Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization

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

Submission Identification Number (SID)

Taxpayer's name	Social security number							
ANILKUMAR BODDULA	176-02-9018							
Spouse's name	Spouse's social security number							
Part I Tax Return Information – Tax Year Ending December 31, 2022 (Enter year you are authorizing.)								
Enter whole dollars only on lines 1 through 5.								
Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.								
1 Adjusted gross income	1 114,800.							
2 Total tax	2 18,259.							
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3 21,693.							
4 Amount you want refunded to you	. 4 3,434.							
5 Amount you owe	5							

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

Under penalties of periury. I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at **1-888-353-4537**. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only 9 2 0 8 1 X lauthorize GLOBAL TAXES LLC to enter or generate my PIN as my Enter five digits, but ERO firm name don't enter all zeros signature on the income tax return (original or amended) I am now authorizing. I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below. Date 03/28/2023 Your signature Spouse's PIN: check one box only I authorize to enter or generate my PIN as mv ERO firm name Enter five digits, but don't enter all zeros signature on the income tax return (original or amended) I am now authorizing. I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature												
	Practitioner PIN Method Returns Only—continue below											
Part III	Certification and Authentication – Practitioner PIN Method Only											
ERO's EFIN	I/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.	5	1	8	9	5	2	3	1	9	8	9
					Don	't er	nter al	zer	os			

I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature 🕨		Date 🕨	
ERO Mu Don't Submit Th			
For Paparwork Poduction Act Nation son your tax	oturn instructions	PEV 03/18/23 PPO	Eorm 8879 (Bey, 01-2021)

1040		artment of the Treasury—Internal Revenue Servi S. Individual Income Tax		urn	202	2	OMB No. 1545	-0074	IRS Use	e Only-	–Do not v	vrite or staple	in this space.
Filing Status Check only one box.	lf yo	Single Arried filing jointly u checked the MFS box, enter the na on is a child but not your dependent	ame of y	our spou		heck					spo	lifying sur use (QSS) s name if tl	0
Your first name	and mi	ddle initial	Last nar	me							Your so	ocial securi	ty number
ANILKUMA	R		BODD	ULA							176-	02-901	8
lf joint return, sp	ouse's	first name and middle initial	Last nar	me							Spouse	's social se	curity number
											416-	81-975	6
Home address (numbe	er and street). If you have a P.O. box, see	instructio	ons.				A	Apt. no.		Preside	ntial Electi	on Campaigr
3203 MUL	BERF	RY HILL RD						1	331			here if you	
City, town, or po	ost offic	ce. If you have a foreign address, also co	mplete sp	paces belo	w.	Sta	ite	ZIP c	ode		•		ntly, want \$3 Checking a
COPPELL						T	ζ	750	19		0	low will not	0
Foreign country	name		F	oreign pro	vince/state/	coun	ty	Foreig	n postal o	code		x or refund	•
												You	Spouse
Digital Assets		ny time during 2022, did you: (a) rece ange, gift, or otherwise dispose of a										Ves	X No
Standard	Som	eone can claim: 🗌 You as a de	pendent	t 🗌 Y	our spous	e as	a dependent						
Deduction		Spouse itemizes on a separate retur	n or you	were a d	ual-status	alier	1						
Age/Blindness	You:	Were born before January 2, 1	958	Are blir	nd Spo	ouse	: 🗌 Was bor	n befo	ore Janu	ary 2	, 1958	🗌 ls b	lind
Dependents	s (see	instructions):		(2) So	cial security	,	(3) Relationsh	ip (4) Check	the bo	ox if quali	ifies for (see	instructions):
If more	•	rst name Last name			number		to you		Child	tax cr	edit	Credit for ot	her dependents
than four													
dependents,													
see instructions and check													
here													
Income	1a	Total amount from Form(s) W-2, b	ox 1 (see	e instructi	ions) .						1 a	1	25,345.
meome	b	Household employee wages not re	ported	on Form(s) W-2 .						1k)	
Attach Form(s)	с	Tip income not reported on line 1a	(see ins	structions)						10	;	
W-2 here. Also attach Forms	d	Medicaid waiver payments not rep	orted or	n Form(s)	W-2 (see ii	nstru	uctions)				10	ł	
W-2G and	е	Taxable dependent care benefits f	rom For	m 2441, l	ine 26						16	•	
1099-R if tax was withheld.	f	Employer-provided adoption bene	fits from	n Form 88	39, line 29						1f	:	
lf you did not	g	Wages from Form 8919, line 6									10	1	
get a Form	h	Other earned income (see instructi	ons) .								1h		0.
W-2, see	i	Nontaxable combat pay election (s	see instr	uctions)			1i						
instructions.	z	A del lines de terrerels de		,							1z	1	25,345.
Attach Sch. B	2a	Tax-exempt interest	2a			bТ	axable interes	t.			21)	
if required.	3a	· ·	3a	, 4	238.		Ordinary divide						424.
	4a	-	4a				axable amoun				46)	
Standard	5a		5a				axable amoun				5b		
Deduction for -	6a	-	6a			b T	axable amoun						
 Single or Married filing 	С	If you elect to use the lump-sum e		nethod. c						. E			
separately,	7	Capital gain or (loss). Attach Sche		,		`	,			. Ē	7		-444.
\$12,950Married filing	8	Other income from Schedule 1, lin									8		10,525.
jointly or	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,									9		14,800.
Qualifying spouse,	10	Adjustments to income from Sche									10		, 000.
\$25,900 • Head of	11	Subtract line 10 from line 9. This is									11		14,800.
household,	12	Standard deduction or itemized	-					• •	• •	• •	12		12,950.
\$19,400 • If you checked	13	Qualified business income deduction					····	• •	• •	• •	13		<u>12,930.</u> 37.
any box under	14							• •	• •	• •	14	-	
Standard Deduction,	14 15	Add lines 12 and 13 Subtract line 14 from line 11. If zer)- This is v		tavahle incom		• •	• •	15		<u>12,987.</u> 01 813
see instructions.	15			5, enter -t	, , , , , , , , , , , , , , , , , , ,	Jui			• •	• •	15	• <u> </u>	01,813.

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

Form **1040** (2022)

Form 1040 (2022	2)								Page 2
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 🗌 881	4 2 4972	3 🗌		16	18,250.
Credits	17	Amount from Schedule 2, lir	ne3					17	
	18	Add lines 16 and 17						18	18,250.
	19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812			19	
	20	Amount from Schedule 3, lir	ne8					20	
	21	Add lines 19 and 20						21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	18,250.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21 .			23	9.
	24	Add lines 22 and 23. This is	your total tax					24	18,259.
Payments	25	Federal income tax withheld							
	а	Form(s) W-2				25a 21	L,624.		
	b	Form(s) 1099				25b	69.		
	с	Other forms (see instruction	s)			25c	0.		
	d	Add lines 25a through 25c	<i>.</i>					25d	21,693.
	26	2022 estimated tax payment	ts and amount a	pplied from 20	21 return			26	
If you have a qualifying child,	27	Earned income credit (EIC)				27			
attach Sch. EIC.	28	Additional child tax credit from				28		1	
	29	American opportunity credit	from Form 8863	8, line 8		29		1	
	30	Reserved for future use .				30			
	31	Amount from Schedule 3, lir				31		1	
	32	Add lines 27, 28, 29, and 31						32	
	33	Add lines 25d, 26, and 32. T			-			33	21,693.
Defund	34	If line 33 is more than line 24						34	3,434.
Refund	35a	Amount of line 34 you want	refunded to you	J. If Form 8888	is attached, che	ck here	🗆	35a	3,434.
Direct deposit?	b	Routing number 0 7 4					Savings		
See instructions.	d	Account number 7 8 7				III I	0		
	36	Amount of line 34 you want	applied to your	2023 estimate	ed tax	36			
Amount	37	Subtract line 33 from line 24	This is the amo	ount vou owe					
You Owe		For details on how to pay, g						37	
	38	Estimated tax penalty (see in	nstructions) .			38			
Third Party	Do	you want to allow another	person to disc	cuss this retu	n with the IRS?	See			
Designee		structions	· · · · ·			🗌 Yes. C	omplete b	elow.	X No
		signee's		Phone			onal identif	ication	
	nai			no.			iber (PIN)		
Sign		der penalties of perjury, I declare t ief, they are true, correct, and com							
Here		ur signature		Date	Your occupation		1		nt you an Identity
	10	ui signature		Date	Tour occupation				IN, enter it here
Joint return?					BUSINESS IN	FELLIGENCE D	EV (see	nst.)	
See instructions.	Sp	ouse's signature. If a joint return, I	both must sign.	Date	Spouse's occupat	ion			nt your spouse an
Keep a copy for your records.							Ident (see j		ection PIN, enter it here
,							(1131.)	
		one no. (219) 707-289		Email address	ANILBDL.SQ1	LBI@GMAIL.C			Chaok if:
Paid		eparer's name	Preparer's signat			Date	PTIN		Check if:
Preparer		I PRIYA RAM SAGAR GUPTA TALLAM		KAM SAGAR	GUPTA TALLAM	03/29/2023	P02082		Self-employed
Use Only		m's name GLOBAL TA			- 00016				(678) 965-9522
			Y CT E BRU	NSWICK N	η ΠΆΆΤΡ		Firm'	s EIN	84-3171965
(to to www.ire a	ov/Form	1010 for instructions and the late	et information			DEV 02/40/02 DDO			Form 1040 (2022)

Go to www.irs.gov/Form1040 for instructions and the latest information.

BAA REV 03/18/23 PRO

Form **1040** (2022)

SCHEDULE	1
(Form 1040)	

Department of the Treasury

Additional Income and Adjustments to Income

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

OMB No. 1545-0074 2

Department of the Treasury Internal Revenue Service	Go to www.irs.gov/Form1040 for instructions and the latest information.		Attachment Sequence No. 01
Name(s) shown on Fo	rm 1040, 1040-SR, or 1040-NR	Your soc	ial security number
ANILKUMAR BODD	ULA	176-02	-9018

Par	t Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxes		1	
2a	Alimony received		2a	
b	Date of original divorce or separation agreement (see instructions):			
3	Business income or (loss). Attach Schedule C		3	
4	Other gains or (losses). Attach Form 4797		4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Atta	ach Schedule E .	5	-10,525.
6	Farm income or (loss). Attach Schedule F.		6	
7	Unemployment compensation		7	
8	Other income:			
а	Net operating loss	8a (
b	Gambling	8b		
С	Cancellation of debt	8c		
d	Foreign earned income exclusion from Form 2555	8d (
е	Income from Form 8853	8e		
f	Income from Form 8889	8f		
g	Alaska Permanent Fund dividends	8g		
h	Jury duty pay	8h		
i	Prizes and awards	8i		
j	Activity not engaged in for profit income	8j		
k	Stock options	8k		
- 1	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	81		
m	Olympic and Paralympic medals and USOC prize money (see			
	instructions)	8m		
n	Section 951(a) inclusion (see instructions)	8n		
0	Section 951A(a) inclusion (see instructions)	80		
р	Section 461(I) excess business loss adjustment	8p		
q	Taxable distributions from an ABLE account (see instructions)	8q		
r	Scholarship and fellowship grants not reported on Form W-2	8r		
S	Nontaxable amount of Medicaid waiver payments included on Form			
	1040, line 1a or 1d	8s (
t	Pension or annuity from a nonqualifed deferred compensation plan or	_		
	a nongovernmental section 457 plan	8t	-	
u	Wages earned while incarcerated	8u		
Z	Other income. List type and amount:			
•		8z		
9	Total other income. Add lines 8a through 8z		9	10 505
10	Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR	, or 1040-NR, line 8	10	-10,525.

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

Schedule 1 (Form 1040) 2022

Par	t II Adjustments to Income					
11	Educator expenses				11	
12	Certain business expenses of reservists, performing artists, and fee	e-basi	s gov	ernment		
	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	·				
С	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:					
а	Jury duty pay (see instructions)	24a				
b	Deductible expenses related to income reported on line 8l from the					
	rental of personal property engaged in for profit	24b				
С	Nontaxable amount of the value of Olympic and Paralympic medals					
	and USOC prize money reported on line 8m	24c				
d	Reforestation amortization and expenses	24d				
е	Repayment of supplemental unemployment benefits under the Trade					
	Act of 1974	24e				
f	Contributions to section 501(c)(18)(D) pension plans	24f				
g	Contributions by certain chaplains to section 403(b) plans	24g				
h	Attorney fees and court costs for actions involving certain unlawful					
	discrimination claims (see instructions)	24h				
i	Attorney fees and court costs you paid in connection with an award					
	from the IRS for information you provided that helped the IRS detect					
	tax law violations	24i				
j	Housing deduction from Form 2555	24j				
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form					
	1041)	24k				
z	Other adjustments. List type and amount:					
		24z				
25	Total other adjustments. Add lines 24a through 24z				25	
26	Add lines 11 through 23 and 25. These are your adjustments to income	e. Ent	er here	e and on		
	Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a			<u> </u>	26	
	ВАА	REV	03/18/23 F	PRO	Schedu	le 1 (Form 1040) 2022

SCHEDULE	2
(Form 1040)	

Department of the Treasury

Additional Taxes

OMB No. 1545-0074

2

20

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

	ment of the Treasury I Revenue Service	Go to www.irs.gov/Form1040 for instructions and the latest information		Attachment Sequence No. 02
Name	e(s) shown on For	m 1040, 1040-SR, or 1040-NR	Your soc	cial security number
ANI	LKUMAR BODDU	ILA	176-02	2-9018
Ра	rt I Tax			
1	Alternative m	inimum tax. Attach Form 6251		1
2	Excess adva	nce premium tax credit repayment. Attach Form 8962		2
3	Add lines 1 a	nd 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line	17	3
Pa	rt II Other T	axes		
4	Self-employr	nent tax. Attach Schedule SE		4
5	Social secur Attach Form	ity and Medicare tax on unreported tip income. 4137		
6	Uncollected Form 8919	social security and Medicare tax on wages. Attach		
7	Total additio	nal social security and Medicare tax. Add lines 5 and 6		7
8	Additional ta	x on IRAs or other tax-favored accounts. Attach Form 5329 if red	quired.	
	If not require	d, check here		8

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

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

Schedule 2 (Form 1040) 2022

Par	t II Other Taxes (continued)			
17	Other additional taxes:			
а	Recapture of other credits. List type, form number, and amount:	17a		
b	Recapture of federal mortgage subsidy, if you sold your home see instructions	17b	-	
с	Additional tax on HSA distributions. Attach Form 8889	17c		
d	Additional tax on an HSA because you didn't remain an eligible individual. Attach Form 8889	17d		
е	Additional tax on Archer MSA distributions. Attach Form 8853.	17e		
f	Additional tax on Medicare Advantage MSA distributions. Attach Form 8853	17f		
g	Recapture of a charitable contribution deduction related to a fractional interest in tangible personal property	17g		
h	Income you received from a nonqualified deferred compensation plan that fails to meet the requirements of section 409A	17h		
i	Compensation you received from a nonqualified deferred compensation plan described in section 457A	17i		
j	Section 72(m)(5) excess benefits tax	17j		
k	Golden parachute payments	17k		
Т	Tax on accumulation distribution of trusts	171		
m	Excise tax on insider stock compensation from an expatriated corporation	17m		
n	Look-back interest under section 167(g) or 460(b) from Form 8697 or 8866	17n		
0	Tax on non-effectively connected income for any part of the year you were a nonresident alien from Form 1040-NR	170		
р	Any interest from Form 8621, line 16f, relating to distributions from, and dispositions of, stock of a section 1291 fund	17p		
q	Any interest from Form 8621, line 24	17q		
z	Any other taxes. List type and amount:			
		17z		
18	Total additional taxes. Add lines 17a through 17z		18	
19	Reserved for future use		19	
20	Section 965 net tax liability installment from Form 965-A	20		
21	Add lines 4, 7 through 16, and 18. These are your total other taxe on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b.		21	9.
	BAA	REV 03/18/23 PRO	Schedu	ule 2 (Form 1040) 2022

SCHEDULE D (Form 1040)

Capital Gains and Losses

OMB No. 1545-0074

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

Go to *www.irs.gov/ScheduleD* for instructions and the latest information. Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10. 20**22** Attachment Sequence No. **12**

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

ANILKUMAR BODDULA

Your social security number

176-02-9018

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

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

lines This	instructions for how to figure the amounts to enter on the below. form may be easier to complete if you round off cents to le dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustmen to gain or loss Form(s) 8949, I line 2, colum	from Part I,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a	Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b.					
1b	Totals for all transactions reported on Form(s) 8949 with Box A checked					
2	Totals for all transactions reported on Form(s) 8949 with Box B checked					
3	Totals for all transactions reported on Form(s) 8949 with Box C checked	3.	4.			-1.
4	Short-term gain from Form 6252 and short-term gain or (I	oss) from Forms 4	684, 6781, and 88	324	4	
5	Net short-term gain or (loss) from partnerships, Schedule(s) K-1		5			
6	Short-term capital loss carryover. Enter the amount, if an Worksheet in the instructions	-	6	()		
7	Net short-term capital gain or (loss). Combine lines 1a term capital gains or losses, go to Part II below. Otherwise	7	-1.			

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

below. form may be easier to complete if you round off cents to	(d) Proceeds (sales price)	(e) Cost (or other basis)	to gain or loss Form(s) 8949, I	s from Part II,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
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.					
Totals for all transactions reported on Form(s) 8949 with Box D checked	100.	543.			-443.
Totals for all transactions reported on Form(s) 8949 with Box E checked					
Totals for all transactions reported on Form(s) 8949 with Box F checked.					
	. ,	11			
Net long-term gain or (loss) from partnerships, S corporat	dule(s) K-1	12			
Capital gain distributions. See the instructions		13			
	-	14	()		
		15	-443.		
	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 Totals for all transactions reported on Form(s) 8949 with Box D checked	below. (d) form may be easier to complete if you round off cents to e dollars. (d) 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). 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 100. Totals for all transactions reported on Form(s) 8949 with Box D checked 100. Totals for all transactions reported on Form(s) 8949 with Box E checked 100. Totals for all transactions reported on Form(s) 8949 with Box F checked 100. Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; from Forms 4684, 6781, and 8824 . Net long-term gain or (loss) from partnerships, S corporations, estates, and Capital gain distributions. See the instructions . Long-term capital loss carryover. Enter the amount, if any, from line 13 of y Worksheet in the instructions . Net long-term capital gain or (loss). Combine lines 8a through 14 in co on the back . . .	below. (d) (e) form may be easier to complete if you round off cents to Proceeds (sales price) (or other basis) 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 100. 543. Totals for all transactions reported on Form(s) 8949 with Box D checked 100. 543. Totals for all transactions reported on Form(s) 8949 with Box E checked 100. 543. Totals for all transactions reported on Form(s) 8949 with Box E checked 100. 543. Totals for all transactions reported on Form(s) 8949 with Box F checked 100. 543. Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gai from Forms 4684, 6781, and 8824 . . Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schee Capital gain distributions. See the instructions . . . Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Worksheet in the instructions . . . Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then, ga on the back 	below. (d) (e) Adjustment to gain or loss form may be easier to complete if you round off cents to e dollars. (sales price) (or other basis) Adjustment to gain or loss 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). Image: Cost (sales price) <	below. (d) Proceeds (sales price) (e) Cost (or other basis) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g) 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 Image: Column (g) Totals for all transactions reported on Form 900-B for which basis was reported on Form 8949, leave this line blank and go to line 8b Image: Column (g) Totals for all transactions reported on Form(s) 8949 with Box D checked Image: Column (g) Totals for all transactions reported on Form(s) 8949 with Box E checked Image: Column (g) Totals for all transactions reported on Form(s) 8949 with Box F checked Image: Column (g) 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 Image: Column (g) Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 Image: Column (g) Capital gain distributions. See the instructions Image: Column (g) Image: Column (g) Net long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover Image: Column (g) Image: Column (g) Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then, go to Part III Im

Part	III Summary			
16	Combine lines 7 and 15 and enter the result	16		-444.
	• If line 16 is a gain , enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below.			
	• If line 16 is a loss , skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22.			
	• If line 16 is zero , skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22.			
17	Are lines 15 and 16 both gains?			
	No. Skip lines 18 through 21, and go to line 22.			
18	If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet	18		
19	If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet	19		
20	 Are lines 18 and 19 both zero or blank and you are not filing Form 4952? Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. Don't complete lines 21 and 22 below. 			
	□ No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.			
21	If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of:			
	The loss on line 16; or (\$3,000), or if married filing separately, (\$1,500)	21	(444.)
	Note: When figuring which amount is smaller, treat both amounts as positive numbers.			
22	Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?			
	Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16.			
	No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.			

REV 03/18/23 PRO

Schedule D (Form 1040) 2022

Form **8949**

Sales and Other Dispositions of Capital Assets

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

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



Internal Revenue Service Name(s) shown on return

ANILKUMAR BODDULA

Department of the Treasury

Social security number or taxpayer ide	entification number
176-02-9018	

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

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

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

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

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

(B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS

X (C) Short-term transactions not reported to you on Form 1099-B

1 (a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis See the Note below	If you enter an enter a c	f any, to gain or loss amount in column (g), ode in column (f). arate instructions.	(h) Gain or (loss) Subtract column (e)
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see Column (e) in the separate instructions.	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g).
ROBINHOOD SECURITIES LLC	01/01/22	12/31/22	3.	4.			-1.
2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked).			3.	4.			-1.

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

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

Form 8949 (2022)	Attachment Sequence No. 12A	Page 2
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Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side ANILKUMAR BODDULA

Social security number or taxpayer identification number 176-02-9018

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

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

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

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

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

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

(F) Long-term transactions not reported to you on Form 1099-B

1 (a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis See the Note below	If you enter an enter a c	f any, to gain or loss amount in column (g), ode in column (f). arate instructions.	(h) Gain or (loss) Subtract column (e)
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see Column (e) in the separate instructions.	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g).
ROBINHOOD SECURITIES LLC	01/01/22	12/31/22	100.	543.			-443.
2 Totals. Add the amounts in columns negative amounts). Enter each tota Schedule D, line 8b (if Box D above above is checked), or line 10 (if Box I	I here and incl is checked), lir	lude on your le 9 (if Box E	100.	543.			-443.

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

(Form	Form 1040) (From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)						26	99				
Department of the Treasury Internal Revenue Service Attach to Form 1040, 1040-SR, 1040-NR, or 1041. Go to www.irs.gov/ScheduleE for instructions and the latest information.						nformation.		Attachm Sequenc	ent ce No. 13			
Name(s)	shown on return									Your soci	al security n	umber
	KUMAR BODD									176-0	2-9018	
Part	Note: If yo	ou are in	the busines	Rental Real Estate and s of renting personal proper m 4835 on page 2, line 40.	erty, use		e C . See	e instru	ctions. If you a	ire an indi	vidual, repo	ort farm
A D				2 that would require you		Form(s)	1099? \$	See ins	structions .		. 🗌 Yes	s 🛛 No
B If	"Yes," did you	or will	you file req	uired Form(s) 1099?							. 🗌 Yes	s 🗌 No
1a				rty (street, city, state, Z		,						
Α	H.No 11-1	4-10/	3 Gude':	sNilayam,NTR Nag	ar H	YDERABA	AD TE	LANG	ANA IN 50	0035		
<u>C</u>	Turne of Durne							-		-		
1b	Type of Prope (from list below			n rental real estate prop eport the number of fair				Fa	ir Rental Days		nal Use	QJV
Α	3			l use days. Check the G			Α		365	D	0	
B	5			eet the requirements to			B		505		0	
С			qualified	l joint venture. See instr	uctions	S.	C					
Туре о	of Property:	I						1			I	
1 :	Single Family R	esidenc	ce 3V	acation/Short-Term Rei	ntal	5 Land	b		Self-Rental			
2	Multi-Family Re	sidence	e 4 C	commercial		6 Roya	alties	8	Other (desc	ribe)		
									Properti	es:		
Incom	ie:						Α		В			С
3	Rents received	t			3		6	37.				
4	Royalties rece	ived .			4							
Expen												
5												
6												
7							2,9	04.				
8 9												
9 10					-							
11	•	•					1.7	44.				
12				etc. (see instructions)	12		<i>`</i>	11.				
13		-										
14							1,9	39.				
15	Supplies .				15		2,8	01.				
16												
17							1,7	74.				
18	A 1	•		on	10							
19 20	Other (list)	o Add I	linas 5 thra	ugh 19	19 20		11,1	62				
20 21	•			s) and/or 4 (royalties). If			,	02.				
21				to find out if you must								
							-10,5	25.				
22				s after limitation, if any,		(10,52	25.)	()	(
23a			-	line 3 for all rental prop				23a		637.		
b	Total of all amounts reported on line 4 for all royalty properties							23b				
С							23c					
d								23d				
е				line 20 for all properties				23e	11	,162.		
24 05		-		shown on line 21. Do n		-			· · · ·	. 24	/ 1	0 505
25 26				ine 21 and rental real esta							<u>(</u> 1	0,525.
26				yalty income or (loss). 40 on page 2 do not								

Supplemental Income and Loss

SCHEDULE E

Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2 .

26

-10,525.

OMB No. 1545-0074

Form 8995

Qualified Business Income Deduction Simplified Computation

Attach to your tax return.

Department of the Treasury Internal Revenue Service

ANILKUMAR BODDULA

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

OMB No. 1545-2294

Name(s) shown on return	-

Your taxpayer identification number 176-02-9018

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

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

1	(a) Trade, business, or aggregation name	• • •	(c) Qualified business income or (loss)		
i					
ii					
iii					
iv					
v					
2	Total qualified business income or (loss). Combine lines 1i through 1v, column (c)	2			
3 4 5	Qualified business net (loss) carryforward from the prior year	3 () 4	5		
6	Qualified REIT dividends and publicly traded partnership (PTP) income or (loss) (see instructions)	6 186.			
7	Qualified REIT dividends and qualified PTP (loss) carryforward from the prior year	7 ()			
8	Total qualified REIT dividends and PTP income. Combine lines 6 and 7. If zero or less, enter -0-	8 186.			
9	REIT and PTP component. Multiply line 8 by 20% (0.20)		9	37.	
10	Qualified business income deduction before the income limitation. Add lines 5 and	1	10	37.	
11	Taxable income before qualified business income deduction (see instructions)	11 101,850.			
12	Net capital gain (see instructions)	12 238.			
13	Subtract line 12 from line 11. If zero or less, enter -0		4.4	~~~~~	
14	Income limitation. Multiply line 13 by 20% (0.20)		14	20,322.	
15	Qualified business income deduction. Enter the smaller of line 10 or line 14. Also the applicable line of your return (see instructions)		15	37.	
16	Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than		16	(0.)	
17	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 a			<u> </u>	
	zero, enter -0		17	(0.)	
For Priv	vacy Act and Paperwork Reduction Act Notice, see instructions. REV 03/	18/23 PRO		Form 8995 (2022)	

8959 Form Department of the Treasury Internal Revenue Service

Name(s) shown on return

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, 1040-PR, or 1040-SS. Go to www.irs.gov/Form8959 for instructions and the latest information.

OMB No. 1545-0074 20 2

Attachment Sequence No. 71 Your social security number

176-02-
1 1/0-02-

	LKUMAR BODDULA		176-0	<u>2-9</u> 0	18
Par	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 12	26,049.		
2	Unreported tips from Form 4137, line 6	2			
3	Wages from Form 8919, line 6	3			
4	Add lines 1 through 3	4 12	26,049.		
5	Enter the following amount for your filing status:				
	Married filing jointly				
	Married filing separately				
	Single, Head of household, or Qualifying surviving spouse \$200,000	5 12	25,000.		
6	Subtract line 5 from line 4. If zero or less, enter -0			6	1,049.
7	Additional Medicare Tax on Medicare wages. Multiply line 6 by 0.9% (0.009).	nd go to			
	Part II		7	9.	
Part	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- (Form 1040-PR or 1040-SS filers, see instructions.)	8			
9	Enter the following amount for your filing status:				
	Married filing jointly.				
	Married filing separately				
	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		1		
10	go to Part III			13	
Part	Additional Medicare Tax on Railroad Retirement Tax Act (RRTA)	Compens	ation		
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				
	Married filing separately				
	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 lin				
	Enter here and go to Part IV		17		
Part					
	Add lines 7, 13, and 17. Also include this amount on Schedule 2 (Form 1040), lin	ne 11 (Form	1040-PR		
	or 1040-SS filers, see instructions), and go to Part V.			18	9.
Part					
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	1,828.		
20	Enter the amount from line 1	20 12	26,049.		
21	Multiply line 20 by 1.45% (0.0145). This is your regular Medicare tax		.,		
	withholding on Medicare wages	21	1,828.		
22	Subtract line 21 from line 19. If zero or less, enter -0 This is your Add				
	withholding on Medicare wages	22	0.		
23	Additional Medicare Tax withholding on railroad retirement (RRTA) compensation		1		
20	14 (see instructions)	23			
24	Total Additional Medicare Tax withholding. Add lines 22 and 23. Also inclu			-	
	federal income tax withholding on Form 1040, 1040-SR, or 1040-NR, line 25				
	1040-SS filers, see instructions)			24	0.
For Pa	aperwork Reduction Act Notice, see your tax return instructions. BAA)3/18/23 PRO		Form 8959 (2022)
			·· · · · · ·		