Form **8879**

(Rev. January 2021)

Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.

► Go to www.irs.gov/Form8879 for the latest information.

OMB No. 1545-0074

Submission Identification Number (SID)					
Taxpayer's name	Social securit	Social security number			
YENKATESH JOGIPARTHI 682-45-3835					
Spouse's name	'	ial security nur	nber		
NIHARIKA AGUTHOTA	012-51				
	er year you a	re authorizi	ng.)		
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.		4 1	L31,762.		
1 Adjusted gross income		1 1 2	14,524.		
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	18,048.		
4 Amount you want refunded to you		4	3,524.		
5 Amount you owe		5			
Part II Taxpayer Declaration and Signature Authorization (Be sure you get and	keep a cop	y of your r	eturn)		
my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I abore turn (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transito send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for refor any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account in payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to termina payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation rebusiness days prior to the payment (settlement) date. I also authorize the financial institutions involved in the taxes to receive confidential information necessary to answer inquiries and resolve issues related to the personal identification number (PIN) below is my signature for the income tax return (original or amended) I Electronic Funds Withdrawal Consent.	mitter, or electro- ejection of the tr U.S. Treasury are dicated in the ta- tion to debit the te the authoriza- quests must be e processing of payment. I furt	nic return origansmission, (indiction its designation its designation entry to this areceived not the electronicher acknowle	ginator (ERO) b) the reason ated Financial a software for account. This account (Cancel) a later than 2 c payment of edge that the		
Taxpayer's PIN: check one box only			\neg		
X I authorize GLOBAL TAXES LLC to enter or generate ERO firm name	ř Ent	er five digits, b			
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 if you are entering your own PIN and your return is filed using the Practitioner PIN met below.					
Your signature ▶ Date ▶					
Spouse's PIN: check one box only					
I authorize GLOBAL TAXES LLC to enter or generate 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 if you are entering your own PIN and your return is filed using the Practitioner PIN met below.	Ent doi now authorizin	er five digits, to a return all zer	ros nis box only		
Spouse's signature ▶ Date ▶					
Practitioner PIN Method Returns Only—continue belov	N				
Part III Certification and Authentication — Practitioner PIN Method Only ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 2 2		6 3 1 9 er all zeros	8 9		
I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am sub requirements of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS <i>e-file</i> Providers of	mitting this retu	rn in accorda	ance with the		
ERO's signature ▶ Date ▶					
ERO Must Retain This Form — See Instructions					

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

E 1040 Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Return

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

Filing Status Check only	s 🗌 S	Single X Married filing jointly	Marrie	ed filing separately	(MFS)	Head of	household (HC)H) [fying survi se (QSS)	ving
one box.	-	u checked the MFS box, enter the nonis a child but not your dependent	-	our spouse. If you	check	ed the HOH or	QSS box, ent	er the		` ,	e qualifying
Your first name	and mi	ddle initial	Last nar	me				,	our soc	ial security	number
VENKATES	SH		JOGI	PARTHI					682 - 4	5-3835	
If joint return, s	pouse's	first name and middle initial	Last nar	me					Spouse's	social secu	ırity number
NIHARIK	A		AGUT	HOTA					012-5	1-6372	
Home address	(numbe	er and street). If you have a P.O. box, see	instruction	ons.			Apt. no.	-	Presiden	tial Election	n Campaign
9400 WAI	DE BI	LVD					44			ere if you, o	
City, town, or p	ost offic	ce. If you have a foreign address, also co	omplete sp	paces below.	Sta	te	ZIP code			f filing joint	
FRISCO					TX	ζ	75035			this fund. C	
Foreign countr	y name		F	oreign province/stat	e/count	ty	Foreign postal of			or refund.	3.
										You	Spouse
Digital Assets		ny time during 2022, did you: (a) rec ange, gift, or otherwise dispose of a	•				•	,	,	Yes	⊠ No
Standard		eone can claim: You as a de				a dependent	, (,		
Deduction		Spouse itemizes on a separate retur	•			•					
Age/Blindnes	-		958	Are blind S	pouse	: Was bor	n before Janu			☐ Is blir	
Dependent				(2) Social secur	ity	(3) Relationsh			1		nstructions):
If more	(1) Fi	rst name Last name		number		to you	Child	tax cre	dit (Credit for other	er dependents
than four								<u>Ц</u>		<u>_</u>	
dependents, see instruction	s ——							<u>Ш</u>			
and check _	, —										
here]										
Income	1a	Total amount from Form(s) W-2, b	ox 1 (see	e instructions) .					1a	13	4,762.
	b	Household employee wages not re	•	` '					1b		
Attach Form(s) W-2 here. Also	С	Tip income not reported on line 1a (see instructions)									
attach Forms	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)									
W-2G and	е	Taxable dependent care benefits from Form 2441, line 26									
1099-R if tax was withheld.	f	Employer-provided adoption bene	efits from	Form 8839, line 2	29 .				1f		
If you did not	g	Wages from Form 8919, line 6 .							1g		
get a Form	h	Other earned income (see instruct	tions) .						1h		0.
W-2, see instructions.	i	Nontaxable combat pay election (see instr	uctions)		<u>1i</u>					
	Z	Add lines 1a through 1h							1z	13	4,762.
Attach Sch. B	2a	Tax-exempt interest	2a		b T	axable interest	t		2b		
if required.	3a	Qualified dividends	3a		b C	rdinary divide	nds		3b		
	4a	IRA distributions	4a		b T	axable amoun	t		4b		
Standard	5a	Pensions and annuities	5a		b T	axable amoun	t		5b		
Deduction for—	6a	Social security benefits	6a		b T	axable amoun	t		6b		
Single or Married filing	С	If you elect to use the lump-sum e	election n	nethod, check her	e (see	instructions)					
separately, \$12,950	7	Capital gain or (loss). Attach Sche	dule D if	required. If not re	quired	, check here			7		3,000.
Married filing	8	Other income from Schedule 1, line 10							8		
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income								13	1,762.
surviving spouse,	10	Adjustments to income from Schedule 1, line 26									
\$25,900 Head of	11	Subtract line 10 from line 9. This is your adjusted gross income								13	1,762.
household, \$19,400	12	Standard deduction or itemized	-						11		5,900.
If you checked	13	Qualified business income deduct							13		,
any box under Standard	14	Add lines 12 and 13								2.	5,900.
Deduction,	15	Subtract line 14 from line 11. If zero or less, enter -0 This is your taxable income							15		5,862.
see instructions.	-				,			-			.,

Form 1040 (202)	2)								Page 2
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 881	4 2 🗌 4972	3 🗌		16	14,524.
Credits	17	Amount from Schedule 2, lin	те 3					17	
	18	Add lines 16 and 17						18	14,524.
	19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812			19	
	20	Amount from Schedule 3, lin	ne 8					20	
	21	Add lines 19 and 20						21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	14,524.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21 .			23	0.
	24	Add lines 22 and 23. This is	your total tax					24	14,524.
Payments	25	Federal income tax withheld							
,	а	Form(s) W-2				25a 18	3,048.		
	b	Form(s) 1099				25b			
	С	Other forms (see instruction:				25c			
	d	Add lines 25a through 25c						25d	18,048.
	26	2022 estimated tax paymen						26	,
If you have a qualifying child,	27	Earned income credit (EIC)				27			
attach Sch. EIC.	28	Additional child tax credit from				28			
	29	American opportunity credit				29			
	30	Reserved for future use .		•		30			
	31	Amount from Schedule 3, lin				31			
	32	Add lines 27, 28, 29, and 31						32	
	33	Add lines 25d, 26, and 32. T	•	•	-			33	18,048.
	34	If line 33 is more than line 24						34	3,524.
Refund	35a	Amount of line 34 you want				•		35a	3,524.
Direct deposit?	b	Routing number 0 7 2			c Type:		Savings	Jou	3,323
See instructions.		Account number 8 6 0							
	36	Amount of line 34 you want			ad tay	36			
Amount						30			
You Owe	37	Subtract line 33 from line 24 For details on how to pay, g						37	
	38	Estimated tax penalty (see in	-	•		38		31	
Third Doub									
Third Party Designee		you want to allow another structions					omplete b	elow	× No
Designee		signee's		Phone			onal identifi		
		me		no.			ber (PIN)	outioii	
Sign	Un	der penalties of perjury, I declare t	that I have examine	ed this return and	d accompanying scl	nedules and stateme	ents, and to	the bes	t of my knowledge and
Here	bel	ief, they are true, correct, and com	plete. Declaration of	of preparer (othe	r than taxpayer) is b	ased on all informati	on of which	prepare	er has any knowledge.
Here	Yo	Your signature Date Your occupation						nt you an Identity	
		TROUTING ALL DISTINGS				DIIGENEGG GVG			IN, enter it here
Joint return? See instructions.		TECHTNICAL BOSINESS SISTE V						1	
Keep a copy for	Sþ	ouse's signature. If a joint return, i						nt your spouse an ection PIN, enter it here	
your records.					SAIL POIN	T DEVELOPER		,	
	Ph	one no. (313) 406-039	9	Email address		KATESH@GMAIL.C			
		eparer's name	Preparer's signat			Date	PTIN		Check if:
Paid	SYAM	PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	04/11/2023	P02082	703	Self-employed
Preparer		m's name GLOBAL TA				, , , , , , , , , , , , , , , , , , , ,	'		678) 965-9522
Use Only			Y CT E BRU	NSWICK N	J 08816		Firm's		84-3171965
Go to www.ire a		n1040 for instructions and the late			BAA	DEV 02/22/22 DEC	1		Form 1040 (2022)
55 10 W W W.115.9	CV/I UIII	ioi mondonono and the late	or anomation.		DAA	REV 03/22/23 PRO			101111 10-70 (2022

SCHEDULE D (Form 1040)

Capital Gains and Losses

OMB No. 1545-0074

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

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

Attachment Sequence No. **12** Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10. Your social security number

VEI	NKATESH JOGIPARTHI & NIHARIKA AGUTHOTA			682	-45-	3835	
-	ou dispose of any investment(s) in a qualified opportunity as," attach Form 8949 and see its instructions for additiona	•	•				
Pai					e ins	tructions)	
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. (g) Adjustments to gain or loss from (or other basis) (or other basis)					s 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.						
	Totals for all transactions reported on Form(s) 8949 with Box A checked	104.	2,170.			-2,066.	
2	Totals for all transactions reported on Form(s) 8949 with Box B checked						
3	Totals for all transactions reported on Form(s) 8949 with Box C checked						
4	Short-term gain from Form 6252 and short-term gain or (le	oss) from Forms 4	684, 6781, and 88	324	4		
5	Net short-term gain or (loss) from partnerships, Schedule(s) K-1	S corporations,	estates, and tr	rusts from	5		
6	Short-term capital loss carryover. Enter the amount, if an Worksheet in the instructions	y, from line 8 of y	-	-	6	(17 , 649.)	
7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on the back						-19,715.	
Par	Long-Term Capital Gains and Losses—Ger	nerally Assets H	leld More Than	One Year	(see i	nstructions)	
See i	See instructions for how to figure the amounts to enter on the lines below. (d) (e) Adjustment						
This whole	is form may be easier to complete if you round off cents to ole dollars. Proceeds (sales price) Cost (or other basis) to gain or loss form(s) 8949, P line 2, column				Part II,	from column (d) and combine the result with column (g)	
8a	Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b.						
8b	Totals for all transactions reported on Form(s) 8949 with Box D checked						
	Totals for all transactions reported on Form(s) 8949 with Box E checked						
10	Totals for all transactions reported on Form(s) 8949 with Box F checked						
	Gain from Form 4797, Part I; long-term gain from Forms from Forms 4684, 6781, and 8824				11		
	12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1						
	Capital gain distributions. See the instructions				13		
	Long-term capital loss carryover. Enter the amount, if any Worksheet in the instructions				14	(
15	Net long-term capital gain or (loss). Combine lines 8a	through 14 in co	lumn (h). Then, go	to Part III			

BAA

Schedule D (Form 1040) 2022 Page 2

Part III Summary 16 Combine lines 7 and 15 and enter the result 16 -19**,**715. • If line 16 is a gain, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below. • If line 16 is a loss, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete • If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22. 17 Are lines 15 and 16 both gains? ☐ **Yes.** Go to line 18. No. Skip lines 18 through 21, and go to line 22. 18 If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the 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. If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of: 21 • The loss on line 16; or 21 3,000.) • (\$3,000), or if married filing separately, (\$1,500) **Note:** When figuring which amount is smaller, treat both amounts as positive numbers. Do you have gualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a? 22 ☐ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.

8949 Form

Sales and Other Dispositions of Capital Assets

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

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

OMB No. 1545-0074

2022

Attachment
Sequence No. 12A

Department of the Treasury
Internal Revenue Service

Social security number or taxpayer identification number

682-45-3835

VENKATESH JOGIPARTHI & NIHARIKA AGUTHOTA

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

Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see Part I 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. X (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 (C) Short-term transactions not reported to you on Form 1099-B Adjustment, if any, to gain or loss 1 If you enter an amount in column (a). (h) enter a code in column (f). (d) Cost or other basis Gain or (loss) (c) (a) (b) See the separate instructions. Date sold or Proceeds See the **Note** below Subtract column (e) Description of property Date acquired disposed of and see Column (e) (sales price) from column (d) and (Example: 100 sh. XYZ Co.) (Mo., day, yr.) (Mo., day, yr.) combine the result (see instructions) in the separate (g) Code(s) from Amount of adjustment instructions. with column (a). instructions -2,066. ROBINHOOD SECURITIES LLC 01/01/22 12/31/22 104. 2,170. 2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your

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.

104.

-2,066.

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) .

2,170.