Form 8879
(Rev. January 2021)
Department of the Treesury

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.

Submission Identification Number (SID)

Taxpay	/er s name		Social securi	ty numb	er
SRI	-1136	5			
Spouse	o's name	Spouse's soo	cial secu	rity number	
Par	t I Tax Return Information – Tax Year Ending December 31, 202	2 (Enter	r year you a	are aut	horizing.)
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	65,745.
2	Total tax			2	7,228.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099			3	12,494.
4	Amount you want refunded to you			4	5,266.
5	Amount you owe			5	
Par	Taxpayer Declaration and Signature Authorization (Be sure you g	et and k	keep a cop	v of v	our 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

				EBO firm name	· ·	Ēr
X	I authorize	GLOBAL	TAXES	LLC	to enter or generate my PIN	
			-			1.7

2	1	1	3	6	
Ent don	er fiv n't er	/e di nter a	gits, all ze	but ros	as my

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

Date

Spouse's PIN: check one box only

I authorize

to enter or generate my PIN

as mv Enter five digits, but don't enter all zeros

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.

Spouse's signa	ature 🕨 🛛 Da	ate 🕨	•				 		
	Practitioner PIN Method Returns Only—continue	bel	ow						
Part III Co	ertification and Authentication – Practitioner PIN Method Only								
ERO's EFIN/P	PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.	2	2		 	3 all zei	 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 signature >		Date 🕨	
	O Must Retain This Form — S nit This Form to the IRS Unles		
For Department Peduction Act Nation and Vo	ur tox roturn instructions	DEV 02/22/22 DBO	Earm 8879 (Pov. 01 2021)

For Paperwork Reduction Act Notice, see your tax return instructions. BAA REV 03/22/23 PRO

1040		artment of the Treasury-Internal Revenue Servi S. Individual Income Tax		_{ırn} 202	22	OMB No. 1545	-0074	IRS Use C)nly—D	o not w	rite or staple	in this space.
Check only			_	d filing separately					,	spou	lifying surv use (QSS)	0
one box.		u checked the MFS box, enter the nation is a child but not your dependent	,	our spouse. If you	checł	ked the HOH or	QSS	box, enter	r the c	child's	name if th	ie qualifying
Your first name	and mi	ddle initial	Last nar	ne					Yo	our so	cial securit	ty number
SRIKANTH	I REI	DDY	BERE	DDY					8	45-4	42-113	б
lf joint return, s	oouse's	first name and middle initial	Last nar	ne					Sp	ouse'	s social sec	curity number
Home address	(numbe	er and street). If you have a P.O. box, see	instructio	ons.			A	Apt. no.	Pr	reside	ntial Election	on Campaigr
544 GRAN	IDVI	EW AVE					1	4			nere if you,	
City, town, or p	ost offi	ce. If you have a foreign address, also co	mplete sp	baces below.	Sta	ate	ZIP c	ode				tly, want \$3 Checking a
WOONSOCK	ΈT				R	I	028	95		0	ow will not	•
Foreign country	/ name		F	oreign province/state	e/coun	ty	Foreig	n postal coo	de yo	our tax	or refund.	Spouse
Digital		ny time during 2022, did you: (a) rec										
Assets		ange, gift, or otherwise dispose of a					asset)	? (See Ins	tructio	ons.)	Yes	X No
Standard Deduction	_	eone can claim: You as a de Spouse itemizes on a separate retur	•	·								
Age/Blindness	You:	Were born before January 2, 1	958	Are blind Sp	ouse	: 🗌 Was bor		ore Januar	, ,		🗌 ls bl	
Dependents	s (see	instructions):		(2) Social securi	ty	(3) Relationsh	ip (4	Check the	e box i	f qualif	ies for (see	instructions):
If more	(1) F	irst name Last name		number		to you		Child tax	k credi	t	Credit for ot	her dependents
than four												
dependents, see instructions	s ——											
and check												
here											[
Income	1a	Total amount from Form(s) W-2, b		,			• •		•	1 a		77,058.
	b	Household employee wages not re					• •		•	1b	-	
Attach Form(s) W-2 here. Also	С	Tip income not reported on line 1a					• •		•	1c		
attach Forms	d	Medicaid waiver payments not rep			instru	uctions)	• •		•	1d	-	
W-2G and 1099-R if tax	е	Taxable dependent care benefits f					• •		•	1e		
was withheld.	f	Employer-provided adoption bene		-	9.		• •		•	1f		
If you did not	g	Wages from Form 8919, line 6 .			• •		• •		•	1g		
get a Form W-2, see	h	Other earned income (see instruct	,		• •	· · · ·	· ·		•	1h	-	0.
instructions.	i	Nontaxable combat pay election (s	see instri	uctions)	• •	1 i					· .	
			· · ·	· · · · ·	•••		• •		•	1z		77,058.
Attach Sch. B if required.	2a	· -	2a	75		axable interest			•	2b		21.
in required.	<u>3a</u>		3a	75.		Ordinary divider			•	3b		76.
• • •	4a		4a			axable amount			•	4b		
Standard Deduction for—	5a		5a			axable amount			•	5b		
 Single or 	6a	,	6a	asthad shask have		axable amount	[·	6b	-	
Married filing separately,	c 7	If you elect to use the lump-sum e					• •			-		2 000
\$12,950	7	Capital gain or (loss). Attach Scher		•	•		• •			7		-3,000.
 Married filing jointly or 	8 9	Other income from Schedule 1, lin Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7					• •		•	8		<u>-8,410.</u> 65,745.
Qualifying spouse,							• •		·)),/4).
\$25,900	10 11	Adjustments to income from Sche					• •		•	10		SE 745
 Head of household, 	11 12	Subtract line 10 from line 9. This is Standard deduction or itemized					• •		•	12		<u>55,745.</u>
\$19,400 • If you checked	13	Qualified business income deduct					• •		•	13		<u>12,950.</u> 0.
any box under	14	Add lines 12 and 13					• •		•	14	-	<u> </u>
Standard Deduction,	15	Subtract line 14 from line 11. If zer					 е		•	15		52,795.
see instructions.			0 01 1000	., enter o i rino lo	, cu		. .		•	15		

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	n(s): 1 🗌 881	4 2 4972	3		16	7,228.
Credits	17	Amount from Schedule 2, lir	ne3					17	
	18	Add lines 16 and 17						18	7,228.
	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						22	7,228.
	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	7,228.
Payments	25	Federal income tax withheld							
,, ,	а	Form(s) W-2				25a 1	2,494.		
	b	Form(s) 1099				25b			
	с	Other forms (see instruction				25c			
	d	Add lines 25a through 25c	,					25d	12,494.
	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						32	
	33	Add lines 25d, 26, and 32. T	,					33	12,494.
	34	If line 33 is more than line 24	,					34	5,266.
Refund	35a	Amount of line 34 you want	-			, .	_	35a	5,266.
Direct deposit?	b	Routing number 1 0 1] Savings	oou	
See instructions.		Account number 5 1 8					Joannigo		
	36	Amount of line 34 you want				36			
Amount	37	Subtract line 33 from line 24	,						
You Owe	31	For details on how to pay, g						37	
	38	Estimated tax penalty (see in	-			38		01	
Third Party		you want to allow another							
Designee					· · · · · ·		Complete	below.	× No
3	De	signee's		Phone			sonal ident	ification	
	nai	nē		no.		nui	nber (PIN)		
Sign		der penalties of perjury, I declare							
Here		ief, they are true, correct, and corr	plete. Declaration			ased on all informa	1		, ,
	Yo	ur signature		Date	Your occupation				nt you an Identity IN, enter it here
Joint return?					SOFTWARE I	ESTIMATION	1	inst.)	
See instructions.	Sp	ouse's signature. If a joint return, l	both must sign.	Date	Spouse's occupat			e IRS se	nt your spouse an
Keep a copy for		, , , , , , , , , , , , , , , , , , ,					Ider	ntity Prot	ection PIN, enter it here
your records.							(see	e inst.)	
		one no. (913)749-870	7	Email address	SRIKANTH.RED	DY950@GMAIL.	COM		1
Paid	Pre	eparer's name	Preparer's signat	ture		Date	PTIN		Check if:
Preparer	SYAM	PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	04/09/2023	P0208	2703	Self-employed
Use Only	Fir	m's name GLOBAL TA	XES LLC				Pho	ne no. (678)965-9522
	Fir	m's address 245 ROONE	Y CT E BRU	NSWICK N	J 08816		Firn	n's EIN	84-3171965
Go to www.irs.c	ov/Form	a1040 for instructions and the late	et information		DAA				Form 1040 (2022)

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

BAA REV 03/22/23 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 20

Attachment

Internal Revenue Service		Sequence No. 01	
Name(s) shown on Fo	rm 1040, 1040-SR, or 1040-NR	Your soci	ial security number
SRIKANTH REDDY	BEREDDY	845-42	-1136

Par	t I Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxes		1	0.
2a	Alimony received		2 a	
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	-8,410.
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		
1	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		
ο	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		
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	Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR	, or 1040-NR, line 8	10	-8,410.
D	a successful Destructions. A st. Matters as a construction statement is should be a		• • •	/

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-basis government		
	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	Jury duty pay (see instructions)		
b			
	rental of personal property engaged in for profit		
С	Nontaxable amount of the value of Olympic and Paralympic medals		
	and USOC prize money reported on line 8m		
d	Reforestation amortization and expenses		
е	Repayment of supplemental unemployment benefits under the Trade		
	Act of 1974	_	
f	Contributions to section 501(c)(18)(D) pension plans	_	
g	Contributions by certain chaplains to section 403(b) plans 24g	_	
h	Attorney fees and court costs for actions involving certain unlawful		
	discrimination claims (see instructions)	_	
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	_	
j	Housing deduction from Form 2555	_	
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form		
	1041)	_	
Z	Other adjustments. List type and amount:		
05	Tatal ather adjustments Add lines 04s through 04s	05	
25	Total other adjustments. Add lines 24a through 24z	25	
26	Add lines 11 through 23 and 25. These are your adjustments to income . Enter here and on		
	Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a	26	
	BAA REV 03/22/23 PRO	Schedule 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. 2022 Attachment Sequence No. 12

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

SRIKANTH REDDY BEREDDY

Your social security number 845-42-1136

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)

	instructions for how to figure the amounts to enter on the below.	(d) Proceeds	(e) Cost	(g) Adjustment		(h) Gain or (loss) Subtract column (e)
	form may be easier to complete if you round off cents to e dollars.	(sales price)	(or other basis)	to gain or loss Form(s) 8949, F line 2, column	Part I,	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	520,808.	599,827.	55,1	11.	-23,908.
2	Totals for all transactions reported on Form(s) 8949 with Box B checked	9,096.	7,774.			1,322.
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 (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	y, from line 8 of y	our Capital Loss	Carryover	6	()
7	Net short-term capital gain or (loss). Combine lines 1a term capital gains or losses, go to Part II below. Otherwise	0	()	, ,	7	-22,586.

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.		(d) Proceeds	(e) Cost	(g) Adjustmen to gain or loss		(h) Gain or (loss) Subtract column (e) from column (d) and
	form may be easier to complete if you round off cents to e dollars.	(sales price)	(or other basis)	Form(s) 8949, I line 2, colum	Part II,	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	1,247.	4,821.	Ę	526.	-3,048.
9	Totals for all transactions reported on Form(s) 8949 with Box E checked					
10	Totals for all transactions reported on Form(s) 8949 with Box F checked.					
11	Gain from Form 4797, Part I; long-term gain from Forms from Forms 4684, 6781, and 8824				11	
12	Net long-term gain or (loss) from partnerships, S corporat	ions, estates, and	trusts from Scheo	dule(s) K-1	12	
13	Capital gain distributions. See the instructions				13	
14	Long-term capital loss carryover. Enter the amount, if any	/, from line 13 of y	our Capital Loss	Carryover		,
	Worksheet in the instructions				14	()
15	Net long-term capital gain or (loss). Combine lines 8a on the back				15	-3,048.

Part	III Summary		
16	Combine lines 7 and 15 and enter the result	16	-25,634.
	• 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?		
	No. Skip lines 18 through 21, and go to line 22.		
18	If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet	18	
19	If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet	19	
20	 Are lines 18 and 19 both zero or blank and you are not filing Form 4952? Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. Don't complete lines 21 and 22 below. 		
	□ 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 (3,000.)
	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 03/22/23 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.



SRIKANTH REDDY BEREDDY 845-42-1136	

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 acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis See the Note below	ost or other basis e the Note below See the separate instructions. Subt		(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	06/14/22	12/31/22	520,808.	599,827.	W	55,111.	-23,908.
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), li	lude on your ne 2 (if Box B	520,808.	599,827.		55,111.	-23,908.

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)	Attachmen	t Sequence No. 12A	Page 2

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side SRIKANTH REDDY BEREDDY

Social security number or taxpayer identification number 845-42-1136

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	09/16/22	12/31/22	1,247.	4,821.	W	526.	-3,048.
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	I here and inc is checked), lir	lude on your 1e 9 (if Box E	1,247.	4,821.		526.	-3,048.

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
SRIKANTH REDDY BEREDDY	845-42-1136

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

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

1 (a) Description of property	(b) Date acquired	disposed of	(d) Proceeds	(e) Cost or other basis See the Note below			(h) Gain or (loss) Subtract column (e)						
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) and see Column (e) (f) (g) in the separate instructions. (f) Code(s) from adjustment		instructions. Code(s) from		(Mo., day, yr.) (see instructions) in the separate (f) (g) instructions. Code(s) from Amount of		(Mo., day, yr.) (see instructions) in the separate (f) instructions. Code(s) from		in the separate (f) instructions. Code(s) from Ar		from column (d) and combine the result with column (g).
ROBINHOOD CRYPTO LLC	07/14/22	12/31/22	9,096.	7,774.			1,322.						
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), li	lude on your ne 2 (if Box B	9,096.	7,774.			1,322.						

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

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

(Form	(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)								,							
	nent of the Treasury Revenue Service			Go	o to www		to Form 1040, /ScheduleE fo	-				formation.		Attachm Sequen	nent ce No. 13	3
	shown on return												Your socia	al security		
SRIK	ANTH REDDY	BE	RED	DY									845-4	2-1136		
Part					om Rei	ntal Rea	al Estate an	nd Ro	valties							
	Note: If you are in the business of renting personal property, use Schedule C . See instructions. If you are an individurent rental income or loss from Form 4835 on page 2, line 40.					vidual, rep	ort farm									
	Did you make ar								. ,							lo
B li	f "Yes," did you	or v	will y	ou file	e requir	ed Form	(s) 1099? .							. 🗌 Ye	s 🗌 N	lo
1 a	Physical addr	ress	of ea	ach p	roperty	(street,	city, state, Zl	P code	e)							
Α	3-180 POS'	ТО	FFI	CE I	ROAD :	NEAR F	RAMALAYAM	MUPI	PALLA,G	JUNTU	R,AN	DHRA PRAD	ESH IN	3 52240)8	
B																
C											1					
1b	Type of Prope (from list below		2				l estate prope umber of fair				Fa	ir Rental Days	Person Da		QJ\	/
Α	3	,					Check the Q			Α		365		0		
В							uirements to 1			В						
С				qua	liitied jo	int ventu	ire. See instru	lctions	5.	С						
Туре	of Property:										1	1		1		
1	Single Family R	lesid	lence	•	3 Vac	ation/Sh	ort-Term Ren	ntal	5 Land	l	7	Self-Rental				
2	Multi-Family Re	side	ence		4 Con	nmercial			6 Roya	alties	8	Other (descri	ibe)			
												Propertie				
Incom										Α		B	-3.		С	
3	Rents received	4						3			80.	В			0	
4	Royalties recei							4								
Expen		IVCU														
5								5								
6	Auto and trave							6								
7	Cleaning and r							7		1 3	50.					
8	Commissions							8		± / 3						
9	Insurance .							9								
10	Legal and othe							10								
11	Management f							11		1,2	10.					
12	Mortgage inter							12		,						
13	Other interest						,	13								
14	Repairs							14		1,8	50.					
15	Supplies .							15			.00					
16	Taxes							16								
17	Utilities							17		2,4	80.					
18	Depreciation e	expe	nse o	or de	pletion			18								
19	Other (list)							19								
20	Total expenses	s. Ad	dd lir	nes 5	through	h19.		20		8,9	90.					
21	Subtract line 2	20 fro	om li	ne 3	(rents) a	and/or 4	(royalties). If									
	result is a (loss file Form 6198							21		-8,4	10.					
22	Deductible rer on Form 8582	ntal r	real e	estate	e loss a	fter limit	ation, if any,					1		1		
00-		•			,			22	,		LO.)	() 580.	()
23a	Total of all am										23a		500.			
b	Total of all am								· · ·		23b 23c					
c d	Total of all among Total of all among								· · · ·		23c 23d					
d e	Total of all am										230 23e	Q	,990.			
24	Income. Add										230	0	. 24			
25	Losses. Add r											otal losses her		(8,41	0.)
		.,	,											`	-,	/

26	Total rental real estate and royalty income or (loss). C	combine lines 24 and 25.	Enter the result
	here. If Parts II, III, IV, and line 40 on page 2 do not a	apply to you, also enter	this amount on
	Schedule 1 (Form 1040), line 5. Otherwise, include this am	nount in the total on line 4	1 on page 2 .
For Pa	aperwork Reduction Act Notice, see the separate instructions.	NPA	-8,410.

SCHEDULE E

Т

Supplemental Income and Loss

OMB No. 1545-0074



Investment Interest Expense Deduction

Go to www.irs.gov/Form4952 for the latest information.

Attach to your tax return.



845-42-1136

Name(s) shown on return

SRIKANTH REDDY BEREDDY

Part I Total Investment Interest Expense

1	Investment interest expense paid or accrued in 2022 (see instructions)	1	60.
2	Disallowed investment interest expense from 2021 Form 4952, line 7	2	
3	Total investment interest expense. Add lines 1 and 2	3	60.

Part II Net Investment Income

4a	Gross income from property held for investment (excluding any net gain from		
	the disposition of property held for investment)		
b	Qualified dividends included on line 4a 4b 75.		
С	Subtract line 4b from line 4a	4c	22.
d	Net gain from the disposition of property held for investment		
е	Enter the smaller of line 4d or your net capital gain from the dispositionof property held for investment. See instructions 4e		
f	Subtract line 4e from line 4d	4f	0.
g	Enter the amount from lines 4b and 4e that you elect to include in investment income. See instructions	4g	
h	Investment income. Add lines 4c, 4f, and 4g	4h	22.
5	Investment expenses (see instructions)	5	
6	Net investment income. Subtract line 5 from line 4h. If zero or less, enter -0	6	22.
Part	III Investment Interest Expense Deduction		
7	Disallowed investment interest expense to be carried forward to 2023. Subtract line 6 from line		
	3. If zero or less, enter -0	7	38.
8	Investment interest expense deduction. Enter the smaller of line 3 or line 6. See instructions	8	22.
For Pa	perwork Reduction Act Notice, see page 4. BAA REV 03/22/23 PRO		Form 4952 (2022)

Form 8995

Qualified Business Income Deduction Simplified Computation

Attach to your tax return.

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form8995	for instructions and	the latest information
GO to www.iis.gov/Formo335	IOI IIISUUCUOIIS allu	the fatest information.

OMB No. 1545-2294

Name(s) shown on return	
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SRIKANTH REDDY BEREDDY

Your taxpayer identification number

845-42-1136

Note. You can claim the qualified business income deduction **only** if you have qualified business income from a qualified trade or business, real estate investment trust dividends, publicly traded partnership income, or a domestic production activities deduction passed through from an agricultural or horticultural cooperative. See instructions.

Use this form if your taxable income, before your qualified business income deduction, is at or below \$170,050 (\$340,100 if married filing jointly), and you aren't a patron of an agricultural or horticultural cooperative.

1	(a) Trade, business, or aggregation name	(b) Taxpayer entification number	• • •	Qualified business income or (loss)
i				
ii				
iii				
iv				
v				
•				
2	Total qualified business income or (loss). Combine lines 1i through 1v, column (c)			
3	Qualified business net (loss) carryforward from the prior year	()		
4	Total qualified business income. Combine lines 2 and 3. If zero or less, enter -0-	· · · · · · · · · · · · · · · · · · ·		
5	Qualified business income component. Multiply line 4 by 20% (0.20)		5	
6	Qualified REIT dividends and publicly traded partnership (PTP) income or (loss)			
	(see instructions)	1.		
7	Qualified REIT dividends and qualified PTP (loss) carryforward from the prior	(
0	year	()		
8	or less, enter -0	1.		
9	REIT and PTP component. Multiply line 8 by 20% (0.20)	·	9	0.
10	Qualified business income deduction before the income limitation. Add lines 5 and 9 .		10	0.
11	Taxable income before qualified business income deduction (see instructions)	52,795.		
12	Net capital gain (see instructions) 12	75.		
13		52,720.		
14	Income limitation. Multiply line 13 by 20% (0.20)	ł	14	10,544.
15	Qualified business income deduction. Enter the smaller of line 10 or line 14. Also enter the applicable line of your return (see instructions)		15	0
16	the applicable line of your return (see instructions)		15 16	0.
17	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 2 and 3. If greater than zero	t	10	(0.)
.,	zero, enter -0		17	(0.)
For Pri	vacy Act and Paperwork Reduction Act Notice, see instructions. REV 03/22/23 PF			Form 8995 (2022)



State of Rhode Island Division of Taxation 2022 Form RI-1040



Resident Individual Income Tax Return

Your social security number Spouse's social security number	13 Mar			
845-42-1136		i ci ci ci ci ci Li ci ci ci ci ci ci		
Your first name MI Last name Suffix		(114)14)14(0) (146)14(0)14(0)	lalalalalaleta	
SRIKANTH REDDY BEREDDY	N PAR	88.62.00		
Spouse's name MI Last name Suffix		HENED		
Address				
544 GRANDVIEW AVE APT 14				
City, town or post office State ZIP code				
WOONSOCKET RI 02895				
City or town of legal residence Check each box that applies. Other-	New		Amended	
WOONSOCKE'I' wise, leave blank. deceased? deceased?		ress?	Return? *	
ELECTORAL CONTRIBUTION If you want \$5.00 (\$10.00 if a joint return) to go to this fund, check here. (See instructions. This will not increase your tax or reduce your refund.) If you wish the 1st \$2.00 (\$4.00 box and fill in the name of the p wise, it will be paid to a nonpart	political pa	arty. Other-		ty, check the
FILING Single ⇒ X Married filing jointly Married filing separately Head o househ STATUS Single ⇒ X Married filing jointly ⇒ Married filing separately Head o househ	of⊏>		Qualifying widow(er) ⇔	
Check one Jointy Separately Housen			. ,	
INCOME, 1 Federal AGI from Federal Form 1040 or 1040-SR, line 11 TAX AND CREDITS		1	65745	00
2 Net modifications to Federal AGI from RI Sch M, line 3. If no modifications, enter 0 on thi	is line.	2	0	00
Island Standard Deduction 3 Modified Federal AGI. Combine lines 1 and 2 (add net increases or subtract net decrease	es)	3	65745	00
Single \$9,300 Married 4 RI Standard Deduction from left. If line 3 is over \$ 217,050 see Standard Deduction Worksheet		4	9300	00
Married filing jointly 5 Subtract line 4 from line 3. If zero or less, enter 0		5	56445	00
Qualifying widow(er)6Enter # of exemptions from RI Sch E, line 5 in box, multiply by \$4,350 and enter result on line 6. If line 3 is over \$217,050, see Exemption Worksheet1X \$4,3	350 =	6	4350	00
Married filing accounted of the form line 5. If zero or less, enter 0		7	52095	00
separately \$9,300 Head of 8 RI income tax from Rhode Island Tax Table or Tax Computation Worksheet		8	1953	00
household \$13,950 9 a RI percentage of allowable Federal credit from page 3, RI Sch I, line 22 9a	00			
b RI Credit for income taxes paid to other states from page 3, RI Sch II, line 29	00		Check ✓ to ce use tax amoun line 12a is acc	t on
Using a c Other Rhode Island Credits from RI Schedule CR, line 8 9c	00			
clip, please d Total RI credits. Add lines 9a, 9b and 9c		9d		00
attach Forms 10 a Rhode Island income tax after credits. Subtract line 9d from line 8 (not less than zero) W-2 and		10a	1953	00
1099 b Recapture of Prior Year Other Rhode Island Credits from RI Schedule CR, line 11		10b		00
Image: Contributions from page 3, RI Checkoff Schedule, line 37. Contributions reductions reductions 11 RI checkoff contributions from page 3, RI Checkoff Schedule, line 37. your refund or increasing your balance duetion	ease	11	0	00
12 a USE/SALES tax due from RI Schedule U, line 4 or line 8, whichever applies		12a		00
b Individual Mandate Penalty (see instructions). Check ✓ to certify full year coverage.	<	12b		00
13 a TOTAL RI TAX AND CHECKOFF CONTRIBUTIONS. Add lines 10a, 10b, 11, 12a and 12	2b	13a	1953	00

RETURN MUST BE SIGNED - SIGNATURE IS LOCATED ON PAGE 2

REV 02/17/23 PRO

Mailing address: RI Division of Taxation, One Capitol Hill, Providence, RI 02908-5806

* If filing an amended return, attach the Explanation of Changes supplemental page



State of Rhode Island Division of Taxation 2022 Form RI-1040



Resident Individual Income Tax Return - page 2

Name(s) shown on Form RI-1040 or RI-1040NR	Your social security number
SRIKANTH REDDY BEREDDY	845-42-1136

13b ⁻	13 b TOTAL RI TAX AND CHECKOFF CONTRIBUTIONS from line 13a					1953	00
14 a	RI 2022 income tax withheld from RI Schedule W, line 16. You must attach Sch W AND all W-2 and 1099 forms with RI withholding	14a	2973	00			
b	2022 estimated tax payments and amount applied from 2021 return	14b		00			
с	Property tax relief credit from RI-1040H, line 13. Attach RI-1040H	14c		00			
d	RI earned income credit from page 3, RI Schedule EIC, line 40	14d		00			
е	RI Residential Lead Paint Credit from RI-6238, line 7. Attach RI-6238.	14e		00			
f	Other payments	14f		00			
g	TOTAL PAYMENTS AND CREDITS. Add lines 14a, 14b, 14c, 14d, 14e	and ?	4f		14g	2973	00
h	Previously issued overpayments (if filing an amended return)				14h		00
i	NET PAYMENTS. Subtract line 14h from line 14g				14i	2973	00
15 a	AMOUNT DUE. If line 13b is LARGER than line 14i, subtract line 14i fr	om lir	e 13b		15a		00
b	Enter the amount of underestimating interest due from Form RI-2210 c This amount should be added to line 15a or subtracted from line 16, wh		(,		15b	0	00
С	TOTAL AMOUNT DUE. Add lines 15a and 15b. Complete RI-1040V and	d sen	d in with your payment	$\overline{\times}$	15c		00
16	AMOUNT OVERPAID. If line 14i is LARGER than line 13b, subtract lin is an amount due for underestimating interest on line 15b, subtract line			\odot	16	1020	00
17	Amount of overpayment to be refunded				17	1020	00
18	Amount of overpayment to be applied to 2023 estimated tax	18	0	00			

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, it is true, accurate and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature	Your driver's license number and	state	Date	lelephone number
				913-749-8707
Spouse's signature	Spouse's driver's license number an	nd state	Date	Telephone number
Paid preparer signature	Print name		Date	Telephone number
SYAM PRIYA RAM SAGAR GUPTA TALLAM	GLOBAL TAXES LLC		04/09/2023	678-965-9522
Paid preparer address	City, town or post office	State	ZIP code	PTIN
245 ROONEY CT	E BRUNSWICK	NJ	08816	P02082703





State of Rhode Island Division of Taxation **2022 Form RI-1040**



Resident Individual Income Tax Return - page 3

Name(s) shown on Form RI-1040 or RI-1040NR	Your social security number
SRIKANTH REDDY BEREDDY	845-42-1136

RI SCHEDULE I - ALLOWABLE FEDERAL CREDIT

19	RI income tax from page 1, line 8	19	00
20	Credit for child and dependent care expenses from Federal Form 1040 or 1040-SR, Schedule 3, line 2	20	00
21	Tentative allowable federal credit. Multiply line 20 by 25% (0.2500)	21	00
22	MAXIMUM CREDIT. Line 19 or 21, whichever is SMALLER. Enter here and on page 1, line 9a	22	00
RI S	CHEDULE II - CREDIT FOR INCOME TAX PAID TO ANOTHER STATE (ATTACH COPY OF OTHER STATE(S) RETURN)		
23	RI income tax from RI-1040, page 1, line 8 less allowable federal credit from RI-1040, page 3, line 22	23	00
24	Income derived from other state. If more than one state, see instructions	24	0 0
25	Modified federal AGI from page 1, line 3	25	0 0
26	Divide line 24 by line 25	26	·
27	Tentative credit. Multiply line 23 by line 26	27	00
28	Tax due and paid to other state (see specific instructions). Insert abbreviation for state paid	28	0 0
29	MAXIMUM TAX CREDIT. Line 23, 27 or 28, whichever is the SMALLEST. Enter here and on pg 1, line 9b	29	00
RI C	HECKOFF CONTRIBUTIONS SCHEDULE \$1.00 \$5.00 \$10.00 Other		
30	Drug program account RIGL §44-30-2.4	30	00
31	Olympic Contribution RIGL §44-30-2.1 Yes \$1.00 contribution (\$2.00 if a joint return)	31	00
32	RI Organ Transplant Fund RIGL §44-30-2.5	32	00
33	RI Council on the Arts RIGL §42-75.1-1	33	00
34	Nongame Wildlife Fund RIGL §44-30-2.2	34	00
35	Childhood Disease Victim's Fund RIGL §44-30-2.3 and Substance Use and Mental Health Leadership Council of RI RIGL §44-30-2.11	35	00
36	RI Military Family Relief Fund RIGL §44-30-2.9	36	00
37	TOTAL CONTRIBUTIONS. Add lines 30 through 36. Enter here and on RI-1040, page 1, line 11	37	00
RI S	CHEDULE EIC - RHODE ISLAND EARNED INCOME CREDIT		
38	Federal earned income credit from Federal Form 1040 or 1040-SR, line 27	38	00
39	Rhode Island percentage	39	15%
40	RI EARNED INCOME CREDIT. Multiply line 38 by line 39. Enter here and on RI-1040, page 2, line 14d 40		





Rhode Island W-2 and 1099 Information - Page 4

Name(s) shown on Form RI-1040 or RI-1040NR	Your social security number
SRIKANTH REDDY BEREDDY	845-42-1136

Complete this Schedule listing all of your and, if applicable, your spouse's W-2s and 1099s showing Rhode Island Income Tax withheld. <u>W-2s or 1099s showing Rhode Island Income Tax withheld must still be attached to the front of your return.</u> Failure to do so may delay the processing of your return. ATTACH THIS SCHEDULE W TO YOUR RETURN

	Column A	olumn A Column B Column C C		Column D	Column E		
	<u>Enter "S"</u> if Spouse's W-2 or 1099	<u>Enter 1099</u> letter code from chart	Employer's Name from Box C of your W- 2 or Payer's Name from your Form 1099	Employer's state ID # from box 15 of your W-2 or Payer's Federal ID # from Form 1099	Withheld (SEE BE	LOW	
1			INFOSYS LIMITED	581760235	2973	00	
2						00	
3						00	
4						00	
5						00	
6						00	
7						00	
8						00	
9						00	
10						00	
11						00	
12						00	
13						00	
14						00	
15						00	
16	Total RI Income T RI-1040NR, line	2973	00				
17	Total number of V	1					

Schedule W Reference Chart										
Form Type	Letter Code for Column B			Form Type	Letter Code for Column B	· · · ·		Form Type	Letter Code for Column B	Withholding Box
W-2	[]	17	\square	1099-G	G	11		1099-OID	0	14
W-2G	W	15		1099-INT	<u> </u>	17		1099-R	R	14
1042-S	S	17a	\Box	1099-K	K	8		RI-1099E	E	11
1099-B	В	16		1099-MISC	М	16		RI-1099PT	Р	9
1099-DIV	D	16		1099-NEC	N	5				





Exemption Schedule for RI-1040 and RI-1040NR

Name(s) shown on Form RI-1040 or RI-1040NR	Your social security number
SRIKANTH REDDY BEREDDY	845421136

EXEMPTIONS

 Complete this Schedule listing all individuals you can claim as a dependent.

 ATTACH THIS EXEMPTION SCHEDULE TO YOUR RETURN
 Failure to do so may delay the processing of your return.

 1a
 Yourself
 X

 b
 Spouse
 (A) Name of Dependent
 (B) Social Security Number
 (C) Date of Birth
 (D) Relationship

	(A) Name of Dependent ((B) Social Security Number	(C) Date of Birth	(D) Relationship				
2a									
b									
С									
d									
е									
f									
g									
h									
i									
j									
k									
1									
m									
	Exemption Number Summary								
3	Enter the number of boxes checked on lines 1a		3	1					
	Enter the number of children from lines 2a throug	4a	0						
b	Enter the number of children from lines 2a throug divorce or separation		4b	0					
с	Enter the number of other dependents from lines 2	4c	0						
5	Add the numbers from lines 3 through 4c. Enter her	10/NR, pg 1, line 6 .	5	1					