IRS e-file Signature Authorization

ERO must obtain and retain completed Form 8879.

Conicl converts number

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

Submission Identification Number (SID)

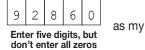
T.....

l axpayer's name	Social security number
ASHOK REDDY BALINENI	279-49-2860
Spouse's name	Spouse's social security number
SAHITI BOMMAREDDY	039-53-4426
Part I Tax Return Information – Tax Year Ending December 31, 2022 (En	ter 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	1 182,145.
2 Total tax	2 23,008.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3 20,514.
4 Amount you want refunded to you	
5 Amount you owe	5 2,500.
Part II Taxpayer Declaration and Signature Authorization (Be sure you get and	d keep a copy of your return)
Inder penalties of perjury I declare that I have examined a copy of the income tax return (original or amend	led) I am now authorizing and to the best of

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

Taxpayer's PIN: check one box only

Ŀ	r ddthon20			ERO firm name		Er
X	l authorize	GLOBAL	TAXES	LLC	to enter or generate my PIN	9



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

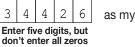
I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature

Date

Spouse's	PIN:	check	one	box	only
----------	------	-------	-----	-----	------

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



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

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

Spouse's signature E	ate 🕨								
Practitioner PIN Method Returns Only—continue below									
Part III Certification and Authentication – Practitioner PIN Method Only									
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.	2	2				6 all ze	9	8 9	3

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

ERO's signature 🕨		Date 🕨	
	t Retain This Form — See s Form to the IRS Unless I)
For Paperwork Reduction Act Notice, see your tax ret	turn instructions. BAA	REV 03/09/23 PRO	Form 8879 (Rev. 01-2021)

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

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

Form 1040-V 2022

Detach Here and Mail With Your Payment and Return

Department of the Treasury Internal Revenue Service



Form 1040-V Payment Voucher

Use this voucher when making a payment with Form 1040. Do not staple this voucher or your payment to Form 1040.

Make your check or money order payable to the 'United States Treasury.' ► Write your social security number (SSN) on your check or money order.

Enter the amount of your payment. ►

2,500.

REV 03/09/23 PRO 1555

INTERNAL REVENUE SERVICE

P.O. BOX 931000 LOUISVILLE, KY 40293-1000

ASHOK REDDY BALINENI ITIHAZ BOMMAREDDY 3203 WEST SPINGS DRIVE 207 ELLICOTT CITY MD 21043

1040		artment of the Treasury—Internal Revenue Serv S. Individual Income Ta 2		urn	202	2	OMB No. 1545	-0074	IRS Use Only	—Do not w	vrite or staple	in this space.
Filing Status Check only one box.	lf yo	Single X Married filing jointly u checked the MFS box, enter the n ion is a child but not your dependent	ame of y	-	separately (N use. If you ch		_			spo	lifying sur use (QSS) s name if tl	0
Your first name	and mi	iddle initial	Last na	me						Your so	cial securi	ty number
ASHOK RE	עחס			NENI							49-286	
		s first name and middle initial	Last na							-		curity number
SAHITI				AREDD	v					•	53-442	
	numbe	er and street). If you have a P.O. box, see			· _				Apt. no.			on Campaigr
		PINGS DRIVE							207		here if you.	
-		ce. If you have a foreign address, also co	molete s	naces hel	0.W	Sta	te	ZIP c		spouse	if filing joir	ntly, want \$3
ELLICOTT			inpiete 3	paces bei	0.00	MI		210				Checking a
Foreign country					ovince/state/c		-		n postal code		ow will not k or refund	0
i oreigir country	name		'	oreigir pi	UVIIICE/State/C	Jouri	LY		jii postal coue	your tu		
Digital Assets		ny time during 2022, did you: (a) rec ange, gift, or otherwise dispose of a	`							· · ·		X No
Standard	Som	eone can claim: 🗌 You as a de	pendent	t 🗌	Your spouse	e as	a dependent					
Deduction		Spouse itemizes on a separate retur	n or you	were a	dual-status a	alier	1					
Age/Blindness	You:	Were born before January 2, 1	958	Are bl	ind Spo	use	: 🗌 Was bor	n befo	ore January 2	2, 1958	🗌 ls bl	lind
Dependents	s (see	instructions):		(2) S	Social security		(3) Relationsh	ip (4) Check the bo	ox if quali	fies for (see	instructions):
If more	(1) Fi	irst name Last name			number		to you		Child tax cr	redit	Credit for ot	her dependents
than four	SUBH	ASH AYAN REDDY BALINENI		854	-36-8158	3	Son		X			
dependents, see instructions												
and check												
here 🗌												
Income	1a	Total amount from Form(s) W-2, b	ox 1 (se	e instruc	tions)					. 1a	1	85,145.
moomo	b	Household employee wages not r	eported	on Form	(s) W-2					. 1b		
Attach Form(s)	с	Tip income not reported on line 1a	a (see ins	struction	s)					. 10	;	
W-2 here. Also attach Forms	d	Medicaid waiver payments not rep	ported or	n Form(s) W-2 (see ir	nstru	uctions)			. 1d	I	
W-2G and	е	Taxable dependent care benefits	from For	m 2441,	line 26 .					. 1e	•	
1099-R if tax was withheld.	f	Employer-provided adoption bene	efits from	n Form 8	839, line 29					. 1f	:	
If you did not	g	Wages from Form 8919, line 6 .								. 1g	1	
get a Form	h	Other earned income (see instruct	ions) .							. 1h	1	0.
W-2, see instructions.	i	Nontaxable combat pay election (see instr	uctions)			1i					
	z	Add lines 1a through 1h								. 1z	. 1	85,145.
Attach Sch. B	2a	Tax-exempt interest	2a			bТ	axable interest			. 2b)	
if required.	3a	· · ·	3a			bC	Ordinary divider	nds .		. 3b)	
	4a	IRA distributions	4a				axable amoun)	
Standard	5a		5a			bТ	axable amoun	t		. 5b	,	
Deduction for –	6a	Social security benefits	6a			bТ	axable amoun	t		. 6b	,	
 Single or Married filing 	С	If you elect to use the lump-sum e		nethod.					[
separately,	7	Capital gain or (loss). Attach Sche			,		,		[7	. .	-3,000.
\$12,950Married filing	8	Other income from Schedule 1, lin								. 8		-,
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7								. 9	1:	82,145.
surviving spouse,	10	Adjustments to income from Sche								10		,_10.
\$25,900 • Head of	11	Subtract line 10 from line 9. This is								. 11	_	82,145.
household,	12	Standard deduction or itemized	-		-					. 12		25,900.
 \$19,400 If you checked 	13	Qualified business income deduct					5-A			13		<u></u> , <u></u>
any box under	14							• •		. 14		25,900.
Standard Deduction,	15	Subtract line 14 from line 11. If zer								15		56,245.
see instructions.			5 51 1030	.,	• • • • • • • • • • • • •	Jui		. .			<u> </u>	, <u>2</u> 4J.

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

Form **1040** (2022)

Form 1040 (2022	2)									Page 2
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 🗌 881	4 2 4972	3		16	25,6	508.
Credits	17	Amount from Schedule 2, lin	e3					17		
	18	Add lines 16 and 17						18	25,6	508.
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812			19	2,0	000.
	20	Amount from Schedule 3, lin	e8					20	6	500.
	21	Add lines 19 and 20						21	2,6	500.
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	23,0)08.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21 .			23		0.
	24	Add lines 22 and 23. This is	your total tax					24	23,0)08.
Payments	25	Federal income tax withheld								
2	а	Form(s) W-2				25a 20),514.			
	b	Form(s) 1099				25b				
	с	Other forms (see instructions	s)			25c				
	d	Add lines 25a through 25c						25d	20,5	514.
If you have a	26	2022 estimated tax payment	s and amount a	pplied from 20	21 return			26		
qualifying child,	27	Earned income credit (EIC)			No	27				
attach Sch. EIC.	28	Additional child tax credit from				28				
	29	American opportunity credit	from Form 8863	3, line 8		29				
	30	Reserved for future use .				30		1		
	31	Amount from Schedule 3, lin	e15			31				
	32	Add lines 27, 28, 29, and 31.				undable credits		32		
	33	Add lines 25d, 26, and 32. T						33	20,5	514.
Defund	34	If line 33 is more than line 24						34		
Refund	35a	Amount of line 34 you want i						35a		
Direct deposit?	b	Routing number X X X					Savings			
See instructions.	d	Account number X X X				XXX	0			
	36	Amount of line 34 you want a			_ · _ · _ ·	36				
Amount	37	Subtract line 33 from line 24								
You Owe	07	For details on how to pay, ge						37	2,5	500.
	38	Estimated tax penalty (see in	-	-		38	6.		,	
Third Party	Do	you want to allow another								
Designee		structions	•				omplete l	below.	X No	
J	De	signee's		Phone			onal identi	fication		
	nar			no.			ber (PIN)			
Sign		der penalties of perjury, I declare t								
Here		ief, they are true, correct, and com	plete. Declaration of		,	ased on all informati	1			Ũ
	Yo	ur signature		Date	Your occupation				nt you an Identi IN, enter it here	
Joint return?					BI DEVELO	PER		inst.)		
See instructions.	Sp	ouse's signature. If a joint return, k	ooth must sign.	Date	Spouse's occupat		If the	e IRS se	nt your spouse a	an
Keep a copy for	- 1-	,					Iden	tity Prot	ection PIN, ente	
your records.					PHD STUDE	ΝТ	(see	inst.)		
	Ph	one no. (678) 956-974	5	Email address	BALINENIASHO	KREDDY@GMAIL.C	OM			
Paid	Pre	eparer's name	Preparer's signat	ure		Date	PTIN		Check if:	
Preparer	SYAM	PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	03/17/2023	P0208	2703	Self-empl	loyed
Use Only	Firi	m's name GLOBAL TAX	KES LLC				Pho	ne no.	(678)965-9	9522
	Firi	m's address 245 ROONE	Y CT E BRU	NSWICK N	J 08816		Firm	's EIN	84-3171	1965
Go to www.irs.go	ov/Forn	1040 for instructions and the late	st information.		BAA	REV 03/09/23 PRO			Form 104	0 (2022

Additional Credits and Payments

OMB No. 1545-0074

Attachment Sequence No. 03

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-NRYour soASHOK REDDY BALINENI & SAHITI BOMMAREDDY279-						
Par			215	19 20			
1	Foreign tax credit. Attach Form 1116 if required			1			
2	Credit for child and dependent care expenses from Form 244 Form 2441	1, line 11	Attach	2	600.		
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					
Ι	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 line 20	9-SR, or 104	10-NR,	8	600.		
			(ca	ontinu	ed on page 2)		
For Pa	perwork Reduction Act Notice, see your tax return instructions.	REV 03/09/23	PRO	Schedul	e 3 (Form 1040) 2022		

Schedule 3 (Form 1040) 2022

Par	t II 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)-SR, or 1040-NR,	15	
	BAA REV	03/09/23 PRO	Schedu	le 3 (Form 1040) 2022

SCHEDULE D (Form 1040)

Capital Gains and Losses

OMB No. 1545-0074

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

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

20 2 Attachment Sequence No. 12

Internal Revenue Service Name(s) shown on return

Department of the Treasury

ASHOK REDDY BALINENI & SAHITI BOMMAREDDY

Your social security number

279-49-2860

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? **Yes** × No 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)

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) Adjustment to gain or loss Form(s) 8949, F line 2, column	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	135,471.	148,655.	2,336.		2,336.		-10,848.
2	Totals for all transactions reported on Form(s) 8949 with Box B checked	2,702.	2,740.			-38.		
3	Totals for all transactions reported on Form(s) 8949 with Box C checked							
4	Short-term gain from Form 6252 and short-term gain or (I	oss) from Forms 4	684, 6781, and 88	24	4			
5	Net short-term gain or (loss) from partnerships, Schedule(s) K-1	usts from	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. Otherwise		7	-10,886.				

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

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) Adjustmer to gain or loss Form(s) 8949, line 2, colum	from Part II,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)		
8a	Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b.							
8b	Totals for all transactions reported on Form(s) 8949 with Box D checked	8.	76.	51.		51.		-17.
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		v v	```	11			
12	Net long-term gain or (loss) from partnerships, S corporat	ions, estates, and	trusts from Scheo	dule(s) K-1	12			
13	Capital gain distributions. See the instructions				13			
14	Long-term capital loss carryover. Enter the amount, if any Worksheet in the instructions	14	()					
15	Net long-term capital gain or (loss). Combine lines 8a on the back .	•	.,		15	-17.		
For F	or Paperwork Reduction Act Notice, see your tax return instructions. BAA REV 03/09/23 PRO Sc							

Part	III Summary	
16	Combine lines 7 and 15 and enter the result	16 -10,903.
	• If line 16 is a gain , enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below.	
	• If line 16 is a loss , skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22.	
	• If line 16 is zero , skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22.	
17	Are lines 15 and 16 both gains?	
	 ☐ No. Skip lines 18 through 21, and go to line 22. 	
18	If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet	18
19	If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet	19
20	 Are lines 18 and 19 both zero or blank and you are not filing Form 4952? Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. Don't complete lines 21 and 22 below. 	
	□ No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.	
21	If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of:	
	 The loss on line 16; or (\$3,000), or if married filing separately, (\$1,500) 	21 (3,000.)
	Note: When figuring which amount is smaller, treat both amounts as positive numbers.	
22	Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?	
	☐ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16.	
	☑ No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.	

REV 03/09/23 PRO

Schedule D (Form 1040) 2022

Form **8949**

Sales and Other Dispositions of Capital Assets

OMB No. 1545-0074

Attachment

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.

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

 Social security number or taxpayer identification number

 Y
 279-49-2860

ASHOK REDDY BALINENI & SAHITI BOMMAREDDY

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

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

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

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

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

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

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

1 (a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis See the Note below	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.		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).		
Robinhood Securities LLC	01/01/22	12/31/22	135,471.	148,655.	EW	2,336.	-10,848.		
2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked).			135,471.	148,655.		2,336.	-10,848.		

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

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

Form 8949 (2022)		 		Attach	nment S	equenc	12A	Pa	age 2

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side ASHOK REDDY BALINENI & SAHITI BOMMAREDDY

Social security number or taxpayer identification number 279-49-2860

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

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

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

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

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

[] (E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS

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

1 (a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e)Adjustment, if any, to gain or lossCost or other basisIf you enter an amount in column (g), enter a code in column (f).See the Note belowSee the separate instructions.and see Column (e)(f)in the separate instructions.Code(s) from instructions		(f) (f) (code(s) from (f) (g) (g) (g) (g)	
Robinhood Securities LLC	01/01/21	12/31/22	8.	76.	W	51.	-17.
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).			8.	76.		51.	-17.

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.

REV 03/09/23 PRO

Form **8949**

Department of the Treasury

Internal Revenue Service

Sales and Other Dispositions of Capital Assets

OMB No. 1545-0074

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.

20**22** Attachment Sequence No. **12A**

Name(s) shown on return ASHOK REDDY BALINENI & SAHITI BOMMAREDDY Social security number or taxpayer identification number 279-49-2860

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

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

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

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

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

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

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

1 Descriptic	(a) on of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) 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.		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: 1)	00 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see Column (e) in the separate instructions.	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g).		
Robinhood Cr	ypto LLC	01/01/22	12/31/22	2,702.	2,740.			-38.		
Schedule D, line	mounts in columns s). Enter each tota 1 b (if Box A above). or line 3 (if Box (al here and inc is checked), lir	lude on your le 2 (if Box B	2,702.	2,740.			-38.		

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

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

Department of the Treasury Internal Revenue Service

Child and Dependent Care Expenses

OMB No. 1545-0074

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

Go to www.irs.gov/Form2441 for instructions and the latest information.

2022
Attachment Sequence No. 21

Name(s) shown on return ASHOK REDDY BALINENI & SAHITI BOMMAREDDY

279-49-2860

Your social security number

A You can't claim a credit for child and dependent care expenses if your filing status is married filing separately unless you meet the requirements listed in the instructions under *Married Persons Filing Separately*. If you meet these requirements, check this box . .

B If you or your spouse was a student or was disabled during 2022 and you're entering deemed income of \$250 or \$500 a month on Form 2441 based on the income rules listed in the instructions under *If You or Your Spouse Was a Student or Disabled*, check this box . [Part I Persons or Organizations Who Provided the Care—You must complete this part.

Persons or Organizations Who Provided the Care—You **must** complete this part. If you have more than three care providers, see the instructions and check this box .

1 (a) Care provider's name	(b) Address (number street ant no. city state and ZIP code) (c) Identifying number (SSN or FIN)		nannies but not daycare centers.		(e) Amount paid (see instructions)				
	8488 BALTIMORE NATIONAL PIKE		Yes	X No					
PINEBROOK MONTESSORI	ELLICOTT CITY MD 21042	81-3808987		MINO	8,904.				
	8492 BALTIMORE NATIONAL PIKE SUITE 202		Yes	X No					
TAE KWON DO	ELLICOTT CITY MD 21043	82-3035981			2,240.				
			🗌 Yes	🗌 No					
Did you receive No Complete only Part II below.									

dependent care benefits? Yes Complete Part III on page 2 next.

Caution: If the care provider is your household employee, you may owe employment taxes. For details, see the Instructions for Schedule H (Form 1040). If you incurred care expenses in 2022 but didn't pay them until 2023, or if you prepaid in 2022 for care to be provided in 2023, don't include these expenses in column (d) of line 2 for 2022. See the instructions.

Part	II Credit fo	or Child and	d Depender	nt Care Expe	nses				
2	Information about y	our qualifyin	ig person(s).	f you have more	than thre	e qualifying pers	ons, see the instr	uctions	and check this box
	(a) First	Qualifying pers		ast		Qualifying person's al security number	(c) Check here it qualifying person wa age 12 and was dis (see instruction	as over abled.	(d) Qualified expenses you incurred and paid in 2022 for the person listed in column (a)
SUBH	BHASH AYAN REDDY BALINENI 854-36-8158								11,144.
3	Add the amounts in	()				, , , , , , , , , , , , , , , , , , , ,	, ,,		
	or \$6,000 if you ha	ad two or mo	ore persons. If	you completed	l Part III,	enter the amour	nt from line 31	3	3,000.
4	Enter your earned							4	147,231.
5	If married filing jo								
	or was disabled, s	see the instru	uctions); all o	thers, enter the	e amount	from line 4 .		5	37,914.
6	Enter the smalles							6	3,000.
7	Enter the amount						182,145.	_	
8	Enter on line 8 the	e decimal am	ount shown	below that appl	ies to the	e amount on line	e 7.		
	If line 7 is:		If line 7 is:			ine 7 is:	D · · ·		
	But not Over over	Decimal amount is		ut not Decim ver amour		But not er over	Decimal amount is		
	\$0-15,000	.35	\$25,000-27	7,000 .29	\$3	7,000-39,000	.23		
	15,000-17,000	.34	27,000-29	,000 .28	3	9,000-41,000	.22	0	X .20
	17,000-19,000	.33	29,000-31	,000 .27	4	1,000-43,000	.21	8	X .20
	19,000-21,000	.32	31,000-33	3,000 .26	4	3,000—No limit	.20		
	21,000-23,000	.31	33,000-35	5,000 .25					
	23,000-25,000	.30	35,000-37	,000 .24					
9a	Multiply line 6 by t							9a	600.
b	If you paid 2021 e	•	•						
	from line 13 of the	e worksheet l	here. Otherwi	ise, enter -0- or	n line 9b	and go to line 9	с	9b	0.
С	Add lines 9a and 9							9c	600.
10	Tax liability limit. Ent						25,608.		
11	Credit for child a								
	on Schedule 3 (Fo							11	600.
For Pa	aperwork Reducti	on Act Notic	ce, see your	tax return inst	ructions	- BAA	REV	03/09/23 PI	Form 2441 (2022)

SCHEDULE 8812 (Form 1040)

Department of the Treasury

Credits for Qualifying Children and Other Dependents

OMB No. 1545-0074

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

2 Attachment Sequence No. 47

Internal F	ternal Revenue Service Go to www.irs.gov/Schedule8812 for instructions and the latest information.							
Name(s)	Name(s) shown on return Your							
ASHOK	ASHOK REDDY BALINENI & SAHITI BOMMAREDDY 279							
Par	Child Tax Credit and Credit for Other Dependents							
1	Enter the amount from line 11 of your Form 1040, 1040-SR, or 1040-NR	. [1	1	182,145.				
2a	Enter income from Puerto Rico that you excluded							
b	Enter the amounts from lines 45 and 50 of your Form 2555	0.						
c	Enter the amount from line 15 of your Form 4563 2c							
d	Add lines 2a through 2c	. 2	d	0.				
3	Add lines 1 and 2d		3	182,145.				
4	Number of qualifying children under age 17 with the required social security number 4	1						
5	Multiply line 4 by \$2,000		5	2,000.				
6	Number of other dependents, including any qualifying children who are not under age							
	17 or who do not have the required social security number	0						
	Caution: Do not include yourself, your spouse, or anyone who is not a U.S. citizen, U.S. national, or U.S. resid	ent						
	alien. Also, do not include anyone you included on line 4.							
7	Multiply line 6 by \$500		7					
8	Add lines 5 and 7	. 8	8	2,000.				
9	Enter the amount shown below for your filing status.							
	• Married filing jointly—\$400,000							
	• All other filing statuses—\$200,000 J		9	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. \int		0	0.				
11	Multiply line 10 by 5% (0.05)		1	0.				
12	Is the amount on line 8 more than the amount on line 11?		2	2,000.				
	No. STOP. You cannot take the child tax credit, credit for other dependents, or additional child tax credit	edit.						
	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 $\ldots \ldots $		3	25,008.				
14	Enter the smaller of line 12 or 13. This is your child tax credit and credit for other dependents	. 1	4	2,000.				
	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 addition	nal child	d tax	credit				
	on Form 1040, 1040-SR, or 1040-NR, line 28, Complete vour Form 1040, 1040-SR, or 1040-N	R throu	gh li	ne 27				

(also complete Schedule 3, line 11) before completing Part II-A.

For Paperwork Reduction Act Notice, see your tax return instructions. Schedule 8812 (Form 1040) 2022 REV 03/09/23 PRO BAA

Schedu	le 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	e 27	🗆
16a	Subtract line 14 from line 12. If zero, stop here; you cannot take the additional child ta	x 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. S	kip 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			
17	Enter the smaller of line 16a or line 16b	I I	17	
18a	Earned income (see instructions)	18a	_	
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.			
	\Box Yes. Subtract \$2,500 from the amount on line 18a. Enter the result \ldots	19		
20	Multiply the amount on line 19 by 15% (0.15) and enter the result $\ldots \ldots \ldots$		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.	6 1: 17 1: 27		
	☐ Yes. If line 20 is equal to or more than line 17, skip Part II-B and enter the amount Otherwise, go to line 21.	from line 17 on line 27.		
Dout	-	Dono Fido Docidont		Duerte Diee
Part			5 01 1	
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.	21		
22	Enter the total of the amounts from Schedule 1 (Form 1040), line 15; Schedule 2 (Form	21	-	
22	1040), line 5; Schedule 2 (Form 1040), line 6; and Schedule 2 (Form 1040), line 13 .	22		
23	Add lines 21 and 22	23	-	
24	1040 and		-	
2.	1040-SR filers: Enter the total of the amounts from Form 1040 or 1040-SR, line 27,)			
	and Schedule 3 (Form 1040), line 11.			
	1040-NR filers: Enter the amount from Schedule 3 (Form 1040), line 11.	24		
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	
	Next, enter the smaller of line 17 or line 26 on line 27.			
Part	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	
	BAA REV 03/09/2	3 PRO Sch	edule 8	3812 (Form 1040) 2022

Form **8889** Department of the Treasury

Internal Revenue Service

Health Savings Accounts (HSAs)

OMB No. 1545-0074

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

Go to www.irs.gov/Form8889 for instructions and the latest information.

	2022 Attachment Sequence No. 52
m	ber of HSA beneficiary.

Name(s)				f HSA beneficiary. As, see instructions.
ASHC	DK REDDY BALINENI	279-49-		
Befor	e you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance (Contracts, if	requ	ired.
Part	HSA Contributions and Deduction. See the instructions before completing and both you and your spouse each have separate HSAs, complete a separate			
1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) d See instructions	uring 2022. [Se	lf-only 🗵 Family
2	HSA contributions you made for 2022 (or those made on your behalf), including those m unextended due date of your tax return that were for 2022. Do not include employer co contributions through a cafeteria plan, or rollovers. See instructions	ntributions,	2	0.
3	If you were under age 55 at the end of 2022 and, on the first day of every month during were, or were considered, an eligible individual with the same coverage, enter \$3,650 family coverage). All others , see the instructions for the amount to enter	(\$7,300 for	3	7,300.
4	Enter the amount you and your employer contributed to your Archer MSAs for 2022 from lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during include any amount contributed to your spouse's Archer MSAs	2022, also	4	0.
5	Subtract line 4 from line 3. If zero or less, enter -0	[5	7,300.
6	Enter the amount from line 5. But if you and your spouse each have separate HSAs and coverage under an HDHP at any time during 2022, see the instructions for the amount to en		6	7,300.
7	If you were age 55 or older at the end of 2022, married, and you or your spouse had famil under an HDHP at any time during 2022, enter your additional contribution amount. See ins		7	
8	Add lines 6 and 7	[8	7,300.
9	Employer contributions made to your HSAs for 2022	6,678.		
10	Qualified HSA funding distributions .			
11	Add lines 9 and 10		11	6,678.
12	Subtract line 11 from line 8. If zero or less, enter -0		12	622.
13	HSA deduction. Enter the smaller of line 2 or line 12 here and on Schedule 1 (Form 1040), Pa Caution: If line 2 is more than line 13, you may have to pay an additional tax. See instruction		13	0.
Part	HSA Distributions. If you are filing jointly and both you and your spouse eac a separate Part II for each spouse.	h have separ	ate F	ISAs, complete
14a	Total distributions you received in 2022 from all HSAs (see instructions)		14a	
b	Distributions included on line 14a that you rolled over to another HSA. Also include a			
	contributions (and the earnings on those excess contributions) included on line 14a	that were		
	withdrawn by the due date of your return. See instructions		14b	
С	Subtract line 14b from line 14a	-	14c	
15	Qualified medical expenses paid using HSA distributions (see instructions)	-	15	
16	Taxable HSA distributions. Subtract line 15 from line 14c. If zero or less, enter -0 Also,		10	
4-	amount in the total on Schedule 1 (Form 1040), Part I, line 8f		16	
17a	If any of the distributions included on line 16 meet any of the Exceptions to the Addition Tax (see instructions), check here			
b	Additional 20% tax (see instructions). Enter 20% (0.20) of the distributions included on	line 16 that		
	are subject to the additional 20% tax. Also, include this amount in the total on Schedu 1040). Bart II, line 17c		4 7 h	

	1040), Part II, line 17c	17b
Part II	Income and Additional Tax for Failure To Maintain HDHP Coverage. See the instructi completing this part. If you are filing jointly and both you and your spouse each have sep complete a separate Part III for each spouse.	

For Pa	aperwork Reduction Act Notice, see your tax return instructions. BAA REV 03/09/23 PRO		Form 8889 (2022)
	1040), Part II, line 17d	21	
21	Additional tax. Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2 (Form		
20	Total income. Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I, line 8f .	20	
19	Qualified HSA funding distribution	19	
18	Last-month rule	18	

	0067	Paid Preparer's Due Diligence Checkli	st	ОМВ	No. 1545	-0074
	B867	Earned Income Credit (EIC), American Opportunity Tax Credit (AO Child Tax Credit (CTC) (including the Additional Child Tax Credit (ACT	ГС), 'С) and		For tax y 20	rear
Departm	ent of the Treasury Revenue Service	Credit for Other Dependents (ODČ)), and Head of Household (HOH) Filir To be completed by preparer and filed with Form 1040, 1040-SR, 1040-NR, 104 Go to www.irs.gov/Form8867 for instructions and the latest inform	D-PR, or 1040-SS.	Attach Seque	nment ence No.	70
Тахрауе	er name(s) shown on	return	Taxpayer identificatio	n number		
ASH	OK REDDY BA	LINENI & SAHITI BOMMAREDDY	279-49-286	0		
Prepare	r's name		Preparer tax identifica	ation num	oer	
SYAI	M PRIYA RAM	I SAGAR GUPTA TALLAM	P02082703			
Part	Due Dili	gence Requirements				
		ropriate box for the credit(s) and/or HOH filing status claimed on the ret red (check all that apply).		e the rel AOTC		arts I–V HOH
1		ete the return based on information for the applicable tax year provided obtained by you? (See instructions if relying on prior year earned income.)		Yes X	No	N/A
2	worksheets for 1040) instruction	claimed on the return, did you complete the applicable EIC and/or (und in the Form 1040, 1040-SR, 1040-NR, 1040-PR, 1040-SS, or Scheo ons, and/or the AOTC worksheet found in the Form 8863 instruction hat provides the same information, and all related forms and schedules	dule 8812 (Form s, or your own	X		
3	Did you satisfy the following.Interview the determine thReview infor	taxpayer, ask questions, and contemporaneously document the taxpayer at the taxpayer is eligible to claim the credit(s) and/or HOH filing status. mation to determine that the taxpayer is eligible to claim the credit(s) ar	r's responses to nd/or HOH filing	X		
4	information rea	nation provided by the taxpayer or a third party for use in preparing asonably known to you, appear to be incorrect, incomplete, or inconsis ons 4a and 4b. If " No ," go to question 5.)	stent? (If "Yes,"		X	
а	Did you make	reasonable inquiries to determine the correct, complete, and consistent in	formation? .			
b	you asked, wh	mporaneously document your inquiries? (Documentation should includ om you asked, when you asked, the information that was provided, and d on your preparation of the return.)				
5	keep a copy o applicable wor 8867 and any taxpayer that y the amount(s)	w the record retention requirement? To meet the record retention require f your documentation referenced in question 4b, a copy of this Form 886 ksheet(s), a record of how, when, and from whom the information used applicable worksheet(s) was obtained, and a copy of any document(s) you relied on to determine eligibility for the credit(s) and/or HOH filing start of the credit(s)	7, a copy of any to prepare Form provided by the atus or to figure	X		
6	credit(s) and/o	e taxpayer whether he/she could provide documentation to substantiate r HOH filing status and the amount(s) of any credit(s) claimed on the ed for audit?	return if his/her	X		
7	Did you ask the	e taxpayer if any of these credits were disallowed or reduced in a previous	syear?	X		
		e disallowed or reduced, go to question 7a; if not, go to question 8.)				
а	• •	ete the required recertification Form 8862?				
8		is reporting self-employment income, did you ask questions to prepare ule C (Form 1040)?				

For Paperwork Reduction Act Notice, see separate instructions.

REV 03/09/23 PRO

Form 8867 (Rev. 11-2022)

Form 88	367 (Rev. 11-2022)			Page 2
Part	II 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	Yes	No	N/A
	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.)			
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		claim C	CTC, A	CTC,
	or ODC, go to Part IV.)			
10	Have you determined that each qualifying person for the CTC/ACTC/ODC is the taxpayer's dependent who is	Yes	No	N/A
	a citizen, national, or resident of the United States?	X		
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	Did you explain to the taxpayer the rules about claiming the CTC/ACTC/ODC for a child of divorced or			
	separated parents (or parents who live apart), including any requirement to attach a Form 8332 or similar			
	statement to the return?	X		
Part		-		
13	Did the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the que	alified	Yes	No
Deut	tuition and related expenses for the claimed AOTC?	· ·		
Part		-		
14	Have you determined that the taxpayer was unmarried or considered unmarried on the last day of the tax		Yes	No
Dout	and provided more than half of the cost of keeping up a home for the year for a qualifying person?	• •		
Part	VI Eligibility Certification			
	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	status
	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 on s) and/c	the ret or HOH	turn or filing

- B. Complete this Form 8867 truthfully and accurately and complete the actions described in this checklist for any applicable credit(s) claimed and HOH filing status, if claimed;
- 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 8867 instructions under Document Retention.
 - 1. A copy of this Form 8867.
 - 2. The applicable worksheet(s) or your own worksheet(s) for any credit(s) claimed.
 - 3. Copies of any documents provided by the taxpayer on which you relied to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).
 - 4. A record of how, when, and from whom the information used to prepare this form and the applicable worksheet(s) was obtained.
 - 5. A record of any additional information you relied upon, including questions you asked and the taxpayer's responses, to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).

If you have not complied with all due diligence requirements, you may have to pay a penalty for each failure to comply related to a claim of an applicable credit or HOH filing status (see instructions for more information).

15	5 Do you certify that all of the answers on this Form 8867 are, to the best of	your knowledge, true, correct, and	Yes	No
	complete?		X	

REV 03/09/23 PRO

Form 8867 (Rev. 11-2022)



Your DIN, check one hav only

e-File DECLARATION FOR ELECTRONIC FILING



Keep this form for your records. Do not send this form to the State of Maryland unless specifically requested to do so. See Instructions.

Outy				
ਤੱ ASHOK REDDY		BALINENI	279492860	
້ອ First Name ອີ	MI	Last Name	SSN/Taxpayer Ident	ification Number
SAHITI		BOMMAREDDY	039534426	
Spouse's First Name	MI	Spouse's Last Name	SSN/Taxpayer Ident	ification Number
Part I Tax Return Information	(whole dollars onl	y)		
1. Amount of overpayment to be ap	oplied to 2023 estima	ted tax	1	. 00
2. Amount of overpayment to be re	funded to you			. 00
3 Total amount due (Pay in full by	April 15, 2023, See i	nstructions.)	3	358 пп

Part II Taxpayer Declaration and Signature Authorization

Under penalties of perjury, I declare that I have compared the information contained on my electronic return with the information that I provided to my Electronic Return Originator (ERO) or entered on-line and that the name(s) and amounts described above agree with the amounts shown on the corresponding lines of my 2022 Maryland electronic income tax return. To the best of my knowledge and belief, my return is true, correct and complete. I consent that my return, including accompanying schedules and statements, be sent to the Maryland Revenue Administration Division by my Electronic Return Originator or by my electronic return software provider.

Tour FIN. check one box only	
X I authorize GLOBAL TAXES LLC	to enter or generate my PIN 92860 Content of the digits. Do not enter all zeros.
as my signature on my tax year 2022 electronically filed incom	
	ronically filed income tax return. Check this box only if you are
entering your own PIN and your return is filed using the Practi	itioner PIN method. The ERO must complete Part III below.
Your signature	Date
Spouse's PIN: check one box only	Enter five disite
X I authorize GLOBAL TAXES LLC	to enter or generate my PIN $3 4 4 2 6$ Enter five digits.
ERO firm name	to enter of generate my rink zeros.
as my signature on my tax year 2022 electronically filed incom	ne tax return.
I will optom my DIN as my signature on my tay year 2022 slot	manically filed income tay return. Check this have an by if you are
entering your own PIN as my signature on my tax year 2022 elect entering your own PIN and your return is filed using the Practi	ronically filed income tax return. Check this box only if you are
entening your own FIN and your return is med using the Fracti	addier Fin method. The EKO must complete Part III below.
Spouse's signature	Date
Practitioner PIN Me	ethod Returns Only
Part III Certification and Authentication - Practitioner PIN N	
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-d	ligit self-selected PIN. $2 2 2 4 9 6 6 1 9 8 9$
I contifu this numeric entry is my DIN, which is my signature for the	
	e tax year 2022 electronically filed income tax return for the
taxpayer(s). I confirm that I am submitting this return in accordance	
taxpayer(s). I confirm that I am submitting this return in accordance	
taxpayer(s). I confirm that I am submitting this return in accordance Maryland MeF Handbook for Authorized e-file Providers.	e with the requirements of the Practitioner PIN method and the
taxpayer(s). I confirm that I am submitting this return in accordance	the with the requirements of the Practitioner PIN method and the 0.3172023



RESIDENT INCOME TAX RETURN



2022

\$

	OR FISCAL YEAR BE	GINNING	2022, EN	DING		:	
	279492860 Your Social Security Nu	039534 Imber Spouse's So	426 cial Security Number				
Blue or Black Ink Only	ASHOK REDDY Your First Name	MI					
k Ir	BALINENI						
Ф	Your Last Name		Does your name match th name on your social secu	rity			
	SAHITI		card? If not, to ensure yo get credit for your person				
Blu	Spouse's First Name	MI	exemptions, contact SSA 1-800-772-1213	at			
Using	BOMMAREDDY		or visit www.ssa.gov .				
Print U	Spouse's Last Name						
Pri	3203 WEST SE						
	-	s Line 1 (Street No. an	d Street Name or PO Box				
	207			ELLICOT	T CITY	<u>MD</u>	21043
+	Current Mailing Addres -	s Line 2 (Apt No., Suit	e No., Floor No.)	City or Town		State	ZIP Code + 4
	Foreign Country Name				Foreign	Province/State/County	,
Place your W-2 wage and tax statements and ATTACH HERE with one staple. Do not attach check or money order to Form 502. Attach check or money order to Form PV.	Foreign Postal Code						
	REQUIRED: M taxpayers. See <u>1400</u> 4 Digit Political Sul 3203 WEST		art-year residents HOWARE ruction 6) Maryland Pc	see Instru			taxable year for fiscal year
Do n Ch c	Maryland Physical	Address Line 1 (Street N	o. and Street Name) (No PC	D Box)			
le. I Atta	207						
V-2 stap 02.	Maryland Physical	Address Line 2 (Apt No.,	Suite No., Floor No.) (No PC) Box)			
our one m 5(ELLICOTT	CITY		MD	21043	HOWARD	
vith For	City			State	ZIP Code + 4	Maryland County	
	FILING STATUS		(If you can be claime	d on anoth	er person's tax ı	return, use Filing S	Status 6.)
	CHECK ONE BOX ►	2. X Married	filing joint return or	spouse ha	d no income		
	See Instruction 1 if you are	3. Married	filing separately, Sp	ouse SSN	▶		
	required to file.	4. Head o	f household				
		5. Qualify	ng widow(er) with de	ependent c	hild		
		6. Depend	lent taxpayer (Enter (0 in Exemp	otion Box (A) - S	See Instruction 7.)	
	PART-YEAR RESIDENT	Other state of res		-			
	See Instruction 26.	MILITARY: If yo	-	non-Mar	yland military in		in the box



RESIDENT INCOME TAX RETURN



NAME ASHOK RED	DDY I	BALINENI & SAHITI BOMMAREDDY SSN 279492860		
EXEMPTIONS See Instruction 10. Check appropriate box(es). NOTE: If	А.	► X Yourself ► X Spouse Enter number checked 2 See Instruction 10 A. \$	1600	.00
you are claiming dependents, you	В.	▶ 65 or over ► 65 or over		
must attach the Dependents'		▶ Blind ▶ Blind Enter number checked X \$1,000		.00
Information Form 502B to this form to receive	C.	Enter number from line 3 of Dependent Form 502B ► 1 See Instruction 10 C. \$	800	.00
the applicable exemption amount	D.	Enter Total Exemptions (Add A, B and C.)	2400	.00
MARYLAND	C	heck here ► If you do not have health care coverage DOB (mm/dd/yyyy) ►		
HEALTH CARE COVERAGE	CI	heck here ► If your spouse does not have health care coverage DOB (mm/dd/yyyy) ►		
See Instruction 3.	C	heck here I authorize the Comptroller of Maryland to share information from this tax retu Maryland Health Benefit Exchange for the purpose of determining pre-eligibility health care coverage.		cost
	E·	mail address 🕨		
INCOME	1	Adjusted gross income from your federal return▶ 1. Wages, salaries and/or tips▶ 1a. 185145 .00	182145	.00
See Instruction 11.	1b.	Earned income 1b. .00 Capital Gain or (loss) 1c. -3000 .00		
		Taxable Pensions, IRAs, Annuities (Attach Form 502R.) ► 1d. .00		
		Place a "Y" in this box if the amount of your investment income is more than \$10,300.		0.0
ADDITIONS	2.	Tax-exempt interest on state and local obligations (bonds) other than Maryland 2. State retirement pickup 3.		.00
TO MARYLAND	3. 4	Lump sum distributions (from worksheet in Instruction 12.)		.00
INCOME	5	Other additions (Enter code letter(s) from Instruction 12.) ▶ 5.		.00
See Instruction 12.	6	Total additions (Add lines 2 through 5. See instructions.) 6.		.00
		Total federal adjusted gross income and Maryland additions (Add lines 1 and 6.)		
		Taxable refunds, credits or offsets of state and local income taxes included in line 1 ► 8.		.00
	9	Child and dependent care expenses	3000	.00
SUBTRACTIONS FROM	10a.	Child and dependent care expenses		.00
MARYLAND	1	. Pension exclusion from worksheet (13E) Yourself ► Spouse ► ► 10b.		
INCOME		Taxable Social Security and RR benefits (Tier I, II and supplemental) included in line 1 ▶ 11.		~ ~ ~
See Instruction 13.		Income received during period of nonresidence (See Instruction 26.) ► 12.		.00
		Subtractions from attached Form 502SU		.00
		Two-income subtraction from worksheet in Instruction 13 ▶ 14.	4 0 0 0	.00
	1	Total subtractions (Add lines 8 through 14. See instructions.)	1000	.00
	16.	Maryland adjusted gross income (Subtract line 15 from line 7.)	177945	.00
	All	taxpayers must select one method and check the appropriate box.		
DEDUCTION		X STANDARD DEDUCTION METHOD (Enter amount on line 17.)		
METHOD		ITEMIZED DEDUCTION METHOD (Complete lines 17a and 17b.)		
See Instruction 16.		17a. Total federal itemized deductions (from line 17, federal Schedule A) . ► 17a.		
		17b. State and local income taxes (See Instruction 14.) ▶ 17b	.00	
		Subtract line 17b from line 17a and enter amount on line 17.		~ ~
	17.	Deduction amount (Part-year residents see Instruction 26 (I and m).)	4850	
	18.	Net income (Subtract line 17 from line 16.)	173095	
	19.	Exemption amount from Exemptions area (See Instruction 10.)	2400	
	20.	Taxable net income (Subtract line 19 from line 18.)	170695	.00

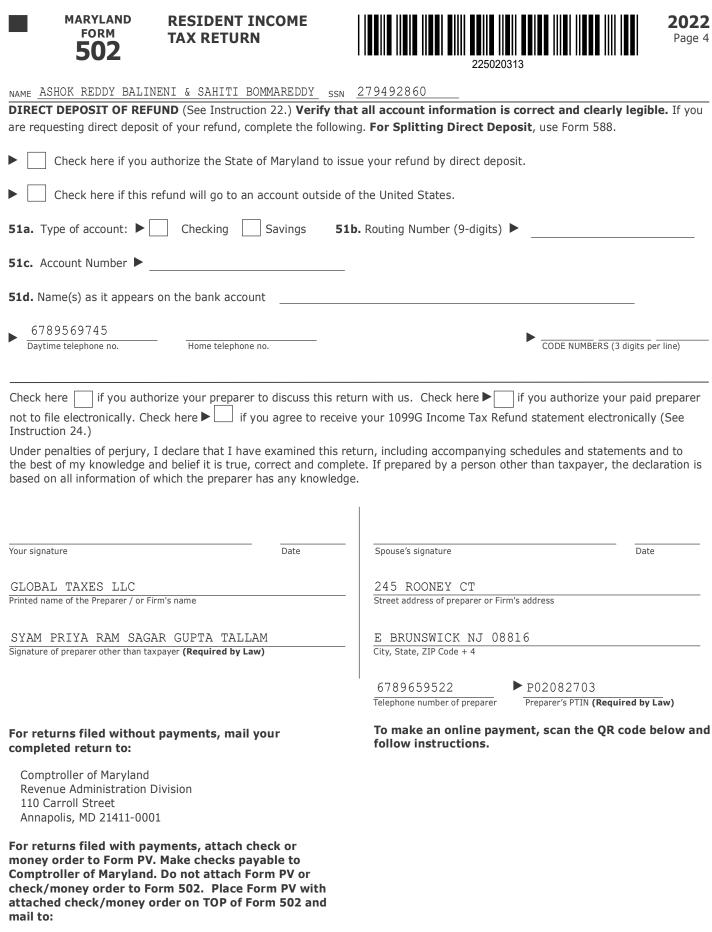


RESIDENT INCOME TAX RETURN



2022 Page 3

	21	Maryland tax (from Tax Table or Computation Worksheet Schedules I or II)	8107	.0
ARYLAND		Earned income credit (EIC) (See Instruction 18.)		.(
AX				
OMPUTATION		Check this box if you are claiming the Maryland Earned Income Credit, but do not qualify for the federal Earned Income Credit.		
		Check this box if you are claiming the Maryland Earned Income Credit with a gualifying child.		
	22	Poverty level credit (See Instruction 18.)		.(
		Other income tax credits for individuals from Part AA, line 14 of Form 502CR (Attach Form 502CR.) 24.		
	25	Business tax credits You must file this form electronically to claim business tax credits	dits on Form 50	0C
	-	Total credits (Add lines 22 through 25.)		
		Maryland tax after credits (Subtract line 26 from line 21.) If less than 0, enter 0		.(
		Local tax (See Instruction 19 for tax rates and worksheet.) Multiply line 20 by		
	20.	your local tax rate .0 0320 or use the Local Tax Worksheet	5462	.(
OCAL TAX	29.	Local earned income credit (from Local Earned Income Credit Worksheet in Instruction 19.)29.		.(
OMPOTATION	30.	Local poverty level credit (from Local Poverty Level Credit Worksheet in Instruction 19.) 30.		. (
		Local tax credit from Part BB, line 1 of Form 502CR (Attach Form 502CR .)		(
		Total credits (Add lines 29 through 31.)		. (
	33.	Local tax after credits (Subtract line 32 from line 28.) If less than 0, enter 0	5462	. (
	34.	Total Maryland and local tax (Add lines 27 and 33.)	13569	. (
		Contribution to Chesapeake Bay and Endangered Species Fund ▶ 35	$\cap \cap$	
ONTRIBUTIONS		Contribution to Developmental Disabilities Services and Support Fund ▶ 36.	.00	
e Instruction 20.		Contribution to Maryland Cancer Fund	.00	
		Contribution to Fair Campaign Financing Fund	.00	
	-	Total Maryland income tax, local income tax and contributions (Add lines 34 through 38.) . 39.	40560	. (
		Total Maryland and local tax withheld (Enter total from your W-2 and 1099 forms		
		and attach if MD tax is withheld.)	13211	• -
	41.	2022 estimated tax payments, amount applied from 2021 return, payment made		
		with an extension request, and Form MW506NRS 41.		• _
	42.	Refundable earned income credit (from worksheet in Instruction 21) 42.		• -
	43.	Refundable income tax credits from Part CC, line 10 of Form 502CR		
		(Attach Form 502CR and/or Schedule K-1 (Forms 510/511), if applicable. See Instruction 21.) 43.		• _
	44.	Total payments and credits (Add lines 40 through 43.)	13211	• _
	45.	Balance due (If line 39 is more than line 44, subtract line 44 from line 39.		
		See Instruction 22.)	358	• _
	46.	Overpayment (If line 39 is less than line 44, subtract line 39 from line 44.) ▶ 46		• _
	47.	Amount of overpayment TO BE APPLIED TO 2023 ESTIMATED TAX		• _
	48.	Amount of overpayment TO BE REFUNDED TO YOU		
EFUND		(Subtract line 47 from line 46.) See line 51		• _
	49.	Check here if you are attaching Form 502UP. Enter interest charges from line 18,		
		or for late filing or homebuyer withdrawal penalty \blacktriangleright 49		• -
MOUNT DUE	50.	TOTAL AMOUNT DUE (Add lines 45 and 49.)		
	1	IF \$1 OR MORE, PAY IN FULL WITH THIS RETURN. INCLUDE FORM PV	358	



Comptroller of Maryland Payment Processing PO Box 8888 Annapolis, MD 21401-8888



Dependents' Information (Attach to Form 502, 505 or 515.)



	92860	0395344	126			
Your Soc	cial Security Number	 Spouse's Soc 	ial Security Number			
ASHOI Your Firs	K REDDY		<u>MI</u>			
our Firs	st name		MI			
BALIN	NENI					
our Las	st Name					
SAHIT	TI					
pouse's	s First Name	I	MI			
OMMA	AREDDY					
pouse's	s Last Name					
Summ	nary					
3. Tota Exe	al dependent exemptions emptions area of Form 50	(Add lines 1 2, 505 or 5	and 2 and enter th	ne total here	and on line (C	22) of the33
eper	ndents (If a dependent li		-	heck both 4	and 5.)	
▶ 1.	First Name SUBHASH AYAN REDI		Last Name BALINENI			Check here 🕨 🦳 if this dependent doe
	Social Security Number	Relationship		Regular	65 or over	not have health care coverage
2.	854368158	SON		4. <u>X</u>	5	DOB (MM/DD/YYYY)
	First Name	MI	Last Name			
1.						Check here ► if this dependent doe not have health care coverage
	Social Security Number	Relationship		Regular	65 or over	5
▶2.	: :	8		4	5	DOB (MM/DD/YYYY)
	First Name	MI	Last Name			
▶ 1.	First Name	MI	Last Name			· · · ·
▶ 1.	First Name Social Security Number	MI Relationship	Last Name	Regular	65 or over	Check here b if this dependent do not have health care coverage
	Social Security Number	Relationship	Last Name	-		not have health care coverage
2.	Social Security Number	Relationship		-		not have health care coverage DOB (MM/DD/YYYY)
2.	Social Security Number	Relationship		4	5	not have health care coverage DOB (MM/DD/YYYY) Check here if this dependent doe
► 2. ► 1.	Social Security Number	Relationship	Last Name	4 Regular	5	not have health care coverage DOB (MM/DD/YYYY) ▶ Check here ▶ if this dependent doo not have health care coverage
► 2. ► 1.	Social Security Number	Relationship		4 Regular	5	not have health care coverage DOB (MM/DD/YYYY) ▶ Check here ▶ if this dependent doe not have health care coverage
► 2. ► 1.	Social Security Number	Relationship	Last Name	4 Regular	5	not have health care coverage DOB (MM/DD/YYYY) ▶ Check here ▶ if this dependent doe not have health care coverage
 2. 1. 2. 	Social Security Number First Name Social Security Number	Relationship MI Relationship MI MI MI MI MI MI MI	Last Name	4 Regular	5	not have health care coverage DOB (MM/DD/YYYY) ▶ Check here ▶ if this dependent doe not have health care coverage DOB (MM/DD/YYYY) ▶ Check here ▶ if this dependent doe
 2. 1. 2. 1. 1. 	Social Security Number First Name Social Security Number First Name	Relationship MI Relationship MI MI MI MI MI MI MI	Last Name Last Name	4 Regular	5	not have health care coverage DOB (MM/DD/YYYY) ▶ Check here ▶if this dependent doe not have health care coverage DOB (MM/DD/YYYY) ▶ Check here ▶if this dependent doe not have health care coverage
 2. 1. 2. 1. 1. 	Social Security Number	Relationship Relationship MI Relationship MI Relationship Relationship	Last Name Last Name	4 Regular 4 Regular	5	not have health care coverage DOB (MM/DD/YYYY) ▶ Check here ▶ if this dependent doe not have health care coverage DOB (MM/DD/YYYY) ▶ Check here ▶ if this dependent doe
 ▶ 1. ▶ 2. ▶ 1. 	Social Security Number	Relationship Relationship MI Relationship MI Relationship Relationship	Last Name Last Name	4 Regular 4 Regular	5	not have health care coverage DOB (MM/DD/YYYY) ▶ Check here ▶ if this dependent doe not have health care coverage DOB (MM/DD/YYYY) ▶ Check here ▶ if this dependent doe not have health care coverage DOB (MM/DD/YYYY) ▶
 2. 1. 2. 1. 2. 2. 	Social Security Number First Name Social Security Number First Name Social Security Number Social Security Number Social Security Number	Relationship Relat	Last Name Last Name	4 Regular 4 Regular	5	not have health care coverage DOB (MM/DD/YYYY) ▶ Check here ▶ if this dependent doe not have health care coverage DOB (MM/DD/YYYY) ▶ Check here ▶ if this dependent doe not have health care coverage DOB (MM/DD/YYYY) ▶ Check here ▶ if this dependent doe
 ▶ 2. ▶ 1. ▶ 2. ▶ 1. ▶ 1. 	Social Security Number First Name Social Security Number First Name Social Security Number First Name Social Security Number Social Security Number Social Security Number Social Security Number Social Security Number	Relationship	Last Name Last Name	4 Regular 4 Regular 4 	5	not have health care coverage DOB (MM/DD/YYYY) ▶ Check here ▶ if this dependent doe not have health care coverage DOB (MM/DD/YYYY) ▶ Check here ▶ if this dependent doe not have health care coverage DOB (MM/DD/YYYY) ▶

MARYLAND FORM PV

PERSONAL TAX PAYMENT VOUCHER FOR FORM 502/505, ESTIMATED TAX AND EXTENSIONS



Print Using Blue or Black Ink Only. Use only one PV per payment type.

279492860 Your Social Security Number

039534426 If Joint Return, Spouse's Social Security Number

ASHOK REDDY Your First Name

MI

MI

BALINENI Your Last name

ITIHAZ If Joint Return, Spouse's First Name

BOMMAREDDY Spouse's Last Name

3203 WEST SPINGS DRIVE

Current Mailing Address - Line 1 (Street No. and Street Name or PO Box)

207

Current Mailing Address - Line 2 (Apt. No., Suite No., Floor No.)

ELLICOTT CITY

City or Town

MD 21043 ZIP Code +4 State

PAYMENT TYPE

Check **ONLY** one box (1,2,3, or 4) for type of payment. If Box 1 is checked, also check box 1a., if first time estimated filer or if filing status has changed.

1.	Estimated Payment/Quarterly (502D)	Tax Year:

1a. First time filer or change in filing status

2. Extension Payment (502E) Tax Year:

X Payment with resident return (502) 2025 3. Tax Year:

Payment with nonresident return (505) Tax Year: 4.

PAYMENT AMOUNT

Amount you are paying by check or money order.

	358	00
Dollars		Cents

Make your check or money order payable to "Comptroller of Maryland" and mail to:

Comptroller of Maryland Payment Processing PO Box 8888 Annapolis, MD 21401-8888