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

	515.135 55.715				
Submi	ssion Identification Number (SID)				
Taxpaye	pr's name	Social secur	ity numl	ber	
SAI	CHANDANA MANDA	862-82	-423	9	
Spouse's	s name	Spouse's so	cial sec	urity numbe	er
Part	Tax Return Information — Tax Year Ending December 31, 2022	 2 (Enter year you a	aro all	thorizing	. \
	whole dollars only on lines 1 through 5.	(Lilier year your	ale au	unonzing	ı. <i>)</i>
	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.				
1	Adjusted gross income		1 1	151	L,683.
2	Total tax		2		7,131.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3		7,074.
4	Amount you want refunded to you		4		•
5	Amount you owe		5		57.
Part	II Taxpayer Declaration and Signature Authorization (Be sure you ge	et and keep a cop	y of y	our retu	ırn)
my knoreturn (control to send for any Agent to paymer authorize paymer business taxes to personal	penalties of perjury, I declare that I have examined a copy of the income tax return (original or a payledge and belief, it is true, correct, and complete. I further declare that the amounts in Payloriginal or amended) I am now authorizing. I consent to allow my intermediate service provide in my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason delay in processing the return or refund, and (c) the date of any refund. If applicable, I author to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution accent of my federal taxes owed on this return and/or a payment of estimated tax, and the financial zation is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to not, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancelles adays prior to the payment (settlement) date. I also authorize the financial institutions involved or receive confidential information necessary to answer inquiries and resolve issues related al identification number (PIN) below is my signature for the income tax return (original or ame nic Funds Withdrawal Consent.	art I above are the amer, transmitter, or election for rejection of the size the U.S. Treasury account indicated in the terminate the authorization requests must be died in the processing of to the payment. I fur	rounts to conic recransminand its cax preparation. The receipt the electron and the recrease of the electron are recreased to	from the inturn original ssion, (b) to designated paration so to this according to the control of the control o	ncome tax ator (ERO) he reason I Financial oftware for ount. This (cancel) a ter than 2 ayment of e that the
	yer's PIN: check one box only				
X		enerate my PIN	4	2 3 9	as my
	ERO firm name signature on the income tax return (original or amended) I am now authorizing.	ř Ei		digits, but er all zeros	aomy
	I will enter my PIN as my signature on the income tax return (original or amended if you are entering your own PIN and your return is filed using the Practitioner P below.				
Your s	ignature ▶ D	ate ►			
Spous	se's PIN: check one box only				
Opous	-	enerate my PIN			as my
	ERO firm name		ter five	digits, but	as my
	signature on the income tax return (original or amended) I am now authorizing.	do	on't ente	er all zeros	
	I will enter my PIN as my signature on the income tax return (original or amended if you are entering your own PIN and your return is filed using the Practitioner P below.				
Spous	e's signature ► D	ate ►			
	Practitioner PIN Method Returns Only—continue	e below			
Part I	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 2 4 9 Don't en	6 6 ter all z	-	8 9
authoriz	that the above numeric entry is my PIN, which is my signature for the electronic individual is zed to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I is ments of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS e-file Provi	am submitting this ret	urn in a	accordance	
ERO's	signature ▶ D	ate ►			
	ERO Must Retain This Form — See Instruct				
	Don't Submit This Form to the IRS Unless Request	ed To Do So			

Form 1040-V (2022) 2022 Page **2**

IF you live in	THEN use this address to send in your payment				
Alabama, Florida, Georgia, Louisiana, Mississippi, North Carolina, South Carolina, Tennessee, Texas	Internal Revenue Service P.O. Box 1214 Charlotte, NC 28201-1214				
Arkansas, Connecticut, Delaware, District of Columbia, Illinois, Indiana, Iowa, Kentucky, Maine, Maryland, Massachusetts, Minnesota, Missouri, New Hampshire, New Jersey, New York, Oklahoma, Rhode Island, Vermont, Virginia, West Virginia, Wisconsin	Internal Revenue Service P.O. Box 931000 Louisville, KY 40293-1000				
Alaska, Arizona, California, Colorado, Hawaii, Idaho, Kansas, Michigan, Montana, Nebraska, Nevada, New Mexico, North Dakota, Ohio, Oregon, Pennsylvania, South Dakota, Utah, Washington, Wyoming	Internal Revenue Service P.O. Box 802501 Cincinnati, OH 45280-2501				
A foreign country, American Samoa, or Puerto Rico (or are excluding income under Internal Revenue Code section 933), or use an APO or FPO address, or file Form 2555 or 4563, or are a dual-status alien or nonpermanent resident of Guam or the U.S. Virgin Islands	Internal Revenue Service P.O. Box 1303 Charlotte, NC 28201-1303				

MAIL FORM 1040-V TO THE INTERNAL REVENUE SERVICE CENTER AT THE ADDRESS LISTED BELOW.

Form **1040-V** 2022

▼ Detach Here and Mail With Your Payment and Return ▼

Department of the Treasury Internal Revenue Service 2022

Form 1040-V Payment Voucher

▶ Use this voucher when making a payment with Form 1040.

► Do not staple this voucher or your payment to Form 1040.

► Make your check or money order payable to the 'United States Treasury.'

► Write your social security number (SSN) on your check or money order.

Enter the amount of your payment

57.

REV 01/28/23 PRO

1555

SAI CHANDANA MANDA

8243 RANCHVIEW DR 3077 IRVING TX 75063

INTERNAL REVENUE SERVICE P.O. BOX 1214 CHARLOTTE, NC 28201-1214

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

2022	
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OMB No. 1545-0074

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

Filing Status Check only	X S	Single Married filing jointly	Marrie	ed filing separately	(MFS)	Head of	hous	ehold (HOF	l)		ifying surv ise (QSS)	iving
one box.	If yo	u checked the MFS box, enter the r	name of y	our spouse. If you	checke	ed the HOH or	r QSS	S box, ente	r the c	hild's	name if th	e qualifying
	pers	on is a child but not your dependen	ıt:									
Your first name	and mi	ddle initial	Last na	me					Yo	our so	cial securit	y number
SAI CHAN	DANA	A	MAND	A					86	62-8	32-4239)
lf joint return, sp	oouse's	first name and middle initial	Last na	me					Sp	ouse's	s social sec	urity number
Home address	numbe	r and street). If you have a P.O. box, see	e instruction	ons.				Apt. no.	Pr	esider	ntial Election	n Campaign
8243 RAN	CHV1	EW DR						3077			ere if you,	
City, town, or p	ost offic	e. If you have a foreign address, also co	omplete s	paces below.	Stat	te	ZIP	code			0,	tly, want \$3 Checking a
IRVING					TX	•	75	063	bo	x belo	ow will not	•
Foreign country	name		F	Foreign province/stat	e/count	у	Fore	ign postal co	de yo	ur tax	or refund.	Spouse
 Digital	At an	y time during 2022, did you: (a) red	ceive (as	a reward, award, o	or payn	nent for prope	erty o	r services);	or (b)	sell,		
Assets	exch	ange, gift, or otherwise dispose of	a digital	asset (or a financia	al intere	est in a digital	asse	t)? (See ins	structio	ons.)	☐ Yes	⊠ No
Standard	Som	eone can claim:	ependent	t	use as a	a dependent						
Deduction		Spouse itemizes on a separate retu	rn or you	were a dual-statu	s alien							
Age/Blindness	You:	☐ Were born before January 2,	1958	Are blind S	pouse:	☐ Was bo		fore Janua			☐ Is bli	
Dependents	s (see i	nstructions):		(2) Social secui	ity	(3) Relationsh	nip	(4) Check th	e box if	qualif	ies for (see	instructions):
If more	(1) Fi	rst name Last name		number		to you		Child ta	x credit	t	Credit for oth	er dependents
than four dependents,												
see instructions	· ——								<u></u>			
and check											L	
here		T. I	4.7								L	
Income	1a	Total amount from Form(s) W-2, b	,	,						1a		85,890.
Attach Form(s)	b	Household employee wages not r					•			1b 1c		
W-2 here. Also	C C	Tip income not reported on line 1. Medicaid waiver payments not re	•	,						1d		
attach Forms W-2G and	d e	Taxable dependent care benefits	•	. ,	HISTIU	Clions)	•			1e		
1099-R if tax	f	Employer-provided adoption benefits		· ·	 o		•		•	1f		
was withheld.	g	Wages from Form 8919, line 6.					•			1g		
If you did not get a Form	9 h	Other earned income (see instruction)					•		•	1h		0.
W-2, see	i	Nontaxable combat pay election (,			1i	i Ì					
instructions.	z	Add lines 1a through 1h								1z	18	85,890.
Attach Sch. B	2a	Tax-exempt interest	2a		b Ta	axable interes	t			2b		<u> </u>
if required.	3a	Qualified dividends	3a		b O	rdinary divide	nds			3b		
	4a	IRA distributions	4a			axable amoun				4b		
Standard	5a	Pensions and annuities	5a		b Ta	axable amoun	nt .			5b		
Deduction for—	6a	Social security benefits	6a		b Ta	axable amoun	nt .			6b		
Single or Married filing	С	If you elect to use the lump-sum	election r	method, check her	e (see i	instructions)			. \square			
separately, \$12,950	7	Capital gain or (loss). Attach Sche	edule D if	required. If not re	quired,	check here			. 🔲	7		-707.
Married filing	8	Other income from Schedule 1, lin	ne 10 .							8	-3	3,500.
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7	7, and 8.	This is your total i	ncome					9	15	1,683.
surviving spouse, \$25,900	10	Adjustments to income from Sche	edule 1, I	ine 26						10		
Head of	11	Subtract line 10 from line 9. This i	s your a c	djusted gross inc	ome					11	15	1,683.
household, \$19,400	12	Standard deduction or itemized								12	1	2,950.
If you checked any box under	13	Qualified business income deduc-								13		
Standard	14	Add lines 12 and 13								14		2,950.
Deduction, see instructions.	15	Subtract line 14 from line 11. If ze	ro or les	s, enter -0 This is	your t	axable incom	ne			15	13	88,733.

Form 1040 (2022	2)								Page 2
Tax and	16	Tax (see instructions). Check if any f	om Forn	n(s): 1 881	4 2 🗌 4972	3 🗌		16	27,131.
Credits	17	Amount from Schedule 2, line 3						17	
	18	Add lines 16 and 17						18	27,131.
	19	Child tax credit or credit for other d	epender	nts from Sched	ule 8812			19	
	20	Amount from Schedule 3, line 8						20	
	21	Add lines 19 and 20						21	
	22	Subtract line 21 from line 18. If zero	or less,	enter -0				22	27,131.
	23	Other taxes, including self-employn	nent tax,	, from Schedule	e 2, line 21			23	0.
	24	Add lines 22 and 23. This is your to	tal tax					24	27,131.
Payments	25	Federal income tax withheld from:							
	а	Form(s) W-2				25a 27	,074.		
	b	Form(s) 1099				25b			
	С	Other forms (see instructions) .				25c		•	
	d	Add lines 25a through 25c						25d	27,074.
	26	2022 estimated tax payments and a						26	
If you have a qualifying child,	27					27			
attach Sch. EIC.	28	Earned income credit (EIC)						1	
	29	American opportunity credit from F				29			
	30	Reserved for future use		•		30			
	31	Amount from Schedule 3, line 15				31			
	32	Add lines 27, 28, 29, and 31. These						32	
	33	Add lines 25d, 26, and 32. These are	•	-	-			33	27,074.
	34	If line 33 is more than line 24, subtr						34	,
Refund	35a	Amount of line 34 you want refund				•	· .	35a	
Direct deposit?	b	Routing number X X X X X				_	Savings	Joa	
See instructions.	d	Account number X X X X X			,, <u> </u>		Javingo		
	36	Amount of line 34 you want applied				36			
Amount	37	Subtract line 33 from line 24. This is				1 00			
You Owe	31	For details on how to pay, go to we						37	57.
	38	Estimated tax penalty (see instructi	_			38		0,	37.
Third Party	Do	you want to allow another person				See			
Designee		structions					omplete b	elow.	X No
		signee's		Phone			onal identif	ication	
		ne		no.			er (PIN)		
Sign		der penalties of perjury, I declare that I havief, they are true, correct, and complete. De							
Here			olai ation	Date	Your occupation	isca on an imormatic	1		nt you an Identity
	10	ur signature		Date	rour occupation		I .		IN, enter it here
Joint return?					SOFTWARE E	NGINEER	(see i	nst.)	
See instructions.	Sp	ouse's signature. If a joint return, both mu	st sign.	Date	Spouse's occupati	on			nt your spouse an
Keep a copy for your records.						Ident (see i	,	ection PIN, enter it here	
, ca coo. ac.									
		one no. (469)456-3892	!:	Email address	CHANDANAMANI	DA68@GMAIL.CC			Observativity
Paid			er's signa		_	Date	PTIN		Check if:
Preparer		PRIYA RAM SAGAR GUPTA TALLAM SYAM		RAM SAGAR	GUPTA TALLAM	02/06/2023	P02082		Self-employed
Use Only		m's name GLOBAL TAXES I			- 00075				(678)965-9522
		m's address 245 ROONEY CT		JNSWICK NO	J 08816		Firm'	s EIN	88-2145487
Go to www.irs.go	ov/Forn	n1040 for instructions and the latest inform	nation.		BAA	REV 01/28/23 PRO			Form 1040 (2022)

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2022
Attachment Sequence No. 01

Department of the Treasury Internal Revenue Service

SAI CHANDANA MANDA

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

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

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

Your social security number 862-82-4239

Par	Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxes		1	
2a	Alimony received		2a	
b	Date of original divorce or separation agreement (see instructions):			
3	Business income or (loss). Attach Schedule C		3	-33,500.
4	Other gains or (losses). Attach Form 4797		4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Atta	ch 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		
С	Cancellation of debt	8c		
d	Foreign earned income exclusion from Form 2555	8d ()	
е	Income from Form 8853	8e		
f	Income from Form 8889	8f		
g	Alaska Permanent Fund dividends	8g		
h	Jury duty pay	8h		
i	Prizes and awards	8i		
j	Activity not engaged in for profit income	8j		
k	Stock options	8k		
ı	Income from the rental of personal property if you engaged in the rental			
	for profit but were not in the business of renting such property	81	_	
m	Olympic and Paralympic medals and USOC prize money (see			
	instructions)	8m	_	
n	Section 951(a) inclusion (see instructions)	8n	_	
0	Section 951A(a) inclusion (see instructions)	80	_	
р	Section 461(I) excess business loss adjustment	8p	_	
q	Taxable distributions from an ABLE account (see instructions)	8q	-	
r	Scholarship and fellowship grants not reported on Form W-2	8r	-	
S	Nontaxable amount of Medicaid waiver payments included on Form			
	1040, line 1a or 1d	8s (4	
t	Pension or annuity from a nonqualifed deferred compensation plan or	01		
	a nongovernmental section 457 plan	8t	-	
u	Wages earned while incarcerated	8u		
Z		0-		
0	Total other income. Add lines to through to	8z		
9 10	Total other income. Add lines 8a through 8z		10	-33,500.
10	- OUTIDITE IITES T MITOUULT AND 3. LINDI HELE AND OUT OHI 1040. 1040-ON.	OI IOHOTINIA IIIIE O	IU	-33,300.

Schedule 1 (Form 1040) 2022 Page **2**

Par	t II Adjustments to Income			
11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-basis governr			
	officials. Attach Form 2106	L	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	L	17	
18	Penalty on early withdrawal of savings	L	18	
19a	Alimony paid		I9a	
b	Recipient's SSN			
С	Date of original divorce or separation agreement (see instructions):			
20	IRA deduction		20	
21	Student loan interest deduction		21	
22	Reserved for future use	_	22	
23	Archer MSA deduction	L	23	
24	Other adjustments:			
а	Jury duty pay (see instructions)			
b	Deductible expenses related to income reported on line 8l from the			
	rental of personal property engaged in for profit			
С	Nontaxable amount of the value of Olympic and Paralympic medals			
	and USOC prize money reported on line 8m			
d	Reforestation amortization and expenses			
е	Repayment of supplemental unemployment benefits under the Trade			
	Act of 1974			
f	Contributions to section 501(c)(18)(D) pension plans			
g	Contributions by certain chaplains to section 403(b) plans 24g			
h	Attorney fees and court costs for actions involving certain unlawful			
	discrimination claims (see instructions)			
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	_		
J	Housing deduction from Form 2555	_		
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form			
_	1041)	-		
Z	Other adjustments. List type and amount:24z			
25	Total other adjustments. Add lines 24a through 24z		25	
25 26	,		23	
26	Add lines 11 through 23 and 25. These are your adjustments to income . Enter here and Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a		26	
	1 01111 1040 01 1040-011, IIIIE 10, 01 1 01111 1040-1110, IIIIE 10a		2 0	

SCHEDULE C (Form 1040)

Profit or Loss From Business (Sole Proprietorship)

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/ScheduleC for instructions and the latest information. Attach to Form 1040, 1040-SR, 1040-NR, or 1041; partnerships must generally file Form 1065. Attachment Sequence No. **09**

Name	of proprietor				security number (SSN)
SAI	CHANDANA MANDA			862-	-82-4239
Α	Principal business or profession	on, including product or servi	ce (see instructions)		er code from instructions
					1 8 2 1 0
С	Business name. If no separate	business name, leave blank	-	D Emp	oloyer ID number (EIN) (see instr.)
E	Business address (including su	uite or room no.) 8243	RANCHVIEW DR, Apt. 3077		
	City, town or post office, state	e, and ZIP code IRVI	NG, TX 75063		
F	Accounting method: (1)	Cash (2) Accrual	(3) Other (specify)		
G	Did you "materially participate	" in the operation of this bus	iness during 2022? If "No," see instructions for li	mit on lo	osses . X Yes No
Н	If you started or acquired this	business during 2022, check	chere		X
I	Did you make any payments in	n 2022 that would require yo	u to file Form(s) 1099? See instructions		🗌 Yes 🕱 No
J	If "Yes," did you or will you file	e required Form(s) 1099? .			Yes . No
Par	t I Income				
1	Gross receipts or sales. See in	nstructions for line 1 and che	ck the box if this income was reported to you on		
	Form W-2 and the "Statutory e	employee" box on that form	was checked	1	
2	Returns and allowances			2	
3	Subtract line 2 from line 1 .			3	
4	Cost of goods sold (from line	42)		4	
5	Gross profit. Subtract line 4 for	rom line 3		5	
6	Other income, including federa	al and state gasoline or fuel t	ax credit or refund (see instructions)	6	
7			<u> </u>	7	
Part	Expenses. Enter exp	penses for business use	of your home only on line 30.		
8	Advertising	8	18 Office expense (see instructions) .	18	
9	Car and truck expenses		19 Pension and profit-sharing plans .	19	
	(see instructions)	9	20 Rent or lease (see instructions):		
10	Commissions and fees .	10	a Vehicles, machinery, and equipment		
11	Contract labor (see instructions)	11	b Other business property	20b	16,800.
12	Depletion	12	21 Repairs and maintenance		
13	Depreciation and section 179 expense deduction (not		22 Supplies (not included in Part III) .	22	
	included in Part III) (see		23 Taxes and licenses	23	
	instructions)	13	24 Travel and meals:		
14	Employee benefit programs		a Travel	24a	3,170.
	(other than on line 19) .	14	b Deductible meals (see		
15	Insurance (other than health)	15	instructions)		2,400.
16	Interest (see instructions):		25 Utilities		1,080.
а	Mortgage (paid to banks, etc.)	16a	26 Wages (less employment credits)	26	
b	Other	16b	27a Other expenses (from line 48)	27a	10,050.
	Legal and professional services	17	b Reserved for future use		22 500
28	•		e. Add lines 8 through 27a		33,500.
29	1				-33,500.
30	•	•	these expenses elsewhere. Attach Form 8829		
	unless using the simplified me Simplified method filers only		age of (a) your home:		
			. Use the Simplified		
	and (b) the part of your home	· · · · · · · · · · · · · · · · · · ·	to enter on line 30	30	
31	Net profit or (loss). Subtract I	-	to enter on line 30	30	
31	,)		
			rusts, enter on Form 1041, line 3.	31	-33,500.
	• If a loss, you must go to line		J		
32	If you have a loss, check the b	oox that describes your inves	stment in this activity. See instructions.		
	If you checked 32a, enter the	e loss on both Schedule 1 (F	Form 1040), line 3, and on Schedule		
	SE, line 2. (If you checked the	•	instructions.) Estates and trusts, enter on		All investment is at risk.
	Form 1041, line 3.			32b	Some investment is not
	 If you checked 32b, you must 	st attach Form 6198. Your lo	oss may be limited.		at risk.

BAA

Schedule C (Form 1040) 2022 Page **2**

Part	Cost of Goods Sold (see instructions)			
33	Method(s) used to value closing inventory: a ☐ Cost b ☐ Lower of cost or market c ☐ Other (atta	ich ev	nlanation)	
34	Was there any change in determining quantities, costs, or valuations between opening and closing inventor If "Yes," attach explanation	y?		☐ No
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35		
36	Purchases less cost of items withdrawn for personal use	36		
37	Cost of labor. Do not include any amounts paid to yourself	37		
38	Materials and supplies	38		
39	Other costs	39		
40	Add lines 35 through 39	40		
41	Inventory at end of year	41		
42	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4	42		
Part	Information on Your Vehicle. Complete this part only if you are claiming car or are not required to file Form 4562 for this business. See the instructions for line 1 Form 4562.			
43	When did you place your vehicle in service for business purposes? (month/day/year)			
44	Of the total number of miles you drove your vehicle during 2022, enter the number of miles you used your vehicle during 2022 years and you were the number of miles your were the number of miles you were the number	ehicle	e for:	
а	Business b Commuting (see instructions) c C	ther		
45	Was your vehicle available for personal use during off-duty hours?			☐ No
46	Do you (or your spouse) have another vehicle available for personal use?			☐ No
47a	Do you have evidence to support your deduction?			☐ No
	If "Yes," is the evidence written?			☐ No
Part	Other Expenses. List below business expenses not included on lines 8–26 or lin	e 30.	T	
ST	ATIONARY AND PRINTING EXPENCES			2,900.
AP	PLE MACBOOK PRO LAPTOP			1,250.
BA	CK OFFICE EXPENCES			5,900.
48	Total other expenses. Enter here and on line 27a	48		10,050.

SCHEDULE D (Form 1040)

Department of the Treasury

Capital Gains and Losses

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

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

OMB No. 1545-0074

2022

Attachment Sequence No. **12**

Internal Revenue Service Name(s) shown on return Your social security number 862-82-4239 SAI CHANDANA MANDA Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? 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 (h) Gain or (loss) (g) Adjustments Subtract column (e) lines below. Proceeds Cost to gain or loss from from column (d) and This form may be easier to complete if you round off cents to Form(s) 8949, Part I, combine the result (sales price) (or other basis) whole dollars. line 2, column (a) with column (a) 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 1,960. 2,667. -707. Totals for all transactions reported on Form(s) 8949 with Box B checked 3 Totals for all transactions reported on Form(s) 8949 with Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 4 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from 5 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover 6 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). If you have any longterm capital gains or losses, go to Part II below. Otherwise, go to Part III on the back 7 -707. 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 (h) Gain or (loss) (g) Adjustments Subtract column (e) (d) (e) lines below. Proceeds to gain or loss from from column (d) and Cost This form may be easier to complete if you round off cents to (sales price) (or other basis) Form(s) 8949, Part II, combine the result whole dollars. line 2. column (a) with column (a) 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 Totals for all transactions reported on Form(s) 8949 with Box E checked 10 Totals for all transactions reported on Form(s) 8949 with

12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1

15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then, go to Part III

BAA

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Schedule D (Form 1040) 2022 Page 2

Part III **Summary** -707. 16 Combine lines 7 and 15 and enter the result 16 • 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 707.) 21 • (\$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.

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.

2022 Attachment Sequence No. 12A

OMB No. 1545-0074

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

Social security number or taxpayer identification number

862-82-4239

SAI CHANDANA MANDA

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 (C) Short-term transactions				sis wasn't report	ed to the IF	RS	
1	(a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis See the Note below If you enter an amount in content a code in column See the separate instru		See the separate instructions.	
	(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see Column (e) in the separate instructions.	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g).
Robi	nhood Securities LLC	07/14/22	12/31/22	1,960.	2,667.			-707.
ne Sc	otals. Add the amounts in column: gative amounts). Enter each tota thedule D, line 1b (if Box A above tove is checked), or line 3 (if Box	al here and inc e is checked), lir	lude on your ne 2 (if Box B	1,960.	2,667.			-707.

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.

SAI CHANDANA MANDA 862-82-4239 1

Additional Information From 2022 Federal Tax Return

Schedule C: Profit or Loss from Business

Line 20b Itemization Statement

Description	Amount
RENT 12*\$14000(P.M)	16,800.
Total	16,800.

Schedule C: Profit or Loss from Business

Line 25 Itemization Statement

Description	Amount
MOBILE 12*\$35(P.M)	420.
INTERNET 12*\$55(P.M)	660.
Total	1,080.