
c	Tip income not reported on line 1a (see instructions)	1c	
d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)	1d	
e	Taxable dependent care benefits from Form 2441, line 26	1e	
f	Employer-provided adoption benefits from Form 8839, line 29	1f	
g	Wages from Form 8919, line 6	1g	
h	Other earned income (see instructions)	1h	
i	Nontaxable combat pay election (see instructions) 1i		
z	Add lines 1a through 1h	1z	16,150.
2a	Tax-exempt interest 2a — b Taxable interest	2b	
3a	Qualified dividends 3a — b Ordinary dividends	3b	
4a	IRA distributions 4a — b Taxable amount	4b	
5a	Pensions and annuities 5a — b Taxable amount	5b	
6a	Social security benefits 6a — b Taxable amount	6b	
c	If you elect to use the lump-sum election method, check here (see instructions) ☐		
7	Capital gain or (loss). Attach Schedule D if required. If not required, check here ☐	7	173,192.
8	Other income from Schedule 1, line 10	8	230,005.
9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your **total income**	9	419,347.
10	Adjustments to income from Schedule 1, line 26	10	
11	Subtract line 10 from line 9. This is your **adjusted gross income**	11	419,347.
12	**Standard deduction or itemized deductions** (from Schedule A)	12	36,274.
13	Qualified business income deduction from Form 8995 or Form 8995-A	13	16,909.
14	Add lines 12 and 13	14	53,183.
15	Subtract line 14 from line 11. If zero or less, enter -0-. This is your **taxable income**	15	366,164.

Attach Sch. B if required.

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.

Tax and Credits	16	**Tax** (see instructions). Check if any from Form(s): 1 ☐ 8814 2 ☐ 4972 3 ☐		16	59,963.
	17	Amount from Schedule 2, line 3		17	3,456.
	18	Add lines 16 and 17		18	63,419.
	19	Child tax credit or credit for other dependents from Schedule 8812		19	
	20	Amount from Schedule 3, line 8		20	
	21	Add lines 19 and 20		21	
	22	Subtract line 21 from line 18. If zero or less, enter -0-		22	63,419.
	23	Other taxes, including self-employment tax, from Schedule 2, line 21		23	
	24	Add lines 22 and 23. This is your **total tax**		24	63,419.
Payments	25	Federal income tax withheld from:			
	a	Form(s) W-2 SEE STATEMENT 3	25a 1,719.		
	b	Form(s) 1099	25b		
	c	Other forms (see instructions)	25c		
	d	Add lines 25a through 25c		25d	1,719.
If you have a qualifying child, attach Sch. EIC.	26	2022 estimated tax payments and amount applied from 2021 return		26	
	27	Earned income credit (EIC)	27		
	28	Additional child tax credit from Schedule 8812	28		
	29	American opportunity credit from Form 8863, line 8	29		
	30	Reserved for future use	30		
	31	Amount from Schedule 3, line 15	31		
	32	Add lines 27, 28, 29, and 31. These are your **total other payments and refundable credits**		32	
	33	Add lines 25d, 26, and 32. These are your **total payments**		33	1,719.
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you **overpaid**		34	
	35a	Amount of line 34 you want **refunded to you.** If Form 8888 is attached, check here ☐		35a	
Direct deposit? See instructions.	b	Routing number	c Type: ☐ Checking ☐ Savings		
	d	Account number			
	36	Amount of line 34 you want **applied to your 2023 estimated tax**	36		
Amount You Owe	37	Subtract line 33 from line 24. This is the **amount you owe.** For details on how to pay, go to *www.irs.gov/Payments* or see instructions		37	62,276.
	38	Estimated tax penalty (see instructions)	38 576.		

Third Party Designee Do you want to allow another person to discuss this return with the IRS? See instructions ☒ **Yes.** Complete below. ☐ **No**

Designee's name MICHAEL W. DAVIS, CPA Phone no. 601-736-3449 Personal identification number (PIN) 21900

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Sign Here

Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
		MERCHANT	
Spouse's signature. If a joint return, **both** must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
		MERCHANT	

Joint return? See instructions. Keep a copy for your records.

Phone no. Email address CASHRAWAL84@YAHOO.COM

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	PTIN	Check if:
MICHAEL W. DAVIS, CPA	MICHAEL W. DAVIS, CPA	10/15/23	P00950265	☐ Self-employed

Firm's name TMH Phone no. 601-736-3449

Firm's address P. O. BOX 609 COLUMBIA, MS 39429-0609 Firm's EIN 20-5857627

Go to *www.irs.gov/Form1040* for instructions and the latest information. Form **1040** (2022)

SEE STMT FOR INT AND PEN NOT INCLUDED. TOTAL DUE $66680

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
RAKESH R. & MINAR RAWAL

Your social security number
604-80-1233

Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes STMT 7 STMT 8			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	145,462.
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E			5	84,543.
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 ABLE account (see instructions)	8q			
r	Scholarship and fellowship grants not reported on Form W-2	8r			
s	Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d	8s	( )		
t	Pension or annuity from a nonqualifed 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	230,005.

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

Schedule 1 (Form 1040) 2022

214141 12-06-22

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 2
(Form 1040)

Department of the Treasury
Internal Revenue Service

Additional Taxes

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. **02**

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

RAKESH R. & MINAR RAWAL

Your social security number

604-80-1233

Part I Tax

1	Alternative minimum tax. Attach Form 6251	1	0.
2	Excess advance premium tax credit repayment. Attach Form 8962	2	3,456.
3	Add lines 1 and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 17	3	3,456.

Part II Other Taxes

4	Self-employment tax. Attach Schedule SE			4	
5	Social security and Medicare tax on unreported tip income. Attach Form 4137	5			
6	Uncollected social security and Medicare tax on wages. Attach Form 8919	6			
7	Total additional social security and Medicare tax. Add lines 5 and 6			7	
8	Additional tax on IRAs or other tax-favored accounts. Attach Form 5329 if required. If not required, check here ☐			8	
9	Household employment taxes. Attach Schedule H			9	
10	Repayment of first-time homebuyer credit. Attach Form 5405 if required			10	
11	Additional Medicare Tax. Attach Form 8959			11	
12	Net investment income tax. Attach Form 8960			12	
13	Uncollected social security and Medicare or RRTA tax on tips or group-term life insurance from Form W-2, box 12			13	
14	Interest on tax due on installment income from the sale of certain residential lots and timeshares			14	
15	Interest on the deferred tax on gain from certain installment sales with a sales price over $150,000			15	
16	Recapture of low-income housing credit. Attach Form 8611			16	

(continued on page 2)

Part II Other Taxes *(continued)*

17	Other additional taxes:				
a	Recapture of other credits. List type, form number, and amount	**17a**			
b	Recapture of federal mortgage subsidy, if you sold your home see instructions	**17b**			
c	Additional tax on HSA distributions. Attach Form 8889	**17c**			
d	Additional tax on an HSA because you didn't remain an eligible individual. Attach Form 8889	**17d**			
e	Additional tax on Archer MSA distributions. Attach Form 8853	**17e**			
f	Additional tax on Medicare Advantage MSA distributions. Attach Form 8853	**17f**			
g	Recapture of a charitable contribution deduction related to a fractional interest in tangible personal property	**17g**			
h	Income you received from a nonqualified deferred compensation plan that fails to meet the requirements of section 409A	**17h**			
i	Compensation you received from a nonqualified deferred compensation plan described in section 457A	**17i**			
j	Section 72(m)(5) excess benefits tax	**17j**			
k	Golden parachute payments	**17k**			
l	Tax on accumulation distribution of trusts	**17l**			
m	Excise tax on insider stock compensation from an expatriated corporation	**17m**			
n	Look-back interest under section 167(g) or 460(b) from Form 8697 or 8866	**17n**			
o	Tax on non-effectively connected income for any part of the year you were a nonresident alien from Form 1040-NR	**17o**			
p	Any interest from Form 8621, line 16f, relating to distributions from, and dispositions of, stock of a section 1291 fund	**17p**			
q	Any interest from Form 8621, line 24	**17q**			
z	Any other taxes. List type and amount:	**17z**			
18	Total additional taxes. Add lines 17a through 17z			**18**	
19	Reserved for future use			**19**	
20	Section 965 net tax liability installment from Form 965-A	**20**			
21	Add lines 4, 7 through 16, and 18. These are your **total other taxes.** Enter here and on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b			**21**	0.

Form **2210**

Department of the Treasury
Internal Revenue Service

Underpayment of Estimated Tax by Individuals, Estates, and Trusts

Go to www.irs.gov/Form2210 for instructions and the latest information.

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

OMB No.1545-0140

2022

Attachment Sequence No. **06**

Name(s) shown on tax return

RAKESH R. & MINAR RAWAL

Identifying number

604-80-1233

Do You Have To File Form 2210?

Complete lines 1 through 7 below. Is line 4 or line 7 less than $1,000?

Yes → **Don't file Form 2210.** You don't owe a penalty.

No ↓

Complete lines 8 and 9 below. Is line 6 equal to or more than line 9?

Yes → You **don't** owe a penalty. **Don't** file Form 2210 unless **box E** in Part II applies, then file page 1 of Form 2210.

No ↓

You may owe a penalty. Does any box in Part II below apply?

Yes → You **must** file Form 2210. Does box **B, C,** or **D** in Part II apply?

No ↓

Don't file Form 2210. You aren't required to figure your penalty because the IRS will figure it and send you a bill for any unpaid amount. If you want to figure it, you may use Part III as a worksheet and enter your penalty amount on your tax return, but **don't file Form 2210.**

No ↓

You **aren't** required to figure your penalty because the IRS will figure it and send you a bill for any unpaid amount. If you want to figure it, you may use Part III as a worksheet and enter your penalty amount on your tax return, but **file only page 1 of Form 2210.**

Yes → You must figure your penalty.

Part I Required Annual Payment

1	Enter your 2022 tax after credits from Form 1040, 1040-SR, or 1040-NR, line 22. (See the instructions if not filing Form 1040.)		1	63,419.
2	Other taxes, including self-employment tax and, if applicable, Additional Medicare Tax and/or Net Investment Income Tax (see instructions)		2	
3	Other payments and refundable credits (see instructions)		3	( )
4	Current year tax. Combine lines 1, 2, and 3. If less than $1,000, **stop;** you don't owe a penalty. **Don't** file Form 2210		4	63,419.
5	Multiply line 4 by 90% (0.90)	5 57,077.		
6	Withholding taxes. **Don't** include estimated tax payments. See instructions		6	1,719.
7	Subtract line 6 from line 4. If less than $1,000, **stop;** you don't owe a penalty. **Don't** file Form 2210		7	61,700.
8	Maximum required annual payment based on prior year's tax (see instructions)		8	16,102.
9	**Required annual payment.** Enter the **smaller** of line 5 or line 8		9	16,102.

Next: Is line 9 more than line 6?

☐ **No.** You **don't** owe a penalty. **Don't** file Form 2210 unless box **E** below applies.

☒ **Yes.** You may owe a penalty, but **don't** file Form 2210 unless one or more boxes in Part II below applies.

- If box **B, C,** or **D** applies, you must figure your penalty and file Form 2210.
- If box **A** or **E** applies (but not **B, C,** or **D**), file only page 1 of Form 2210. You **aren't** required to figure your penalty; the IRS will figure it and send you a bill for any unpaid amount. If you want to figure your penalty, you may use Part III as a worksheet and enter your penalty on your tax return, but **file only page 1 of Form 2210.**

Part II Reasons for Filing. Check applicable boxes. If none apply, **don't** file Form 2210.

A ☐ You request a **waiver** (see instructions) of your entire penalty. You must check this box and file page 1 of Form 2210, but you aren't required to figure your penalty.

B ☐ You request a **waiver** (see instructions) of part of your penalty. You must figure your penalty and waiver amount and file Form 2210.

C ☐ Your income varied during the year and your penalty is reduced or eliminated when figured using the **annualized income installment method.** You must figure the penalty using Schedule AI and file Form 2210.

D ☐ Your penalty is lower when figured by treating the federal income tax withheld from your income as paid on the dates it was actually withheld, instead of in equal amounts on the payment due dates. You must figure your penalty and file Form 2210.

E ☐ You filed or are filing a joint return for either 2021 or 2022, but not for both years, and line 8 above is smaller than line 5 above. You must file page 1 of Form 2210, but you **aren't** required to figure your penalty (unless box **B, C,** or **D** applies).

Part III Penalty Computation (See the instructions if you're filing Form 1040-NR.)

Section A - Figure Your Underpayment		Payment Due Dates (a) 4/15/22	(b) 6/15/22	(c) 9/15/22	(d) 1/15/23
10 **Required installments.** If box C in Part II applies, enter the amounts from Schedule AI, line 27. Otherwise, enter 25% (0.25) of line 9, Form 2210, in each column. For fiscal year filers, see instructions	10	4,026.	4,026.	4,026.	4,024.
11 Estimated tax paid and tax withheld (see the instructions). For column (a) only, also enter the amount from line 11 on line 15, column (a). If line 11 is equal to or more than line 10 for all payment periods, stop here; you don't owe a penalty. **Don't file Form 2210 unless you checked a box in Part II**	11	430.	430.	430.	429.

Complete lines 12 through 18 of one column before going to line 12 of the next column.

12 Enter the amount, if any, from line 18 in the previous column	12				
13 Add lines 11 and 12	13		430.	430.	429.
14 Add the amounts on lines 16 and 17 in the previous column	14		3,596.	7,192.	10,788.
15 Subtract line 14 from line 13. If zero or less, enter -0-. For column (a) only, enter the amount from line 11	15	430.	0.	0.	0.
16 If line 15 is zero, subtract line 13 from line 14. Otherwise, enter -0-	16		3,166.	6,762.	
17 **Underpayment.** If line 10 is equal to or more than line 15, subtract line 15 from line 10. Then go to line 12 of the next column. Otherwise, go to line 18	17	3,596.	4,026.	4,026.	4,024.
18 Overpayment. If line 15 is more than line 10, subtract line 10 from line 15. Then go to line 12 of the next column	18				

Section B - Figure the Penalty (Use the Worksheet for Form 2210, Part III, Section B - Figure the Penalty in the instructions.)

19 **Penalty.** Enter the total penalty from line 14 of the Worksheet for Form 2210, Part III, Section B - Figure the Penalty. Also include this amount on Form 1040, 1040-SR, or 1040-NR, line 38; or Form 1041, line 27. **Don't file Form 2210 unless you checked a box in Part II**	19	576.

Form **2210** (2022)

SEE ATTACHED WORKSHEET

UNDERPAYMENT OF ESTIMATED TAX WORKSHEET

Name(s)	Identifying Number
RAKESH R. & MINAR RAWAL	604-80-1233

(A) *Date	(B) Amount	(C) Adjusted Balance Due	(D) Number Days Balance Due	(E) Daily Penalty Rate	(F) Penalty
		-0-			
04/15/22	4,026.	4,026.			
04/15/22	-430.	3,596.	61	.000109589	24.
06/15/22	4,026.	7,622.			
06/15/22	-430.	7,192.	15	.000109589	12.
06/30/22	0.	7,192.	77	.000136986	76.
09/15/22	4,026.	11,218.			
09/15/22	-430.	10,788.	15	.000136986	22.
09/30/22	0.	10,788.	92	.000164384	163.
12/31/22	0.	10,788.	15	.000191781	31.
01/15/23	4,024.	14,812.			
01/15/23	-429.	14,383.	90	.000191781	248.

Penalty Due (Sum of Column F). ..... 576.

* Date of estimated tax payment, withholding credit date or installment due date.

SCHEDULE A (Form 1040)

Department of the Treasury
Internal Revenue Service

Itemized Deductions

Go to www.irs.gov/ScheduleA for instructions and the latest information.
Attach to Form 1040 or 1040-SR.
Caution: If you are claiming a net qualified disaster loss on Form 4684, see the instructions for line 16.

OMB No. 1545-0074

2022

Attachment Sequence No. **07**

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

RAKESH R. & MINAR RAWAL

Your social security number

604 80 1233

Medical and Dental Expenses		**Caution:** Do not include expenses reimbursed or paid by others.			
	1	Medical and dental expenses (see instructions) SEE STATEMENT 11	1	21,936.	
	2	Enter amount from Form 1040 or 1040-SR, line 11	2	419,347.	
	3	Multiply line 2 by 7.5% (0.075)	3	31,451.	
	4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-	4		0.
Taxes You Paid	5	State and local taxes.			
	a	State and local income taxes or general sales taxes. You may include either income taxes or general sales taxes on line 5a, but not both. If you elect to include general sales taxes instead of income taxes, check this box SEE STATEMENT 9 ☐	5a	4,626.	
	b	State and local real estate taxes (see instructions)	5b	14,037.	
	c	State and local personal property taxes	5c		
	d	Add lines 5a through 5c	5d	18,663.	
	e	Enter the smaller of line 5d or $10,000 ($5,000 if married filing separately)	5e	10,000.	
	6	Other taxes. List type and amount:	6		
	7	Add lines 5e and 6	7		10,000.
Interest You Paid	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, see instructions and check this box ☐			
	a	Home mortgage interest and points reported to you on Form 1098. See instructions if limited	8a	26,200.	
	b	Home mortgage interest not reported to you on Form 1098. See instructions if limited. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address	8b		
	c	Points not reported to you on Form 1098. See instructions for special rules	8c		
	d	Reserved for future use	8d		
	e	Add lines 8a through 8c	8e	26,200.	
	9	Investment interest. Attach Form 4952 if required. See instructions	9		
	10	Add lines 8e and 9	10		26,200.
Gifts to Charity	11	Gifts by cash or check. If you made any gift of $250 or more, see instructions	11	74.	STMT 10
	12	Other than by cash or check. If you made any gift of $250 or more, see instructions. You **must** attach Form 8283 if over $500	12		
	13	Carryover from prior year	13		
	14	Add lines 11 through 13	14		74.
Casualty and Theft Losses	15	Casualty and theft loss(es) from a federally declared disaster (other than net qualified disaster losses). Attach Form 4684 and enter the amount from line 18 of that form. See instructions	15		
Other Itemized Deductions	16	Other - from list in instructions. List type and amount:	16		
Total Itemized Deductions	17	Add the amounts in the far right column for lines 4 through 16. Also, enter this amount on Form 1040 or 1040-SR, line 12	17		36,274.
	18	If you elect to itemize deductions even though they are less than your standard deduction, check this box ☐			

Caution: Your mortgage interest deduction may be limited. See instructions.

Caution: If you made a gift and got a benefit for it, see instructions.

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**

Name(s) shown on return

RAKESH R. & MINAR RAWAL

Your social security number

604 80 1233

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? ☐ **Yes** ☒ **No**
If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

Part I Short-Term Capital Gains and Losses - Generally Assets Held One Year or Less (see instructions)

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b				
1b Totals for all transactions reported on Form(s) 8949 with **Box A** checked				
2 Totals for all transactions reported on Form(s) 8949 with **Box B** checked				
3 Totals for all transactions reported on Form(s) 8949 with **Box C** checked				

4	Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824	**4**	
5	Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1	**5**	
6	Short-term capital loss carryover. Enter the amount, if any, from line 8 of your **Capital Loss Carryover Worksheet** in the instructions	**6**	( )
7	**Net short-term capital gain or (loss).** Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on page 2	**7**	

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

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(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				
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 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824 SEE STATEMENT 12	**11**	173,192.
12	Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1	**12**	
13	Capital gain distributions. See the instructions	**13**	
14	Long-term capital loss carryover. Enter the amount, if any, from line 13 of your **Capital Loss Carryover Worksheet** in the instructions	**14**	( )
15	**Net long-term capital gain or (loss).** Combine lines 8a through 14 in column (h). Then, go to Part III on page 2	**15**	173,192.

Part III Summary

16	Combine lines 7 and 15 and enter the result	16	173,192.
	• If line 16 is a **gain,** enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below. • If line 16 is a **loss,** skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22. • If line 16 is **zero,** skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22.		
17	Are lines 15 and 16 **both** gains? [X] **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 SEE STATEMENT 13	19	
20	Are lines 18 and 19 both zero or blank and you are not filing Form 4952? [X] **Yes.** Complete the **Qualified Dividends and Capital Gain Tax Worksheet** in the instructions for Form 1040, line 16. **Don't** complete lines 21 and 22 below. [ ] **No.** Complete the **Schedule D Tax Worksheet** in the instructions. **Don't** complete lines 21 and 22 below.		
21	If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the **smaller** of: • The loss on line 16; or • ($3,000), or if married filing separately, ($1,500) **Note:** When figuring which amount is smaller, treat both amounts as positive numbers.	21	( )
22	Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a? [ ] **Yes.** Complete the **Qualified Dividends and Capital Gain Tax Worksheet** in the instructions for Form 1040, line 16. [ ] **No.** Complete the rest of Form 1040, 1040-SR, or 1040-NR.		

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**

Name(s) shown on return

RAKESH R. & MINAR RAWAL

Your social security number

604 80 1233

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? ☐ **Yes** ☒ **No**
If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

Part I Short-Term Capital Gains and Losses - Generally Assets Held One Year or Less (see instructions)

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b				
1b Totals for all transactions reported on Form(s) 8949 with **Box A** checked				
2 Totals for all transactions reported on Form(s) 8949 with **Box B** checked				
3 Totals for all transactions reported on Form(s) 8949 with **Box C** checked				

4	Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824	**4**	
5	Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1	**5**	
6	Short-term capital loss carryover. Enter the amount, if any, from line 8 of your **Capital Loss Carryover Worksheet** in the instructions	**6**	( )
7	**Net short-term capital gain or (loss).** Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on page 2	**7**	

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

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(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				
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 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824 SEE STATEMENT 14	**11**	318,654.
12	Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1	**12**	
13	Capital gain distributions. See the instructions	**13**	
14	Long-term capital loss carryover. Enter the amount, if any, from line 13 of your **Capital Loss Carryover Worksheet** in the instructions	**14**	( )
15	**Net long-term capital gain or (loss).** Combine lines 8a through 14 in column (h). Then, go to Part III on page 2	**15**	318,654.

Part III Summary

16	Combine lines 7 and 15 and enter the result	16	318,654.
	• If line 16 is a **gain,** enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below. • If line 16 is a **loss,** skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22. • If line 16 is **zero,** skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22.		
17	Are lines 15 and 16 **both** gains? [X] **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 SEE STATEMENT 15	19	20,140.
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. [X] **No.** Complete the **Schedule D Tax Worksheet** in the instructions. **Don't** complete lines 21 and 22 below.		
21	If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the **smaller** of: • The loss on line 16; or • ($3,000), or if married filing separately, ($1,500) **Note:** When figuring which amount is smaller, treat both amounts as positive numbers.	21	( )
22	Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a? [ ] **Yes.** Complete the **Qualified Dividends and Capital Gain Tax Worksheet** in the instructions for Form 1040, line 16. [ ] **No.** Complete the rest of Form 1040, 1040-SR, or 1040-NR.		

Qualified Dividends and Capital Gain Tax Worksheet - Line 16

Keep for Your Records

Name(s) shown on return	Your SSN
RAKESH R. & MINAR RAWAL	604-80-1233

Before you begin:
- ✓ See the earlier instructions for line 16 to see if you can use this worksheet to figure your tax.
- ✓ Before completing this worksheet, complete Form 1040 or 1040-SR through line 15.
- ✓ If you don't have to file Schedule D and you received capital gain distributions, be sure you checked the box on Form 1040 or 1040-SR, line 7.

1.	Enter the amount from Form 1040 or 1040-SR, line 15. However, if you are filing Form 2555 (relating to foreign earned income), enter the amount from line 3 of the Foreign Earned Income Tax Worksheet	**1.** 366,164.	
2.	Enter the amount from Form 1040 or 1040-SR, line 3a*	**2.**	
3.	Are you filing Schedule D?* [X] **Yes.** Enter the **smaller** of line 15 or 16 of Schedule D. If either line 15 or 16 is blank or a loss, enter -0-. [ ] **No.** Enter the amount from Form 1040 or 1040-SR, line 7.	**3.** 173,192.	
4.	Add lines 2 and 3	**4.** 173,192.	
5.	Subtract line 4 from line 1. If zero or less, enter -0-	**5.** 192,972.	
6.	Enter: $ 41,675 if single or married filing separately, $ 83,350 if married filing jointly or qualifying surviving spouse, $ 55,800 if head of household.	**6.** 83,350.	
7.	Enter the smaller of line 1 or line 6	**7.** 83,350.	
8.	Enter the smaller of line 5 or line 7	**8.** 83,350.	
9.	Subtract line 8 from line 7. This amount is taxed at 0%	**9.** 0.	
10.	Enter the smaller of line 1 or line 4	**10.** 173,192.	
11.	Enter the amount from line 9	**11.** 0.	
12.	Subtract line 11 from line 10	**12.** 173,192.	
13.	Enter: $ 459,750 if single, $ 258,600 if married filing separately, $ 517,200 if married filing jointly or qualifying surviving spouse, $ 488,500 if head of household.	**13.** 517,200.	
14.	Enter the smaller of line 1 or line 13	**14.** 366,164.	
15.	Add lines 5 and 9	**15.** 192,972.	
16.	Subtract line 15 from line 14. If zero or less, enter -0-	**16.** 173,192.	
17.	Enter the smaller of line 12 or line 16	**17.** 173,192.	
18.	Multiply line 17 by 15% (0.15)		**18.** 25,979.
19.	Add lines 9 and 17	**19.** 173,192.	
20.	Subtract line 19 from line 10	**20.** 0.	
21.	Multiply line 20 by 20% (0.20)		**21.** 0.
22.	Figure the tax on the amount on line 5. If the amount on line 5 is less than $100,000, use the Tax Table to figure the tax. If the amount on line 5 is $100,000 or more, use the Tax Computation Worksheet		**22.** 33,984.
23.	Add lines 18, 21, and 22		**23.** 59,963.
24.	Figure the tax on the amount on line 1. If the amount on line 1 is less than $100,000, use the Tax Table to figure the tax. If the amount on line 1 is $100,000 or more, use the Tax Computation Worksheet		**24.** 77,635.
25.	**Tax on all taxable income.** Enter the **smaller** of line 23 or 24. Also include this amount on the entry space on Form 1040 or 1040-SR, line 16. If you are filing Form 2555, don't enter this amount on the entry space on Form 1040 or 1040-SR, line 16. Instead, enter it on line 4 of the Foreign Earned Income Tax Worksheet		**25.** 59,963.

** If you are filing Form 2555, see the footnote in the Foreign Earned Income Tax Worksheet before completing this line.*

Name(s) shown on return. Do not enter name and social security number if shown on page 1.

RAKESH R. & MINAR RAWAL

Your social security number: 604-80-1233

Caution: The IRS compares amounts reported on your tax return with amounts shown on Schedule(s) K-1.

Part II Income or Loss From Partnerships and S Corporations

Note: If you report a loss, receive a distribution, dispose of stock, or receive a loan repayment from an S corporation, you **must** check the box in column **(e)** on line 28 and attach the required basis computation. If you report a loss from an at-risk activity for which **any** amount is **not** at risk, you **must** check the box in column **(f)** on line 28 and attach **Form 6198.** See instructions.

27 Are you reporting any loss not allowed in a prior year due to the at-risk or basis limitations, a prior year unallowed loss from a passive activity (if that loss was not reported on Form 8582), or unreimbursed partnership expenses? If you answered "Yes," see instructions before completing this section ☐ Yes ☒ No

28	(a) Name	(b) Enter P for partnership; S for S corporation	(c) Check if foreign partnership	(d) Employer identification number	(e) Check if basis computation is required	(f) Check if any amount is not at risk
A	SEE STATEMENT 17					
B						
C						
D						

	Passive Income and Loss		Nonpassive Income and Loss		
	(g) Passive loss allowed (attach Form 8582 if required)	(h) Passive income from Schedule K-1	(i) Nonpassive loss allowed (see Schedule K-1)	(j) Section 179 expense deduction from Form 4562	(k) Nonpassive income from Schedule K-1
A					
B					
C					
D					
29a Totals					169,634.
b Totals			85,091.		

30	Add columns (h) and (k) of line 29a	30	169,634.
31	Add columns (g), (i), and (j) of line 29b	31	(85,091.)
32	**Total partnership and S corporation income or (loss).** Combine lines 30 and 31	32	84,543.

Part III Income or Loss From Estates and Trusts

33	(a) Name	(b) Employer identification number
A		
B		

	Passive Income and Loss		Nonpassive Income and Loss	
	(c) Passive deduction or loss allowed (attach Form 8582 if required)	(d) Passive income from Schedule K-1	(e) Deduction or loss from Schedule K-1	(f) Other income from Schedule K-1
A				
B				
34a Totals				
b Totals				

35	Add columns (d) and (f) of line 34a	35	
36	Add columns (c) and (e) of line 34b	36	( )
37	**Total estate and trust income or (loss).** Combine lines 35 and 36	37	

Part IV Income or Loss From Real Estate Mortgage Investment Conduits (REMICs) - Residual Holder

38	(a) Name	(b) Employer identification number	(c) Excess inclusion from Schedules Q, line 2c (see instructions)	(d) Taxable income (net loss) from Schedules Q, line 1b	(e) Income from Schedules Q, line 3b

39	Combine columns (d) and (e) only. Enter the result here and include in the total on line 41 below	39	

Part V Summary * ENTIRE DISPOSITION OF NONPASSIVE ACTIVITY

40	Net farm rental income or (loss) from **Form 4835**. Also, complete line 42 below	40	
41	**Total income or (loss).** Combine lines 26, 32, 37, 39, and 40. Enter the result here and on Schedule 1 (Form 1040), line 5	41	84,543.
42	**Reconciliation of farming and fishing income.** Enter your **gross** farming and fishing income reported on Form 4835, line 7; Schedule K-1 (Form 1065), box 14, code B; Schedule K-1 (Form 1120-S), box 17, code AD; and Schedule K-1 (Form 1041), box 14, code F. See instructions.	42	175,392.
43	**Reconciliation for real estate professionals.** If you were a real estate professional (see instructions), enter the net income or (loss) you reported anywhere on Form 1040, Form 1040-SR, or Form 1040-NR from all rental real estate activities in which you materially participated under the passive activity loss rules	43	

SCHEDULE E

Name RAKESH R. RAWAL **SSN/EIN** 604-80-1233

Passthrough SHIVSHAKTI NAMAY, INC. - SHIVSHAKTI NAMAY, INC. **ID** 20-5638824 TAXPAYER

S CORPORATION

NONPASSIVE

	K-1 Input	Prior Year Unallowed Basis Loss	Disallowed Due to Basis Limitation	Prior Year Unallowed At-Risk Loss	Disallowed Due to At-Risk	Prior Year Passive Loss	Disallowed Passive Loss	Tax Return
SCHEDULE E, PAGE 2								
Ordinary business income (loss)	-486.							
Rental real estate income (loss)	1,535.							
Other net rental income (loss)								
Intangible drilling costs/dry hole costs								
Self-charged passive interest expense								
Guaranteed payments								
Section 179 and carryover								
Disallowed section 179 expense								
Excess farm loss								
Net income (loss)	1,049.							1,049.
First passive other								
Second passive other								
Cost depletion								
Percentage depletion								
Depletion carryover								
Disallowed due to 65% limitation								
Unreimbursed expenses (nonpassive)								
Nonpassive other								
Total Schedule E (page 2)	1,049.							1,049.
FORM 4797								
Section 1231 gain (loss)								
Section 179 recapture on disposition								
SCHEDULE D								
Net short-term cap. gain (loss)								
Net long-term cap. gain (loss)								
Section 1256 contracts & straddles								
FORM 4952								
Investment interest expense - Sch. A								
Other net investment income								
ITEMIZED DEDUCTIONS								
Charitable contributions								
Deductions related to portfolio income								
Other								

SCHEDULE E

Name RAKESH R. RAWAL **SSN/EIN** 604-80-1233

Passthrough SHIVSHAKTI NAMAY, INC. - SHIVSHAKTI NAMAY, INC. **ID** 20-5638824 TAXPAYER

S CORPORATION

NONPASSIVE	K-1 Input	Prior Year Unallowed Basis Loss	Disallowed Due to Basis Limitation	Prior Year Unallowed At-Risk Loss	Disallowed Due to At-Risk	Prior Year Passive Loss	Disallowed Passive Loss	Tax Return
INTEREST AND DIVIDENDS								
Interest income								
Interest from U.S. bonds								
Ordinary dividends								
Qualified dividends								
Tax-exempt interest income								
FORM 6251								
Depreciation adjustment after 12/31/86								
Adjusted gain or loss								
Beneficiary's AMT adjustment								
Depletion (other than oil)								
Other								
MISCELLANEOUS								
Self-employment earnings (loss)/Wages	16,150.							16,150.
Gross farming & fishing inc								
Royalties								
Royalty expenses/depletion								
Undistributed capital gains credit								
Backup withholding								
Credit for estimated tax								
Cancellation of debt								
Medical insurance - 1040								
Dependent care benefits								
Retirement plans								
Passthrough adjustment to Form 1040								
Penalty on early withdrawal of savings								
NOL								
Other taxes/recapture of credits								
Credits								
Casualty and theft loss								
FORM 8995								
Qualified business income								
Qualified service income								
Section 199A W-2 wages	475.							475.
Section 199A unadjusted basis	5,859.							5,859.

SCHEDULE E

Name MINAR RAWAL **SSN/EIN** 615-94-8613

Passthrough SHIVSHAKTI NAMAY, INC. - SHIVSHAKTI NAMAY, INC. **ID** 20-5638824 SPOUSE

S CORPORATION

NONPASSIVE	K-1 Input	Prior Year Unallowed Basis Loss	Disallowed Due to Basis Limitation	Prior Year Unallowed At-Risk Loss	Disallowed Due to At-Risk	Prior Year Passive Loss	Disallowed Passive Loss	Tax Return
SCHEDULE E, PAGE 2								
Ordinary business income (loss)	-48,087.							
Rental real estate income (loss)	151,982.							
Other net rental income (loss)								
Intangible drilling costs/dry hole costs								
Self-charged passive interest expense								
Guaranteed payments								
Section 179 and carryover								
Disallowed section 179 expense								
Excess farm loss								
Net income (loss)	103,895.							103,895.
First passive other								
Second passive other								
Cost depletion								
Percentage depletion								
Depletion carryover								
Disallowed due to 65% limitation								
Unreimbursed expenses (nonpassive)								
Nonpassive other								
Total Schedule E (page 2)	103,895.							103,895.
FORM 4797								
Section 1231 gain (loss)								
Section 179 recapture on disposition								
SCHEDULE D								
Net short-term cap. gain (loss)								
Net long-term cap. gain (loss)								
Section 1256 contracts & straddles								
FORM 4952								
Investment interest expense - Sch. A								
Other net investment income								
ITEMIZED DEDUCTIONS								
Charitable contributions								
Deductions related to portfolio income								
Other								

SCHEDULE E

Name MINAR RAWAL **SSN/EIN** 615-94-8613

Passthrough SHIVSHAKTI NAMAY, INC. - SHIVSHAKTI NAMAY, INC. **ID** 20-5638824 SPOUSE

S CORPORATION

NONPASSIVE	K-1 Input	Prior Year Unallowed Basis Loss	Disallowed Due to Basis Limitation	Prior Year Unallowed At-Risk Loss	Disallowed Due to At-Risk	Prior Year Passive Loss	Disallowed Passive Loss	Tax Return
INTEREST AND DIVIDENDS								
Interest income								
Interest from U.S. bonds								
Ordinary dividends								
Qualified dividends								
Tax-exempt interest income								
FORM 6251								
Depreciation adjustment after 12/31/86								
Adjusted gain or loss								
Beneficiary's AMT adjustment								
Depletion (other than oil)								
Other								
MISCELLANEOUS								
Self-employment earnings (loss)/Wages								
Gross farming & fishing inc								
Royalties								
Royalty expenses/depletion								
Undistributed capital gains credit								
Backup withholding								
Credit for estimated tax								
Cancellation of debt								
Medical insurance - 1040								
Dependent care benefits								
Retirement plans								
Passthrough adjustment to Form 1040								
Penalty on early withdrawal of savings								
NOL								
Other taxes/recapture of credits								
Credits								
Casualty and theft loss								
FORM 8995								
Qualified business income								
Qualified service income								
Section 199A W-2 wages	47,002.							47,002.
Section 199A unadjusted basis	580,074.							580,074.

SCHEDULE E

Name RAKESH R. RAWAL **SSN/EIN** 604-80-1233

Passthrough SHIVSHAKTI NAMAY MS, LLC - CONVENIENCE STORE **ID** 82-3948988 TAXPAYER

PARTNERSHIP

NONPASSIVE	K-1 Input	Prior Year Unallowed Basis Loss	Disallowed Due to Basis Limitation	Prior Year Unallowed At-Risk Loss	Disallowed Due to At-Risk	Prior Year Passive Loss	Disallowed Passive Loss	Tax Return
SCHEDULE E, PAGE 2								
Ordinary business income (loss)	2,030.							
Rental real estate income (loss)								
Other net rental income (loss)								
Intangible drilling costs/dry hole costs								
Self-charged passive interest expense								
Guaranteed payments								
Section 179 and carryover								
Disallowed section 179 expense								
Excess farm loss								
Net income (loss)	2,030.							2,030.
First passive other								
Second passive other								
Cost depletion								
Percentage depletion								
Depletion carryover								
Disallowed due to 65% limitation								
Unreimbursed expenses (nonpassive)								
Nonpassive other								
Total Schedule E (page 2)	2,030.							2,030.
FORM 4797								
Section 1231 gain (loss)								
Section 179 recapture on disposition								
SCHEDULE D								
Net short-term cap. gain (loss)								
Net long-term cap. gain (loss)								
Section 1256 contracts & straddles								
FORM 4952								
Investment interest expense - Sch. A								
Other net investment income								
ITEMIZED DEDUCTIONS								
Charitable contributions								
Deductions related to portfolio income								
Other								

SCHEDULE E

Name RAKESH R. RAWAL **SSN/EIN** 604-80-1233

Passthrough SHIVSHAKTI NAMAY MS, LLC - CONVENIENCE STORE **ID** 82-3948988 TAXPAYER

PARTNERSHIP

NONPASSIVE	K-1 Input	Prior Year Unallowed Basis Loss	Disallowed Due to Basis Limitation	Prior Year Unallowed At-Risk Loss	Disallowed Due to At-Risk	Prior Year Passive Loss	Disallowed Passive Loss	Tax Return
INTEREST AND DIVIDENDS								
Interest income								
Interest from U.S. bonds								
Ordinary dividends								
Qualified dividends								
Tax-exempt interest income								
FORM 6251								
Depreciation adjustment after 12/31/86								
Adjusted gain or loss								
Beneficiary's AMT adjustment								
Depletion (other than oil)								
Other								
MISCELLANEOUS								
Self-employment earnings (loss)/Wages	1,911.							1,911.
Gross farming & fishing inc								
Royalties								
Royalty expenses/depletion								
Undistributed capital gains credit								
Backup withholding								
Credit for estimated tax								
Cancellation of debt								
Medical insurance - 1040								
Dependent care benefits								
Retirement plans								
Passthrough adjustment to Form 1040								
Penalty on early withdrawal of savings								
NOL								
Other taxes/recapture of credits								
Credits								
Casualty and theft loss								
FORM 8995								
Qualified business income								
Qualified service income								
Section 199A W-2 wages	13,963.							13,963.
Section 199A unadjusted basis								

SCHEDULE E

Name MINAR RAWAL **SSN/EIN** 615-94-8613

Passthrough JIYA FOODS AND FUEL, LLC **ID** 84-4870554 SPOUSE

S CORPORATION

NONPASSIVE	K-1 Input	Prior Year Unallowed Basis Loss	Disallowed Due to Basis Limitation	Prior Year Unallowed At-Risk Loss	Disallowed Due to At-Risk	Prior Year Passive Loss	Disallowed Passive Loss	Tax Return
SCHEDULE E, PAGE 2								
Ordinary business income (loss)	28,241.							
Rental real estate income (loss)								
Other net rental income (loss)								
Intangible drilling costs/dry hole costs								
Self-charged passive interest expense								
Guaranteed payments								
Section 179 and carryover								
Disallowed section 179 expense								
Excess farm loss								
Net income (loss)	28,241.							28,241.
First passive other								
Second passive other								
Cost depletion								
Percentage depletion								
Depletion carryover								
Disallowed due to 65% limitation								
Unreimbursed expenses (nonpassive)								
Nonpassive other								
Total Schedule E (page 2)	28,241.							28,241.
FORM 4797								
Section 1231 gain (loss)								
Section 179 recapture on disposition								
SCHEDULE D								
Net short-term cap. gain (loss)								
Net long-term cap. gain (loss)								
Section 1256 contracts & straddles								
FORM 4952								
Investment interest expense - Sch. A								
Other net investment income								
ITEMIZED DEDUCTIONS								
Charitable contributions	36.							36.
Deductions related to portfolio income								
Other								

SCHEDULE E

Name MINAR RAWAL **SSN/EIN** 615-94-8613

Passthrough JIYA FOODS AND FUEL, LLC **ID** 84-4870554 SPOUSE

S CORPORATION

NONPASSIVE

	K-1 Input	Prior Year Unallowed Basis Loss	Disallowed Due to Basis Limitation	Prior Year Unallowed At-Risk Loss	Disallowed Due to At-Risk	Prior Year Passive Loss	Disallowed Passive Loss	Tax Return
INTEREST AND DIVIDENDS								
Interest income								
Interest from U.S. bonds								
Ordinary dividends								
Qualified dividends								
Tax-exempt interest income								
FORM 6251								
Depreciation adjustment after 12/31/86								
Adjusted gain or loss								
Beneficiary's AMT adjustment								
Depletion (other than oil)								
Other								
MISCELLANEOUS								
Self-employment earnings (loss)/Wages								
Gross farming & fishing inc								
Royalties								
Royalty expenses/depletion								
Undistributed capital gains credit								
Backup withholding								
Credit for estimated tax								
Cancellation of debt								
Medical insurance - 1040								
Dependent care benefits								
Retirement plans								
Passthrough adjustment to Form 1040								
Penalty on early withdrawal of savings								
NOL								
Other taxes/recapture of credits								
Credits								
Casualty and theft loss								
FORM 8995								
Qualified business income								
Qualified service income								
Section 199A W-2 wages	16,246.							16,246.
Section 199A unadjusted basis	12,287.							12,287.

SCHEDULE E

Name RAKESH R. RAWAL **SSN/EIN** 604-80-1233

Passthrough JIYA FOODS AND FUEL LLC **ID** 84-4870554 TAXPAYER

S CORPORATION

NONPASSIVE	K-1 Input	Prior Year Unallowed Basis Loss	Disallowed Due to Basis Limitation	Prior Year Unallowed At-Risk Loss	Disallowed Due to At-Risk	Prior Year Passive Loss	Disallowed Passive Loss	Tax Return
SCHEDULE E, PAGE 2								
Ordinary business income (loss)	28,241.							
Rental real estate income (loss)								
Other net rental income (loss)								
Intangible drilling costs/dry hole costs								
Self-charged passive interest expense								
Guaranteed payments								
Section 179 and carryover								
Disallowed section 179 expense								
Excess farm loss								
Net income (loss)	28,241.							28,241.
First passive other								
Second passive other								
Cost depletion								
Percentage depletion								
Depletion carryover								
Disallowed due to 65% limitation								
Unreimbursed expenses (nonpassive)								
Nonpassive other								
Total Schedule E (page 2)	28,241.							28,241.
FORM 4797								
Section 1231 gain (loss)								
Section 179 recapture on disposition								
SCHEDULE D								
Net short-term cap. gain (loss)								
Net long-term cap. gain (loss)								
Section 1256 contracts & straddles								
FORM 4952								
Investment interest expense - Sch. A								
Other net investment income								
ITEMIZED DEDUCTIONS								
Charitable contributions	38.							38.
Deductions related to portfolio income								
Other								

SCHEDULE E

Name RAKESH R. RAWAL **SSN/EIN** 604-80-1233

Passthrough JIYA FOODS AND FUEL LLC **ID** 84-4870554 TAXPAYER

S CORPORATION

NONPASSIVE	K-1 Input	Prior Year Unallowed Basis Loss	Disallowed Due to Basis Limitation	Prior Year Unallowed At-Risk Loss	Disallowed Due to At-Risk	Prior Year Passive Loss	Disallowed Passive Loss	Tax Return
INTEREST AND DIVIDENDS								
Interest income								
Interest from U.S. bonds								
Ordinary dividends								
Qualified dividends								
Tax-exempt interest income								
FORM 6251								
Depreciation adjustment after 12/31/86								
Adjusted gain or loss								
Beneficiary's AMT adjustment								
Depletion (other than oil)								
Other								
MISCELLANEOUS								
Self-employment earnings (loss)/Wages								
Gross farming & fishing inc								
Royalties								
Royalty expenses/depletion								
Undistributed capital gains credit								
Backup withholding								
Credit for estimated tax								
Cancellation of debt								
Medical insurance - 1040								
Dependent care benefits								
Retirement plans								
Passthrough adjustment to Form 1040								
Penalty on early withdrawal of savings								
NOL								
Other taxes/recapture of credits								
Credits								
Casualty and theft loss								
FORM 8995								
Qualified business income								
Qualified service income								
Section 199A W-2 wages	16,247.							16,247.
Section 199A unadjusted basis	12,289.							12,289.

SCHEDULE E

Name RAKESH R. RAWAL **SSN/EIN** 604-80-1233

Passthrough A K FUEL LLC **ID** 84-4868835 TAXPAYER

PARTNERSHIP

NONPASSIVE

	K-1 Input	Prior Year Unallowed Basis Loss	Disallowed Due to Basis Limitation	Prior Year Unallowed At-Risk Loss	Disallowed Due to At-Risk	Prior Year Passive Loss	Disallowed Passive Loss	Tax Return
SCHEDULE E, PAGE 2								
Ordinary business income (loss)								
Rental real estate income (loss)	3,089.							
Other net rental income (loss)								
Intangible drilling costs/dry hole costs								
Self-charged passive interest expense								
Guaranteed payments								
Section 179 and carryover								
Disallowed section 179 expense								
Excess farm loss								
Net income (loss)	3,089.							3,089.
First passive other								
Second passive other								
Cost depletion								
Percentage depletion								
Depletion carryover								
Disallowed due to 65% limitation								
Unreimbursed expenses (nonpassive)								
Nonpassive other								
Total Schedule E (page 2)	3,089.							3,089.
FORM 4797								
Section 1231 gain (loss)								
Section 179 recapture on disposition								
SCHEDULE D								
Net short-term cap. gain (loss)								
Net long-term cap. gain (loss)								
Section 1256 contracts & straddles								
FORM 4952								
Investment interest expense - Sch. A								
Other net investment income								
ITEMIZED DEDUCTIONS								
Charitable contributions								
Deductions related to portfolio income								
Other								

SCHEDULE E

Name RAKESH R. RAWAL **SSN/EIN** 604-80-1233

Passthrough A K FUEL LLC **ID** 84-4868835

PARTNERSHIP TAXPAYER

NONPASSIVE	K-1 Input	Prior Year Unallowed Basis Loss	Disallowed Due to Basis Limitation	Prior Year Unallowed At-Risk Loss	Disallowed Due to At-Risk	Prior Year Passive Loss	Disallowed Passive Loss	Tax Return
INTEREST AND DIVIDENDS								
Interest income								
Interest from U.S. bonds								
Ordinary dividends								
Qualified dividends								
Tax-exempt interest income								
FORM 6251								
Depreciation adjustment after 12/31/86								
Adjusted gain or loss								
Beneficiary's AMT adjustment								
Depletion (other than oil)								
Other								
MISCELLANEOUS								
Self-employment earnings (loss)/Wages								
Gross farming & fishing inc								
Royalties								
Royalty expenses/depletion								
Undistributed capital gains credit								
Backup withholding								
Credit for estimated tax								
Cancellation of debt								
Medical insurance - 1040								
Dependent care benefits								
Retirement plans								
Passthrough adjustment to Form 1040								
Penalty on early withdrawal of savings								
NOL								
Other taxes/recapture of credits								
Credits								
Casualty and theft loss								
FORM 8995								
Qualified business income								
Qualified service income								
Section 199A W-2 wages								
Section 199A unadjusted basis	487,500.							487,500.

SCHEDULE E

Name MINAR RAWAL **SSN/EIN** 615-94-8613

Passthrough SHRINATHJU FUEL LLC **ID** 84-4870876 SPOUSE

PARTNERSHIP

NONPASSIVE	K-1 Input	Prior Year Unallowed Basis Loss	Disallowed Due to Basis Limitation	Prior Year Unallowed At-Risk Loss	Disallowed Due to At-Risk	Prior Year Passive Loss	Disallowed Passive Loss	Tax Return
SCHEDULE E, PAGE 2								
Ordinary business income (loss)								
Rental real estate income (loss)	-9,487.							
Other net rental income (loss)								
Intangible drilling costs/dry hole costs								
Self-charged passive interest expense								
Guaranteed payments								
Section 179 and carryover								
Disallowed section 179 expense								
Excess farm loss								
Net income (loss)	-9,487.							-9,487.
First passive other								
Second passive other								
Cost depletion								
Percentage depletion								
Depletion carryover								
Disallowed due to 65% limitation								
Unreimbursed expenses (nonpassive)								
Nonpassive other								
Total Schedule E (page 2)	-9,487.							-9,487.
FORM 4797								
Section 1231 gain (loss)	159,327.							159,327.
Section 179 recapture on disposition								
SCHEDULE D								
Net short-term cap. gain (loss)								
Net long-term cap. gain (loss)								
Section 1256 contracts & straddles								
FORM 4952								
Investment interest expense - Sch. A								
Other net investment income								
ITEMIZED DEDUCTIONS								
Charitable contributions								
Deductions related to portfolio income								
Other								

SCHEDULE E

Name MINAR RAWAL **SSN/EIN** 615-94-8613

Passthrough SHRINATHJU FUEL LLC **ID** 84-4870876 SPOUSE

PARTNERSHIP

NONPASSIVE

	K-1 Input	Prior Year Unallowed Basis Loss	Disallowed Due to Basis Limitation	Prior Year Unallowed At-Risk Loss	Disallowed Due to At-Risk	Prior Year Passive Loss	Disallowed Passive Loss	Tax Return
INTEREST AND DIVIDENDS								
Interest income								
Interest from U.S. bonds								
Ordinary dividends								
Qualified dividends								
Tax-exempt interest income								
FORM 6251								
Depreciation adjustment after 12/31/86								
Adjusted gain or loss								
Beneficiary's AMT adjustment								
Depletion (other than oil)								
Other								
MISCELLANEOUS								
Self-employment earnings (loss)/Wages	-33,058.							-33,058.
Gross farming & fishing inc	58,464.							58,464.
Royalties								
Royalty expenses/depletion								
Undistributed capital gains credit								
Backup withholding								
Credit for estimated tax								
Cancellation of debt								
Medical insurance - 1040								
Dependent care benefits								
Retirement plans								
Passthrough adjustment to Form 1040								
Penalty on early withdrawal of savings								
NOL								
Other taxes/recapture of credits								
Credits								
Casualty and theft loss								
FORM 8995								
Qualified business income								
Qualified service income								
Section 199A W-2 wages								
Section 199A unadjusted basis								

SCHEDULE E

Name RAKESH R. RAWAL **SSN/EIN** 604-80-1233

Passthrough SHRINATHJU FUEL LLC **ID** 84-4870876 TAXPAYER

PARTNERSHIP

NONPASSIVE	K-1 Input	Prior Year Unallowed Basis Loss	Disallowed Due to Basis Limitation	Prior Year Unallowed At-Risk Loss	Disallowed Due to At-Risk	Prior Year Passive Loss	Disallowed Passive Loss	Tax Return
SCHEDULE E, PAGE 2								
Ordinary business income (loss)								
Rental real estate income (loss)	-9,487.							
Other net rental income (loss)								
Intangible drilling costs/dry hole costs								
Self-charged passive interest expense								
Guaranteed payments								
Section 179 and carryover								
Disallowed section 179 expense								
Excess farm loss								
Net income (loss)	-9,487.							-9,487.
First passive other								
Second passive other								
Cost depletion								
Percentage depletion								
Depletion carryover								
Disallowed due to 65% limitation								
Unreimbursed expenses (nonpassive)								
Nonpassive other								
Total Schedule E (page 2)	-9,487.							-9,487.
FORM 4797								
Section 1231 gain (loss)	159,327.							159,327.
Section 179 recapture on disposition								
SCHEDULE D								
Net short-term cap. gain (loss)								
Net long-term cap. gain (loss)								
Section 1256 contracts & straddles								
FORM 4952								
Investment interest expense - Sch. A								
Other net investment income								
ITEMIZED DEDUCTIONS								
Charitable contributions								
Deductions related to portfolio income								
Other								

SCHEDULE E

Name RAKESH R. RAWAL **SSN/EIN** 604-80-1233

Passthrough SHRINATHJU FUEL LLC **ID** 84-4870876 TAXPAYER

PARTNERSHIP

NONPASSIVE	K-1 Input	Prior Year Unallowed Basis Loss	Disallowed Due to Basis Limitation	Prior Year Unallowed At-Risk Loss	Disallowed Due to At-Risk	Prior Year Passive Loss	Disallowed Passive Loss	Tax Return
INTEREST AND DIVIDENDS								
Interest income								
Interest from U.S. bonds								
Ordinary dividends								
Qualified dividends								
Tax-exempt interest income								
FORM 6251								
Depreciation adjustment after 12/31/86								
Adjusted gain or loss								
Beneficiary's AMT adjustment								
Depletion (other than oil)								
Other								
MISCELLANEOUS								
Self-employment earnings (loss)/Wages								
Gross farming & fishing inc								
Royalties								
Royalty expenses/depletion								
Undistributed capital gains credit								
Backup withholding								
Credit for estimated tax								
Cancellation of debt								
Medical insurance - 1040								
Dependent care benefits								
Retirement plans								
Passthrough adjustment to Form 1040								
Penalty on early withdrawal of savings								
NOL								
Other taxes/recapture of credits								
Credits								
Casualty and theft loss								
FORM 8995								
Qualified business income								
Qualified service income								
Section 199A W-2 wages								
Section 199A unadjusted basis								

SCHEDULE E

Name RAKESH R. RAWAL **SSN/EIN** 604-80-1233

Passthrough A K FUEL LLC **ID** 84-4868835 TAXPAYER

PARTNERSHIP

NONPASSIVE

	K-1 Input	Prior Year Unallowed Basis Loss	Disallowed Due to Basis Limitation	Prior Year Unallowed At-Risk Loss	Disallowed Due to At-Risk	Prior Year Passive Loss	Disallowed Passive Loss	Tax Return
SCHEDULE E, PAGE 2								
Ordinary business income (loss)								
Rental real estate income (loss)	3,089.							
Other net rental income (loss)								
Intangible drilling costs/dry hole costs								
Self-charged passive interest expense								
Guaranteed payments								
Section 179 and carryover								
Disallowed section 179 expense								
Excess farm loss								
Net income (loss)	3,089.							3,089.
First passive other								
Second passive other								
Cost depletion								
Percentage depletion								
Depletion carryover								
Disallowed due to 65% limitation								
Unreimbursed expenses (nonpassive)								
Nonpassive other								
Total Schedule E (page 2)	3,089.							3,089.
FORM 4797								
Section 1231 gain (loss)								
Section 179 recapture on disposition								
SCHEDULE D								
Net short-term cap. gain (loss)								
Net long-term cap. gain (loss)								
Section 1256 contracts & straddles								
FORM 4952								
Investment interest expense - Sch. A								
Other net investment income								
ITEMIZED DEDUCTIONS								
Charitable contributions								
Deductions related to portfolio income								
Other								

SCHEDULE E

Name RAKESH R. RAWAL **SSN/EIN** 604-80-1233

Passthrough A K FUEL LLC **ID** 84-4868835 TAXPAYER

PARTNERSHIP

NONPASSIVE	K-1 Input	Prior Year Unallowed Basis Loss	Disallowed Due to Basis Limitation	Prior Year Unallowed At-Risk Loss	Disallowed Due to At-Risk	Prior Year Passive Loss	Disallowed Passive Loss	Tax Return
INTEREST AND DIVIDENDS								
Interest income								
Interest from U.S. bonds								
Ordinary dividends								
Qualified dividends								
Tax-exempt interest income								
FORM 6251								
Depreciation adjustment after 12/31/86								
Adjusted gain or loss								
Beneficiary's AMT adjustment								
Depletion (other than oil)								
Other								
MISCELLANEOUS								
Self-employment earnings (loss)/Wages								
Gross farming & fishing inc								
Royalties								
Royalty expenses/depletion								
Undistributed capital gains credit								
Backup withholding								
Credit for estimated tax								
Cancellation of debt								
Medical insurance - 1040								
Dependent care benefits								
Retirement plans								
Passthrough adjustment to Form 1040								
Penalty on early withdrawal of savings								
NOL								
Other taxes/recapture of credits								
Credits								
Casualty and theft loss								
FORM 8995								
Qualified business income								
Qualified service income								
Section 199A W-2 wages								
Section 199A unadjusted basis	487,500.							487,500.

SCHEDULE E

Name RAKESH R. RAWAL **SSN/EIN** 604-80-1233

Passthrough NIDHI FOODS AND FUEL LLC **ID** 84-4870876 TAXPAYER

PARTNERSHIP

NONPASSIVE

	K-1 Input	Prior Year Unallowed Basis Loss	Disallowed Due to Basis Limitation	Prior Year Unallowed At-Risk Loss	Disallowed Due to At-Risk	Prior Year Passive Loss	Disallowed Passive Loss	Tax Return
SCHEDULE E, PAGE 2								
Ordinary business income (loss)	-33,058.							
Rental real estate income (loss)								
Other net rental income (loss)								
Intangible drilling costs/dry hole costs								
Self-charged passive interest expense								
Guaranteed payments								
Section 179 and carryover								
Disallowed section 179 expense								
Excess farm loss								
Net income (loss)	-33,058.							-33,058.
First passive other								
Second passive other								
Cost depletion								
Percentage depletion								
Depletion carryover								
Disallowed due to 65% limitation								
Unreimbursed expenses (nonpassive)								
Nonpassive other								
Total Schedule E (page 2)	-33,058.							-33,058.
FORM 4797								
Section 1231 gain (loss)								
Section 179 recapture on disposition								
SCHEDULE D								
Net short-term cap. gain (loss)								
Net long-term cap. gain (loss)								
Section 1256 contracts & straddles								
FORM 4952								
Investment interest expense - Sch. A								
Other net investment income								
ITEMIZED DEDUCTIONS								
Charitable contributions								
Deductions related to portfolio income								
Other								

SCHEDULE E

Name RAKESH R. RAWAL **SSN/EIN** 604-80-1233

Passthrough NIDHI FOODS AND FUEL LLC **ID** 84-4870876 TAXPAYER

PARTNERSHIP

NONPASSIVE	K-1 Input	Prior Year Unallowed Basis Loss	Disallowed Due to Basis Limitation	Prior Year Unallowed At-Risk Loss	Disallowed Due to At-Risk	Prior Year Passive Loss	Disallowed Passive Loss	Tax Return
INTEREST AND DIVIDENDS								
Interest income								
Interest from U.S. bonds								
Ordinary dividends								
Qualified dividends								
Tax-exempt interest income								
FORM 6251								
Depreciation adjustment after 12/31/86								
Adjusted gain or loss								
Beneficiary's AMT adjustment								
Depletion (other than oil)								
Other								
MISCELLANEOUS								
Self-employment earnings (loss)/Wages	-33,058.							-33,058.
Gross farming & fishing inc	58,464.							58,464.
Royalties								
Royalty expenses/depletion								
Undistributed capital gains credit								
Backup withholding								
Credit for estimated tax								
Cancellation of debt								
Medical insurance - 1040								
Dependent care benefits								
Retirement plans								
Passthrough adjustment to Form 1040								
Penalty on early withdrawal of savings								
NOL								
Other taxes/recapture of credits								
Credits								
Casualty and theft loss								
FORM 8995								
Qualified business income								
Qualified service income								
Section 199A W-2 wages	19,092.							19,092.
Section 199A unadjusted basis								

SCHEDULE E

Name RAKESH R. RAWAL **SSN/EIN** 604-80-1233

Passthrough NIDHI FOODS AND FUEL LLC **ID** 84-4871127 TAXPAYER

PARTNERSHIP

NONPASSIVE	K-1 Input	Prior Year Unallowed Basis Loss	Disallowed Due to Basis Limitation	Prior Year Unallowed At-Risk Loss	Disallowed Due to At-Risk	Prior Year Passive Loss	Disallowed Passive Loss	Tax Return
SCHEDULE E, PAGE 2								
Ordinary business income (loss)	-33,059.							
Rental real estate income (loss)								
Other net rental income (loss)								
Intangible drilling costs/dry hole costs								
Self-charged passive interest expense								
Guaranteed payments								
Section 179 and carryover								
Disallowed section 179 expense								
Excess farm loss								
Net income (loss)	-33,059.							-33,059.
First passive other								
Second passive other								
Cost depletion								
Percentage depletion								
Depletion carryover								
Disallowed due to 65% limitation								
Unreimbursed expenses (nonpassive)								
Nonpassive other								
Total Schedule E (page 2)	-33,059.							-33,059.
FORM 4797								
Section 1231 gain (loss)								
Section 179 recapture on disposition								
SCHEDULE D								
Net short-term cap. gain (loss)								
Net long-term cap. gain (loss)								
Section 1256 contracts & straddles								
FORM 4952								
Investment interest expense - Sch. A								
Other net investment income								
ITEMIZED DEDUCTIONS								
Charitable contributions								
Deductions related to portfolio income								
Other								

SCHEDULE E

Name RAKESH R. RAWAL **SSN/EIN** 604-80-1233

Passthrough NIDHI FOODS AND FUEL LLC **ID** 84-4871127 TAXPAYER

PARTNERSHIP

NONPASSIVE	K-1 Input	Prior Year Unallowed Basis Loss	Disallowed Due to Basis Limitation	Prior Year Unallowed At-Risk Loss	Disallowed Due to At-Risk	Prior Year Passive Loss	Disallowed Passive Loss	Tax Return
INTEREST AND DIVIDENDS								
Interest income								
Interest from U.S. bonds								
Ordinary dividends								
Qualified dividends								
Tax-exempt interest income								
FORM 6251								
Depreciation adjustment after 12/31/86								
Adjusted gain or loss								
Beneficiary's AMT adjustment								
Depletion (other than oil)								
Other								
MISCELLANEOUS								
Self-employment earnings (loss)/Wages	-33,059.							-33,059.
Gross farming & fishing inc	58,464.							58,464.
Royalties								
Royalty expenses/depletion								
Undistributed capital gains credit								
Backup withholding								
Credit for estimated tax								
Cancellation of debt								
Medical insurance - 1040								
Dependent care benefits								
Retirement plans								
Passthrough adjustment to Form 1040								
Penalty on early withdrawal of savings								
NOL								
Other taxes/recapture of credits								
Credits								
Casualty and theft loss								
FORM 8995								
Qualified business income								
Qualified service income								
Section 199A W-2 wages	19,093.							19,093.
Section 199A unadjusted basis								

Form **1116**

Department of the Treasury
Internal Revenue Service

Foreign Tax Credit

(Individual, Estate, or Trust)

Attach to Form 1040, 1040-SR, 1040-NR, 1041, or 990-T.

Go to www.irs.gov/Form1116 for instructions and the latest information.

OMB No. 1545-0121

2022

Attachment Sequence No. **19**

Name: RAKESH R. & MINAR RAWAL

Identifying number as shown on page 1 of your tax return: 604-80-1233

Use a separate Form 1116 for each category of income listed below. See *Categories of Income* in the instructions. Check only one box on each Form 1116. Report all amounts in U.S. dollars except where specified in Part II below.

a ☐ Section 951A category income
b ☐ Foreign branch category income
c ☒ Passive category income
d ☐ General category income
e ☐ Section 901(j) income
f ☐ Certain income re-sourced by treaty
g ☐ Lump-sum distributions

h Resident of (name of country): UNITED STATES

Note: If you paid taxes to only one foreign country or U.S. possession, use column A in Part I and line A in Part II. If you paid taxes to **more than one** foreign country or U.S. possession, use a separate column and line for each country or possession.

Part I Taxable Income or Loss From Sources Outside the United States (for category checked above)

	Foreign Country or U.S. Possession A	B	C		Total (Add cols. A, B, and C.)
i Enter the name of the foreign country or U.S. possession	INDIA	OTHER COUNTRIES			
1a Gross income from sources within country shown above and of the type checked above:				1a	
b Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is $250,000 or more, and you used an alternative basis to determine its source. See instructions ☐					
Deductions and losses (**Caution:** See instructions.):					
2 Expenses **definitely related** to the income on line 1a (attach statement)					
3 Pro rata share of other deductions **not definitely related:**					
a Certain itemized deductions or standard deduction	10,000.	10,000.			
b Other deductions (attach statement)					
c Add lines 3a and 3b	10,000.	10,000.			
d Gross foreign source income					
e Gross income from all sources	504,438.	504,438.			
f Divide line 3d by line 3e	.000000000	.000000000			
g Multiply line 3c by line 3f					
4 Pro rata share of interest expense:					
a Home mortgage interest (use the Worksheet for Home Mortgage Interest in the instructions)					
b Other interest expense					
5 Losses from foreign sources					
6 Add lines 2, 3g, 4a, 4b, and 5				6	
7 Subtract line 6 from line 1a. Enter the result here and on line 15, page 2				7	

Part II Foreign Taxes Paid or Accrued

Country	Credit is claimed for taxes (you must check one) (j) ☒ Paid (k) ☐ Accrued (l) Date paid or accrued	Foreign taxes paid or accrued — In foreign currency: Taxes withheld at source on (m) Dividends	(n) Rents and royalties	(o) Interest	(p) Other foreign taxes paid or accrued	In U.S. dollars: Taxes withheld at source on (q) Dividends	(r) Rents and royalties	(s) Interest	(t) Other foreign taxes paid or accrued	(u) Total foreign taxes paid or accrued (add cols. (q) through (t))
A										
B										
C										

8 **Add lines A through C, column (u). Enter the total here and on line 9, page 2** 8

Part III Figuring the Credit

9	Enter the amount from line 8. These are your total foreign taxes paid or accrued for the category of income checked above Part I	9		
10	Enter the sum of any carryover of foreign taxes (from Schedule B, line 3, column (xiv)) plus any carrybacks to the current tax year SEE STATEMENT 18 (If your income was section 951A category income (box a above Part I), leave line 10 blank.)	10	4.	
11	Add lines 9 and 10	11	4.	
12	Reduction in foreign taxes	12		
13	Taxes reclassified under high tax kickout	13		
14	Combine lines 11, 12, and 13. This is the total amount of foreign taxes available for credit		14	4.
15	Enter the amount from line 7. This is your taxable income or (loss) from sources outside the United States (before adjustments) for the category of income checked above Part I	15		
16	Adjustments to line 15	16		
17	Combine the amounts on lines 15 and 16. This is your net foreign source taxable income. (If the result is zero or less, you have no foreign tax credit for the category of income you checked above Part I. Skip lines 18 through 24. However, if you are filing more than one Form 1116, you must complete line 20.)	17		
18	**Individuals:** Enter the amount from line 15 of your Form 1040, 1040-SR, or 1040-NR. **Estates and trusts:** Enter your taxable income without the deduction for your exemption	18		
	Caution: If you figured your tax using the lower rates on qualified dividends or capital gains, see instructions.			
19	Divide line 17 by line 18. If line 17 is more than line 18, enter "1"		19	
20	**Individuals:** Enter the total of Form 1040, 1040-SR or 1040-NR, line 16, and Schedule 2 (Form 1040), line 2. **Estates and trusts:** Enter the amount from Form 1041, Schedule G, line 1a; or the total of Form 990-T, Part II, lines 2, 3, 4, and 6. Foreign estates and trusts should enter the amount from Form 1040-NR, line 16. See instructions		20	
	Caution: If you are completing line 20 for separate category **g** (lump-sum distributions), or, if you file Form 8978, Partner's Additional Reporting Year Tax, see instructions.			
21	Multiply line 20 by line 19 (maximum amount of credit)		21	
22	Increase in limitation (section 960(c))		22	
23	Add lines 21 and 22		23	
24	Enter the **smaller** of line 14 or line 23. If this is the only Form 1116 you are filing, skip lines 25 through 32 and enter this amount on line 33. Otherwise, complete the appropriate line in Part IV		24	0.

Part IV Summary of Credits From Separate Parts III

25	Credit for taxes on section 951A category income	25		
26	Credit for taxes on foreign branch category income	26		
27	Credit for taxes on passive category income	27		
28	Credit for taxes on general category income	28		
29	Credit for taxes on section 901(j) income	29		
30	Credit for taxes on certain income re-sourced by treaty	30		
31	Credit for taxes on lump-sum distributions	31		
32	Add lines 25 through 31		32	
33	Enter the **smaller** of line 20 or line 32		33	0.
34	Reduction of credit for international boycott operations		34	
35	Subtract line 34 from line 33. This is your **foreign tax credit.** Enter here and on Schedule 3 (Form 1040), line 1; Form 1041, Schedule G, line 2a; or Form 990-T, Part III, line 1a		35	0.

SCHEDULE B (Form 1116)
(Rev. December 2022)
Department of the Treasury
Internal Revenue Service

Foreign Tax Carryover Reconciliation Schedule

For calendar year 2022, or other tax year beginning _____, and ending _____

See separate instructions.
Attach to Form 1116.
Go to www.irs.gov/Form1116 for instructions and the latest information.

OMB No. 1545-0121

Name

RAKESH R. & MINAR RAWAL

Identifying number as shown on page 1 of your tax return

604-80-1233

Use a separate Schedule B (Form 1116) for each applicable category of income listed below. See instructions. Check only one box on each schedule.
Check the box for the same separate category code as that shown on the Form 1116 to which this Schedule B is attached.

a Reserved for future use
b ☐ Foreign branch category income
c ☒ Passive category income
d ☐ General category income
e ☐ Section 901(j) income
f ☐ Certain income re-sourced by treaty
g ☐ Lump-sum distributions

h If box e is checked, enter the country code for the sanctioned country. See instructions .....
i If box f is checked, enter the country code for the treaty country. See instructions .....

Foreign Tax Carryover Reconciliation	(i) 10th Preceding Tax Year	(ii) 9th Preceding Tax Year	(iii) 8th Preceding Tax Year	(iv) 7th Preceding Tax Year	(v) 6th Preceding Tax Year	(vi) 5th Preceding Tax Year	(vii) Subtotal (add columns (i) through (vi))
1 Foreign tax carryover from the prior tax year (enter amounts from the appropriate columns of line 8 of the prior year Schedule B(see instructions))		4.					4.
2 Adjustments to line 1 (enter description - see instructions):							
a Carryback adjustment (see instructions							
b Adjustments for section 905(c) redeterminations (see instructions)							
c							
d							
e							
f							
g							
3 Adjusted foreign tax carryover from prior tax year (combine lines 1 and 2)		4.					4.
4 Foreign tax carryover used in current tax year (enter as a negative number)							
5 Foreign tax carryover expired unused in current tax year (enter as a negative number)							
6 Foreign tax carryover generated in current tax year							
7 Actual or estimated amount of line 6 to be carried back to prior tax year (enter as a negative number)							
8 Foreign tax carryover to the following tax year. Combine lines 3 through 7.	-0-	4.					4.

Foreign Tax Carryover Reconciliation	(viii) Subtotal from page 1 (enter the amounts from column (vii) on page 1)	(ix) 4th Preceding Tax Year	(x) 3rd Preceding Tax Year	(xi) 2nd Preceding Tax Year	(xii) 1st Preceding Tax Year	(xiii) Current Tax Year	(xiv) Totals (add columns (viii) through (xiii))
1 Foreign tax carryover from the prior tax year (enter amounts from the appropriate columns of line 8 of the prior year Schedule B (see instructions))	4.						4.
2 Adjustments to line 1 (enter description - see instructions):							
a Carryback adjustment (see instructions							
b Adjustments for section 905(c) redeterminations (see instructions)							
c							
d							
e							
f							
g							
3 Adjusted foreign tax carryover from prior tax year (combine lines 1 and 2). Include the column (xiv) total on the current year Form 1116, Part III, line 10.	4.						4.
4 Foreign tax carryover used in current tax year (enter as a negative number)							
5 Foreign tax carryover expired unused in current tax year (enter as a negative number)							
6 Foreign tax carryover generated in current tax year							
7 Actual or estimated amount of line 6 to be carried back to prior tax year (enter as a negative number)							
8 Foreign tax carryover to the following tax year. Combine lines 3 through 7.	4.					0.	4.

Form **4797**

Department of the Treasury
Internal Revenue Service

Sales of Business Property

(Also Involuntary Conversions and Recapture Amounts Under Sections 179 and 280F(b)(2))

Attach to your tax return.

Go to www.irs.gov/Form4797 for instructions and the latest information.

OMB No. 1545-0184

2022

Attachment Sequence No. **27**

Name(s) shown on return

RAKESH R. & MINAR RAWAL

Identifying number

604-80-1233

1a	Enter the gross proceeds from sales or exchanges reported to you for 2022 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20	**1a**	
b	Enter the total amount of gain that you are including on lines 2, 10, and 24 due to the partial dispositions of MACRS assets	**1b**	
c	Enter the total amount of loss that you are including on lines 2 and 10 due to the partial dispositions of MACRS assets	**1c**	

Part I Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft-Most Property Held More Than 1 Year (see instructions)

2 (a) Description of property	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or other basis, plus improvements and expense of sale	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
SHRINATHJU FUEL LLC						159,327.
SHRINATHJU FUEL LLC						159,327.

3	Gain, if any, from Form 4684, line 39	**3**	
4	Section 1231 gain from installment sales from Form 6252, line 26 or 37	**4**	
5	Section 1231 gain or (loss) from like-kind exchanges from Form 8824	**5**	
6	Gain, if any, from line 32, from other than casualty or theft	**6**	
7	Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows	**7**	318,654.
	Partnerships and S corporations. Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120-S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below.		
	Individuals, partners, S corporation shareholders, and all others. If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you didn't have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below.		
8	Nonrecaptured net section 1231 losses from prior years. See instructions STATEMENT 19	**8**	145,462.
9	Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return. See instructions	**9**	173,192.

Part II Ordinary Gains and Losses (see instructions)

10 Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less):

11	Loss, if any, from line 7	**11**	( )
12	Gain, if any, from line 7 or amount from line 8, if applicable	**12**	145,462.
13	Gain, if any, from line 31	**13**	
14	Net gain or (loss) from Form 4684, lines 31 and 38a	**14**	
15	Ordinary gain from installment sales from Form 6252, line 25 or 36	**15**	
16	Ordinary gain or (loss) from like-kind exchanges from Form 8824	**16**	
17	Combine lines 10 through 16	**17**	145,462.
18	For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below.		
a	If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the loss from income-producing property on Schedule A (Form 1040), line 16. (Do not include any loss on property used as an employee.) Identify as from "Form 4797, line 18a." See instructions	**18a**	
b	Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Schedule 1 (Form 1040), Part I, line 4	**18b**	145,462.

Part III **Gain From Disposition of Property Under Sections 1245, 1250, 1252, 1254, and 1255** (see instructions)

19 (a) Description of section 1245, 1250, 1252, 1254, or 1255 property:	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)
A		
B		
C		
D		

	These columns relate to the properties on lines 19A through 19D.		Property A	Property B	Property C	Property D
20	Gross sales price (**Note:** See line 1a before completing.)	20				
21	Cost or other basis plus expense of sale	21				
22	Depreciation (or depletion) allowed or allowable	22				
23	Adjusted basis. Subtract line 22 from line 21	23				
24	Total gain. Subtract line 23 from line 20	24				
25	**If section 1245 property:**					
a	Depreciation allowed or allowable from line 22	25a				
b	Enter the **smaller** of line 24 or 25a	25b				
26	**If section 1250 property:** If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291.					
a	Additional depreciation after 1975. See instructions	26a				
b	Applicable percentage multiplied by the **smaller** of line 24 or line 26a. See instructions	26b				
c	Subtract line 26a from line 24. If residential rental property **or** line 24 isn't more than line 26a, skip lines 26d and 26e	26c				
d	Additional depreciation after 1969 and before 1976	26d				
e	Enter the **smaller** of line 26c or 26d	26e				
f	Section 291 amount (corporations only)	26f				
g	Add lines 26b, 26e, and 26f	26g				
27	**If section 1252 property:** Skip this section if you didn't dispose of farmland or if this form is being completed for a partnership.					
a	Soil, water, and land clearing expenses	27a				
b	Line 27a multiplied by applicable percentage	27b				
c	Enter the **smaller** of line 24 or 27b	27c				
28	**If section 1254 property:**					
a	Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions	28a				
b	Enter the **smaller** of line 24 or 28a	28b				
29	**If section 1255 property:**					
a	Applicable percentage of payments excluded from income under section 126. See instructions	29a				
b	Enter the **smaller** of line 24 or 29a. See instructions	29b				

Summary of Part III Gains. Complete property columns A through D through line 29b before going to line 30.

30	Total gains for all properties. Add property columns A through D, line 24	30	
31	Add property columns A through D, lines 25b, 26g, 27c, 28b, and 29b. Enter here and on line 13	31	
32	Subtract line 31 from line 30. Enter the portion from casualty or theft on Form 4684, line 33. Enter the portion from other than casualty or theft on Form 4797, line 6	32	

Part IV **Recapture Amounts Under Sections 179 and 280F(b)(2) When Business Use Drops to 50% or Less** (see instructions)

			(a) Section 179	(b) Section 280F(b)(2)
33	Section 179 expense deduction or depreciation allowable in prior years	33		
34	Recomputed depreciation. See instructions	34		
35	Recapture amount. Subtract line 34 from line 33. See the instructions for where to report	35		

ALTERNATIVE MINIMUM TAX

Form **4797**

Department of the Treasury
Internal Revenue Service

Sales of Business Property

(Also Involuntary Conversions and Recapture Amounts Under Sections 179 and 280F(b)(2))

Attach to your tax return.

Go to www.irs.gov/Form4797 for instructions and the latest information.

OMB No. 1545-0184

2022

Attachment Sequence No. **27**

Name(s) shown on return	Identifying number
RAKESH R. & MINAR RAWAL	604-80-1233

1a	Enter the gross proceeds from sales or exchanges reported to you for 2022 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20	**1a**
b	Enter the total amount of gain that you are including on lines 2, 10, and 24 due to the partial dispositions of MACRS assets	**1b**
c	Enter the total amount of loss that you are including on lines 2 and 10 due to the partial dispositions of MACRS assets	**1c**

Part I Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft-Most Property Held More Than 1 Year (see instructions)

2 (a) Description of property	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or other basis, plus improvements and expense of sale	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
SHRINATHJU FUEL LLC						159,327.
SHRINATHJU FUEL LLC						159,327.

3	Gain, if any, from Form 4684, line 39	**3**	
4	Section 1231 gain from installment sales from Form 6252, line 26 or 37	**4**	
5	Section 1231 gain or (loss) from like-kind exchanges from Form 8824	**5**	
6	Gain, if any, from line 32, from other than casualty or theft	**6**	
7	Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows	**7**	318,654.
	Partnerships and S corporations. Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120-S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below.		
	Individuals, partners, S corporation shareholders, and all others. If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you didn't have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below.		
8	Nonrecaptured net section 1231 losses from prior years. See instructions	**8**	
9	Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return. See instructions	**9**	

Part II Ordinary Gains and Losses (see instructions)

10 Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less):

11	Loss, if any, from line 7	**11**	( )
12	Gain, if any, from line 7 or amount from line 8, if applicable	**12**	
13	Gain, if any, from line 31	**13**	
14	Net gain or (loss) from Form 4684, lines 31 and 38a	**14**	
15	Ordinary gain from installment sales from Form 6252, line 25 or 36	**15**	
16	Ordinary gain or (loss) from like-kind exchanges from Form 8824	**16**	
17	Combine lines 10 through 16	**17**	
18	For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below.		
a	If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the loss from income-producing property on Schedule A (Form 1040), line 16. (Do not include any loss on property used as an employee.) Identify as from "Form 4797, line 18a." See instructions	**18a**	
b	Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Schedule 1 (Form 1040), Part I, line 4	**18b**	

Part III **Gain From Disposition of Property Under Sections 1245, 1250, 1252, 1254, and 1255** (see instructions)

19 (a) Description of section 1245, 1250, 1252, 1254, or 1255 property:	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)
A		
B		
C		
D		

These columns relate to the properties on lines 19A through 19D.		Property A	Property B	Property C	Property D
20 Gross sales price (**Note:** See line 1a before completing.)	20				
21 Cost or other basis plus expense of sale	21				
22 Depreciation (or depletion) allowed or allowable	22				
23 Adjusted basis. Subtract line 22 from line 21	23				
24 Total gain. Subtract line 23 from line 20	24				
25 If section 1245 property:					
a Depreciation allowed or allowable from line 22	25a				
b Enter the **smaller** of line 24 or 25a	25b				
26 If section 1250 property: If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291.					
a Additional depreciation after 1975. See instructions	26a				
b Applicable percentage multiplied by the **smaller** of line 24 or line 26a. See instructions	26b				
c Subtract line 26a from line 24. If residential rental property **or** line 24 isn't more than line 26a, skip lines 26d and 26e	26c				
d Additional depreciation after 1969 and before 1976	26d				
e Enter the **smaller** of line 26c or 26d	26e				
f Section 291 amount (corporations only)	26f				
g Add lines 26b, 26e, and 26f	26g				
27 If section 1252 property: Skip this section if you didn't dispose of farmland or if this form is being completed for a partnership.					
a Soil, water, and land clearing expenses	27a				
b Line 27a multiplied by applicable percentage	27b				
c Enter the **smaller** of line 24 or 27b	27c				
28 If section 1254 property:					
a Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions	28a				
b Enter the **smaller** of line 24 or 28a	28b				
29 If section 1255 property:					
a Applicable percentage of payments excluded from income under section 126. See instructions	29a				
b Enter the **smaller** of line 24 or 29a. See instructions	29b				

Summary of Part III Gains. Complete property columns A through D through line 29b before going to line 30.

30 Total gains for all properties. Add property columns A through D, line 24	30	
31 Add property columns A through D, lines 25b, 26g, 27c, 28b, and 29b. Enter here and on line 13	31	
32 Subtract line 31 from line 30. Enter the portion from casualty or theft on Form 4684, line 33. Enter the portion from other than casualty or theft on Form 4797, line 6	32	

Part IV **Recapture Amounts Under Sections 179 and 280F(b)(2) When Business Use Drops to 50% or Less** (see instructions)

		(a) Section 179	(b) Section 280F(b)(2)
33 Section 179 expense deduction or depreciation allowable in prior years	33		
34 Recomputed depreciation. See instructions	34		
35 Recapture amount. Subtract line 34 from line 33. See the instructions for where to report	35		

Form **6251**

Department of the Treasury
Internal Revenue Service

Alternative Minimum Tax - Individuals

Go to www.irs.gov/Form6251 for instructions and the latest information.
Attach to Form 1040, 1040-SR, or 1040-NR.

OMB No. 1545-0074

2022

Attachment Sequence No. **32**

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

RAKESH R. & MINAR RAWAL

Your social security number

604 80 1233

Part I Alternative Minimum Taxable Income

1	Enter the amount from Form 1040 or 1040-SR, line 15, if more than zero. If Form 1040 or 1040-SR, line 15, is zero, subtract line 14 of Form 1040 or 1040-SR from line 11 of Form 1040 or 1040-SR and enter the result here. (If less than zero, enter as a negative amount.)	1	366,164.
2a	If filing Schedule A (Form 1040), enter the taxes from Schedule A, line 7; otherwise, enter the amount from Form 1040 or 1040-SR, line 12	2a	10,000.
b	Tax refund from Schedule 1 (Form 1040), line 1 or line 8z	2b	
c	Investment interest expense (difference between regular tax and AMT)	2c	
d	Depletion (difference between regular tax and AMT)	2d	
e	Net operating loss deduction from Schedule 1 (Form 1040), line 8a. Enter as a positive amount	2e	
f	Alternative tax net operating loss deduction	2f	
g	Interest from specified private activity bonds exempt from the regular tax	2g	
h	Qualified small business stock, see instructions	2h	
i	Exercise of incentive stock options (excess of AMT income over regular tax income)	2i	
j	Estates and trusts (amount from Schedule K-1 (Form 1041), box 12, code A)	2j	
k	Disposition of property (difference between AMT and regular tax gain or loss)	2k	
l	Depreciation on assets placed in service after 1986 (difference between regular tax and AMT)	2l	
m	Passive activities (difference between AMT and regular tax income or loss)	2m	
n	Loss limitations (difference between AMT and regular tax income or loss) SEE STATEMENT 20	2n	-1,049.
o	Circulation costs (difference between regular tax and AMT)	2o	
p	Long-term contracts (difference between AMT and regular tax income)	2p	
q	Mining costs (difference between regular tax and AMT)	2q	
r	Research and experimental costs (difference between regular tax and AMT)	2r	
s	Income from certain installment sales before January 1, 1987	2s	
t	Intangible drilling costs preference	2t	
3	Other adjustments, including income-based related adjustments	3	
4	**Alternative minimum taxable income.** Combine lines 1 through 3. (If married filing separately and line 4 is more than $776,100, see instructions.)	4	375,115.

Part II Alternative Minimum Tax (AMT)

5	Exemption. **IF your filing status is ...** / **AND line 4 is not over ...** / **THEN enter on line 5 ...** Single or head of household — $539,900 — $75,900 Married filing jointly or qualifying widow(er) — 1,079,800 — 118,100 Married filing separately — 539,900 — 59,050 If line 4 is **over** the amount shown above for your filing status, see instructions.	5	118,100.
6	Subtract line 5 from line 4. If more than zero, go to line 7. If zero or less, enter -0- here and on lines 7, 9, and 11, and go to line 10	6	257,015.
7	• If you are filing Form 2555, see instructions for the amount to enter. • If you reported capital gain distributions directly on Form 1040 or 1040-SR, line 7; you reported qualified dividends on Form 1040 or 1040-SR, line 3a; **or** you had a gain on both lines 15 and 16 of Schedule D (Form 1040) (as refigured for the AMT, if necessary), complete Part III on the back and enter the amount from line 40 here. • **All others:** If line 6 is $206,100 or less ($103,050 or less if married filing separately), multiply line 6 by 26% (0.26). Otherwise, multiply line 6 by 28% (0.28) and subtract $4,122 ($2,061 if married filing separately) from the result.	7	38,552.
8	Alternative minimum tax foreign tax credit (see instructions)	8	
9	Tentative minimum tax. Subtract line 8 from line 7	9	38,552.
10	Add Form 1040 or 1040-SR, line 16 (minus any tax from Form 4972), and Schedule 2 (Form 1040), line 2. Subtract from the result Schedule 3 (Form 1040), line 1 and any negative amount reported on Form 8978, line 14 (treated as a positive number). If zero or less, enter -0-. If you used Schedule J to figure your tax on Form 1040 or 1040-SR, line 16, refigure that tax without using Schedule J before completing this line. See instructions	10	63,419.
11	**AMT.** Subtract line 10 from line 9. If zero or less, enter -0-. Enter here and on Schedule 2 (Form 1040), line 1	11	0.

Part III Tax Computation Using Maximum Capital Gains Rates

Complete Part III only if you are required to do so by line 7 or by the Foreign Earned Income Tax Worksheet in the instructions.

12 Enter the amount from Form 6251, line 6. If you are filing Form 2555, enter the amount from line 3 of the worksheet in the instructions for line 7	**12**	257,015.
13 Enter the amount from line 4 of the Qualified Dividends and Capital Gain Tax Worksheet in the Instructions for Form 1040 or the amount from line 13 of the Schedule D Tax Worksheet in the Instructions for Schedule D (Form 1040), whichever applies (as refigured for the AMT, necessary). See instructions. If you are filing Form 2555, see instructions for the amount to enter	**13**	298,514.
14 Enter the amount from Schedule D (Form 1040), line 19 (as refigured for the AMT, if necessary). See instructions. If you are filing Form 2555, see instructions for the amount to enter	**14**	20,140.
15 If you did not complete a Schedule D Tax Worksheet for the regular tax or the AMT, enter the amount from line 13. Otherwise, add lines 13 and 14, and enter the **smaller** of that result or the amount from line 10 of the Schedule D Tax Worksheet (as refigured for the AMT, if necessary). If you are filing Form 2555, see instructions for the amount to enter	**15**	318,654.
16 Enter the **smaller** of line 12 or line 15	**16**	257,015.
17 Subtract line 16 from line 12	**17**	0.
18 If line 17 is $206,100 or less ($103,050 or less if married filing separately), multiply line 17 by 26% (0.26). Otherwise, multiply line 17 by 28% (0.28) and subtract $4,122 ($2,061 if married filing separately) from the result	**18**	
19 Enter: • $83,350 if married filing jointly or qualifying widow(er), • $41,675 if single or married filing separately, or • $55,800 if head of household.	**19**	83,350.
20 Enter the amount from line 5 of the Qualified Dividends and Capital Gain Tax Worksheet or the amount from line 14 of the Schedule D Tax Worksheet, whichever applies (as figured for the regular tax). If you did not complete either worksheet for the regular tax, enter the amount from Form 1040 or 1040-SR, line 15; if zero or less, enter -0-. If you are filing Form 2555, see instructions for the amount to enter	**20**	192,972.
21 Subtract line 20 from line 19. If zero or less, enter -0-	**21**	0.
22 Enter the **smaller** of line 12 or line 13	**22**	257,015.
23 Enter the **smaller** of line 21 or line 22. This amount is taxed at 0%	**23**	0.
24 Subtract line 23 from line 22	**24**	257,015.
25 Enter: • $459,750 if single, • $258,600 if married filing separately, • $517,200 if married filing jointly or qualifying widow(er), or • $488,500 if head of household.	**25**	517,200.
26 Enter the amount from line 21	**26**	0.
27 Enter the amount from line 5 of the Qualified Dividends and Capital Gain Tax Worksheet or the amount from line 21 of the Schedule D Tax Worksheet, whichever applies (as figured for the regular tax). If you did not complete either worksheet for the regular tax, enter the amount from Form 1040 or 1040-SR, line 15; if zero or less, enter -0-. If you are filing Form 2555, see instructions for the amount to enter	**27**	192,972.
28 Add line 26 and line 27	**28**	192,972.
29 Subtract line 28 from line 25. If zero or less, enter -0-	**29**	324,228.
30 Enter the smaller of line 24 or line 29	**30**	257,015.
31 Multiply line 30 by 15% (0.15)	**31**	38,552.
32 Add lines 23 and 30	**32**	257,015.
If lines 32 and 12 are the same, skip lines 33 through 37 and go to line 38. Otherwise, go to line 33.		
33 Subtract line 32 from line 22	**33**	
34 Multiply line 33 by 20% (0.20)	**34**	
If line 14 is zero or blank, skip lines 35 through 37 and go to line 38. Otherwise, go to line 35.		
35 Add lines 17, 32, and 33	**35**	
36 Subtract line 35 from line 12	**36**	
37 Multiply line 36 by 25% (0.25)	**37**	
38 Add lines 18, 31, 34, and 37	**38**	38,552.
39 If line 12 is $206,100 or less ($103,050 or less if married filing separately), multiply line 12 by 26% (0.26). Otherwise, multiply line 12 by 28% (0.28) and subtract $4,122 ($2,061 if married filing separately) from the result	**39**	67,842.
40 Enter the **smaller** of line 38 or line 39 here and on line 7. If you are filing Form 2555, do not enter this amount on line 7. Instead, enter it on line 4 of the worksheet in the instructions for line 7	**40**	38,552.

ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT

Name(s)	Social Security Number
RAKESH R. & MINAR RAWAL	604-80-1233

Form Name	Description	Income	Adjustment				
			Form 6251, Line 2k	Form 6251, Line 2l	Form 6251, Line 2m	Form 6251, Line 2n	Form 6251 Other Adjustment
K1-	JIYA FOODS AND FUEL, L LC						
	* REGULAR INCOME	28,241.					
	* AMT NET INCOME	28,241.					
K1-	JIYA FOODS AND FUEL LL C						
	* REGULAR INCOME	28,241.					
	* AMT NET INCOME	28,241.					
K-1-	SHIVSHAKTI NAMAY, INC.						
	* REGULAR INCOME	1,049.					
	AMT BASIS C/O	-5,262.					
	BASIS ALLOWED	-1,049.				-1,049.	
	AMT BASIS ADJ	1,049.					
	* AMT NET INCOME	-4,213.				-1,049.	
	** TOTAL ADJ & PREF **					-1,049.	

ALTERNATIVE MINIMUM TAX

Form **1116**

Department of the Treasury
Internal Revenue Service

Foreign Tax Credit

(Individual, Estate, or Trust)

Attach to Form 1040, 1040-SR, 1040-NR, 1041, or 990-T.

Go to www.irs.gov/Form1116 for instructions and the latest information.

OMB No. 1545-0121

2022

Attachment Sequence No. **19**

Name

RAKESH R. & MINAR RAWAL

Identifying number as shown on page 1 of your tax return

604-80-1233

Use a separate Form 1116 for each category of income listed below. See *Categories of Income* in the instructions. Check only one box on each Form 1116. Report all amounts in U.S. dollars except where specified in Part II below.

a ☐ Section 951A category income
b ☐ Foreign branch category income
c ☒ Passive category income
d ☐ General category income
e ☐ Section 901(j) income
f ☐ Certain income re-sourced by treaty
g ☐ Lump-sum distributions

h Resident of (name of country) UNITED STATES

Note: If you paid taxes to only one foreign country or U.S. possession, use column A in Part I and line A in Part II. If you paid taxes to **more than one** foreign country or U.S. possession, use a separate column and line for each country or possession.

Part I Taxable Income or Loss From Sources Outside the United States (for category checked above)

	Foreign Country or U.S. Possession A	B	C		Total (Add cols. A, B, and C.)
i Enter the name of the foreign country or U.S. possession	INDIA	OTHER COUNTRIES			
1a Gross income from sources within country shown above and of the type checked above:				1a	
b Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is $250,000 or more, and you used an alternative basis to determine its source. See instructions ☐					
Deductions and losses (**Caution:** See instructions.):					
2 Expenses **definitely related** to the income on line 1a (attach statement)					
3 Pro rata share of other deductions **not definitely related:**					
a Certain itemized deductions or standard deduction					
b Other deductions (attach statement)					
c Add lines 3a and 3b					
d Gross foreign source income					
e Gross income from all sources	504,438.	504,438.			
f Divide line 3d by line 3e	.000000000	.000000000			
g Multiply line 3c by line 3f					
4 Pro rata share of interest expense:					
a Home mortgage interest (use the Worksheet for Home Mortgage Interest in the instructions)					
b Other interest expense					
5 Losses from foreign sources					
6 Add lines 2, 3g, 4a, 4b, and 5				6	
7 Subtract line 6 from line 1a. Enter the result here and on line 15, page 2				7	

Part II Foreign Taxes Paid or Accrued

Country	Credit is claimed for taxes (you must check one) (j) ☒ Paid (k) ☐ Accrued	Foreign taxes paid or accrued: In foreign currency				In U.S. dollars				
		Taxes withheld at source on:			(p) Other foreign taxes paid or accrued	Taxes withheld at source on:			(t) Other foreign taxes paid or accrued	(u) Total foreign taxes paid or accrued (add cols. (q) through (t))
	(l) Date paid or accrued	(m) Dividends	(n) Rents and royalties	(o) Interest		(q) Dividends	(r) Rents and royalties	(s) Interest		
A										
B										
C										

8 **Add lines A through C, column (u). Enter the total here and on line 9, page 2** 8

Part III Figuring the Credit

9	Enter the amount from line 8. These are your total foreign taxes paid or accrued for the category of income checked above Part I	9		
10	Enter the sum of any carryover of foreign taxes (from Schedule B, line 3, column (xiv)) plus any carrybacks to the current tax year SEE STATEMENT 21 (If your income was section 951A category income (box a above Part I), leave line 10 blank.)	10	9.	
11	Add lines 9 and 10	11	9.	
12	Reduction in foreign taxes	12		
13	Taxes reclassified under high tax kickout	13		
14	Combine lines 11, 12, and 13. This is the total amount of foreign taxes available for credit		14	9.
15	Enter the amount from line 7. This is your taxable income or (loss) from sources outside the United States (before adjustments) for the category of income checked above Part I	15		
16	Adjustments to line 15	16		
17	Combine the amounts on lines 15 and 16. This is your net foreign source taxable income. (If the result is zero or less, you have no foreign tax credit for the category of income you checked above Part I. Skip lines 18 through 24. However, if you are filing more than one Form 1116, you must complete line 20.)	17		
18	**Individuals:** Enter the amount from line 15 of your Form 1040, 1040-SR, or 1040-NR. **Estates and trusts:** Enter your taxable income without the deduction for your exemption	18		
	Caution: If you figured your tax using the lower rates on qualified dividends or capital gains, see instructions.			
19	Divide line 17 by line 18. If line 17 is more than line 18, enter "1"		19	
20	**Individuals:** Enter the total of Form 1040, 1040-SR or 1040-NR, line 16, and Schedule 2 (Form 1040), line 2. **Estates and trusts:** Enter the amount from Form 1041, Schedule G, line 1a; or the total of Form 990-T, Part II, lines 2, 3, 4, and 6. Foreign estates and trusts should enter the amount from Form 1040-NR, line 16. See instructions		20	
	Caution: If you are completing line 20 for separate category **g** (lump-sum distributions), or, if you file Form 8978, Partner's Additional Reporting Year Tax, see instructions.			
21	Multiply line 20 by line 19 (maximum amount of credit)		21	
22	Increase in limitation (section 960(c))		22	
23	Add lines 21 and 22		23	
24	Enter the **smaller** of line 14 or line 23. If this is the only Form 1116 you are filing, skip lines 25 through 32 and enter this amount on line 33. Otherwise, complete the appropriate line in Part IV		24	0.

Part IV Summary of Credits From Separate Parts III

25	Credit for taxes on section 951A category income	25		
26	Credit for taxes on foreign branch category income	26		
27	Credit for taxes on passive category income	27		
28	Credit for taxes on general category income	28		
29	Credit for taxes on section 901(j) income	29		
30	Credit for taxes on certain income re-sourced by treaty	30		
31	Credit for taxes on lump-sum distributions	31		
32	Add lines 25 through 31		32	
33	Enter the **smaller** of line 20 or line 32		33	0.
34	Reduction of credit for international boycott operations		34	
35	Subtract line 34 from line 33. This is your **foreign tax credit.** Enter here and on Schedule 3 (Form 1040), line 1; Form 1041, Schedule G, line 2a; or Form 990-T, Part III, line 1a		35	0.

Form **1116** (2022)

AMT

SCHEDULE B (Form 1116)

(Rev. December 2022)

Department of the Treasury
Internal Revenue Service

Foreign Tax Carryover Reconciliation Schedule

For calendar year 2022, or other tax year beginning _____, and ending _____

See separate instructions.
Attach to Form 1116.
Go to www.irs.gov/Form1116 for instructions and the latest information.

OMB No. 1545-0121

Name

RAKESH R. & MINAR RAWAL

Identifying number as shown on page 1 of your tax return

604-80-1233

Use a separate Schedule B (Form 1116) for each applicable category of income listed below. See instructions. Check only one box on each schedule.
Check the box for the same separate category code as that shown on the Form 1116 to which this Schedule B is attached.

a Reserved for future use
b ☐ Foreign branch category income
c ☒ Passive category income
d ☐ General category income
e ☐ Section 901(j) income
f ☐ Certain income re-sourced by treaty
g ☐ Lump-sum distributions

h If box e is checked, enter the country code for the sanctioned country. See instructions .....
i If box f is checked, enter the country code for the treaty country. See instructions .....

Foreign Tax Carryover Reconciliation	(i) 10th Preceding Tax Year	(ii) 9th Preceding Tax Year	(iii) 8th Preceding Tax Year	(iv) 7th Preceding Tax Year	(v) 6th Preceding Tax Year	(vi) 5th Preceding Tax Year	(vii) Subtotal (add columns (i) through (vi))
1 Foreign tax carryover from the prior tax year (enter amounts from the appropriate columns of line 8 of the prior year Schedule B(see instructions))		9.					9.
2 Adjustments to line 1 (enter description - see instructions):							
a Carryback adjustment (see instructions							
b Adjustments for section 905(c) redeterminations (see instructions)							
c							
d							
e							
f							
g							
3 Adjusted foreign tax carryover from prior tax year (combine lines 1 and 2)		9.					9.
4 Foreign tax carryover used in current tax year (enter as a negative number)							
5 Foreign tax carryover expired unused in current tax year (enter as a negative number)							
6 Foreign tax carryover generated in current tax year							
7 Actual or estimated amount of line 6 to be carried back to prior tax year (enter as a negative number)							
8 Foreign tax carryover to the following tax year. Combine lines 3 through 7.	-0-	9.					9.

Foreign Tax Carryover Reconciliation	(viii) Subtotal from page 1 (enter the amounts from column (vii) on page 1)	(ix) 4th Preceding Tax Year	(x) 3rd Preceding Tax Year	(xi) 2nd Preceding Tax Year	(xii) 1st Preceding Tax Year	(xiii) Current Tax Year	(xiv) Totals (add columns (viii) through (xiii))
1 Foreign tax carryover from the prior tax year (enter amounts from the appropriate columns of line 8 of the prior year Schedule B (see instructions))	9.						9.
2 Adjustments to line 1 (enter description - see instructions):							
a Carryback adjustment (see instructions							
b Adjustments for section 905(c) redeterminations (see instructions)							
c							
d							
e							
f							
g							
3 Adjusted foreign tax carryover from prior tax year (combine lines 1 and 2). Include the column (xiv) total on the current year Form 1116, Part III, line 10.	9.						9.
4 Foreign tax carryover used in current tax year (enter as a negative number)							
5 Foreign tax carryover expired unused in current tax year (enter as a negative number)							
6 Foreign tax carryover generated in current tax year							
7 Actual or estimated amount of line 6 to be carried back to prior tax year (enter as a negative number)							
8 Foreign tax carryover to the following tax year. Combine lines 3 through 7.	9.					0.	9.

SCHEDULE 8812 (Form 1040)

Department of the Treasury
Internal Revenue Service

Credits for Qualifying Children and Other Dependents

Attach to Form 1040, 1040-SR, or 1040-NR.
Go to www.irs.gov/Schedule8812 for instructions and the latest information.

OMB No. 1545-0074

2022

Attachment Sequence No. **47**

Name(s) shown on return
RAKESH R. & MINAR RAWAL

Your social security number
604-80-1233

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**	419,347.
2a	Enter income from Puerto Rico that you excluded	**2a**			
b	Enter the amounts from lines 45 and 50 of your Form 2555	**2b**			
c	Enter the amount from line 15 of your Form 4563	**2c**			
d	Add lines 2a through 2c			**2d**	
3	Add lines 1 and 2d			**3**	419,347.
4	Number of qualifying children under age 17 with the required social security number	**4**			
5	Multiply line 4 by $2,000			**5**	
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**	1		
	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**	500.
8	Add lines 5 and 7			**8**	500.
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**	20,000.
11	Multiply line 10 by 5% (0.05)			**11**	1,000.
12	Is the amount on line 8 more than the amount on line 11?			**12**	0.
	[X] **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.				
	[ ] **Yes.** Subtract line 11 from line 8. Enter the result.				
13	Enter the amount from the **Credit Limit Worksheet A**			**13**	
14	Enter the smaller of line 12 or 13. **This is your child tax credit and credit for other dependents**			**14**	0.
	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.

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

Schedule 8812 (Form 1040) 2022

203501 11-08-22

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 ☐

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**

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?

☐ **No.** Leave line 19 blank and enter -0- on line 20.

☐ **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 — **20**

Next. On line 16b, is the amount $4,500 or more?

☐ **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.

☐ **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.

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 — **21**

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 — **26**

Next, enter the **smaller** of line 17 or line 26 on line 27.

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** — **27** 0.

Form **8995-A**

Department of the Treasury
Internal Revenue Service

Qualified Business Income Deduction

Attach to your tax return.
Go to www.irs.gov/Form8995A for instructions and the latest information.

OMB No. 1545-2994

2022

Attachment Sequence No. **55A**

Name(s) shown on return

RAKESH R. & MINAR RAWAL

Your taxpayer identification number

604-80-1233

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 above $170,050 ($340,100 if married filing jointly), or you're a patron of an agricultural or horticultural cooperative.

Part I Trade, Business, or Aggregation Information

Complete Schedules A, B, and/or C (Form 8995-A), as applicable, before starting Part I. Attach additional worksheets when needed. See instructions.

1	(a) Trade, business, or aggregation name	(b) Check if specified service	(c) Check if aggregation	(d) Taxpayer identification number	(e) Check if patron
A	CONVENIENCE STORE	☐	☐	82-3948988	☐
B	SHIVSHAKTI NAMAY, INC.	☐	☐	20-5638824	☐
C	SHIVSHAKTI NAMAY, INC.	☐	☐	20-5638824	☐

Part II Determine Your Adjusted Qualified Business Income

			A	B	C
2	Qualified business income from the trade, business, or aggregation. See instructions	2	1,012.	523.	51,780.
3	Multiply line 2 by 20% (0.20). If your taxable income is $170,500 or less ($340,100 if married filing jointly), skip lines 4 through 12 and enter the amount from line 3 on line 13	3	202.	105.	10,356.
4	Allocable share of W-2 wages from the trade, business, or aggregation	4	13,963.	475.	47,002.
5	Multiply line 4 by 50% (0.50)	5	6,982.	238.	23,501.
6	Multiply line 4 by 25% (0.25)	6	3,491.	119.	11,751.
7	Allocable share of the unadjusted basis immediately after acquisition (UBIA) of all qualified property	7		5,859.	580,074.
8	Multiply line 7 by 2.5% (0.025)	8		146.	14,502.
9	Add lines 6 and 8	9	3,491.	265.	26,253.
10	Enter the greater of line 5 or line 9	10	6,982.	265.	26,253.
11	W-2 wage and UBIA of qualified property limitation. Enter the smaller of line 3 or line 10	11	202.	105.	10,356.
12	Phased-in reduction. Enter the amount from line 26, if any	12			
13	Qualified business income deduction before patron reduction. Enter the greater of line 11 or line 12	13	202.	105.	10,356.
14	Patron reduction. Enter the amount from Schedule D (Form 8995-A), line 6, if any. See instructions	14			
15	Qualified business income component. Subtract line 14 from line 13	15	202.	105.	10,356.
16	Total qualified business income component. Add all amounts reported on line 15	16	16,909.		

Part III Phased-in Reduction

Complete Part III only if your taxable income is more than $170,050 but not $220,050 ($340,100 and $440,100 if married filing jointly) and line 10 is less than line 3. Otherwise, skip Part III.

					A	B	C
17	Enter the amounts from line 3			17			
18	Enter the amounts from line 10			18			
19	Subtract line 18 from line 17			19			
20	Taxable income before qualified business income deduction	20	383,073.				
21	Threshold. Enter $170,050 ($340,100 if married filing jointly)	21	340,100.				
22	Subtract line 21 from line 20	22	42,973.				
23	Phase-in range. Enter $50,000 ($100,000 if married filing jointly)	23	100,000.				
24	Phase-in percentage. Divide line 22 by line 23	24	42.973000%				
25	Total phase-in reduction. Multiply line 19 by line 24			25			
26	Qualified business income after phase-in reduction. Subtract line 25 from line 17. Enter this amount here and on line 12, for the corresponding trade or business			26			

Part IV Determine Your Qualified Business Income Deduction

27	Total qualified business income component from all qualified trades, businesses, or aggregations. Enter the amount from line 16	27	16,909.			
28	Qualified REIT dividends and publicly traded partnership (PTP) income or (loss). See instructions	28				
29	Qualified REIT dividends and PTP (loss) carryforward from prior years	29	( )			
30	Total qualified REIT dividends and PTP income. Combine lines 28 and 29. If less than zero, enter -0-	30				
31	REIT and PTP component. Multiply line 30 by 20% (0.20)	31				
32	Qualified business income deduction before the income limitation. Add lines 27 and 31			32		16,909.
33	Taxable income before qualified business income deduction	33	383,073.			
34	Net capital gain. See instructions	34	173,192.			
35	Subtract line 34 from line 33. If zero or less, enter -0-			35		209,881.
36	Income limitation. Multiply line 35 by 20% (0.20)			36		41,976.
37	Qualified business income deduction before the domestic production activities deduction (DPAD) under section 199A(g). Enter the smaller of line 32 or line 36			37		16,909.
38	DPAD under section 199A(g) allocated from an agricultural or horticultural cooperative. Don't enter more than line 33 minus line 37			38		
39	Total qualified business income deduction. Add lines 37 and 38			39		16,909.
40	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 28 and 29. If zero or greater, enter -0-			40		( )

Form **8995-A**

Department of the Treasury
Internal Revenue Service

Qualified Business Income Deduction

Attach to your tax return.
Go to www.irs.gov/Form8995A for instructions and the latest information.

OMB No. 1545-2994

2022

Attachment Sequence No. **55A**

Name(s) shown on return

RAKESH R. & MINAR RAWAL

Your taxpayer identification number

604-80-1233

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 above $170,050 ($340,100 if married filing jointly), or you're a patron of an agricultural or horticultural cooperative.

Part I Trade, Business, or Aggregation Information

Complete Schedules A, B, and/or C (Form 8995-A), as applicable, before starting Part I. Attach additional worksheets when needed. See instructions.

1	(a) Trade, business, or aggregation name	(b) Check if specified service	(c) Check if aggregation	(d) Taxpayer identification number	(e) Check if patron
A	JIYA FOODS AND FUEL LLC	☐	☐	84-4870554	☐
B	JIYA FOODS AND FUEL, LLC	☐	☐	84-4870554	☐
C	A K FUEL LLC	☐	☐	84-4868835	☐

Part II Determine Your Adjusted Qualified Business Income

			A	B	C
2	Qualified business income from the trade, business, or aggregation. See instructions	2	14,075.	14,075.	1,540.
3	Multiply line 2 by 20% (0.20). If your taxable income is $170,500 or less ($340,100 if married filing jointly), skip lines 4 through 12 and enter the amount from line 3 on line 13	3	2,815.	2,815.	308.
4	Allocable share of W-2 wages from the trade, business, or aggregation	4	16,247.	16,246.	
5	Multiply line 4 by 50% (0.50)	5	8,124.	8,123.	
6	Multiply line 4 by 25% (0.25)	6	4,062.	4,062.	
7	Allocable share of the unadjusted basis immediately after acquisition (UBIA) of all qualified property	7	12,289.	12,287.	487,500.
8	Multiply line 7 by 2.5% (0.025)	8	307.	307.	12,188.
9	Add lines 6 and 8	9	4,369.	4,369.	12,188.
10	Enter the greater of line 5 or line 9	10	8,124.	8,123.	12,188.
11	W-2 wage and UBIA of qualified property limitation. Enter the smaller of line 3 or line 10	11	2,815.	2,815.	308.
12	Phased-in reduction. Enter the amount from line 26, if any	12			
13	Qualified business income deduction before patron reduction. Enter the greater of line 11 or line 12	13	2,815.	2,815.	308.
14	Patron reduction. Enter the amount from Schedule D (Form 8995-A), line 6, if any. See instructions	14			
15	Qualified business income component. Subtract line 14 from line 13	15	2,815.	2,815.	308.
16	Total qualified business income component. Add all amounts reported on line 15	16			

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

Form **8995-A** (2022)

Part III Phased-in Reduction

Complete Part III only if your taxable income is more than $170,050 but not $220,050 ($340,100 and $440,100 if married filing jointly) and line 10 is less than line 3. Otherwise, skip Part III.

				A	B	C
17	Enter the amounts from line 3		17			
18	Enter the amounts from line 10		18			
19	Subtract line 18 from line 17		19			
20	Taxable income before qualified business income deduction	20 383,073.				
21	Threshold. Enter $170,050 ($340,100 if married filing jointly)	21 340,100.				
22	Subtract line 21 from line 20	22 42,973.				
23	Phase-in range. Enter $50,000 ($100,000 if married filing jointly)	23 100,000.				
24	Phase-in percentage. Divide line 22 by line 23	24 42.973000%				
25	Total phase-in reduction. Multiply line 19 by line 24		25			
26	Qualified business income after phase-in reduction. Subtract line 25 from line 17. Enter this amount here and on line 12, for the corresponding trade or business		26			

Part IV Determine Your Qualified Business Income Deduction

27	Total qualified business income component from all qualified trades, businesses, or aggregations. Enter the amount from line 16	27			
28	Qualified REIT dividends and publicly traded partnership (PTP) income or (loss). See instructions	28			
29	Qualified REIT dividends and PTP (loss) carryforward from prior years	29	( )		
30	Total qualified REIT dividends and PTP income. Combine lines 28 and 29. If less than zero, enter -0-	30			
31	REIT and PTP component. Multiply line 30 by 20% (0.20)	31			
32	Qualified business income deduction before the income limitation. Add lines 27 and 31			32	
33	Taxable income before qualified business income deduction	33			
34	Net capital gain. See instructions	34			
35	Subtract line 34 from line 33. If zero or less, enter -0-			35	
36	Income limitation. Multiply line 35 by 20% (0.20)			36	
37	Qualified business income deduction before the domestic production activities deduction (DPAD) under section 199A(g). Enter the smaller of line 32 or line 36			37	
38	DPAD under section 199A(g) allocated from an agricultural or horticultural cooperative. Don't enter more than line 33 minus line 37			38	
39	Total qualified business income deduction. Add lines 37 and 38			39	
40	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 28 and 29. If zero or greater, enter -0-			40	( )

Form **8995-A**

Department of the Treasury
Internal Revenue Service

Qualified Business Income Deduction

Attach to your tax return.
Go to www.irs.gov/Form8995A for instructions and the latest information.

OMB No. 1545-2994

2022

Attachment Sequence No. **55A**

Name(s) shown on return

RAKESH R. & MINAR RAWAL

Your taxpayer identification number

604-80-1233

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 above $170,050 ($340,100 if married filing jointly), or you're a patron of an agricultural or horticultural cooperative.

Part I Trade, Business, or Aggregation Information

Complete Schedules A, B, and/or C (Form 8995-A), as applicable, before starting Part I. Attach additional worksheets when needed. See instructions.

1	**(a)** Trade, business, or aggregation name	**(b)** Check if specified service	**(c)** Check if aggregation	**(d)** Taxpayer identification number	**(e)** Check if patron
A	A K FUEL LLC	☐	☐	84-4868835	☐
B		☐	☐		☐
C		☐	☐		☐

Part II Determine Your Adjusted Qualified Business Income

			A	B	C
2	Qualified business income from the trade, business, or aggregation. See instructions	2	1,540.		
3	Multiply line 2 by 20% (0.20). If your taxable income is $170,500 or less ($340,100 if married filing jointly), skip lines 4 through 12 and enter the amount from line 3 on line 13	3	308.		
4	Allocable share of W-2 wages from the trade, business, or aggregation	4			
5	Multiply line 4 by 50% (0.50)	5			
6	Multiply line 4 by 25% (0.25)	6			
7	Allocable share of the unadjusted basis immediately after acquisition (UBIA) of all qualified property	7	487,500.		
8	Multiply line 7 by 2.5% (0.025)	8	12,188.		
9	Add lines 6 and 8	9	12,188.		
10	Enter the greater of line 5 or line 9	10	12,188.		
11	W-2 wage and UBIA of qualified property limitation. Enter the smaller of line 3 or line 10	11	308.		
12	Phased-in reduction. Enter the amount from line 26, if any	12			
13	Qualified business income deduction before patron reduction. Enter the greater of line 11 or line 12	13	308.		
14	Patron reduction. Enter the amount from Schedule D (Form 8995-A), line 6, if any. See instructions	14			
15	Qualified business income component. Subtract line 14 from line 13	15	308.		
16	Total qualified business income component. Add all amounts reported on line 15	16			

Part III Phased-in Reduction

Complete Part III only if your taxable income is more than $170,050 but not $220,050 ($340,100 and $440,100 if married filing jointly) and line 10 is less than line 3. Otherwise, skip Part III.

				A	B	C
17	Enter the amounts from line 3		17			
18	Enter the amounts from line 10		18			
19	Subtract line 18 from line 17		19			
20	Taxable income before qualified business income deduction	20 383,073.				
21	Threshold. Enter $170,050 ($340,100 if married filing jointly)	21 340,100.				
22	Subtract line 21 from line 20	22 42,973.				
23	Phase-in range. Enter $50,000 ($100,000 if married filing jointly)	23 100,000.				
24	Phase-in percentage. Divide line 22 by line 23	24 42.973000%				
25	Total phase-in reduction. Multiply line 19 by line 24		25			
26	Qualified business income after phase-in reduction. Subtract line 25 from line 17. Enter this amount here and on line 12, for the corresponding trade or business		26			

Part IV Determine Your Qualified Business Income Deduction

27	Total qualified business income component from all qualified trades, businesses, or aggregations. Enter the amount from line 16	27			
28	Qualified REIT dividends and publicly traded partnership (PTP) income or (loss). See instructions	28			
29	Qualified REIT dividends and PTP (loss) carryforward from prior years	29	( )		
30	Total qualified REIT dividends and PTP income. Combine lines 28 and 29. If less than zero, enter -0-	30			
31	REIT and PTP component. Multiply line 30 by 20% (0.20)	31			
32	Qualified business income deduction before the income limitation. Add lines 27 and 31			32	
33	Taxable income before qualified business income deduction	33			
34	Net capital gain. See instructions	34			
35	Subtract line 34 from line 33. If zero or less, enter -0-			35	
36	Income limitation. Multiply line 35 by 20% (0.20)			36	
37	Qualified business income deduction before the domestic production activities deduction (DPAD) under section 199A(g). Enter the smaller of line 32 or line 36			37	
38	DPAD under section 199A(g) allocated from an agricultural or horticultural cooperative. Don't enter more than line 33 minus line 37			38	
39	Total qualified business income deduction. Add lines 37 and 38			39	
40	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 28 and 29. If zero or greater, enter -0-			40	( )

SCHEDULE C (Form 8995-A)
(Rev. December 2022)
Department of the Treasury
Internal Revenue Service

Loss Netting and Carryforward

Attach to Form 8995-A.
Go to www.irs.gov/Form8995A for instructions and the latest information.

OMB No. 1545-2294

Attachment Sequence No. **55D**

Name(s) shown on return

RAKESH R. & MINAR RAWAL

Your taxpayer identification number

604-80-1233

If you have more than three trades, businesses, or aggregations, complete and attach as many Schedules C as needed. See instructions.

1 Trade, business, or aggregation name	**(a)** Qualified business income/(loss)	**(b)** Reduction for loss netting (see instructions)	**(c)** Adjusted qualified business income (Combine (a) and (b). If zero or less, enter -0-.)
SEE STATEMENT 22		( )	
		( )	
		( )	

2	Qualified business net (loss) carryforward from prior years. See instructions	**2**	( )
3	Total of the trades, businesses, or aggregations losses. Combine the negative amounts on lines 1, column (a), and 2 for all trades, businesses, or aggregations	**3**	(85,091.)
4	Total of the trades, businesses, or aggregations income. Add the positive amounts on line 1, column (a), for all trades, businesses, or aggregations	**4**	169,635.
5	Losses netted with income of other trades, businesses, or aggregations. Enter in the parentheses on line 5 the smaller of the absolute value of line 3 or line 4. Allocate this amount to each of the trades, businesses, or aggregations on line 1, column (b).	**5**	(85,091.)
6	Qualified business net (loss) carryforward. Subtract line 5 from line 3. If zero or more, enter -0-	**6**	( )

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

Schedule C (Form 8995-A) (Rev. 12-2022)

208416 01-13-23

Qualified Business Income After Deductions

Activity: CONVENIENCE STORE

1.	Qualified business income before deductions		2,030.
2.	Deductible part of self-employment income:		
	a. Net income subject to self-employment tax from this activity	1,911.	
	b. Total income subject to self-employment tax	1,911.	
	c. Line 2a divided by line 2b (not greater than 1.000)	1.000000000	
	d. Amount from Schedule 1 (Form 1040), line 15	0.	
	e. Line 2c times line 2d. This is the allocated deductible part of self-employment tax for this activity		0.
3.	Self-employed SEP, SIMPLE and qualified plans:		
	a. Net income subject to self-employment tax from this activity		
	b. Net earnings from _____		
	c. Line 3a divided by line 3b (not greater than 1.000)		
	d. Amount from Schedule 1 (Form 1040), line 16		
	e. Line 3c times line 3d. This is the allocated self-employed SEP, SIMPLE and qualified plans amount for this activity		
4.	Self-employed health insurance deduction:		
	a. Health insurance payments from this activity		
	b. Health insurance limits for activity above		
	c. Lesser of line 4a or line 4b		
	d. Reserved		
	e. Reserved		
	f. Amount from line 4c. This is the allocated SE health insurance deduction for this activity		
5.	Line 1 minus lines 2e, 3e and 4f. This is the qualified business income after deductions		2,030.

Activity: _____

1.	Qualified business income before deductions		
2.	Deductible part of self-employment income:		
	a. Net income subject to self-employment tax from this activity		
	b. Total income subject to self-employment tax		
	c. Line 2a divided by line 2b (not greater than 1.000)		
	d. Amount from Schedule 1 (Form 1040), line 15		
	e. Line 2c times line 2d. This is the allocated deductible part of self-employment tax for this activity		
3.	Self-employed SEP, SIMPLE and qualified plans:		
	a. Net income subject to self-employment tax from this activity		
	b. Net earnings from _____		
	c. Line 3a divided by line 3b (not greater than 1.000)		
	d. Amount from Schedule 1 (Form 1040), line 16		
	e. Line 3c times line 3d. This is the allocated self-employed SEP, SIMPLE and qualified plans amount for this activity		
4.	Self-employed health insurance deduction:		
	a. Health insurance payments from this activity		
	b. Health insurance limits for activity above		
	c. Lesser of line 4a or line 4b		
	d. Reserved		
	e. Reserved		
	f. Amount from line 4c. This is the allocated SE health insurance deduction for this activity		
5.	Line 1 minus lines 2e, 3e and 4f. This is the qualified business income after deductions		

Form **8960**

Department of the Treasury
Internal Revenue Service

Net Investment Income Tax - Individuals, Estates, and Trusts

Attach to your tax return.
Go to www.irs.gov/Form8960 for instructions and the latest information.

OMB No. 1545-2227

2022

Attachment Sequence No. **72**

Name(s) shown on your tax return
RAKESH R. & MINAR RAWAL

Your social security number or EIN
604-80-1233

Part I Investment Income

- ☐ Section 6013(g) election (see instructions)
- ☐ Section 6013(h) election (see instructions)
- ☐ Regulations section 1.1411-10(g) election (see instructions)

1	Taxable interest (see instructions)			1	
2	Ordinary dividends (see instructions)			2	
3	Annuities (see instructions)			3	
4a	Rental real estate, royalties, partnerships, S corporations, trusts, etc. (see instructions)	4a	84,543.		
b	Adjustment for net income or loss derived in the ordinary course of a non-section 1411 trade or business (see instructions) STATEMENT 23	4b	-84,543.		
c	Combine lines 4a and 4b			4c	0.
5a	Net gain or loss from disposition of property (see instructions)	5a	318,654.		
b	Net gain or loss from disposition of property that is not subject to net investment income tax (see instructions)	5b	-318,654.		
c	Adjustment from disposition of partnership interest or S corporation stock (see instructions)	5c			
d	Combine lines 5a through 5c			5d	0.
6	Adjustments to investment income for certain CFCs and PFICs (see instructions)			6	
7	Other modifications to investment income (see instructions)			7	
8	Total investment income. Combine lines 1, 2, 3, 4c, 5d, 6, and 7			8	

Part II Investment Expenses Allocable to Investment Income and Modifications

9a	Investment interest expenses (see instructions)	9a			
b	State, local, and foreign income tax (see instructions)	9b	2,945.		
c	Miscellaneous investment expenses (see instructions)	9c			
d	Add lines 9a, 9b, and 9c			9d	2,945.
10	Additional modifications (see instructions)			10	
11	Total deductions and modifications. Add lines 9d and 10			11	2,945.

Part III Tax Computation

12	Net investment income. Subtract Part II, line 11, from Part I, line 8. Individuals, complete lines 13-17. Estates and trusts, complete lines 18a-21. If zero or less, enter -0-			12	
	Individuals:				
13	Modified adjusted gross income (see instructions)	13	419,347.		
14	Threshold based on filing status (see instructions)	14	250,000.		
15	Subtract line 14 from line 13. If zero or less, enter -0-	15	169,347.		
16	Enter the smaller of line 12 or line 15			16	
17	Net investment income tax for individuals. Multiply line 16 by 3.8% (0.038). **Enter here and include on your tax return** (see instructions)			17	
	Estates and Trusts:				
18a	Net investment income (line 12 above)	18a			
b	Deductions for distributions of net investment income and deductions under section 642(c) (see instructions)	18b			
c	Undistributed net investment income. Subtract line 18b from line 18a (see instructions). If zero or less, enter -0-	18c			
19a	Adjusted gross income (see instructions)	19a			
b	Highest tax bracket for estates and trusts for the year (see instructions)	19b			
c	Subtract line 19b from line 19a. If zero or less, enter -0-	19c			
20	Enter the smaller of line 18c or line 19c			20	
21	Net investment income tax for estates and trusts. Multiply line 20 by 3.8% (0.038). **Enter here and include on your tax return** (see instructions)			21	

Lines 5a-5d - Net Gains and Losses Worksheet

Keep for Your Records

		(A) Capital gains/(losses) Form 1040, Line 7, or Form 1041, Line 4	(B) Ordinary gains/(losses) Sch. 1 (1040), Line 4, or Form 1041, Line 7	Total of columns (A) + (B)
1.	**Beginning Net Gains and Losses**	173,192.	145,462.	Enter this amount on line 5a 318,654.
2.	***Gains and Losses excluded from Net Investment Income, use current year amounts for lines 2a-2g and 2i.***			
(a)	Enter net gains from the disposition of property used in a non-section 1411 trade or business (enter as negative amounts): Name of Trade or Business: SEE STATEMENT 24 — Amount: ( )	(318,654.)	( )	
	( )	( )		
(b)	Enter net losses from the disposition of property used in a non-section 1411 trade or business (enter as positive amounts): Name of Trade or Business — Amount			
(c)	Enter net losses from a former passive activity (FPA) allowed by reason of section 469(f)(1)(A)			
(d)	Gains recognized in the current year for payments received on an installment sale obligation or private annuity for the disposition of property used in a non-section 1411 trade or business	( )		
(e)	Enter the net gain attributable to the net unrealized appreciation (NUA) in employer securities	( )		
(f)	In the case of a QEF (other than a QEF held in a section 1411 trade or business) with respect to which a section 1.1411-10(g) election is not in effect, enter the amount treated as long-term capital gain for regular income tax purposes under section 1293(a)(1)(B)	( )		
(g)	Enter any other gains and losses included in net investment income that are not otherwise reported on Form 8960 and any other gains and losses excluded from net investment income reported on line 5a (enter excluded gains as a negative number and excluded losses as a positive number)			
(h)	Enter the amount reported on line 2(i) of this worksheet from your prior tax year return calculations. Enter as a positive no.			
(i)	If you do not have a capital loss carryover to next year, then skip this line and go to line 2(j). Otherwise, enter the lesser of (i)(1) or (i)(2) as a negative number	( )		
	(i)(1) If the sum of the amounts reported on lines 2(a)-2(h) and line 3(d), column (A), is greater than zero, enter that amount here. Otherwise, enter -0- on line 2(i) and go to line 2(j)			
	OR			
	(i)(2) The amount of capital loss carried over to next year (Schedule D (Form 1040), line 16, less the amount allowed as a current deduction on Schedule D (Form 1040), line 21) entered as a positive number			
(j)	**Sum of lines 2(a)-2(i)**	-318,654.		Enter this amount on line 5b -318,654.
3.	Adjustment for Gains and Losses attributable to the disposition of interests in partnerships and S corporations			Enter this amount on line 5c
Add lines 1, 2(j) and 3		-145,462.	145,462.	Enter this amount on line 5d 0.

223261 04-01-22

Line 7 - Deduction Recoveries Worksheet

MISSOURI

Keep for Your Records

1. Enter total amount of recovery included in gross income	**1.** 0.		
• Don't include recoveries of items that are included in net investment income in the year of recovery (included on lines 1-6).			
• Don't include recoveries of items if the amount relates to a deduction taken in a tax year beginning before 2013.			
• Don't include recoveries of items if the amount relates to a deduction taken in a tax year beginning after 2012, and you weren't subject to the NIIT solely because your MAGI was below the applicable threshold.			
CAUTION *This rule doesn't apply if you incurred an NOL in such year, and a portion of such NOL constitutes a section 1411 NOL.*			
2. Amount of the recovery that would've been included in gross income but for the application of the tax benefit rule under section 111	**2.** 1,018.		
3. Total amount of recovery (add lines 1 and 2)		**3.**	1,018.
4. Enter the percentage of the deduction allocated to net investment income in the prior year. (If the deduction wasn't allocated between investment income and noninvestment income, enter 100%.)	**4.** .961374890		
5. Enter the lesser of (a) line 3 multiplied by line 4, or (b) the total amount deducted on the prior year Form 8960 attributable to item recovered (after any deduction limitations imposed by section 67 or 68)		**5.**	979.

Calculation of recoveries when the deduction isn't taken into account in computing your section 1411 NOL

6. Multiply line 5 by 3.8% (0.038)		**6.**	37.
7. Enter the amount of net investment income in the year of the deduction (previous year's Form 8960, line 12, unless line 12 is zero, then previous year's Form 8960, line 8 minus line 11)	**7.** 127,537.		
8. Add the amount on line 5 to line 7	**8.** 128,516.		
9. Using the previous year's Form 8960, recalculate the NIIT for the year of the deduction by replacing the amount reported on line 12 with the amount reported on line 8 of this worksheet (don't use the net investment income reported on that year's Form 8960, line 12). Enter your recalculated NIIT here	**9.** 0.		
10. Enter the NIIT reported for the year of the deduction	**10.** 0.		
11. Subtract line 10 from line 9		**11.**	0.
12. Enter the smaller of line 6 or line 11	**12.** 0.		
13. Divide line 12 by 3.8% (0.038). Enter the result here and include on Form 8960, line 7		**13.**	0.

Calculation of recoveries when the deduction is taken into account in computing your section 1411 NOL

14. Enter the amount of the section 1411 NOL in the year of the deduction (entered as a positive number)	**14.**		
15. Enter the amount of the section 1411 NOL in the year of the deduction recomputed without the amount on line 5 (entered as a positive number, but not less than zero)	**15.**		
16. Subtract line 15 from line 14. Enter the result here and include on Form 8960, line 7		**16.**	

Lines 9 and 10 - Application of Itemized Deduction Limitations on Deductions Properly Allocable to Investment Income Worksheet

Keep for Your Records

Part III - Deductions Properly Allocable to Investment Income (Individuals Only)

1. Enter the amount of Miscellaneous Itemized Deductions properly allocable to investment income from column (C) of Part II:

	Description	Line	Amount
(a)	N/A	N/A	N/A
(b)	N/A	N/A	N/A

2. Enter the amount of state, local, and foreign income taxes that are properly allocable to investment income (limited to $10,000, $5,000 if MFS) ..... **2.** 2,945.

3. Enter the amounts of other Itemized Deductions properly allocable to investment income (Description and Form 8960 line number where they'll be reported):

	Description	Line	Amount
(a)			
(b)			

4. Enter the total deductions properly allocable to investment income. Enter the sum of lines 2 and 3 ..... **4.** 2,945.

5. Enter the amount of total itemized deductions reported on Form 1040 ..... **5.** 36,274.

6. Enter all other itemized deductions allowed but not subject to the section 68 deduction limitation:

(a)	Investment Interest Expense	N/A
(b)	Casualty Losses (other than losses described in section 165(c)(1))	N/A
(c)	Medical Expenses	N/A
(d)	Gambling Losses	N/A
(e)	Total of lines 6(a) through 6(d) ..... **6e.**	N/A

7. Subtract line 6e from line 5 ..... **7.** 36,274.

8. Enter the lesser of line 7 or line 4 ..... **8.** 2,945.

TIP *This is the amount of itemized deductions that are properly allocable to investment income. Use Part IV of this worksheet to reconcile this amount to the individual deduction amounts reported on Form 8960, lines 9 and 10.*

Part IV - Reconciliation of Schedule A Deductions to Form 8960, Lines 9 and 10 (Individuals Only)

	(A) Reenter the amounts and descriptions from Part III, lines 1 - 3.				(B) **IF** Part III, line 8 is less than Part III, line 4, **THEN** divide line 8 by line 4 **AND** enter the amount in column (B). **IF** the amounts reported on Part III, lines 4 and 8 are equal, **THEN** enter 1.00 in column (B).		(C) Multiply the individual amounts in column (A) by the amount in column (B). Enter these amounts in the appropriate location on lines 9 and 10.
Miscellaneous Itemized Deductions properly allocable to investment income:	Description	Line	Amount				
1.	**(a)** N/A	N/A	N/A	X	N/A	=	N/A
	(b) N/A	N/A	N/A	X	N/A	=	N/A
2.	**State, local, and foreign income taxes**		2,945.	X	1.0000	=	2,945.
Itemized Deductions Included on Line 3 of Part III:							
3.	**(a)**			X		=	
	(b)			X		=	

Form **8960**

Net Investment Income Tax - Individuals, Estates, and Trusts

2022

MISSISSIPPI

Name(s)
RAKESH R. & MINAR RAWAL

Your social security number or EIN
604-80-1233

Part I Investment Income

☐ Section 6013(g) election
☐ Regulations section 1.1411-10(g) election

1	Taxable interest			1	
2	Ordinary dividends			2	
3	Annuities from nonqualified plans			3	
4a	Rental real estate, royalties, partnerships, S corporations, trusts, etc.	4a	82,922.		
b	Adjustment for net income or loss derived in the ordinary course of a non-section 1411 trade or business	4b	-82,922.		
c	Combine lines 4a and 4b			4c	
5a	Net gain or loss from disposition of property	5a	318,654.		
b	Net gain or loss from disposition of property that is not subject to net investment income tax	5b	-318,654.		
c	Adjustment from disposition of partnership interest or S corporation stock	5c			
d	Combine lines 5a through 5c			5d	
6	Changes in investment income for certain CFCs and PFICs			6	
7	Other modifications to investment income			7	
8	Total investment income. Combine lines 1, 2, 3, 4c, 5d, 6, and 7			8	0.

Part II State Income Tax Pro-ration for 2022 Income Tax Payments

9	State total income	9	417,726.
10	State income tax payments for 2022 SEE STATEMENT 25	10	571.
11	2022 state income tax payments attributable to investment income, line 8 divided by line 9 times line 10	11	

Part III State Income Tax Pro-ration for 2021 Estimate Payments Made in 2022

12	State estimate payments for 2021	12	
13	Percent of state income taxes attributable to investment income for 2021	13	.726382
14	2021 state estimate payments attributable to investment income. Line 12 times line 13	14	

Part IV State Income Tax Pro-ration for Balance of Prior Years Tax Plus Extension Payments Paid in 2022

15	Balance of prior years tax plus extension payments paid in 2022	15	4,055.
16	Percent of state income taxes attributable to investment income for 2021	16	.726382
17	Balance of prior years tax and extension payments attributable to investment income. Line 15 times line 16	17	2,945.

Part V Reduction of State Tax Deduction

18	Reduction of state tax deduction	18	( )
19	Percent of state income taxes attributable to investment income for 2021	19	.726382
20	Reduction of state tax deduction attributable to investment income. Line 18 times line 19	20	( )

Part VI Total State Income Tax Payments Attributable to Investment Income

21	Combine lines 11, 14, 17 and 20. Carry to Form 8960, Line 9 Worksheet, Part III, line 2	21	2,945.

Form **8962**
Department of the Treasury
Internal Revenue Service

Premium Tax Credit (PTC)

Attach to Form 1040, 1040-SR, or 1040-NR.
Go to www.irs.gov/Form8962 for instructions and the latest information.

OMB No. 1545-0074
2022
Attachment Sequence No. **73**

Name shown on your return: RAKESH R. RAWAL

Your social security number: 604-80-1233

A. You cannot take the PTC if your filing status is married filing separately unless you qualify for an exception. If you qualify, check the box ☐

Part I Annual and Monthly Contribution Amount

1	Tax family size. Enter your tax family size. See instructions			1	3
2a	Modified AGI. Enter your modified AGI. See instructions	2a	419,347.		
b	Enter the total of your dependents' modified AGI. See instructions	2b			
3	Household income. Add the amounts on lines 2a and 2b			3	419,347.
4	Federal poverty line. Enter the federal poverty line amount from Table 1-1, 1-2, or 1-3. See instructions. Check the appropriate box for the federal poverty table used. **a** ☐ Alaska **b** ☐ Hawaii **c** ☒ Other 48 states and DC			4	21,960.
5	Household income as a percentage of federal poverty line (see instructions)			5	401 %
6	Reserved for future use				
7	Applicable figure. Using your line 5 percentage, locate your "applicable figure" on the table in the instructions			7	.0850
8a	Annual contribution amount. Multiply ln 3 by ln 7. Round to nearest whole dollar amount	8a	35,644.	**b** Monthly contribution amount. Divide line 8a by 12. Round to nearest whole dollar amount	8b 2,970.

Part II Premium Tax Credit Claim and Reconciliation of Advance Payment of Premium Tax Credit

9 Are you allocating policy amounts with another taxpayer or do you want to use the alternative calculation for year of marriage? See instructions.
☐ **Yes.** Skip to Part IV, Allocation of Policy Amounts, or Part V, Alternative Calculation for Year of Marriage. ☒ **No.** Continue to line 10.

10 See the instructions to determine if you can use line 11 or must complete lines 12 through 23.
☒ **Yes.** Continue to line 11. Compute your annual PTC. Then skip lines 12-23 and continue to line 24. ☐ **No.** Continue to lines 12-23. Compute your monthly PTC and continue to line 24.

Annual Calculation	**(a)** Annual enrollment premiums (Form(s) 1095-A, line 33A)	**(b)** Annual applicable SLCSP premium (Form(s) 1095-A, line 33B)	**(c)** Annual contribution amount (line 8a)	**(d)** Annual maximum premium assistance (subtract (c) from (b); if zero or less, enter -0-)	**(e)** Annual premium tax credit allowed (smaller of (a) or (d))	**(f)** Annual advance payment of PTC (Form(s) 1095-A, line 33C)
11 Annual Totals	21,936.	19,758.	35,644.	0.	0.	3,456.
Monthly Calculation	**(a)** Monthly enrollment premiums (Form(s) 1095-A, lines 21-32, column A)	**(b)** Monthly applicable SLCSP premium (Form(s) 1095-A, lines 21-32, column B)	**(c)** Monthly contribution amount (amount from line 8b or alternative marriage monthly calculation)	**(d)** Monthly maximum premium assistance (subtract (c) from (b); if zero or less, enter -0-)	**(e)** Monthly premium tax credit allowed (smaller of (a) or (d))	**(f)** Monthly advance payment of PTC (Form(s) 1095-A, lines 21-32, column C)
12 January						
13 February						
14 March						
15 April						
16 May						
17 June						
18 July						
19 August						
20 September						
21 October						
22 November						
23 December						

24	Total premium tax credit. Enter the amount from line 11(e) or add lines 12(e) through 23(e) and enter the total here	24	
25	Advance payment of PTC. Enter the amount from line 11(f) or add lines 12(f) through 23(f) and enter the total here	25	3,456.
26	Net premium tax credit. If line 24 is greater than line 25, subtract line 25 from line 24. Enter the difference here and on Schedule 3 (Form 1040), line 9. If line 24 equals line 25, enter -0-. Stop here. If line 25 is greater than line 24, leave this line blank and continue to line 27	26	

Part III Repayment of Excess Advance Payment of the Premium Tax Credit

27	Excess advance payment of PTC. If line 25 is greater than line 24, subtract line 24 from line 25. Enter the difference here	27	3,456.
28	Repayment limitation (see instructions)	28	
29	Excess advance premium tax credit repayment. Enter the smaller of line 27 or line 28 here and on Schedule 2 (Form 1040), line 2	29	3,456.

LHA **For Paperwork Reduction Act Notice, see your tax return instructions.** Form **8962** (2022)

221611 11-23-22

Part IV Allocation of Policy Amounts

Complete the following information for up to four policy amount allocations. See instructions for allocation details.

Allocation 1

	(a) Policy Number (Form 1095-A, line 2)	(b) SSN of other taxpayer	(c) Allocation start month	(d) Allocation stop month
30				

Allocation percentage applied to monthly amounts	(e) Premium Percentage	(f) SLCSP Percentage	(g) Advance Payment of the PTC Percentage

Allocation 2

	(a) Policy Number (Form 1095-A, line 2)	(b) SSN of other taxpayer	(c) Allocation start month	(d) Allocation stop month
31				

Allocation percentage applied to monthly amounts	(e) Premium Percentage	(f) SLCSP Percentage	(g) Advance Payment of the PTC Percentage

Allocation 3

	(a) Policy Number (Form 1095-A, line 2)	(b) SSN of other taxpayer	(c) Allocation start month	(d) Allocation stop month
32				

Allocation percentage applied to monthly amounts	(e) Premium Percentage	(f) SLCSP Percentage	(g) Advance Payment of the PTC Percentage

Allocation 4

	(a) Policy Number (Form 1095-A, line 2)	(b) SSN of other taxpayer	(c) Allocation start month	(d) Allocation stop month
33				

Allocation percentage applied to monthly amounts	(e) Premium Percentage	(f) SLCSP Percentage	(g) Advance Payment of the PTC Percentage

34 Have you completed all policy amount allocations?

☐ **Yes.** Multiply the amounts on Form 1095-A by the allocation percentages entered by policy. Add all allocated policy amounts and non-allocated policy amounts from Forms 1095-A, if any, to compute a combined total for each month. Enter the combined total for each month on lines 12-23, columns (a), (b), and (f). Compute the amounts for lines 12-23, columns (c)-(e), and continue to line 24.

☐ **No.** See the instructions to report additional policy amount allocations.

Part V Alternative Calculation for Year of Marriage

Complete line(s) 35 and/or 36 to elect the alternative calculation for year of marriage. For eligibility to make the election, see the instructions for line 9. To complete line(s) 35 and/or 36 and compute the amounts for lines 12-23, see the instructions for this Part V.

		(a) Alternative family size	(b) Alternative monthly contribution amount	(c) Alternative start month	(d) Alternative stop month
35	**Alternative entries for your SSN**				
36	**Alternative entries for your spouse's SSN**				

Form **7203**
(Rev. December 2022)
Department of the Treasury
Internal Revenue Service

S Corporation Shareholder Stock and Debt Basis Limitations

Attach to your tax return.
Go to www.irs.gov/Form7203 for instructions and the latest information.

OMB No. 1545-2302

Attachment Sequence No. **203**

Name of shareholder
RAKESH R. RAWAL

Identifying number
604-80-1233

A Name of S corporation
SHIVSHAKTI NAMAY, INC.

B Employer identification number
20-5638824

C Stock block (see instructions):

D Check applicable box(es) to indicate how stock was acquired:
(1) ☐ Original shareholder **(2)** ☐ Purchased **(3)** ☐ Inherited **(4)** ☐ Gift **(5)** ☐ Other:

E Check if you have a Regulations section 1.1367-1(g) election in effect during the tax year for this S corporation X

Part I Shareholder Stock Basis

1	Stock basis at the beginning of the corporation's tax year			1	
2	Basis from any capital contributions made or additional stock acquired during the tax year			2	
3a	Ordinary business income (enter losses in Part III)	3a			
b	Net rental real estate income (enter losses in Part III)	3b	1,535.		
c	Other net rental income (enter losses in Part III)	3c			
d	Interest income	3d			
e	Ordinary dividends	3e			
f	Royalties	3f			
g	Net capital gains (enter losses in Part III)	3g			
h	Net section 1231 gain (enter losses in Part III)	3h			
i	Other income (enter losses in Part III)	3i			
j	Excess depletion adjustment	3j			
k	Tax-exempt income	3k			
l	Recapture of business credits	3l			
m	Other items that increase stock basis	3m			
4	Add lines 3a through 3m			4	1,535.
5	Stock basis before distributions. Add lines 1, 2, and 4			5	1,535.
6	Distributions (excluding dividend distributions)			6	
	Note: If line 6 is larger than line 5, subtract line 5 from line 6 and report the result as a capital gain on Form 8949 and Schedule D. See instructions.				
7	Stock basis after distributions. Subtract line 6 from line 5. If the result is zero or less, enter -0-, skip lines 8 through 14, and enter -0- on line 15			7	1,535.
8a	Nondeductible expenses	8a			
b	Depletion for oil and gas	8b			
c	Business credits (sections 50(c)(1) and (5))	8c			
9	Add lines 8a through 8c			9	
10	Stock basis before loss and deduction items. Subtract line 9 from line 7. If the result is zero or less, enter -0-, skip lines 11 through 14, and enter -0- on line 15			10	1,535.
11	Allowable loss and deduction items. Enter the amount from line 47, column (c)			11	486.
12	Debt basis restoration (see net increase in instructions for line 23)			12	
13	Other items that decrease stock basis			13	
14	Add lines 11, 12, and 13			14	486.
15	**Stock basis at the end of the corporation's tax year.** Subtract line 14 from line 10. If the result is zero or less, enter -0-			15	1,049.

Part II Shareholder Debt Basis

Section A - Amount of Debt (If more than three debts, see instructions.)

Description	(a) Debt 1 ☐ Formal note ☐ Open account	(b) Debt 2 ☐ Formal note ☐ Open account	(c) Debt 3 ☐ Formal note ☐ Open account	(d) Total
16 Loan balance at the beginning of the corporation's tax year				
17 Additional loans (see instructions)				
18 Loan balance before repayment. Add lines 16 and 17				
19 Principal portion of debt repayment (this line doesn't include interest)	( )	( )	( )	( )
20 Loan balance at the end of the corporation's tax year. Subtract line 19 from line 18				

Part II Shareholder Debt Basis *(continued)*

Section B - Adjustments to Debt Basis

Description	(a) Debt 1	(b) Debt 2	(c) Debt 3	(d) Total
21 Debt basis at the beginning of the corporation's tax year				
22 Enter the amount, if any, from line 17				
23 Debt basis restoration (see instructions)				
24 Debt basis before repayment. Add lines 21, 22, and 23				
25 Divide line 24 by line 18				
26 Nontaxable debt repayment. Multiply line 25 by line 19				
27 Debt basis before nondeductible expenses and losses. Subtract line 26 from line 24				
28 Nondeductible expenses and oil and gas depletion deductions in excess of stock basis				
29 Debt basis before losses and deductions. Subtract line 28 from line 27. If the result is zero or less, enter -0-				
30 Allowable losses in excess of stock basis. Enter the amount from line 47, column (d)				
31 **Debt basis at the end of the corporation's tax year.** Subtract line 30 from line 29. If the result is zero or less, enter -0-				

Section C - Gain on Loan Repayment

32 Repayment. Enter the amount from line 19				
33 Nontaxable repayments. Enter the amount from line 26				
34 **Reportable gain.** Subtract line 33 from line 32				

Part III Shareholder Allowable Loss and Deduction Items

Description	(a) Current year losses and deductions	(b) Carryover amounts (column (e)) from the previous year	(c) Allowable loss from stock basis	(d) Allowable loss from debt basis	(e) Carryover amounts
35 Ordinary business loss	486.		486.		
36 Net rental real estate loss					
37 Other net rental loss					
38 Net capital loss					
39 Net section 1231 loss					
40 Other loss					
41 Section 179 deductions					
42 Charitable contributions					
43 Investment interest expense					
44 Section 59(e)(2) expenditures					
45 Other deductions					
46 Foreign taxes paid or accrued					
47 **Total loss.** Add lines 35 through 46 for each column. Enter the total loss in column (c) on line 11 and enter the total loss in column (d) on line 30	486.		486.		

Form **7203**
(Rev. December 2022)
Department of the Treasury
Internal Revenue Service

S Corporation Shareholder Stock and Debt Basis Limitations

Attach to your tax return.
Go to www.irs.gov/Form7203 for instructions and the latest information.

OMB No. 1545-2302
Attachment Sequence No. **203**

Name of shareholder: MINAR RAWAL
Identifying number: 615-94-8613

A Name of S corporation: SHIVSHAKTI NAMAY, INC.
B Employer identification number: 20-5638824

C Stock block (see instructions):

D Check applicable box(es) to indicate how stock was acquired:
(1) ☐ Original shareholder **(2)** ☐ Purchased **(3)** ☐ Inherited **(4)** ☐ Gift **(5)** ☐ Other:

E Check if you have a Regulations section 1.1367-1(g) election in effect during the tax year for this S corporation ..... ☒

Part I Shareholder Stock Basis

1	Stock basis at the beginning of the corporation's tax year			1	2,948.
2	Basis from any capital contributions made or additional stock acquired during the tax year			2	
3a	Ordinary business income (enter losses in Part III)	3a			
b	Net rental real estate income (enter losses in Part III)	3b	151,982.		
c	Other net rental income (enter losses in Part III)	3c			
d	Interest income	3d			
e	Ordinary dividends	3e			
f	Royalties	3f			
g	Net capital gains (enter losses in Part III)	3g			
h	Net section 1231 gain (enter losses in Part III)	3h			
i	Other income (enter losses in Part III)	3i			
j	Excess depletion adjustment	3j			
k	Tax-exempt income	3k			
l	Recapture of business credits	3l			
m	Other items that increase stock basis	3m			
4	Add lines 3a through 3m			4	151,982.
5	Stock basis before distributions. Add lines 1, 2, and 4			5	154,930.
6	Distributions (excluding dividend distributions)			6	
	Note: If line 6 is larger than line 5, subtract line 5 from line 6 and report the result as a capital gain on Form 8949 and Schedule D. See instructions.				
7	Stock basis after distributions. Subtract line 6 from line 5. If the result is zero or less, enter -0-, skip lines 8 through 14, and enter -0- on line 15			7	154,930.
8a	Nondeductible expenses	8a			
b	Depletion for oil and gas	8b			
c	Business credits (sections 50(c)(1) and (5))	8c			
9	Add lines 8a through 8c			9	
10	Stock basis before loss and deduction items. Subtract line 9 from line 7. If the result is zero or less, enter -0-, skip lines 11 through 14, and enter -0- on line 15			10	154,930.
11	Allowable loss and deduction items. Enter the amount from line 47, column (c)			11	48,087.
12	Debt basis restoration (see net increase in instructions for line 23)			12	
13	Other items that decrease stock basis			13	
14	Add lines 11, 12, and 13			14	48,087.
15	**Stock basis at the end of the corporation's tax year.** Subtract line 14 from line 10. If the result is zero or less, enter -0-			15	106,843.

Part II Shareholder Debt Basis

Section A - Amount of Debt (If more than three debts, see instructions.)

Description	(a) Debt 1 ☐ Formal note ☐ Open account	(b) Debt 2 ☐ Formal note ☐ Open account	(c) Debt 3 ☐ Formal note ☐ Open account	(d) Total
16 Loan balance at the beginning of the corporation's tax year				
17 Additional loans (see instructions)				
18 Loan balance before repayment. Add lines 16 and 17				
19 Principal portion of debt repayment (this line doesn't include interest)	( )	( )	( )	( )
20 Loan balance at the end of the corporation's tax year. Subtract line 19 from line 18				

Part II Shareholder Debt Basis *(continued)*

Section B - Adjustments to Debt Basis

Description	(a) Debt 1	(b) Debt 2	(c) Debt 3	(d) Total
21 Debt basis at the beginning of the corporation's tax year				
22 Enter the amount, if any, from line 17				
23 Debt basis restoration (see instructions)				
24 Debt basis before repayment. Add lines 21, 22, and 23				
25 Divide line 24 by line 18				
26 Nontaxable debt repayment. Multiply line 25 by line 19				
27 Debt basis before nondeductible expenses and losses. Subtract line 26 from line 24				
28 Nondeductible expenses and oil and gas depletion deductions in excess of stock basis				
29 Debt basis before losses and deductions. Subtract line 28 from line 27. If the result is zero or less, enter -0-				
30 Allowable losses in excess of stock basis. Enter the amount from line 47, column (d)				
31 **Debt basis at the end of the corporation's tax year.** Subtract line 30 from line 29. If the result is zero or less, enter -0-				

Section C - Gain on Loan Repayment

32 Repayment. Enter the amount from line 19				
33 Nontaxable repayments. Enter the amount from line 26				
34 **Reportable gain.** Subtract line 33 from line 32				

Part III Shareholder Allowable Loss and Deduction Items

Description	(a) Current year losses and deductions	(b) Carryover amounts (column (e)) from the previous year	(c) Allowable loss from stock basis	(d) Allowable loss from debt basis	(e) Carryover amounts
35 Ordinary business loss	48,087.		48,087.		
36 Net rental real estate loss					
37 Other net rental loss					
38 Net capital loss					
39 Net section 1231 loss					
40 Other loss					
41 Section 179 deductions					
42 Charitable contributions					
43 Investment interest expense					
44 Section 59(e)(2) expenditures					
45 Other deductions					
46 Foreign taxes paid or accrued					
47 **Total loss.** Add lines 35 through 46 for each column. Enter the total loss in column (c) on line 11 and enter the total loss in column (d) on line 30	48,087.		48,087.		

Form **7203**
(Rev. December 2022)
Department of the Treasury
Internal Revenue Service

S Corporation Shareholder Stock and Debt Basis Limitations

Attach to your tax return.
Go to www.irs.gov/Form7203 for instructions and the latest information.

OMB No. 1545-2302
Attachment Sequence No. **203**

Name of shareholder: MINAR RAWAL
Identifying number: 615-94-8613

A Name of S corporation: JIYA FOODS AND FUEL, LLC
B Employer identification number: 84-4870554

C Stock block (see instructions):

D Check applicable box(es) to indicate how stock was acquired:
(1) ☐ Original shareholder **(2)** ☐ Purchased **(3)** ☐ Inherited **(4)** ☐ Gift **(5)** ☐ Other:

E Check if you have a Regulations section 1.1367-1(g) election in effect during the tax year for this S corporation ☐

Part I Shareholder Stock Basis

1	Stock basis at the beginning of the corporation's tax year			1	
2	Basis from any capital contributions made or additional stock acquired during the tax year			2	
3a	Ordinary business income (enter losses in Part III)	3a	28,241.		
b	Net rental real estate income (enter losses in Part III)	3b			
c	Other net rental income (enter losses in Part III)	3c			
d	Interest income	3d			
e	Ordinary dividends	3e			
f	Royalties	3f			
g	Net capital gains (enter losses in Part III)	3g			
h	Net section 1231 gain (enter losses in Part III)	3h			
i	Other income (enter losses in Part III)	3i			
j	Excess depletion adjustment	3j			
k	Tax-exempt income	3k			
l	Recapture of business credits	3l			
m	Other items that increase stock basis	3m			
4	Add lines 3a through 3m			4	28,241.
5	Stock basis before distributions. Add lines 1, 2, and 4			5	28,241.
6	Distributions (excluding dividend distributions)			6	21,750.
	Note: If line 6 is larger than line 5, subtract line 5 from line 6 and report the result as a capital gain on Form 8949 and Schedule D. See instructions.				
7	Stock basis after distributions. Subtract line 6 from line 5. If the result is zero or less, enter -0-, skip lines 8 through 14, and enter -0- on line 15			7	6,491.
8a	Nondeductible expenses	8a			
b	Depletion for oil and gas	8b			
c	Business credits (sections 50(c)(1) and (5))	8c			
9	Add lines 8a through 8c			9	
10	Stock basis before loss and deduction items. Subtract line 9 from line 7. If the result is zero or less, enter -0-, skip lines 11 through 14, and enter -0- on line 15			10	6,491.
11	Allowable loss and deduction items. Enter the amount from line 47, column (c)			11	36.
12	Debt basis restoration (see net increase in instructions for line 23)			12	
13	Other items that decrease stock basis			13	
14	Add lines 11, 12, and 13			14	36.
15	**Stock basis at the end of the corporation's tax year.** Subtract line 14 from line 10. If the result is zero or less, enter -0-			15	6,455.

Part II Shareholder Debt Basis

Section A - Amount of Debt (If more than three debts, see instructions.)

Description	(a) Debt 1 ☐ Formal note ☐ Open account	(b) Debt 2 ☐ Formal note ☐ Open account	(c) Debt 3 ☐ Formal note ☐ Open account	(d) Total
16 Loan balance at the beginning of the corporation's tax year	36,311.			36,311.
17 Additional loans (see instructions)				
18 Loan balance before repayment. Add lines 16 and 17	36,311.			36,311.
19 Principal portion of debt repayment (this line doesn't include interest)	( )	( )	( )	( )
20 Loan balance at the end of the corporation's tax year. Subtract line 19 from line 18	36,311.			36,311.

Part II Shareholder Debt Basis *(continued)*

Section B - Adjustments to Debt Basis

Description	(a) Debt 1	(b) Debt 2	(c) Debt 3	(d) Total
21 Debt basis at the beginning of the corporation's tax year	36,311.			36,311.
22 Enter the amount, if any, from line 17				
23 Debt basis restoration (see instructions)				
24 Debt basis before repayment. Add lines 21, 22, and 23	36,311.			36,311.
25 Divide line 24 by line 18	1.000000			
26 Nontaxable debt repayment. Multiply line 25 by line 19				
27 Debt basis before nondeductible expenses and losses. Subtract line 26 from line 24	36,311.			36,311.
28 Nondeductible expenses and oil and gas depletion deductions in excess of stock basis				
29 Debt basis before losses and deductions. Subtract line 28 from line 27. If the result is zero or less, enter -0-	36,311.			36,311.
30 Allowable losses in excess of stock basis. Enter the amount from line 47, column (d)	0.			
31 **Debt basis at the end of the corporation's tax year.** Subtract line 30 from line 29. If the result is zero or less, enter -0-	36,311.			36,311.

Section C - Gain on Loan Repayment

32 Repayment. Enter the amount from line 19				
33 Nontaxable repayments. Enter the amount from line 26				
34 **Reportable gain.** Subtract line 33 from line 32				

Part III Shareholder Allowable Loss and Deduction Items

Description	(a) Current year losses and deductions	(b) Carryover amounts (column (e)) from the previous year	(c) Allowable loss from stock basis	(d) Allowable loss from debt basis	(e) Carryover amounts
35 Ordinary business loss					
36 Net rental real estate loss					
37 Other net rental loss					
38 Net capital loss					
39 Net section 1231 loss					
40 Other loss					
41 Section 179 deductions					
42 Charitable contributions	36.		36.		
43 Investment interest expense					
44 Section 59(e)(2) expenditures					
45 Other deductions					
46 Foreign taxes paid or accrued					
47 **Total loss.** Add lines 35 through 46 for each column. Enter the total loss in column (c) on line 11 and enter the total loss in column (d) on line 30	36.		36.		

Form **7203**
(Rev. December 2022)
Department of the Treasury
Internal Revenue Service

S Corporation Shareholder Stock and Debt Basis Limitations

Attach to your tax return.
Go to www.irs.gov/Form7203 for instructions and the latest information.

OMB No. 1545-2302
Attachment Sequence No. **203**

Name of shareholder: RAKESH R. RAWAL
Identifying number: 604-80-1233

A Name of S corporation: JIYA FOODS AND FUEL LLC
B Employer identification number: 84-4870554

C Stock block (see instructions):

D Check applicable box(es) to indicate how stock was acquired:
(1) ☐ Original shareholder **(2)** ☐ Purchased **(3)** ☐ Inherited **(4)** ☐ Gift **(5)** ☐ Other:

E Check if you have a Regulations section 1.1367-1(g) election in effect during the tax year for this S corporation ☐

Part I Shareholder Stock Basis

1	Stock basis at the beginning of the corporation's tax year			1	
2	Basis from any capital contributions made or additional stock acquired during the tax year			2	
3a	Ordinary business income (enter losses in Part III)	3a	28,241.		
b	Net rental real estate income (enter losses in Part III)	3b			
c	Other net rental income (enter losses in Part III)	3c			
d	Interest income	3d			
e	Ordinary dividends	3e			
f	Royalties	3f			
g	Net capital gains (enter losses in Part III)	3g			
h	Net section 1231 gain (enter losses in Part III)	3h			
i	Other income (enter losses in Part III)	3i			
j	Excess depletion adjustment	3j			
k	Tax-exempt income	3k			
l	Recapture of business credits	3l			
m	Other items that increase stock basis	3m			
4	Add lines 3a through 3m			4	28,241.
5	Stock basis before distributions. Add lines 1, 2, and 4			5	28,241.
6	Distributions (excluding dividend distributions)			6	21,750.
	Note: If line 6 is larger than line 5, subtract line 5 from line 6 and report the result as a capital gain on Form 8949 and Schedule D. See instructions.				
7	Stock basis after distributions. Subtract line 6 from line 5. If the result is zero or less, enter -0-, skip lines 8 through 14, and enter -0- on line 15			7	6,491.
8a	Nondeductible expenses	8a			
b	Depletion for oil and gas	8b			
c	Business credits (sections 50(c)(1) and (5))	8c			
9	Add lines 8a through 8c			9	
10	Stock basis before loss and deduction items. Subtract line 9 from line 7. If the result is zero or less, enter -0-, skip lines 11 through 14, and enter -0- on line 15			10	6,491.
11	Allowable loss and deduction items. Enter the amount from line 47, column (c)			11	38.
12	Debt basis restoration (see net increase in instructions for line 23)			12	
13	Other items that decrease stock basis			13	
14	Add lines 11, 12, and 13			14	38.
15	**Stock basis at the end of the corporation's tax year.** Subtract line 14 from line 10. If the result is zero or less, enter -0-			15	6,453.

Part II Shareholder Debt Basis

Section A - Amount of Debt (If more than three debts, see instructions.)

Description	(a) Debt 1 ☐ Formal note ☐ Open account	(b) Debt 2 ☐ Formal note ☐ Open account	(c) Debt 3 ☐ Formal note ☐ Open account	(d) Total
16 Loan balance at the beginning of the corporation's tax year				
17 Additional loans (see instructions)				
18 Loan balance before repayment. Add lines 16 and 17				
19 Principal portion of debt repayment (this line doesn't include interest)	( )	( )	( )	( )
20 Loan balance at the end of the corporation's tax year. Subtract line 19 from line 18				

Part II Shareholder Debt Basis *(continued)*

Section B - Adjustments to Debt Basis

Description	(a) Debt 1	(b) Debt 2	(c) Debt 3	(d) Total
21 Debt basis at the beginning of the corporation's tax year				
22 Enter the amount, if any, from line 17				
23 Debt basis restoration (see instructions)				
24 Debt basis before repayment. Add lines 21, 22, and 23				
25 Divide line 24 by line 18				
26 Nontaxable debt repayment. Multiply line 25 by line 19				
27 Debt basis before nondeductible expenses and losses. Subtract line 26 from line 24				
28 Nondeductible expenses and oil and gas depletion deductions in excess of stock basis				
29 Debt basis before losses and deductions. Subtract line 28 from line 27. If the result is zero or less, enter -0-				
30 Allowable losses in excess of stock basis. Enter the amount from line 47, column (d)				
31 **Debt basis at the end of the corporation's tax year.** Subtract line 30 from line 29. If the result is zero or less, enter -0-				

Section C - Gain on Loan Repayment

32 Repayment. Enter the amount from line 19				
33 Nontaxable repayments. Enter the amount from line 26				
34 **Reportable gain.** Subtract line 33 from line 32				

Part III Shareholder Allowable Loss and Deduction Items

Description	(a) Current year losses and deductions	(b) Carryover amounts (column (e)) from the previous year	(c) Allowable loss from stock basis	(d) Allowable loss from debt basis	(e) Carryover amounts
35 Ordinary business loss					
36 Net rental real estate loss					
37 Other net rental loss					
38 Net capital loss					
39 Net section 1231 loss					
40 Other loss					
41 Section 179 deductions					
42 Charitable contributions	38.		38.		
43 Investment interest expense					
44 Section 59(e)(2) expenditures					
45 Other deductions					
46 Foreign taxes paid or accrued					
47 **Total loss.** Add lines 35 through 46 for each column. Enter the total loss in column (c) on line 11 and enter the total loss in column (d) on line 30	38.		38.		

ALTERNATIVE MINIMUM TAX

Form **7203**

(Rev. December 2022)
Department of the Treasury
Internal Revenue Service

S Corporation Shareholder Stock and Debt Basis Limitations

Attach to your tax return.
Go to www.irs.gov/Form7203 for instructions and the latest information.

OMB No. 1545-2302

Attachment Sequence No. **203**

Name of shareholder	Identifying number
RAKESH R. RAWAL	604-80-1233
A Name of S corporation	**B** Employer identification number
SHIVSHAKTI NAMAY, INC.	20-5638824

C Stock block (see instructions):

D Check applicable box(es) to indicate how stock was acquired:
(1) ☐ Original shareholder **(2)** ☐ Purchased **(3)** ☐ Inherited **(4)** ☐ Gift **(5)** ☐ Other:

E Check if you have a Regulations section 1.1367-1(g) election in effect during the tax year for this S corporation X

Part I Shareholder Stock Basis

1	Stock basis at the beginning of the corporation's tax year			1	
2	Basis from any capital contributions made or additional stock acquired during the tax year			2	
3a	Ordinary business income (enter losses in Part III)	3a			
b	Net rental real estate income (enter losses in Part III)	3b	1,535.		
c	Other net rental income (enter losses in Part III)	3c			
d	Interest income	3d			
e	Ordinary dividends	3e			
f	Royalties	3f			
g	Net capital gains (enter losses in Part III)	3g			
h	Net section 1231 gain (enter losses in Part III)	3h			
i	Other income (enter losses in Part III)	3i			
j	Excess depletion adjustment	3j			
k	Tax-exempt income	3k			
l	Recapture of business credits	3l			
m	Other items that increase stock basis	3m			
4	Add lines 3a through 3m			4	1,535.
5	Stock basis before distributions. Add lines 1, 2, and 4			5	1,535.
6	Distributions (excluding dividend distributions)			6	
	Note: If line 6 is larger than line 5, subtract line 5 from line 6 and report the result as a capital gain on Form 8949 and Schedule D. See instructions.				
7	Stock basis after distributions. Subtract line 6 from line 5. If the result is zero or less, enter -0-, skip lines 8 through 14, and enter -0- on line 15			7	1,535.
8a	Nondeductible expenses	8a			
b	Depletion for oil and gas	8b			
c	Business credits (sections 50(c)(1) and (5))	8c			
9	Add lines 8a through 8c			9	
10	Stock basis before loss and deduction items. Subtract line 9 from line 7. If the result is zero or less, enter -0-, skip lines 11 through 14, and enter -0- on line 15			10	1,535.
11	Allowable loss and deduction items. Enter the amount from line 47, column (c)			11	1,535.
12	Debt basis restoration (see net increase in instructions for line 23)			12	
13	Other items that decrease stock basis			13	
14	Add lines 11, 12, and 13			14	1,535.
15	**Stock basis at the end of the corporation's tax year.** Subtract line 14 from line 10. If the result is zero or less, enter -0-			15	0.

Part II Shareholder Debt Basis

Section A - Amount of Debt (If more than three debts, see instructions.)

Description	(a) Debt 1 ☐ Formal note ☐ Open account	(b) Debt 2 ☐ Formal note ☐ Open account	(c) Debt 3 ☐ Formal note ☐ Open account	(d) Total
16 Loan balance at the beginning of the corporation's tax year				
17 Additional loans (see instructions)				
18 Loan balance before repayment. Add lines 16 and 17				
19 Principal portion of debt repayment (this line doesn't include interest)	( )	( )	( )	( )
20 Loan balance at the end of the corporation's tax year. Subtract line 19 from line 18				

Part II Shareholder Debt Basis *(continued)*

Section B - Adjustments to Debt Basis

Description	(a) Debt 1	(b) Debt 2	(c) Debt 3	(d) Total
21 Debt basis at the beginning of the corporation's tax year				
22 Enter the amount, if any, from line 17				
23 Debt basis restoration (see instructions)				
24 Debt basis before repayment. Add lines 21, 22, and 23				
25 Divide line 24 by line 18				
26 Nontaxable debt repayment. Multiply line 25 by line 19				
27 Debt basis before nondeductible expenses and losses. Subtract line 26 from line 24				
28 Nondeductible expenses and oil and gas depletion deductions in excess of stock basis				
29 Debt basis before losses and deductions. Subtract line 28 from line 27. If the result is zero or less, enter -0-				
30 Allowable losses in excess of stock basis. Enter the amount from line 47, column (d)				
31 **Debt basis at the end of the corporation's tax year.** Subtract line 30 from line 29. If the result is zero or less, enter -0-				

Section C - Gain on Loan Repayment

32 Repayment. Enter the amount from line 19				
33 Nontaxable repayments. Enter the amount from line 26				
34 **Reportable gain.** Subtract line 33 from line 32				

Part III Shareholder Allowable Loss and Deduction Items

Description	(a) Current year losses and deductions	(b) Carryover amounts (column (e)) from the previous year	(c) Allowable loss from stock basis	(d) Allowable loss from debt basis	(e) Carryover amounts
35 Ordinary business loss	486.	5,262.	1,535.		4,213.
36 Net rental real estate loss					
37 Other net rental loss					
38 Net capital loss					
39 Net section 1231 loss					
40 Other loss					
41 Section 179 deductions					
42 Charitable contributions					
43 Investment interest expense					
44 Section 59(e)(2) expenditures					
45 Other deductions					
46 Foreign taxes paid or accrued					
47 **Total loss.** Add lines 35 through 46 for each column. Enter the total loss in column (c) on line 11 and enter the total loss in column (d) on line 30	486.	5,262.	1,535.		4,213.

ALTERNATIVE MINIMUM TAX

Form **7203**

(Rev. December 2022)
Department of the Treasury
Internal Revenue Service

S Corporation Shareholder Stock and Debt Basis Limitations

Attach to your tax return.
Go to www.irs.gov/Form7203 for instructions and the latest information.

OMB No. 1545-2302

Attachment Sequence No. **203**

Name of shareholder	Identifying number
MINAR RAWAL	615-94-8613
A Name of S corporation	**B** Employer identification number
SHIVSHAKTI NAMAY, INC.	20-5638824

C Stock block (see instructions):

D Check applicable box(es) to indicate how stock was acquired:
(1) ☐ Original shareholder **(2)** ☐ Purchased **(3)** ☐ Inherited **(4)** ☐ Gift **(5)** ☐ Other:

E Check if you have a Regulations section 1.1367-1(g) election in effect during the tax year for this S corporation X

Part I Shareholder Stock Basis

1	Stock basis at the beginning of the corporation's tax year			1	79,861.
2	Basis from any capital contributions made or additional stock acquired during the tax year			2	
3a	Ordinary business income (enter losses in Part III)	3a			
b	Net rental real estate income (enter losses in Part III)	3b	151,982.		
c	Other net rental income (enter losses in Part III)	3c			
d	Interest income	3d			
e	Ordinary dividends	3e			
f	Royalties	3f			
g	Net capital gains (enter losses in Part III)	3g			
h	Net section 1231 gain (enter losses in Part III)	3h			
i	Other income (enter losses in Part III)	3i			
j	Excess depletion adjustment	3j			
k	Tax-exempt income	3k			
l	Recapture of business credits	3l			
m	Other items that increase stock basis	3m			
4	Add lines 3a through 3m			4	151,982.
5	Stock basis before distributions. Add lines 1, 2, and 4			5	231,843.
6	Distributions (excluding dividend distributions)			6	
	Note: If line 6 is larger than line 5, subtract line 5 from line 6 and report the result as a capital gain on Form 8949 and Schedule D. See instructions.				
7	Stock basis after distributions. Subtract line 6 from line 5. If the result is zero or less, enter -0-, skip lines 8 through 14, and enter -0- on line 15			7	231,843.
8a	Nondeductible expenses	8a			
b	Depletion for oil and gas	8b			
c	Business credits (sections 50(c)(1) and (5))	8c			
9	Add lines 8a through 8c			9	
10	Stock basis before loss and deduction items. Subtract line 9 from line 7. If the result is zero or less, enter -0-, skip lines 11 through 14, and enter -0- on line 15			10	231,843.
11	Allowable loss and deduction items. Enter the amount from line 47, column (c)			11	48,087.
12	Debt basis restoration (see net increase in instructions for line 23)			12	
13	Other items that decrease stock basis			13	
14	Add lines 11, 12, and 13			14	48,087.
15	**Stock basis at the end of the corporation's tax year.** Subtract line 14 from line 10. If the result is zero or less, enter -0-			15	183,756.

Part II Shareholder Debt Basis

Section A - Amount of Debt (If more than three debts, see instructions.)

Description	(a) Debt 1 ☐ Formal note ☐ Open account	(b) Debt 2 ☐ Formal note ☐ Open account	(c) Debt 3 ☐ Formal note ☐ Open account	(d) Total
16 Loan balance at the beginning of the corporation's tax year				
17 Additional loans (see instructions)				
18 Loan balance before repayment. Add lines 16 and 17				
19 Principal portion of debt repayment (this line doesn't include interest)	( )	( )	( )	( )
20 Loan balance at the end of the corporation's tax year. Subtract line 19 from line 18				

Part II Shareholder Debt Basis *(continued)*

Section B - Adjustments to Debt Basis

Description	(a) Debt 1	(b) Debt 2	(c) Debt 3	(d) Total
21 Debt basis at the beginning of the corporation's tax year				
22 Enter the amount, if any, from line 17				
23 Debt basis restoration (see instructions)				
24 Debt basis before repayment. Add lines 21, 22, and 23				
25 Divide line 24 by line 18				
26 Nontaxable debt repayment. Multiply line 25 by line 19				
27 Debt basis before nondeductible expenses and losses. Subtract line 26 from line 24				
28 Nondeductible expenses and oil and gas depletion deductions in excess of stock basis				
29 Debt basis before losses and deductions. Subtract line 28 from line 27. If the result is zero or less, enter -0-				
30 Allowable losses in excess of stock basis. Enter the amount from line 47, column (d)				
31 **Debt basis at the end of the corporation's tax year.** Subtract line 30 from line 29. If the result is zero or less, enter -0-				

Section C - Gain on Loan Repayment

32 Repayment. Enter the amount from line 19				
33 Nontaxable repayments. Enter the amount from line 26				
34 **Reportable gain.** Subtract line 33 from line 32				

Part III Shareholder Allowable Loss and Deduction Items

Description	(a) Current year losses and deductions	(b) Carryover amounts (column (e)) from the previous year	(c) Allowable loss from stock basis	(d) Allowable loss from debt basis	(e) Carryover amounts
35 Ordinary business loss	48,087.		48,087.		
36 Net rental real estate loss					
37 Other net rental loss					
38 Net capital loss					
39 Net section 1231 loss					
40 Other loss					
41 Section 179 deductions					
42 Charitable contributions					
43 Investment interest expense					
44 Section 59(e)(2) expenditures					
45 Other deductions					
46 Foreign taxes paid or accrued					
47 **Total loss.** Add lines 35 through 46 for each column. Enter the total loss in column (c) on line 11 and enter the total loss in column (d) on line 30	48,087.		48,087.		

ALTERNATIVE MINIMUM TAX

Form **7203**

(Rev. December 2022)
Department of the Treasury
Internal Revenue Service

S Corporation Shareholder Stock and Debt Basis Limitations

Attach to your tax return.
Go to www.irs.gov/Form7203 for instructions and the latest information.

OMB No. 1545-2302

Attachment Sequence No. **203**

Name of shareholder	Identifying number
MINAR RAWAL	615-94-8613
A Name of S corporation	**B** Employer identification number
JIYA FOODS AND FUEL, LLC	84-4870554

C Stock block (see instructions):

D Check applicable box(es) to indicate how stock was acquired:
(1) ☐ Original shareholder **(2)** ☐ Purchased **(3)** ☐ Inherited **(4)** ☐ Gift **(5)** ☐ Other:

E Check if you have a Regulations section 1.1367-1(g) election in effect during the tax year for this S corporation ☐

Part I Shareholder Stock Basis

1	Stock basis at the beginning of the corporation's tax year			1	
2	Basis from any capital contributions made or additional stock acquired during the tax year			2	
3a	Ordinary business income (enter losses in Part III)	3a	28,241.		
b	Net rental real estate income (enter losses in Part III)	3b			
c	Other net rental income (enter losses in Part III)	3c			
d	Interest income	3d			
e	Ordinary dividends	3e			
f	Royalties	3f			
g	Net capital gains (enter losses in Part III)	3g			
h	Net section 1231 gain (enter losses in Part III)	3h			
i	Other income (enter losses in Part III)	3i			
j	Excess depletion adjustment	3j			
k	Tax-exempt income	3k			
l	Recapture of business credits	3l			
m	Other items that increase stock basis	3m			
4	Add lines 3a through 3m			4	28,241.
5	Stock basis before distributions. Add lines 1, 2, and 4			5	28,241.
6	Distributions (excluding dividend distributions)			6	21,750.
	Note: If line 6 is larger than line 5, subtract line 5 from line 6 and report the result as a capital gain on Form 8949 and Schedule D. See instructions.				
7	Stock basis after distributions. Subtract line 6 from line 5. If the result is zero or less, enter -0-, skip lines 8 through 14, and enter -0- on line 15			7	6,491.
8a	Nondeductible expenses	8a			
b	Depletion for oil and gas	8b			
c	Business credits (sections 50(c)(1) and (5))	8c			
9	Add lines 8a through 8c			9	
10	Stock basis before loss and deduction items. Subtract line 9 from line 7. If the result is zero or less, enter -0-, skip lines 11 through 14, and enter -0- on line 15			10	6,491.
11	Allowable loss and deduction items. Enter the amount from line 47, column (c)			11	36.
12	Debt basis restoration (see net increase in instructions for line 23)			12	
13	Other items that decrease stock basis			13	
14	Add lines 11, 12, and 13			14	36.
15	**Stock basis at the end of the corporation's tax year.** Subtract line 14 from line 10. If the result is zero or less, enter -0-			15	6,455.

Part II Shareholder Debt Basis

Section A - Amount of Debt (If more than three debts, see instructions.)

Description	(a) Debt 1 ☐ Formal note ☐ Open account	(b) Debt 2 ☐ Formal note ☐ Open account	(c) Debt 3 ☐ Formal note ☐ Open account	(d) Total
16 Loan balance at the beginning of the corporation's tax year	36,311.			36,311.
17 Additional loans (see instructions)				
18 Loan balance before repayment. Add lines 16 and 17	36,311.			36,311.
19 Principal portion of debt repayment (this line doesn't include interest)	( )	( )	( )	( )
20 Loan balance at the end of the corporation's tax year. Subtract line 19 from line 18	36,311.			36,311.

Part II Shareholder Debt Basis *(continued)*

Section B - Adjustments to Debt Basis

Description	(a) Debt 1	(b) Debt 2	(c) Debt 3	(d) Total
21 Debt basis at the beginning of the corporation's tax year	36,311.			36,311.
22 Enter the amount, if any, from line 17				
23 Debt basis restoration (see instructions)				
24 Debt basis before repayment. Add lines 21, 22, and 23	36,311.			36,311.
25 Divide line 24 by line 18	1.000000			
26 Nontaxable debt repayment. Multiply line 25 by line 19				
27 Debt basis before nondeductible expenses and losses. Subtract line 26 from line 24	36,311.			36,311.
28 Nondeductible expenses and oil and gas depletion deductions in excess of stock basis				
29 Debt basis before losses and deductions. Subtract line 28 from line 27. If the result is zero or less, enter -0-	36,311.			36,311.
30 Allowable losses in excess of stock basis. Enter the amount from line 47, column (d)	0.			
31 **Debt basis at the end of the corporation's tax year.** Subtract line 30 from line 29. If the result is zero or less, enter -0-	36,311.			36,311.

Section C - Gain on Loan Repayment

32 Repayment. Enter the amount from line 19				
33 Nontaxable repayments. Enter the amount from line 26				
34 **Reportable gain.** Subtract line 33 from line 32				

Part III Shareholder Allowable Loss and Deduction Items

Description	(a) Current year losses and deductions	(b) Carryover amounts (column (e)) from the previous year	(c) Allowable loss from stock basis	(d) Allowable loss from debt basis	(e) Carryover amounts
35 Ordinary business loss					
36 Net rental real estate loss					
37 Other net rental loss					
38 Net capital loss					
39 Net section 1231 loss					
40 Other loss					
41 Section 179 deductions					
42 Charitable contributions	36.		36.		
43 Investment interest expense					
44 Section 59(e)(2) expenditures					
45 Other deductions					
46 Foreign taxes paid or accrued					
47 **Total loss.** Add lines 35 through 46 for each column. Enter the total loss in column (c) on line 11 and enter the total loss in column (d) on line 30	36.		36.		

ALTERNATIVE MINIMUM TAX

Form **7203**

(Rev. December 2022)
Department of the Treasury
Internal Revenue Service

S Corporation Shareholder Stock and Debt Basis Limitations

Attach to your tax return.
Go to www.irs.gov/Form7203 for instructions and the latest information.

OMB No. 1545-2302

Attachment Sequence No. **203**

Name of shareholder	Identifying number
RAKESH R. RAWAL	604-80-1233
A Name of S corporation	**B** Employer identification number
JIYA FOODS AND FUEL LLC	84-4870554

C Stock block (see instructions):

D Check applicable box(es) to indicate how stock was acquired:
(1) ☐ Original shareholder **(2)** ☐ Purchased **(3)** ☐ Inherited **(4)** ☐ Gift **(5)** ☐ Other:

E Check if you have a Regulations section 1.1367-1(g) election in effect during the tax year for this S corporation ☐

Part I Shareholder Stock Basis

1	Stock basis at the beginning of the corporation's tax year			1	
2	Basis from any capital contributions made or additional stock acquired during the tax year			2	
3a	Ordinary business income (enter losses in Part III)	3a	28,241.		
b	Net rental real estate income (enter losses in Part III)	3b			
c	Other net rental income (enter losses in Part III)	3c			
d	Interest income	3d			
e	Ordinary dividends	3e			
f	Royalties	3f			
g	Net capital gains (enter losses in Part III)	3g			
h	Net section 1231 gain (enter losses in Part III)	3h			
i	Other income (enter losses in Part III)	3i			
j	Excess depletion adjustment	3j			
k	Tax-exempt income	3k			
l	Recapture of business credits	3l			
m	Other items that increase stock basis	3m			
4	Add lines 3a through 3m			4	28,241.
5	Stock basis before distributions. Add lines 1, 2, and 4			5	28,241.
6	Distributions (excluding dividend distributions)			6	21,750.
	Note: If line 6 is larger than line 5, subtract line 5 from line 6 and report the result as a capital gain on Form 8949 and Schedule D. See instructions.				
7	Stock basis after distributions. Subtract line 6 from line 5. If the result is zero or less, enter -0-, skip lines 8 through 14, and enter -0- on line 15			7	6,491.
8a	Nondeductible expenses	8a			
b	Depletion for oil and gas	8b			
c	Business credits (sections 50(c)(1) and (5))	8c			
9	Add lines 8a through 8c			9	
10	Stock basis before loss and deduction items. Subtract line 9 from line 7. If the result is zero or less, enter -0-, skip lines 11 through 14, and enter -0- on line 15			10	6,491.
11	Allowable loss and deduction items. Enter the amount from line 47, column (c)			11	38.
12	Debt basis restoration (see net increase in instructions for line 23)			12	
13	Other items that decrease stock basis			13	
14	Add lines 11, 12, and 13			14	38.
15	**Stock basis at the end of the corporation's tax year.** Subtract line 14 from line 10. If the result is zero or less, enter -0-			15	6,453.

Part II Shareholder Debt Basis

Section A - Amount of Debt (If more than three debts, see instructions.)

Description	(a) Debt 1 ☐ Formal note ☐ Open account	(b) Debt 2 ☐ Formal note ☐ Open account	(c) Debt 3 ☐ Formal note ☐ Open account	(d) Total
16 Loan balance at the beginning of the corporation's tax year				
17 Additional loans (see instructions)				
18 Loan balance before repayment. Add lines 16 and 17				
19 Principal portion of debt repayment (this line doesn't include interest)	( )	( )	( )	( )
20 Loan balance at the end of the corporation's tax year. Subtract line 19 from line 18				

Part II Shareholder Debt Basis *(continued)*

Section B - Adjustments to Debt Basis

Description	(a) Debt 1	(b) Debt 2	(c) Debt 3	(d) Total
21 Debt basis at the beginning of the corporation's tax year				
22 Enter the amount, if any, from line 17				
23 Debt basis restoration (see instructions)				
24 Debt basis before repayment. Add lines 21, 22, and 23				
25 Divide line 24 by line 18				
26 Nontaxable debt repayment. Multiply line 25 by line 19				
27 Debt basis before nondeductible expenses and losses. Subtract line 26 from line 24				
28 Nondeductible expenses and oil and gas depletion deductions in excess of stock basis				
29 Debt basis before losses and deductions. Subtract line 28 from line 27. If the result is zero or less, enter -0-				
30 Allowable losses in excess of stock basis. Enter the amount from line 47, column (d)				
31 **Debt basis at the end of the corporation's tax year.** Subtract line 30 from line 29. If the result is zero or less, enter -0-				

Section C - Gain on Loan Repayment

32 Repayment. Enter the amount from line 19				
33 Nontaxable repayments. Enter the amount from line 26				
34 **Reportable gain.** Subtract line 33 from line 32				

Part III Shareholder Allowable Loss and Deduction Items

Description	(a) Current year losses and deductions	(b) Carryover amounts (column (e)) from the previous year	(c) Allowable loss from stock basis	(d) Allowable loss from debt basis	(e) Carryover amounts
35 Ordinary business loss					
36 Net rental real estate loss					
37 Other net rental loss					
38 Net capital loss					
39 Net section 1231 loss					
40 Other loss					
41 Section 179 deductions					
42 Charitable contributions	38.		38.		
43 Investment interest expense					
44 Section 59(e)(2) expenditures					
45 Other deductions					
46 Foreign taxes paid or accrued					
47 **Total loss.** Add lines 35 through 46 for each column. Enter the total loss in column (c) on line 11 and enter the total loss in column (d) on line 30	38.		38.		

Form 1116 **U.S. and Foreign Source Income Summary**

NAME

RAKESH R. & MINAR RAWAL 604-80-1233

INCOME TYPE	TOTAL	U.S.	FOREIGN PASSIVE
Compensation	16,150.	16,150.	
Dividends/Distributions			
Interest			
Capital Gains	173,192.	173,192.	
Business/Profession			
Rent/Royalty			
State/Local Refunds			
Partnership/S Corporation	169,634.	169,634.	
Trust/Estate			
Other Income	145,462.	145,462.	
Gross Income	504,438.	504,438.	
Less:			
Section 911 Exclusion			
Capital Losses			
Capital Gains Tax Adjustment			
Total Income - Form 1116	504,438.	504,438.	
Deductions:			
Business/Profession Expenses			
Rent/Royalty Expenses			
Partnership/S Corporation Losses	85,091.	85,091.	
Trust/Estate Losses			
Capital Losses			
Non-capital Losses			
Individual Retirement Account			
Moving Expenses			
Self-employment Tax Deduction			
Self-employment Health Insurance			
Keogh Contributions			
Alimony			
Forfeited Interest			
Foreign Housing Deduction			
Other Adjustments			
Capital Gains Tax Adjustment			
Total Deductions	85,091.	85,091.	
Adjusted Gross Income	419,347.	419,347.	
Less Itemized Deductions:			
Specifically Allocated	74.	74.	
Home Mortgage Interest	26,200.	26,200.	
Other Interest			
Ratably Allocated	10,000.	10,000.	
Total Adjustments to Adjusted Gross Income	36,274.	36,274.	
Taxable Income	383,073.	383,073.	

227931 08-31-22

Form 1116 **Allocation of Itemized Deductions**

NAME

RAKESH R. & MINAR RAWAL 604-80-1233

	Total Itemized Deductions	Form 1116		
		Specifically U.S.	Specifically Foreign	Ratable
Medical/Dental				
Taxes	10,000.			10,000.
Interest - Not Including Investment Interest	26,200.	26,200.		
Investment Interest				
Contributions	74.	74.		
Casualty Losses				
Other Miscellaneous Deductions - Not Including Gambling Losses				
Gambling Losses				
Foreign Adjustment				
Total Itemized Deductions	36,274.	26,274.		10,000.

Worksheet for Adjusting the Basis of a Partner's Interest in the Partnership

(Keep for your records.)

Name of Entity: A K FUEL LLC EIN: 84-4868835

1. Your adjusted basis at the end of the prior year. Do not enter less than zero. Enter -0- if this is your first tax year	**1.**	121,822.
Increases:		
2. Money and your adjusted basis in property contributed to the partnership less the associated liabilities (but not less than zero)	**2.**	
3. Your increased share of or assumption of partnership liabilities (Subtract your share of liabilities shown in Item K of your 2021 Schedule K-1 from your share of liabilities shown in Item K of your 2022 Schedule K-1 and add the amount of any partnership liabilities you assumed during the tax year) (but not less than zero)	**3.**	
4. Your share of the partnership's income or gain (including tax-exempt income) reduced by any amount included in interest income with respect to the credit to holders of clean renewable energy bonds	**4.**	3,089.
5. Any gain recognized this year on contributions of property. Do not include gain from transfer of liabilities	**5.**	
6. Your share of the excess of the deductions for depletion (other than oil and gas depletion) over the basis of the property subject to depletion	**6.**	
Decreases:		
7. Withdrawals and distributions of money and the adjusted basis of property distributed to you from the partnership. Do not include the amount of property distributions included in the partner's income (taxable income)	**7.**	
Caution: A distribution may be taxable if the amount exceeds your adjusted basis of your partnership interest immediately before the distribution.		
8. Your decreased share of partnership liabilities and any decrease in your individual liabilities because they were assumed by the partnership. (Subtract your share of liabilities shown in item K of your 2022 Schedule K-1 from your share of liabilities shown in item K of your 2021 Schedule K-1 and add the amount of your individual liabilities that the partnership assumed during the tax year (but not less than zero))	**8.**	
9. Your share of the partnership's nondeductible expenses that are not capital expenditures	**9.**	
10. Your share of the partnership's losses and deductions (including capital losses). However, include your share of the partnership's section 179 expense deduction for this year even if you cannot deduct all of it because of limitations	**10.**	
11. The amount of your deduction for depletion of any partnership oil and gas property, not to exceed your allocable share of the adjusted basis of that property	**11.**	
12. Your adjusted basis in the partnership at end of this tax year. (Add lines 1 through 6 and subtract lines 7 through 11 from the total. If zero or less, enter -0-.)	**12.**	124,911.
Caution: The deduction for your share of the partnership's losses and deductions is limited to your adjusted basis in your partnership interest. If you entered zero on line 12 and the amount figured for line 12 was less than zero, a portion of your share of the partnership losses and deductions may not be deductible.		

219051 04-01-22

Worksheet for Adjusting the Basis of a Partner's Interest in the Partnership

(Keep for your records.)

Name of Entity: A K FUEL LLC EIN: 84-4868835

1. Your adjusted basis at the end of the prior year. Do not enter less than zero. Enter -0- if this is your first tax year	**1.**	121,822.
Increases:		
2. Money and your adjusted basis in property contributed to the partnership less the associated liabilities (but not less than zero)	**2.**	
3. Your increased share of or assumption of partnership liabilities (Subtract your share of liabilities shown in Item K of your 2021 Schedule K-1 from your share of liabilities shown in Item K of your 2022 Schedule K-1 and add the amount of any partnership liabilities you assumed during the tax year) (but not less than zero)	**3.**	
4. Your share of the partnership's income or gain (including tax-exempt income) reduced by any amount included in interest income with respect to the credit to holders of clean renewable energy bonds	**4.**	3,089.
5. Any gain recognized this year on contributions of property. Do not include gain from transfer of liabilities	**5.**	
6. Your share of the excess of the deductions for depletion (other than oil and gas depletion) over the basis of the property subject to depletion	**6.**	
Decreases:		
7. Withdrawals and distributions of money and the adjusted basis of property distributed to you from the partnership. Do not include the amount of property distributions included in the partner's income (taxable income)	**7.**	
Caution: A distribution may be taxable if the amount exceeds your adjusted basis of your partnership interest immediately before the distribution.		
8. Your decreased share of partnership liabilities and any decrease in your individual liabilities because they were assumed by the partnership. (Subtract your share of liabilities shown in item K of your 2022 Schedule K-1 from your share of liabilities shown in item K of your 2021 Schedule K-1 and add the amount of your individual liabilities that the partnership assumed during the tax year (but not less than zero))	**8.**	
9. Your share of the partnership's nondeductible expenses that are not capital expenditures	**9.**	
10. Your share of the partnership's losses and deductions (including capital losses). However, include your share of the partnership's section 179 expense deduction for this year even if you cannot deduct all of it because of limitations	**10.**	
11. The amount of your deduction for depletion of any partnership oil and gas property, not to exceed your allocable share of the adjusted basis of that property	**11.**	
12. Your adjusted basis in the partnership at end of this tax year. (Add lines 1 through 6 and subtract lines 7 through 11 from the total. If zero or less, enter -0-.)	**12.**	124,911.
Caution: The deduction for your share of the partnership's losses and deductions is limited to your adjusted basis in your partnership interest. If you entered zero on line 12 and the amount figured for line 12 was less than zero, a portion of your share of the partnership losses and deductions may not be deductible.		

219051 04-01-22

Worksheet for Adjusting the Basis of a Partner's Interest in the Partnership

(Keep for your records.)

Name of Entity: SHRINATHJU FUEL LLC EIN: 84-4870876

1. Your adjusted basis at the end of the prior year. Do not enter less than zero. Enter -0- if this is your first tax year	**1.**	49,688.
Increases:		
2. Money and your adjusted basis in property contributed to the partnership less the associated liabilities (but not less than zero)	**2.**	
3. Your increased share of or assumption of partnership liabilities (Subtract your share of liabilities shown in Item K of your 2021 Schedule K-1 from your share of liabilities shown in Item K of your 2022 Schedule K-1 and add the amount of any partnership liabilities you assumed during the tax year) (but not less than zero)	**3.**	
4. Your share of the partnership's income or gain (including tax-exempt income) reduced by any amount included in interest income with respect to the credit to holders of clean renewable energy bonds	**4.**	159,327.
5. Any gain recognized this year on contributions of property. Do not include gain from transfer of liabilities	**5.**	
6. Your share of the excess of the deductions for depletion (other than oil and gas depletion) over the basis of the property subject to depletion	**6.**	
Decreases:		
7. Withdrawals and distributions of money and the adjusted basis of property distributed to you from the partnership. Do not include the amount of property distributions included in the partner's income (taxable income)	**7.**	
Caution: A distribution may be taxable if the amount exceeds your adjusted basis of your partnership interest immediately before the distribution.		
8. Your decreased share of partnership liabilities and any decrease in your individual liabilities because they were assumed by the partnership. (Subtract your share of liabilities shown in item K of your 2022 Schedule K-1 from your share of liabilities shown in item K of your 2021 Schedule K-1 and add the amount of your individual liabilities that the partnership assumed during the tax year (but not less than zero))	**8.**	
9. Your share of the partnership's nondeductible expenses that are not capital expenditures	**9.**	
10. Your share of the partnership's losses and deductions (including capital losses). However, include your share of the partnership's section 179 expense deduction for this year even if you cannot deduct all of it because of limitations	**10.**	9,487.
11. The amount of your deduction for depletion of any partnership oil and gas property, not to exceed your allocable share of the adjusted basis of that property	**11.**	
12. Your adjusted basis in the partnership at end of this tax year. (Add lines 1 through 6 and subtract lines 7 through 11 from the total. If zero or less, enter -0-.)	**12.**	199,528.
Caution: The deduction for your share of the partnership's losses and deductions is limited to your adjusted basis in your partnership interest. If you entered zero on line 12 and the amount figured for line 12 was less than zero, a portion of your share of the partnership losses and deductions may not be deductible.		

219051 04-01-22

Worksheet for Adjusting the Basis of a Partner's Interest in the Partnership

(Keep for your records.)

Name of Entity: SHRINATHJU FUEL LLC EIN: 84-4870876

1. Your adjusted basis at the end of the prior year. Do not enter less than zero. Enter -0- if this is your first tax year	**1.**	49,688.
Increases:		
2. Money and your adjusted basis in property contributed to the partnership less the associated liabilities (but not less than zero)	**2.**	
3. Your increased share of or assumption of partnership liabilities (Subtract your share of liabilities shown in Item K of your 2021 Schedule K-1 from your share of liabilities shown in Item K of your 2022 Schedule K-1 and add the amount of any partnership liabilities you assumed during the tax year) (but not less than zero)	**3.**	
4. Your share of the partnership's income or gain (including tax-exempt income) reduced by any amount included in interest income with respect to the credit to holders of clean renewable energy bonds	**4.**	159,327.
5. Any gain recognized this year on contributions of property. Do not include gain from transfer of liabilities	**5.**	
6. Your share of the excess of the deductions for depletion (other than oil and gas depletion) over the basis of the property subject to depletion	**6.**	
Decreases:		
7. Withdrawals and distributions of money and the adjusted basis of property distributed to you from the partnership. Do not include the amount of property distributions included in the partner's income (taxable income)	**7.**	
Caution: A distribution may be taxable if the amount exceeds your adjusted basis of your partnership interest immediately before the distribution.		
8. Your decreased share of partnership liabilities and any decrease in your individual liabilities because they were assumed by the partnership. (Subtract your share of liabilities shown in item K of your 2022 Schedule K-1 from your share of liabilities shown in item K of your 2021 Schedule K-1 and add the amount of your individual liabilities that the partnership assumed during the tax year (but not less than zero))	**8.**	
9. Your share of the partnership's nondeductible expenses that are not capital expenditures	**9.**	
10. Your share of the partnership's losses and deductions (including capital losses). However, include your share of the partnership's section 179 expense deduction for this year even if you cannot deduct all of it because of limitations	**10.**	9,487.
11. The amount of your deduction for depletion of any partnership oil and gas property, not to exceed your allocable share of the adjusted basis of that property	**11.**	
12. Your adjusted basis in the partnership at end of this tax year. (Add lines 1 through 6 and subtract lines 7 through 11 from the total. If zero or less, enter -0-.)	**12.**	199,528.
Caution: The deduction for your share of the partnership's losses and deductions is limited to your adjusted basis in your partnership interest. If you entered zero on line 12 and the amount figured for line 12 was less than zero, a portion of your share of the partnership losses and deductions may not be deductible.		

219051 04-01-22

Worksheet for Adjusting the Basis of a Partner's Interest in the Partnership

(Keep for your records.)

Name of Entity: SHIVSHAKTI NAMAY MS, LLC EIN: 82-3948988

1.	Your adjusted basis at the end of the prior year. Do not enter less than zero. Enter -0- if this is your first tax year	7,349.
	Increases:	
2.	Money and your adjusted basis in property contributed to the partnership less the associated liabilities (but not less than zero)	3,325.
3.	Your increased share of or assumption of partnership liabilities (Subtract your share of liabilities shown in Item K of your 2021 Schedule K-1 from your share of liabilities shown in Item K of your 2022 Schedule K-1 and add the amount of any partnership liabilities you assumed during the tax year) (but not less than zero)	
4.	Your share of the partnership's income or gain (including tax-exempt income) reduced by any amount included in interest income with respect to the credit to holders of clean renewable energy bonds	2,030.
5.	Any gain recognized this year on contributions of property. Do not include gain from transfer of liabilities	
6.	Your share of the excess of the deductions for depletion (other than oil and gas depletion) over the basis of the property subject to depletion	
	Decreases:	
7.	Withdrawals and distributions of money and the adjusted basis of property distributed to you from the partnership. Do not include the amount of property distributions included in the partner's income (taxable income)	
	Caution: A distribution may be taxable if the amount exceeds your adjusted basis of your partnership interest immediately before the distribution.	
8.	Your decreased share of partnership liabilities and any decrease in your individual liabilities because they were assumed by the partnership. (Subtract your share of liabilities shown in item K of your 2022 Schedule K-1 from your share of liabilities shown in item K of your 2021 Schedule K-1 and add the amount of your individual liabilities that the partnership assumed during the tax year (but not less than zero))	
9.	Your share of the partnership's nondeductible expenses that are not capital expenditures	
10.	Your share of the partnership's losses and deductions (including capital losses). However, include your share of the partnership's section 179 expense deduction for this year even if you cannot deduct all of it because of limitations	
11.	The amount of your deduction for depletion of any partnership oil and gas property, not to exceed your allocable share of the adjusted basis of that property	
12.	Your adjusted basis in the partnership at end of this tax year. (Add lines 1 through 6 and subtract lines 7 through 11 from the total. If zero or less, enter -0-.)	12,704.
	Caution: The deduction for your share of the partnership's losses and deductions is limited to your adjusted basis in your partnership interest. If you entered zero on line 12 and the amount figured for line 12 was less than zero, a portion of your share of the partnership losses and deductions may not be deductible.	

219051 04-01-22

ALTERNATIVE MINIMUM TAX

Worksheet for Adjusting the Basis of a Partner's Interest in the Partnership

(Keep for your records.)

Name of Entity: A K FUEL LLC EIN: 84-4868835

1. Your adjusted basis at the end of the prior year. Do not enter less than zero. Enter -0- if this is your first tax year	**1.**	121,822.
Increases:		
2. Money and your adjusted basis in property contributed to the partnership less the associated liabilities (but not less than zero)	**2.**	0.
3. Your increased share of or assumption of partnership liabilities (Subtract your share of liabilities shown in Item K of your 2021 Schedule K-1 from your share of liabilities shown in Item K of your 2022 Schedule K-1 and add the amount of any partnership liabilities you assumed during the tax year) (but not less than zero)	**3.**	
4. Your share of the partnership's income or gain (including tax-exempt income) reduced by any amount included in interest income with respect to the credit to holders of clean renewable energy bonds	**4.**	3,089.
5. Any gain recognized this year on contributions of property. Do not include gain from transfer of liabilities	**5.**	0.
6. Your share of the excess of the deductions for depletion (other than oil and gas depletion) over the basis of the property subject to depletion	**6.**	
Decreases:		
7. Withdrawals and distributions of money and the adjusted basis of property distributed to you from the partnership. Do not include the amount of property distributions included in the partner's income (taxable income)	**7.**	
Caution: A distribution may be taxable if the amount exceeds your adjusted basis of your partnership interest immediately before the distribution.		
8. Your decreased share of partnership liabilities and any decrease in your individual liabilities because they were assumed by the partnership. (Subtract your share of liabilities shown in item K of your 2022 Schedule K-1 from your share of liabilities shown in item K of your 2021 Schedule K-1 and add the amount of your individual liabilities that the partnership assumed during the tax year (but not less than zero))	**8.**	
9. Your share of the partnership's nondeductible expenses that are not capital expenditures	**9.**	
10. Your share of the partnership's losses and deductions (including capital losses). However, include your share of the partnership's section 179 expense deduction for this year even if you cannot deduct all of it because of limitations	**10.**	
11. The amount of your deduction for depletion of any partnership oil and gas property, not to exceed your allocable share of the adjusted basis of that property	**11.**	
12. Your adjusted basis in the partnership at end of this tax year. (Add lines 1 through 6 and subtract lines 7 through 11 from the total. If zero or less, enter -0-.)	**12.**	124,911.
Caution: The deduction for your share of the partnership's losses and deductions is limited to your adjusted basis in your partnership interest. If you entered zero on line 12 and the amount figured for line 12 was less than zero, a portion of your share of the partnership losses and deductions may not be deductible.		

219051 04-01-22

ALTERNATIVE MINIMUM TAX

Worksheet for Adjusting the Basis of a Partner's Interest in the Partnership

(Keep for your records.)

Name of Entity: A K FUEL LLC EIN: 84-4868835

1. Your adjusted basis at the end of the prior year. Do not enter less than zero. Enter -0- if this is your first tax year	**1.**	121,822.
Increases:		
2. Money and your adjusted basis in property contributed to the partnership less the associated liabilities (but not less than zero)	**2.**	0.
3. Your increased share of or assumption of partnership liabilities (Subtract your share of liabilities shown in Item K of your 2021 Schedule K-1 from your share of liabilities shown in Item K of your 2022 Schedule K-1 and add the amount of any partnership liabilities you assumed during the tax year) (but not less than zero)	**3.**	
4. Your share of the partnership's income or gain (including tax-exempt income) reduced by any amount included in interest income with respect to the credit to holders of clean renewable energy bonds	**4.**	3,089.
5. Any gain recognized this year on contributions of property. Do not include gain from transfer of liabilities	**5.**	0.
6. Your share of the excess of the deductions for depletion (other than oil and gas depletion) over the basis of the property subject to depletion	**6.**	
Decreases:		
7. Withdrawals and distributions of money and the adjusted basis of property distributed to you from the partnership. Do not include the amount of property distributions included in the partner's income (taxable income)	**7.**	
Caution: A distribution may be taxable if the amount exceeds your adjusted basis of your partnership interest immediately before the distribution.		
8. Your decreased share of partnership liabilities and any decrease in your individual liabilities because they were assumed by the partnership. (Subtract your share of liabilities shown in item K of your 2022 Schedule K-1 from your share of liabilities shown in item K of your 2021 Schedule K-1 and add the amount of your individual liabilities that the partnership assumed during the tax year (but not less than zero))	**8.**	
9. Your share of the partnership's nondeductible expenses that are not capital expenditures	**9.**	
10. Your share of the partnership's losses and deductions (including capital losses). However, include your share of the partnership's section 179 expense deduction for this year even if you cannot deduct all of it because of limitations	**10.**	
11. The amount of your deduction for depletion of any partnership oil and gas property, not to exceed your allocable share of the adjusted basis of that property	**11.**	
12. Your adjusted basis in the partnership at end of this tax year. (Add lines 1 through 6 and subtract lines 7 through 11 from the total. If zero or less, enter -0-.)	**12.**	124,911.
Caution: The deduction for your share of the partnership's losses and deductions is limited to your adjusted basis in your partnership interest. If you entered zero on line 12 and the amount figured for line 12 was less than zero, a portion of your share of the partnership losses and deductions may not be deductible.		

219051 04-01-22

ALTERNATIVE MINIMUM TAX

Worksheet for Adjusting the Basis of a Partner's Interest in the Partnership

(Keep for your records.)

Name of Entity: SHRINATHJU FUEL LLC EIN: 84-4870876

1. Your adjusted basis at the end of the prior year. Do not enter less than zero. Enter -0- if this is your first tax year	**1.**	49,688.
Increases:		
2. Money and your adjusted basis in property contributed to the partnership less the associated liabilities (but not less than zero)	**2.**	0.
3. Your increased share of or assumption of partnership liabilities (Subtract your share of liabilities shown in Item K of your 2021 Schedule K-1 from your share of liabilities shown in Item K of your 2022 Schedule K-1 and add the amount of any partnership liabilities you assumed during the tax year) (but not less than zero)	**3.**	
4. Your share of the partnership's income or gain (including tax-exempt income) reduced by any amount included in interest income with respect to the credit to holders of clean renewable energy bonds	**4.**	159,327.
5. Any gain recognized this year on contributions of property. Do not include gain from transfer of liabilities	**5.**	0.
6. Your share of the excess of the deductions for depletion (other than oil and gas depletion) over the basis of the property subject to depletion	**6.**	
Decreases:		
7. Withdrawals and distributions of money and the adjusted basis of property distributed to you from the partnership. Do not include the amount of property distributions included in the partner's income (taxable income)	**7.**	
Caution: A distribution may be taxable if the amount exceeds your adjusted basis of your partnership interest immediately before the distribution.		
8. Your decreased share of partnership liabilities and any decrease in your individual liabilities because they were assumed by the partnership. (Subtract your share of liabilities shown in item K of your 2022 Schedule K-1 from your share of liabilities shown in item K of your 2021 Schedule K-1 and add the amount of your individual liabilities that the partnership assumed during the tax year (but not less than zero))	**8.**	
9. Your share of the partnership's nondeductible expenses that are not capital expenditures	**9.**	
10. Your share of the partnership's losses and deductions (including capital losses). However, include your share of the partnership's section 179 expense deduction for this year even if you cannot deduct all of it because of limitations	**10.**	9,487.
11. The amount of your deduction for depletion of any partnership oil and gas property, not to exceed your allocable share of the adjusted basis of that property	**11.**	
12. Your adjusted basis in the partnership at end of this tax year. (Add lines 1 through 6 and subtract lines 7 through 11 from the total. If zero or less, enter -0-.)	**12.**	199,528.
Caution: The deduction for your share of the partnership's losses and deductions is limited to your adjusted basis in your partnership interest. If you entered zero on line 12 and the amount figured for line 12 was less than zero, a portion of your share of the partnership losses and deductions may not be deductible.		

219051 04-01-22

ALTERNATIVE MINIMUM TAX

Worksheet for Adjusting the Basis of a Partner's Interest in the Partnership

(Keep for your records.)

Name of Entity: SHRINATHJU FUEL LLC EIN: 84-4870876

1. Your adjusted basis at the end of the prior year. Do not enter less than zero. Enter -0- if this is your first tax year	**1.**	49,688.
Increases:		
2. Money and your adjusted basis in property contributed to the partnership less the associated liabilities (but not less than zero)	**2.**	0.
3. Your increased share of or assumption of partnership liabilities (Subtract your share of liabilities shown in Item K of your 2021 Schedule K-1 from your share of liabilities shown in Item K of your 2022 Schedule K-1 and add the amount of any partnership liabilities you assumed during the tax year) (but not less than zero)	**3.**	
4. Your share of the partnership's income or gain (including tax-exempt income) reduced by any amount included in interest income with respect to the credit to holders of clean renewable energy bonds	**4.**	159,327.
5. Any gain recognized this year on contributions of property. Do not include gain from transfer of liabilities	**5.**	0.
6. Your share of the excess of the deductions for depletion (other than oil and gas depletion) over the basis of the property subject to depletion	**6.**	
Decreases:		
7. Withdrawals and distributions of money and the adjusted basis of property distributed to you from the partnership. Do not include the amount of property distributions included in the partner's income (taxable income)	**7.**	
Caution: A distribution may be taxable if the amount exceeds your adjusted basis of your partnership interest immediately before the distribution.		
8. Your decreased share of partnership liabilities and any decrease in your individual liabilities because they were assumed by the partnership. (Subtract your share of liabilities shown in item K of your 2022 Schedule K-1 from your share of liabilities shown in item K of your 2021 Schedule K-1 and add the amount of your individual liabilities that the partnership assumed during the tax year (but not less than zero))	**8.**	
9. Your share of the partnership's nondeductible expenses that are not capital expenditures	**9.**	
10. Your share of the partnership's losses and deductions (including capital losses). However, include your share of the partnership's section 179 expense deduction for this year even if you cannot deduct all of it because of limitations	**10.**	9,487.
11. The amount of your deduction for depletion of any partnership oil and gas property, not to exceed your allocable share of the adjusted basis of that property	**11.**	
12. Your adjusted basis in the partnership at end of this tax year. (Add lines 1 through 6 and subtract lines 7 through 11 from the total. If zero or less, enter -0-.)	**12.**	199,528.
Caution: The deduction for your share of the partnership's losses and deductions is limited to your adjusted basis in your partnership interest. If you entered zero on line 12 and the amount figured for line 12 was less than zero, a portion of your share of the partnership losses and deductions may not be deductible.		

219051 04-01-22

ALTERNATIVE MINIMUM TAX

Worksheet for Adjusting the Basis of a Partner's Interest in the Partnership

(Keep for your records.)

Name of Entity: SHIVSHAKTI NAMAY MS, LLC EIN: 82-3948988

1. Your adjusted basis at the end of the prior year. Do not enter less than zero. Enter -0- if this is your first tax year	**1.**	7,349.
Increases:		
2. Money and your adjusted basis in property contributed to the partnership less the associated liabilities (but not less than zero)	**2.**	3,325.
3. Your increased share of or assumption of partnership liabilities (Subtract your share of liabilities shown in Item K of your 2021 Schedule K-1 from your share of liabilities shown in Item K of your 2022 Schedule K-1 and add the amount of any partnership liabilities you assumed during the tax year) (but not less than zero)	**3.**	
4. Your share of the partnership's income or gain (including tax-exempt income) reduced by any amount included in interest income with respect to the credit to holders of clean renewable energy bonds	**4.**	2,030.
5. Any gain recognized this year on contributions of property. Do not include gain from transfer of liabilities	**5.**	0.
6. Your share of the excess of the deductions for depletion (other than oil and gas depletion) over the basis of the property subject to depletion	**6.**	
Decreases:		
7. Withdrawals and distributions of money and the adjusted basis of property distributed to you from the partnership. Do not include the amount of property distributions included in the partner's income (taxable income)	**7.**	
Caution: A distribution may be taxable if the amount exceeds your adjusted basis of your partnership interest immediately before the distribution.		
8. Your decreased share of partnership liabilities and any decrease in your individual liabilities because they were assumed by the partnership. (Subtract your share of liabilities shown in item K of your 2022 Schedule K-1 from your share of liabilities shown in item K of your 2021 Schedule K-1 and add the amount of your individual liabilities that the partnership assumed during the tax year (but not less than zero))	**8.**	
9. Your share of the partnership's nondeductible expenses that are not capital expenditures	**9.**	
10. Your share of the partnership's losses and deductions (including capital losses). However, include your share of the partnership's section 179 expense deduction for this year even if you cannot deduct all of it because of limitations	**10.**	
11. The amount of your deduction for depletion of any partnership oil and gas property, not to exceed your allocable share of the adjusted basis of that property	**11.**	
12. Your adjusted basis in the partnership at end of this tax year. (Add lines 1 through 6 and subtract lines 7 through 11 from the total. If zero or less, enter -0-.)	**12.**	12,704.
Caution: The deduction for your share of the partnership's losses and deductions is limited to your adjusted basis in your partnership interest. If you entered zero on line 12 and the amount figured for line 12 was less than zero, a portion of your share of the partnership losses and deductions may not be deductible.		

219051 04-01-22

FORM 1040 WAGES RECEIVED AND TAXES WITHHELD STATEMENT 1

T S	EMPLOYER'S NAME	AMOUNT PAID	FEDERAL TAX WITHHELD	STATE TAX WITHHELD	CITY SDI TAX W/H	FICA TAX	MEDICARE TAX
T	SHIVSHAKTI NAMAY, INC	16,150.	1,719.	571.		1,001.	234.
TOTALS		16,150.	1,719.	571.		1,001.	234.

FORM 1040 TAX STATEMENT 2

DESCRIPTION	AMOUNT
FROM QUALIFIED DIVIDENDS AND CAPITAL GAIN WORKSHEET	59,963.
TOTAL TO FORM 1040, LINE 16	59,963.

FORM 1040 FEDERAL INCOME TAX WITHHELD - FORM(S) W-2 STATEMENT 3

T S	DESCRIPTION	AMOUNT
T	SHIVSHAKTI NAMAY, INC	1,719.
TOTAL TO FORM 1040, LINE 25A		1,719.

FORM 1040 TOTAL DUE WITH INTEREST AND PENALTIES STATEMENT 4

AMOUNT DUE	62,276.
INTEREST NOT INCLUDED	2,244.
PENALTY NOT INCLUDED	2,160.
TOTAL DUE	66,680.

FORM 1040 LATE PAYMENT INTEREST STATEMENT 5

DESCRIPTION	DATE	AMOUNT	BALANCE	RATE	DAYS	INTEREST
TAX DUE	04/15/23	61,700.	61,700.	.0700	168	2,020.
INTEREST RATE CHANGE	09/30/23	0.	63,720.	.0800	16	224.
DATE FILED	10/16/23		63,944.			
TOTAL LATE PAYMENT INTEREST						2,244.

FORM 1040 LATE PAYMENT PENALTY STATEMENT 6

DESCRIPTION	DATE	AMOUNT	BALANCE	MONTHS	PENALTY
TAX DUE	04/15/23	61,700.	61,700.	7	2,160.
DATE FILED	10/16/23				
TOTAL LATE PAYMENT PENALTY					2,160.

SCHEDULE 1 STATE AND LOCAL INCOME TAX REFUNDS STATEMENT 7

	2021	2020	2019
	MISSOURI		
GROSS STATE/LOCAL INC TAX REFUNDS	1,018.		
LESS: TAX PAID IN FOLLOWING YEAR			
NET TAX REFUNDS MISSOURI	1,018.		
TOTAL NET TAX REFUNDS	1,018.		

SCHEDULE 1 TAXABLE STATE AND LOCAL INCOME TAX REFUNDS STATEMENT 8

	2019	2020	2021
NET TAX REFUNDS FROM STATE AND LOCAL INCOME TAX REFUNDS STMT.			1,018.
LESS:REFUNDS-NO BENEFIT DUE TO AMT -SALES TAX BENEFIT REDUCTION			
1 NET REFUNDS FOR RECALCULATION		0.	1,018.
2 AMOUNT FROM PRIOR YEAR SCHEDULE A, LINE 5E			10,000.
3 TOTAL OF PRIOR YEAR SCHEDULE A, LINES 5B AND 5C			18,128.
4 SUBTRACT LINE 3 FROM LINE 2 IF ZERO OR LESS, STOP HERE NONE OF YOUR REFUND IS TAXABLE	0.	0.	-8,128.
5 ENTER THE STATE AND LOCAL INCOME TAXES FROM PRIOR YEAR SCHEDULE A, LINE 5A			
6 ENTER THE AMOUNT FROM LINE 1			
7 SUBTRACT LINE 6 FROM LINE 5			
8 ADD LINE 7 TO LINE 3			
9 SUBTRACT LINE 8 FROM LINE 2			
10 ENTER THE LESSER OF LINE 4, LINE 6 OR LINE 9. IF ZERO OR LESS, STOP HERE. NONE OF YOUR REFUND IS TAXABLE. IF GREATER THAN ZERO, PROCEED TO LINE 11			
11 ALLOWABLE PRIOR YEAR ITEMIZED DEDUCTIONS			
12 ENTER YOUR PRIOR YEAR STANDARD DEDUCTION			
13 SUBTRACT LINE 12 FROM LINE 11			
14 ENTER THE SMALLER OF LINE 10 OR LINE 13.			
15 PRIOR YEAR TAXABLE INCOME			
16 AMOUNT TO INCLUDE ON SCHEDULE 1, LINE 1 * IF LINE 15 IS -0- OR MORE, USE AMOUNT FROM LINE 14 * IF LINE 15 IS A NEGATIVE AMOUNT, NET LINES 14 AND 15			
STATE AND LOCAL INCOME TAX REFUNDS PRIOR TO 2019			
TOTAL TO SCHEDULE 1, LINE 1			

SCHEDULE A STATE AND LOCAL INCOME TAXES STATEMENT 9

DESCRIPTION	AMOUNT
SHIVSHAKTI NAMAY, INC	571.
MISSISSIPPI PRIOR YEAR BALANCE DUE AND EXTENSION PAYMENTS	4,055.
TOTAL TO SCHEDULE A, LINE 5A	4,626.

SCHEDULE A CASH CONTRIBUTIONS STATEMENT 10

DESCRIPTION	AMOUNT 100% LIMIT	AMOUNT 60% LIMIT	AMOUNT 30% LIMIT
FROM K-1 - JIYA FOODS AND FUEL, LLC		36.	
FROM K-1 - JIYA FOODS AND FUEL LLC		38.	
SUBTOTALS		74.	
TOTAL TO SCHEDULE A, LINE 11			74.

SCHEDULE A MEDICAL AND DENTAL EXPENSES STATEMENT 11

DESCRIPTION	AMOUNT
PREMIUMS FROM FORM 1095-A	21,936.
TOTAL TO SCHEDULE A, LINE 1	21,936.

SCHEDULE D NET LONG-TERM GAIN OR LOSS FROM FORMS 4797, 2439, 6252, 4684, 6781 AND 8824 STATEMENT 12

DESCRIPTION OF PROPERTY	GAIN OR LOSS	28% GAIN
FORM 4797	173,192.	
TOTAL TO SCHEDULE D, PART II, LINE 11	173,192.	

SCHEDULE D UNRECAPTURED SECTION 1250 GAIN STATEMENT 13

1. IF YOU HAVE A SECTION 1250 PROPERTY IN PART III OF FORM 4797 FOR WHICH YOU MADE AN ENTRY IN PART I OF FORM 4797, ENTER THE SMALLER OF LINE 22 OR LINE 24 OF FORM 4797 FOR THAT PROPERTY. IF YOU DID NOT HAVE ANY SUCH PROPERTY, GO TO LINE 4		
2. ENTER THE AMOUNT FROM FORM 4797, LINE 26G, FOR THE PROPERTY FOR WHICH YOU MADE AN ENTRY ON LINE 1		
3. SUBTRACT LINE 2 FROM LINE 1		
4. ENTER THE TOTAL UNRECAPTURED SECTION 1250 GAIN INCLUDED ON LINE 26 OR LINE 37 OF FORM(S) 6252 FROM INSTALLMENT SALES OF TRADE OR BUSINESS PROPERTY HELD MORE THAN 1 YEAR		
5. ENTER THE TOTAL OF ANY AMOUNTS REPORTED TO YOU ON A SCHEDULE K-1 FROM A PARTNERSHIP OR AN S CORPORATION AS "UNRECAPTURED SECTION 1250 GAIN"		20,140.
6. ADD LINES 3 THROUGH 5		20,140.
7. ENTER THE SMALLER OF LINE 6 OR THE GAIN FROM FORM 4797, LINE 7	20,140.	
8. ENTER THE AMOUNT, IF ANY, FROM FORM 4797, LINE 8	145,462.	
9. SUBTRACT LINE 8 FROM LINE 7. IF ZERO OR LESS, ENTER -0-		
10. ENTER THE AMOUNT OF ANY GAIN FROM THE SALE OR EXCHANGE OF AN INTEREST IN A PARTNERSHIP ATTRIBUTABLE TO UNRECAPTURED SECTION 1250 GAIN		
11. ENTER THE TOTAL OF ANY AMOUNTS REPORTED TO YOU ON A SCHEDULE K-1, FORMS 1099-DIV, OR FORM 2439 AS "UNRECAPTURED SECTION 1250 GAIN" FROM AN ESTATE, TRUST, REAL ESTATE INVESTMENT TRUST, OR MUTUAL FUND (OR OTHER REGULATED INVESTMENT COMPANY) OR IN CONNECTION WITH A FORM 1099-R		
12. ENTER THE TOTAL OF ANY UNRECAPTURED SECTION 1250 GAIN FROM SALES (INCLUDING INSTALLMENT SALES) OR OTHER DISPOSITIONS OF SECTION 1250 PROPERTY HELD MORE THAN 1 YEAR FOR WHICH YOU DID NOT MAKE AN ENTRY IN PART I OF FORM 4797 FOR THE YEAR OF SALE		
13. ADD LINES 9 THROUGH 12		
14. IF YOU HAD ANY SECTION 1202 GAIN OR COLLECTIBLE GAIN OR (LOSS), ENTER THE TOTAL OF LINES 1 THROUGH 4 OF THE 28% RATE GAIN WORKSHEET		
15. ENTER THE (LOSS), IF ANY, FROM SCH D, LINE 7. IF SCH D, LINE 7, IS ZERO OR A GAIN ENTER -0-	0.	
16. ENTER YOUR LONG-TERM CAPITAL LOSS CARRYOVERS FROM SCHEDULE D, LINE 14, AND SCHEDULE K-1 (FORM 1041), BOX 11, CODE D		
17. COMBINE LINES 14 THROUGH 16. IF THE RESULT IS A (LOSS), ENTER IT AS A POSITIVE AMOUNT. IF THE RESULT IS ZERO OR A GAIN, ENTER -0-		0.
18. SUBTRACT LINE 17 FROM LINE 13. IF ZERO OR LESS, ENTER -0-. IF MORE THAN ZERO, ENTER THE RESULT HERE AND ON SCHEDULE D, LINE 19		0.

SCHEDULE D ALTERNATIVE MINIMUM TAX STATEMENT 14
NET LONG-TERM GAIN OR LOSS FROM FORMS
4797, 2439, 6252, 4684, 6781 AND 8824

DESCRIPTION OF PROPERTY	GAIN OR LOSS	28% GAIN
FORM 4797 AMT	318,654.	
TOTAL TO SCHEDULE D, PART II, LINE 11	318,654.	

SCHEDULE D UNRECAPTURED SECTION 1250 GAIN - AMT STATEMENT 15

1. IF YOU HAVE A SECTION 1250 PROPERTY IN PART III OF FORM 4797 FOR WHICH YOU MADE AN ENTRY IN PART I OF FORM 4797, ENTER THE SMALLER OF LINE 22 OR LINE 24 OF FORM 4797 FOR THAT PROPERTY. IF YOU DID NOT HAVE ANY SUCH PROPERTY, GO TO LINE 4		
2. ENTER THE AMOUNT FROM FORM 4797, LINE 26G, FOR THE PROPERTY FOR WHICH YOU MADE AN ENTRY ON LINE 1		
3. SUBTRACT LINE 2 FROM LINE 1		
4. ENTER THE TOTAL UNRECAPTURED SECTION 1250 GAIN INCLUDED ON LINE 26 OR LINE 37 OF FORM(S) 6252 FROM INSTALLMENT SALES OF TRADE OR BUSINESS PROPERTY HELD MORE THAN 1 YEAR		
5. ENTER THE TOTAL OF ANY AMOUNTS REPORTED TO YOU ON A SCHEDULE K-1 FROM A PARTNERSHIP OR AN S CORPORATION AS "UNRECAPTURED SECTION 1250 GAIN"		20,140.
6. ADD LINES 3 THROUGH 5		20,140.
7. ENTER THE SMALLER OF LINE 6 OR THE GAIN FROM FORM 4797, LINE 7	20,140.	
8. ENTER THE AMOUNT, IF ANY, FROM FORM 4797, LINE 8		
9. SUBTRACT LINE 8 FROM LINE 7. IF ZERO OR LESS, ENTER -0-		20,140.
10. ENTER THE AMOUNT OF ANY GAIN FROM THE SALE OR EXCHANGE OF AN INTEREST IN A PARTNERSHIP ATTRIBUTABLE TO UNRECAPTURED SECTION 1250 GAIN		
11. ENTER THE TOTAL OF ANY AMOUNTS REPORTED TO YOU ON A SCHEDULE K-1, FORMS 1099-DIV, OR FORM 2439 AS "UNRECAPTURED SECTION 1250 GAIN" FROM AN ESTATE, TRUST, REAL ESTATE INVESTMENT TRUST, OR MUTUAL FUND (OR OTHER REGULATED INVESTMENT COMPANY)		
12. ENTER THE TOTAL OF ANY UNRECAPTURED SECTION 1250 GAIN FROM SALES (INCLUDING INSTALLMENT SALES) OR OTHER DISPOSITIONS OF SECTION 1250 PROPERTY HELD MORE THAN 1 YEAR FOR WHICH YOU DID NOT MAKE AN ENTRY IN PART I OF FORM 4797 FOR THE YEAR OF SALE		
13. ADD LINES 9 THROUGH 12		20,140.
14. IF YOU HAD ANY SECTION 1202 GAIN OR COLLECTIBLE GAIN OR (LOSS), ENTER THE TOTAL OF LINES 1 THROUGH 4 OF THE 28% RATE GAIN WORKSHEET	0.	
15. ENTER THE (LOSS), IF ANY, FROM SCH D, LINE 7. IF SCH D, LINE 7, IS ZERO OR A GAIN ENTER -0-	0.	
16. ENTER YOUR LONG-TERM CAPITAL LOSS CARRYOVERS FROM SCHEDULE D, LINE 14, AND SCHEDULE K-1 (FORM 1041), BOX 11, CODE D	0.	
17. COMBINE LINES 14 THROUGH 16. IF THE RESULT IS A (LOSS), ENTER IT AS A POSITIVE AMOUNT. IF THE RESULT IS ZERO OR A GAIN, ENTER -0-		0.
18. SUBTRACT LINE 17 FROM LINE 13. IF ZERO OR LESS, ENTER -0-. IF MORE THAN ZERO, ENTER THE RESULT HERE AND ON SCHEDULE D, LINE 19		20,140.

SCHEDULE D ALTERNATIVE MINIMUM TAX STATEMENT 16
SCHEDULE D TAX WORKSHEET

1.	ENTER YOUR TAXABLE INCOME FROM FORM 6251, LINE 6			257,015.
2.	ENTER YOUR QUALIFIED DIVIDENDS FROM FORM 1040, LINE 3A			
3.	IF YOU ARE FILING FORM 4952, ENTER THE AMOUNT FROM FORM 4952, LINE 4G			
4.	ENTER THE AMOUNT FROM FORM 4952, LINE 4E			
5.	SUBTRACT LINE 4 FROM LINE 3			
6.	SUBTRACT LINE 5 FROM LINE 2			
7.	ENTER THE SMALLER OF LINE 15 OR 16 OF SCHEDULE D AMT	318,654.		
8.	ENTER THE SMALLER OF LN 3 OR LN 4			
9.	SUBTRACT LINE 8 FROM LINE 7. IF ZERO OR LESS, ENTER -0-		318,654.	
10.	ADD LINES 6 AND 9	318,654.		
11.	ADD LINES 18 AND 19 OF SCHEDULE D AMT		20,140.	
12.	ENTER THE SMALLER LINE 9 OR LINE 11		20,140.	
13.	SUBTRACT LINE 12 FROM LINE 10. IF ZERO OR LESS, ENTER -0-. TOTAL TO FORM 6251, LINE 13			298,514.

SCHEDULE E INCOME OR (LOSS) FROM PARTNERSHIPS AND S CORPS STATEMENT 17

NAME

EMP ID NO.

CODE	X IF FRN	BASIS COMP REQ	ANY NOT AT RISK	PASSIVE LOSS	PASSIVE INCOME	NONPASSIVE LOSS	SEC. 179 DEDUCTION	NONPASSIVE INCOME
A K FUEL LLC 84-4868835								
P								3,089.
A K FUEL LLC 84-4868835								
P								3,089.
JIYA FOODS AND FUEL LLC 84-4870554								
S		X						28,241.
JIYA FOODS AND FUEL, LLC 84-4870554								
S		X						28,241.
NIDHI FOODS AND FUEL LLC 84-4870876								
P						33,058.		
NIDHI FOODS AND FUEL LLC 84-4871127								
P						33,059.		
SHIVSHAKTI NAMAY MS, LLC 82-3948988								
P			*					2,030.
SHIVSHAKTI NAMAY, INC. 20-5638824								
S								1,049.
SHIVSHAKTI NAMAY, INC. 20-5638824								
S								103,895.
SHRINATHJU FUEL LLC 84-4870876								
P						9,487.		
SHRINATHJU FUEL LLC 84-4870876								
P						9,487.		
TOTALS TO SCH. E, LN. 29						85,091.		169,634.

* ENTIRE DISPOSITION OF NONPASSIVE ACTIVITY

FORM 1116 FOREIGN TAX CREDIT CARRYOVER / CARRYBACK STATEMENT 18

PASSIVE INCOME

YEAR OF FOREIGN TAX CREDIT	TOTAL FOREIGN TAXES PAID	FOREIGN TAX CR CLAIMED	FOREIGN TAX ADJUSTMENTS	BALANCE AVAILABLE
2021	0.	0.	0.	0.
2020	0.	0.	0.	0.
2019	0.	0.	0.	0.
2018	0.	0.	0.	0.
2017	0.	0.	0.	0.
2016	0.	0.	0.	0.
2015	0.	0.	0.	0.
2014	0.	0.	0.	0.
2013	10.	6.	0.	4.
2012	0.	0.	0.	0.
FOREIGN TAX CR CARRYBACK TO 2022				0.
TOTAL TO FORM 1116, PART III, LINE 10				4.

FORM 4797 NONRECAPTURED NET SECTION 1231 LOSSES FROM PRIOR YEARS STATEMENT 19

TAX YEAR	SECTION 1231 LOSSES	SECTION 1231 LOSSES RECAPTURED	NONRECAPTURED SECTION 1231 LOSSES
2017			
2018	145,462.		145,462.
2019			
2020			
2021			
TOTAL TO FORM 4797, LINE 8	145,462.		145,462.

FORM 6251 LOSS LIMITATIONS STATEMENT 20

NAME OF ACTIVITY	FORM	NET INCOME (LOSS) AMT	NET INCOME (LOSS) REGULAR	ADJUSTMENT
SHIVSHAKTI NAMAY, INC.	SCH E	0.	1,049.	-1,049.
SHIVSHAKTI NAMAY, INC.	SCH E	103,895.	103,895.	
TOTAL TO FORM 6251, LINE 2N				-1,049.

FORM 1116 ALTERNATIVE MINIMUM TAX FOREIGN TAX CREDIT CARRYOVER/CARRYBACK STATEMENT 21

PASSIVE INCOME

YEAR OF FOREIGN TAX CREDIT	TOTAL FOREIGN TAXES PAID	FOREIGN TAX CR CLAIMED	FOREIGN TAX ADJUSTMENTS	BALANCE AVAILABLE
2021	0.	0.	0.	0.
2020	0.	0.	0.	0.
2019	0.	0.	0.	0.
2018	0.	0.	0.	0.
2017	0.	0.	0.	0.
2016	0.	0.	0.	0.
2015	0.	0.	0.	0.
2014	0.	0.	0.	0.
2013	10.	1.	0.	9.
2012	0.	0.	0.	0.
FOREIGN TAX CR CARRYBACK TO 2022				0.
TOTAL TO FORM 1116 (AMT), PART III, LINE 10				9.

FORM 8995-A QUALIFIED BUSINESS INCOME STATEMENT 22
SCHEDULE C

ACTIVITY NAME	INCOME	LOSS REDUCTION	ADJUSTED QBI
CONVENIENCE STORE	2,030.	1,018.	1,012.
SHIVSHAKTI NAMAY, INC.	1,050.	527.	523.
SHIVSHAKTI NAMAY, INC.	103,895.	52,115.	51,780.
JIYA FOODS AND FUEL LLC	28,241.	14,166.	14,075.
JIYA FOODS AND FUEL, LLC	28,241.	14,166.	14,075.
A K FUEL LLC	3,089.	1,549.	1,540.
A K FUEL LLC	3,089.	1,549.	1,540.
SHRINATHJU FUEL LLC	-9,487.		
SHRINATHJU FUEL LLC	-9,487.		
NIDHI FOODS AND FUEL LLC	-33,058.		
NIDHI FOODS AND FUEL LLC	-33,059.		

FORM 8960 TRADE OR BUSINESS INCOME STATEMENT 23

SHIVSHAKTI NAMAY, INC.	-1,049.
SHIVSHAKTI NAMAY, INC.	-103,895.
CONVENIENCE STORE	-2,030.
JIYA FOODS AND FUEL, LLC	-28,241.
JIYA FOODS AND FUEL LLC	-28,241.

A K FUEL LLC	-3,089.
SHRINATHJU FUEL LLC	9,487.
SHRINATHJU FUEL LLC	9,487.
A K FUEL LLC	-3,089.
NIDHI FOODS AND FUEL LLC	33,058.
NIDHI FOODS AND FUEL LLC	33,059.
AMOUNT TO FORM 8960, LINE 4B	-84,543.

FORM 8960 NET GAINS FROM DISPOSITION OF PROPERTY USED IN A NON-SECTION 1411 TRADE OR BUSINESS STATEMENT 24

NAME OF TRADE OR BUSINESS	AMOUNT
SHRINATHJU FUEL LLC	159,327.
SHRINATHJU FUEL LLC	159,327.
TOTAL TO NET GAINS AND LOSSES WORKSHEET, LINE 2A	318,654.

FORM 8960 STATE INCOME TAX PAYMENTS STATEMENT 25

MISSISSIPPI

DESCRIPTION	AMOUNT
SHIVSHAKTI NAMAY, INC	571.
TOTAL TO STATE FORM 8960, LINE 10	571.

FORM 1116 U.S. AND FOREIGN SOURCE INCOME SUMMARY STATEMENT 26
TOTAL PARTNERSHIP/S-CORPORATION INCOME/LOSS

DESCRIPTION	INCOME	LOSS
SHIVSHAKTI NAMAY, INC.	1,049.	
SHIVSHAKTI NAMAY, INC.	103,895.	
CONVENIENCE STORE	2,030.	
JIYA FOODS AND FUEL, LLC	28,241.	
JIYA FOODS AND FUEL LLC	28,241.	
A K FUEL LLC	3,089.	
SHRINATHJU FUEL LLC		-9,487.
SHRINATHJU FUEL LLC		-9,487.
A K FUEL LLC	3,089.	
NIDHI FOODS AND FUEL LLC		-33,058.
NIDHI FOODS AND FUEL LLC		-33,059.
TOTAL PARTNERSHIP/S-CORPORATION INCOME/LOSS	169,634.	-85,091.

MISSOURI DEPARTMENT OF

REVENUE

Form **MO-1040**

2022 Individual Income Tax Return - Long Form

For Calendar Year January 1 - December 31, 2022

Print in BLACK ink only and DO NOT STAPLE.

☐ **Amended** Return ☐ **Composite** Return
(For use by S corporations or Partnerships)

☐ Federal Extension - Select this box if you have an approved federal extension. Attach a copy Federal Extension (Form 4868).

If filing a fiscal year return enter the beginning and ending dates here.

Fiscal Year Beginning (MM/DD/YY) | Fiscal Year Ending (MM/DD/YY)

Vendor Code: 1019

Department Use Only

Filing Status

☐ Single ☐ Claimed as a Dependent ☒ Married Filing Combined ☐ Married Filing Separately ☐ Head of Household ☐ Qualifying Widow(er)

Age 62 through 64	Age 65 or Older	Blind	100% Disabled	Non-Obligated Spouse
Yourself ☐ Spouse ☐	Yourself ☐ Spouse ☐	Yourself ☐ Spouse ☐	Yourself ☐ Spouse ☐	Yourself ☐ Spouse ☐

Name

Social Security Number	Deceased in 2022	Spouse's Social Security Number	Deceased in 2022
604 – 80 – 1233	☐	615 – 94 – 8613	☐

First Name	M.I.	Last Name	Suffix
RAKESH	R	RAWAL	
Spouse's First Name	M.I.	Spouse's Last Name	Suffix
MINAR		RAWAL	

In Care Of Name (Attorney, Executor, Personal Representative, etc.)

Address

Present Address (Include Apartment Number or Rural Route)

1041 LEMOYNE BLVD

City, Town, or Post Office	State	ZIP Code
PRENTISS	MS	39474 –

County of Residence

NONRESIDENT

You may contribute to any one or all of the trust funds on Line 50. See pages 11-12 of the instructions for more trust fund information.

Missouri Medal of Honor Fund	Children's Trust Fund	Veterans Trust Fund	Elderly Home Delivered Meals Trust Fund	Missouri National Guard Trust Fund	Workers' Memorial Fund	Childhood Lead Testing Fund	Missouri Military Family Relief Fund	General Revenue Fund	Organ Donor Program Fund	Kansas City Regional Law Enforcement Memorial Foundation Fund	Soldiers Memorial Military Museum in St. Louis Fund

22322011019

15181015 796397 20606400 2022.04030 RAWAL, RAKESH 20606401

Income

		Yourself (Y)	Spouse (S)
1.	Federal adjusted gross income from federal return (see worksheet)	1Y 137,371.00	1S 281,976.00
2.	Total additions (from **Form MO-A,** Part 1, Line 7)	2Y .00	2S .00
3.	Total income - Add Lines 1 and 2	3Y 137,371.00	3S 281,976.00
4.	Total subtractions (from Form MO-A, Part 1, Line 18)	4Y .00	4S 2,813.00
5.	Missouri adjusted gross income - Subtract Line 4 from Line 3	5Y 137,371.00	5S 279,163.00
6.	Total Missouri adjusted gross income - Add columns 5Y and 5S	6 416,534.00	
7.	Income percentages - Divide columns 5Y and 5S by total on Line 6. (Must equal 100%)	7Y 33 %	7S 67 %

Exemptions and Deductions

8.	Pension, Social Security and Social Security Disability exemption (from Form MO-A, Part 3, Section D)	8 .00
9.	Tax from federal return	9 59,963.00
10.	Other tax from federal return	10 3,456.00
11.	Total tax from federal return. Do not enter federal income tax withheld	11 63,419.00
12.	Federal tax percentage - Enter the percentage based on your Missouri Adjusted Gross Income, Line 6. Use the chart below to find your percentage	12 %

Missouri Adjusted Gross Income Range, Line 6:	Federal Tax Percentage:
$25,000 or less	35%
$25,001 to $50,000	25%
$50,001 to $100,000	15%
$100,001 to $125,000	5%
$125,001 or more	0%

13.	Federal income tax deduction - Multiply Line 11 by the percentage on Line 12. Enter this amount not to exceed $5,000 for an individual or $10,000 for combined filers	13 .00
14.	Missouri standard deduction or itemized deductions. (If itemizing, See Form MO-A, Part 2) • Single or Married Filing Separate- $12,950 • Head of Household - $19,400 • Married Filing Combined or Qualifying Widow(er) - $25,900	14 35,009.00
15.	Additional Exemption for Head of Household and Qualified Widow(er)	15 .00
16.	Long-term care insurance deduction	16 .00
17.	Health care sharing ministry deduction	17 .00
18.	Active Duty Military income deduction	18 .00
19.	Inactive Duty Military income deduction	19 .00
20.	Bring jobs home deduction	20 .00
21.	Transportation facilities deduction	21 .00

☐ A. Port Cargo Expansion ☐ B. International Trade Facility ☐ C. Qualified Trade Activities

22322021019
15181015 796397 20606400 2022.04030 RAWAL, RAKESH 20606401

Deductions Continued

22.	First Time Home Buyers deduction. A.		B.		22		.00
23.	Long Term Diginity Savings Account Deduction				23		.00
24.	Foster parent tax deduction				24		.00
25.	Total deductions - Add Lines 8 and 13 through 24				25	35,009	.00
26.	Subtotal - Subtract Line 25 from Line 6				26	381,525	.00
27.	Multiply Line 26 by appropriate percentages (%) on Lines 7Y and 7S	27Y	125,903 .00	27S	255,622	.00	
28.	Enterprise zone or rural empowerment zone income modification	28Y	.00	28S		.00	

Tax

29.	Taxable income - Subtract Line 28 from Line 27	29Y	125,903 .00	29S	255,622	.00	
30.	Tax (see tax chart in the instructions)	30Y	6,489 .00	30S	13,364	.00	
31.	Resident credit - Attach **Form MO-CR** and other states' income tax return(s)	31Y	.00	31S		.00	
32.	Missouri income percentage - Enter 100% unless you are completing **Form MO-NRI.** Attach Form MO-NRI and a copy of your federal return if less than 100%	32Y	86 %	32S	64	%	
33.	Balance - Subtract Line 31 from Line 30; OR multiply Line 30 by percentage on Line 32	33Y	5,581 .00	33S	8,553	.00	
34.	Other taxes - Select box and attach federal form indicated.						
	☐ Lump sum distribution (Form 4972)						
	☐ Recapture of low income housing credit (Form 8611)	34Y	.00	34S		.00	
35.	Subtotal - Add Lines 33 and 34	35Y	5,581 .00	35S	8,553	.00	
36.	Total Tax - Add Lines 35Y and 35S				36	14,134	.00

Payments and Credits

37.	MISSOURI tax withheld - Attach Forms W-2 and 1099				37		.00
38.	2022 Missouri estimated tax payments - Include overpayment from 2021 applied to 2022				38		.00
39.	Missouri tax payments for nonresident partners or S corporation shareholders - Attach Forms **MO-2NR** and **MO-NRP**				39	19,206	.00
40.	Missouri tax payments for nonresident entertainers - Attach **Form MO-2ENT**				40		.00
41.	Amount paid with Missouri extension of time to file (**Form MO-60**)				41		.00
42.	Miscellaneous tax credits (from **Form MO-TC**, Line 13) - Attach Form MO-TC				42		.00
43.	Property tax credit - Attach **Form MO-PTS**				43		.00
44.	Total payments and credits - Add Lines 37 through 43				44	19,206	.00

15181015 79623222036406400 2022.04030 RAWAL, RAKESH 20606401

Skip Lines 45 through 47 if you are not filing an amended return.

Amended Return

45. Amount paid on original return ..... 45 .00

46. Overpayment as shown (or adjusted) on original return ..... 46 .00

Indicate Reason for Amending

Enter date of IRS report (MM/DD/YY)

☐ A. Federal audit .....

Enter year of loss (YY)

☐ B. Net Operating Loss carryback .....

Enter year of credit (YY)

☐ C. Investment tax credit carryback .....

Enter date of federal amended return, if filed. (MM/DD/YY)

☐ D. Correction other than A, B, or C .....

47. Amended return total payments and credits - Add Lines 44 and 45; subtract Line 46. Enter on Line 47 ..... 47 .00

Refund

48. If Line 44, or if amended return, Line 47, is larger than Line 36, enter the difference. Amount of OVERPAYMENT ..... 48 5,072 .00

49. Amount of Line 48 to be applied to your 2023 estimated tax ..... 49 .00

50. Enter the amount of your donation in the trust fund boxes below. See instructions for additional trust fund codes.

50a.	Children's Trust Fund	.00	50b.	Veterans Trust Fund	.00	50c.	Elderly Home Delivered Meals Trust Fund	.00	50d.	Missouri National Guard Trust Fund	.00
50e.	Workers' Memorial Fund	.00	50f.	Childhood Lead Testing Fund	.00	50g.	Missouri Military Family Relief Fund	.00	50h.	General Revenue Fund	.00
50i.	Organ Donor Program Fund	.00	50j.	Kansas City Regional Law Enforcement Memorial Foundation Fund	.00	50k.	Soldiers Memorial Military Museum in St. Louis Fund	.00	50l.	Missouri Medal of Honor Fund	.00

50m. Additional Fund Code ____ Additional Fund Amount .00

50n. Additional Fund Code ____ Additional Fund Amount .00

Total Donation - Add amounts from Boxes 50a through 50n and enter here ..... 50 .00

51. Amount of Line 48 to be deposited into a Missouri 529 Education Plan (MOST) account. Enter the total deposit amount from **Form 5632** ..... 51 .00

52. **REFUND** - Subtract Lines 49, 50, and 51 from Line 48 and enter here ..... 52 5,072 .00

a. Routing Number 065305436

b. Account Number 0162229990

c. ☒ Checking ☐ Savings

22322041019

15181015 796397 20606400 2022.04030 RAWAL, RAKESH 20606401

Amount Due

53. If Line 36 is larger than Line 44 or Line 47, enter the difference.
Amount of UNDERPAYMENT ..... 53 .00

54. Underpayment of estimated tax penalty - Attach **Form MO-2210**. Enter penalty amount here ..... 54 .00

☐ Select this box if you are a farmer exempt from the underpayment of estimated tax penalty.

55. **AMOUNT DUE** - Add Lines 53 and 54.
If you pay by check, you authorize the Department of Revenue to process the check electronically. Any returned check may be presented again electronically ..... 55 .00

Signature

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete. By signing or entering my name in the "Signature" field(s) below, I am providing the Department of Revenue with my signature as required under **Section 143.561, RSMo.** Declaration of preparer (other than taxpayer) is based on all information of which he or she has knowledge. As provided in **Chapter 143, RSMo,** a penalty of up to $500 shall be imposed on any individual who files a frivolous return. I also declare under penalties of perjury that I employ no illegal or unauthorized aliens as defined under federal law and that I am not eligible for any tax exemption, credit, or abatement if I employ such aliens. I am aware of any applicable reporting requirements of **Section 135.805, RSMo**, and the penalty provisions of **Section 135.810, RSMo**.

Signature | Date (MM/DD/YY)

Spouse's Signature (If filing combined, BOTH must sign) | Date (MM/DD/YY)

E-mail Address | Daytime Telephone

CASHRAWAL84@YAHOO.COM

Preparer's Signature | Date (MM/DD/YY)

MICHAEL W. DAVIS, CPA | 10 | 15 | 23

Preparer's FEIN, SSN, or PTIN | Preparer's Telephone

20-5857627 | 601-736-3449

Preparer's Address | State | ZIP Code

P. O. BOX 609, COLUMBIA | MS | 39429-0609

I authorize the Director of Revenue or delegate to discuss my return and attachments with the preparer or any member of the preparer's firm ..... ☒ Yes ☐ No

Did you pay a tax return preparer to complete your return, but the preparer failed to sign the return or provide an Internal Revenue Service preparer tax identification number? If you marked yes, please insert the preparer's name, address, and phone number in the applicable sections of the signature block above ..... ☐ Yes ☒ No

22322051019

Department Use Only

☐ A ☐ FA ☐ E10 ☐ DE ☐ F .

Form MO-1040 (Revised 12-2022)

Mail To:

Balance Due:
Missouri Department of Revenue
P.O. Box 3370
Jefferson City, MO 65105-3370
Phone: (573) 751-7200

Refund or No Amount Due:
Missouri Department of Revenue
P.O. Box 3222
Jefferson City, MO 65105-3222
Phone: (573) 751-3505

Fax: (573) 522-1762
E-mail: incometaxprocessing@dor.mo.gov
Submission of Individual Income Tax Returns
Email: income@dor.mo.gov
Inquiry and correspondence

Ever served on active duty in the United States Armed Forces?

If yes, visit **dor.mo.gov/military/** to see the services and benefits we offer to all eligible military individuals. A list of all state agency resources and benefits can be found at **veteranbenefits.mo.gov/state-benefits/.**

Visit **dor.mo.gov/taxation/individual/tax-types/income/** for additional information.

261005 12-22-22

15181015 796397 20606400 2022.04030 RAWAL, RAKESH 20606401

	ADJUSTED GROSS INCOME WORKSHEET FOR COMBINED RETURN	FORM 1040EZ LINE NO.	FORM 1040A LINE NO.	FORM 1040 LINE NO.	FEDERAL JOINT	TAXPAYER	SPOUSE	
1	Wages, Salaries, Tips, Etc.	1	7	7	16,150.00	16,150.00		1
2	Taxable Interest Income	2	8A	8A				2
3	Dividend Income	NONE	9A	9A				3
4	State and Local Income Tax Refunds	NONE	NONE	10				4
5	Alimony Received	NONE	NONE	11				5
6	Business Income or (Loss)	NONE	NONE	12				6
7	Capital Gain or (Loss)	NONE	10	13	173,192.00	13,865.00	159,327.00	7
8	Other Gains or (Losses)	NONE	NONE	14	145,462.00	145,462.00		8
9	Taxable IRA Distributions	NONE	11B	15B				9
10	Taxable Pensions and Annuities	NONE	12B	16B				10
11	Rents, Royalties, Partnerships, Trusts , Etc.	NONE	NONE	17	84,543.00	-38,106.00	122,649.00	11
12	Farm Income or (Loss)	NONE	NONE	18				12
13	Unemployment Compensation	3	13	19				13
14	Taxable Social Security Benefits	NONE	14B	20B				14
15	Other Income	NONE	NONE	21				15
16	**TOTAL INCOME**	NONE	15	22	419,347.00	137,371.00	281,976.00	16
17	Educator expenses	NONE	16	23				17
18	Business expense on the Form 2106 or 2106EZ	NONE	NONE	24				18
19	Health Savings Account deduction	NONE	NONE	25				19
20	Moving expenses	NONE	NONE	26				20
21	Deductible part of Self-employment Tax	NONE	NONE	27				21
22	Self-employed SEP Deduction	NONE	NONE	28				22
23	Self-employed Health Insurance Deduction	NONE	NONE	29				23
24	Penalty on Early Withdrawal of Savings	NONE	NONE	30				24
25	Alimony Paid	NONE	NONE	31a				25
26	IRA Deduction	NONE	17	32				26
27	Student Loan Interest Deduction	NONE	18	33				27
28	Tuition and fees	NONE	19	34				28
29	Domestic Production Activities Deduction	NONE	NONE	35				29
30	Other Adjustments	NONE	NONE	NONE				30
31	**TOTAL ADJUSTMENTS**	NONE	20	36				31
32	Federal Adjusted Gross Income	4	21	37	419,347.00	137,371.00	281,976.00	32

228301 04-01-22

Form
MO-A

MISSOURI DEPARTMENT OF
REVENUE
2022 Individual Income Tax Adjustments

Department Use Only (MM/DD/YY)

Attach to Form MO-1040. Attach your federal return. See information beginning on page 13 to assist you in completing this form.

Name

Social Security Number	Spouse's Social Security Number
604 – 80 – 1233	615 – 94 – 8613

First Name	M.I.	Last Name	Suffix
RAKESH	R	RAWAL	
Spouse's First Name	**M.I.**	**Spouse's Last Name**	**Suffix**
MINAR		RAWAL	

Part 1 - Missouri Modifications to Federal Adjusted Gross Income

Additions

	Yourself (Y)	Spouse (S)
1. Interest on state and local obligations other than Missouri source	1Y .00	1S .00
2. ☐ Partnership ☐ Fiduciary ☐ S Corporation ☐ Business Interest		
☐ Net Operating Loss (Carryback/Carryforward)		
☐ Other (description)	2Y .00	2S .00
3. Nonqualified distribution received from a qualified 529 plan not used for qualified expenses	3Y .00	3S .00
4. Food Pantry contributions included on Federal Schedule A	4Y .00	4S .00
5. Nonresident Property Tax	5Y .00	5S .00
6. Nonqualified distribution received from a qualified Achieving a Better Life Experience Program (ABLE) not used for qualified expenses	6Y .00	6S .00
7. Total Additions - Add Lines 1 through 6. Enter here and on Form MO-1040, Line 2	7Y .00	7S .00

22340011019

Subtractions

	Yourself (Y)	Spouse (S)
8. Interest from exempt federal obligations included in federal adjusted gross income - Attach a detailed list or all Federal Form(s) 1099	8Y .00	8S .00
9. Any state income tax refund included in federal adjusted gross income	9Y .00	9S .00
10. Military Retirement Benefits (see Instructions on page 14)	10Y .00	10S .00
11. ☐ Partnership ☐ Fiduciary ☐ S Corporation ☐ Railroad Retirement Benefits ☐ Military (nonresident)		
☐ Combat Pay ☐ Build America and Recovery Zone Bond Interest ☐ MO Public-Private Transportation Act		
☐ Net Operating Loss ☐ Business Interest		
☐ Other (description)	11Y .00	11S .00
12. Exempt contributions made to a qualified 529 plan	12Y .00	12S .00
13. Qualified Health Insurance Premiums - Attach the Qualified Health Insurance Premiums Worksheet (**Form 5695**) and supporting documentation	13Y .00	13S .00

Part 1 Continued

14.	Missouri depreciation adjustment (**Section 143.121, RSMo.**)						
	☐ Sold or disposed property previously taken as addition modification	14Y		.00	14S		.00
15.	Exempt contributions made to a qualified Achieving a Better Life Experience Program (ABLE)	15Y		.00	15S		.00
16.	Agriculture Disaster Relief	16Y		.00	16S		.00
17.	Business Income Deduction - see worksheet on page 16 STMT 1 STMT 2	17Y		.00	17S	2,813	.00
18.	Total Subtractions - Add Lines 8 through 17. Enter here and on Form MO-1040, Line 4	18Y		.00	18S	2,813	.00

Part 2 - Missouri Itemized Deductions

Complete this section only if you itemize deductions on your federal return. Attach your Federal Form 1040 (pages 1 and 2) and Federal Schedule A.

1.	Total federal itemized deductions from Federal Form 1040 or Federal Form 1040-SR, Line 12		1	36,274 .00
2.	2022 Social security tax - (Yourself)		2	1,001 .00
3.	2022 Social security tax - (Spouse)		3	.00
4.	2022 Railroad retirement tax - Tier I and Tier II (Yourself)		4	.00
5.	2022 Railroad retirement tax - Tier I and Tier II (Spouse)		5	.00
6.	2022 Medicare tax - Yourself and Spouse (see instructions on page 16)		6	234 .00
7.	2022 Self-employment tax (see instructions on page 16)		7	.00
8.	Total - Add Lines 1 through 7		8	37,509 .00
9.	State and local income taxes from Federal Schedule A, Line 5 or enter $0 if completing worksheet below	9 .00		
10.	Earnings taxes included in Line 9	10 .00		
11.	Net state income taxes - Subtract Line 10 from Line 9 or enter Line 7 from worksheet below		11	2,500 .00
12.	Missouri Itemized Deductions - Subtract Line 11 from Line 8. Enter here and on Form MO-1040, Line 14		12	35,009 .00

Part 2 Worksheet - Net State Income Taxes, Line 11

Complete this worksheet only if your total state and local taxes included in your federal itemized deductions (Federal Schedule A, Line 5d) exceeds $10,000 (or $5,000 for married filing separate filers).

1.	Enter the sum of your state and local taxes on Federal Form 1040 or Federal Form 1040-SR, Schedule A, Line 5d		1	18,663 .00
2.	State and local income taxes from Federal Form 1040 or Federal Form 1040- SR, Schedule A, Line 5a		2	4,626 .00
3.	Earnings taxes included on Federal Form 1040 or Federal Form 1040-SR, Schedule A, Line 5a		3	0 .00
4.	Subtract Line 3 from Line 2		4	4,626 .00
5.	Divide Line 4 by Line 1		5	25 %
6.	Enter $10,000 ($5,000 if married filing separately)		6	10,000 .00
7.	Multiply Line 6 by percentage on Line 5. Enter here and on Missouri Itemized Deductions, Line 11, above		7	2,500 .00

Part 3 - Pension and Social Security/Social Security Disability

Part 3 - Section A

Public Pension Calculation - Pensions received from any federal, state, or local government.

1. Missouri adjusted gross income from Form MO-1040, Line 6 ..... 1 .00
2. Taxable social security benefits from Federal Form 1040 or Federal Form 1040-SR, Line 6b ..... 2 .00
3. Subtract Line 2 from Line 1 ..... 3 .00
4. Select the appropriate filing status and enter amount on Line 4.
   - Married Filing Combined (joint federal) - $100,000
   - Single, Head of Household, Married Filing Separate, and Qualifying Widow(er) - $85,000 ..... 4 .00
5. Subtract Line 4 from Line 3 and enter on Line 5. If Line 4 is greater than Line 3, enter $0 ..... 5 .00
6. Taxable pension for each spouse from public sources from Federal Form 1040 or Federal Form 1040-SR, Line 5b ..... 6Y .00 6S .00
7. Amount from Line 6 or $41,373 (maximum social security benefit), whichever is less ..... 7Y .00 7S .00
8. If you received taxable social security, complete Form MO-A, Lines 1 through 8 of Section C, and enter the amount(s) from Line(s) 6Y and 6S. See instructions if Line 3 of Section C is more than $0 ..... 8Y .00 8S .00
9. Subtract Line 8 from Line 7. If Line 8 is greater than Line 7, enter $0 9Y .00 9S .00
10. Add amounts on Lines 9Y and 9S ..... 10 .00
11. Total public pension, subtract Line 5 from Line 10. If Line 5 is greater than Line 10, enter $0 ..... 11 .00

Part 3 - Section B

Private Pension Calculation - Annuities, pensions, IRAs, and 401(k) plans funded by a private source.

1. Missouri adjusted gross income from Form MO-1040, Line 6 ..... 1 .00
2. Taxable social security benefits from Federal Form 1040 or Federal Form 1040-SR, Line 6b ..... 2 .00
3. Subtract Line 2 from Line 1 ..... 3 .00
4. Select the appropriate filing status and enter the amount on Line 4.
   - Married Filing Combined (joint federal) - $32,000
   - Single, Head of Household, and Qualifying Widow(er) - $25,000
   - Married Filing Separate - $16,000 ..... 4 .00
5. Subtract Line 4 from Line 3. If Line 4 is greater than Line 3, enter $0 ..... 5 .00
6. Taxable pension for each spouse from private sources from Federal Form 1040 or Federal Form 1040-SR, Line 4b and 5b ..... 6Y .00 6S .00
7. Amounts from Line 6Y and 6S or $6,000, whichever is less ..... 7Y .00 7S .00
8. Add Lines 7Y and 7S ..... 8 .00
9. Total private pension, subtract Line 5 from Line 8. If Line 5 is greater than Line 8, enter $0 ..... 9 .00

22340031019

15181015 796397 20606400 2022.04030 RAWAL, RAKESH 20606401

Part 3 - Section C

Social Security or Social Security Disability Calculation - To be eligible for social security deduction you must be 62 years of age by December 31 and have selected the 62 and older box on page 1 of Form MO-1040. Age limit does not apply to social security disability deduction.

1. Missouri adjusted gross income from Form MO-1040, Line 6 ..... 1 .00

2. Select the appropriate filing status and enter the amount on Line 2.
   - Married Filing Combined (joint federal) - $100,000
   - Single, Head of Household, Married Filing Separate, and Qualifying Widow(er) - $85,000 ..... 2 .00

3. Subtract Line 2 from Line 1 and enter on Line 3. If Line 2 is greater than Line 1, enter $0 ..... 3 .00

4. Taxable social security benefits for each spouse from Federal Form1040 or Federal Form 1040-SR, Line 6b ..... 4Y .00 4S .00

5. Taxable social security disability benefits for each spouse from Federal Form 1040 or 1040-SR, Line 6b ..... 5Y .00 5S .00

6. Amount from Line(s) 4Y or 5Y, and 4S or 5S ..... 6Y .00 6S .00

7. Add Lines 6Y and 6S ..... 7 .00

8. Total social security/social security disability, subtract Line 3 from Line 7. If Line 3 is greater than Line 7, enter $0 ..... 8 .00

Part 3 - Section D

Total Pension and Social Security/Social Security Disability

Add Line 11 (Section A), Line 9 (Section B), and Line 8 (Section C) from Form MO-A.
Enter total amount here and on Form MO-1040, Line 8 ..... .00

Note: There is no longer a calculation for computing a **military pension** exemption since 100% of military retirement benefits can be subtracted from federal adjusted gross income. (The military retirement benefits must be included on your federal return, Line 5b). Please use MO-A, Part 1, Line 10 to claim your military subtraction.

Attach to Form MO-1040. Attach your federal return.
Instructions for Part 2 and 3 begin on page 16.

Ever served on active duty in the United States Armed Forces?
If yes, visit dor.mo.gov/military/ to see the services and benefits we offer to all eligible military individuals. A list of all state agency resources and benefits can be found at veteranbenefits.mo.gov/state-benefits/.

15181015 796397 20606400 2022.04030 RAWAL, RAKESH 20606401

Form
MO-NRI

MISSOURI DEPARTMENT OF
REVENUE
2022 Missouri Income Percentage

Attach Federal Return. See instructions and diagram on page 3 of Form MO-NRI.

Resident/Nonresident Status - Select your status in the appropriate box below.

Part A

Social Security Number	Spouse's Social Security Number
604 – 80 – 1233	615 – 94 – 8613
Name	Spouse's Name
RAKESH R. RAWAL	MINAR RAWAL
Address	Address
1041 LEMOYNE BLVD	1041 LEMOYNE BLVD
City, State, ZIP Code	City, State, ZIP Code
PRENTISS, MS 39474	PRENTISS, MS 39474
[X] 1. Nonresident of Missouri	[X] 1. Nonresident of Missouri
State of residence during 2022 MISSISSIPPI	State of residence during 2022 MISSISSIPPI
[ ] Remote Work (See instructions)	[ ] Remote Work (See instructions)
[ ] 2. Part-Year Missouri Resident	[ ] 2. Part-Year Missouri Resident
[ ] Remote Work (See instructions)	[ ] Remote Work (See instructions)
Indicate the dates you were a Missouri Resident in 2022.	Indicate the dates you were a Missouri Resident in 2022.
A. Date From: _____ Date To: _____	A. Date From: _____ Date To: _____
B. Indicate the other state of residence and dates you resided there _____	B. Indicate the other state of residence and dates you resided there _____
Date From: _____ Date To: _____	Date From: _____ Date To: _____

Based on the **Military Spouse's Residency Relief Act,** if you are the spouse of a military servicemember residing outside of Missouri solely because your spouse is there on military orders, and Missouri is your state of residence, any income you earn is taxable to Missouri. **Do not complete Form MO-NRI.** You must report 100% on Line 32 of Form MO-1040.

[ ] 3. Military/Nonresident Tax Status - Indicate your tax status below and complete Part C - Missouri Income Percentage.	[ ] 3. Military/Nonresident Tax Status - Indicate your tax status below and complete Part C - Missouri Income Percentage.
Missouri Home of Record	Missouri Home of Record
[ ] I did not at any time during the tax year 2022 maintain a permanent place of abode in Missouri, nor did I spend more than 30 days in Missouri during the year. I did maintain a permanent place of abode in the state of _____.	[ ] I did not at any time during the tax year 2022 maintain a permanent place of abode in Missouri, nor did I spend more than 30 days in Missouri during the year. I did maintain a permanent place of abode in the state of _____.
Non-Missouri Home of Record	Non-Missouri Home of Record
[ ] I resided in Missouri during 2022 solely because my spouse or I was stationed at _____ on military orders. My home of record is in the state of _____.	[ ] I resided in Missouri during 2022 solely because my spouse or I was stationed at _____ on military orders. My home of record is in the state of _____.

15181015 796397 20606400 2022.04030 RAWAL, RAKESH 20606401

Worksheet for Missouri Source Income

Part B

Adjusted Gross Income Computations	Federal Form 1040 or Federal Form 1040-SR Line No.	Yourself or One Income Filer Missouri Sources	Spouse (On A Combined Return) Missouri Sources
A. Wages, salaries, tips, etc.	1z	A .00	A .00
B. Taxable interest income	2b	B .00	B .00
C. Dividend income	3b	C .00	C .00
D. State and local income tax refunds (from schedule 1, part 1)	1	D .00	D .00
E. Alimony received (from schedule 1, part 1)	2a	E .00	E .00
F. Business income or (loss) (from schedule 1, part 1)	3	F .00	F .00
G. Capital gain or (loss)	7	G 159,327.00	G 159,327.00
H. Other gains or (losses) (from schedule 1, part 1)	4	H .00	H .00
I. Taxable IRA distributions	4b	I .00	I .00
J. Taxable pensions and annuities	5b	J .00	J .00
K. Rents, royalties, partnerships, S corporations, etc. (from schedule 1, part 1)	5	K -41,185.00	K 18,754.00
L. Farm income or (loss) (from schedule 1, part 1)	6	L .00	L .00
M. Unemployment compensation (from schedule 1, part 1)	7	M .00	M .00
N. Taxable social security benefits	6b	N .00	N .00
O. Other income (from schedule 1, part 1)	9	O .00	O .00
P. Total - Add Lines A through O		P 118,142.00	P 178,081.00
Q. Minus: federal adjustments to income	10	Q .00	Q .00
R. SUBTOTAL (Line P - Line Q) If no modifications to income, enter this amount on Part C, Line 1	11	R 118,142.00	R 178,081.00
S. Missouri modifications - additions to federal adjusted gross income (Missouri source from Form MO-1040, Line 2)		S .00	S .00
T. Missouri modifications - subtractions from federal adjusted gross income (Missouri source from Form MO-1040, Line 4)		T .00	T .00
U. MISSOURI INCOME (Missouri sources). Line R plus Line S, minus Line T. Enter this amount on Part C, Line 1		U 118,142.00	U 178,081.00

Missouri Income Percentage

Part C

	Yourself or One Income Filer	Spouse (On A Combined Return)
1. **Missouri Income** - Enter wages, salaries, etc. from Missouri. (You must file a Missouri return if the amount on this line is more than $600)	1Y 118,142.00	1S 178,081.00
2. Taxpayer's total adjusted gross income (from Form MO-1040, Lines 5Y and 5S or from your federal form if you are a military nonresident and you are not required to file a Missouri return)	2Y 137,371.00	2S 279,163.00
3. **Missouri Income Percentage** - Divide Line 1 by Line 2. If greater than 100%, enter 100%. (Round to a whole percent such as 91% instead of 90.5% and 90% instead of 90.4%. However, if percentage is less than 0.5%, use the exact percentage.) Enter percentage here and on Form MO-1040, Lines 32Y and 32S	3Y 86 %	3S 64 %

Signature

Under penalties of perjury, I declare that I have examined this form and to the best of my knowledge and believe it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which he/she has any knowledge. As provided in Chapter 143, RSMo, a penalty of up to $500 shall be imposed on any individual who files a frivolous return.

Signature | Date (MM/DD/YY)

Spouse's Signature (if filing combined, BOTH must sign) | Date (MM/DD/YY)

Ever served on active duty in the United States Armed Forces?

If yes, visit dor.mo.gov/military/ to see the services and benefits we offer to all eligible military individuals

A list of all state agency resources and benefits can be found at veteranbenefits.mo.gov/state-benefits/.

MO A, PART 1 BUSINESS INCOME DEDUCTION - TAXPAYER STATEMENT 1

DESCRIPTION	AMOUNT
NIDHI FOODS AND FUEL LLC	-33,058.
A K FUEL LLC	3,089.
NIDHI FOODS AND FUEL LLC	-33,059.
SHRINATHJU FUEL LLC	-9,487.
A K FUEL LLC	3,089.
JIYA FOODS AND FUEL LLC	28,241.
TOTAL	-41,185.

ALLOWABLE 15% DEDUCTION. TOTAL TO MO-A, PART 1, LINE 17Y

MO A PART 1 BUSINESS INCOME DEDUCTION - SPOUSE STATEMENT 2

DESCRIPTION	AMOUNT
SHRINATHJU FUEL LLC	-9,487.
JIYA FOODS AND FUEL, LLC	28,241.
TOTAL	18,754.

ALLOWABLE 15% DEDUCTION. TOTAL TO MO-A, PART 1, LINE 17S 2,813.

MO-NRI LINE K PASSTHROUGH STATEMENT STATEMENT 3

DESCRIPTION	TAXPAYER	SPOUSE
NIDHI FOODS AND FUEL LLC	-33,058.	0.
NIDHI FOODS AND FUEL LLC	-33,059.	0.
SHRINATHJU FUEL LLC	0.	-33,058.
JIYA FOODS AND FUEL, LLC	0.	28,241.
JIYA FOODS AND FUEL LLC	28,241.	0.
A K FUEL LLC	3,089.	0.
SHRINATHJU FUEL LLC	0.	23,571.

SHRINATHJU FUEL LLC	-9,487.	0.
A K FUEL LLC	3,089.	0.
TOTAL TO MO-NRI, LINE K	-41,185.	18,754.

Electronic Filing PDF Attachment

MISSOURI DEPARTMENT OF REVENUE

Form **MO-2NR**

2022 Statement of Income Tax Payments For Nonresident Individual Partners or S Corporation Shareholders

22328011030

For calendar year 2022 OR fiscal year beginning (MM/DD/YY) ____ and ending (MM/DD/YY) ____

Partnership or S Corporation

Missouri Tax Identification Number: 263740072

Federal Employer Identification Number: 844870554

Name: JIYA FOODS AND FUEL LLC

Address (Include Apartment Number or Route Number): 3710 GRAND BLVD

City: SAINT LOUIS

State: MO

ZIP Code: 63107 -

Type of Entity: ☐ Partnership ☒ S Corporation ☐ Limited Liability Company (Treated as a Partnership)

Partner or Shareholder

Social Security Number: 604-80-1233

Name Control: RAWA

First Name: RAKESH

M.I.:

Last Name: RAWAL

Address (Include Apartment Number or Route Number): 5400 LIPAN APACHE BEND

City: AUSTIN

State: TX

ZIP Code: 78738 -

1. Income Subject to Tax: 1 | 28241 . 00

Department Use Only

2. Missouri Income Tax Payment: 2 | 1497 . 00

Only individual nonresident partners or S corporation shareholders are subject to withholding. Do not withhold for any partners or S corporation shareholders who are partnerships, corporations, trusts, or estates. Grantor trusts that file or can file in accordance with IRC Reg. Section 1.671.4(b) are considered individuals. **DO NOT** withhold for any partners or shareholders who include their Missouri income on a composite return.

Name Control—Enter the first four letters of the partner's/shareholder's last name. See examples below. (Please use all capital letters as shown.)
John Brown--BROW Juan DeJesus--DEJE Joan A. Lee--LEE Pedro Torres-Lopes---TORR Jean McCarty----MCCA John O'Neill---ONEI

Instructions

Line 1: Income Subject to Tax: Enter the partner's or shareholder's share of Missouri source distributive income.
Line 2: Missouri Income Tax Payment: Enter the amount withheld for the non-resident partner or shareholder. The amount withheld is 5.3 percent (.053) of the amount on Line 1 or as determined by the Missouri withholding tax tables.

Form MO-2NR is to be given to each partner or shareholder who is subject to withholding. Issue Form MO-2NR, even if no tax is withheld or there is an exemption certificate on file. Do not issue a Form MO-2NR to a partner or shareholder who includes their Missouri income on a composite return.

Attach a copy of each Form MO-2NR to the Form MO-1NR, Partner or Shareholder - Keep a copy for your records.

Each nonresident partner or shareholder not included on a composite return should claim the payment made on Line 37 of his or her Missouri Income Tax Return **Form MO-1040**.

MISSOURI DEPARTMENT OF REVENUE

Form MO-2NR

2022 Statement of Income Tax Payments For Nonresident Individual Partners or S Corporation Shareholders

22328011030

For calendar year 2022 OR fiscal year beginning (MM/DD/YY) ____ and ending (MM/DD/YY) ____

Partnership or S Corporation

Missouri Tax Identification Number

Federal Employer Identification Number: 8 4 4 8 7 0 8 7 6

Name: SHRINATHJI FUEL LLC

Address (Include Apartment Number or Route Number): 5750 NATURAL BRIDGE AVE

City: SAINT LOUIS

State: M O

ZIP Code: 6 3 1 2 0 –

Type of Entity: ☐ Partnership ☐ S Corporation ☒ Limited Liability Company (Treated as a Partnership)

Partner or Shareholder

Social Security Number: 6 0 4 – 8 0 – 1 2 3 3

Name Control: RAWA

First Name: RAKESH

M.I.:

Last Name: RAWAL

Address (Include Apartment Number or Route Number): 5400 LIPAN APACHE BEND

City: AUSTIN

State: T X

ZIP Code: 7 8 7 3 8 –

1. Income Subject to Tax: 1 | 149840 . 00

Department Use Only: ____ . ____

2. Missouri Income Tax Payment: 2 | 7942 . 00

Instructions

Only individual nonresident partners or S corporation shareholders are subject to withholding. Do not withhold for any partners or S corporation shareholders who are partnerships, corporations, trusts, or estates. Grantor trusts that file or can file in accordance with IRC Reg. Section 1.671.4(b) are considered individuals. **DO NOT** withhold for any partners or shareholders who include their Missouri income on a composite return.

Name Control—Enter the first four letters of the partner's/shareholder's last name. See examples below. (Please use all capital letters as shown.)
John Brown--BROW Juan DeJesus--DEJE Joan A. Lee--LEE Pedro Torres-Lopes---TORR Jean McCarty----MCCA John O'Neill---ONEI

Line 1: Income Subject to Tax: Enter the partner's or shareholder's share of Missouri source distributive income.
Line 2: Missouri Income Tax Payment: Enter the amount withheld for the non-resident partner or shareholder. The amount withheld is 5.3 percent (.053) of the amount on Line 1 or as determined by the Missouri withholding tax tables.

Form MO-2NR is to be given to each partner or shareholder who is subject to withholding. Issue Form MO-2NR, even if no tax is withheld or there is an exemption certificate on file. Do not issue a Form MO-2NR to a partner or shareholder who includes their Missouri income on a composite return.

Attach a copy of each Form MO-2NR to the Form MO-1NR. Partner or Shareholder - Keep a copy for your records.

Each nonresident partner or shareholder not included on a composite return should claim the payment made on Line 37 of his or her Missouri Income Tax Return Form MO-1040.

MISSOURI DEPARTMENT OF REVENUE

Form MO-2NR

2022 Statement of Income Tax Payments For Nonresident Individual Partners or S Corporation Shareholders

22328011030

For calendar year 2022 OR fiscal year beginning (MM/DD/YY) ____ and ending (MM/DD/YY) ____

Partnership or S Corporation

Missouri Tax Identification Number:

Federal Employer Identification Number: 844870876

Name: SHRINATHJI FUEL LLC

Address (Include Apartment Number or Route Number): 5750 NATURAL BRIDGE AVE

City: SAINT LOUIS | State: MO | ZIP Code: 63120 -

Type of Entity: ☐ Partnership ☐ S Corporation ☒ Limited Liability Company (Treated as a Partnership)

Partner or Shareholder

Social Security Number: 615-94-8613

Name Control: RAWA

First Name: MINAR | M.I. | Last Name: RAWAL

Address (Include Apartment Number or Route Number): 5400 LIPAN APACHE BEND

City: AUSTIN | State: TX | ZIP Code: 78738 -

1. Income Subject to Tax: 1 149840.00 | Department Use Only

2. Missouri Income Tax Payment: 2 7942.00

Instructions

Only individual nonresident partners or S corporation shareholders are subject to withholding. Do not withhold for any partners or S corporation shareholders who are partnerships, corporations, trusts, or estates. Grantor trusts that file or can file in accordance with IRC Reg. Section 1.671.4(b) are considered individuals. **DO NOT** withhold for any partners or shareholders who include their Missouri income on a composite return.

Name Control—Enter the first four letters of the partner's/shareholder's last name. See examples below. (Please use all capital letters as shown.)
John Brown--BROW Juan DeJesus--DEJE Joan A. Lee--LEE Pedro Torres-Lopes---TORR Jean McCarty----MCCA John O'Neill---ONEI

Line 1: Income Subject to Tax: Enter the partner's or shareholder's share of Missouri source distributive income.
Line 2: Missouri Income Tax Payment: Enter the amount withheld for the non-resident partner or shareholder. The amount withheld is 5.3 percent (.053) of the amount on Line 1 or as determined by the Missouri withholding tax tables.

Form MO-2NR is to be given to each partner or shareholder who is subject to withholding. Issue Form MO-2NR, even if no tax is withheld or there is an exemption certificate on file. Do not issue a Form MO-2NR to a partner or shareholder who includes their Missouri income on a composite return.

Attach a copy of each Form MO-2NR to the Form MO-1NR. Partner or Shareholder - Keep a copy for your records.

Each nonresident partner or shareholder not included on a composite return should claim the payment made on Line 37 of his or her Missouri Income Tax Return Form MO-1040.

MISSOURI DEPARTMENT OF REVENUE

Form **MO-2NR**

2022 Statement of Income Tax Payments For Nonresident Individual Partners or S Corporation Shareholders

22328011030

For calendar year 2022 OR fiscal year beginning (MM/DD/YY) ____ and ending (MM/DD/YY) ____

Partnership or S Corporation

Missouri Tax Identification Number

Federal Employer Identification Number: 844886835

Name: A K FUEL LLC

Address (Include Apartment Number or Route Number): 128 BEAVER CREEK DR

City: PORTLAND State: TN ZIP Code: 37148 -

Type of Entity: ☐ Partnership ☐ S Corporation ☒ Limited Liability Company (Treated as a Partnership)

Partner or Shareholder

Social Security Number: 615-94-8613

Name Control: RAWA

First Name: MINAR M.I. Last Name: RAWAL

Address (Include Apartment Number or Route Number): 5400 LIPAN APACHE BEND

City: AUSTIN State: TX ZIP Code: 78738 -

1. Income Subject to Tax: 1 3089.00

Department Use Only

2. Missouri Income Tax Payment: 2 164.00

Instructions

Only individual nonresident partners or S corporation shareholders are subject to withholding. Do not withhold for any partners or S corporation shareholders who are partnerships, corporations, trusts, or estates. Grantor trusts that file or can file in accordance with IRC Reg. Section 1.671.4(b) are considered individuals. **DO NOT** withhold for any partners or shareholders who include their Missouri income on a composite return.

Name Control—Enter the first four letters of the partner's/shareholder's last name. See examples below. (Please use all capital letters as shown.)
John Brown--BROW Juan DeJesus--DEJE Joan A. Lee--LEE Pedro Torres-Lopes---TORR Jean McCarty----MCCA John O'Neill---ONEI

Line 1: Income Subject to Tax: Enter the partner's or shareholder's share of Missouri source distributive income.
Line 2: Missouri Income Tax Payment: Enter the amount withheld for the non-resident partner or shareholder. The amount withheld is 5.3 percent (.053) of the amount on Line 1 or as determined by the Missouri withholding tax tables.

Form MO-2NR is to be given to each partner or shareholder who is subject to withholding. Issue Form MO-2NR, even if no tax is withheld or there is an exemption certificate on file. Do not issue a Form MO-2NR to a partner or shareholder who includes their Missouri income on a composite return.

Attach a copy of each Form MO-2NR to the Form MO-1NR. Partner or Shareholder - Keep a copy for your records.

Each nonresident partner or shareholder not included on a composite return should claim the payment made on Line 37 of his or her Missouri Income Tax Return **Form MO-1040**.

MISSOURI DEPARTMENT OF REVENUE

Form **MO-2NR**

2022 Statement of Income Tax Payments For Nonresident Individual Partners or S Corporation Shareholders

22328011030

For calendar year 2022 OR fiscal year beginning (MM/DD/YY) _____ and ending (MM/DD/YY) _____

Partnership or S Corporation

Missouri Tax Identification Number

Federal Employer Identification Number: 8 4 4 8 6 8 8 3 5

Name: A K FUEL LLC

Address (Include Apartment Number or Route Number): 128 BEAVER CREEK DR

City: PORTLAND

State: T N

ZIP Code: 3 7 1 4 8 -

Type of Entity: ☐ Partnership ☐ S Corporation ☒ Limited Liability Company (Treated as a Partnership)

Partner or Shareholder

Social Security Number: 6 0 4 - 8 0 - 1 2 3 3

Name Control: RAWA

First Name: RAKESH

M.I.:

Last Name: RAWAL

Address (Include Apartment Number or Route Number): 5400 LIPAN APACHE BEND

City: AUSTIN

State: T X

ZIP Code: 7 8 7 3 8 -

1. Income Subject to Tax: 1 3089 . 00

Department Use Only _____ . _____

2. Missouri Income Tax Payment: 2 164 . 00

Only individual nonresident partners or S corporation shareholders are subject to withholding. Do not withhold for any partners or S corporation shareholders who are partnerships, corporations, trusts, or estates. Grantor trusts that file or can file in accordance with IRC Reg. Section 1.671.4(b) are considered individuals. **DO NOT** withhold for any partners or shareholders who include their Missouri income on a composite return.

Name Control—Enter the first four letters of the partner's/shareholder's last name. See examples below. (Please use all capital letters as shown.)
John Brown--BROW Juan DeJesus--DEJE Joan A. Lee--LEE Pedro Torres-Lopes---TORR Jean McCarty----MCCA John O'Neill---ONEI

Instructions

Line 1: Income Subject to Tax: Enter the partner's or shareholder's share of Missouri source distributive income.
Line 2: Missouri Income Tax Payment: Enter the amount withheld for the non-resident partner or shareholder. The amount withheld is 5.3 percent (.053) of the amount on Line 1 or as determined by the Missouri withholding tax tables.

Form MO-2NR is to be given to each partner or shareholder who is subject to withholding. Issue Form MO-2NR, even if no tax is withheld or there is an exemption certificate on file. Do not issue a Form MO-2NR to a partner or shareholder who includes their Missouri income on a composite return.

Attach a copy of each Form MO-2NR to the Form MO-1NR. Partner or Shareholder - Keep a copy for your records.

Each nonresident partner or shareholder not included on a composite return should claim the payment made on Line 37 of his or her Missouri Income Tax Return **Form MO-1040**.

MISSOURI DEPARTMENT OF REVENUE

Form **MO-2NR**

2022 Statement of Income Tax Payments For Nonresident Individual Partners or S Corporation Shareholders

22328011030

For calendar year 2022 OR fiscal year beginning (MM/DD/YY) ____ and ending (MM/DD/YY) ____

Partnership or S Corporation

Missouri Tax Identification Number: 26374072

Federal Employer Identification Number: 844870554

Name: JIYA FOODS AND FUEL LLC

Address (Include Apartment Number or Route Number): 3710 GRAND BLVD

City: SAINT LOUIS

State: MO

ZIP Code: 63107 -

Type of Entity: ☐ Partnership ☒ S Corporation ☐ Limited Liability Company (Treated as a Partnership)

Partner or Shareholder

Social Security Number: 615-94-8613

Name Control: RAWA

First Name: MINAR

M.I.:

Last Name: RAWAL

Address (Include Apartment Number or Route Number): 5400 LIPAN APACHE BEND

City: AUSTIN

State: TX

ZIP Code: 78738 -

1. Income Subject to Tax: 1 28241.00

Department Use Only

2. Missouri Income Tax Payment: 2 1497.00

Instructions

Only individual nonresident partners or S corporation shareholders are subject to withholding. Do not withhold for any partners or S corporation shareholders who are partnerships, corporations, trusts, or estates. Grantor trusts that file or can file in accordance with IRC Reg. Section 1.671.4(b) are considered individuals, **DO NOT** withhold for any partners or shareholders who include their Missouri income on a composite return.

Name Control—Enter the first four letters of the partner's/shareholder's last name. See examples below. (Please use all capital letters as shown.)
John Brown--BROW Juan DeJesus--DEJE Jean A. Lee--LEE Pedro Torres-Lopes---TORR Jean McCarty----MCCA John O'Neill---ONEI

Line 1: Income Subject to Tax: Enter the partner or shareholder's share of Missouri source distributive income.
Line 2: Missouri Income Tax Payment: Enter the mount withheld for the non-resident partner or shareholder. The amount withheld is 5.3 percent *(.053) of the amount on Line 1* or as determined by the Missouri withholding tax tables.

Form MO-2NR is to be given to each partner or shareholder who is subject to withholding. Issue Form MO-2NR, even if no tax is withheld or there is an exemption certificate on file. Do not issue a Form MO-2NR to a partner or shareholder who includes their Missouri income on a composite return.

Attach a copy of each Form MO-2NR to the Form MO-1NR. Partner or Shareholder - Keep a copy for your records.

Each nonresident partner or shareholder not included on a composite return should claim the payment made on Line 37 of his or her Missouri Income Tax Return **Form MO-1040**.

Form 80-115-22-3-1-111 (Rev. 08/22)

MS8453-IIT

Mississippi
Individual Income Tax Declaration For Electronic Filing 2022

Submission Number

Taxpayer First Name	Initial	Last Name
RAKESH	R	RAWAL
Spouse First Name	**Initial**	**Last Name**
MINAR		RAWAL

Mailing Address (Number and Street, Including Rural Route): 1041 LEMOYNE BLVD

City	State	ZIP	County Code
PRENTISS	MS	39474	33

YOU MUST ENTER SSN

Taxpayer SSN: 604801233

Spouse SSN: 615948613

PART I: TAX RETURN INFORMATION **(ROUND TO THE NEAREST DOLLAR)**

1	Mississippi taxable income (Form 80-105, line 16; 80-205, line 19)	1	367952
2	Total Mississippi tax (Form 80-105, line 24; 80-205, line 26)	2	4504
3	Mississippi tax payments (Form 80-105, line 28; 80-205, line 30)	3	571
4	Refund (Form 80-105, line 34; 80-205, line 35)	4	
5	Amount you owe (Form 80-105, line 37; 80-205, line 38)	5	4298

PART II: DIRECT DEPOSIT/DIRECT DEBIT

1 Routing number
2 Account number
3 Type of account: Checking Savings
4 Routing number
5 Account number
6 Type of account: Checking Savings

My request for direct deposit/direct debit of my refund/payment includes my authorization for the Mississippi Department of Revenue to furnish my financial institution with my routing number, account number, account type, and social security number to insure my refund/payment is properly processed.

PART III: DECLARATION OF TAXPAYER

Under penalties of perjury, I declare that I have compared the information contained on my income tax return with the information I have provided to my electronic return originator and that the amounts described in Part I above agree with the amounts shown on the corresponding lines of my Mississippi income tax return. To the best of my knowledge and belief, my return is true, correct and complete. This declaration is to be maintained by the electronic return originator and provided to Mississippi Department of Revenue on request.

Taxpayer Signature Date Spouse Signature Date

PART IV: DECLARATION OF ELECTRONIC RETURN ORIGINATOR (ERO) AND PAID PREPARER

Under penalties of perjury, I declare that I have reviewed the above taxpayer's return and that the entries on this form are complete and correctly represented to the best of my knowledge. I have obtained the taxpayer's signature and will maintain this return for the Mississippi Department of Revenue as part of my permanent records. Upon written request, I will furnish this return to the Mississippi Department of Revenue. I have provided the taxpayer with a copy of all forms and information to be filed electronically with the Mississippi Department of Revenue and have followed all other requirements described in the Mississippi Handbook for Electronic Filers and any additional requirements specified by the Mississippi Department of Revenue. If I am the paid preparer, under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct and complete. Declaration of preparer is based on all information of which preparer has any knowledge.

ERO Use Only

ERO Signature	Date	Check if Also Paid Preparer	Check if Self-Employed	ERO SSN or PTIN
MICHAEL W. DAVIS, CPA	10/15/23			P00950265

Firm Name (or yours if self-employed), address and ZIP code: TMH P. O. BOX 609 MS 39429

EIN:

Phone No.: 601-736-3449

Under penalties of perjury, I declare that I have examined the above taxpayer's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This declaration is based on all information of which I have any knowledge.

Paid Preparer Use Only

Preparer Signature	Date	Check if Also Paid Preparer	Check if Self-Employed	Preparer SSN or PTIN
	10/15/23	X		P00950265

Firm Name (or yours if self-employed), address and ZIP code: TMH P. O. BOX 609 MS 39429

EIN: 205857627

Phone No.: 601-736-3449

260011 09-26-22

DO NOT Mail this Document to the Mississippi Department of Revenue

Form 80-106-22-3-1-111 (Rev. 07/22)

Mississippi

Individual / Fiduciary Income Tax Voucher

Instructions

Who Must Make Estimated Tax Payments

Every individual taxpayer who does not have at least eighty percent (80%) of his/her annual tax liability prepaid through withholding must make estimated tax payments if his/her annual tax liability exceeds two hundred dollars ($200). For more information about the payment and calculation of estimated income tax payments, please see the Individual Income Tax Return Instructions, Form 80-100.

Return Payments

This voucher may be used to make return payments for tax due on the Individual Income Tax Return (Form 80-105), Non-Resident Income Tax Return (Form 80-205) and the Fiduciary Income Tax Return (Form 81-110).

Extension Payments

This voucher may be used to make extension payments for tax due on the Individual Income Tax Return (Form 80-105), Non-Resident Income Tax Return (Form 80-205) and the Fiduciary Income Tax Return (Form 81-110). Extension payments should be filed and paid on or before April 15th.

Payment Options

- To pay this amount online, go to www.dor.ms.gov, click on Taxpayer Access Point (TAP) and follow the instructions.

- To pay by check or money order, complete the payment coupon below:
  - Make the check or money order payable to Department of Revenue
  - Mail the payment coupon and check/money order with return to: **P.O. Box 23050, Jackson, MS 39225-3050**
  - Mail the payment coupon and check/money order without return to: **P.O. Box 23192, Jackson, MS 39225-3192**
  - Check the appropriate box on the voucher for the payment type you are remitting.
  - Check the amended return box on the voucher if you are making a payment with an amended return.
  - Write the identification number on the check or money order.
  - Duplex forms or photocopies are NOT acceptable.

203691 09-26-22

Cut Along the Dotted Line

Form 80-106-22-3-1-111 (Rev. 07/22)

801062231111

Mississippi
Individual / Fiduciary Income Tax
Payment Voucher

Tax Year Beginning 01 01 2022

Tax Year Ending 12 31 2022

Taxpayer SSN/ITIN 604801233

Spouse SSN/ITIN 615948613

Trust FEIN

Name of Estate / Trust
(if fiduciary payment)

Taxpayer First Name	Initial	Last Name
RAKESH	R	RAWAL
Spouse First Name	**Initial**	**Last Name**
MINAR		RAWAL
Address		
1041 LEMOYNE BLVD		
City	**State**	**ZIP**
PRENTISS	MS	39474

	Payment Type (Check One)		Account Type (Check One)
	Quarterly Estimate Payment		
X	Return Payment	X	Individual Income
	Extension Payment		Fiduciary Income
	Amended Return Payment		

Amount Paid 4298

Mail with return to: Department of Revenue, P.O. Box 23050, Jackson, MS 39225-3050

Mail without return to: Department of Revenue, P.O. Box 23192, Jackson, MS 39225-3192

Form 80-105-22-3-1-111 (Rev. 04/23)

801052231111

Mississippi
Resident Individual Income Tax Return
2022

Amended

Taxpayer First Name	Initial	Last Name
RAKESH	R	RAWAL
Spouse First Name	**Initial**	**Last Name**
MINAR		RAWAL

Mailing Address (Number and Street, Including Rural Route)
1041 LEMOYNE BLVD

City	State	ZIP	County Code
PRENTISS	MS	39474	33

SSN 604801233
Spouse SSN 615948613

1 X Married - Combined or Joint Return ($12,000)
2 Married - Spouse Died in Tax Year ($12,000)
3 Married - Filing Separate Returns ($12,000)
4 Head of Family ($8,000)
5 Single ($6,000)

EXEMPTIONS

Dependents (in column B, enter "C" for child, "P" for parent or "R" for relative)

6 (A) Name	(B)	(C) Dependent SSN
NIDHI RAWAL	C	543639942

7 Total number of dependents (from line 6 and Form 80-491) 1

8 Taxpayer Age 65 or Over — Spouse Age 65 or Over
Taxpayer Blind — Spouse Blind

9 Total dependents line 7 plus number of boxes checked line 8 1

10 Line 9 x **$ 1,500**	10	1500
11 Enter filing status exemption	11	12000
12 Total (line 10 plus line 11)	12	13500

MISSISSIPPI INCOME TAX

		Column A (Taxpayer)		Column B (Spouse)
13 **Mississippi adjusted gross income** (from page 2, line 66)	13A	137371	13B	280355
14 Standard or itemized deductions **(if itemized, attach Form 80-108)**	14A		14B	36274
15 Exemptions (from line 12; **if married filing separately use 1/2 amount**)	15A		15B	13500
16 **Mississippi taxable income** (line 13 minus line 14 and line 15)	16A	137371	16B	230581
17 **Income tax due** (from Schedule of Tax Computation, see instructions)			17	17798
18 Credit for tax paid to another state (from Form 80-160, line 13; attach other state return)			18	13294
19 Credit for tax paid on an electing Pass-Through Entity Tax Return (from Form 80-161, line 7)			19	
20 Other credits (from Form 80-401, line 1)			20	
21 **Net income tax due** (line 17 minus line 18, line 19 and line 20)			21	4504
22 Consumer use tax (see instructions)			22	
23 Catastrophe savings tax (see instructions)			23	
24 **Total Mississippi income tax due** (line 21 plus line 22 and line 23)			24	4504

PAYMENTS

25 Mississippi income tax withheld **(complete Form 80-107)**	25	571
26 Estimated tax payments, extension payments and/or amount paid on original return	26	
27 Refund received and/or amount carried forward from original return **(amended return only)**	27	
28 Total payments (line 25 plus line 26 minus line 27)	28	571

REFUND OR BALANCE DUE

29 **Overpayment** (if line 28 is more than line 24, subtract line 24 from line 28; if zero, skip to line 35)		29	
30 Interest and penalty (from Form 80-320, line 11 and/or line 12)		30	
31 Adjusted overpayment (line 29 minus line 30 plus amount from Form 80-161, line 8)		31	
32 Overpayment to be applied to next year estimated tax account	Farmers or Fishermen (see instructions)	32	
33 Voluntary contribution (from Form 80-108, part III)		33	
34 **Overpayment refund** (line 31 minus line 32 and line 33)	**REFUND**	34	

Direct Deposit Request
(check box and go to page 3)

35 **Balance due** (if line 24 is more than line 28, subtract line 28 from line 24)	**BALANCE DUE**	35	3933
36 Interest and penalty (from Form 80-320, line 19)		36	365
37 **Total due** (line 35 plus line 36)	**AMOUNT YOU OWE**	37	4298

Installment Agreement Request
(see instructions for eligibility; attach Form 71-661)

260001 06-29-23

PLEASE SIGN THIS TAX RETURN ON THE BOTTOM OF PAGE 3

801052232111

Mississippi
Resident Individual Income Tax Return
2022

SSN 604801233

INCOME		Column A (Taxpayer)		Column B (Spouse)
38 Wages, salaries, tips, etc. **(complete Form 80-107)**	38A	16150	38B	
39 Business income (loss) **(attach Federal Schedule C or C-EZ)**	39A		39B	
40 Capital gain (loss) **(attach Federal Schedule D, if applicable)**	40A	13865	40B	159327
41 Rent, royalties, partnerships, S corporations, trusts, etc. (from Form 80-108, part IV)	41A	-38106	41B	121028
42 Farm income (loss) **(attach Federal Schedule F)**	42A		42B	
43 Interest income (from Form 80-108, part II, line 3)	43A		43B	
44 Dividend income (from Form 80-108, part II, line 6)	44A		44B	
45 Alimony received	45A		45B	
46 Taxable pensions and annuities **(complete Form 80-107)**	46A		46B	
47 Unemployment compensation **(complete Form 80-107)**	47A		47B	
48 Other income (loss) (from Form 80-108, part V, line 10)	48A	145462	48B	
49 **Total income** (add lines 38 through 48)	49A	137371	49B	280355

ADJUSTMENTS		Column A (Taxpayer)		Column B (Spouse)
50 Payments to IRA	50A		50B	
51 Payments to self-employed SEP, SIMPLE and qualified retirement plans	51A		51B	
52 Interest penalty on early withdrawal of savings	52A		52B	
53 Alimony paid (complete below)	53A		53B	

Name	SSN	State	Date of Divorce

54 Moving expense **(attach Federal Form 3903)**	54A		54B	
55 National Guard or Reserve pay (enter the lesser of amount or $15,000)	55A		55B	
56 Mississippi Prepaid Affordable College Tuition (MPACT)	56A		56B	
57 Mississippi Affordable College Savings (MACS)	57A		57B	
58 Self-employed health insurance deduction	58A		58B	
59 Health savings account deduction	59A		59B	
60 Catastrophe savings account deduction	60A		60B	
61 Self-employment tax deduction	61A		61B	
62 First-time home buyer savings account deduction	62A		62B	
63 Agricultural disaster program compensation deduction	63A		63B	
64 Mississippi Achieving a Better Life Experience (ABLE) Act deduction	64A		64B	
65 **Total adjustments** (add lines 50 through 64)	65A		65B	
66 **Mississippi adjusted gross income** (line 49 minus line 65; enter on page 1, line 13)	66A	137371	66B	280355

AMENDED RETURN - EXPLANATION OF CHANGES TO ORIGINAL RETURN (attach additional statement if needed)

801052233111

Mississippi
Resident Individual Income Tax Return
2022

SSN 604801233

DIRECT DEPOSIT INFORMATION

1 Overpayment refund (from page 1, line 34) — 1

a Routing Number 1 | Account Number 1 | Checking | Savings | Direct Deposit 1 Amount — 1a

b Routing Number 2 | Account Number 2 | Checking | Savings | Direct Deposit 2 Amount — 1b

SIGNATURE

This return may be discussed with the preparer X Yes No

I declare, under penalties of perjury, that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, this is a true, correct and complete return. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Taxpayer Signature	Date	Taxpayer Phone Number	Paid Preparer PTIN
			P00950265
Spouse Signature	Date	Paid Preparer Phone Number	Paid Preparer Email Address
		601-736-3449	MIKE@TMHCPAS.COM

Paid Preparer Signature	Date	Paid Preparer Address	City	State	ZIP Code
MICHAEL W. DAVIS, CPA	10/15/23	P. O. BOX 609	COLUMBIA	MS	39429

Mail REFUND returns to: Department of Revenue, P.O. Box 23058, Jackson, MS 39225-3058
Mail all other returns to: Department of Revenue, P.O. Box 23050, Jackson, MS 39225-3050

Duplex and Photocopies NOT Acceptable

Form 80-160-22-3-1-111 (Rev. 10/22)

Mississippi
Tax Credit For Income Tax Paid To One Or More Other States

Name RAWAL, RAKESH R. & MINAR SSN 604801233

Tax credit, as determined below, is allowed only to LEGAL RESIDENTS of Mississippi who pay an income tax imposed by another state on income earned therein and taxed by Mississippi. If a credit is claimed for tax paid to another state, **there must be attached to the Mississippi income tax return a copy of the income tax return filed with the other state and proof of payment of tax**. A copy of the Wage and Tax Statement indicating tax withheld is not considered proof of payment of the liability to another state.

INCOME SUMMARY

	TOTAL INCOME EARNED EVERYWHERE		INCOME EARNED IN STATE OF	INCOME EARNED IN STATE OF	INCOME EARNED IN STATE OF	TOTAL OUT OF STATE INCOME (line 4, column 3 plus column 4 and column 5)
	Taxpayer Joint or Single	Spouse	MO (Name of State)	(Name of State)	(Name of State)	
	Column 1	Column 2	Column 3	Column 4	Column 5	Column 6
1 Total Income	137371	280355	296223			
2 Standard or Itemized Deduction(s)		36274	24368			
3 Exemption		13500	0			
4 Taxable Income (line 1 minus line 2 and line 3)	137371	230581	271875			271875

COMPUTATION OF TAX CREDIT

	Column 3	Column 4	Column 5	
5 Ratio (divide amounts on line 4, columns 3, 4 and 5 by the amount on line 4, column 6)	100.00			

OTHER STATES INCOME AT MISSISSIPPI RATES				MULTIPLY TAX COMPUTED AT LEFT BY RATIO ABOVE			TOTAL Column 6
Enter amount from line 4, column 6	Column A	Rates	Total Income Tax Column B	Line 5, column 3 multiplied by column B	Line 5, column 4 multiplied by column B	Line 5, column 5 multiplied by column B	Line 11, column 3 plus column 4 and column 5
6 First $5,000 or part	5000	X 0 % =	0	0	0	0	
7 Next $5,000 or part	5000	X 4 % =	200	200			
8 Remaining Balance	261875	X 5 % =	13094	13094			
9 Tax credit computed (add lines 6 through 8 in columns 3, 4 and 5)				13294			
10 Income tax due to other states (from other states return(s), **attach other states return(s)**)				14134			
11 Enter the lesser of line 9 or line 10 (column 3 through column 5)				13294			13294

12 Enter amount of income tax due (from Form 80-105, page 1, line 17 or Form 81-110, page 1, line 2) — 12 — 17798

13 Allowable tax credit for tax paid to other states (the lesser of line 11, column 6 or line 12; enter here and on Form 80-105, page 1, line 18 or on Form 81-110, page 1, line 3) — 13 — 13294

Duplex and Photocopies NOT Acceptable

Form 80-107-22-3-1-111 (Rev. 07/22)

801072231111

Mississippi
Income / Withholding Tax Schedule
2022

Primary Taxpayer Name (as shown on Forms 80-105, 80-205 and 81-110)

RAWAL, RAKESH R. & MINAR

THIS FORM MUST BE FILED EVEN IF YOU HAVE NO MISSISSIPPI WITHHOLDING

1	A - Statement Information	B - Income and Withholding	C - Employer or Payer Information
	Check appropriate box X W-2 W-2G 1099 If 1099-R, Code in Box 7 205638824 Employer or Payer ID from W-2 or 1099 RAKESH R. RAWAL Taxpayer Name 604801233 Taxpayer Social Security Number	MS 16150 State State Wages, Tips, Etc. 571 Mississippi Withholding Only State Income from Other State	SHIVSHAKTI NAMAY, INC Employer or payer name 466 HIGHWAY 35 NORTH Address COLLINS MS 39428 City, State, ZIP

2	A - Statement Information	B - Income and Withholding	C - Employer or Payer Information
	Check appropriate box W-2 W-2G 1099 If 1099-R, Code in Box 7 Employer or Payer ID from W-2 or 1099 Taxpayer Name Taxpayer Social Security Number	MS State State Wages, Tips, Etc. Mississippi Withholding Only State Income from Other State	Employer or payer name Address City, State, ZIP

3	A - Statement Information	B - Income and Withholding	C - Employer or Payer Information
	Check appropriate box W-2 W-2G 1099 If 1099-R, Code in Box 7 Employer or Payer ID from W-2 or 1099 Taxpayer Name Taxpayer Social Security Number	MS State State Wages, Tips, Etc. Mississippi Withholding Only State Income from Other State	Employer or payer name Address City, State, ZIP

4	A - Statement Information	B - Income and Withholding	C - Employer or Payer Information
	Check appropriate box W-2 W-2G 1099 If 1099-R, Code in Box 7 Employer or Payer ID from W-2 or 1099 Taxpayer Name Taxpayer Social Security Number	MS State State Wages, Tips, Etc. Mississippi Withholding Only State Income from Other State	Employer or payer name Address City, State, ZIP

Duplex and Photocopies NOT Acceptable

801082231111

Mississippi
Adjustments And Contributions
2022

Taxpayer Name: RAWAL, RAKESH R. & MINAR

SSN 604801233

PART I: SCHEDULE A - ITEMIZED DEDUCTIONS (ATTACH FEDERAL FORM 1040 SCHEDULE A)

In the event you filed using the standard deduction on your federal return and wish to itemize for Mississippi purposes, use Federal Form 1040 Schedule A as a worksheet and transfer the information from the specific lines indicated to this Schedule A.

1	Federal adjusted gross income from Federal Form 1040, line 11	1	419347	
2	**a** Medical and dental expenses	2a	21936	
	b Multiply line 1 by 7.5% (.075)	2b	31451	
	c Medical and dental expense deduction (line 2a minus line 2b)			2c 0
3	**a** Total taxes paid	3a	18663	
	b Less state income taxes (or other taxes in lieu of)	3b	4626	
	c Total taxes paid deduction (line 3a minus line 3b)			3c 10000
4	Total interest paid			4 26200
5	Charitable contributions			5 74
6	Total casualty or theft loss **(attach Federal Form 4684)**			6
7	**a** Other miscellaneous deductions	7a		
	b Less Mississippi gambling losses	7b		
	c Total other miscellaneous deductions (line 7a minus line 7b)			7c
8	**Mississippi itemized deductions** (add lines 2c, 3c, 4, 5, 6, 7c); enter here and on Resident Form 80-105, page 1, line 14 or Non-Resident Form 80-205, page 1, line 14a			8 36274

PART II: SCHEDULE B - INTEREST AND DIVIDEND INCOME (FROM FEDERAL FORM 1040, SCHEDULE B)

1	Interest income from all sources	1
2	Amount of Mississippi nontaxable interest in line 1	2
3	Total Mississippi interest (line 1 minus line 2, enter here and on Form 80-105, line 43 or Form 80-205, line 44)	3
4	Total dividends from all sources	4
5	Amount of Mississippi nontaxable distributions reported in line 4	5
6	Total Mississippi dividends (line 4 minus line 5, enter here and on Form 80-105, line 44 or Form 80-205, line 45)	6

PART III: VOLUNTARY CONTRIBUTION CHECK-OFFS (RESIDENTS ONLY)

You may elect to voluntarily contribute all or part (at least $1) of your income tax refund to one or more of the funds listed below. Refer to the instruction booklet 80-100 (may be downloaded from our website at www.dor.ms.gov) for an explanation of the purpose of each of these funds and how the refund donations will be used.

Military Family Relief Fund
Burn Care Fund
Wildlife Heritage Fund
Educational Trust Fund
Wildlife Fisheries and Parks Foundation
Commission for Volunteer Service Fund

Enter total of check-offs here and on Form 80-105, page 1, line 33

Duplex and Photocopies NOT acceptable

801082232111

Mississippi
Adjustments And Contributions
2022

SSN 604801233

PART IV: INCOME (LOSS) FROM RENTS, ROYALTIES, PARTNERSHIPS, S CORPORATIONS, TRUSTS AND ESTATES

A INCOME (LOSS) FROM RENTAL REAL ESTATE AND ROYALTIES

1 Total rental real estate and royalty income (loss) (from Federal Schedule E, Part 1 and Part 5; **attach Federal Schedule E)**	A1	
2 Add: depletion claimed in excess of cost basis	A2	
3 Rental real estate and royalty income (loss) for Mississippi purposes (line 1 plus line 2)	A3	

B INCOME (LOSS) FROM PARTNERSHIPS, S CORPORATIONS, ESTATES AND TRUSTS

(ATTACH MISSISSIPPI K-1S AS APPLICABLE)

COLUMN A NAME OF ENTITY	COLUMN B FEIN (MUST INCLUDE FEIN)	COLUMN C INCOME (LOSS) MISSISSIPPI K-1S
SHIVSHAKTI NAMAY MS, LLC	823948988	2030
SHIVSHAKTI NAMAY, INC.	205638824	1049
SHIVSHAKTI NAMAY, INC.	205638824	102274
JIYA FOODS AND FUEL, LLC	844870554	28241
JIYA FOODS AND FUEL LLC	844870554	28241
A K FUEL LLC	844868835	3089
SHRINATHJU FUEL LLC	844870876	-9487
SHRINATHJU FUEL LLC	844870876	-9487
A K FUEL LLC	844868835	3089
NIDHI FOODS AND FUEL LLC	844870876	-33058
NIDHI FOODS AND FUEL LLC	844871127	-33059

1 Total income (loss) from partnerships, s corporations, estates and trusts (Column C)	B1	82922
C Total of Section A and Section B income (loss)(line A3 plus line B1); enter here and on Form 80-105, line 41 or Form 80-205, line 42	C	82922

PART V: SCHEDULE N - OTHER INCOME (LOSS) AND SUPPLEMENTAL INCOME

1 Net operating loss (enter from Form 80-155, line 2)	1	
2 First-time home buyer unqualified expenses	2	
3 Catastrophe savings taxable distribution	3	

List other types of income (loss)

4 FEDERAL FORM 4797 GAINS OR (LOSSES)	4	145462
5	5	
6	6	
7	7	
8	8	
9	9	
10 Total Schedule N Other Income (Loss); enter here and on Form 80-105, page 2, line 48 or Form 80-205, page 2, line 49	10	145462

Form 80-320-22-3-1-111 (Rev. 07/22)

Mississippi

Individual Income Tax
Interest and Penalty Worksheet

Taxpayer First Name	Initial	Last Name
RAKESH	R	RAWAL
Spouse First Name	**Initial**	**Last Name**
MINAR		RAWAL

Mailing Address (Number and Street, Including Rural Route)
1041 LEMOYNE BLVD

City	State	ZIP	County Code
PRENTISS	MS	39474	33

SSN 604801233

Spouse SSN 615948613

Farmers or Fishermen (see instructions)

Filing Requirements Met After Due Date (see instructions)

INTEREST ON UNDERPAYMENT OF ESTIMATED TAX

			CALCULATION OF ESTIMATE PAYMENT
1	2022 Mississippi income tax liability (see instructions)	1	4504
2	Multiply the amount on line 1 by 80% and enter the result	2	3603
3	2021 Mississippi income tax liability (see instructions)	3	4055
4	Enter the lesser of line 2 or line 3 (see instructions)	4	3603

INTEREST CALCULATION	A Apr. 15, 2022	B June 15, 2022	C Sept. 15, 2022	D Jan. 15, 2023
5 **Required installments** Enter 1/4th (.25) of line 4	901	901	901	900
6 **Income tax withheld (column A only) and estimated tax paid** (enter total estimated tax paid as of payment due dates)	571			
7 Overpayment (negative) or underpayment (positive) - carryforward (from line 8) from previous column(s) line 8.		330	1231	2132
8 Underestimate subject to interest (line 5 minus line 6 plus line 7); enter result here and on line 7, columns B through D.	330	1231	2132	3032
9 Enter percentage of interest (compute interest at 1/2% per month)	1.0000	1.5000	2.0000	1.5000
10 Interest due (multiply line 8 by line 9; if line 8 is negative, enter zero)	3	18	43	45

11 **Total underestimate interest due** (enter the total of line 10, columns A through D)	11		109

FIRST-TIME HOME BUYER PENALTY

12 First-time Home Buyer Penalty (see instructions)	12		0

LATE FILING PENALTY

13 Balance due (from Form 80-105 (Resident), page 1, line 35 or from Form 80-205 (Non-Resident/Part-Year), page 1, line 36)	13		3933
14 Late filing penalty (5% per month not to exceed 25% on amount of tax due, line 13, minimum $100; see instructions)	14		0

LATE PAYMENT INTEREST AND PENALTY

15 Balance due (from Form 80-105 (Resident), page 1, line 35 or from Form 80-205 (Non-Resident/Part-Year), page 1, line 36)	15		3933
16 Late payment interest (compute interest at 1/2% per month on the amount of tax due, line 15; see instructions)	16		118
17 Late payment penalty (compute penalty at 1/2% per month not to exceed 25% on the amount of tax due, line 15; see instructions)	17		138
18 **Total late payment interest and penalty** (line 16 plus line 17)	18		256

TOTAL INTEREST AND PENALTY

19 **Total interest and penalty** (line 11, plus line 12, plus line 14 and line 18) Enter here and on Form 80-105, line 36 or Form 80-205, line 37.	19		365

Mississippi
Individual Income Tax
Interest and Penalty Worksheet Instructions

Use Form 80-320 if your 2022 Mississippi income tax liability exceeds $200 to calculate interest on underpayment of estimated tax. This form is also used to calculate first-time home buyer penalty, late payment interest and penalty, and the late filing penalty for the Resident Individual Income Tax Return (Form 80-105) and the Non-Resident/Part-Year Resident Return (Form 80-205).

Specific Line Instructions

Exceptions

Gross income from farming or fishing is at least two-thirds of total gross income and (a) estimate tax paid by the 15th day of the first month after the close of the income year or (b) income tax return is filed by the first day of the third month following the close of the income year and tax shown due is paid.

Filing requirements met after payment due date - compute interest in applicable columns and provide an explanation below.

Underestimate

Line 1 Enter your 2022 Mississippi net income tax liability from Form 80-105, line 21, (Resident) and Form 80-205, line 23 (Non-Resident/Part Year). If your 2022 Mississippi Income Tax Liability is $200 or less, do not complete the remainder of this form; no interest is due on underestimate of tax.

Line 3 Enter your 2021 Mississippi net income tax liability from Form 80-105, line 20, (Resident) and Form 80-205, line 22 (Non-Resident/Part-Year).

Line 4 Enter the lesser of line 2 or line 3. If line 3 is zero and your 2022 Mississippi income tax liability (line 2) exceeds $200 and no estimate payments for the 2022 tax year were made, enter the amount from line 2.

First-time Home Buyer Penalty

Line 12 Enter the first-time home buyer penalty due. Add penalty of 10% for withdrawal of any unqualified expenses, using the amount from Form 80-108, Part V, Schedule N, Line 2. (See Form 80-100, Instruction Booklet for more details).

Late Filing Penalty

Line 14 Enter late filing penalty due. Add penalty of 5% per month, not to exceed 25% in the aggregate, from the extension due date of the return, October 15th, on the amount of net tax due from Form 80-105, line 35 (Resident) and Form 80-205, line 36 (Non-Resident/Part-Year). The penalty shall not be less than $100.

Late Payment Interest and Penalty

Line 15 Enter balance due. From Form 80-105, line 35 (Resident) and Form 80-205, line 36 (Non-resident/Part-Year).

Line 16 Enter late payment interest due. Add interest of 1/2% per month from the original due date of the return, April 15th, on the amount of tax due from line 15.

Line 17 Enter late payment penalty due. Add penalty of 1/2% per month, not to exceed 25% in the aggregate, from the original due date of the return, April 15th, on the amount of tax due from line 15.

Line 18 Enter the total late payment interest and penalty by adding line 16 and line 17.

Total Interest and Penalty

Line 19 Enter the total interest and penalty by adding line 11, plus line 12, plus line 14 and line 18. Enter here and on Form 80-105, line 36 (Resident) and Form 80-205, line 37 (Non-Resident/Part-Year).

SCHEDULE A (Form 1040)

Department of the Treasury
Internal Revenue Service

Itemized Deductions

Go to www.irs.gov/ScheduleA for instructions and the latest information.
Attach to Form 1040 or 1040-SR.
Caution: If you are claiming a net qualified disaster loss on Form 4684, see the instructions for line 16.

OMB No. 1545-0074

2022

Attachment Sequence No. **07**

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

RAKESH R. & MINAR RAWAL

Your social security number

604 80 1233

Medical and Dental Expenses		**Caution:** Do not include expenses reimbursed or paid by others.			
	1	Medical and dental expenses (see instructions) SEE STATEMENT 3	1	21,936.	
	2	Enter amount from Form 1040 or 1040-SR, line 11	2	419,347.	
	3	Multiply line 2 by 7.5% (0.075)	3	31,451.	
	4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-	4		0.
Taxes You Paid	5	State and local taxes.			
	a	State and local income taxes or general sales taxes. You may include either income taxes or general sales taxes on line 5a, but not both. If you elect to include general sales taxes instead of income taxes, check this box SEE STATEMENT 1 ☐	5a	4,626.	
	b	State and local real estate taxes (see instructions)	5b	14,037.	
	c	State and local personal property taxes	5c		
	d	Add lines 5a through 5c	5d	18,663.	
	e	Enter the smaller of line 5d or $10,000 ($5,000 if married filing separately)	5e	10,000.	
	6	Other taxes. List type and amount:	6		
	7	Add lines 5e and 6	7		10,000.
Interest You Paid	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, see instructions and check this box ☐			
Caution: Your mortgage interest deduction may be limited. See instructions.	a	Home mortgage interest and points reported to you on Form 1098. See instructions if limited	8a	26,200.	
	b	Home mortgage interest not reported to you on Form 1098. See instructions if limited. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address	8b		
	c	Points not reported to you on Form 1098. See instructions for special rules	8c		
	d	Reserved for future use	8d		
	e	Add lines 8a through 8c	8e	26,200.	
	9	Investment interest. Attach Form 4952 if required. See instructions	9		
	10	Add lines 8e and 9	10		26,200.
Gifts to Charity	11	Gifts by cash or check. If you made any gift of $250 or more, see instructions	11	74.	STMT 2
Caution: If you made a gift and got a benefit for it, see instructions.	12	Other than by cash or check. If you made any gift of $250 or more, see instructions. You **must** attach Form 8283 if over $500	12		
	13	Carryover from prior year	13		
	14	Add lines 11 through 13	14		74.
Casualty and Theft Losses	15	Casualty and theft loss(es) from a federally declared disaster (other than net qualified disaster losses). Attach Form 4684 and enter the amount from line 18 of that form. See instructions	15		
Other Itemized Deductions	16	Other - from list in instructions. List type and amount:	16		
Total Itemized Deductions	17	Add the amounts in the far right column for lines 4 through 16. Also, enter this amount on Form 1040 or 1040-SR, line 12	17		36,274.
	18	If you elect to itemize deductions even though they are less than your standard deduction, check this box ☐			

SCHEDULE A STATE AND LOCAL INCOME TAXES STATEMENT 1

DESCRIPTION	AMOUNT
SHIVSHAKTI NAMAY, INC	571.
MISSISSIPPI PRIOR YEAR BALANCE DUE AND EXTENSION PAYMENTS	4,055.
TOTAL TO SCHEDULE A, LINE 5A	4,626.

SCHEDULE A CASH CONTRIBUTIONS STATEMENT 2

DESCRIPTION	AMOUNT 100% LIMIT	AMOUNT 60% LIMIT	AMOUNT 30% LIMIT
FROM K-1 - JIYA FOODS AND FUEL, LLC		36.	
FROM K-1 - JIYA FOODS AND FUEL LLC		38.	
SUBTOTALS		74.	
TOTAL TO SCHEDULE A, LINE 11			74.

SCHEDULE A MEDICAL AND DENTAL EXPENSES STATEMENT 3

DESCRIPTION	AMOUNT
PREMIUMS FROM FORM 1095-A	21,936.
TOTAL TO SCHEDULE A, LINE 1	21,936.

SCHEDULE A STATE AND LOCAL INCOME TAXES STATEMENT 1

DESCRIPTION	AMOUNT
SHIVSHAKTI NAMAY, INC	571.
MISSISSIPPI PRIOR YEAR BALANCE DUE AND EXTENSION PAYMENTS	4,055.
TOTAL TO SCHEDULE A, LINE 5A	4,626.

SCHEDULE A CASH CONTRIBUTIONS STATEMENT 2

DESCRIPTION	AMOUNT 100% LIMIT	AMOUNT 60% LIMIT	AMOUNT 30% LIMIT
FROM K-1 - JIYA FOODS AND FUEL, LLC		36.	
FROM K-1 - JIYA FOODS AND FUEL LLC		38.	
SUBTOTALS		74.	
TOTAL TO SCHEDULE A, LINE 11			74.

SCHEDULE A MEDICAL AND DENTAL EXPENSES STATEMENT 3

DESCRIPTION	AMOUNT
PREMIUMS FROM FORM 1095-A	21,936.
TOTAL TO SCHEDULE A, LINE 1	21,936.

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**

Name(s) shown on return

RAKESH R. & MINAR RAWAL

Your social security number

604 80 1233

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? ☐ **Yes** ☒ **No**
If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

Part I Short-Term Capital Gains and Losses - Generally Assets Held One Year or Less (see instructions)

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b				
1b Totals for all transactions reported on Form(s) 8949 with **Box A** checked				
2 Totals for all transactions reported on Form(s) 8949 with **Box B** checked				
3 Totals for all transactions reported on Form(s) 8949 with **Box C** checked				

4	Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824	**4**	
5	Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1	**5**	
6	Short-term capital loss carryover. Enter the amount, if any, from line 8 of your **Capital Loss Carryover Worksheet** in the instructions	**6**	( )
7	**Net short-term capital gain or (loss).** Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on page 2	**7**	

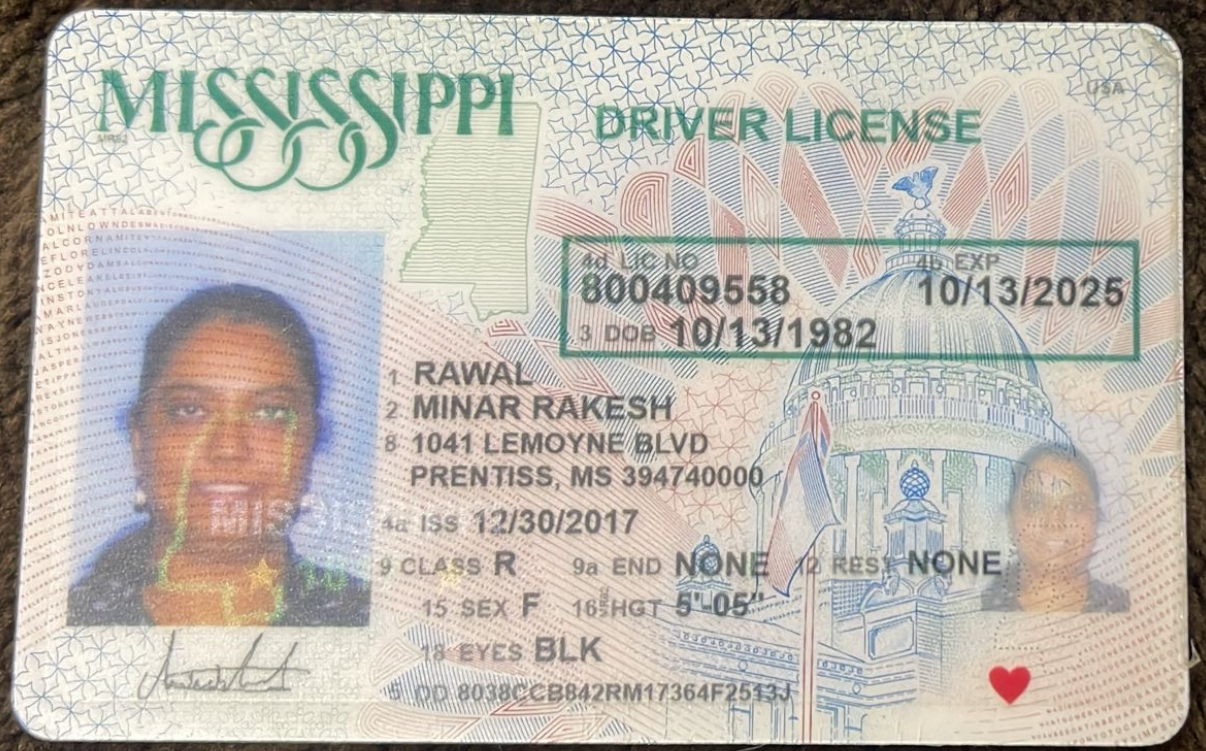
Part II Long-Term Capital Gains and Losses - Generally Assets Held More Than One Year (see instructions)

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(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				
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 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824 SEE STATEMENT 4	**11**	173,192.
12	Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1	**12**	
13	Capital gain distributions. See the instructions	**13**	
14	Long-term capital loss carryover. Enter the amount, if any, from line 13 of your **Capital Loss Carryover Worksheet** in the instructions	**14**	( )
15	**Net long-term capital gain or (loss).** Combine lines 8a through 14 in column (h). Then, go to Part III on page 2	**15**	173,192.

Part III Summary

16	Combine lines 7 and 15 and enter the result	16	173,192.
	• If line 16 is a **gain,** enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below. • If line 16 is a **loss,** skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22. • If line 16 is **zero,** skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22.		
17	Are lines 15 and 16 **both** gains? [X] **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 SEE STATEMENT 5	19	
20	Are lines 18 and 19 both zero or blank and you are not filing Form 4952? [X] **Yes.** Complete the **Qualified Dividends and Capital Gain Tax Worksheet** in the instructions for Form 1040, line 16. **Don't** complete lines 21 and 22 below. [ ] **No.** Complete the **Schedule D Tax Worksheet** in the instructions. **Don't** complete lines 21 and 22 below.		
21	If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the **smaller** of: • The loss on line 16; or • ($3,000), or if married filing separately, ($1,500) **Note:** When figuring which amount is smaller, treat both amounts as positive numbers.	21	( )
22	Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a? [ ] **Yes.** Complete the **Qualified Dividends and Capital Gain Tax Worksheet** in the instructions for Form 1040, line 16. [ ] **No.** Complete the rest of Form 1040, 1040-SR, or 1040-NR.		


MISSISSIPPI
DRIVER LICENSE
USA
4d LIC NO 800409558
4b EXP 10/13/2025
3 DOB 10/13/1982
1 RAWAL
2 MINAR RAKESH
8 1041 LEMOYNE BLVD
PRENTISS, MS 394740000
4a ISS 12/30/2017
9 CLASS R
9a END NONE
12 REST NONE
15 SEX F
16 HGT 5'-05"
18 EYES BLK
5 DD 8038CCB842RM17364F2513J

CHASE

JPMorgan Chase Bank, N.A.
P O Box 182051
Columbus, OH 43218 - 2051

February 27, 2024 through March 25, 2024
Account Number: 000000759068627

CUSTOMER SERVICE INFORMATION

Web site:	**Chase.com**
Service Center:	**1-800-935-9935**
Para Espanol:	1-877-312-4273
International Calls:	1-713-262-1679

We accept operator relay calls

00269271 DRE 201 219 08624 NNNNNNNNNNN 1 000000000 17 0000

NIDHI RAWAL
5400 LIPAN APACHE BND
AUSTIN TX 78738-4073

Introducing Paze[SM] — an easy and secure way to check out online with Chase debit and credit cards

We'll soon include qualifying Chase debit and credit cards in Paze, a new digital bank wallet used at checkout with participating online businesses, where your card number will never be shared.

Please visit the Paze FAQs at chase.com/paze for more information, including details on eligibility, how Paze works and what to do if you don't want to participate. We'll notify you when your Chase card(s) is ready to use with Paze.

CHECKING SUMMARY

Chase College Checking

	AMOUNT
Beginning Balance	**$643.46**
ATM & Debit Card Withdrawals	-241.16
Ending Balance	**$402.30**

TRANSACTION DETAIL

DATE	DESCRIPTION		AMOUNT	BALANCE
	Beginning Balance			**$643.46**
03/08	Card Purchase 5441	03/06 Miss Bliss Nail And Spa New York NY Card	-50.16	593.30
03/12	Card Purchase 5441	03/12 Mta*Mnr Etix Ticket 877-690-5116 NY Card	-16.00	577.30
03/12	Card Purchase 5441	03/12 Mta*Mnr Etix Ticket 877-690-5116 NY Card	-11.75	565.55
03/13	Card Purchase	03/13 Uber Trip Help.Uber.Com CA Card 5441	-31.95	533.60
03/13	Card Purchase	03/13 Uber Trip Help.Uber.Com CA Card 5441	-18.39	515.21
03/13	Card Purchase	03/13 Uber Trip Help.Uber.Com CA Card 5441	-10.93	504.28
03/18	Card Purchase 5441	03/16 Dd Doordash 99Centfre 855-973-1040 CA Card	-3.37	500.91
03/18	Card Purchase	03/17 Uber Trip Help.Uber.Com CA Card 5441	-47.88	453.03
03/22	Card Purchase 5441	03/21 Dd Doordash Gristedes 855-973-1040 CA Card	-50.73	402.30
	Ending Balance			**$402.30**

IN CASE OF ERRORS OR QUESTIONS ABOUT YOUR ELECTRONIC FUNDS TRANSFERS:

Call us at 1-866-564-2262 or write us at the address on the front of this statement immediately if you think your statement or receipt is incorrect or if you need more information about a transfer listed on the statement or receipt.

For personal accounts only: We must hear from you no later than 60 days after we sent you the FIRST statement on which the problem or error appeared. Be prepared to give us the following information:

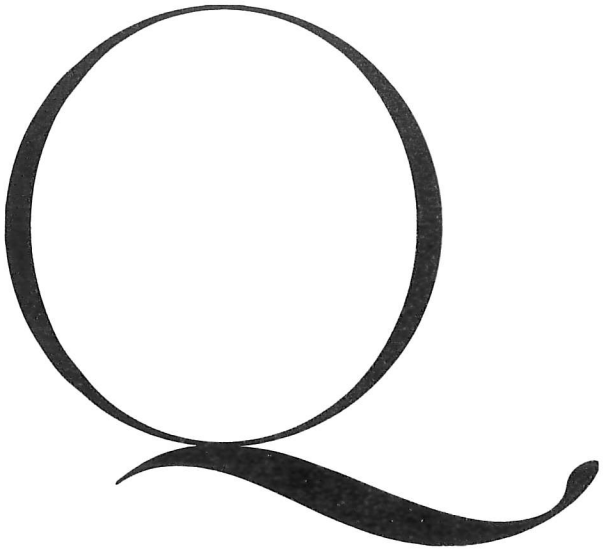
- Your name and account number;
- A description of the error or the transaction you are unsure about, and why you think it is an error or want more information; and
- The amount of the suspected error.

We will investigate your complaint and will correct any error promptly. If we take more than 10 business days (or 20 business days for new accounts) to do this, we will credit your account for the amount you think is in error so that you will have use of the money during the time it takes us to complete our investigation.

For business accounts, see your deposit account agreement or other applicable agreements that govern your account for details.

IN CASE OF ERRORS OR QUESTIONS ABOUT NON-ELECTRONIC FUNDS TRANSFERS: Contact us immediately if your statement is incorrect or if you need more information about any non-electronic funds transfers on this statement. For more details, see your deposit account agreement or other applicable agreements that govern your account.

JPMorgan Chase Bank, N.A. Member FDIC



Date:

Dear:

This letter (the "Agreement") shall set forth the agreement between us as follows:

Background:

You wish to engage, and we agree to provide our services to act as your exclusive personal manager, advisor and counselor and to attend to certain business details in connection with your professional career including, but not limited to, the fields of: (a) fashion, print and runway modeling; (b) merchandising, licensing and endorsement; (c) personal appearances; and (d) union and non-union motion pictures & television and other related fields (the "industries") for the term of this Agreement throughout the world (the "Territory").

Agreement:

NOW THEREFORE, to induce you to work together with us, and in consideration of the agreements contained herein and other goof and valuable consideration, the sufficiency of which you acknowledge, we and you, intending to be legally bound, hereby agree as follows:

1. Term: This Agreement shall be in effect for a term of Three Years commencing as of the date first written above (the "Initial Period") and for a successive term of Two Years ("Renewal Period"), unless terminated by either party effective only at the end of any such period by written notice to the other party given at least ninety days prior to the end of any such period. (The Initial Period and all Renewal Periods, if any, shall be referred to collectively as the "Term".) If at any time during the term you decide to cease your representation by Q

Management, you agree that you will not seek out or accept representation by any other modeling agency / management firm in New York State for the duration of your contractual period. Q Management reserves the right to terminate this agreement at any time with or without cause.

2. Our Duties: We agree to perform model management services in connection with your activities in the Industries, including, but not limited to, the following:

(a) Advise and counsel in the selection or consideration of career opportunities, photographers and advertisers; the selection or creation of vehicles for your talents as a model or personality; all matters pertaining to publicity, public relations and advertising; the adoption of the proper format for presentation of you to the modeling and advertising industries; general practices in the modeling and advertising industries; make up, hair, composites and the formation of a portfolio; and

(b) Advise and counsel concerning the selection of persons, firms, organizations and corporations to provide services for you, including but not limited to attorneys, publicists and public relations firms;

You acknowledge that we do not control the terms and conditions of your services in the Industries. Such control is the subject of the relationship between you and any firm that engages you to perform services for it. We will notify you of offers for your services or for the use of your name, photograph, likeness, voice or other elements of your personality ("Model Identification") that come to our attention.

3. Your Duties: You agree to submit all offers of employment (and all leads or other communications related thereto) and all contracts of any kind to us for our advice, counsel and approval. You agree and understand that your promise to perform your obligations under this paragraph is a material inducement to us to enter into this Agreement, and any failure by you to perform your obligations under this paragraph shall be considered a material breach of this Agreement.

4. Exclusivity: You hereby appoint us as your exclusive personal manager in the industries throughout the Territory during the Term of this Agreement. We are hereby authorized to advertise ourselves as such. Furthermore, you agree and understand that we may also represent other persons and that our services to you are not exclusive. You agree that we shall not be required to devote our entire time and attention to fulfilling our obligations under this Agreement.

5. Authority: We shall be authorized on your behalf to approve and permit any and all publicity and advertising for you and to approve and permit the use of your Model Identification for the purposes of advertising and publicity and / or in the promotion of any and all products and services, and you shall not approve or permit any of the foregoing without our approval thereof.

6. Power of Attorney; Payments:

(a) You hereby appoint us as your true and lawful attorney-in-fact to:

i. Negotiate and execute in your name agreements for any services or any licenses related to use of your Model Identification;

ii. Collect and receive for you all compensation or other income or payments intended for you (and we may deduct and retain from such amounts any monies due to us under this Agreement and pay out any monies due to any third party for any reason); and

iii. Endorse, sign, make, execute and deliver all checks, drafts, notes and bills of exchange that may be drawn in your name which are payable for your services hereunder. You acknowledge that all checks endorsed by us and deposited into our Bank Account on behalf of you are expressly and continuously authorized by you.

This power of attorney is coupled with and interest and is irrevocable during the Term.

(b) In the event any Gross Compensation (as defined below) that should have been paid to us pursuant to the terms of this Agreement is nonetheless received at any time by you or by any other person, firm, corporation or entity of any kind on your behalf, such Gross Compensation shall be deemed to be held in trust for us, and you shall immediately require the source of such Gross Compensation to thereafter conform to the provisions of this paragraph and shall, within 48 hours of receipt of such compensation, remit or cause the remittance of such compensation to us from the first monies so received and prior to payment of any monies, and a photocopy of this Agreement shall (and hereby does) serve as an irrevocable letter of direction, authorizing and directing any and all other persons, firms, corporations or other entities to at all times so remit all such Gross Compensation to us.

(c) You hereby represent and agree that any and all agreements entered into by, for or concerning you in the Industries in the Territory during the Term (including any extensions and renewals thereof) shall provide for payment directly to us. It shall be your obligation hereunder to inform any third party of the language of this Paragraph. You further represent and agree that in the event any existing agreement is hereafter amended, you shall cause such amendment to include a provision for payment directly to us in the manner set forth above.

(d) In the event of a breach of this Agreement by you, you agree to pay all costs and expenses (including reasonable attorneys' and accountants' fees and expenses) and you understand that due to the nature of our business that damages may be measured not only by the amount of commissions earned or to be earned, but by our overhead and lost business opportunities as well as an assessment of earnings made by you in the future as related to the advice, contacts and business relationships provided and created by us.

(e) You acknowledge that we are not required to make any loans to you, but in the event that we do so, you agree to repay us promptly and we are hereby irrevocably authorized to deduct the amount of such loans from any sums which we may receive for your account.

7. Compensation:

(a) You agree to compensate us for our services by paying us a commission equal to 20% of your "Gross Compensation" from all client bookings for which the clients have paid us and which have cleared our account.

(b) "Gross Compensation" as used herein, shall be deemed to include the total compensation, salaries, earnings, fees, royalties, proceeds, bonuses, prizes, goods and in-kind services paid to you or applied for your benefit, directly or indirectly, as a result of your activities in and throughout the Industries.

(c) In the event that we facilitate your being represented by a franchised agent in the fields of union motion pictures or television, then we shall work together with such agent to manage your career, provide advice regarding possible union bookings in light of your other work and coordinate the agent's union bookings with your other engagements, and you agree to compensate us for our services by paying us a commission equal to 20% of the total compensation, salaries, earnings, fees, royalties or residuals paid to you or applied for your benefit, directly or indirectly, as a result of your activities in and throughout such fields.

(d) You shall be paid twice each month, on the 1st and the 16th, if these dates fall on a weekend; then on the following Monday, from all funds actually received from the clients in the prior period.

(e) If a client does not make payment because you have failed to perform as required, you will reimburse us for the compensation we would otherwise have received with respect to the work that should have been performed along with any cancellation fees or damages it may incur as a result of such non-performance. In the event that we become aware of any action or omission by you or a third party authorized by you that is likely to cause a breach of your obligations to third parties with whom you have contracted, we shall be entitled to withhold payment due to you in connection with such contracts until the breach has been cured to our satisfaction.

(f) You are aware that we are entitled to receive a service charge from some or all clients who may utilize our or your services, and you agree that this service charge may be retained by us as additional payment for our services. You further acknowledge and agree to allow us to divide, but not for such purposes to increase, with a contracted third party the compensation that you are required to pay us.

(g) If we, at our sole discretion, make a short-term loan to you as an advance against any voucher or signed contact and we do not collect payment in full from client, you will repay the amount of any loan or advance upon demand, and we may deduct the amount of such unpaid loan or advance from any funds due you. In the event that you have notified us of the intent to terminate this Agreement you shall not be entitled to receive any short-term loans from us.

(h) Expiration of the Term of this Agreement shall not affect our rights to receive commission payments for the full duration of all agreements, engagements and commitments negotiated, entered into or renewed during the Term of this Agreement (in whole or in part) or any renewals or extensions thereof or substitutions therefore, whether entered into during the Term or thereafter. You agree and understand that your agreement to the terms of this Paragraph is a material inducement to us to enter into this Agreement and you recognize that we would not enter into this Agreement but for your agreement to

this Paragraph, and any failure by you to ensure our compensation hereunder shall be considered a material breach of this Agreement.

8. Cost & Expenses: All out-of-pocket costs and expenses (other than normal office overhead expenses) incurred by us on your behalf (including, but not limited to, messenger fees, Federal Express and other overnight couriers, color copies, mailings, portfolios, composites, promotional and publicity expenses, and transportation and living expenses while traveling) shall be deducted from your Account or from payments to you. You will pay expenses not reimbursed in this manner within 30 days of invoice. You understand that we are not obligated to pay for your expenses. You hereby authorize us to collect any unreimbursed expenses by deduction from any Gross Compensation received on your behalf by any other agency you are placed with throughout the world at any time during or after the Term of this agreement. The amount of such unreimbursed expenses shall be deemed to be held in trust for us, and within 48 hours of a request for such compensation, you shall remit or cause the remittance of such compensation to us, and a photocopy of this Agreement shall (and hereby does) serve as an irrevocable letter of direction, authorizing and directing such agency or agencies at all times to so remit all such unreimbursed expenses to us.

9. Representations, Warranties & Indemnification:

(a) You represent and warrant that:

i. You are 18 years of age or older;

ii. You are not (and during the Term you shall not be) under any:

(1) Restriction or prohibition with respect to your right to execute this Agreement or perform under its terms and conditions; or
(2) Obligation to pay any commission, fees or other amounts to any other agency, manager or representative as a result of any client bookings; and

iii. No act or omission by you hereunder will violate any right or interest of any third party.

(b) You shall at all times indemnify us and hold us, our agents, employees, representative and affiliated entities, harmless from and against any and call claims, damages liabilities, costs and expenses, including, without limitation, reasonable legal expenses and attorney's fees, arising out of any material breach by you of any representation, warranty or agreement made by you hereunder, For the purpose of clarification only and without in any way limiting the foregoing, you agree that: (1) this indemnity shall cover any and all reasonably pay, by way of settlement or otherwise, to any agency, manager, representative or other person or entity that may claim to be entitled to such amounts on account of a relationship with you; and (2) any and all amounts that may become due to us resulting from this indemnity may be deducted from your account or from payments to you.

10. Liability: It is understood and agreed that we shall not be held in any way liable or responsible for any breach of contract or act or omission on the part of any person, firm or corporation with whom any engagement or contract of any kind in entered into by or for you for any reason.

11. Notice Default; Right to Cure: You acknowledge that it is difficult to determine the amount and exact nature of services we must render hereunder at your request. Accordingly, but without limitation of the foregoing, it is agreed that we shall not be deemed in a breach of any of our obligations hereunder unless and until you shall give us written notice, by pre-paid certified mail, return receipt requested, of the precise breach alleged and we fail, within 60 days after receipt of such notice, to cure the breach specified by you, but only if cure thereof within such period is reasonable in view of the nature thereof and our other responsibilities and obligations. In the event that the said cure cannot reasonably be completed within 60 days, then in such event we shall not be deemed in breach if we shall have commenced such cure in good faith within said 60-day period.

12. Remedies:

(a) The services rendered by you are special, unique and irreplaceable, and any breach or threatened breach by you or any of your obligations hereunder may be enjoyed temporarily or permanently without regard to and without limiting any other remedy that may be available.

(b) Your sole remedy against us for loss or damage arising out of performance or non-performance under this Agreement shall be proven direct, actual damages.

(c) Except with respect to Section 3 (your duties) and Section 4 (exclusivity) above, neither you nor we shall be liable for any indirect, incidental, reliance, special, punitive, or consequential damages arising from breach of this Agreement, whether or not that party had been advised of the possibility of such damages.

13. Company's Inducements: You acknowledge that we have made no promises, representations or inducements, except as specifically set forth herein, this agreement does not and shall not be construed to create a partnership or joint venture between the parties and you further acknowledge that acceptance and execution hereof by us is in reliance on this fact.

14. Notice: All notices, consents, requests, approvals or other communications in connection with this Agreement shall be in writing and shall be delivered personally or sent by hand or by certified, registered or express mail, postage prepaid, or by facsimile transmission (with confirmation of transmission), and shall be deemed delivered on the date received. Unless changed by written notice pursuant hereto, the address of each party for the purposes hereof is as follows:

If to you:

At the address and phone and fax number set forth below under your name at the foot of this Agreement. You agree to notify us in the event of any changes.

If to us:

At out then-current business address:

354 Broadway

New York, NY 10013

15. Choice of Law; Jurisdiction: All questions concerning the construction, validity and interpretation of this Agreement hereto will be governed by and construed in accordance with the laws of the State of New York applicable to contracts negotiated, executed and fully performed within the State of New York. Both you and we agree to submit to the exclusive jurisdiction of the state and federal courts located in the Borough of Manhattan, New York, New York.

16. Amendment and Waiver: The provisions of this Agreement may be amended and waived only with the written consent of the parties hereto.

17. Severability: Whenever possible, each provision of this Agreement will be interpreted in such manner as to be effective and valid under applicable law, but if any provision of this Agreement is held to be invalid, illegal or unenforceable in any respect under any applicable law or rule in any jurisdiction, such invalidity, illegality or unenforceability will not affect any other provision or any other jurisdiction, but this Agreement will be reformed, construed and enforced in such jurisdiction as if such invalid, illegal or unenforceable provision had never been contained herein.

18. Complete Agreement; Agreement Confidential: This Agreement contains the entire agreement and understanding between us and you and supersedes all prior agreements, whether written or oral, relating to your dealings with us. You agree to maintain as confidential the terms of this Agreement, except that you may discuss such terms with your financial and legal representatives, provided such representatives also agree to maintain confidentiality.

19. Assignment; Parties in Interest: Neither this Agreement nor any rights or obligations hereunder may be assigned, transferred or delegated by you without prior written consent, at our sole discretion. Any attempt to do so shall be void. Except as expressly provided herein, this Agreement shall be binding upon and inure to the benefit of each party hereto and their respective successors, heirs and permitted assigns, and nothing in this Agreement is intended to or shall confer upon any other person any rights, benefits or remedies of any nature whatsoever under or by reason of this Agreement.

{Remainder of page intentionally left blank}

21. Confirmation: You confirm that you have read and understood, or independently received assistance to understand, the terms and conditions of this Agreement.

IN WITNESS WHEREOF, the parties hereto have executed this Agreement on the date first written above.

Q Management, Inc.

By:_____

(Authorized Signatory)

AGREED & ACCEPTED:

Model's Signature:_____

Print Name: Nidhi Rawal

Home Address: 5400 Lipan Apache Bend, Austin, TX, 78738

Phone: 512-676-7055

Fax:_____

Email: Nidhirrawal@gmail.com

Social Security Number: 543639942

For Models under 18 years of age: Signature of parent or legal guardian is required

Date: _____

Parent/Guardian Signature: _____

Parent/Guardian Print Name:_____

Relationship (e.g. Mother): _____

Witness Signature: _____

Witness Print Name: _____

Que Management, INC.

354 BROADWAY , NEW YORK, NY 10013
tel (212) 807-6779 - fax (212) 807-8999
sally@qmanagementinc.com

REVENUES FOR YEAR 2023

NIDHI RAWAL **Account 2472**

		REVENUE	COMMISSION	NET
05/22/2023	L'OREAL USA / 5/17/2023 PREP	1,500.00	300.00	1,200.00
05/22/2023	L'OREAL USA / 5/19/2023 DAY(S)	1,500.00	300.00	1,200.00
	TOTAL REVENUES 2023	**3,000.00**	**600.00**	**2,400.00**

...BEARER / SIGNATURE DU TITULAIRE / FIRMA DEL TITULAR 3

PASSPORT
PASSEPORT
PASAPORTE

USA

UNITED STATES OF AMERICA

Type / Type / Tipo
P

Code / Code / Codigo
USA

Passport No / No. du Passeport / No. de Pasaporte
656461089

Surname / Nom / Apellidos
RAWAL

Given Names / Prénoms / Nombres
NIDHI RAKESH

Nationality / Nationalité / Nacionalidad
UNITED STATES OF AMERICA

Date of birth / Date de naissance / Fecha de nacimiento
28 Jan 2003

Place of birth / Lieu de naissance / Lugar de nacimiento
OREGON, U.S.A.

Sex / Sexe / Sexo
F

Date of issue / Date de délivrance / Fecha de expedición
02 Mar 2020

Authority / Autorité / Autoridad
United States
Department of State

Date of expiration / Date d'expiration / Fecha de caducidad
01 Mar 2030

Endorsements / Mentions Spéciales / Anotaciones
SEE PAGE 27

USA

P<USARAWAL<<NIDHI<RAKESH<<<<<<<<<<<<<<<<<<<<<<

656461089 3USA0301280F3003013794582696<391986