8879 **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 secu | rity number |
| NALINI PRASAD MADDUKURI | 221-23 | 3-6827 |
| Spouse's name | Spouse's so | ocial security number |
| BHARATHI MADDUKURI | 629-7 | 9-1291 |
| Part I Tax Return Information — Tax Year Ending December 31, | 022 (Enter year you | are authorizing.) |
| Enter whole dollars only on lines 1 through 5. | | |
| Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank. | | |
| 1 Adjusted gross income | | 1 79,629. |
| 2 Total tax | | 2 5,036. |
| 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 | | 3 14,860. |
| 4 Amount you want refunded to you | | 4 9,824. |
| 5 Amount you owe | | 5 |
| Part II Taxpayer Declaration and Signature Authorization (Be sure you | u get and keep a co | py of your return) |
| my knowledge and belief, it is true, correct, and complete. I further declare that the amounts return (original or amended) I am now authorizing. I consent to allow my intermediate service proto send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I at Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution payment of my federal taxes owed on this return and/or a payment of estimated tax, and the fina authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent at 1-888-353-4537. Payment car business days prior to the payment (settlement) date. I also authorize the financial institutions ir taxes to receive confidential information necessary to answer inquiries and resolve issues rel personal identification number (PIN) below is my signature for the income tax return (original or Electronic Funds Withdrawal Consent. | ovider, transmitter, or elective as on for rejection of the inthorize the U.S. Treasury in account indicated in the incial institution to debit the to terminate the authoriticellation requests must be involved in the processing atted to the payment. If to | tronic return originator (ERO) transmission, (b) the reason and its designated Financial tax preparation software for the entry to this account. This zation. To revoke (cancel) a poe received no later than 2 of the electronic payment of urther acknowledge that the |
| | | |
| Taxpayer's PIN: check one box only | au aran awata war DINI | 3 6 8 2 7 |
| X I authorize GLOBAL TAXES LLC to enter | | inter five digits, but |
| signature on the income tax return (original or amended) I am now authorizing | d I. | lon't enter all zeros |
| I will enter my PIN as my signature on the income tax return (original or amer if you are entering your own PIN and your return is filed using the Practition below. | nded) I am now authoriz | |
| Your signature ► | Date ► | |
| ERO firm name | E | 9 1 2 9 1 as my inter five digits, but lon't enter all zeros |
| signature on the income tax return (original or amended) I am now authorizing I will enter my PIN as my signature on the income tax return (original or amer if you are entering your own PIN and your return is filed using the Practition below. | nded) I am now authoriz | zing. Check this box only |
| Spouse's signature ▶ | Date ► | |
| Practitioner PIN Method Returns Only—cont | inue below | |
| Part III Certification and Authentication — Practitioner PIN Method Or | nly | |
| ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN | | 6 6 1 9 8 9 nter all zeros |
| I certify that the above numeric entry is my PIN, which is my signature for the electronic individe authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm the requirements of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS <i>e-file</i> in the practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS <i>e-file</i> in the practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS <i>e-file</i> in the practition of the practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS <i>e-file</i> in the practition of the practition | at I am submitting this re | turn in accordance with the |
| ERO's signature ▶ | Date ▶ | |

ERO Must Retain This Form — See Instructions
Don't Submit This Form to the IRS Unless Requested To Do So

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

2022

OMB No. 1545-007

IRS Use Only—Do not write or staple in this space

| Filing Status Check only | _ | Single Married filing jointly | _ | ed filing separately (N | , | _ | , | , . | spou | ifying surv ise (QSS) | Ü |
|----------------------------------|------------|---|-----------|-------------------------|-------|-----------------|---------------|-----------|-----------|----------------------------|-------------------|
| one box. | - | u checked the MFS box, enter the na on is a child but not your dependent | - | our spouse. If you ci | neck | ed the HOH or | QSS box, e | nter the | e chila's | name if th | e qualitying |
| Your first name | and mi | ddle initial | Last nar | me | | | | | Your so | cial securit | y number |
| NALINI E | PRASA | AD | MADD | UKURI | | | | | 221-2 | 23-682 | 7 |
| | | first name and middle initial | Last nar | | | | | | | | curity number |
| BHARATHI | | | MADD | UKURI | | | | | • | 79-1291 | • |
| | | er and street). If you have a P.O. box, see | | | | | Apt. no. | | | | on Campaign |
| 4980 USA | AA BI | ZVD | | | | | 111 | 1 | | ere if you, | |
| | | ce. If you have a foreign address, also co | mplete s | paces below. | Sta | te | ZIP code | | | | tly, want \$3 |
| SAN ANTO | ONIO | | | | TX | ζ | 78240 | | | tnis tuna. I w will not | Checking a change |
| Foreign country | / name | | F | oreign province/state/ | count | ty | Foreign posta | | | or refund. | • |
| | | | | | | | | | | You | Spouse |
| Digital | | ny time during 2022, did you: (a) rece | | | | | - | | | | ⊠ No |
| Assets | | ange, gift, or otherwise dispose of a | | | | | asset)? (See | Instruc | ctions.) | Yes | <u> </u> |
| Standard Deduction | _ | eone can claim: | | • | | a dependent | | | | | |
| Age/Blindness | You: | Were born before January 2, 1 | 958 | Are blind Spo | use | : Was bor | n before Jar | nuary 2 | , 1958 | ☐ Is bli | ind |
| Dependents | s (see | | | (2) Social security | | (3) Relationsh | (4) (1) | | | ies for (see | instructions): |
| If more | | rst name Last name | | number | | to you | . 1 | d tax cre | edit | Credit for oth | ner dependents |
| than four | DINE | SH CHOWDARY MADDUKURI | | 983-90-875 | 2 | Son | | | | [| X |
| dependents, | KVIIC | HIK CHOWDARY MADDUKURI | | 983-90-875 | | Son | | | | [| X |
| see instructions and check | 3 —— | | | | | | | | | | |
| here | | | | | | | | | | | |
| Income | 1a | Total amount from Form(s) W-2, b | ox 1 (see | e instructions) | | | | | 1a | 8 | 37 , 503. |
| | b | Household employee wages not re | eported o | on Form(s) W-2 | | | | | 1b | | |
| Attach Form(s) W-2 here. Also | С | Tip income not reported on line 1a | (see ins | structions) | | | | | 1c | | |
| attach Forms | d | Medicaid waiver payments not reported on Form(s) W-2 (see instructions) | | | | | 1d | | | | |
| W-2G and | е | Taxable dependent care benefits from Form 2441, line 26 | | | | | 1e | | | | |
| 1099-R if tax was withheld. | f | Employer-provided adoption bene | fits from | Form 8839, line 29 | | | | | 1f | | |
| If you did not | g | Wages from Form 8919, line 6 . | | | | | | | 1g | | |
| get a Form | h | Other earned income (see instructi | ons) . | | | | | | 1h | | 0. |
| W-2, see instructions. | i | Nontaxable combat pay election (s | see instr | ructions) | | 1i | | | | | |
| | Z | Add lines 1a through 1h | | | | | | | 1z | 3 | 37 , 503. |
| Attach Sch. B | 2 a | Tax-exempt interest | 2a | | | axable interest | | | 2b | | |
| if required. | 3a | · · | 3a | | | rdinary divider | | | | | |
| | 4a | IRA distributions | 4a | | | axable amoun | | | | | |
| Standard | 5a | - | 5a | | | axable amoun | | | | 1 | |
| Deduction for — Single or | 6a | , | 6a | | | axable amoun | t | | 6b | | |
| Married filing separately, | С | If you elect to use the lump-sum e | | | • | • | | _ | | | |
| \$12,950 | 7 | Capital gain or (loss). Attach Schee | | | | | | . L | J 7 | | -287. |
| Married filing jointly or | 8 | Other income from Schedule 1, line | | | | | | | 8 | | -7 , 587. |
| Qualifying | 9 | Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, | | = | ome | e | | | 9 | 1 7 | 79 , 629. |
| surviving spouse, \$25,900 | 10 | Adjustments to income from Sche | | | | | | | 10 | | |
| Head of household, | 11 | Subtract line 10 from line 9. This is | - | - | | | | | 11 | | 79 , 629. |
| \$19,400 | 12 | Standard deduction or itemized | | | | | | | 12 | 2 | 25 , 900. |
| If you checked any box under | 13 | Qualified business income deducti | | | | | | | 13 | | |
| Standard Deduction, | 14 | Add lines 12 and 13 | | | | | | | | | 25 , 900. |
| see instructions. | 15 | Subtract line 14 from line 11. If zer | o or less | s, enter -0 This is y | our 1 | taxable incom | ie | | 15 | | 53,729. |

| | | Pa | ag | e 2 | |
|-----------------|---|----------|----|------------|---|
| 6, | 0 | 3 | 6 | | |
| _ | _ | _ | _ | | • |
| 6, | 0 | <u>3</u> | 6 | • | |
| 1, | U | U | U | • | |
| 1, | 0 | 0 | 0 | | • |
| 1, 5, | 0 | 3 | 6 | | |
| 5, | | | | | |
| 5, | 0 | 3 | 6 | | |
| | | | | | |
| | | | | | |
| | | | | | |
| 14, | 8 | 6 | 0 | | |
| | | | | | |
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| 14, 9, 9, | 8 | 6 | 0 | | |
| 9, | 8 | 2 | 4 | | |
| 9, | 8 | 2 | 4 | • | |
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| | | | | | |
| | | | | | |
| × No | | | | | |

Form 1040 (2022) **Tax** (see instructions). Check if any from Form(s): **1** 8814 **2** 4972 3 16 16 Tax and **Credits** 17 Amount from Schedule 2, line 3 17 Add lines 16 and 17 18 18 19 Child tax credit or credit for other dependents from Schedule 8812 19 20 Amount from Schedule 3, line 8 20 21 Add lines 19 and 20 21 22 Subtract line 21 from line 18. If zero or less, enter -0-22 23 Other taxes, including self-employment tax, from Schedule 2, line 21 23 Add lines 22 and 23. This is your total tax 24 24 **Payments** 25 Federal income tax withheld from: 14,860. Form(s) W-2 . 25a а Form(s) 1099 25b b Other forms (see instructions) 25c С 25d d Add lines 25a through 25c 26 2022 estimated tax payments and amount applied from 2021 return 26 If you have a 27 Earned income credit (EIC) 27 qualifying child, attach Sch. EIC. 28 Additional child tax credit from Schedule 8812 28 29 American opportunity credit from Form 8863, line 8. 29 30 30 Reserved for future use 31 Amount from Schedule 3, line 15 31 32 Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits 32 33 Add lines 25d, 26, and 32. These are your total payments 33 34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid 34 Refund Amount of line 34 you want refunded to you. If Form 8888 is attached, check here 35a 35a Routing number 1 1 1 1 0 0 0 0 2 5 Direct deposit? b **c** Type: X Checking Savings See instructions. Account number 4 8 8 0 9 0 9 0 3 0 3 0 d 36 Amount of line 34 you want applied to your 2023 estimated tax . . . 36 Amount 37 Subtract line 33 from line 24. This is the amount you owe. You Owe For details on how to pay, go to www.irs.gov/Payments or see instructions . 37 Estimated tax penalty (see instructions) Third Party Do you want to allow another person to discuss this return with the IRS? See instructions Yes. Complete below. Designee Designee's Phone Personal identification number (PIN) Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and Sign belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Here If the IRS sent you an Identity Your signature Date Your occupation Protection PIN, enter it here (see inst.) SOFTWARE ENGINEER Joint return? See instructions. If the IRS sent your spouse an Spouse's signature. If a joint return, both must sign. Date Spouse's occupation Keep a copy for Identity Protection PIN, enter it here your records. (see inst.) HOUSE WIFE Phone no. (210) 915-1827 Email address NALINIFORU@GMAIL.COM Preparer's name Preparer's signature PTIN Check if: Date **Paid** Self-employed SYAM PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 02/08/2023 P02082703 **Preparer** Phone no. (678) 965-9522 GLOBAL TAXES LLC Firm's name Use Only

Firm's address

245 ROONEY CT E BRUNSWICK NJ 08816

Firm's EIN

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
NALINI PRASAD & BHARATHI MADDUKURI

Your social security number
221-23-6827

| 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 E . | 5 | -7 , 587. |
| 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 (| <u>)</u> | |
| е | Income from Form 8853 | 8e | | |
| f | Income from Form 8889 | 8f | | |
| g | Alaska Permanent Fund dividends | 8g | | |
| h | Jury duty pay | 8h | | |
| i | Prizes and awards | 8i | | |
| j | Activity not engaged in for profit income | 8j | _ | |
| k | Stock options | 8k | | |
| ı | Income from the rental of personal property if you engaged in the rental | | | |
| | for profit but were not in the business of renting such property | 81 | | |
| m | Olympic and Paralympic medals and USOC prize money (see | | | |
| | instructions) | 8m | | |
| n | Section 951(a) inclusion (see instructions) | 8n | | |
| 0 | Section 951A(a) inclusion (see instructions) | 80 | _ | |
| р | Section 461(I) excess business loss adjustment | 8p | - | |
| q | Taxable distributions from an ABLE account (see instructions) | 8q | - | |
| r | Scholarship and fellowship grants not reported on Form W-2 | 8r | | |
| S | Nontaxable amount of Medicaid waiver payments included on Form | 0- / | | |
| | 1040, line 1a or 1d | 8s (| 4 | |
| t | Pension or annuity from a nonqualifed deferred compensation plan or | 0. | | |
| | a nongovernmental section 457 plan | 8t | - | |
| u - | Wages earned while incarcerated | 8u | | |
| Z | Other income. List type and amount: | 0- | | |
| 0 | Total other income Add lines On through On | 8z | | |
| 9 10 | Total other income. Add lines 8a through 8z | | 10 | -7,587. |
| ıU | Combine intes a uniough and a Linter nere and on Form 1040, 1040-50 | , or 1040-110, 11118 0 | IU | -/ , 56/. |

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

| Par | Adjustments to Income | | | |
|-----|---|-------------|-----|--|
| 11 | Educator expenses | | 11 | |
| 12 | Certain business expenses of reservists, performing artists, and fee-t | | | |
| | officials. Attach Form 2106 | | 12 | |
| 13 | Health savings account deduction. Attach Form 8889 | | 13 | |
| 14 | Moving expenses for members of the Armed Forces. Attach Form 3903 | | 14 | |
| 15 | Deductible part of self-employment tax. Attach Schedule SE | | 15 | |
| 16 | Self-employed SEP, SIMPLE, and qualified plans | | 16 | |
| 17 | Self-employed health insurance deduction | | 17 | |
| 18 | Penalty on early withdrawal of savings | | 18 | |
| 19a | 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 | | 23 | |
| 24 | Other adjustments: | | | |
| а | Jury duty pay (see instructions) | 24a | | |
| b | Deductible expenses related to income reported on line 8I from the | | | |
| | rental of personal property engaged in for profit | 24b | | |
| С | Nontaxable amount of the value of Olympic and Paralympic medals | | | |
| | | 24c | | |
| d | | 24d | | |
| е | Repayment of supplemental unemployment benefits under the Trade | | | |
| | | 24e | | |
| f | | 24f | | |
| g | , | 24g | | |
| h | Attorney fees and court costs for actions involving certain unlawful | | | |
| | · | 24h | - | |
| i | Attorney fees and court costs you paid in connection with an award | | | |
| | from the IRS for information you provided that helped the IRS detect | | | |
| | F | 24i | - | |
| j | <u> </u> | 24j | - | |
| k | Excess deductions of section 67(e) expenses from Schedule K-1 (Form | | | |
| | | 24k | - | |
| Z | Other adjustments. List type and amount: | na_ | | |
| 05 | | 24z | 05 | |
| 25 | Total other adjustments. Add lines 24a through 24z | | 25 | |
| 26 | Add lines 11 through 23 and 25. These are your adjustments to income . | | 00 | |
| | Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a | | 26 | |

BAA

SCHEDULE D (Form 1040)

Capital Gains and Losses

2022

OMB No. 1545-0074

Attachment Sequence No. **12**

Department of the Treasury Internal Revenue Service

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.

Name(s) shown on return

NALINI PRASAD & BHARATHI MADDUKURI

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)

| • | ou dispose of any investment(s) in a qualified opportunity es," attach Form 8949 and see its instructions for additional | • | • | | | |
|---------------|---|----------------------------------|---------------------------------|---|-----------------|---|
| Pa | <u> </u> | | . 0, 0 | | e ins | tructions) |
| lines 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) Proceeds (sales price) | (e) Cost (or other basis) | (g) Adjustmen to gain or loss Form(s) 8949, line 2, colum | from Part I, | (h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g) |
| 1a | Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b. | | | | | |
| 1b | Totals for all transactions reported on Form(s) 8949 with Box A checked | 55,341. | 58,825. | 3.1 | .97. | -287. |
| 2 | Totals for all transactions reported on Form(s) 8949 with Box B checked | 33,3121 | 33,6231 | 5,2 | | |
| 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 | 1684, 6781, and 88 | B24 | 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 | | | Carryover | 6 | () |
| 7 | Net short-term capital gain or (loss). Combine lines 1a term capital gains or losses, go to Part II below. Otherwis | | | | 7 | -287. |
| Par | t II Long-Term Capital Gains and Losses—Ge | nerally Assets H | Held More Than | One Year | (see i | nstructions) |
| lines 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) Adjustmen Cost to gain or loss | | (h) Gain or (loss) Subtract column (e) from column (d) and combine the result |
| whol | e dollars. | | | line 2, colum | n (g) | 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 | tions, estates, and | trusts from Scheo | dule(s) K-1 | 12 | |
| 13 | Capital gain distributions. See the instructions | | | | 13 | |
| | | | | | 14 | () |
| 15 | Net long-term capital gain or (loss). Combine lines 88 on the back | a through 14 in co | olumn (h). Then, go | to Part III | 15 | |

BAA

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

Part III Summary

| 16 | Combine lines 7 and 15 and enter the result | 16 | -28 | 7. |
|----|--|----|-------|-----|
| | • 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? 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. | | | |
| 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 | (287 | '.) |
| | 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. | | | |
| | | | | |

8949 **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

Internal Revenue Service
Name(s) shown on return

Department of the Treasury

Social security number or taxpayer identification number

221-23-6827

NALINI PRASAD & BHARATHI MADDUKURI

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 B) Short-term transactions | reported on | Form(s) 1099 | 9-B showing bas | | | | e) |
|------------|--|--|--------------------------------|-------------------------------------|--|--|---------------------------------------|---|
| 1 | (a) Description of property | (b) Date acquired | (c) Date sold or | (d) Proceeds | Cost or other basis See the Note below | Adjustment, if any, to gain or loss If you enter an amount in column (g), enter a code in column (f). See the separate 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). |
| ROBIN | HOOD SECURITIES LLC | 01/01/22 | 12/01/22 | 55,341. | 58,825. | W | 3,197. | -287. |
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| neg Sch | als. Add the amounts in columns ative amounts). Enter each totaledule D, line 1b (if Box A above ve is checked), or line 3 (if Box C | al here and ince is checked), lir | lude on your ne 2 (if Box B | 55,341. | 58,825. | | 3,197. | -287. |

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.

SCHEDULE E (Form 1040)

Supplemental Income and Loss

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

Attachment

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

Attach to Form 1040, 1040-SR, 1040-NR, or 1041. Go to www.irs.gov/ScheduleE for instructions and the latest information. Sequence No. 13

Name(s) shown on return Your social security number NALINI PRASAD & BHARATHI MADDUKURI 221-23-6827 **Income or Loss From Rental Real Estate and Royalties** Part I 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 В 1a Physical address of each property (street, city, state, ZIP code) D NO : 5-21, DANDAMUDI POST CHILAKALURIPET MANDAL GUNTUR DISTRICT, ANDHRA PRADESH IN 522616 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 Days** 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. C C Type of Property: 1 Single Family Residence 3 Vacation/Short-Term Rental 7 Self-Rental 5 Land 8 Other (describe) 2 Multi-Family Residence 4 Commercial 6 Royalties **Properties:** Α В C Income: 535. 3 Rents received 4 Royalties received **Expenses:** 5 5 Advertising 6 Auto and travel (see instructions) 6 849. 7 7 Cleaning and maintenance. 8 Commissions 8 9 9 Insurance . . 10 10 Legal and other professional fees 11 Management fees 11 1,059. 12 12 Mortgage interest paid to banks, etc. (see instructions) 13 13 2,544. 14 14 Repairs . . . 15 15 2,130. Supplies 16 16 Taxes 17 17 1,540. 18 18 Depreciation expense or depletion 19 Other (list) 19 20 20 8,122. Total expenses. Add lines 5 through 19 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 -7,587. file Form 6198 21 22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) 7,587.)(535. 23a Total of all amounts reported on line 3 for all rental properties 23a 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 Total of all amounts reported on line 18 for all properties 23d e Total of all amounts reported on line 20 for all properties . 23e 8,122. 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 7,587. 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

-7**,**587.

Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2 ...

SCHEDULE 8812 (Form 1040)

Credits for Qualifying Children and Other Dependents

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

OMB No. 1545-0074 Attachment Sequence No. 47

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Schedule8812 for instructions and the latest information.

Name(s) shown on return Your social security number 221-23-6827 NALINI PRASAD & BHARATHI MADDUKURI Child Tax Credit and Credit for Other Dependents Enter the amount from line 11 of your Form 1040, 1040-SR, or 1040-NR . 1 79,629. Enter income from Puerto Rico that you excluded 2a Enter the amounts from lines 45 and 50 of your Form 2555 . . . 2b Enter the amount from line 15 of your Form 4563 **2c** Add lines 2a through 2c 2d3 3 629 4 Number of qualifying children under age 17 with the required social security number 0 5 5 Number of other dependents, including any qualifying children who are not under age 6 Caution: Do not include yourself, your spouse, or anyone who is not a U.S. citizen, U.S. national, or U.S. resident alien. Also, do not include anyone you included on line 4. 7 7 1,000. 8 8 Add lines 5 and 7 1,000. Enter the amount shown below for your filing status. • Married filing jointly—\$400,000 • All other filing statuses—\$200,000 400,000. 10 Subtract line 9 from line 3. • If zero or less, enter -0-. • If more than zero and not a multiple of \$1,000, enter the next multiple of \$1,000. For example, if the result is \$425, enter \$1,000; if the result is \$1,025, enter \$2,000, etc. 10 0. 11 11 0. Is the amount on line 8 more than the amount on line 11? 1,000. 12 12 No. STOP. You cannot take the child tax credit, credit for other dependents, or additional child tax credit. Skip Parts II-A and II-B. Enter -0- on lines 14 and 27. **Yes.** Subtract line 11 from line 8. Enter the result. 13 Enter the amount from the Credit Limit Worksheet A 13 6,036. Enter the smaller of line 12 or 13. This is your child tax credit and credit for other dependents 1,000. Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 19.

If the amount on line 12 is more than the amount on line 14, you may be able to take the additional child tax credit on Form 1040, 1040-SR, or 1040-NR, line 28. Complete your Form 1040, 1040-SR, or 1040-NR through line 27 (also complete Schedule 3, line 11) before completing Part II-A.

Schedule 8812 (Form 1040) 2022 Page **2**

| Part | II-A Additional Child Tax Credit for All Filers | | |
|--------|---|--------|-------------|
| Cautio | on: If you file Form 2555, you cannot claim the additional child tax credit. | | |
| 15 | Check this box if you do not want to claim the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line | 27 | |
| 16a | Subtract line 14 from line 12. If zero, stop here ; you cannot take the additional child tax credit. Skip Parts II-A | | |
| | and II-B. Enter -0- on line 27 | 16a | 0. |
| b | Number of qualifying children under 17 with the required social security number: x \$1,500. | | |
| | Enter the result. If zero, stop here; you cannot claim the additional child tax credit. Skip Parts II-A and II-B. | | |
| | Enter -0- on line 27 | 16b | |
| | TIP: The number of children you use for this line is the same as the number of children you used for line 4. | | |
| 17 | Enter the smaller of line 16a or line 16b | 17 | |
| 18a | Earned income (see instructions) | | |
| b | Nontaxable combat pay (see instructions) | | |
| 19 | Is the amount on line 18a more than \$2,500? | | |
| | No. Leave line 19 blank and enter -0- on line 20. | | |
| | Yes. Subtract \$2,500 from the amount on line 18a. Enter the result | | |
| 20 | Multiply the amount on line 19 by 15% (0.15) and enter the result $\dots \dots \dots \dots \dots \dots \dots \dots \dots \dots$ | 20 | |
| | Next. On line 16b, is the amount \$4,500 or more? | | |
| | No. If you are a bona fide resident of Puerto Rico, go to line 21. Otherwise, skip Part II-B and enter the | | |
| | smaller of line 17 or line 20 on line 27. | | |
| | Yes. If line 20 is equal to or more than line 17, skip Part II-B and enter the amount from line 17 on line 27. | | |
| | Otherwise, go to line 21. | | |
| Part | II-B Certain Filers Who Have Three or More Qualifying Children and Bona Fide Resident | s of F | Puerto Rico |
| 21 | Withheld social security, Medicare, and Additional Medicare taxes from Form(s) W-2, | | |
| | boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If | | |
| | your employer withheld or you paid Additional Medicare Tax or tier 1 RRTA taxes, see | | |
| | instructions | | |
| 22 | Enter the total of the amounts from Schedule 1 (Form 1040), line 15; Schedule 2 (Form | | |
| | 1040), line 5; Schedule 2 (Form 1040), line 6; and Schedule 2 (Form 1040), line 13 . 22 | | |
| 23 | Add lines 21 and 22 | | |
| 24 | 1040 and | | |
| | 1040-SR filers: Enter the total of the amounts from Form 1040 or 1040-SR, line 27, | | |
| | and Schedule 3 (Form 1040), line 11. | | |
| 25 | 1040-NR filers: Enter the amount from Schedule 3 (Form 1040), line 11. | 25 | |
| 25 | Subtract line 24 from line 23. If zero or less, enter -0 | 25 | |
| 26 | Enter the larger of line 20 or line 25 | 26 | |
| Dort | Next, enter the smaller of line 17 or line 26 on line 27. II-C Additional Child Tax Credit | | |
| 27 | This is your additional child tax credit. Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 28 | 27 | |
| 41 | This is your additional clinic tax credit. Enter this amount on form 1949, 1949-5K, of 1949-19K, line 28. | 41 | |

(Rev. November 2022)

Department of the Treasury Internal Revenue Service

Taxpayer name(s) shown on return

Paid Preparer's Due Diligence Checklist

Earned Income Credit (EIC), American Opportunity Tax Credit (AOTC),
Child Tax Credit (CTC) (including the Additional Child Tax Credit (ACTC) and
Credit for Other Dependents (ODC)), and Head of Household (HOH) Filing Status

To be completed by preparer and filed with Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS. Go to www.irs.gov/Form8867 for instructions and the latest information.

OMB No. 1545-0074 For tax year 20 Attachment Sequence No. 70

| NAL | NI PRASAD & BHARATHI MADDUKURI | 221-23-682 | 7 | | |
|--------|---|--|----------|-----|-----------------|
| repare | eparer's name Preparer tax identifica | | | per | |
| SYA | M PRIYA RAM SAGAR GUPTA TALLAM | P02082703 | | | |
| Part | · | | | | |
| | check the appropriate box for the credit(s) and/or HOH filing status claimed on the retubenefit(s) claimed (check all that apply). | | the rela | | arts I–V HOH |
| 1 | Did you complete the return based on information for the applicable tax year provided I or reasonably obtained by you? (See instructions if relying on prior year earned income.) | by the taxpayer | Yes | No | N/A |
| 2 | worksheets found in the Form 1040, 1040-SR, 1040-NR, 1040-PR, 1040-SS, or Schedule 8812 (Form 1040) instructions, and/or the AOTC worksheet found in the Form 8863 instructions, or your own worksheet(s) that provides the same information, and all related forms and schedules for each credit | | | | |
| | claimed? | | X | | |
| 3 | Did you satisfy the knowledge requirement? To meet the knowledge requirement, you need the following. • Interview the taxpayer, ask questions, and contemporaneously document the taxpayer determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status. | 's responses to | | | |
| | • Review information to determine that the taxpayer is eligible to claim the credit(s) an status and to figure the amount(s) of any credit(s) | _ | X | | |
| 4 | Did any information provided by the taxpayer or a third party for use in preparing information reasonably known to you, appear to be incorrect, incomplete, or inconsis answer questions 4a and 4b. If " No ," go to question 5.) | tent? (If "Yes," | | X | |
| а | Did you make reasonable inquiries to determine the correct, complete, and consistent inf | formation? . | | | |
| b | Did you contemporaneously document your inquiries? (Documentation should include you asked, whom you asked, when you asked, the information that was provided, and information had on your preparation of the return.) | the questions the impact the | | | |
| 5 | Did you satisfy the record retention requirement? To meet the record retention requirer keep a copy of your documentation referenced in question 4b, a copy of this Form 8867 applicable worksheet(s), a record of how, when, and from whom the information used to 8867 and any applicable worksheet(s) was obtained, and a copy of any document(s) processes that you relied on to determine eligibility for the credit(s) and/or HOH filing state the amount(s) of the credit(s) | , a copy of any prepare Form provided by the | X | | |
| | the amount(s) of the credit(s) | | | | |
| | | | | | |
| 6 | Did you ask the taxpayer whether he/she could provide documentation to substantiate credit(s) and/or HOH filing status and the amount(s) of any credit(s) claimed on the return is selected for audit? | eturn if his/her | × | | |
| 7 | Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous | | X | | |
| а | (If credits were disallowed or reduced, go to question 7a; if not, go to question 8.) Did you complete the required recertification Form 8862? | | | | |
| 8 | If the taxpayer is reporting self-employment income, did you ask questions to prepare a correct Schedule C (Form 1040)? | a complete and | | | |
| | | | | | |

| orm 88 | 367 (Rev. 11-2022) | | | Page ! |
|------------|--|---------------------|---------------|-------------------|
| Part | Due Diligence Questions for Returns Claiming EIC (If the return does not claim EIC, go | to Part | III.) | |
| 9a | Have you determined that the taxpayer is eligible to claim the EIC for the number of qualifying children claimed, or is eligible to claim the EIC without a qualifying child? (If the taxpayer is claiming the EIC and does not have a qualifying child, go to question 10.) | Yes | No | N/A |
| b | Did you ask the taxpayer if the child lived with the taxpayer for over half of the year, even if the taxpayer has supported the child the entire year? | | | |
| С | Did you explain to the taxpayer the rules about claiming the EIC when a child is the qualifying child of more than one person (tiebreaker rules)? | | | |
| Part | Due Diligence Questions for Returns Claiming CTC/ACTC/ODC (If the return does not or ODC, go to Part IV.) | claim (| CTC, A | CTC, |
| 10 | Have you determined that each qualifying person for the CTC/ACTC/ODC is the taxpayer's dependent who is a citizen, national, or resident of the United States? | Yes | No | N/A |
| 11 | Did you explain to the taxpayer that he/she may not claim the CTC/ACTC if the child has not lived with the taxpayer for over half of the year, even if the taxpayer has supported the child, unless the child's custodial parent has released a claim to exemption for the child? | X | | |
| 12 | custodial parent has released a claim to exemption for the child? | | | |
| | statement to the return? | X | | |
| Part | | | Part \ | /.) |
| 13 | Did the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the quality of the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the quality of the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the quality of the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the quality of the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the quality of the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the quality of the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the quality of the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the quality of the taxpayer provide substantiation for the credit, such as a Form 1098-T and taxpayer provide substantiation for the credit provide substantiat | | Yes | No |
| D 1 | tuition and related expenses for the claimed AOTC? | | | |
| Part | g v | | | _ <u> </u> |
| 14 | Have you determined that the taxpayer was unmarried or considered unmarried on the last day of the tax and provided more than half of the cost of keeping up a home for the year for a qualifying person? | | Yes | No |
| Part | | | Ш | Ш |
| | You will have complied with all due diligence requirements for claiming the applicable credit(s) and on the return of the taxpayer identified above if you: | or HO | H filing | statu |
| | A. Interview the taxpayer, ask adequate questions, contemporaneously document the taxpayer's respo in your notes, review adequate information to determine if the taxpayer is eligible to claim the credit(status and to figure the amount(s) of the credit(s); | nses or s) and/o | the retor HOH | turn or filing |
| | B. Complete this Form 8867 truthfully and accurately and complete the actions described in this checkled credit(s) claimed and HOH filing status, if claimed; | list for a | ny app | licable |
| | C. Submit Form 8867 in the manner required; and | | | |
| | D. Keep all five of the following records for 3 years from the latest of the dates specified in the Form 88 Document Retention. | 67 instr | uctions | under |
| | 1. A copy of this Form 8867. | | | |
| | 2. The applicable worksheet(s) or your own worksheet(s) for any credit(s) claimed. | | | |
| | Copies of any documents provided by the taxpayer on which you relied to determine the taxpayer credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s). | 's eligib | ility for | the |
| | A record of how, when, and from whom the information used to prepare this form and the applica obtained. | ble wor | ksheet(| s) was |
| | A record of any additional information you relied upon, including questions you asked and the tax determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount | | | |
| | If you have not complied with all due diligence requirements, you may have to pay a penalty for each related to a claim of an applicable credit or HOH filing status (see instructions for more information | h failur). | e to co | mply |
| 15 | Do you certify that all of the answers on this Form 8867 are, to the best of your knowledge, true, correct complete? | t, and | Yes | No |

REV 01/28/23 PRO