Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization

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

Social coourity number

Submission Identification Number (SID)

Taxpayor'a pama

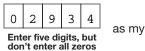
Taxpayer S hame	Social security number
SPANDANA ARIBANDI	708-30-2934
Spouse's name	Spouse's social security number
Part I Tax Return Information – Tax Year Ending December 31, 2022 (E	Enter year you are authorizing.)
Enter whole dollars only on lines 1 through 5.	
Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.	
1 Adjusted gross income	1 135,073.
2 Total tax	· · · · 2 23,342.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	· · · · · 3 26,398.
4 Amount you want refunded to you	4 3,056.
5 Amount you owe	
Part II Taxpayer Declaration and Signature Authorization (Be sure you get a	nd keep a copy of your return)
	ala al V ana manu authorizina, anal ta tha haat af

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

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.

Your signature

Spouse's PIN: check one box only

I authorize

to enter or generate my PIN

Date

					as
Ent					
dor	ı't er	iter a	all ze	ros	

my

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 ►
Practitione	r PIN Method Returns Only—continue below
Part III Certification and Authenticatio	n – Practitioner PIN Method Only
ERO's EFIN/PIN. Enter your six-digit EFIN follow	ed by your five-digit self-selected PIN. 2 2 4 9 6 6 1 9 8 9

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

ERO's signature 🕨			Date 🕨		
ERO Must Retain This Form — See Instructions Don't Submit This Form to the IRS Unless Requested To Do So					
For Danamuark Paduation Act Nation and	your tax raturn instructions		DEV/ 02/05/22 DDO	Form 8879 (Boy, 01-2021)	

1040		rtment of the Treasury—Internal Revenue Serv 5. Individual Income Tax		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 D Married filing jointly D u checked the MFS box, enter the n on is a child but not your dependent	ame of	your spou		neck	ed the HOH or			spor	lifying sun use (QSS) name if th	0
Your first name			Last na		MAR PARUPA	1111	[Your so	cial securi	tv number
SPANDANA				BANDI							30-293	-
		first name and middle initial	Last na									
											45-347	-
Home address (numbe	r and street). If you have a P.O. box, see	instructi	ions.				A	vpt. no.			on Campaigr
1021 ноо											nere if you,	
		ce. If you have a foreign address, also co	omplete s	spaces bel	ow.	Sta	ite	ZIP c	ode			ntly, want \$3
SOMERSET						NJ	Ţ	088	73		o this fund. ow will not	Checking a change
Foreign country	name			Foreign pr	ovince/state/c	oun	ty	Foreig	n postal code		or refund.	
											🗌 You	Spouse
Digital	At an	y time during 2022, did you: (a) rec	eive (as	a reward	l, award, or p	bayr	ment for prope	rty or	services); oi	(b) sell,		
Assets		ange, gift, or otherwise dispose of a									Yes	🗙 No
Standard	Som	eone can claim: 🗌 You as a de	penden	nt 🗌	Your spouse	e as	a dependent					
Deduction	<u> </u>	Spouse itemizes on a separate retur	n or you	u were a o	dual-status a	alien	1					
Age/Blindness	You:	Were born before January 2, 1	958 [Are bli	ind Spo	use	: 🗌 Was bor	n befo	ore January	2, 1958	🗌 ls bl	lind
Dependents	s (see	instructions):		(2) S	ocial security		(3) Relationsh	ip (4) Check the b	ox if quali	fies for (see	instructions):
If more		rst name Last name			number		to you		Child tax o	redit	Credit for ot	her dependents
than four												
dependents, see instructions												
and check												
here 🗌												
Income	1a	Total amount from Form(s) W-2, b	ox 1 (se	e instruc	tions)					. 1a	14	47,696.
	b	Household employee wages not re	•			•				. 1b)	
Attach Form(s) W-2 here. Also	С	Tip income not reported on line 1a								. 1c		
attach Forms	d	Medicaid waiver payments not rep				Istru	ictions)			. 1d		
W-2G and 1099-R if tax	е	Taxable dependent care benefits				•				. 1e		
was withheld.	f	Employer-provided adoption bene			839, line 29	•		• •		. 1f		
If you did not	g	Wages from Form 8919, line 6 .		• • •		•		• •		. <u>1g</u>		
get a Form W-2, see	h	Other earned income (see instruct						· ·	· · ·	. 1h	1	0.
instructions.	I	Nontaxable combat pay election (<u>1</u> i				1	
	z	Add lines 1a through 1h		• • •	· · · ·			• •		. 1z		47,696.
Attach Sch. B if required.	2a 2a	· · · ·	2a				axable interes					
	<u>3a</u>		3a 4a				ordinary divide axable amoun			. 3b . 4b		79.
Standard	4a 5a		4a 5a				axable amoun			. 40 . 5b		
Deduction for –	5a 6a		6a				axable amoun			. 6b		
 Single or Married filing 	c	If you elect to use the lump-sum e		method					[,	
separately,	7	Capital gain or (loss). Attach Sche						• •		7		-122.
\$12,950Married filing	8	Other income from Schedule 1, lin								. 8		12,580.
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7								. 9		35,073.
surviving spouse,	10	Adjustments to income from Sche								. 10		
\$25,900 • Head of	11	Subtract line 10 from line 9. This is								. 11		35,073.
household, \$19,400	12	Standard deduction or itemized								. 12		12,950.
If you checked	13	Qualified business income deduct					5-A			. 13		
any box under Standard	14									. 14		12,950.
Deduction, see instructions.	15	Subtract line 14 from line 11. If zer	ro or les	s, enter -	0 This is yo	our f	taxable incom	e.		. 15		22,123.
		▼			-							

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

Form **1040** (2022)

Form 1040 (2022	2)			Page 2
Tax and	16	Tax (see instructions). Check if any from Form(s): 1 8814 2 4972 3 . .	16	23,138.
Credits	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	23,138.
	19	Child tax credit or credit for other dependents from Schedule 8812	19	
	20	Amount from Schedule 3, line 8	20	
	21	Add lines 19 and 20	21	
	22	Subtract line 21 from line 18. If zero or less, enter -0	22	23,138.
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	204.
	24	Add lines 22 and 23. This is your total tax	24	23,342.
Payments	25	Federal income tax withheld from:		
	а	Form(s) W-2	-	
	b	Form(s) 1099		
	С	Other forms (see instructions)		
	d	Add lines 25a through 25c	25d	26,398.
If you have a	26	2022 estimated tax payments and amount applied from 2021 return	26	
qualifying child, attach Sch. EIC. [27	Earned income credit (EIC)		
	28	Additional child tax credit from Schedule 8812		
	29	American opportunity credit from Form 8863, line 8		
	30	Reserved for future use	4	
	31	Amount from Schedule 3, line 15		
	32	Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits	32	26,398.
	33	Add lines 25d, 26, and 32. These are your total payments	33	3,056.
Refund	34 25 o	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34 35a	3,056.
Direct deposit?	35a b	Amount of line 34 you want refunded to you. If Form 8888 is attached, check here Routing number 0 2 1 2 0 0 3 3 9 c Type: X Checking Savings	358	5,050.
See instructions.		Account number 3 8 1 0 4 7 1 6 1 8 0 9		
	36	Amount of line 34 you want applied to your 2023 estimated tax 36		
Amount	37	Subtract line 33 from line 24. This is the amount you owe .	1	
You Owe	37	For details on how to pay, go to www.irs.gov/Payments or see instructions	37	
	38	Estimated tax penalty (see instructions)	0.	
Third Party		you want to allow another person to discuss this return with the IRS? See		
Designee		tructions	elow.	X No
-		signee's Phone Personal identiti	ication ₁	
	nar			
Sign		der penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to ief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which		
Here				nt you an Identity
	10			N, enter it here
Joint return?		SOFTWARE ENGINEER (see	inst.)	
See instructions.	Sp			nt your spouse an
Keep a copy for your records.		ldent (see		ection PIN, enter it here
,				
		Done no. (601)287-1437 Email address SPANDANA.ARIBANDI@GMAIL.COM eparer's name Preparer's signature Date PTIN		Check if:
Paid		PRIYA RAM SAGAR CUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 02/11/2023 P02082	2702	Self-employed
Preparer				678)965-9522
Use Only			ie no. ('s EIN	84-3171965
Go to where in a				Form 1040 (2022)
GO IO WWW.IFS.go	UV/FOM	1040 for instructions and the latest information. BAA REV 02/05/23 PRO		Form 1040 (2022)

SCHEDULE	1
(Form 1040)	

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

Internal Revenue Service Go to www.irs.gov/Fo Name(s) shown on Form 1040, 1040-SR, or 1040-NR

 \bigcirc

Department of the Treasury

SPAN	DANA ARIBANDI		708-30	<u>)-2</u> 9	34
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			5	-12,581.
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			
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	8s (
	1040, line 1a or 1d	05 (/		
Ľ	a nongovernmental section 457 plan	8t			
u	Wages earned while incarcerated	8u			
	Other income. List type and amount:	- Ou			
2	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-SF		line 8	10	-12,580.
For Pa	perwork Reduction Act Notice, see your tax return instructions.				le 1 (Form 1040) 2022

Par	t II Adjustments to Income			
11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee officials. Attach Form 2106	-basis government	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:			
a		24a	-	
b	Deductible expenses related to income reported on line 8l from the	04		
_	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		
Ь		240 24d	-	
d	Repayment of supplemental unemployment benefits under the Trade	240	-	
е	Act of 1974	24e		
f	Contributions to section 501(c)(18)(D) pension plans	24f		
g		24g		
•	Attorney fees and court costs for actions involving certain unlawful	9		
		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			
	Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a		26	
	BAA	REV 02/05/23 PRO	Schedu	ule 1 (Form 1040) 2022

SCHEDUL	E 2
(Form 1040))

Additional Taxes

OMB No. 1545-0074

20

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

Department of the Treasury Attachment Go to www.irs.gov/Form1040 for instructions and the latest information. Internal Revenue Service Sequence No. 02 Name(s) shown on Form 1040, 1040-SR, or 1040-NR Your social security number SPANDANA ARIBANDI 708-30-2934 Part I Tax 1 Alternative minimum tax. Attach Form 6251 1 2 2 Excess advance premium tax credit repayment. Attach Form 8962 3 Add lines 1 and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 17 3 Part II **Other Taxes** 4 4 5 Social security and Medicare tax on unreported tip income. 5 Attach Form 4137 Uncollected social security and Medicare tax on wages. Attach 6 6 Form 8919 . 7 Total additional social security and Medicare tax. Add lines 5 and 6 7 Additional tax on IRAs or other tax-favored accounts. Attach Form 5329 if required. 8 8 9 Household employment taxes. Attach Schedule H 9 Repayment of first-time homebuyer credit. Attach Form 5405 if required 10 10 11 11 204. 12 Net investment income tax. Attach Form 8960 12 13 Uncollected social security and Medicare or RRTA tax on tips or group-term life insurance from Form W-2, box 12 13 Interest on tax due on installment income from the sale of certain residential lots 14

 and timeshares
 14

 15
 Interest on the deferred tax on gain from certain installment sales with a sales price over \$150,000
 15

 16
 Recapture of low-income housing credit. Attach Form 8611
 16

(continued on page 2)

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

Schedule 2 (Form 1040) 2022

Par	t II Other Taxes (continued)					
17	Other additional taxes:					
а	Recapture of other credits. List type, form number, and amount:					
		17a				
b	Recapture of federal mortgage subsidy, if you sold your home					
	see instructions	17b		_		
С	Additional tax on HSA distributions. Attach Form 8889	17c				
d	Additional tax on an HSA because you didn't remain an eligible	47.1				
	individual. Attach Form 8889	17d				
e	Additional tax on Archer MSA distributions. Attach Form 8853 .	17e				
f	Additional tax on Medicare Advantage MSA distributions. Attach Form 8853	17f				
q	Recapture of a charitable contribution deduction related to a					
5	fractional interest in tangible personal property	17g				
h	Income you received from a nonqualified deferred compensation					
	plan that fails to meet the requirements of section 409A	17h		_		
i	Compensation you received from a nonqualified deferred compensation plan described in section 457A	17;				
		17i		_		
J	Section 72(m)(5) excess benefits tax	17j		-		
k	Golden parachute payments	17k		_		
I	Tax on accumulation distribution of trusts	171		_		
m	Excise tax on insider stock compensation from an expatriated corporation	17m				
n	Look-back interest under section 167(g) or 460(b) from Form			_		
	8697 or 8866	17n				
ο	Tax on non-effectively connected income for any part of the					
	year you were a nonresident alien from Form 1040-NR	170		_		
р	Any interest from Form 8621, line 16f, relating to distributions	47.				
	from, and dispositions of, stock of a section 1291 fund	17p		_		
q	Any interest from Form 8621, line 24	17q		_		
z	Any other taxes. List type and amount:					
		17z				
18	Total additional taxes. Add lines 17a through 17z	• •		. 18		
19	Reserved for future use			. 19		
20	Section 965 net tax liability installment from Form 965-A	20		_		
21	Add lines 4, 7 through 16, and 18. These are your total other taxe on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b.	es. Ei	nter here an		1	204
	BAA	· ·	V 02/05/23 PRO	. 21 Sched	ule 2 (Form 10	204. 40) 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

SPANDANA ARIBANDI

Your social security number

708-30-2934

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 (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 Box A checked	8,677.	8,799.			-122.
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	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 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	through 6 in colu	ımn (h). If you have	e any long-	7	-122.

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)	(g) Adjustmen		(h) Gain or (loss) Subtract column (e)
This form may be easier to complete if you round off cents to whole 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	12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				12	
13	Capital gain distributions. See the instructions	13				
14	Long-term capital loss carryover. Enter the amount, if any Worksheet in the instructions		14	()		
15	Net long-term capital gain or (loss). Combine lines 8a on the back .	•			15	

Part	III Summary		
16	Combine lines 7 and 15 and enter the result	16	-122.
	• 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?		
	Yes. Go to line 18.		
	□ No. Skip lines 18 through 21, and go to line 22.		
18	If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet	18	
19	If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet	19	
20	 Are lines 18 and 19 both zero or blank and you are not filing Form 4952? Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. Don't complete lines 21 and 22 below. 		
	□ No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.		
21	If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of:		
	 The loss on line 16; or (\$3,000), or if married filing separately, (\$1,500) 	21	(122.)
	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 02/05/23 PRO	Scl	nedule D (Form 1040) 2022

Form **8949**

Sales and Other Dispositions of Capital Assets

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

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



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

	Social security number	r or taxpayer	identification	number
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SPANDANA ARIBANDI

708-	30-	-2934	

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

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

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

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

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

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

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

1 (a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis See the Note below	Adjustment, if any, to gain or loss If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		(h) Gain or (loss) Subtract column (e)	
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see <i>Column (e)</i> 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	8,127.	7,800.			327.	
BINANCE	01/01/22	12/31/22	550.	999.			-449.	
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 (al here and inc is checked), lir	lude on your ne 2 (if Box B	8,677.	8,799.			-122.	

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	1040)	(From r	rental real estate,	royalties, partners	hips, S	corporat	ions, es	tates,	rusts, REMI	Cs, etc.)	96	99
Department of the Treasury Attach to Form 1040, 1040-SR, 1040-NR, or 1041.						Attachm						
Internal	Revenue Service		Go to www.irs	.gov/ScheduleE for	r instru	ctions ar	nd the la	test in	ormation.		Sequence	ce No. 13
Name(s)	shown on return										I security r	number
	DANA ARIBA									708-30)-2934	
Part	Note: If yo	ou are in t	he business of rent	Real Estate an ting personal proper on page 2, line 40.			e C. See	instruc	tions. If you a	are an indiv	idual, repo	ort farm
Α				would require you	to file	Form(s)	10992 5	See ins	tructions			s X No
	-		ou file required F									
 1a			•	eet, city, state, ZI								
	-			NA IN 505301		<i>;</i>)						
 	SIRCILLA	HIDERA	ABAD IELANGA	UNA IN 505501	L							
<u>с</u>												
 1b	Type of Prope	ertv 2	Ear agab rantal	I raal aatata propa	vet v liet	od		Eai	r Rental	Person		
10	(from list below			l real estate prope he number of fair					Days	Da		QJV
Α	3		personal use d	ays. Check the Q	JV box	only	Α		365		0	
В				requirements to f			В				-	
С			qualified joint v	venture. See instru	lctions		С					
Туре	of Property:	•										
1	Single Family R	lesidence	e 3 Vacatior	n/Short-Term Ren	ital	5 Lanc	ł	7	Self-Rental			
2	Multi-Family Re	esidence	4 Comme	rcial		6 Roya	alties	8	Other (desc	ribe)		
									Properti			
Incom	e:				-		Α		В			С
3		d			3			00.				
4					4							
Exper												
5					5							
6					6							
7	Cleaning and r	maintena	ance		7		9	00.				
8	Commissions				8							
9	Insurance .				9							
10	Legal and othe	er profes	sional fees		10							
11	Management f	fees			11		4	50.				
12	Mortgage inter	rest paid	l to banks, etc. (s	ee instructions)	12							
13	Other interest				13							
14				/	14		3,0					
15					15		2,2	40.				
16					16							
17					17		3,5					
18		•			18		3,0	91.				
19 00	Other (list)	a Aalal U	E through 10		19		10 1	0.1				
20					20		13,1	٥⊥.				
21				or 4 (royalties). If d out if you must								
					21		-12,5	81.				
22	Deductible ren	tal real	estate loss after	limitation, if any,								
					22	(12,58	1.)()(r)
23a	Total of all am	ounts re	ported on line 3 f	for all rental prope	erties			23a		600.		
b	Total of all am	ounts re	ported on line 4 f	for all royalty prop	erties			23b				
С				for all properties				23c				
d			•	for all properties				23d		,091.		
е				· · · · · · · · · · · ·				23e	13	,181.		
24				on line 21. Do no		-				. 24		
25				and rental real estat]]	L2,581.)
26	Total rental re	eal estat	te and royalty ir	ncome or (loss).	Combi	ine lines	24 and	25. Ei	nter the resu	ılt		

Supplemental Income and Loss

SCHEDULE E

here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2

Schedule E (Form 1040) 2022

26

.

-12,581.

OMB No. 1545-0074



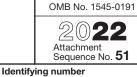
Name(s) shown on return

Part I

Investment Interest Expense Deduction

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

Attach to your tax return.



708-30-2934

SPANDANA	ARIBANDI	

Total Investment Interest Expense

1 Investment interest expense paid or accrued in 2022 (see instructions) 1 20. . . 2 Disallowed investment interest expense from 2021 Form 4952, line 7 2 . . 3 Total investment interest expense. Add lines 1 and 2 3 20. Part II Net Investment Income Gross income from property held for investment (excluding any net gain from 4a 79. 4a Qualified dividends included on line 4a 79. b 4b 0. 4c С . d Net gain from the disposition of property held for investment 4d Enter the smaller of line 4d or your net capital gain from the disposition е of property held for investment. See instructions 4e f 4f 0. . Enter the amount from lines 4b and 4e that you elect to include in investment income. See instructions g 4g h 4h 0. 5 5 Net investment income. Subtract line 5 from line 4h. If zero or less, enter -0-6 6 0. Part III **Investment Interest Expense Deduction** 7 Disallowed investment interest expense to be carried forward to 2023. Subtract line 6 from line 7 20. • **Investment interest expense deduction.** Enter the **smaller** of line 3 or line 6. See instructions 8 8 0. For Paperwork Reduction Act Notice, see page 4. Form 4952 (2022) REV 02/05/23 PRO RΔΔ

8959 Form Department of the Treasury Internal Revenue Service

Name(s) shown on return

Additional Medicare Tax

If any line does not apply to you, leave it blank. See separate instructions. Attach to Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS. Go to www.irs.gov/Form8959 for instructions and the latest information.

2022

Attachment Sequence No. 71 Your social security number

OMB No. 1545-0074

SPAN	IDANA ARIBANDI	708-30-29	934
Part	Additional Medicare Tax on Medicare Wages		
1 2 3	Medicare wages and tips from Form W-2, box 5. If you have more than one Form W-2, enter the total of the amounts from box 5111Unreported tips from Form 4137, line 62Wages from Form 8919, line 63	.47,696.	
4 5	Enter the following amount for your filing status: Married filing jointly	.47,696. 125,000.	
6	Subtract line 5 from line 4. If zero or less, enter -0	6	22,696.
7	Additional Medicare Tax on Medicare wages. Multiply line 6 by 0.9% (0.009). Enter here Part II		204.
Part			
8 9	Self-employment income from Schedule SE (Form 1040), Part I, line 6. If you had a loss, enter -0- (Form 1040-PR or 1040-SS filers, see instructions.) 8 Enter the following amount for your filing status: \$250,000 Married filing jointly. \$250,000 Married filing separately \$125,000		
	Single, Head of household, or Qualifying surviving spouse \$200,000 9		
10	Enter the amount from line 4		
11	Subtract line 10 from line 9. If zero or less, enter -0		
12	Subtract line 11 from line 8. If zero or less, enter -0	12	
13	Additional Medicare Tax on self-employment income. Multiply line 12 by 0.9% (0.009). Enter	r here and	
	go to Part III		
Part		sation	
14	Railroad retirement (RRTA) compensation and tips from Form(s) W-2, box 14 (see instructions) 14		
15	Enter the following amount for your filing status:		
	Married filing jointly		
	Married filing separately		
	Single, Head of household, or Qualifying surviving spouse \$200,000 15		
16	Subtract line 15 from line 14. If zero or less, enter -0		
17	Additional Medicare Tax on railroad retirement (RRTA) compensation. Multiply line 16 by 0.9 Enter here and go to Part IV		
Part			
18	Add lines 7, 13, and 17. Also include this amount on Schedule 2 (Form 1040), line 11 (Form		
	or 1040-SS filers, see instructions), and go to Part V	18	204.
Part			
19	Medicare tax withheld from Form W-2, box 6. If you have more than one Form W-2, enter the total of the amounts from box 6 19	2,142.	
20		47,696.	
21	Multiply line 20 by 1.45% (0.0145). This is your regular Medicare tax withholding on Medicare wages	2,142.	
22	Subtract line 21 from line 19. If zero or less, enter -0 This is your Additional Med withholding on Medicare wages	22	0.
23	Additional Medicare Tax withholding on railroad retirement (RRTA) compensation from Form 14 (see instructions)	· · · · · · · · · · · · · · · · · · ·	
24	Total Additional Medicare Tax withholding. Add lines 22 and 23. Also include this am federal income tax withholding on Form 1040, 1040-SR, or 1040-NR, line 25c (Form 10 1040-SS filers, see instructions)	040-PR or	0.
For Pa	perwork Reduction Act Notice, see your tax return instructions. BAA REV	/ 02/05/23 PRO	Form 8959 (2022)

Form 8960 Department of the Treasury Internal Revenue Service

Net Investment Income Tax— Individuals, Estates, and Trusts

OMB No. 1545-2227

20

Attach to your tax return.

	The Treasury Attach to your tax return. Revenue Service Go to www.irs.gov/Form8960 for instructions and the latest info	rmation.		At	tachment equence No. 72
	shown on your tax return		Your social		urity number or EIN
. ,	NDANA ARIBANDI		708-30		-
Part	I Investment Income Section 6013(g) election (see instructions)			-	
	Section 6013(h) election (see instructions)				
	Regulations section 1.1411-10(g) election (see instruct	ions)			
1	Taxable interest (see instructions)		1		
2	Ordinary dividends (see instructions)		2	2	79.
3	Annuities (see instructions)		3	3	
4a	Rental real estate, royalties, partnerships, S corporations, trusts, etc. (seeinstructions) 4a	-12,	581.		
b	Adjustment for net income or loss derived in the ordinary course of a non- section 1411 trade or business (see instructions)				
С	Combine lines 4a and 4b		40	c	-12,581.
5a	Net gain or loss from disposition of property (see instructions)		122.		
b	Net gain or loss from disposition of property that is not subject to net investment income tax (see instructions)				
С	Adjustment from disposition of partnership interest or S corporation stock (see instructions)				
d	Combine lines 5a through 5c		50	d	-122.
6	Adjustments to investment income for certain CFCs and PFICs (see instructions)				
7	Other modifications to investment income (see instructions)			_	
8 Dort	Total investment income. Combine lines 1, 2, 3, 4c, 5d, 6, and 7		8	3	-12,624.
Part		ns			
9a b	Investment interest expenses (see instructions)9aState, local, and foreign income tax (see instructions)9b				
c D	Miscellaneous investment expenses (see instructions)				
d	Add lines 9a, 9b, and 9c		90	Ы	
10	Additional modifications (see instructions)			-	
11	Total deductions and modifications. Add lines 9d and 10				
	III Tax Computation		I		
12	Net investment income. Subtract Part II, line 11, from Part I, line 8. Individuals, compl	ete lines 13	3–17.		
	Estates and trusts, complete lines 18a-21. If zero or less, enter -0		12	2	0.
	Individuals:				
13	Modified adjusted gross income (see instructions)	135,	073.		
14	Threshold based on filing status (see instructions)	125,			
15	Subtract line 14 from line 13. If zero or less, enter -0		073.		
16	Enter the smaller of line 12 or line 15			6	0.
17	Net investment income tax for individuals. Multiply line 16 by 3.8% (0.038). Enter he			_	0
	on your tax return (see instructions)		1	1	0.
100					
18a	Net investment income (line 12 above)				
b	Deductions for distributions of net investment income and deductions under section 642(c) (see instructions) 18b				
С	Undistributed net investment income. Subtract line 18b from line 18a (see instructions). If zero or less, enter -0				
19a	Adjusted gross income (see instructions)				
b	Highest tax bracket for estates and trusts for the year (see instructions) 19b				
С	Subtract line 19b from line 19a. If zero or less, enter -0				
20	Enter the smaller of line 18c or line 19c			0	
21	Net investment income tax for estates and trusts. Multiply line 20 by 3.8% (0.038). I include on your tax return (see instructions)			1	
For Pa	perwork Reduction Act Notice, see your tax return instructions.				Form 8960 (2022)

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

BAA