| Form 8879 |
|----------------------------|
| (Rev. January 2021) |
| Depertment of the Treesury |

epartment 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 securit | ty numb | ber | | | |
|--------|--|----------------|----------|--------------|--|--|--|
| MOH | AN TEJA GORANTLA | 808-09- | -222 | б | | | |
| Spouse | 's name | Spouse's soc | ial secu | urity number | | | |
| | | | | | | | |
| Part | I Tax Return Information – Tax Year Ending December 31, 2022 (Enter | r year you a | re au | thorizing.) | | | |
| Enter | nter 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 | 69,513. | | | |
| 2 | Total tax | | 2 | 8,064. | | | |
| 3 | Federal income tax withheld from Form(s) W-2 and Form(s) 1099 | | 3 | 11,207. | | | |
| 4 | Amount you want refunded to you | | 4 | 3,143. | | | |
| 5 | Amount you owe | | 5 | | | | |

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 lauthorize GLOBAL TAXES LLC to enter or generate my PIN

| Ent | er fiv n't er | /e di | gits, | but | as |
|-----|------------------|-------|-------|-----|----|
| g | 2 | 2 | 2 | 6 | |

my

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

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

Your signature Mohan Teja Gorantla

Spouse's PIN: check one box only

I authorize

to enter or generate my PIN

Date > 03/16/2023

| | | as my |
|------------------|--|-------|
| er fiv n't er | | |

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 signature E | | | | | | | | | |
|---|---|---|---|--|------|-------------|-------|---|---|
| Practitioner PIN Method Returns Only—continue | | | | | | | | | |
| 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 > | | Date 🕨 | |
|-----------------------------------|--|-------------------|--------------------------|
| D | ERO Must Retain This F on't Submit This Form to the | | |
| Fee Demonstrate Deduction Act Not | No | DEV 00/00 DDO | Farm 8870 (Day, 01 0001) |

For Paperwork Reduction Act Notice, see your tax return instructions. BAA REV 03/09/23 PRO

| 1040 | | artment of the Treasury—Internal Revenue Servi S. Individual Income Tax | | _m 202 | 2 | OMB No. 1545 | -0074 | IRS Use O | nly—Do n | ot writ | e or staple in this space. |
|---|---------------|--|------------------|------------------------------|-------|-----------------|--------------|--------------|--------------|----------|--|
| Filing Status | X S | Single Married filing jointly | Married | filing separately (N | /IFS) | Head of | house | hold (HOH) | | | ying surviving se (QSS) |
| one box. | | u checked the MFS box, enter the nation is a child but not your dependent | | ur spouse. If you cl | neck | ed the HOH or | QSS | box, enter | the chil | d's r | name if the qualifying |
| Your first name | and mi | ddle initial | Last name | e | | | | | Your | soci | ial security number |
| MOHAN TE | JA | | GORAN | TLA | | | | | 808 | 3-0 | 9-2226 |
| lf joint return, s | oouse's | first name and middle initial | Last name | e | | | | | Spoι | ise's | social security number |
| Home address | (numbe | er and street). If you have a P.O. box, see | instruction | s. | | | A | Apt. no. | Pres | ident | tial Election Campaign |
| 777 NOR1 | 'H Al | IR DEPOT BOULEVARD | | | | | 7 | /214 | | | ere if you, or your |
| City, town, or p | ost offic | ce. If you have a foreign address, also co | mplete spa | ices below. | Sta | te | ZIP c | ode | | | filing jointly, want \$3 his fund. Checking a |
| MIDWEST | CITY | ľ | | | OF | ζ | 731 | 10 | Ŭ, | | w will not change |
| Foreign country | name | | Foi | reign province/state/o | count | ty | Foreig | n postal cod | e your | tax o | or refund. |
| | | | | | | | | | | | You Spouse |
| Digital | | ny time during 2022, did you: (a) rece | | | | | | | | | |
| Assets | | ange, gift, or otherwise dispose of a | - | | | - | asset) | ? (See inst | ruction | s.) | Yes X No |
| Standard | _ | eone can claim: 🗌 You as a de | | Your spouse | | | | | | | |
| Deduction | | Spouse itemizes on a separate return | n or you w | vere a dual-status a | alien | | | | | | |
| Age/Blindness | You: | Were born before January 2, 1 | 958 | Are blind Spo | use | : 🗌 Was bor | n befo | ore Januar | y 2, 195 | 8 | Is blind |
| Dependents | s (see | instructions): | | (2) Social security | | (3) Relationsh | ip (4 |) Check the | box if q | ualifie | es for (see instructions): |
| If more | (1) Fi | irst name Last name | | number | | to you | | Child tax | credit | С | redit for other dependents |
| than four | | | | | | | | | | | |
| dependents, see instructions | | | | | | | | | | | |
| and check | , | | | | | | | | | | |
| here | | | | | | | | | | | |
| Income | 1 a | Total amount from Form(s) W-2, be | | , | | | | | • | 1a | 78,333. |
| | b | Household employee wages not re | | | | | • • | | · - | 1b | |
| Attach Form(s) W-2 here. Also | c | Tip income not reported on line 1a | • | , | | | • • | | · - | 1c | |
| attach Forms | d | Medicaid waiver payments not rep | | | nstru | ictions) | • • | | · - | 1d | |
| W-2G and 1099-R if tax | e | Taxable dependent care benefits f | | | • | | • • | | · - | 1e | |
| was withheld. | f | Employer-provided adoption bene | | | • | | • • | | · - | 1f | |
| If you did not | g | Wages from Form 8919, line 6 . | | | • | | | | · - | 1g | 0. |
| get a Form W-2, see | h | Other earned income (see instruction (| , | | • | · · · · · | · · | | · | 1h | 0. |
| instructions. | i | Nontaxable combat pay election (s Add lines 1a through 1h | | | • | 🔲 | | | - 1 | 1z | 78,333. |
| Attack Sak D | z 2a | e l | 2a | | ьт | axable interes | · · | | • - | 2b | 70,333. |
| Attach Sch. B if required. | 2a 3a | | 2a 3a | | | ordinary divide | | | · - | 20 3b | 1. |
| | 4a | | 4a | | | axable amoun | | | • - | 4b | <u>+</u> . |
| Standard | 5a | | 5a | | | axable amoun | | | · | 5b | |
| Deduction for- | 6a | | 6a | | | axable amoun | | | . – | 6b | |
| Single or Married filing | c | If you elect to use the lump-sum elected and t | | | | | | | $\dot{\Box}$ | | |
| separately, | 7 | Capital gain or (loss). Attach Sched | | - | • | , | | | | 7 | 150. |
| \$12,950Married filing | 8 | Other income from Schedule 1, line | | | | - | | | . | 8 | -8,971. |
| jointly or Qualifying | 9 | Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, | and 8. Th | nis is your total inc | ome | ə | | | . Г | 9 | 69,513. |
| surviving spouse, | 10 | Adjustments to income from Sche | | • | | | | | . [| 10 | |
| \$25,900 • Head of | 11 | Subtract line 10 from line 9. This is | your adju | usted gross incon | ne | | | | . [| 11 | 69,513. |
| household, \$19,400 | 12 | Standard deduction or itemized | | | | | | | . | 12 | 12,950. |
| If you checked | 13 | Qualified business income deducti | | | | 5-A | | | . | 13 | |
| any box under Standard | 14 | Add lines 12 and 13 | | | | | | | . Г | 14 | 12,950. |
| Deduction, see instructions. | 15 | Subtract line 14 from line 11. If zer | | | our 1 | taxable incom | ie . | | . [| 15 | 56,563. |
| see manucuons. | | | | - | | | | | | | · · · · · · · · · · · · · · · · · · · |

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

Form **1040** (2022)

| Form 1040 (2022 | 2) | | | | | | | | Pag | ge 2 |
|----------------------------------|--------|---|-------------------------|---------------------|--------------------|------------------------|-------------|----------------------|----------------------|-------------|
| Tax and | 16 | Tax (see instructions). Check | if any from Form | (s): 1 🗌 881 | 4 2 4972 | 3 | | 16 | 8,064 | ŀ. |
| Credits | 17 | Amount from Schedule 2, lin | e3 | | | | | 17 | | |
| | 18 | Add lines 16 and 17 | | | | | | 18 | 8,064 | ŧ. |
| | 19 | Child tax credit or credit for | other dependen | ts from Sched | ule 8812 | | | 19 | | |
| | 20 | Amount from Schedule 3, lin | e8 | | | | | 20 | | |
| | 21 | Add lines 19 and 20 | | | | | | 21 | | |
| | 22 | Subtract line 21 from line 18 | | | | | | 22 | 8,064 | ŀ. |
| | 23 | Other taxes, including self-e | mployment tax, | from Schedule | e 2, line 21 . | | | 23 | (|). |
| | 24 | Add lines 22 and 23. This is | your total tax | | | | | 24 | 8,064 | ŧ. |
| Payments | 25 | Federal income tax withheld | | | | | | | | |
| ,, | а | Form(s) W-2 | | | | 25a 1 | 1,207. | | | |
| | b | Form(s) 1099 | | | | 25b | | | | |
| | с | Other forms (see instructions | 5) | | | 25c | | | | |
| | d | Add lines 25a through 25c | | | | | | 25d | 11,207 | 1. |
| 15 | 26 | 2022 estimated tax payment | s and amount a | pplied from 20 | 021 return . | | | 26 | | |
| If you have a qualifying child, | 27 | Earned income credit (EIC) | | | No . | 27 | | | | |
| attach Sch. EIC. | 28 | Additional child tax credit from | | | | 28 | | | | |
| | 29 | American opportunity credit | from Form 8863 | 3, line 8 | | 29 | | | | |
| | 30 | Reserved for future use . | | | | 30 | | | | |
| | 31 | Amount from Schedule 3, lin | | | | 31 | | | | |
| | 32 | Add lines 27, 28, 29, and 31 | | | | undable credits | | 32 | | |
| | 33 | Add lines 25d, 26, and 32. T | hese are your to | tal payments | | | | 33 | 11,207 | · . |
| Refund | 34 | If line 33 is more than line 24 | , subtract line 2 | 4 from line 33. | This is the amou | nt you overpaid | | 34 | 3,143 | 3. |
| neiuliu | 35a | Amount of line 34 you want | refunded to you | J. If Form 8888 | 3 is attached, che | ck here | 🗆 | 35a | 3,143 | ÷. |
| Direct deposit? | b | Routing number 0 7 1 | | | | | Savings | | | |
| See instructions. | d | Account number 1 1 6 | | | | | 0 | | | |
| | 36 | Amount of line 34 you want a | applied to your | 2023 estimate | ed tax | 36 | | | | |
| Amount | 37 | Subtract line 33 from line 24 | . This is the am | ount vou owe | | | | | | |
| You Owe | | For details on how to pay, g | | | | | | 37 | | |
| | 38 | Estimated tax penalty (see ir | structions) . | | | 38 | | | | |
| Third Party | Do | you want to allow another | person to disc | cuss this retu | rn with the IRS? | See | | | | |
| Designee | ins | structions | | | | 🗌 Yes. 🤇 | Complete | below. | 🗙 No | |
| | | signee's | | Phone | | | sonal ident | fication | | |
| | na | | | no. | | | nber (PIN) | | | |
| Sign | | der penalties of perjury, I declare t ief, they are true, correct, and com | | | | | | | | |
| Here | | ur signature | | Date | Your occupation | | 1 | | nt you an Identity | 5 |
| | 10 | ar signature | | Duic | | | | | IN, enter it here | |
| Joint return? | | | | | IT EMPLOY | ΞE | (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 it | nere |
| - | Dh | ((10)) = ((10)) = (0) | <u>ົ</u> | Email addraga | | | | | | |
| | | one no. (618)353-483 eparer's name | 3 Preparer's signat | Email address | MOHANTEJA. | Date | | | Check if: | |
| Paid | | I PRIYA RAM SAGAR GUPTA TALLAM | | | ለጠውጥአ ጥአተተ አኑ | | | 2202 | Self-employe | hd |
| Preparer | | | | NAM SAGAR | GUPIA IALLAM | 03/16/2023 | - | | | |
| Use Only | | m's name GLOBAL TAX | | NOMITOR N | т 00016 | | | | 678)965-952 | |
| | | m's address 245 ROONE | Y CT E BRU | MOWICK N | J 08816 | | Firm | i's EIN | 84-317196 | |
| Lio to WWW inc a | OV/For | n 11/40 for instructions and the late | et intormation | | | DEV 02/00/22 DDO | | | Eorm 1040 / | 2000) |

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

REV 03/09/23 PRO BAA

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

01

Attachment

| MOHAN TEJA GO | RANTLA | 808-09 | -2226 |
|--------------------------|------------------------------|----------|------------------------|
| Name(s) shown on Fo | rm 1040, 1040-SR, or 1040-NR | Your soc | ial security number |
| Internal Nevende Gervice | - | | Sequence No. VI |

| Par | t Additional Income | | | |
|-----|--|----------------------|----|---------|
| 1 | Taxable refunds, credits, or offsets of state and local income taxes | | 1 | |
| 2a | Alimony received | | 2a | |
| b | Date of original divorce or separation agreement (see instructions): | | | |
| 3 | Business income or (loss). Attach Schedule C | | 3 | |
| 4 | Other gains or (losses). Attach Form 4797 | | 4 | |
| 5 | Rental real estate, royalties, partnerships, S corporations, trusts, etc. Att | | 5 | -8,971. |
| 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 | | |
| | 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 | 8р | | |
| 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 | -8,971. |
| | and the second | | | |

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

Schedule 1 (Form 1040) 2022

| Par | II Adjustments to Income | | | | | | · |
|--------|--|-----|----------|--------|-------|-------|--------------------|
| 11 | Educator expenses | | | | | 11 | |
| 12 | Certain business expenses of reservists, performing artists, and fee | | | vernme | ent 🗍 | | |
| | 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: | | | | | | |
| a | | 24a | | | | | |
| b | Deductible expenses related to income reported on line 8I from the | | | | | | |
| | | 24b | | | | | |
| С | Nontaxable amount of the value of Olympic and Paralympic medals | | | | | | |
| | and USOC prize money reported on line 8m | 24c | | | | | |
| d | | 24d | | | | | |
| е | Repayment of supplemental unemployment benefits under the Trade | | | | | | |
| - | Act of 1974 | 24e | | | | | |
| f | Contributions to section 501(c)(18)(D) pension plans | 24f | | | | | |
| q | | 24g | | | | | |
| • | Attorney fees and court costs for actions involving certain unlawful | _ 3 | | | | | |
| | | 24h | | | | | |
| i | Attorney fees and court costs you paid in connection with an award | | | | | | |
| • | from the IRS for information you provided that helped the IRS detect | | | | | | |
| | tax law violations | 24i | | | | | |
| i | Housing deduction from Form 2555 | 24j | | | | | |
| , k | Excess deductions of section 67(e) expenses from Schedule K-1 (Form | | | | | | |
| | | 24k | | | | | |
| z | Other adjustments. List type and amount: | | | | | | |
| | | 24z | | | | | |
| 25 | Total other adjustments. Add lines 24a through 24z | | | | . [| 25 | |
| 26 | Add lines 11 through 23 and 25. These are your adjustments to income | | | | | - | |
| | Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a | | | | | 26 | |
| | BAA | REV | 03/09/23 | PRO | S | chedu | le 1 (Form 1040) 2 |

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

MOHAN TEJA GORANTLA

Your social security number

808-09-2226

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)

| 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) Adjustments to gain or loss fro Form(s) 8949, Pa line 2, column (r | rt I, | (h) Gain or (loss) Subtract column (e) 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 | 1,840. | 1,704. | 1 | 4. | 150. |
| 2 | Totals for all transactions reported on Form(s) 8949 with Box B checked | | | | | |
| 3 | Totals for all transactions reported on Form(s) 8949 with Box C checked | | | | | |
| 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 | | | usts from | 5 | |
| 6 | Short-term capital loss carryover. Enter the amount, if an Worksheet in the instructions | | - | - | 6 | () |
| 7 | Net short-term capital gain or (loss). Combine lines 1a term capital gains or losses, go to Part II below. Otherwise | | 7 | 150. | | |

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) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g) | | (h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g) |
|---|--|---|--|--|----|---|
| | 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. | tals for all long-term transactions reported on Form 99-B for which basis was reported to the IRS and for nich you have no adjustments (see instructions). wever, if you choose to report all these transactions | | (9) | | |
| 8b | Totals for all transactions reported on Form(s) 8949 with Box D checked | | | | | |
| 9 | Totals for all transactions reported on Form(s) 8949 with Box E checked | | | | | |
| 10 | Totals for all transactions reported on Form(s) 8949 with Box F checked. | | | | | |
| | 1 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824 | | | | 11 | |
| 12 13 | | | | | | |
| 14 | 4 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover Worksheet in the instructions | | | | | () |
| 15 | Net long-term capital gain or (loss). Combine lines 8a on the back . | | 15 | | | |

| Part | III Summary | |
|------|--|----------------|
| 16 | Combine lines 7 and 15 and enter the result | 16 150. |
| | • 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 () |
| | 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? | |
| | X Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. | |
| | No. Complete the rest of Form 1040, 1040-SR, or 1040-NR. | |

REV 03/09/23 PRO

Schedule D (Form 1040) 2022

Form **8949**

Department of the Treasury

Internal Revenue Service

Sales and Other Dispositions of Capital Assets

Go to www.irs.gov/Form8949 for instructions and the latest information.

File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.



| Name(s) shown on return | Social security number or taxpayer identification number |
|-------------------------|--|
| MOHAN TEJA GORANTLA | 808-09-2226 |

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) Cost or other basis Proceeds See the Note below | | If you enter an enter a co | amount in column (g), ode in column (f). arate instructions. | (h) Gain or (loss) Subtract column (e) | |
|---|--|--------------------------------|---|--|-------------------------------------|--|---|--|
| (Example: 100 sh. XYZ Co.) | (Mo., day, yr.) | disposed of (Mo., day, yr.) | (sales price) (see instructions) | and see Column (e) in the separate instructions. | (f) Code(s) from instructions | (g) Amount of adjustment | from column (d) and combine the result with column (g). | |
| Robinhood Securities LLC | 01/01/22 | 12/31/22 | 241. | 274. | W | 14. | -19. | |
| APEX CLEARING | 01/01/22 | 12/31/22 | 1,599. | 1,430. | | | 169. | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| 2 Totals. Add the amounts in columns negative amounts). Enter each tota Schedule D, line 1b (if Box A above above is checked), or line 3 (if Box (| al here and inc is checked), lir | lude on your ne 2 (if Box B | 1,840. | 1,704. | | 14. | 150. | |

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

| SCHEDULE | Е |
|-------------|---|
| (Form 1040) | |

Supplemental Income and Loss

OMB No. 1545-0074

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

Department of the Treasury Internal Revenue Service Attach to Form 1040, 1040-SR, 1040-NR, or 1041.

| 2022 |
|--------------------------------------|
| Attachment Sequence No. 13 |

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

| Name(s) | shown on return | | | | | Ye | our socia | al security | number |
|----------|--|---------|---------|----------|----------|--------------------|-----------|-------------|-------------|
| MOHA | N TEJA GORANTLA | | | | | 8 | 08-0 | 9-2226 | , , |
| Part | Income or Loss From Rental Real Estate an Note: If you are in the business of renting personal proper rental income or loss from Form 4835 on page 2, line 40. | | | e C. See | instruc | ctions. If you are | an indiv | vidual, rep | oort farm |
| Α | Did you make any payments in 2022 that would require you | to file | Form(s) | 099? 5 | See ins | tructions | | . 🗆 Ye | es 🕅 No |
| | f "Yes," did you or will you file required Form(s) 1099? | | | | | | | | |
| | Physical address of each property (street, city, state, ZIF | | | | | | | | |
| | | | , | | | | | | |
| A | HS 33A, A.SIVRAMPURAM NANDAYL ANDHRA F | PRADE | ESH IN | 5185 | 93 | | | | |
| B | | | | | | | | | |
| <u>C</u> | | | | | | | | | |
| 1b | Type of Property 2 For each rental real estate prope | | | | Fa | | | al Use | QJV |
| _ | (from list below) above, report the number of fair personal use days. Check the Q | | | • | | Days | Da | • | <u> </u> |
| | 3 personal use days. Check the Quite for the days if you meet the requirements to f | | | A | | 365 | | 0 | |
| B C | qualified joint venture. See instru | | | B | | | | | |
| | of Duomouthu | | | C | | | | | |
| | of Property: Single Family Residence 3 Vacation/Short-Term Ren | tal | 5 Lanc | 1 | 7 | Self-Rental | | | |
| | Multi-Family Residence 4 Commercial | lai | 6 Roya | | | | 0) | | |
| | | | о поуа | antes | 0 | Other (describ | e) | | |
| | | | | | | Properties | : | | |
| Incom | ie: | | | Α | | В | | | С |
| 3 | Rents received | 3 | | 4 | 50. | | | | |
| 4 | Royalties received | 4 | | | | | | | |
| Exper | ISES: | | | | | | | | |
| 5 | Advertising | 5 | | | | | | | |
| 6 | Auto and travel (see instructions) | 6 | | | | | | | |
| 7 | Cleaning and maintenance | 7 | | 1,2 | 69. | | | | |
| 8 | Commissions | 8 | | | | | | | |
| 9 | Insurance | 9 | | | | | | | |
| 10 | Legal and other professional fees | 10 | | | | | | | |
| 11 | Management fees | 11 | | 1,1 | 09. | | | | |
| 12 | Mortgage interest paid to banks, etc. (see instructions) | 12 | | | | | | | |
| 13 | Other interest | 13 | | | | | | | |
| 14 | Repairs | 14 | | 1,8 | | | | | |
| 15 | Supplies | 15 | | 2,4 | 89. | | | | |
| 16 | Taxes | 16 | | | | | | | |
| 17 | Utilities | 17 | | 2,6 | 79. | | | | |
| 18 | Depreciation expense or depletion | 18 | | | | | | | |
| 19 | Other (list) | 19 | | | | | | | |
| 20 | Total expenses. Add lines 5 through 19 | 20 | | 9,4 | 21. | | | | |
| 21 | Subtract line 20 from line 3 (rents) and/or 4 (royalties). If | | | | | | | | |
| | result is a (loss), see instructions to find out if you must | | | 0 0 | - 1 | | | | |
| | file Form 6198 | 21 | | -8,9 | /⊥. | | | | |
| 22 | Deductible rental real estate loss after limitation, if any, | 00 | , | 0 05 | | (| , | / | , |
| | on Form 8582 (see instructions) | 22 | (| 8,97 | 1.) | - |) | (|) |
| 23a | Total of all amounts reported on line 3 for all rental prope | | | • • | 23a | 2 | 450. | | |
| b | Total of all amounts reported on line 4 for all royalty prop | erties | | • • | 23b | | | | |
| C d | Total of all amounts reported on line 12 for all properties | • • | | • • | 23c | | | | |
| d | Total of all amounts reported on line 18 for all properties | • • | | • • | 23d | 0 | 101 | | |
| e 24 | Total of all amounts reported on line 20 for all properties | | • • • | | 23e | 9,4 | 421. | | |
| 24 25 | Income. Add positive amounts shown on line 21. Do no | | - | | nter + - | | 24 | (| 0 0 7 1 \ |
| 25 | Losses. Add royalty losses from line 21 and rental real estat | | | | | | 25 | (| 8,971.) |
| 26 | Total rental real estate and royalty income or (loss). (here. If Parts II, III, IV, and line 40 on page 2 do not | | | | | | | | |
| | Schedule 1 (Form 1040), line 5. Otherwise, include this ar | | | | | | 26 | | -8,971. |