Internal Revenue Service

IRS e-file Signature Authorization

Social accurity number

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

Submission Identification Number (SID)

Taypayar'a nama

axpayer's name	Social security number
HEMA MANOJ KUMAR VANKADARU	328-53-6490
Spouse's name	Spouse's social security number
ESWARI LAKSHMI KAVYA CHEDELLA	665-66-2562
Part I Tax Return Information – Tax Year Ending December 31, 2022 (Enter year you are authorizing.)
Enter whole dollars only on lines 1 through 5.	
Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.	
1 Adjusted gross income	1 100,789.
2 Total tax	2 8,292.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3 14,649.
4 Amount you want refunded to you	. 4 6,357.
5 Amount you owe	

Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return) Part II

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

$\mathbf{\nabla}$	I authorize	CTODAT		TTC	to enter or concrete my DIN	3	,
	T authorize	GLODAL	IAVEO	лтгС	to enter or generate my PIN	-	Ĩ

	er fiv n't er				as my
3	6	4	9	0	

as my

02/22/2023

Date 🕨

ERO firm name signature on the income tax return (original or amended) I am now authorizing.

I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ► V.H.Manoj

Spouse's PIN: check one box only

×	I authorize	GLOBAL TAXES	LLC	to enter or generate my PIN	6	2	5	6	2
			ERO firm name				e di		
aignature on the income tax rature (ariginal or emended) Lan new outberiging									ros

signature on the income tax return (original or amended) I am now authorizing.

I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature Ch.Kavya	Date ► 02/22/2023						
Practitioner PIN Method Returns Only—continue below							
Part III Certification and Authentication – Practitioner PIN M	ethod Only						
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-se	Pelected PIN. 2 2 2 4 9 6 6 1 9 8 9						

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

ERO's signa	ature 🕨			Date 🕨		
			etain This Fo orm to the IR	nstructions equested To Do So		
		 			 0070 /=	0.4. 0.00 AV

1040		rtment of the Treasury—Internal Revenue Servi S. Individual Income Tax		urn 202	22	OMB No. 1545	-0074	IRS Use O	nly—Do	not wi	rite or staple i	n this space.
Filing Status Check only one box.	lf yo	Single X Married filing jointly C u checked the MFS box, enter the n on is a child but not your dependent	ame of y	d filing separately our spouse. If you						spou	ifying surv ıse (QSS) name if th	0
Your first name	and mi	ddle initial	Last nar	ne					Yo	ur so	cial security	y number
HEMA MAN	IOJ E	KUMAR	VANK	ADARU					32	28-5	53-6490)
If joint return, sp	oouse's	first name and middle initial	Last nar	ne					Sp	ouse's	s social sec	urity number
ESWARI I	AKSI	IMI KAVYA	CHED	ELLA					66	65-6	66-2562	2
Home address	(numbe	r and street). If you have a P.O. box, see	instructio	ons.			A	vpt. no.	Pre	esider	ntial Electio	on Campaigr
1749 QUA	IL F	RUN WAY									nere if you,	
City, town, or p	ost offic	ce. If you have a foreign address, also co	omplete sp	baces below.	Sta	ate	ZIP co	ode				tly, want \$3 Checking a
SPRING H	ILL				T	Ν	371	74		•	ow will not	•
Foreign country	name		F	oreign province/stat	te/cour	ity	Foreig	n postal coc	le you	ur tax	or refund.	Spouse
Digital Assets		ny time during 2022, did you: (a) rec ange, gift, or otherwise dispose of a					-				Yes	X No
Standard Deduction		eone can claim:	•			a dependent						
Age/Blindness	You:	Were born before January 2, 1	958	Are blind S	pouse	e: 🗌 Was bor	n befo	ore Januar	v 2. 19	958	🗌 Is bli	nd
Dependents				(2) Social secu	-	(3) Relationsh	14					instructions):
If more	(1) First name Last name			number		to you		Child tax	credit		Credit for oth	ner dependents
than four]			<u> </u>
dependents,]			
see instructions and check	5 ——]		[]
here]			
Income	1a	Total amount from Form(s) W-2, b	ox 1 (see	e instructions) .						1a	11	0,829.
meome	b	Household employee wages not re	eported (on Form(s) W-2 .						1b		
Attach Form(s)	с	Tip income not reported on line 1a	a (see ins	structions)						1c		
W-2 here. Also attach Forms	d	Medicaid waiver payments not rep	ported or	n Form(s) W-2 (see	e instri	uctions)				1d		
W-2G and	е	Taxable dependent care benefits f	from For	m 2441, line 26						1e		
1099-R if tax was withheld.	f	Employer-provided adoption bene	fits from	Form 8839, line 2	29.					1f		
If you did not	g	Wages from Form 8919, line 6 .								1g		
get a Form	h	Other earned income (see instruct	ions) .				· ·			1h		0.
W-2, see instructions.	i	Nontaxable combat pay election (see instr	uctions)		<u>1</u> i						
	z	Add lines 1a through 1h								1z	11	.0,829.
Attach Sch. B	2 a	Tax-exempt interest	2a		b٦	Taxable interes	t.			2b		17.
if required.	3a	Qualified dividends	3a	404.	b (Ordinary divide	nds .			3b		404.
	4a		4a		b٦	Taxable amoun	t			4b		
Standard	5a		5a		b٦	Taxable amoun	t		•	5b		
• Single or	6a	,	6a			Taxable amoun	t		÷	6b	_	
Married filing separately,	С	If you elect to use the lump-sum e										
\$12,950	7	Capital gain or (loss). Attach Sche		required. If not re	quirec	l, check here				7		2,498.
 Married filing jointly or 	8	Other income from Schedule 1, lin								8		2,959.
Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7		•					•	9	10	0,789.
surviving spouse, \$25,900	10	Adjustments to income from Sche							•	10		
 Head of household, 	11	Subtract line 10 from line 9. This is	•				• •		•	11		<u>)0,789.</u>
\$19,400	12	Standard deduction or itemized							·	12		25,900.
 If you checked any box under 	13	Qualified business income deduct			rm 899	95-A			•	13		
Standard Deduction,	14	Add lines 12 and 13			•••				•	14		<u>25,900.</u>
see instructions.	15	Subtract line 14 from line 11. If zer	o or less	s, enter -U I NIS IS	s your	laxable incom	ie .			15	/	4,889.

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

Form **1040** (2022)

Form 1040 (2022	2)								Page 2
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 🗌 881	4 2 4972	3 🗌		16	8,292.
Credits	17	Amount from Schedule 2, lir	ne3					17	
	18	Add lines 16 and 17						18	8,292.
	19	Child tax credit or credit for	other dependen	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	8,292.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21			23	0.
	24	Add lines 22 and 23. This is	your total tax					24	8,292.
Payments	25	Federal income tax withheld							
,	а	Form(s) W-2				25a	4,649		
	b	Form(s) 1099				25b			
	с	Other forms (see instruction				25c			
	d	Add lines 25a through 25c	,					25d	14,649.
	26	2022 estimated tax paymen						26	
If you have a l qualifying child,	27	Earned income credit (EIC)				27			
attach Sch. EIC.	28	Additional child tax credit from				28			
	29	American opportunity credit				29			
	30	Reserved for future use .		-		30			
	31	Amount from Schedule 3, lir				31			
	32	Add lines 27, 28, 29, and 31					s	32	
	33	Add lines 25d, 26, and 32. T	•	-	-			33	14,649.
Defined	34	If line 33 is more than line 24						34	6,357.
Refund	35a	Amount of line 34 you want				•		35a	6,357.
Direct deposit?	b	Routing number 0 4 4					Saving		
See instructions.	d	Account number 5 3 5							
	36	Amount of line 34 you want			ed tax	36			
Amount	37	Subtract line 33 from line 24	This is the am	ount vou owe					
You Owe	0.	For details on how to pay, g						37	
	38	Estimated tax penalty (see in				38			
Third Party	Do	you want to allow another	person to disc	cuss this retu	rn with the IRS?	See			
Designee			•				Complete	e below.	× No
-		signee's		Phone			rsonal ider		<u> </u>
	nai			no.			mber (PIN)		
Sign		der penalties of perjury, I declare t ief, they are true, correct, and corr							
Here		· · ·			1		1		, ,
	YO	ur signature		Date	Your occupation				nt you an Identity PIN, enter it here
Joint return?					DATA ENGIN	IEER		e inst.)	
See instructions.	Sp	ouse's signature. If a joint return,	both must sign.	Date	Spouse's occupati	on			nt your spouse an
Keep a copy for your records.					-			entity Prot e inst.)	ection PIN, enter it here
your rooordo.					HOME MAKEF		,	e inst.)	
		one no. (513) 802-248	1	Email address	MANOJ.VANKAI				Objects if
Paid		parer's name	Preparer's signat			Date	PTIN	00000	Check if:
Preparer		PRIYA RAM SAGAR GUPTA TALLAM		KAM SAGAR	GUPTA TALLAM	02/22/202		82703	Self-employed
Use Only		m's name GLOBAL TA			- 0001 0				(678) 965-9522
			Y CT E BRU	NSWICK N			Fir	m's EIN	84-3171965
Go to www.ire a	ov/Form	1040 for instructions and the late	et information			DEV 00/40/00 DD	`		Form 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

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

2022 Attachment Sequence No. 01 Your social security number

Inte	rnal Revenue Servic	e		Go to WWW.Irs.gov/Fo
Na	me(s) shown or	۱Fo	orm	1040, 1040-SR, or 1040-NR
Η	VANKADARU	&	Е	CHEDELLA

h va	VANKADARU & E CHEDELLA 328-53						
Par	t I Additional Income						
1	Taxable refunds, credits, or offsets of state and local income taxes		1				
2a	Alimony received		2a				
b	Date of original divorce or separation agreement (see instructions):						
3	Business income or (loss). Attach Schedule C		3				
4	Other gains or (losses). Attach Form 4797		4				
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedul	eE.	5	-12 , 959.			
6	Farm income or (loss). Attach Schedule F.		6				
7	Unemployment compensation		7				
8	Other income:						
а	Net operating loss)					
b	Gambling						
С	Cancellation of debt						
d	Foreign earned income exclusion from Form 2555)					
е	Income from Form 8853						
f	Income from Form 8889						
g	Alaska Permanent Fund dividends						
h	Jury duty pay						
i	Prizes and awards						
j	Activity not engaged in for profit income						
k	Stock options						
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)						
n							
Ο	Section 951A(a) inclusion (see instructions) . . . 80						
р	Section 461(I) excess business loss adjustment						
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)					
t	Pension or annuity from a nonqualifed deferred compensation plan or						
	a nongovernmental section 457 plan						
u	Wages earned while incarcerated 8u						
Z	Other income. List type and amount:						
•	8z		•				
9	Total other income. Add lines 8a through 8z		9	10 050			
10	Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or 1040-NF	s, line 8	10	-12,959.			

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 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. 20**22** Attachment Sequence No. **12**

Internal Revenue Service Name(s) shown on return

Department of the Treasury

H VANKADARU & E CHEDELLA

Your social security number

328-53-6490

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)

	nstructions for how to figure the amounts to enter on the below.	(d)	(e)	(g) Adjustment		(h) Gain or (loss) Subtract column (e)
	form may be easier to complete if you round off cents to e dollars.	Proceeds (sales price)	Cost (or other basis)	to gain or loss from Form(s) 8949, Part I, line 2, column (g)		from column (d) and combine the result with column (g)
1a	Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b.					
1b	Totals for all transactions reported on Form(s) 8949 with Box A checked	2,078.	1,520.			558.
2	Totals for all transactions reported on Form(s) 8949 with Box B checked					
3	Totals for all transactions reported on Form(s) 8949 with Box C checked	12.	14.			-2.
4	Short-term gain from Form 6252 and short-term gain or (I	oss) from Forms 4	684, 6781, and 88	324	4	
5	Net short-term gain or (loss) from partnerships, Schedule(s) K-1		5			
6	Short-term capital loss carryover. Enter the amount, if an Worksheet in the instructions		•	-	6	()
7	Net short-term capital gain or (loss). Combine lines 1a term capital gains or losses, go to Part II below. Otherwise				7	556.

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

See lines	instructions for how to figure the amounts to enter on the below.	(d)	(e)	(g) Adjustmer		(h) Gain or (loss) Subtract column (e)
	form may be easier to complete if you round off cents to e dollars.	Proceeds (sales price)	Cost (or other basis)	to gain or loss Form(s) 8949, line 2, colum	Part II,	from column (d) and combine the result with column (g)
8a	Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b.					
8b	Totals for all transactions reported on Form(s) 8949 with Box D checked	7,504.	5,562.			1,942.
9	Totals for all transactions reported on Form(s) 8949 with Box E checked					
10	Totals for all transactions reported on Form(s) 8949 with Box F checked.	1.	1.			0.
11	Gain from Form 4797, Part I; long-term gain from Forms from Forms 4684, 6781, and 8824		v v	. ,	11	
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 Worksheet in the instructions	-	-	-	14	()
15	Net long-term capital gain or (loss). Combine lines 8a on the back	•	.,	o to Part III	15	1,942.
For F	Paperwork Reduction Act Notice, see your tax return instruction	ons. BAA	REV 02/10/23 PRO		Schedu	ile D (Form 1040) 2022

Part	III Summary		
16	Combine lines 7 and 15 and enter the result	16	2,498.
	• If line 16 is a gain , enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below.		
	• If line 16 is a loss , skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22.		
	• If line 16 is zero , skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22.		
17	Are lines 15 and 16 both gains? ⊠ Yes. Go to line 18.		
	No. Skip lines 18 through 21, and go to line 22.		
18	If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet	18	
19	If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet	19	
20	 Are lines 18 and 19 both zero or blank and you are not filing Form 4952? X Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. Don't complete lines 21 and 22 below. 		
	□ No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.		
21	If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of:		
	The loss on line 16; or (\$3,000), or if married filing separately, (\$1,500)	21	()
	Note: When figuring which amount is smaller, treat both amounts as positive numbers.		
22	Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?		
	☐ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16.		
	□ No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.		

REV 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
H VANKADARU & E CHEDELLA	328-53-6490

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

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

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

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

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

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

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

1 (a) Description of property	(b) Date sold or Proceeds See		(e) Cost or other basis See the Note below	Adjustment, i If you enter an enter a c See the sep	Gain or (loss) Subtract column (e)			
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)			and see Column (e) in the separate instructions.	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g).	
ROBINHOOD SECURITIES LLC	01/01/22	12/31/22	2,078.	1,520.			558.	
2 Totals. Add the amounts in column negative amounts). Enter each to Schedule D, line 1b (if Box A abov above is checked), or line 3 (if Box	tal here and inc e is checked), lin	lude on your ne 2 (if Box B	2,078.	1,520.			558.	

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

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

Form 8949 (2022)	Attachment Sequence No. 12A	Page 2
Name(s) shown on return. Name and SSN or taxoaver identification no. not required if shown on other side	Social security number or taxpayer identification num	ber

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side H VANKADARU & E CHEDELLA

328-53-6490

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

Part II Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You *must* check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

(D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)

[] (E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS

(F) Long-term transactions not reported to you on Form 1099-B

1 (a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	Cost or other basis See the Note below enter a code in column (f). See the separate instruction		If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see Column (e) in the separate instructions.	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g).	
ROBINHOOD SECURITIES LLC	01/01/22	12/31/22	7,504.	5,562.			1,942.	
2 Totals. Add the amounts in columns negative amounts). Enter each tota Schedule D, line 8b (if Box D above above is checked), or line 10 (if Box	7,504.	5,562.			1,942.			

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

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
H VANKADARU & E CHEDELLA	328-53-6490

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.

(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

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

1 (a) Description of property	(b) Date acquired	(c) Date sold or	(c) (d) (e) If you enter a c enter a c		t or other basis the Note below 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.)			Code(s) from	(g) Amount of adjustment	from column (d) and combine the result with column (g).
ROBINHOOD SECURITIES LLC	01/01/22	12/31/22	12.	14.			-2.
2 Totals. Add the amounts in column negative amounts). Enter each tot Schedule D, line 1b (if Box A above above is checked), or line 3 (if Box	al here and inc e is checked), lir	lude on your ne 2 (if Box B	12.	14.			-2.

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

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

Form 8949 (2022)	Attachment Sequence No. 12A	Page 2
Name(s) shown on return. Name and SSN or taxoaver identification no. not required if shown on other side	Social security number or taxpayer identification num	ber

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side H VANKADARU & E CHEDELLA

328-53-6490

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

Part II Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You *must* check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

(D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)

[] (E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS

(F) Long-term transactions not reported to you on Form 1099-B

1 (a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis See the Note below	Adjustment, i If you enter an enter a c See the sep	(h) Gain or (loss) Subtract column (e)	
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see Column (e) in the separate instructions.	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g).
ROBINHOOD SECURITIES LLC	01/01/22	12/31/22	1.	1.			0.
2 Totals. Add the amounts in columns negative amounts). Enter each tota Schedule D, line 8b (if Box D above above is checked), or line 10 (if Box D	I here and incline is checked), lin	lude on your le 9 (if Box E	1.	1.			0.

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

SCHE	EDULE E		Supplementa	l Inc	ome an	d Los	SS			OMB No. 1545-0074			
(Form	1040)	(From	rental real estate, royalties, partners	hips, S	ps, S corporations, estates, trusts, REMICs, etc.)						2022		
	nent of the Treasury				0-SR, 1040-NR, or 1041.						Attachment Sequence No. 13		
Internal Revenue Service Go to www.irs.gov/ScheduleE for instructions and the latest information. Name(s) shown on return Your social													
Name(s) shown on return H VANKADARU & E CHEDELLA 328-53-64										-	number		
Part			s From Rental Real Estate ar	nd Ro	valties				520 5	5 0450			
T GI C	Note: If yo	ou are in	the business of renting personal prope ss from Form 4835 on page 2, line 40.	rty, use		C . See	instru	ctions. If you a	re an indiv	vidual, rep	ort farm		
Α			ents in 2022 that would require you		Form(s) 1	0992 5	See ins	structions			s X No		
			/ou file required Form(s) 1099?										
1 a			each property (street, city, state, ZI										
Α	DOOR NO 4	-13-11	1,NEAR RAMKO AGRAHARAM,	ELURU	J ANDHR	RA PRA	ADES	H IN 5340	01				
В													
С													
1b	Type of Prope (from list below		For each rental real estate prope above, report the number of fair				Fa	ir Rental	Person Da		QJV		
Α	3	vv)	personal use days. Check the Q			Α		Days 365	Da	0			
B	5		if you meet the requirements to	file as	a	 B		505		0			
			qualified joint venture. See instru	uctions	6.	C							
	of Property:	I				•							
	Single Family R	esidenc	e 3 Vacation/Short-Term Rer	ntal	5 Land		7	Self-Rental					
2	Multi-Family Re	sidence	e 4 Commercial		6 Roya	lties	8	Other (descr	ibe)				
								Propertie					
Incom	ne:					Α		B			С		
3		d		3			35.				•		
4													
Exper													
5	Advertising			5									
6	Auto and trave	el (see in	structions)	-									
7	•		ance			2,7	68.						
8				8									
9				9									
10 11			ssional fees	10		2,6	77						
12			to banks, etc. (see instructions)	12		2,0	//.						
13		-											
14				14		2,8	31.						
15	Supplies .			15		2,3							
16	Taxes			16									
17	Utilities			17		2,9	98.						
18			or depletion	18									
19	Other (list)			19									
20	I otal expense	s. Add li	ines 5 through 19	20		13,5	94.						
21			line 3 (rents) and/or 4 (royalties). If nstructions to find out if you must										
				21	-	-12 , 9	59.						
22			estate loss after limitation, if any,			,							
			structions)	22	(12,95	9.)	()	(
23a	Total of all am	ounts re	ported on line 3 for all rental prope	erties			23a		635.				
b			ported on line 4 for all royalty prop				23b						
С			ported on line 12 for all properties				23c						
d			ported on line 18 for all properties			• •	23d	1 0	E O 4				
e 24			ported on line 20 for all properties amounts shown on line 21. Do no				23e		,594.				
24 25		•	sses from line 21 and rental real esta				 Inter to		. 24 e 25	(12,959.		
25 26			ite and royalty income or (loss).							\	±∠ ,))).		
20			/, and line 40 on page 2 do not										

Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2

-12,959.

26

-12,959.

Form **88899** Department of the Treasury Internal Revenue Service

Health Savings Accounts (HSAs)

OMB No. 1545-0074

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

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

2022
Attachment Sequence No. 52
bor of USA bonoficiany

Name(s				f HSA beneficiary. As, see instructions.
HEMA	A MANOJ KUMAR VANKADARU	328-53		
	re you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance Co	ntracts, i	f requ	ired.
Part	HSA Contributions and Deduction. See the instructions before completing thi and both you and your spouse each have separate HSAs, complete a separate			
1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) duri	ng 2022.		
	See instructions		🗌 Se	lf-only 🛛 Family
2	HSA contributions you made for 2022 (or those made on your behalf), including those made	le by the		
	unextended due date of your tax return that were for 2022. Do not include employer contra	ributions,		
	contributions through a cafeteria plan, or rollovers. See instructions		2	0.
3	If you were under age 55 at the end of 2022 and, on the first day of every month during 2	022, you		
	were, or were considered, an eligible individual with the same coverage, enter \$3,650 (\$			
	family coverage). All others, see the instructions for the amount to enter		3	7,300.
4	Enter the amount you and your employer contributed to your Archer MSAs for 2022 from Fo	rm 8853,		
	lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2			
	include any amount contributed to your spouse's Archer MSAs		4	0.
5	Subtract line 4 from line 3. If zero or less, enter -0		5	7,300.
6	Enter the amount from line 5. But if you and your spouse each have separate HSAs and have	ad family		
	coverage under an HDHP at any time during 2022, see the instructions for the amount to enter	er	6	7,300.
7	If you were age 55 or older at the end of 2022, married, and you or your spouse had family of			
	under an HDHP at any time during 2022, enter your additional contribution amount. See instru	uctions .	7	
8	Add lines 6 and 7		8	7,300.
9	Employer contributions made to your HSAs for 2022	1,764.		
10	Qualified HSA funding distributions 10			
11	Add lines 9 and 10		11	1,764.
12	Subtract line 11 from line 8. If zero or less, enter -0		12	5,536.
13	HSA deduction. Enter the smaller of line 2 or line 12 here and on Schedule 1 (Form 1040), Part Caution: If line 2 is more than line 13, you may have to pay an additional tax. See instructions		13	0.
Part	· · · · ·		arate F	ISAs complete
		,		
14a	a separate Part II for each spouse. Total distributions you received in 2022 from all HSAs (see instructions)		14a	
b	Distributions included on line 14a that you rolled over to another HSA. Also include any			
	contributions (and the earnings on those excess contributions) included on line 14a th			
	withdrawn by the due date of your return. See instructions		14b	
С	Subtract line 14b from line 14a		14c	
15	Qualified medical expenses paid using HSA distributions (see instructions)		15	
16	Taxable HSA distributions. Subtract line 15 from line 14c. If zero or less, enter -0 Also, inc			
	amount in the total on Schedule 1 (Form 1040), Part I, line 8f		16	
17a	If any of the distributions included on line 16 meet any of the Exceptions to the Additional Tax (see instructions), check here			
h	Additional 20% tax (see instructions). Enter 20% (0.20) of the distributions included on line			
D	are subject to the additional 20% tax. Also, include this amount in the total on Schedule			
	1040), Part II, line 17c	•	17b	
Part				efore
	completing this part. If you are filing jointly and both you and your spouse each			
	complete a separate Part III for each spouse.	1-		,
18			18	
19	Qualified HSA funding distribution		19	

		-	0000 (0000)	
	1040), Part II, line 17d	21		
21	Additional tax. Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2 (Form			
20	Total income. Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I, line 8f .	20		
19	Qualified HSA funding distribution	19		

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