# Form **8879**

(Rev. January 2021)

Department of the Treasury Internal Revenue Service

## IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.

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

OMB No. 1545-0074

| Submission Identification Number (SID)   |  |   |
|--|--|---|
| Taxpayer's name  | Social security  | y number  |
| KIRAN KUMAR PAKALA   | 863-78-  | -5578   |
| Spouse's name  | Spouse's soci  | al security number  |
| MOUNIKA REVANURU   | 819-64-  | -1424   |
| Part I Tax Return Information — Tax Year Ending December 31, 2022 (En  | nter year you ar   | re 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.   | ı  |   |
| 1 Adjusted gross income  | 1  | 1 155,672.  |
| <ul> <li>Total tax</li></ul>   |  | <b>2</b> 19,783.  |
| 4 Amount you want refunded to you  | +  | 3 29,031.<br>4 9,248  |
| 5 Amount you want refunded to you  | +  | <b>4</b> 9,248.   |
| Part II Taxpayer Declaration and Signature Authorization (Be sure you get an   |  |   |
| Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amenomy knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I a return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, tranto send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial instituathorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to termin payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation is business days prior to the payment (settlement) date. I also authorize the financial institutions involved in taxes to receive confidential information necessary to answer inquiries and resolve issues related to the personal identification number (PIN) below is my signature for the income tax return (original or amended) Electronic Funds Withdrawal Consent.  Taxpayer's PIN: check one box only  I authorize GLOBAL TAXES LLC to enter or general  | above are the amonsmitter, or electro rejection of the trace U.S. Treasury an indicated in the tatution to debit the nate the authorizar requests must be the processing of the payment. I furth I am now authorizate my PIN | nunts from the income tax nic return originator (ERO) ansmission, (b) the reasond its designated Financia x preparation software for entry to this account. This tion. To revoke (cancel) a received no later than 2 the electronic payment of the reacknowledge that the zing and, if applicable, my |
| 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 ar if you are entering your own PIN and your return is filed using the Practitioner PIN me below.   | don<br>n now authorizin  |   |
| Your signature ► Date ►  | 03/08/2023   |   |
| Spouse's PIN: check one box only   |  |   |
| I authorize GLOBAL TAXES LLC to enter or general 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 are if you are entering your own PIN and your return is filed using the Practitioner PIN metals.   | Ento<br>don<br>n now authorizin  |   |
| below.   | 00/00/0000   | must complete i ait ii  |
| Spouse's signature ► W Date ► Practitioner PIN Method Returns Only—continue below  |  |   |
| Part III Certification and Authentication — Practitioner PIN Method Only   | O 17   |   |
| ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.   | 2 2 4 9 6  Don't ente  | 5 6 1 9 8 9<br>er all zeros   |
| I certify that the above numeric entry is my PIN, which is my signature for the electronic individual incom authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am surequirements of the Practitioner PIN method and <b>Pub. 1345</b> , Handbook for Authorized IRS e-file Providers of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of the Practitioner PIN method and Pub. 1345, Handbook for Pub. 1345, Handbo | ubmitting this retur   | rn in accordance with the   |

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

ERO's signature ▶

**ERO Must Retain This Form — See Instructions** 

Date ▶

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

| 2022 |
|------|
|------|

OMB No. 1545-0074

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

|                                  | s 🗌 S         | Single X Married filing jointly   | Marrie     | ed filing separatel       | y (MFS) | Head of         | househ    | old (HOH    | H) [    |                                 | fying surv                   | iving          |
|----------------------------------|---------------|---|------------|---------------------------|---------|-----------------|-----------|-------------|---------|---------------------------------|------------------------------|----------------|
| Check only one box.              | If vo         | u checked the MFS box, enter the n                                      | ame of v   | our spouse If vo          | u check | red the HOH or  | r OSS h   | ox ente     | r the   |                                 | se (QSS)<br>name if th       | e gualifying   |
| one box.                         |               | on is a child but not your dependen                                     |            | our spouse. If yo         | u oncoi |                 | Q00 L     | ox, onto    | , 1110  | orma o i                        | iamo ii tii                  | 5 quamying     |
| Your first name                  |               |   | Last na    | me                        |         |                 |           |             | Y       | our soc                         | ial security                 | v number       |
| KIRAN KU                         |               |   | PAKA       |                           |         |                 |           |             |         | 863-78-5578                     |                              |                |
|                                  |               | first name and middle initial   | Last na    |                           |         |                 |           |             |         | Spouse's social security number |                              |                |
| MOUNIKA                          | ,             |   |            | NURU                      |         |                 |           |             |         | 819-64-1424                     |                              |                |
|                                  | (numbe        | er and street). If you have a P.O. box, see                             |            |                           |         |                 | Ar        | ot. no.     | _       |                                 |                              | n Campaign     |
|                                  | •             | AN CIRCLE   |            |                           |         |                 | Ι.        | 02          | - 1     |                                 | ere if you,                  |                |
|                                  |               | ce. If you have a foreign address, also co                              | omplete si | paces below.              | Sta     | ate             | ZIP co    |             | s       | pouse if                        | filing joint                 | tly, want \$3  |
| MEMPHIS                          |               |   |            | ,                         | TI      |                 | 3810      |             |         | _                               | this fund. (<br>w will not ( | Checking a     |
| Foreign country                  | v name        |   | F          | oreign province/sta       |         | -               |           | postal co   | _       |                                 | or refund.                   | Jiange         |
| . o. o.g., ooa                   | ,             |   |            | 0. 0.g., p. 0 v 0 0, 0 t. | ,       | -,              | i orongin | . poota, oc | ,       |                                 | You                          | Spouse         |
| Digital                          | Δt an         | ny time during 2022, did you: (a) rec                                   | eive (as   | a reward award            | or navi | ment for prope  | rtv or s  | arvicas)    | or (h   | المء (ا                         |                              |                |
| Assets                           |               | ange, gift, or otherwise dispose of                                     |            |                           |         |                 |           |             |         |                                 | Yes                          | X No           |
| Standard                         |               | eone can claim:  You as a de  |            |                           |         | a dependent     |           | (000        | 01.00   |                                 |                              |                |
| Deduction .                      | _             | Spouse itemizes on a separate return                                    |            | •                         |         | •               |           |             |         |                                 |                              |                |
|                                  |               | _   |            |                           |         |                 |           |             |         |                                 |                              |                |
| Age/Blindness                    | You:          | Were born before January 2, 1   | 958 _      | _ Are blind \$            | Spouse  | : U Was bor     |           |             | , ,     |                                 | Is bli                       |                |
| Dependents                       |               |   |            | (2) Social secu           | urity   | (3) Relationsh  | nip (4)   | Check th    | ie box  | if qualifie                     | es for (see i                | instructions): |
| If more                          | <b>(1)</b> Fi | rst name Last name  |            | number                    |         | to you          |           | Child ta    |         | dit C                           | Credit for oth               | er dependents  |
| than four<br>dependents,         |               |   |            |                           |         |                 |           |             |         |                                 | <u>L</u>                     |                |
| see instruction:                 | s ——          |   |            |                           |         |                 |           |             | <u></u> |                                 | <u>L</u>                     |                |
| and check                        | , —           |   |            |                           |         |                 |           |             | <u></u> |                                 |                              |                |
| here                             | ]             |   |            |                           |         |                 |           | L           |         |                                 | L                            |                |
| Income                           | 1a            | Total amount from Form(s) W-2, b  | ,          | ,                         |         |                 |           |             |         | 1a                              | 17                           | 1,707.         |
| A441- F(-)                       | b             | Household employee wages not r  | •          | . ,                       |         |                 |           |             |         | 1b                              |                              |                |
| Attach Form(s)<br>W-2 here. Also | С             | Tip income not reported on line 1a (see instructions)                   |            |                           |         |                 |           |             | 1c      |                                 |                              |                |
| attach Forms                     | d             | Medicaid waiver payments not reported on Form(s) W-2 (see instructions) |            |                           |         |                 |           |             | 1d      |                                 |                              |                |
| W-2G and<br>1099-R if tax        | е             | Taxable dependent care benefits from Form 2441, line 26                 |            |                           |         |                 |           |             | 1e      |                                 |                              |                |
| was withheld.                    | f             | Employer-provided adoption benefits from Form 8839, line 29             |            |                           |         |                 |           |             |         | 1f                              |                              |                |
| If you did not                   | g             | Wages from Form 8919, line 6.   |            |                           |         |                 |           |             |         | 1g                              |                              |                |
| get a Form<br>W-2, see           | h             | Other earned income (see instruct                                       | ,          |                           |         |                 |           |             |         | 1h                              |                              | 0.             |
| instructions.                    | i             | Nontaxable combat pay election (  | see instr  | ructions)                 |         | <u>1</u> i      |           |             |         |                                 | 1                            | 11 808         |
|                                  |               | Add lines 1a through 1h   | . i .      |                           |         |                 |           |             |         | 1z                              | 1.7                          | 1,707.         |
| Attach Sch. B                    | 2a            | ' -   | 2a         | 1.4                       |         | axable interes  |           |             |         | 2b                              |                              | 95.            |
| if required.                     | 3a            | Qualified dividends   | 3a         | 14.                       |         | Ordinary divide |           |             |         | 3b                              |                              | 14.            |
|                                  | 4a            |   | 4a         |                           |         | axable amoun    |           |             |         | 4b                              |                              |                |
| Standard<br>Deduction for—       | 5a            | _   | 5a         |                           |         | axable amoun    |           |             |         | 5b                              |                              |                |
| Single or                        | 6a            | ,   | 6a         |                           |         | axable amoun    | t         |             |         | 6b                              |                              |                |
| Married filing separately,       | _ C           | If you elect to use the lump-sum e                                      |            | *                         | •       | ,               |           |             | . 📙     |                                 |                              | 2 000          |
| \$12,950                         | 7             | Capital gain or (loss). Attach Sche                                     |            | •                         | •       |                 |           |             | . Ш     | 7                               |                              | 3,000.         |
| Married filing jointly or        | 8             | Other income from Schedule 1, lin                                       |            |                           |         |                 |           |             |         | 8                               |                              | 3,144.         |
| Qualifying surviving spouse,     | 9             | Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7                                     |            |                           |         |                 |           |             |         | 9                               | 15                           | 5,672.         |
| \$25,900                         | 10            | Adjustments to income from Sche   | ,          |                           |         |                 |           |             |         | 10                              |                              |                |
| Head of household,               | 11            | Subtract line 10 from line 9. This is                                   | •          |                           |         |                 |           |             |         | 11                              |                              | 5,672.         |
| \$19,400                         | 12            | Standard deduction or itemized  |            | •                         | ,       |                 |           |             |         | 12                              | 2                            | 15,900.        |
| If you checked any box under     | 13            | Qualified business income deduct  |            |                           |         |                 |           |             |         | 13                              | -                            |                |
| Standard<br>Deduction,           | 14            | Add lines 12 and 13   |            |                           |         |                 |           |             |         | 14                              |                              | 5,900.         |
| see instructions.                | 15            | Subtract line 14 from line 11. If ze                                    | ro or less | s, enter -U Inis          | is your | taxable incom   | ie .      |             |         | 15                              | 1 12                         | 19,772.        |

| Form 1040 (2022                      | 2)      |  |                         |                    |                   |                         |              |          |                                 | Page 2     |
|--------------------------------------|---------|--|-------------------------|--------------------|-------------------|-------------------------|--------------|----------|---------------------------------|------------|
| Tax and                              | 16      | Tax (see instructions). Check  | if any from Form        | n(s): <b>1</b> 881 | 4 <b>2</b> 🗌 4972 | 3 🗌                     |              | 16       | 19,                             | ,783.      |
| Credits                              | 17      | Amount from Schedule 2, lin  | e3                      |                    |                   |                         |              | 17       |                                 |            |
|                                      | 18      | Add lines 16 and 17  |                         |                    |                   |                         |              | 18       | 19,                             | ,783.      |
|                                      | 19      | Child tax credit or credit for   | other dependen          | ts from Sched      | ule 8812          |                         |              | 19       |                                 |            |
|                                      | 20      | Amount from Schedule 3, lin  | e8                      |                    |                   |                         |              | 20       |                                 |            |
|                                      | 21      | Add lines 19 and 20  |                         |                    |                   |                         |              | 21       |                                 |            |
|                                      | 22      | Subtract line 21 from line 18  | If zero or less,        | enter -0           |                   |                         |              | 22       | 19,                             | ,783.      |
|                                      | 23      | Other taxes, including self-en   | mployment tax,          | from Schedule      | e 2, line 21 .    |                         |              | 23       |                                 | 0.         |
|                                      | 24      | Add lines 22 and 23. This is   | your <b>total tax</b>   |                    |                   |                         |              | 24       | 19,                             | ,783.      |
| Payments                             | 25      | Federal income tax withheld  |                         |                    |                   |                         |              |          |                                 |            |
| -                                    | а       | Form(s) W-2  |                         |                    |                   | <b>25a</b> 2:           | 9,031.       |          |                                 |            |
|                                      | b       | Form(s) 1099   |                         |                    |                   | 25b                     |              |          |                                 |            |
|                                      | С       | Other forms (see instructions  | s)                      |                    |                   | 25c                     |              |          |                                 |            |
|                                      | d       | Add lines 25a through 25c  |                         |                    |                   |                         |              | 25d      | 29,                             | ,031.      |
| If you have a                        | 26      | 2022 estimated tax payment   | s and amount a          | pplied from 20     | 21 return         |                         |              | 26       |                                 |            |
| qualifying child,                    | 27      | Earned income credit (EIC)   |                         |                    | No .              | 27                      |              |          |                                 |            |
| attach Sch. EIC.                     | 28      | Additional child tax credit from   | n Schedule 8812         | 2                  |                   | 28                      |              |          |                                 |            |
|                                      | 29      | American opportunity credit  | from Form 8863          | 3, line 8          |                   | 29                      |              |          |                                 |            |
|                                      | 30      | Reserved for future use .  |                         |                    |                   | 30                      |              |          |                                 |            |
|                                      | 31      | Amount from Schedule 3, lin  | e 15                    |                    |                   | 31                      |              | 1        |                                 |            |
|                                      | 32      | Add lines 27, 28, 29, and 31.  | 32                      |                    |                   |                         |              |          |                                 |            |
|                                      | 33      | Add lines 25d, 26, and 32. T   | nese are your <b>to</b> | tal payments       |                   |                         |              | 33       | 29,                             | ,031.      |
| Refund                               | 34      | If line 33 is more than line 24  | , subtract line 2       | 4 from line 33.    | This is the amou  | ınt you <b>overpaid</b> |              | 34       | 9,                              | ,248.      |
| neiuliu                              | 35a     | Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here |                         |                    |                   |                         |              |          | 9,                              | ,248.      |
| Direct deposit?                      | b       | Routing number 0 1 1   | 9 0 0 2                 | 5 4                | c Type:           | Checking                | Savings      |          |                                 |            |
| See instructions.                    | d       | Account number 3 8 5 0 1 8 8 7 2 8 4 8   |                         |                    |                   |                         |              |          |                                 |            |
|                                      | 36      | Amount of line 34 you want a   | pplied to your          | 2023 estimate      | ed tax            | 36                      |              |          |                                 |            |
| Amount<br>You Owe                    | 37      | Subtract line 33 from line 24 For details on how to pay, go                              |                         |                    |                   |                         |              | 37       |                                 |            |
|                                      | 38      | Estimated tax penalty (see in  | structions) .           |                    |                   | 38                      |              |          |                                 |            |
| Third Party Designee                 |         | you want to allow another  | •                       |                    |                   |                         | omplete b    | oelow.   | × No                            |            |
|                                      |         | signee's   |                         | Phone              |                   |                         | sonal identi | fication |                                 |            |
|                                      | nar     |  |                         | no.                |                   |                         | ber (PIN)    |          |                                 |            |
| Sign<br>Here                         |         | der penalties of perjury, I declare ti<br>ief, they are true, correct, and com           |                         |                    | , , ,             |                         | ,            |          | ,                               | 0          |
| 11010                                | Yo      | ur signature   |                         | Date               | Your occupation   |                         | Prote        | ection P | nt you an Ider                  |            |
| Joint return?                        |         |  |                         |                    | SOFTWARE          |                         |              | inst.)   |                                 |            |
| See instructions.<br>Keep a copy for | Sp      | ouse's signature. If a joint return, <b>t</b>  | oth must sign.          | Date               | Spouse's occupa   | tion                    |              |          | nt your spous<br>ection PIN, er |            |
| your records.                        |         |  |                         |                    | HOME MAKE         | D                       | <b>I</b>     | inst.)   |                                 |            |
|                                      | ———     | one no. (860)402-4470  | <u> </u>                | Email address      |                   | Y432@GMAIL.C            | OM .         |          |                                 |            |
|                                      |         | eparer's name  | Preparer's signat       |                    | P.KIKANKEDL       | Date                    | PTIN         |          | Check if:                       |            |
| Paid                                 |         | PRIYA RAM SAGAR GUPTA TALLAM   |                         |                    | מווסיים ייאו. דאו |                         | P0208        | 2703     | Self-em                         | nploved    |
| Preparer                             |         |  |                         | אאטאט ויוהאו       | OUTIA TAULAN      | 1   03/03/2023          |              |          |                                 |            |
| Use Only                             |         | n's name GLOBAL TAX<br>n's address 245 ROONES  |                         | MOWICK M           | J 08816           |                         |              | 's EIN   | 678)965 <u>)</u><br>84-31       |            |
| 0-1                                  |         |  |                         | TANALCIK IN        |                   |                         |              | J LIIV   |                                 |            |
| GO TO WWW.Irs.go                     | ov/Forn | n1040 for instructions and the lates   | st information.         |                    | BAA               | REV 02/24/23 PRO        |              |          | Form 10                         | 040 (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 Attach to Form 1040, 1040-SR, or 1040-NR.

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

Name(s) shown on Form 1040, 1040-SR, or 1040-NR
KIRAN KUMAR PAKALA & MOUNIKA REVANURU

Your social security number
863-78-5578

| Par | t I Additional Income  |                   |    |          |
|-----|--|-------------------|----|----------|
| 1   | Taxable refunds, credits, or offsets of state and local income taxes           |                   | 1  |          |
| 2a  | Alimony received   |                   | 2a |          |
| b   | Date of original divorce or separation agreement (see instructions):           |                   |    |          |
| 3   | Business income or (loss). Attach Schedule C                                   |                   | 3  |          |
| 4   | Other gains or (losses). Attach Form 4797                                      |                   | 4  |          |
| 5   | Rental real estate, royalties, partnerships, S corporations, trusts, etc. Atta | ch Schedule E .   | 5  | -13,146. |
| 6   | Farm income or (loss). Attach Schedule F                                       |                   | 6  |          |
| 7   | Unemployment compensation  |                   | 7  |          |
| 8   | Other income:  |                   |    |          |
| а   | Net operating loss   | 8a ( )            |    |          |
| b   | Gambling   | 8b                |    |          |
| С   | Cancellation of debt   | 8c                |    |          |
| d   | Foreign earned income exclusion from Form 2555                                 | 8d ( )            |    |          |
| е   | Income from Form 8853  | 8e                |    |          |
| f   | Income from Form 8889  | 8f                |    |          |
| g   | Alaska Permanent Fund dividends  | 8g                |    |          |
| h   | Jury duty pay  | 8h                |    |          |
| i   | Prizes and awards  | 8i                |    |          |
| j   | Activity not engaged in for profit income                                      | 8j                |    |          |
| k   | Stock options  | 8k                |    |          |
| - 1 | Income from the rental of personal property if you engaged in the rental       |                   |    |          |
|     | for profit but were not in the business of renting such property               | 81                |    |          |
| m   | Olympic and Paralympic medals and USOC prize money (see                        |                   |    |          |
|     | ,  | 8m                |    |          |
| n   | Section 951(a) inclusion (see instructions)                                    | 8n                |    |          |
| 0   | Section 951A(a) inclusion (see instructions)                                   | 80                |    |          |
| р   | Section 461(I) excess business loss adjustment                                 | 8p                |    |          |
| q   | Taxable distributions from an ABLE account (see instructions)                  | 8q                |    |          |
| r   | Scholarship and fellowship grants not reported on Form W-2                     | 8r                |    |          |
| S   | Nontaxable amount of Medicaid waiver payments included on Form                 |                   |    |          |
|     | 1040, line 1a or 1d  | 8s ( )            |    |          |
| t   | Pension or annuity from a nonqualifed deferred compensation plan or            |                   |    |          |
|     | a nongovernmental section 457 plan   | 8t                |    |          |
|     | Wages earned while incarcerated  | 8u                |    |          |
| Z   | Other income. List type and amount:  |                   |    |          |
| _   |  | <b>8z</b> 2.      |    | _        |
| 9   | Total other income. Add lines 8a through 8z                                    |                   | 9  | 2.       |
| 10  | Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR          | or 1040-NR line 8 | 10 | -13.144  |

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   | [ | 17  |  |
| 18       | Penalty on early withdrawal of savings   | [ | 18  |  |
| 19a      | Alimony paid   |   | 19a |  |
| b        | Recipient's SSN  |   |     |  |
| С        | Date of original divorce or separation agreement (see instructions):   |   |     |  |
| 20       | IRA deduction  |   | 20  |  |
| 21       | Student loan interest deduction  |   | 21  |  |
| 22       | Reserved for future use  | _ | 22  |  |
| 23       | Archer MSA deduction   | 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)   |   |     |  |
| İ        | 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:   |   |     |  |
| 25       |  |   | 25  |  |
| 25<br>26 | Total other adjustments. Add lines 24a through 24z   |   | 25  |  |
| 26       | Add lines 11 through 23 and 25. These are your <b>adjustments to income</b> . Enter here an Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a |   | 26  |  |
|          | Form 1040 or 1040-on, little 10, or Form 1040-inn, little 10a  |   | 20  |  |

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

### **Capital Gains and Losses**

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

OMB No. 1545-0074

Sequence No. 12

Department of the Treasury

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,

Attachment

|               | al nevertue Service   |                                  |                                 |   |                  | •   |
|---------------|---|----------------------------------|---------------------------------|---|------------------|---|
|               | (s) shown on return RAN KUMAR PAKALA & MOUNIKA REVANURU   |                                  |                                 |   |                  | curity number<br>5578   |
|               | you dispose of any investment(s) in a qualified opportunity es," attach Form 8949 and see its instructions for additiona  | •                                | •                               |   |                  |   |
|               | rt I Short-Term Capital Gains and Losses—Ge   |                                  |                                 |   | e ins            | tructions)  |
| lines<br>This | instructions for how to figure the amounts to enter on the below.  form may be easier to complete if you round off cents to le dollars.   | (d)<br>Proceeds<br>(sales price) | (e)<br>Cost<br>(or other basis) | (g) Adjustmer to gain or loss Form(s) 8949, line 2, colum | from<br>Part I,  | (h) Gain or (loss)<br>Subtract column (e)<br>from column (d) and<br>combine the result<br>with column (g) |
|               | 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. |                                  |                                 |   | (9)              | (9)   |
| 1b            | Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked  | 92,666.                          | 106,756.                        |   |                  | -14,090.  |
| 2             | Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked  |                                  |                                 |   |                  |   |
| 3             | Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked  |                                  |                                 |   |                  |   |
| 4             | Short-term gain from Form 6252 and short-term gain or (k  | oss) from Forms 4                |                                 | 1   | 4                |   |
| 5             | Net short-term gain or (loss) from partnerships, Schedule(s) K-1  | S corporations,                  | estates, and tr                 |   | 5                |   |
| 6             | Short-term capital loss carryover. Enter the amount, if an <b>Worksheet</b> in the instructions   | y, from line 8 of y              | our Capital Loss                | Carryover   | 6                | ( )   |
| 7             | Net short-term capital gain or (loss). Combine lines 1a term capital gains or losses, go to Part II below. Otherwise  |                                  |                                 |   | 7                | -14,090.  |
| Pa            | t II Long-Term Capital Gains and Losses—Ger   | nerally Assets F                 | leld More Than                  | One Year  | (see i           | nstructions)  |
| lines<br>This | instructions for how to figure the amounts to enter on the below.  form may be easier to complete if you round off cents to e dollars.  | (d)<br>Proceeds<br>(sales price) | (e)<br>Cost<br>(or other basis) | (g) Adjustmer to gain or loss Form(s) 8949, line 2, colum | from<br>Part II, | (h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)             |
| 8a            | Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b.  |                                  |                                 |   |                  |   |
| 8b            | Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked  | 1,119.                           | 261.                            |   |                  | 858.  |
| 9             | Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked  |                                  |                                 |   |                  |   |
| 10            | Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked  | 9.                               | 2.                              |   |                  | 7.  |
| 12            | Gain from Form 4797, Part I; long-term gain from Forms from Forms 4684, 6781, and 8824  | ons, estates, and                | trusts from Scheo               |   | 11<br>12<br>13   |   |
|               | Long-term capital loss carryover. Enter the amount, if any  | , from line 13 of y              | our <b>Capital Loss</b>         | Carryover   |                  |   |
|               | Worksheet in the instructions   |                                  |                                 |   | 14               | ( )   |

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

865.

15

Schedule D (Form 1040) 2022 Page 2

#### Part III **Summary** 16 Combine lines 7 and 15 and enter the result 16 -13,225. • 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 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. If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of: 21 • The loss on line 16; or 21 3,000.) • (\$3,000), or if married filing separately, (\$1,500) Note: When figuring which amount is smaller, treat both amounts as positive numbers. Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a? 22 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.

# 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.

OMB No. 1545-0074

2022

Attachment
Sequence No. 12A

Department of the Treasury Internal Revenue Service

Social security number or taxpayer identification number

863-78-5578

KIRAN KUMAR PAKALA & MOUNIKA REVANURU

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

Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see Part I instructions). For long-term transactions, see page 2. Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions). You must check Box A. B. or C below. Check only one box. If more than one box applies for your short-term transactions. complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need. X (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above) (B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS (C) Short-term transactions not reported to you on Form 1099-B Adjustment, if any, to gain or loss 1 If you enter an amount in column (a). (h) enter a code in column (f). Cost or other basis Gain or (loss) (d) (c) (a) (b) Date sold or Proceeds See the **Note** below See the separate instructions. Subtract column (e) Description of property Date acquired disposed of (sales price) from column (d) and and see Column (e) (Example: 100 sh. XYZ Co.) (Mo., day, yr.) combine the result (Mo., day, yr.) (see instructions) in the separate (a) Code(s) from Amount of adjustment instructions. with column (a). instructions Apex Clearing 01/01/22 12/31/22 1,860. 2,487. -627. Robinhood Securities LLC 01/01/22 | 12/31/22 89,784. 102,949. -13,165. 01/01/22 12/31/22 1,022. 1,320. -298. AMERITRADE 2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your

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

92,666.

-14,090.

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) .

106,756.

Form 8949 (2022) Attachment Sequence No. **12A** Page **2** 

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side KIRAN KUMAR PAKALA & MOUNIKA REVANURU

Social security number or taxpayer identification number

863-78-5578

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

#### Part II

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

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

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

| (b) Long-term transactions (c) Long-term transactions (f) Long-term transactions                              | reported on l     | Form(s) 1099                | -B showing bas                      | •   |                                     | •                                     | ·)  |
|---|-------------------|-----------------------------|-------------------------------------|---|-------------------------------------|---------------------------------------|---|
| 1  (a)  Description of property   | (b) Date acquired | (c) Date sold or            | <b>(d)</b><br>Proceeds              | (e) Cost or other basis See the <b>Note</b> below | See the separate instructions.      |                                       | Gain or (loss) Subtract column (e)                            |
| (Example: 100 sh. XYZ Co.)  | (Mo., day, yr.)   | disposed of (Mo., day, yr.) | (sales price)<br>(see instructions) | and see Column (e) in the separate instructions.  | (f)<br>Code(s) from<br>instructions | <b>(g)</b><br>Amount of<br>adjustment | from column (d) and<br>combine the result<br>with column (g). |
| Robinhood Securities LLC  | 01/01/22          | 12/31/22                    | 1,119.                              | 261.  |                                     |                                       | 858.  |
|   |                   |                             |                                     |   |                                     |                                       |   |
|   |                   |                             |                                     |   |                                     |                                       |   |
|   |                   |                             |                                     |   |                                     |                                       |   |
|   |                   |                             |                                     |   |                                     |                                       |   |
|   |                   |                             |                                     |   |                                     |                                       |   |
|   |                   |                             |                                     |   |                                     |                                       |   |
|   |                   |                             |                                     |   |                                     |                                       |   |
|   |                   |                             |                                     |   |                                     |                                       |   |
|   |                   |                             |                                     |   |                                     |                                       |   |
|   |                   |                             |                                     |   |                                     |                                       |   |
| 2 Totals. Add the amounts in columns negative amounts). Enter each total Schedule D. line 8h (if Roy D. above | I here and inc    | lude on your                |                                     |   |                                     |                                       |   |

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

above is checked), or line 10 (if Box F above is checked) .

1,119.

261.

Form 8949 (2022) Attachment Sequence No. **12A** Page **2** 

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side KIRAN KUMAR PAKALA & MOUNIKA REVANURU

Social security number or taxpayer identification number 863-78-5578

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

#### Part II

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

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

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

| (D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note about 1099-B) and the IRS (see Note about 1099-B) are the IRS (see Note about 1099-B). | ove) |
|--|------|
| (E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS   |      |

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

| (a) Description of property (Example: 100 sh. XYZ Co.)  | (b) Date acquired (Mo., day, yr.) | (c) Date sold or disposed of (Mo., day, yr.) | (d) Proceeds (sales price) (see instructions) | (e) Cost or other basis See the <b>Note</b> below and see <i>Column</i> (e) in the separate instructions. | If you enter an enter a c | f any, to gain or loss<br>amount in column (g),<br>ode in column (f).<br>parate instructions.  (g)  Amount of<br>adjustment | (h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g). |
|---|-----------------------------------|--|---|---|---------------------------|---|--|
| Robinhood Securities LLC  | 01/01/22                          | 12/31/22                                     | 9.  | 2.  |                           |   | 7.   |
|   |                                   |  |   |   |                           |   |  |
|   |                                   |  |   |   |                           |   |  |
|   |                                   |  |   |   |                           |   |  |
|   |                                   |  |   |   |                           |   |  |
|   |                                   |  |   |   |                           |   |  |
|   |                                   |  |   |   |                           |   |  |
|   |                                   |  |   |   |                           |   |  |
|   |                                   |  |   |   |                           |   |  |
|   |                                   |  |   |   |                           |   |  |
|   |                                   |  |   |   |                           |   |  |
|   |                                   |  |   |   |                           |   |  |
|   |                                   |  |   |   |                           |   |  |
|   |                                   |  |   |   |                           |   |  |
| 2 Totals. Add the amounts in columns negative amounts). Enter each total Schedule D, line 8b (if Box D above above is checked), or line 10 (if Box D above is checked). | 9.                                | 2.   |   |   | 7.                        |   |  |

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

#### **SCHEDULE E** (Form 1040)

#### Supplemental Income and Loss

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

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

Department of the Treasury Internal Revenue Service

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

Sequence No. 13

OMB No. 1545-0074

Name(s) shown on return Your social security number KIRAN KUMAR PAKALA & MOUNIKA REVANURU 863-78-5578 Part I Income or Loss From Rental Real Estate and Royalties Note: If you are in the business of renting personal property, use Schedule C. See instructions. If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40. Did you make any payments in 2022 that would require you to file Form(s) 1099? See instructions . . . . . 1a Physical address of each property (street, city, state, ZIP code) H.NO:3-26/1, HUZURABAD SINGAPUR KARIMNAGAR TELANGANA IN 505468 Α В C 1b Type of Property **Fair Rental Personal Use** For each rental real estate property listed QJV (from list below) above, report the number of fair rental and **Davs Davs** personal use days. Check the QJV box only Α Α 365 0 if you meet the requirements to file as a В В qualified joint venture. See instructions. С C Type of Property: 3 Vacation/Short-Term Rental 1 Single Family Residence 5 Land 7 Self-Rental 8 Other (describe) 2 Multi-Family Residence 4 Commercial 6 Royalties **Properties:** Α В C Income: 753. 3 4 Royalties received 4 **Expenses:** 5 5 Advertising 6 Auto and travel (see instructions) 6 7 Cleaning and maintenance. 7 2,339. 8 Commissions 8 9 9 Insurance . . 10 10 Legal and other professional fees 11 Management fees . . . . . . . . . 11 2,741. 12 Mortgage interest paid to banks, etc. (see instructions) 12 13 13 2,996. 14 14 Repairs . . . 15 Supplies 15 2,870. 16 16 Taxes 17 17 2,953. 18 18 Depreciation expense or depletion . . . . . . . . 19 19 Other (list) 20 20 Total expenses. Add lines 5 through 19 . . . . . . 13,899. 21 Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198 . . . . . . . . . . . . . . . . . . 21 -13,146. 22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) . . . . . . . . . 13,146.) 753. 23a Total of all amounts reported on line 3 for all rental properties Total of all amounts reported on line 4 for all royalty properties 23b Total of all amounts reported on line 12 for all properties 23c 23d Total of all amounts reported on line 18 for all properties 13,899. Total of all amounts reported on line 20 for all properties 23e 24 **Income.** Add positive amounts shown on line 21. **Do not** include any losses 24 25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here 25 13,146. Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result 26

here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2 ...

-13,146.