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	vrite 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 na on is a child but not your dependent	ame of y						spo	lifying sun use (QSS) s name if th	U U
Your first name	and mi	ddle initial	Last nar	ne					Your so	cial securi	ty number
PRASAD Y	ADA	7	YETT	AM					597-	95-401	6
If joint return, sp	oouse's	first name and middle initial	Last nar	ne					Spouse	's social se	curity numbe
AKSHATHA			KURI	KYALA					APPL	IED FO	R
Home address	(numbe	r and street). If you have a P.O. box, see	instructio	ins.			A	Apt. no.	Preside	ntial Election	on Campaigr
21076 GR	EEN	HILL RD								here if you,	
City, town, or p	ost offic	ce. If you have a foreign address, also co	mplete sp	aces below.	Sta	ite	ZIP c	ode			tly, want \$3 Checking a
FRAMINGT	'ON F	HILLS			M	Ľ	483	35	0	ow will not	•
Foreign country	name		F	oreign province/state/	coun	ty	Foreig	n postal code	your tax	x or refund.	Spouse
Digital Assets		ny time during 2022, did you: (a) rece ange, gift, or otherwise dispose of a					-			Yes	No
		eone can claim: You as a de					40001)	. (000 11010	10110110.)		
Standard Deduction	_	Spouse itemizes on a separate return	•			•					
Age/Blindness	You:	Were born before January 2, 1	958	Are blind Sp	ouse	: 🗌 Was bor	n befo	ore January 2	2, 1958	🗌 ls bl	ind
Dependents	(see	instructions):		(2) Social 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 ci	redit	Credit for ot	her dependents
than four										[
dependents, see instructions										[
and check										[
here 🗌										[
Income	1a	Total amount from Form(s) W-2, be	ox 1 (see	e instructions)					. 1a	<u>1</u>	46,584.
meenie	b	Household employee wages not re	eported o	on Form(s) W-2 .					. 1b	>	
Attach Form(s) W-2 here, Also	С	Tip income not reported on line 1a	ι (see ins	tructions)					. 10	;	
attach Forms	d	Medicaid waiver payments not rep	orted or	n Form(s) W-2 (see i	nstru	uctions)			. 10	1	
W-2G and 1099-R if tax	е	Taxable dependent care benefits f	rom For	m 2441, line 26					. 1e	•	
was withheld.	f	Employer-provided adoption bene	fits from	Form 8839, line 29					. 1f	:	
lf you did not	g	Wages from Form 8919, line 6 .							. 1g	1	
get a Form	h	Other earned income (see instruction	ions) .				· ·		. 1h	1	0.
W-2, see instructions.	i	Nontaxable combat pay election (s	see instru	uctions)		1 i					
	Z	ũ l	1						. 1z	: 14	46,584.
Attach Sch. B	2 a		2a			axable interest			. 2b)	
if required.	<u>3a</u>		3a	46.		Ordinary divider			. 3b)	65.
	4a		4a			axable amoun					
Standard Deduction for —	5a		5a			axable amoun			. 5b)	
Single or	6a	,	6a			axable amoun	t		. 6b)	
Married filing separately,	С	If you elect to use the lump-sum e			`	,	• •	L	_		
\$12,950	7	Capital gain or (loss). Attach Schee					• •	L	7		8,380.
 Married filing jointly or 	8	Other income from Schedule 1, lin					• •		. 8		29.
Qualifying spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,		-					. 9		55,058.
\$25,900	10	Adjustments to income from Sche					• •		. 10		
 Head of household, 	11	Subtract line 10 from line 9. This is	•				• •		. 11		<u>55,058.</u>
\$19,400 r	12	Standard deduction or itemized					• •		. 12		<u>25,900.</u>
 If you checked any box under 	13	Qualified business income deduction			1 895	ъ-А	• •		. 13	-	3.
Standard Deduction,	14				•••	· · · ·			. 14		<u>25,903.</u>
see instructions.	15	Subtract line 14 from line 11. If zer	o or less	s, enter -U This is y	our	laxable incom	e.		. 15	<u>) 1</u> 2	29,155.

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	4 2 4972 3		. 16	19 , 058.
Credits	17	Amount from Schedule 2, line 3				. 17	
	18	Add lines 16 and 17				. 18	19 , 058.
	19	Child tax credit or credit for other	dependents from Sched	ule 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 ze	ro or less, enter -0			. 22	19,058.
	23	Other taxes, including self-employ	ment tax, from Schedule	e 2, line 21		. 23	0.
	24	Add lines 22 and 23. This is your 1	otal tax			. 24	19,058.
Payments	25	Federal income tax withheld from:					
	а	Form(s) W-2			25a 27,8	21.	
	b	Form(s) 1099		2	25b		
	с	Other forms (see instructions) .		2	25c		
	d	Add lines 25a through 25c				. 25 d	27,821.
16	26	2022 estimated tax payments and	amount applied 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 Sch			28		
	29	American opportunity credit from	Form 8863, line 8		29		
	30	Reserved for future use			30		
	31	Amount from Schedule 3, line 15			31		
	32	Add lines 27, 28, 29, and 31. Thes	e are your total other pa	ayments and refund	able credits	. 32	
	33	Add lines 25d, 26, and 32. These	•	-		. 33	27,821.
Refund	34	If line 33 is more than line 24, sub	tract line 24 from line 33.	This is the amount y	/ou overpaid .	. 34	8,763.
Refuild	35a	Amount of line 34 you want refun		•	-	35a	8,763.
Direct deposit?	b	Routing number 1 2 1 0			hecking 🗌 Savi		
See instructions.	d	Account number 3 2 5 0			I Ĭ	0	
	36	Amount of line 34 you want applie	d to your 2023 estimate	ed tax	36		
Amount	37	Subtract line 33 from line 24. This	is the amount you owe				
You Owe	•	For details on how to pay, go to w				. 37	
	38	Estimated tax penalty (see instruc		1	38		
Third Party	Do	you want to allow another pers	on to discuss this retu	rn with the IRS? Se	ee		
Designee						lete below.	X No
-		signee's	Phone			identification	
	na		no.		number (F	,	
Sign		der penalties of perjury, I declare that I h ef, they are true, correct, and complete.					
Here				1			, ,
	ŶŎ	ur signature	Date	Your occupation			nt you an Identity IN, enter it here
Joint return?				SOFTWARE EN	GINEER	(see inst.)	
See instructions.	Sp	ouse's signature. If a joint return, both m	ust sign. Date	Spouse's occupation			nt your spouse an
Keep a copy for your records.						Identity Prote (see inst.)	ection PIN, enter it here
your rooordo.				HOME MAKER		(See Inst.)	
		one no. (210) 997-1565	Email address	PRASADY1210			Oh a shaife
Paid		· · · · · · · · · · · · · · · · · · ·	arer's signature		Date PT		Check if:
Preparer		PRIYA RAM SAGAR GUPTA TALLAM SYAN		GUPTA TALLAM C)3/31/2023 PO	2082703	Self-employed
Use Only		n's name GLOBAL TAXES					678)965-9522
	Fin		E BRUNSWICK N	J 08816		Firm's EIN	84-3171965
Co to unus iro a	ou/Eorr	1040 for instructions and the latest info	motion				Earma 10/0 (0000)

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

BAA REV 03/22/23 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

597-95-4016

Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form1040 Name(s) shown on Form 1040, 1040-SR, or 1040-NR

()			·	,	
PRASAD	YADAV	YETTAM	&	AKSHATHA	KURIKYALA

10 Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8 10 2	Par	t Additional Income			
2a Alimony received 2a b Date of original divorce or separation agreement (see instructions): 3 3 Business income or (loss). Attach Schedule C 3 4 Other gains or (losse). Attach Schedule C 4 5 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 5 6 Farm income or (loss). Attach Schedule F 6 7 Unemployment compensation 8a (9 Other income: 8a (10 Cancellation of debt 8c 11 Come from Form 8853 8e 12 Cancellation of debt 8g 12 Preview Resonance Common Resonance State 8d (12 Preview Resonance Common Resonance 8g 12 Attack Permanent Fund dividends 8g 13 Activity not engaged in for profit income 8i 14 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 8g 14 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 8g <	1	Taxable refunds, credits, or offsets of state and local income taxes		1	
b Date of original divorce or separation agreement (see instructions): 3 3 Business income or (loss). Attach Schedule C 3 4 Other gains or (losses). Attach Form 4797 4 5 Rental real estate, royatiles, partnerships, S corporations, trusts, etc. Attach Schedule E 5 6 Farm income or (loss). Attach Schedule F 5 7 Unemployment compensation 6 7 Unemployment compensation 8a (9 Other income: 8a (a Net operating loss 8a (Cancellation of debt 8a (6 Foreign earned income exclusion from Form 2555 8d (9 Alaska Permanent Fund dividends 8g 1 Income from Form 8889 8f 9 Alaska Permanent Fund dividends 8i 1 Income from the rental of personal property if you engaged in the rental for profit income 8i 1 Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property 8n 1 Income from the rental or personal property if you engaged in the rental for profit louison (see instructions) 8n 9 Section 951A(a) inclusion (see instructions) 8n 9 Section 951A(a) inclusion (see instructions) 8a 9 Total other income. Add lin	2a	Alimony received		2a	
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6 Farm income or (loss). Attach Schedule F. 6 7 Unemployment compensation 7 8 Other income: 8a () 9 Net operating loss 8a () 9 Gambling 8b c Cancellation of debt 8c d Foreign earned income exclusion from Form 2555 8d () e Income from Form 8853 8e f Income from Form 8853 8d g Alaska Permanent Fund dividends 8d h Jury duty pay 8d j Activity not engaged in for profit income 8i i Prizes and awards 8i j Activity not engaged in for profit income 8i k Stock options 8k l 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 8m m Olympic and Paralympic medals and USOC prize money (see instructions) 8m s Section 951A(a) inclusion (see instructions) 8n g Saction 951A(a) inclusion (see instructions) 8g g Taxable di	4	Other gains or (losses). Attach Form 4797		4	
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Substitute Payment from 1099-Misc29.8z29.9Total other income. Add lines 8a through 8z.9210Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 810	-	Wages earned while incarcerated	8u		
9Total other income. Add lines 8a through 8z	Z	Other income. List type and amount:			
10 Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8 10 2	•	4			~~~
	-			-	29.
	-	Combine lines 1 through / and 9. Enter here and on Form 1040, 1040-SR		-	29.

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

Schedule 1 (Form 1040) 2022

Par	t II Adjustments to Income					
11	Educator expenses				11	
12	Certain business expenses of reservists, performing artists, and fee	e-basi	s gov	ernment		
	officials. Attach Form 2106				12	
13	Health savings account deduction. Attach Form 8889				13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903				14	
15	Deductible part of self-employment tax. Attach Schedule SE				15	
16	Self-employed SEP, SIMPLE, and qualified plans				16	
17	Self-employed health insurance deduction				17	
18	Penalty on early withdrawal of savings				18	
19a	Alimony paid				19a	
b	Recipient's SSN	· _				
С	Date of original divorce or separation agreement (see instructions):					
20	IRA deduction				20	
21	Student loan interest deduction				21	
22	Reserved for future use				22	
23	Archer MSA deduction				23	
24	Other adjustments:					
а	Jury duty pay (see instructions)	24a				
b	Deductible expenses related to income reported on line 8I from the					
	rental of personal property engaged in for profit	24b				
С	Nontaxable amount of the value of Olympic and Paralympic medals					
	and USOC prize money reported on line 8m	24c				
d	Reforestation amortization and expenses	24d				
е	Repayment of supplemental unemployment benefits under the Trade					
	Act of 1974	24e				
f	Contributions to section 501(c)(18)(D) pension plans	24f				
g	Contributions by certain chaplains to section 403(b) plans	24g				
h	Attorney fees and court costs for actions involving certain unlawful					
	discrimination claims (see instructions)	24h				
i	Attorney fees and court costs you paid in connection with an award					
	from the IRS for information you provided that helped the IRS detect					
	tax law violations	24i				
j	Housing deduction from Form 2555	24j				
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form					
	1041)	24k				
z	Other adjustments. List type and amount:					
		24z				
25	Total other adjustments. Add lines 24a through 24z				25	
26	Add lines 11 through 23 and 25. These are your adjustments to income	e. Ente	er here	and on		
	Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a				26	
	BAA	REV	03/22/23 P	RO	Schedu	ile 1 (Form 1040) 2022

SCHEDULE D (Form 1040)

Capital Gains and Losses

OMB No. 1545-0074

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

Go to www.irs.gov/ScheduleD for instructions and the latest information. Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.

Attachment Sequence No. 12

20

Internal Revenue Service Name(s) shown on return

Department of the Treasury

PRASAD YADAV YETTAM & AKSHATHA KURIKYALA

Your social security number 597-95-4016

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

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

	instructions for how to figure the amounts to enter on the below.	(d) Proceeds	(e) Cost	(g) Adjustments to gain or loss from	(h) Gain or (loss) Subtract column (e) from column (d) and
	form may be easier to complete if you round off cents to e dollars.	(sales price)	(or other basis)	Form(s) 8949, Part I line 2, 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	1,090.	1,240.		-150.
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			usts from 5	
6	Short-term capital loss carryover. Enter the amount, if an Worksheet in the instructions		-	-	()
7	Net short-term capital gain or (loss). Combine lines 1a term capital gains or losses, go to Part II below. Otherwise				-150.

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

lines	instructions for how to figure the amounts to enter on the below. form may be easier to complete if you round off cents to	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustmer to gain or loss Form(s) 8949,	s from	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result
who	e dollars.		,	line 2, colum	ın (g)	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	24,847.	16,309.			8,538.
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.	6.	15.			-9.
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 Scheo	dule(s) K-1	12	
13	Capital gain distributions. See the instructions				13	1.
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	8,530.
For F	Paperwork Reduction Act Notice, see your tax return instruction				Schedu	le D (Form 1040) 2022

Part	III Summary		
16	Combine lines 7 and 15 and enter the result	16	8,380.
	• 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? Image: Second State Image: Second State </th <th></th> <th></th>		
	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 ()
	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 03/22/23 PRO

Schedule D (Form 1040) 2022

8949

Department of the Treasury

Internal Revenue Service

Name(s) shown on return

Sales and Other Dispositions of Capital Assets

OMB No. 1545-0074

Attachment

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.

Sequence No. 12A Social security number or taxpayer identification number 597-95-4016 PRASAD YADAV YETTAM & AKSHATHA KURIKYALA

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.

Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see Part I 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)	(c) Date sold or	Proceeds S	Proceeds	Proceeds	(e) Cost or other basis See the Note below	See the separate instructions.		Gain or (loss) Subtract column (e)
(Example: 100 sh. XYZ Co.)	Date acquired (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	1,090.	1,240.			-150.		
2 Totals. Add the amounts in column negative amounts). Enter each tota Schedule D, line 1b (if Box A above above is checked), or line 3 (if Box 0	al here and inc is checked), lir	lude on your ne 2 (if Box B	1,090.	1,240.			-150.		

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

	Casial assurity number or townsyser identification num	
Form 8949 (2022)	Attachment Sequence No. 12A	Page 2

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side PRASAD YADAV YETTAM & AKSHATHA KURIKYALA Social security number or taxpayer identification number 597-95-4016

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

1 (a) Description of property	(b) Date acquired	(c) Date sold or disposed of	Date sold or Proceeds See		(e) Cost or other basis See the Note below	N See the separate instructions.		(h) Gain or (loss) Subtract column (e)
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)			instructions. Code(s) from Amou		from column (d) and combine the result with column (g).	
ROBINHOOD SECURITIES LLC	01/01/22	12/31/22	24,847.	16,309.			8,538.	
2 Totals. Add the amounts in columns negative amounts). Enter each tota Schedule D, line 8b (if Box D above above is checked), or line 10 (if Box	I here and inclusion in the inclusion of the interval in the inclusion of the interval in the interval interval in the interval interval in the interval interva interval	lude on your ne 9 (if Box E	24,847.	16,309.			8,538.	
above is checked), or mile to (il box			24,04/.	10,009.			0,000	

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.

	Casial assurity number or townsyser identification num	
Form 8949 (2022)	Attachment Sequence No. 12A	Page 2

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side PRASAD YADAV YETTAM & AKSHATHA KURIKYALA

Social security number or taxpayer identification number 597-95-4016

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

1 (a) Description of property	(b) Date acquired	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis See the Note below	If you enter an enter a c	if any, to gain or loss amount in column (g), ode in column (f). parate instructions.	(h) Gain or (loss) Subtract column (e)
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)			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	6.	15.			-9.
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).			6.	15.			-9.

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 03/22/23 PRO

Form **8889** Department of the Treasury Internal Revenue Service

1010.00

Health Savings Accounts (HSAs)

OMB No. 1545-0074

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

Go to www.irs.gov/Form8889 for instructions and the latest information.

2022
Attachment Sequence No. 52

iname(s	snown on Form 1040, 1040-SR, or 1040-NR	both spouses ha	ave HSAs. see	instructions.
PRAS	-4016			
Befor	re you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance C	ontracts, if	required.	
Part	HSA Contributions and Deduction. See the instructions before completing t and both you and your spouse each have separate HSAs, complete a separat			
1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) du See instructions	ring 2022.	Self-only	/ 🗵 Family
2	HSA contributions you made for 2022 (or those made on your behalf), including those matures unextended due date of your tax return that were for 2022. Do not include employer concontributions through a cafeteria plan, or rollovers. See instructions	ntributions,	2	0.
3	If you were under age 55 at the end of 2022 and, on the first day of every month during were, or were considered, an eligible individual with the same coverage, enter \$3,650 (family coverage). All others , see the instructions for the amount to enter	\$7,300 for	3	7,300.
4	Enter the amount you and your employer contributed to your Archer MSAs for 2022 from F lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during include any amount contributed to your spouse's Archer MSAs	2022, also	4	0.
5	Subtract line 4 from line 3. If zero or less, enter -0		5	7,300.
6	Enter the amount from line 5. But if you and your spouse each have separate HSAs and coverage under an HDHP at any time during 2022, see the instructions for the amount to en		6	7,300.
7	If you were age 55 or older at the end of 2022, married, and you or your spouse had family under an HDHP at any time during 2022, enter your additional contribution amount. See inst		7	
8	Add lines 6 and 7	[8	7,300.
9	Employer contributions made to your HSAs for 2022	1,208.		
10	Qualified HSA funding distributions			
11	Add lines 9 and 10		11	1,208.
12	Subtract line 11 from line 8. If zero or less, enter -0		12	6,092.
13	HSA deduction. Enter the smaller of line 2 or line 12 here and on Schedule 1 (Form 1040), Pa Caution: If line 2 is more than line 13, you may have to pay an additional tax. See instruction		13	0.
Part	II HSA Distributions. If you are filing jointly and both you and your spouse each a separate Part II for each spouse.	have separ	ate HSAs,	, complete
14a	Total distributions you received in 2022 from all HSAs (see instructions)		14a	
b	Distributions included on line 14a that you rolled over to another HSA. Also include a contributions (and the earnings on those excess contributions) included on line 14a withdrawn by the due date of your return. See instructions	that were	14b	
с	Subtract line 14b from line 14a	-	14c	
15	Qualified medical expenses paid using HSA distributions (see instructions)		15	
16	Taxable HSA distributions. Subtract line 15 from line 14c. If zero or less, enter -0 Also, in amount in the total on Schedule 1 (Form 1040), Part I, line 8f	nclude this	16	
17a	If any of the distributions included on line 16 meet any of the Exceptions to the Addition Tax (see instructions), check here			
b	Additional 20% tax (see instructions). Enter 20% (0.20) of the distributions included on liare subject to the additional 20% tax. Also, include this amount in the total on Schedu 1040), Part II, line 17c	le 2 (Form	17b	
Part	III Income and Additional Tax for Failure To Maintain HDHP Coverage. See t completing this part. If you are filing jointly and both you and your spouse eac complete a separate Part III for each spouse.			
18	Last-month rule		18	
19	Qualified HSA funding distribution	[19	
20	Total income. Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I,		20	
21	Additional tax. Multiply line 20 by 10% (0.10). Include this amount in the total on Schedu 1040), Part II, line 17d		21	

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

Form 8995

Qualified Business Income Deduction Simplified Computation

Attach to your tax return.

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form8995 for instructions and the latest information.

OMB No. 1545-2294

Sequence No. 55

Your taxpayer identification number

597-95-4016

Name(s) shown	n on return
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PRASAD YADAV YETTAM & AKSHATHA KURIKYALA

Note. You can claim the qualified business income deduction **only** if you have qualified business income from a qualified trade or business, real estate investment trust dividends, publicly traded partnership income, or a domestic production activities deduction passed through from an agricultural or horticultural cooperative. See instructions.

Use this form if your taxable income, before your qualified business income deduction, is at or below \$170,050 (\$340,100 if married filing jointly), and you aren't a patron of an agricultural or horticultural cooperative.

1	(a) Trade, business, or aggregation name	(b) Taxpayer identification number	(c) Qualified business income or (loss)	
i				
ii				
iii				
iv				
v				
2	Total qualified business income or (loss). Combine lines 1i through 1v,			
	column (c)			
3	Qualified business net (loss) carryforward from the prior year	()		
4	Total qualified business income. Combine lines 2 and 3. If zero or less, enter -0-			
5	Qualified business income component. Multiply line 4 by 20% (0.20)		5	
6	Qualified REIT dividends and publicly traded partnership (PTP) income or (loss)			
	(see instructions)	13.		
7	Qualified REIT dividends and qualified PTP (loss) carryforward from the prior			
	year	()		
8	Total qualified REIT dividends and PTP income. Combine lines 6 and 7. If zero			
	or less, enter -0	13.		
9	REIT and PTP component. Multiply line 8 by 20% (0.20) .		9	3.
10	Qualified business income deduction before the income limitation. Add lines 5 and 9		10	3.
11	Taxable income before qualified business income deduction (see instructions)			
12	Net capital gain (see instructions) 12	• / -= • •		
13	Subtract line 12 from line 11. If zero or less, enter -0	.,		
14	Income limitation. Multiply line 13 by 20% (0.20)		14	24,146.
15	Qualified business income deduction. Enter the smaller of line 10 or line 14. Also enter the applicable line of your return (see instructions)		15	3.
16	Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than zer		16	(0.)
17	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 and			
	zero, enter -0		17	(0.)
For Pri	vacy Act and Paperwork Reduction Act Notice, see instructions. REV 03/22/23	PRO		Form 8995 (2022)

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

Application for IRS Individual Taxpayer Identification Number by individuals who are not U.S. citizens or permanent

Department of the Treas Internal Revenue Service		See sepa			permanen	t reside	nts.			
An IRS individual	l taxpayer identification numbe	r (ITIN) is for	U.S. feder	al tax p	ourposes	only.			pe (check one be	ox):
Before you begin: • Don't submit this form if you have, or are eligible to get, a U.S. social security number (SSN).					Apply for a new ITIN			J		
	ubmitting Form W-7. Read the in	-		-					<u> </u>	
must file a U.S. fo	ederal tax return with Form W-7	7 unless you	meet one o	of the e	xception	is (see i	nstructions	s).		
	alien required to get an ITIN to claim	n tax treaty bene	efit							
_	t alien filing a U.S. federal tax return ht alien (based on days present in th	o United State	c) filing a LLS	S fodor	l tox rotur	0				
_	of U.S. citizen/resident alien) If d.		-				tructions) 🕨			
	J.S. citizen/resident alien	or e, enter name ASAD YADAN	and SSN/IT	'IN of U.	S. citizen/r	esident	, alien (see in:		ions)► 97-95-4016	
f 🗌 Nonresident	alien student, professor, or research						ion			
g 🗌 Dependent/s	spouse of a nonresident alien holding	g a U.S. visa								
h 🗌 Other (see ir	·									
	on for a and f : Enter treaty country b	Midd	lle name	and	d treaty art		iber Þ name			
Name (see instructions)	AKSHATHA	inide					RIKYALA			
Name at birth if different	1b First name	Midd	lle name			Last	name			
Applicant's	2 Street address, apartment numb	per, or rural rout	e number. If	you ha	ve a P.O. I	oox, see	separate i	nstruc	ctions.	
Mailing	21076 GREEN HILL RI									
Address	City or town, state or province, a FRAMINGTON HILLS	and country. Inc	lude ZIP coo	de or po	stal code v MI	where ap US <i>I</i>		1	8335	
		per, or rural rout	e number. D	on't us				4	:0333	
Foreign (non- U.S.) Address	3 Street address, apartment number, or rural route number. Don't use a P.O. box number.									
(see instructions)	City or town, state or province, and country. Include postal code where appropriate.									
Birth	4 Date of birth (month / day / year) C	Country of birth		Citv an	d state or	province	e (optional)	5	Male	
Information		INDIA		,			(1)		Female	
Other Information	6a Country(ies) of citizenship 6 INDIA 6	b Foreign tax I.[D. number (if	any)	6c Type	of U.S. v	isa (if any), n	umbe	r, and expiration d	ate
	6d Identification document(s) submitted (see instructions) 🛛 Passport 🗌 Driver's license/State I.D.									
	USCIS documentation	Other					Date of en	itry int	to	
	the United States									
	Issued by: INDIA No.: M0074239 Exp. date: 07/15/2024 (MM/DD/YYYY): 6e Have you previously received an ITIN or an Internal Revenue Service Number (IRSN)?									
	No/Don't know. Skip line					(11014).				
	Yes. Complete line 6f. If more than one, list on a sheet and attach to this form (see instructions).									
	6fEnter ITIN and/or IRSN ►ITINIRSNand							and		
	name under which it was issued ► First name Middle name Last name									
	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 (applican documentation and statements, and to information with my acceptance agent in	the best of my	knowledge a	nd belief	, it is true,	correct,	and complete	e. I au	thorize the IRS to	
Keep a copy for your records.	Signature of applicant (if delegation	ate, see instruct	ions)	Date (m	onth / day /	′ year)	Phone num	ıber		
,	Name of delegate, if applicable	e (type or print)	Delegate's relationship to applicant			_	Parent Court-appointed guardi		ardian	
Acceptance	Signature			Date (month / day /		' year)	Phone		-	
Agent's			No. or				Fax			
Use ONLY					EIN					
	Office					Unice (code			

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