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

- Internal n	everiue Service										
Submis	sion Identification	Number (SID)									
Taxpayer	's name					Social s	ecurity	numbe	r		
SNIG	DHA TOGITI					753	-10-	9607			
Spouse's						Spouse's social security number					
											
Part		Information — Tax Year	Ending December 31	l, 2022	(Enter	year y	ou are	e autr	ioriz	ing.)	
	•	on lines 1 through 5. s use line 4 only. Leave lines [.]	1 2 2 and 5 blank								
		come					1	1		94	400.
								2			542.
		x withheld from Form(s) W-2 a	nd Form(s) 1099				.	3			206.
	Amount you want	` '					.	4			<u> 664.</u>
	Amount you owe						:	5			001.
Part I		Declaration and Signature	Authorization (Be su	ıre you get	and k	еер а	сору		ur r	eturi	n)
my know return (o to send for any o Agent to payment authorize payment business taxes to persona Electron	wledge and belief, it original or amended) my return to the IRS delay in processing to originate an ACH elect to fimy federal taxes ation is to remain in t, I must contact the s days prior to the poreceive confidentia		Turther declare that the are allow my intermediate seran acknowledgement of recate of any refund. If applicate bit) entry to the financial in ment of estimated tax, and the U.S. Treasury Financiat 1-888-353-4537. Paymauthorize the financial instituter inquiries and resolve is:	mounts in Par vice provider, seipt or reason able, I authoriz nstitution accol I the financial ial Agent to te nent cancellati utions involver sues related t	t I above transmit for reject the U. I about indicate the unit indicate the control of the potential to the potential transmits and the potential transmits and the potential transmits and the potential transmits and transmits are transmits and transmits	e are the tter, or e ction of S. Treas cated in n to deb the authers mu processi ayment.	e amou the trai ury and the tax it the e horizat ist be ng of t I furth	unts from the control of the control	om the rn ori ion, (esignation this revolution the revolution the revolution ion)	de income de inc	ome tax or (ERO) reason inancial vare for nt. This ancel) a than 2 ment of that the
		•					0	9 6	0	7	
X	I authorize GL	OBAL TAXES LLC ERO firm name		enter or gei	nerate r	ny PIN		r five di		but	as my
	signature on the	income tax return (original or		horizing.			don'	t enter	all ze	ros	
		IN as my signature on the inc ng your own PIN and your re									
Your si	gnature ►	Snight		Da	te ► _	0	3/07/	/2023	3		
Spaula	o'o DINi obook on	a hay anh									
Spouse	e's PIN: check on	e box only	1.			DINI					
Ш	I authorize	ERO firm name		enter or gei	ierate i	IIY FIIN	Ente	r five di	nite		as my
	signature on the	income tax return (original or		horizing.				t enter			
		IN as my signature on the inc ng your own PIN and your re									
Spouse	e's signature ►			Da	te ►						
		Practitioner PIN	Method Returns Only-	-continue	below						
Part II	I Certification	on and Authentication — I	Practitioner PIN Meth	nod Only							
ERO's	EFIN/PIN. Enter v	our six-digit EFIN followed by	your five-digit self-selec	ted PIN.	2 2	2 4	9 6	6	1 9	8	9
			year me argineer conce				't enter	all zero	os		
authoriz	ed to file for tax yea	eric entry is my PIN, which is my ar indicated above for the taxpayner PIN method and Pub. 1345, in	/er(s) indicated above. I co	nfirm that I ar	n subm	itting this	s returi	n in ac	cord	anće v	
ERO's	signature ►			Da	te ▶						
		ERO Must Re	tain This Form – Se	e Instruction	ons						
		Don't Submit This Fo				o So					

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.

Filing Status Check only	X S	Single Married filing jointly	Marrie	ed filing separately	(MFS)	Head of	household (HOH)		lifying sur use (QSS)			
one box.	•	u checked the MFS box, enter the noon is a child but not your dependent	•	our spouse. If you	check	ed the HOH or	QSS box, enter the	ne child's	name if t	he qualifying		
Your first name	and mi	ddle initial	Last nar	ne				Your so	cial secur	ity number		
SNIGDHA			TOGI	TI				753-10-9607				
If joint return, s	pouse's	first name and middle initial	Last nar	ne				Spouse'	s social se	curity number		
Home address	(numbe	er and street). If you have a P.O. box, see	instruction	ons.			Apt. no.	1		ion Campaign		
_5600 BAI	BCOCE	K RD					13206	1	Check here if you, or your spouse if filing jointly, want \$3			
City, town, or p	ost offic	ce. If you have a foreign address, also co	omplete sp	paces below.	Sta	te	ZIP code		to go to this fund. Checking a			
SAN ANTO					T		78240		ow will no			
Foreign country name For				oreign province/stat	te/count	ty	Foreign postal code	your tax	or refund	l. Spouse		
Digital		ny time during 2022, did you: (a) rec	•				•	. ,				
Assets		ange, gift, or otherwise dispose of a					asset)? (See instru	uctions.)	∐ Yes	⊠ No		
Standard Deduction		eone can claim:		•		a dependent						
Age/Blindness	You:	☐ Were born before January 2, 1	958	Are blind S	pouse	: Was bor	n before January			lind		
Dependents	s (see	instructions):		(2) Social secu	rity	(3) Relationsh	ip (4) Check the b	ox if quali	fies for (see	instructions):		
If more	(1) Fi	rst name Last name		number		to you	Child tax of	redit	Credit for o	ther dependents		
than four												
dependents, see instruction	s ——											
and check	,											
here L												
Income	1a	Total amount from Form(s) W-2, b	ox 1 (see	e instructions) .				. 1a	1	00,372.		
	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)										
attach Forms	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)										
W-2G and 1099-R if tax	е	Taxable dependent care benefits		•				. 1e				
was withheld.	f	Employer-provided adoption bene	efits from	Form 8839, line 2	29 .			. <u>1f</u>				
If you did not	g	Wages from Form 8919, line 6.						. 1g				
get a Form W-2, see	h	Other earned income (see instruct	,					. 1h	-	0.		
instructions.	i	Nontaxable combat pay election (see instr	uctions)		<u>1i</u>				00 200		
		Add lines 1a through 1h						. 1z		00,372.		
Attach Sch. B if required.	2a	' <u>-</u>	2a			axable interes		. 2b				
ii required.	3a		3a			ordinary divide		. 3b				
	4a	_	4a			axable amoun						
Standard Deduction for—	5a	_	5a			axable amoun		. 5b				
Single or	6a	Social security benefits	6a	nothed sheet has		axable amoun	ι	. 6b				
Married filing separately,	с 7	Capital gain or (loss). Attach Sche		•	`	,	[7		-322.		
\$12,950	8	Other income from Schedule 1, lin		•	•			. 8				
Married filing jointly or	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7		 This is vour total i				. 9		<u>-5,650.</u> 94,400.		
Qualifying surviving spouse,	10	Adjustments to income from Sche		•				. 10		<u>/4,4UU.</u>		
\$25,900 Head of	11	Subtract line 10 from line 9. This is	•					. 11		94,400.		
household,	12	Standard deduction or itemized	•					. 12		12,950.		
\$19,400 If you checked	13	Qualified business income deduct		`	,	 5-Α		. 13		<u> 14,730.</u>		
any box under	14							. 14		12,950.		
Standard Deduction,	15	Subtract line 14 from line 11. If zer								81,450.		
see instructions.				.,	, , ,					-, 150.		

Form 1040 (2022	2)				Page 2
Tax and	16	Tax (see instructions). Check if any from Form(s): 1 8814 2 4972 3		. 16	13,542.
Credits	17	Amount from Schedule 2, line 3		. 17	
	18	Add lines 16 and 17		. 18	13,542.
	19	Child tax credit or credit for other dependents from Schedule 8812		. 19	
	20	Amount from Schedule 3, line 8		. 20	
	21	Add lines 19 and 20		. 21	
	22	Subtract line 21 from line 18. If zero or less, enter -0		. 22	13,542.
	23	Other taxes, including self-employment tax, from Schedule 2, line 21		. 23	0.
	24	Add lines 22 and 23. This is your total tax		. 24	13,542.
Payments	25	Federal income tax withheld from:			
-	а	Form(s) W-2	15,20	06.	
	b	Form(s) 1099			
	С	Other forms (see instructions)			
	d	Add lines 25a through 25c		. 25d	15,206.
If	26	2022 estimated tax payments and amount applied from 2021 return		. 26	
If you have a qualifying child,	27	Earned income credit (EIC)			
attach Sch. EIC.	28	Additional child tax credit from Schedule 8812			
	29	American opportunity credit from Form 8863, line 8			
	30	Reserved for future use			
	31	Amount from Schedule 3, line 15			
	32	Add lines 27, 28, 29, and 31. These are your total other payments and refundable	e credits .	. 32	
	33	Add lines 25d, 26, and 32. These are your total payments		. 33	15,206.
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you		. 34	1,664.
Returia	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here	•	35a	1,664.
Direct deposit?	b	Routing number 0 6 4 0 0 0 0 2 0 c Type: X Check			
See instructions.	d	Account number 4 4 4 0 0 6 9 8 9 5 2 9			
	36	Amount of line 34 you want applied to your 2023 estimated tax			
Amount	37	Subtract line 33 from line 24. This is the amount you owe .			
You Owe		For details on how to pay, go to www.irs.gov/Payments or see instructions		. 37	
	38	Estimated tax penalty (see instructions)	<u> </u>		
Third Party		you want to allow another person to discuss this return with the IRS? See			V Na
Designee		structions	Yes. Compl		⊠ No
		signee's Phone no.	number (P	dentification PIN)	
Sign		der penalties of perjury, I declare that I have examined this return and accompanying schedules a			
Here		lief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on	1		,
	Yo	ur signature Date Your occupation			nt you an Identity IN, enter it here
Joint return?		SOFTWARE DEVEI		(see inst.)	
See instructions.	Sp	ouse's signature. If a joint return, both must sign. Date Spouse's occupation			nt your spouse an
Keep a copy for your records.				(see inst.)	ection PIN, enter it here
,		(0.01) 405, 2050		(000 11101.)	
		one no. (901)495-3878 Email address SNIGDHAT842@GN		N.I.	Check if:
Paid		Preparer's name Preparer's signature Date	PTI		
Preparer				2470833	Self-employed
Use Only		m's name GLOBAL TAXES LLC			678)965-9522
		m's address 245 ROONEY CT E BRUNSWICK NJ 08816		Firm's EIN	88-2145487
Go to www.irs.go	ov/Forn	n1040 for instructions and the latest information.	2/24/23 PRO		Form 1040 (2022)

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
SNIGDHA TOGITI

Sequence No. 01

Your social security number
753-10-9607

Par	Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxes		1	
2a	Alimony received		2a	
b	Date of original divorce or separation agreement (see instructions):			
3	Business income or (loss). Attach Schedule C		3	
4	Other gains or (losses). Attach Form 4797		4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Atta	ach Schedule E .	5	-5,650.
6	Farm income or (loss). Attach Schedule F		6	
7	Unemployment compensation		7	
8	Other income:			
а	Net operating loss	8a ()	
b	Gambling	8b		
С	Cancellation of debt	8c		
d	Foreign earned income exclusion from Form 2555	8d ()	
е	Income from Form 8853	8e		
f	Income from Form 8889	8f		
g	Alaska Permanent Fund dividends	8g		
h	Jury duty pay	8h		
i	Prizes and awards	8i		
j	Activity not engaged in for profit income	8j		
k	Stock options	8k		
ı	Income from the rental of personal property if you engaged in the rental			
	for profit but were not in the business of renting such property	81		
m	Olympic and Paralympic medals and USOC prize money (see			
	instructions)	8m		
n	Section 951(a) inclusion (see instructions)	8n		
0	Section 951A(a) inclusion (see instructions)	80		
р	Section 461(I) excess business loss adjustment	8p		
q	Taxable distributions from an ABLE account (see instructions)	8q		
r	Scholarship and fellowship grants not reported on Form W-2	8r	_	
S	Nontaxable amount of Medicaid waiver payments included on Form			
	1040, line 1a or 1d	8s (4	
t	Pension or annuity from a nonqualifed deferred compensation plan or			
	a nongovernmental section 457 plan	8t		
u	Wages earned while incarcerated	8u		
Z	Other income. List type and amount:	0-		
•	Total ather income. Add lines On three on O.	8z		
9 10	Total other income. Add lines 8a through 8z		10	-5,650.
ıU	Combine lines i unioudii / and 5. Enternere and on Form 1040. 1040-5K	. UL TU4U-INM. IIIIE 8	10	-5,650.

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

Par	t II Adjustments to Income			
11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-basis governing			
	officials. Attach Form 2106	[12	1
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)			
b	Deductible expenses related to income reported on line 8l from the			
	rental of personal property engaged in for profit			
С	Nontaxable amount of the value of Olympic and Paralympic medals			
	and USOC prize money reported on line 8m			
d	Reforestation amortization and expenses			
е	Repayment of supplemental unemployment benefits under the Trade			
	Act of 1974			
f	Contributions to section 501(c)(18)(D) pension plans			
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)			
İ	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			
j	Housing deduction from Form 2555			
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form			
_	1041)			
Z	Other adjustments. List type and amount:			
25			O.F.	
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 . Enter here an Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a		26	
	Form 1040 of 1040-3n, lifte 10, of Form 1040-1nn, lifte 10a		20	

SCHEDULE D (Form 1040)

Department of the Treasury

Internal Revenue Service

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.

Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.

OMB No. 1545-0074

2022

Attachment Sequence No. **12**

Name(s) shown on return Your social security number 753-10-9607 SNIGDHA TOGITI Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss. Part I Short-Term Capital Gains and Losses – Generally Assets Held One Year or Less (see instructions) See instructions for how to figure the amounts to enter on the (h) Gain or (loss) (g) Adjustments Subtract column (e) lines below. Proceeds Cost to gain or loss from from column (d) and This form may be easier to complete if you round off cents to Form(s) 8949, Part I, combine the result (sales price) (or other basis) whole dollars. line 2. column (a) with column (a) 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 715. 1,038. -322. 1. 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 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 4 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from 5 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover 6 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). If you have any longterm capital gains or losses, go to Part II below. Otherwise, go to Part III on the back 7 -322.Part II Long-Term Capital Gains and Losses—Generally Assets Held More Than One Year (see instructions) See instructions for how to figure the amounts to enter on the (h) Gain or (loss) (g) Adjustments Subtract column (e) (d) (e) lines below. Proceeds to gain or loss from from column (d) and Cost This form may be easier to complete if you round off cents to (sales price) (or other basis) Form(s) 8949, Part II, combine the result whole dollars. line 2. column (a) with column (a) 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 Totals for all transactions reported on Form(s) 8949 with 10 Totals for all transactions reported on Form(s) 8949 with 11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) 11 12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 12 13 14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover 14

15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then, go to Part III

BAA

15

Schedule D (Form 1040) 2022 Page 2

Part III **Summary** 16 Combine lines 7 and 15 and enter the result 16 -322.• 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 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. 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 322.) 21 • (\$3,000), or if married filing separately, (\$1,500) 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.

8949

Sales and Other Dispositions of Capital Assets

Go to www.irs.gov/Form8949 for instructions and the latest information. File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D. OMB No. 1545-0074 Attachment Sequence No. 12A

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

Social security number or taxpayer identification number

SNIGDHA

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.

753-10-9607 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 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 Adjustment, if any, to gain or loss 1 If you enter an amount in column (a). (h) enter a code in column (f). Cost or other basis Gain or (loss) (d) (c) (a) (b) Date sold or Proceeds See the **Note** below See the separate instructions. Subtract column (e) Description of property Date acquired (sales price) from column (d) and disposed of and see Column (e) (Example: 100 sh. XYZ Co.) (Mo., day, yr.) combine the result (Mo., day, yr.) (see instructions) in the separate (g) Code(s) from Amount of adjustment instructions. with column (a). instructions

ROBINHOOD SECURITIES LLC 01/01/22 12/31/22 715. 1,038. W -322.2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B 715. 1,038. -322. above is checked), or line 3 (if Box C above is checked) .

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.

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

SNI	GDHA TOGITI							753-10	0-9607	
Par	Note: If you are	oss From Rental Real Estate and in the business of renting personal property loss from Form 4835 on page 2, line 40.	d Royalt y, use Sc l	ties hedule	C. See	instrud	ctions. If you are	an indiv	idual, rep	ort farm
		ments in 2022 that would require you t								s 🛚 No
В	lf "Yes," did you or wi	ill you file required Form(s) 1099? .							. 🗌 Ye	es 🗌 No
1a	Physical address o	of each property (street, city, state, ZIP	code)							
Α	H.NO 10-152,U	TNOOR ADILABAD TELANGANA	IN 504	311						
В										
С										
1b	(from list below) above, report the number of fair rental and Days				I	Personal Use Days				
Α	3	personal use days. Check the QJ		nly [Α		365		0	
В		if you meet the requirements to fil qualified joint venture. See instruc			В					
С		qualified joint venture. See instruc	Juons.		С					
1	of Property: Single Family Reside Multi-Family Residen			Land Royal	ties	-	Self-Rental Other (describ			
							Propertie	s:		
Incor		Г			Α		В			С
3			3		5	10.				
4			4							
Expe 5	nses:		5							
5 6		e instructions)	6							
7		enance	7		1,1	00				
8			8		т, т	00.				
9			9							
10		fessional fees	10							
11			11		9	00.				
12		aid to banks, etc. (see instructions)	12			00.				
13			13							
14			14		1,1	50.				
15			15		1,3					
16			16		<u> </u>					
17			17		1,6	70.				
18		se or depletion	18							
19			19							
20	Total expenses. Add	d lines 5 through 19	20		6,1	60.				
21	result is a (loss), see	m line 3 (rents) and/or 4 (royalties). If e instructions to find out if you must	21		-5,6	50.				
22		eal estate loss after limitation, if any, instructions)	22 (5,65	0.))((
23 a	Total of all amounts	reported on line 3 for all rental proper	ties .			23a		510.		
b		reported on line 4 for all royalty prope				23b				
С		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	6,	160.		
24	•	ive amounts shown on line 21. Do not		•				24		
25	Losses. Add royalty	losses from line 21 and rental real estate	e losses f	rom lin	e 22. E	nter to	tal losses here	25	(5,650.)
26	here. If Parts II, III,	state and royalty income or (loss). C IV, and line 40 on page 2 do not a	apply to	you, a	ılso en	iter th	is amount on			
	Schedule 1 (Form 1)	040), line 5. Otherwise, include this am	nount in t	the tota	al on lii	ne 41	on page 2 .	26		-5,650.

Department of the Treasury

Internal Revenue Service

Name(s) shown on return

Passive Activity Loss Limitations

See separate instructions.

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

Attachment

Identifying number

Go to www.irs.gov/Form8582 for instructions and the latest information.

Sequence No. 858

OMB No. 1545-1008

SNIGDHA 753-10-9607 Part I 2022 Passive Activity Loss Caution: Complete Parts IV and V before completing Part I. Rental Real Estate Activities With Active Participation (For the definition of active participation, see Special Allowance for Rental Real Estate Activities in the instructions.) 1a Activities with net income (enter the amount from Part IV, column (a)) . . . **b** Activities with net loss (enter the amount from Part IV, column (b)) 1b 5,650. c Prior years' unallowed losses (enter the amount from Part IV, column (c)) . . . **d** Combine lines 1a, 1b, and 1c 1d -5,650. **All Other Passive Activities** 2a Activities with net income (enter the amount from Part V, column (a)) . . . **b** Activities with net loss (enter the amount from Part V, column (b)) 2b **c** Prior years' unallowed losses (enter the amount from Part V, column (c)) . 2c (d Combine lines 2a, 2b, and 2c 2d Combine lines 1d and 2d. If this line is zero or more, stop here and include this form with your return; all losses are allowed, including any prior year unallowed losses entered on line 1c or 2c. Report the losses on the forms and schedules normally used 3 -5,650. If line 3 is a loss and: • Line 1d is a loss, go to Part II. • Line 2d is a loss (and line 1d is zero or more), skip Part II and go to line 10. Caution: If your filing status is married filing separately and you lived with your spouse at any time during the year, do not complete Part II. Instead, go to line 10. Special Allowance for Rental Real Estate Activities With Active Participation Part II Note: Enter all numbers in Part II as positive amounts. See instructions for an example. 4 Enter the **smaller** of the loss on line 1d or the loss on line 3 5,650. 5 Enter \$150,000. If married filing separately, see instructions 150,000. Enter modified adjusted gross income, but not less than zero. See instructions 6 100,050. Note: If line 6 is greater than or equal to line 5, skip lines 7 and 8 and enter -0on line 9. Otherwise, go to line 7. 7 Multiply line 7 by 50% (0.50). **Do not** enter more than \$25,000. If married filing separately, see instructions 24,975. 8 Enter the **smaller** of line 4 or line 8 9 9 5,650. Part III **Total Losses Allowed** 10 10 0. Total losses allowed from all passive activities for 2022. Add lines 9 and 10. See instructions to find 5,650. 11 Part IV Complete This Part Before Part I, Lines 1a, 1b, and 1c. See instructions. Overall gain or loss Current year Prior years Name of activity (a) Net income (b) Net loss (c) Unallowed (d) Gain (e) Loss (line 1a) loss (line 1c) (line 1b) 0. 5,650. 5,650. H.NO 10-152, UTNOOR

0.

BAA

5,650.

Total. Enter on Part I, lines 1a, 1b, and 1c

Form 8582 (2022) Page **2**

Part V Complete This Part Befor	e P	art I, Lines 2	a, 2b,	and 2c. S	ee instru	ctions.			•
Name of activity		Currer	nt year		Prior y	ears	Overa		ain or loss
Marile of activity	(a	(a) Net income (line 2a)		Net loss ne 2b)	(c) Unallowed loss (line 2c)		(d) Gain		(e) Loss
Total. Enter on Part I, lines 2a, 2b, and 2c									
Part VI Use This Part if an Amour	nt Is	Shown on F	Part II,	Line 9. S	ee instruc	ctions.			
Name of activity	For ar to	rm or schedule ad line number be reported on se instructions)) Loss	(b) Ra		(c) Special allowance		(d) Subtract column (c) from column (a).
H.NO 10-152,UTNOOR		E Ln 22		5,650.	1.0000	0000	5,65	0.	0.
Total Allocation of Unallowed L			uction	5,650.	1.0	0	5,65	0.	0.
Allocation of Orlanowed L	.05:			5.					
Name of activity		Form or sche and line nun to be reporte (see instruct	nber ed on	(a) l	_oss		(b) Ratio	(c) Unallowed loss	
Total							1.00		
Part VIII Allowed Losses. See instr				1					
Name of activity		Form or sche and line nun to be reporte (see instruct	nber ed on	(a) l	_oss	(b) Uı	nallowed loss	(c) Allowed loss
Total									





2022 Form M1, Individual Income Tax Do not use staples on anything you submit.

SNIGDHA Your First Name and Initial	TOGITI Last Name	753109607 Your Social Security Numb	ber 04171994 Your Date of Birth (MM/DD/YYYY
If a Joint Return, Spouse's First Name and I	Initial Spouse's Last Name	Spouse's Social Security Nu	umber Spouse's Date of Birth
5600 BABCOCK RD Current Home Address	APT #13206	Check if Address is:	New Foreign
SAN ANTONIO City		TX State	78240 ZIP Code
2022 Federal Filing Status	s (place an X in one box):		
X (1) Single (2) Married Filing	g Jointly (3) Married Filing Separately Spouse Name	(4) Head of Hous	sehold (5) Qualifying Widow(er
Dependents (see instruct	Spouse SSN		
Dependent 1 First Name	Dependent 1 Last Name	Dependent 1 SSN	Dependent 1 Relationship to You
Dependent 2 First Name	Dependent 2 Last Name	Dependent 2 SSN	Dependent 2 Relationship to You
Dependent 3 First Name	Dependent 3 Last Name	Dependent 3 SSN	Dependent 3 Relationship to You
From Your Federal Return 100372 A. Wages, salaries, tips, etc.	(see instructions) 0 B. IRA, pensions, and annuities	C. Unemployment	81450 D. Federal taxable income
		C. Unemployment O and 1040-SR)	0.4.400
		Schedule M1MB (see instructions)	
3 Add lines 1 and 2			3 94400
4 Itemized deductions (from	n Schedule M1SA) or your standard dec	luction (see instructions)	4■12900
5 Exemptions (determine fro	om instructions)		5 🔳
6 State income tax refund fr	rom line 1 of federal Schedule 1		6 ■
7 Subtractions from line 32	of Schedule M1M and line 21 of Schedu	ıle M1MB (see instructions)	
8 Total subtractions. Add lin	es 4 through 7		
9 Minnesota taxable incom	e. Subtract line 8 from line 3. If zero or	less, leave blank	
10 Tax from the table or sche	edules in the Form M1 instructions		105138

2022 M1, page 2



1.1	Alternative minimum to: (analoge Cabe duly \$445.47)		11 -	
11	Alternative minimum tax (enclose Schedule M1MT)	•••••	.11	
12 13	Full-year residents: Enter the amount from line 12 on line 13. Part-year residents and nonresidents: From Schedule M1NR, 6	. Skip lines 13a and 13b. enter the amount from line 32 on		5138 2994
	line 13, from line 28 on line 13a, and from line 29 on line 13b	(enclose Schedule M1NR)	13	<u>2994</u>
	13a■ <u>55008</u> 13b■ 94400	<u>)</u>		
14	Other taxes, such as recapture amounts and the tax on lump-	sum distributions (check appropriate boxes)		
	(a) Schedule M1HOME (b) Schedule M1529	(c) Schedule M1LS	14 ■	
15	Tax before credits. Add lines 13 and 14		15	2994
16	Amount from line 19 of Schedule M1C, Nonrefundable Credits	s (enclose Schedule M1C)	16 ■	
17	Subtract line 16 from line 15 (if result is zero or less, leave bla	nk)	17	2994
18	Nongame Wildlife Fund contribution (see instructions) This will reduce your refund or increase the amount you owe		1 2 ■	
	This will reduce your retains of increase the amount you owe		10 =	
19	Add lines 17 and 18		19	2994
20	Minnesota income tax withheld. Complete and enclose Sched Minnesota withholding from Forms W-2, 1099, and W-2G and S		20 ■	3282
21	Minnesota estimated tax and extension payments made for 2	21 ■		
22	Amount from line 12 of Schedule M1REF, Refundable Credits (22 ■		
23 24	Total payments. Add lines 20 through 22	23	3282	
25	For direct deposit, complete line 25		24 ■	288
	X Checking Savings 06400002	0 444006989529		
	Routing Number	Account Number		
	AMOUNT YOU OWE . If line 19 is more than line 23, subtract I Penalty amount from Schedule M15 (see instructions). Also su	· · · · · · · · · · · · · · · · · · ·	26 ■	
_,	this amount from line 24 or add it to line 26 (enclose Schedule		27 ■	
	OU PAY ESTIMATED TAX and want part of your refund credited			
28	Amount from line 24 you want sent to you		28 ■	
	Amount from line 24 you want applied to your 2023 estimate ayer(s): I declare that this return is correct and complete to the		29 ■	
Your	Signature	Spouse's Signature (If Filing Jointly)	Date	e (MM/DD/YYYY)
	14953878 ime Phone	SNIGDHAT842@GMAIL.COM Email Address		
VE:	NKATA SAI PAVAN KUMAR DUDIPALLI Preparer's Signature	03072023 Date (MM/DD/YYYY)	_	2470833 N or VITA/TCE # (required)
	89659522	syam@gtaxfile.com		(required)
	arer's Daytime Phone	Preparer's Email Address		
	I do not want my paid preparer to file my return electronically.	I authorize the Minnesota Department of Revenue	to discuss t	his tax return
	Include a conv of your 2022 federal return and schedules	with the preparer or the third-party designee indic	ated on mv	federal return.





2022 Schedule M1NR, Nonresidents/Part-Year Residents

Before you complete this schedule, read the instructions and complete lines 1 through 11 of Form M1.

SNIGDHA		TOGITI		753109607		
Your	First Name and Initial	Your Last Name		Your Social	Security Number	
Spou	use's First Name and Initial	Spouse's Last Name		Spouse's So	ocial Security Number	
Min	nesota Residency (Place an X in one box and	enter other state of residency)				
You:	X Full-year Nonresident Par	t-Year Resident from(MM/DD/YYYY)	toOth	ner State of Residency: $_ extbf{T}$	Χ	
			(MM/DD/YYYY)			
Your	Spouse: Full-year Nonresident Par	t-Year Resident from(MM/DD/YYYY)	toOth (MM/DD/YYYY)	ner State of Residency:		
				A. Total Amount	B. Minnesota Portion	
1	Wages, salaries, tips, etc. (from line 1z	of federal Form 1040 or 1040-SR)	1	100372	55008	
2	Taxable interest and ordinary dividend	income (lines 2b and 3b of Form 1	040 or 1040-SR) . 2			
3	Business income or loss (from line 3 of	federal Schedule 1)	3			
4	Capital gain or loss (from line 7 of Form	n 1040 or 1040-SR)	4	-322	0	
5 6	IRA distributions, pensions, and annuit Net income from rents, royalties, parti	-	1040 or 1040-SR) . 5			
U	estates, and trusts (from line 5 of feder	ral Schedule 1)	6	-5650	0	
7 8	Farm income or loss (from line 6 of fed Other income (add lines 6b of Form 10		7_			
Ū	lines 1, 2a, 4, 7, and 9 of federal Sched	lule 1)	8			
9	Interest and dividends from non-Minn (add lines 1 and 2 of Schedule M1M) .		9			
10	Bonus depreciation addition from line	1 of Schedule M1MB	10■_		_	
11	If you entered an amount on line 9 of	Schedule M1REF, see instructions .	11■_			
12	Suspended loss from line 4 of Schedule	e M1MB	12■_			
13	Other required adjustments from Sche	edules M1M, M1MB, and M1AR (se	ee instructions) 13 ■_		•	
14	Federal adjustments from Schedule M	1NC (See instructions)	14■_			
15	Add lines 1 through 14 for each colum	n	15	94400	55008	
-	our Minnesota gross income is below \$1					
16	Educator expenses, certain business ex					
	(add lines 11, 12, and 14 of federal Sch	-	16			
17	Self-employed SEP, SIMPLE, and qualif		4-7			
18	(add lines 16 and 20 of federal Schedu Health savings account and Archer MS		1/			
10	(add lines 13 and 23 of federal Schedu		19			
19						
	(add lines 15 and 17 of federal Schedu		19			
20				_		
	(see instructions for line 20, column B)		20			

2022 Form M1NR, page 2



21	Penalty on early withdrawal of savings (from line 18 of federal Schedule 1)	
22	Net operating loss carryover adjustment from line 13 of Schedule M1MB (see instructions) 22 ■	. =
23	Social Security benefit from line 12 of Schedule M1M (see instructions)	
24 25	Subtraction for federal bonus depreciation from line 10 of Schedule M1MB	
26	Subtraction for federal section 179 expensing (from line 11 of Schedule M1MB)	
27 28	Add lines 16 through 26 for each column	0
29	M1. If your Minnesota gross income is below \$12,900 or the result is zero or less, enter 0	55008
30	Enter the result here and on line 13b of Form M1	
	places). If line 28 is more than line 29, enter 1.0. If line 28 is zero, enter 0	.58271
31	Amount from line 12 of Form M1	15138
32	Multiply line 30 by line 31. Enter the result here and on line 13 of Form M1	2994

You must include this schedule with Form M1. Enter the amounts from lines 28 and 29 of this schedule on Form M1, lines 13a and 13b.





2022 Schedule M1W, Minnesota Income Tax Withheld

Complete this schedule to report Minnesota income tax withheld. Include this schedule when you file your return.

SNIGDHA /our First Name and Initial			TOGIT			753109607				
rour Fil	rst Name and Initia	ı	Last Name		Your Socia	Your Social Security Number				
f a Join	t Return, Spouse's Fi	irst Name and Initial	Spouse's La	st Name	Spouse's S	Spouse's Social Security Number				
compl amou W-2G; 1 Mi	ete this schedulonts to the neares to the neares keep them with	e to determine line st whole dollar. You n your tax records. nd Minnesota tax w	e 20 of Form N u must include All instruction	M1. List only the form this schedule when as are included on the	ms that rep n you file yo nis schedule		ne tax withh send in your	eld. Round dollar Forms W-2, 1099, or		
Α		B—Box 13	C—Box 15		D—Box	16	Е—Вох	17		
If t	he Form W-2 is for:	If Retirement Plan	Employer's	seven-digit Minnesota	State wa	iges, tips, etc.	Minneso	ota tax withheld		
	you, enter 1	box is checked,	Tax ID Num	ber	(round to	o nearest whole dollar)	(round t	o nearest whole dollar)		
	spouse, enter 2	mark an X below.	D 401	6479788		55008		3282		
a	11	b1	c1 MN	04/9/00	d1	33008	e1	3202		
а	a2	b2	c2 MN		d2		e2			
a	a3	b3	c3 MN		d3		e3			
a	14	b4	c4 MN		d4		e4			
a	15	b5	c5 MN		d5		e5			
Sul	btotal for addition	nal Forms W-2 <i>(fron</i>	n line 5 on pag	e 2)						
Tot	tal Minnesota tax	withheld on all Fo	rms W-2 (add	amounts in line 1, co	lumn E)		1■	3282		
Α	nnesota tax withh he Form 1099, W-2G you, enter 1 spouse, enter 2		B Payer's seve	042-S. If you have mo	C Income	r forms, complete line amount (see the table on k for amounts to include)	D Minne	ck. esota tax withheld d to nearest whole dollar)		
a	a1		b1 MN		c1		d1			
ā	a2		b2 MN		c2		d2			
ā	a3		b3 MN		c3		d3			
a	a4		b4 MN		c4		d4			
Sul	btotal for addition	nal 1099, W-2G, and	d 1042-S (from	line 6 on page 2)						
Tot	tal Minnesota tax	withheld on all 10	99, W-2G, and	l 1042-S (add amoun	ts in line 2, c	column D)	2 🔳			
3 Tot	tal Minnesota tax	withheld by partn	erships, S corp	oorations, and fiduci	aries					
(fro	om line 7 on page	2)					3■			
		esota tax withheld		nd 3.			4	3282		

Include this schedule with your Form M1. If required, include Schedules KPI, KS, and KF.

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

OMB No. 1545-0074

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

Filing Status Check only				ed filing separatel	,			`	, _	spou	fying survi se (QSS)	Ü	
one box.		u checked the MFS box, enter the on is a child but not your depender		our spouse. If yo	u check	ed the HOH or	r QSS bo	x, ente	r the	child's	name if the	e qualifying	
Your first name			Last na	mo						/our coo	ial security	, numbor	
	and m	udie Iriitiai											
SNIGDHA	nouso's	first name and middle initial	Last na								0-9607	urity number	
ii joint return, s	pouse s	s inst name and middle initial	Lastria	ille						ppouse s	Social Sec	urity number	
Home address	(numbe	r and street). If you have a P.O. box, se	e instruction	ons.			Apt	. no.	F	Presiden	tial Electio	n Campaign	
5600 BAI	3COCI	C RD					13	206			ere if you,		
City, town, or p	ost offic	ce. If you have a foreign address, also c	omplete s	paces below.	Sta	te	ZIP cod	е				ly, want \$3 Checking a	
SAN ANTO	ONIO				TΣ	ζ	7824	0		0	w will not	U	
Foreign country	y name		F	Foreign province/sta	ate/coun	ty	Foreign	oostal co	de y	our tax	or refund.	-	
											You	Spouse	
Digital Assets		ny time during 2022, did you: (a) red ange, gift, or otherwise dispose of									Yes	⊠ No	
Standard		eone can claim: You as a d				a dependent							
Deduction	_	Spouse itemizes on a separate retu		•									
Age/Blindness	You:	Were born before January 2,	1958	Are blind	Spouse	: Was bo	rn before	Janua	ry 2,	1958	☐ Is blii	nd	
Dependents	s (see	instructions):		(2) Social secu	urity	(3) Relationsh	nip (4) (Check th	e box	if qualifi	es for (see i	nstructions):	
If more		rst name Last name		number to you				Child tax cred			credit Credit for other dependen		
than four													
dependents, see instruction													
and check													
here \square													
Income	1a	Total amount from Form(s) W-2, I	oox 1 (se	e instructions) .						1a	10	0,372.	
	b	Household employee wages not	reported	on Form(s) W-2.						1b			
Attach Form(s) W-2 here. Also	С	Tip income not reported on line 1	a (see ins	structions)						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 For	m 2441, line 26						1e			
was withheld.	f	Employer-provided adoption ben	efits from	n Form 8839, line	29 .					1f			
If you did not	g	Wages from Form 8919, line 6.								1g			
get a Form W-2, see	h	Other earned income (see instructions)								1h		0.	
instructions.	i	Nontaxable combat pay election	(see instr	ructions)		<u>1</u> i							
	Z	Add lines 1a through 1h								1z	10	0,372.	
Attach Sch. B	2a	Tax-exempt interest	2a			axable interes				2b			
if required.	<u>3a</u>	Qualified dividends	3a			ordinary divide				3b			
	4a	IRA distributions	4a			axable amoun				4b			
Standard Deduction for—	5a	Pensions and annuities	5a			axable amoun				5b			
Single or	6a	Social security benefits	6a			axable amoun	τ		· .	6b			
Married filing separately,	c	If you elect to use the lump-sum		· ·	`	,			. 📙	-		200	
\$12,950	7	Capital gain or (loss). Attach Scho		•					. Ш	7		-322.	
Married filing jointly or	8	Other income from Schedule 1, li								8		5,650.	
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7								9	9	4,400.	
\$25,900	10	Adjustments to income from Sch								10	1	4 400	
Head of household,	11	Subtract line 10 from line 9. This								11		4,400.	
\$19,400	12	Standard deduction or itemized		•	,					12	1 1	2,950.	
If you checked any box under	13	Qualified business income deduc								13	-	2 050	
Standard Deduction,	14 15	Add lines 12 and 13 Subtract line 14 from line 11. If ze								14		2,950. 1 450	
see instructions.	13	Cabilactime 14 HOIII IIIle 11. II 26	no or lest	o, cinci -u IIIIS	is your	LUNANIE IIICUII				15	8	1,450.	

Form 1040 (2022	2)					Page 2		
Tax and	16	Tax (see instructions). Check if any from Form(s): 1 8814 2	4972	3 🗌	16	13,542.		
Credits	17	Amount from Schedule 2, line 3			17			
	18	Add lines 16 and 17			18	13,542.		
	19	Child tax credit or credit for other dependents from Schedule 8812			19			
	20	Amount from Schedule 3, line 8			20			
	21	Add lines 19 and 20			21			
	22	Subtract line 21 from line 18. If zero or less, enter -0			22	13,542.		
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	١		23	0.		
	24	Add lines 22 and 23. This is your total tax			24	13,542.		
Payments	25	Federal income tax withheld from:						
-	а	Form(s) W-2		25a 15,	206.			
	b	Form(s) 1099		25b				
	С	Other forms (see instructions)		25c				
	d	Add lines 25a through 25c			250	15,206.		
If	26	2022 estimated tax payments and amount applied from 2021 return			26			
If you have a qualifying child,	27	Earned income credit (EIC)	. .	27				
attach Sch. EIC.	28	Additional child tax credit from Schedule 8812		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. These are your total other payments a		ļ	32			
	33	Add lines 25d, 26, and 32. These are your total payments			33	15,206.		
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the			34	1,664.		
Returia	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached			. 35	1,664.		
Direct deposit?	b				vings			
See instructions.	d	Account number 4 4 4 0 0 6 9 8 9 5 2 9			3			
	36	Amount of line 34 you want applied to your 2023 estimated tax .		36				
Amount	37	Subtract line 33 from line 24. This is the amount you owe .						
You Owe		For details on how to pay, go to www.irs.gov/Payments or see instru		1 1	37			
	38	Estimated tax penalty (see instructions)		38				
Third Party		you want to allow another person to discuss this return with th				. V N.		
Designee		tructions		_	plete below			
	nai	signee's Phone no.		number	al identificatio (PIN)			
Sign		der penalties of perjury, I declare that I have examined this return and accompan						
Here		ef, they are true, correct, and complete. Declaration of preparer (other than taxpa	• •	sed on all information				
	Yo	ur signature Date Your occu		sent you an Identity PIN, enter it here				
Joint return?		SOFTW	SOFTWARE DEVELOPER					
See instructions.	Sp	ouse's signature. If a joint return, both must sign. Date Spouse's	occupati	on		sent your spouse an otection PIN, enter it here		
Keep a copy for your records.								
,		(001) 405, 2050	0 4	0-011 0011	(see inst.)			
			HAT84	2@GMAIL.COM	TINI	Check if:		
Paid		parer's name Preparer's signature			TIN			
Preparer		ATA SAI PAVAN KUMAR DUDIPALLI VENKATA SAI PAVAN KUMAR DUDI	ТППАЧ.	03/07/2023 P	02470833			
Use Only		n's name GLOBAL TAXES LLC				(678)965-9522		
		n's address 245 ROONEY CT E BRUNSWICK NJ 0881	ь		Firm's EIN	88-2145487		
Go to www.irs.go	ov/Forn	a1040 for instructions and the latest information.		REV 02/24/23 PRO		Form 1040 (2022)		

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
SNIGDHA TOGITI

Sequence No. 01

Your social security number
753-10-9607

Par	Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxes		1	
2a	Alimony received		2a	
b	Date of original divorce or separation agreement (see instructions):			
3	Business income or (loss). Attach Schedule C		3	
4	Other gains or (losses). Attach Form 4797		4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Atta	ach Schedule E .	5	-5,650.
6	Farm income or (loss). Attach Schedule F		6	
7	Unemployment compensation		7	
8	Other income:			
а	Net operating loss	8a ()	
b	Gambling	8b		
С	Cancellation of debt	8c		
d	Foreign earned income exclusion from Form 2555	8d ()	
е	Income from Form 8853	8e		
f	Income from Form 8889	8f		
g	Alaska Permanent Fund dividends	8g		
h	Jury duty pay	8h		
i	Prizes and awards	8i		
j	Activity not engaged in for profit income	8j		
k	Stock options	8k		
ı	Income from the rental of personal property if you engaged in the rental			
	for profit but were not in the business of renting such property	81		
m	Olympic and Paralympic medals and USOC prize money (see			
	instructions)	8m		
n	Section 951(a) inclusion (see instructions)	8n		
0	Section 951A(a) inclusion (see instructions)	80		
р	Section 461(I) excess business loss adjustment	8p		
q	Taxable distributions from an ABLE account (see instructions)	8q		
r	Scholarship and fellowship grants not reported on Form W-2	8r	_	
S	Nontaxable amount of Medicaid waiver payments included on Form			
	1040, line 1a or 1d	8s (4	
t	Pension or annuity from a nonqualifed deferred compensation plan or			
	a nongovernmental section 457 plan	8t		
u	Wages earned while incarcerated	8u		
Z	Other income. List type and amount:	0-		
•	Total ather income. Add lines On three on O.	8z		
9 10	Total other income. Add lines 8a through 8z		10	-5,650.
ıU	Combine lines i unioudii / and 5. Enternere and on Form 1040. 1040-5K	. UL TU4U-INM. IIIIE 8	10	-5,650.

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

Par	t II Adjustments to Income			
11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-basis governr			
	officials. Attach Form 2106	L	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	L	23	
24	Other adjustments:			
а	Jury duty pay (see instructions)			
b	Deductible expenses related to income reported on line 8l from the			
	rental of personal property engaged in for profit			
С	Nontaxable amount of the value of Olympic and Paralympic medals			
	and USOC prize money reported on line 8m			
d	Reforestation amortization and expenses			
е	Repayment of supplemental unemployment benefits under the Trade			
	Act of 1974			
f	Contributions to section 501(c)(18)(D) pension plans			
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)			
İ	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			
j	Housing deduction from Form 2555			
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form			
_	1041)			
Z	Other adjustments. List type and amount:			
25			25	
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 . Enter here an Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a		26	
	roini 1040 oi 1040-on, iiile 10, oi roini 1040-inn, iiile 10a		20	

SCHEDULE D (Form 1040)

Department of the Treasury

Internal Revenue Service

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.

Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.

OMB No. 1545-0074

2022

Attachment Sequence No. **12**

Name(s) shown on return Your social security number 753-10-9607 SNIGDHA TOGITI Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss. Part I Short-Term Capital Gains and Losses – Generally Assets Held One Year or Less (see instructions) See instructions for how to figure the amounts to enter on the (h) Gain or (loss) (g) Adjustments Subtract column (e) lines below. Proceeds Cost to gain or loss from from column (d) and This form may be easier to complete if you round off cents to Form(s) 8949, Part I, combine the result (sales price) (or other basis) whole dollars. line 2. column (a) with column (a) 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 715. 1,038. -322. 1. 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 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 4 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from 5 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover 6 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). If you have any longterm capital gains or losses, go to Part II below. Otherwise, go to Part III on the back 7 -322.Part II Long-Term Capital Gains and Losses—Generally Assets Held More Than One Year (see instructions) See instructions for how to figure the amounts to enter on the (h) Gain or (loss) (g) Adjustments Subtract column (e) (d) (e) lines below. Proceeds to gain or loss from from column (d) and Cost This form may be easier to complete if you round off cents to (sales price) (or other basis) Form(s) 8949, Part II, combine the result whole dollars. line 2. column (a) with column (a) 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 Totals for all transactions reported on Form(s) 8949 with 10 Totals for all transactions reported on Form(s) 8949 with 11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) 11 12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 12 13 14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover 14

15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then, go to Part III

BAA

15

Schedule D (Form 1040) 2022 Page 2

Part III **Summary** 16 Combine lines 7 and 15 and enter the result 16 -322.• 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 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. 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 322.) 21 • (\$3,000), or if married filing separately, (\$1,500) 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.

8949

SNIGDHA

Sales and Other Dispositions of Capital Assets

Go to www.irs.gov/Form8949 for instructions and the latest information. File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D. OMB No. 1545-0074 Attachment Sequence No. 12A

Internal Revenue Service Name(s) shown on return

Department of the Treasury

Social security number or taxpayer identification number

753-10-9607

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	I to you on F	orm 1099-B	·			
1 (a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis See the Note below	Adjustment, i If you enter an enter a co See the sep	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g).	
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	disposed of (Mo., day, yr.) (sales price) (see instructions)		(f) Code(s) from instructions		
ROBINHOOD SECURITIES LLC	01/01/22	12/31/22	715.	1,038.	W	1.	-322.
2 Totals. Add the amounts in columns negative amounts). Enter each total Schedule D, line 1b (if Box A above above is checked), or line 3 (if Box 6).	al here and inc is checked), lir	lude on your ne 2 (if Box B	715.	1.038.		1.	-322.

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.

REV 02/24/23 PRO

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

SNI	GDHA TOGITI							753-10	0-9607	
Par	Note: If you are	oss From Rental Real Estate and in the business of renting personal property loss from Form 4835 on page 2, line 40.	d Royalt y, use Sc l	ties hedule	C. See	instrud	ctions. If you are	an indiv	idual, rep	ort farm
		ments in 2022 that would require you t								s 🛚 No
В	lf "Yes," did you or wi	ill you file required Form(s) 1099? .							. 🗌 Ye	es 🗌 No
1a	Physical address o	of each property (street, city, state, ZIP	code)							
Α	H.NO 10-152,U	TNOOR ADILABAD TELANGANA	IN 504	311						
В										
С										
1b	Type of Property (from list below)	2 For each rental real estate proper above, report the number of fair re	ental and		Fair Rental Days			Person Day	QJV	
Α	3	personal use days. Check the QJ		nly [Α		365		0	
В		if you meet the requirements to fil qualified joint venture. See instruc			В					
С		qualified joint venture. See instruc	Juons.		С					
1	of Property: Single Family Reside Multi-Family Residen			Land Royal	ties	-	Self-Rental Other (describ			
							Propertie	s:		
Incor		Г			Α		В			С
3			3		5	10.				
4			4							
Expe 5	nses:		5							
5 6		e instructions)	6							
7		enance	7		1,1	00				
8			8		т, т	00.				
9			9							
10		fessional fees	10							
11			11		9	00.				
12		aid to banks, etc. (see instructions)	12			00.				
13			13							
14			14		1,1	50.				
15			15		1,3					
16			16		<u> </u>					
17			17		1,6	70.				
18		se or depletion	18							
19			19							
20	Total expenses. Add	d lines 5 through 19	20		6,1	60.				
21	result is a (loss), see	m line 3 (rents) and/or 4 (royalties). If e instructions to find out if you must	21		-5,6	50.				
22		eal estate loss after limitation, if any, instructions)	22 (5,65	0.))((
23 a	Total of all amounts	reported on line 3 for all rental proper	ties .			23a		510.		
b		reported on line 4 for all royalty prope				23b				
С		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	6,	160.		
24	•	ive amounts shown on line 21. Do not		•				24		
25	Losses. Add royalty	losses from line 21 and rental real estate	e losses f	rom lin	e 22. E	nter to	tal losses here	25	(5,650.)
26	here. If Parts II, III,	state and royalty income or (loss). C IV, and line 40 on page 2 do not a	apply to	you, a	ılso en	iter th	is amount on			
	Schedule 1 (Form 1	040), line 5. Otherwise, include this am	nount in t	the tota	al on lii	ne 41	on page 2 .	26		-5,650.

Department of the Treasury

Internal Revenue Service

Passive Activity Loss Limitations

See separate instructions.

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

Go to www.irs.gov/Form8582 for instructions and the latest information.

OMB No. 1545-1008 Attachment Sequence No. 858

Name(s) shown on return Identifying number SNIGDHA 753-10-9607 Part I 2022 Passive Activity Loss Caution: Complete Parts IV and V before completing Part I. Rental Real Estate Activities With Active Participation (For the definition of active participation, see Special Allowance for Rental Real Estate Activities in the instructions.) 1a Activities with net income (enter the amount from Part IV, column (a)) . . . **b** Activities with net loss (enter the amount from Part IV, column (b)) 1b 5,650. c Prior years' unallowed losses (enter the amount from Part IV, column (c)) . . . **d** Combine lines 1a, 1b, and 1c 1d -5,650. **All Other Passive Activities** 2a Activities with net income (enter the amount from Part V, column (a)) . . . **b** Activities with net loss (enter the amount from Part V, column (b)) 2b **c** Prior years' unallowed losses (enter the amount from Part V, column (c)) . 2c (d Combine lines 2a, 2b, and 2c 2d Combine lines 1d and 2d. If this line is zero or more, stop here and include this form with your return; all losses are allowed, including any prior year unallowed losses entered on line 1c or 2c. Report the losses on the forms and schedules normally used 3 -5,650. If line 3 is a loss and: • Line 1d is a loss, go to Part II. • Line 2d is a loss (and line 1d is zero or more), skip Part II and go to line 10. Caution: If your filing status is married filing separately and you lived with your spouse at any time during the year, do not complete Part II. Instead, go to line 10. Special Allowance for Rental Real Estate Activities With Active Participation Part II Note: Enter all numbers in Part II as positive amounts. See instructions for an example. 4 Enter the **smaller** of the loss on line 1d or the loss on line 3 5,650. 5 Enter \$150,000. If married filing separately, see instructions 150,000. Enter modified adjusted gross income, but not less than zero. See instructions 100,050. 6 Note: If line 6 is greater than or equal to line 5, skip lines 7 and 8 and enter -0on line 9. Otherwise, go to line 7. 7 Multiply line 7 by 50% (0.50). **Do not** enter more than \$25,000. If married filing separately, see instructions 24,975. 8 Enter the **smaller** of line 4 or line 8 9 9 5,650. Part III **Total Losses Allowed** 10 10 0. Total losses allowed from all passive activities for 2022. Add lines 9 and 10. See instructions to find 5,650. 11 Part IV Complete This Part Before Part I, Lines 1a, 1b, and 1c. See instructions. Overall gain or loss Current year Prior years Name of activity (a) Net income (b) Net loss (c) Unallowed (d) Gain (e) Loss (line 1a) loss (line 1c) (line 1b) 0. 5,650. 5,650. H.NO 10-152, UTNOOR

Total. Enter on Part I, lines 1a, 1b, and 1c

0.

5,650.

Form 8582 (2022) Page **2**

Part V Complete This Part Befor	e P	art I, Lines 2	a, 2b,	and 2c. S	ee instru	ctions.			•
Name of activity		Currer	nt year		Prior y	ears	Overall gain or loss		
Name of activity		(a) Net income (line 2a)		(b) Net loss (line 2b)		lowed e 2c)	(d) Gain		(e) Loss
Total. Enter on Part I, lines 2a, 2b, and 2c									
Part VI Use This Part if an Amour	nt Is	Shown on F	Part II,	Line 9. S	ee instruc	ctions.			
Name of activity	For ar to	rm or schedule ad line number be reported on se instructions)) Loss	(b) Ra	(a) Special			(d) Subtract column (c) from column (a).
H.NO 10-152,UTNOOR		E Ln 22		5,650.	1.0000	0000	00 5,65		0.
Total Allocation of Unallowed L			uotion	5,650.	1.0	0	5,65	0.	0.
Allocation of Orlanowed L	.05:			5.					
Name of activity		Form or sche and line nun to be reporte (see instruct	nber ed on	(a) l	_oss	(b) Ratio		(c) Unallowed loss	
Total							1.00		
Part VIII Allowed Losses. See instr				1					
Name of activity		Form or sche and line nun to be reporte (see instruct		mber ed on (a) L		(b) Uı	(b) Unallowed loss		c) Allowed loss
Total									