## 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	number	
PRADEEP REDDY MANDA	448-91-		
Spouse's name		al security number	r
NAVYA LAKSHMI DWARAMPUDI	982-99-		`
	year you ar	e 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	<b>1</b>   83	,525.
2 Total tax			,503.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099			,014.
4 Amount you want refunded to you	[		,511.
5 Amount you owe		5	
Part II Taxpayer Declaration and Signature Authorization (Be sure you get and k	кеер а сору	of your retu	ırn)
return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmit osend my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejet for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U. Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indip payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requbusiness days prior to the payment (settlement) date. I also authorize the financial institutions involved in the 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) I ar Electronic Funds Withdrawal Consent.	ection of the tra S. Treasury and cated in the tax on to debit the eather the authorizatuests must be processing of tayment. I furth	nsmission, (b) the distance of	ne reason Financial ftware for bunt. This cancel) a er than 2 ayment of that the
Taxpayer's PIN: check one box only			
▼ I authorize GLOBAL TAXES LLC to enter or generate r	mv P <b>I</b> N 🖳	8 3 0 9	as my
ERO firm name		er five digits, but t enter all zeros	
signature on the income tax return (original or amended) I am now authorizing.  I will enter my PIN as my signature on the income tax return (original or amended) I am now if you are entering your own PIN and your return is filed using the Practitioner PIN methodelow.			
Your signature ► M. PradcepReddy  Date ► 0	2/24/2023		
Spouse's PIN: check one box only  I authorize GLOBAL TAXES LLC to enter or generate resignature 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.	Ente don ow authorizin	•	_
if you are entering your own PIN and your return is filed using the Practitioner PIN methodelow.  Spouse's signature ▶    Date ▶	02/24/2023	must complete	e Part III
Practitioner PIN Method Returns Only—continue below			
Part III Certification and Authentication — Practitioner PIN Method Only			
<b>ERO's EFIN/PIN.</b> Enter your six-digit EFIN followed by your five-digit self-selected PIN. 2 2	2 4 9 6  Don't enter		9
I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income ta authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am subm requirements of the Practitioner PIN method and <b>Pub. 1345</b> , Handbook for Authorized IRS <i>e-file</i> Providers of In	itting this retur	n in accordance	

ERO's signature ▶

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

Date ▶

# 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	; <u> </u>	Single X Married filing jointly	] Marrie	ed filing separately	(MFS)	☐ Head of	house	hold (HO	H) [		lifying surv use (QSS)	iving	
one box.		u checked the MFS box, enter the nation is a child but not your dependent		our spouse. If you	checke	ed the HOH o	r QSS	box, ent	er the		, ,	e qua	alifying
Your first name			Last na	me					,	Your so	cial securit	v num	nber
PRADEEP			MAND							448-91-8309			
		s first name and middle initial	Last na						-		s social sec		number
NAVYA LA				AMPUDI							99-3325		
		er and street). If you have a P.O. box, see						Apt. no.			ntial Election		
617 JETT	•	* *									nere if you,		
		ce. If you have a foreign address, also co	mplete s	paces below.	Stat	e	ZIP c	ode			if filing join		
CHATHAM		,		IL 62			626			-	this fund. ( ow will not		-
Foreign country name				oreign province/state			<del>                                     </del>	ın postal c			or refund.	onani	30
Ů,				<b>5</b> 1	,		,	' '			You		Spouse
<b>Digital</b>	At ar	ny time during 2022, did you: (a) reco	eive (as	a reward, award, o	r pavm	nent for prope	ertv or	services	: or (l	b) sell.			
Assets		ange, gift, or otherwise dispose of a	•				•				X Yes		No
Standard		eone can claim: You as a de		<u> </u>						,			
Deduction		— Spouse itemizes on a separate retur	n or you			•							
A /Dlin do			050 F	7 A Indianal Co.			6		0	1050			
		Were born before January 2, 1	958 _		ouse:		1.	ore Janua			∐ Is bli		otionalı
Dependents				(2) Social securit number	ty	(3) Relationsh to you	۱ip ا	-			fies for (see		
If more	(1) F	rst name Last name		Tiumbei		to you		Child t	ax cre	ait	Credit for oth	ier dep	engents
than four dependents.								l	<del> </del>		L	<del> </del>	
see instructions	s ——								_		L		
and check here $\square$								<u> </u>	_		L	<del> </del>	
	10	Total are quest from Forms (a) W. O. b.	av 1 /aa	a in atm rational				l		140		<u> </u>	
Income	1a	Total amount from Form(s) W-2, b	,	,						1a		) <b>,</b> , c	332.
Attach Form(s)	b		Household employee wages not reported on Form(s) W-2						1b 1c				
W-2 here. Also	c C	Tip income not reported on line 1a (see instructions)						1d					
attach Forms W-2G and	d							1e					
1099-R if tax	e f	Taxable dependent care benefits from Form 2441, line 26						1f					
was withheld.		Employer-provided adoption benefits from Form 8839, line 29											
If you did not get a Form	g h	Other earned income (see instructi								1g 1h			0.
W-2, see	i	Nontaxable combat pay election (s	,			1i	.			111			
instructions.	z	Add lines 1a through 1h	300 111311	uctions,			'			1z		1 8	332.
Attach Sch. B	2a		2a		h Ta	xable interes	t .			2b			
if required.	3a	· –	3a	4.		dinary divide			•	3b			15.
	4a		4a			axable amoun				4b			
Standard	5a		5a			axable amoun				5b			
Deduction for —	6a		6a			axable amoun				6b			
Single or Married filing	С	If you elect to use the lump-sum e		method, check here					. $\square$				
separately, \$12,950	7	Capital gain or (loss). Attach Sche	dule D if	required. If not rec	uired,	check here			. $\square$	7			58.
Married filing	8	Other income from Schedule 1, lin								8	_	-8,3	380.
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,								9			525.
surviving spouse,	10	Adjustments to income from Sche		•						10			
\$25,900 • Head of	11	Subtract line 10 from line 9. This is			me					11	8	3,5	525.
household, \$19,400	12	Standard deduction or itemized	deducti	i <b>ons</b> (from Schedul	e A)					12			900.
If you checked	13	Qualified business income deducti	ion from	Form 8995 or Form	n 8995	5-A				13			
any box under Standard	14	Add lines 12 and 13						14	2	5,9	900.		
Deduction, see instructions.	15	Subtract line 14 from line 11. If zer								15			525.
JOE HIGH GOLDING													

Form 1040 (2022	2)										Page 2
Tax and	16	Tax (see instructions). Check if a	ny from Form	(s): <b>1</b> 881	4 <b>2</b> 🗌 4972	3 🗌			16	6	,504.
Credits	17	Amount from Schedule 2, line 3							17		
	18	Add lines 16 and 17							18	6	,504.
	19	Child tax credit or credit for oth	er dependen	ts from Sched	ule 8812				19		
	20	Amount from Schedule 3, line 8							20		1.
	21	Add lines 19 and 20							21		1.
	22	Subtract line 21 from line 18. If	zero or less,	enter -0					22	6	,503.
	23	Other taxes, including self-emp	loyment tax,	from Schedule	e 2, line 21 .				23		0.
	24	Add lines 22 and 23. This is you							24	6	,503.
Payments	25	Federal income tax withheld fro									
	а	Form(s) W-2				25a	13,	014.			
	b	Form(s) 1099				25b					
	С	Other forms (see instructions)				25c					
	d	Add lines 25a through 25c .							25d	13	,014.
	26	2022 estimated tax payments a							26		
If you have a — <sup>I</sup> qualifying child,	27	Earned income credit (EIC) .				27					
attach Sch. EIC.	28	Additional child tax credit from S				28					
	29	American opportunity credit from	m Form 8863	3. line 8		29					
	30	Reserved for future use		•		30					
	31	Amount from Schedule 3, line 1				31					
	32	Add lines 27, 28, 29, and 31. Th					e credits		32		
	33	Add lines 25d, 26, and 32. Thes	,	•	-				33	13	,014.
Defined	34	If line 33 is more than line 24, so							34		,511.
Refund	35a	Amount of line 34 you want refu				•	-		35a	6	,511.
Direct deposit?	b	Routing number   0   7   1   0			c Type:						
See instructions.	d	Account number 1 3 8 5 5 8 1 1 6									
	36		Amount of line 34 you want applied to your 2023 estimated tax 36								
Amount	37										
You Owe	0.	Subtract line 33 from line 24. This is the <b>amount you owe</b> .  For details on how to pay, go to <i>www.irs.gov/Payments</i> or see instructions							37		
	38	Estimated tax penalty (see instr	_	-		38					
Third Party	Do	you want to allow another pe				? See					
Designee		structions					🗌 <b>Yes.</b> Co	mplete b	elow.	X No	
_		signee's		Phone				nal identif	ication		
	na			no.				er (PIN)			
Sign		der penalties of perjury, I declare that ief, they are true, correct, and complet									
Here			o, Decidiation	Date	Your occupation	,a30a 011	all illioithadoi	1		nt you an Ide	
	10	ur signature		Date	Your occupation			Prote	ction Pl	IN, enter it h	ere
Joint return?		M. PradeepReddy		02/24/2023	SYSTEMS A	DMINI	STRATO	1 /			
See instructions.	Sp	ouse's signature. If a joint return, both	n must sign.	Date	Spouse's occupa	tion				nt your spou	
Keep a copy for your records.		D. Marya lakshmi				_		Ident (see i		ection PIN, e	nter it here
,		V		02/24/2023	HOME MAKE		0		1131.)		
		one no. (913) 548-5422	anavaria sissis	Email address	MPRADEEPREDD		@GMAIL.CO			Chast: if:	
Paid		'	eparer's signat		OHDER ERTT.	Date		PTIN	, , , ,	Check if:	lav:
Preparer		AM PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 02/24/2023 P02082								mployed	
Use Only									678) 965		
	Fir	m's address 245 ROONEY	CT E BRU	NSWICK N	J 08816			Firm'	s EIN	84-31	71965
O	/	-4040 for instance the second the	. f 4!							_ 4	040

#### 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

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

PRADEEP REDDY MANDA & NAVYA LAKSHMI DWARAMPUDI

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

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

Your social security number 448-91-8309

Par	t I Additional Income	·		
1	Taxable refunds, credits, or offsets of state and local income taxes		1	0.
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	-8,380.
6	Farm income or (loss). Attach Schedule F		6	
7	Unemployment compensation		7	
8	Other income:			
а	Net operating loss	8a ( )		
b		8b		
С		8c		
d		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	· · · · · · · · · · · · · · · · · · ·	8n		
0	` ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	80		
р		8р		
q		8q p8		
r	1 1 1	8r		
S	Nontaxable amount of Medicaid waiver payments included on Form			
	· · · · · · · · · · · · · · · · · · ·	8s ( )		
t	Pension or annuity from a nonqualifed deferred compensation plan or			
	a nongovernmental section 457 plan	8t		
		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,	or 1040-NR, line 8	10	-8,380.

Schedule 1 (Form 1040) 2022

Par	t II Adjustments to Income					
11	Educator expenses				11	
12	Certain business expenses of reservists, performing artists, and fee-	basis	govern	nment		
	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	, , , , ,	24a				
b						
		24b				
С	Nontaxable amount of the value of Olympic and Paralympic medals					
		24c			_	
		24d			-	
е	Repayment of supplemental unemployment benefits under the Trade Act of 1974	04-				
	F	24e 24f			-	
ı		24g			-	
g	Attorney fees and court costs for actions involving certain unlawful	<b>24</b> 9			-	
11		24h				
i	Attorney fees and court costs you paid in connection with an award	<u> </u>			-	
٠,	from the IRS for information you provided that helped the IRS detect					
		24i				
i		24j				
, k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form					
K		24k				
z	Other adjustments. List type and amount:				-	
_	l.	24z				
25	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> .					
	Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a				26	

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## SCHEDULE 3 (Form 1040)

Department of the Treasury Internal Revenue Service

### **Additional Credits and Payments**

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

PRADEEP REDDY MANDA & NAVYA LAKSHMI DWARAMPUDI

Your social security number 448-91-8309

Par	t I Nonrefundable Credits			
1	Foreign tax credit. Attach Form 1116 if required		1	1.
2	Credit for child and dependent care expenses from Form 2441, lin Form 2441	e 11. Attach	2	
3	Education credits from Form 8863, line 19		3	
4	Retirement savings contributions credit. Attach Form 8880		4	
5	Residential energy credits. Attach Form 5695		5	
6	Other nonrefundable credits:			
а	General business credit. Attach Form 3800 6a			
b	Credit for prior year minimum tax. Attach Form 8801 6b			
С	Adoption credit. Attach Form 8839 6c			
d	Credit for the elderly or disabled. Attach Schedule R 6d			
е	Alternative motor vehicle credit. Attach Form 8910 6e			
f	Qualified plug-in motor vehicle credit. Attach Form 8936 6f			
g	Mortgage interest credit. Attach Form 8396 6g			
h	District of Columbia first-time homebuyer credit. Attach Form 8859 6h			
i	Qualified electric vehicle credit. Attach Form 8834 6i			
j	Alternative fuel vehicle refueling property credit. Attach Form 8911 6j			
k	Credit to holders of tax credit bonds. Attach Form 8912 6k			
I	Amount on Form 8978, line 14. See instructions 61			
Z	Other nonrefundable credits. List type and amount:			
	6z			
7	Total other nonrefundable credits. Add lines 6a through 6z		7	
8	Add lines 1 through 5 and 7. Enter here and on Form 1040, 1040-SR, line 20	or 1040-NR,	8	1.
		(cc		ed on page 2)

Schedule 3 (Form 1040) 2022

Par	Other Payments and Refundable Credits			
9	Net premium tax credit. Attach Form 8962		9	
10	Amount paid with request for extension to file (see instructions) .		10	
11	Excess social security and tier 1 RRTA tax withheld		11	
12	Credit for federal tax on fuels. Attach Form 4136		12	
13	Other payments or refundable credits:			
а	Form 2439	13a		
b	Credit for qualified sick and family leave wages paid in 2022 from Schedule(s) H for leave taken before April 1, 2021	13b		
С	Reserved for future use	13c		
d	Credit for repayment of amounts included in income from earlier years	13d		
е	Reserved for future use	13e		
f	Deferred amount of net 965 tax liability (see instructions)	13f		
g	Reserved for future use	13g		
h	Credit for qualified sick and family leave wages paid in 2022 from Schedule(s) H for leave taken after March 31, 2021, and before October 1, 2021	13h		
Z	Other payments or refundable credits. List type and amount:			
		13z		
14	Total other payments or refundable credits. Add lines 13a through	13z	14	
15	Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040 line 31		15	

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

### **Capital Gains and Losses**

OMB No. 1545-0074

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.

Attachment Sequence No. **12** 

	artevende Gervied		<u> </u>			
	's) shown on return ADEEP REDDY MANDA & NAVYA LAKSHMI DWARAI	MPUDI				ecurity number 8309
	ou dispose of any investment(s) in a qualified opportunity es," attach Form 8949 and see its instructions for additiona			_		
Pai					e ins	tructions)
lines This	nstructions 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) Adjustmento 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)
	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 <b>Box A</b> checked	2,724.	3,133.			-409.
	Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked	7,897.	6,996.			901.
3	Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked	355.	382.			<del>-</del> 27.
4	Short-term gain from Form 6252 and short-term gain or (le		684, 6781, and 88	324	4	
5	5					
	Short-term capital loss carryover. Enter the amount, if an <b>Worksheet</b> in the instructions				6	( )
7	Net short-term capital gain or (loss). Combine lines 1a term capital gains or losses, go to Part II below. Otherwise			e any long-	7	465.
Par	t II Long-Term Capital Gains and Losses—Ger	nerally Assets F	leld More Than	One Year	(see i	nstructions)
lines	nstructions 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) Adjustments Cost to gain or loss f		from	(h) Gain or (loss) Subtract column (e) from column (d) and
	e dollars.	(sales price)	(or other basis)	Form(s) 8949, line 2, colum		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.					
	Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked	1,301.	1,708.			-407.
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					
	Gain from Form 4797, Part I; long-term gain from Forms from Forms 4684, 6781, and 8824				11	
	Net long-term gain or (loss) from partnerships, S corporat			` '	12	
	Capital gain distributions. See the instructions		our <b>Capital Loss</b>	Carryover	13	(
15	Net long-term capital gain or (loss). Combine lines 8a					,

on the back.

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Schedule D (Form 1040) 2022

Part	Summary		
16	Combine lines 7 and 15 and enter the result	16	58.
	• If line 16 is a <b>gain</b> , 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 <b>zero</b> , 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 <b>both</b> gains?		
	<ul><li>Yes. Go to line 18.</li><li>No. Skip lines 18 through 21, and go to line 22.</li></ul>		
18	If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the	10	
	amount, if any, from line 7 of that worksheet	18	
19	If you are required to complete the <b>Unrecaptured Section 1250 Gain Worksheet</b> (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 <b>smaller</b> of:		
	• The loss on line 16; or • (\$3,000), or if married filing separately, (\$1,500)	21 (	)
	Note: When figuring which amount is smaller, treat both amounts as positive numbers.		
22	Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?		
	Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16.		
	☐ <b>No.</b> Complete the rest of Form 1040, 1040-SR, or 1040-NR.		

#### **Sales and Other Dispositions of Capital Assets**

Go to www.irs.gov/Form8949 for instructions and the latest information. Department of the Treasury File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D. Internal Revenue Service

OMB No. 1545-0074 Attachment Sequence No. 12A

Name(s) shown on return

Social security number or taxpayer identification number

448-91-8309

PRADEEP REDDY MANDA & NAVYA LAKSHMI DWARAMPUDI

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 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. postions reported an Form(s) 1000 P showing basis

<ul><li><b>(A)</b> Short-term transactions</li><li><b>(B)</b> Short-term transactions</li><li><b>(C)</b> Short-term transactions</li></ul>	reported on	Form(s) 1099	9-B showing bas	•		•	<del>)</del> )
1 (a) Description of property	(b) Date acquired	(c) Date sold or	<b>(d)</b> Proceeds	(e) Cost or other basis See the <b>Note</b> 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	<b>(g)</b> Amount of adjustment	from column (d) and combine the result with column (g).
BLOCK	04/20/22	12/31/22	482.	458.			24.
ROBINHOOD SECURITIES LLC	01/01/22	12/01/22	2,242.	2,675.			-433.
2 Totals. Add the amounts in columns negative amounts). Enter each total Schedule D, line 1b (if Box A above above is checked), or line 3 (if Box C	al here and inc is checked), <b>lir</b>	lude on your le 2 (if Box B	2,724.	3,133.			-409.

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.

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 PRADEEP REDDY MANDA & NAVYA LAKSHMI DWARAMPUDI

Social security number or taxpayer identification number 448-91-8309

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.

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

<ul><li>☐ (E) Long-term transactions</li><li>☐ (F) Long-term transactions</li></ul>	•		_	is <b>wasn't</b> reporte	ed to the IH	RS .	
1 (a) Description of property	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds	(e) Cost or other basis See the Note below and see Column (e)	If you enter an enter a co	f any, to gain or loss amount in column (g), ode in column (f). arate instructions.	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g).
(Example: 100 sh. XYZ Co.)			(sales price) (see instructions)	and see Column (e) in the separate instructions.	(f) Code(s) from instructions	<b>(g)</b> Amount of adjustment	
ROBINHOOD SECURITIES LLC	10/12/20	12/01/22	84.	167.			-83.
APEX CLEARING	01/01/20	12/01/22	1,217.	1,541.			-324.

**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.

BAA

1,301.

1,708.

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 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if Box F above is checked).

### Form **8949**

#### **Sales and Other Dispositions of Capital Assets**

Department of the Treasury Internal Revenue Service 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

Name(s) shown on return

Social security number or taxpayer identification number

448-91-8309

PRADEEP REDDY MANDA & NAVYA LAKSHMI DWARAMPUDI

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).

Schedule B, line Ta, you aren't required to report these transactions of Form 6949 (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.											
	reported on Form(s) 10	99-B showing bas	asis was reported to the IRS (see <b>Note</b> above) asis <b>wasn't</b> reported to the IRS								
			Adjustment, if any, to gain or loss								

1 (a)	(b)	(c) Date sold or	(d) Proceeds	(e) Cost or other basis See the <b>Note</b> below	If you enter an enter a c	if any, to gain or loss amount in column (g), ode in column (f). parate instructions.	(h) Gain or (loss) Subtract column (e)
Description of property (Example: 100 sh. XYZ Co.)	Date acquired (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	<b>(g)</b> Amount of adjustment	from column (d) and combine the result with column (g).
CRYPTO	11/20/22	12/04/22	7,897.	6,996.			901.
2 Totals. Add the amounts in columns negative amounts). Enter each tota Schedule D, line 1b (if Box A above above is checked), or line 3 (if Box C	al here and inc is checked), <b>lir</b>	lude on your ne 2 (if Box B	7,897.	6,996.			901.

**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.

### 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 Attachment Sequence No. 12A

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

Social security number or taxpayer identification number

PRADEEP REDDY MANDA & NAVYA LAKSHMI DWARAMPUDI 448-91-8309

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)

(8) 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 F	orm 1099-B	or wash tropon		.0		
1	(a) Description of property	(b) Date acquired	(c) Date sold or	<b>(d)</b> 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.)		and see Column (e) in the separate instructions,	(f) Code(s) from instructions	<b>(g)</b> Amount of adjustment	from column (d) and combine the result with column (g).	
APEX		10/21/22	12/31/22	355.	382.			<del>-</del> 27.	
neg Sch	als. Add the amounts in column ative amounts). Enter each tot edule D, line 1b (if Box A above ye is checked). or line 3 (if Box A)	al here and inc e is checked), <b>lir</b>	lude on your ne 2 (if Box B	355.	382.			<del>-</del> 27.	

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.)

OMB No. 1545-0074

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

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

Your social security number

PRAI	DEEP REDDY MAI	NDA & NAVYA	LAKSHMI	DWARAME	PUDI					448-9	1-8309	
Par	Note: If you a	Loss From Re	of renting pers	onal proper			e C. See	instruc	ctions. If you a	ıre an indi	vidual, rep	ort farm
_		or loss from Form				<b>F</b> () a	10000					<b>∇</b> N
	Did you make any p											
	If "Yes," did you or									· · ·	. ∐ Ye	S   NO
1a	Physical address	s of each propert	y (street, city	, state, ZIF	ode	<del>=</del> )						
A	3-250 GANDHI	BOMMA STREET	I SOMESWA	RAM RAYA	VARA	M (MANI	DAL, E	CAST	GODAVARI	DISTRI	CT, AP	IN 533261
В												
C												ı
1b	Type of Property (from list below)	above, rep	rental real es oort the num	ber of fair I	rental	and		Fa	ir Rental Days		nal Use ıys	QJV
Α	3		ıse days. Ch				Α		344		0	
В			et the require oint venture.				В					
C		qualifica	onit venture.	000 1113010	Ctions	,.	С					
	of Property:											
	Single Family Resid		cation/Short	-Term Rent	tal	5 Land			Self-Rental			
2	Multi-Family Resid	ence 4 Co	mmercial			6 Roya	alties	8	Other (descr	ribe)		
									Properti	es:		
Incon	ne:						Α		В			С
3	Rents received .				3		5	40.				
4	Royalties received				4							
Expe												
5	Advertising				5							
6	Auto and travel (s	ee instructions)			6							
7	Cleaning and mai	ntenance			7		8	00.				
8	Commissions .				8							
9	Insurance				9							
10	Legal and other p				10							
11	Management fees	3			11		1,2	00.				
12	Mortgage interest	•	•	,	12							
13	Other interest .				13							
14	Repairs				14			10.				
15	Supplies				15		2,8	60.				
16	Taxes				16		1 0	F.0				
17	Utilities				17		1,6	50.				
18	Depreciation expe	•			18							
19	Other (list)	Add Door C House			19		0 0	20				
20	Total expenses. A	`	-		20		8,9	20.				
21	Subtract line 20 fr result is a (loss), s											
					21		-8,3	80.				
22	Deductible rental on <b>Form 8582</b> (se				22	(	8 <b>,</b> 38	0.)	,	)	(	)
<b>23</b> a	Total of all amoun	nts reported on lir	ne 3 for all re	ntal prope	rties			23a		540.		
b	Total of all amoun	nts reported on lir	ne 4 for all ro	yalty prop	erties			23b				
С	Total of all amoun	nts reported on lir	ne 12 for all	oroperties				23c				
d	Total of all amoun	nts reported on lir	ne 18 for all	oroperties				23d				
е	Total of all amoun	nts reported on lir	ne 20 for all	oroperties				23e	8	,920.		
24	Income. Add pos					-				. 24		
25	Losses. Add roya	•									(	8,380.)
26	Total rental real											
	here. If Parts II, I Schedule 1 (Form									on <b>26</b>		-8,380.

or for fiscal year ending \_\_ \_/\_ \_

Step 1: Personal Information Enter personal information and Social Security numbers (SSN). You must provide the entire SSN(s) - no partial SSN.

F N 6 C	PRADEEP REDDY AVYA LAKSHMI 17 JETTY DR HATHAM	1993 IL	982-99-3325  MANDA  DWARAMPU  62629  MPRADEEPREDDYDI	SANGAMON EEPU@GMAIL.CC	M ing separately □ Wid	owed  Head of	household	
					a dependent. See instruc			
		-			t - Attach Sch. NR		-	NB
		applico to	you during Lozz.		Attaon Committee	rarryour rootdon		e dollars only)
1		mpt intere <b>\ttach</b> Scl	st and dividend ind nedule M.		1040-SR, Line 11. federal Form 1040 or 1	040-SR, Line 2a.	1 2 3 4	83,525.00 .00 .00 83,525.00
	Step 3: Base Incom							
	received if include	ed in Line coverpayr	d certain retiremen  1. <b>Attach</b> Page 1 on the contract of the	of federal return		5 6		
3	7 Other subtraction Add Lines 5, 6, ar	s. <b>Attach</b> nd 7. This	Schedule M. is the total of your ract Line 8 from Li			7	    	.00 83,525 <sub>.00</sub>
-	Step 4: Exemptions							
3 1	10 a Enter the exem				See instructions. heckboxes X \$1,000	a4,8.		
iapie W-z ai	<ul><li>c Check if legally</li><li>d If you are claimi</li><li>Attach Schedul</li></ul>	/ blind:   ng depend e IL-E/EIC	$\square$ You + $\square$ Spotents, enter the amount	ouse # <b>of c</b> ount from Sched	heckboxes X \$1,000 ule IL-E/EIC, Step 2, Line	) = c		4,850 <u>.00</u>
Staple W-z al	c Check if legally d If you are claimi Attach Schedul Exemption allow	/ blind: ng depend e IL-E/EIC /ance. Ad	☐ You + ☐ Spo lents, enter the amo d Lines 10a throug	ouse # <b>of c</b> ount from Sched	heckboxes X \$1,000	) <b>= c</b> ∋1.	.00.00	4,850.00
	<ul><li>c Check if legally</li><li>d If you are claimi</li><li>Attach Schedul</li></ul>	y blind:   ng depend e IL-E/EIC vance. Ad and Tax	☐ You + ☐ Spotents, enter the amount of the series of the	ouse # <b>of c</b> bunt from Sched gh 10d.	heckboxes X \$1,000	) <b>= c</b> ∋1.	.00.00	4,850 <sub>.00</sub>
1	c Check if legally d If you are claimi Attach Schedul Exemption allow Step 5: Net Income 11 Residents: Net in Nonresidents ar. 12 Residents: Multip	y blind:   ng depend e IL-E/EIC vance. Ad- and Tax ncome. S nd part-ye bly Line 1	☐ You + ☐ Spotents, enter the amount of the second of the	ouse # of count from Sched gh 10d. m Line 9. er the Illinois net 0. Cannot be les	heckboxes X \$1,000 ule IL-E/EIC, Step 2, Line income from Schedule I s than zero.	o = c e 1. d		78,675 <sub>.00</sub>
	c Check if legally d If you are claimi Attach Schedul Exemption allow Step 5: Net Income 11 Residents: Net in Nonresidents an Nonresidents an Nonresidents an Recapture of inve	y blind: ng depende IL-E/EIC yance. Adand Tax ncome. Sond part-yeally Line 1 and part-yeally stimulation to the part-yeally	You + Spotents, enter the amount of the service of	ouse # of count from Sched gh 10d.  m Line 9. er the Illinois net 0. Cannot be les er the tax from 8 Schedule 4255.	heckboxes X \$1,000 ule IL-E/EIC, Step 2, Line income from Schedule I s than zero.	o = c e 1. d		
	c Check if legally d If you are claimi Attach Schedul Exemption allow Step 5: Net Income 11 Residents: Net in Nonresidents an Nonresidents an Nonresidents an Recapture of inve	y blind: ng depend e IL-E/EIC yance. Ad and Tax ncome. S nd part-ye bly Line 1: nd part-ye estment ta Lines 12	You + Spotents, enter the amount of Lines 10a through the street Line 10 from	ouse # of count from Sched gh 10d.  m Line 9. er the Illinois net 0. Cannot be les er the tax from 8 Schedule 4255.	heckboxes X \$1,000 ule IL-E/EIC, Step 2, Line income from Schedule I s than zero.	o = c e 1. d		78,675.00 3,894.00
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	c Check if legally d If you are claimi Attach Schedul Exemption allow Step 5: Net Income 11 Residents: Net in Nonresidents an 12 Residents: Multip Nonresidents an 13 Recapture of inve 14 Income tax. Add Step 6: Tax After No 15 Income tax paid to Property tax and	y blind: ng depende IL-E/EIC yance. Advance. Advance. Sond part-yearstment ta Lines 12 conrefund o another K-12 educe.	You + Spotents, enter the amount of Lines 10a through the street Line 10 from the street Lines (1.0495) and 1.0495	ouse # of count from Sched gh 10d.  Im Line 9. In the Illinois net go Cannot be lesser the tax from 9 Illinois the dule 4255. Illess than zero. In the country of the service of the servi	heckboxes X \$1,000 ule IL-E/EIC, Step 2, Line income from Schedule I s than zero. Schedule NR.	d NR. Attach Schedule	.00 10	78,675.00 3,894.00
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	c Check if legally d If you are claimi Attach Schedul Exemption allow Step 5: Net Income 11 Residents: Net in Nonresidents an 12 Residents: Multip Nonresidents an 13 Recapture of invee 14 Income tax. Add Step 6: Tax After No 15 Income tax paid to 16 Property tax and Attach Schedule 17 Credit amount fro 18 Add Lines 15, 16,	y blind: ng depende IL-E/EIC yance. Ad and Tax ncome. S and part-ye bly Line 1: and part-ye estment ta Lines 12 Donrefund o another K-12 educ ICR. m Schedu and 17. T	You + Spotents, enter the amount of Lines 10a through the street Line 10 from	ouse # of count from Sched gh 10d.  m Line 9. er the Illinois net gh 10d.  cannot be lesser the tax from Schedule 4255. eless than zero.  ois resident. At addit amount from Schedule 1296 our credits. Can	heckboxes X \$1,000 ule IL-E/EIC, Step 2, Line income from Schedule Is than zero. Schedule NR.  tach Schedule CR. a Schedule ICR.  O-C. not exceed the tax amo	1517171717		78,675.00 3,894.00
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	c Check if legally d If you are claimi Attach Schedule Exemption allow Step 5: Net Income 11 Residents: Net in Nonresidents an 12 Residents: Multip Nonresidents an 13 Recapture of inve 14 Income tax. Add Step 6: Tax After No 15 Income tax paid to 16 Property tax and Attach Schedule 17 Credit amount fro 18 Add Lines 15, 16, 19 Tax after nonreft Step 7: Other Taxes 20 Household emplo	y blind: ng depende e IL-E/EIC yance. Ad and Tax ncome. S nd part-ye bly Line 1 nd part-ye stment ta Lines 12 conrefund o another K-12 educ ICR. m Schedu and 17. T undable of s nyment tax	You + Special	ouse # of count from Sched gh 10d.  Im Line 9. In the Illinois net go Cannot be lesser the tax from Schedule 4255. It less than zero. In Schedule 1299 our credits. Can ine 18 from Line	heckboxes X \$1,000 ule IL-E/EIC, Step 2, Line income from Schedule Is than zero. Schedule NR.  tach Schedule CR. a Schedule ICR.  O-C. not exceed the tax amo	15unt on Line 14.	.00 10	78,675.00 3,894.00 .00 3,894.00



24	Tota	al tax from Page	1, Line 23.						24	3,894 <u>.00</u>
Ste	p 8:	Payments and	d Refundab	le Credit						
25	Illino	is Income Tax wi	ithhe <b>l</b> d. <b>Attac</b>	h Schedule IL-W	IT.			<b>25</b> 4,	546.00	
26	Estin	nated payments	from Forms I	L-1040-ES and II	L <b>-</b> 505-I,					
	inclu	ding any overpa	yment applied	d from a prior yea	ar return.			26	.00	
27	Pass	-through withhol	ding. Attach S	Schedule K-1-P o	r K-1-T.			27	.00	
				ch Schedule K-1				28	.00	
				ule IL-E/EIC, Step			chedule IL-E/EIC	. 29	.00	4 546
			l refundable	credit. Add Lines	s 25 through	29.			30	4,546.00
	•	Total							•	650
		•		btract Line 24 from					31	652.00
				btract Line 30 from					32	.00
	-			ated Tax Penalt	-	ations	8			
33				yment of estimate				33	.00	
		•		f your federal gro are 65 or older a			-	a homo		
		•	•		•	-	•	g nome. zed your income o	n Form II -221(	1
	<b>с</b>	Attach Form IL		r received evenly	during the y	real all	a you amaan	zea your income o	11 1 OIIII <b>1</b> L-22 I	<i>.</i> .
	d┌			ed to file an Illino	is Individual	Income	e Tax return in	the previous tax y	ear.	
34		•	-	tach Schedule G				34	.00	
35	Tota	penalty and d	<b>onations</b> . Add	d Lines 33 and 3	4.				35	.00
Ste	p 11	Refund or A	mount you	owe						
36	If you	ı have an amour	nt on Line 31	and this amount	is greater th	an Line	35, subtract l	Line 35 from Line	31.	
	-	is your <b>overpay</b>			Ü		,		36	652 <sub>.00</sub>
37	Amo	unt from Line 36	you want refu	u <b>nded to you.</b> Ch	neck <b>one</b> box	on Lin	e 38. See inst	ructions.	37	652 <u>.00</u>
38	I cho	ose to receive m	ny refund by							
	a⊠	direct deposit	- Complete th	ne information be	low if you ch	eck thi	s box.			
		You may also c	ontribute R	outing number	0 7 1 0	0 (	0 0 1 3	× Checkin	g or Savin	as
		to college savin here. See instr	ngs funds	ccount number		_			3	9-
		Tiere. See iristi	delions:		1 3 8 3	5 8	3 1 1 6			
	b 🗆	paper check.								
39	Amo	unt to be <b>credite</b>	<b>d forward.</b> Su	ıbtract Line 37 fro	om Line 36. S	See ins	tructions.		39	.00
40	If you	ı have an amouı	nt on Line 32,	add Lines 32 an	d 35. <b>- or -</b>					
	-			and this amount						
	subti	act Line 31 from	n Line 35. This	s is the <b>amount</b> y	<b>/ou owe</b> . Se	e instru	uctions.		40	.00
Ste	p 12	: Health Insu	rance Chec	kbox and Sign	nature					
41		Check this box if	IDOR may sl	hare your income	e information	with of	ther Illinois sta	ate agencies in ord	ler to determine	Э
		our eligibility for	r hea <b>l</b> th insura	ance benefits. Se	e instruction	s for m	ore informatio	n.		
0:-		wa Ni i Kili								
_	•		•	n, both you and yo	•	_		ny knowledge, it i	e true correct	and complete
	uci pe	rialities of perju	iry, i State tha				o the best of t	I I I I I I I I I I I I I I I I I I I	i ac, correct,	and complete.
Sign		Your signature		Date (mm/dd/yyyy)	Spouse's sign	nature		Date (mm/dd/yyyy)	Daytime phone	number
Here		M.PradeepRedd	g <sup>4</sup>	02/24/2023	D. Navya l	akshmi		02/24/2023	<b>(</b> 913 <b>)</b> 548	-5422
		Print/Type paid pre	eparer's name		Paid prepare	r's signa	ature	Date (mm/dd/yyyy)		Paid Preparer's PTIN
Paid		SYAM PRIYA RAM S	SAGAR GUPTA TA	LLAM	SYAM PRIYA R	AM SAGA:	R GUPTA TALLAM	02/24/2023	self-employed	P02082703
Prepa Use C		Firm's name	▶ GLOBAL	TAXES LLC				Firm's FEIN	843171965	5
036 (		Firm's address	▶ 245 ROC	NEY CT E	BRUNSWIC	 KNJ 08	3816	Firm's phone	<b>(</b> 678 <b>)</b> 965	-9522
Third		Designee's name					ee's phone num		Check if the	Department may
Party						/			discuss this re	turn with the third
Desig	jnee					( )	)		party designee	shown in this step.
		Refer t	o the 2022	2 IL-1040 Ins	struction	s for	the addre	ess to mail yo	our return.	

IL-1040 Back (R-12/22) DR\_\_\_\_\_\_ AP\_\_\_\_\_ RR DC IR ID ID: 3WM REV 02/01/23 PRO





### Illinois Department of Revenue

## 2022 Schedule IL-WIT Illinois Income Tax Withheld

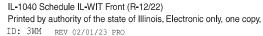
Attach to your Form IL-1040. If you have more than five withholding forms, complete multiple copies of this schedule. IL Attachment No. 31

Use the reference for Column A shown in the chart below.

Form Type	Letter Code for Column A	Form Type	Letter Code for Column A
W-2	W	1099-DIV	D
W-2G	WG	1099-INT	I
1099-R	R	1042-S	S
1099-G	G	1099-B	В
1099-MISC	М	1099-K	K
1099-OID	0	1099-NEC	N

#### Step 1: Provide your withholding records (include all W-2 and 1099 forms that show Illinois withholding)

	ADEEP REDDY N			Your Social Se	Scurity number		<u> </u>	3 0	9
	Column A Form type	Column B Employer/Payer Identification Number	Federal Wage	olumn C es, Winnings, Gross Compensation, etc.	Co Illinois Wages	lumn D s, Winnings, Gros Compensation, e		Column Illinois Inco Tax Withhe	me
1	W	20-4971179	\$	91,832 <b>.00</b>	\$	91 <b>,</b> 832 <b>•00</b>	\$_	4,54	<u>6•00</u>
2			\$	•00	\$	<u>•00</u>	\$_		<u>•00</u>
3			\$	•00	\$	<u>•00</u>	\$_		<u>_•00</u>
4			\$	•00	\$	<u>•00</u>	\$_		<u>•00</u>
5			\$	•00	\$	<u>•00</u>	\$_		<u>•00</u>
'AN	JYA LAKSHMI I	Spouse's withholding re DWARAMPUDI LS shown on Form IL-1040				9 number		3 2	
'AN	JYA LAKSHMI I	DWARAMPUDI	Co Federal Wag		2 9 Social Security Col Illinois Wages		3 	3 2 Column Illinois Inco	5 <b>E</b>
'AN	VYA LAKSHMI I ir spouse's name a  Column A Form type	DWARAMPUDI IS shown on Form IL-1040  Column B Employer/Payer	Co Federal Wage Distributions	9 8 2 Your spouse's Solumn C	2 9 Social Security Col Illinois Wages	9 number lumn D s, Winnings, Gros Compensation, e	3	Column Illinois Inco	5 E eme
NΑ' <b>Y</b> ou	VYA LAKSHMI I ir spouse's name a  Column A Form type	OWARAMPUDI us shown on Form IL-1040  Column B Employer/Payer Identification Number	Co Federal Wage Distributions, — \$	your spouse's Solumn Ces, Winnings, Gross Compensation, etc.	2 9 Social Security  Col Illinois Wages Distributions,	number  lumn D s, Winnings, Gros Compensation, e	3ss.tc.	Column Illinois Inco Tax Withhe	E me eld
NA'You	VYA LAKSHMI I r spouse's name a  Column A Form type	OWARAMPUDI IS shown on Form IL-1040  Column B Employer/Payer Identification Number	Cc Federal Wage Distributions, — \$	Your spouse's Solumn C es, Winnings, Gross Compensation, etc.	2 9 Social Security  Co Illinois Wages Distributions,	number  lumn D s, Winnings, Gros Compensation, e	3 ss stc. \$_	Column Illinois Inco Tax Withhe	5 E ome eld
NA' You <b>6</b> <b>7</b>	VYA LAKSHMI I Ir spouse's name a  Column A Form type	OWARAMPUDI us shown on Form IL-1040  Column B Employer/Payer Identification Number	Cc Federal Wage Distributions, — \$ — \$	Your spouse's Solumn C es, Winnings, Gross Compensation, etc.  •00 •00	Colllinois Wages Distributions,  \$	number  lumn D s, Winnings, Gros Compensation, e	3ss.stc.	Column Illinois Inco Tax Withhe	5 E me eld -•00 -•00
NA'You	VYA LAKSHMI I r spouse's name a  Column A Form type	OWARAMPUDI IS shown on Form IL-1040  Column B Employer/Payer Identification Number	Co Federal Wage Distributions, — \$ — \$ — \$	your spouse's Solumn C ses, Winnings, Gross Compensation, etc.  •00  •00  •00	Colllinois Wages Distributions,  \$	number  lumn D s, Winnings, Gros Compensation, e  00  00  00  000	3 ss. tc. \$_ \$_ \$_	Column Illinois Inco Tax Withhe	5 Emeeld -•00 -•00 -•00



	Illinois Department of Revenue							-[	$\perp$			
8	<b>2022 IL-8453 Illinois Indivi</b> (Do not mail Form IL-8453 to the Illinois	dual Inco	me Tax	Elec	ubmission <b>troni</b>	ັc Fi	iling	ı D	ecl	ara	tic	n
Dr.	( <b>Do not mail</b> Form IL-8453 to the Illinois	Department	of Reven	ue unle	ess it is	req	ueste	ed fo	or re	view	<i>I</i> .)	
Step 1	: Provide taxpayer information					4 6					0	_

		n IL-8453 to the Illinois Departm	nent of Revenue un	less it is requested for review.)
	1: Provide taxpayer i PRADEEP REDDY	nformation NAVYA LAKSHMI DWARAMPUDI MANDA		4 4 8 _ 9 1 _ 8 3 0 9
	First name and middle initial	Spouse's first name (and last name if different)	Last name	
Print	617 JETTY DR			9 8 2 _ 9 9 _ 3 3 2 5
	Mailing address			Spouse's Social Security number
	CHATHAM	IL	62629	(913) 548-5422
	City	State	ZIP	Daytime phone number
Step	2: Complete informa	tion from tax return	Choose one:	IL-1040   IL-1040-X
<b>1</b> N	let income from Form IL-	1040 or IL-1040-X, Line 11	_	<u> </u>
<b>2</b> T	ax from Form IL-1040 or	IL-1040-X, Line 14		<b>2</b> 3,894   <b>00</b>
3	linois Income Tax withhel	d from Form IL-1040 or IL-1040-X, Lin	e 25 <b>only</b> (enter " <b>0</b> " if r	
		L-1040, Line 36 or IL-1040-X, Line 35		4 <u>652</u>   <u>00</u>
		rm IL-1040, Line 40 or IL-1040-X, Line		5l <u>00</u>
6 F	iling status: Single	X Married filing jointly Married f	filing separatelyWi	dowed Head of household
Step	3: Complete direct de	eposit of refund or electronic fur	nds withdrawal info	mation (Optional)
does within <b>7</b> F	not support international $n$ the United States or those couting no. (RN): $\frac{0}{2}$	ACH transactions. IDOR will only perform the not funded by international funds. Electric 1000000000000000000000000000000000000	m direct transactions (e.	<b>d within the electronic transmission.</b> Illinois <i>g.,</i> debit, deposit) with financial institutions located at be accepted and refunds will be via paper check.
<b>8</b> A	account no. (AN): $\frac{1}{}$	8 5 5 8 1 1 6		
9 T	ype of account: X Ch	necking Savings		
<b>10</b> [	ate the payment is to be	electronically withdrawn://_		
11 E	lectronic funds withdrawa	al amount:l_00_		
<b>12</b> N	lame on account:			
Step	4: Taxpayer declaration	on and signature (Sign only after	completing Step 2 a	and, if applicable, Step 3.)
X	I consent that my refun	d may be directly deposited as designated	ated in Step 3 and decl	are the information on Lines 7 through 9 is puse as an agent to receive the refund.
	withdrawal as designate financial institutions inv		llinois Original or Amend c overpayment of taxes	pent to initiate an ACH electronic funds ded Individual Income Tax return. I authorize the to receive confidential information
	I do not want direct der	posit of my refund, or an electronic fund	ds withdrawa <b>l</b> (direct de	bit) of my balance due.
return and a	originator (ERO) are ident occompanying information raccepted or rejected. If rejected.	tical. To the best of my knowledge, my re may be sent to IDOR by my ERO. I autho ected, I authorize IDOR to identify the rea	eturn is true, correct, and orize IDOR to inform my l ason(s) so the return ma	and the information I provided to my electronic complete. I consent that my return, this declaration, ERO and/or the transmitter when my return has y be corrected and retransmitted if possible.
Sign		02/24/2023		. lakshmi 02/24/2023
here	Your signature	Date	Spouse's signature	(if joint return, <b>both</b> must sign) Date
I decl	are that I have examined nation. I have followed all		O or IL-1040-X, the infor lare, under penalties of d complete.	signature mation on this Form IL-8453, and accompanying perjury, that to the best of my knowledge the
	EDO's signature		02/24/2023	Check if paid preparer: 🛛 (See instructions.)
	ERO's signature		Date	
ERO	GLOBAL TAXES LLC Firm's name or your name if sel	f-employed		$\frac{P}{Your} \frac{0}{PTIN} \frac{2}{} \frac{0}{} \frac{8}{} \frac{2}{} \frac{7}{} \frac{0}{} \frac{3}{}$
use	245 ROONEY CT			
only	Mailing address			8 8 - 2 1 4 5 4 8 7 Federal employer identification number (FEIN)
	E BRUNSWICK	NJ	08816	(678) 965–9522
	City	State	ZIP	Daytime phone number

Step 6: Attach required documents (e.g., W-2 forms, 1099 forms, IL-1310).

<u>Do not mail</u> Form IL-8453 and these documents unless requested for review.

