Form <b>8879</b>
(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	<b>I Tax Return Information – Tax Year Ending December 31,</b> 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	<b>IN.</b> 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

<b>1040</b>		artment of the Treasury—Internal Revenue Servi S. Individual Income Tax		<sub>m</sub> 202	2	OMB No. 1545	-0074	IRS Use O	nly—Do n	ot writ	e or staple in this space.
Filing Status	<b>X</b> 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 <b>(4</b>	) Check the	box if q	ualifie	es for (see instructions):
If more	<b>(1)</b> 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	<b>1</b> 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	
<ul> <li>Single or Married filing</li> </ul>	c	If you elect to use the lump-sum elected and t							$\dot{\Box}$		
separately,	7	Capital gain or (loss). Attach Sched		-	•	,				7	150.
<ul><li>\$12,950</li><li>Married filing</li></ul>	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 <b>total inc</b>	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 <b>adju</b>	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 <b>2</b>
Tax and	16	Tax (see instructions). Check	if any from Form	(s): <b>1</b> 🗌 881	4 <b>2</b> 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				<b>25a</b> 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 <b>to</b>	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 <b>overpaid</b>		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 <b>am</b>	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, <b>t</b>	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

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# 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. <b>VI</b>

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.		<b>(d)</b> Proceeds (sales price)	<b>(e)</b> Cost (or other basis)	<b>(g)</b> 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 <b>Box A</b> checked	1,840.	1,704.	1	4.	150.
2	Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked					
3	Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> 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 <b>Worksheet</b> 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.		<b>(d)</b> Proceeds (sales price)	<b>(e)</b> 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 <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 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	<ul> <li>4 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover Worksheet in the instructions</li> </ul>					( )
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	<b>16</b> 150.
	• If line 16 is a <b>gain</b> , 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 <b>loss</b> , skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22.	
	• If line 16 is <b>zero</b> , 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 <b>both</b> gains?	
	No. Skip lines 18 through 21, and go to line 22.	
18	If you are required to complete the <b>28% Rate Gain Worksheet</b> (see instructions), enter the amount, if any, from line 7 of that worksheet	18
19	If you are required to complete the <b>Unrecaptured Section 1250 Gain Worksheet</b> (see instructions), enter the amount, if any, from line 18 of that worksheet	19
20	<ul> <li>Are lines 18 and 19 both zero or blank and you are not filing Form 4952?</li> <li>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.</li> </ul>	
	□ 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:	
	<ul> <li>The loss on line 16; or</li> <li>(\$3,000), or if married filing separately, (\$1,500)</li> </ul>	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

<b>1</b> (a) Description of property	<b>(b)</b> Date acquired	<b>(c)</b> Date sold or	(d) Cost or other basis Proceeds See the <b>Note</b> below		If you enter an enter a co	amount in column (g), ode in column (f). arate instructions.	<b>(h)</b> <b>Gain or (loss)</b> 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	<b>(g)</b> 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), <b>lir</b>	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. <b>13</b>

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								
			,						
<b>A</b>	HS 33A, A.SIVRAMPURAM NANDAYL ANDHRA F	PRADE	ESH IN	5185	93				
B									
<u>C</u>									<del></del>
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 <b>Form 8582</b> (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	<b>Income.</b> Add positive amounts shown on line 21. <b>Do no</b>		-		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.