Department of the Treasury Internal Revenue Service

Calendar Year — Due **04/18/2023**

2023 Form 1040-ES Payment Voucher 1

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the **'United States Treasury.'** Write your social security number and '2023 Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Amount of estimated tax you are paying by check or money order.....

2,752.

REV 03/22/23 PRO

1555

AD9-59-2476 112-53-5244
VINOD KUMAR REDDY CHOKKULA
SRUJANA MEREDDY
2243 AUTERY LN
NORTHLAKE TX 76247

INTERNAL REVENUE SERVICE PO BOX 1300 CHARLOTTE NC 28201-1300

Department of the Treasury Internal Revenue Service

Calendar Year — Due **06/15/2023**

2023 Form 1040-ES Payment Voucher 2

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the **'United States Treasury.'** Write your social security number and '2023 Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Amount of estimated tax you are paying by check or money order.....

2,752.

REV 03/22/23 PRO

1555

AD9-59-2476 112-53-5244
VINOD KUMAR REDDY CHOKKULA
SRUJANA MEREDDY
2243 AUTERY LN
NORTHLAKE TX 76247

INTERNAL REVENUE SERVICE PO BOX 1300 CHARLOTTE NC 28201-1300

Department of the Treasury Internal Revenue Service

Calendar Year -Due 09/15/2023

2023 Form 1040-ES Payment Voucher 3

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the **'United States Treasury.'** Write your social security number and '2023 Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Amount of estimated tax you are paying by check or money order..... REV 03/22/23 PRO 1555

2,752.

809-59-2476 112-53-5244 VINOD KUMAR REDDY

SRUJANA MEREDDY 2243 AUTERY LN NORTHLAKE TX 76247 **CHOKKULA**

INTERNAL REVENUE SERVICE PO BOX 1300 CHARLOTTE NC 28201-1300

Department of the Treasury Internal Revenue Service

Calendar Year — Due **01/16/2024**

2023 Form 1040-ES Payment Voucher 4

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the **'United States Treasury.'** Write your social security number and '2023 Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Amount of estimated tax you are paying by check or money order.....

REV 03/22/23 PRO 1555

2,752.

REV 03/22/23 PRO

AD9-59-2476 112-53-5244
VINOD KUMAR REDDY CHOKKULA
SRUJANA MEREDDY
2243 AUTERY LN
NORTHLAKE TX 76247

INTERNAL REVENUE SERVICE PO BOX 1300 CHARLOTTE NC 28201-1300

Form **8879**

(Rev. January 2021)

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.

OMB No. 1545-0074

| Submission Identification Number (SID) | | • | | |
|--|--|---|--|--|
| Taxpayer's name | Social security | y number | | |
| VINOD KUMAR REDDY CHOKKULA | 809-59- | -2476 | | |
| Spouse's name | Spouse's soci | cial security number | | |
| SRUJANA MEREDDY | 112-53- | -5244 | | |
| Part I Tax Return Information — Tax Year Ending December 31, 2022 (Enter | r year you ar | e 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 | | 1 327 | 7,929. | |
| 2 Total tax | | 2 60 | 966. | |
| 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 | | 3 56 | 5,055. | |
| 4 Amount you want refunded to you | | 4 | | |
| 5 Amount you owe | | | 2,619. | |
| Part II Taxpayer Declaration and Signature Authorization (Be sure you get and | keep a copy | of your retu | ırn) | |
| my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I aboreturn (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transit to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for refor any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the Legent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account incompayment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminal payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation recount of the payment (settlement) date. I also authorize the financial institutions involved in the taxes to receive confidential information necessary to answer inquiries and resolve issues related to the personal identification number (PIN) below is my signature for the income tax return (original or amended) I a Electronic Funds Withdrawal Consent. | nitter, or electro jection of the tra J.S. Treasury and dicated in the ta ion to debit the te the authoriza quests must be processing of payment. I furth | nic return original ansmission, (b) to dits designated as preparation so entry to this acc tion. To revoke received no lat the electronic pher acknowledge. | ator (ERO) he reason I Financial oftware for ount. This (cancel) a ter than 2 ayment of e that the | |
| Taxpayer's PIN: check one box only | | | | |
| ▼ I authorize GLOBAL TAXES LLC to enter or generate | my DINI 9 | 2 4 7 6 | ac my | |
| ERO firm name signature on the income tax return (original or amended) I am now authorizing. | Ente | er five digits, but i't enter all zeros | as my | |
| I will enter my PIN as my signature on the income tax return (original or amended) I am if you are entering your own PIN and your return is filed using the Practitioner PIN met below. | | | | |
| Your signature ► Date ► | | | | |
| Consumeda DINIs abanda awa bayyamba | | | | |
| Spouse's PIN: check one box only | - | | | |
| | Ent | 5 2 4 4 er five digits, but | as my | |
| signature on the income tax return (original or amended) I am now authorizing. | | i't enter all zeros | | |
| I will enter my PIN as my signature on the income tax return (original or amended) I am if you are entering your own PIN and your return is filed using the Practitioner PIN met below. | | | | |
| Spouse's signature ▶ Date ▶ | | | | |
| Practitioner PIN Method Returns Only—continue belov | V | | | |
| Part III Certification and Authentication — Practitioner PIN Method Only | | | | |
| ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 5 1 | | 2 3 1 9 8 er all zeros | 3 9 | |
| I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am subrequirements of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS <i>e-file</i> Providers of | mitting this retu | rn in accordance | | |
| ERO's signature ▶ Date ▶ | | | | |
| ERO Must Retain This Form — See Instructions | | | | |

Don't Submit This Form to the IRS Unless Requested To Do So

Form 1040-V (2022) 2022 Page **2**

| IF you live in | THEN use this address to send in your payment |
|--|--|
| Alabama, Florida, Georgia, Louisiana, Mississippi, North Carolina, South Carolina, Tennessee, Texas | Internal Revenue Service P.O. Box 1214 Charlotte, NC 28201-1214 |
| Arkansas, Connecticut, Delaware, District of Columbia, Illinois, Indiana, Iowa, Kentucky, Maine, Maryland, Massachusetts, Minnesota, Missouri, New Hampshire, New Jersey, New York, Oklahoma, Rhode Island, Vermont, Virginia, West Virginia, Wisconsin | Internal Revenue Service P.O. Box 931000 Louisville, KY 40293-1000 |
| Alaska, Arizona, California, Colorado, Hawaii, Idaho, Kansas, Michigan, Montana, Nebraska, Nevada, New Mexico, North Dakota, Ohio, Oregon, Pennsylvania, South Dakota, Utah, Washington, Wyoming | Internal Revenue Service P.O. Box 802501 Cincinnati, OH 45280-2501 |
| A foreign country, American Samoa, or Puerto Rico (or are excluding income under Internal Revenue Code section 933), or use an APO or FPO address, or file Form 2555 or 4563, or are a dual-status alien or nonpermanent resident of Guam or the U.S. Virgin Islands | Internal Revenue Service P.O. Box 1303 Charlotte, NC 28201-1303 |

MAIL FORM 1040-V TO THE INTERNAL REVENUE SERVICE CENTER AT THE ADDRESS LISTED BELOW.

Form **1040-V 2022**

▼ Detach Here and Mail With Your Payment and Return ▼

Department of the Treasury Internal Revenue Service 2022

Form 1040-V Payment Voucher

▶ Use this voucher when making a payment with Form 1040.

► Do not staple this voucher or your payment to Form 1040.

► Make your check or money order payable to the 'United States Treasury.'

► Write your social security number (SSN) on your check or money order.

Enter the amount of your payment

2,619.

REV 03/22/23 PRO

1555

VINOD KUMAR REDDY CHOKKULA SRUJANA MEREDDY 2243 AUTERY LN NORTHLAKE TX 76247 INTERNAL REVENUE SERVICE P.O. BOX 1214 CHARLOTTE, NC 28201-1214

E 1040 Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Return

| 2022 |) |
|------|---|
|------|---|

OMB No. 1545-0074

IRS Use Only-Do not write or staple in this space.

| | s 🗌 S | Single X Married filing jointly | Marrie | ed filing separately (N | /IFS) | Head of | household (HOI | H) 🗌 | | ifying surv | iving |
|---|------------|---|-------------|-------------------------|----------------|--------------------|-------------------|-----------|---------------|-------------------------|-----------------------------|
| Check only one box. | If vo | u checked the MFS box, enter the na | ame of v | our spouse. If you cl | hecke | ed the HOH or | OSS box ente | r the c | • | se (QSS) name if the | e qualifying |
| 0.10 00/11 | | on is a child but not your dependent | | ou. spouss you s. | | | Q00 20%, 0 | | | | o qua,g |
| Your first name | and mi | ddle initial | Last na | me | | | | Yo | ur soc | cial security | y number |
| VINOD KU | JMAR | REDDY | СНОК | KULA | | | | 8 |)9 - 5 | 9-2476 | 5 |
| | | s first name and middle initial | Last na | | | | | Sp | ouse's | social sec | urity number |
| SRUJANA | | | MERE | DDY | | | | 1 | 12-5 | 3-5244 | 1 |
| Home address | (numbe | er and street). If you have a P.O. box, see | instruction | ons. | | | Apt. no. | | | | n Campaign |
| 2243 AU | rery | LN | | | | | | | | ere if you, | |
| | | ce. If you have a foreign address, also co | mplete s | paces below. | Stat | e | ZIP code | | | | tly, want \$3 Checking a |
| NORTHLA | KE | | | | TX | | 76247 | | | w will not | |
| Foreign country | y name | | F | oreign province/state/ | county | у | Foreign postal co | | | or refund. | J |
| | | | | | | | | | | You | Spouse |
| Digital | At ar | ny time during 2022, did you: (a) rece | eive (as | a reward, award, or | paym | nent for prope | rty or services) | ; or (b) | sell, | | |
| Assets | exch | ange, gift, or otherwise dispose of a | digital | asset (or a financial i | intere | est in a digital | asset)? (See in | struction | ons.) | ☐ Yes | ⊠ No |
| Standard | Som | eone can claim: | pendent | t Your spouse | e as a | a dependent | | | | | |
| Deduction | | Spouse itemizes on a separate retur | n or you | were a dual-status | alien | | | | | | |
| Age/Blindness | s You: | ☐ Were born before January 2, 1 | 958 | Are blind Spo | use: | ☐ Was bor | n before Janua | ıry 2, 1 | 958 | ☐ Is blii | nd |
| Dependent | _ | | | (2) Social security | , | (3) Relationsh | ip (4) Check th | ne box it | qualifi | es for (see i | instructions): |
| If more | | irst name Last name | | number | | to you | | ax credi | t (| Credit for oth | er dependents |
| than four | | | | | | | | | | | |
| dependents, | | | | | | | | | | | |
| see instruction and check | 5 — | | | | | | | | | | |
| here |] | | | | | | | | | | |
| Income | 1a | Total amount from Form(s) W-2, b | ox 1 (see | e instructions) | | | | | 1a | 34 | 4,119. |
| | b | Household employee wages not re | eported | on Form(s) W-2 . | | | | | 1b | | |
| Attach Form(s) W-2 here. Also | С | Tip income not reported on line 1a (see instructions) | | | | | | | 1c | | |
| attach Forms | d | Medicaid waiver payments not reported on Form(s) W-2 (see instructions) | | | | | | | 1d | | |
| W-2G and 1099-R if tax | е | Taxable dependent care benefits from Form 2441, line 26 | | | | | | | 1e | | |
| was withheld. | f | Employer-provided adoption benefits from Form 8839, line 29 | | | | | | | 1f | | |
| If you did not | g | Wages from Form 8919, line 6 . | | | | | | | 1g | | |
| get a Form | h | Other earned income (see instruction | ons) . | | | | | | 1h | | 0. |
| W-2, see instructions. | i | Nontaxable combat pay election (s | see instr | ructions) | | <u>li</u> | | | | | |
| | Z | Add lines 1a through 1h | | | | | | | 1z | 34 | 4,119. |
| Attach Sch. B | 2 a | ' | 2a | | | axable interes | | | 2b | | |
| if required. | <u>3a</u> | Qualified dividends | 3a | 5. | b O | rdinary divide | nds | | 3b | | 5 |
| | 4a | | 4a | | | | t | | 4b | | |
| Standard Deduction for— | 5a | | 5a | | | | t | | 5b | + | |
| Single or | 6a | , | 6a | | | | t | | 6b | _ | |
| Married filing separately, | c | If you elect to use the lump-sum e | | | | • | | . 📙 | _ | 4 | |
| \$12,950 | 7 | Capital gain or (loss). Attach Sche | | | | | | . Ш | 7 | | <u>-525.</u> |
| Married filing jointly or | 8 | Other income from Schedule 1, lin | | | | | | | 8 | | 5,670. |
| Qualifying surviving spouse, | 9 | Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, | | - | | | | | 9 | + 32 | .7 , 929. |
| \$25,900 | 10 | Adjustments to income from Sche | - | | | | | | 10 | + | |
| Head of household, | 11 | Subtract line 10 from line 9. This is | • | - | | | | | 11 | | 27 , 929. |
| \$19,400 | 12 | Standard deduction or itemized | | | | . ^ | | | 12 | + | 26,381. |
| If you checked any box under | 13 | Qualified business income deducti | | | | | | | 13 | + | |
| Standard Deduction, | 14 | Add lines 12 and 13 | | | | | | | 14 | | 26,381. |
| see instructions. | 15 | Subtract line 14 from line 11. If zer | o or iess | s, enter -u This is y | our t a | axable incom | | | 15 | | 1,548. |

| Form 1040 (2022 | 2) | | | | | | | Page 2 |
|------------------------------------|------|---|------------------|---------------------|-----------------------|-------------|----------|---------------------------|
| Tax and | 16 | Tax (see instructions). Check if any from Forn | n(s): 1 | 4 2 4972 | 3 🗌 | | 16 | 60,042. |
| Credits | 17 | Amount from Schedule 2, line 3 | | | | | 17 | |
| | 18 | Add lines 16 and 17 | | | | | 18 | 60,042. |
| | 19 | Child tax credit or credit for other depender | nts 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 zero or less, | enter -0 | | | | 22 | 60,042. |
| | 23 | Other taxes, including self-employment tax, | from Schedule | e 2, line 21 | | | 23 | 924. |
| | 24 | Add lines 22 and 23. This is your total tax | | | | | 24 | 60,966. |
| Payments | 25 | Federal income tax withheld from: | | | | | | |
| | а | Form(s) W-2 | | | 25a 56 | 5,055. | | |
| | b | Form(s) 1099 | | | 25b | | | |
| | С | Other forms (see instructions) | | | 25c | 0. | | |
| | d | Add lines 25a through 25c | | | | | 25d | 56,055. |
| If you have a | 26 | 2022 estimated tax payments and amount a | applied from 20 | 021 return | | | 26 | |
| qualifying child, | 27 | Earned income credit (EIC) | | No | 27 | | | |
| attach Sch. EIC. | 28 | Additional child tax credit from Schedule 8812 | 2 | | 28 | | | |
| | 29 | American opportunity credit from Form 886 | 3, line 8 | | 29 | | | |
| | 30 | Reserved for future use | | | 30 | | | |
| | 31 | Amount from Schedule 3, line 15 | | | 31 2 | 2,292. | | |
| | 32 | Add lines 27, 28, 29, and 31. These are you | r total other pa | ayments and refu | ndable credits | | 32 | 2,292. |
| | 33 | Add lines 25d, 26, and 32. These are your to | otal payments | | | | 33 | 58,347. |
| Refund | 34 | If line 33 is more than line 24, subtract line 2 | 24 from line 33. | This is the amour | t you overpaid | | 34 | |
| | 35a | Amount of line 34 you want refunded to yo | | 3 is attached, chec | k here | | 35a | |
| Direct deposit? | b | Routing number X X X X X X X | | | | Savings | | |
| See instructions. | d | Account number X X X X X X X X | XXXX | X X X X X | XX | | | |
| | 36 | Amount of line 34 you want applied to your | 2023 estimate | ed tax | 36 | | | |
| Amount You Owe | 37 | Subtract line 33 from line 24. This is the am For details on how to pay, go to <i>www.irs.go</i> | • | | | | 37 | 2,619. |
| | 38 | Estimated tax penalty (see instructions) . | | | 38 | | | |
| Third Party Designee | | you want to allow another person to dis | | | | omplete l | oelow. | X No |
| | | signee's | Phone | | | onal identi | fication | |
| | nai | | no. | | | ber (PIN) | | |
| Sign Here | | der penalties of perjury, I declare that I have examin ief, they are true, correct, and complete. Declaration | | | | | | |
| 11010 | Yo | ur signature | Date | Your occupation | | | | nt you an Identity |
| laint vatuus 0 | | | | SENIOR MEMBE | | | inst.) | N, enter it here |
| Joint return? See instructions. | ——Sp | ouse's signature. If a joint return, both must sign. | Date | Spouse's occupation | | | IRS ser | nt your spouse an |
| Keep a copy for your records. | | | | DATA GOVERN | | Iden | | ection PIN, enter it here |
| | Ph | one no. (402) 594-6311 | Email address | VINODCHOKKU | LA@GMAIL.C | OM | | |
| Poid | Pre | eparer's name Preparer's signa | ture | | Date | PTIN | | Check if: |
| Paid | SYAN | PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA | RAM SAGAR | GUPTA TALLAM | 04/06/2023 | P0208 | 2703 | Self-employed |
| Preparer | Fin | m's name GLOBAL TAXES LLC | | | | Phor | ne no. (| 678)965-9522 |
| Use Only | Fin | m's address 245 ROONEY CT E BRU | JNSWICK N | J 08816 | | | 's EIN | 84-3171965 |
| | | | | | | | | 1010 |

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2022
Attachment Sequence No. 01

Department of the Treasury Internal Revenue Service Attach to Form 1040, 1040-SR, or 1040-NR. Go to www.irs.gov/Form1040 for instructions and the latest information.

Name(s) shown on Form 1040, 1040-SR, or 1040-NR Your social security number VINOD KUMAR REDDY CHOKKULA & SRUJANA MEREDDY 809-59-2476 Part | Additional Income Taxable refunds, credits, or offsets of state and local income taxes 1 1 2a Date of original divorce or separation agreement (see instructions): 3 3 4 4 -15,670. 5 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E . . 5 6 6 7 7 8 Other income: 8a а 8b 8c Foreign earned income exclusion from Form 2555 8d 8e Income from Form 8889 8f Alaska Permanent Fund dividends 8g 8i Activity not engaged in for profit income 8i 8k 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 8m 8n Section 951A(a) inclusion (see instructions) 80 Section 461(I) excess business loss adjustment 8p Taxable distributions from an ABLE account (see instructions) . . . 8q

Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8

8r

8s

8t

8u

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

w Wages earned while incarcerated

9

Scholarship and fellowship grants not reported on Form W-2 . . .

Other income. List type and amount:

Schedule 1 (Form 1040) 2022

-15,670.

9

10

Schedule 1 (Form 1040) 2022 Page **2**

| Par | II Adjustments to Income | | | |
|----------|---|----------|-----|--|
| 11 | Educator expenses | | 11 | |
| 12 | Certain business expenses of reservists, performing artists, and fee-b | | | |
| | 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 | , , , , , , , , , , , , , , , , , , , | 4a | | |
| b | Deductible expenses related to income reported on line 8l from the | | | |
| | | 4b | | |
| С | Nontaxable amount of the value of Olympic and Paralympic medals | | | |
| | · | 4c | | |
| d | | 4d | | |
| е | Repayment of supplemental unemployment benefits under the Trade | | | |
| | | 4e | | |
| f | | 24f | | |
| g | , | 4g | | |
| h | Attorney fees and court costs for actions involving certain unlawful | | | |
| | , | 4h | | |
| 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 | | | |
| | | 24i | _ | |
| J | | 24j | | |
| k | Excess deductions of section 67(e) expenses from Schedule K-1 (Form | 41- | | |
| _ | , | 4k | _ | |
| Z | Other adjustments. List type and amount: | 4z | | |
| 25 | | | 05 | |
| 25 26 | Total other adjustments. Add lines 24a through 24z | | 25 | |
| 26 | Add lines 11 through 23 and 25. These are your adjustments to income . E | | 26 | |
| | Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a | <u> </u> | | |

SCHEDULE 2 (Form 1040)

15

16

Department of the Treasury Internal Revenue Service

Additional Taxes

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

2022

Attachment
Sequence No. 02

Name(s) shown on Form 1040, 1040-SR, or 1040-NR Your social security number VINOD KUMAR REDDY CHOKKULA & SRUJANA MEREDDY 809-59-2476 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 Self-employment tax. Attach Schedule SE 4 5 Social security and Medicare tax on unreported tip income. Attach Form 4137 5 Uncollected social security and Medicare tax on wages. Attach 6 6 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 Additional Medicare Tax. Attach Form 8959 11 11 924. 12 12 13 Uncollected social security and Medicare or RRTA tax on tips or group-term life 13 Interest on tax due on installment income from the sale of certain residential lots 14 14

Interest on the deferred tax on gain from certain installment sales with a sales price

Recapture of low-income housing credit. Attach Form 8611

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

(continued on page 2) Schedule 2 (Form 1040) 2022

15

16

Schedule 2 (Form 1040) 2022 Page **2**

Part 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 individual. Attach Form 8889 | 17d | | |
| е | Additional tax on Archer MSA distributions. Attach Form 8853. | 17e | | |
| f | Additional tax on Medicare Advantage MSA distributions. Attach Form 8853 | 17f | | |
| g | Recapture of a charitable contribution deduction related to a 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 | 17i | | |
| j | Section 72(m)(5) excess benefits tax | 17j | | |
| k | Golden parachute payments | 17k | | |
| - 1 | 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 | | |
| 0 | 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 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 . $$ | | 21 | 924. |

SCHEDULE 3 (Form 1040)

Department of the Treasury Internal Revenue Service

Additional Credits and Payments

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

2022

Attachment
Sequence No. 03

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

VINOD KUMAR REDDY CHOKKULA & SRUJANA MEREDDY

Your social security number 809-59-2476

| Par | Nonretundable Credits | | | |
|-----|--|------------------|---|--|
| 1 | Foreign tax credit. Attach Form 1116 if required | | 1 | |
| 2 | Credit for child and dependent care expenses from Form 2447 Form 2441 | | 2 | |
| 3 | Education credits from Form 8863, line 19 | | 3 | |
| 4 | Retirement savings contributions credit. Attach Form 8880 | | 4 | |
| 5 | Residential energy credits. Attach Form 5695 | | 5 | |
| 6 | Other nonrefundable credits: | | | |
| а | General business credit. Attach Form 3800 | 6a | | |
| b | Credit for prior year minimum tax. Attach Form 8801 | 6b | | |
| С | Adoption credit. Attach Form 8839 | 6c | | |
| d | Credit for the elderly or disabled. Attach Schedule R | 6d | | |
| е | Alternative motor vehicle credit. Attach Form 8910 | 6e | | |
| f | Qualified plug-in motor vehicle credit. Attach Form 8936 | 6f | | |
| g | Mortgage interest credit. Attach Form 8396 | 6g | | |
| h | District of Columbia first-time homebuyer credit. Attach Form 8859 | 6h | | |
| i | Qualified electric vehicle credit. Attach Form 8834 | 6i | | |
| j | Alternative fuel vehicle refueling property credit. Attach Form 8911 | 6j | | |
| k | Credit to holders of tax credit bonds. Attach Form 8912 | 6k | | |
| -1 | Amount on Form 8978, line 14. See instructions | 6I | | |
| Z | Other nonrefundable credits. List type and amount: | | | |
| | | 6z | | |
| 7 | Total other nonrefundable credits. Add lines 6a through 6z | | 7 | |
| 8 | Add lines 1 through 5 and 7. Enter here and on Form 1040, 1040 line 20 | -SR, or 1040-NR, | 8 | |

(continued on page 2)

Schedule 3 (Form 1040) 2022 Page **2**

| Par | Other Payments and Refundable Credits | | | |
|-----|---|-----|----|--------|
| 9 | Net premium tax credit. Attach Form 8962 | | 9 | |
| 10 | Amount paid with request for extension to file (see instructions) . | | 10 | |
| 11 | Excess social security and tier 1 RRTA tax withheld | | 11 | 2,292. |
| 12 | Credit for federal tax on fuels. Attach Form 4136 | | 12 | |
| 13 | Other payments or refundable credits: | | | |
| а | Form 2439 | 13a | | |
| b | Credit for qualified sick and family leave wages paid in 2022 from Schedule(s) H for leave taken before April 1, 2021 | 13b | | |
| С | Reserved for future use | 13c | | |
| d | Credit for repayment of amounts included in income from earlier years | 13d | | |
| е | Reserved for future use | 13e | | |
| f | Deferred amount of net 965 tax liability (see instructions) | 13f | | |
| g | Reserved for future use | 13g | | |
| h | Credit for qualified sick and family leave wages paid in 2022 from Schedule(s) H for leave taken after March 31, 2021, and before October 1, 2021 | 13h | | |
| Z | Other payments or refundable credits. List type and amount: | 13z | | |
| 14 | Total other payments or refundable credits. Add lines 13a through | 13z | 14 | |
| 15 | Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040 line 31 | | 15 | 2,292. |

SCHEDULE A (Form 1040)

Itemized Deductions

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

Attachment

Your social security number

Department of the Treasury Internal Revenue Service

Name(s) shown on Form 1040 or 1040-SR

Caution: If you are claiming a net qualified disaster loss on Form 4684, see the instructions for line 16.

OMB No. 1545-0074

| VINOD KUMAR REDDY CHOKKULA & SRUJANA MEREDDY 809 | | | | | | 59-2476 |
|--|-----|---|----------------------|----------|----|---------|
| Medical | | Caution: Do not include expenses reimbursed or paid by others. | | | | |
| and | 1 | Medical and dental expenses (see instructions) | 1 | | | |
| Dental | 2 | Enter amount from Form 1040 or 1040-SR, line 11 2 | | | | |
| Expenses | | Multiply line 2 by 7.5% (0.075) | 3 | _ | | |
| | 4 | Subtract line 3 from line 1. If line 3 is more than line 1, enter -0 | | | 4 | |
| Taxes You | 5 | State and local taxes. | | | | |
| Paid | a | a State and local income taxes or general sales taxes. You may include | | | | |
| | | either income taxes or general sales taxes on line 5a, but not both. If | | | | |
| | | you elect to include general sales taxes instead of income taxes, | _ | | | |
| | | check this box | 5a 2,00 | | | |
| | | State and local real estate taxes (see instructions) | 5b 6,30 5c | 0. | | |
| | | State and local personal property taxes | | | | |
| | | Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing | 5d 8,30 | 3. | | |
| | • | separately) | 5e 8.30 | _ | | |
| | 6 | Other taxes. List type and amount: | 5e 8,30 | 3 | | |
| | · | | 6 | | | |
| | 7 | Add lines 5e and 6 | | . 1 | 7 | 8,305. |
| Interest | | Home mortgage interest and points. If you didn't use all of your home | | | | |
| You Paid | | mortgage loan(s) to buy, build, or improve your home, see | | | | |
| Caution: Your | | instructions and check this box | | | | |
| mortgage interest deduction may be | á | Home mortgage interest and points reported to you on Form 1098. | | | | |
| limited. See instructions. | | See instructions if limited | 8a 18,07 | 6. | | |
| mandenons. | k | Home mortgage interest not reported to you on Form 1098. See | | | | |
| | | instructions if limited. If paid to the person from whom you bought the | | | | |
| | | home, see instructions and show that person's name, identifying no., | | | | |
| | | and address | 8b | \dashv | | |
| | | | | | | |
| | | Points not reported to you on Form 1000. Can instructions for appoint | | | | |
| | • | Points not reported to you on Form 1098. See instructions for special rules | 8c | | | |
| | (| Reserved for future use | 8d | | | |
| | | Add lines 8a through 8c | 8e 18,07 | 6. | | |
| | | Investment interest. Attach Form 4952 if required. See instructions. | 9 | | | |
| | | Add lines 8e and 9 | | | 10 | 18,076. |
| Gifts to | | Gifts by cash or check. If you made any gift of \$250 or more, see | | | | |
| Charity | | instructions | 11 | | | |
| Caution: If you made a gift and | 12 | Other than by cash or check. If you made any gift of \$250 or more, | | | | |
| got a benefit for it, | | see instructions. You must attach Form 8283 if over \$500 | 12 | _ | | |
| see instructions. | | Carryover from prior year | 13 | _ | | |
| | | Add lines 11 through 13 | | | 14 | |
| Casualty and | 15 | Casualty and theft loss(es) from a federally declared disaster (othe | | | | |
| Theft Losses | | disaster losses). Attach Form 4684 and enter the amount from line 1 | | | 45 | |
| Othor | 16 | Other—from list in instructions. List type and amount: | | | 15 | |
| Other Itemized | 10 | Other — Iron list in instructions. List type and amount. | | | | |
| Deductions | | | | | 16 | |
| Total | 17 | Add the amounts in the far right column for lines 4 through 16. Also, e | enter this amount of | _ | | |
| Itemized | • • | Form 1040 or 1040-SR, line 12 | | | 17 | 26,381. |
| Deductions | 18 | If you elect to itemize deductions even though they are less than your | | | | 2,332 |
| | | check this box | | | | |

SCHEDULE D (Form 1040)

VINOD KUMAR REDDY

Capital Gains and Losses

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

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

OMB No. 1545-0074

Attachment Sequence No. **12**

Department of the Treasury Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10. Internal Revenue Service Name(s) shown on return

CHOKKULA & SRUJANA MEREDDY

Your social security number 809-59-2476

| | you dispose of any investment(s) in a qualified opportunity es," attach Form 8949 and see its instructions for additiona | | | | | |
|---|---|---------------------|-------------------------|-----------------|------------------|---|
| Pa | Short-Term Capital Gains and Losses—Ge | nerally Assets I | Held One Year | or Less (se | e ins | tructions) |
| lines This | 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. (d) (e) Cost (or other basis) (or other basis) (or other basis) | | | | | (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 | 4,167. | 4,692. | | | -525. |
| 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 (le | oss) from Forms 4 | 684, 6781, and 88 | 324 | 4 | |
| 5 | Net short-term gain or (loss) from partnerships, Schedule(s) K-1 | S corporations, | estates, and tr | rusts from | 5 | |
| 6 | Short-term capital loss carryover. Enter the amount, if an Worksheet in the instructions | y, from line 8 of y | our Capital Loss | Carryover | 6 | () |
| 7 | Net short-term capital gain or (loss). Combine lines 1a term capital gains or losses, go to Part II below. Otherwise | | | e any long- | 7 | -525. |
| Par | t II Long-Term Capital Gains and Losses—Ger | nerally Assets H | leld More Than | One Year | (see i | nstructions) |
| 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. (g) Adjustment: to gain or loss i (sales price) (or other basis) | | | | | from Part II, | (h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g) |
| 8a | Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b. | | | | | |
| 8b | Totals for all transactions reported on Form(s) 8949 with 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 | |
| 13 | Net long-term gain or (loss) from partnerships, S corporat Capital gain distributions. See the instructions | ions, estates, and | trusts from Scheo | dule(s) K-1 | 12 13 | |
| | 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 | through 14 in co | lumn (h). Then, go | to Part III | 15 | |

BAA

Schedule D (Form 1040) 2022 Page 2

Part III Summary 16 Combine lines 7 and 15 and enter the result 16 -525. • 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 • 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 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. If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of: 21 • The loss on line 16; or 525.) 21 • (\$3,000), or if married filing separately, (\$1,500) **Note:** When figuring which amount is smaller, treat both amounts as positive numbers. Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a? 22 X 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.

Sales and Other Dispositions of Capital Assets

Social security number or taxpayer identification number

OMB No. 1545-0074

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

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. Attachment Sequence No. 12A

| VINOD KUMAR REDDY CHOI | KKULA & S | RUJANA M | EREDDY | 809-59 | -2476 | | |
|---|--|--|---|--|-------------------------------------|--|---|
| Before you check Box A, B, or C belo statement will have the same informa broker and may even tell you which b | tion as Form | | | | | | |
| Part I Short-Term. Trans instructions). For lo Note: You may agg reported to the IRS Schedule D, line 1a | ng-term tra pregate all s and for wh | nsactions, s hort-term tr ich no adjus | see page 2. ansactions rep stments or coc | oorted on Form les are required | (s) 1099-B d. Enter the | showing basi totals directly | s was y on |
| You must check Box A, B, or C I complete a separate Form 8949, p for one or more of the boxes, com | page 1, for ea oplete as mar | ach applicable of the second s | le box. If you had the same box o | ve more short-te checked as you r | rm transact need. | ions than will fit | on this page |
| ☒ (A) Short-term transactions☐ (B) Short-term transactions☐ (C) Short-term transactions | reported on | Form(s) 1099 | 9-B showing bas | | | | 2) |
| (a) | (b) Date acquired | (c) Date sold or | (d) Proceeds | | If you enter an enter a co | f any, to gain or loss amount in column (g), ode in column (f). arate instructions. | (h) Gain or (loss) Subtract column (e) |
| Description of property (Example: 100 sh. XYZ Co.) | (Mo., day, yr.) | disposed of (Mo., day, yr.) | (sales price) (see instructions) | and see Column (e) in the separate instructions. | (f) Code(s) from instructions | (g) Amount of adjustment | from column (d) and combine the result with column (g). |
| ETRADE LLC | 01/01/22 | 12/31/22 | 4,154. | 4,236. | | | -82. |
| ROBINHOOD SECURITIES LLC | 01/01/22 | 12/31/22 | 13. | 456. | | | -443. |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| 2 Totals Add the amounts in columns | s (d) (e) (a) and | d (h) (subtract | | | | | |

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.

4,167.

-525.

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).

4,692.

SCHEDULE E (Form 1040)

Supplemental Income and Loss

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

Attach to Form 1040, 1040-SR, 1040-NR, or 1041.

Your social security number

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

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

Attachment Sequence No. 13

OMB No. 1545-0074

| VINC | DD KUMAR REDDY CHOKKULA & SRUJANA MEREI | DDY | | | | | 809- | 59-2476 | 5 | |
|--------|--|--|----------------------------------|----------------|----------|-----------------------------|-------------|---------------------|-----------|--|
| Par | Income or Loss From Rental Real Estate an Note: If you are in the business of renting personal proper rental income or loss from Form 4835 on page 2, line 40. | nd Ro rty, use | yalties Schedule | e C. See | instruc | ctions. If you a | re an inc | lividual, rep | oort farm | |
| | Did you make any payments in 2022 that would require you | | e Form(s) 1099? See instructions | | | | | | | |
| В | f "Yes," did you or will you file required Form(s) 1099? . | | | | | | | . \(\sum \) \(\) | es 🗌 No | |
| 1a | Physical address of each property (street, city, state, ZIF | P code | e) | | | | | | | |
| Α | 8-7-93/G/31, GOCUL ENCLAVE HYDERABAD T | TELAI | NGANA I | IN 500 | 0079 | | | | | |
| В | | | | | | | | | | |
| С | | | | | | | | | | |
| 1b | (from list below) above, report the number of fair | above, report the number of fair renta | | | and Day | | | | | |
| Α | g personal use days. Check the Q | | | | | 365 | | 0 | | |
| В | qualified joint venture. See instru | u meet the requirements to file as | | | | | | | | |
| С | i i | JOLIOIR | J. | С | | | | | | |
| 1 | of Property: Single Family Residence 3 Vacation/Short-Term Ren Multi-Family Residence 4 Commercial | ntal | 5 Land 6 Roya | | | Self-Rental Other (descr | | | | |
| | | | | • | | Propertie | es: | | | |
| Incon | | | | A | ΕΛ | В | | | С | |
| 3 4 | Rents received | 3 | | 6 | 50. | | | | | |
| Expe | Royalties received | 4 | | | | | | | | |
| 5 | Advertising | 5 | | | | | | | | |
| 6 | Auto and travel (see instructions) | | | | | | | | | |
| 7 | Cleaning and maintenance | 7 | | 1,5 | 50 | | | | | |
| 8 | Commissions | 8 | | 1,5 | 50. | | | | | |
| 9 | Insurance | 9 | | | | | | | | |
| 10 | Legal and other professional fees | 10 | | | | | | | | |
| 11 | Management fees | 11 | | 2,5 | 50 | | | | | |
| 12 | Mortgage interest paid to banks, etc. (see instructions) | 12 | | 2,5 | 50. | | | | | |
| 13 | Other interest | 13 | | | | | | | | |
| 14 | Repairs | 14 | | 5,4 | 20. | | | | | |
| 15 | Supplies | 15 | | 4,3 | | | | | | |
| 16 | Taxes | 16 | | , - | | | | | | |
| 17 | Utilities | 17 | | 2,4 | 50. | | | | | |
| 18 | Depreciation expense or depletion | 18 | | - | | | | | | |
| 19 | Other (list) | 19 | | | | | | | | |
| 20 | Total expenses. Add lines 5 through 19 | 20 | | 16,3 | 20. | | | | | |
| 21 | Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198 | | | -15 , 6 | 70. | | | | | |
| 22 | Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) | 22 | | 15,67 | | | |)(|) | |
| 23a | Total of all amounts reported on line 3 for all rental prope | erties | | | 23a | | 650. | | | |
| b | Total of all amounts reported on line 4 for all royalty prop | erties | | | 23b | | | | | |
| С | Total of all amounts reported on line 12 for all properties | | | | 23c | | | | | |
| d | Total of all amounts reported on line 18 for all properties | | | | 23d | | | | | |
| е | Total of all amounts reported on line 20 for all properties | | | | 23e | 16 | ,320. | | | |
| 24 | Income. Add positive amounts shown on line 21. Do no | t inclu | ude any lo | osses | | | . 24 | | | |
| 25 | Losses. Add royalty losses from line 21 and rental real estate | te loss | ses from li | ne 22. E | inter to | tal losses her | e 25 | (| 15,670.) | |
| 26 | Total rental real estate and royalty income or (loss). here. If Parts II, III, IV, and line 40 on page 2 do not Schedule 1 (Form 1040), line 5. Otherwise, include this ar | apply | to you, | also er | nter th | is amount o | n | | -15,670. | |

Form **8889**

Health Savings Accounts (HSAs)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0074

2022

Attachment
Sequence No. 52

Name(s) shown on Form 1040, 1040-SR, or 1040-NR
VINOD KUMAR REDDY CHOKKULA

Social security number of HSA beneficiary. If both spouses have HSAs, see instructions. 809-59-2476

Before you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if required. HSA Contributions and Deduction. See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part I for each spouse. Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2022. ☐ Self-only X Family HSA contributions you made for 2022 (or those made on your behalf), including those made by the unextended due date of your tax return that were for 2022. Do not include employer contributions, 2 0. If you were under age 55 at the end of 2022 and, on the first day of every month during 2022, you 3 were, or were considered, an eligible individual with the same coverage, enter \$3,650 (\$7,300 for 3 7,300. Enter the amount you and your employer contributed to your Archer MSAs for 2022 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2022, also 4 0. 5 7,300. 5 6 Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2022, see the instructions for the amount to enter . . . 6 2,600. If you were age 55 or older at the end of 2022, married, and you or your spouse had family coverage 7 under an HDHP at any time during 2022, enter your additional contribution amount. See instructions. 7 8 8 2,600. Employer contributions made to your HSAs for 2022 9 10 2,600. 11 11 12 12 0. HSA deduction. Enter the smaller of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line 13 13 13 0. Caution: If line 2 is more than line 13, you may have to pay an additional tax. See instructions. Part II HSA Distributions. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part II for each spouse. Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were 14b 14c 15 15 Taxable HSA distributions. Subtract line 15 from line 14c. If zero or less, enter -0-. Also, include this 16 16 If any of the distributions included on line 16 meet any of the Exceptions to the Additional 20% b Additional 20% tax (see instructions). Enter 20% (0.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also, include this amount in the total on Schedule 2 (Form 1040). Part II. line 17c Income and Additional Tax for Failure To Maintain HDHP Coverage. See the instructions before Part III completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part III for each spouse. 18 18 19 19 20 **Total income.** Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I, line 8f 20 Additional tax. Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2 (Form 21

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

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.

OMB No. 1545-0074 Attachment Sequence No. **71**

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

Your social security number

| VINC | DD KUMAR REDDY CHOKKULA & SRUJANA MEREDDY | | 809- | 59-24 | 176 |
|-------|--|-------|-------------------|-------|----------|
| Part | Additional Medicare Tax on Medicare Wages | | 1 | | |
| 1 | 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 5 | 1 | 352 , 683. | | |
| 2 | Unreported tips from Form 4137, line 6 | 2 | | | |
| 3 | Wages from Form 8919, line 6 | 3 | | | |
| 4 | Add lines 1 through 3 | 4 | 352 , 683. | | |
| 5 | Enter the following amount for your filing status: | | | | |
| | Married filing jointly \$250,000 | | | | |
| | Married filing separately \$125,000 | | | | |
| | Single, Head of household, or Qualifying surviving spouse \$200,000 | 5 | 250,000. | | |
| 6 | Subtract line 5 from line 4. If zero or less, enter -0 | | | 6 | 102,683. |
| 7 | Additional Medicare Tax on Medicare wages. Multiply line 6 by 0.9% (0.009). | Enter | here and go to | | |
| | Part II | | | 7 | 924. |
| Part | II Additional Medicare Tax on Self-Employment Income | | | | |
| 8 | 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 | | | |
| 9 | Enter the following amount for your filing status: | | | | |
| | Married filing jointly | | | | |
| | Married filing separately | | | | |
| | Single, Head of household, or Qualifying surviving spouse \$200,000 | 9 | | _ | |
| 10 | Enter the amount from line 4 | 10 | | _ | |
| 11 | Subtract line 10 from line 9. If zero or less, enter -0 | 11 | | | |
| 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 | | | 40 | |
| Part | go to Part III | | | 13 | |
| | | COI | liperisation | | |
| 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: | 14 | | - | |
| 13 | 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 | | | 16 | |
| 17 | Additional Medicare Tax on railroad retirement (RRTA) compensation. Multiply line | | | | |
| • • • | Enter here and go to Part IV | | | 17 | |
| Part | | | | | I |
| 18 | Add lines 7, 13, and 17. Also include this amount on Schedule 2 (Form 1040), lin | ne 11 | (Form 1040-PR | | |
| | or 1040-SS filers, see instructions), and go to Part V | | | 18 | 924. |
| Part | V Withholding Reconciliation | | | | |
| 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 | 5,114. | | |
| 20 | Enter the amount from line 1 | 20 | 352 , 683. | | |
| 21 | Multiply line 20 by 1.45% (0.0145). This is your regular Medicare tax | | | | |
| | withholding on Medicare wages | 21 | 5,114. | | |
| 22 | Subtract line 21 from line 19. If zero or less, enter -0 This is your Additional contents of the contents of | | | | |
| | withholding on Medicare wages | | | 22 | 0. |
| 23 | Additional Medicare Tax withholding on railroad retirement (RRTA) compensation | | | | |
| | 14 (see instructions) | | | 23 | |
| 24 | Total Additional Medicare Tax withholding. Add lines 22 and 23. Also included the control of the | | | | |
| | federal income tax withholding on Form 1040, 1040-SR, or 1040-NR, line 25 | c (Fo | orm 1040-PR or | 24 | |
| | 0.000 (0.000 Net 0.000 Net | | | -7/1 | |

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Form **8960**

Net Investment Income Tax— Individuals, Estates, and Trusts

Department of the Treasury Internal Revenue Service Attach to your tax return.

Go to www.irs.gov/Form8960 for instructions and the latest information.

2022 Attachment Sequence No. 72

OMB No. 1545-2227

Name(s) shown on your tax return Your social security number or EIN VINOD KUMAR REDDY CHOKKULA & SRUJANA MEREDDY 809-59-2476 Part I Investment Income ☐ Section 6013(g) election (see instructions) ☐ Section 6013(h) election (see instructions) ☐ Regulations section 1.1411-10(g) election (see instructions) 1 2 2 3 3 Rental real estate, royalties, partnerships, S corporations, trusts, etc. (see 4a -15,670.Adjustment for net income or loss derived in the ordinary course of a nonsection 1411 trade or business (see instructions) 4b 4c -15,670.5a Net gain or loss from disposition of property (see instructions) 5a -525. Net gain or loss from disposition of property that is not subject to net 5b Adjustment from disposition of partnership interest or S corporation stock (see 5d -525. 6 Adjustments to investment income for certain CFCs and PFICs (see instructions) 6 7 7 Other modifications to investment income (see instructions) Total investment income. Combine lines 1, 2, 3, 4c, 5d, 6, and 7. 8 -16,190.Part II Investment Expenses Allocable to Investment Income and Modifications State, local, and foreign income tax (see instructions) 9b Miscellaneous investment expenses (see instructions) . . 9c 9d 10 10 Total deductions and modifications. Add lines 9d and 10 11 11 Part III Tax Computation Net investment income. Subtract Part II, line 11, from Part I, line 8. Individuals, complete lines 13-17. 12 12 0. Individuals: Modified adjusted gross income (see instructions) 13 327,929. 14 250,000. 15 15 77,929. 16 16 0. Net investment income tax for individuals. Multiply line 16 by 3.8% (0.038). Enter here and include 17 17 0. **Estates and Trusts:** Deductions for distributions of net investment income and deductions under 18b Undistributed net investment income. Subtract line 18b from line 18a (see 18c 19a Highest tax bracket for estates and trusts for the year (see instructions) . . . 19b 19c 20 20 Net investment income tax for estates and trusts. Multiply line 20 by 3.8% (0.038). Enter here and 21 21

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