

For the year Jan. 1–Dec. 31, 2024, or other tax year beginning \_\_\_\_\_, 2024, ending \_\_\_\_\_

See separate instructions.

Your first name and middle initial <b>DHIRENDRA S</b>		Last name <b>KASHIWALE</b>		Your social security number <b>225-87-1371</b>	
If joint return, spouse's first name and middle initial <b>VIJAY LAXMI</b>		Last name <b>SINGH</b>		Spouse's social security number <b>579-37-4923</b>	
Home address (number and street). If you have a P.O. box, see instructions. <b>24 Iroquois Trail</b>				Apt. no.	
City, town, or post office. If you have a foreign address, also complete spaces below. <b>BRANCHBURG</b>			State <b>NJ</b>	ZIP code <b>08876</b>	
Foreign country name		Foreign province/state/county		Foreign postal code	

☐ You ☐ Spouse

**Filing Status**

☐ Single ☐ Head of household (HOH)

Check only one box.

☒ Married filing jointly (even if only one had income)

☐ Married filing separately (MFS) ☐ Qualifying surviving spouse (QSS)

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

☐ If treating a nonresident alien or dual-status alien spouse as a U.S. resident for the entire tax year, check the box and enter name (see instructions and attach statement if required): \_\_\_\_\_

**Digital Assets**

At any time during 2024, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) ☐ Yes ☒ 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, 1960 ☐ Are blind

Spouse: ☐ Was born before January 2, 1960 ☐ Is blind

**Dependents** (see instructions):

(1) First name	Last name	(2) Social security number	(3) Relationship to you	(4) Check if qualifies for (see instructions):	
				Child tax credit	Credit for other dependents
<b>RANJIT</b>	<b>SINGH</b>	<b>579-37-4921</b>	<b>Son</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

**Income**

<b>1a</b>	Total amount from Form(s) W-2, box 1 (see instructions)	<b>1a</b>	<b>208,177.</b>
<b>b</b>	Household employee wages not reported on Form(s) W-2	<b>1b</b>	
<b>c</b>	Tip income not reported on line 1a (see instructions)	<b>1c</b>	
<b>d</b>	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)	<b>1d</b>	
<b>e</b>	Taxable dependent care benefits from Form 2441, line 26	<b>1e</b>	
<b>f</b>	Employer-provided adoption benefits from Form 8839, line 29	<b>1f</b>	
<b>g</b>	Wages from Form 8919, line 6	<b>1g</b>	
<b>h</b>	Other earned income (see instructions)	<b>1h</b>	
<b>i</b>	Nontaxable combat pay election (see instructions)	<b>1i</b>	
<b>z</b>	Add lines 1a through 1h	<b>1z</b>	<b>208,177.</b>
<b>2a</b>	Tax-exempt interest	<b>2a</b>	
<b>3a</b>	Qualified dividends	<b>3a</b>	<b>4,497.</b>
<b>4a</b>	IRA distributions	<b>4a</b>	
<b>5a</b>	Pensions and annuities	<b>5a</b>	
<b>6a</b>	Social security benefits	<b>6a</b>	
<b>c</b>	If you elect to use the lump-sum election method, check here (see instructions)		
<b>7</b>	Capital gain or (loss). Attach Schedule D if required. If not required, check here	<b>7</b>	<b>-3,000.</b>
<b>8</b>	Additional income from Schedule 1, line 10	<b>8</b>	<b>-13,584.</b>
<b>9</b>	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b> .	<b>9</b>	<b>210,194.</b>
<b>10</b>	Adjustments to income from Schedule 1, line 26	<b>10</b>	
<b>11</b>	Subtract line 10 from line 9. This is your <b>adjusted gross income</b>	<b>11</b>	<b>210,194.</b>
<b>12</b>	<b>Standard deduction or itemized deductions</b> (from Schedule A)	<b>12</b>	<b>29,200.</b>
<b>13</b>	Qualified business income deduction from Form 8995 or Form 8995-A	<b>13</b>	<b>21.</b>
<b>14</b>	Add lines 12 and 13	<b>14</b>	<b>29,221.</b>
<b>15</b>	Subtract line 14 from line 11. If zero or less, enter -0-. This is your <b>taxable income</b>	<b>15</b>	<b>180,973.</b>

<b>Tax and Credits</b>	<b>16</b>	<b>Tax</b> (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____	<b>16</b>	<b>29,606.</b>
	<b>17</b>	Amount from Schedule 2, line 3	<b>17</b>	
	<b>18</b>	Add lines 16 and 17	<b>18</b>	<b>29,606.</b>
	<b>19</b>	Child tax credit or credit for other dependents from Schedule 8812	<b>19</b>	<b>500.</b>
	<b>20</b>	Amount from Schedule 3, line 8	<b>20</b>	<b>91.</b>
	<b>21</b>	Add lines 19 and 20	<b>21</b>	<b>591.</b>
	<b>22</b>	Subtract line 21 from line 18. If zero or less, enter -0-	<b>22</b>	<b>29,015.</b>
	<b>23</b>	Other taxes, including self-employment tax, from Schedule 2, line 21	<b>23</b>	<b>159.</b>
<b>24</b>	Add lines 22 and 23. This is your <b>total tax</b>	<b>24</b>	<b>29,174.</b>	

<b>Payments</b>	<b>25</b>	Federal income tax withheld from:		
	<b>a</b>	Form(s) W-2	<b>25a</b>	<b>32,690.</b>
	<b>b</b>	Form(s) 1099	<b>25b</b>	
	<b>c</b>	Other forms (see instructions)	<b>25c</b>	<b>97.</b>
	<b>d</b>	Add lines 25a through 25c	<b>25d</b>	<b>32,787.</b>
	<b>26</b>	2024 estimated tax payments and amount applied from 2023 return	<b>26</b>	
	<b>27</b>	Earned income credit (EIC) <b>NO</b>	<b>27</b>	
	<b>28</b>	Additional child tax credit from Schedule 8812	<b>28</b>	
	<b>29</b>	American opportunity credit from Form 8863, line 8	<b>29</b>	
	<b>30</b>	Reserved for future use	<b>30</b>	
	<b>31</b>	Amount from Schedule 3, line 15	<b>31</b>	
	<b>32</b>	Add lines 27, 28, 29, and 31. These are your <b>total other payments and refundable credits</b>	<b>32</b>	<b>0.</b>
<b>33</b>	Add lines 25d, 26, and 32. These are your <b>total payments</b>	<b>33</b>	<b>32,787.</b>	

<b>Refund</b>	<b>34</b>	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>	<b>34</b>	<b>3,613.</b>
	<b>35a</b>	Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/>	<b>35a</b>	<b>3,613.</b>
	<b>b</b>	Routing number <b>051000017</b>	<b>c</b> Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings	
	<b>d</b>	Account number <b>004121946382</b>		
	<b>36</b>	Amount of line 34 you want <b>applied to your 2025 estimated tax</b>	<b>36</b>	

<b>Amount You Owe</b>	<b>37</b>	Subtract line 33 from line 24. This is the <b>amount you owe</b> . For details on how to pay, go to <a href="http://www.irs.gov/Payments">www.irs.gov/Payments</a> or see instructions	<b>37</b>	<b>0.</b>
	<b>38</b>	Estimated tax penalty (see instructions)	<b>38</b>	

<b>Third Party Designee</b>	Do you want to allow another person to discuss this return with the IRS? See instructions <input type="checkbox"/> <b>Yes</b> . Complete below. <input checked="" type="checkbox"/> <b>No</b>		
	Designee's name	Phone no.	Personal identification number (PIN)

<b>Sign Here</b>	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.			
	Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
			<b>Principal Engineer</b>	
	Spouse's signature. If a joint return, <b>both</b> must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
		<b>Quality Engineer</b>		
	Phone no. <b>(908)456-4792</b>	Email address		

<b>Paid Preparer Use Only</b>	Preparer's signature	Date	PTIN	Check if:
	<b>RAJENDRA MANCHE</b>	<b>04/06/2025</b>	<b>P01611128</b>	<input type="checkbox"/> Self-employed
	Preparer's name <b>RAJENDRA MANCHE</b>	Phone no. <b>(908)450-9923</b>		
	Firm's name <b>FRIENDLY TAX SRV</b>			
	Firm's address			Firm's EIN
	<b>40 REINHART WAY, BRIDGEWATER, NJ, 08807</b>			<b>46-1759656</b>

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](http://www.irs.gov/Form1040) for instructions and the latest information.

OMB No. 1545-0074

2024  
Attachment  
Sequence No. 01

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

**DHIRENDRA S KASHIWALE and VIJAY LAXMI SINGH**

Your social security number

**225-87-1371**

For 2024, enter the amount reported to you on Form(s) 1099-K that was included in error or for personal items sold at a loss . . .

**Note:** The remaining amounts reported to you on Form(s) 1099-K should be reported elsewhere on your return depending on the nature of the transaction. See [www.irs.gov/1099k](http://www.irs.gov/1099k).

**Part I Additional Income**

<b>1</b>	Taxable refunds, credits, or offsets of state and local income taxes . . . . .	<b>1</b>	
<b>2a</b>	Alimony received . . . . .	<b>2a</b>	
<b>b</b>	Date of original divorce or separation agreement (see instructions): . . . . .		
<b>3</b>	Business income or (loss). Attach Schedule C. . . . .	<b>3</b>	
<b>4</b>	Other gains or (losses). Attach Form 4797 . . . . .	<b>4</b>	
<b>5</b>	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E . . . . .	<b>5</b>	<b>-13,584.</b>
<b>6</b>	Farm income or (loss). Attach Schedule F . . . . .	<b>6</b>	
<b>7</b>	Unemployment compensation . . . . .	<b>7</b>	
<b>8</b>	Other income:		
<b>a</b>	Net operating loss . . . . .	<b>8a</b>	( )
<b>b</b>	Gambling . . . . .	<b>8b</b>	
<b>c</b>	Cancellation of debt . . . . .	<b>8c</b>	
<b>d</b>	Foreign earned income exclusion from Form 2555 . . . . .	<b>8d</b>	( )
<b>e</b>	Income from Form 8853 . . . . .	<b>8e</b>	
<b>f</b>	Income from Form 8889 . . . . .	<b>8f</b>	
<b>g</b>	Alaska Permanent Fund dividends . . . . .	<b>8g</b>	
<b>h</b>	Jury duty pay . . . . .	<b>8h</b>	
<b>i</b>	Prizes and awards . . . . .	<b>8i</b>	
<b>j</b>	Activity not engaged in for profit income . . . . .	<b>8j</b>	
<b>k</b>	Stock options . . . . .	<b>8k</b>	
<b>l</b>	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 . . . . .	<b>8l</b>	
<b>m</b>	Olympic and Paralympic medals and USOC prize money (see instructions) . . . . .	<b>8m</b>	
<b>n</b>	Section 951(a) inclusion (see instructions) . . . . .	<b>8n</b>	
<b>o</b>	Section 951A(a) inclusion (see instructions) . . . . .	<b>8o</b>	
<b>p</b>	Section 461(l) excess business loss adjustment . . . . .	<b>8p</b>	
<b>q</b>	Taxable distributions from an ABLE account (see instructions) . . . . .	<b>8q</b>	
<b>r</b>	Scholarship and fellowship grants not reported on Form W-2 . . . . .	<b>8r</b>	
<b>s</b>	Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d . . . . .	<b>8s</b>	( )
<b>t</b>	Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan . . . . .	<b>8t</b>	
<b>u</b>	Wages earned while incarcerated . . . . .	<b>8u</b>	
<b>v</b>	Digital assets received as ordinary income not reported elsewhere. See instructions . . . . .	<b>8v</b>	
<b>z</b>	Other income. List type and amount: . . . . .	<b>8z</b>	
<b>9</b>	Total other income. Add lines 8a through 8z . . . . .	<b>9</b>	
<b>10</b>	Combine lines 1 through 7 and 9. This is your <b>additional income</b> . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8	<b>10</b>	<b>-13,584.</b>

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

Schedule 1 (Form 1040) 2024

UYA

**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 8I 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 <b>adjustments to income</b> . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10 . . . . .		26	0.

**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](http://www.irs.gov/Form1040) for instructions and the latest information.

OMB No. 1545-0074

**2024**

Attachment  
Sequence No. **02**

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

**DHIRENDRA S KASHIWALE and VIJAY LAXMI SINGH**

Your social security number

**225-87-1371**

**Part I Tax**

<b>1</b>	Additions to tax:			
<b>a</b>	Excess advance premium tax credit repayment. Attach Form 8962 . . . . .	<b>1a</b>		
<b>b</b>	Repayment of new clean vehicle credit(s) transferred to a registered dealer from Schedule A (Form 8936), Part II. Attach Form 8936 and Schedule A (Form 8936) . . . . .	<b>1b</b>		
<b>c</b>	Repayment of previously owned clean vehicle credit(s) transferred to a registered dealer from Schedule A (Form 8936), Part IV. Attach Form 8936 and Schedule A (Form 8936) . . . . .	<b>1c</b>		
<b>d</b>	Recapture of net EPE from Form 4255, line 2a, column (l) . . . . .	<b>1d</b>		
<b>e</b>	Excessive payments (EP) from Form 4255. Check applicable box and enter amount. <b>(i)</b> <input type="checkbox"/> Line 1a, column (n) <b>(ii)</b> <input type="checkbox"/> Line 1c, column (n) <b>(iii)</b> <input type="checkbox"/> Line 1d, column (n) <b>(iv)</b> <input type="checkbox"/> Line 2a, column (n) . . . . .	<b>1e</b>		
<b>f</b>	20% EP from Form 4255. Check applicable box and enter amount. See instructions. <b>(i)</b> <input type="checkbox"/> Line 1a, column (o) <b>(ii)</b> <input type="checkbox"/> Line 1c, column (o) <b>(iii)</b> <input type="checkbox"/> Line 1d, column (o) <b>(iv)</b> <input type="checkbox"/> Line 2a, column (o). . . . .	<b>1f</b>		
<b>y</b>	Other additions to tax (see instructions):	<b>1y</b>		
<b>z</b>	Add lines 1a through 1y . . . . .	<b>1z</b>		
<b>2</b>	Alternative minimum tax. Attach Form 6251 . . . . .	<b>2</b>		
<b>3</b>	Add lines 1z and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 17 . . . . .	<b>3</b>		<b>0.</b>

**Part II Other Taxes**

<b>4</b>	Self-employment tax. Attach Schedule SE . . . . .	<b>4</b>	
<b>5</b>	Social security and Medicare tax on unreported tip income. Attach Form 4137 . . . . .	<b>5</b>	
<b>6</b>	Uncollected social security and Medicare tax on wages. Attach Form 8919. . . . .	<b>6</b>	
<b>7</b>	Total additional social security and Medicare tax. Add lines 5 and 6 . . . . .	<b>7</b>	
<b>8</b>	Additional tax on IRAs or other tax-favored accounts. Attach Form 5329 if required. If not required, check here . . . . . <input type="checkbox"/>	<b>8</b>	
<b>9</b>	Household employment taxes. Attach Schedule H . . . . .	<b>9</b>	
<b>10</b>	Repayment of first-time homebuyer credit. Attach Form 5405 if required . . . . .	<b>10</b>	
<b>11</b>	Additional Medicare Tax. Attach Form 8959 . . . . .	<b>11</b>	<b>159.</b>
<b>12</b>	Net investment income tax. Attach Form 8960 . . . . .	<b>12</b>	
<b>13</b>	Uncollected social security and Medicare or RRTA tax on tips or group-term life insurance from Form W-2, box 12 . . . . .	<b>13</b>	
<b>14</b>	Interest on tax due on installment income from the sale of certain residential lots and timeshares . . . . .	<b>14</b>	
<b>15</b>	Interest on the deferred tax on gain from certain installment sales with a sales price over \$150,000 . . . . .	<b>15</b>	
<b>16</b>	Recapture of low-income housing credit. Attach Form 8611 . . . . .	<b>16</b>	

(continued on page 2)

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

Schedule 2 (Form 1040) 2024

UYA

**Part II Other Taxes** (continued)

<b>17</b>	Other additional taxes:		
<b>a</b>	Recapture of other credits. List type, form number, and amount:	<b>17a</b>	
<b>b</b>	Recapture of federal mortgage subsidy, if you sold your home see instructions . . . . .	<b>17b</b>	
<b>c</b>	Additional tax on HSA distributions. Attach Form 8889 . . . . .	<b>17c</b>	
<b>d</b>	Additional tax on an HSA because you didn't remain an eligible individual. Attach Form 8889 . . . . .	<b>17d</b>	
<b>e</b>	Additional tax on Archer MSA distributions. Attach Form 8853. . . . .	<b>17e</b>	
<b>f</b>	Additional tax on Medicare Advantage MSA distributions. Attach Form 8853 . . . . .	<b>17f</b>	
<b>g</b>	Recapture of a charitable contribution deduction related to a fractional interest in tangible personal property . . . . .	<b>17g</b>	
<b>h</b>	Income you received from a nonqualified deferred compensation plan that fails to meet the requirements of section 409A . . . . .	<b>17h</b>	
<b>i</b>	Compensation you received from a nonqualified deferred compensation plan described in section 457A. . . . .	<b>17i</b>	
<b>j</b>	Section 72(m)(5) excess benefits tax. . . . .	<b>17j</b>	
<b>k</b>	Golden parachute payments . . . . .	<b>17k</b>	
<b>l</b>	Tax on accumulation distribution of trusts . . . . .	<b>17l</b>	
<b>m</b>	Excise tax on insider stock compensation from an expatriated corporation . . . . .	<b>17m</b>	
<b>n</b>	Look-back interest under section 167(g) or 460(b) from Form 8697 or 8866. . . . .	<b>17n</b>	
<b>o</b>	Tax on non-effectively connected income for any part of the year you were a nonresident alien from Form 1040-NR. . . . .	<b>17o</b>	
<b>p</b>	Any interest from Form 8621, line 16f, relating to distributions from, and dispositions of, stock of a section 1291 fund. . . . .	<b>17p</b>	
<b>q</b>	Any interest from Form 8621, line 24. . . . .	<b>17q</b>	
<b>z</b>	Any other taxes. List type and amount: . . . . .	<b>17z</b>	
<b>18</b>	Total additional taxes. Add lines 17a through 17z. . . . .	<b>18</b>	
<b>19</b>	Recapture of net EPE from Form 4255, line 1d, column (I). . . . .	<b>19</b>	
<b>20</b>	Section 965 net tax liability installment from Form 965-A . . . . .	<b>20</b>	
<b>21</b>	Add lines 4, 7 through 16, and 18. These are your <b>total other taxes</b> . Enter here and on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b . . . . .	<b>21</b>	<b>159.</b>

**SCHEDULE 3**  
**(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Additional Credits and Payments**

Attach to Form 1040, 1040-SR, or 1040-NR.  
Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.

OMB No. 1545-0074

**2024**  
Attachment  
Sequence No. **03**

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

**DHIRENDRA S KASHIWALE and VIJAY LAXMI SINGH**

Your social security number

**225-87-1371**

**Part I Nonrefundable Credits**

<b>1</b>	Foreign tax credit. Attach Form 1116 if required . . . . .	<b>1</b>	<b>91.</b>
<b>2</b>	Credit for child and dependent care expenses from Form 2441, line 11. Attach Form 2441 . . . . .	<b>2</b>	
<b>3</b>	Education credits from Form 8863, line 19 . . . . .	<b>3</b>	
<b>4</b>	Retirement savings contributions credit. Attach Form 8880 . . . . .	<b>4</b>	
<b>5a</b>	Residential clean energy credit from Form 5695, line 15 . . . . .	<b>5a</b>	
<b>b</b>	Energy efficient home improvement credit from Form 5695, line 32 . . . . .	<b>5b</b>	
<b>6</b>	Other nonrefundable credits:		
<b>a</b>	General business credit. Attach Form 3800 . . . . .	<b>6a</b>	
<b>b</b>	Credit for prior year minimum tax. Attach Form 8801 . . . . .	<b>6b</b>	
<b>c</b>	Adoption credit. Attach Form 8839 . . . . .	<b>6c</b>	
<b>d</b>	Credit for the elderly or disabled. Attach Schedule R . . . . .	<b>6d</b>	
<b>e</b>	Reserved for future use . . . . .	<b>6e</b>	
<b>f</b>	Clean vehicle credit. Attach Form 8936 . . . . .	<b>6f</b>	
<b>g</b>	Mortgage interest credit. Attach Form 8396 . . . . .	<b>6g</b>	
<b>h</b>	District of Columbia first-time homebuyer credit. Attach Form 8859 . . . . .	<b>6h</b>	
<b>i</b>	Qualified electric vehicle credit. Attach Form 8834 . . . . .	<b>6i</b>	
<b>j</b>	Alternative fuel vehicle refueling property credit. Attach Form 8911 . . . . .	<b>6j</b>	
<b>k</b>	Credit to holders of tax credit bonds. Attach Form 8912 . . . . .	<b>6k</b>	
<b>l</b>	Amount on Form 8978, line 14. See instructions . . . . .	<b>6l</b>	
<b>m</b>	Credit for previously owned clean vehicles. Attach Form 8936 . . . . .	<b>6m</b>	
<b>z</b>	Other nonrefundable credits. List type and amount: . . . . .	<b>6z</b>	
<b>7</b>	Total other nonrefundable credits. Add lines 6a through 6z . . . . .	<b>7</b>	
<b>8</b>	Add lines 1 through 4, 5a, 5b, and 7. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 20 . . . . .	<b>8</b>	<b>91.</b>

**Part II Other Payments and Refundable Credits**

<b>9</b>	Net premium tax credit. Attach Form 8962. . . . .	<b>9</b>	
<b>10</b>	Amount paid with request for extension to file (see instructions) . . . . .	<b>10</b>	
<b>11</b>	Excess social security and tier 1 RRTA tax withheld . . . . .	<b>11</b>	
<b>12</b>	Credit for federal tax on fuels. Attach Form 4136 . . . . .	<b>12</b>	
<b>13</b>	Other payments or refundable credits:		
<b>a</b>	Form 2439 . . . . .	<b>13a</b>	
<b>b</b>	Section 1341 credit for repayment of amounts included in income from earlier years . . . . .	<b>13b</b>	
<b>c</b>	Net elective payment election amount from Form 3800, Part III, line 6, column (j) . . . . .	<b>13c</b>	
<b>d</b>	Deferred amount of net 965 tax liability (see instructions) . . . . .	<b>13d</b>	
<b>z</b>	Other refundable credits (see instructions): . . . . .	<b>13z</b>	
<b>14</b>	Total other payments or refundable credits. Add lines 13a through 13z . . . . .	<b>14</b>	
<b>15</b>	Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 31. . . . .	<b>15</b>	<b>0.</b>

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

Schedule 3 (Form 1040) 2024

SCHEDULE B
(Form 1040)

Department of the Treasury
Internal Revenue Service

Interest and Ordinary Dividends

Attach to Form 1040 or 1040-SR.

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

OMB No. 1545-0074

2024

Attachment
Sequence No. 08

Name(s) shown on return

Your social security number

DHIRENDRA S KASHIWALE and VIJAY LAXMI SINGH

225-87-1371

Part I

Interest

(See instructions
and the
Instructions for
Form 1040, line
2b.)

Note: If you
received a Form
1099-INT, Form
1099-OID, or
substitute
statement from
a brokerage firm,
list the firm's
name as the
payer and enter
the total interest
shown on that
form.

- List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see the instructions and list this interest first. Also, show that buyer's social security number and address:
CITIBANK NA
BANK OF AMERICA
CHARLES SCHWAB
CITIBANK NA
FIDELITY NATION FINANCIAL
CHARLES SCHWAB
FIDELITY NATION FINANCIAL

Table with 2 columns: Amount, and a column for line numbers (1, 2, 3, 4). Rows show interest amounts: 2,919., 13., 2., 8,492., 9., 8., 41.

- Add the amounts on line 1.
Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815
Subtract line 3 from line 2. Enter the result here and on Form 1040 or 1040-SR, line 2b.

Table with 2 columns: Amount, and a column for line numbers (2, 3, 4). Rows show calculated amounts: 11,484., 11,484.

Note: If line 4 is over \$1,500, you must complete Part III.

Part II

Ordinary Dividends

(See instructions
and the
Instructions for
Form 1040, line
3b.)

Note: If you
received a Form
1099-DIV or
substitute
statement from
a brokerage firm,
list the firm's
name as the
payer and enter
the ordinary
dividends shown
on that form.

- List name of payer:
FIDELITY NATION FINANCIAL
CHARLES SCHWAB
FIDELITY NATION FINANCIAL
CHARLES SCHWAB
FIDELITY NATION FINANCIAL

Table with 2 columns: Amount, and a column for line numbers (5, 6). Rows show dividend amounts: 2,635., 3,537., 894., 10., 41.

- Add the amounts on line 5. Enter the total here and on Form 1040 or 1040-SR, line 3b.

Table with 2 columns: Amount, and a column for line numbers (6). Row shows total amount: 7,117.

Note: If line 6 is over \$1,500, you must complete Part III.

Part III
Foreign
Accounts
and Trusts

Caution: If
required, failure
to file FinCEN
Form 114 may
result in substantial
penalties.
Additionally, you
may be required
to file Form 8938,
Statement of
Specified Foreign
Financial Assets.
See instructions.

- You must complete this part if you (a) had over \$1,500 of taxable interest or ordinary dividends; (b) had a foreign account; or (c) received a distribution from, or were a grantor of, or a transferor to, a foreign trust.
7a At any time during 2024, did you have a financial interest in or signature authority over a financial account (such as a bank account, securities account, or brokerage account) located in a foreign country? See instructions.
If "Yes," are you required to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), to report that financial interest or signature authority? See FinCEN Form 114 and its instructions for filing requirements and exceptions to those requirements.
b If you are required to file FinCEN Form 114, list the name(s) of the foreign country(-ies) where the financial account(s) is (are) located:
8 During 2024, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? If "Yes," you may have to file Form 3520. See instructions

Table with 2 columns: Yes, No. Rows show responses for questions 7a, 7b, and 8.



**SCHEDULE D**  
**(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Capital Gains and Losses**

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

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

OMB No. 1545-0074

**2024**

Attachment  
Sequence No. **12**

Name(s) shown on return

**DHIRENDRA S KASHIWALE and VIJAY LAXMI SINGH**

Your social security number

**225-87-1371**

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)
<b>1a</b> 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 . . .				
<b>1b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked . . . . .	<b>50,084.</b>	<b>50,515.</b>		<b>-431.</b>
<b>2</b> Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked . . . . .				
<b>3</b> Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked . . . . .				
<b>4</b> Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 . . . . .			<b>4</b>	
<b>5</b> Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 . . . . .			<b>5</b>	
<b>6</b> Short-term capital loss carryover. Enter the amount, if any, from line 8 of your <b>Capital Loss Carryover Worksheet</b> in the instructions . . . . .			<b>6</b>	( )
<b>7</b> <b>Net short-term capital gain or (loss).</b> 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 . . . . .			<b>7</b>	<b>-431.</b>

**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)
<b>8a</b> 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 . . .				
<b>8b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked . . . . .	<b>274,664.</b>	<b>238,706.</b>		<b>35,958.</b>
<b>9</b> Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked . . . . .				
<b>10</b> Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked . . . . .				
<b>11</b> 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 . . . . .			<b>11</b>	
<b>12</b> Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 . . . . .			<b>12</b>	
<b>13</b> Capital gain distributions. See the instructions . . . . .			<b>13</b>	<b>159.</b>
<b>14</b> Long-term capital loss carryover. Enter the amount, if any, from line 13 of your <b>Capital Loss Carryover Worksheet</b> in the instructions . . . . .			<b>14</b>	( <b>49,929.</b> )
<b>15</b> <b>Net long-term capital gain or (loss).</b> Combine lines 8a through 14 in column (h). Then, go to Part III on page 2 . . . . .			<b>15</b>	<b>-13,812.</b>

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

Schedule D (Form 1040) 2024

UYA

**Part III** Summary

<b>16</b>	Combine lines 7 and 15 and enter the result . . . . .	<b>16</b>	<b>-14,243.</b>
<ul style="list-style-type: none"><li>• If line 16 is a <b>gain</b>, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below.</li><li>• If line 16 is a <b>loss</b>, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22.</li><li>• If line 16 is <b>zero</b>, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22.</li></ul>			
<b>17</b>	Are lines 15 and 16 <b>both</b> gains? <input type="checkbox"/> <b>Yes.</b> Go to line 18. <input type="checkbox"/> <b>No.</b> Skip lines 18 through 21, and go to line 22.		
<b>18</b>	If you are required to complete the <b>28% Rate Gain Worksheet</b> (see instructions), enter the amount, if any, from line 7 of that worksheet . . . . .	<b>18</b>	<b>0.</b>
<b>19</b>	If you are required to complete the <b>Unrecaptured Section 1250 Gain Worksheet</b> (see instructions), enter the amount, if any, from line 18 of that worksheet . . . . .	<b>19</b>	<b>0.</b>
<b>20</b>	Are lines 18 and 19 both zero or blank and you are not filing Form 4952? <input type="checkbox"/> <b>Yes.</b> Complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> in the instructions for Form 1040, line 16. <b>Don't</b> complete lines 21 and 22 below. <input type="checkbox"/> <b>No.</b> Complete the <b>Schedule D Tax Worksheet</b> in the instructions. <b>Don't</b> complete lines 21 and 22 below.		
<b>21</b>	If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the <b>smaller</b> of: <ul style="list-style-type: none"><li>• The loss on line 16; or</li><li>• (\$3,000), or if married filing separately, (\$1,500)</li></ul>	<b>21</b>	<b>( 3,000.)</b>
<b>Note:</b> When figuring which amount is smaller, treat both amounts as positive numbers.			
<b>22</b>	Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a? <input checked="" type="checkbox"/> <b>Yes.</b> Complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> in the instructions for Form 1040, line 16. <input type="checkbox"/> <b>No.</b> Complete the rest of Form 1040, 1040-SR, or 1040-NR.		



**225-87-1371**

## Capital Loss Carryover Worksheet

Keep for Your Records

Use this worksheet to figure your capital loss carryovers from 2024 to 2025 if your 2024 Schedule D, line 21, is a loss and **(a)** that loss is a smaller loss than the loss on your 2024 Schedule D, line 16, **or (b)** if the amount on your 2024 Form 1040, line 15 (or your 2024 Form 1040-NR, line 15, if applicable) would be less than zero if you could enter a negative amount on that line. Otherwise, you don't have any carryovers.

If you and your spouse once filed a joint return and are filing separate returns for 2025, any capital loss carryover from the joint return can be deducted only on the return of the spouse who actually had the loss.

If you excluded canceled debt from income in 2025, see Pub. 4681.

1. Enter the amount from Form 1040, 1040-SR, or 1040-NR, line 15.	1.	<u>180,973.</u>
2. Enter the loss from Schedule D, line 21, as a positive amount	2.	<u>3,000.</u>
3. Combine lines 1 and 2. If zero or less, enter -0-	3.	<u>183,973.</u>
4. Enter the smaller of line 2 or line 3	4.	<u>3,000.</u>
<b>If line 7 of Schedule D is a loss, go to line 5; otherwise, enter -0- on line 5 and go to line 9.</b>		
5. Enter the loss from Schedule D, line 7, as a positive amount	5.	<u>431.</u>
6. Enter any gain from Schedule D, line 15. If a loss, enter -0-	6.	<u>          </u>
7. Add lines 4 and 6	7.	<u>3,000.</u>
8. <b>Short-term capital loss carryover to 2025.</b> Subtract line 7 from line 5. If zero or less, enter -0-	8.	<u>          </u>
<b>If line 15 of Schedule D is a loss, go to line 9; otherwise, skip lines 9 through 13.</b>		
9. Enter the loss from Schedule D, line 15, as a positive amount	9.	<u>13,812.</u>
10. Enter any gain from Schedule D, line 7	10.	<u>          </u>
11. Subtract line 5 from line 4. If zero or less, enter -0-	11.	<u>2,569.</u>
12. Add lines 10 and 11	12.	<u>2,569.</u>
13. <b>Long-term capital loss carryover to 2025.</b> Subtract line 12 from line 9. If zero or less, enter -0-	13.	<u>11,243.</u>

Do Not File  
Client Copy

SCHEDULE E  
(Form 1040)

Department of the Treasury  
Internal Revenue Service

Name(s) shown on return

Supplemental Income and Loss

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

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

Go to [www.irs.gov/ScheduleE](http://www.irs.gov/ScheduleE) for instructions and the latest information.

OMB No. 1545-0074

2024

Attachment  
Sequence No. 13

Your social security number

225-87-1371

DHIRENDRA S KASHIWALE and VIJAY LAXMI SINGH

Part I Income or Loss From Rental Real Estate and Royalties

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

- A Did you make any payments in 2024 that would require you to file Form(s) 1099? See instructions ☐ Yes ☐ No  
B If "Yes," did you or will you file required Form(s) 1099? ☐ Yes ☐ No

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

A	SRC 12/D SHIPRA RIVERA, GHAZIABAD, INDIRAP, GHAZIABAD, UTTER PRADESH, 201014, India
B	
C	

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

Type of Property:

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

Income:		Properties:		
		A	B	C
3 Rents received	3			
4 Royalties received	4			
Expenses:				
5 Advertising	5			
6 Auto and travel (see instructions)	6			
7 Cleaning and maintenance	7			
8 Commissions	8			
9 Insurance	9			
10 Legal and other professional fees	10			
11 Management fees	11			
12 Mortgage interest paid to banks, etc. (see instructions)	12			
13 Other interest	13			
14 Repairs	14	1,243.		
15 Supplies	15			
16 Taxes	16	230.		
17 Utilities	17			
18 Depreciation expense or depletion	18			
19 Other (list)	19			
20 Total expenses. Add lines 5 through 19	20	1,473.	0.	0.
21 Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198	21	-1,473.	0.	0.
22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22	( 0. )	( 0. )	( 0. )
23a Total of all amounts reported on line 3 for all rental properties	23a	0.		
b Total of all amounts reported on line 4 for all royalty properties	23b	0.		
c Total of all amounts reported on line 12 for all properties	23c	0.		
d Total of all amounts reported on line 18 for all properties	23d	0.		
e Total of all amounts reported on line 20 for all properties	23e	1,473.		
24 Income. Add positive amounts shown on line 21. Do not include any losses.	24			0.
25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here	25	( 0. )		
26 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, and IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2	26			0.

For Paperwork Reduction Act Notice, see the separate instructions.

UYA

Schedule E (Form 1040) 2024

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

Your social security number

**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	LARRY LLC	P	<input type="checkbox"/>	85-2879898	<input type="checkbox"/>	<input type="checkbox"/>
B	LARRY LLC	P	<input type="checkbox"/>	85-2879898	<input type="checkbox"/>	<input type="checkbox"/>
C			<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
D			<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

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		6,792.			
B		6,792.			
C					
D					
29a Totals	0.			0.	0.
b Totals	0.	13,584.		0.	
30 Add columns (h) and (k) of line 29a				30	0.
31 Add columns (g), (i), and (j) of line 29b				31	( 13,584. )
32 Total partnership and S corporation income or (loss). Combine lines 30 and 31				32	-13,584.

**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	0.	0.	0.	34a	0.
b Totals	0.	0.	0.		
35 Add columns (d) and (f) of line 34a				35	0.
36 Add columns (c) and (e) of line 34b				36	( 0. )
37 Total estate and trust income or (loss). Combine lines 35 and 36				37	0.

**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	0

**Part V Summary**

40	Net farm rental income or (loss) from Form 4835. Also, complete line 42 below	40	0.
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	-13,584.
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 AN; and Schedule K-1 (Form 1041), box 14, code F. See instructions	42	0.
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	0.

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](http://www.irs.gov/Schedule8812) for instructions and the latest information.

OMB No. 1545-0074

2024

Attachment  
Sequence No. 47

Name(s) shown on return

DHIRENDRA S KASHIWALE and VIJAY LAXMI SINGH

Your social security number

225-87-1371

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	210,194.
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	210,194.
4	Number of qualifying children under age 17 with the required social security number . . .	4	0
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
<b>Caution:</b> 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	
11	Multiply line 10 by 5% (0.05) . . . . .	11	
12	Is the amount on line 8 more than the amount on line 11? <input type="checkbox"/> <b>No. STOP.</b> You cannot take the child tax credit, credit for other dependents, or additional child tax credit. Skip Parts II-A and II-B. Enter -0- on lines 14 and 27. <input checked="" type="checkbox"/> <b>Yes.</b> Subtract line 11 from line 8. Enter the result.	12	500.
13	Enter the amount from <b>Credit Limit Worksheet A</b> . . . . .	13	29,515.
14	Enter the smaller of line 12 or 13. <b>This is your child tax credit and credit for other dependents</b> <b>Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 19.</b>	14	500.

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



**Part II-A Additional Child Tax Credit for All Filers****Caution:** If you file Form 2555, you cannot claim the additional child tax credit.

<b>15</b>	Check this box if you <b>do not</b> want to claim the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27 . . . . .	<input type="checkbox"/>
<b>16a</b>	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 . . . . .	<b>16a</b>
<b>b</b>	Number of qualifying children under age 17 with the required social security number: <u>0</u> x \$1,700. Enter the result. If zero, <b>stop here</b> ; you cannot claim the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27 . . . . .	<b>16b</b>
<b>TIP:</b> The number of children you use for this line is the same as the number of children you used for line 4.		
<b>17</b>	Enter the <b>smaller</b> of line 16a or line 16b . . . . .	<b>17</b>
<b>18a</b>	Earned income (see instructions). . . . .	<b>18a</b>
<b>b</b>	Nontaxable combat pay (see instructions). . . . .	<b>18b</b>
<b>19</b>	Is the amount on line 18a more than \$2,500? <input type="checkbox"/> <b>No.</b> Leave line 19 blank and enter -0- on line 20. <input type="checkbox"/> <b>Yes.</b> Subtract \$2,500 from the amount on line 18a. Enter the result . . . . .	<b>19</b>
<b>20</b>	Multiply the amount on line 19 by 15% (0.15) and enter the result. . . . .	<b>20</b>
<b>Next.</b> On line 16b, is the amount \$5,100 or more? <input type="checkbox"/> <b>No.</b> If you are a bona fide resident of Puerto Rico, go to line 21. Otherwise, skip Part II-B and enter the <b>smaller</b> of line 17 or line 20 on line 27. <input type="checkbox"/> <b>Yes.</b> 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**

<b>21</b>	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, or if you are a bona fide resident of Puerto Rico, see instructions . . . . .	<b>21</b>
<b>22</b>	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 . . . . .	<b>22</b>
<b>23</b>	Add lines 21 and 22 . . . . .	<b>23</b>
<b>24</b>	<b>1040 and</b> <b>1040-SR filers:</b> Enter the total of the amounts from Form 1040 or 1040-SR, line 27, and Schedule 3 (Form 1040), line 11. <b>1040-NR filers:</b> Enter the amount from Schedule 3 (Form 1040), line 11.	<b>24</b>
<b>25</b>	Subtract line 24 from line 23. If zero or less, enter -0- . . . . .	<b>25</b>
<b>26</b>	Enter the <b>larger</b> of line 20 or line 25 . . . . . <b>Next,</b> enter the <b>smaller</b> of line 17 or line 26 on line 27.	<b>26</b>

**Part II-C Additional Child Tax Credit**

<b>27</b>	This is your additional child tax credit. Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 28 . . . . .	<b>27</b>
-----------	--	-----------

# Health Savings Accounts (HSAs)

Attach to Form 1040, 1040-SR, or 1040-NR.  
Go to [www.irs.gov/Form8889](https://www.irs.gov/Form8889) for instructions and the latest information.

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

**VIJAY LAXMI SINGH**

Social security number of HSA beneficiary.  
If both spouses have HSAs, see instructions.

**579-37-4923**

**Before you begin:** Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if required.

**Part I HSA Contributions and Deduction.** See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part I for each spouse.

1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2024. See instructions . . . . .	<input type="checkbox"/> Self-only <input checked="" type="checkbox"/> Family
2	HSA contributions you made for 2024 (or those made on your behalf), including those made by the unextended due date of your tax return that were for 2024. <b>Do not</b> include employer contributions, contributions through a cafeteria plan, or rollovers. See instructions. . . . .	2
3	If you were under age 55 at the end of 2024 and, on the first day of <b>every</b> month during 2024, you were, or were considered, an eligible individual with the <b>same</b> coverage, enter \$4,150 (\$8,300 for family coverage). <b>All others</b> , see the instructions for the amount to enter. . . . .	3 8,300.
4	Enter the amount you and your employer contributed to your Archer MSAs for 2024 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2024, also include any amount contributed to your spouse's Archer MSAs. . . . .	4
5	Subtract line 4 from line 3. If zero or less, enter -0- . . . . .	5 8,300.
6	Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2024, see the instructions for the amount to enter. . . . .	6 8,300.
7	If you were age 55 or older at the end of 2024, married, and you or your spouse had family coverage under an HDHP at any time during 2024, enter your additional contribution amount. See instructions . . . . .	7
8	Add lines 6 and 7. . . . .	8 8,300.
9	Employer contributions made to your HSAs for 2024 . . . . .	9 2,900.
10	Qualified HSA funding distributions. . . . .	10
11	Add lines 9 and 10 . . . . .	11 2,900.
12	Subtract line 11 from line 8. If zero or less, enter -0- . . . . .	12 5,400.
13	<b>HSA deduction (see instructions)</b> . . . . .	13

**Part II HSA Distributions.** If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part II for each spouse.

14a	Total distributions you received in 2024 from all HSAs (see instructions) . . . . .	14a
b	Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return. See instructions . . . . .	14b
c	Subtract line 14b from line 14a . . . . .	14c
15	Qualified medical expenses paid using HSA distributions (see instructions). . . . .	15
16	<b>Taxable HSA distributions.</b> Subtract line 15 from line 14c. If zero or less, enter -0-. Also, include this amount in the total on Schedule 1 (Form 1040), Part I, line 8f . . . . .	16
17a	If any of the distributions included on line 16 meet any of the <b>Exceptions to the Additional 20% Tax</b> (see instructions), check here . . . . . <input type="checkbox"/>	
b	<b>Additional 20% tax</b> (see instructions). Enter 20% (0.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also, include this amount in the total on Schedule 2 (Form 1040), Part II, line 17c. . . . .	17b

**Part III Income and Additional Tax for Failure To Maintain HDHP Coverage.** See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part III for each spouse.

18	Last-month rule . . . . .	18
19	Qualified HSA funding distribution . . . . .	19
20	<b>Total income.</b> Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I, line 8f . . . . .	20
21	<b>Additional tax.</b> Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2 (Form 1040), Part II, line 17d . . . . .	21

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

Form **8889** (2024)

UYA

**Qualified Business Income Deduction  
Simplified Computation**

OMB No. 1545-2294

**2024**Department of the Treasury  
Internal Revenue Service

Attach to your tax return.

Go to [www.irs.gov/Form8995](https://www.irs.gov/Form8995) for instructions and the latest information.Attachment  
Sequence No. **55**

Name(s) shown on return

**DHIRENDRA S KASHIWALE and VIJAY LAXMI SINGH**

Your taxpayer identification number

**225-87-1371**

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

Use this form if your taxable income, before your qualified business income deduction, is at or below \$191,950 (\$383,900 if married filing jointly), and you aren't a patron of an agricultural or horticultural cooperative.

1	(a) Trade, business, or aggregation name	(b) Taxpayer identification number	(c) Qualified business income or (loss)
i	<b>LARRY LLC</b>	<b>85-2879898</b>	<b>-6,792.</b>
ii	<b>LARRY LLC</b>	<b>85-2879898</b>	<b>-6,792.</b>
iii			
iv			
v			
2	Total qualified business income or (loss). Combine lines 1i through 1v, column (c)	2 <b>-13,584.</b>	
3	Qualified business net (loss) carryforward from the prior year	3 <b>( 13,653. )</b>	
4	Total qualified business income. Combine lines 2 and 3. If zero or less, enter -0-	4	
5	Qualified business income component. Multiply line 4 by 20% (0.20)	5	
6	Qualified REIT dividends and publicly traded partnership (PTP) income or (loss) (see instructions)	6 <b>107.</b>	
7	Qualified REIT dividends and qualified PTP (loss) carryforward from the prior year	7 <b>( )</b>	
8	Total qualified REIT dividends and PTP income. Combine lines 6 and 7. If zero or less, enter -0-	8 <b>107.</b>	
9	REIT and PTP component. Multiply line 8 by 20% (0.20)	9	<b>21.</b>
10	Qualified business income deduction before the income limitation. Add lines 5 and 9	10	<b>21.</b>
11	Taxable income before qualified business income deduction (see instructions)	11 <b>180,994.</b>	
12	Enter your net capital gain, if any, increased by any qualified dividends (see instructions)	12 <b>4,497.</b>	
13	Subtract line 12 from line 11. If zero or less, enter -0-	13 <b>176,497.</b>	
14	Income limitation. Multiply line 13 by 20% (0.20)	14	<b>35,299.</b>
15	Qualified business income deduction. Enter the smaller of line 10 or line 14. Also enter this amount on the applicable line of your return (see instructions)	15	<b>21.</b>
16	Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than zero, enter -0-	16 <b>( 27,237. )</b>	
17	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 and 7. If greater than zero, enter -0-	17 <b>( )</b>	

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

Form **8995** (2024)

UYA

**Paid Preparer's Due Diligence Checklist**

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

**2024**Attachment  
Sequence No. **70**

Taxpayer name(s) shown on return

**DHIRENDRA S KASHIWALE and VIJAY LAXMI SINGH**

Taxpayer identification number

**225-87-1371**

Preparer's name

**RAJENDRA MANCHE**

Preparer tax identification number

**P01611128****Part I Due Diligence Requirements**

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

☐ EIC ☒ CTC/ACTC/ODC ☐ AOTC ☐ HOH

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

For Paperwork Reduction Act Notice, see separate instructions.

UYA

Form 8867 (Rev. 11-2024)

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

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

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

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

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

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

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

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

**Part VI Eligibility Certification**

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

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

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

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

Form **8959**Department of the Treasury  
Internal Revenue Service**Additional Medicare Tax**

If any line does not apply to you, leave it blank. See separate instructions.

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

Go to [www.irs.gov/Form8959](http://www.irs.gov/Form8959) for instructions and the latest information.

OMB No. 1545-0074

**2024**Attachment  
Sequence No. **71**

Name(s) shown on return

**DHIRENDRA S KASHIWALE and VIJAY LAXMI SINGH**

Your social security number

**225-87-1371****Part I Additional Medicare Tax on Medicare Wages**

1	Medicare wages and tips from Form W-2, box 5. If you have more than one Form W-2, enter the total of the amounts from box 5. . . .	1	<b>267,692.</b>	
2	Unreported tips from Form 4137, line 6 . . . . .	2		
3	Wages from Form 8919, line 6 . . . . .	3		
4	Add lines 1 through 3 . . . . .	4	<b>267,692.</b>	
5	Enter the following amount for your filing status: Married filing jointly . . . . . \$250,000 Married filing separately . . . . . \$125,000 Single, Head of household, or Qualifying surviving spouse \$200,000	5	<b>250,000.</b>	
6	Subtract line 5 from line 4. If zero or less, enter -0- . . . . .	6		<b>17,692.</b>
7	Additional Medicare Tax on Medicare wages. Multiply line 6 by 0.9% (0.009). Enter here and go to Part II . . . . .	7		<b>159.</b>

**Part II Additional Medicare Tax on Self-Employment Income**

8	Self-employment income from Schedule SE (Form 1040), Part I, line 6. If you had a loss, enter -0- . . . . .	8		
9	Enter the following amount for your filing status: Married filing jointly . . . . . \$250,000 Married filing separately . . . . . \$125,000 Single, Head of household, or Qualifying surviving spouse \$200,000	9		
10	Enter the amount from line 4 . . . . .	10		
11	Subtract line 10 from line 9. If zero or less, enter -0- . . . . .	11		
12	Subtract line 11 from line 8. If zero or less, enter -0- . . . . .	12		
13	Additional Medicare Tax on self-employment income. Multiply line 12 by 0.9% (0.009). Enter here and go to Part III . . . . .	13		

**Part III Additional Medicare Tax on Railroad Retirement Tax Act (RRTA) Compensation**

14	Railroad retirement (RRTA) compensation and tips from Form(s) W-2, box 14 (see instructions). . . . .	14		
15	Enter the following amount for your filing status: Married filing jointly . . . . . \$250,000 Married filing separately . . . . . \$125,000 Single, Head of household, or Qualifying surviving spouse \$200,000	15		
16	Subtract line 15 from line 14. If zero or less, enter -0- . . . . .	16		
17	Additional Medicare Tax on railroad retirement (RRTA) compensation. Multiply line 16 by 0.9% (0.009). Enter here and go to Part IV . . . . .	17		

**Part IV Total Additional Medicare Tax**

18	Add lines 7, 13, and 17. Also include this amount on Schedule 2 (Form 1040), line 11 (Form 1040-SS filers, see instructions), and go to Part V . . . . .	18		<b>159.</b>
----	--	----	--	-------------

**Part V Withholding Reconciliation**

19	Medicare tax withheld from Form W-2, box 6. If you have more than one Form W-2, enter the total of the amounts from box 6. . . .	19	<b>3,979.</b>	
20	Enter the amount from line 1 . . . . .	20	<b>267,692.</b>	
21	Multiply line 20 by 1.45% (0.0145). This is your regular Medicare tax withholding on Medicare wages . . . . .	21	<b>3,882.</b>	
22	Subtract line 21 from line 19. If zero or less, enter -0-. This is your Additional Medicare Tax withholding on Medicare wages . . . . .	22		<b>97.</b>
23	Additional Medicare Tax withholding on railroad retirement (RRTA) compensation from Form W-2, box 14 (see instructions) . . . . .	23		
24	<b>Total Additional Medicare Tax withholding.</b> Add lines 22 and 23. Also include this amount with federal income tax withholding on Form 1040, 1040-SR, or 1040-NR, line 25c (Form 1040-SS filers, see instructions). . . . .	24		<b>97.</b>

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

UYA

Form **8959** (2024)

**Passive Activity Loss Limitations**

See separate instructions.

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

Go to [www.irs.gov/Form8582](http://www.irs.gov/Form8582) for instructions and the latest information.**2024**Attachment  
Sequence No. **858**

Name(s) shown on return

**DHIRENDRA S KASHIWALE and VIJAY LAXMI SINGH**

Identifying number

**225-87-1371****Part I 2024 Passive Activity Loss****Caution:** Complete Parts IV and V before completing Part I.**Rental Real Estate Activities With Active Participation** (For the definition of active participation, see **Special Allowance for Rental Real Estate Activities** in the instructions.)

1a	Activities with net income (enter the amount from Part IV, column (a))	1a	0.
b	Activities with net loss (enter the amount from Part IV, column (b))	1b	( 0. )
c	Prior years' unallowed losses (enter the amount from Part IV, column (c))	1c	( 2,300. )
d	Combine lines 1a, 1b, and 1c	1d	-2,300.

**All Other Passive Activities**

2a	Activities with net income (enter the amount from Part V, column (a))	2a	0.
b	Activities with net loss (enter the amount from Part V, column (b))	2b	( 0. )
c	Prior years' unallowed losses (enter the amount from Part V, column (c))	2c	( 0. )
d	Combine lines 2a, 2b, and 2c	2d	0.

3	Combine lines 1d and 2d and subtract any prior year unallowed CRD. See instructions. If this line is zero or more, stop here and include this form with your return; all losses are allowed, including any prior year unallowed losses entered on line 1c or 2c. Report the losses on the forms and schedules normally used	3	-2,300.
If line 3 is a loss and: <ul style="list-style-type: none"><li>• Line 1d is a loss, go to Part II.</li><li>• Line 2d is a loss (and line 1d is zero or more), skip Part II and go to line 10.</li></ul>			

**Caution:** If your filing status is married filing separately and you lived with your spouse at any time during the year, **do not** complete Part II. Instead, go to line 10.**Part II Special Allowance for Rental Real Estate Activities With Active Participation****Note:** Enter all numbers in Part II as positive amounts. See instructions for an example.

4	Enter the <b>smaller</b> of the loss on line 1d or the loss on line 3	4	2,300.
5	Enter \$150,000. If married filing separately, see instructions	5	150,000.
6	Enter modified adjusted gross income, but not less than zero. See instructions	6	210,194.
<b>Note:</b> If line 6 is greater than or equal to line 5, skip lines 7 and 8 and enter -0- on line 9. Otherwise, go to line 7.			
7	Subtract line 6 from line 5	7	0.
8	Multiply line 7 by 50% (0.50). <b>Do not</b> enter more than \$25,000. If married filing separately, see instructions	8	0.
9	Enter the <b>smaller</b> of line 4 or line 8. If line 3 includes any CRD, see instructions	9	0.

**Part III Total Losses Allowed**

10	Add the income, if any, on lines 1a and 2a and enter the total	10	0.
11	<b>Total losses allowed from all passive activities for 2024.</b> Add lines 9 and 10. See instructions to find out how to report the losses on your tax return	11	0.

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

Name of activity	Current year		Prior years	Overall gain or loss	
	(a) Net income (line 1a)	(b) Net loss (line 1b)	(c) Unallowed loss (line 1c)	(d) Gain	(e) Loss
SRC 12/D SHIPRA RIVERA	0.	0.	-2,300.	0.	-2,300.
	0.	0.	0.	0.	0.
	0.	0.	0.	0.	0.
	0.	0.	0.	0.	0.
	0.	0.	0.	0.	0.
<b>Total.</b> Enter on Part I, lines 1a, 1b, and 1c	0.	0.	-2,300.		

For Paperwork Reduction Act Notice, see instructions.

Form **8582** (2024)

UYA

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

Name of activity	Current year		Prior years	Overall gain or loss	
	(a) Net income (line 2a)	(b) Net loss (line 2b)	(c) Unallowed loss (line 2c)	(d) Gain	(e) Loss
	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.
<b>Total.</b> Enter on Part I, lines 2a, 2b, and 2c	0.	0.	0.		

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

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ratio	(c) Special allowance	(d) Subtract column (c) from column (a).
SRC 12/D SHIPRA RIVERA	Sch E L22	-2,300.	1.000000	0.	-2,300.
		0.	0.000000	0.	0.
		0.	0.000000	0.	0.
		0.	0.000000	0.	0.
		0.	0.000000	0.	0.
<b>Total</b>		-2,300.	1.00	0.	-2,300.

**Part VII** Allocation of Unallowed Losses. See instructions.

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ratio	(c) Unallowed loss
SRC 12/D SHIPRA RIVERA	Sch E L22	-2,300.	1.000000	-2,300.
		0.	0.000000	0.
		0.	0.000000	0.
		0.	0.000000	0.
		0.	0.000000	0.
<b>Total</b>		-2,300.	1.00	-2,300.

**Part VIII** Allowed Losses. See instructions.

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Unallowed loss	(c) Allowed loss
SRC 12/D SHIPRA RIVERA	Sch E L22	-2,300.	-2,300.	0.
		0.	0.	0.
		0.	0.	0.
		0.	0.	0.
		0.	0.	0.
<b>Total</b>		-2,300.	-2,300.	0.





Your Social Security Number (required)  
225871371

Last Name, First Name, Initial (Joint Filers enter first name and middle initial of each. Enter spouse's/CU partner's last name ONLY if different.)  
KASHIWALE DHIRENDRA S AND SINGH VIJAY LAXMI

Spouse's/CU Partner's SSN (if filing jointly)  
579374923

County/Municipality Code (See Table page 52)  
1805

Home Address (Number and Street, including apartment number)  
24 IROQUOIS TRAIL

City, Town, Post Office  
BRANCHBURG

State ZIP Code  
NJ 08876

Driver's License Number (Voluntary) (See instructions)  
K07391678206671

Federal extension filed.  
The address above is a foreign address.  
Your address has changed.  
Death certificate is enclosed.  
Do not want a paper form next year.  
I authorize the Division of Taxation to discuss my return and enclosures with my preparer.  
NJ-1040-O is enclosed.

Do Not File  
Client Copy

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

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

Direct Deposit Information

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





Name(s) as shown on Form NJ-1040  
**KASHIWALE DHIRENDRA S AND SINGH VIJAY LA**

Your Social Security Number  
**225871371**

**1064**

Part-year residents, provide months/days you were a New Jersey resident during 2024:  
From \_\_\_\_\_ To \_\_\_\_\_

Fiscal year filers only:  
Enter month of your year end \_\_\_\_\_

### Filing Status

Fill in only one.

1. Single
2. ☒ Married/CU Couple, filing joint return
3. Married/CU Partner, filing separate return
4. Head of Household
5. Qualifying Widow(er)/Surviving CU Partner

Enter spouse's/CU partner's SSN \_\_\_\_\_

Indicate the year of your spouse's/CU partner's death: 2022 \_\_\_\_\_ 2023 \_\_\_\_\_

### Exemptions

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

- |  |  |   |                  |          |             |             |
|--|--|---|------------------|----------|-------------|-------------|
| 6. Regular   | <input checked="" type="checkbox"/> Self | <input checked="" type="checkbox"/> Spouse/CU Partner | Domestic Partner | <b>2</b> | x \$1,000 = | <b>2000</b> |
| 7. Senior 65+ (Born in 1959 or earlier)                                | <input type="checkbox"/> Self            | <input type="checkbox"/> Spouse/CU Partner            |                  |          | x \$1,000 = | _____       |
| 8. Blind/Disabled  | <input type="checkbox"/> Self            | <input type="checkbox"/> Spouse/CU Partner            |                  |          | x \$1,000 = | _____       |
| 9. Veteran   | <input type="checkbox"/> Self            | <input type="checkbox"/> Spouse/CU Partner            |                  |          | x \$6,000 = | _____       |
| 10. Qualified Dependent Children                                       |  |   |                  | <b>1</b> | x \$1,500 = | <b>1500</b> |
| 11. Other Dependents   |  |   |                  |          | x \$1,500 = | _____       |
| 12. Dependents Attending Colleges (See instructions)                   |  |   |                  |          | x \$1,000 = | _____       |
| 13. Total Exemption Amount (Add totals from the lines at 6 through 12) |  |   |                  |          | 13.         | <b>3500</b> |

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

Last Name, First Name, Middle Initial	Social Security Number	Birth Year	No Health Insurance
a. <b>SINGH RANJIT</b>	<b>579374921</b>	<b>2004</b>	
b. _____	_____	_____	
c. _____	_____	_____	
d. _____	_____	_____	



Name(s) as shown on Form NJ-1040  
**KASHIWALE DHIRENDRA S AND SINGH VIJAY LA**

Your Social Security Number  
**225871371**

**1064**

15.	Wages, salaries, tips, and other employee compensation (State wages from Box 16 of enclosed W-2(s)) (See instructions)	15.	<b>216455</b>	.
16a.	Taxable interest income (Enclose federal Schedule B if over \$1,500) (See instructions)	16a.	<b>11484</b>	.
16b.	Tax-exempt interest income (Enclose Schedule) (See instructions) Do not include on line 16a	16b.		.
17.	Dividends	17.	<b>7117</b>	.
18.	Net profits from business (Schedule NJ-BUS-1, Part I, line 4) (Enclose federal Schedule C)	18.		.
19.	Net gains or income from disposition of property (Schedule NJ-DOP, line 4)	19.	<b>35686</b>	.
20a.	Taxable pensions, annuities, and IRA distributions/withdrawals (See instructions)	20a.		.
20b.	Excludable pension, annuity, and IRA distributions/withdrawals	20b.		.
21.	Distributive Share of Partnership Income (Schedule NJ-BUS-1, Part II, line 4) (Enclose Schedule NJK-1 or federal Schedule K-1)	21.		.
22.	Net pro rata share of S Corporation Income (Schedule NJ-BUS-1, Part III, line 4) (Enclose Schedule NJ-K-1 or federal Schedule K-1)	22.		.
23.	Net gains or income from rents, royalties, patents, and copyrights (Schedule NJ-BUS-1, Part IV, line 4)	23.		.
24.	Net gambling winnings (See instructions)	24.		.
25.	Alimony and Separate Maintenance payments received	25.		.
26.	Other (Enclose documents) (See instructions)	26.		.
27.	Total Income (Add lines 15, 16a, 17 through 20a, and 21 through 26)	27.	<b>270742</b>	.
28a.	Pension/Retirement Exclusion (See instructions)	28a.		.
28b.	Other Retirement Income Exclusion (See Worksheet D and instructions pages 20-21)	28b.		.
28c.	Total Exclusion Amount (Add lines 28a and 28b)	28c.		.
29.	New Jersey Gross Income (Subtract line 28c from line 27) (See instructions)	29.	<b>270742</b>	.
30.	Exemption Amount (Enter amount from line 13. Part-year residents see instr.)	30.	<b>3500</b>	.
31.	Medical Expenses (See Worksheet F and instructions)	31.		.
32.	Alimony and separate maintenance payments (See instructions)	32.		.
33.	Qualified Conservation Contribution	33.		.
34.	Health Enterprise Zone Deduction	34.		.
35.	Alternative Business Calculation Adjustment (Schedule NJ-BUS-2, line 11)	35.		.
36.	Organ/Bone Marrow Donation Deduction (See instructions)	36.		.
37a.	NJBEST Deduction	37a.		.
37b.	NJCLASS Deduction	37b.		.
37c.	NJ Higher ED. Tuition Deduction	37c.		.
38.	Total Exemptions and Deductions (Add lines 30 through 37c)	38.	<b>3500</b>	.
39.	Taxable Income (Subtract line 38 from line 29)	39.	<b>267242</b>	.
40a.	Total Property Taxes (18% of Rent) Paid (See instructions page 25)	40a.	<b>8560</b>	.
40b.	Indicate your residency status during 2024 (fill in only one) <b>X</b> Homeowner Tenant Both			.
41.	Property Tax Deduction (From Worksheet H) (See instructions)	41.	<b>8560</b>	.
42.	New Jersey Taxable Income (Subtract line 41 from line 39)	42.	<b>258682</b>	.
43.	Tax on amount on line 42 (Tax Table page 54)	43.	<b>12436</b>	.
44.	Credit For Income Taxes Paid to Other Jurisdictions (Enclose Schedule NJ-COJ) (See instructions) Enter Code	44.		.
45.	Balance of Tax (Subtract line 44 from line 43)	45.	<b>12436</b>	.
46.	Sheltered Workshop Tax Credit	46.		.
47.	Gold Star Family Counseling Credit (See instructions)	47.		.
48.	Credit for Employer of Organ/Bone Marrow Donor (See instructions)	48.		.
49.	Total credits (Add lines 46 through 48)	49.		.
50.	Balance of Tax After Credits (Subtract line 49 from line 45) If zero or less, make no entry	50.	<b>12436</b>	.
51.	Use Tax Due on Internet, Mail-Order, or Other Out-of-State Purchases (See instructions) If no Use Tax, enter 0	51.		.
52.	Interest on Underpayment of Estimated Tax Fill in if Form NJ-2210 is enclosed	52.		.
53a.	Fill in if anyone in your tax household does not currently have health insurance (Enclose NJ-EZ Enroll form) (See instructions)	53a		.



Name(s) as shown on Form NJ-1040

**KASHIWALE DHIRENDRA S AND SINGH VIJAY LA**

Your Social Security Number

**225871371**

**1064**

53b. If you indicated at line 53a that someone in your tax household does not have health insurance, fill in to allow Get Covered New Jersey to assist with obtaining coverage ( See instructions)	53b.	
53c. Shared Responsibility Payment (See instructions) REQUIRED Enclose Schedule NJ-HCC and fill in <b>X</b>	53c.	
54. Total Tax Due (Add lines 50 through 53c)	54.	<b>12436</b>
55. Total NJ Income Tax Withheld (Enclose Forms W-2 and 1099) (Part-year, see instructions)	55.	<b>11950</b>
56. Property Tax Credit (See instructions page 25)	56.	
57. New Jersey Estimated Tax Payments/Credit from 2023 tax return	57.	
58. New Jersey Earned Income Tax Credit (See instructions) Fill in if you had the IRS calculate your federal earned income credit Fill in if you are a CU couple claiming the NJ Earned Income Tax Credit	58.	
59. Excess New Jersey UI/WF/SWF Withheld (Enclose Form NJ-2450) (See instructions)	59.	
60. Excess New Jersey Disability Insurance Withheld (Enclose Form NJ-2450) (See instructions)	60.	
61. Excess New Jersey Family Leave Insurance Withheld (Enclose Form NJ-2450) (See instructions)	61.	
62. Wounded Warrior Caregivers Credit (See instructions)	62.	
63. Pass-Through Business Alternative Income Tax Credit (See instructions)	63.	
64. Child and Dependent Care Credit ( See instructions) Fill in if you are a CU couple claiming the Child and Dependent Care Credit	64.	
65. New Jersey Child Tax Credit (See instructions) Number of dependents age 5 or younger on 12/31/2024	65.	
66. Total Withholdings, Credits, and Payments (Add lines 55 through 65)	66.	<b>11950</b>
67. If line 66 is less than line 54, you have tax due. Subtract line 66 from line 54 and enter the amount you owe If you owe tax, you can still make a donation on lines 70 through 77.	67.	<b>486</b>
68. If the total on line 66 is more than line 54, you have an overpayment. Subtract line 54 from line 66 and enter the overpayment	68.	
69. Amount from line 68 you want to credit to your 2025 tax	69.	
70. Contribution to N.J. Endangered Wildlife Fund	70.	
71. Contribution to N.J. Children's Trust Fund to Prevent Child Abuse	71.	
72. Contribution to N.J. Vietnam Veterans' Memorial Fund	72.	
73. Contribution to N.J. Breast Cancer Research Fund	73.	
74. Contribution to U.S.S. New Jersey Educational Museum Fund	74.	
75. Other Designated Contribution (See instructions) Enter Code	75.	
76. Other Designated Contribution (See instructions) Enter Code	76.	
77. Other Designated Contribution (See instructions) Enter Code	77.	
78. Total Adjustments to Tax Due/Overpayment amount (Add lines 69 through 77)	78.	
79. Balance due (If line 67 is more than zero, add line 67 and line 78)	79.	<b>486</b>
80. Refund amount (If line 68 is more than zero, subtract line 78 from line 68)	80.	

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

Your Signature

Date

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

Date

Paid Preparer's Signature

Federal Identification Number

**P01611128**

Firm's Name

**FRIENDLY TAX SRV**

Firm's Federal Employer Identification Number

**461759656**

**Tax Due Address**

Enclose payment along with the NJ-1040-V payment voucher and tax return. Use the labels provided with the envelope and mail to:

State of New Jersey  
Division of Taxation  
Revenue Processing Center - Payments  
PO Box 111  
Trenton, NJ 08645-0111

Include Social Security number and make check or money order payable to:

State of New Jersey— TGI

You can also make a payment on our website:  
nj.gov/taxation

**Refund or No Tax Due Address**

Use the labels provided with the envelope and mail to:

New Jersey Division of Taxation  
Revenue Processing Center - Refunds  
PO Box 555  
Trenton, NJ 08647-0555

**2024**

	(a)	(b)	(c)	(d)	(e)	(f)
1.	Kind of property and description	Date acquired (mm/dd/yyyy)	Date sold (mm/dd/yyyy)	Gross sales price	Cost or other basis as adjusted (see instructions) and expense of sale	Gain or (loss) (d minus e)
	SHORT TERM-FIDELITY NATION FINANCIAL	01/01/2024	12/31/2024	10,134.	10,149.	-15.
	LONG TERM-FIDELITY NATION FINANCIAL	01/01/2023	12/31/2024	207,838.	165,788.	42,050.
	SHORT TERM-FIDELITY NATION FINANCIAL	01/01/2024	12/31/2024	11,669.	12,880.	-1,211.
	LONG TERM-FIDELITY NATION FINANCIAL	01/01/2023	12/31/2024	60,165.	68,176.	-8,011.
	LONG TERM- CHARLES SCHWAB	01/01/2023	12/31/2024	960.	980.	-20.
	SHORT TERM- CHARLES SCHWAB	01/01/2024	12/30/2024	28,281.	27,486.	795.
	LONG TERM- CHARLES SCHWAB	01/01/2023	12/30/2024	5,701.	3,762.	1,939.
2.	Capital Gains Distributions . . . . .					159.
3.	Other Net Gains . . . . .					
4.	Net Gains (Add lines 1, 2, and 3.) (Enter here and on line 19. If loss, enter zero here and make no entry on line 19.) . . . . .					35,686.

04/06/2025 03:24:14PM

**Schedule NJK-1**

(Form NJ-1065)

**State of New Jersey  
Partner's Share of Income****2024**

For Calendar Year 2024, or Fiscal Year Beginning \_\_\_\_\_ and ending \_\_\_\_\_

<b>Part I General Information</b>				
Partner's SS # or Federal EIN (Do not use EIN of a disregarded entity. See instr.) <b>225-87-1371</b>		Partnership's Federal EIN <b>85-2879898</b>		
Partner's Name <b>DHIRENDRA KASHIWALE</b>		Partnership's Name <b>LARRY LLC</b>		
Street Address <b>24 Iroquois Trail</b>		Partnership's Street Address <b>24 IROQUOIS TRL</b>		
City <b>BRANCHBURG</b>	State <b>NJ</b>	ZIP Code <b>08876</b>	City <b>SOMERVILLE</b>	State <b>NJ</b>
What type of entity is partner? (see instructions) <b>RI</b>		Enter partner's percentage of:		
Date partner's interest in partnership began: <b>09/04/2020</b> Month Day Year		(i) Before Decrease or Termination		
<input type="checkbox"/> Final NJK-1 <input type="checkbox"/> Amended NJK-1 <input type="checkbox"/> If the partner is a disregarded entity, check the box and enter the partner's		(ii) End of Year Profit Sharing <b>00.00 %</b> Loss Sharing <b>00.00 %</b> Capital Ownership <b>00.00 %</b>		
Federal EIN		Name		
<b>Part II Income Information</b>				
Income Classification	A. Total Distribution	NJ-1040 Filers Enter Amounts on Line Shown Below	B. New Jersey Source Amounts	NJ-1040NR Filers
1. Partnership Income (Loss)	0.		0.	
2. Net Guaranteed Payments	0.		0.	
3. Partner's 401(k) Contribution	0.		0.	
4. Distributive Share of Partnership Income (loss) (Line 1 plus line 2 minus line 3)	0.	Line 21	0.	Line 23
5. Pension	0.	Line 20a		
6. Net Gain (Loss) From Disposition of Assets as a Result of a Complete Liquidation	0.	Line 19	0.	Line 19
<b>Part III Partner's Information</b>				
1. Nonresident Partner's Share of NJ Tax	1.	0.	Line 10b, Page 1, CBT-100 Line 8b, Page 1, CBT-100S Line 10, Page 1, CBT-100U Schedule T, NJ-CBT-1065 Line 52, NJ-1040NR Line 23, NJ-1080C Line 35a, NJ-1041	
2. Partner's HEZ Deduction	2.	0.		
3. Partner's Sheltered Workshop Tax Credit	3.	0.		
4. Share of Pass-Through Business Alternative Income Tax	4.	0.		
<b>Part IV Supplemental Information (Attach Schedule)</b>				

This Form May be Reproduced

04/06/2025 03:24:14PM

**Schedule NJK-1**

(Form NJ-1065)

**State of New Jersey  
Partner's Share of Income****2024**

For Calendar Year 2024, or Fiscal Year Beginning \_\_\_\_\_ and ending \_\_\_\_\_

<b>Part I General Information</b>				
Partner's SS # or Federal EIN (Do not use EIN of a disregarded entity. See instr.) <b>579-37-4923</b>		Partnership's Federal EIN <b>85-2879898</b>		
Partner's Name <b>VIJAY LAXMI SINGH</b>		Partnership's Name <b>LARRY LLC</b>		
Street Address <b>24 Iroquois Trail</b>		Partnership's Street Address <b>24 IROQUOIS TRL</b>		
City <b>BRANCHBURG</b>	State <b>NJ</b>	ZIP Code <b>08876</b>	City <b>SOMERVILLE</b>	State <b>NJ</b>
What type of entity is partner? (see instructions) <b>RI</b>		Enter partner's percentage of:		
Date partner's interest in partnership began: <b>09/04/2020</b> <small>Month Day Year</small>		<div style="display: flex; justify-content: space-between;"> <span>(i) Before Decrease or Termination</span> <span>(ii) End of Year</span> </div>		
<input type="checkbox"/> Final NJK-1 <input type="checkbox"/> Hedge Fund <input type="checkbox"/> Amended NJK-1 <input type="checkbox"/> Member of Composite Return  <input type="checkbox"/> If the partner is a disregarded entity, check the box and enter the partner's		<div style="display: flex; justify-content: space-between;"> <div>Profit Sharing</div> <div><b>00.00</b> %</div> <div><b>00.00</b> %</div> </div> <div style="display: flex; justify-content: space-between;"> <div>Loss Sharing</div> <div><b>00.00</b> %</div> <div><b>00.00</b> %</div> </div> <div style="display: flex; justify-content: space-between;"> <div>Capital Ownership</div> <div><b>00.00</b> %</div> <div><b>00.00</b> %</div> </div>		
Federal EIN _____ Name _____				
<b>Part II Income Information</b>				
Income Classification	A. Total Distribution	NJ-1040 Filers Enter Amounts on Line Shown Below	B. New Jersey Source Amounts	NJ-1040NR Filers
1. Partnership Income (Loss)	0.		0.	
2. Net Guaranteed Payments	0.		0.	
3. Partner's 401(k) Contribution	0.		0.	
4. Distributive Share of Partnership Income (loss) (Line 1 plus line 2 minus line 3)	0.	Line 21	0.	Line 23
5. Pension	0.	Line 20a		
6. Net Gain (Loss) From Disposition of Assets as a Result of a Complete Liquidation	0.	Line 19	0.	Line 19
<b>Part III Partner's Information</b>				
1. Nonresident Partner's Share of NJ Tax . . . . .	1.	0.	Line 10b, Page 1, CBT-100 Line 8b, Page 1, CBT-100S Line 10, Page 1, CBT-100U Schedule T, NJ-CBT-1065 Line 52, NJ-1040NR Line 23, NJ-1080C Line 35a, NJ-1041	
2. Partner's HEZ Deduction . . . . .	2.	0.		
3. Partner's Sheltered Workshop Tax Credit . . . . .	3.	0.		
4. Share of Pass-Through Business Alternative Income Tax . . . . .	4.	0.		
<b>Part IV Supplemental Information (Attach Schedule)</b>				

This Form May be Reproduced

04/06/2025 03:24:14PM

Name(s) as shown on Form NJ-1040

**KASHIWALE, DHIRENDRA S and SINGH, V**

Social Security Number

**225-87-1371****Schedule NJ-BUS-1**  
(Form NJ-1040)New Jersey Gross Income Tax  
Business Income Summary Schedule**2024**

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

  

<b>Part II</b> Distributive Share of Partnership Income		List the distributive share of income (loss) from partnership(s). See instructions.	
	Partnership Name	Federal EIN	Share of Pass-Through Business Alternative Income Tax
1.	<b>LARRY LLC</b>	<b>85-2879898</b>	
2.	<b>LARRY LLC</b>	<b>85-2879898</b>	
3.			
4.	Distributive Share of Partnership Income or (Loss). (Add lines 1, 2, and 3.) (Enter here and on line 21, NJ-1040. If loss, make no entry on line 21.)		4.
5.	Total Share of Pass-Through Business Alternative Income Tax (Add lines 1, 2, and 3.) (Enter here and include on line 63, NJ-1040.)		5.

  

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

  

<b>Part IV</b> Net Gains or Income From Rents, Royalties, Patents, and Copyrights		List the net gains or net income, less net loss, derived from or in the form of rents, royalties, patents, and copyrights. See instructions.	
		Type of Property: 1 - Rental real estate 2 - Royalties 3 - Patents 4 - Copyrights	
	Source of Income or Loss. If rental real estate, enter physical address of property.	Social Security Number/ Federal EIN	Income or (Loss)
1.	<b>SRC 12/D SHIPRA RIVERA, G</b>	<b>225-87-1371</b>	<b>-1,473.</b>
2.			
3.			
4.	Net Income or (Loss). (Add lines 1, 2, and 3.) (Enter here and on line 23, NJ-1040. If loss, make no entry on line 23.)		4. <b>-1,473.</b>

Keep a copy of this schedule for your records



Name(s) as shown on Form NJ-1040

**KASHIWALE, DHIRENDRA S and SINGH, VIJ**

Social Security Number

**225-87-1371****Schedule NJ-BUS-2**  
(Form NJ-1040)New Jersey Gross Income Tax  
Alternative Business Calculation Adjustment**2024**

<b>PART I</b> Income (Loss)		<b>Column A</b>		<b>Column B</b>	
		Reportable Regular Business Income		Alternative Business Income/(Loss)	
1.	Net Profits From Business	1a.		1b.	
2.	Distributive Share of Partnership Income	2a.		2b.	
3.	Net Pro Rata Share of S Corporation Income	3a.		3b.	
4.	Net Gain or Income From Rents, Royalties, Patents, and Copyrights	4a.		4b.	<b>-1,473.</b>
5.	Loss Carryforward From Tax Year 2023			5b.	( <b>-2,300.</b> )
6.	Totals	6a.		6b.	<b>-3,773.</b>
<b>PART II</b> Adjustment Calculation					
7.	Total Regular Business Income	7.			
8.	Total Alternative Business Income/(Loss). (If loss, enter zero)	8.			
9.	Business Increment (Subtract line 8 from line 7)	9.			
10.	Adjustment Percentage	10.	0.50		
11.	Alternative Business Calculation Adjustment (Line 9 x 0.50)	11.			
<b>PART III</b> Loss Carryforward to Tax Year 2025					
12.	Loss Carryforward to Tax Year 2025			12.	( <b>-3,773.</b> )

**Instructions**

- Line 1a. Enter the amount from line 18, Form NJ-1040.
- Line 1b. Enter the amount from Part I, line 4, Schedule NJ-BUS-1 (Form NJ-1040).
- Line 2a. Enter the amount from line 21, Form NJ-1040.
- Line 2b. Enter the amount from Part II, line 4, Schedule NJ-BUS-1 (Form NJ-1040).
- Line 3a. Enter the amount from line 22, Form NJ-1040.
- Line 3b. Enter the amount from Part III, line 4, Schedule NJ-BUS-1 (Form NJ-1040).
- Line 4a. Enter the amount from line 23, Form NJ-1040.
- Line 4b. Enter the amount from Part IV, line 4, Schedule NJ-BUS-1 (Form NJ-1040).
- Line 5b. Enter the amount from line 12 of your 2023 Schedule NJ-BUS-2 (Form NJ-1040).
- Line 6a. Enter the total of lines 1a through 4a.
- Line 6b. Enter the total of lines 1b through 5b, netting gains with losses.
- Line 7. Enter the amount from line 6a of this schedule.
- Line 8. Enter the amount from line 6b of this schedule. If loss, enter zero here.
- Line 9. Subtract line 8 from line 7. If the result is zero, enter zero on line 11 and continue with line 12.
- Line 10. The adjustment percentage for Tax Year 2024 is 50% (0.50).
- Line 11. Multiply the amount on line 9 by 50% (0.50). Enter here and on line 35 of Form NJ-1040.
- Line 12. If the amount on line 6b is a loss, enter the amount of the loss on this line. Otherwise, enter zero.

**Keep a copy of this schedule for your records**

**REQUIRED**

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

1064

Name(s) as shown on Form NJ-1040 <b>KASHIWALE, DHIRENDRA S and SINGH, VIJ</b>	Social Security Number <b>225-87-1371</b>
--	--

**Schedule NJ-HCC****Health Care Coverage****2024**

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

**PART I**

Did you and, if applicable, all members of your tax household, have minimum essential health coverage for every month in 2024? (See instructions for line 53c, NJ-1040.) Part-year residents include only months as a New Jersey resident.

- ☒ Yes. You do not owe a shared responsibility payment. Check the box at line 53c, NJ-1040, and enclose this schedule with your return.
- ☐ No. Continue to Part II.

If you or any member of your tax household does not currently have minimum essential health coverage, also complete the NJ-EZ Enroll form. (See instructions for lines 53a and 53b, NJ-1040.)

**PART II**

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

Name	Social Security Number	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Exemption number: _____		Check box if this individual has more than one exemption number <input type="checkbox"/>											

Name	Social Security Number	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Exemption number: _____		Check box if this individual has more than one exemption number <input type="checkbox"/>											

Name	Social Security Number	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Exemption number: _____		Check box if this individual has more than one exemption number <input type="checkbox"/>											

Name	Social Security Number	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Exemption number: _____		Check box if this individual has more than one exemption number <input type="checkbox"/>											

Name	Social Security Number	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Exemption number: _____		Check box if this individual has more than one exemption number <input type="checkbox"/>											

Keep a copy of this schedule for your records

04/06/2025 03:24:14PM