Department of the Treasury

Internal Revenue Service

IRS e-file Signature Authorization

OMB No. 1545-0074

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

Submission Identification Number (SID)

Taxpaver's name

Taxpayer's name	Social security number
PRANESH PAMULAPATI	686-56-4137
Spouse's name	Spouse's social security number
PRIYANKA TELLA	APPLIED FOR
Part I Tax Return Information – Tax Year Ending December 31, 2022 (E	nter year you are authorizing.)
Enter whole dollars only on lines 1 through 5.	
Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.	
1 Adjusted gross income	1 117,334.
2 Total tax	2 11,348.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3 19,306.
4 Amount you want refunded to you	4 7,958.
5 Amount you owe	5

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

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

Taxpayer's PIN: check one box only

	FBO firm name	0 ,	Ε
X I authori	ZE GLOBAL TAXES LLC	to enter or generate my PIN	6

	6	4	1	3	7				
Enter five digits, but don't enter all zeros									

Enter five digits, but don't enter all zeros

my

as mv

signature on the income tax return (original or amended) I am now authorizing.

I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature

Spouse's PIN: check one box only

X lauthorize GLOBAL TAXES LLC to enter or generate my PIN ERO firm name

signature on the income tax return (original or amended) I am now authorizing.

I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature 🕨	Date 🕨			
Practitioner PIN Method Returns Only—continue below				
Part III Certification and Authentication – Practition	er 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 6 6 1 9 8 9			

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

ERO's signature >	Date 🕨	
	This Form — See Instructions the IRS Unless Requested To Do So	
		Fauna 9970 (Days 01 0001)

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

1040		artment of the Treasury—Internal Revenue Servi S. Individual Income Ta		urn 202	22	OMB No. 1545	-0074	IRS Use On	ly—Do not v	vrite or staple	in this space.
Filing Status Check only one box.	lf yo	Single X Married filing jointly C u checked the MFS box, enter the n on is a child but not your dependent	ame of y	ed filing separately your spouse. If you		,			spo	lifying sun use (QSS) s name if th	0
Your first name	and mi	ddle initial	Last na	me					Your so	cial securi	ty number
PRANESH			PAMU	JLAPATI					686-	56-413	7
	oouse's	first name and middle initial	Last na								curity number
PRIYANKA			TELL	A					APPL	IED FO	R
		r and street). If you have a P.O. box, see					A	pt. no.	-		on Campaigr
1217 MEA	DOW	CREEK DR					L			here if you,	1 0
		ce. If you have a foreign address, also co	mplete s	paces below.	St	ate	ZIP c				ntly, want \$3
IRVING		,	·		T	x	750	38	· · ·	o this fund. Iow will not	Checking a
Foreign country	name		F	Foreign province/stat				n postal code	_	x or refund.	•
Digital Assets		ny time during 2022, did you: (a) rec ange, gift, or otherwise dispose of a									
		eone can claim: You as a de	-				u3301)	: (000 1130	uotion3.)		
Standard Deduction		Spouse itemizes on a separate retur	•								
Age/Blindness	You:	Were born before January 2, 1	958 🗌	Are blind S	pouse	e: 🗌 Was bor	n befo	ore January	2, 1958	🗌 ls bl	ind
Dependents	(see	instructions):		(2) Social secu	rity	(3) Relationsh	ip (4) Check the	box if qual	ifies for (see	instructions):
If more		rst name Last name		number		to you		Child tax	credit	Credit for ot	her dependents
than four											
dependents,											
see instructions and check											
here 🗌											
Income	1a	Total amount from Form(s) W-2, b	ox 1 (se	e instructions) .					. 1a	1	20,500.
meome	b	Household employee wages not re	eported	on Form(s) W-2 .					. 1k)	
Attach Form(s)	с	Tip income not reported on line 1a	a (see ins	structions)					. 10	;	
W-2 here. Also attach Forms	d	Medicaid waiver payments not rep	orted o	n Form(s) W-2 (see	e instr	uctions)			. 10	ł	
W-2G and	е	Taxable dependent care benefits f	rom For	rm 2441, line 26					. 16	•	
1099-R if tax was withheld.	f	Employer-provided adoption bene	fits from	n Form 8839, line 2	. 92				. 11	•	
If you did not	g	Wages from Form 8919, line 6 .							. 10	1	
get a Form	h	Other earned income (see instruct	ions)						. 11	1	0.
W-2, see instructions.	i	Nontaxable combat pay election (see instr	ructions)		1i					
	z	Add lines 1a through 1h							. 12	. 11	20,500.
Attach Sch. B	2a		2a			Faxable interest	t.		. 2t		
if required.	3a	Qualified dividends	3a	26.	b(Ordinary divide	nds .		. 3t)	26.
	4a	IRA distributions	4a		b 7	Faxable amoun	t		. 4k)	
Standard	5a	Pensions and annuities	5a		b 1	Faxable amoun	t		. 5k)	
Deduction for –	6a	Social security benefits	6a		b 1	Faxable amoun	t		. 6k)	
 Single or Married filing 	с	If you elect to use the lump-sum e	lection r	method, check her	e (see	e instructions)					
separately,	7	Capital gain or (loss). Attach Sche		-	•	,			7	.	-3,000.
\$12,950 Married filing	8	Other income from Schedule 1, lin			•	-			. 8		-192.
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7							. 9		17,334.
surviving spouse,	10	Adjustments to income from Sche	-						. 10		,
\$25,900 • Head of	11	Subtract line 10 from line 9. This is							. 11		17,334.
household,	12	Standard deduction or itemized	•						. 12		25,900.
\$19,400 • If you checked	13	Qualified business income deduct				95-A			. 13		,,,
any box under	14	Add lines 12 and 13							. 14		25,900.
Standard Deduction,	15	Subtract line 14 from line 11. If zer			· ·	taxable incom			. 15		91,434.
see instructions.			5 0. 100	-,	, 501					· ·	

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

Form **1040** (2022)

Form 1040 (2022	2)								Pag	ge 2
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 🗌 881	4 2 4972	3 🗌 _		. 16	i 11,348	;.
Credits	17	Amount from Schedule 2, lir	ne3					. 17	7	
	18	Add lines 16 and 17						. 18	3 11,348	÷.
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812			. 19	9	
	20	Amount from Schedule 3, lir	ne8					. 20)	
	21	Add lines 19 and 20						. 21	1	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				. 22	11,348	J.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21			. 23	3 ().
	24	Add lines 22 and 23. This is	your total tax					. 24	11,348	3.
Payments	25	Federal income tax withheld								
	а	Form(s) W-2				25a	19,3	06.		
	b	Form(s) 1099				25b				
	с	Other forms (see instruction:				25c				
	d	Add lines 25a through 25c						. 25	d 19,306	; .
15	26	2022 estimated tax payment	ts and amount a	pplied from 20)21 return			. 26		
If you have a l qualifying child,	27	Earned income credit (EIC)				27				
attach Sch. EIC.	28	Additional child tax credit from				28				
	29	American opportunity credit	from Form 8863	3, line 8		29				
	30	Reserved for future use .				30				
	31	Amount from Schedule 3, lir				31				
	32	Add lines 27, 28, 29, and 31	. These are your	total other pa	ayments and refu	undable c	redits .	. 32	2	
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments				. 33	19,306	; .
Refund	34	If line 33 is more than line 24						. 34	1 7,958	÷.
Refutio	35a	Amount of line 34 you want	refunded to you	J. If Form 8888	is attached, cheo	ck here		35	a 7,958	
Direct deposit?	b	Routing number 0 5 1				Checking				
See instructions.	d	Account number 7 9 9	5 5 8 9	2 5 1				Ŭ		
	36	Amount of line 34 you want a	applied to your	2023 estimate	ed tax	36				
Amount	37	Subtract line 33 from line 24								
You Owe		For details on how to pay, g						. 37	7	
	38	Estimated tax penalty (see ir	nstructions) .			38				
Third Party	Do	you want to allow another	person to disc	cuss this retu	rn with the IRS?	See		•	·	
Designee		structions	· · · · ·			🗆	Yes. Comp	olete belov	v. 🗙 No	
		signee's		Phone				identificatio	on	
	nai			no.			number (. ,		
Sign		der penalties of perjury, I declare t ief, they are true, correct, and com								
Here		ur signature		Date	Your occupation		inormation o		sent you an Identity	<i>y</i> 0.
	10	ur signature		Date	Tour occupation				PIN, enter it here	
Joint return?					SOFTWARE E	ENGINE	ER	(see inst.)		
See instructions.	Sp	ouse's signature. If a joint return, I	both must sign.	Date	Spouse's occupati	ion			sent your spouse an	
Keep a copy for your records.						_		Identity Pr (see inst.)	rotection PIN, enter it	1ere
,					HOME MAKEF			(300 1131.)		
		one no. (732)986-367		Email address	PPRANESH09				Chook if:	
Paid		eparer's name	Preparer's signat			Date			Check if:	d
Preparer		PRIYA RAM SAGAR GUPTA TALLAM		KAM SAGAR	GUPTA TALLAM	03/02/	2023 PO	208270	a	
Use Only		m's name GLOBAL TA			T 0001C				. (678)965-952	
			Y CT E BRU	INSWICK N	η ηρατρ			Firm's EIN	<u>84-317196</u>	
(to www.ire a	ov/Form	1010 for instructions and the late	et intormation			DEV 00/04			Eorm 1(14())	1000

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

BAA REV 02/24/23 PRO

Form **1040** (2022)

SCHEDULE	1
(Form 1040)	

Department of the Treasury

Additional Income and Adjustments to Income

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

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

OMB No. 1545-0074 202 22

Attachment Sequence No. **01** Your social security number

Internal Revenue Service	
Name(s) shown on Fo	orm 1040, 1040-SR, or 1040-NR

0

PRAN	ESH PAMULAPATI & PRIYANKA TELLA		686-5	5-41	.37
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	ach Schedule	Ε.	5	-192.
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			
I	Income from the rental of personal property if you engaged in the rental				
	for profit but were not in the business of renting such property	81			
m	Olympic and Paralympic medals and USOC prize money (see				
	instructions)	8m			
n	Section 951(a) inclusion (see instructions)	8n			
ο	Section 951A(a) inclusion (see instructions)	80			
р	Section 461(I) excess business loss adjustment	8p			
q	Taxable distributions from an ABLE account (see instructions)	8q			
r	Scholarship and fellowship grants not reported on Form W-2	8r			
S	Nontaxable amount of Medicaid waiver payments included on Form				
	1040, line 1a or 1d	8s ()		
t	Pension or annuity from a nonqualifed deferred compensation plan or				
	a nongovernmental section 457 plan	8t			
u	Wages earned while incarcerated	8u			
Z	Other income. List type and amount:				
		8z			
9	Total other income. Add lines 8a through 8z			9	
10	Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR	<u>, or 1040-NR,</u>	line 8	10	-192.
For Pa	perwork Reduction Act Notice, see your tax return instructions.		S	chedul	le 1 (Form 1040) 2022

Act Notice, see your tax return instructio Paperwork

Schedule 1 (Form 1040) 202

	Educator expenses					
2					11	
	Certain business expenses of reservists, performing artists, and fee	-basi	is qov	ernment		
	officials. Attach Form 2106				12	
	Health savings account deduction. Attach Form 8889				13	
4	Moving expenses for members of the Armed Forces. Attach Form 3903				14	
	Deductible part of self-employment tax. Attach Schedule SE				15	
	Self-employed SEP, SIMPLE, and qualified plans				16	
	Self-employed health insurance deduction				17	
	Penalty on early withdrawal of savings				18	
	Alimony paid				19a	
	Recipient's SSN					
С	Date of original divorce or separation agreement (see instructions):					
	IRA deduction				20	
	Student loan interest deduction				21	
	Reserved for future use				22	
	Archer MSA deduction				23	
	Other adjustments:					
	Jury duty pay (see instructions)	24a				
	Deductible expenses related to income reported on line 8l from the					
	rental of personal property engaged in for profit	24b				
	Nontaxable amount of the value of Olympic and Paralympic medals					
	and USOC prize money reported on line 8m	24c				
	Reforestation amortization and expenses	24d				
	Repayment of supplemental unemployment benefits under the Trade					
	Act of 1974	24e				
	Contributions to section 501(c)(18)(D) pension plans	24f				
	Contributions by certain chaplains to section 403(b) plans	24g				
	Attorney fees and court costs for actions involving certain unlawful	- 19			-	
	discrimination claims (see instructions)	24h				
	Attorney fees and court costs you paid in connection with an award				-	
	from the IRS for information you provided that helped the IRS detect					
	tax law violations	24i				
	Housing deduction from Form 2555	24j				
	Excess deductions of section 67(e) expenses from Schedule K-1 (Form					
		24k				
	Other adjustments. List type and amount:	2-11			-	
-		24z				
25 [±]	Total other adjustments. Add lines 24a through 24z				25	
	Add lines 11 through 23 and 25. These are your adjustments to income				20	
	Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a				26	
	BAA		02/24/23 F			le 1 (Form 1040) 202

SCHEDULE D (Form 1040)

Capital Gains and Losses

OMB No. 1545-0074

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

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

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

PRANESH PAMULAPATI & PRIYANKA TELLA

Your social security number

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 lines below.		(d)	(e)	(g) Adjustment		(h) Gain or (loss) Subtract column (e)
	form may be easier to complete if you round off cents to le dollars.	Proceeds (sales price)	Cost (or other basis)	to gain or loss Form(s) 8949, I line 2, column	Part I,	from column (d) and combine the result with column (g)
1a	Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b.					
1b	Totals for all transactions reported on Form(s) 8949 with Box A checked	1,119,431.	1,183,508.	28,3	03.	-35,774.
2	Totals for all transactions reported on Form(s) 8949 with Box B checked	21,772.	20,627.			1,145.
3	Totals for all transactions reported on Form(s) 8949 with Box C checked					
4	Short-term gain from Form 6252 and short-term gain or (I	oss) from Forms 4	684, 6781, and 88	324	4	
5	Net short-term gain or (loss) from partnerships, Schedule(s) K-1				5	
6	Short-term capital loss carryover. Enter the amount, if an Worksheet in the instructions	6	(12,584.)			
7	Net short-term capital gain or (loss). Combine lines 1a term capital gains or losses, go to Part II below. Otherwise	7	-47,213.			

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

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

Part	III Summary			
16	Combine lines 7 and 15 and enter the result	16	-47,213.	<u>. </u>
	• If line 16 is a gain , enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below.			
	• If line 16 is a loss , skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22.			
	• If line 16 is zero , skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22.			
17	Are lines 15 and 16 both gains?			
	No. Skip lines 18 through 21, and go to line 22.			
18	If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet	18		
19	If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet	19		
20	 Are lines 18 and 19 both zero or blank and you are not filing Form 4952? Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. Don't complete lines 21 and 22 below. 			
	☐ No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.			
21	If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of:			
	The loss on line 16; or (\$3,000), or if married filing separately, (\$1,500)	21	(3,000.)
	Note: When figuring which amount is smaller, treat both amounts as positive numbers.			
22	Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?			
	Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16.			
	□ No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.			

REV 02/24/23 PRO

Schedule D (Form 1040) 2022

Form **8949**

Department of the Treasury

Internal Revenue Service

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.



Name(s) shown on return	Social security number or taxpayer identification number
PRANESH PAMULAPATI & PRIYANKA TELLA	686-56-4137

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

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

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

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

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

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

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

1 (a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis See the Note below	If you enter an enter a co	f any, to gain or loss amount in column (g), ode in column (f). arate instructions.	(h) Gain or (loss) Subtract column (e)		
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see Column (e) in the separate instructions.	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g).		
Robinhood Securities LLC	01/01/22	12/31/22	1,056,582.	1,099,249.	W	21,851.	-20,816.		
Coinbase	05/11/22	07/18/22	528.	650.			-122.		
Apex Clearing	01/01/22	12/31/22	62,321.	83,609.	W	6,452.	-14,836.		
2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked).			1,119,431.	1,183,508.		28,303.	-35,774.		

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

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

Form **8949**

Department of the Treasury

Internal Revenue Service

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.



Name(s) shown on return	Social security number or taxpayer identification number					
PRANESH PAMULAPATI & PRIYANKA TELLA	686-56-4137					

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

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

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

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

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

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

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

1 (a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis See the Note below	Adjustment, if If you enter an a enter a co See the sepa	(h) Gain or (loss) Subtract column (e)	
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see <i>Column (e)</i> in the separate instructions.	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g).
Robinhood Crypto LLC	01/01/22	12/31/22	21,772.	20,627.			1,145.
2 Totals. Add the amounts in column: negative amounts). Enter each tota Schedule D, line 1b (if Box A above above is checked), or line 3 (if Box 6	al here and inc is checked), lir	lude on your 1e 2 (if Box B	21,772.	20,627.			1,145.

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

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

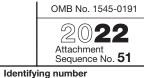
Schedul	e E (Form	1040) 2022				Attachment	t Seque	ence No. 1	13					Page 2
Name(s)	shown on	n return. Do not enter name an	d social sec	curity number	if show	n on other s	side.				Your so	cial security	numbe	r
PRAN	ESH P.	AMULAPATI & PRIY	ANKA I	ELLA							686-	56-413	7	
-		IRS compares amounts							vn or	n Schedule(s) K-	·1.			
Part		ote: If you report a loss, re							on ro	novmant from an	S oorpo	ration you	munt	book
		e box in column (e) on line												
	ar	mount is not at risk, you m	ust check	the box in c	columr	n (f) on line	e 28 ar	nd attach	Forr	n 6198. See instru	uctions.			
27		u reporting any loss not												
		e activity (if that loss wa tructions before comple		•		,.						·	-	
00	See ins	aructions before comple	ang ms	Section	1	 Enter P for		 Check if	•			Check if	1	NO neck if
28		(a) Name			part	nership; S corporation	fo	reign nership	ide	(d) Employer entification number	basis	computation required	any an	nount is at risk
Α	VALU	E GROWTH CO CELI	NA LP			P	parti		8	7-3634116	13			
В	VALU	E GROWTH VENTURE	S FORN	IEY LP		Р			8	8-0567127				
С	VALU	E GROWTH CO HEAT	'H LP			Ρ			8	7-3563017				
D						1								
	10	Passive Income Passive loss allowed		ss assive income		(i) Noppo		Noss allowe		(j) Section 179 ex				
		ch Form 8582 if required)		Schedule K-				ule K-1)		deduction from Fo			bassive ir chedule	
Α								79).					
В								44	1.					
								69).					
<u>D</u> 29a	Totals													
29a b	Totals							192	>					
30		lumns (h) and (k) of line	29a .								. 30	_		
31		blumns (g), (i), and (j) of I									. 31	(1	92.)
32		partnership and S corp). Combir	ne line	es 30 an	d 31		. 32		- 2	L92.
Part	II Ir	ncome or Loss From	Estates	s and Tru	sts									
33				(a) №	lame							(b) Em identificatio		er
Α														
В														
	(-)			and Loss	Dession				(-) D-	Nonpassive In	ncome			
	(C)	Passive deduction or loss allo (attach Form 8582 if required			Passive income(e) Deduction or lossm Schedule K-1from Schedule K-1						(f) Other in Schedu		m	
Α														
В											_			
34a	Totals										_			
b 35	Totals	lumns (d) and (f) of line	240								. 35	1		
36		plumns (c) and (e) of line			• •		• •		·		. 36)
37		estate and trust incom									. 37	\ \		/
Part	IV Ir	ncome or Loss From	Real E	state Mo	rtgag	je Inves	tmen	t Cond	duits	s (REMICs)—I	Residu	al Holde	ər	
38		(a) Name			Employ			ess inclusio dules Q, li					ncome fro	
		.,		identific	ation n	umber		e instructio		Schedules Q		Schedu	ules Q, li	ne 3b
39	Combi	ne columns (d) and (e) c	nly Enta	r the requilt	hore	and inclu	ida in	the tota		line 41 below	00			
Part		ummary	niy. Ente	r the result	nere	and inclu	ide in	the tota		line 41 below	. 39			
40		m rental income or (loss) from Fc	orm 4835.	Also.	complete	line 4	42 belov	Ν.		. 40			
41	Total in	ncome or (loss). Combi n 1040), line 5	ne lines 2		39, ar		ter the							192.
42	•	ciliation of farming a						ss					-	
		and fishing income rep												
	(Form 1	1065), box 14, code B; S	Schedule	K-1 (Form	1120-	-S), box 1	7, coo	de						
40		d Schedule K-1 (Form 1)						. 42	-					
43		ciliation for real estate sional (see instructions												
		anywhere on Form												
	from al	I rental real estate activ	ities in v					ed						
	under t	he passive activity loss	rules					. 43						

Form 4952
Department of the Treasury Internal Revenue Service

Investment Interest Expense Deduction

Go to www.irs.gov/Form4952 for the latest information.

Attach to your tax return.



Name(s) shown on return

PRANESH PAMULAPATI & PRIYANKA TELLA

686-56-4137

Part I Total Investment Interest Expense

1	Investment interest expense paid or accrued in 2022 (see instructions)	1	281.
2	Disallowed investment interest expense from 2021 Form 4952, line 7	2	
3	Total investment interest expense. Add lines 1 and 2	3	281.

Part II Net Investment Income

4a	Gross income from property held for investment (excluding any net gain from	0.5		
	the disposition of property held for investment)	26.		
b	Qualified dividends included on line 4a	26.		
С	Subtract line 4b from line 4a	[4c	0.
d	Net gain from the disposition of property held for investment			
е	Enter the smaller of line 4d or your net capital gain from the dispositionof property held for investment. See instructions 4e			
f	Subtract line 4e from line 4d	4f	0.	
g	ructions	4g		
h	Investment income. Add lines 4c, 4f, and 4g	[4h	0.
5	Investment expenses (see instructions)	[5	
6	Net investment income. Subtract line 5 from line 4h. If zero or less, enter -0	[6	0.
Part	III Investment Interest Expense Deduction			
7	Disallowed investment interest expense to be carried forward to 2023. Subtract line 6 fr	om line		
	3. If zero or less, enter -0	[7	281.
8	Investment interest expense deduction. Enter the smaller of line 3 or line 6. See instructions	[8	0.
For Pa		Form 4952 (2022)		

Form W-7
(Rev. August 2019)
Department of the Treasury Internal Revenue Service

Application for IRS Individual Taxpayer Identification Number For use by individuals who are not U.S. citizens or permanent residents.

Department of the Treas Internal Revenue Service		See sepa	arate instruc		permaner	it reside	1115.			
An IRS individual	I taxpayer identification nun	nber (ITIN) is for	U.S. feder	al tax p	urposes	only.	Applicat	ion ty	pe (check one box):
Before you begin • Don't submit th	n: his form if you have, or are elig	ible to get, a U.S	. social sec	urity nu	mber (SS	SN).	X Ap	oply f	or a new ITIN an existing ITIN	
must file a U.S. fo	ubmitting Form W-7. Read the deral tax return with Form	W-7 unless you	meet one						, c, d, e, f, or g, y	ou
	t alien required to get an ITIN to c t alien filing a U.S. federal tax retu		ent							
	nt alien (based on days present i		s) filing a U.	S. federa	al tax retur	n				
_	of U.S. citizen/resident alien						tructions) 🕨			
e 🛛 Spouse of L		f d or e, enter name PRANESH PAM		IN of U.	S. citizen/	resident	alien (see in		tions) ► 586-56-4137	
	t alien student, professor, or resea	-	federal tax re	turn or o	laiming ar	n excepti	ion			
	spouse of a nonresident alien hol	ding a U.S. visa								
h Other (see in	nstructions) ► on for a and f : Enter treaty countr						bor b			
Name	1a First name		dle name	and	treaty ar	1.	name			
(see instructions)	PRIYANKA					TEI	LLA			
Name at birth if different ►	1b First name	Mido	dle name			Last	name			
Applicant's	2 Street address, apartment n 1217 MEADOW CREE		te number. If	you ha	ve a P.O.	box, see	e separate i	nstru	ctions.	
Mailing Address	City or town, state or province, and country. Include ZIP code or postal code where appropriate.									
	IRVING TX USA 75038									
Foreign (non- U.S.) Address	3 Street address, apartment number, or rural route number. Don't use a P.O. box number.									
(see instructions)	City or town, state or province, and country. Include postal code where appropriate.									
Birth Information	4 Date of birth (month / day / yea 06/12/1995	r) Country of birth INDIA		City an	d state or	province	e (optional)	5	Male X Female	
Other Information	6a Country(ies) of citizenship INDIA	6b Foreign tax I.	D. number (if	any)	6c Type	of U.S. v	isa (if any), r	numbe	er, and expiration dat	Э
	6d Identification document(s) submitted (see instructions) Image: Passport Driver's license/State I.D. Image: Discussion of the passbore of the									
	Issued by: INDIA No.: P2798894 Exp. date: 06/02/2026 (MM/DD/YYYY):									
		-								_
	 6e Have you previously received an ITIN or an Internal Revenue Service Number (IRSN)? No/Don't know. Skip line 6f. 									
	Yes. Complete line 6f. If more than one, list on a sheet and attach to this form (see instructions).									
	6f Enter ITIN and/or IRSN ►	ITIN			IF	SN			á	and
	name under which it was is		tname		Middler	amo			l ast name	
	First name Middle name Last name									
	6g Name of college/university or company (see instructions) ► City and state ► Length of stay ►									
Cian	Under penalties of perjury, I (applicant/delegate/acceptance agent) declare that I have examined this application, including accompanying									
Sign Here	documentation and statements, an information with my acceptance age	d to the best of my	knowledge a	nd belief	, it is true,	correct,	and complet	e. I a	uthorize the IRS to sl	
Keep a copy for your records.	Signature of applicant (if de	elegate, see instruc	tions)	Date (month / day / year)			Phone nun	nber		
	Name of delegate, if applic	able (type or print)		Delegate's relationship to applicant			Parent	Parent Court-appointed guardian		
Acceptance	Signature						Phone			
Agent's	Name and title (type or prin	t)	Name of co	mnanv		EIN	Fax		PTIN	
Use ONLY				ompany EIN Office co						

REV 02/24/23 PRO