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 Xo Standard Someone can claim: \out out as a dependent \Out or spouse as a dependent Your spouse as a dependent as beart as a fewendent	1040		rtment of the Treasury—Internal Revenue Servi 5. Individual Income Tax		ım 20 2	2	OMB No. 1545	-0074	IRS Use Only	—Do not w	rite or staple	in this space.
SHIVA KUMAR SIRUMALLA 796-78-4547 Hjöht Holm, spose's list name and middle initial Last name Application	Check only	lf yo	u checked the MFS box, enter the na	ame of yo					. ,	spo	use (QSS)	U
Important erum, spocie's frait name and middle initial List name Apt. no. AppLieD FOR MANASA AppLieD FOR AppLieD FOR AppLieD FOR Home address (number and street). If you have a P.O. box, see instructions. Apt. no. Spouse's social security number (No. 100, word, Spouse) AppLieD FOR City, town, rope store filler. If you have a forsign address, also complet spaces below. Street address, also complet spaces below. Street address, also complet spaces below. Street address, also complet spaces below. TX ZP code Digital At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, acchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions) You Spouse Spouse itemizes on a separate return or you were a dual-status alien Age/Blindness You: You: You: spouse as a dependent You: spouse as a dependent Of Check the box it qualifies for (see instructions) If more and oheck (f) First name Last name number (g) Reationship (G) Check the box it qualifies for (see instructions) If a total amount from Form(s) W-2, box 1 (see instructions) In In In In W abter form(g) W-2, box 1 (see instructions) In In In </td <td>Your first name</td> <td>and mi</td> <td>ddle initial</td> <td>Last nam</td> <td>ne</td> <td></td> <td></td> <td></td> <td></td> <td>Your so</td> <td>cial securit</td> <td>ty number</td>	Your first name	and mi	ddle initial	Last nam	ne					Your so	cial securit	ty number
MANASA CHENNA APPLIED FOR Home address (number and street), If you have a P.O. box, see instructions. Apt. no. Dreadenetial Election Campaign 3075 Check here if you or your 7922 N MACRATISUR BLVD Softe 21P code Spose if filing jointly, want & softengin address, also complete spaces below. State 21P code Spose if filing jointly, want & softengin address, also complete spaces below. TX TS of Soften With Want & Soften Want & Wa	SHIVA KU	MAR		SIRUN	ALLA					796-	78-454	7
Home address, further and street, if you have a P.O. box, see instructions. APA Presidential Election Campaign or your '1922 N MACARTHUR BLVD 30.7 5 City, town, rop staffice. If you have a foreign address, also complete spaces below. State ZP code TX 75.06.3 Doce the of thing, or your Foreign country name Foreign province/state/country Digital At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, award, or payments for property or services); or (b) sell, award, or payments for property or services); or (b) sell, award, award, award, award, award, or payment for property or services); or (b) sell, award, aw	lf joint return, sp	ouse's	first name and middle initial	Last nam	ne					Spouse	s social sec	curity number
7922 N. MACARTHUR BLVD 30.75 Check here if you or your City, town, or post office. If you have a foreign address, also complete spaces below. State ZIP code Digotal filling power if filling power is a dependent Dependents, see instructions; (P see instructions); (P see instructions); (P see instructions); (P ower if filling power is a dependent); Income 1a Total amount from Form(s) W-2, box 1 (see instructions); (P section see, instructions); (D of the the box if qualifies for filling instructions); 1a 12.3, 42.3, 1b It was withedia; 1a Total amount from Form(s) W-2, box 1 (see instructions); 1a 12.3, 42.3, 1b W-2 see in filling if tax was with diagonal filling power wages not reported on Form(s) W-2; (see instructions); 1a 12.3, 42.3, 1b If was withedia; 1a Total amount from Form(s) W-2, box 1 (see instructions); 1a 12.3, 42.3, 1b If was withedia; 1a Total amount from Form	MANASA			CHENN	JA					APPL	IED FO	R
In the second	Home address (numbe	r and street). If you have a P.O. box, see	instructio	ns.			A	pt. no.	Preside	ntial Election	on Campaigr
Cuty, Win, Or Das Unite: 1 you have a ruleigh adurdes, asia duriphere spaces delow. Saite 27 50.63 to go to this fund. Checking a TX Foreign country name Foreign province/state/county Foreign province/state/county Foreign province/state/county You Spous Digital Asset to: 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 Xes Standard Someone can calmi: You as a dependent You you as a dependent Yes Xes	<u>7922 N M</u>	ACAF	THUR BLVD					3	8075			
ITX/INS TX 75063 box below will not change Foreign country name Foreign province/state/country Foreign province/	City, town, or po	ost offic	ce. If you have a foreign address, also co	mplete sp	aces below.	Sta	te	ZIP c	ode	•		
Digital At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, asset(r a financial interest in a digital asset(r) (Sei instructions). Yes X No Standard Someone can claim: You as a dependent You spouse as a dependent Yes X No Standard Someone can claim: You as a dependent You repouse as a dependent Yes X No Deduction Spouse itemizes on a separate return or you were a dual-status alien Spouse: Was bom before January 2, 1958 Is blind Dependents Gee instructions): (1) First name Last name (2) Social security (3) Relationship (4) Check the box if qualifies for (see instructions) If more than four dependents, see instructions) (1) First name Last name (2) Social security (3) Relationship (4) Check the box if qualifies for (see instructions) If more there is the forms In Total amount from Form(s) W-2, box 1 (see instructions) Int Int Int Match Form(s) W-2 (see instructions) Int Int Int Int W-28 and top-Fire Also affer form Genetifies from Form (S) W-2. (see instructions) Int Int Int W-28 and top-Fire Also affer form Genetinstructions) Int <t< td=""><td>IRVING</td><td></td><td></td><td></td><td></td><td>TΣ</td><td>ζ</td><td>750</td><td>63</td><td>•</td><td></td><td>•</td></t<>	IRVING					TΣ	ζ	750	63	•		•
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: You as a dependent You spouse as a dependent 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 (ii) First name (iii) First name (iiii) First name (iii) First name	Foreign country	name		Fo	oreign province/state/o	coun	ty	Foreig	n postal code	your ta	_	
Assets exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.)											You	Spouse
Deduction Spouse itemizes on a separate return or you were a dual-status alien Age/Blindness You: Were born before January 2, 1958 Are blind Spouse: Was born before January 2, 1958 Is blind Dependents (i) First name Last name (ii) Spouse (iii) Relationship (ii) Child tax credit Credit for other dependent are de instructions (iii) First name Last name (iii) Child tax credit Credit for other dependent are de instructions Iiii Iiii Iiiiiiii Iiiiiiii Iiiiiiii Iiiiiii Iiiiiii Iiiiiiiii Iiiiiiiiiii Iiiiiiiiiiii Iiiiiiiiii Iiiiiiiiiiiiiiiiii Iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii			ange, gift, or otherwise dispose of a	digital a	sset (or a financial i	nter	est in a digital	-			Yes	X No
Age/Blindness You: Were bom before January 2, 1958 Are blind Spouse: Was born before January 2, 1958 Is blind Dependents (see instructions): (a) Relationship (b) Check the box if qualifies for (see instructions) Child tax credit Credit for other dependent If more than four (b) First name Last name (c) Credit for other dependent Child tax credit Credit for other dependent see instructions Image: Credit for other dependent Image: Credit for other dependent Image: Credit for other dependent bree Image: Credit for ther dependent Image: Credit for other dependent Image: Credit for other dependent Income 1a Total amount from Form(s) W-2, box 1 (see instructions) Image: Credit for other dependent W-26 and Topose fit fax Tip income not reported on Form(s) W-2 (see instructions) Image: Credit form Image: Credit form W-26 and Topose fit fax Toyou din one Taxable dependent care benefits from Form 839, line 29 Image: Credit form Image: Credit form W-26 and Topose fit fax W-26 see instructions) Image: Credit form Image: Credit form Image: Credit form W-26 see instructions. Image: Credit form Credit form Image: Credit fo		_		•								
Dependents (see instructions): (2) Social security instructions) (4) Check the box if qualifies for (see instructions) If more than four than	Deduction	<u> </u>	Spouse itemizes on a separate retur	n or you	were a dual-status	alier	1					
Clip Control to do dottors Clip Control to constructions Clip Control to constructions Clip Control to constructions if more than four dependents, see instructions Immber Immber Immber Immber Clip Control to constructions and check Immber	Age/Blindness	You:	Were born before January 2, 1	958	Are blind Spo	use	: 🗌 Was bor	n befo	ore January 2	2, 1958	🗌 Is bl	ind
If more than four dependents, see instructions and check here Immediate and chec	Dependents	(see i	instructions):		(2) Social security		(3) Relationsh	ip (4	Check the b	ox if quali	fies for (see	instructions):
than four dependents, see instructions	-								Child tax ci	redit	Credit for ot	her dependents
see instructions Image: See instructions Image: See instructions Image: See instructions Income 1a Total amount from Form(s) W-2, box 1 (see instructions) Image: See instructions Image: See instructions Image: See instructions Attach Form(s) C Tip income not reported on Form(s) W-2 (see instructions) Image: See instructions Image: See instructions Image: See instructions W-26 and e Taxable dependent care benefits from Form 2441, line 26 Image: See instructions Image: See instructions Image: See instructions W-26 and g Wages from Form 8919, line 6 Image: See instructions Image: See instructions Image: See instructions Image: See instructions W-26, see instructions Image: See instructions Ima											[
and check here											[
Income 1a Total amount from Form(s) W-2, box 1 (see instructions) 1a 12.3, 423. Attach Form(s) b Household employee wages not reported on Form(s) W-2. 1b Attach Forms c Tip income not reported on line 1a (see instructions) 1c W-2 Rier, Also d Medicaid waiver payments not reported on Form(s) W-2 (see instructions) 1d W-2G and e Taxable dependent care benefits from Form 2441, line 26 1e 19 ould not get a Form Wages from Form 8919, line 6 1g get a Form h Other earned income (see instructions) 1h 0. W-2, see in thousehold employer-provided adoption benefits from Form 8839, line 29 1h 0. get a Form wages from Form 8919, line 6 1g 1g 12.3, 423. Attach Sch. B 2a Tax-exempt interest 2b 1h 0. Attach Sch. B a Qualified dividends 3a b b Taxable interest 2b Beduction for - Ga al security benefits Ga al b Taxable amount 5b Deduction for - Ga al security bene											[
Household employee wages not reported on Form(s) W-2. 1b Attach Form(s) W-2 here.Asd c Tip income not reported on line 1a (see instructions) 1c W-2 here.Asd d Medicaid waiver payments not reported on Form(s) W-2 (see instructions) 1d W-2G and e Taxable dependent care benefits from Form 2441, line 26 1d Wages from Form 8919, line 6 1g 1g get a Form h Other earned income (see instructions) 1t W-2, see i Nontaxable combat pay election (see instructions) 1t W-2, see i Nontaxable combat pay election (see instructions) 1t W-2, see i Nontaxable combat pay election (see instructions) 1t 12 Attach Sch. B 2a b Taxable interest 2b if required. 3a b b Taxable amount 4b Standard Deduction for 6a Social security benefits 6a b Taxable amount 6b * Sig.goo c If you elect to use the lump-sum election method, check here 7 0. 0. * Sig.goo Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,	here 🗌										[
b Household employee wages not reported on Form(s) W-2 1b Mtach Forms C Tip income not reported on line 1a (see instructions) 1c W-2 here. Also attach Forms Medicaid waiver payments not reported on Form(s) W-2 (see instructions) 1d W-26 and e Taxable dependent care benefits from Form 2441, line 26 1d Ww26 and e Taxable dependent care benefits from Form 2441, line 26 1e usa withheld. f Employer-provided adoption benefits from Form 8839, line 29 1f was withheld. g Wages from Form 8919, line 6 1g get a Form h Other earned income (see instructions) 1t 0. w2.2, see i Notaxable combat pay election (see instructions) 1t 0. w2.2, see i Notaxable combat pay election (see instructions) 1t 12 123, 423. Attach Sch. B 2a Tax-exempt interest 2a b b Taxable amount 4b Standard Deduction forf G Social security benefits Ga b Taxable amount 6b Standard Dige or Married fling separately. S12,800 Ga Other incom	Income	1a	Total amount from Form(s) W-2, be	ox 1 (see	instructions)					. 1a	12	23,423.
W-2 here. Also attach Forms Medicaid waiver payments not reported on Form(s) W-2 (see instructions) 1d W-26 and 1099-Ri ftax e Taxable dependent care benefits from Form 2441, line 26 1e 109-Ri ftax f Employer-provided adoption benefits from Form 8839, line 29 1f was withheld, get a form Wages from Form 8919, line 6 1g W-2, see instructions. nottaxable combat pay election (see instructions) 1i Attach Sch, B 2a b Taxable dependent Attach Sch, B 2a b Taxable dividends a Qualified dividends 3a b Ordinary dividends 4a B D dividends 3b 3b 5a Pensions and annuities 5a b Taxable amount 4b Standard Social security benefits 6a b Taxable amount 6b Standard Deduction for- Maried fling pentrely, \$12,950 f Capital gain or (loss). Attach Schedule D if required. If not required, check here 7 0. Maried fling point or Outer income from Schedule 1, line 26 10 8 0 12.2.423. Waring spouse Standard Standard	moomo	b	Household employee wages not re	eported o	on Form(s) W-2 .					. 1b	,	
attach Forms d Medicaid waiver payments not reported on Form(s) W-2 (see instructions) 1d W-2G and 1099-R if tax e Taxable dependent care benefits from Form 2441, line 26 1e 1099-R if tax f Employer-provided adoption benefits from Form 8839, line 29 1f was withheld. g Wages from Form 8919, line 6 1g get a Form h Other earned income (see instructions) 1i wV-2, see i Nontaxable combat pay election (see instructions) 1i instructions. z Add lines 1a through 1h 1z 123, 423. Attach Sch. B za Qualified dividends 3a b b Taxable interest 2b 4a IRA distributions 4a b Taxable amount 4b 5b Standard Social security benefits 6a b Taxable amount 6b 6b Single or If you elect to use the lump-sum election method, check here (see instructions) 7 0. 6b Marid filing spouse, \$12,950 8 Other income from Schedule 1, line 10 7 0. Standard 9 Add lines 1z,		с	Tip income not reported on line 1a	ι (see inst	tructions)					. 10	;	
109-R if tax was withheld. f Employer-provided adoption benefits from Form 8839, line 29 11 If you did not get a Form Wages from Form 8919, line 6 11 0 W2-2, see instructions. i Nontaxable combat pay election (see instructions) 11 W-2, see instructions. i Nontaxable combat pay election (see instructions) 11 Attach Sch. B 2a Tax-exempt interest 2b Attach Sch. B 2a a b Taxable interest 2b 4d IRA distributions 4a b Taxable amount 4b Standard Deduction for- 6a b Taxable amount 6b Sign of fing separately, \$12,950 c If you elect to use the lump-sum election method, check here (see instructions) 10 Married fling pointly or Qualifying surving spouse. 0 Other income from Schedule D if required. If not required, check here 7 0. 10 Subtract line 10 from line 9. This is your adjusted gross income 11 123, 423. 12 25,900. 10 Add lines 12, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 11 123, 423. 10 Subtract		d	Medicaid waiver payments not rep	orted on	Form(s) W-2 (see in	nstru	ictions)			. 1d		
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 1k 0. Attach Sch. B 2a through 1h 1k 1k 0. Attach Sch. B 2a Tax-exempt interest 2a b Taxable interest 2b Attach Sch. B 2a Qualified dividends 3a b Dordinary dividends 3b 4a IRA distributions 4a B Taxable amount 4b 5b Deduction for- 5a Pensions and annuities 5a b Taxable amount 5b 6a Social security benefits 6a b Taxable amount 5b Deduction for- 6a Other income from Schedule 1 line 10 7 0. Married filing jointly or Qualifying 9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 9 123, 423.		е	Taxable dependent care benefits f	n 2441, line 26 .					. 1e	•		
In your of Nat Were arred income (see instructions) W-2, see instructions. Z Add lines 1a through 1h X Attach Sch. B 2a add lines 1a through 1h X Attach Sch. B 2a add lines 1a through 1h X Attach Sch. B 2a add lines 1a through 1h X Attach Sch. B 2a add lines 1a through 1h X Attach Sch. B 2a add lines 1a through 1h X Attach Sch. B 2a add lines 1a through 1h X Attach Sch. B 2a b Tax-exempt interest X 2b Attach Sch. B 2a add lines 1a through 1h X Attach Sch. B 2a b Tax-exempt interest X 4a B Ordinary dividends 5a B Collal security benefits 5a B Standard B C If you elect to use the lump-sum election method, check here (see instructions) Standard fling Standard fling Standard deluction or itemized deduction (from Schedule 1, line 10 <td< td=""><td></td><td>f</td><td colspan="6">Employer-provided adoption benefits from Form 8839, line 29</td><td></td><td>. 1f</td><td></td><td></td></td<>		f	Employer-provided adoption benefits from Form 8839, line 29							. 1f		
W-2; see instructions. i Nontaxable combat pay election (see instructions) 1i Attach Sch. B 2a Add lines 1 a through 1h 12 123, 423. Attach Sch. B 2a Tax-exempt interest 2b if required. 3a b Dordinary dividends 3b 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 6a Social security benefits 6a b Taxable amount 6b 512,950 7 Capital gain or (loss). Attach Schedule D if required. If not required, check here 7 0. 8 Other income from Schedule 1, line 10 8 0 9 123, 423. 9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 10 11 123, 423. 9 123, 423. 10 11 123, 423. 10 12 25, 900. 14 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 10 <	lf you did not	g	Wages from Form 8919, line 6 .							. 1g		
Instructions. 1 Nothazable combat pay election (see instructions) 1 12 123, 423. Attach Sch. B 2a Tax-exempt interest 2a b Taxable interest 2b Attach Sch. B 3a Qualified dividends 3a b Ordinary dividends 3b 4a IRA distributions 4a b Taxable amount 4b 5a Pensions and annuities 5a b Taxable amount 5b 5a Pensions and annuities 5a b Taxable amount 5b 5a Pensions and annuities 5a b Taxable amount 5b 5a Pensions and annuities 5a b Taxable amount 5b 6a Social security benefits 6a b Taxable amount 6b 6a Social security benefits 6a b Taxable amount 6b 6a Social security benefits 6a b Taxable amount 6b 6a Other income from Schedule 1, line 10 Taxable amount 7 0. 9 Add lines 1z,	-	h	Other earned income (see instruction	ions) .				· ·		. 1h	1	0.
Attach Sch. B 2a Tax-exempt interest 2a b Taxable interest 2b if required. 3a Qualified dividends 3a b Ordinary dividends 3b 4a IRA distributions 4a b Taxable amount 4b 5a Pensions and annuities 5a b Taxable amount 4b Standard 5a Pensions and annuities 5a b Taxable amount 5b 6a Social security benefits 6a b Taxable amount 5b 6a Social security benefits 6a b Taxable amount 6b Married filing jointy or Qualifying surviving spouse, 235,900 7 Capital gain or (loss). Attach Schedule D if required. If not required, check here 7 0. Narried filing jointy or Qualifying surviving spouse, 255,900 8 Other income from Schedule 1, line 10 9 123,423. 10 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your tatal income 11 123,423. 11 123,423. 12 25,900. 11 123,423. 14 Add lines 12 and 13 12 <		i	Nontaxable combat pay election (s	see instru	uctions)	•	1 i					
if required. 3a Qualified dividends 3a b Ordinary dividends 3b 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 6a Social security benefits 6a b Taxable amount 6b • Single or Married filing jointy or Qualifying r Capital gain or (loss). Attach Schedule D if required. If not required, check here 7 0. • Married filing jointy or Qualifying 9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 9 123, 423. 10 Adjustments to income from Schedule 1, line 26 10 11 123, 423. • Head of household, \$19,400 12 Standard deduction or itemized deductions (from Schedule A) 12 25, 900. • If you checked ary box under Standard 13 Qualified business income deduction from Form 8995 or Form 8995 A 13 14 25, 900. 14 Add lines 12 and 13		z	Add lines 1a through 1h			•				. 1z	12	23,423.
data IRA distributions data b Taxable amount data Standard Deduction for- 5a 5a b Taxable amount data • Single or Married filing separately, spantely, spante		2a		2a						. 2 b)	
Standard Deduction for- 5a Sa b Taxable amount 5b • Single or Married filling separately, \$12,950 6a Social security benefits 6a b Taxable amount 6b • Married filling jointy or Qualifying surviving spouse, \$25,900 7 Capital gain or (loss). Attach Schedule 1, line 10 6a 7 0. • Head of household, \$19,400 11 Subtract line 10 from line 9. This is your adjusted gross income 10 11 123,423. • If you checked any box under Standard Deduction, the form from Since deduction from Form 8995 or Form 8995-A 13 Qualified business income deduction from Form 8995 or Form 8995-A 13 • Mariad filling jointy box under Standard 14 25,900. 13 14 25,900.	if required.	3a		3a			3			. 3b)	
Deduction for- 6a Social security benefits 6a b Taxable amount 6b • Single or Married filing separately, \$12,950 r Capital gain or (loss). Attach Schedule D if required. If not required, check here 7 0. • Married filing jointy or Qualifying surviving spouse, \$25,900 8 Other income from Schedule 1, line 10 7 0. • Married filing jointy or Qualifying surviving spouse, \$25,900 9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 9 123, 423. • Head of household, \$19,400 11 Subtract line 10 from line 9. This is your adjusted gross income 11 123, 423. • If you checked any box under Standard 13 Qualified business income deduction from Form 8995 or Form 8995-A 13 • Head of household, \$19,400 13 Qualified business income deduction from Form 8995 or Form 8995-A 13 • If you checked any box under Standard 13 0 14 25,900. • If you checked any box under Standard 14 25,900. 15 97 523		4a		4a						. 4b)	
 Single or Married filing separately, \$12,950 Married filing separately, \$12,950 Capital gain or (loss). Attach Schedule D if required. If not required, check here Capital gain or (loss). Attach Schedule D if required. If not required, check here Capital gain or (loss). Attach Schedule D if required. If not required, check here Capital gain or (loss). Attach Schedule D if required. If not required, check here Capital gain or (loss). Attach Schedule D if required. If not required, check here Capital gain or (loss). Attach Schedule D if required. If not required, check here Married filing jointly or Qualifying Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income Head of household, \$11 Subtract line 10 from line 9. This is your adjusted gross income I1 I2, 25, 900. I3 Qualified business income deduction from Form 8995 or Form 8995-A Qualified business income deduction from Form 8995 or Form 8995-A I4 25, 900. Subtract line 14 from line 11 If zero or less enter -0- This is your taxable income 		5a		5a						. 5b)	
Married filing separately, \$12,950 c If you elect to use the lump-sum election method, check here (see instructions) .		6a						t		. 6b)	
\$12,950 7 Capital gain of (loss). Attach Schedule D in required, in for required, check here 7 0. • Married filing jointy or Qualifying souse, S25,900 9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 9 123, 423. • Head of household, \$19,400 11 Subtract line 10 from line 9. This is your adjusted gross income 10 11 123, 423. • If you checked any box under Standard 12 25, 900. 13 12 25, 900. • If you checked any box under Standard 13	Married filing		, ,			`	,	• •	L			
jointly or Qualifying surviving spouse, \$25,9009Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income9123, 423.10Adjustments to income from Schedule 1, line 2610• Head of household, \$19,40011Subtract line 10 from line 9. This is your adjusted gross income11123, 423.• If you checked any box under Standard Deduction,13Qualified business income deduction from Form 8995 or Form 8995-A1225, 900.• If you checked any box under Standard131425, 900.• If you checked any box under Standard131425, 900.• If you checked any box under Standard131425, 900.• If you checked standard1597, 523.	\$12,950							• •	L			0.
Qualifying surviving spouse, \$25,900 9 123,423. 10 Adjustments to income from Schedule 1, line 26 10 Head of household, \$19,400 11 Subtract line 10 from line 9. This is your adjusted gross income 11 123,423. I Subtract line 10 from line 9. This is your adjusted gross income 11 123,423. 11 I Subtract line 10 from line 9. This is your adjusted gross income 11 123,423. I Subtract line 10 from line 9. This is your adjusted gross income 12 25,900. I I Standard deduction or itemized deductions (from Schedule A) 12 25,900. I I Add lines 12 and 13 12 25,900. 13 Deduction, 15 Subtract line 14 from line 11. 15 97,523								• •				
\$25,900 10 Adjustments to income from schedule 1, life 20 11 12 11 12.3, 423. • Head of household, \$19,400 12 Standard deduction or itemized deductions (from Schedule A) 12 25,900. 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 12 2.5,900. 14 25,900. 13 • Deduction, business 14 2.5,900. 14 2.5,900. 15 97,523	Qualifying				•			· ·				23,423.
household, \$19,400 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 13 14 Add lines 12 and 13 14 25,900. 14 25,900. 15 Subtract line 14 from line 11 If zero or less enter -0- This is your taxable income 15 97 523	\$25,900										-	
\$19,400 12 Standard deduction or itemized deductions (irom 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 • If you checked any box under Standard 14 Add lines 12 and 13 14 25,900. • Deduction, Deduction, 15 Subtract line 14 from line 11 If zero or less enter -0- This is your taxable income 15 97					÷ •			• •				
any box under 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 97,523	\$19,400							• •				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 97.523						898	5-A	• •			-	25 0 2 2
	Standard					•						
		10	Subtract line 14 from line 11. If Zer	U UT IESS	, enter -u This is y	our		е.		. 15		<i>91</i> ,323.

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

Form **1040** (2022)

Form 1040 (2022	2)								Page 2
Tax and	16	Tax (see instructions). Check	if any from Form	n(s): 1 🗌 881	4 2 4972	3		16	12,690.
Credits	17	Amount from Schedule 2, lir	ne3					17	
	18	Add lines 16 and 17						18	12,690.
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812			19	
	20	Amount from Schedule 3, lir	ne8					20	
	21	Add lines 19 and 20						21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	12,690.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21			23	0.
	24	Add lines 22 and 23. This is	your total tax					24	12,690.
Payments	25	Federal income tax withheld							
,	а	Form(s) W-2				25a 22	,059.		
	b	Form(s) 1099				25b			
	с	Other forms (see instruction				25c			
	d	Add lines 25a through 25c						25d	22,059.
15	26	2022 estimated tax payment	ts and amount a	pplied from 20)21 return			26	
If you have a qualifying child,	27	Earned income credit (EIC)				27			
attach Sch. EIC.	28	Additional child tax credit from				28			
	29	American opportunity credit	from Form 8863	3, line 8		29			
	30	Reserved for future use .		-		30			
	31	Amount from Schedule 3, lir				31			
	32	Add lines 27, 28, 29, and 31						32	
	33	Add lines 25d, 26, and 32. T						33	22,059.
Defund	34	If line 33 is more than line 24						34	9,369.
Refund	35a	Amount of line 34 you want	refunded to you	u. If Form 8888	is attached, cheo	sk here	. 🗆	35a	9,369.
Direct deposit?	b	Routing number 1 1 1				_	Savings		
See instructions.	d	Account number 3 5 6					0		
	36	Amount of line 34 you want	applied to your	2023 estimate	ed tax	36			
Amount	37	Subtract line 33 from line 24	This is the am	ount vou owe					
You Owe	•		to www.irs.gov/Payments or see instructions					37	
	38	Estimated tax penalty (see in				38			
Third Party	Do	you want to allow another	person to disc	cuss this retu	rn with the IRS?	See			
Designee		structions					omplete b	elow.	X No
		signee's		Phone			onal identif	ication I	
	nai			no.			ber (PIN)		
Sign		der penalties of perjury, I declare t ief, they are true, correct, and com							
Here		· · ·			1				it you an Identity
	ŶŎ	ur signature		Date	Your occupation				N, enter it here
Joint return?					SOFTWARE E	INGINEER	(see i	nst.)	
See instructions.	Sp	ouse's signature. If a joint return, I	both must sign.	Date	Spouse's occupati	on			t your spouse an
Keep a copy for your records.							Identi (see i		ection PIN, enter it here
your roooraor			-		HOME MAKEF		,	1151.)	
		one no. (314) 566-620	1	Email address	SIRUMALLAK	COMAIL.COM			Chaole ife
Paid		eparer's name	Preparer's signat			Date	PTIN		Check if:
Preparer		I PRIYA RAM SAGAR GUPTA TALLAM		RAM SAGAR	GUPTA TALLAM	02/26/2023	P02082		Self-employed
Use Only		m's name GLOBAL TAX			- 0001 0				678)965-9522
			Y CT E BRU	NSWICK N			Firm'	s EIN	84-3171965
Go to wanter in a	ov/Form	1010 for instructions and the late	et information						Earm 1040 (2022)

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

BAA REV 02/24/23 PRO

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. 2022 Attachment Sequence No. 12

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

SHIVA KUMAR SIRUMALLA & MANASA CHENNA

Your social security number

796-78-4547

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year?
Yes X No
If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

Part I Short-Term Capital Gains and Losses – Generally Assets Held One Year or Less (see instructions)

lines This	instructions for how to figure the amounts to enter on the below. form may be easier to complete if you round off cents to e dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss fr Form(s) 8949, Pa line 2, column	rom art I,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)	
1a	Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b.						
1b	Totals for all transactions reported on Form(s) 8949 with Box A checked	1.	1.			0.	
2	Totals for all transactions reported on Form(s) 8949 with Box B checked						
3	Totals for all transactions reported on Form(s) 8949 with Box C checked						
4	Short-term gain from Form 6252 and short-term gain or (I	324	4				
5	5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1						
6	Short-term capital loss carryover. Enter the amount, if an Worksheet 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	0.			

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

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

Part	III Summary	
16	Combine lines 7 and 15 and enter the result	16 0.
	• If line 16 is a gain , enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below.	
	• If line 16 is a loss , skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22.	
	• If line 16 is zero , skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22.	
17	Are lines 15 and 16 both gains?	
	No. Skip lines 18 through 21, and go to line 22.	
18	If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the	10
	amount, if any, from line 7 of that worksheet	18
19	If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet	19
20	 Are lines 18 and 19 both zero or blank and you are not filing Form 4952? Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. Don't complete lines 21 and 22 below. 	
	□ No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.	
21	If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of:	
	 The loss on line 16; or (\$3,000), or if married filing separately, (\$1,500) 	21 (0.)
	Note: When figuring which amount is smaller, treat both amounts as positive numbers.	
22	Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?	
	☐ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16.	
	☑ No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.	
	REV 02/24/23 PRO	Schedule D (Form 1040) 2022

Form **8949**

Department of the Treasury

Internal Revenue Service

Sales and Other Dispositions of Capital Assets

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

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



Name(s) shown on return

SHIVA KUMAR SIRUMALLA & MANASA CHENNA

Social security number or taxpayer identification number 796-78-4547

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

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

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

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

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

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

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

1 (a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis See the Note below	If you enter an enter a c	f any, to gain or loss amount in column (g), ode in column (f). arate instructions.	(h) Gain or (loss) Subtract column (e)	
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.) disposed c (Mo., day, yr.)		(sales price) (see instructions)	and see Column (e) in the separate instructions.	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g).	
ROBINHOOD SECURITIES LLC	01/01/22	12/31/22	1.	1.			0.	
2 Totals. Add the amounts in column negative amounts). Enter each tot Schedule D, line 1b (if Box A above above is checked), or line 3 (if Box	1.	1.			0.			

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 W-7
(Rev. August 2019)
Department of the Treasury Internal Revenue Service

Application for IRS Individual Taxpayer Identification Number

Department of the Treas Internal Revenue Service			arate instruc		ermanen	reside	1115.			
An IRS individual	l taxpayer identification num	ber (ITIN) is for	U.S. feder	al tax pu	rposes	only.			ype (check one box):	٦
 Before you begin Don't submit th 	:: is form if you have, or are eligib	ble to get, a U.S.	. social sec	urity num	ber (SS	N).			for a new ITIN / an existing ITIN	
	ubmitting Form W-7. Read the ederal tax return with Form V								o, c, d, e, f, or g, yo	u
	alien required to get an ITIN to cla		efit							
_	t alien filing a U.S. federal tax return									
	t alien (based on days present in		-							
d 🗋 Dependent of	of U.S. citizen/resident alien	d, enter relationsh	ip to U.S. cit	izen/resid	ent alien	(see ins	tructions) 🖡	•		
e 🛛 Spouse of U		d or e, enter name SHIVA KUMAR		тъ			alien (see ii		tions) ► 796-78-4547	
	alien student, professor, or resear		ederal tax re	turn or cla	iiming ar	n excepti	ion			
	spouse of a nonresident alien hold	ing a U.S. visa								
h 🗌 Other (see in	·	.								
	on for a and f : Enter treaty country 1a First name		lle name	and t	reaty an	icle num	name			_
Name (see instructions)	MANASA						ENNA			
Name at birth if different	1b First name	Mido	lle name				name			_
Applicant's	2 Street address, apartment nu	mber, or rural rout	e number. If	you have	a P.O.	oox, see	separate	instru	uctions.	-
Mailing	7922 N MACARTHUR	BLVD APT 3	075							
Address	City or town, state or province, and country. Include ZIP code or postal code where appropriate.									
	IRVING				ΤX	USA			75063	
Foreign (non-	3 Street address, apartment number, or rural route number. Don't use a P.O. box number.									
U.S.) Address	City or town, atota or province, and country. Include postal acids where appropriate									
(see instructions)	City or town, state or province, and country. Include postal code where appropriate.									
Birth	4 Date of birth (month / day / year)	Country of birth		City and	state or	province	e (optional)	5	Male	_
Information	02/05/1996	INDIA		ony and		p. e 1 e c	(optional)		K Female	
Other	6a Country(ies) of citizenship	6b Foreign tax I.I	D. number (if	any) 6	c Type	of U.S. v	isa (if any),		er, and expiration date	-
Information	INDIA									
mormation	6d Identification document(s) submitted (see instructions) 🛛 Passport 🗌 Driver's license/State I.D.									
	USCIS documentation Other Date of entry into									
	the United States									
	Issued by: INDIA No.: M1512756 Exp. date: 08/29/2024 (MM/DD/YYYY):									
	6e Have you previously received an ITIN or an Internal Revenue Service Number (IRSN)?									
	 No/Don't know. Skip line 6f. Yes. Complete line 6f. If more than one, list on a sheet and attach to this form (see instructions). 									
	6f Enter ITIN and/or IRSN ► ITIN IRSN and name under which it was issued ►									u
	First name Middle name Last name									
	6g Name of college/university or company (see instructions) ►									
	City and state ► Length of stay ►									
Sign Here	Under penalties of perjury, I (applic documentation and statements, and information with my acceptance agent	to the best of my	knowledge a	nd belief, i	t is true,	correct,	and comple	te. I a	uthorize the IRS to sha	
Keep a copy for your records.	Signature of applicant (if del	egate, see instruct	tions)	Date (mor	nth / day /	′ year) 	Phone nur	nber		
,	Name of delegate, if applica	ble (type or print)		Delegate's relationship to applicant			_	Parent Court-appointed guardiar		
Acceptance	Signature			Date (mor	nth / day /	' year)	Phone			
Acceptance Agent's							Fax			_
Use ONLY	Name and title (type or print))	Name of co	ompany	_	EIN	PTIN			
				[Office code			

REV 02/24/23 PRO