Internal Revenue Service

.... . .

below.

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

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

Submission Identification Number (SID)

T.....

Тахрау	er's name	Social secu	rity numbe	er				
NAV	EEN ADITYA VERMA DANTULURI	841-4	2-4408					
Spouse	o's name	Spouse's so	ocial secur	ity number				
		<u></u>		· · · · ·				
Par	<b>Tax Return Information – Tax Year Ending December 31,</b> 2022 (	Enter year you	are autr	norizing.)				
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	92,983.				
2	Total tax		2	15,229.				
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	15,629.				
4	Amount you want refunded to you		4	400.				
5	Amount you owe		5					
Part	Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)							

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

Taxpayer's PIN:	check one box only		2	4	4	0 0	l l
X I author	ze global taxes llc	to enter or generate my PIN				its, but	as my
signatu	ERO firm name signature on the income tax return (original or amended) I am now authorizing.						5
	, , , ,	income tax return (original or amended) I am now author r return is filed using the Practitioner PIN method. The	ERO	mu	st co		
Your signature	lary	202	23				
Spouse's PIN: c	heck one box only			Г			1
I author	ze	to enter or generate my PIN					as my
signatu	ERO firm n e on the income tax return (origina	ame Il or amended) I am now authorizing.				its, but I zeros	-
		income tax return (original or amended) I am now author r return is filed using the Practitioner PIN method. The		•			-

Spouse's signature ► Date Practitioner PIN Method Returns Only—continue below Certification and Authentication — Practitioner PIN Method Only Part III

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.

6 Don't enter all zeros

6 1 9 8 9

4 9

2 2 2

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

ERO's signature 🕨		Date 🕨	
ERO Must Retain This F Don't Submit This Form to the I			
For Paperwork Reduction Act Notice, see your tax return instructions.	BAA	REV 02/10/23 PRO	Form 8879 (Rev. 01-2021)

<b>1040</b>		artment of the Treasury—Internal Revenue Servi S. Individual Income Ta		<sub>rn</sub> 202	2	OMB No. 1545	-0074	IRS Use	Only	—Do not w	rite or staple	in this space.
Filing Status	XS	Single  Married filing jointly	Married	filing separately (M	/IFS)	Head of	nouse	nold (HO	H)		lifying surv use (QSS)	/iving
one box.		u checked the MFS box, enter the nation is a child but not your dependent		ur spouse. If you c	heck	ed the HOH or	QSS	box, ente	er th	e child's	name if th	ne qualifying
Your first name	and mi	ddle initial	Last name	e						Your so	cial securit	y number
NAVEEN A	DITY	YA VERMA	DANTU	LURI						841-4	42-440	8
lf joint return, sp	ouse's	first name and middle initial	Last name	e						Spouse'	s social see	curity number
Home address (	numbe	er and street). If you have a P.O. box, see	instruction	IS.			A	pt. no.		Preside	ntial Election	on Campaign
<u>31256 SH</u>	OREC	CREST DR					2	4107			here if you,	
City, town, or po	ost offic	ce. If you have a foreign address, also co	mplete spa	aces below.	Sta	ite	ZIP co	ode				tly, want \$3 Checking a
NOVI					M	C I	483	77		•	ow will not	•
Foreign country	name		Fo	reign province/state/	coun	ty	Foreig	n postal c	ode	your tax	or refund.	Spouse
Digital		ny time during 2022, did you: (a) rece ange, gift, or otherwise dispose of a								. ,	Yes	X No
Assets		eone can claim:  You as a de	-	Your spous			a55ei)	1 (366 11	ISUU	ctions.)		
Standard Deduction		Spouse itemizes on a separate return	•									
Age/Blindness	You:	Were born before January 2, 1	958	Are blind Spe	ouse	: 🗌 Was bor	n befo	ore Janua	ary 2	2, 1958	🗌 ls bl	ind
Dependents	(see i	instructions):		(2) Social security	,	(3) Relationsh	ip <b>(4</b>	) Check t	he bo	ox if quali	fies for (see	instructions):
If more		rst name Last name		number	imber to you			Child t	ax cr	edit	Credit for ot	her dependents
than four								[			[	
dependents, see instructions								[			[	
and check								[			[	
here								[			[	
Income	1a	Total amount from Form(s) W-2, b	ox 1 (see i	instructions) .						. 1a	10	01,771.
	b	Household employee wages not re							•	. <u>1</u> b	·	
Attach Form(s) W-2 here. Also	с	Tip income not reported on line 1a							•	. 1c		
attach Forms	d	Medicaid waiver payments not rep			nstru	ictions)			•	. 1d		
W-2G and 1099-R if tax	е	•	Taxable dependent care benefits from Form 2441, line 26    .    .    .    .    .    .					. <u>1e</u>	-			
was withheld.	f	Employer-provided adoption bene							•	. 1f		
If you did not	g	Wages from Form 8919, line 6 .					• •		•	. <u>1g</u>		
get a Form W-2, see	h	Other earned income (see instructi	,			· · · ·	···	• •	•	. <u>1h</u>		0.
instructions.	i	Nontaxable combat pay election (s	see instruc	ctions)		<b>1</b> i				_	1 /	
				· · · · ·		· · · · ·	• •		•	. 1z		<u>)1,771.</u>
Attach Sch. B if required.	2a		2a	38.		axable interest		• •	•	. 2b		207.
	<u>3a</u>		3a			Ordinary divider		• •	•	. <u>3b</u>		130.
<b>•</b> • • •	4a 50		4a 5a			axable amount axable amount		• •	•	. 4b . 5b		
Standard Deduction for –	5a 6a		5a 6a			axable amount			•	. 50 . 6b		
Single or	6а с	Social security benefits		athod chock horo				• •	Г			
Married filing separately,	7	Capital gain or (loss). Attach Scher					• •	• •	· L	7		525.
<ul><li>\$12,950</li><li>Married filing</li></ul>	8	Other income from Schedule 1, lin					• •	• •	• ∟	. 8		-9,650.
jointly or	o 9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,					• •		•	. 9		-9,830. 92,983.
Qualifying surviving spouse,	9 10	Adjustments to income from Sche				• · · · ·	• •		•	. 10		<u>, , , , , , , , , , , , , , , , , , , </u>
\$25,900 • Head of	11	Subtract line 10 from line 9. This is								. 11	-	92,983.
household,	12	Standard deduction or itemized	-							12		12,950.
\$19,400 • If you checked	13	Qualified business income deduction				5-A .				13		<u> </u>
any box under	14	Add lines 12 and 13								. 14		12,950.
Standard Deduction,	15	Subtract line 14 from line 11. If zer					e .			15		80,033.
see instructions.	-	· · · · · · · · · · · · · · · · · · ·	,				-	-				

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

Form **1040** (2022)

Form 1040 (2022	2)								Page <b>2</b>
Tax and	16	Tax (see instructions). Check	if any from Form	(s): <b>1</b> 🗌 881	4 <b>2</b> 4972	3 🗌		16	13,218.
Credits	17	Amount from Schedule 2, lir	ne3					17	
	18	Add lines 16 and 17						18	13,218.
	19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812			19	
	20	Amount from Schedule 3, lir	ne8					20	
	21	Add lines 19 and 20						21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	13,218.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21			23	2,011.
	24	Add lines 22 and 23. This is	your total tax					24	15,229.
Payments	25	Federal income tax withheld							
	а	Form(s) W-2				<b>25a</b> 15	,598.		
	b	Form(s) 1099				25b	31.		
	с	Other forms (see instruction				25c			
	d	Add lines 25a through 25c						25d	15,629.
	26	2022 estimated tax paymen	ts and amount a	pplied from 20	21 return			26	
If you have a qualifying child,	27	Earned income credit (EIC)			No	27			
attach Sch. EIC.	28	Additional child tax credit fro				28			
	29	American opportunity credit	from Form 8863	3, line 8		29			
	30	Reserved for future use .				30		1	
	31	Amount from Schedule 3, lir				31			
	32	Add lines 27, 28, 29, and 31	. These are your	total other pa	ayments and refu	indable credits		32	
	33	Add lines 25d, 26, and 32. T	hese are your <b>to</b>	tal payments				33	15,629.
Refund	34	If line 33 is more than line 24						34	400.
Refutio	35a	Amount of line 34 you want					. 🗆	35a	400.
Direct deposit?	b	Routing number 0 6 1					Savings		
See instructions.	d	Account number 3 3 4	0 6 2 8	8 3 8 6	5   3   1		U		
	36	Amount of line 34 you want	applied to your	2023 estimate	ed tax	36			
Amount	37	Subtract line 33 from line 24	This is the <b>amo</b>	ount vou owe					
You Owe	•	For details on how to pay, g						37	
	38	Estimated tax penalty (see i	nstructions) .			38			
Third Party	Do	you want to allow another	person to disc	cuss this retur	n with the IRS?	See			
Designee		tructions	•				omplete b	elow.	X No
		signee's		Phone			onal identif	ication	
	nar			no.			ber (PIN)		
Sign		der penalties of perjury, I declare tief, they are true, correct, and corr							
Here				Date	1, 2, 7		1		nt you an Identity
	ŶŎ	ur signature		Dale	Your occupation				IN, enter it here
Joint return?					SYSTEMS EN	IGINEER	(see	nst.)	
See instructions.	Sp	ouse's signature. If a joint return,	<b>both</b> must sign.	Date	Spouse's occupati	on			nt your spouse an
Keep a copy for your records.							Ident (see		ection PIN, enter it here
your rocordo.							(	nsi.)	
		one no. (470) 443-752		Email address	NAVEENADIS				
Paid		parer's name	Preparer's signat			Date	PTIN		Check if:
Preparer		PRIYA RAM SAGAR GUPTA TALLAM		RAM SAGAR	GUPTA TALLAM	02/22/2023	P02082		Self-employed
Use Only		n's name GLOBAL TA			- 0001 0				678)965-9522
			Y CT E BRU	NSWICK N			Firm	s EIN	84-3171965
Go to wayay in a	ov/Form	1040 for instructions and the late	et information			DEV 00/40/00 DDC			Earm 1040 (2022)

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

BAA REV 02/10/23 PRO

Form **1040** (2022)

SCHEDULE	1
(Form 1040)	

Department of the Treasury

Internal Revenue Service

## Additional Income and Adjustments to Income

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

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

OMB No. 1545-0074

d the latest information. Your social security number

841-42-4408

Name(s) shown on Form 1040	0, 1040-SR, or 1040-NR
NAVEEN ADITYA VERMA	DANTULURI

Par	t I Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxes		1	
<b>2</b> a	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	-9,650.
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		
I	Income from the rental of personal property if you engaged in the rental			
	for profit but were not in the business of renting such property	81		
m	Olympic and Paralympic medals and USOC prize money (see			
	instructions)	8m		
n		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 ( )		
t	Pension or annuity from a nonqualifed deferred compensation plan or			
	a nongovernmental section 457 plan	8t	-	
	Wages earned while incarcerated	<u>8u</u>		
Z	Other income. List type and amount:	0-		
0	Tatal other income. Add lines to through 97	8z	0	
9	Total other income. Add lines 8a through 8z		9	0 6 5 0
10	Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR,	, OF 1040-INR, III 8	10	-9,650.

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

Schedule 1 (Form 1040) 2022

Par	t II Adjustments to Income					
11	Educator expenses				11	
12	Certain business expenses of reservists, performing artists, and fee	e-basi	s gov	ernment		
	officials. Attach Form 2106				12	1
13	Health savings account deduction. Attach Form 8889				13	1
14	Moving expenses for members of the Armed Forces. Attach Form 3903				14	1
15	Deductible part of self-employment tax. Attach Schedule SE				15	1
16	Self-employed SEP, SIMPLE, and qualified plans				16	
17	Self-employed health insurance deduction				17	
18	Penalty on early withdrawal of savings				18	
19a	Alimony paid				19a	
b	Recipient's SSN	•				
С	Date of original divorce or separation agreement (see instructions):					
20	IRA deduction				20	
21	Student loan interest deduction				21	
22	Reserved for future use				22	
23	Archer MSA deduction				23	
24	Other adjustments:					
а	Jury duty pay (see instructions)	24a				
b	Deductible expenses related to income reported on line 8I from the					
	rental of personal property engaged in for profit	24b				
С	Nontaxable amount of the value of Olympic and Paralympic medals					
	and USOC prize money reported on line 8m	24c				
d	Reforestation amortization and expenses	24d				
е	Repayment of supplemental unemployment benefits under the Trade					
	Act of 1974	24e			_	
f	Contributions to section 501(c)(18)(D) pension plans	24f				
g	Contributions by certain chaplains to section 403(b) plans	24g				
h	Attorney fees and court costs for actions involving certain unlawful					
	discrimination claims (see instructions)	24h			_	
i	Attorney fees and court costs you paid in connection with an award					
	from the IRS for information you provided that helped the IRS detect					
	tax law violations	24i			_	
j	Housing deduction from Form 2555	24j			_	
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form					
	1041)	24k				
Z	Other adjustments. List type and amount:					
		24z				
25	Total other adjustments. Add lines 24a through 24z				25	
26	Add lines 11 through 23 and 25. These are your adjustments to income	e. Ente	er here	e and on		
	Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a				26	
	BAA	REV	02/10/23 F	RO	Schedu	ile 1 (Form 1040) 2022

SCHEDULE	2
(Form 1040)	

## **Additional Taxes**

OMB No. 1545-0074 20 2

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

Depart Interna	Attachment Sequence No. <b>02</b>				
	. ,	orm 1040, 1040-SR, or 1040-NR			al security number
NAV	EEN ADITYA	VERMA DANTULURI		841-42	2-4408
Ра	rt I Tax				
1	Alternative	minimum tax. Attach Form 6251			1
2	Excess adv	ance premium tax credit repayment. Attach Form 8962	2		2
3	Add lines 1	and 2. Enter here and on Form 1040, 1040-SR, or 104	0-NR, line 1	7	3
Pa	rt II Other	Taxes			
4	Self-employ	/ment tax. Attach Schedule SE			4
5		urity and Medicare tax on unreported tip income.	5		
6	Uncollected Form 8919	social security and Medicare tax on wages. Attach	6		
7	Total additi	onal social security and Medicare tax. Add lines 5 and	6		7
8	Additional t	ax on IRAs or other tax-favored accounts. Attach Form	1 5329 if req	uired.	
	If not requir	ed check here			8

	Form 8919		
7	Total additional social security and Medicare tax. Add lines 5 and 6	7	
8	Additional tax on IRAs or other tax-favored accounts. Attach Form 5329 if required.		
	If not required, check here $\ldots$	8	
9	Household employment taxes. Attach Schedule H	9	
10	Repayment of first-time homebuyer credit. Attach Form 5405 if required	10	
11	Additional Medicare Tax. Attach Form 8959	11	
12	Net investment income tax. Attach Form 8960	12	
13	Uncollected social security and Medicare or RRTA tax on tips or group-term life insurance from Form W-2, box 12	13	2,011.
14	Interest on tax due on installment income from the sale of certain residential lots and timeshares	14	
15	Interest on the deferred tax on gain from certain installment sales with a sales price over \$150,000	15	
16	Recapture of low-income housing credit. Attach Form 8611	16	
	(CC	ontinu	ied on page 2)

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

Schedule 2 (Form 1040) 2022

Par	t II Other Taxes (continued)						
17	Other additional taxes:						
а	Recapture of other credits. List type, form number, and amount:	17a					
b	Recapture of federal mortgage subsidy, if you sold your home see instructions	17b					
С	Additional tax on HSA distributions. Attach Form 8889	17c					
d	Additional tax on an HSA because you didn't remain an eligible 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					
I	Tax on accumulation distribution of trusts	17I					
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	17o					
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 <b>total other taxe</b>						
	on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b		V 02/10/23 PRO	 21	le 2 (Fo	2,01 rm 1040)	
	BAA	I.L	V 02/10/23 FILO	scheuu		111 1040)	2022

#### SCHEDULE D (Form 1040)

## **Capital Gains and Losses**

OMB No. 1545-0074

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

Go to *www.irs.gov/ScheduleD* for instructions and the latest information. Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10. 2022 Attachment Sequence No. 12

Your social security number

841-42-4408

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

NAVEEN ADITYA VERMA DANTULURI

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

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

lines This	nstructions for how to figure the amounts to enter on the below. form may be easier to complete if you round off cents to e dollars.	<b>(d)</b> Proceeds (sales price)	<b>(e)</b> Cost (or other basis)	(g) Adjustment to gain or loss Form(s) 8949, I line 2, colum	from Part I,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a	Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b.					
1b	Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked	28,568.	28,043.			525.
2	Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked					
3	Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked					
4	Short-term gain from Form 6252 and short-term gain or (I	oss) from Forms 4	684, 6781, and 88	324	4	
5	Net short-term gain or (loss) from partnerships, Schedule(s) K-1				5	
6	Short-term capital loss carryover. Enter the amount, if an <b>Worksheet</b> in the instructions	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.		

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

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.		<b>(d)</b> Proceeds (sales price)	<b>(e)</b> Cost (or other basis)	(g) Adjustmen to gain or loss Form(s) 8949, F	from Part II,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result
	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.			line 2, colum	n (g)	with column (g)
8b	Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked					
9	Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked					
10	Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked.					
<b>11</b> Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824						
12 13	Net long-term gain or (loss) from partnerships, S corporat Capital gain distributions. See the instructions	12 13				
14	Long-term capital loss carryover. Enter the amount, if any <b>Worksheet</b> in the instructions	14	( )			
15	Net long-term capital gain or (loss). Combine lines 8a on the back .		15			

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

Part	III Summary	
16	Combine lines 7 and 15 and enter the result	<b>16</b> 525.
	• If line 16 is a <b>gain</b> , enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below.	
	<ul> <li>If line 16 is a loss, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22.</li> </ul>	
	• If line 16 is <b>zero</b> , skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22.	
17	Are lines 15 and 16 <b>both</b> gains?	
	No. Skip lines 18 through 21, and go to line 22.	
18	If you are required to complete the <b>28% Rate Gain Worksheet</b> (see instructions), enter the amount, if any, from line 7 of that worksheet	18
19	If you are required to complete the <b>Unrecaptured Section 1250 Gain Worksheet</b> (see instructions), enter the amount, if any, from line 18 of that worksheet	19
20	<ul> <li>Are lines 18 and 19 both zero or blank and you are not filing Form 4952?</li> <li>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.</li> </ul>	
	□ No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.	
21	If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of:	
	The loss on line 16; or     (\$3,000), or if married filing separately, (\$1,500)	21 ( )
	Note: When figuring which amount is smaller, treat both amounts as positive numbers.	
22	Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?	
	Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16.	
	<b>No.</b> Complete the rest of Form 1040, 1040-SR, or 1040-NR.	
	REV 02/10/23 PRO	Schedule D (Form 1040) 2022

Form **8949** 

Department of the Treasury

Internal Revenue Service

# Sales and Other Dispositions of Capital Assets

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

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



Name(s) shown on return	Social security number or taxpayer identification number
NAVEEN ADITYA VERMA DANTULURI	841-42-4408

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

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

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

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

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

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

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

<b>1</b> (a) Description of property	<b>(b)</b> Date acquired	(c) Date sold or	(d) Proceeds	<b>(e)</b> Cost or other basis See the <b>Note</b> below	Adjustment, if any, to gain or loss If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		(h) Gain or (loss) Subtract column (e)	
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)		(f) Code(s) from instructions	<b>(g)</b> Amount of adjustment	from column (d) and combine the result with column (g).			
FIDELITY BROKERAGE SERVICES LLC	01/01/22	12/31/22	28,568.	28,043.			525.			
2 Totals. Add the amounts in columns negative amounts). Enter each tota Schedule D, line 1b (if Box A above above is checked), or line 3 (if Box C	al here and inc is checked), <b>lir</b>	lude on your ne 2 (if Box B	28,568.	28,043.			525.			

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

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

	SCHEDULE E Supplemental Income and Loss					OMB No	. 1545-0074				
(Form	(Form 1040) (From rental real estate, royalties, partnerships, S corporations, estate				states,	trusts, REM	Cs, etc.)	20	22		
Departm	nent of the Treasury		Attach to Form 10					· · · · · · · · · · · · · · · · · · ·		Attachm	ient
	Revenue Service		Go to www.irs.gov/ScheduleE	for instr	uctions an	id the la	atest in	formation.	Variation	Sequent al security	ce No. 13
. ,	shown on return) EN ADITYA		Γλ ΝΠΙΙΙ ΙΙΟ Τ							2-4408	number
Part			s From Rental Real Estate	and Ro	valtios				041-4	2-4400	
T are	Note: If yo	ou are in t	he business of renting personal pro	perty, use		<b>e C</b> . See	e instruc	ctions. If you	are an indi	vidual, rep	ort farm
Α	Did you make ar	ny payme	ents in 2022 that would require y	ou to file	Form(s) 1	1099? \$	See ins	tructions .		. 🗌 Ye	s 🛛 No
B	f "Yes," did you	or will y	ou file required Form(s) 1099?							. 🗌 Ye	s 🗌 No
1a	Physical add	ress of e	ach property (street, city, state,	ZIP cod	e)						
Α	ISB RD,GA	CHIBOW	ILI NANAKARAMG TELANGA	NA I	N 50003	32					
В											
С											
1b	Type of Prope (from list below		For each rental real estate pro above, report the number of fa				Fa	ir Rental Days	Persor Da	nal Use iys	QJV
Α	1		personal use days. Check the	QJV bo	x only	Α		365		0	
В			if you meet the requirements to qualified joint venture. See ins			В					
С			quaimed joint venture. See ins	struction	5.	С					
	of Property:										
	Single Family R			Rental	5 Land			Self-Rental			
2	Multi-Family Re	sidence	4 Commercial		6 Roya	alties	8	Other (desc	ribe)		
								Propert	ies:		
Incom	ne:					Α		В			С
3						5	525.				
4		ived .		. 4							
Exper											
5	•										
6 7		-	structions)			1 2	275.				
8	•					±,2	. / J .				
9											
10			sional fees								
11	•					1,5	595.				
12	-		to banks, etc. (see instructions								
13	Other interest			. 13							
14	Repairs			. 14		2,8	395.				
15						2,5	535.				
16											
17						1,8	375.				
18		expense	or depletion								
19	Other (list)		and E through 10	. 19		10 1	75				
20	-		nes 5 through 19			10,1	.75.				
21			ine 3 (rents) and/or 4 (royalties). Instructions to find out if you mu								
	file <b>Form 6198</b>			. 21		-9,6	550.				
22			estate loss after limitation, if an	-							
			tructions)		(	9,65	50.)		)	(	)
<b>23</b> a			ported on line 3 for all rental pro	-			23a		525.		
b			ported on line 4 for all royalty pr				23b				
С											
d											
е			ported on line 20 for all properti				23e		),175.		
24			amounts shown on line 21. Do		-					(	0 (50 )
25			sses from line 21 and rental real es							(	9,650.)
26			te and royalty income or (loss /, and line 40 on page 2 do no								

26

-9,650.

Form <b>8582</b>	
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.

2 Attachment Sequence No. 858

-9,650.

Identifying number 841-42-4408

1d

NAVEEN	ADITYA	VERMA	DANTULURI

Par	rt I 2022 Passive Activity Loss		
	Caution: Complete Parts IV and V before completing Part I.		
	al Real Estate Activities With Active Participation (For the definition of active part trance for Rental Real Estate Activities in the instructions.)	icipat	ion, see <b>Special</b>
1a	Activities with net income (enter the amount from Part IV, column (a))	1a	0.
b	Activities with net loss (enter the amount from Part IV, column (b))	1b	( 9,650.
с	Prior years' unallowed losses (enter the amount from Part IV, column (c))	1c	(
d	Combine lines 1a, 1b, and 1c		
All Ot	ther Passive Activities		
2a	Activities with net income (enter the amount from Part V, column (a))	2a	
b	Activities with net loss (enter the amount from Part V, column (b))	2b	(

С	Prior years' unallowed losses (enter the amount from Part V, column (c)) 2c (		
d	Combine lines 2a, 2b, and 2c	2d	1
3	Combine lines 1d and 2d. If this line is zero or more, stop here and include this form with your return;		
	all losses are allowed, including any prior year unallowed losses entered on line 1c or 2c. Report the		
	losses on the forms and schedules normally used	3	-9,650.

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.

Par	t II Special Allowance for Rental Real Estate Activities With Activ	e Par	ticip	ation				
	Note: Enter all numbers in Part II as positive amounts. See instructions	or an e	examp	ole.				
4	Enter the smaller of the loss on line 1d or the loss on line 3				4	9,650.		
5	Enter \$150,000. If married filing separately, see instructions	5	1	50,000.				
6	<ul> <li>Note: Enter all numbers in Part II as positive amounts. See instructions for an example.</li> <li>4 Enter the smaller of the loss on line 1d or the loss on line 3</li></ul>							
7								
8	Multiply line 7 by 50% (0.50). Do not enter more than \$25,000. If married filing sep	arately	, see	instructions	8	23,684.		
9	Enter the smaller of line 4 or line 8				9	9,650.		
Par	Total Losses Allowed							
10	Add the income, if any, on lines 1a and 2a and enter the total				10	0.		
11	11 Total losses allowed from all passive activities for 2022. Add lines 9 and 10. See instructions to find							
	out how to report the losses on your tax return				11	9,650.		
Par	IV Complete This Part Before Part I, Lines 1a, 1b, and 1c. See in	structi	ions.					
	Currentvear	0.0	rall aa	in or loss				

Name of activity	Currer	nt year	Prior years	Overall gain or loss		
	(a) Net income (line 1a)	<b>(b)</b> Net loss (line 1b)	(c) Unallowed loss (line 1c)	<b>(d)</b> Gain	(e) Loss	
ISB RD,GACHIBOWLI	0.	9,650.			9,650.	
Total. Enter on Part I, lines 1a, 1b, and 1c	0.	9,650.				
For Paperwork Reduction Act Notice, see instru	REV 02/10	0/23 PRO	Form <b>8582</b> (2022)			

OMB No. 1545-1008

VEEN	ADITY.

Name(s) shown on return

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

i ai c v		orune	I, EI100 E	u, <b>_</b> ,							
	Name of activity		Current year			Prior ye	ears	Overall gain or loss			
			et income ne 2a)	i <b>(b)</b> (ii)	Net loss ne 2b)	(c) Unallowed loss (line 2c)		<b>(d)</b> Gain		(e) Loss	
			10 24)		10 2.07	1000 (111)	0 20)				
Total Entor	on Part I, lines 2a, 2b, and 2c										
Part VI	Use This Part if an Amour	nt Is Sł	nown on F	Part II.	Line 9. S	ee instruc	tions.				
			or schedule	,							
	Name of activity	and lir	ne number eported on structions)	(a)	) Loss	<b>(b)</b> Ra	itio	<b>(c)</b> Special allowance		(d) Subtract column (c) from column (a).	
ISB RD,C	GACHIBOWLI	E	Ln 22		9,650.	1.0000	0000	9,65	0.	0.	
<b>T</b> . 4 . 1		1			0 65 0			0.65	_	0	
Total Part VII	Allocation of Unallowed L		See instr	uction	9,650.	1.00	)	9,65	0.	0.	
	Allocation of Onallowed L				3. 						
	Name of activity	a to	orm or sche and line nun b be reporte see instruct	nber ed on	(a) l	_OSS		( <b>b)</b> Ratio	(c)	Unallowed loss	
Total Part VIII	Allowed Losses. See instr		· · · · ·					1.00			
	Anowed Losses. See Inst										
	Name of activity	t c	orm or sche and line nun o be reporte see instruct	nber ed on	(a) L	_OSS	<b>(b)</b> Ui	nallowed loss	(	c) Allowed loss	
Tatal											
Total											

REV 02/10/23 PRO

Form 8582 (2022)

2022 MICHIGAN Indiv				Irn M	-1(	040				ended Return	
Return is due April 18, 2023.	Туре о М.І.	Last Name	INK.			2 Filer's	s Ful	Social Se	curity	No. (Example: 123-45-67	789)
NAVEEN ADITYA VERM		DANTULURI							-		00)
If a Joint Return, Spouse's First Name	M.I.	Last Name				7 8	41		42	<u> </u>	
						3. Spou	se's	Full Social	Secu	rity No. (Example: 123-45	5-6789)
Home Address (Number, Street, or P.O. Box	,	04405									
31256 SHORECREST DF	<b>ζ,</b> Α		715 0 1						<u>/= !:</u>		
City or Town		State MI	ZIP Code 4837	רו		4. Scho		strict Code 3100	(5 dig	jits – see page 60)	
NOVI		INT .	403								
<ol> <li>STATE CAMPAIGN FUND Check if you (and/or your spouse filing a joint return) want \$3 of you to go to this fund. This will not inc your tax or reduce your refund.</li> </ol>	ur taxes	a. Filer b. Spouse		6.			box	if 2/3 of y		AFARERS	I,
7. 2022 FILING STATUS. Check on	e.			8.	2022	RESIDEN	CYS	STATUS.	Chec	k all that apply.	
a. 🔀 Single	* If v	ou check box "c," comple	te	a.	Х	Resident					
		3 and enter spouse's full								* If you check box "b"	
b. Married filing jointly	belo	W:		b.		Nonreside	ent *			"c," you must complet and include Schedu	
										NR.	
c Married filing separately*				C.		Part-Year	Res	ident *			
9. EXEMPTIONS. NOTE: If some	one els	e can claim you as a dep	endent, c	heck box	(9e, e	nter 0 on I	ine 9	a and en	ter \$	1,500 on line 9e (see i	instr.).
a. Number of exemptions (see i	netruct	ons)			9a.	1	x	\$5,000	02	500	0 00
b. Number of individuals who qu		,					Î ^	ψ0,000	<i>3</i> a.		<u> </u>
blind, hemiplegic, paraplegic,					ai, 9b.		x	\$2,900	9b.		00
c. Number of qualified disabled			-		9c.		x	\$400	9c.		00
d. Number of Certificates of Stil	lbirth fr	om MDHHS (see instructi	ons)		9d.		x	\$5,000	9d.		00
e. Claimed as dependent, see l	ine 9 N	OTF above			9e.				9e.		00
f. Add lines 9a, 9b, 9c, 9d and									9f.	500	
10. Adjusted Gross Income from y								Γ		9298	
										5250	
11. Additions from Schedule 1, line	9. <b>Incl</b>	Ide Schedule 1						. 11.			00
12. Total. Add lines 10 and 11								. 12.		9298	3 00
13. Subtractions from Schedule 1, li	ne 30.	Include Schedule 1						. 13.			00
										0000	
14. Income subject to tax. Subtrac	t line 1	3 from line 12. If line 13 i	s greater	than line	12, er	nter "0"		. 14.		9298	3 00
15. Exemption allowance. Enter a	mount f	rom line 9f or Schedule N	IR, line 19					. 15.		500	0 00
16. <b>Taxable income.</b> Subtract line 7	15 from	line 14. If line 15 is grea	ter than lir	ne 14, en	nter "0'	,		. 16.		8798	3 00
17. <b>Tax.</b> Multiply line 16 by 4.25% (0	0425)							. 17.		373	9 00
NON-REFUNDABLE CREDITS	5.0420)				MOUN			· ·/·Ľ		CREDIT	<u>&gt; 100</u>
18. Income Tax Imposed by governme											
Include a copy of the return (see	e instru	ctions) 1	8a.				00	18b.			00
19. Michigan Historic Preservation 1	ax Cre	dit (see instructions). 1	9a.				00	19b.			00
20. <b>Income Tax.</b> Subtract the sum of lines 18b and 19b i								20		373	مام
If the sum of lines 18b and 19b i	s great	er than line 17, enter "0".						. 20.			
										REV 02/09/23 P	ĸΟ

2022 N	II-1040, Page 2 of 2	Filer's	s Full Social S	ecurity Number	r 841		42 —	4408	
21.	Enter amount of Income Tax from lir	ne 20				21.		3739	00
22.	Voluntary Contributions from Form	4642, line 6. <b>Include F</b>	orm 4642			22.			00
23.	<b>USE TAX.</b> Use tax due on Internet, Worksheet 1 (see instructions)		•			23.		С	) 00
24	Total Tax Liability. Add lines 21, 22	and 23						3739	
	INDABLE CREDITS AND PAYM					·			/1001
25.	Property Tax Credit. Include MI-10	040CR or MI-1040CR	-2			25.			00
26.	Farmland Preservation Tax Credit	t. Include MI-1040CR	-5		DERAL	26.	MIC	HIGAN	00
27.	Earned Income Tax Credit. Multiply enter result on line 27b				00	27b.			00
28.	Michigan Historic Preservation Tax			3581					00
20. 29.	Credit for allocated share of tax paid	,							00
30.	Michigan tax withheld from Schedul	30.		4325	5 00				
	5								
31.	Estimated tax, extension payments		31.			00			
32.	2022 AMENDED RETURNS ONLY. Amended returns must include Sch	1 2 1 0	, 0	2022 return s	hould skip to line 3	33.			
	32a. If you had a refund and/or negative number on line 32		nal return, che	eck box 32a an	d enter this amount a	sa			
	32b. If you paid with the original any additional tax paid after					lus 32c.			00
33.	Total refundable credits and payment	nts. Add lines 25, 26, 2	27b, 28, 29, 3	30, 31 and 32	2c 33	3.		4325	00
	JND OR TAX DUE					<b>—</b> ——			
34.	If line 33 is less than line 24, subtrac	ct line 33 from line 24.	If applicable	e, see instruct	ions.				
	Include interest 00 a	and penalty	00	۱۱	YOU OWE 34	ŀ			00
35.	Overpayment. If line 33 is greater t	han line 24, subtract li	ne 24 from li	ine 33		j.		586	5 00
36.	Credit Forward. Amount of line 35	to be credited to your 2	2023 estimat	ted tax for yo	ur 2023 tax return	<u>36.</u>			00
37	Subtract line 36 from line 35				REFUND 37	,		586	
	ECT DEPOSIT	a. Routing Transit			Account Number	<u> </u>	c. Type of		100
	it your refund directly to your financial tion! See instructions and complete a, b	061000052		334062	2883863	1.	X Checking	2. Savi	ngs
Dece	eased Taxpayer. If Filer and/or Spous ER DATE OF DEATH ONLY. Example:			dates below.	Preparer Certifitht	ication.	I declare under pe	enalty of perjury	that dae
Filer		Spouse _	· · · · ·		Preparer's PTIN, FE	IN or SSN			
					POZOOZ 703 Preparer's Name (pr				
	ayer Certification. I declare under tachments is true and complete to the bes		information in	n this return	SYAM PRIS			GUPTA I	'A
Filer's	Signature		Date		Preparer's Signature				
Snow	po'o Signaturo		Data		SYAM PRIS				'A
Spous	se's Signature		Date		Preparer's Business GLOBAL TA		•		
					245 ROONE				
	By checking this box, I authorize Tre	easury to discuss my re	eturn with m	y preparer.	E BRUNSWI 678-965-9	CK N	J 08816		
					0,0000				

Refund, credit, or zero returns. Mail your return to:Michigan Department of Treasury, Lansing, MI48956Pay amount on line 34 (see instructions). Mail your check and return to:Michigan Department of Treasury, Lansing, MI48929

# 2022 MICHIGAN Withholding Tax Schedule

Issued under authority of Public Act 281 of 1967, as amended.

Type or print in blue or black ink.

**INSTRUCTIONS:** If you had Michigan income tax withheld in 2022, you must complete a *Withholding Tax Schedule* (Schedule W) to claim the withholding on your *Individual Income Tax Return* (MI-1040, line 30). Report military pay in Table 1 and military retirement benefits and taxable railroad retirement benefits (both Tier 1 and Tier 2) in Table 2 even if no Michigan tax was withheld. Include your completed Schedule W with Form MI-1040. See complete instructions on page 2 of this form. If you need additional space, include another Schedule W.

1. Filer's First Name	M.I.	Last Name	2. Filer's Full Social Security No. (Example: 123-45-6789)
NAVEEN ADITYA VERM		DANTULURI	841 — 42 — 4408
If a Joint Return, Spouse's First Name	M.I.	Last Name	3. Spouse's Full Social Security No. (Example: 123-45-6789)

### TABLE 1: MICHIGAN TAX WITHHELD OR MILITARY PAY REPORTED ON W-2, W-2G or CORRECTED W-2 FORMS

-	1	В	С	D	E
Enter "X" for: Filer or Spouse		Employer's identification number (Example: 38-1234567)	Box c — Employer's name	Box 1 — Wages, tips, other compensation	Box 17 — Michigan income tax withheld
Х		38-0549190	FORD MOTOR COMPA	101771 <sub>0</sub>	0 4325 <sub>00</sub>
				C	0 00
				C	0 00
				C	0 00
				O	0 00
Enter	Table	. 00			
4.	SUB	4. 4325 <sub>00</sub>			

#### TABLE 2: MICHIGAN TAX WITHHELD OR MILITARY RETIREMENT BENEFITS AND RAILROAD RETIREMENT BENEFITS (BOTH TIER 1 AND TIER 2) REPORTED ON 1099 FORMS

A	В	С	D	E	
Enter "X" for: Filer or Spouse	Payer's federal identification number (Example: 38-1234567)	Payer's name	Taxable pension distribution, misc. income, etc. (see inst.)	Michigan income tax withheld	
			00		00
			00		00
			00		00
			00	)	00
			00	)	00
Enter Table	2 Subtotal from additional Sche	dule W forms (if applicable)			00
5. SUB		00			
6. <b>TOT</b> /	. 4325	00			

Attachment 13

+ 1555 2022 57 01 27 9