Department of the Treasury Internal Revenue Service

Calendar Year — Due **04/18/2023**

2023 Form 1040-ES Payment Voucher 1

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

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

421.

REV 03/22/23 PRO

1555

786-61-7948 472-69-6984
VENKATA SINDHUR GUTTA
RENUKA ARIMILLI
8065 RUTLAND VILLAGE DR
MECHANICSVILLE VA 23116

Department of the Treasury Internal Revenue Service

Calendar Year — Due **06/15/2023**

2023 Form 1040-ES Payment Voucher 2

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

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

421.

REV 03/22/23 PRO

1555

786-61-7948 472-69-6984
VENKATA SINDHUR GUTTA
RENUKA ARIMILLI
8065 RUTLAND VILLAGE DR
MECHANICSVILLE VA 23116

Department of the Treasury Internal Revenue Service

Calendar Year — Due **09/15/2023**

2023 Form 1040-ES Payment Voucher 3

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

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

421.

REV 03/22/23 PRO

1555

786-61-7948 472-69-6984
VENKATA SINDHUR GUTTA
RENUKA ARIMILLI
8065 RUTLAND VILLAGE DR
MECHANICSVILLE VA 23116

Department of the Treasury Internal Revenue Service

Calendar Year — Due **01/16/2024**

2023 Form 1040-ES Payment Voucher 4

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

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

421.

REV 03/22/23 PRO

1555

786-61-7948 472-69-6984
VENKATA SINDHUR GUTTA
RENUKA ARIMILLI
8065 RUTLAND VILLAGE DR
MECHANICSVILLE VA 23116

Form **8879**

(Rev. January 2021)

Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.

► Go to www.irs.gov/Form8879 for the latest information.

OMB No. 1545-0074

Submission Identification Number (SID)		•	
Taxpayer's name	Social securi	ty number	
VENKATA SINDHUR GUTTA	786-61		
Spouse's name	Spouse's soc	-	umber
RENUKA ARIMILLI	472-69		
Part I Tax Return Information — Tax Year Ending December 31, 2022 (Enter	year you a	re authori	zing.)
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	154,860.
2 Total tax		2	19,599.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	19,876.
4 Amount you want refunded to you		4	277.
5 Amount you owe		5	
Part II Taxpayer Declaration and Signature Authorization (Be sure you get and k	еер а сор	y of your	return)
return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmit to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejet for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indic payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requipusiness days prior to the payment (settlement) date. I also authorize the financial institutions involved in the payment confidential information necessary to answer inquiries and resolve issues related to the payers onal identification number (PIN) below is my signature for the income tax return (original or amended) I am Electronic Funds Withdrawal Consent.	ction of the tr S. Treasury a cated in the tr n to debit the the authorizates must be processing of ayment. I furn	ransmission, and its design ax preparation entry to this ation. To reverse received in the electroither acknow	(b) the reason nated Financial on software for a account. This roke (cancel) a to later than 2 nic payment of dedge that the
Taxpayer's PIN: check one box only			
I authorize GLOBAL TAXES LLC to enter or generate n ERO firm name signature on the income tax return (original or amended) I am now authorizing.	ř En	7 9 4 ter five digits n't enter all z	
I will enter my PIN as my signature on the income tax return (original or amended) I am no if you are entering your own PIN and your return is filed using the Practitioner PIN methodelow.			
Your signature ▶ Date ▶			
Spouse's PIN: check one box only			
✓ I authorize GLOBAL TAXES LLC to enter or generate n FRO firm name Continue Contin	En	6 9 8 ter five digits n't enter all z	
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 no if you are entering your own PIN and your return is filed using the Practitioner PIN method below.			
Spouse's signature ▶ Date ▶			
Practitioner PIN Method Returns Only—continue below			
Part III Certification and Authentication — Practitioner PIN Method Only			
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.	2 4 9 Don't ent	6 3 1 er all zeros	9 8 9
I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submirequirements of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS <i>e-file</i> Providers of Incomparison.	tting this retu	urn in accord	dance with the

Date ▶

REV 03/22/23 PRO

ERO's signature ▶

ERO Must Retain This Form — See Instructions
Don't Submit This Form to the IRS Unless Requested To Do So

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

2022

OMB No. 1545-0074 IRS Use Only-Do not write or staple in this space.

Filing Status Check only	; <u> </u>	Single X Married filing jointly	Marrie	ed filing separately (N	/IFS)	Head of	housel	nold (HOI	H) [ifying surv ise (QSS)	iving
one box.		u checked the MFS box, enter the nation is a child but not your dependent		our spouse. If you cl	hecke	ed the HOH or	· QSS I	oox, ente	er the	child's	name if the	e qualifying
Your first name	and mi	ddle initial	Last nar	me					,	Your so	cial security	y number
VENKATA	SIN	IDHUR	GUTT	A						786-6	51-7948	}
If joint return, sp	ouse's	first name and middle initial	Last nar	me						Spouse's	s social sec	urity number
RENUKA			ARIM	ILLI						472-6	59-6984	Ī
Home address	(numbe	r and street). If you have a P.O. box, see	instructio	ons.			Α	pt. no.		Presider	ntial Electio	n Campaign
8065 RUT	'LANI	O VILLAGE DR									ere if you,	
City, town, or po	ost offic	ce. If you have a foreign address, also co	mplete sp	paces below.	Stat	е	ZIP co	ode				tly, want \$3 Checking a
Mechanic	svil	lle			VA		231	16			w will not	
Foreign country	name		F	oreign province/state/o	county	y	Foreig	n postal co	ode !	your tax	or refund.	Spouse
Digital		y time during 2022, did you: (a) reco	,	· · · · · ·			•	,	. ,	,		
Assets		ange, gift, or otherwise dispose of a					asset)	? (See in	struc	tions.)	Yes	⊠ No
Standard	_	eone can claim:				a dependent						
Deduction		Spouse itemizes on a separate retur	n or you	were a dual-status	alien							
Age/Blindness	You:	Were born before January 2, 1	958	Are blind Spo	use:	☐ Was bor	n befo	re Janua	ary 2,	1958	Is bli	nd
Dependents	-			(2) Social security		(3) Relationsh	14				ies for (see i	instructions):
If more		rst name Last name		number		to you		Child ta	ax cre	dit	Credit for oth	ner dependents
than four												<u> </u>
dependents,												
see instructions and check	· —											
here												
Incomo	1a	Total amount from Form(s) W-2, b	ox 1 (see	e instructions)						1a	16	8,208.
Income	b	Household employee wages not re	eported	on Form(s) W-2 .						1b		
Attach Form(s)	С	Tip income not reported on line 1a	(see ins	structions)						1c		
W-2 here. Also attach Forms	d	Medicaid waiver payments not rep	orted or	n Form(s) W-2 (see in	nstru	ctions)				1d		
W-2G and	е	Taxable dependent care benefits f	rom For	m 2441, line 26						1e		
1099-R if tax was withheld.	f	Employer-provided adoption bene	fits from	Form 8839, line 29						1f		
If you did not	g	Wages from Form 8919, line 6 .								1g		
get a Form	h	Other earned income (see instructi	ons) .							1h		0.
W-2, see instructions.	i	Nontaxable combat pay election (s	see instr	uctions)		1i						
mistractions.	Z	Add lines 1a through 1h								1z	16	8,208.
Attach Sch. B	2a	Tax-exempt interest	2a		b Ta	axable interest	t.			2b		410.
if required.	3a	Qualified dividends	3a	93.	b O	rdinary divider	nds .			3b		97.
	4a	IRA distributions	4a		b Ta	axable amoun	t			4b		
Standard	5a	Pensions and annuities	5a		b Ta	axable amoun	t			5b		
Deduction for—	6a	Social security benefits	6a		b Ta	axable amoun	t			6b		
Single or Married filing	С	If you elect to use the lump-sum e	lection n	nethod, check here	(see i	nstructions)			. \square			
separately, \$12,950	7	Capital gain or (loss). Attach Sche	dule D if	required. If not requ	ıired,	check here			. \square	7		-355.
Married filing	8	Other income from Schedule 1, lin	e 10 .							8	-1	3,500.
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,								9	15	4,860.
surviving spouse, \$25,900	10	Adjustments to income from Sche	dule 1, li	ne 26						10		
Head of	11	Subtract line 10 from line 9. This is	your ac	djusted gross incor	ne					11	15	4,860.
household, \$19,400	12	Standard deduction or itemized	deducti	ons (from Schedule	A)					12	1	25,900.
If you checked	13	Qualified business income deduct	on from	Form 8995 or Form	8995	5-A				13		
any box under Standard	14	Add lines 12 and 13								14	2	25,900.
Deduction,	15	Subtract line 14 from line 11. If zer	o or less	s, enter -0 This is y	our t a	axable incom	ie .			15	12	8,960.

Form 1040 (202)	2)								Page 2
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 881	4 2 🗌 4972	3 🗌		16	19,599.
Credits	17	Amount from Schedule 2, lin	ie 3				[17	
	18	Add lines 16 and 17						18	19 , 599.
	19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812			19	
	20	Amount from Schedule 3, lin	ıe 8					20	
	21	Add lines 19 and 20					[21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	19,599.
	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	19,599.
Payments	25	Federal income tax withheld							
•	а	Form(s) W-2				25a 19	,876.		
	b	Form(s) 1099				25b			
	С	Other forms (see instruction	s)			25c			
	d	Add lines 25a through 25c						25d	19,876.
If b	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	Ì		
attach Sch. EIC.	28	Additional child tax credit from				28			
	29	American opportunity credit	from Form 8863	3, line 8		29			
	30	Reserved for future use .				30			
	31	Amount from Schedule 3, lin	ne 15			31			
	32	Add lines 27, 28, 29, and 31				undable credits		32	
	33	Add lines 25d, 26, and 32. T	hese are your tc	tal payments			1	33	19,876.
Defund	34	If line 33 is more than line 24						34	277.
Refund	35a	Amount of line 34 you want					1	35a	277.
Direct deposit?	b	Routing number 0 3 1			c Type:		Savings		
See instructions.	d	Account number 3 6 1							
	36	Amount of line 34 you want	applied to your	2023 estimate	ed tax	36			
Amount You Owe	37	Subtract line 33 from line 24 For details on how to pay, g						37	
	38	Estimated tax penalty (see in	_	•		38			
Third Party Designee	Do	you want to allow another	person to disc	cuss this retu	n with the IRS?	See _	omplete be	elow	⊠ No
Designee		signee's		Phone			onal identifi		
		me		no.			ber (PIN)		
Sign		der penalties of perjury, I declare tief, they are true, correct, and com			1 , 0		,		, ,
Here	Yo	ur signature		Date	Your occupation				nt you an Identity N, enter it here
Joint return?					IT ENGINE	ER	(see ir	ıst.)	
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, I	ooth must sign.	Date	Spouse's occupa	tion			nt your spouse an
your records.				TH ENGINE	ПD	(see in	. ,	ection PIN, enter it here	
		000 00 /((0) 001 007	0	Email address	IT ENGINE			,	
		one no. (669) 224-007 eparer's name	Preparer's signat	Email address	GUTTAVENKA	T76@GMAIL.CO Date	PTIN	\neg	Check if:
Paid		•	1 .		רווסחה החדד איי			702	Self-employed
Preparer		I PRIYA RAM SAGAR GUPTA TALLAM		NAM SAGAK	GUPIA TALLAM	04/13/2023	P02082		
Use Only		m's name GLOBAL TA		MCMTOV N	T 00016		Phone		678) 965-9522
			Y CT E BRU	MOMICK N			Firm's	, EIIN	84-3171965
Go to www.irs.g	ov/Forn	n1040 for instructions and the late	st information.		BAA	REV 03/22/23 PRO			Form 1040 (2022

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2022

Attachment Sequence No. 01

Your social security number

Department of the Treasury Internal Revenue Service

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

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

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

JENK	ATA SINDHUR GUTTA & RENUKA ARIMILLI		786-61-79	48
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			
4	Other gains or (losses). Attach Form 4797			
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Atta	ach Schedule	E . 5	-13,500.
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 (
	· · · · · · · · · · · · · · · · · · ·	88 (
t	Pension or annuity from a nonqualifed deferred compensation plan or	8t		
	a nongovernmental section 457 plan			
	Other income. List type and amount:	8u		
_	Other income. List type and amount.	8z		
9	Total other income Add lines 8a through 8z	02	9	

Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8 | 10

-13**,**500.

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

Par	II Adjustments to Income			
11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-b			
	officials. Attach Form 2106		12	
13	Health savings account deduction. Attach Form 8889		13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903 .		14	
15	Deductible part of self-employment tax. Attach Schedule SE		15	
16	Self-employed SEP, SIMPLE, and qualified plans		16	
17	Self-employed health insurance deduction		17	
18	Penalty on early withdrawal of savings		18	
19a	Alimony paid		19a	
b	Recipient's SSN			
С	Date of original divorce or separation agreement (see instructions):			
20	IRA deduction		20	
21	Student loan interest deduction		21	
22	Reserved for future use		22	
23	Archer MSA deduction		23	
24	Other adjustments:			
а	, , , , , , , , , , , , , , , , , , ,	4a		
b	Deductible expenses related to income reported on line 8l from the			
		4b		
С	Nontaxable amount of the value of Olympic and Paralympic medals			
	' ' '	4c		
d		4d		
е	Repayment of supplemental unemployment benefits under the Trade			
		4e		
f		24f		
g	, , , , , , , , , , , , , , , , , , , ,	4g		
h	Attorney fees and court costs for actions involving certain unlawful			
	,	4h		
i	Attorney fees and court costs you paid in connection with an award			
	from the IRS for information you provided that helped the IRS detect			
		24i	_	
J		24j		
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form	41-		
_	,	4k	_	
Z	Other adjustments. List type and amount:	4z		
25			05	
25 26	Total other adjustments. Add lines 24a through 24z		25	
26	Add lines 11 through 23 and 25. These are your adjustments to income . E		26	
	Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a	<u> </u>		

SCHEDULE D (Form 1040)

Capital Gains and Losses

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

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

OMB No. 1545-0074

Attachment Sequence No. **12**

Department of the Treasury Internal Revenue Service

Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10. Name(s) shown on return

VENKATA SINDHUR GUTTA & RENUKA ARIMILLI

Your social security number 786-61-7948

	you dispose of any investment(s) in a qualified opportunity es," attach Form 8949 and see its instructions for additiona			_			
	rt I Short-Term Capital Gains and Losses—Ge				e ins	tructions)	
lines This	instructions 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.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustmento gain or loss Form(s) 8949, line 2, colum	from Part I,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)	
	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	5 , 097.	5,458.		21.	-340.	
	Totals for all transactions reported on Form(s) 8949 with Box B checked	5.	5.			0.	
3	Totals for all transactions reported on Form(s) 8949 with Box C checked						
4	Short-term gain from Form 6252 and short-term gain or (le	oss) from Forms 4	684, 6781, and 88	324	4		
5	Net short-term gain or (loss) from partnerships, Schedule(s) K-1				5		
6	6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover Worksheet in the instructions						
7	Net short-term capital gain or (loss). Combine lines 1a term capital gains or losses, go to Part II below. Otherwise				7	-340.	
Pai	t II Long-Term Capital Gains and Losses—Ger	nerally Assets F	leld More Than	One Year	(see i	instructions)	
lines This	instructions 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.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustmen to gain or loss Form(s) 8949, line 2, colum	from Part II,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)	
8a	Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b.						
8b	Totals for all transactions reported on Form(s) 8949 with Box D checked	2,580.	2,595.			-15.	
9	Totals for all transactions reported on Form(s) 8949 with Box E checked	2,000.	2,030.			101	
10	Totals for all transactions reported on Form(s) 8949 with Box F checked						
11	Gain from Form 4797, Part I; long-term gain from Forms from Forms 4684, 6781, and 8824				11		
12	Net long-term gain or (loss) from partnerships, S corporat	ions, estates, and	trusts from Scheo	dule(s) K-1	12		
	Capital gain distributions. See the instructions				13		
	Long-term capital loss carryover. Enter the amount, if any Worksheet in the instructions				14	()	
15	Net long-term capital gain or (loss). Combine lines 8a on the back	•	. ,		15	-15.	

Schedule D (Form 1040) 2022 Page 2

Part III Summary 16 Combine lines 7 and 15 and enter the result 16 -355.• If line 16 is a gain, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below. • If line 16 is a loss, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete • If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22. 17 Are lines 15 and 16 both gains? ☐ **Yes.** Go to line 18. No. Skip lines 18 through 21, and go to line 22. 18 If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the 18 19 If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet . 19 20 Are lines 18 and 19 both zero or blank and you are not filing Form 4952? ☐ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. Don't complete lines 21 and 22 below. □ No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below. If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of: 21 • The loss on line 16; or 355.) 21 • (\$3,000), or if married filing separately, (\$1,500) **Note:** When figuring which amount is smaller, treat both amounts as positive numbers. Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a? 22 X Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.

Sales and Other Dispositions of Capital Assets

Social security number or taxpayer identification number

OMB No. 1545-0074

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

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

VENKATA SINDHUR GUTTA	& RENUKA	ARIMILL	I	786-61	-7948		
Before you check Box A, B, or C belo statement will have the same informa broker and may even tell you which b	tion as Form 1						
Part I Short-Term. Transinstructions). For low Note: You may aggregored to the IRS	ng-term trai regate all s and for whi	nsactions, s hort-term tr ich no adjus	see page 2. ansactions rep stments or cod	oorted on Form les are required	(s) 1099-E d. Enter th	showing basi e totals directly	s was / on
Schedule D, line 1a You <i>must</i> check Box A, B, <i>or</i> C I	•	<u> </u>	<u> </u>			`	
complete a separate Form 8949, p for one or more of the boxes, com	age 1, for ea	ch applicabl	e box. If you have	ve more short-te	rm transac		
☒ (A) Short-term transactions☐ (B) Short-term transactions	reported on reported on	Form(s) 1099 Form(s) 1099	9-B showing bas 9-B showing bas	sis was reported	to the IRS	•	9)
(c) Short-term transactions	(b)	(c) Date sold or	(d) Proceeds	(e) Cost or other basi See the Note belo	If you enter an enter a c	f any, to gain or loss amount in column (g), ode in column (f). parate instructions.	(h) Gain or (loss) Subtract column (e)
Description of property (Example: 100 sh. XYZ Co.)	Date acquired (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	5,097.	5,458.	W	21.	-340.
2 Totals. Add the amounts in columns negative amounts). Enter each total							

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.

5,097.

-340.

Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked) .

5,458.

Form 8949 (2022) Attachment Sequence No. **12A** Page **2**

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side VENKATA SINDHUR GUTTA & RENUKA ARIMILLI

Social security number or taxpayer identification number

786-61-7948

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☐ (E) Long-term transactions☐ (F) Long-term transactions	reported on	Form(s) 1099	-B showing bas				e)
1 (a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis See the Note below			(h) Gain or (loss) Subtract column (e)
(Example: 100 sh. XYZ Ćo.)	(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	2,580.	2,595.			-15.
2 Totals. Add the amounts in columns negative amounts). Enter each tota Schedule D, line 8b (if Box D above	al here and inc	lude on your					

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.

above is checked), or line 10 (if Box F above is checked) .

2,580.

2,595.

8949

Department of the Treasury

Internal Revenue Service

Sales and Other Dispositions of Capital Assets

OMB No. 1545-0074 Attachment

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

Social security number or taxpayer identification number 786-61-7948 SINDHUR GUTTA & RENUKA ARIMILLI 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. (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). (d) Cost or other basis Gain or (loss) (c) (a) (b) See the separate instructions. Date sold or Proceeds See the **Note** below Subtract column (e) Description of property Date acquired disposed of and see Column (e) (sales price) from column (d) and (Example: 100 sh. XYZ Co.) (Mo., day, yr.) (Mo., day, yr.) combine the result (see instructions) in the separate (g) Code(s) from Amount of adjustment with column (a). instructions. instructions ROBINHOOD CRYPTO LLC 01/01/22 12/31/22 5. 5. 0.

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.

5.

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

above is checked), or line 3 (if Box C above is checked) .

5.

SCHEDULE E (Form 1040)

Supplemental Income and Loss

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

Department of the Treasury Internal Revenue Service

Attach to Form 1040, 1040-SR, 1040-NR, or 1041, Go to www.irs.gov/ScheduleE for instructions and the latest information. Attachment Sequence No. 13

OMB No. 1545-0074

Name(s) shown on return Your social security number VENKATA 786-61-7948 SINDHUR GUTTA & RENUKA ARIMILLI Part I Income or Loss From Rental Real Estate and Royalties **Note:** If you are in the business of renting personal property, use **Schedule C**. See instructions. If you are an individual, report farm rental income or loss from **Form 4835** on page 2, line 40. Did you make any payments in 2022 that would require you to file Form(s) 1099? See instructions . 1a Physical address of each property (street, city, state, ZIP code) 4-69, CHATAPARRU, ELLURU WEST GODAVARI DIST ANDHRA PRADESH IN 534004 Α В C 1b Type of Property For each rental real estate property listed **Fair Rental Personal Use** QJV (from list below) above, report the number of fair rental and **Davs Davs** personal use days. Check the QJV box only Α Α 365 0 if you meet the requirements to file as a В В qualified joint venture. See instructions. С C Type of Property: 3 Vacation/Short-Term Rental 1 Single Family Residence 5 Land 7 Self-Rental 8 Other (describe) 2 Multi-Family Residence 4 Commercial 6 Royalties **Properties:** Α В C Income: 3 650. 4 Royalties received 4 **Expenses:** 5 5 Advertising 6 Auto and travel (see instructions) 6 7 Cleaning and maintenance. 7 1,250. 8 Commissions 8 9 9 Insurance . . 10 10 Legal and other professional fees 11 Management fees 11 1,850. 12 Mortgage interest paid to banks, etc. (see instructions) 12 13 13 4,850. 14 14 Repairs . . . 15 Supplies 15 3,650. 16 16 Taxes 17 Utilities 17 2,550. 18 18 Depreciation expense or depletion Other (list) 19 19 20 20 Total expenses. Add lines 5 through 19 14,150. 21 Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198 21 -13,500.22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) 13,500.) 650. Total of all amounts reported on line 3 for all rental properties Total of all amounts reported on line 4 for all royalty properties 23b Total of all amounts reported on line 12 for all properties 23c 23d Total of all amounts reported on line 18 for all properties Total of all amounts reported on line 20 for all properties 23e 14,150. 24 **Income.** Add positive amounts shown on line 21. **Do not** include any losses 24 25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here 25 13,500. Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result 26 here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on

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

-13,500.

Form **8889**

Department of the Treasury

Health Savings Accounts (HSAs)

Attach to Form 1040, 1040-SR, or 1040-NR. Go to www.irs.gov/Form8889 for instructions and the latest information.

OMB No. 1545-0074

2022
Attachment
Sequence No. 52

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

VENKATA SINDHUR GUTTA

Social security number of HSA beneficiary. If both spouses have HSAs, see instructions. 786-61-7948

Before you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if required. HSA Contributions and Deduction. See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part I for each spouse. Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2022. ☐ Self-only X Family HSA contributions you made for 2022 (or those made on your behalf), including those made by the unextended due date of your tax return that were for 2022. Do not include employer contributions, 2 0. If you were under age 55 at the end of 2022 and, on the first day of every month during 2022, you 3 were, or were considered, an eligible individual with the same coverage, enter \$3,650 (\$7,300 for 3 7,300. Enter the amount you and your employer contributed to your Archer MSAs for 2022 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2022, also 4 0. 5 7,300. 5 6 Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2022, see the instructions for the amount to enter . . . 6 7,300. If you were age 55 or older at the end of 2022, married, and you or your spouse had family coverage 7 under an HDHP at any time during 2022, enter your additional contribution amount. See instructions. 7 8 8 7,300. Employer contributions made to your HSAs for 2022 9 10 11 11 3,846. 12 12 3,454. HSA deduction. Enter the smaller of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line 13 13 13 Caution: If line 2 is more than line 13, you may have to pay an additional tax. See instructions. Part II HSA Distributions. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part II for each spouse. 614. Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were 14b 14c 614. 15 15 614. Taxable HSA distributions. Subtract line 15 from line 14c. If zero or less, enter -0-. Also, include this 16 16 0. If any of the distributions included on line 16 meet any of the Exceptions to the Additional 20% b Additional 20% tax (see instructions). Enter 20% (0.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also, include this amount in the total on Schedule 2 (Form 1040). Part II. line 17c Income and Additional Tax for Failure To Maintain HDHP Coverage. See the instructions before Part III completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part III for each spouse. 18 18 19 19 20 **Total income.** Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I, line 8f 20 Additional tax. Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2 (Form 21

2022 VA760CG Page 1





VENKATA SIN GUTTA RENUKA ARIMILLI 8065 RUTLAND VILLAGE DR

0000 NOTHAND VII	ILAGE DI	X			
MECHANICSVILLE	VA	A 23116			
SSN - You GUTT	1	786617948	Vendor ID 1555		xxxxx 7
SSN - Spouse ARIM	I	472696984			
Fed Adj Gross Income (FAGI)	1.	154860.	Withholding (VA) - You	19A.	4547.
Additions	2.		Withholding (VA) - Spouse	19B.	3970.
Subtotal	3.	154860.	Estimated Payments	20.	
Age Deduction - You	4A.		2021 Overpayment	21.	
Age Deduction - Spouse	4B.		Extension Payments	22.	
Soc Sec & Tier 1 Railroad	5.		Credit - Low-Income or EIC	23.	
State Income Tax Overpayment	6.		Credit - Schedule OSC	24.	
Subtractions	7.		Credits - Schedule CR	25.	
Subtotal Subtractions	8.		Total Payments / Credits	26.	8517.
Total VA Adj Gross Income (VAGI)	9.	154860.	Tax You Owe	27.	
Itemized Deductions - VA Sch A	10.		Tax Overpayment	28.	1156.
Standard Deduction	11.	16000.	Overpayment Credited to Next Year	r 29.	
Exemptions	12.	1860.	VAC - Virginia 529 / ABLE	30.	
Deductions	13.		VAC - Other Contributions	31.	
Subtotal (Deductions & Exemptions	s) 14.	17860.	Addition to Tax, Penalty & Interest	32.	
VA Taxable Income	15.	137000.	Sales and Use Tax	33.	
Amount of Tax	16.	7620.	Amount You Owe		
Spouse Tax Adjustment (STA)	17.	259.	Will Pay by Credit/Debit Card N Your Refund	1	1156.
VAGI - Spouse	17A.	78618.	Deal Death at H		001176110
Net Amount of Tax	18.	7361.	Bank Routing #	C	031176110
1			Bank Account #	36118	305953





ı									
Fi	ling Status, Age &	License Info	ormation		Additional Filing Information				
	Filing Status	Status 2			Locality	085			
	Federal Head of Ho	usehold			Uninsured & Authorize DMAS				
	DOB - You		02281987		Name or Filing Status Change				
	VA Driver's License	ID - You	В63634238		Address Change				
	VA Driver's License	- Iss. Date - Yo	ou 08012022		VA Return Not Filed Last Year				
Spouse Name (Filing Status 3 Only)			ly)		Dependent on Another's Return				
	DOD Chause		04161991		Farmer / Fisherman / Merchant Seaman				
	DOB - Spouse VA Driver's License	ID - Snouse	C66047366		Amended				
	VA Driver's License	•			Reason Code				
_	xemptions (A)		•		Overseas on Due Date				
-	You	1	Exemptions (B) 65 & Over - You		Federal EIC & Amount				
	Spouse	1	65 & Over - Spouse		Deceased Indicator				
	Dependents		Blind - You		Form 760C or 760F				
	Total (A) 2		Blind - Spouse		No Sales & Use Tax Due Indicator	X			
			Total (B)		Obtain Electronic 1099G				
		C	ontact Information		ID Theft PIN				
		0	viiiwat iiii viiiiwtivii						

I (We), the undersigned, declare under penalty of law that I (we) have examined this return & to the best of my (our) knowledge, it is a true, correct & complete return. If you are requesting direct deposit of your refund by providing bank information on your return, you are certifying that the information provided is for a domestic account within the territorial jurisdiction of the United States. 6692240078

Phone - You

Signature - Spouse _____ Date Phone - Spouse

041323 6789659522 Signature - Preparer SYAM PRIYA RAM SAGAR GUPTA TALLAM Date

Phone - Preparer

7 P02082703 The Tax Department may discuss my/our return with my/our preparer.

Preparer Information GLOBAL TAXES LLC File by May 1, 2023

Include Page 1, Page 2 and all 245 ROONEY CT supporting 760CG documents. E BRUNSWICK

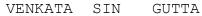
Date

Signature - You ___

2022 Schedule INC/CG

786617948

Report all W-2s, 1099s & VK-1s with VA Withholding



RENUKA ARIMILLI



Your/ Spouse SSN	Withholding Type	VA Withholding	Employer FEIN	VA Account Number	VA Wages, tips, other comp.
786617948	W	2401.	752916159	30752916159F001	47735.
472696984	W	3970.	462891128	30462891128F001	78607.
786617948	W	2146.	770148231	30770148231F001	41866.

Total VA Withholding	SSN	VA Withholding
You	786617948	4547.
Spouse	472696984	3970.
Total # of W-2s,1099s & VK-1s	03	

VA-8879 Virginia Department of Taxation

Virginia Individual Income Tax e-File Signature Authorization

Tax Year 2022

DO NOT SEND THIS VA-8879 TO THE VIRGINIA DEPARTMENT OF TAXATION OR THE IRS. IT MUST BE MAINTAINED IN YOUR FILES!

Virginia Submission Identification Number (SID)			
Your Name	B Your Social Security Number		
VENKATA SINDHUR GUTTA	786-61-7948		
Spouse's Name	A Spouse's Social		
RENUKA ARIMILLI	472-69-698	3 4	
Part I Tax Return Information	A Spouse	B Yourself	
1. Federal Adjusted Gross Income (Form 760CG, Line 1; 760PY, Line 1, columns A & B; Form 763, Line 1)		154860.	
2. Virginia Adjusted Gross Income (Form 760CG, Line 9; 760PY, Line 10, columns A & B; Form 763, Line 9)		154860.	
3. Taxable Income (Form 760CG, Line 15; 760PY, Line 16, columns A & B; Form 763, Line 17)		137000.	
4. Virginia Income Tax (Form 760CG, Line 18; 760PY, Line 17, columns A & B; Form 763 Line 18)		7361.	
5. Withholding (Form 760CG, Line 19a & 19b; 760PY, Lines 19a & 19b; Form 763, Lines 19a & 19b)		8517.	
6. Amount you Owe (Form 760CG, Line 35; Form 760PY, Line 35; Form 763, Line 35)			
7. Refund (Form 760CG, Line 36; 760PY, Line 36; Form 763, Line 36)		1156.	
Part II Declaration of Taxpayer and Signature Authorization			
December 31, 2022, and to the best of my knowledge and belief, it is true, correct and complete. I further declare that the information I provided to my Electronic Return Originator (ERO), Transmitter, or Intermediate Service Provider (including my name, address and social security number or individual tax identification number) and the amount shown in Part I above agree with the information and amounts shown on the corresponding lines of my electronic income tax return. If I am filing a balance due return, I understand that if the Virginia Department of Taxation (Virginia Tax) does not receive full and timely payment of my tax liability, I remain liable for the tax liability and all applicable interest and penalties. I authorize my ERO, Transmitter or Intermediate Service Provider to transmit my complete return to Virginia Tax. I have selected a personal identification number (PIN) as my signature for my electronic income tax return and, if applicable, the direct deposit of my refund or direct debit of my tax due. In choosing either direct deposit or direct debit, I certify that the transaction does not directly involve a financial institution outside of the territorial jurisdiction of the United States at any point in the process. Taxpayers may sign the form using a rubber stamp, mechanical device, such as a signature pen, or computer software program.			
Taxpayer's e-File PIN: check one box only			
I authorize the ERO named below to enter my e-File PIN 1 7 9 4 8 as my signature on my 2022 e-filed Virginia individual income tax return. Do not enter all zeros			
GLOBAL TAXES LLC			
ERO Firm Name I will enter my e-File PIN as my signature on my 2022 e-filed Virginia individual income tax return. Check this box only if you are entering your own e-File PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.			
Your Signature Date			
Spouse's e-File PIN: check one box only			
I authorize the ERO named below to enter my e-File PIN 9 6 9 8 4 as my signature on my 2022 e-filed Virginia individual income tax return. Do not enter all zeros			
GLOBAL TAXES LLC			
ERO Firm Name I will enter my e-File PIN as my signature on my 2022 e-filed Virginia individual income tax return. Check this box only if you are entering your own e-File PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.			
Spouse's Signature Date			
Part III Certification and Authentication – Practitioner PIN Method Only			
ERO's EFIN/PIN: Enter your six-digit EFIN followed by your five digit self-selected PIN. 2 2 2 4 9 6 3 1 9 8 9			
Do not enter all zeros I certify that the above numeric entry is my ERO EFIN/PIN, which is my signature for the 2022 Virginia individual income tax return 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 Virginia's publication Handbook for Electronic Filers of Individual Income Tax Returns (Tax Year 2022). EROs may sign the form using a rubber stamp, mechanical device, such as a signature pen, or computer software program.			
ERO's Signature Date04-1	3-23		