#### Department of the Treasury Internal Revenue Service

# **IRS e-file Signature Authorization**

OMB No. 1545-0074

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

Submission Identification Number (SID)

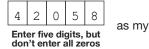
Taxpayer's name Social security number VENKATARAO NELLURI 172 - 84 - 2058Spouse's name Spouse's social security number 295-53-8628 PRAVEENA RANI MADALA Tax Return Information – Tax Year Ending December 31, 2022 (Enter year you are authorizing.) Part I Enter whole dollars only on lines 1 through 5. Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank. Adjusted gross income 45,563. 1 1 Ο. 2 2 3 3 1,818. 4 4 5,778. 5 Amount you owe . . . . . . . . . . .<u>. . . . . . . . . . . . . .</u> . . . 5 .

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

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

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$\mathbf{\nabla}$	l authorize	CTODAT		TTC	to optox or concrete my DIN	4



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6

Enter five digits, but don't enter all zeros

3 8

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

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

Your signature 🕨

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

X I authorize GLOBAL TAXES LLC 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 s	signature 🕨 🛛 🛛 🖉	)ate								
	Practitioner PIN Method Returns Only—continue	e be	low							
Part III	Certification and Authentication – Practitioner PIN Method Only									
ERO's EFI	N/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.			Dor	n't er	nter a	all zei	ros		

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 ►			
	Don't S	– ERO Must Retain This Form Submit This Form to the IRS Un				
				-	0070 /=	04.0004

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

Date

Digital Assets       At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, Assets         Standard Deduction       Someone can claim:       Vou as a dependent       You spouse as a dependent         Age/Blindness       Souse itemizes on a separate return or you were a dual-status allen         Age/Blindness       You:       Were born before January 2, 1958       Are blind       Spouse:       Was born before January 2, 1958       Is blind         Dependents       Gee instructions):       (a) Spouse itemizes on a separate return or you were a dual-status allen       (d) Check the box if qualifies to rise instructions dependents         Main four       (f) First name       Last name       (p) Spouse:       (a) Relationship       (d) Check the box if qualifies to rise instructions dependents         Medical move       NELLURI       193–86–9475       Daug/inter       X       (i)	<b>1040</b>		artment of the Treasury—Internal Revenue Servi S. Individual Income Tax		urn	202	2	OMB No. 1545	-0074	IRS Use Onl	y—Do not v	vrite or staple	in this space.
VENKATARAO         NELLURI         172=84-2058           Hjoht return, spouse's first name and middle initial EPAAUEENA RANI         MDATA         295-53-8628           Home address (number and street), Hyou have a IPA, box, see instructions.         Apt. no.         Pre-idential Election Campo address (number and street), Hyou have a foreign address, also complete spaces below.         State         21P code         Pre-idential Election Campo aposes if fing jointy, warth poses of fing jointy, warth poses of fing jointy, warth acchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions)         Yes         No           Stated Assets         Axany time during 2022, did you: (a) receive (sa a reward, award, or payment for property or service); or (b) sell, acchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions)         Yes         No           Stated Assets         Spouse itemizes on a separate return or you were a dual-status alien         Age/Bindness         You as a dependent in more         You as a dependent         Election Sing (Chick tas cells for the disposed)         Is bind           Deduction         Or is name         (2) Social security must in or the disposed)         Is bind         Is bind           Deduction         Or is name         (2) Social security must in a dispose         Is bind         Is bind           Deduction         Or is name         Is dearois         Is dearois	Check only	lf yo	u checked the MFS box, enter the na	ame of y	0		,				spo	use (QSS)	0
Importantion       pouse's for name and middle initial       Last name       pouse's social security num         PRAVEENA RANI       MADALA       295-53-862.8         Home address (number and street). If you have a P.O. box, see instructions.       Apt. no.       Presidential Becificon Campa         49. GRAVEAWK       MAY NORTH       Check here if you, or your       Check here if you, or your         50. for your, or poorting       PA and the point of the	Your first name	and mi	iddle initial	Last na	me						Your so	ocial securi	ty number
PRAVEENA RANI       MADALA       29.5-53-6628         Home address fumible and street), if you have a P.O. box, see instructions.       Apt. no.       Presidential Bection Campa         4.9 CRAVERAL WAY NORTH       Apt. no.       Presidential Bection Campa         CBV, town, or post office. If you have a foreign address, also complete spaces below.       State       IP code         BY CRAVERSUBS       Foreign country name       Foreign province/state/county       Foreign post office. If you have a foreign address, also complete spaces below.       State       IP code       Boouse it filling jointly, wast         Digital Assets       At any time during 2022, did you; (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.)       Yes       No         Standard       Spouse itemizes on a separate return or you were a dual-status allen       Age/Bindness You:       Were born before January 2, 1958       Are bind       Spouse:       Gital security       (9) Reatoment       Chick the box if qualifies for (see instructions)       Immediate formed         If more than four than our toported on form(s)       NEBA C       NELLURI       193-86-9475       Daughter       Model       Immediate       Immediate       Immediate       Immediate       Immediate       Immediate       Immediate       Immediate       Immediat	VENKATAR	AO		NELL	URI						172-	84-205	8
Home address fumber and street). If you have a P.O. box, see instructions.         Apt. no.         Presidential Election Campo Group of Tilling (pintly, war).           49         GRAXHAWK         WAY         NORTH         Check there if you, or your spouse if filling (pintly, war).         Paint 21P code         Paint 22P	If joint return, sp	ouse's	s first name and middle initial	Last na	me						Spouse	's social se	curity number
49       GRAYHAWK       WAY NORTH       Check here if you, or you?         City, town, or post office. If you have a foreign address, also complete spaces below.       State       ZIP code       To So         MCIINATCESURG       PA       17.050       box below will not change       you if xou or you?         Poreign nountry name       Foreign province/state/country       Foreign postal code       you is xor refund.         Standard       Someone can callim:       You as a dependent       You is post         Digital       At any time during 2022, did you; (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset/? (See instructions).       Yes       No         Standard       Someone can callim:       You as a dependent       You       Spous       No         Dependents       Gen instructions;       Were born before January 2, 1958       Are bind       Spouse:       No       Charles the box if qualifies for (ree instruction charles exceed)         If more time to the time to the second on the digital asset (or a financial interest in a digital asset (or a financial interest in a digital asset (or a financial interest in a digital asset (or digital digital digital digital (or digital digital digital digital digital digital digital di	PRAVEENA	RAI	NI	MADA	LA						295-	53-862	8
49       GRAY HAWK_MAX_NORTH       Check here if you, or your, or post office, if you have a forsign address, also complete spaces below.       State       ZIP code       to go to this fund. Checking         MCCHANCESURG       PA       17.050       box below will not change       your avoid the initial interest in a digital asset (or a financial interest in a digital asset) (See instructions.)       Yes Xin Ar         Digital Assets       At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset) (See instructions.)       Yes Xin Ar         Standard       Someone can callim       Yous as a dependent       Yes Xin Ar         Dependents, is (see instructions);       Were bore January 2, 1958       Are blind       Spouse:       Was other fits and the tox if qualifies for (see instructions);         If more there       (if instrame       Last name       (2) Social social (See)       Yes Al       Image Al         MEGHANA       NELLURI       19.3-86-9475       Daughter       Xin Al       Image Al       Image Al         V=2 here, Also       Total amount from Form(s) W-2, box 1 (see instructions)       Ia       47, 317       Ia       47, 317         Here, Hore if tax was withheld.       Total amount from Form(s) W-2, box 1 (see instructions)       Ia       Ia       47, 317     <	Home address (	numbe	er and street). If you have a P.O. box, see	instructio	ons.				A	pt. no.	Preside	ntial Electi	on Campaign
City, two, or post office. If you have a foreign address, also complete spaces below.       State       ZIP code       poole       filing jointly, want to spot office. If you have a foreign address, also complete spaces below.       PA       17050       to spot office.	49 GRAYH	AWK	WAY NORTH								Check	here if you	, or your
MECHANICSSURG         PA         17050         box below will not change           Foreign country name         Foreign province/state/country         Foreign postal code         put tax or refund.           Digital         At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions).         Yes         No           Standard         Soneone can claim:         You as a dependent         Your spouse as a dependent         Your spouse as a dependent           Dependents         Gee instructions):         (I) First name         (I) Social security         (I) Relationship         (I) Check the box if qualifies for fiele instruction           If more         (I) First name         Last name         (I) Social security         (I) Relationship         (I) Check the box if qualifies for fiele instruction           If more         (I) First name         Last name         (I) Social security         (I) Relationship         (I) Check the box if qualifies for fiele instructions         Ia         477, 317           If contain form Form(s) W-2, box 1 (see instructions)         Ia         477, 317         Ib         Id         Id           If cata amount from Form(s) W-2, box 1 (see instructions)         Ia         Id         477, 317           Match Form(s) <td></td> <td></td> <td></td> <td>mplete s</td> <td>paces belo</td> <td>w.</td> <td>Sta</td> <td>te</td> <td>ZIP c</td> <td>ode</td> <td></td> <td></td> <td></td>				mplete s	paces belo	w.	Sta	te	ZIP c	ode			
Foreign province/state/county       Foreign postal code       your tax or refund.       or         Digital Assets       At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell.       Assets	MECHANIC	SBU	RG				PA	A	170	50	· · ·		•
Digital Assets       At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, assets       Ves       No         Standard Deduction       Someone can claim:       Vou as a dependent       Vour spouse as a dependent         Age/Blindness       Spouse itemizes on a separate return or you were a dual-status allen         Age/Blindness       You:       Were bom before January 2, 1958       Are blind       Spouse:       (4) Check the box if qualifies for itemizationship (1) First name       (4) Check the box if qualifies for itemizationship (2) Social security       (3) Relationship (2) Relationship (3) Relationship (3) Relationship (4) Check the box if qualifies for item isotructionship (2) Relationship (2) Relationship (3) Relationship (3) Relationship (3) Relationship (4) R			-	F						n postal code	-	x or refund	•
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Standard Deduction       Someone can claim:       You as a dependent       Your spouse as a dependent         Age/Blindness       You:       Were born before January 2, 1958       Are blind       Spouse:       Was born before January 2, 1958       Is blind         Age/Blindness       You:       Were born before January 2, 1958       Are blind       Spouse:       Was born before January 2, 1958       Is blind         Dependents       (see instructions):       (i) First name       Last name       (ii) Social security       (ii) Relationship       (iii) Check the box if qualifies for (see instruction child tax credit       Credit for other depend         If more       (i) First name       Last name       (iii) Social security       (iii) Relationship       (iii) Check the box if qualifies for feee instructions         NEHA       NELLURI       19.3-86-9475       Daughter       Iii       Iiii       Iiii         Attach Form(s)       W-2, box 1 (see instructions)       Iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii	•			`	-					,.			XNo
Deduction       Spouse itemizes on a separate return or you were a dual-status alien         Age/Blindness       You:       Ware bom before January 2, 1958       Are blind       Spouse:       Was bom before January 2, 1958       Is blind         Dependents       (see instructions):       (1) First name       Last name       (2) Social security       (3) Relationship       (4) Check the box if qualifies for (see instructions bediets for (see instructions)         If more than four dependents, see instructions       MEGHANA       NELLURI       193–86–9475       Daughter       Image: Comparison of the point of the depend on the al. (a see instructions)         NERA       NELLURI       843–45–3896       Daughter       Image: Comparison of the point of the po				-				-	assei)		uctions.)		
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Introl       MEGHANA       NELLURI       193-86-9475       Daughter       X         dependents, see instructions and check here       NEHA       C       NELLURI       843-45-3896       Daughter       X       Image: Comparison of the comparison	-						/		ip <b>(</b> 4				
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Household employee wages not reported on Form(s) W-2       1b         Attach Form(s) W-2 here. Also attach Forms       t       Tip income not reported on line 1a (see instructions)       1c         W-2 here. Also attach Forms       d       Medicaid waiver payments not reported on Form(s) W-2 (see instructions)       1d         W-20 and 1099-Ri ftax       f       Taxable dependent care benefits from Form 2441, line 26       1d         was withheld, ff you did not get a Form       f       Employer-provided adoption benefits from Form 8839, line 29       1f         was withheld, ff you did not get a Form       h       Other earned income (see instructions)       1h       00         V-2, see instructions.       z       Add lines 1a through 1h       1z       47, 31.7         Attach Sch. B       2a       b       Taxable amount       2b       3, 24.6         if required.       3a       b       D ordinary dividends       3b       0         ff required.       3a       b       Taxable amount       4b       5b         Standard Deduction for- Single or Married filing separately. \$12,950       7       Capital gain or (loss). Attach Schedule D if required. If not required, check here       7       -3,000         8       -2,000       9       Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       10													
Household employee wages not reported on Form(s) W-2       1b         Attach Form(s) W-2 here. Also attach Forms       t       Tip income not reported on line 1a (see instructions)       1c         W-2 here. Also attach Forms       d       Medicaid waiver payments not reported on Form(s) W-2 (see instructions)       1d         W-20 and 1099-Ri ftax       f       Taxable dependent care benefits from Form 2441, line 26       1d         was withheld, ff you did not get a Form       f       Employer-provided adoption benefits from Form 8839, line 29       1f         was withheld, ff you did not get a Form       h       Other earned income (see instructions)       1h       00         V-2, see instructions.       z       Add lines 1a through 1h       1z       47, 31.7         Attach Sch. B       2a       b       Taxable amount       2b       3, 24.6         if required.       3a       b       D ordinary dividends       3b       0         ff required.       3a       b       Taxable amount       4b       5b         Standard Deduction for- Single or Married filing separately. \$12,950       7       Capital gain or (loss). Attach Schedule D if required. If not required, check here       7       -3,000         8       -2,000       9       Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       10	Incomo	1a	Total amount from Form(s) W-2, be	ox 1 (se	e instructi	ons) .					. 1a	1	
W-2 here. Also attach Forms       Medicaid waiver payments not reported on Form(s) W-2 (see instructions)       1d         W-26 and 1099-R if tax was withheld, get a form       Taxable dependent care benefits from Form 2441, line 26       1e         W-26 and 1099-R if tax was withheld, get a form       Wages from Form 8919, line 6       1g         M-2, see instructions.       I       1d         V-2, see instructions.       Nontaxable combat pay election (see instructions)       1i         Attach Sch. B       2a       b       Taxable interest       2b       3, 24 6         Attach Sch. B       2a       b       Taxable interest       2b       3, 24 6         if required.       3a       b       Ordinary dividends       3b       0         4a       b       Taxable amount       4b       4b       5b         Standard Deduction for- Maried fling periative, \$12, 950       Capital gain or (loss). Attach Schedule D if required. If not required, check here       7       7.3,000         8       Outher income from Schedule 1, line 10	income	b	Household employee wages not re	ported	on Form(s	s) W-2 .					. 1k		
attach Forms       d       Medicaid waiver payments not reported on Form(s) W-2 (see instructions)       1d         W-26 and 1099-Rif tax       f       Taxable dependent care benefits from Form 2441, line 26       1e         1099-Rif tax       f       Employer-provided adoption benefits from Form 8839, line 29       1f         was withheld.       f       Employer-provided adoption benefits from Form 8839, line 29       1f         was withheld.       g       Wages from Form 8919, line 6       1g         wV-2, see       i       Nontaxable combat pay election (see instructions)       1i         instructions.       z       Add lines 1a through 1h       1z       47, 317         Attach Sch. B       2a       b       Daxable interest       2b       3,246         if required.       3a       ualified dividends       3a       b       Ordinary dividends       3b       0         Standard       Ea       IRA distributions       4a       b       Taxable amount       4b       5b         Scala security benefits       6a       b       Taxable amount       5b       5b         Veduction for-       Figure       r       Gai addite dividends       7       7.3,000         Standard       Deduction from Schedule D if required. If not required		с	Tip income not reported on line 1a	(see ins	structions	)					. 10	;	
W-2c and 1099-Rif tax was withheld.       e       Taxable dependent care benefits from Form 2441, line 26       1e         If you did not get a Form       g       Wages from Form 8919, line 6       1f         W-2c, see instructions.       h       Other earned income (see instructions)       1f         Z       Add lines 1a through 1h       1i       1f         Attach Sch. B       2a       b       Taxable interest       2b         add lines 1a through 1h       2a       b       Taxable interest       2b         4tatch Sch. B       2a       b       Taxable interest       2b       3, 24 6         if required.       3a       Qualified dividends       3b       0       0         4a       b       Taxable amount       4b       4b       4b         Standard Deduction for- 6a       Social security benefits       6a       b       Taxable amount       6b         5a       Pensions and annuities       5a       b       Taxable amount       6b       6b         6a       Social security benefits       6a       b       Taxable amount       6b       6b         9       Add lines 12, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your trequired, check here       7       7.3,0000       8       -2,000		d	Medicaid waiver payments not rep	orted or	n Form(s)	W-2 (see i	nstru	ictions)			. 10	ł	
was withheld.       f       Employer-provided adoption benefits from Form 8839, line 29       11         If you did not       g       Wages from Form 8919, line 6       1g         get a Form       h       Other earned income (see instructions)       1h       0         w2-, see       i       Nontaxable combat pay election (see instructions)       1i       1i         Attach Sch. B       2a       ti       b       Tax-exempt interest       2b       3, 246         add lines 1a through 1h       3a       b       Ordinary dividends       3b       0         4tach Sch. B       2a       b       Tax-exempt interest       2b       3, 246         4a       BA distributions       4a       b       Draxable amount       4b         5a       Pensions and annuities       5a       b       Taxable amount       5b         Deduction for-       6a       Social security benefits       6a       b       Taxable amount       5b         9       Add lines 12, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       7       -3,000       8       -2,000         9       Add justments to income from Schedule 1, line 26       10       25,500       11       45,563         10       Standard	W-2G and	е	Taxable dependent care benefits f	rom For	m 2441, li	ne 26					. 16	•	
If you did not g Wages from Form 8919, line 6 1g   get a Form h Other earned income (see instructions) 1i   W-2, see i Nontaxable combat pay election (see instructions) 1i   instructions. z Add lines 1a through 1h 1z   Attach Sch. B 2a b Tax-exempt interest 2b   3a Qualified dividends 3a b   4a B b Ordinary dividends 3b   4a B b Ordinary dividends 3b   5a Pensions and annuities 5a b 5b   6a b Taxable amount 6b   Standard b Standard of ling c If you elect to use the lump-sum election method, check here (see instructions) 7   Standard filing c If you elect to use the lump-sum election method, check here (see instructions) 7 -3,000   Standard filing go other income from Schedule 1, line 10 7 -3,000   separately, stagsovee, stagsove		f	Employer-provided adoption bene	fits from	Form 88	39, line 29					. 11	F	
get a Form h Other earned income (see instructions) 1h 0   W-2, see i Nontaxable combat pay election (see instructions) 1i 1i   Attach Sch. B 2a Tax-exempt interest 2a 2a   Attach Sch. B 2a Tax-exempt interest 2a   if required. 3a Qualified dividends 3a   4a BR distributions 4a   B Pensions and annuities 5a   Standard 6a   Deduction for- 6a   Single or Married filing separately, \$12,950 f you elect to use the lump-sum election method, check here (see instructions)   0 1f you elect to use the lump-sum election method, check here (see instructions)   0 16   0 Other income from Schedule 1, line 10   10 Subtract line 10 from line 9. This is your dajusted gross income   11 45, 563   10 Standard   11 45, 563   10 Subtract line 10 from line 9. This is your adjusted gross income   11 45, 563   12 25, 900   13 Qualified business income deduction from Form Softedule A)   14 25, 900   15 19, 663		g	Wages from Form 8919, line 6 .								. 1ç	3	
Instructions.       I       Nontaxable combat pay election (see instructions)       II         Attach Sch. B       z       Add lines 1a through 1h       Iz       47, 317         Attach Sch. B       a       Daulified dividends       Iz       2b       3,246         if required.       3a       Qualified dividends       Iz       2b       3,246         Maried Ring       Qualified dividends       Iz       47,317       2b       3,246         Standard       Qualified dividends       Iz       4a       b       Dataxable interest       Iz       40         Standard       Pensions and annuities       5a       b       Taxable amount       Iz       4b         Standard       Social security benefits       5a       b       Taxable amount       Iz       5b         Deduction for-       6a       Social security benefits       5a       It fyou elect to use the lump-sum election method, check here (see instructions)       Iz       7       -3,000         Married filing       8       Other income from Schedule 1, line 10       It fyou elect to use the lump-sum election required, check here       Iz       9       45,563         10       Subtract line 12, b, 3b, 4b, 5b, 6b, 7, and 8. This is your tatal income       Iz       12,5,900	get a Form	h	Other earned income (see instruction	ons) .							. 11	1 I	0.
z       Add lines 1a through 1h       1z       47,317         Attach Sch. B       2a       Tax-exempt interest       2b       3,246         if required.       3a       3a       b       Octionary dividends       3b       0         4a       IRA distributions       4a       b       Taxable amount       4b       4b         Standard Deduction for-       6a       5a       Pensions and annuities       5a       b       Taxable amount       5b         6a       Social security benefits       6a       b       Taxable amount       5b       6b         6a       Social security benefits       6a       b       Taxable amount       7       -3,000         8       Outlifying separately, \$12,950       1f you elect to use the lump-sum election method, check here (see instructions)       7       7       -3,000         8       Other income from Schedule 1, line 10       10       10       10       10         9       45,563       10       45,563       10       11       45,563         10       Subtract line 10 from line 9. This is your adjusted gross income       11       45,563       10         11       45,563       13       14       25,900       14       25,9		i	Nontaxable combat pay election (s	see instr	uctions)			<b>1</b> i					
if required.       3a       3a       b       Ordinary dividends       3b       0         4a       IRA distributions       4a       b       Taxable amount       4b         5a       Pensions and annuities       5a       b       Taxable amount       5b         6a       Social security benefits       6a       b       Taxable amount       5b         • Single or Married filing separately, \$12,950       c       If you elect to use the lump-sum election method, check here (see instructions)       c       7       -3,000         • Married filing jointly or jointly or jointly or surviving spouse, \$25,900       8       Other income from Schedule 1, line 10       7       -3,000         • Married filing jointly or jointly or subtract line 10 from line 9. This is your total income       7       -3,000         8       -2,000       9       45,563       10       11       45,563         9       45,563       10       11       45,563       12       25,900         14       Add lines 12 and 13       12		z	Add lines 1a through 1h								. 12	2	47,317.
4a       IRA distributions       4a       b       Taxable amount       4b         5a       Pensions and annuities       5a       b       Taxable amount       5b         9       Social security benefits       6a       5a       b       Taxable amount       6b         • Single or Married filing separately, \$12,950       6a       Social security benefits       6a       5a       b       Taxable amount       6b         • Married filing jointly or Qualifying surviving spouse, \$25,900       7       Capital gain or (loss). Attach Schedule D if required. If not required, check here       7       -3,000         • Married filing jointly or Qualifying surviving spouse, \$25,900       9       Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9       45, 56.3         • Head of household, \$19,400       12       Standard deduction or itemized deductions (from Schedule A)       11       45, 56.3         • If you checked any box under Standard       13       Qualified business income deduction from Form 8995 or Form 8995-A       13         14       Add lines 12 and 13       14       25, 900       15       19, 66.3	Attach Sch. B	<b>2</b> a	Tax-exempt interest	2a			bΤ	axable interest	t.		. 2k	>	3,246.
Standard Deduction for-       5a       5a       b       Taxable amount	if required.	3a	Qualified dividends	3a			b C	ordinary divide	nds .		. 3k	)	0.
Deduction for-       6a       Social security benefits       6a       b       Taxable amount       6b         • Single or Married filing separately, \$12,950       c       If you elect to use the lump-sum election method, check here (see instructions)       .       .       6b         • Married filing jointy or Qualifying surviving spouse, \$25,900       7       Capital gain or (loss). Attach Schedule D if required. If not required, check here       .       .       7       -3,000         • Married filing jointy or Qualifying surviving spouse, \$25,900       8       Other income from Schedule 1, line 10       .       .       .       8       -2,000         • Head of household, \$19,400       10       Adjustments to income from Schedule 1, line 26       .       .       .       11       45,563         • If you checked any box under Standard       12       Standard deduction or itemized deductions (from Schedule A)       .       .       .       .       .       12       25,900         • If you checked any box under Standard       13       Qualified business income deduction from Form 8995 or Form 8995-A       .       .       .       .       .       13         • If you checked any box under Standard       14       Add lines 12 and 13       .       .       .       .       .       .       .       .		4a	IRA distributions	4a			bΤ	axable amoun	t		. 4k	>	
<ul> <li>Single or Married filing separately, \$12,950</li> <li>Married filing jointy or Qualifying surviving spouse, \$25,900</li> <li>Married filing Qualified business income from Schedule 1, line 26</li> <li>Head of household, \$11</li> <li>Married deduction or itemized deductions (from Schedule A)</li> <li>Married filing 10</li> <li>Married filing 11</li> <li>Married filing 12</li> <li>Married filing 13</li> <li>Married filing 14</li> <li>Married filing 15</li> <li>Married filing 16</li> <li>Married filing 17</li> <li>Married filing 18</li> <li>Married filing 19</li> <li>Married filing 10</li> <li>Married filing 11</li> <li>Married filing 11</li> <li>Married filing 12</li> <li>Married filing 14</li> <li>Married filing 15</li> <li>Married filing 16</li> <li>Married fil</li></ul>		5a	Pensions and annuities	5a			bΤ	axable amoun	t		. 5t	>	
Married filing separately, \$12,950       c       If you elect to use the lump-sum election method, check here (see instructions)       .		6a	Social security benefits	6a			bΤ	axable amoun	t		. 6k	)	
\$12,950       7       Capital gain or (loss). Attach Schedule D if required, theor required, check here       1       7       -3,000         • Married filing jointly or Qualifying souse, \$25,900       9       Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9       45,563         • Head of household, \$19,400       11       Subtract line 10 from line 9. This is your adjusted gross income       11       45,563         • If you checked any box under Standard       13       Qualified business income deduction from Form 8995 or Form 8995-A       13         • Head of household, \$14       Add lines 12 and 13       14       25,900       13         • If you checked any box under Standard       14       25,900       13       14       25,900         • If you checked any box under Standard       14       25,900       14       25,900       15       19,663	Married filing	С	If you elect to use the lump-sum e	lection r	nethod, c	heck here	(see	instructions)					
jointly or Qualifying surviving spouse, \$25,9009Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income945, 56310Adjustments to income from Schedule 1, line 261010• Head of household, \$19,40012Standard deduction or itemized deductions (from Schedule A)1145, 563• If you checked any box under Standard12Standard deduction or itemized deductions (from Schedule A)1225, 900• If you checked any box under Standard13Qualified business income deduction from Form 8995 or Form 8995-A1314• If you checked any box under Standard131112, 20, 90013• If you checked any box under Standard1425, 90014• If you checked any box under Standard1412, 20, 90013• If you checked any box under Standard1414, 20, 900• If you checked any box under Standard1414, 14, 14, 14, 14, 14, 14, 14, 14, 14,		7	Capital gain or (loss). Attach Schee	dule D if	required.	If not requ	uired	, check here			7		-3,000.
Qualifying surviving spouse, \$25,900       9       Add lines 12, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9       45, 563         10       Adjustments to income from Schedule 1, line 26       10       10         Head of household, \$19,400       11       Subtract line 10 from line 9. This is your adjusted gross income       11       45, 563         12       25,900       12       Standard deduction or itemized deductions (from Schedule A)       12       25, 900         • If you checked any box under Standard Deduction,       13       Qualified business income deduction from Form 8995 or Form 8995-A       13       14       25, 900         14       25, 900       14       25, 900       14       25, 900       14       25, 900													-2,000.
\$25,900       10       Adjustments to income nom obligation of the due 1, line 20       11       10         • Head of household, \$19,400       11       Subtract line 10 from line 9. This is your adjusted gross income       11       45,563         • If you checked any box under Standard       12       Standard deduction or itemized deductions (from Schedule A)       12       25,900         • If you checked any box under Standard       13       Qualified business income deduction from Form 8995 or Form 8995-A       13         • If you checked any box under Standard       14       25,900       13         • If you checked any box under Standard       14       25,900         • If you checked any box under Standard       14       25,900         • If you checked any box under Standard       14       25,900         • If you checked any box under Standard       15       19,663	Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,	and 8.	This is yo	ur <b>total in</b> e	com	ə			. 9	_	45,563.
• Head of household, \$12       Subtract line 10 from line 9. This is your adjusted gross income       11       45,563         • Head of household, \$19,400       12       Standard deduction or itemized deductions (from Schedule A)       12       25,900         • If you checked any box under Standard       13       Qualified business income deduction from Form 8995 or Form 8995-A       13       14       25,900         • Add lines 12 and 13       • • • • • • • • • • • • • • • • • • •		10	Adjustments to income from Sche	dule 1, l	ine 26						. 10	)	
\$19,400       12       Standard deduction or itemized deductions (from Schedule A)       12       25,900         • If you checked any box under Standard       13       Qualified business income deduction from Form 8995 or Form 8995-A       13       13         14       Add lines 12 and 13       14       25,900       14       25,900         Deduction,       15       Subtract line 14 from line 11. If zero or less enter -0- This is your taxable income       15       19       663	Head of			•									45,563.
any box under Standard         14         Add lines 12 and 13         13         14         25,900           Deduction,         15         Subtract line 14 from line 11         If zero or less enter -0- This is your taxable income         15         19         663		12											25,900.
Standard         14         Add lines 12 and 13         14         25,900           Deduction,         15         Subtract line 14 from line 11. If zero or less enter -0 This is your taxable income         15         19.663		13		on from	Form 899	95 or Form	1 899	5-A			. 13	3	
	Standard										. 14		25,900.
		15	Subtract line 14 from line 11. If zer	o or less	s, enter -C	This is y	our 1	taxable incom	е.		. 15	5	19,663.

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

Form **1040** (2022)

Credits	16 17 18 19	<b>Tax</b> (see instructions). Check Amount from Schedule 2, lin	•	· ·				16		1,9	68.
	18		e3								-
		Add lines 16 and 17						17			
	19	Aud lines to and tr						18		1,9	68.
		Child tax credit or credit for	other dependen	ts from Sched	ule 8812			19		1,7	68.
	20	Amount from Schedule 3, lin	e8					20		2	00.
	21	Add lines 19 and 20						21		1,9	68.
	22	Subtract line 21 from line 18.	If zero or less,	enter -0				22			0.
	23	Other taxes, including self-er	mployment tax,	from Schedule	e 2, line 21 .			23			0.
	24	Add lines 22 and 23. This is	our <b>total tax</b>					24			0.
Payments	25	Federal income tax withheld	from:								
	а	Form(s) W-2				<b>25</b> a 1	,818.				
	b	Form(s) 1099				25b					
	с	Other forms (see instructions	s)			25c					
	d	Add lines 25a through 25c						25d		1,8	18.
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)				27 1	,728.				
attach Sch. EIC.	28	Additional child tax credit from	n Schedule 8812			<b>28</b> 2	2,232.				
	29	American opportunity credit	from Form 8863	8, line 8		29					
	30	Reserved for future use .				30					
	31	Amount from Schedule 3, lin	e15			31					
	32	Add lines 27, 28, 29, and 31.	These are your	total other pa	ayments and ref	undable credits		32		3,9	60.
	33	Add lines 25d, 26, and 32. The second	nese are your <b>to</b>	tal payments				33		5 <b>,</b> 7	78.
Refund	34	If line 33 is more than line 24	, subtract line 2	4 from line 33.	This is the amou	nt you <b>overpaid</b>		34		5,7	78.
	35a	Amount of line 34 you want		I. If Form 8888	is attached, che	ck here		35a		5 <b>,</b> 7	78.
Direct deposit?	b	Routing number 0 3 1			c Type: 🛛 🗙	Checking	Savings				
See instructions.	d	Account number 5 0 1	2 1 5 5	8 5 4							
	36	Amount of line 34 you want a	pplied to your	2023 estimate	edtax	36					
Amount	37	Subtract line 33 from line 24.	This is the amo	ount you owe.							
You Owe		For details on how to pay, go	o to <i>www.irs.go</i> v	//Payments or	see instructions			37			
	38	Estimated tax penalty (see in	structions) .			38					
Third Party	Do	you want to allow another	person to disc	cuss this retur	n with the IRS?	See					
Designee	ins	tructions				🗌 <b>Yes.</b> C	omplete b	below.	🗙 No		
	Des	signee's		Phone no.			onal identi ber (PIN)	fication			
							( )			<u> </u>	
Sign		der penalties of perjury, I declare the ef, they are true, correct, and com			1 7 0		,		,		0
Here		ur signature		Date	Your occupation				nt you an le		
				Duto	i our occupation		Prote	ection P	IN, enter it		,
Joint return?					DAY TRADER/	SOFTWARE ENG	IN (see	inst.)			
See instructions. Keep a copy for	Spo	ouse's signature. If a joint return, b	oth must sign.	Date	Spouse's occupat	ion			nt your spo		
your records.					UOMEMAKED			iity Prote inst.)	ection PIN,	enter	
	Db/	(0.01) 0.40 0.04	2	Email addraga	HOMEMAKER		(	,			
		one no. (901) 848-0042 parer's name	Preparer's signat	Email address	NVENKATAR	AO@GMAIL.CC	PTIN		Check if:		
Paid	110	paror o numo	i ioparoi o oigilat			Duit	1 1 1 1		Self-		oved
Preparer							DL				Jyeu
Use Only		n's name GLOBAL TAX		NOMITOR N	T 00016			ne no.			
-		n's address 245 ROONES 1040 for instructions and the lates		MANICA NO	J 08816 BAA		Firm	's EIN			0 (2022

SCHEDULE	1
(Form 1040)	

Department of the Treasury

Internal Revenue Service

# 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

Attachment Sequence No. 01 Your social security number

172-84-2058

Name(s) shown	on Form 104	10,	1040-SR, or	1040-NI	R
VENKATARAO	NELLURI	&	PRAVEENA	RANI	MADALA

Par	t I Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxes		1	
2a	Alimony received		2a	
b	Date of original divorce or separation agreement (see instructions):			
3	Business income or (loss). Attach Schedule C		3	
4	Other gains or (losses). Attach Form 4797		4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Atta	ach Schedule E .	5	-2,000.
6	Farm income or (loss). Attach Schedule F.		6	
7	Unemployment compensation		7	
8	Other income:			
а	Net operating loss	8a ( )		
b	Gambling	8b		
С	Cancellation of debt	8c		
d	Foreign earned income exclusion from Form 2555	8d (		
е	Income from Form 8853	8e		
f	Income from Form 8889	8f		
g	Alaska Permanent Fund dividends	8g		
h	Jury duty pay	8h		
i	Prizes and awards	8i		
j	Activity not engaged in for profit income	8j		
k	Stock options	8k		
I	Income from the rental of personal property if you engaged in the rental			
	for profit but were not in the business of renting such property $\ldots$ .	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:			
•		8z		
9	Total other income. Add lines 8a through 8z		9	2 . 0.00
10	Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR	, or 1040-NR, line 8	10	-2,000.

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 8l 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. Ent	er here	e and on		
	Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a			<u> </u>	26	
	ВАА	REV	03/18/23 F	PRO	Schedu	le 1 (Form 1040) 2022

Department of the Treasury

# **Additional Credits and Payments**

OMB No. 1545-0074

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

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

2022 Attachment Sequence No. 03

	(s) shown on Form 1040, 1040-SR, or 1040-NR		Veureet		
	KATARAO NELLURI & PRAVEENA RANI MADALA		172-8		ecurity number
Par	t I Nonrefundable Credits				
1	Foreign tax credit. Attach Form 1116 if required			1	
2	Credit for child and dependent care expenses from Form 244 Form 2441			2	
3	Education credits from Form 8863, line 19			3	
4	Retirement savings contributions credit. Attach Form 8880			4	200.
5	Residential energy credits. Attach Form 5695			5	
6	Other nonrefundable credits:				
а	General business credit. Attach Form 3800	6a			
b	Credit for prior year minimum tax. Attach Form 8801	6b			
с	Adoption credit. Attach Form 8839	6c			
d	Credit for the elderly or disabled. Attach Schedule R	6d			
е	Alternative motor vehicle credit. Attach Form 8910	6e			
f	Qualified plug-in motor vehicle credit. Attach Form 8936	6f			
g	Mortgage interest credit. Attach Form 8396	6g			
h	District of Columbia first-time homebuyer credit. Attach Form 8859	6h			
i	Qualified electric vehicle credit. Attach Form 8834	6i			
j	Alternative fuel vehicle refueling property credit. Attach Form 8911	6j			
k	Credit to holders of tax credit bonds. Attach Form 8912	6k			
I	Amount on Form 8978, line 14. See instructions	61			
z	Other nonrefundable credits. List type and amount:				
		6z			
7	Total other nonrefundable credits. Add lines 6a through 6z			7	
8	Add lines 1 through 5 and 7. Enter here and on Form 1040, 1040 line 20	)-SR, or 10∠	10-NR,	0	
			· · ·	8	200. (100 ied on page 2
For Pa	perwork Reduction Act Notice, see your tax return instructions.	REV 03/18/23			le 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 h	Reserved for future use	13g 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	03/18/23 PRO	Schedule 3	(Form 1040) 202

SCHEDULE	В
(Form 1040)	

Department of the Treasury Internal Revenue Service

# **Interest and Ordinary Dividends**

Go to www.irs.gov/ScheduleB for instructions and the latest information. Attach to Form 1040 or 1040-SR.

OMB No. 1545-0074 20 Attachment Sequence No. 08

Name(s) shown on r	eturn		Your	social secur	ty numb	oer
VENKATARAO	NELI	LURI & PRAVEENA RANI MADALA	172	-84-205	8	
Part I Interest	1	List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see the instructions and list this interest first. Also, show that here are added and addresses		Am	ount	
(See instructions and the Instructions for Form 1040, line 2b.)		interest first. Also, show that buyer's social security number and address: MORGAN STANLEY DOMESTIC HOLDINGS, INC AMERITRADE			3,20	09. 37.
Note: If you received a Form 1099-INT, Form 1099-OID, or substitute statement from a brokerage firm, list the firm's name as the payer and enter the total interest shown on that form.			1			
	2 3	Add the amounts on line 1Excludable interest on series EE and I U.S. savings bonds issued after 1989.Attach Form 8815	2 3		3,24	
	4	Subtract line 3 from line 2. Enter the result here and on Form 1040 or 1040-SR, line 2b	4		3,24	46.
		If line 4 is over \$1,500, you must complete Part III.	-	Am	ount	
Part II	5	List name of payer: <u>AMERITRADE</u>				0.
Ordinary Dividends (See instructions and the Instructions for Form 1040, line 3b.)			5			
Note: If you received a Form 1099-DIV or substitute statement from a brokerage firm, list the firm's name as the payer and enter the ordinary dividends shown	6	Add the amounts on line 5. Enter the total here and on Form 1040 or 1040-SR, line 3b	6			0.
on that form.	Note:	If line 6 is over \$1,500, you must complete Part III.				
Part III Foreign Accounts		nust complete this part if you ( <b>a</b> ) had over \$1,500 of taxable interest or ordinary div nt; or ( <b>c</b> ) received a distribution from, or were a grantor of, or a transferor to, a foreign				
and Trusts Caution: If required, failure to file FinCEN Form		At any time during 2022, did you have a financial interest in or signature authority of account (such as a bank account, securities account, or brokerage account) location country? See instructions	ed in 	a foreign	Yes	No X
114 may result in substantial penalties. Additionally, you may be required	b	Accounts (FBAR), to report that financial interest or signature authority? See Fin0 and its instructions for filing requirements and exceptions to those requirements . If you are required to file FinCEN Form 114, list the name(s) of the foreign country(-	CEN F	orm 114		
to file Form 8938, Statement of Specified Foreign Financial Assets.		financial account(s) are located: During 2022, did you receive a distribution from, or were you the grantor of, or t				

foreign trust? If "Yes," you may have to file Form 3520. See instructions . . .

REV 03/18/23 PRO

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

See instructions.

. Schedule B (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.

Attachment Sequence No. 12 Your social security number

20

Internal Revenue Service Name(s) shown on return

Department of the Treasury

VENKATARAO NELLURI & PRAVEENA RANI MADALA

172-84-2058

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)

See instructions for how to figure the amounts to enter on the lines below.		(d) Proceeds	(e) Cost	<b>(g)</b> Adjustment		(h) Gain or (loss) Subtract column (e)
	form may be easier to complete if you round off cents to e dollars.	(sales price)	(or other basis)	to gain or loss Form(s) 8949, F line 2, column	Part I,	from column (d) and combine the result with column (g)
1a	Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b.					
1b	Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked	23,297,665.	28,013,859.	834,5	25.	-3,881,669.
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		4	0.
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 ar <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	-3,881,669.

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

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.		<b>(d)</b> Proceeds (sales price)	<b>(e)</b> Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)		(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 <b>Box D</b> checked	821,292.	87,850.			733,442.
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	0.
12 13	Net long-term gain or (loss) from partnerships, S corporat Capital gain distributions. See the instructions				12 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	733 <b>,</b> 442.
For F	Paperwork Reduction Act Notice, see your tax return instruction	ons. BAA	REV 03/18/23 PRO		Schedu	le D (Form 1040) 2022

Part	III Summary		
16	Combine lines 7 and 15 and enter the result	16	-3,148,227.
	• 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?		
	<ul> <li>☐ No. Skip lines 18 through 21, and go to line 22.</li> </ul>		
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)	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 03/18/23 PRO

Schedule D (Form 1040) 2022

Form **8949** 

Department of the Treasury

Internal Revenue Service

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

OMB No. 1545-0074

Attachment

Sequence No. 12A

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

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

 Name(s) shown on return
 Social security number or taxpayer identification number

 VENKATARAO NELLURI & PRAVEENA RANI MADALA
 172-84-2058

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	<b>(c)</b> Date sold or	<b>(d)</b> Proceeds	<b>(e)</b> Cost or other basis See the <b>Note</b> below	If you enter an enter a c	f any, to gain or loss amount in column (g), ode in column (f). arate instructions.	<b>(h)</b> 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) (g) Code(s) from instructions Amount of adjustment		from column (d) and combine the result with column (g).
E*TRADE SECURITIES LLC	01/01/22	12/31/22	16,159,169.	18,425,185.			-2,266,016.
AMERITRADE	01/01/22	12/31/22	856,886.	811,602.	W	356.	45,640.
AMERITRADE	01/01/22	12/31/22	6,281,610.	8,777,072.	W	834,169.	-1,661,293.
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	23,297,665.	28,013,859.		834,525.	-3,881,669.

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)	Attachment Sequence No. 12A	Page <b>2</b>
Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side	Social security number or taxpayer identification numl	ber

VENKATARAO NELLURI & PRAVEENA RANI MADALA

Social security number or taxpayer identification number 172-84-2058

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

<b>1</b> (a) Description of property	<b>(b)</b> Date acquired	(c)     (d)     Cost or other basis     enter a enter a       Date sold or     Proceeds     See the Note below     See the set		(e)         If you enter an amount in column (g), enter a code in column (f).         (g)           Cost or other basis         See the separate instructions.         Subtractions		(d) Cost or other basis Proceeds See the Note below See the separate		(c)         (d)         Cost or other basis         If you enter an amound enter a code in comparison           Date sold or         Proceeds         See the Note below         See the separate in comparison		enter a code in column (f). See the separate instructions.		If you enter an amount in column (g), enter a code in column (f).		
(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.	<b>(f)</b> Code(s) from instructions	<b>(g)</b> Amount of adjustment	from column (d) and combine the result with column (g).							
AMERITRADE	01/01/22	12/31/22	821,292.	87,850.			733 <b>,</b> 442.							
2 Totals. Add the amounts in columns negative amounts). Enter each tota Schedule D, line 8b (if Box D above above is checked), or line 10 (if Box	I here and inclusion in the inclusion of the interval in the inclusion of the interval in the interval interval in the interval interval in the interval interva interval	lude on your le 9 (if Box E	821,292.	87,850.			733,442.							

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.

Schedul	e E (Form	1040) 2022			A	Attachment	Seque	ence No.	13							Page <b>2</b>
. ,		n return. Do not enter name an		2		on other s	ide.							Your social security number		
		O NELLURI & PRAV								0.1	k.l (-) <b> </b> (		2-84	4-2058		
Part		IRS compares amounts ncome or Loss From		,					wn c	on Sci	nedule(s) K	-1.				
r ai t	N tł	lote: If you report a loss, re ne box in column (e) on line mount is <b>not</b> at risk, you <b>m</b>	eceive a dis 28 and at	stribution, d tach the rec	lispose quired b	of stock, asis com	or rec putati	eive a l on. If yo	ou rep	oort a	oss from an	at-ris	k act			
27		u reporting any loss not												nallower		from a
21	passiv	e activity (if that loss was structions before comple	as not rep	orted on	Form 8	8582), or	r unre	eimburs	sed p	partne		nses	? If y	you ansv	vered	d "Yes,"
28		<b>(a)</b> Name			(b) En partne	nter <b>P</b> for ership; <b>S</b> orporation	(c) ( fo	Check if reign nership		(d) E	Employer ation number		(e) Cl sis cor	heck if mputation quired	(f) ( any a	Check if amount is t at risk
Α	NCS	TECHNOLOGY INC				S				27-1	268615		[			
B												_			<u> </u>	
<u> </u>												_	[		<u> </u>	<u> </u>
D		Passive Income	andlos	6	<u> </u>				Nonr	naeei	ve Income	and				
	(	g) Passive loss allowed		assive income	e	(i) Nonpa	ssive l		-		Section 179 ex			s (k) Nonpa	assive	income
	(atta	ach Form 8582 if required)	from	Schedule K-	1	(see s	Sched	ule K-1)		dedu	uction from Fo	rm 45	62	from So	hedu	le K-1
 								2,00	0.							
C													_			
D																
29a	Totals															
b	Totals							2,00								
30		plumns (h) and (k) of line										-	30	(		
31 32		olumns (g), (i), and (j) of li p <b>artnership and S corp</b>											31 32	(		000.)
Part		ncome or Loss From				COMDI		55 00 a				• •	52		-2,	000.
33					lame									<b>(b)</b> Emp		
A				(u)	anio								i	dentificatio	n num	Iber
B																
	1	Passive	Income a	nd Loss						No	npassive l	ncom	ne a	nd Loss		
	(c	<ul> <li>Passive deduction or loss allo (attach Form 8582 if required</li> </ul>		• • • •	Passive n <b>Sched</b>						on or loss dule K-1		(†	f) Other inc Schedu		
Α			<i></i>	lion	ocheu				non	oche				ochedu		
В																
34a	Totals															
b	Totals															
35 36		olumns (d) and (f) of line olumns (c) and (e) of line				•••	• •	• •	• •	• •		- H	35 36 (	(		<u> </u>
37		estate and trust incom				• •		•••	•••				37			)
Part		ncome or Loss From											-	I Holde	r	
38		<b>(a)</b> Name			Employe ation nu		Sche	ess inclu dules Q, e instruct	line 2		(d) Taxable i (net loss) Schedules Q	from		(e) Ind Schedu	come f les Q,	
	0				la crit		al c. '	4 la - 1	4.01		14 k - L					
39 Part		ine columns (d) and (e) c Summary	only. Enter	the result	nere a	and inclu	de in	the to	tal oi	n line	41 below	•   •	39			
40		rm rental income or (loss	s) from <b>Fo</b>	rm 4835. /	Also. c	omplete	line 4	42 belo	w.				40			
41	Total i	ncome or (loss). Combi	ne lines 2		39, and							le	41		-2.	.000.
42	Recon farming (Form	g and fishing income rep and fishing income rep 1065), box 14, code B; S d Schedule K-1 (Form 10	orted on Schedule ł	Form 4835 <-1 (Form	5, line 7 1120-5	7; Sched S), box 1	ule K 7, coo	-1 de	2							
43	Recor profest reporte from a	nciliation for real estate sional (see instructions ed anywhere on Form Il rental real estate activ the passive activity loss	<b>e profess</b> ), enter 1040, For ities in w	<b>ionals.</b> If y the net in m 1040-S vhich you r	you we ncome SR, or materia	ere a real e or (los Form 10	l esta ss) yo 040-N	te ou IR ed	3							

### SCHEDULE EIC (Form 1040)

# **Earned Income Credit**

Qualifying Child Information

OMB No. 1545-0074

Complete and attach to Form 1040 or 1040-SR only if you have a qualifying child. Go to *www.irs.gov/ScheduleEIC* for the latest information. 2022 Attachment Sequence No. 43

Your social security number

172-84-2058

Internal Revenue Service Name(s) shown on return

CAUTION

Department of the Treasury

VENKATARAO NELLURI & PRAVEENA RANI MADALA

If you are separated from your spouse, filing a separate return, and meet the requirements to claim the EIC (see instructions), check here

**Before you begin:** • See the instructions for Form 1040, line 27, to make sure that (a) you can take the EIC, and (b) you have a qualifying child.

- Be sure the child's name on line 1 and social security number (SSN) on line 2 agree with the child's social security card. Otherwise, at the time we process your return, we may reduce your EIC. If the name or SSN on the child's social security card is not correct, call the Social Security Administration at 800-772-1213.
- If you have a child who meets the conditions to be your qualifying child for purposes of claiming the EIC, but that child doesn't have an SSN as defined in the instructions for Form 1040, line 27, see the instructions.
- You can't claim the EIC for a child who didn't live with you for more than half of the year.
- If your child doesn't have an SSN as defined in the instructions for Form 1040, line 27, see the instructions.
- If you take the EIC even though you are not eligible, you may not be allowed to take the credit for up to 10 years. See the instructions for details.
- It will take us longer to process your return and issue your refund if you do not fill in all lines that apply for each qualifying child.

Q	ualifying Child Information	C	hild 1	C	hild 2	C	hild 3
1	<b>Child's name</b> If you have more than three qualifying children, you have to list only three to get the maximum credit.	First name	Last name NELLURI	First name	Last name ELLURI	First name	Last name
2	<b>Child's SSN</b> The child must have an SSN as defined in the instructions for Form 1040, line 27, unless the child was born and died in 2022 or you are claiming the self-only EIC (see instructions). If your child was born and died in 2022 and did not have an SSN, enter "Died" on this line and attach a copy of the child's birth certificate, death certificate, or hospital medical records showing a live birth.		36-9475		45-3896		
3	Child's year of birth	younger than y	0 <u>1</u> 1 203 <b>and</b> the child is ou (or your spouse, b, skip lines 4a and	younger than y	$\frac{0}{2003} \frac{1}{and} \frac{3}{back}$	younger than y	003 <b>and</b> the child is you (or your spouse, ), skip lines 4a and 5.
4a	Was the child under age 24 at the end of 2022, a student, and younger than you (or your spouse, if filing jointly)?	Go to line 5.	<b>No.</b> Go to line 4b.	Go to line 5.	<b>No.</b> Go to line 4b.	Go to line 5.	<b>No.</b> Go to line 4b.
b	Was the child permanently and totally disabled during any part of 2022?	Go to line 5.	<b>No.</b> The child is not a qualifying child.	Go to line 5.	<b>No.</b> The child is not a qualifying child.	Go to line 5.	<b>No.</b> The child is not a qualifying child.
5	<b>Child's relationship to you</b> (for example, son, daughter, grandchild, niece, nephew, eligible foster child, etc.)	Daughter		Daughter			
6	Number of months child lived with you in the United States during 2022 • If the child lived with you for more than half of 2022 but less than 7 months, enter "7." • If the child was born or died in 2022 and your home was the child's home for more than half the time he or she was alive during 2022, enter "12."	Do not enter months.	<u>12</u> months more than 12	Do not enter months.	<u>12</u> months more than 12	Do not enter months.	months

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

REV 03/18/23 PRO

## 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.

20 2 Attachment Sequence No. 47

Internal	Revenue Service Go to www.lrs.gov/Schedule8812 for Instructions and the latest information.		Se	equence No. 41
Name(s	) shown on return	Your s	social s	ecurity number
VENK	ATARAO NELLURI & PRAVEENA RANI MADALA	172-	-84-2	2058
Par	t I 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	45,563.
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		2d	Ο.
3	Add lines 1 and 2d		3	45,563.
4	Number of qualifying children under age 17 with the required social security number 4	2		
5	Multiply line 4 by \$2,000		5	4,000.
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	4,000.
9	Enter the amount shown below for your filing status.			
	• Married filing jointly—\$400,000			
	• All other filing statuses— $$200,000 \int \dots $		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.	-	10	0.
11	Multiply line 10 by 5% (0.05)		11	0.
12	Is the amount on line 8 more than the amount on line 11?		12	4,000.
	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.			
	<b>Yes.</b> Subtract line 11 from line 8. Enter the result.			
13	Enter the amount from the Credit Limit Worksheet A		13	1,768.
14	Enter the smaller of line 12 or 13. This is your child tax credit and credit for other dependents		14	1,768.
	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			
	on Form 1040, 1040-SR, or 1040-NR, line 28. Complete your Form 1040, 1040-SR, or 1040-N	R thro	ough 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 03/18/23 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 lin	ne 27	🔲
16a	Subtract line 14 from line 12. If zero, stop here; you cannot take the additional child tax credit. Skip Parts II-A		
	and II-B. Enter -0- on line 27	16a	2,232.
b	Number of qualifying children under 17 with the required social security number: 2 x \$1,500.		
	Enter the result. If zero, stop here; you cannot claim the additional child tax credit. Skip Parts II-A and II-B.		
	Enter -0- on line 27	16b	3,000.
	<b>TIP:</b> The number of children you use for this line is the same as the number of children you used for line 4.		
17	Enter the smaller of line 16a or line 16b	17	2,232.
18a	Earned income (see instructions)	·	
b	Nontaxable combat pay (see instructions)		
19	Is the amount on line 18a more than \$2,500?		
	<b>No.</b> Leave line 19 blank and enter -0- on line 20.		
• •	Yes. Subtract \$2,500 from the amount on line 18a. Enter the result 19 44,817		
20	Multiply the amount on line 19 by $15\%$ (0.15) and enter the result	20	6,723.
	Next. On line 16b, is the amount \$4,500 or more?		
	■ No. If you are a bona fide resident of Puerto Rico, go to line 21. Otherwise, skip Part II-B and enter the smaller of line 17 or line 20 on line 27.		
	Yes. If line 20 is equal to or more than line 17, skip Part II-B and enter the amount from line 17 on line 27.		
	Otherwise, go to line 21.		
Part		its of F	Puerto Bico
21	Withheld social security, Medicare, and Additional Medicare taxes from Form(s) W-2,		
-1	boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If		
	your employer withheld or you paid Additional Medicare Tax or tier 1 RRTA taxes, see		
	instructions		
22	Enter the total of the amounts from Schedule 1 (Form 1040), line 15; Schedule 2 (Form		
	1040), line 5; Schedule 2 (Form 1040), line 6; and Schedule 2 (Form 1040), line 13 . 22		
23	Add lines 21 and 22		
24	1040 and		
	<b>1040-SR filers:</b> 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.    J    24		
25	Subtract line 24 from line 23. If zero or less, enter -0	25	
26	Enter the <b>larger</b> of line 20 or line 25	26	
D	Next, enter the smaller of line 17 or line 26 on line 27.		
	II-C Additional Child Tax Credit	27	
27	This is your additional child tax credit. Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 28	27	2,232.
	BAA REV 03/18/23 PRO So	hedule 8	812 (Form 1040) 2022

Form <b>4952</b>
Department of the Treasury Internal Revenue Service

# **Investment Interest Expense Deduction**

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

OMB No. 1545-0191

Attach to	your	tax	return.	
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Name(s) shown on return

VENKATARAO NELLURI & PRAVEENA RANI MADALA

Identifying number 172-84-2058

#### Part I **Total Investment Interest Expense**

1	Investment interest expense paid or accrued in 2022 (see instructions)	1	35,674.
2	Disallowed investment interest expense from 2021 Form 4952, line 7	2	
3	Total investment interest expense. Add lines 1 and 2	3	35,674.

#### Part II **Net Investment Income**

4a	Gross income from property held for investment (excluding any net gain from								
	the disposition of property held for investment)	,246.							
b	Qualified dividends included on line 4a	0.							
С	Subtract line 4b from line 4a		4c	3,246.					
d	Net gain from the disposition of property held for investment 4d	Γ							
е	Enter the smaller of line 4d or your net capital gain from the disposition								
	of property held for investment. See instructions								
f	Subtract line 4e from line 4d		4f	0.					
g	Enter the amount from lines 4b and 4e that you elect to include in investment income. See instru	uctions	4g						
h	Investment income. Add lines 4c, 4f, and 4g		4h	3,246.					
5	Investment expenses (see instructions)	[	5						
6	Net investment income. Subtract line 5 from line 4h. If zero or less, enter -0	[	6	3,246.					
Part	III Investment Interest Expense Deduction								
Tart									
7	Disallowed investment interest expense to be carried forward to 2023. Subtract line 6 fro	m line							
	3. If zero or less, enter -0								
8	Investment interest expense deduction. Enter the smaller of line 3 or line 6. See instructions		8	3,246.					
For Pa	aperwork Reduction Act Notice, see page 4. BAA REV 03/18/23 PRO			Form <b>4952</b> (2022)					

Image         Your social security number           2NKATARAO NELLURI & PRAVEENA RANI MADALA         172-84-2058           Image         Your cannot take this credit if either of the following applies.         172-84-2058           Image         Your cannot take this credit if either of the following applies.         172-84-2058           Image         Your cannot take this credit if either of the following applies.         172-84-2058           Image         Your cannot take this credit if either of the following applies.         172-84-2058           Image         Your cannot take this credit if either of the following applies.         172-84-2058           Image         Your cannot take this credit if either of the following applies.         172-84-2058           Image         Your spouse         172-84-2058           Image         You cannot take this credit if either of the following applies.         1           Image         Your spouse         1         1           Image         172-84-2058         1         1           Image         1         1         1         1           Image         1         1         1         1           Image         1         1         1         1         1           Image         1         1         1 <td< th=""><th>m <b>88880</b> artment of the Trea rnal Revenue Servic</th><th>Isury</th><th>A</th><th>2022 ttachment equence No. 54</th></td<>	m <b>88880</b> artment of the Trea rnal Revenue Servic	Isury	A	2022 ttachment equence No. 54						
You cannot take this credit if either of the following applies.           • The amount on Form 1040, 1040-SR, or 1040-NR, line 11, is more than \$34,000 (\$51,000 if head of household; \$68,000 if matching for the diffing jointly.           • The person(s) who made the qualified contribution or elective deferral (a) was born after January 1, 2005; (b) is claimed as a dependent on someone eles \$2022 tax return; or (c) was a student (see instructions).           1         Traditional and Roth IRA contributions, and ABLE account contributions by the designated beneficiary for 2022. Do not include rollover contributions	ne(s) shown on ret	urn						Your so		
• The amount on Form 1040, 1040-SR, or 1040-NR, line 11, is more than \$34,000 (\$51,000 if head of household; \$88,000 if marined filing jointly).             • The amount on Form 1040, 1040-SR, or 1040-NR, line 11, is more than \$34,000 (\$51,000 if head of household; \$88,000 if marined filing jointly).             • The amount on Form 1040, 1040-SR, or 1040-NR, line 11, is more than \$34,000 (\$51,000 if head of household; \$88,000 if degraded beneficiary to mark the addition or elective deferral (a) was born after January 1, 2005; (b) is claimed as a dependent on someone else's 2022 tax returm; or (c) was a student (see instructions).             • Traditional and Roth IRA contributions, and ABLE account contributions by the designated beneficiary for 2022. Do not include rollover contributions	INKATARAO	NELLURI & E	RAVEENA RANI MAI	DALA				172-	-84-	-2058
• The amount on Form 1040, 1040-SR, or 1040-NR, line 11, is more than \$34,000 (\$51,000 if head of household; \$88,000 if marined filing jointly).             • The amount on Form 1040, 1040-SR, or 1040-NR, line 11, is more than \$34,000 (\$51,000 if head of household; \$88,000 if marined filing jointly).             • The amount on Form 1040, 1040-SR, or 1040-NR, line 11, is more than \$34,000 (\$51,000 if head of household; \$88,000 if degraded beneficiary to mark the addition or elective deferral (a) was born after January 1, 2005; (b) is claimed as a dependent on someone else's 2022 tax returm; or (c) was a student (see instructions).             • Traditional and Roth IRA contributions, and ABLE account contributions by the designated beneficiary for 2022. Do not include rollover contributions	You	cannot take ti	his credit if <b>either</b> of t	the following applie	es.					
dependent on someone else's 2022 tax return; or (c) was a student (see instructions).         1       Traditional and Roth IRA contributions, and ABLE account contributions by the designated beneficiary for 2022. Do not include rollover contributions			n 1040, 1040-SR, or 1040	0-NR, line 11, is more	than \$34,000 (\$5	1,000 ii	head	of hous	ehol	d; \$68,000 if
1       Traditional and Roth IRA contributions, and ABLE account contributions by the designated beneficiary for 2022. Do not include rollover contributions.       1         2       Elective deferrals to a 401(k) or other qualified employer plan, voluntary employee contributions, and 501(c)(18)(D) plan contributions for 2022 (see instructions).       3       4dd lines 1 and 2       .       .         3       Add lines 1 and 2       .       .       .       3       14,609.         4       Certain distributions received after 2019 and before the due date (including extensions) of your 2022 tax return (see instructions). If married filing jointly, include both spouses' amounts in both columns. See instructions for an exception .       .       5       14,609.         5       Subtract line 4 from line 3. If zero or less, enter -0       .       .       .       7       2,000.         6       In each column, enter the smaller of line 5 or \$2,000       .       .       .       7       2,000.         8       Enter the applicable decimal amount from the table below.       8       45,563.       9       9       .       .       9       x									. ,	
designated beneficiary for 2022. Do not include rollover contributions.       1         2       Elective deferrals to a 401(k) or other qualified employer plan, voluntary employee contributions, and 501(c)(18)(D) plan contributions for 2022 (see instructions)       2       14,609.         3       Add lines 1 and 2							(2	a) You		(b) Your spous
2       Elective deferrals to a 401(k) or other qualified employer plan, voluntary employee contributions, and 501(c)(18)(D) plan contributions for 2022 (see instructions)       14,609.         3       Add lines 1 and 2       14,609.         4       Certain distributions received after 2019 and before the due date (including extensions) of your 2022 tax return (see instructions). If married filing jointly, include both spouses' amounts in both columns. See instructions for an exception       4         5       Subtract line 4 from line 3. If zero or less, enter -0       6       2,000.         6       2,000.       6       2,000.         7       Add the amounts on line 6. If zero, stop; you can't take this credit       8       45,563.         9       Enter the amount from Form 1040, 1040-SR, or 1040-NR, line 11*       8       45,563.         9       Enter the applicable decimal amount from the table below.       7       2,000         10       Over -       But not filing jointly insue wing spouse       Single, Married filing surviving spouse       9         10       20,500       \$2,000       0.5       0.5       0.5       9         11       0.5       0.5       0.5       0.5       0.5       9       x . 1         9        \$20,500       0.5       0.5       0.1       0.1       33,000       \$34										
contributions, and 501(c)(18)(D) plan contributions for 2022 (see instructions)       2       14,609         3       Add lines 1 and 2       3       14,609         4       Certain distributions received after 2019 and before the due date (including extensions) of your 2022 tax return (see instructions). If married filing jointly, include both spouses' amounts in both columns. See instructions for an exception       3       14,609         5       Subtract line 4 from line 3. If zero or less, enter -0       5       14,609       4         6       n each column, enter the smaller of line 5 or \$2,000       5       14,609       4         7       2,000       6       2,000       7       2,000         8       etcr the amounts on line 6. If zero, stop; you can't take this credit       7       2,000         9       Enter the amount from Form 1040, 1040-SR, or 1040-NR, line 11*       8       45,563.         9       Enter the applicable decimal amount from the table below.       7       2,000         10       Over -       But not filing jointly household separately, or Qualifying surviving spouse       9       x . 1         5       20,500       \$22,000       0.5       0.5       0.5         \$20,500       \$22,000       0.5       0.5       0.5       9       x . 1         \$33,000 <td< td=""><td>•</td><td></td><td></td><td></td><td></td><td>1</td><td></td><td></td><td></td><td></td></td<>	•					1				
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4       Certain distributions received after 2019 and before the due date (including extensions) of your 2022 tax return (see instructions). If married filing jointly, include both spouses' amounts in both columns. See instructions for an exception										
extensions) of your 2022 tax return (see instructions). If married filing jointly, include both spouses' amounts in both columns. See instructions for an exception						3		14,60	9.	
5       Subtract line 4 from line 3. If zero or less, enter -0-       5       14,609.         6       2,000.       6       2,000.         7       Add the amounts on line 6. If zero, stop; you can't take this credit       7       2,000.         7       Add the amount from Form 1040, 1040-SR, or 1040-NR, line 11*       8       45,563.         9       Enter the amount from Form 1040, 1040-SR, or 1040-NR, line 11*       8       45,563.         9       Enter the applicable decimal amount from the table below.       7       2,000         1       In each over -       Married filing status is -       7       2,000         9       Enter the applicable decimal amount from the table below.       9       Single, Married filing separately, or Qualifying surviving spouse          \$20,500       0.5       0.5       0.2         \$22,000       \$30,750       0.5       0.5       0.2         \$22,000       \$30,750       0.5       0.1       0.0         \$33,000       \$34,000       0.5       0.1       0.0         \$44,000       \$51,000       0.1       0.0       0.0         \$51,000       \$68,000       0.1       0.0       0.0       0.0         \$68,000        0.0       <	extensions	s) of your 2022	tax return (see instruction	ons). If married filing	jointly, include	4				
6       In each column, enter the smaller of line 5 or \$2,000       6       2,000.         7       Add the amounts on line 6. If zero, stop; you can't take this credit       7       2,000         8       Add the amount from Form 1040, 1040-SR, or 1040-NR, line 11*       8       45,563.         9       Enter the amount from Form 1040, 1040-SR, or 1040-NR, line 11*       8       45,563.         9       Enter the applicable decimal amount from the table below.       8       45,563.         9       Enter the applicable decimal amount from the table below.       9       1         1       But not over -       Married filing jointly household biling separately, or Qualifying surviving spouse       9       1          \$20,500       0.5       0.5       0.5       9       1         1       Stop (S22,000)       0.5       0.5       0.1       9       1         \$30,750       \$33,000       0.5       0.1       0.1       9       1         \$33,000       \$34,000       \$41,000       0.5       0.1       0.0       9       1         \$34,000       \$44,000       0.2       0.1       0.0       0.0       0.0       0.0         \$34,000       \$44,000       0.2       0.0       0.0	•				•			1/ 60	a	
Add the amounts on line 6. If zero, stop; you can't take this credit       7       2,000         To Add the amounts on line 6. If zero, stop; you can't take this credit       7       2,000         To Enter the amount from Form 1040, 1040-SR, or 1040-NR, line 11*       1       7       2,000         If line 8 is -       And your filing status is -         Over -       But not over -       Classing Married filing separately, or Qualifying surviving spouse          \$20,500       0.5       0.5       9       x .1         S20,500       0.5       0.5       9       x .1			,			-				
BEnter the amount from Form 1040, 1040-SR, or 1040-NR, line 11*B $45, 563.$ 9If line 8 is -And your filing status is - $0ver -$ But not over -Married filing jointlyHead of householdSingle, Married filing separately, or Qualifying surviving spouse $$ \$20,5000.50.50.5\$22,000\$30,7500.50.50.1\$33,000\$34,0000.50.10.1\$33,000\$34,0000.50.10.0\$41,000\$44,0000.20.10.0\$44,000\$51,0000.10.0\$68,0000.10.00.0Note: If line 9 is zero, stop; you can't take this credit.100Multiply line 7 by line 9Note: thre the amount from the Credit Limit Worksheet in the instructions10				)()()		6		2 - 00		
Enter the applicable decimal amount from the table below.If line 8 is -And your filing status is -Over -But not over -Married filing jointlyHead of householdSingle, Married filing separately, or Qualifying surviving spouse\$20,5000.50.50.5\$20,500\$22,0000.50.50.5\$20,500\$22,0000.50.50.2\$20,500\$22,0000.50.50.1\$30,750\$33,0000.50.10.1\$33,000\$34,0000.50.10.0\$41,000\$44,0000.20.10.0\$44,000\$51,0000.10.10.0\$68,0000.10.00.0\$68,0000.10.00.0Wote: If line 9 is zero, stop; you can't take this credit.10200Multiply line 7 by line 9102001Limitation based on tax liability. Enter the amount from the Credit Limit Worksheet in the instructions11						6		2,00		2.000
If line 8 is -       And your filing status is - $0ver -$ But not over -       Married filing jointly       Head of household       Single, Married filing separately, or Qualifying surviving spouse          \$20,500       0.5       0.5       0.5       9       x .1         \$22,000       \$30,750       0.5       0.5       0.1       9       x .1         \$30,750       \$33,000       0.5       0.1       0.1       9       x .1         \$33,000       \$34,000       0.5       0.1       0.1       0.1       9       x .1         \$33,000       \$44,000       0.5       0.1       0.0       0.0       0.0       0.0         \$44,000       \$51,000       0.1       0.1       0.0       0.0       0.0       1         Wultiply line 7 by line 9       0.1       0.0       0.0       0.0       10       200         1       Limitation based on tax liability. Enter the amount from the Credit Limit Worksheet in the instructions       10       200	Add the ar	mounts on line 6	6. If zero, <b>stop</b> ; you can	't take this credit .			45,5			2,000
Over         But not over         Married filing jointly         Head of household         Single, Married filing separately, or Qualifying surviving spouse            \$20,500         0.5         0.5         0.5           \$20,500         \$22,000         0.5         0.5         0.2           \$22,000         \$30,750         0.5         0.5         0.1           \$30,750         \$33,000         0.5         0.1         0.1           \$33,000         \$34,000         0.5         0.1         0.1           \$34,000         \$41,000         0.2         0.1         0.0           \$44,000         \$51,000         0.1         0.1         0.0           \$51,000         \$68,000         0.1         0.0         0.0           \$68,000          0.0         0.0         0.0         1           1         Limitation based on tax liability. Enter the amount from the Credit Limit Worksheet in the instructions         10         200	Add the ar Enter the a	mounts on line 6 amount from Fo	6. If zero, <b>stop</b> ; you can <sup>*</sup> rm 1040, 1040-SR, or 1	't take this credit . 040-NR, line 11* .			 45 <b>,</b> 5			2,000
Over-         But not over-         filing jointly Enter on line 9-         household Separately, or Qualifying surviving spouse            \$20,500         0.5         0.5         0.5           \$20,500         \$22,000         0.5         0.5         0.2           \$22,000         \$30,750         0.5         0.5         0.1           \$30,750         \$33,000         0.5         0.1         0.1           \$33,000         \$34,000         0.5         0.1         0.1           \$34,000         \$41,000         0.5         0.1         0.0           \$44,000         \$51,000         0.1         0.0         0.0           \$68,000          0.0         0.0         0.0         0.0           Multiply line 7 by line 9           10         200           1         Limitation based on tax liability. Enter the amount from the Credit Limit Worksheet in the instructions         11         1,968	Add the ar Enter the a	mounts on line 6 amount from Fo	6. If zero, <b>stop</b> ; you can <sup>*</sup> rm 1040, 1040-SR, or 1	't take this credit . 040-NR, line 11* .			 45,5			2,000
Over         over         Initial jointly         nousehold         separately, or Qualifying surviving spouse            \$20,500         0.5         0.5         0.5           \$20,500         \$22,000         0.5         0.5         0.2           \$22,000         \$30,750         0.5         0.5         0.1           \$30,750         \$33,000         0.5         0.2         9         x         .1           \$30,750         \$33,000         0.5         0.1         0.1         9         x         .1           \$33,000         \$34,000         0.5         0.1         0.0         \$41,000         \$51,000         0.1         0.0         \$44,000         \$51,000         0.1         0.0         \$68,000         0.1         0.0         \$68,000         0.1         0.0         \$0.0 <t< td=""><td><ul> <li>Add the ar</li> <li>Enter the a</li> <li>Enter the a</li> </ul></td><td>mounts on line 6 amount from Fo applicable decin</td><td>5. If zero, <b>stop</b>; you can rm 1040, 1040-SR, or 1 nal amount from the tab</td><td>t take this credit . 040-NR, line 11* . le below.</td><td>  <b>8</b></td><td></td><td> 45,5</td><td></td><td></td><td>2,000</td></t<>	<ul> <li>Add the ar</li> <li>Enter the a</li> <li>Enter the a</li> </ul>	mounts on line 6 amount from Fo applicable decin	5. If zero, <b>stop</b> ; you can rm 1040, 1040-SR, or 1 nal amount from the tab	t take this credit . 040-NR, line 11* . le below.	 <b>8</b>		 45,5			2,000
\$20,500         0.5         0.5         0.5           \$20,500         \$22,000         0.5         0.5         0.2           \$22,000         \$30,750         0.5         0.1         9         x           \$30,750         \$33,000         0.5         0.1         0.1         9         x         1           \$30,750         \$33,000         0.5         0.1         0.1         9         x         .1           \$30,750         \$33,000         0.5         0.2         0.1         0.1         9         x         .1           \$34,000         \$44,000         0.5         0.1         0.0         \$44,000         \$51,000         0.1         0.0         \$51,000         \$68,000         0.1         0.0         0.0         \$68,000          0.0         0.0         0.0         0.0         10         200           10         Multiply line 7 by line 9           10         200         11         1, 968	7 Add the ar 3 Enter the a 9 Enter the a 1f	mounts on line 6 amount from Fo applicable decin line 8 is –	5. If zero, <b>stop</b> ; you can rm 1040, 1040-SR, or 1 nal amount from the tab Married	t take this credit . 040-NR, line 11* . ole below. And your filing state Head of		ried filing				2,000
\$20,500       \$22,000       0.5       0.5       0.2         \$22,000       \$30,750       0.5       0.5       0.1       9       x       .1         \$30,750       \$33,000       0.5       0.2       0.1       9       x       .1         \$30,750       \$33,000       0.5       0.2       0.1       9       x       .1         \$33,000       \$34,000       0.5       0.1       0.1       0.1       0.1            \$34,000       \$41,000       0.5       0.1       0.0 <td>7 Add the ar 3 Enter the a 9 Enter the a 1f</td> <td>mounts on line 6 amount from Fo applicable decir line 8 is— But not</td> <td>5. If zero, <b>stop</b>; you can rm 1040, 1040-SR, or 1 nal amount from the tab Married filing jointly</td> <td>t take this credit . 040-NR, line 11* . ole below. And your filing state Head of household</td> <td>us is— Single, Marr Separate</td> <td>ried filing</td> <td>]</td> <td></td> <td></td> <td>2,000</td>	7 Add the ar 3 Enter the a 9 Enter the a 1f	mounts on line 6 amount from Fo applicable decir line 8 is— But not	5. If zero, <b>stop</b> ; you can rm 1040, 1040-SR, or 1 nal amount from the tab Married filing jointly	t take this credit . 040-NR, line 11* . ole below. And your filing state Head of household	us is— Single, Marr Separate	ried filing	]			2,000
\$22,000       \$30,750       0.5       0.1       9       x       .1         \$30,750       \$33,000       0.5       0.2       0.1       1       1       1       1       1       1       1       9       x       .1         \$30,750       \$33,000       0.5       0.1       0.1       0.1       1	7 Add the ar 3 Enter the a 9 Enter the a 1 Enter the a 1 Over-	mounts on line 6 amount from Fo applicable decin line 8 is— But not over—	5. If zero, <b>stop</b> ; you can rm 1040, 1040-SR, or 1 nal amount from the tab Married filing jointly Enter o	t take this credit . 040-NR, line 11* . ole below. And your filing state Head of household n line 9–	us is— Single, Marr separate Qualifying survi	ried filing	]			2,000
\$30,750       \$33,000       0.5       0.2       0.1         \$33,000       \$34,000       0.5       0.1       0.1         \$34,000       \$41,000       0.5       0.1       0.0         \$41,000       \$44,000       0.2       0.1       0.0         \$44,000       \$51,000       0.1       0.0       0.0         \$44,000       \$51,000       0.1       0.0       0.0         \$51,000       \$68,000       0.1       0.0       0.0         \$68,000        0.0       0.0       0.0         Note: If line 9 is zero, stop; you can't take this credit.         D       Multiply line 7 by line 9        10       200         Limitation based on tax liability. Enter the amount from the Credit Limit Worksheet in the instructions       11       1,968	7 Add the ar 8 Enter the a 9 Enter the a 9 Enter the a 1 If Over-	mounts on line 6 amount from Fo applicable decin line 8 is— But not over— \$20,500	5. If zero, <b>stop</b> ; you can rm 1040, 1040-SR, or 1 nal amount from the tab Married filing jointly Enter o 0.5	t take this credit . 040-NR, line 11* . ole below. And your filing state Head of household n line 9– 0.5	us is— Single, Man separate Qualifying survi 0.5	ried filing	]			2,000
\$33,000       \$34,000       0.5       0.1       0.1         \$34,000       \$41,000       0.5       0.1       0.0         \$41,000       \$44,000       0.2       0.1       0.0         \$44,000       \$51,000       0.1       0.1       0.0         \$44,000       \$51,000       0.1       0.0       0.0         \$51,000       \$68,000       0.1       0.0       0.0         \$68,000        0.0       0.0       0.0         Note: If line 9 is zero, stop; you can't take this credit.         Multiply line 7 by line 9        10       200         1       Limitation based on tax liability. Enter the amount from the Credit Limit Worksheet in the instructions       11       1,968	7 Add the ar 8 Enter the a 9 Enter the a 9 Enter the a 1 If 0 Ver \$20,500	mounts on line 6 amount from Fo applicable decin line 8 is— But not over— \$20,500 0 \$22,000	5. If zero, <b>stop</b> ; you can rm 1040, 1040-SR, or 1 nal amount from the tab Married filing jointly Enter o 0.5 0.5	t take this credit . 040-NR, line 11* . ole below. And your filing state Head of household n line 9– 0.5 0.5	us is— Single, Mari separate Qualifying survi 0.5 0.2	ried filing ly, or ving spo	]		7	
\$34,000       \$41,000       0.5       0.1       0.0         \$41,000       \$44,000       0.2       0.1       0.0         \$44,000       \$51,000       0.1       0.0       0.0         \$51,000       \$68,000       0.1       0.0       0.0         \$51,000       \$68,000       0.1       0.0       0.0         \$68,000        0.0       0.0       0.0         Note: If line 9 is zero, stop; you can't take this credit.         Multiply line 7 by line 9         10       200         1       Limitation based on tax liability. Enter the amount from the Credit Limit Worksheet in the instructions       11       1,968	7 Add the ar 8 Enter the a 9 Enter the a 1 If 0 Ver \$20,500 \$22,000	mounts on line 6 amount from Fo applicable decin line 8 is – But not over – \$20,500 0 \$22,000 0 \$30,750	S. If zero, <b>stop</b> ; you can rm 1040, 1040-SR, or 1 nal amount from the tab Married filing jointly Enter o 0.5 0.5 0.5	t take this credit . 040-NR, line 11* . ole below. And your filing state Head of household n line 9– 0.5 0.5 0.5	us is— Single, Man separate Qualifying survi 0.5 0.2 0.1	ried filing ly, or ving spo	]		7	1
\$41,000       \$44,000       0.2       0.1       0.0         \$44,000       \$51,000       0.1       0.1       0.0         \$51,000       \$68,000       0.1       0.0       0.0         \$68,000        0.0       0.0       0.0         Note: If line 9 is zero, stop; you can't take this credit.       10       200         I Limitation based on tax liability. Enter the amount from the Credit Limit Worksheet in the instructions       11       1,968	<ul> <li>Add the ar</li> <li>Enter the a</li> <li>Enter the a</li> <li>Enter the a</li> <li>Over –</li> <li>\$20,500</li> <li>\$22,000</li> <li>\$30,750</li> </ul>	But not over           \$20,500           0         \$22,000           0         \$33,000	5. If zero, <b>stop</b> ; you can rm 1040, 1040-SR, or 1 nal amount from the tab Married filing jointly <b>Enter o</b> 0.5 0.5 0.5 0.5	t take this credit . 040-NR, line 11* . ole below. And your filing state Head of household n line 9– 0.5 0.5 0.5 0.2	us is— Single, Man separate Qualifying survi 0.5 0.2 0.1 0.1	ried filing	]		7	1
\$44,000       \$51,000       0.1       0.1       0.0         \$51,000       \$68,000       0.1       0.0       0.0         \$68,000        0.0       0.0       0.0         Note: If line 9 is zero, stop; you can't take this credit.         0       Multiply line 7 by line 9       .       .       .       10       200         I       Limitation based on tax liability. Enter the amount from the Credit Limit Worksheet in the instructions       11       1,968	<ul> <li>Add the ar</li> <li>Enter the a</li> <li>Enter the a</li> <li>Enter the a</li> <li>Over –</li> <li>\$20,500</li> <li>\$22,000</li> <li>\$30,750</li> <li>\$33,000</li> </ul>	mounts on line 6 amount from Fo applicable decin line 8 is— But not over— \$20,500 0 \$22,000 0 \$30,750 0 \$33,000 0 \$34,000	5. If zero, <b>stop</b> ; you can rm 1040, 1040-SR, or 1 nal amount from the tab Married filing jointly <b>Enter o</b> 0.5 0.5 0.5 0.5 0.5 0.5	t take this credit . 040-NR, line 11* . ble below. And your filing state Head of household n line 9– 0.5 0.5 0.5 0.2 0.1	us is— Single, Marn separate Qualifying survi 0.5 0.2 0.1 0.1 0.1	ried filing	]		7	1
\$51,000         \$68,000         0.1         0.0         0.0           \$68,000          0.0         0.0         0.0           Note: If line 9 is zero, stop; you can't take this credit.           Multiply line 7 by line 9          10         200           Limitation based on tax liability. Enter the amount from the Credit Limit Worksheet in the instructions         11         1,968	<ul> <li>Add the ar</li> <li>Enter the a</li> <li>Enter the a</li> <li>Enter the a</li> <li>Over –</li> <li>\$20,500</li> <li>\$22,000</li> <li>\$30,750</li> <li>\$33,000</li> <li>\$34,000</li> </ul>	mounts on line 6 amount from Fo applicable decin line 8 is— But not over— \$20,500 0 \$22,000 0 \$30,750 0 \$33,000 0 \$34,000 0 \$41,000	5. If zero, <b>stop</b> ; you can rm 1040, 1040-SR, or 1 nal amount from the tab Married filing jointly <b>Enter o</b> 0.5 0.5 0.5 0.5 0.5 0.5 0.5	t take this credit . 040-NR, line 11* . ble below. And your filing state Head of household n line 9– 0.5 0.5 0.5 0.5 0.2 0.1 0.1	us is— Single, Man separate Qualifying survi 0.5 0.2 0.1 0.1 0.1 0.1 0.1	ried filing	]		7	1
\$68,000        0.0       0.0       0.0         Note: If line 9 is zero, stop; you can't take this credit.       10       200         Multiply line 7 by line 9        10       200         Limitation based on tax liability. Enter the amount from the Credit Limit Worksheet in the instructions       11       1,968	<ul> <li>Add the ar</li> <li>Enter the a</li> <li>Enter the a</li> <li>Enter the a</li> <li>Over –</li> <li>\$20,500</li> <li>\$22,000</li> <li>\$30,750</li> <li>\$33,000</li> <li>\$34,000</li> <li>\$41,000</li> </ul>	mounts on line 6 amount from Fo applicable decin line 8 is— But not over— \$20,500 0 \$22,000 0 \$30,750 0 \$33,000 0 \$34,000 0 \$44,000	5. If zero, <b>stop</b> ; you can' rm 1040, 1040-SR, or 1 nal amount from the tab Married filing jointly Enter o 0.5 0.5 0.5 0.5 0.5 0.5 0.5 0.5 0.5 0.5	t take this credit . 040-NR, line 11* . ble below. And your filing statu Head of household n line 9– 0.5 0.5 0.5 0.5 0.2 0.1 0.1	us is— Single, Man separate Qualifying survi 0.5 0.2 0.1 0.1 0.1 0.1 0.1 0.1 0.1	ried filing	]		7	1
Note: If line 9 is zero, stop; you can't take this credit.       10       200         Multiply line 7 by line 9       1       200         Limitation based on tax liability. Enter the amount from the Credit Limit Worksheet in the instructions       11       1,968	<ul> <li>Add the ar</li> <li>Enter the a</li> <li>Enter the a</li> <li>Enter the a</li> <li>Over –</li> <li>\$20,500</li> <li>\$22,000</li> <li>\$30,750</li> <li>\$33,000</li> <li>\$34,000</li> <li>\$44,000</li> <li>\$44,000</li> </ul>	mounts on line 6 amount from Fo applicable decin line 8 is — But not over — \$20,500 0 \$22,000 0 \$22,000 0 \$30,750 0 \$33,000 0 \$34,000 0 \$44,000 0 \$51,000	5. If zero, <b>stop</b> ; you can' rm 1040, 1040-SR, or 1 nal amount from the tab Married filing jointly Enter o 0.5 0.5 0.5 0.5 0.5 0.5 0.5 0.5 0.5 0.5	t take this credit . 040-NR, line 11* . ble below. And your filing state Head of household n line 9– 0.5 0.5 0.5 0.5 0.2 0.1 0.1 0.1	us is— Single, Man separate Qualifying survi 0.5 0.2 0.1 0.1 0.1 0.1 0.1 0.1 0.1 0.1 0.1 0.1	ried filing ly, or ving spo	]		7	1
Multiply line 7 by line 910200Limitation based on tax liability. Enter the amount from the Credit Limit Worksheet in the instructions111,968	7 Add the ar 3 Enter the a 9 Enter the a 9 Enter the a 1 If 0 ver \$20,500 \$22,000 \$30,750 \$33,000 \$34,000 \$44,000 \$44,000 \$51,000	mounts on line 6 amount from Fo applicable decin line 8 is — But not over — \$20,500 0 \$22,000 0 \$22,000 0 \$30,750 0 \$33,000 0 \$34,000 0 \$41,000 0 \$44,000 0 \$51,000 0 \$68,000	S. If zero, <b>stop</b> ; you can rm 1040, 1040-SR, or 1 nal amount from the tab Married filing jointly <b>Enter o</b> 0.5 0.5 0.5 0.5 0.5 0.5 0.5 0.5 0.5 0.5	t take this credit . 040-NR, line 11* . ble below. And your filing state Head of household n line 9– 0.5 0.5 0.5 0.5 0.2 0.1 0.1 0.1 0.1 0.1 0.0	us is— Single, Man separate Qualifying survi 0.5 0.2 0.1 0.1 0.1 0.1 0.1 0.0 0.0 0.0 0.0 0.0	ried filing ly, or ving spo	]		7	1
Limitation based on tax liability. Enter the amount from the Credit Limit Worksheet in the instructions <b>11</b> 1,968	7 Add the ar 3 Enter the a 9 Enter the a 9 Enter the a 1 If 0 ver \$20,500 \$22,000 \$30,750 \$33,000 \$34,000 \$44,000 \$44,000 \$51,000	mounts on line 6 amount from Fo applicable decin line 8 is — But not over — \$20,500 0 \$22,000 0 \$22,000 0 \$30,750 0 \$33,000 0 \$34,000 0 \$44,000 0 \$44,000 0 \$51,000 0 \$68,000 0	S. If zero, <b>stop</b> ; you can rm 1040, 1040-SR, or 1 nal amount from the tab Married filing jointly Enter o 0.5 0.5 0.5 0.5 0.5 0.5 0.5 0.5 0.5 0.5	t take this credit . 040-NR, line 11* . ole below. And your filing state Head of household n line 9– 0.5 0.5 0.5 0.5 0.2 0.1 0.1 0.1 0.1 0.1 0.1 0.1 0.0 0.0	us is –         8           Single, Man separate Qualifying survi         0.5           0.2         0.1           0.1         0.1           0.1         0.1           0.1         0.1           0.1         0.1           0.1         0.1           0.1         0.1           0.1         0.1           0.1         0.1           0.1         0.1           0.1         0.1           0.1         0.1           0.1         0.1           0.1         0.1           0.1         0.1           0.1         0.1	ried filing ly, or ving spo	]		7	1
	<ul> <li>Add the ar</li> <li>Enter the a</li> <li>Enter the a</li> <li>Enter the a</li> <li>Over –</li> <li>\$20,500</li> <li>\$22,000</li> <li>\$30,750</li> <li>\$33,000</li> <li>\$34,000</li> <li>\$44,000</li> <li>\$51,000</li> <li>\$68,000</li> </ul>	mounts on line 6 amount from Fo applicable decin line 8 is— But not over— \$20,500 0 \$22,000 0 \$30,750 0 \$33,000 0 \$34,000 0 \$44,000 0 \$44,000 0 \$51,000 0 \$68,000 0 Not	5. If zero, <b>stop</b> ; you can rm 1040, 1040-SR, or 1 nal amount from the tab Married filing jointly Enter o 0.5 0.5 0.5 0.5 0.5 0.5 0.5 0.5 0.5 0.5	t take this credit . 040-NR, line 11* . ole below. And your filing state Head of household n line 9– 0.5 0.5 0.5 0.2 0.1 0.1 0.1 0.1 0.1 0.1 0.1 0.1	us is— Single, Man separate Qualifying survi 0.5 0.2 0.1 0.1 0.1 0.1 0.1 0.1 0.1 0.1 0.1 0.1	ried filing	]		9	x .1
	<ul> <li>Add the ar</li> <li>Enter the a</li> <li>Enter the a</li> <li>Enter the a</li> <li>Over –</li> <li>\$20,500</li> <li>\$22,000</li> <li>\$30,750</li> <li>\$33,000</li> <li>\$34,000</li> <li>\$44,000</li> <li>\$51,000</li> <li>\$68,000</li> <li>Multiply lir</li> </ul>	mounts on line 6 amount from Fo applicable decin line 8 is— But not over— \$20,500 0 \$22,000 0 \$30,750 0 \$33,000 0 \$34,000 0 \$34,000 0 \$44,000 0 \$51,000 0 \$68,000 0 Not	5. If zero, <b>stop</b> ; you can rm 1040, 1040-SR, or 1 nal amount from the tab Married filing jointly Enter o 0.5 0.5 0.5 0.5 0.5 0.5 0.5 0.5 0.5 0.5	It take this credit       .         040-NR, line 11*       .         ole below.       .         And your filing state       .         Head of household       .         n line 9–       0.5         0.5       0.5         0.5       0.5         0.1       0.1         0.1       0.1         0.0       .         you can't take this contained.       .	us is –         8           Single, Man separate Qualifying survi           0.5           0.2           0.1 <td>ried filing ly, or ving spo</td> <td>g ouse</td> <td></td> <td>9</td> <td>x .1 200</td>	ried filing ly, or ving spo	g ouse		9	x .1 200

\* See Pub. 590-A for the amount to enter if you claim any exclusion or deduction for foreign earned income, foreign housing, or income from Puerto Rico or for bona fide residents of American Samoa.

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

BAA

REV 03/18/23 PRO

Form <b>8962</b>	
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# Premium Tax Credit (PTC)

OMB No. 1545-0074

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

A Go to www.irs.gov/Form8962 for instructions and the latest information.

Department of the Treasury Internal Revenue Service

2022 Attachment Sequence No. 73

Name s	Name shown on your return Your social security number						
VEN	KATARAO NELLURI & PRAVEENA RANI MADALA						
Α.	You cannot take the PTC if your filing status is married filing separately unless yo	ou qualify for an exception. See instructions. If you qual	ify, che	ck the box			
Par	t I Annual and Monthly Contribution Amount						
1	Tax family size. Enter your tax family size. See instructions		1	4			
2a	Modified AGI. Enter your modified AGI. See instructions	<b>2a</b> 45,563.					
b	Enter the total of your dependents' modified AGI. See instructions	2b					
3	Household income. Add the amounts on lines 2a and 2b. See instruc	tions	3	45,563.			
4	Federal poverty line. Enter the federal poverty line amount from Table appropriate box for the federal poverty table used. $\mathbf{a} \square$ Alaska		4	26,500.			
5	Household income as a percentage of federal poverty line (see instruct	tions)	5	171 %			
6	Reserved for future use						
7	Applicable figure. Using your line 5 percentage, locate your "applicable	figure" on the table in the instructions	7	0.0084			
8a	Annual contribution amount. Multiply line 3 by line 7. Round to nearest whole dollar amount <b>8a</b> 383.	<b>b</b> Monthly contribution amount. Divide line 8a by 12. Round to nearest whole dollar amount	8b	32.			
Part	Premium Tax Credit Claim and Reconciliation o	f Advance Payment of Premium Tax	Crec	lit			
9	Are you allocating policy amounts with another taxpayer or do you wa	ant to use the alternative calculation for year of m	arriage	? See instructions.			
	Yes. Skip to Part IV, Allocation of Policy Amounts, or Part V, Alternative Ca	alculation for Year of Marriage. 🛛 No. Continue to	line 10	).			
10	See the instructions to determine if you can use line 11 or must comp	olete lines 12 through 23.					

Yes. Continue to line 11. Compute your annual PTC. Then skip lines 12–23 and continue to line 24.

X	No.	Continue	to	lines	12–23.	Compute
	your	monthly P	тс	and c	ontinue	to line 24.

С	Annual alculation	(a) Annual enrollment premiums (Form(s) 1095-A, line 33A)	(b) Annual applicable SLCSP premium (Form(s) 1095-A, line 33B)	<b>(c)</b> Annual contribution amount (line 8a)	(d) Annual maximum premium assistance (subtract (c) from (b); if zero or less, enter -0-)	(e) Annual premium t credit allowed (smaller of (a) or (d)	p	(f) Annual advance bayment of PTC (Form(s) 1095-A, line 33C)
11	Annual Totals							
	Monthly alculation	(a) Monthly enrollment premiums (Form(s) 1095-A, lines 21–32, column A)	(b) Monthly applicable SLCSP premium (Form(s) 1095-A, lines 21–32, column B)	(c) Monthly contribution amount (amount from line 8b or alternative marriage monthly calculation)	(d) Monthly maximum premium assistance (subtract (c) from (b); if zero or less, enter -0-)	(e) Monthly premium tax credit allowed (smaller of (a) or (d))		(f) Monthly advance payment of PTC (Form(s) 1095-A, lines 21–32, column C)
12	January							
13	February	1,122.	1,596.	32.	1,564.	1,122.		1,122.
14	March	1,122.	1,596.	32.	1,564.	1,122.		1,122.
15	April	1,122.	1,596.	32.	1,564.	1,122.		1,122.
16	May	1,122.	1,596.	32.	1,564.	1,122.		1,122.
17	June	1,122.	1,596.	32.	1,564.	1,122.		1,122.
18	July	1,122.	1,596.	32.	1,564.	1,122.		1,122.
19	August	1,122.	1,596.	32.	1,564.	1,122.		1,122.
20	September	1,122.	1,596.	32.	1,564.	1,122.		1,122.
21	October	1,122.	1,596.	32.	1,564.	1,122.		1,122.
22	November	1,122.	1,596.	32.	1,564.	1,122.		1,122.
23	December	1,122.	1,596.	32.	1,564.	1,122.	,	1,122.
24	Total premiu	um tax credit. Enter t	he amount from line 1	1(e) or add lines 12(e)	through 23(e) and ente	r the total here	24	12,342.
25	Advance pa	yment of PTC. Enter	the amount from line	11(f) or add lines 12(f)	through 23(f) and ente	r the total here	25	12,342.
26	on Schedule	e 3 (Form 1040), line	9. If line 24 equals lir	ne 25, enter -0 Stop	n line 24. Enter the diff here. If line 25 is grea	ter than line 24,	26	0.
Par				nent of the Premi		·		
27	Excess adva	nce payment of PTC.	If line 25 is greater than	n line 24, subtract line 2	4 from line 25. Enter the	e difference here	27	
28	Repayment	limitation (see instru	ctions)				28	
29	Excess adv (Form 1040)		credit repayment. Ente		27 or line 28 here and	l on Schedule 2	29	
For P	aperwork Red	Juction Act Notice,	see your tax return ir	nstructions. BA	REV 03/18/23 F	'R		Form <b>8962</b> (2022)

#### **Allocation of Policy Amounts** Part IV Complete the following information for up to four policy amount allocations. See instructions for allocation details. Allocation 1 (a) Policy Number (Form 1095-A, line 2) (b) SSN of other taxpayer (d) Allocation stop month 30 (c) Allocation start month (g) Advance Payment of the PTC Allocation percentage (e) Premium Percentage (f) SLCSP Percentage applied to monthly Percentage amounts Allocation 2 (a) Policy Number (Form 1095-A, line 2) (b) SSN of other taxpayer (c) Allocation start month (d) Allocation stop month 31 (g) Advance Payment of the PTC Allocation percentage (e) Premium Percentage (f) SLCSP Percentage Percentage applied to monthly amounts Allocation 3 (a) Policy Number (Form 1095-A, line 2) (b) SSN of other taxpayer (c) Allocation start month (d) Allocation stop month 32 (g) Advance Payment of the PTC Allocation percentage (f) SLCSP Percentage (e) Premium Percentage Percentage applied to monthly amounts Allocation 4 (a) Policy Number (Form 1095-A, line 2) (b) SSN of other taxpayer (c) Allocation start month (d) Allocation stop month 33 Allocation percentage (g) Advance Payment of the PTC (e) Premium Percentage (f) SLCSP Percentage applied to monthly Percentage amounts 34 Have you completed all policy amount allocations? Sec. Multiply the amounts on Form 1095-A by the allocation percentages entered by policy. Add all allocated policy amounts and nonallocated policy amounts from Forms 1095-A, if any, to compute a combined total for each month. Enter the combined total for each month on

No. See the instructions to report additional policy amount allocations.

#### Part V Alternative Calculation for Year of Marriage

Complete line(s) 35 and/or 36 to elect the alternative calculation for year of marriage. For eligibility to make the election, see the instructions for line 9. To complete line(s) 35 and/or 36 and compute the amounts for lines 12–23, see the instructions for this Part V.

lines 12-23, columns (a), (b), and (f). Compute the amounts for lines 12-23, columns (c)-(e), and continue to line 24.

35	Alternative entries for your SSN	(a)	Alternative family size	<b>(b)</b> cor	Alternative monthly tribution amount	(c)	Alternative start month	(d)	Alternative stop month
36	Alternative entries for your spouse's SSN	(a)	Alternative family size	<b>(b)</b> cor	Alternative monthly tribution amount	(c)	Alternative start month	(d)	Alternative stop month
									C 9062 (0000)

REV 03/18/23 PR

Form 8962 (2022)

Form	6	7	8	1	
Form	6	7	8	1	

Department of the Treasury

See instructions.

## Gains and Losses From Section 1256 Contracts and Straddles

OMB No. 1545-0644

Attachment Sequence No. 82

2

20

Identifying number

Go to www.irs.gov/Form6781 for the latest information.

Attach to your tax return.

Internal Revenue Service Name(s) shown on tax return

VENKATARAO NELLURI & PRAVEENA RANI MADALA	VENKATARAO		&		RANI		
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Check all applicable boxes. **A**  $\Box$  Mixed straddle election

A 
 Mixed straddle election

 B 
 Straddle-by-straddle identification election

172-84-2058

C Mixed straddle account election
 D Net section 1256 contracts loss election

Part I Section 1256 Contracts Marked to Market

	(a) Identification of account	(b) (Loss)	(c) Gain		
1	Form 1099-B TD AMERITRADE CLEARING, INC	-9,187.			
	Form 1099-B E*TRADE SECURITIES LLC	-37,695.			
2	Add the amounts on line 1 in columns (b) and (c)	( 46,882.)			
3	Net gain or (loss). Combine line 2, columns (b) and (c)			3	-46,882.
4	Form 1099-B adjustments. See instructions and attach statement See	Ștmt		4	46,882.
5	5	0.			
	<b>Note:</b> If line 5 shows a net gain, skip line 6 and enter the gain on line 7. Par see instructions.	tnerships and S co	rporations,		
6	If you have a net section 1256 contracts loss and checked box D above	, enter the amoun	t of loss to		
	be carried back. Enter the loss as a positive number. If you didn't check b	ox D, enter -0-		6	0.
7	Combine lines 5 and 6			7	Ο.
8	Short-term capital gain or (loss). Multiply line 7 by 40% (0.40). Enter h				
	Schedule D or on Form 8949. See instructions			8	0.
9	Long-term capital gain or (loss). Multiply line 7 by 60% (0.60). Enter he Schedule D or on Form 8949. See instructions			9	0.
Part	Gains and Losses From Straddles. Attach a separate statemer	nt listing each stra	ddle and its (	comn	onents

Section A-Losses From Straddles

Secti	ion A-Losses From Strade	lies									
	(a) Description of property	(b) Date entered into or acquired	(c) Date closed out or sold	(d) Gross sales pric	e othe plus e	Cost or r basis expense sale	(f) Loss. If column (e more than ( enter differen Otherwise enter -0-	) is (d), nce. e,	<b>(g)</b> Jnrecogr gain o offsetti positio	n ng	(h) Recognized loss. If column (f) is more than (g), enter difference. Otherwise, enter -0
10											
11a	Enter the short-term portion of D or on Form 8949. See instru		m line 10,	. ,	here and	include	on line 4 o	f Sche	edule 	11a	( )
b	Enter the long-term portion of										
	D or on Form 8949. See instru									11b	( )
Secti	ion B—Gains From Straddl	es									
						(d) Gross (e) Cost of sales price other base plus experience of sale			is	(f) Gain. If column (d) is more than (e), enter difference. Otherwise, enter -0	
12											
13a	Enter the short-term portion o or on Form 8949. See instruct		n line 12, c	olumn (f), h	ere and in	clude o	n line 4 of 8	Sched	ule D	13a	
b	Enter the long-term portion of D or on Form 8949. See instru									13b	
Part	Unrecognized Gains	From Pos	itions He	ld on Las	t Day of	Tax Ye	ar. Memo	entry o	only (se	ee ins	structions)
	(a) Description of property(b) Date acquired(c) Fair market value on last business day of tax year(d) Cost on other basis as adjusted							is	(e) Unrecognized gain. If column (c) is more than (d), enter difference. Otherwise, enter -0		
14											
						1					

**Explanation Statement** 

# Additional Information From 2022 Federal Tax Return

# Form 6781: Gains and Losses From Section 1256 Contracts and Straddles Line 4

# Form 1099B Adjustments ScheduleDescriptionAmountRegulated futures part of a hedging transaction46,882.Total Form 1099-B adjustments46,882.

2023 DECLARATION OF ESTIMA	TED INCOME TAX FO	R INDIVIDUAL <sub>7</sub> F.	DUCIARY OR	PARTNERSHIP
		DUE DA FISCAL	TE 04-18- Filer Onl	
172-84-2058	NE 295-53-8	658		
	DECLARATION	OF EST TAX	PAYMENT	AMOUNT
NELLURI VENKATARAO PRAVEENA RAN MADALA	÷	1492.00	¢	373.00
49 GRAYHAWK WAY N≬RTH MECHANICSBURG PA ŀ7050 90ŀ-848-0042	DEPARTMENT	USE ONLY	Make check or payable to the I Department of I 230251760	Pennsylvania Revenue
2023 ESTIM/	ITZ3 ESD5 GJTA 904-408	23	STIMATED	

MAKE CHECK PAYABLE TO: PA DEPARTMENT OF REVENUE MAIL TO: PA DEPARTMENT OF REVENUE BUREAU OF IMAGING AND DOCUMENT MANAGEMENT P0 B0X 280403 HARRISBURG, PA 17128-0403

2023 DECLARATION OF ESTIMA	TED INCOME TAX FO	R INDIVIDUAL <sub>1</sub> FI	DUCIARY OR	PARTNERSHIP
		DUE DA FISCAL	TE OG-15- Filer Onl	
172-84-2058	NE 295-53-8	658		
	DECLARATION	OF EST TAX	PAYMENT	AMOUNT
NELLURI VENKATARAO PRAVEENA RAN MADALA	÷	1492.00	¢	373.00
49 GRAYHAWK WAY N≬RTH MECHANICSBURG PA ŀ7050 90ŀ-848-0042	DEPARTMENT	USE ONLY	Make check or payable to the I Department of I 230251260	Pennsylvania Revenue
2023 ESTIM/	ITZ3 ESD5 GJTA PA-40e	23	OTIMATED	

MAKE CHECK PAYABLE TO: PA DEPARTMENT OF REVENUE MAIL TO: PA DEPARTMENT OF REVENUE BUREAU OF IMAGING AND DOCUMENT MANAGEMENT P0 B0X 280403 HARRISBURG, PA 17128-0403

2023 DECLARATION OF ESTIMA	TED INCOME TAX FO	R INDIVIDUAL, FI	DUCIARY OR	PARTNERSHIP
172-84-2058	NE 295-53-8		TE 09-15- FILER ONL	
	DECLARATION	OF EST TAX	PAYMENT	AMOUNT
NELLURI VENKATARAO PRAVEENA RAN MADALA	÷	1492.00	¢	373.00
49 GRAYHAWK WAY N≬RTH MECHANICSBURG PA ♪7050 90♪-848-0042	DEPARTMENT	USE ONLY	Make check or payable to the Department of 230251780	Pennsylvania Revenue
2023 ESTIM	ITZ3 ESD5 GATA 904-408	23	MATED	

MAKE CHECK PAYABLE TO: PA DEPARTMENT OF REVENUE MAIL TO: PA DEPARTMENT OF REVENUE BUREAU OF IMAGING AND DOCUMENT MANAGEMENT PO BOX 280403 HARRISBURG, PA 17128-0403

2023 DECLARATION OF ESTIMA	TED INCOME TAX	FOR INDIVIDUAL -	FIDUCIARY OR	PARTNERSHIP
172-84-2058	NE 295-53		DATE D1-16- Al Filer Onl	
	DECLARATIO	N OF EST TAX	PAYMENT	AMOUNT
NELLURI VENKATARAO PRAVEENA RAN MADALA	ę	1492.00	¢	373.00
49 GRAYHAWK WAY N≬RTH MECHANICSBURG PA ♪7050 90♪-848-0042	DEPARTMEN	T USE ONLY	Make check or payable to the Department of 230251766	Pennsylvania Revenue
2023 ESTIM	2023 ES1 P-4		ESTIMATED	

MAKE CHECK PAYABLE TO: PA DEPARTMENT OF REVENUE MAIL TO: PA DEPARTMENT OF REVENUE BUREAU OF IMAGING AND DOCUMENT MANAGEMENT PO BOX 280403 HARRISBURG, PA 17128-0403

MAKE CHECK PAYABLE TO: PENNSYLVANIA DEPARTMENT OF REVENUE MAIL TO: PENNSYLVANIA DEPARTMENT OF REVENUE PAYMENT ENCLOSED 1 REVENUE PLACE HARRISBURG, PA 17129-0001 NOTE: WRITE THE LAST FOUR DIGITS OF YOUR SSN (AND SPOUSE'S SSN IF FILING JOINT), '2022 PA-40 V' AND DAYTIME PHONE NUMBER ON YOUR CHECK.

	]	2025	PA-40	V PA	PAYMEN	Τ VOUCHE	R	1555 REV 03/01/23 PRO	
I	172-84-20	]58	NE	295-53	-8658			ЭТРӨОЭ MENT AMOUNT	ı
	NELLURI VENKATARAO MADALA PRAVEENA RAN				901-848-	0042	÷	1527.00	۵
I	49 GRAYHAWK I MECHANICSBUR( PA 17050				NT USE	ONLY	payable	heck or money ord to the Pennsylvar nent of Revenue	

## PA-40 - 2022 Pennsylvania Income Tax Return ENTER ONE LETTER OR NUMBER IN EACH BOX (05-22)

				Ν	Extension.	Ν	Amended Return.
172842058 29553862	8			R	Residency Stat	us.	
NELLURI						onresident	Part-Year Resident
VENKATARAO	Occupati	on DAY TRAD		Ŀ	from Single, Marrie	d/Filing <b>.I</b> c	to pintly.
VENKATAKAV				U	-	-	y, <b>F</b> inal Return
PRAVEENA RANI	Occupati	on HOMEMAKE	R	N	Deceased		
MADALA				IN			
				Ν	Taxpayer Date	of Death	
				Ν	Spouse Date of	f Death	
49 GRAYHAWK WAY NORTH					Farmers.		
MECHANICSBURG	PA	17050		Ν		i Name ME	CHANICSBURG
901-848-0042		21620					

la Gross Compensation. Do not include exempt income, such as combat zone pay and 1a qualifying retirement benefits. See the instructions. Ъb 1b Unreimbursed Employee Business Expenses. lc Net Compensation. Subtract Line 1b from Line 1a. 1c2 2 Interest Income. Complete PA Schedule A if required. З 3 Dividend and Capital Gains Distributions Income. Complete PA Schedule B if required. 4 4 Net Income or Loss from the Operation of a Business, Profession or Farm. 5 5 Net Gain or Loss from the Sale, Exchange or Disposition of Property. Ь Net Income or Loss from Rents, Royalties, Patents or Copyrights. 6 7 7 Estate or Trust Income. Complete and submit PA Schedule J. 8 8 Gambling and Lottery Winnings. Complete and submit PA Schedule T. 9 9 Total PA Taxable Income. Add only the positive income amounts from Lines 1c, 2, 3, 4, 5, 6, 7 and 8. DO NOT ADD any losses reported on Lines 4, 5 or 6. 10 10 Other Deductions. Enter the appropriate code for the type of deduction. Ν See the instructions for additional information.

11 Adjusted PA Taxable Income. Subtract Line 10 from Line 9.

1555 REV 03/01/23 PRO





77

61793

61793

3246

-2000

45284

770353

110353

Π

0

0

Π

0

0

Page 1 of 2

PA-40 - 2022

Social Security Number

	1555 REV 03/01/23 PRO	Page	e 2 of 2				
				Firm FEIN Preparer's			
~	arer's Name and Telephone Number		Date	E-File Op		Ν	
	Signature	Spouse's Signature, if filing		E Eila Ori	Out		
accon	ature(s). Under penalties of perjury, I (we) decla apanying schedules and statements, and to the best	of my (our) belief, they are true, corr	ect, and complete.				
36	Refund donation line. Enter the organ			tions.	36		
35	Refund donation line. Enter the organ	nization code and donation an	nount. See instruc	tions.	35		
33 34	Refund donation line. Enter the organ Refund donation line. Enter the organ				33 34		
32	Refund donation line. Enter the organ				32		
30 31	<b>Refund</b> – Amount of Line 29 you wa <b>Credit</b> – Amount of Line 29 you wan		imated account.	REFUND	31 30		0 0
	The total of Lines 30 through 36 m				_		
29	<b>OVERPAYMENT.</b> If Line 24 is morthe difference here.		ine 25 and Line 2'	7, enter	29		1527 D
28	TOTAL PAYMENT DUE. See the in		ne box.	Y	28		1
27	Penalties and Interest. See the instruct		E		27		37 37
25 26	<b>USE TAX.</b> Due on internet, mail order <b>TAX DUE.</b> If the total of Line 12 and	*		nce here.	25 26		0 1490
24	TOTAL PAYMENTS and CREDIT				24		1897
22 23	Resident Credit. Submit your <b>PA Sch</b> Total Other Credits. Submit your <b>PA</b>		edule DC.		22 23		0
21	Tax Forgiveness Credit from Section	n IV, Line 16, <b>PA Schedule S</b>	SP.		57		Ō
19b 20	Dependents, Section II, Line 2, <b>PA So</b> Total Eligibility Income from Section		P.		50 73P	00	0
19a	Forgiveness Credit. Submit PA SchFiling Status:01 Unmarried or Status	eparated 02 Married	03 Deceased		19a	00	
18	Total Estimated Payments and Cree		-		18		0
16 17	2022 Extension Payment. Nonresident Tax Withheld from your	<b>PA Schedule</b> (s) <b>NRK-1.</b> (No			16 17		0
14 15	Credit from your 2021 PA Income Ta 2022 Estimated Installment Payments			N	14 15		0
12 13	<b>PA Tax Liability. Multiply Line 11 by</b> Total PA Tax Withheld. See the instru				73 75		3387 1897





2201210024

#### PA-40 A (EX) 06-22 (I) PA Department of Revenue **2022**

Name (if filing jointly, use name shown first on the PA-40)

Social Security Number (shown first) 172-84-2058

OFFICIAL USE ONLY

VENKATARAO NELLURI

**CAUTION:** Federal and PA rules for taxable interest income are different. **Read the instructions.** 

If your total PA-taxable interest income (taxpayer, spouse and/or joint) is equal to the amount reported on your federal return and you have no amounts for Lines 2 through 15 (not including subtotal Lines 4 and 10) of PA Schedule A, you must report your income on Line 2 of the PA-40, but you do not have to submit PA Schedule A. If there are any amounts (taxpayer, spouse and/or joint) for any of the Lines 2 through 15 (not including subtotal Lines 4 and 10) of the schedule, you must complete and submit PA Schedule A with your PA-40. A taxpayer and spouse must complete separate schedules to report their income if any amounts are reported on Lines 2 through 15 (not including subtotal Lines 4 and 10) of Schedule A. However, if all the income is earned on a joint basis, one schedule may be completed. Complete the oval to indicate whether the income included on the schedule is from the taxpayer, spouse or joint. If a separate PA Schedule A is prepared for a taxpayer and spouse, include only the taxpayer or spouse share of the income for each line.

## PA SCHEDULE A - PA-Taxable Interest Income (See the instructions.)

Taxpayer 🝙 Spouse 👝 Joint 👝		
1. Interest income reported on your federal return. See instructions.	1.	\$ 3,246
2. Tax-exempt interest income included in Line 2a of your federal return.	2.	\$
3. Other addition adjustments. See instructions. Description:	3.	\$
<b>4.</b> Add Lines 1, 2 and 3.	4.	\$ 3,246
5. Interest income from federal Schedule(s) K-1. See instructions.	5.	\$
<b>6.</b> Interest income from direct obligations of the Commonwealth of Pennsylvania and/or its municipalities.	6.	\$
7. Interest income from direct obligations of the U.S. government.	7.	\$ 0
<ol> <li>Other reduction adjustments. See instructions.</li> <li>Description:</li> </ol>	8.	\$
<b>9.</b> Add Lines 5, 6, 7 and 8.	9.	\$0
10. Subtract Line 9 from Line 4.	10.	\$ 3,246
<ol> <li>Distributions from Life Insurance, Annuity or Endowment Contracts included in federal taxable income.</li> </ol>	11.	\$
12. Distributions from Charitable Gift Annuities included in federal taxable income.	12.	\$
<ol> <li>Distributions from IRC Section 529 Qualified Tuition Programs for non-educational purposes.</li> </ol>	13.	\$
<ol> <li>Distributions from Health/Medical Savings Accounts included in federal taxable income.</li> </ol>	14.	\$
<ol> <li>Interest income from PA S corporations and partnership(s), reported on your PA Schedule(s) RK-1 or federal Schedule(s) K-1.</li> </ol>	15.	\$
16. Total PA-Taxable Interest Income. Add Lines 10 through 15. Enter on Line 2 of your PA-40.	16.	\$ 3,246

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## PA SCHEDULE D

5507370055

Sale, Exchange or Disposition of Property

PA-40 D (EX) 06-22 (I) PA Department of Revenue

2022

PA Department of Revenue	2022	OFFICIAL USE ONLY
	If you need more space, you may photocopy.	
Name of the taxpayer filing this schedule		Social Security Number (shown first)
VENKATARAO NELLURI		172-84-2058

Taxpayer Spouse Joint

Important: A taxpayer and spouse must complete separate schedules to report their gains or losses or if any amounts are reported on Lines 3 through 10 of PA Schedule D. However, if all the gains and losses were realized on a joint basis, one schedule may be completed. Complete the oval to indicate whether the gains and losses included on the schedule are from the taxpayer, spouse or joint. One spouse may not use a loss to reduce the other spouse's gains. When reporting the sale of jointly owned property that is not reported on a joint PA Schedule D, each must show their share of the sale on their separate PA Schedule D. Read the instructions. Enter all sales, exchanges or other dispositions of real or personal tangible and intangible property, including inherited property. Amounts from Federal Schedule D may not be correct for PA income tax purposes. Nonresidents should read carefully the instructions concerning intangible property. If the result is a loss, fill in the oval next to the line.

(a) Describe the property: 100 shares of XYZ stock, or 10 acres in Dauphin County	<b>(b)</b> Date acquired: Month/day/year	<b>(c)</b> Date sold: Month/day/year	(d) Gross sales price less expenses of sale	(e) Cost or adjusted basis of the property sold	(f) Gain or loss: (d) minus (e) (If a loss, fill in the oval).
1.E*TRADE SECURITIES L	01/01/22	12/31/22	16,159,169.	18,425,185.	Loss 2,266,016.
AMERITRADE	01/01/22	12/31/22	6,281,610.	8,777,072.	Loss 2,495,462.
AMERITRADE	01/01/22	12/31/22	821,292.	87,850.	LOSS 733,442.
Form 1099-B TD AMERI	12/31/22	12/31/22	0.	9,187.	9,187.
Form 1099-B E*TRADE	12/31/22	12/31/22	0.	37,695.	LOSS 37,695.
					LOSS
2. Net gain (loss) from above sales.				Loss 2.	4,074,918.
3. Gain from installment sales from PA Schedule [					
4. Taxable distributions from C corporations					
				= 4.	
5. Net gain (loss) from the sale of 6-1-71 property	from PA Schedule D	-71 <b>.</b>		LOSS 5.	
6. Net PA S corporation and partnership gain (loss	) from your PA Sche	dule(s) RK-1 or NR	K-1	LOSS 6.	

Taxable gain from selling a principal residence. Complete and submit PA Schedule 19. Complete Columns (a) through (e) and enter your total gain on Line 7.

	(a) Address of	(b) Date acquired:	(c) Date sold:	(d) Gross sales price	(e) Cost or adjusted basis of	(f) Gain or loss:
	residence	Month/day/year	Month/day/year	less expenses of sale	the property sold	(d) minus (e)
7.	Taxable gain from the sale of your principal residence. If y If you realized a gain/loss on the sale of the nonresidentia					
8.	Taxable distributions from partnerships from REV-999.				8.	
9.	Taxable distributions from PA S corporations from REV-	998			9.	
10.	Taxable gain from exchange of insurance contracts				10.	
11.	Total PA Taxable Gain (Loss). Add Lines 2 through 10.	Enter on Line 5	of your PA-40. (	If a net loss, fill in the c	oval) 📕 11.	4,074,918.





5507370055

## PA SCHEDULE D

5507370055

Sale, Exchange or Disposition of Property

PA-40 D (EX) 06-22 (I) PA Department of Revenue

Name of the ta PRAVEEN 2022

If you need more space, you may photocopy.	
xpayer filing this schedule	Social Security Number (shown first)
IA RANI MADALA	172-84-2058

Spouse Taxpayer 🔵 Joint Important: A taxpayer and spouse must complete separate schedules to report their gains or losses or if any amounts are reported on Lines 3 through 10 of PA Schedule D. However, if all the gains and losses were realized on a joint basis, one schedule may be completed. Complete the oval to indicate whether the gains and losses included on the schedule are from the taxpayer, spouse or joint. One spouse may not use a loss to reduce the other spouse's gains. When reporting the sale of jointly owned property that is not reported on a joint PA Schedule D, each must show their share of the sale on their separate PA Schedule D. Read the instructions. Enter all sales, exchanges or other dispositions of real or personal tangible and intangible property, including inherited property. Amounts from Federal Schedule D may not be correct for PA income tax purposes. Nonresidents should read carefully the instructions concerning intangible property. If the result is a loss, fill in the oval next to the line. (a) Describe the property: (b) (c) (d) (f) (e) Date acquired: Date sold: Cost or adjusted Gain or loss: Gross sales price

100 shares of XYZ stock, or 10 acres in Dauphin County	Month/day/year	Month/day/year	less expenses of sale	basis of the property sold		(d) minus (e) ess, fill in the oval).
1.AMERITRADE	01/01/22	12/31/22	856,886.	811,602	• LOSS	45,284.
					LOSS	
					LOSS	
					LOSS	
					LOSS	
					LOSS	
					LOSS	
					LOSS	
					LOSS	
					LOSS	
					LOSS	
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					LOSS	
					LOSS	
					LOSS	
					LOSS	
					LOSS	
					LOSS	
					LOSS	
2. Net gain (loss) from above sales.					2.	45,284.
3. Gain from installment sales from PA Schedule	D-1				3.	
4. Taxable distributions from C corporations	Enter total	distribution				
		usted basis			4.	
5. Net gain (loss) from the sale of 6-1-71 property					5.	
6. Net PA S corporation and partnership gain (los	s) from your PA Sche	edule(s) RK-1 or NRk	(-1	LOSS (	6.	

Taxable gain from selling a principal residence. Complete and submit PA Schedule 19. Complete Columns (a) through (e) and enter your total gain on Line 7.

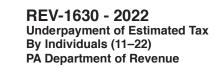
(a)	(b)	(c)	(d)	(e)	(f)
Address of	Date acquired:	Date sold:	Gross sales price	Cost or adjusted basis of	Gain or loss:
residence	Month/day/year	Month/day/year	less expenses of sale	the property sold	(d) minus (e)
7. Taxable gain from the sale of your principal residence. I	vou realized a los	s on the sale of	vour principal residence	e, enter a zero.	
If you realized a gain/loss on the sale of the nonresiden					
8. Taxable distributions from partnerships from REV-999				8.	
9. Taxable distributions from PA S corporations from RE	/-998			9.	
10. Taxable gain from exchange of insurance contracts				10.	
11. Total PA Taxable Gain (Loss). Add Lines 2 through 1	). Enter on Line 5	of your PA-40. (	If a net loss, fill in the c	oval) Coss 11.	45,284.

1555 REV 03/01/23 PRO



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OFFICIAL USE ONLY



#### VENKATARAO NELLURI & PRAVEENA RANI MADALA

#### 172842058

**BEFORE YOU BEGIN:** Did you qualify for 100 percent tax forgiveness in 2021? If yes, stop here. You do not owe an estimated underpayment penalty and are not required to complete this form or include it with your return. If no, continue to see if you qualify for any of the exceptions.

#### SECTION I – CALCULATING THE UNDERPAYMENT

1a. 2022 Tax Liability from Line 12 of Form PA-40.	3387
1b. Multiply the amount on Line 1a by 0.90.	3048
2. Add the amounts reported on Lines 13, 17, 21, 22 and 23 of Form PA-40.	<u> </u>
3. Subtract Line 2 from Line 1a. If result is less than \$246, stop here.	1490
4. Subtract Line 2 from Line 1b.	1151

ESTIMATED PAYMENT DUE DATES - Fiscal filers see instructi	ons. a April 15, 2022	b June 15, 2022	c Sept. 15, 2022	d Jan. 17, 2023
5. Divide Line 4 by the number of payments required for the year (usually four). Enter the result in the appropriate columns.	287	885	885	885
6. Estimated tax paid including carryover credit from previous tax year. See instructions.	0	0	0	0
<ol> <li>Overpayment (from Line 10) from a previous period. See instructions</li> </ol>		0	0	0
8. Add Lines 6 and 7.	п	п	п	п
9. Underpayment. Subtract Line 8 from Line 5. If Columns a through d are all zero, stop here. No penalty is due.	287	885	885	885
<ol> <li>Overpayment. Subtract Line 5 from Line 8. If Columns a through d all show an overpayment, stop here. No penalty is due.</li> </ol>	٥	٥	D	٥

#### SECTION II – EXCEPTIONS TO INTEREST

You will not have to pay interest on the underpayment if the tax payments you made as shown in Section II, Line 11 were paid on time and the amount shown on Section II, Line 11 is equal to or more than the amount in Section II, Line 12 or Line 13, for the same payment period. This exception does not apply if you did not file a return for the prior year or if the prior year's return was filed as a part-year resident.

EXCEPTION 1 WORKSHEET – Section II, Line 11 Calculation	a April 15, 2022	b June 15, 2022	c Sept. 15, 2022	d Jan. 17, 2023
A. Divide the amount reported in Section I, Line 2 by 4. Enter the amount in each of the four columns.	D	0	D	۵
B. Enter the estimated payments reported in Section I, Line 6. Enter the payments under the installment period in which they were paid.	D	D	D	٥
C. Add Lines A and B under each column.	0	٥	0	0
11. Enter the amounts listed on Exception 1 Worksheet, Line C. For Column a this is the amount from Line C above. For Column b add the amounts of Columns a and b from Line C; for Column c add the amounts from Columns a, b and c; and for Column d add the amounts from Columns a, b, c and d.	D	D	D	D
12. Exception 1 – Tax on 2021 income using 2022 tax rate. See instructions.	D	٥	0	0

If the amount on Line 11 is equal to or greater than Line 12, you do not owe penalty for that quarter and you should place an X in the applicable box on Line 14a or 14b for that quarter.

Page 1 of 2

1555 REV 03/01/23 PRO



REV-1630 - 2022 **Underpayment of Estimated Tax** By Individuals (11–22) **PA Department of Revenue** 

## SECTION II - EXCEPTIONS TO INTEREST cont.

EXCEPTION 2 WORKSHEET - Use this worksheet if your income was earned unevenly throughout 2022 and your 2022 estimated tax payments, tax withholdings and credits equal at least 90 percent of the tax on your taxable income for the periods.

EXCEPTION 2 WORKSHEET – Section II, Line 13 Calculation	1			
	01/01/22 - 03/31/22	01/01/22 - 05/31/22	01/01/22 - 08/31/22	01/01/22 - 12/31/22
A. Enter your actual taxable income for the period.	٥	٥	D	0
B. Multiply Line A by 3.07 percent (0.0307). This is the tax due.	0	D	0	0
<ol> <li>Exception 2 - Tax on 2022 income over three, five, eight and 12 month periods. Enter 90 percent of Exception 2 Line B.</li> </ol>	D	٥	D	٥
If the amount on Line 11 is equal to or greater than Line 13, you do not	owe penalty for that payment	period and you should place an	X in the applicable box on Line	e 14a or 14b for that quarter.
SECTION III – CALCULATING INTEREST				
COMPLETE LINES 15 THROUGH 16 IF NONE OF THE EXCF	EPTIONS APPLY. DO NOT	USE FEDERAL CALCULA	FIONS.	
9. Enter the amounts from Section I, Line 9.	287	288	288	288
14a. Number of days after due date of estimated payment to and including date of annual payment or Dec. 31, 2022, whichever is earlier. If Dec. 31 is earlier, enter 260, 199 and 107 respectively.	257	744	207 207	
14b. Number of days after due date of estimated payment to and including date of annual payment or April 18, 2023, whichever is earlier. If April 18 is earlier, enter 91.				91
14c. Number of days after Dec. 31, 2022 to and including date of annual payment or April 18, 2023, whichever is earlier. If April 15 is earlier, enter 108 in each column.	108	709	709	
15a. Number of days on Line 14a times 0.000082 times underpayment on Line 9.	L	5	З	
15b. Number of days on Line 14b times 0.000192 times underpayment on Line 9.				5
15c. Number of days on Line 14c times 0.000192 times underpayment on Line 9.	6	6	Ь	
16. Interest. Add amounts on Lines 15a, b and c. Include on Line 27 of Form PA-40.				37
SPECIAL EXCEPTION INFORMATION Please enter the following information to verify the correct application	n of the special exceptions rule			
A. Enter the amount of your 2021 PA Tax Liability (Line 12 from you Lines 13, 17, 22 and 23 from your 2021 PA-40 tax return.	our 2021 PA-40 tax return), les	ss the amounts from		166
B. Did you make estimated payments beginning in the period in wh known that your income not subject to tax exceeded \$8,000?	ich it became		I	N
If the amount for Line A is \$246 or greater, or if you answer "No estimated payments beginning in the period in which it becomes UNDERPAYMENT AMOUNT ON WHICH THE ADDITION O	known that income not subject	et to withholding will exceed \$	8,000. See the instructions for "	
Filing Tips		_		
<ul> <li>The department calculates the following using two decimal places:</li> <li>Line 1b and Lines 4 through 10 of Section I;</li> </ul>		<ul> <li>Rounding to whole</li> <li>Lines 1a, 2 and</li> </ul>	dollars is utilized only on the fo	ollowing:
• Line to and Lines 4 unough to of section 1,		• Lines 1a, 2 and	· · · · · · · · · · · · · · · · · · ·	

- Lines A, B, C and 11 of Exception 1 of Section II;
- Line 13 of Exception 2 of Section II; and
- Lines 14a through 16 of Section III

FOR ADDITIONAL INFORMATION, PLEASE SEE THE "EXAMPLE OF INTEREST CALCULATION" ON THE LAST PAGE OF THE INSTRUCTIONS

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· Line 12 of Exception 1 of Section II; and

• Lines A and B of Exception 2 of Section III.



PA-8879 (EX) 11-22

Declaration Control Number/Submission ID

Primary Taxpayer's Name		Social Security Number	
VENKATARAO N	JELLURI	172-84-2058	
Secondary Taxpaye	r's Name	Social Security Number	
PRAVEENA RANI MADALA		295-53-8628	
SECTION I	TAX RETURN INFORMATION – TAX YEAR EN	DING DEC. 31, 2022 (whole dollars only)	
1. Adjusted PA taxal	ble income (Form PA-40, Line 11)	1	110,323
2. PA tax liability (Fo	orm PA-40, Line 12)		3,387
3. Total PA tax withheld (Form PA-40, Line 13)			1,897
4. Amount to be refu	unded (Form PA-40, Line 30)		
			1,527

SECTION II	DECLARATION AND SIGNATURE AUTHORIZATION OF TAXPAYER

Under penalties of perjury, I declare that I have examined a copy of my electronic individual income tax return and accompanying schedules and statements of my 2022 PA Tax Return (Form PA-40), and to the best of my knowledge and belief, it is true, correct and complete. In addition, by using a computer system and software to prepare and transmit my return electronically, I consent to the disclosure of all information pertaining to my use of the system and software and to the transmission of my tax return electronically to the PA Department of Revenue. I further declare that the amounts in Section I above are the amounts shown on the copy of my electronic income tax return. If applicable, I authorize the PA Department of Revenue and its designated financial agents to initiate an electronic funds withdrawal (direct debit) entry to my designated account for Pennsylvania taxes owed. I also authorize my financial institution to debit the entry to my account and the financial institutions involved in the processing of my electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to payment. I certify the funds for this withdraw are originating from an account within the United States or one of its territories. I have selected a personal identification number as my signature for my electronic income tax return and, if applicable, my electronic funds withdrawal consent.

#### PRIMARY TAXPAYER'S PERSONAL IDENTIFICATION NUMBER (PIN) Mark one oval only.

 I authorize
 GLOBAL TAXES LLC
 to enter my PIN
 42058
 as my signature on my tax year 2022

 electronically filed income tax return.

I will enter my PIN as my signature on my tax year 2022 electronically filed income tax return.

Signature

SECONDARY TAXPAYER'S PIN Mark one oval only.

 I authorize
 GLOBAL TAXES LLC
 to enter my PIN
 38628
 as my signature on my tax year 2022

 electronically filed income tax return.

I will enter my PIN as my signature on my tax year 2022 electronically filed income tax return.

Signature

Date

Date

#### SECTION III CERTIFICATION AND AUTHENTICATION – PRACTITIONER PIN PROGRAM PARTICIPANTS ONLY

ERO'S EFIN/PIN Enter your six-digit EFIN followed by your five-digit self-selected PIN

As a participant in the Practitioner PIN Program, I certify the above numeric entry is my PIN, which is my signature on the tax year 2022 electronically filed income tax return for the taxpayer(s) indicated above. I confirm I am participating in the Practitioner PIN Program in accordance with the requirements established for this program.

ERO's Signature

Date

The ERO must retain this form and supporting documents for three years. DO NOT SUBMIT THIS FORM TO THE PA DEPARTMENT OF REVENUE UNLESS REQUESTED TO DO SO.

2022

Social Security Number 172-84-2058

Name	
VENKATARAO	NELLURI

				Federal Form	s W-2		
# of W2	* N T / T X B L	TS	N R H	Employer Name identification number from box B	Federal wages from box 1 Medicare wages from box 5	Pennsylvania (state) compensation from box 16 (See Tax Help) Pennsylvania (state) income tax tax withheld from box 17	ST ID
				FEDEX CORPORATE SERVICES 62-1808017	<u>47,317.</u> 61,927.	61,793. 1,897.	PA

	Taxpayer	Spouse
Pennsylvania W-2	61,793.	0.
Pennsylvania W-2 to Schedule NRH, line 9		
Federal Form 4137, Unreported Tips, line 6		
Noncash tips		
Non-Pennsylvania W-2 to Schedule SP, line 6		
Withholding	1,897.	

#### Federal Forms W-2: Local Tax

<b>#</b> of W2	*	TS	Employer identification number from box B	Locality name	Local wages, tips, etc. (local) from box 18	Local income tax (local) from box 19	ST ID
		T	<u>62-1808017</u> 	731004	61,793.	<u>    1,050.</u> 	<u>PA</u>

Pennsylvania Local W-2	<b>Taxpayer</b> 61,793.	Spouse
Noncash tips		

#### **Excess Reimbursements**

*	Description	Employer's EIN	T/S	Amount

	Taxpayer	Spouse
Excess Reimbursements		

*	Payer Name		Payer EIN	T/S	Code	PA Taxable Comp.	PA Tax Withheld	Fed. Income
Exe Jur Dire Exp Hoi Cov Dai Iost	vania Payment type: ecutor fee y duty pay ector's fee pert witness fee norarium venant not to compete mages or settlement fo t wages, other than sonal injury	H JKLM NO	Other nonemp Describe: Employer spor Distribution fro Distribution fro Distribution fro Distribution fro Distribution fro Describe: Fiduciary fees Other income Describe:	nsored re m IRA ( m Life Ir m Chari m Emple	etiremer Tradition suranc table Gi byee Sto	nt/pension/def nal or Roth) e, Annuity or l ft Annuities	Endowment C	-
Miscel Withho	laneous Compensatio olding	n from F	orm 1099MISC	/1099K/′	1099NE	<b>Taxp</b> C	ayer	Spouse
		Comp	ensation fror	n Fede	ral For	ms 1099R		
*	Payer's EIN Payer's Name	T Fed S #	-	ross ibution		Basis	PA Taxable	PA Tax Withheld
* E	nter an 'X' if this incon	ne is <b>Not</b>	subject to Pen	nsylvani	a tax - F	PA Part-Year	and Nonreside	ents Only.
N No 1 PA 1 Uni 2 Mili 3 U.S 1 Anr (inc 1 Ear 2 Rol	vania Distribution typ entry school, state, or munic ited Mine Workers pen itary pension 5. Civil service retiremen nuity or Non-civil servic cluding Qual Joint Surv rly distribution from a re llover eligible; plan is eligible	cipal em sion ent/disab ce disabi ivorship etiremen	ility/annuity lity Annuity) t plan	M <sup>2</sup> M2 M3	I         Trad           2         Trad           2         Non-           3         Life i           4         Distr           5         ESO           2         ESO           3         KSO	itional or Roth itional or Roth qualified defe nsurance or e ibution from C P: Allocated I P: Non-Alloca P: Taxable E	; plan is eligib h IRA; I'm ove h IRA; I'm und pred compens andowment Charitable Gift ESOP Stock I ated ESOP St SOP within a e ESOP withir	r 59.5 er 59.5 sation plan Annuities Dividend ock Dividend 401(k)
Distr Com	ibution from Life Insura ineligible retirement pla ibution from Charitable pensation from Form 1 holding	ans (see Gift Anı 099R (e	Tax Help FAQ nuities ligible retireme	s for mo  nt plans)	re info) 	· · ·	ayer	
			Total Gross	s Comp	ensati	on		
Total	l gross compensation t	o Form I	PA-40 line 1a . sation to PA-40			<b>Taxp</b>	<b>ayer</b> 1,793.	Spouse 0

172-84-2058

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Total gross compensation to Form PA-40 line 1a ..... 61,793.

\* Enter an 'X' if this income is **Not** subject to Pennsylvania tax.

VENKATARAO NELLURI