Internal Revenue Service

# **IRS e-file Signature Authorization**

OMB No. 1545-0074

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

Submission Identification Number (SID)

Тахрау	yer's name		Soci	al secu	urity num	ber	
KAV	VYA PRATHYUSHA CHEKKA		123-27-8718				
Spouse	e's name		Spou	use's s	ocial sec	curity number	
Dar	Dort L. Toy Deturn Information Toy Year Ending December 21 0000 (Enter year you are outborizing)						
	Part I Tax Return Information – Tax Year Ending December 31, 2022 (Enter year you are authorizing.) Enter whole dollars only on lines 1 through 5.						
Note	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.						
1	Adjusted gross income				1	141,221.	
2	Total tax				2	24,586.	
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099				3	29,814.	
4	Amount you want refunded to you				4	5,228.	
5	Amount you owe				5		
Par	Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)						
			<u> </u>			- /	

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

#### Taxpayer's PIN: check one box only

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

Enter five digits, but don't enter all zeros							
7	8	7	1	8			

my

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

I will enter my PIN as my signature on the income tax return (original or amended) I 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	
----------	------	-------	-----	-----	------	--

I authorize

to enter or generate my PIN

as mv Enter five digits, but don't enter all zeros

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

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

Spouse's signature ►	Date ►			
Practitioner PIN Method Returns Only—continue below				
Part III Certification and Authentication – Practition	r PIN Method Only			
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-d	igit self-selected PIN. 2 2 2 4 9 6 6 1 9 8 9			

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

ERO's signature 🕨		Date 🕨				
ERO Must Retain This Form — See Instructions Don't Submit This Form to the IRS Unless Requested To Do So						
For Deperture Reduction Act Nation and	our tox roturn instructions	REV/ 02/19/22 RRO	Earm 8879 (Pay 01 2021)			

For Paperwork Reduction Act Notice, see your tax return instructions. BAA REV 02/18/23 PRO

<b>1040</b>	)-	VR Department of the Treasury-Inter U.S. Nonresident Ali	nal Rever	nue Service COME TAX F	Return	2022	OMB No. 15	45-0074		se Only—Do not write staple in this space.
		Dec. 31, 2022, or other tax year beginn								See separate instructions.
Filing		Single X Married filing sepa	aratoly (N		Qualifying	surviving spouse	(055)	E	tata	Trust
Status Check only	_	you checked the QSS box, enter the ch		,					Juio	
one box.										
Your first name	and	middle initial	Last na	ame						fying number
								(see in:		,
KAVYA PR		YUSHA Iber and street). If you have a P.O. box	CHEK					123	-27-	-8718
3107 GRAN	•	· •	, see ins	structions.						Apt. no.
		office. If you have a foreign address, als	so comp	lete spaces belo	w.		State		ZIP	code
WYLIE				·			TX		75	098
Foreign country	y nan	ne	Foreig	n province/state/	county		Foreign	oostal co	de	
Digital Assets	At a oth	any time during 2022, did you: (a) recei erwise dispose of a digital asset (or a f	ve (as a inancial	reward, award, o interest in a digit	or paymer al asset)?	nt for property or s ? (See instructions.	ervices); o )      .    .	r (b) sell, 	exch	ange, gift, or Yes 🗙 No
Dependents	-					<u>,</u>				alifies for (see inst.):
(see instructions)				(2) Depender identifying nur			Chi	d tax crea	dit	Credit for other
		(1) First name Last name				(3) Relationship to y	ou			dependents
If more than four										
dependents, see instructions and									-	
check here										
Income	1a	Total amount from Form(s) W-2, bo>	1 (see i	nstructions) .				. 1a	1	152,261.
Effectively	b	Household employee wages not rep	orted or	n Form(s) W-2 .				. 1k		
Connected	с	Tip income not reported on line 1a (	see instr	ructions)				. 10	;	
With U.S.	d	Medicaid waiver payments not repo	rted on F	<sup>=</sup> orm(s) W-2 (see	instructio	ons)		. 10		
Trade or	rade or e Taxable dependent care benefits from Form 2441, line 26					•				
Business	f	Employer-provided adoption benefit	s from F	orm 8839, line 2	9			. 1f	-	
Attach	g	Wages from Form 8919, line 6								
Form(s) W-2,	h	Other earned income (see instruction						. <u>1</u> h		
1042-S, SSA-1042-S,	i	Reserved for future use								
RRB-1042-S,	j	Reserved for future use				1 1	• • •	. <u>1</u> j		
and 8288-A	k	Total income exempt by a treaty from line 1(e)								
here. Also attach	z	line 1(e)         .				· · · · · ·		. 1z		152,261.
Form(s)	2a	Tax-exempt interest 2a	1			ble interest				130.
1099-R if tax was	3a	Qualified dividends 3a		384.		nary dividends .			_	384.
withheld.	4a	IRA distributions 4a				ble amount			-	
lf you did not	5a	Pensions and annuities 5a			<b>b</b> Taxa	ble amount			_	
get a Form	6	Reserved for future use						. 6		
W-2, see instructions.	7	Capital gain or (loss). Attach Schedu	ile D (Fo	rm 1040) if requi	red. If not	required, check h	ere[	7		-859.
	8	Other income from Schedule 1 (Forr	n 1040),	line 10				. 8		-10,695.
	9	Add lines 1z, 2b, 3b, 4b, 5b, 7, and 8	3. This is	s your <b>total effec</b>	tively co	nnected income		. 9		141,221.
	10	Adjustments to income:								
	а	From Schedule 1 (Form 1040), line 2						_		
	b	Reserved for future use								
	c	Reserved for future use								
	d	Enter the amount from line 10a. The		-						1 1 1 0 0 1
	11	Subtract line 10d from line 9. This is	-						-	141,221.
	12	Itemized deductions (from Schedu deduction (see instructions)	,				lia, standa i_US/India_Tre		,	12,950.
	13a	Qualified business income deduction				1 1	, <u>-</u>		-	<i>j</i> JU.
	b	Exemptions for estates and trusts of								
	c	Add lines 13a and 13b		,				. 13	c	
	14									12,950.
	15	Subtract line 14 from line 11. If zero								128,271.
		acy Act, and Paperwork Reduction Act								1010-NB (2022)

Form **1040-NR** (2022)

Form 1040-NR (	2022)					Page <b>2</b>
Tax and	16	Tax (see instructions). Check if any from Form(s): 1  8814 2  497	2 <b>3</b>		16	24,586.
Credits	17	Amount from Schedule 2 (Form 1040), line 3			17	0.
	18	Add lines 16 and 17			18	24,586.
	19	Child tax credit or credit for other dependents from Schedule 8812 (Form 10	40)		19	
	20	Amount from Schedule 3 (Form 1040), line 8			20	
	21	Add lines 19 and 20			21	
	22	Subtract line 21 from line 18. If zero or less, enter -0			22	24,586.
	<b>23</b> a	Tax on income not effectively connected with a U.S. trade or business from				
		Schedule NEC (Form 1040-NR), line 15	23a			
	b	Other taxes, including self-employment tax, from Schedule 2 (Form 1040),				
		line 21	23b			
	С	Transportation tax (see instructions)	23c			
	d	Add lines 23a through 23c			3d	
	24	Add lines 22 and 23d. This is your total tax			24	24,586.
Payments	25	Federal income tax withheld from:				
	а	Form(s) W-2		,814.		
	b	Form(s) 1099	25b			
	c	Other forms (see instructions)	25c			00 01 4
	d	Add lines 25a through 25c		-	5d	29,814.
	e	Form(s) 8805			5e	
	f	Form(s) 8288-A			25f	
	g	Form(s) 1042-S			5g	
	26	2022 estimated tax payments and amount applied from 2021 return			26	
	27	Reserved for future use	27			
	28 29	Additional child tax credit from Schedule 8812 (Form 1040)	28 29			
	29 30	Reserved for future use         .	30			
	31	Amount from Schedule 3 (Form 1040), line 15	31			
	32	Add lines 28, 29, and 31. These are your total other payments and refunda			32	
	33	Add lines 25d, 25e, 25f, 25g, 26, and 32. These are your <b>total payments</b> .			33	29,814.
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amour			34	5,228.
neruna	35a	Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, chec	•		5a	5,228.
Direct deposit?	b	Routing number 0 4 4 0 0 0 0 3 7 c Type: ⊠		Savings		
See instructions.	d	Account number 5 7 6 9 3 8 0 7 7		J		
	е	If you want your refund check mailed to an address outside the United State	es not shown on	page 1,		
		enter it here.				
	36	Amount of line 34 you want applied to your 2023 estimated tax	36			
Amount	37	Subtract line 33 from line 24. This is the amount you owe.				
You Owe		For details on how to pay, go to www.irs.gov/Payments or see instructions .			37	
	38	Estimated tax penalty (see instructions)	38			
Third	Do yo	ou want to allow another person to discuss this return with the IRS? See instru	ctions.	s. Complete	e below.	🗙 No
Party	Desig	nee's Phone		al identifica	tion	
Designee	name		numbe	( )		
		penalties of perjury, I declare that I have examined this return and accompanying schedu they are true, correct, and complete. Declaration of preparer (other than taxpayer) is basis				
Sign						u an Identity
Here	Your	signature Date Your occupation			ion PIN, er	
TIELE		SOFTWARE E	INGINEER	(see ins		
	Phone	e no. Email address				
Paid	Prepa	arer's name Preparer's signature	Date	PTIN	Check	к if:
		SYAM PRIYA RAM SAGAR GUPTA TALLAM	03/11/2023	P020827	03 🗌 🗆 Se	elf-employed
Preparer	Firm's	s name SYANLABBALRAMARABS GURTE TALLAM		Phone no.	( <u>678</u> )9	65-9522
Use Only	Firm's	saddress 245 ROONEY CT E BRUNSWICK NJ 08816		Firm's EIN	84-31	
Go to www.irs.	gov/Foi	rm1040NR for instructions and the latest information.	REV 02/18/23 PRC	)	Form <b>10</b>	40-NR (2022)

SCHEDULE	1
(Form 1040)	

Department of the Treasury

### Additional Income and Adjustments to Income

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

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

OMB No. 1545-0074 20 2

Attachment Sequence No. **01** I security number

Internal Revenue Service	Go to www.irs.gov/Form1040 for instructions and the latest information.				
Name(s) shown on Fo	rm 1040, 1040-SR, or 1040-NR	Your soc	ial secu		
KAVYA PRATHYUS	HA CHEKKA	123-27	-8718		

Par	t I Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxes		1	
<b>2</b> a	Alimony received		2a	
b	Date of original divorce or separation agreement (see instructions):			
3	Business income or (loss). Attach Schedule C	3		
4	Other gains or (losses). Attach Form 4797		4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Atta	ach Schedule E .	5	-10,695.
6	Farm income or (loss). Attach Schedule F.		6	
7	Unemployment compensation		7	
8	Other income:			
а	Net operating loss	8a (		
b	Gambling	8b		
С	Cancellation of debt	8c		
d	Foreign earned income exclusion from Form 2555	8d (		
е	Income from Form 8853	8e		
f	Income from Form 8889	8f		
g	Alaska Permanent Fund dividends	8g		
h	Jury duty pay	8h		
i	Prizes and awards	8i		
j	Activity not engaged in for profit income	8j		
k	Stock options	8k		
1	Income from the rental of personal property if you engaged in the rental			
	for profit but were not in the business of renting such property	81		
m	Olympic and Paralympic medals and USOC prize money (see			
	instructions)	8m		
n	Section 951(a) inclusion (see instructions)	8n		
0	Section 951A(a) inclusion (see instructions)	80		
р	Section 461(I) excess business loss adjustment	8p	-	
q	Taxable distributions from an ABLE account (see instructions)	8q	-	
r	Scholarship and fellowship grants not reported on Form W-2	8r		
S	Nontaxable amount of Medicaid waiver payments included on Form			
	1040, line 1a or 1d	8s (		
t	Pension or annuity from a nonqualifed deferred compensation plan or			
	a nongovernmental section 457 plan	8t		
u	Wages earned while incarcerated	8u		
Z	Other income. List type and amount:	<b>~</b>		
0	Tatal athen income. Add lines On the wet On	8z		
9 10	Total other income. Add lines 8a through 8z		9	10 005
<u>10</u>	Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR	, or 1040-INH, IINE 8	10	-10,695.

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

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	e-basi	s gov	ernment		
	officials. Attach Form 2106				12	
13	Health savings account deduction. Attach Form 8889				13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903				14	
15	Deductible part of self-employment tax. Attach Schedule SE				15	
16	Self-employed SEP, SIMPLE, and qualified plans				16	
17	Self-employed health insurance deduction				17	
18	Penalty on early withdrawal of savings				18	
19a	Alimony paid				19a	
b	Recipient's SSN	• _				
С	Date of original divorce or separation agreement (see instructions):					
20	IRA deduction				20	
21	Student loan interest deduction				21	
22	Reserved for future use				22	
23	Archer MSA deduction				23	
24	Other adjustments:					
а	Jury duty pay (see instructions)	24a				
b	Deductible expenses related to income reported on line 8I from the					
	rental of personal property engaged in for profit	24b				
С	Nontaxable amount of the value of Olympic and Paralympic medals					
	and USOC prize money reported on line 8m	24c				
d	Reforestation amortization and expenses	24d				
е	Repayment of supplemental unemployment benefits under the Trade					
	Act of 1974	24e			_	
f	Contributions to section 501(c)(18)(D) pension plans	24f			_	
g	Contributions by certain chaplains to section 403(b) plans	24g			_	
h	Attorney fees and court costs for actions involving certain unlawful					
	discrimination claims (see instructions)	24h				
i	Attorney fees and court costs you paid in connection with an award					
	from the IRS for information you provided that helped the IRS detect					
	tax law violations	24i				
j	Housing deduction from Form 2555	24j				
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form					
	1041)	24k			_	
Z	Other adjustments. List type and amount:					
		24z				
25	Total other adjustments. Add lines 24a through 24z				25	
26	Add lines 11 through 23 and 25. These are your adjustments to income	e. Ente	er here	e and on		
	Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a				26	
	BAA	REV	02/18/23 P	RO	Schedu	le 1 (Form 1040) 2022

### SCHEDULE NEC (Form 1040-NR)

### Tax on Income Not Effectively Connected With a U.S. Trade or Business Go to www.irs.gov/Form1040NR for instructions and the latest information.

Attach to Form 1040-NR.

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

Name shown on Form 1040-NR

KAVYA PRATHYUSHA CHEKKA

Sequence No. 7B Your identifying number

2

Attachment

123-27-8718

Enter <b>amount of income</b> under the appropriate rate of tax. See instructions.	

	Nature of Income				<b>(a)</b> 10%	<b>(b)</b> 15%	(c) 30%	(d) Other (specify)		
						(6) 50 %	%	%		
1	Dividends and divide	end equivalents:								
а	Dividends paid by U.	S. corporations		1a						
b	Dividends paid by fo	reign corporations		1b						
с	Dividend equivalent p	ayments received with respect to section 871(m) trar	1c							
2	Interest:									
а	Mortgage			2a						
b		orations	1	2b						
с			1	2c						
3		atents, trademarks, etc.)		3						
4	• "	copyright royalties	1	4						
5		rights, recording, publishing, etc.)		5						
6		e and natural resources royalties		6						
7		ies		7						
8		fits		8						
9		e 18 below		9						
10	Gambling-Resident	ts of Canada only. Enter net income in column (c).								
а	Winnings									
b				10c						
11	Gambling winnings-	-Residents of countries other than Canada.		_						
		owed		11						
12	Other (specify):									
				12						
13	•	12 in columns (a) through (d)		13						
14		ate of tax at top of each column		14			L E 1010			
15	Tax on income not e	ffectively connected with a U.S. trade or business.						-NR, line 23a <b>15</b>		
		Capital Gains and	LOSSES F	rom	Sales or Excha	Inges of Propert	L <b>y</b>	1		
Enter only the capital gains and losses from property sales or exchanges that are from sources within the United States and not		16 (a) Kind of property and description (if necessary, attach statement of descriptive details not shown below)	(b) Date acqu mm/dd/yyy		(c) Date sold mm/dd/yyyy	(d) Sales price	(e) Cost or other basis	(f) LOSS If (e) is more than (d), subtract (d) from (e).	(g) GAIN If (d) is more than (e), subtract (e) from (d).	
effectiv	vely connected with a U.S. ss. Do not include a gain									
or loss	on disposing of a U.S. real									
	ty interest; report these nd losses on Schedule D									
(Form 1	1040).									
	property sales or ges that are effectively							1		
connec	ted with a U.S. business	<b>17</b> Add columns (f) and (g) of line 16 .					17	( )		
	edule D (Form 1040), 1797. or both.	<b>18 Capital gain.</b> Combine columns (f) and (g)						,		

SCHE	DUL	.Е	ΟΙ
(Form	1040	)-N	R)

Т

### **Other Information**

OMB No. 1545-007

			Ulle	r miornauu	<b>711</b>		ONE NO. 13	43-0074
(Form	1040-NR)	Go t	o www.irs.gov/Form1040NI	R for instructions a	and the latest information		20	20
Departm	ent of the Treasury		•	to Form 1040-NR				
	Revenue Service		Ansv	ver all questions.			Attachment Sequence N	Jo. <b>7C</b>
Name s	hown on Form 1040	-NR				Your identify		
KAVY	A PRATHYUS	НА СНЕККА				123-27.	-8718	
Α	Of what countr	y or countries v	vere you a citizen or nationa	al during the tax ye	ar? INDIA			
в	In what country	, / did vou claim	residence for tax purposes	s during the tax ve	ar? United States			
С			green card holder (lawful p					No
D	Were you ever:		0	,				
1.	A U.S. citizen?						. 🗌 Yes	🛛 No
2.	A green card he		rmanent resident) of the Un					🛛 No
	-		), see Pub. 519, chapter 4,					
Е			day of the tax year, enter y day of the tax year. $F1$					
F			visa type (nonimmigrant stat	tus) or U.S. immiar	ation status?		. Yes	🛛 No
			te the date and nature of the					
G	-		left the United States during					
			Canada or Mexico AND con			uent interval	S.	
			r Mexico and skip to item H			Mexic		
	Date entered	United States	Date departed United State	es	Date entered United State	es Date d	eparted Unite	d States
	mm/e	dd/yy	mm/dd/yy		mm/dd/yy		mm/dd/yy	
н	Give number of	days (including	vacation, nonworkdays, and	partial days) you w	vere present in the United	States during	g:	
	2020		, 2021	, and	<b>2022</b> 365			
I.	Did you file a U	.S. income tax	return for any prior year? .					🗌 No
	If "Yes," give th	ie latest year ar	nd form number you filed:	1	L040NR			
J	Are you filing a	return for a true	st?				. 🗌 Yes	🗙 No
	If "Yes," did the	e trust have a l	U.S. or foreign owner under	r the grantor trust	rules, make a distribution	n or Ioan to	а	
			ribution from a U.S. person'					🗌 No
Κ	-		sation of \$250,000 or more of					🛛 No
	If "Yes," did yo	u use an alterna	ative method to determine t	he source of this c	compensation?		. Yes	No
L			f you are claiming exemption V. See Pub. 901 for more inf			tax treaty v	vith a foreigr	ר country
1.			the applicable tax treaty artine columns below. Attach Fo			claimed the	e treaty benef	it, and th
		<b>(a)</b> Cou	intry	(b) Tax treaty artic	cle (c) Number of mont claimed in prior tax ye		Amount of ex ne in current t	
	(e) Total. Ente	r this amount o	n Form 1040-NR, line 1k. D	o not enter it anvw	here else on line 1			
2.			preign country on any of the	-			. Yes	No
			ts pursuant to a Competent					× No

3.	Are you claiming treaty benefits pursuant to a Competent Authority determination?	
	If "Yes," attach a copy of the Competent Authority determination letter to your return.	

#### Μ Check the applicable box if:

1. This is the first year you are making an election to treat income from real property located in the United States as effectively connected 

2. You have made an election in a previous year that has not been revoked, to treat income from real property located in the United States as effectively connected with a U.S. trade or business under section 871(d). See instructions . . . . . . . . . . .

For Paperwork Reduction Act Notice, see the Instructions for Form 1040-NR.

REV 02/18/23 PRO Schedule OI (Form 1040-NR) 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**22** Attachment Sequence No. **12** 

Internal Revenue Service Name(s) shown on return

Department of the Treasury

KAVYA PRATHYUSHA CHEKKA

Your social security number

123-27-8718

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? 
Yes X 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.	<b>(d)</b> Proceeds (sales price)	<b>(e)</b> Cost (or other basis)	(g) Adjustment to gain or loss Form(s) 8949, I line 2, colum	from Part I,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a	Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b.					
1b	Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked	9,506.	10,365.			-859.
2	Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked					
3	Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked					
4	Short-term gain from Form 6252 and short-term gain or (I	oss) from Forms 4	684, 6781, and 88	324	4	
5	Net short-term gain or (loss) from partnerships, Schedule(s) K-1				5	
6	Short-term capital loss carryover. Enter the amount, if an <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				7	-859.

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

	instructions for how to figure the amounts to enter on the below.	(d)	(e)	<b>(g)</b> Adjustmen		(h) Gain or (loss) Subtract column (e)
	form may be easier to complete if you round off cents to e dollars.	Proceeds (sales price)	Cost (or other basis)	to gain or loss Form(s) 8949, I line 2, colum	Part II,	from column (d) and combine the result with column (g)
8a	Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b.					
8b	Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked					
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.					
11	Gain from Form 4797, Part I; long-term gain from Forms from Forms 4684, 6781, and 8824		• •	. ,	11	
12	Net long-term gain or (loss) from partnerships, S corporat	ions, estates, and	trusts from Schee	dule(s) K-1	12	
13	Capital gain distributions. See the instructions	13				
14	Long-term capital loss carryover. Enter the amount, if any <b>Worksheet</b> in the instructions	14	( )			
15	Net long-term capital gain or (loss). Combine lines 8a on the back	•			15	

Part	III Summary	
16	Combine lines 7 and 15 and enter the result	<b>16</b> -859.
	• 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 <b>loss</b> , 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?	
	<b>No.</b> Skip lines 18 through 21, and go to line 22.	
18	If you are required to complete the <b>28% Rate Gain Worksheet</b> (see instructions), enter the 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	<ul> <li>Are lines 18 and 19 both zero or blank and you are not filing Form 4952?</li> <li>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.</li> </ul>	
	□ 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)	<b>21</b> ( 859.)
	Note: When figuring which amount is smaller, treat both amounts as positive numbers.	
22	Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?	
	Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16.	
	□ No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.	

REV 02/18/23 PRO

Schedule D (Form 1040) 2022

Form **8949** 

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

Go to www.irs.gov/Form8949 for instructions and the latest information.

File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.



en identification m

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

Name(s) shown on return	Social security number of taxpayer identification number
KAVYA PRATHYUSHA CHEKKA	123-27-8718

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

<b>1</b> (a) Description of property	<b>(b)</b> Date acquired	(c) Date sold or	(d) Proceeds	<b>(e)</b> Cost or other basis See the <b>Note</b> below	Adjustment, i If you enter an enter a co See the sep	Gain or (loss) Subtract column (e) from column (d) and	
(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).
FIDELITY BROKERAGE SERVICES LLC	01/01/22	12/31/22	9,506.	10,365.			-859.
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	9,506.	10,365.			-859.

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

	CHEDULE E Supplemental Income and Loss								OMB No. 1545-0074				
(Form	· · · · · · · · · · · · · · · · · · ·								20	22			
	tment of the Treasury         Attach to Form 1040, 1040-SR, 1040-NR, or 1041.           al Revenue Service         Go to www.irs.gov/ScheduleE for instructions and the latest information.								Attachm	nent 10			
	Revenue Service			Go to www	.irs.gov/ScheduleE to	or instr	uctions an	d the la	itest in	formation.	× ·		ce No. 13
•											al security 7-8718	number	
Part					tal Real Estate ar	d Do	valtion				123-2	/-0/10	
Fart	Note: If vo	or L	-05: e in th	business of	renting personal prope	rtv. use	e Schedule	<b>C</b> . See	e instru	ctions. If you	are an indi	vidual. rep	ort farm
	rental inco	ome o	or los	s from Form 48	<b>335</b> on page 2, line 40.								
					at would require you								
B	f "Yes," did you	or w	/ill yo	ou file require	d Form(s) 1099? .							. 🗌 Ye	s 🗌 No
1a	Physical addr	ress o	of ea	ach property (	street, city, state, ZI	P cod	e)						
Α	FLAT NO:2	01,H	KAL	YAN NAGAR	- HYDERABAD '	TELAI	NGANA I	IN 50	0018				
В													
С													
1b	Type of Prope		2		ntal real estate prope				Fa	ir Rental	Persor	nal Use	QJV
	(from list below	w)			rt the number of fair					Days	Da	iys	
	3				e days. Check the Q the requirements to			Α		365		0	
					nt venture. See instru			B					
C	of Duo nowh u							С					
	<b>of Property:</b> Single Family R	ocida			tion/Short-Term Rer	atal	5 Land	I	7	Self-Rental			
	Multi-Family Re			4 Com		ILAI	6 Roya			Other (desc	ribo)		
	Marti-I army rie	Sidei	nce	4 0011	mercial		U HOYE	lities	0				
_										Propert	ies:		
Incom								<b>A</b>		В			C
3						3		6	90.				
4		ivea	• •			4							
Exper 5						5							
6	-					6							
7				-		7		1.1	56.				
8	•					8		-/-					
9						9							
10						10							
11	Management f	ees				11		1,2	73.				
12	Mortgage inter	rest p	baid	to banks, etc	. (see instructions)	12							
13	Other interest					13							
14						14			00.				
15						15		3,1	56.				
16						16		0.0					
17						17		2,6	00.				
18 19	Other (list)	exper	ise c	or depletion		18 19							
20		s Ad			19	20		11,3	85				
21				0	nd/or 4 (royalties). If	-		<u> </u>	00.				
21					find out if you must								
	file Form 6198				•	21	-	-10,6	95.				
22	Deductible rer	ntal re	eal e	estate loss af	ter limitation, if any,								
	on Form 8582	(see	inst	ructions) .		22	( –	10,69	95.)	(	)	(	)
23a			-		3 for all rental prope				23a		690.		
b			-		4 for all royalty prop				23b				
С					12 for all properties				23c				
d					18 for all properties				23d				
e					20 for all properties				23e	11	L,385.		
24 25					wn on line 21. <b>Do no</b> 21 and rental real esta		-		 Intor t		. 24 ere 25	(	10 605
25 26					y income or (loss).								10,695.)
20					on page 2 do not								

Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2 For Paperwork Reduction Act Notice, see the separate instructions.

26

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-10,695.

Form **889** Department of the Treasury

# Health Savings Accounts (HSAs)

OMB No. 1545-0074

22

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

Attachment Sequence No. <b>52</b>
ber of HSA beneficiary. HSAs, see instructions.
0710

20

Internal	Revenue Service	Go to www.irs.gov/Form8889 for instructions and the latest informat	ion.	Se	quence No. 52
Name(s)	shown on Form 10		Social security nui		HSA beneficiary. s, see instructions.
KAVYA PRATHYUSHA CHEKKA 123-27-87					
Befor	e you begin:	Complete Form 8853, Archer MSAs and Long-Term Care Insurance	Contracts, if	requir	ed.
Part		ntributions and Deduction. See the instructions before completing n you and your spouse each have separate HSAs, complete a separa			
1	Check the box See instruction	✓ Self	-only 🗌 Family		
2	unextended du	ions you made for 2022 (or those made on your behalf), including those mue date of your tax return that were for 2022. <b>Do not</b> include employer control hrough a cafeteria plan, or rollovers. See instructions	ontributions,	2	0.
3	were, or were	der age 55 at the end of 2022 and, on the first day of <b>every</b> month during considered, an eligible individual with the <b>same</b> coverage, enter \$3,650 e). <b>All others</b> , see the instructions for the amount to enter	(\$7,300 for	3	3,650.
4	lines 1 and 2. I	unt you and your employer contributed to your Archer MSAs for 2022 from f you or your spouse had family coverage under an HDHP at any time during nount contributed to your spouse's Archer MSAs	g 2022, also	4	0.
5		from line 3. If zero or less, enter -0	-	5	3,650.
6		unt from line 5. But if you and your spouse each have separate HSAs and ar an HDHP at any time during 2022, see the instructions for the amount to e		6	3,650.
7	If you were ag	e 55 or older at the end of 2022, married, and you or your spouse had fami P at any time during 2022, enter your additional contribution amount. See ins	ly coverage	7	0.
8		d7	[	8	3,650.
9 10	Employer cont	ributions made to your HSAs for 2022       .       .       9         funding distributions       .       .       .       10	1,215.		
11		d 10		11	1,215.
12	Subtract line 1	1 from line 8. If zero or less, enter -0	[	12	2,435.
13		n. Enter the smaller of line 2 or line 12 here and on Schedule 1 (Form 1040), Pa		13	0.
		2 is more than line 13, you may have to pay an additional tax. See instruction			
Part		<b>stributions.</b> If you are filing jointly and both you and your spouse eac te Part II for each spouse.	h have separ	ate H	SAs, complete
14a		ons you received in 2022 from all HSAs (see instructions)		14a	
b		ncluded on line 14a that you rolled over to another HSA. Also include (and the earnings on those excess contributions) included on line 14a			
	-	he due date of your return. See instructions		14b	
		4b from line 14a		14c	
15 16	Taxable HSA	cal expenses paid using HSA distributions (see instructions)	include this	15	
17a		total on Schedule 1 (Form 1040), Part I, line 8f		16	
	Tax (see instru	ctions), check here	🗆		
b		<b>% tax</b> (see instructions). Enter 20% (0.20) of the distributions included on the additional 20% tax. Also, include this amount in the total on Scheduine 17c	ule 2 (Form	17b	
Part	complet	and Additional Tax for Failure To Maintain HDHP Coverage. See ing this part. If you are filing jointly and both you and your spouse ea e a separate Part III for each spouse.	the instruction		
18		e		18	
19		funding distribution		19	
20		Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I,		20	
21		. Multiply line 20 by 10% (0.10). Include this amount in the total on Sched ine 17d		21	

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