# 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

SIDEMEER PEDDINENT KALAVA  SOURS's name  ALERRIYA REDDY POTHU  ALERIYA REDDY POTHU  ALERIYA REDDY POTHU  ALERIYA REDDY POTHU  ALERIYA REDDY POTHU  BY 394-37-7033  Forei's social security number 894-37-7033  Forei's social security number 894-37-7033  Forei's whole dollars only on lines I through 5.  Note: Form 104-05-58 lifear use line 4 only. Leave lines 1, 2, 3, and 5 blank.  1 Adjusted gross income 1 1 8.68, 611. 2 7 Total tax 2 234, 255. 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 3 2.43, 838. 4 Amount you want refunded to you 4 9, 5, 83. 5 Manuart you want refunded to you 5 Amount you want featured to you 5 Amount you want featured to you 1 bridge penalties of perjoy, I federare that I have seamined a copy of the income tax return foriginal or amended) I am now authorizing, and to the best of your return)  Under penalties of perjoy, I federare that I have seamined a copy of the income tax return foriginal or amended in more authorizing, and to the best of your enterprise in the file in the tax was the leave in the memorian in Part I above are the amounts fine income tax return foriginal or amended   am now authorizing, and to the best of your return)  Under penalties of perjoy, I federare that I have seamined a copy of the income tax return foriginal or amended   am now authorizing, and to the best of your return original core amended   am now authorizing, and to the best of your return original or amended   am now authorizing, and to the best of your return original or amended   am now authorizing, and to the best of your return original or amended   am now authorizing, and to the best of your return original or amended   am now authorizing, characteristic requires the authorization in the life and to create in the life and the processing the return or return, and (c) the date of any return if affects the life in the processing of the electronic penalties of your and to designated Financial authorization is to remain in full force and effect until I nority the U.S. Treasury financial	Submission Identification Number (SID)				
Spouse's social security number   Spouse's social security number   Separation   Tax Return Information — Tax Year Ending December 31,   2022 (Enter year you are authorizing.)	Taxpayer's name	Social secur	rity number	r	
Part   Tax Return Information — Tax Year Ending December 31, 2022 (Enter year you are authorizing.)	SUDHEER PEDDINENI KALAVA	827-08	3-7237		
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	Spouse's name	Spouse's so	cial securi	ty number	
Enter whole dollars only on lines 1 through 5.  Note: Form 1040-SS files use line 4 only, Leave lines 1, 2, 3, and 5 blank.  1					
Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.  1 Adjusted gross income  2 Total lax  2 Total lax  3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099  3 243, 838.  4 Amount you want refunded to you  4 9, 583.  5 Amount you want refunded to you  1 Drabayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)  1 Under penalties of perluy, I declare that I have examined a copy of the income tax return (original or amended) am now authorizing, and to the best of which knowledge and belief, it is true, correct, and complete. I further declare that I have examined a copy of the income tax return (original or amended) 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 eacher form the IRS (a) an achieval exciser that the amounts in Part I above are the authorizing of the exciser for any delay in processing the return or return (applicable, I authorize the U.S. Treasury and its designated Financial Agent or infaste and institution account indicated in the transmission, (b) the reson for any delay in processing the return or return, and (c) the date of any return. If applicable, I authorize the U.S. Treasury financial Agent to I return direct the U.S. Treasury Financial Agent to I return institution request must be propared to submirization is to remain in full force and effect until I rotify the U.S. Treasury Financial Agent to I return a processing of the electronic payment of the payment. The U.S. Treasury Financial Agent to I return a payment acceleration request must be processed (cancel) submirines and resolve issues related to the payment. I further acknowledge that the personal identification number (Pilly below is my signature for the income tax return (original or amended) I am now authorizing, and if applicable, my Ekrotive and Control of the Intermediate and the personal identification number (Pilly below.)  Find firm amenu		2022 (Enter year you	are auth	orizing.)	
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	FRO's signature	Date ►			

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
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OMB No. 1545-0074

IRS Use Only-Do not write or staple in this space.

Filing Status	s 🗌 s	Single X Married filing jointly	Marrie	ed filing separatel	y (MFS)	Head of	house	ehold (HOF	l)		ifying survi ıse (QSS)	ving
Check only one box.	-	u checked the MFS box, enter the r on is a child but not your dependen	-	our spouse. If yo	u check	ed the HOH or	r QSS	box, ente	r the c		` ,	e qualifying
Your first name	and mi	ddle initial	Last na	me					Yo	ur so	cial security	number
SUDHEER			PEDD	INENI KALA	VA				82	27-0	)8 <b>-</b> 7237	
	pouse's	first name and middle initial	Last na									urity number
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Digital		ny time during 2022, did you: (a) rec	•				•	, .	` '		▼ vos	□ No
Assets		ange, gift, or otherwise dispose of		<u></u>			asset	)? (See ins	structio	ons.)	X Yes	∐ No
Standard Deduction		eone can claim:	•	•		a dependent						
Age/Blindness	You:	Were born before January 2, 1	958	Are blind	Spouse:	☐ Was bo	rn bef	ore Janua	ry 2, 1	958	☐ Is blir	nd
Dependents	s (see	instructions):		(2) Social sec	urity	(3) Relationsh	nip (	4) Check th	e box if	qualif	ies for (see i	nstructions):
If more	<b>(1)</b> Fi	rst name Last name		number		to you		Child ta	x credi	t	Credit for oth	er dependents
than four												
dependents, see instructions	s ——											
and check												
here												
Income	1a	Total amount from Form(s) W-2, b	ox 1 (see	e instructions)						1a	1,12	4,140.
	b	Household employee wages not r	•	` '						1b		
Attach Form(s) W-2 here. Also	С	Tip income not reported on line 1	Tip income not reported on line 1a (see instructions)							1c		
attach Forms	d	Medicaid waiver payments not rep	oorted or	n Form(s) W-2 (se	ee instru	ctions)				1d		
W-2G and 1099-R if tax	е	Taxable dependent care benefits		•						1e		
was withheld.	f	Employer-provided adoption bene	efits from	n Form 8839, line	29 .					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	tions) .							1h	_	0.
instructions.	i	Nontaxable combat pay election (	see instr	ructions)		<u>l</u> i	i					
	Z	Add lines 1a through 1h								1z	1,12	4,140.
Attach Sch. B	2a	Tax-exempt interest	2a			axable interes				2b		393.
if required.	<u>3a</u>	Qualified dividends	3a			rdinary divide				3b		
	4a	IRA distributions	4a			axable amoun				4b		
Standard Deduction for—	5a	Pensions and annuities	5a			axable amoun				5b		
Single or	6a	Social security benefits	6a			axable amoun	nt			6b	-	
Married filing separately,	C	If you elect to use the lump-sum e		·	•	,					4	
\$12,950	7	Capital gain or (loss). Attach Sche							Ш	7		3,000.
<ul> <li>Married filing jointly or</li> </ul>	8	Other income from Schedule 1, lir								8		2,922.
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7		•						9	86	8,611.
\$25,900	10	Adjustments to income from Sche	-							10		
Head of household,	11	Subtract line 10 from line 9. This i								11	1	8,611.
\$19,400	12	Standard deduction or itemized		•	,					12	5	4,181.
If you checked any box under	13	Qualified business income deduct								13	+	
Standard Deduction,	14									14		4,181.
see instructions.	15	Subtract line 14 from line 11. If ze	ro or less	s, enter -0 This	ıs your <b>t</b>	axable incom	ne .			15	81	4,430.

Form 1040 (2022	2)										Page 2
Tax and	16	Tax (see instructions). Check	if any from Form	(s): <b>1</b> 881	4 <b>2</b> 🗌 4972	3 🗌			16	235	,888.
Credits	17	Amount from Schedule 2, lir	ne 3						17		
	18	Add lines 16 and 17							18	235	,888.
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812				19		
	20	Amount from Schedule 3, lin	ne 8						20	10	,478.
	21	Add lines 19 and 20							21	10	,478.
	22	Subtract line 21 from line 18	3. If zero or less,	enter -0					22	225	,410.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21 .				23	8	,845.
	24	Add lines 22 and 23. This is	your <b>total tax</b>						24	234	<b>,</b> 255.
<b>Payments</b>	25	Federal income tax withheld	I from:								
	а	Form(s) W-2				25a	236	5,703			
	b	Form(s) 1099				25b					
	С	Other forms (see instruction	s)			25c	-	7 <b>,</b> 135			
	d	Add lines 25a through 25c							25d	243	<b>,</b> 838.
If you have a	26	2022 estimated tax paymen	ts and amount a	pplied from 20	21 return				26		
qualifying child,	27	Earned income credit (EIC)			No .	27					
attach Sch. EIC.	28	Additional child tax credit from	m Schedule 8812			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	. These are your	total other pa	ayments and ref	undabl	e credits		32		
	33	Add lines 25d, 26, and 32. T	hese are your <b>to</b>	tal payments					33		,838.
Refund	34	If line 33 is more than line 24	4, subtract line 2	4 from line 33.	This is the amou	ınt you	overpaid		34		<b>,</b> 583.
11010110	35a	Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here							35a	9	<b>,</b> 583.
Direct deposit?	b	Routing number 1 1 1				Check	ing 🗌	Savings	;		
See instructions.	d	Account number 4 8 8	0 5 2 4	6 4 1 4	4 8						
	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	nstructions) .			38					
Third Party Designee		you want to allow another structions			n with the IRS?		Yes. C	omplete	below.	X No	
		signee's		Phone				onal ider	tification		
Cian		me der penalties of perjury, I declare	that I have examine	no.	d accompanying sch	nedules a		ber (PIN)	to the be	st of my knov	vledge and
Sign		lief, they are true, correct, and com			1 , 0			,		,	0
Here	Yo	ur signature		Date	Your occupation					nt you an Ide	
										N, enter it h	ere
Joint return?					ENGINEERI		NAGER		e inst.)	<u> </u>	
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return,	<b>both</b> must sign.	Date	Spouse's occupat	tion				nt your spous	
your records.				Identity Protection PIN, enter it he   SOFTWARE ENGINEER   (see inst.)							
	———Ph	one no. (510) 750-221	0	Email address	SPEDDINE@						
		eparer's name	Preparer's signat		ST LIDD IN ING	Date		PTIN		Check if:	
Paid		I PRIYA RAM SAGAR GUPTA TALLAM	1 .		GUPTA TALLAM		6/2023		32703	l	mployed
Preparer		m's name GLOBAL TA	1			1 - 0 , 1	-, -020			(678) 965	<u> </u>
Use Only				NSWICK N	J 08816				n's EIN		71965
	Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816 Firm's EIN 84-317										

# 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.

SUDH	EER PEDDINENI KALAVA & ALEKHYA REDDY POTHU		827-08-7	237
Par	t I Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxes		1	
2a	Alimony received			
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. Att	ach Schedule	E . <b>5</b>	-256,710.
6	Farm income or (loss). Attach Schedule F		6	
7	Unemployment compensation		7	
8	Other income:			
а	Net operating loss	8a (	)	
b	Gambling	8b		
C	Cancellation of debt	8c		
d	Foreign earned income exclusion from Form 2555	8d (	)	
е	Income from Form 8853	8e		
f	Income from Form 8889		,788.	
g	Alaska Permanent Fund dividends	8g		
h	Jury duty pay	8h		
i	Prizes and awards	8i		
j	Activity not engaged in for profit income	8j		
k	Stock options	8k		
I	Income from the rental of personal property if you engaged in the rental			
	for profit but were not in the business of renting such property	81		
m	Olympic and Paralympic medals and USOC prize money (see			
	instructions)	8m		
n	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 (		
+	Pension or annuity from a nonqualifed deferred compensation plan or	03 (		
•	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	3,788.

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

-252,922.

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

Par	t II Adjustments to Income			
11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-b	asis governmen	t	
	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			
16	Self-employed SEP, SIMPLE, and qualified plans			
17	Self-employed health insurance deduction			
18	Penalty on early withdrawal of savings			
19a	Alimony paid			
b	Recipient's SSN	·	_	
С	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	, , , , , , , , , , , , , , , , , , ,	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	4.		
-1	· · · · · · · · · · · · · · · · · · ·	4c		
d		4d		
е	Repayment of supplemental unemployment benefits under the Trade Act of 1974	4e		
f		4f		
g		4g		
_	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			
		4k		
Z	Other adjustments. List type and amount:	_		
		4z		
25	Total other adjustments. Add lines 24a through 24z			
26	Add lines 11 through 23 and 25. These are your <b>adjustments to income</b> . E			
	Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a	<u></u>	26	

#### SCHEDULE 2 (Form 1040)

15

16

Department of the Treasury Internal Revenue Service

### **Additional Taxes**

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. 02

Name(s) shown on Form 1040, 1040-SR, or 1040-NR Your social security number SUDHEER PEDDINENI KALAVA & ALEKHYA REDDY POTHU 827-08-7237 Part I Tax 1 Alternative minimum tax. Attach Form 6251 . . . . . . 1 2 2 Excess advance premium tax credit repayment, Attach Form 8962 . . . . . . . . 3 Add lines 1 and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 17. 3 Part II **Other Taxes** 4 Self-employment tax. Attach Schedule SE . . . . . . . . . . . 4 5 Social security and Medicare tax on unreported tip income. Attach Form 4137 5 Uncollected social security and Medicare tax on wages. Attach 6 6 7 Total additional social security and Medicare tax, Add lines 5 and 6 . . . 7 Additional tax on IRAs or other tax-favored accounts. Attach Form 5329 if required. 8 8 9 Household employment taxes. Attach Schedule H . . . . . . . . . . . . . . . . . . 9 Repayment of first-time homebuyer credit. Attach Form 5405 if required . . . . . 10 10 Additional Medicare Tax. Attach Form 8959 11 11 8,087. 12 12 13 Uncollected social security and Medicare or RRTA tax on tips or group-term life 13 Interest on tax due on installment income from the sale of certain residential lots 14 14

Interest on the deferred tax on gain from certain installment sales with a sales price

Recapture of low-income housing credit. Attach Form 8611 . . . . . . . . . . . .

(continued on page 2)

15

16

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

Schedule 2 (Form 1040) 2022

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

# Part II Other Taxes (continued)

7	Other additional taxes:			
а	Recapture of other credits. List type, form number, and amount:			
		17a	-	
b	Recapture of federal mortgage subsidy, if you sold your home	476		
_	see instructions	17b	-	
	Additional tax on HSA distributions. Attach Form 8889	<b>17c</b> 758.	-	
a	Additional tax on an HSA because you didn't remain an eligible individual. Attach Form 8889	17d		
е	Additional tax on Archer MSA distributions. Attach Form 8853.	17e		
f	Additional tax on Medicare Advantage MSA distributions. Attach Form 8853	17f		
g	Recapture of a charitable contribution deduction related to a fractional interest in tangible personal property	17g		
h	Income you received from a nonqualified deferred compensation plan that fails to meet the requirements of section 409A	17h		
i	Compensation you received from a nonqualified deferred compensation plan described in section 457A	<b>17</b> i		
j	Section 72(m)(5) excess benefits tax	17j		
k	Golden parachute payments	17k		
I	Tax on accumulation distribution of trusts	171		
m	Excise tax on insider stock compensation from an expatriated corporation	17m		
n	Look-back interest under section 167(g) or 460(b) from Form 8697 or 8866	17n		
0	Tax on non-effectively connected income for any part of the year you were a nonresident alien from Form 1040-NR	170		
р	Any interest from Form 8621, line 16f, relating to distributions from, and dispositions of, stock of a section 1291 fund	17p		
q	Any interest from Form 8621, line 24	17q		
Z	Any other taxes. List type and amount:			
		17z		
8	Total additional taxes. Add lines 17a through 17z		18	758.
9	Reserved for future use		19	
20	Section 965 net tax liability installment from Form 965-A	20		
21	Add lines 4, 7 through 16, and 18. These are your <b>total other taxe</b>		0.1	
	on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b . $$ .		21	8,845.

# SCHEDULE 3 (Form 1040)

Department of the Treasury Internal Revenue Service

# **Additional Credits and Payments**

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. 03

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

SUDHEER PEDDINENI KALAVA & ALEKHYA REDDY POTHU

Your social security number 827-08-7237

Par	t I Nonrefundable Credits			
1	Foreign tax credit. Attach Form 1116 if required		1	
2	Credit for child and dependent care expenses from Form 2441 Form 2441		2	
3	Education credits from Form 8863, line 19		3	
4	Retirement savings contributions credit. Attach Form 8880		4	
5	Residential energy credits. Attach Form 5695		5	10,478.
6	Other nonrefundable credits:			
а	General business credit. Attach Form 3800	6a		
b	Credit for prior year minimum tax. Attach Form 8801	6b		
С	Adoption credit. Attach Form 8839	6c		
d	Credit for the elderly or disabled. Attach Schedule R	6d		
е	Alternative motor vehicle credit. Attach Form 8910	6e		
f	Qualified plug-in motor vehicle credit. Attach Form 8936	6f		
g	Mortgage interest credit. Attach Form 8396	6g		
h	District of Columbia first-time homebuyer credit. Attach Form 8859	6h		
i	Qualified electric vehicle credit. Attach Form 8834	6i		
j	Alternative fuel vehicle refueling property credit. Attach Form 8911	6j		
k	Credit to holders of tax credit bonds. Attach Form 8912	6k		
I	Amount on Form 8978, line 14. See instructions	6I		
Z	Other nonrefundable credits. List type and amount:			
		6z		
7	Total other nonrefundable credits. Add lines 6a through 6z		7	
8	Add lines 1 through 5 and 7. Enter here and on Form 1040, 1040 line 20	-SR, or 1040-NR,	8	10,478.

(continued on page 2)

Schedule 3 (Form 1040) 2022 Page **2** 

Par	Other Payments and Refundable Credits			
9	Net premium tax credit. Attach Form 8962		9	
10	Amount paid with request for extension to file (see instructions) .		10	
11	Excess social security and tier 1 RRTA tax withheld		11	
12	Credit for federal tax on fuels. Attach Form 4136		12	
13	Other payments or refundable credits:			
а	Form 2439	13a		
b	Credit for qualified sick and family leave wages paid in 2022 from Schedule(s) H for leave taken before April 1, 2021	13b		
С	Reserved for future use	13c		
d	Credit for repayment of amounts included in income from earlier years	13d		
е	Reserved for future use	13e		
f	Deferred amount of net 965 tax liability (see instructions)	13f		
g	Reserved for future use	13g		
h	Credit for qualified sick and family leave wages paid in 2022 from Schedule(s) H for leave taken after March 31, 2021, and before October 1, 2021	13h		
Z	Other payments or refundable credits. List type and amount:			
		13z		
14	Total other payments or refundable credits. Add lines 13a through	13z	14	
15	Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040 line 31		15	

#### **SCHEDULE A** (Form 1040)

**Itemized Deductions** 

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

Attachment

OMB No. 1545-0074

Department of the Treasury

internal nevertue 3	ervice	Caution. If you are claiming a net qualified disaster loss of 1 offit 4004, see the	instructions for fine	10.	Sequence No. U1
Name(s) shown on	Form	1040 or 1040-SR		Your s	social security number
SUDHEER	PED	DINENI KALAVA & ALEKHYA REDDY POTHU		827-	-08-7237
Medical		Caution: Do not include expenses reimbursed or paid by others.			
and	1	Medical and dental expenses (see instructions)	1		
Dental	2	Enter amount from Form 1040 or 1040-SR, line 11   2			
Expenses		Multiply line 2 by 7.5% (0.075)	3		
-		Subtract line 3 from line 1. If line 3 is more than line 1, enter -0		. 4	
Taxes You		State and local taxes.			
Paid		State and local income taxes or general sales taxes. You may include			
	•	either income taxes or general sales taxes on line 5a, but not both. If			
		you elect to include general sales taxes instead of income taxes,			
		check this box	<b>5a</b> 90,71	n	
	ŀ	State and local real estate taxes (see instructions)	5b	<del>ن</del>	
		State and local personal property taxes	5c		
		I Add lines 5a through 5c	ll		
		Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing	<b>5d</b> 90,71	<u> </u>	
	e	separately)	<b>5e</b> 10.00		
	6	Other tayon Liet type and amount:	<b>5e</b> 10,00	U.	
	0	Other taxes. List type and amount:	6		
	7	Add lines Es and C	0		10.000
		Add lines 5e and 6		. 7	10,000.
Interest You Paid	8	Home mortgage interest and points. If you didn't use all of your home mortgage loan(s) to buy, build, or improve your home, see			
Caution: Your		instructions and check this box			
mortgage interest	_	Home mortgage interest and points reported to you on Form 1098.			
deduction may be limited. See	č	See instructions if limited	<b>8a</b> 35.18	,	
instructions.			<b>8a</b> 35,18	<u> </u>	
	r	Home mortgage interest not reported to you on Form 1098. See			
		instructions if limited. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no.,			
		and address	8b		
		and address	OD		
		Dainte and a second a second and a second an			
	C	Points not reported to you on Form 1098. See instructions for special	00		
	_	rules	8c 8d		
		Reserved for future use	_	1	
		Add lines 8a through 8c	<b>8e</b> 35,18	1.	
		Investment interest. Attach Form 4952 if required. See instructions.	9	10	) 2E 101
0:0		Add lines 8e and 9		. 10	35,181.
Gifts to	11	Gifts by cash or check. If you made any gift of \$250 or more, see	0.00		
Charity		instructions	9,000	٠.	
Caution: If you made a gift and	12	Other than by cash or check. If you made any gift of \$250 or more,	10		
got a benefit for it,	40	see instructions. You <b>must</b> attach Form 8283 if over \$500	12		
see instructions.		Carryover from prior year	13		
		Add lines 11 through 13		. 14	9,000.
Casualty and	15	Casualty and theft loss(es) from a federally declared disaster (other			
Theft Losses		disaster losses). Attach Form 4684 and enter the amount from line 1			
		instructions		15	
Other	16	Other—from list in instructions. List type and amount:			
Itemized					
Deductions				16	6
Total	17	Add the amounts in the far right column for lines 4 through 16. Also, e		1	
Itemized		Form 1040 or 1040-SR, line 12		17	54,181.
Deductions	18	If you elect to itemize deductions even though they are less than your		n,	
		check this box	[		

#### 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. Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.

OMB No. 1545-0074

Attachment Sequence No. 12

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

SUDHEER PEDDINENI KALAVA & ALEKHYA REDDY POTHU

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year?

Your social security number 827-08-7237

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) See instructions for how to figure the amounts to enter on the (h) Gain or (loss) (g) lines below. Adjustments Subtract column (e) Proceeds Cost to gain or loss from from column (d) and This form may be easier to complete if you round off cents to (sales price) (or other basis) Form(s) 8949, Part I, combine the result whole dollars. line 2, column (g) 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 . . . . . . . . . . . . . . 448,269. 488,335. 22,011. **-18,055.** Totals for all transactions reported on Form(s) 8949 with Box B checked . . . . . . . . . . . . . 3 Totals for all transactions reported on Form(s) 8949 with Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 4 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from 5 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover 99,596.) 6 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). If you have any longterm capital gains or losses, go to Part II below. Otherwise, go to Part III on the back . . . . . . . . 7 -117,651. Part II

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

See instructions for how to figure the amounts to enter on the lines below.  This form may be easier to complete if you round off cents to whole dollars.		(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustment to gain or loss Form(s) 8949, F line 2, column	from art 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 <b>Box D</b> checked					
9	Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked					
10	Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked	1,589,000.	1,093,107.	-495,8	93.	0.
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 corporate	tions, 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 <b>Worksheet</b> in the instructions	y, from line 13 of y	our <b>Capital Loss</b>	Carryover	14	()
15	Net long-term capital gain or (loss). Combine lines 88 on the back	•	. ,		15	0.

BAA

Schedule D (Form 1040) 2022 Page 2

### Part III Summary 16 Combine lines 7 and 15 and enter the result 16 -117,651. • 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 21 3,000.) • (\$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 gualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a? 22 ☐ 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

827-08-7237

OMB No. 1545-0074

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

SUDHEER

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.

PEDDINENI KALAVA & ALEKHYA REDDY POTHU

Attachment Sequence No. 12A

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	er you receive 1099-B. Either	ed any Form(s) 10 will show whether	99-B or substitute er your basis (usua	statement(s	) from your broke ) was reported to	r. A substitute the IRS by your
Part I Short-Term. Transinstructions). For lo	ng-term tra	nsactions, s	see page 2.			•	•
<b>Note:</b> You may agg reported to the IRS Schedule D, line 1a	and for wh	ich no adjus	stments or coc	les are required	d. Enter th	e totals directly	y on
You must check Box A, B, or C I complete a separate Form 8949, p for one or more of the boxes, com	page 1, for ea	ach applicabl	e box. If you ha	ve more short-te	rm transact		
<ul><li>☒ (A) Short-term transactions</li><li>☐ (B) Short-term transactions</li><li>☐ (C) Short-term transactions</li></ul>	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)
1 (a)	(b)	(c) Date sold or	(d) Proceeds	(e) Cost or other basis See the <b>Note</b> below	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).
FIDELITY BROKERAGE SERVICES LLC	01/01/22	12/01/22	422,264.	474,458.	W	22,011.	-30,183.
MORGAN STANLEY DOMESTIC HOLDINGS, INC	06/01/22	11/15/21	9,435.	1,131.			8,304.
MORGAN STANLEY DOMESTIC HOLDINGS, INC	06/10/22	05/13/22	16,570.	12,746.			3,824.
			l .	1			1

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.

448,269.

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).

488,335.

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 SUDHEER PEDDINENI KALAVA & ALEKHYA REDDY POTHU

Social security number or taxpayer identification number 827 - 08 - 7237

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

X (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 <b>Note</b> below	Adjustment, if you enter an enter a c See the ser	(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).
Main Home Sale: 2767 TRIBUNE AVENUE/HAYWARD	09/23/19	09/27/22	1,589,000.	1,093,107.	Н	-495,893.	0.
2 Totals. Add the amounts in columns negative amounts). Enter each tota Schedule D, line 8b (if Box D above above is checked), or line 10 (if Box	I here and inc is checked), <b>lir</b>	lude on your ne 9 (if Box E	1 589 000	1,093,107.		-495,893.	0.
above is checked), or line to (ii box	L LLDOVE IS CITED	nou)	±,000,000.	1 + 1 0 0 0 1 + 0 1 .		± 70,070.	U •

**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.

Schedul	e E (Form 1040) 2022			Attachment	Sequence	e No. <b>13</b>	}				Page
Name(s)	shown on return. Do not enter name and	social security number	if show	n on other s	side.			,	Your soci	al security	number
SUDH	EER PEDDINENI KALAVA	& ALEKHYA R	EDD?	Y POTHU	J				827-0	8-7237	,
Cautio	on: The IRS compares amounts re	eported on your ta	x retu	ırn with a	mounts	shown	on So	hedule(s) K-	1.		
Part								(0)			
· are	Note: If you report a loss, rec					e a loan	renav	ment from an 9	S corpora	ation you	must check
	the box in column (e) on line 2										
	amount is <b>not</b> at risk, you <b>mus</b>	<b>st</b> check the box in o	column	n <b>(f)</b> on line	28 and a	attach <b>F</b> o	orm 61	1 <b>98</b> . See instru	ctions.	-	
27	Are you reporting any loss not a	allowed in a prior v	vear c	due to the	at-risk	or basi	s limit	ations, a pric	or vear i	ınallowed	d loss from
	passive activity (if that loss was										
	see instructions before completi			, ,						,	
28				nter <b>P</b> for	(c) Che			Employer	(e) C	heck if	(f) Check if
	(a) Name			nership; <b>S</b> corporation	foreig			cation number		mputation aquired	any amount is not at risk
Α	APP-PARIRAK LLC SUDHEER PE	ODINENT KALAVA	101 0 (	P	partifers	SHIP	88-	3548597	1516		TIOU ALTISK
В	APP-PARIRAK LLC SUDHEER PE			P	౼౼			3548597			
С	ATT TAKTKAK DDC SODNEEK TE	INDINGINI INDINGIN					00	3340371			
D											
ט	Danaina Incomo					Non		in a language			
	Passive Income a	(h) Passive income		(i) Nonna	assive loss			ive Income a Section 179 exp			assive income
	(attach <b>Form 8582</b> if required)	from Schedule K-			Schedule			duction from <b>For</b>			chedule K-1
Α				,	128	,355.					
В						,355.					
С						,					
D											
29a	Totals										
b	Totals				256	710					
30	Add columns (h) and (k) of line 2	9a				<u>,710.</u>	•		30		
31	Add columns (g), (i), and (j) of line								31	1 ~	710
32	Total partnership and S corpor								32		256,710.
Part				J. Combii	ie iiries .	30 and	31		32		256 <b>,</b> 710.
	income or Loss From i	estates and Tru	515							(b) Emp	alovor
33		(a) N	lame							identificatio	
Α											
В											
	Passive In	come and Loss					No	onpassive In	come a	nd Loss	
	(c) Passive deduction or loss allow	red (d)	Passive	e income			Deduct	ion or loss		(f) Other inc	come from
	(attach Form 8582 if required)	fror	n <b>Sche</b>	dule K-1		fro	m Sche	edule K-1		Schedu	le K-1
Α											
В											
34a	Totals										
b	Totals										
35	Add columns (d) and (f) of line 34	4a							35		
36	Add columns (c) and (e) of line 3	4b							36	(	
37	Total estate and trust income	or (loss). Combin-	e lines	s 35 and	36				37		
Part	V Income or Loss From I	Real Estate Mo	rtgag	je Inves	tment (	Condu	iits (F	REMICs)—F	Residua	al Holde	r
38	(a) Name	(b)	Employ	er (	c) Excess			(d) Taxable in		(e) In	come from
	(a) Name	identific	ation n	umber		<b>es Q</b> , line structions		(net loss) fr Schedules Q,		Schedu	les Q, line 3b
39	Combine columns (d) and (e) on	ly. Enter the result	here	and inclu	ide in th	e total	on line	41 below .	39		
Part		•									
40	Net farm rental income or (loss)	from Form 4835	Also.	complete	line 42	below			40		
41	Total income or (loss). Combine										
71	. (=					Suit HE	i <del>c</del> ail	i on ochedule	41		256,710.
40	* * * * * * * * * * * * * * * * * * * *					· · ·			71		200, 11U.
42	Reconciliation of farming an farming and fishing income repo										
	(Form 1065), box 14, code B; Sc										
	AD; and Schedule K-1 (Form 104					42					
43	Reconciliation for real estate	**									
-10	i i continuitation i i i cai cotate		you vv	oro a rea	· colate	1 1					

professional (see instructions), enter the net income or (loss) you reported anywhere on Form 1040, Form 1040-SR, or Form 1040-NR from all rental real estate activities in which you materially participated

Department of the Treasury

Internal Revenue Service

## **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 Attachment Sequence No. **52** 

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

SUDHEER PEDDINENI KALAVA

Social security number of HSA beneficiary. If both spouses have HSAs, see instructions.

827-08-7237

Befo	re you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if	requ	ired.
Part	<b>HSA Contributions and Deduction.</b> See the instructions before completing this part. If y and both you and your spouse each have separate HSAs, complete a separate Part I for		
1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2022. See instructions	☐ Se	lf-only 🗵 Family
2	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. <b>Do not</b> include employer contributions, contributions through a cafeteria plan, or rollovers. See instructions	2	0.
3	If you were under age 55 at the end of 2022 and, on the first day of <b>every</b> month during 2022, you were, or were considered, an eligible individual with the <b>same</b> coverage, enter \$3,650 (\$7,300 for family coverage). <b>All others</b> , see the instructions for the amount to enter	3	7,300.
4	Enter the amount you and your employer contributed to your Archer MSAs for 2022 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2022, also include any amount contributed to your spouse's Archer MSAs	4	0.
5	Subtract line 4 from line 3. If zero or less, enter -0	5	7,300.
6	Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family		,
	coverage under an HDHP at any time during 2022, see the instructions for the amount to enter	6	7,300.
7	If you were age 55 or older at the end of 2022, married, and you or your spouse had family coverage under an HDHP at any time during 2022, enter your additional contribution amount. See instructions.	7	
8	Add lines 6 and 7	8	7,300.
9	Employer contributions made to your HSAs for 2022		
10	Qualified HSA funding distributions		
11	Add lines 9 and 10	11	7,300.
12	Subtract line 11 from line 8. If zero or less, enter -0	12	0.
13	<b>HSA</b> deduction. Enter the smaller of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line 13 <b>Caution:</b> If line 2 is more than line 13, you may have to pay an additional tax. See instructions.	13	0.
Part	<b>HSA Distributions.</b> If you are filing jointly and both you and your spouse each have separate Part II for each spouse.	rate l	HSAs, complete
14a	Total distributions you received in 2022 from all HSAs (see instructions)	14a	3,788.
b	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 withdrawn by the due date of your return. See instructions	14b	
С	Subtract line 14b from line 14a	14c	3,788.
15	Qualified medical expenses paid using HSA distributions (see instructions)	15	<u>,</u>
16	<b>Taxable HSA distributions.</b> Subtract line 15 from line 14c. If zero or less, enter -0 Also, include this amount in the total on Schedule 1 (Form 1040), Part I, line 8f	16	3,788.
17a	If any of the distributions included on line 16 meet any of the <b>Exceptions to the Additional 20% Tax</b> (see instructions), check here		
b	<b>Additional 20% tax</b> (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	17b	758.
Part		ons b	efore
18	Last-month rule	18	
19	Qualified HSA funding distribution	19	
20	<b>Total income.</b> Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I, line 8f .	20	
21	<b>Additional tax.</b> Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2 (Form 1040), Part II, line 17d	21	

BAA

# 8959 Form

Department of the Treasury Internal Revenue Service **Additional Medicare Tax** 

If any line does not apply to you, leave it blank. See separate instructions.

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

Go to www.irs.gov/Form8959 for instructions and the latest information.

OMB No. 1545-0074

2022
Attachment Sequence No. 71

Name(s) shown on return

Your social security number

SUDHEER PEDDINENI KALAVA & ALEKHYA REDDY POTHU 827-08-7237 Part I Additional Medicare Tax on Medicare Wages Medicare wages and tips from Form W-2, box 5. If you have more than one Form W-2, enter the total of the amounts from box 5 . . . . . . . . . 1 1,148,531. 2 2 3 3 4 4 1,148,531. 5 Enter the following amount for your filing status: Single, Head of household, or Qualifying surviving spouse . . . \$200,000 250,000. 6 6 898,531. Additional Medicare Tax on Medicare wages. Multiply line 6 by 0.9% (0.009). Enter here and go to 7 8,087. Part II Additional Medicare Tax on Self-Employment Income 8 Self-employment income from Schedule SE (Form 1040), Part I, line 6. If you had a loss, enter -0- (Form 1040-PR or 1040-SS filers, see instructions.) . . 8 Enter the following amount for your filing status: Single, Head of household, or Qualifying surviving spouse . . . \$200,000 9 10 10 11 12 12 Additional Medicare Tax on self-employment income. Multiply line 12 by 0.9% (0.009). Enter here and 13 Part III Additional Medicare Tax on Railroad Retirement Tax Act (RRTA) Compensation 14 Railroad retirement (RRTA) compensation and tips from Form(s) W-2, box 14 14 15 Enter the following amount for your filing status: Single, Head of household, or Qualifying surviving spouse . . . \$200,000 15 16 16 Additional Medicare Tax on railroad retirement (RRTA) compensation. Multiply line 16 by 0.9% (0.009). 17 17 Total Additional Medicare Tax Part IV Add lines 7, 13, and 17. Also include this amount on Schedule 2 (Form 1040), line 11 (Form 1040-PR 18 8,087. Part V Withholding Reconciliation Medicare tax withheld from Form W-2, box 6. If you have more than one Form 19 W-2, enter the total of the amounts from box 6 . . . . . . . . . . . . . . . . . 23,789. 20 20 1,148,531. Multiply line 20 by 1.45% (0.0145). This is your regular Medicare tax 21 21 22 Subtract line 21 from line 19. If zero or less, enter -0-. This is your Additional Medicare Tax 22 7,135. Additional Medicare Tax withholding on railroad retirement (RRTA) compensation from Form W-2, box 23 23 24 Total Additional Medicare Tax withholding. Add lines 22 and 23. Also include this amount with federal income tax withholding on Form 1040, 1040-SR, or 1040-NR, line 25c (Form 1040-PR or 24 7,135.

BAA

# Form **8960**

#### Net Investment Income Tax— Individuals, Estates, and Trusts

Attach to your tax return.
Go to www.irs.gov/Form8960 for instructions and the latest information.

2022 Attachment Sequence No. 72

OMB No. 1545-2227

Department of the Treasury
Internal Revenue Service

Name(s) shown on your tax return

Your social security number or EIN SUDHEER PEDDINENI KALAVA & ALEKHYA REDDY POTHU 827-08-7237 Part I Investment Income Section 6013(g) election (see instructions) ☐ Section 6013(h) election (see instructions) ☐ Regulations section 1.1411-10(g) election (see instructions) 1 393. 2 2 3 3 Rental real estate, royalties, partnerships, S corporations, trusts, etc. (see 4a -256,710.Adjustment for net income or loss derived in the ordinary course of a nonsection 1411 trade or business (see instructions) . . . . . . . . . . . . . . . . 4b 256,710. . . . . 4c 0. 5a Net gain or loss from disposition of property (see instructions) . . . . . -3,000. Net gain or loss from disposition of property that is not subject to net investment income tax (see instructions) . . . . . . . . . . . . . . . . . 5b Adjustment from disposition of partnership interest or S corporation stock (see 5d -3,000. 6 Adjustments to investment income for certain CFCs and PFICs (see instructions) 6 7 7 Total investment income. Combine lines 1, 2, 3, 4c, 5d, 6, and 7. . . . . . 8 -2,607. Part II Investment Expenses Allocable to Investment Income and Modifications State, local, and foreign income tax (see instructions) . . . . . . . 9b Miscellaneous investment expenses (see instructions) . . . . . 9c 9d 10 10 Total deductions and modifications. Add lines 9d and 10 . . . . . 11 11 Part III Tax Computation Net investment income. Subtract Part II, line 11, from Part I, line 8. Individuals, complete lines 13-17. 12 12 0. Individuals: Modified adjusted gross income (see instructions) . . . . . . . . . . 13 868,611. 14 250,000. 15 Subtract line 14 from line 13. If zero or less, enter -0- . . . . . . . . 15 618,611. 16 16 0. Net investment income tax for individuals. Multiply line 16 by 3.8% (0.038). Enter here and include 17 17 0. **Estates and Trusts:** Deductions for distributions of net investment income and deductions under 18b Undistributed net investment income. Subtract line 18b from line 18a (see 18c 19a Highest tax bracket for estates and trusts for the year (see instructions) . . . 19b 19c 20 20 Net investment income tax for estates and trusts. Multiply line 20 by 3.8% (0.038). Enter here and 21 21

# 5695

Department of the Treasury Internal Revenue Service

## **Residential Energy Credits**

Go to www.irs.gov/Form5695 for instructions and the latest information.

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

OMB No. 1545-0074

2022
Attachment
Sequence No. 158

Name(s) shown on return

SUDHEER

Part I

PEDDINENI KALAVA & ALEKHYA REDDY POTHU

Residential Clean Energy Credit (See instructions before completing this part.)

Your social security number 827-08-7237

		_				
Note	Skip lines 1 through 11 if you only have a credit carryforward from 202	1.				
1	Qualified solar electric property costs				1	34,927.
2	Qualified solar water heating property costs				2	
3	Qualified small wind energy property costs				3	
4	Qualified geothermal heat pump property costs				4	
5	Qualified biomass fuel property costs				5	
6a	Add lines 1 through 5				6a	34,927.
b	Multiply line 6a by 30% (0.30)				6b	10,478.
7a	Qualified fuel cell property. Was qualified fuel cell property installed on, or in a main home located in the United States? (See instructions.)				7a	Yes No
	Caution: If you checked the "No" box, you cannot take a credit for qualified fullines 7b through 11.	uel cell	l prope	rty. Skip		
b	Print the complete address of the main home where you installed the fuel cell pro	perty.				
	Number and street		Un	it No.		
	City, State, and ZIP code	l I				
8	Qualified fuel cell property costs	8				
9	Multiply line 8 by 30% (0.30)	9				
10	Kilowatt capacity of property on line 8 above	10				
11	Enter the smaller of line 9 or line 10				11	
12	Credit carryforward from 2021. Enter the amount, if any, from your 2021 Form 56	95, lin	e 16		12	
13	Add lines 6b, 11, and 12				13	10,478.
14	Limitation based on tax liability. Enter the amount from the Residential Clean Worksheet (see instructions)				14	235,888.
15	Residential clean energy credit. Enter the smaller of line 13 or line 14. Also in Schedule 3 (Form 1040), line 5				15	10,478.
16	Credit carryforward to 2023. If line 15 is less than line 13, subtract line 15 from line 13	16				

Page **2** 

Par	Energy Efficient Home Improvement Credit					
17a	Were the qualified energy efficiency improvements or residential energy proper home located in the United States? (see instructions)	•	•	17a	☐ Yes	□ No
	<b>Caution:</b> If you checked the "No" box, you cannot claim the energy efficient credit. Do not complete Part II.	t hon	ne improvement			
b	Print the complete address of the main home where you made the qualifying impartment. You can only have one main home at a time.	roven	nents.			
	Number and street		Unit No.			
	City, State, and ZIP code					
С	Were any of these improvements related to the construction of this main home?			17c	☐ Yes	□ No
	<b>Caution:</b> If you checked the "Yes" box, you can only claim the energy efficient credit for qualifying improvements that were not related to the construction of the expenses related to the construction of your main home, even if the improvement moved into the home.	home	e. Do not include			
18 19	Lifetime limitation. Enter the amount from the Lifetime Limitation Worksheet (see Qualified energy efficiency improvements (original use must begin with you and reasonably be expected to last for at least 5 years; do not include labor costs) (see	the c	component must	18		
а	Insulation material or system specifically and primarily designed to reduce heathome that meets the prescriptive criteria established by the 2009 IECC $$ . $$ .		or gain of your	19a		
b b	Exterior doors that meet or exceed the version 6.0 Energy Star program required Metal or asphalt roof that meets or exceeds the Energy Star program requirement pigmented coatings or cooling granules which are specifically and primarily defined gain of your home	s and	has appropriate	19b		
d	Exterior windows and skylights that meet or exceed the version 6.0 Energy Star program requirements	19d		100		
e f	Maximum amount of cost on which the credit can be figured	19e	\$2,000	-		
	enter -0	19f	0.			
g h	Subtract line 19f from line 19e. If zero or less, enter -0	19g	2,000.	19h		0.
20	Add lines 19a, 19b, 19c, and 19h			20		0.
21	Multiply line 20 by 10% (0.10)			21		0.
22	Residential energy property costs (must be placed in service by you; include preparation, assembly, and original installation) (see instructions).	labor	costs for onsite			
a	Energy-efficient building property. Do not enter more than \$300			22a		0.
b b	Qualified natural gas, propane, or oil furnace or hot water boiler. Do not enter mo Advanced main air circulating fan used in a natural gas, propane, or oil furnace than \$50	e. Do	not enter more	22b 22c		0.
23	Add lines 22a through 22c			23		<u> </u>
24	Add lines 21 and 23			24		
25	Maximum credit amount. (If you jointly occupied the home, see instructions)			25		
26 27	Enter the amount, if any, from line 18	energy	efficient home	26		
28	Enter the smaller of line 24 or line 27			28		
29	Limitation based on tax liability. Enter the amount from the Energy Efficient Hom Limit Worksheet (see instructions)	e Imp 	rovement Credit	29		
30	Energy efficient home improvement credit. Enter the smaller of line 28 or line	e 29. <i>i</i>	Also include this			

30

## **Additional Information From 2022 Federal Tax Return**

SMART WORKSHEET FOR: Form 5695: Residential Energy Credit

Qual solar electric prop

Itemization Statement					
Amount					

Description	Amount
cost of the Powerwall	34,926.93
Total	34,927.