## **IRS e-file Signature Authorization**

ERO must obtain and retain completed Form 8879.

497-43-9966

968-98-1091

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

Submission Identification Number (SID)

Taxpayer's name Social security number DAMODARAM RAMINENI Spouse's name Spouse's social security number BALAJYOTHI ANDLURI 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.

		-	
5	Amount you owe	5	
4	Amount you want refunded to you	4	1,561.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	10,193.
2	Total tax	2	8,632.
1	Adjusted gross income	1	105,401.

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

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

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

				EBO firm name		E
X	I authorize	GLOBAL	TAXES	LLC	to enter or generate my PIN	Ľ

3	9	9	6	6	
Ent dor	as my				

9

1

as mv

0

Enter five digits, but don't enter all zeros

8 1

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.

Date

Your signature

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

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

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

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

Spouse's signature ►	Date							 	
Practitioner PIN Method Returns Only—continu	e be	low							
Part III Certification and Authentication – Practitioner PIN Method Only									
<b>ERO's EFIN/PIN.</b> Enter your six-digit EFIN followed by your five-digit self-selected PIN.			Dor	n't ei	nter a	all ze	eros		

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 >			
ERO Must Retain This Don't Submit This Form to the			
For Paperwork Reduction Act Notice, see your tax return instructions	· BAA	REV 03/18/23 PRO	Form 8879 (Rev. 01-2021)

<b>1040</b>	· ·	artment of the Treasury—Internal Revenue Servi <b>S. Individual Income Tax</b>		urn	202	2	OMB No. 1545	-0074	IRS Use	Only—[	Do not w	rite or staple	in this space.
Filing Status Check only one box.	lf yo	Single X Married filing jointly U checked the MFS box, enter the nation is a child but not your dependent	ame of	-	separately (N use. If you cl		_				spou	lifying sun use (QSS) name if th	0
Your first name	and mi	ddle initial	Last na	ame						Y	'our so	cial securi	ly number
DAMODARA	м		RAMI	INENI						4	97-4	43-996	6
		first name and middle initial	Last na										curity number
BALAJYOT	нт		ANDI	'ITR T						g	68-9	98-109	1
		r and street). If you have a P.O. box, see						A	pt. no.				on Campaigr
312 164T	יו אי	TREET.										nere if you,	
-		ce. If you have a foreign address, also co	mplete s	spaces be	low.	Sta	ite	ZIP c	-		•		ntly, want \$3
LYNNWOOD		,	·			W		980	87		•	this fund. ow will not	Checking a
Foreign country				Foreign p	rovince/state/o				n postal co			or refund.	•
,				5 1			,					You	Spouse
Digital Assets	exch	ny time during 2022, did you: (a) rec ange, gift, or otherwise dispose of a	a digital	asset (or								Yes	No
Standard Deduction	_	eone can claim:			•		a dependent						
Age/Blindness	You:	Were born before January 2, 1	958 [	Are bl	lind Spo	ouse	: 🗌 Was bor	n befo	ore Janua	ary 2, <sup>-</sup>	1958	🗌 ls bl	ind
Dependents	s (see	instructions):		(2) S	Social security		(3) Relationsh	ip (4	) Check th	ne box	if qualit	fies for (see	instructions):
If more	<b>(1)</b> F	irst name Last name			number		to you		Child ta	ax crec	lit	Credit for ot	her dependents
than four	DHA	NVIK SAI RAMINENI		977	-97-020	0	Son		[				×
dependents, see instructions									[			[	
and check									[			[	
here 🗌									[			[	
Income	1a	Total amount from Form(s) W-2, b	ox 1 (se	e instruc	ctions)						1a	12	21,170.
	b	Household employee wages not re	eported	on Form	n(s) W-2						1b		
Attach Form(s) W-2 here. Also	С	Tip income not reported on line 1a	a (see in	struction	ıs)						1c		
attach Forms	d	Medicaid waiver payments not rep	orted c	on Form(s	s) W-2 (see ir	nstru	uctions)				1d		
W-2G and	е	Taxable dependent care benefits f	rom Fo	rm 2441,	line 26 .						1e		
1099-R if tax was withheld.	f	Employer-provided adoption bene	fits fror	n Form 8	839, line 29						1f		
If you did not	g	Wages from Form 8919, line 6 .									1g		
get a Form	h	Other earned income (see instruct	ions)					· ·			1h		0.
W-2, see instructions.	i	Nontaxable combat pay election (s	see inst	ructions)			<b>1</b> i						
	z	Add lines 1a through 1h	· ;								1z	12	21,170.
Attach Sch. B	2a	Tax-exempt interest	2a			bΤ	axable interest	t.			2b		30.
if required.	3a	Qualified dividends	3a			bC	Ordinary divide	nds .			3b		0.
	4a	IRA distributions	4a			bТ	axable amoun	t			4b		
Standard	5a	Pensions and annuities	5a			bТ	axable amoun	t			5b		
Deduction for-	6a	Social security benefits	6a			bТ	axable amoun	t			6b		
Single or Married filing	с	If you elect to use the lump-sum e	lection	method,	check here	(see	instructions)			. 🗆			
separately, \$12,950	7	Capital gain or (loss). Attach Schee	dule D i	if required	d. If not requ	iired	, check here			. 🗆	7	-	-3,000.
<ul> <li>Married filing</li> </ul>	8	Other income from Schedule 1, lin	e 10								8		12,799.
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7	, and 8.	This is y	our total inc	om	e				9	10	05,401.
surviving spouse, \$25,900	10	Adjustments to income from Sche	dule 1,	line 26							10		
Head of	11	Subtract line 10 from line 9. This is	s your <b>a</b>	djusted	gross incon	ne					11	10	05,401.
household, \$19,400	12	Standard deduction or itemized	deduct	tions (fro	m Schedule	A)					12		25,900.
If you checked	13	Qualified business income deduct	ion fron	n Form 8	995 or Form	899	5-A				13		
any box under Standard	14	Add lines 12 and 13									14		25,900.
Deduction, see instructions.	15	Subtract line 14 from line 11. If zer	o or les	s, enter	-0 This is y	our	taxable incom	ie .			15		79,501.

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

Form **1040** (2022)

Form 1040 (2022	2)									Page 💈
Tax and	16	Tax (see instructions). Check	if any from Form	n(s): <b>1</b> 🗌 881	4 <b>2</b> 4972	3		16	9	,132.
Credits	17	Amount from Schedule 2, lin	e3					17		
	18	Add lines 16 and 17						18	9	,132.
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812			19		500.
	20	Amount from Schedule 3, lin	e8					20		
	21	Add lines 19 and 20						21		500.
	22	Subtract line 21 from line 18	If zero or less,	enter -0				22	8	,632.
	23	Other taxes, including self-er	mployment tax,	from Schedule	e 2, line 21 .			23		0.
	24	Add lines 22 and 23. This is	your <b>total tax</b>					24	8	,632.
Payments	25	Federal income tax withheld								
	а	Form(s) W-2				<b>25</b> a 1	0,193.			
	b	Form(s) 1099				25b				
	с	Other forms (see instructions	s)			25c				
	d	Add lines 25a through 25c						25d	10	,193.
If you have a	26	2022 estimated tax payment	s and amount a	pplied from 20	21 return			26		
If you have a l qualifying child,	27	Earned income credit (EIC)				27				
attach Sch. EIC.	28	Additional child tax credit fror				28				
	29	American opportunity credit	from Form 8863	3, line 8		29				
	30	Reserved for future use .				30				
	31	Amount from Schedule 3, lin				31				
	32	Add lines 27, 28, 29, and 31.	These are your	total other pa	ayments and ref	undable credits		32		
	33	Add lines 25d, 26, and 32. T	hese are your <b>to</b>	otal payments				33	10	,193.
Refund	34	If line 33 is more than line 24	, subtract line 2	4 from line 33.	This is the amou	int you <b>overpaid</b>		34	1	,561.
neiuliu	35a	Amount of line 34 you want i	efunded to you	u. If Form 8888	is attached, che	eck here	🗆	35a	1	,561.
Direct deposit?	b	Routing number 1 2 5	0 0 0 0	2 4	c Type: 🛛 🗙	Checking	Savings			
See instructions.	d	Account number 1 3 8	1 2 4 5	8 1 2 0	5 7					
	36	Amount of line 34 you want a	applied to your	2023 estimate	edtax	36				
Amount	37	Subtract line 33 from line 24	. This is the <b>am</b>	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 retu	rn with the IRS?	? See				
Designee	ins	tructions				🗌 Yes. 🤇	Complete	below.	X No	
	De: nar	signee's		Phone no.			sonal ident nber (PIN)	ification		
							. ,			<u> </u>
Sign		der penalties of perjury, I declare the ief, they are true, correct, and com								
Here		ur signature		Date	Your occupation				nt you an Ide	
				Duito			Pro	tection P	IN, enter it h	
Joint return?					BI ENGINE	ER	(see	e inst.)		
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, <b>k</b>	oth must sign.	Date	Spouse's occupa	tion			nt your spous	
your records.							ection PIN, e			
	Dh	(470)262 020	<u> </u>	Email address	HOMEMAKER		`			
		one no. (470)263-028 parer's name	Preparer's signat		RAMIINENI.DA	MODAR@GMAIL.C			Check if:	
Paid	110		oparor o orgina							nployed
Preparer										npioyeu
Use Only		m's name GLOBAL TAX n's address 245 ROONES			J 08816			ne no.		
	FILL	IS AUDIESS ZHO ROUNE!	LCIEDRU	TIONICK IN	L L L L L L L L L L L L L L L L L L L			n's EIN		

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

497-43-9966

ructions and the latest information.
Attachment
Sequence No. 01
Your social security number

Name(s) showr	n on Form 104	10,	1040-SR, or 104	0-NR
DAMODARAM	RAMINENI	&	BALAJYOTHI	ANDLURI

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. Att	ach S	chedule E .	5	-12,800.
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	81			
m	Olympic and Paralympic medals and USOC prize money (see				
	instructions)	8m			
n	Section 951(a) inclusion (see instructions)	8n			
ο	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:				
	Other Income from box 3 of 1099-Misc 1.	8z	1.		
9	Total other income. Add lines 8a through 8z			9	1.
10	Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR	l, or 1	040-NR, line 8	10	-12,799.

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			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		24a				
b	Deductible expenses related to income reported on line 8I from the					
		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				
ĥ	Attorney fees and court costs for actions involving certain unlawful					
		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					
		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					
	Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a	<u> </u>	<u> </u>	<u></u>	26	
	BAA	REV	03/18/23 PF	20	Schedul	le 1 (Form 1040) 20

#### 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

DAMODARAM RAMINENI & BALAJYOTHI ANDLURI

Your social security number 497-43-9966

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)

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 fr Form(s) 8949, Pa line 2, column	om 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 <b>Box A</b> checked	426,640.	474,805.	15,80	7.	-32,358.
2	Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked	42,987.	42,223.			764.
3	Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked					
4	Short-term gain from Form 6252 and short-term gain or (I	oss) from Forms 4	684, 6781, and 88	324	4	
5	Net short-term gain or (loss) from partnerships, Schedule(s) K-1		,		5	
6	Short-term capital loss carryover. Enter the amount, if an <b>Worksheet</b> in the instructions	Carryover	6	( )		
7	Net short-term capital gain or (loss). Combine lines 1a term capital gains or losses, go to Part II below. Otherwise	through 6 in colu	ımn (h). If you hav	e any long-	7	-31,594.

### 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.		(d)	(e)	<b>(g)</b> Adjustmen		(h) Gain or (loss) Subtract column (e)
	form may be easier to complete if you round off cents to le dollars.	Proceeds (sales price)	Cost (or other basis)	to gain or loss Form(s) 8949, I line 2, colum	Part II,	from column (d) and combine the result with column (g)
8a	Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b.					
8b	Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked	495.	8,844.			-8,349.
9	Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked					
10	Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked.					
11	Gain from Form 4797, Part I; long-term gain from Forms from Forms 4684, 6781, and 8824		11			
12	Net long-term gain or (loss) from partnerships, S corporat	dule(s) K-1	12			
13	Capital gain distributions. See the instructions		13			
14	Carryover					
	Worksheet in the instructions				14	()
15	Net long-term capital gain or (loss). Combine lines 8a on the back	•			15	-8,349.

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

Part	III Summary	
16	Combine lines 7 and 15 and enter the result	<b>16</b> -39,943.
	• If line 16 is a <b>gain</b> , enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below.	
	• If line 16 is a <b>loss</b> , skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22.	
	• If line 16 is <b>zero</b> , skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22.	
17	Are lines 15 and 16 <b>both</b> gains?	
	<b>No.</b> Skip lines 18 through 21, and go to line 22.	
18	If you are required to complete the <b>28% Rate Gain Worksheet</b> (see instructions), enter the amount, if any, from line 7 of that worksheet	18
19	If you are required to complete the <b>Unrecaptured Section 1250 Gain Worksheet</b> (see instructions), enter the amount, if any, from line 18 of that worksheet	19
20	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)	<b>21</b> ( 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

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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
DAMODARAM RAMINENI & BALAJYOTHI ANDLURI	497-43-9966

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 co	f <b>any, to gain or loss</b> amount in column (g), ode in column (f). <b>arate instructions.</b>	<b>(h)</b> Gain or (loss) Subtract column (e)	
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	disposed of (sales price) an (Mo., day, yr.) (see instructions)		(f) (g) Code(s) from instructions Amount of adjustment		from column (d) and combine the result with column (g).	
ROBINHOOD SECURITIES LLC	01/01/22	12/31/22	365,779.	408,489.	W	15,807.	-26,903.	
APEX CLEARING	01/01/22	12/31/22	60,646.	66,145.			-5,499.	
COINBASE	01/01/22	12/31/22	215.	171.			44.	
2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked).			426,640.	474,805.		15,807.	-32,358.	

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(c) shown on roturn. Name and SSN or tax navor identification no. not required if shown on other side	Social security number or taxpayer identification nun	her

DAMODARAM RAMINENI & BALAJYOTHI ANDLURI

Social security number or taxpayer identification number 497-43-9966

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 (Example: 100 sh. XYZ Co.)	<b>(b)</b> Date acquired (Mo., day, yr.)	(c) Date sold or disposed of	(d) Proceeds (sales price)	(e) Cost or other basis See the <b>Note</b> below and see <i>Column</i> (e)	(0)		(h) Gain or (loss) Subtract column (e) from column (d) and combine the result
		(Mo., day, yr.)	(see instructions)	in the separate instructions.	Code(s) from instructions	<b>(g)</b> Amount of adjustment	with column (g).
ROBINHOOD SECURITIES LLC	01/01/21	12/31/22	495.	8,844.			-8,349.
2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if Box F above is checked).			495.	8,844.			-8,349.

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

REV 03/18/23 PRO

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	Social security number or taxpayer identification number
DAMODARAM RAMINENI & BALAJYOTHI ANDLURI	497-43-9966

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

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

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

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

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

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

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

<b>1</b> (a) Description of property	<b>(b)</b> Date acquired	(c) Date sold or	<b>(d)</b> Proceeds (sales price)	<b>(e)</b> Cost or other basis See the <b>Note</b> below	Adjustment, if any, to gain or loss If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		<b>(h)</b> Gain or (loss) Subtract column (e)	
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)			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).	
ROBINHOOD CRPTO LLC	01/01/22	12/31/22	42,987.	42,223.			764.	
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	al here and inc e is checked), <b>lir</b>	lude on your 1e 2 (if Box B	42,987.	42,223.			764.	

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

	EDULE E Supplemental Income and Loss						OMB No	o. 1545-0074	4					
(Form	m 1040) (From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)									20	199			
	Attach to Form 1040, 1040-SR, 1040-NR, or 1041. Go to www.irs.gov/ScheduleE for instructions and the latest information.										Attachn	nent		
											ice No. <b>13</b>			
.,	shown on return		TT 6									ial security		
Part	DARAM RAMI						valtiaa				497-4	13-9966		
Part	Note: If yo	ou are	re in th	e business of rer	I Real Estate an nting personal prope 5 on page 2, line 40.	erty, use		<b>C</b> . See	e instru	ctions. If you ar	e an ind	lividual, rep	ort farm	
Α					would require you		Form(s) 1	099? 5	See ins	structions		. 🗌 Ye	s 🛛 No	,
					Form(s) 1099?									
1a					reet, city, state, Zl									
Α					BASHEERBAD			N 50	0044					
B					Drightlindrid			.11 50	0011					
	Type of Prope	rtv	2	For each renta	al real estate prop	ertv list	ted		Fa	ir Rental	Perso	nal Use		
	(from list below		-		the number of fair					Days		ays	QJV	
Α	3				days. Check the C			Α		365		0		
В					e requirements to venture. See instr			В						
С				qualified joint		uctions	5.	С						
	of Property:													
	Single Family R			3 Vacatio	n/Short-Term Rer	ntal	5 Land			Self-Rental				
2	Multi-Family Re	side	ence	4 Comme	ercial		6 Roya	lties	8	Other (descri	be)			
										Propertie	es:			
Incom	e:							Α		В			С	
3	Rents received	Ι.				3		6	00.					
4	Royalties recei	ved	Ι			4								
Expen	ises:													
5														
6														
7	-							1,2	00.					
8														
9														
10 11								1 0	0.0					
12						12		Ι,Ο	00.					
13														
14	Repairs	•	• •			14		3.5	00.					
15	Supplies					15			00.					
16						16		- 1						
17						17		4,5	00.					
18						18								
19	Other (list)					19								
20	Total expenses	s. Ac	dd line	es 5 through 19	9	20		13,4	00.					
21					/or 4 (royalties). If									
	,				id out if you must			10.0						
							-	-12,8	00.					
22	on Form 8582	(see	e instr	ructions)	limitation, if any,	22	(	12,80	00.)	(		)(		)
23a	Total of all amo	ount	ts rep	orted on line 3	for all rental prope	erties			23a		600.			
b					for all royalty prop			• •	23b					
c					2 for all properties				23c					
d					B for all properties				23d		400			
e					0 for all properties				23e		,400.			
24 25		•			n on line 21. <b>Do no</b>		-				24	(	10 000	
25 00		-	•		and rental real esta							(	12,800.	. )
26					ncome or (loss). n page 2 do not									
					vise, include this a								-12,800	).

#### SCHEDULE 8812 (Form 1040)

Department of the Treasury

## Credits for Qualifying Children and Other Dependents

OMB No. 1545-0074

Attach to Form 1040, 1040-SR, or 1040-	NR.
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Go to www.irs.gov/Schedule8812 for instructions and the latest information.

2022 Attachment

Internal	Revenue Service		0	
Name(s)	shown on return	Your s	ocial s	security number
DAMOI	DARAM RAMINENI & BALAJYOTHI ANDLURI	497-	43-	9966
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	105,401.
2a	Enter income from Puerto Rico that you excluded			
b	Enter the amounts from lines 45 and 50 of your Form 2555         .         .         .         2b	0.		
c	Enter the amount from line 15 of your Form 4563			
d	Add lines 2a through 2c		2d	0.
3	Add lines 1 and 2d		3	105,401.
4	Number of qualifying children under age 17 with the required social security number 4	0		
5	Multiply line 4 by \$2,000		5	
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	1		
	Caution: Do not include yourself, your spouse, or anyone who is not a U.S. citizen, U.S. national, or U.S. resid	lent		
	alien. Also, do not include anyone you included on line 4.			
7	Multiply line 6 by \$500		7	500.
8	Add lines 5 and 7		8	500.
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. $J$		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	500.
	No. STOP. You cannot take the child tax credit, credit for other dependents, or additional child tax credit	edit.		
	Skip Parts II-A and II-B. Enter -0- on lines 14 and 27.			
	Yes. Subtract line 11 from line 8. Enter the result.			
13	Enter the amount from the Credit Limit Worksheet A	-	13	9,132.
14	Enter the smaller of line 12 or 13. This is your child tax credit and credit for other dependents		14	500.
	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 **additional child tax credit** on Form 1040, 1040-SR, or 1040-NR, line 28. Complete your Form 1040, 1040-SR, or 1040-NR through line 27 (also complete Schedule 3, line 11) before completing Part II-A.

For Paperwork Reduction Act Notice, see your tax return instructions. BAA REV 03/18/23 PRO Schedule 8812 (Form 1040) 2022

Schedu	le 8812 (Form 1040) 2022		Page <b>2</b>
Part	II-A Additional Child Tax Credit for All Filers		
Cautio	n: 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	e 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	0.
b	Number of qualifying children under 17 with the required social security number: x \$1,500.		
	Enter the result. If zero, stop here; you cannot claim the additional child tax credit. Skip Parts II-A and II-B.		
	Enter -0- on line 27	16b	
	<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	
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		
20	Multiply the amount on line 19 by 15% (0.15) and enter the result $\ldots \ldots \ldots \ldots \ldots \ldots \ldots \ldots \ldots \ldots \ldots$	20	
	Next. On line 16b, is the amount \$4,500 or more?		
	<b>No.</b> 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.		
	<b>Yes.</b> 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	, , , , , , , , , , , , , , , , , , ,	IS OT H	vuerto Rico
21	Withheld social security, Medicare, and Additional Medicare taxes from Form(s) W-2,		
	boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If		
	your employer withheld or you paid Additional Medicare Tax or tier 1 RRTA taxes, see		
	instructions	-	
22	Enter the total of the amounts from Schedule 1 (Form 1040), line 15; Schedule 2 (Form		
22	1040), line 5; Schedule 2 (Form 1040), line 6; and Schedule 2 (Form 1040), line 13 . 22	-	
23	Add lines 21 and 22	-	
24	<b>1040 and</b> <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.		
	<b>1040-NR filers:</b> Enter the amount from Schedule 3 (Form 1040), line 11.		
25	Subtract line 24 from line 23. If zero or less, enter -0	25	
23 26	Enter the <b>larger</b> of line 20 or line 25	26	
20	Next, enter the smaller of line 17 or line 26 on line 27.		
Part	II-C Additional Child Tax Credit		
27	This is your additional child tax credit. Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 28	27	
	· · · · · · · · · · · · · · · · · · ·		812 (Form 1040) 2022

Λ	952	Investment Interest Expense Deduction		OME	3 No. 1545-0191
orm epartmenternal R		2022 Attachment Sequence No. 51			
lame(s) :	shown on return		Identifyi	ng num	ıber
DAMOI	DARAM RAMI	NENI & BALAJYOTHI ANDLURI	497-	43-9	966
Part	Total In	vestment Interest Expense			
1	Investment inte	erest expense paid or accrued in 2022 (see instructions)		1	121.
2	Disallowed inv	estment interest expense from 2021 Form 4952, line 7	. 🗆	2	
3	Total investm	ent interest expense. Add lines 1 and 2.		3	121.
Part I	Net Inve	estment Income	·	·	
		from property held for investment (excluding any net gain from of property held for investment)	30.		
b	Qualified divid	ends included on line 4a			
с	Subtract line 4	b from line 4a	. 4	lc	30.
d	Net gain from	he disposition of property held for investment			
		aller of line 4d or your net capital gain from the disposition         d for investment. See instructions			
f	Subtract line 4	e from line 4d	. 4	4f	0.
g	Enter the amou	Int from lines 4b and 4e that you elect to include in investment income. See instruction	ons 4	lg	
h	Investment inc	ome. Add lines 4c, 4f, and 4g	. 4	lh 🛛	30.
5	Investment exp	penses (see instructions)		5	
6	Net investme	nt income. Subtract line 5 from line 4h. If zero or less, enter -0		6	30.
Part I	ll Investr	nent Interest Expense Deduction			
		vestment interest expense to be carried forward to 2023. Subtract line 6 from li			
	3. If zero or les		-	7	91.
		terest expense deduction. Enter the smaller of line 3 or line 6. See instructions .		8	30.
or Pap	erwork Reduct	on Act Notice, see page 4. BAA REV 03/18/23 PRO		I	Form <b>4952</b> (2022)

Form	<b>3582</b>	Passive Activity Loss Limitations See separate instructions.		С	MB No. 1545-1008
	nent of the Treasury Revenue Service	Attach to Form 1040, 1040-SR, or 1041. Go to <i>www.irs.gov/Form8582</i> for instructions and the latest information.		Attachment Sequence No. 858	
Name(s)	shown on return		Identify	ving r	umber
DAMC	DARAM RAMI	NENI & BALAJYOTHI ANDLURI	497-	-43-9966	
Par	tl 2022 F	assive Activity Loss			
	Cautio	n: Complete Parts IV and V before completing Part I.			
		ctivities With Active Participation (For the definition of active participation, see Spece Real Estate Activities in the instructions.)	cial		
1a	Activities with	net income (enter the amount from Part IV, column (a))   <b>1a</b>	0.		
b		net loss (enter the amount from Part IV, column (b)) 1b ( 12,80	0.)		
с	Prior years' un	allowed losses (enter the amount from Part IV, column (c)) 1c (	)		
d	Combine lines	1a, 1b, and 1c		1d	-12,800.
All Ot	her Passive Ac	tivities			

DIMIODIMUM		ů.	0110110	TOTHT	
Part I	2022 Passiv	e A	ctivity	Loss	

	al Real Estate Activities With Active Participation (For the definition of active participation, see Special ance for Rental Real Estate Activities in the instructions.)		
1a b c d	Activities with net income (enter the amount from Part IV, column (a))1a0.Activities with net loss (enter the amount from Part IV, column (b))1b( 12,800.)Prior years' unallowed losses (enter the amount from Part IV, column (c))1c( )Combine lines 1a, 1b, and 1c	1d	-12,800.
	her Passive Activities		12,000.
2a b c d	Activities with net income (enter the amount from Part V, column (a))       .       2a         Activities with net loss (enter the amount from Part V, column (b))       .       .       2b       (       )         Prior years' unallowed losses (enter the amount from Part V, column (c))       .       .       .       2c       (       )         Combine lines 2a, 2b, and 2c       .	2d	
3	Combine lines 1d and 2d. If this line is zero or more, stop here and include this form with your return; all losses are allowed, including any prior year unallowed losses entered on line 1c or 2c. Report the losses on the forms and schedules normally used	3	-12,800.

If line 3 is a loss and: • Line 1d is a loss, go to Part II.

• Line 2d is a loss (and line 1d is zero or more), skip Part II and go to line 10.

Caution: If your filing status is married filing separately and you lived with your spouse at any time during the year, do not complete Part II. Instead, go to line 10.

Par	t II Special Allowance for Rei	ntal Real Estate	Activities With	Active P	articip	ation		
	Note: Enter all numbers in Par	t II as positive amo	ounts. See instruc	tions for a	n exam	ole.		
4	Enter the smaller of the loss on line 1	d or the loss on lir	ne3				4	12,800.
5	Enter \$150,000. If married filing separ	rately, see instructi	ons		5   1	50,000.		
6	Enter modified adjusted gross income	e, but not less thar	i zero. See instruc	tions 6	; 1	18,201.		
	<b>Note:</b> If line 6 is greater than or equal on line 9. Otherwise, go to line 7.	-						
7	Subtract line 6 from line 5			7	,	31,799.		
8	Multiply line 7 by 50% (0.50). Do not e	nter more than \$25	,000. If married filin	ng separat	ely, see	instructions	8	15,900.
9	Enter the <b>smaller</b> of line 4 or line 8						9	12,800.
Par	t III Total Losses Allowed							
10	Add the income, if any, on lines 1a an	nd 2a and enter the	total				10	0.
11	Total losses allowed from all passiv	ve activities for 20	22. Add lines 9 ar	d 10. See	instruct	ions to find		
	out how to report the losses on your t	ax return					11	12,800.
Par								
	Name of activity	Currer	nt year	Prior y	ears	Ove	erall ga	ain or loss
	Name of activity	(a) Net income (line 1a)	<b>(b)</b> Net loss (line 1b)	<b>(c)</b> Unal loss (lir		(d) Gair	ſ	(e) Loss
GAN	GA ENCLAVE COLONY	0.	12,800.					12,800.

Total. Enter on Part I, lines 1a, 1b, and 1c	0.	12,800.	
Total Enter on Dart Llines 1s, the and 1s	0	12 000	

For Paperwork Reduction Act Notice, see instructions. BAA

### Part V Complete This Part Before Part I, Lines 2a, 2b, and 2c. See instructions.

Part V Complete This Part Be	fore Part I	, Lines 2a	a, 2b,	and 2c. S	ee instruc	tions.				
		Current year			Prior years		Overall gain or loss			
Name of activity	(a) Net (lin	(a) Net income (line 2a)		(b) Net loss (line 2b)		owed e 2c)	<b>(d)</b> Gain	(e) Loss		
		,				,				
otal. Enter on Part I, lines 2a, 2b, and 2 Part VI Use This Part if an Am		own on F	Dart II	Line 0 S	oo instruc	tions				
Fait VI USE This Part II all All		schedule	art II,	Line 9. 3						
Name of activity	and line to be re	e number ported on tructions)	(a)	) Loss	<b>(b)</b> Ratio		<b>(c)</b> Special allowance	colu	) Subtract mn (c) fror olumn (a).	
GANGA ENCLAVE COLONY	EL	n 22	12,800.		1.00000000		12,80	0.	0	
otal				12,800.	1.00	)	12,80	0.	0	
Part VII Allocation of Unallowe				S.						
Name of activity	ar to	rm or sche nd line nun be reporte ee instruct	nber ed on	<b>(a)</b> L	LOSS		( <b>b)</b> Ratio	<b>(c)</b> Una	llowed loss	
otal Allowed Losses. See in	nstructions.						1.00			
	Fo	rm or sche	edule							
Name of activity	to	and line numl to be reported (see instruction		ted on (a) L		<b>(b)</b> Uı	nallowed loss	<b>(c)</b> All	(c) Allowed loss	
	I									
otal									0500 (00	

REV 03/18/23 PRO

Form **8582** (2022)