Internal Revenue Service

IRS e-file Signature Authorization

OMB No. 1545-0074

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

Submission Identification Number (SID)

Taxnaver's name

Тахрау	er's name	Social security number										
KAL	YAN KRISHNA REDDY KONATHAM	864-71	-5918									
Spouse	's name	Spouse's soo	cial security n	umber								
Par	are authoriz	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	94,765.								
2	Total tax		2	13,619.								
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	15,573.								
4	Amount you want refunded to you		4	1,954.								
5	Amount you owe		5									
Par	Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)											

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

Taxpayer's PIN: check one box only

X	I authorize	GLOBAL TAXES	LLC	to enter or generate my PIN
			ERO firm name	

1	5	9	1	8	
Ent dor	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 Ce	ertification and Authentication – Practitioner PIN Method Only								
ERO's EFIN/P	IN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.	2	2			6 all ze	 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 >									
ERO Must Retain This Form — See Instructions Don't Submit This Form to the IRS Unless Requested To Do So									
For Denemorie Deduction Act Nation and vour toy re	turn instructions		Earm 8870 (Bay, 01 2021)						

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

Filing Status (X) Single Married filing jointy Married filing separately (MFS) Head of household (HOH) Outsitying surviving significance (CS); Outsitying surviving significance (CS); You the closed the MFS hox, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying serviving significance (CS); You are social security number XALYAN KRISHNA REDDY KONATHAM B64-71-591 Home address (number and midde initial Last name Spouse's social security number FOR TORNET 1125 Check here fyou, or your Spouse's social security number 6109 DREEZE DAY POINT 1125 Presidential Election Campaign C90, twork, or part office. You have a PO. box, see instructions. Apt. no. 1125 Presidential Election Campaign Foreign controly name Foreign particular structures. TX 7613.1 process filling (oint), word is to social security number social security number social security number is accounted to a linancial intraction in digital asset? (See instructions); You _ Social Security Counter or you are a digital asset or a linancial intraction in digital asset? (See instructions); Yes _ No Stand Generative Counter, 100 as a dependent _ you are a digital asset? (See instructions); Yes _ No Dependents, (see instructions) [9] Seatimetric from form form (W-2, box 1 (see instructions) 10 <t< th=""><th>1040</th><th></th><th>artment of the Treasury–Internal Revenue Servi S. Individual Income Tax</th><th></th><th>202</th><th>2</th><th>OMB No. 1545</th><th>-0074</th><th>IRS Use O</th><th>nly—Do</th><th>not wr</th><th>ite or staple in this space.</th></t<>	1040		artment of the Treasury–Internal Revenue Servi S. Individual Income Tax		202	2	OMB No. 1545	-0074	IRS Use O	nly—Do	not wr	ite or staple in this space.
one box. If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying periods and include initial Your steaded security number Your state area and middle initial Itate name Your steaded security number Home address (number and street). If you have a P.O. box, see instructions. Apt. no. Presidential Election Campaign Chy, town, or point office. If you have a P.O. box, see instructions. Apt. no. Presidential Election Campaign Foreign country name Foreign province/state/county Foreign postion office. If you have a torgin address, also complete spaces below. State ZP oode To chy county on the instruction office. If you have a torgin address, also complete spaces below. State ZP oode To chy county on the instruction office. If you have a torgin address, also complete spaces below. State ZP oode To chy county on the instruction office. If you have a torgin address, also complete spaces below. State ZP oode To chy county on the instruction office. To woll asset/? To woll asset/? To woll asset/? To woll asset/? Yes No Standard Someone can calim: You as a dependent You property or senvices; or (b) sell, address ad	-	x s	Single] Married filin	g separately (N	/IFS)	Head of	house	hold (HOH)			
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If joint return, spouse's first name and middle initial Last name Spouse's social security number Home address (number and street). If you have a P.O. box, see instructions. Apt. no. 112 CRU, town, or poort filter, if you have a foreign address, also complete spaces below. State ZP Code FORT WORTH TX 7613.1 Check here if you, or your spouse's foreign province/state/county Foreign province/state/county Foreign province/state/county Foreign province/state/county Foreign province/state/county You Spouse's social security will not change Digital Assets At any time during 2022, did you; (a) receive (as a reward, award, or payment for property or services); or (b) sell, Acchange, gift, or otherwise dispose of a digital asset for a financial lasset()? (See instructions); You Spouse' itemizes on a separate return or you were a dual-status alien Age/Blindness You: Yee born before January 2, 1958 In blind Check he box figualities (see instructions); If ore and otheck In a Total amount from Form(s) W-2, box 1 (see instructions); (9 Featsonale) (Check he box figualities for ease matructions); If ore and otheck here In a Total amount from Form(s) W-2, box 1 (see instructions); In a 10.3, 125. If ore and otheck here In a Total amount from Form(s) W-2, box 1 (see instructions); In a 10.3	Your first name	and mi	ddle initial	Last name						You	ır soc	ial security number
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6409 BREEZE BAY POINT 1125 Check here if you are your source of the second of the	lf joint return, s	pouse's	first name and middle initial	Last name						Spo	use's	social security number
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Curry, Conv. of Data Unice., Hyour have a longin address, also complete spaces deviv. State 27 61.31 to go to this fund. Checking a box below. Foreign country name Foreign province/state/county Foreign province/state/county Foreign province/state/county You Spouse Digital Asset At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions). Ves No Standard Someone can calmic: You as a dependent You were a dual-status allen You Spouse Dependents (see instructions): Were born before January 2, 1958 Are blind Spouse: (Q) Folck the box if qualifies for (see instructions); If more than four dependents (see instructions): (Q) Folck the box if qualifies for (see instructions); Image: table formic to the dependents; Income than four dependent care benefits from Form (S) W-2, box 1 (see instructions) Image: table formic to the dependents; Image: table formic to the dependents; In total amount from Form(S) W-2, box 1 (see instructions) Image: table formic to the dependents; Image: table formic to the dependents; W-2 see: Image: table formic to the dependents; Image: table formic to the dependents; <	6409 BRE	EZE	BAY POINT						-			
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h Other earned income (see instructions) 1h 0. W-2, see i Nontaxable combat pay election (see instructions) 1i W-2, see i Nontaxable combat pay election (see instructions) 1i Attach Sch. B 2a Tax-exempt interest 2b Attach Sch. B 2a Tax-exempt interest 2b if required. 3a Qualified dividends 3a 4a B Dordinary dividends 3b 5a 6a b Taxable amount 4b Standard 5a 6a b Deduction for 6a b Taxable amount 6a 5a Fensions and annuities 5a 6a 5a b Taxable amount 5b 6a b 5c 6a b 7 Scial security benefits 6a 6a 5b 6b 7 Scial gain or (loss). Attach Schedule D if required. If not required, check here 7 8 Other income from Schedule 1, line 10 7 9 94, 765. 9 9 94, 765. 10 9 94, 765. 11 9 94, 765. 9 94, 765. 10 12 12 12, 950. 14 12, 950. 15 Standard deduction or itemized deductions (from Schedule A) 9 94, 765. 10 12 11 94, 765. 12 12, 950. <t< td=""><td></td><td></td><td></td><td></td><td>-</td><td>•</td><td></td><td>• •</td><td></td><td>•</td><td></td><td></td></t<>					-	•		• •		•		
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Instructions. z Add lines 1a through 1h 1z 103,125. Attach Sch. B 2a Tax-exempt interest 2a b Taxable interest 2b if required. 3a Jaa b Ordinary dividends 3b Jaa 4a IRA distributions 4a b Taxable interest 2b Jaa 5a Pensions and annuities 5a b Taxable amount 4b Jaa Standard Deduction for- 6a Social security benefits 6a b Taxable amount 5b 6a Social security benefits 6a b Taxable amount 7 6b C If you elect to use the lump-sum election method, check here (see instructions) 7 7 Capital gain or (loss). Attach Schedule D if required. If not required, check here 7 9 94,765. 9 94,765. 10 Subtract line 10 from line 9. This is your adjusted gross income 11 94,765. 10 Subtract line 10 from line 9. This is your adjusted gross income 12 12,950. 14 Add lines 12 and 13 12 <th< td=""><td></td><td></td><td>· ·</td><td>,</td><td></td><td></td><td>11</td><td>Ì</td><td></td><td>. 1</td><td></td><td></td></th<>			· ·	,			11	Ì		. 1		
Attach Sch. B 2a Tax-exempt interest 2a b Taxable interest 2b if required. 3a Qualified dividends 3a b Ordinary dividends 3b 4a IRA distributions 4a b Taxable amount 4b 5a Pensions and annuities 5a b Taxable amount 4b 5a Pensions and annuities 5a b Taxable amount 5b 6a Social security benefits 6a b Taxable amount 6b Married filing separately, \$12,950 r Capital gain or (loss). Attach Schedule D if required. If not required, check here 7 7 Married filing jointly or Qualifying spouse, \$25,900 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 9 94, 765. 10 Subtract line 10 from line 9. This is your adjusted gross income 11 94, 765. 11 94, 765. 12 Standard deduction or itemized deductions (from Schedule A) 12 12, 950. 14 Add lines 12 and 13	instructions.	z	A del lines de terrerels de								1z	103,125.
4a IRA distributions 4a b Taxable amount 4b 5a Pensions and annuities 5a b Taxable amount 5b 9 Social security benefits 6a b Taxable amount 7 • Single or Married filing separately, \$12,950 6a b Taxable amount 7 7 Capital gain or (loss). Attach Schedule D if required. If not required, check here 7 7 9 94,765. 8 -8,360. 9 9 94,765. 10 40 11 94,765. 10 Adjustments to income from Schedule 1, line 26 11 94,765. 12 12 10 Subtract line 10 from line 9. This is your adjusted gross income 11 94,765. 12 12 12,950. 16 Qualified business income deduction from Form 8995 or Form 8995-A 13 Qualified business income deduction from Form 8995 or Form 8995-A 13 14 12,950. 15 Subtract line 14 from line 11. If zero or less enter -0- This is your taxable income 15 14 12,950.	Attach Sch. B	2a				bТ	axable interest			. 1	2b	
Standard Deduction for- 5a 5a b Taxable amount	if required.	3a	Qualified dividends	3a		b C	rdinary divide	nds .		. [3b	
Deduction for- 6a Social security benefits 6a b Taxable amount 6b • Single or Married filing separately, \$12,950 • If you elect to use the lump-sum election method, check here (see instructions) •		4a	IRA distributions	4a		bТ	axable amoun	t		. [4b	
 Single or Married filing separately, \$12,950 Married filing jointly or Qualifying surviving spouse, \$25,900 Head of household, \$19,400 Head of household, \$19,400 Head of household, \$19,400 Standard deduction or itemized deductions (from Schedule A) Head of household, \$19,400 Standard deduction or itemized deductions (from Schedule A) Head of household, \$19,400 Standard deduction or itemized deductions (from Schedule A) Head of household, \$19,400 Standard deduction or itemized deductions (from Schedule A) Head of household, \$19,400 Standard deduction or itemized deductions (from Schedule A) Head of household, \$19,400 Standard deduction or itemized deductions (from Schedule A) Head of household, \$10 Standard deduction or itemized deductions (from Schedule A) Head of household, \$11 Standard deduction or itemized deductions (from Schedule A) Head of household, \$12 Standard deduction or itemized deductions (from Schedule A) Head of household, \$13 Qualified business income deduction from Form 8995 or Form 8995-A Head bis 12 and 13 Head 12, 950. Subtract line 14 from line 11. If zero or less enter -0- This is your taxable income 	Standard	5a	Pensions and annuities	5a		bΤ	axable amoun	t		. [5b	
Married filing separately, \$12,950 c If you elect to use the lump-sum election method, check here (see instructions) .		6a	Social security benefits	6a		bΤ	axable amoun	t			6b	
\$12,950 7 Capital gain of (loss). Attach Schedule D in required, theore income from Schedule D in required, theore income from Schedule 1, line 10 7 • Married filing jointly or Qualifying surviving spouse, \$25,900 9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 9 94, 765. • Married filing jointly or Qualifying surviving spouse, \$25,900 10 9 94, 765. 10 • Head of household, \$19,400 11 Subtract line 10 from line 9. This is your adjusted gross income 11 94, 765. 10 • If you checked any box under Standard 12 12, 950. 13 14 12, 950. • If you checked any box under Standard 15 Subtract line 14 from line 11. If zero or less, enter -0- This is your taxable income 15 81 815	Married filing	с	If you elect to use the lump-sum e	lection metho	d, check here	(see	instructions)					
jointly or Qualifying surviving spouse, \$25,9009Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income994, 765.10Adjustments to income from Schedule 1, line 2610• Head of household, \$19,40011Subtract line 10 from line 9. This is your adjusted gross income1194, 765.12Standard deduction or itemized deductions (from Schedule A)1212, 950.• If you checked any box under Standard13Qualified business income deduction from Form 8995 or Form 8995-A131412, 950.1412, 950.15Subtract line 14 from line 11. If zero or less, enter -0- This is your taxable income1581. 815		7	Capital gain or (loss). Attach Schee	dule D if requi	red. If not requ	uired	, check here				7	
Qualifying surviving spouse, \$25,900 9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 9 94, 765. 10 Adjustments to income from Schedule 1, line 26 10 10 Head of household, \$19,400 11 Subtract line 10 from line 9. This is your adjusted gross income 11 94, 765. I Subtract line 10 from line 9. This is your adjusted gross income 11 94, 765. 12 I Subtract line 10 from line 9. This is your adjusted gross income 12 12, 950. I Gualified business income deduction from Form 8995 or Form 8995-A 13 14 Add lines 12 and 13 14 12, 950. I Deduction, 15 81 815		8	Other income from Schedule 1, lin	e10						. [8	-8,360.
\$25,900 10 Adjustments to income norm occledule 1, inte 20 11 10 • Head of household, \$19,400 11 Subtract line 10 from line 9. This is your adjusted gross income 11 94,765. • Head of household, \$19,400 12 Standard deduction or itemized deductions (from Schedule A) 12 12,950. • If you checked any box under Standard 13 Qualified business income deduction from Form 8995 or Form 8995-A 13 • If you checked any box under Standard 14 12,950. 14 • If you checked any box under Standard 14 12,950. • If you checked any box under Standard 15 81	Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,	and 8. This is	s your total ind	come	ə			.	9	94,765.
household, \$19,400 12 Standard deduction or itemized deductions (from Schedule A) 12 12,950. If you checked any box under Standard Deduction, 13 Qualified business income deduction from Form 8995 or Form 8995-A 13 14 12,950. 14 12,950. 14 12,950. 14 12,950. 15 Subtract line 14 from line 11. 11 grees or less enter -0- This is your taxable income 15 81 815	surviving spouse, \$25,900	10	Adjustments to income from Sche	dule 1, line 26	;					.	10	
\$19,400 12 Standard deduction or itemized deductions (irom Schedule A) 12 12,950. • If you checked any box under Standard 13 Qualified business income deduction from Form 8995 or Form 8995-A 13 13 • If you checked any box under Standard 14 Add lines 12 and 13 14 12,950. • Deduction, 15 Subtract line 14 from line 11. If zero or less enter -0- This is your taxable income 15 81 815		11	Subtract line 10 from line 9. This is	s your adjuste	ed gross incor	ne				•	11	94,765.
any box under Standard 14 Add lines 12 and 13 12,950 Deduction, 15 Subtract line 14 from line 11 If zero or less enter -0- This is your taxable income 15 81 815										•		12,950.
Standard 14 Add lines 12 and 13 12,950 Deduction, 15 Subtract line 14 from line 11 If zero or less enter -0- This is your taxable income 15 81 815					8995 or Form	899	5-A			•		<u> </u>
	Standard									•		
		15	Subtract line 14 from line 11. If zer	o or less, ente	er -0 This is y	our 1	taxable incom	e.		•	15	81,815.

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

Form **1040** (2022)

Form 1040 (2022	2)								P	Page 2
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 🗌 881	4 2 4972	3		16	13,61	L9.
Credits	17	Amount from Schedule 2, lin	ie3					17		
	18	Add lines 16 and 17						18	13,61	L9.
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812			19		
	20	Amount from Schedule 3, lin	ie 8					20		
	21	Add lines 19 and 20						21		
	22	Subtract line 21 from line 18						22	13,61	19.
	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	13,61	19.
Payments	25	Federal income tax withheld								
,,	а	Form(s) W-2				25a 15	5,573.			
	b	Form(s) 1099				25b				
	с	Other forms (see instructions				25c		-		
	d	Add lines 25a through 25c	<i>.</i>					25d	15,57	73.
	26	2022 estimated tax payment						26	· · · ·	
If you have a 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, lin				31		-		
	32	Add lines 27, 28, 29, and 31						32		
	33	Add lines 25d, 26, and 32. T	,	•	-			33	15,57	73.
Defund	34	If line 33 is more than line 24	,					34	1,95	54.
Refund	35a	Amount of line 34 you want				, ,	🗆	35a	1,95	54.
Direct deposit?	b	Routing number 0 2 1					Savings			
See instructions.	d	Account number 4 8 3					0			
	36	Amount of line 34 you want a				36				
Amount	37	Subtract line 33 from line 24	This is the amo	ount vou owe						
You Owe	•	For details on how to pay, g						37		
	38	Estimated tax penalty (see ir	nstructions) .			38				
Third Party	Do	you want to allow another				See				
Designee		structions	•				omplete	below.	X No	
		signee's		Phone			onal identi	fication		_
	nai			no.			ber (PIN)			
Sign		der penalties of perjury, I declare t ief, they are true, correct, and com								
Here		· · ·	piete. Deciaration				1			Ū.
	ŶŎ	ur signature		Date	Your occupation				nt you an Identity IN, enter it here	
Joint return?					IT PROFESS	SIONAL	(see	inst.)		
See instructions.	Sp	ouse's signature. If a joint return, t	ooth must sign.	Date	Spouse's occupat	ion			nt your spouse an	
Keep a copy for your records.								tity Prote inst.)	ection PIN, enter i	it here
jour recorder			-				,	1151.)		
		one no. (201)993-781		Email address	KRISHNAREDDY.	KALYAN@GMAIL.C			Cheek :f:	
Paid		eparer's name	Preparer's signat			Date	PTIN		Check if:	
Preparer		ATA SAI PAVAN KUMAR DUDIPALLI		. PAVAN KUM	AR DUDIPALLI	04/18/2023			Self-employ	
Use Only		m's name GLOBAL TAX			- 00016				678)965-95	
			Y CT E BRU	INSWICK N			Firm	's EIN	88-21454	
Go to www.ire a	ov/Form	n1040 for instructions and the late	st information						Eorm 1040	(2022)

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

REV 03/22/23 PRO BAA

Form **1040** (2022)

SCHE	DULE	1
(Form	1040)	

Department of the Treasury Internal Revenue Service

Additional Income and Adjustments to Income

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

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

OMB No. 1545-0074

2022 Attachment Sequence No. 01

Part I Additional Income	
KALYAN KRISHNA REDDY KONATHAM	864-71-5918
Name(s) shown on Form 1040, 1040-SR, or 1040-NR	Your social secu

Par	t I Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxes		1	
2 a	Alimony received		2a	
b	Date of original divorce or separation agreement (see instructions):			
3	Business income or (loss). Attach Schedule C		3	
4	Other gains or (losses). Attach Form 4797		4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Atta	ach Schedule E	5	-8,360.
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		
0	Section 951A(a) inclusion (see instructions)	80		
р	Section 461(I) excess business loss adjustment	8p		
q	Taxable distributions from an ABLE account (see instructions)	8q		
r	Scholarship and fellowship grants not reported on Form W-2	8r	_	
S	Nontaxable amount of Medicaid waiver payments included on Form			
	1040, line 1a or 1d	8s ()	
t	Pension or annuity from a nonqualifed deferred compensation plan or			
	a nongovernmental section 457 plan	8t	_	
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	l, or 1040-NR, line 8	10	-8,360.

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

Schedule 1 (Form 1040) 2022

Par	II Adjustments to Income					
1	Educator expenses				11	
12	Certain business expenses of reservists, performing artists, and fee	-basi	s aov	rnmer	nt 🗌	
	officials. Attach Form 2106				12	
13	Health savings account deduction. Attach Form 8889					
14	Moving expenses for members of the Armed Forces. Attach Form 3903				14	
15	Deductible part of self-employment tax. Attach Schedule SE					
16	Self-employed SEP, SIMPLE, and qualified plans					
17	Self-employed health insurance deduction				17	
8	Penalty on early withdrawal of savings					
19a						
b	Recipient's SSN					
	Date of original divorce or separation agreement (see instructions):	• _			-	
20	IRA deduction					
21	Student loan interest deduction					
22	Reserved for future use					
23	Archer MSA deduction				23	
24	Other adjustments:	· ·	• •			
а		24a				
	Deductible expenses related to income reported on line 81 from the	2-70			_	
D		24b				
с	Nontaxable amount of the value of Olympic and Paralympic medals	270			_	
C	and USOC prize money reported on line 8m	24c				
d		240 24d			-	
	Repayment of supplemental unemployment benefits under the Trade	24u			_	
е	Act of 1974	24e				
4	Contributions to section 501(c)(18)(D) pension plans	24e 24f			_	
					_	
g		24g			_	
h	Attorney fees and court costs for actions involving certain unlawful					
_		24h			_	
İ	Attorney fees and court costs you paid in connection with an award					
	from the IRS for information you provided that helped the IRS detect					
	tax law violations	24i			_	
	Housing deduction from Form 2555	24j				
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form					
	,	24k			_	
Ζ	Other adjustments. List type and amount:					
_		24z				
25	Total other adjustments. Add lines 24a through 24z					
26	Add lines 11 through 23 and 25. These are your adjustments to income					
	Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a				26	

	DULE E			Supplemental	l Inc	ome ar	nd Los	SS			OMB No	b. 1545-0	0074		
(Form	1040)	(Fror	m rental real esta	te, royalties, partnersh	nips, S	corporat	ions, es	tates,	trusts, REMIC	Cs, etc.)) ୭៣୨୨				
Departm	ent of the Treasury			Attach to Form 1040,	1040-	SR, 1040-	NR, or 1	1041.) کے Attachn	ッ ム			
	Revenue Service		Go to www	.irs.gov/ScheduleE for	r instru	uctions an	d the la	itest ir	formation.		Sequen	ce No. 1			
Name(s)	shown on return	-								Your socia	al security	number			
		RED	DY KONATHAM	1						864-7	1-5918				
Part				tal Real Estate an											
	Note: If yo	ou are i	in the business of	renting personal proper 835 on page 2, line 40.	ty, use	Schedule	e C. See	instru	ctions. If you a	ire an indiv	vidual, rep	ort farn	n		
Α				at would require you	to file	Form(s) 1	10992 5	See ins	structions			s X	No		
				d Form(s) 1099?								_	No		
1a				street, city, state, ZIF											
	-					,	<u></u>								
	BHAVANIPU.	RAM	VIJAYAWADA	ANDHRA PRADESH	I IN	520012	2								
<u>C</u>	Turne of Durne		0 - -					-							
1b	Type of Prope (from list below			ntal real estate prope rt the number of fair i				⊢a	ir Rental Days	Person Da		Q	JV		
Α	3	~~)		e days. Check the Q.			Α		365	Du	0	Г	<u> </u>		
B	5			the requirements to f			B		505		0		╡──		
			qualified joir	nt venture. See instru	ctions	6.	C						=		
	of Property:	I					•	1					<u> </u>		
	Single Family R	lesider	nce 3 Vaca	tion/Short-Term Rent	tal	5 Lanc	ł	7	Self-Rental						
	Multi-Family Re					6 Roya	alties	8	Other (desci	ribe)					
						, 									
lucou							٨		Properti	es:		С			
Incom 3		4			2		A	50.	В			C			
3 4					3		4	50.							
Exper		iveu .			4										
5					5										
6	0				6										
7		-			7		1,0	00.							
8	-				8		±,.								
9					9										
10					10										
11	•				11		8	00.							
12				. (see instructions)	12										
13	Other interest			· · · · · · · · ·	13										
14	Repairs				14		2,5	60.							
15	Supplies .				15		2,3	20.							
16	Taxes				16										
17					17		2,1	30.							
18		expens	se or depletion		18										
19					19										
20			0	19	20		8,8	10.							
21				nd/or 4 (royalties). If											
				find out if you must			0 2	60							
00				· · · · · · · · ·	21		-8,3	60.							
22				ter limitation, if any,	22	(8 26	50.)	(N	(
23a						И	0,30	23a	(450.	(
zsa b				4 for all royalty prope			• •	23a 23b		150.					
c				12 for all properties				23c							
d				18 for all properties				23d							
e				20 for all properties				23e	8	,810.					
24				wn on line 21. Do no						. 24					
25				21 and rental real estat							(8,36	60.		
26				y income or (loss).								·			
-				on page 2 do not											

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

Schedule E (Form 1040) 2022

-8,360.

26

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Form 8582
Department of the Treasury

Internal Revenue Service

Name(s) shown on return

Passive Activity Loss Limitations

OMB No. 1545-1008 20

Attachment

Sequence No. 858

See separate instructions.

Attach to Form 1040, 1040-SR, or 1041. Go to www.irs.gov/Form8582 for instructions and the latest information.

> Identifying number 864-71-5918

Part I			Activity Loss
KALYAN	KRISHNA	REDDY	KONATHAM

	Caution: Complete Parts IV and V before completing Part I.		
	Il Real Estate Activities With Active Participation (For the definition of active participation, see Special ance for Rental Real Estate Activities in the instructions.)		
1a b c d	Activities with net income (enter the amount from Part IV, column (a))1a0.Activities with net loss (enter the amount from Part IV, column (b))1b(8,360.)Prior years' unallowed losses (enter the amount from Part IV, column (c))1c()Combine lines 1a, 1b, and 1c	1d	-8,360.
All Ot	her Passive Activities		
2a b c d	Activities with net income (enter the amount from Part V, column (a)) 2a Activities with net loss (enter the amount from Part V, column (b)) 2b Prior years' unallowed losses (enter the amount from Part V, column (c)) 2c Combine lines 2a, 2b, and 2c	2d	
3	Combine lines 1d and 2d. If this line is zero or more, stop here and include this form with your return; all losses are allowed, including any prior year unallowed losses entered on line 1c or 2c. Report the losses on the forms and schedules normally used	3	-8,360.

If line 3 is a loss and: • Line 1d is a loss, go to Part II.

• Line 2d is a loss (and line 1d is zero or more), skip Part II and go to line 10.

Caution: If your filing status is married filing separately and you lived with your spouse at any time during the year, do not complete Part II. Instead, go to line 10.

Par	t II Special Allowance for Rei	ntal Real Estate	Activities With	Active Particip	pation		
	Note: Enter all numbers in Par	t II as positive amo	ounts. See instruct	tions for an exam	ple.	_	
4	Enter the smaller of the loss on line 1	d or the loss on lir	ne3			4	8,360.
5	Enter \$150,000. If married filing separ	ately, see instructi	ons	5	150,000.		
6	Enter modified adjusted gross income	e, but not less thar	n zero. See instruc	tions 6	103,125.		
	Note: If line 6 is greater than or equal on line 9. Otherwise, go to line 7.	to line 5, skip line	s 7 and 8 and ent	er -0-			
7	Subtract line 6 from line 5			7	46,875.		
8	Multiply line 7 by 50% (0.50). Do not e	nter more than \$25	,000. If married filir	ng separately, see	instructions	8	23,438.
9	Enter the smaller of line 4 or line 8					9	8,360.
Par	t III Total Losses Allowed						
10	Add the income, if any, on lines 1a an	d 2a and enter the	etotal			10	0.
11	Total losses allowed from all passiv	e activities for 20	22. Add lines 9 an	d 10. See instruc	tions to find		
	out how to report the losses on your t	ax return				11	8,360.
Par	t IV Complete This Part Before	e Part I, Lines 1	a, 1b, and 1c. S	ee instructions	•		
	Name of activity	Currer	nt year	Prior years	Ove	erall ga	ain or loss
	Name of activity	(a) Net income (line 1a)	(b) Net loss (line 1b)	(c) Unallowed loss (line 1c)	(d) Gair	n	(e) Loss
BHA	VANIPURAM	0.	8,360.				8,360.
-							

For Paperwork Reduction Act Notice see instru	ictions			Earm 8582 (2022)
Total. Enter on Part I, lines 1a, 1b, and 1c	0.	8,360.		

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

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

Part V Complete This Part B	efore Part I, Lines	2a, 2b,	and 2c. S	ee instruc	tions.	1	
Nama of a divit	Curr	ent year		Prior ye	ears	Overall gain or loss	
Name of activity	(a) Net income (line 2a)	(b) (li	Net loss ne 2b)	(c) Unallowed loss (line 2c)		(d) Gain	(e) Loss
		\ 	/		/		
otal. Enter on Part I, lines 2a, 2b, and 2 Part VI Use This Part if an An		Part II.	Line 9. S	ee instruc	tions.		
	Form or schedul						()) () () () () () () () () (
Name of activity	and line number to be reported of (see instructions	n (a) Loss	(b) Ratio		(c) Special allowance	(d) Subtract column (c) fron column (a).
BHAVANIPURAM	E Ln 22		8,360.	1.0000	0000	8,36	0. 0
otal Allocation of Unallow	ed Losses See ins	truction	8,360.	1.00)	8,36	0. 0
	Form or sc						
Name of activity	and line no to be report (see instru	umber rted on	(a) l	LOSS		(b) Ratio	(c) Unallowed loss
otal <u></u> .						1.00	
Part VIII Allowed Losses. See			1				
Name of activity	Form or sc and line n to be repoi (see instru	umber rted on	(a) I	LOSS	(b) Ur	nallowed loss	(c) Allowed loss
			1				

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Form **8582** (2022)