Internal Revenue Service

IRS e-file Signature Authorization

OMB No. 1545-0074

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

Submission Identification Number (SID)

l axpayer's name	Social security number
BOSEBABU VANARASA	504-65-5319
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 18,791.
2 Total tax	2 568.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3 1,637.
4 Amount you want refunded to you	4 1,069.
5 Amount you owe	5

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

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 5 5 9 3 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. Your signature Date 02/22/2023 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 ► Date Practitioner PIN Method Returns Only—continue below

Certification and Authentication – Practitioner PIN Method Only Part III

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.

2 2 2 4 9 6 б 1 9 8 9 Don't enter all zeros

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

ERO's signature >		Date ►	
ERO Must Retain This Fo Don't Submit This Form to the II			
For Paperwork Reduction Act Notice, see your tax return instructions.	BAA	REV 02/10/23 PRO	Form 8879 (Rev. 01-2021)

		tment of the Treasury-Internal Revenue Servi 5. Individual Income Tax		m 20 2	2	OMB No. 1545	-0074	IRS Use (Dnly—D	o not w	rite or staple i	n this space.
Filing Status	🗙 s	ingle Married filing jointly	Married	filing separately (I	MFS)	Head of	housel	nold (HOH	I)		ifying surv ıse (QSS)	iving
one box.	,	u checked the MFS box, enter the name on is a child but not your dependent	,	ur spouse. If you c	heck	ed the HOH or	QSS	box, ente	r the c	hild's	name if th	e qualifying
Your first name and	nd mic	ddle initial	Last name	e					Y	our so	cial security	y number
BOSEBABU			VANAR.	ASA					5	04-6	55-5319)
lf joint return, spou	use's	first name and middle initial	Last name	9					Sp	oouse'	s social sec	urity number
		and street). If you have a P.O. box, see	instruction	S.			A	pt. no.			ntial Electio	on Campaign
<u>10676 HIL</u>			malata ana		Cto	to.	ZIP c	da				tly, want \$3
		e. If you have a foreign address, also co	mpiete spa	ces below.	Sta		282			0		Checking a
CHARLOTTE Foreign country na			For	reign province/state/				o⊿ n postal co			ow will not a or refund.	change
	ane			eign province/state/	count	.y	TOTEIg	n postar co				Spouse
U		y time during 2022, did you: (a) rec ange, gift, or otherwise dispose of a									Yes	X No
		eone can claim: You as a de	<u> </u>	Vour spous		0		. (000				
Deduction [🗌 S	pouse itemizes on a separate retur	n or you w	vere a dual-status	alien							
Age/Blindness Y	You:	Were born before January 2, 1	958	Are blind Sp	ouse	: 🗌 Was bor		ore Janua	-		🗌 ls bli	-
Dependents (s	•	,		(2) Social security	/	(3) Relationsh	ip (4					instructions):
If more ((1) Fir	st name Last name		number		to you		Child ta	x credi	it	Credit for oth	er dependents
dependents, -									 		L	<u></u>
see instructions -								L	<u></u>		L	<u></u>
and check _ here								L	<u></u>		L	
	1a	Total amount from Form(s) W-2, b	ox 1 (see i	instructions)				L		1a	L	
Income	b	Household employee wages not re		,						1b		,
Attach Form(s) W-2 here. Also	с	Tip income not reported on line 1a	(see instr	uctions)						1c		
attach Forms	d	Medicaid waiver payments not rep	orted on I	Form(s) W-2 (see i	nstru	ictions)				1d		
W-2G and 1099-R if tax	е	Taxable dependent care benefits f	rom Form	2441, line 26						1e		
was withheld.	f	Employer-provided adoption bene	fits from F	orm 8839, line 29	•				•	1f		
lf you did not	g	8							•	1g		
get a Form W-2, see	h	Other earned income (see instruct	,		• •	· · · ·	· ·		•	1h	_	0.
instructions.	i	Nontaxable combat pay election (s	see instruc	ctions)		<u>1</u> i						
	z	Add lines 1a through 1h	· · ·	· · · · ·	· ·				•	1z		5,601.
	2a	· ·	2a	155.		axable interest			•	2b		1
	<u>3a</u> 4a		3a 4a	195.		ordinary divider axable amoun			•	3b 4b		155.
	ча 5а		ча 5а			axable amoun			•	40 5b		
Deduction for-	6a		6a			axable amoun			•	6b		
Single or Married filing	c	If you elect to use the lump-sum e		ethod. check here					П	0.5		
senarately	7	Capital gain or (loss). Attach Sche		,	`	,			Π	7		3,024.
	8	Other income from Schedule 1, lin								8		11.
iointly or	pintly or Add lines to Oh. Oh. Oh. Ch. Ch. Z. and O. This is using total in some			9	1	8,791.						
surviving spouse, \$25,900	0	Adjustments to income from Sche								10		
• Head of 1 *	1	Subtract line 10 from line 9. This is	s your adjı	usted gross inco	me					11	1	.8,791.
household,	-											
\$19,400	2	Standard deduction or itemized	deduction	ns (from Schedule	A)					12		2,950.
• If you checked 1:	2				'	 5-A	 	· · ·		12 13	1	2,950.
φ10,400	2	Standard deduction or itemized Qualified business income deduct	ion from F	orm 8995 or Form	1 899 		 	· · · ·			1	2,950. 2,950. 5,841.

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		568.
Credits	17	Amount from Schedule 2, lin	ie3					17		
	18	Add lines 16 and 17						18		568.
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812			19		
	20	Amount from Schedule 3, lin	ie8					20		
	21	Add lines 19 and 20						21		
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22		568.
	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		568.
Payments	25	Federal income tax withheld								
	а	Form(s) W-2				25a	1,637			
	b	Form(s) 1099				25b				
	с	Other forms (see instruction:				25c		-		
	d	Add lines 25a through 25c						25d	1,	637.
15	26	2022 estimated tax payment	ts and amount a	pplied from 20	21 return .			26		
If you have a l qualifying child,	27	Earned income credit (EIC)				27				
attach Sch. EIC.	28	Additional child tax credit from				28		-		
	29	American opportunity credit	from Form 8863	3, line 8		29		-		
	30	Reserved for future use .		-		30				
	31	Amount from Schedule 3, lir				31		-		
	32	Add lines 27, 28, 29, and 31				undable credits		32		
	33	Add lines 25d, 26, and 32. T			-			33	1,	637.
Defined	34	If line 33 is more than line 24						34	1,	069.
Refund	35a	Amount of line 34 you want				, .	_	35a		069.
Direct deposit?	b	Routing number 0 2 1					Savings			
See instructions.	d	Account number 3 8 1					J			
	36	Amount of line 34 you want a				36				
Amount	37	Subtract line 33 from line 24								
You Owe	07	For details on how to pay, g						37		
	38	Estimated tax penalty (see in				38				
Third Party		you want to allow another						_		
Designee		structions	•				omplete	below.	X No	
J	De	signee's		Phone		Pers	sonal iden			
	na	nē		no.		num	ber (PIN)			
Sign		der penalties of perjury, I declare t								
Here		ief, they are true, correct, and com	plete. Declaration of			ased on all informat	1			
	Yo	ur signature		Date	Your occupation				nt you an Iden PIN, enter it hei	
Joint return?					DEVELOPER			e inst.)		
See instructions.	Sp	ouse's signature. If a joint return, I	ooth must sian.	Date	Spouse's occupat	tion	lf tł	ne IRS se	nt your spouse	e an
Keep a copy for	- -						lde	ntity Prot	ection PIN, en	
your records.							(se	e inst.)		
		one no. (551)229-571		Email address	VBOSEBABU	@GMAIL.COM				
Paid	Pre	eparer's name	Preparer's signat	ture		Date	PTIN		Check if:	
Preparer	VENK	ATA SAI PAVAN KUMAR DUDIPALLI	VENKATA SAI	PAVAN KUM	AR DUDIPALLI	02/22/2023	P024	70833	Self-em	ployed
Use Only	Fir	m's name GLOBAL TA	XES LLC				Pho	one no. ((678)965-	-9522
	Fir	m's address 245 ROONE	Y CT E BRU	NSWICK N	J 08816		Firr	m's EIN	88-214	15487
Go to www.irs.ge	ov/Forr	n1040 for instructions and the late	st information.		BAA	REV 02/10/23 PRO			Form 10)40 (2022)

SCHEDULE	1
(Form 1040)	

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	Your social security number		
BOSEBABU VANAR	504-65	-5319	

Par	t I Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxes		1	
2 a	Alimony received		2 a	
b	Date of original divorce or separation agreement (see instructions):			
3	Business income or (loss). Attach Schedule C		3	1
4	Other gains or (losses). Attach Form 4797		4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Atta	ach Schedule E .	5	
6	Farm income or (loss). Attach Schedule F.		6	
7	Unemployment compensation		7	
8	Other income:			1
а	Net operating loss	8a ()	1
b	Gambling	8b		1
С	Cancellation of debt	8c		
d	Foreign earned income exclusion from Form 2555	8d ()	1
е	Income from Form 8853	8e		
f	Income from Form 8889	8f		1
g	Alaska Permanent Fund dividends	8g		1
h	Jury duty pay	8h		1
i	Prizes and awards	8i		1
j	Activity not engaged in for profit income	8j		1
k	Stock options	8k	_	1
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	-	1
m	Olympic and Paralympic medals and USOC prize money (see			1
		8m	-	1
n	Section 951(a) inclusion (see instructions)	8n	-	1
0	Section 951A(a) inclusion (see instructions)	80	-	
р	Section 461(I) excess business loss adjustment	8p	-	1
q	Taxable distributions from an ABLE account (see instructions)	8q	-	1
r	Scholarship and fellowship grants not reported on Form W-2	8r	-	1
S	Nontaxable amount of Medicaid waiver payments included on Form	8s (1
	1040, line 1a or 1d		4	1
t	a nongovernmental section 457 plan	8t		1
	Wages earned while incarcerated	8u	-	1
2	Other income. List type and amount:Substitute Payment from 1099-Misc11.	8z 11.		
9	Total other income. Add lines 8a through 8z		9	11.
10	Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR		10	11.
-	perwork Reduction Act Notice, see your tax return instructions.	,		ile 1 (Form 1040) 2022

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 Remalty on early withdrawal of savings 18 19a Alimony paid 19a 19a Alimony paid 19a 19a Recipient's SSN 20 21 Student loan interest deduction 21 22 Reserved for future use 22 23 Archer MSA deduction 21 24 24a 24a 24a 24a 24a	Par	t II Adjustments to Income					
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 25 Total other adjustments. Add lines 24a through 24z	~		247				
26 Add lines 11 through 23 and 25. These are your adjustments to income. Enter here and on	25	Total other adjustments. Add lines 24a through 24z				25	
						20	
	20					26	
BAA REV 02/10/23 PRO Schedule 1 (Form 1040) 2							0.1 (Earm 1040) 000

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. 2022 Attachment Sequence No. 12

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

BOSEBABU VANARASA

Your social security number

504-65-5319

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)

See instructions for how to figure the amounts to enter on the lines below.		(d) Proceeds	(e) Cost	(g) Adjustments to gain or loss fro	h	(h) Gain or (loss) Subtract column (e) from column (d) and
	form may be easier to complete if you round off cents to e dollars.	(sales price)	(or other basis)	Form(s) 8949, Pa line 2, column (s	rt I,	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	87,242.	84,260.	4	2.	3,024.
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 (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	3,024.

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.		(d) Proceeds	(e) Cost	(g) Adjustmen to gain or loss		(h) Gain or (loss) Subtract column (e) from column (d) and
	form may be easier to complete if you round off cents to e dollars.	(sales price)	(or other basis)	Form(s) 8949, I line 2, colum	Part II,	combine the result with column (g)
8a	Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b.					
8b	Totals for all transactions reported on Form(s) 8949 with Box D checked					
9	Totals for all transactions reported on Form(s) 8949 with Box E checked					
10	Totals for all transactions reported on Form(s) 8949 with Box F checked.					
11	Gain from Form 4797, Part I; long-term gain from Forms from Forms 4684, 6781, and 8824				11 12	
12						
	13 Capital gain distributions. See the instructions					
14	14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover Worksheet in the instructions				14	()
15	15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then, go to Part III on the back .					

Part	III Summary	
16	Combine lines 7 and 15 and enter the result	16 3,024.
	• 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 ()
	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?	
	X Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16.	
	□ No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.	

REV 02/10/23 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

Department of the Treasury

Social security number or taxpayer identification number
504-65-5319

BOSEBABU VANARASA 504-65-5319 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.

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

1 (a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of	(d) Proceeds (sales price)	(e) Cost or other basis See the Note below and see <i>Column</i> (e)	If you enter an enter a co	f any, to gain or loss amount in column (g), ode in column (f). arate instructions.	(h) Gain or (loss) Subtract column (e) from column (d) and
	(, , , , , , , , , , , , , , , , , , ,	(Mo., day, yr.)	(see instructions)	in the separate instructions.	Code(s) from instructions	(g) Amount of adjustment	combine the result with column (g).
ROBINHOOD SECURITIES LLC	01/01/22	12/31/22	87,242.	84,260.	W	42.	3,024.
2 Totals. Add the amounts in column negative amounts). Enter each tot: Schedule D, line 1b (if Box A above above is checked), or line 3 (if Box	al here and inc e is checked), lir	lude on your 1e 2 (if Box B	87,242.	84,260.		42.	3,024.

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.

TAXABLE YEAR	FORM
2022 California e-file Signature Authorization for Ind	lividuals 8879
Your name	Your SSN or ITIN
BOSEBABU VANARASA	504-65-5319
Spouse's/RDP's name	Spouse's/RDP's SSN or ITIN
Part I Tax Return Information (whole dollars only)	
1 California adjusted gross income (AGI). See instructions	1 9768
 2 Amount You Owe. See instructions 3 Refund or No Amount Due. See instructions 	
Part II Taxpayer Declaration and Signature Authorization (Be sure you obtain and keep a copy of your return.)	
ending December 31, 2022, and to the best of my knowledge and belief, it is true, correct, and complete. I further decl electronic return originator (ERO), transmitter, or intermediate service provider, including my name, address, and soci identification number (ITIN), and the amounts shown in Part I above agree with the information and amounts shown o income tax return. If applicable, I authorize an electronic funds withdrawal of the amount on line 2 and/or the estimate and on form FTB 8455, California e-file Payment Record for Individuals, or a comparable form. If applicable, I declare agrees with the direct deposit authorization stated on my return. If I have filed a joint return, this is an irrevocable apped domestic partner (RDP) as an agent to authorize an electronic funds withdrawal or direct deposit. I authorize my ERO, provider to transmit my complete return to the Franchise Tax Board (FTB). If the processing of my return or refund is to my ERO, intermediate service provider, and/or transmitter the reason(s) for the delay or the date when the refund return, I understand that if the FTB does not receive full and timely payment of my tax liability, I remain liable for the tap penalties. I acknowledge that I have read and consent to the Electronic Funds Withdrawal Consent included on the cop selected a personal identification number (PIN) as my signature for my electronic income tax return and, if applicable,	al security number (SSN) or individual ta on the corresponding lines of my electron of tax payments as shown on my return that direct deposit refund amount on line ointment of the other spouse/registered transmitter, or intermediate service delayed , I authorize the FTB to disclose nd was sent. If I am filing a balance due ax liability and all applicable interest and by of my electronic income tax return. I ha
Taxpayer's PIN: check one box only	
I authorize GLOBAL TAXES LLC	o enter my PIN 5 5 3 1 9
ERO firm name	Do not enter all zeros
as my signature on my 2022 e-filed California individual income tax return.	
I will enter my PIN as my signature on my 2022 e-filed California individual income tax return. Check this box onl return is filed using the Practitioner PIN method. The ERO must complete Part III below.	ly if you are entering your own PIN and yo
Your signature Date Date	
Spouse's/RDP's PIN: check one box only	
Lauthorizet	o enter my PIN
ERO firm name as my signature on my 2022 e-filed California individual income tax return.	Do not enter all zeros
I will enter my PIN as my signature on my 2022 e-filed California individual income tax return. Check this be and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.	box only if you are entering your own F
Spouse's/RDP's signature Date Date	•
Practitioner PIN Method Returns Only continue below	
Part III Certification and Authentication — Practitioner PIN Method Only	
ERO's Electronic Filer Identification Number (EFIN)/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. Do not enter	6 6 1 9 8 9
I certify that the above numeric entry is my PIN, which is my signature for the 2022 California individual income tax confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and FTB e-file Providers.	return for the taxpayer(s) indicated above

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DO NOT MAIL THIS FORM TO THE FTB

TAX	ABLE)	YEAR	al	ifornia Nonre	sident		Part-Year						CALIFOR	NIA FORM
	202			sident Incom									54	ONR
					A	PE		ATTA	CH F	ΈI	DERA	AL RE	TURN	
	4-65 SEB7	5-5319 ABU		VANA VANARASA				22						
		HILL OTTE	ΡO	INT CT NC 282	62									
08	-01-	-1994												
		lf your Calit	orni	a filing status is different f	rom vour fed	loral 1	iling status, check the	hoy here						
	1	× Sing		a ming status is uniorent i	4		d of household (with c							
Filing Status	2	Mar	ried/I	RDP filing jointly. See inst	r. 5	Qua	lifying surviving spou	se/RDP. E	nter ye	ar sj	ouse/	RDP die	d.]
-07						See	instructions.							
	3	Mar	ried/I	RDP filing separately. Ente	r spouse's/R	DP's	SSN or ITIN above and	l full nam	e here					
	6	lf someone	can	claim you (or your spous	e/RDP) as a c	deper	ident, check the box he	ere. See in	nstr		• 6			
	For I	ine 7, line 8	, line	9, and line 10: Multiply th	e number yoı	u ente	er in the box by the pre-	printed do	ollar an	nour	t for th	nat line.	Whole	dollars only
				checked box 1, 3, or 4 ab r 5, enter 2. If you checke				7 1	X \$14	0 _			WHOIC	140
	8 E	Blind: If yo	u (or	your spouse/RDP) are vis	sually impaire	ed, er	iter 1;				, I			
				lly impaired, enter 2 or your spouse/RDP) are 6			-		X \$14					
suo	i 10 [f both are 6 Dependents	5 or s: Do	older, enter 2. See instruct not include yourself or y Dependent 1	ctions our spouse/	RDP.	• Dependent 2	9	X \$14		●\$ Depend	lent 3		
Exemptions		First Name	igodoldoldoldoldoldoldoldoldoldoldoldoldol								Johour			
EX		Last Name	۲											
		SSN. See instructions.	•							•				
		Dependent's relationship to you	۲											
	Total d	lependent e REV 02/03/		ptions			• • 10	X	\$433 =		\$			
					175		3131224				Forn	n 540NF	R 2022 Sid	le 1

You	r nai	ne: VANARASA Your SSN or ITIN: 504-65-5319			
	11	Exemption amount: Add line 7 through line 10	• 11 \$	1	40
	12	Total California wages from your federal Form(s) W-2, box 1612	. 00		
come	13 14	Enter federal AGI from federal Form 1040, 1040-SR, or 1040-NR, line 11 California adjustments – subtractions. Enter the amount from Schedule CA (540NR), Part II, line 27, column B	 13 14 	18791	• 00 • 00
Total Taxable Income	15 16	Subtract line 14 from line 13. If less than zero, enter the result in parentheses. See instructions California adjustments – additions. Enter the amount from Schedule CA (540NR), Part II, line 27, column C	15	18791	• 00 • 00
Total	17 18	Adjusted gross income from all sources. Combine line 15 and line 16 Enter the larger of: Your California itemized deductions from Schedule CA (540NR), Part III, line 30; OR Your California standard deduction . See instructions		18791	. 00
	19	Subtract line 18 from line 17. This is your total taxable income . If less than zero, enter -0	19	13589	. 00
	31	Tax. Check the box if from:			
	32	• FTB 3800 CA adjusted gross income from Schedule CA (540NR), Part IV, line 1. • 32 9768	• 31	171	. 00
	35	CA Taxable Income from Schedule CA (540NR), Part IV, line 5	• 35	7064	. 00
come	36	CA Tax Rate. Divide line 31 by line 19			_
able In	37	CA Tax Before Exemption Credits. Multiply line 35 by line 36	③ 37	89	. 00
CA Taxable Income	38	CA Exemption Credit Percentage. Divide line 35 by line 19. If more than 1, enter 1.0000			
0	39	CA Prorated Exemption Credits. Multiply line 11 by line 38. If the amount on line 13 is more than \$229,908, see instructions	• 39	73	. 00
	40	CA Regular Tax Before Credits. Subtract line 39 from line 37. If less than zero, enter -0	• 40	16	. 00
	41	Tax. See instructions. Check the box if from: Schedule G-1 FTB 5870A	• 41		. 00
	42	Add line 40 and line 41	• 42	16	.00
dits	50 51	Nonrefundable Child and Dependent Care Expenses Credit. See instructions. Attach form FTB 3506Credit for joint custody head of household. See instructions	• 50		- 00
Special Credits	52 53	Credit for dependent parent. See instructions • 52 Credit for senior head of household. See instructions • 53	- <u>00</u> - <u>00</u>		
ŝ	54	Credit percentage. Enter the amount from line 38 here. If more than 1, enter 1.0000. See instructions ④ 54		1	
	55	Credit amount. See instructions	• 55		. 00
	;	Side 2 Form 540NR 2022 175 3132224			

You	r nar	ne:	VANARA	SA		Your SS	SN or ITIN:	504	-65-531	9				
	58	Enter	r credit name				code	•	and amo	unt 🗨	58			. 00
inued	59	Enter	r credit name				code	•	and amo	unt	59			. 00
Special Credits continued	60	To cl	aim more tha	an two crea	dits. See ins	structions					60			. 00
redits	61	Noni	refundable Re	enter's Cre	dit. See inst	ructions					61			. 00
cial C	62	Add	line 50 and li	ne 55 thro	ugh 61. The	ese are your	total credits				62			. 00
Spe	63		ract line 62 fi										16	. 00
Se	71	Alter	native Minim	um Tax. At	ttach Sched	ule P (540N	R)				71			<u> 00 </u>
Other Taxes	72	Men	tal Health Ser	rvices Tax.	See instruc	tions					72			. 00
Othe	73	Othe	r taxes and c	redit recap	ture. See in	structions .					73			00
	74	Add	line 63, line 7	71, line 72,	and line 73	8. This is you	ır total tax.				74		16	. 00
	81	Calif	ornia income	tax withhe	eld. See inst	tructions					81		385	. 00
	82	2022	2 CA estimate	d tax and (other paym	ents. See ins	tructions .				82			. 00
	83		holding (Forr											. 00
ents	84		ss SDI (or VF											. 00
Payments	85		ed Income Ta											. 00
	86		ng Child Tax (.00
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ISR Penalty	91	See i	u and your he instructions. u did not che	Medicare F	Part A or C (coverage is (
ISR		Indiv	vidual Shared	Responsil	oility (ISR)	Penalty. See	instructions	8	• 91			0 00		
e	92		nents after In ract line 91 fr								92		385	. 00
Overpaid Tax/Tax Due	93	Indiv	vidual Shared ract line 88 fr	Responsil	bility Penalt	y Balance. If	line 91 is n	nore than	line 88,	_				. 00
id Tax	101	Over	paid tax. If lir	ne 92 is mo	ore than line	e 74, subtrac	ct line 74 fro	om line 92	<u>.</u>		0 101		369	. 00
verpai	102	Amo	unt of line 10)1 you wan	it applied to	your 2023 e	estimated ta	х			102		0	. 00
Ó	103		paid tax avail 02/03/23 PRO	able this y	ear. Subtrac	ct line 102 fr	om line 101				103		369	. 00

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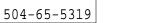
3133224

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VANARASA	Ì
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Your SSN or ITIN:



104 Tax due. If line 92 is less than line 74, subtract line 92 from line 74 \ldots 104

. 00

			(Code	Amount
		California Seniors Special Fund. See instructions	•	400	00
		Alzheimer's Disease and Related Dementia Voluntary Tax Contribution Fund	•	401	.00
		Rare and Endangered Species Preservation Voluntary Tax Contribution Program	•	403	
		California Breast Cancer Research Voluntary Tax Contribution Fund.	•	405	
		California Firefighters' Memorial Voluntary Tax Contribution Fund	•	406	
		Emergency Food for Families Voluntary Tax Contribution Fund	•	407	
		California Peace Officer Memorial Foundation Voluntary Tax Contribution Fund	•	408	.00
		California Sea Otter Voluntary Tax Contribution Fund	•	410	. 00
s		California Cancer Research Voluntary Tax Contribution Fund	•	413	. 00
oution		School Supplies for Homeless Children Voluntary Tax Contribution Fund	•	422	. 00
Contributions		State Parks Protection Fund/Parks Pass Purchase	•	423	.00
0		Protect Our Coast and Oceans Voluntary Tax Contribution Fund	•	424	.00
		Keep Arts in Schools Voluntary Tax Contribution Fund	•	425	.00
		Prevention of Animal Homelessness and Cruelty Voluntary Tax Contribution Fund	•	431	.00
		California Senior Citizen Advocacy Voluntary Tax Contribution Fund	•	438	.00
		Native California Wildlife Rehabilitation Voluntary Tax Contribution Fund	•	439	.00
		Rape Kit Backlog Voluntary Tax Contribution Fund	•	440	.00
		Suicide Prevention Voluntary Tax Contribution Fund	•	444	.00
		Mental Health Crisis Prevention Voluntary Tax Contribution Fund	•	445	.00
		California Community and Neighborhood Tree Voluntary Tax Contribution Fund	•	446	.00
	120	Add amounts in code 400 through code 446. This is your total contribution	•	120	
Amount You Owe	121	AMOUNT YOU OWE. Add line 93, line 104, and line 120. See instructions. Do not send cash. Mail to: FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0001 Pay Online – Go to ftb.ca.gov/pay for more information. REV 02/03/23 PRO	•	121	.00

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You	r nan	ne:	VANARASA		Your SSN	or ITIN:	504-65-5	319				
Interest and Penalties	122 123	Und	rest, late return pena lerpayment of estima ck the box: ●				F attached		122			• 00 • 00
		Tota	al amount due. See in	structions. Enclo	se, but do no	t staple, an	ny payment		124			. 00
	125	REF	UND OR NO AMOUN	IT DUE. Subtract	line 120 from	n line 103.	See instructions	S.				
		Mai	I to: FRANCHISE TAX	(BOARD, PO BO)	X 942840, SA	CRAMENT	TO CA 94240-00	001 •	125		369	.00
Refund and Direct Deposit		See	in the information to instructions. Have y or the following amou	ou verified the ro unt of my refund (outing and ac	count num	ibers? Use who	le dollars only.			or a deposit slip).
ect		•	Routing number	Type Checking	 Account n 	umber			• 12	26 Direct de	posit amount	
d Dir			21200339		381060	54910	7		_		369	.00
l and				Savings								
Refunc			remaining amount o Routing number	• Туре	125) is authorAccount n		lirect deposit int	to the account			posit amount	
				Checking	Account in					I Direct de		
				Savings								. 00
Our p to loc Unde	ORTA privacy ate FT er per	NT: notic B 113 naltie	Voter registration info Attach a copy of your te can be found in annual 31 EN-SP, Franchise Tax es of perjury, I declare d belief, it is true, corr	r complete federa I tax booklets or onlin Board Privacy Notice e that I have exan	I return. ne. Go to ftb.ca on Collection. hined this tax	.gov/privacy To request th	y to learn about our	r privacy policy st call 800.338.0505	atement, or go 5 and enter forr	m code 948 wh	nen instructed.	
	signat					Date		Spouse's/RDP's	signature (if a	joint tax retur	n, both must sign))
			• Your email addre	ess. Enter only one	email address.					Preferre	ed phone number	
Si	gn									5512	295710	
	ere		Paid preparer's signa	ature (declaration c	of preparer is b	based on all	l information of v	vhich preparer h	as any know	ledge)		
	unlaw		VENKATA	SAI PAVAN	I KUMAR	DUDI	PALLI					
to fo	rge a ıse's/	Tui	Firm's name (or your	rs, if self-employed)							PTIN	
RDP	's		GLOBAL T	AXES LLC							P024708	333
-	ature.		Firm's address								• Firm's FEIN	
Joint retur			245 ROON	EY CT E E	BRUNSWI	CK NJ	08816				8821454	187
See instr	uctior	ıs.	Do you want to all	ow another perso	on to discuss	this tax ret	urn with us? Se	e instructions.	•	Yes	× No	
			Print Third Party Des	signee's Name					1	Telephone	Number	
										REV 02/03	3/23 PRO	
				-	175	313	5224		For	m 540NR 2	2022 Side 5	

TAXABLE YEARCalifornia Adjustments —2022Nonresidents or Part-Year Residents

Important: Attach this schedule behind Form 540NR, Side 5 as a supporting California schedule

Important: Attach this schedule benind For	111 0401NH, SIDE 5 8	is a supporting Ca	illornia schedule.		
Name(s) as shown on tax return BOSEBABU VANARASA				SSN or	ITIN 55319
Part I Residency Information. Complete all line	as that apply to you a	nd your oneyoo /DDD	for toyohlo yoor 2022		22219
	es illai apply io you a	ilu your spouse/hDr	IUI laxable year 2022		
During 2022:					
 My California (CA) Residency (Check one) a Myself: Monresident Part-Year F 	Desident A Deside	ant h Chou		t 🕥 🛛 Dart Vaar 🛙	Resident 💿 Resident
a Myself: () Nonresident () Part-Year F	Resident \bigcirc <u>reside</u>	ent b Spou		t 🕑 Part-Year F	
			Yourself		Spouse/RDP
				<u>C</u> A O	
b I was in the military and stationed in (enter two	o letter code)		\odot	•	
3 I became a CA resident (enter state of prior resid	lence and date (mm/de	d/yyyy) of move)	•//	′ •	/_/
4 I became a CA nonresident (enter new state of re	esidence and date (mn	n/dd/yyyy) of move) .	•//	' •	//
5 I was a CA nonresident the entire year (enter star	te of residence)		ullet	•	
6 The number of days I spent in CA for any purpos	se was:			•	
7 I owned a home/property in CA (enter Y for Yes,				<u>N</u> 🖲	_
8 Before 2022: I was a CA resident for the period of	of		•//	•	//
			•//	•	//
Part II Income Adjustment Schedule	A	В	C	D	E
Section A — Income	Federal Amounts	Subtractions	Additions	Total Amounts	CA Amounts
from federal Form 1040 or 1040-SR	(taxable amounts from your federal tax return)		See instructions (difference between	Using CA Law As If You Were a	(income earned or received as a CA
		CA & federal law)	CA & federal law)	CA Resident	resident and income
				(subtract col. B from col. A; add col. C	n earned or received from CA sources
				to the result)	as a nonresident)
1 a Total amount from federal Form(s) W-2,	0 1500			0 1540	10
	15601		•	1560	9768
b Household employee wages not reported on federal Form(s) W-2 1b					
d Medicaid waiver payments not reported on federal Form(s) W-2. See instr 1d	\odot				
e Taxable dependent care benefits from					
federal Form 2441, line 26 1e			$\textcircled{\bullet}$	\bigcirc	
f Employer-provided adoption benefits					
from federal Form 8839, line 29 1f					
g Wages from federal Form 8919, line 6 1g		•		\bigcirc	
h Other earned income. See instructions 1h	0			\odot	0 💿
i Nontaxable combat pay election.					
See instructions 1i				\bigcirc	
z Add line 1a through line 1i 1z	<u> </u>		•	1560	
	۲		$\textcircled{\textbf{0}}$	$\textcircled{\bullet}$	•
3 Ordinary dividends. See instructions. a (•) 155 3b					-
- 0	155	\odot	\odot	15	5 💿 0
4 IRA distributions. See instructions.					
	\overline{ullet}			\odot	
5 Pensions and annuities. See					
	\odot		•	\odot	
6 Social security benefits.					
a 🖲 6b		\odot			
7 Capital gain or (loss). See instructions 7	3024			302	4 💿 0

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CA (540NR)



		Α	В	C	D	E
	from federal Schedule 1 (Form 1040)	Federal Amounts (taxable amounts from your federal tax return)	Subtractions See instructions (difference between CA & federal law)	Additions See instructions (difference between CA & federal law)	Total Amounts Using CA Law As If You Were a CA Resident (subtract col. B from col. A; add col. C to the result)	CA Amounts (income earned or received as a CA resident and income earned or received from CA sources as a nonresident)
	Taxable refunds, credits, or offsets of state and local income taxes 1	۲				
2 :		•	<u> </u>			۲
3	Business income or (loss). See instructions. 3	•	\odot		•	۲
4			$\overline{\bullet}$	•	•	$\overline{\bullet}$
	Rental real estate, royalties, partnerships,			۲	۲	
		● ●	 • • 	•	•	•
	· · · · ·	•	•			
	Other income: a Federal net operating loss					
	b Gambling	- / /	•		۲	۲
	c Cancellation of debt	-	•	۲		•
	d Foreign earned income exclusion	-				
	from federal Form 2555 8d	<u>()</u>			-	
(e Income from federal Form 8853 8e					
1	f Income from federal Form 8889 8f		•			
(g Alaska Permanent Fund dividends 8g	۲			$\textcircled{\bullet}$	\odot
I	h Jury duty pay 8h				\odot	\odot
i	i Prizes and awards 8i	$ \bigcirc $				
j	j Activity not engaged in for profit income 8j					\bullet
I	k Stock options	•			٢	$\textcircled{\textbf{0}}$
I	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	۲			\odot	۲
I	m Olympic and Paralympic medals and USOC prize money 8m	_			•	•
I	n IRC Section 951(a) inclusion 8n		\odot			
(o IRC Section 951A(a) inclusion 80	•	•			
I	p IRC Section 461(I) excess business loss adjustment 8p	۲	۲	۲	۲	۲
	q Taxable distributions from an ABLE account	۲			۲	۲
		۲			•	۲
		• ()			•	۲
1	t Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental IRC Section 457 plan	۲				
		-			•	•
		•				
	z Other income. List type and amount.	_	_			
	SUBSTITUTE PAYMENT FROM 1099-MISC 8z	• 11	\odot	۲	• 11	
9 ;	a Total other income. Add line 8a through line 8z	• 11			• 11	

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		A	B	C	D	E
Section B — Additional Income Continued		Federal Amounts (taxable amounts from your federal tax return)	Subtractions See instructions (difference between CA & federal law)	Additions See instructions (difference between CA & federal law)	Total Amounts Using CA Law As If You Were a CA Resident (subtract col. B from col. A; add col. C to the result)	CA Amounts (income earned or received as a CA resident and income earned or received from CA sources as a nonresident)
	b1 Disaster loss deduction from form FTB 3805V		۲		۲	۲
	b2 NOL deduction from form FTB 3805V		۲		۲	۲
	b3 NOL from form FTB 3805Z, FTB 3807, or FTB 3809 9b3		۲		\odot	
10	Total. Combine Section A, line 1z throughline 7, and Section B, line 1 throughline 7, line 9a and line 9b1 through line 9b3(as applicable) in each column.See instructions. Go to Section C 10	• 18791			• 18791	976
Se	ction C — Adjustments to Income	18791			10791	9700
	from federal Schedule 1 (Form 1040)					
12	Certain business expenses of reservists, performing artists, and fee-basis					
	government officials 12	$\underbrace{}_{}$	•	•		
	Health savings account deduction 13 Moving expenses. Attach form FTB 3913.	•	ullet			
• •	See instructions	•		۲		۲
15	Deductible part of self-employment tax. See instructions		ullet			
16	Self-employed SEP, SIMPLE, and qualified plans	•			•	٢
17	Self-employed health insurance deduction. See instructions	\overline{ullet}	\odot			$ \bigcirc $
18	E E E E E E E E E E E E E E E E E E E	$\overline{\bullet}$	<u> </u>		•	•
	a Alimony paid. b Enter recipient's: SSN ● – –	<u> </u>				
	SSN • 19a			•		
20	IRA deduction 20	•		•	•	
		•		•	•	
	Reserved for future use					<u> </u>
	Archer MSA deduction	●				۲
24	Other adjustments: a Jury duty pay 24a	$\overline{\bullet}$				
	 b Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for 					
	profit	•	•			
	Olympic and Paralympic medals and USOC prize money reported on line 8m 24c	•	۲			
	d Reforestation amortization and expenses	•	۲		۲	۲
	e Repayment of supplemental unemployment benefits under the federal Trade Act of 1974 24e(•				۲
	f Contributions to IRC Section 501(c)(18)(D) pension plans 24f	•	۲	•	۲	۲
	g Contributions by certain chaplains to IRC Section 403(b) plans 24g		۲	۲	۲	۲
	h Attorney fees and court costs for actions involving certain unlawful discrimination claims	•			۲	۲



Contin		A	В	C	D	E
	n C — Adjustments to Income Continued	Federal Amounts (taxable amounts from your federal tax return)	Subtractions See instructions (difference between CA & federal law)	Additions See instructions (difference between CA & federal law)	Total Amounts Using CA Law As If You Were a CA Resident (subtract col. B from col. A; add col. C to the result)	CA Amounts (income earned or received as a CA resident and income earned or received from CA sources as a nonresident)
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	۲	۲			
j	Housing deduction from federal Form 2555		۲			
k	Excess deductions of IRC Section 67(e) expenses from federal Schedule K-1 (Form 1041) 24k	٢			۲	•
z	Other adjustments. List type and amount.					
۲) 24z					
25 To th	tal other adjustments. Add line 24a rough line 24z 25	۲	۲	۲	۲	۲
ea	Id line 11 through line 23 and line 25 in ch column, A through E	۲	۲	۲	۲	۲
	tal. Subtract line 26 from line 10 in each lumn, A through E. See instructions 27	18791	۲		18791	• 976
Check Medic	III Adjustments to Federal Itemized Dedu the box if you did NOT itemize for federal but wil al and Dental Expenses See instructions.	l itemize for California .		A Federal Amounts (from federal Schedule A (Form 1040))	B Subtractions See instructions	C Additions See instructions
	Nedical and dental expenses					
	nter amount from federal Form 1040 or 1040 Aultiply line 2 by 7.5% (0.075)					
	Subtract line 3 from line 1. If line 3 is more that					\bigcirc
	You Paid					
5a S	tate and local income tax or general sales tax	PS	5a	492	492	
	State and local real estate taxes					
	tate and local personal property taxes					
	dd line 5a through line 5c			-		
5e E	inter the smaller of line 5d or \$10,000 (\$5,000	if married filing separa	tely) in column A			
	inter the amount from line 5a, column B in line					
	inter the difference from line 5d and line 5e, co			492	● 492	•
						•
	dd line 5e and line 6			492	● 492	
	st You Paid	()) F	4000			
	lome mortgage interest and points reported to	•				
	lome mortgage interest not reported to you of					
	Points not reported to you on federal Form 109 Reserved for future use					$\textcircled{\bullet}$
				-	•	•
Bd F	dd ling 8a through ling 9a		ŏe	0		•
Bd F Be A	dd line 8a through line 8c		0			
Bd F Be A D II	nvestment interest			-	-	-
Bd F Be A D II 10 A	nvestment interest			-	•	•
Bid F Bie A Die In Die A Gifts t	nvestment interest					٢
8d F 8e A 9 In 10 A Gifts t 11 G	nvestment interest		······10		•	•
8d F 8e A 9 II 10 A Gifts t 11 G 12 C	nvestment interest			 • • • • 		

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Pa	rt III Adjustments to Federal Itemized Deductions Continued	A Federal Amounts (from federal Schedule a (Form 1040))	B Subtractions See instructions	C Additions See instructions
Cas	sualty and Theft Losses		1	I
15	Casualty or theft loss(es) (other than net qualified disaster losses). Attach federal Form 4684. See instructions	5 💿		۲
Oth	er Itemized Deductions	·		
16	Other—from list in federal instructions1		۲	۲
17	Add lines 4, 7, 10, 14, 15, and 16 in columns A, B, and C	7 💿 492	2 • 492	0
18	Total. Combine line 17 column A less column B plus column C			0
Job	D Expenses and Certain Miscellaneous Deductions			
19	Unreimbursed employee expenses: job travel, union dues, job education, etc. Attach federal Form 2106 if required. See instructions	9]	
20	Tax preparation fees	0		
21	Other expenses: investment, safe deposit box, etc. List type 🔍 🕑 2	1 0		
22	Add line 19 through line 21 🕥 22	2		
23	Enter amount from federal Form 1040 or 1040-SR, line 11 () 18791			
24	Multiply line 23 by 2% (0.02). If less than zero, enter 0 \ldots 24	4 376		
25	Subtract line 24 from line 22. If line 24 is more than line 22, enter 0			0
26	Total Itemized Deductions. Add line 18 and line 25.			0
27	Other adjustments. See instructions. Specify.		• 27	
28	Combine line 26 and line 27			0
29	Is your federal AGI (Form 540NR, line 13) more than the amount shown below for your Single or married/RDP filing separately Head of household Married/RDP filing jointly or qualifying surviving spouse/RDP No. Transfer the amount on line 28 to line 29.	\$229,908 \$344,867		
	Yes. Complete the Itemized Deductions Worksheet in the instructions for Schedule CA (54	IONR), line 29		0
30	Enter the larger of the amount on line 29 or your standard deduction listed below:			
	Single or married/RDP filing separately. See instructions	. \$5,202		
	Married/RDP filing jointly, head of household, or qualifying surviving spouse/RDP	\$10,404		5202
Pa	rt IV California Taxable Income			
1				9768
2	,		5202	
ა	Deduction Percentage. Divide Part II, line 27, column E by Part II, line 27, column D. Carry to four places. If the result is greater than 1.0000, enter 1.0000. If less than zero, enter -0-		05198	
4	California Itemized/Standard Deductions. Multiply line 2 by the percentage on line 3		-	2704
	California Taxable Income. Subtract line 4 from line 1. Transfer this amount to Form 540N			
	zero, enter -0		• 5 <u></u>	7064

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TAXABLE YEAR

Health Coverage Exemptions and Individual Shared Responsibility Penalty 2022

3853

Attach to your California Form 540, Form 540NR, or Form 540 2EZ. Name(s) as shown on your California tax return

BOSEBABU VANARASA

SSN or ITIN 504-65-5319

Part I Applicable Household Members. List all members of your applicable household whether or not they have an exemption or an Exemption Certificate Number (ECN) granted by the Marketplace. See instructions.

	Certificate Number (ECN) granted				
	First Name BOSEBABU	Initial	SSN ● 504-65-5319	Date of Birth (mm/dd/yyyy) $\odot 08/01/1994$	Modified AGI 18,791.
1	Last Name		ECN 1		
	VANARASA		ECN 1	ECN 2	ECN 3
	First Name	Initial	SSN	Date of Birth (mm/dd/yyyy)	Modified AGI
			\odot	•	
	Last Name		ECN 1	ECN 2	ECN 3
	\odot		\odot	\odot	\odot
	First Name	Initial	SSN	Date of Birth (mm/dd/yyyy)	Modified AGI
		۲	\odot	•	۲
3	Last Name		ECN 1	ECN 2	ECN 3
	\odot		\odot	\odot	۲
	First Name	Initial	SSN	Date of Birth (mm/dd/yyyy)	Modified AGI
	\odot	۲	\odot	\odot	\odot
ł	Last Name		ECN 1	ECN 2	ECN 3
	\odot		\odot	\odot	\odot
	First Name	Initial	SSN	Date of Birth (mm/dd/yyyy)	Modified AGI
5	۲	۲		۲	•
)	Last Name		ECN 1	ECN 2	ECN 3
	\odot		\odot	\odot	\odot
	First Name	Initial	SSN	Date of Birth (mm/dd/yyyy)	Modified AGI
6	۲	\odot	۲	۲	•
	Last Name		ECN 1	ECN 2	ECN 3
	۲				$\textcircled{\textbf{0}}$
	First Name	Initial	SSN	Date of Birth (mm/dd/yyyy)	Modified AGI
,	۲	۲	۲	۲	•
	Last Name		ECN 1	ECN 2	ECN 3
	•		۲	•	•
	First Name	Initial	SSN	Date of Birth (mm/dd/yyyy)	Modified AGI
;	۲	۲	۲	•	•
	Last Name		ECN 1	ECN 2	ECN 3
	•		٢	•	•
	First Name	Initial	SSN	Date of Birth (mm/dd/yyyy)	Modified AGI
)	۲	۲			
	Last Name		ECN 1	ECN 2	ECN 3
	First Name	Initial	SSN	Date of Birth (mm/dd/yyyy)	Modified AGI
0	۲	۲			
-	Last Name		ECN 1	ECN 2	ECN 3
	First Name	Initial	SSN	Date of Birth (mm/dd/yyyy)	Modified AGI
1		۲			
-	Last Name		ECN 1	ECN 2	ECN 3
			•		
	First Name	Initial	SSN	Date of Birth (mm/dd/yyyy)	Modified AGI
2		۲		•	
-	Last Name		ECN 1	ECN 2	ECN 3
	\odot		\odot	\odot	\odot

Part II Coverage Exemption Claimed on Your Tax Return for Your Household

REV 02/03/23 PRO

If you are claiming a coverage exemption because your applicable household income or gross income is below the filing threshold, check 1 the box here. See instructions.

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Part III Coverage and Exemptions Claimed on Your Tax Return for Individuals. If you and/or a member of your applicable household are reporting any coverage or are claiming exemptions for the tax year, complete Part III. See instructions.

Coverage and Exemption Codes (a) (b) (C) (d) (e) (f) (g) (h) (i) (j) (k) (I) (m) Full-year July Oct May Aug Feb Mar Apr June Sept Nov Dec Jan First Name Initial ●_E \bigcirc \bigcirc \bigcirc BOSEBABU Last Name \mathbf{O} \mathbf{O} lacksquareulletVANARASA First Name Initial \bigcirc lacksquarelacksquare \bigcirc \bigcirc \bigcirc Last Name \bigcirc \bigcirc First Name Initial \bigcirc lacksquarelacksquareulletLast Name \mathbf{O} \bigcirc \bigcirc \bigcirc \bigcirc First Name Initial \bigcirc \bigcirc \bigcirc $oldsymbol{igstar}$ Last Name \bigcirc First Name Initial \bigcirc \mathbf{O} \bigcirc Last Name \bigcirc \bigcirc \odot First Name Initial \bigcirc \bigcirc Last Name \bigcirc \bigcirc \bigcirc \bigcirc \odot First Name Initial \bigcirc \bigcirc (\bullet) \bigcirc (\bullet) (\bullet) (\bullet) \odot Last Name \odot \bigcirc First Name Initial \bigcirc \bigcirc \bigcirc Last Name \bigcirc \bigcirc ulletFirst Name Initial \bigcirc $oldsymbol{igo}$ (\bullet) Last Name \mathbf{O} \bigcirc \bigcirc First Name Initial \odot Last Name \bigcirc First Name Initial \bigcirc \bigcirc \bigcirc Last Name \bigcirc \bigcirc \bigcirc \bigcirc First Name Initial $oldsymbol{igstar}$ Last Name \mathbf{O} \bigcirc \bigcirc \bigcirc Part IV Individual Shared Responsibility Penalty Your Individual Shared Responsibility Penalty. Enter on Form 540, line 92; Form 540NR, line 91; or Form 540 2EZ, line 27.

REV 02/03/23 PRO

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		tment of the Treasury-Internal Revenue Servi 5. Individual Income Tax		m 20 2	2	OMB No. 1545	-0074	IRS Use (Dnly—D	o not w	rite or staple i	n this space.
Filing Status	🗙 s	ingle	Married	filing separately (I	MFS)	Head of	housel	nold (HOH	I)		ifying surv ıse (QSS)	iving
one box.	,	u checked the MFS box, enter the name on is a child but not your dependent	,	ur spouse. If you c	heck	ed the HOH or	QSS	box, ente	r the c	hild's	name if th	e qualifying
Your first name and	nd mic	ddle initial	Last name	e					Y	our so	cial security	y number
BOSEBABU			VANAR.	ASA					5	04-6	55-5319)
lf joint return, spou	use's	first name and middle initial	Last name	9					Sp	oouse'	s social sec	urity number
		and street). If you have a P.O. box, see	instruction	S.			A	pt. no.			ntial Electio	on Campaign
<u>10676 HIL</u>			malata ana		Cto	to.	ZIP c	da				tly, want \$3
		e. If you have a foreign address, also co	mpiete spa	ces below.	Sta		282			0		Checking a
CHARLOTTE Foreign country na			Eor	reign province/state/				o⊿ n postal co			ow will not a or refund.	change
	ane			eign province/state/	count	.y	TOTEIg	n postar co				Spouse
U		y time during 2022, did you: (a) rec ange, gift, or otherwise dispose of a									Yes	X No
		eone can claim: You as a de	<u> </u>	Vour spous		0		. (000				
Deduction [🗌 S	pouse itemizes on a separate retur	n or you w	vere a dual-status	alien							
Age/Blindness Y	You:	Were born before January 2, 1	958	Are blind Sp	ouse	: 🗌 Was bor		ore Janua	-		🗌 ls bli	-
Dependents (s	•	,		(2) Social security	/	(3) Relationsh	ip (4					instructions):
If more ((1) Fir	st name Last name		number		to you		Child ta	x credi	it	Credit for oth	er dependents
dependents, -								L	 		L	<u></u>
see instructions -								L	<u></u>		L	<u></u>
and check _ here								L	<u></u>		L	
	1a	Total amount from Form(s) W-2, b	ox 1 (see i	instructions)				L		1a	L	
Income	b	Household employee wages not re		,						1b		,
Attach Form(s) W-2 here. Also	с	Tip income not reported on line 1a	(see instr	uctions)						1c		
attach Forms	d	Medicaid waiver payments not rep	orted on I	Form(s) W-2 (see i	nstru	ictions)				1d		
W-2G and 1099-R if tax	е	Taxable dependent care benefits f	rom Form	2441, line 26						1e		
was withheld.	f	Employer-provided adoption bene	fits from F	orm 8839, line 29	•				•	1f		
lf you did not	g	8							•	1g		
get a Form W-2, see	h	Other earned income (see instruct	,		• •	· · · ·	· ·		•	1h	_	0.
instructions.	i	Nontaxable combat pay election (s	see instruc	ctions)		1 i						
	z	Add lines 1a through 1h	· · ·	· · · · ·	· ·				•	1z		5,601.
	2a	· ·	2a	155.		axable interest			•	2b		1
	<u>3a</u> 4a		3a 4a	195.		ordinary divider axable amoun			•	3b 4b		155.
	ча 5а		ча 5а			axable amoun			•	40 5b		
Deduction for-	6a		6a			axable amoun			•	6b		
Single or Married filing	c	If you elect to use the lump-sum e		ethod. check here					П	0.5		
senarately	7	Capital gain or (loss). Attach Sche		,	`	,			Π	7		3,024.
	8	Other income from Schedule 1, lin								8		11.
iointly or	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7								9	1	8,791.
surviving spouse, \$25,900	0	Adjustments to income from Sche								10		
• Head of 1 *	1	Subtract line 10 from line 9. This is	s your adjı	usted gross inco	me					11	1	.8,791.
household,	-											
\$19,400	2	Standard deduction or itemized	deduction	ns (from Schedule	A)					12		2,950.
• If you checked 1:	2				'	 5-A	 	· · ·		12 13	1	2,950.
φ10,400	2	Standard deduction or itemized Qualified business income deduct	ion from F	orm 8995 or Form	1 899 		 	· · · ·			1	2,950. 2,950. 5,841.

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		568.
Credits	17	Amount from Schedule 2, lin	ie3					17		
	18	Add lines 16 and 17						18		568.
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812			19		
	20	Amount from Schedule 3, lin	ie8					20		
	21	Add lines 19 and 20						21		
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22		568.
	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		568.
Payments	25	Federal income tax withheld								
	а	Form(s) W-2				25a	1,637			
	b	Form(s) 1099				25b				
	с	Other forms (see instruction:				25c		-		
	d	Add lines 25a through 25c						25d	1,	637.
15	26	2022 estimated tax payment	ts and amount a	pplied from 20	21 return .			26		
If you have a l qualifying child,	27	Earned income credit (EIC)				27				
attach Sch. EIC.	28	Additional child tax credit from				28		-		
	29	American opportunity credit	from Form 8863	3, line 8		29		-		
	30	Reserved for future use .		-		30				
	31	Amount from Schedule 3, lir				31		-		
	32	Add lines 27, 28, 29, and 31				undable credits		32		
	33	Add lines 25d, 26, and 32. T			-			33	1,	637.
Defined	34	If line 33 is more than line 24						34	1,	069.
Refund	35a	Amount of line 34 you want				, .	_	35a		069.
Direct deposit?	b	Routing number 0 2 1					Savings			
See instructions.	d	Account number 3 8 1					J			
	36	Amount of line 34 you want a				36				
Amount	37	Subtract line 33 from line 24								
You Owe	07	For details on how to pay, g						37		
	38	Estimated tax penalty (see in				38				
Third Party		you want to allow another						_		
Designee		structions	•				omplete	below.	X No	
J	De	signee's		Phone		Pers	sonal iden			
	na	nē		no.		num	ber (PIN)			
Sign		der penalties of perjury, I declare t								
Here		ief, they are true, correct, and com	plete. Declaration of			ased on all informat	1			
	Yo	ur signature		Date	Your occupation				nt you an Iden PIN, enter it hei	
Joint return?					DEVELOPER			e inst.)		
See instructions.	Sp	ouse's signature. If a joint return, I	ooth must sian.	Date	Spouse's occupat	tion	lf tł	ne IRS se	nt your spouse	e an
Keep a copy for	- -						lde	ntity Prot	ection PIN, en	
your records.							(se	e inst.)		
		one no. (551)229-571		Email address	VBOSEBABU	@GMAIL.COM				
Paid	Pre	eparer's name	Preparer's signat	ture		Date	PTIN		Check if:	
Preparer	VENK	ATA SAI PAVAN KUMAR DUDIPALLI	VENKATA SAI	PAVAN KUM	AR DUDIPALLI	02/22/2023	P024	70833	Self-em	ployed
Use Only	Fir	m's name GLOBAL TA	XES LLC				Pho	one no. ((678)965-	-9522
	Fir	m's address 245 ROONE	Y CT E BRU	NSWICK N	J 08816		Firr	m's EIN	88-214	15487
Go to www.irs.ge	ov/Forr	n1040 for instructions and the late	st information.		BAA	REV 02/10/23 PRO			Form 10)40 (2022)

SCHEDULE	1
(Form 1040)	

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	orm 1040, 1040-SR, or 1040-NR	Your soc	ial security number
BOSEBABU VANAR	504-65	-5319	

Par	t I Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxes		1	
2 a	Alimony received		2 a	
b	Date of original divorce or separation agreement (see instructions):			
3	Business income or (loss). Attach Schedule C		3	1
4	Other gains or (losses). Attach Form 4797		4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Atta	ach Schedule E .	5	
6	Farm income or (loss). Attach Schedule F.		6	
7	Unemployment compensation		7	
8	Other income:			
а	Net operating loss	8a ()	
b	Gambling	8b		1
С	Cancellation of debt	8c		
d	Foreign earned income exclusion from Form 2555	8d ()	1
е	Income from Form 8853	8e		
f	Income from Form 8889	8f		1
g	Alaska Permanent Fund dividends	8g		1
h	Jury duty pay	8h		1
i	Prizes and awards	8i		1
j	Activity not engaged in for profit income	8j		1
k	Stock options	8k	_	1
1	Income from the rental of personal property if you engaged in the rental			1
	for profit but were not in the business of renting such property	81	-	1
m	Olympic and Paralympic medals and USOC prize money (see			1
		8m	-	1
n	Section 951(a) inclusion (see instructions)	8n	-	1
0	Section 951A(a) inclusion (see instructions)	80	-	
р	Section 461(I) excess business loss adjustment	8p	-	1
q	Taxable distributions from an ABLE account (see instructions)	8q	-	1
r	Scholarship and fellowship grants not reported on Form W-2	8r	-	1
S	Nontaxable amount of Medicaid waiver payments included on Form	8s (1
	1040, line 1a or 1d		4	1
t	a nongovernmental section 457 plan	8t		1
	Wages earned while incarcerated	8u	-	1
2	Other income. List type and amount:Substitute Payment from 1099-Misc11.	8z 11.		
9	Total other income. Add lines 8a through 8z		9	11.
10	Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR		10	11.
-	perwork Reduction Act Notice, see your tax return instructions.	,		ile 1 (Form 1040) 2022

Parl	II Adjustments to Income						-	
11	Educator expenses					11		
12	Certain business expenses of reservists, performing artists, and fee	-basi	s aov	vernme	ent 🗌			
	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						9a		
b	Recipient's SSN							
	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		
3	Archer MSA deduction					23		
24	Other adjustments:			• •	· F			
		24a						
	Deductible expenses related to income reported on line 81 from the							
~		24b						
с	Nontaxable amount of the value of Olympic and Paralympic medals							
Ŭ	and USOC prize money reported on line 8m	24c						
d		24d						
	Repayment of supplemental unemployment benefits under the Trade	210						
C	Act of 1974	24e						
f	Contributions to section 501(c)(18)(D) pension plans	24f						
		24g						
	Attorney fees and court costs for actions involving certain unlawful	<u> 9</u>						
		24h						
;	Attorney fees and court costs you paid in connection with an award	<u></u>						
	from the IRS for information you provided that helped the IRS detect							
	tax law violations	24i						
i	Housing deduction from Form 2555	24j						
	Excess deductions of section 67(e) expenses from Schedule K-1 (Form	<u>-</u>						
n		24k						
z	Other adjustments. List type and amount:							
2		24z						
5	Total other adjustments. Add lines 24a through 24z					25		
.5 26	Add lines 11 through 23 and 25. These are your adjustments to income					2.5		
.0	Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a					26		
	BAA		02/10/23				le 1 (Form 1040	

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. 2022 Attachment Sequence No. 12

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

BOSEBABU VANARASA

Your social security number

504-65-5319

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)

	instructions for how to figure the amounts to enter on the below.	(d) Proceeds	(e) Cost	(g) Adjustments to gain or loss fro		(h) Gain or (loss) Subtract column (e) from column (d) and
	form may be easier to complete if you round off cents to e dollars.	(sales price)	(or other basis)	Form(s) 8949, Pa line 2, column (urt I,	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	87,242.	84,260.	4	2.	3,024.
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 (I	oss) from Forms 4	684, 6781, and 88	324	4	
5	Net short-term gain or (loss) from partnerships, Schedule(s) K-1			usts from	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	3,024.

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.		(d) Proceeds	(e) Cost	(g) Adjustments to gain or loss from		(h) Gain or (loss) Subtract column (e) from column (d) and
This form may be easier to complete if you round off cents to whole dollars.		(sales price)			Part II, n (g)	combine the result with column (g)
8a	Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b.					
8b	Totals for all transactions reported on Form(s) 8949 with Box D checked					
9	Totals for all transactions reported on Form(s) 8949 with Box E checked					
10	Totals for all transactions reported on Form(s) 8949 with Box F checked.					
11	Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824				11	
12	······································				12	
13					13	
14	4 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover Worksheet in the instructions				14	()
15	15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then, go to Part III on the back					

Part	III Summary		
16	Combine lines 7 and 15 and enter the result	16	3,024.
	• If line 16 is a gain , enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below.		
	• If line 16 is a loss , skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22.		
	• If line 16 is zero , skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22.		
17	Are lines 15 and 16 both gains?		
	X 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	()
	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?		
	X Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16.		
	□ No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.		

REV 02/10/23 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

BOSEBABU VANARASA

Department of the Treasury

Social security number or taxpayer identification number
504-65-5319

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.

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

1 (a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of	(d) Proceeds (sales price)	(e) Cost or other basis See the Note below and see <i>Column</i> (e)	(6)		(h) Gain or (loss) Subtract column (e) from column (d) and	
(Example: 100 01: 712 00.)	(Mc	(Mo., day, yr.)	(see instructions)	in the separate instructions.	Code(s) from instructions	(g) Amount of adjustment	combine the result with column (g).	
ROBINHOOD SECURITIES LLC	01/01/22	12/31/22	87,242.	84,260.	W	42.	3,024.	
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).		87,242.	84,260.		42.	3,024.		

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.