Internal Revenue Service

### **IRS e-file Signature Authorization**

OMB No. 1545-0074

Social accurity number

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

Submission Identification Number (SID)

Taxpayer's name

Taxpayer's hame	Social security number							
VAMSI MALLIKARJUNA KALAKUNTLA	844-77-7738							
Spouse's name	Spouse's social security number							
Dorth Tax Datum Information Tax Year Ending December 21								
Part I Tax Return Information – Tax Year Ending December 31, 2	2022 (Enter year you are authorizing.)							
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.								
<b>1</b> Adjusted gross income	<b>1</b> 68,360.							
<b>2</b> Total tax	<b>2</b> 7,811.							
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	<b>3</b> 10,473.							
4 Amount you want refunded to you	• • • • • • • • • <b>4</b> 2,662.							
<b>5</b> Amount you owe	5							
Part II Taxpayer Declaration and Signature Authorization (Be sure you								

Under penalties of perjury, 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

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

	7	7	7	3	8	as					
Enter five digits, but don't enter all zeros											

my

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

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

Your signature

X

Date 🕨

#### Spouse's PIN: check one box only

I authorize

to enter or generate my PIN

Enter five digits, but don't enter all zeros

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

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

Spouse's signature >	Date ►	
Practitioner PIN Method Return	is Only—continue below	
Part III Certification and Authentication – Practitioner P	N Method Only	
<b>ERO's EFIN/PIN.</b> Enter your six-digit EFIN followed by your five-digit s	elf-selected PIN. 2 2 2 4 9 6 6 1 9 8 9 Don't enter all zeros	

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 >	gnature ► Date ►							
	ERO Must Retain This Form — Se bmit This Form to the IRS Unless							
For Demonstrate Deduction Act Nation and		REV 01/00/00 RRO	Farm 8870 (Day, 01 0001)					

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

REV 01/28/23 PRO

<b>1040</b>		artment of the Treasury—Internal Revenue Servi S. Individual Income Tax		202	2	OMB No. 1545	-0074	IRS Use O	nly—D	o not w	rite or staple in	this space.
Filing Status	<b>X</b> S	Single  Married filing jointly	] Married fili	ing separately (N	1FS)	Head of	house	hold (HOH)			ifying survi ıse (QSS)	ving
one box.		u checked the MFS box, enter the nation is a child but not your dependent	,	spouse. If you ch	neck	ed the HOH or	QSS	box, enter	the c	hild's	name if the	e qualifying
Your first name	and mi	ddle initial	Last name						Yo	our so	cial security	number
VAMSI MA	LLIF	KARJUNA	KALAKUN	ITLA					8	44-7	77-7738	
lf joint return, s	oouse's	first name and middle initial	Last name						Sp	ouse'	s social secu	irity number
Home address	(numbe	er and street). If you have a P.O. box, see	instructions.				A	Apt. no.	Pr	esider	ntial Election	n Campaign
3702 FRA	NKF	ORD RD					7	7304			ere if you, o	
City, town, or p	ost offic	ce. If you have a foreign address, also co	mplete space	s below.	Sta	te	ZIP c	ode			if filing jointl this fund. C	
DALLAS					ТΣ	2	752	87		•	ow will not c	0
Foreign country	name		Foreig	gn province/state/o	count	y	Foreig	n postal coc	le yo	our tax	or refund.	_
											You	Spouse
Digital		ny time during 2022, did you: (a) rece									_	
Assets		ange, gift, or otherwise dispose of a	-	_		_	asset)	? (See ins	tructio	ons.)	Yes	X No
Standard	_	eone can claim: 🗌 You as a de		Your spouse								
Deduction		Spouse itemizes on a separate return	n or you wer	e a dual-status a	alien							
Age/Blindness	You:	Were born before January 2, 1	958 🗌 Ar	re blind Spo	use	: 🗌 Was bor	n befo	ore Januar	y 2, 1	958	🗌 Is blir	nd
Dependents	s (see	instructions):		(2) Social security		(3) Relationsh	ip <b>(4</b>	) Check the	e box i	f qualif	ies for (see in	nstructions):
If more	<b>(1)</b> Fi	irst name Last name		number		to you		Child tax	c credi	t	Credit for othe	er dependents
than four									]			]
dependents, see instructions									]			]
and check												
here 🗌												
Income	1a	Total amount from Form(s) W-2, be		,			• •			1a	7	5,000.
Attach Form(s)	b	Household employee wages not re					• •		·	1b		
W-2 here. Also	C	Tip income not reported on line 1a	•	,					·	10		
attach Forms W-2G and	d	Medicaid waiver payments not rep			istru	ictions)	• •		·	1d		
1099-R if tax	e	Taxable dependent care benefits fi Employer-provided adoption bene		-	•		• •		·	1e		
was withheld.	f	Wages from Form 8919, line 6 .		,	•		• •		•	1f		
If you did not get a Form	g h	Other earned income (see instructi			•		• •		·	1g 1h		0.
W-2, see	i	Nontaxable combat pay election (s	,		•	· · · · ·			·			0.
instructions.	z	A del lines de terrerels de			•	11				1z	7	5,000.
Attach Sch. B	2a	1 1 1 1 1 1	2a		ьт	axable interest	• •		•	2b	, ,	5,000.
if required.	3a		3a			ordinary divider			•	3b		
	4a		4a			axable amoun			•	4b		
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							Ū.			
separately,	7	Capital gain or (loss). Attach Sched		-		,			$\square$	7		2,520.
<ul><li>\$12,950</li><li>Married filing</li></ul>	8	Other income from Schedule 1, line				, ,				8		9,160.
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,								9		8,360.
surviving spouse,	10	Adjustments to income from Sche		-						10		
\$25,900 • Head of	11	Subtract line 10 from line 9. This is								11	6	8,360.
household, \$19,400	12	Standard deduction or itemized								12		2,950.
If you checked	13	Qualified business income deducti				5-A				13		,
any box under Standard	14	Add lines 12 and 13								14		2,950.
Deduction,	15	Subtract line 14 from line 11. If zer					ie .			15		5,410.
see instructions.			-	,								

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

Form **1040** (2022)

Form 1040 (2022	2)									Page <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	7	,811.
Credits	17	Amount from Schedule 2, lin	ne3					17		
	18	Add lines 16 and 17						18	7	,811.
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812			19		
	20	Amount from Schedule 3, lin	ne8					20		
	21	Add lines 19 and 20						21		
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	7	,811.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21 .			23		0.
	24	Add lines 22 and 23. This is	your <b>total tax</b>					24	7	,811.
Payments	25	Federal income tax withheld								
-	а	Form(s) W-2				<b>25a</b> 10	),473.			
	b	Form(s) 1099				25b				
	с	Other forms (see instructions	s)			25c				
	d	Add lines 25a through 25c						25d	10	,473.
If you have a	26	2022 estimated tax payment	ts and amount a	pplied from 20	21 return			26		
qualifying child,	27	Earned income credit (EIC)				27				
attach Sch. EIC.	28	Additional child tax credit from	m Schedule 8812	2		28				
	29	American opportunity credit	from Form 8863	8, 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	undable credits		32		
	33	Add lines 25d, 26, and 32. T	hese are your <b>to</b>	tal payments				33	10	,473.
Refund	34	If line 33 is more than line 24	1, subtract line 2	4 from line 33.	This is the amou	nt you <b>overpaid</b>		34		,662.
norana	35a	Amount of line 34 you want			is attached, che	ck here	. 🗆	35a	2	,662.
Direct deposit?	b	Routing number 1 1 1			c Type: 🛛 🗙	Checking	Savings			
See instructions.	d	Account number 3 7 2	9 8 0 8	0 2						
	36	Amount of line 34 you want a	applied to your	2023 estimate	edtax	36				
Amount	37	Subtract line 33 from line 24	. This is the <b>amo</b>	ount you owe.						
You Owe		For details on how to pay, ge	o to <i>www.ir</i> s.gov	//Payments or	see instructions			37		
	38	Estimated tax penalty (see in	nstructions) .			38				
<b>Third Party</b>	Do	you want to allow another	person to disc	cuss this retu	rn with the IRS?				_	
Designee	ins	structions					omplete k		X No	
	De: nar	signee's ne		Phone no.			onal identi <sup>.</sup> ber (PIN)	fication		
0:		der penalties of perjury, I declare t	hat I have exemine		l accomponying och		. ,	the her		
Sign		ief, they are true, correct, and com								
Here	Yo	ur signature		Date	Your occupation		If the	IRS se	nt you an Ide	entity
		0							IN, enter it h	ere
Joint return?					SOFTWARE :	-	`	inst.)		
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, <b>k</b>	ooth must sign.	Date	Spouse's occupat	tion			nt your spous ection PIN, e	
your records.								inst.)		
	Ph	one no. (979)739-421	5	Email address	vmk3991@gi	mail com				
		eparer's name	Preparer's signat		viinz 2 2 2 T@Gl	Date	PTIN		Check if:	
Paid					AR DUDIPALLI		P0247	0823	Self-er	mploved
Preparer		n's name GLOBAL TAX		. FAVAN KOM	AK DODIFAILII	02/07/2025			678)965	
Use Only			Y CT E BRU	NSWICK N.	J 08816			's EIN		45487
	1 11 1				5 000IU		1 1 11 11 1		00-21	

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

Internal Revenue Service Name(s) shown on Form 1040, 1040-SR, or 1040-NR Your social security number VAMSI MALLIKARJUNA KALAKUNTLA 844-77-7738

Par	t I 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	ach Schedule E .	5	-9,160.
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		
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 (	)	
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-SF	R, or 1040-NR, line 8	10	-9,160.
For Pa	perwork Reduction Act Notice, see your tax return instructions.		Schedu	le 1 (Form 1040) 2022



Par	II Adjustments to Income				
11	Educator expenses		 	11	
12	Certain business expenses of reservists, performing artists, and fee		rernmen	ıt 🗌	
	officials. Attach Form 2106		 	12	
13	Health savings account deduction. Attach Form 8889				
14	Moving expenses for members of the Armed Forces. Attach Form 3903		 	14	
15	Deductible part of self-employment tax. Attach Schedule SE				
16	Self-employed SEP, SIMPLE, and qualified plans				
17	Self-employed health insurance deduction		 	17	
18	Penalty on early withdrawal of savings				
19a	Alimony paid				
b	Recipient's SSN				
C	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:		 		
 a	Jury duty pay (see instructions)	24a			
b	Deductible expenses related to income reported on line 8l from the				
	rental of personal property engaged in for profit	24b			
с	Nontaxable amount of the value of Olympic and Paralympic medals				
•	and USOC prize money reported on line 8m	24c			
d	Reforestation amortization and expenses	24d			
e	Repayment of supplemental unemployment benefits under the Trade				
•	Act of 1974	24e			
f	Contributions to section 501(c)(18)(D) pension plans	24f			
q	Contributions by certain chaplains to section 403(b) plans	24g			
<b>·</b>	Attorney fees and court costs for actions involving certain unlawful				
	discrimination claims (see instructions)	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	,			
~	1041)	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 <b>adjustments to income</b>				
	Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a				
		· ·	 		

#### 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 Your social security number

844-77-7738

Internal Revenue Service Name(s) shown on return

Department of the Treasury

VAMSI MALLIKARJUNA KALAKUNTLA

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)

lines This	instructions for how to figure the amounts to enter on the below. form may be easier to complete if you round off cents to e dollars.	<b>(d)</b> Proceeds (sales price)	<b>(e)</b> Cost (or other basis)	(g) Adjustment to gain or loss Form(s) 8949, F line 2, columr	from Part I,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
	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.				' (g)	with column (g)
1b	Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked	4,133.	170.			3,963.
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		5			
6	Short-term capital loss carryover. Enter the amount, if an <b>Worksheet</b> in the instructions	-	6	( 1,443.)		
7	Net short-term capital gain or (loss). Combine lines 1a term capital gains or losses, go to Part II below. Otherwise		7	2,520.		

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

lines	instructions for how to figure the amounts to enter on the below.	<b>(d)</b> Proceeds	<b>(e)</b> Cost	<b>(g)</b> Adjustmen to gain or loss	from	(h) Gain or (loss) Subtract column (e) from column (d) and
	form may be easier to complete if you round off cents to e dollars.	(sales price)	(or other basis)	Form(s) 8949, I line 2, colum		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.					
	Gain from Form 4797, Part I; long-term gain from Forms from Forms 4684, 6781, and 8824		11			
12 13	Net long-term gain or (loss) from partnerships, S corporat Capital gain distributions. See the instructions				12 13	
	Long-term capital loss carryover. Enter the amount, if any <b>Worksheet</b> in the instructions	Carryover	14	( )		
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> 2,520.
	• 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:	
	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?	
	☐ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16.	
	X No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.	

REV 01/28/23 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.



VAMSI MALLIKARJUNA KALAKUNTLA 844-77-7738	Name(s) shown on return	Social security number or taxpayer identification number				
	VAMSI MALLIKARJUNA KALAKUNTLA	844-77-7738				

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	<b>(d)</b> Proceeds	<b>(e)</b> Cost or other basis See the <b>Note</b> below	If you enter an enter a co	f any, to gain or loss amount in column (g), ode in column (f). parate instructions.	<b>(h)</b> 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) (g) Code(s) from instructions (g) Amount of adjustment		from column (d) and combine the result with column (g).	
COINBASE	01/01/22	12/31/22	4,133.	170.			3,963.	
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).		4,133.	170.			3,963.		

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

	IEDULE E Supplemental Income and Loss								OMB No	o. 1545-0074		
(Form	n 1040) (From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)								20	<b>77</b>		
Departm	Attach to Form 1040, 1040-SR, 1040-NR, or 1041.								Attachn			
Internal Revenue Service Go to www.irs.gov/ScheduleE for						uctions an	d the la		Sequen	ce No. <b>13</b>		
Name(s) shown on return										Your soci	al security	number
VAMSI MALLIKARJUNA KALAKUNTLA 844-77-7								7-7738				
Part				ntal Real Estate and								
	Note: If yo	ou are in	the business o	f renting personal proper	ty, use	Schedule	e C. See	e instru	ctions. If you a	re an indiv	vidual, rep	ort farm
				<b>4835</b> on page 2, line 40.	to filo		0002	loo in	atructions			
								• •			ie	
1a	Physical addr	ess of e	each property	(street, city, state, ZIF	o code	e)						
Α	H.NO 6-2-	804,T	'HUMMALABA	STI KHAIRTABAD	HYDE	ERABAD	IN 5	0000	4			
В												
С												
1b	Type of Prope	rty 2	Por each re	ental real estate prope	rty list	ed		Fa	ir Rental	Person	nal Use	QJV
	(from list below	N)	above, rep	ort the number of fair r	rental	and			Days	Da	iys	QUV
Α	2			se days. Check the QJ			Α		365		0	
В				t the requirements to fi pint venture. See instru-			В					
С			quaimed jo		Cliona		С					
Туре о	of Property:											
1 :	Single Family R	esidenc	ce 3 Vac	ation/Short-Term Rent	tal	5 Lanc	ł		Self-Rental			
2	Multi-Family Re	sidence	e 4 Con	nmercial		6 Roya	alties	8	Other (descr	ibe)		
									Propertie			
Incom							Α		В			С
3		4			3			20.	D			•
4					4		1	20.				
Expen		ivea .										
5					5							
6	0				6							
7		-			7		1 3	00.				
8	Commissions	8		1,5								
9					9							
10					10							
11	•				11		1 0	00.				
12					12		±,0					
13	Mortgage interest paid to banks, etc. (see instructions)											
14	Other interest         .				13 14		2.7	30.				
15	Supplies .				15			40.				
16					16							
17	Utilities				17		2,2	10.				
18					18							
19	Other (list)	-	-		19							
20	· · ·			h 19	20		9,5	80.				
21				and/or 4 (royalties). If								
				o find out if you must								
	file Form 6198				21		-9,1	60.				
22	Deductible rer	ntal real	l estate loss a	fter limitation, if any,								
				· · · · · · · · ·	22	(	9,16	50.)	(	)	(	
23a			-	e 3 for all rental prope				23a		420.		
b			-	e 4 for all royalty prope				23b				
с				e 12 for all properties				23c				
d				e 18 for all properties				23d				
е				e 20 for all properties				23e	9	,580.		
24				own on line 21. <b>Do no</b> t	<b>t</b> inclu	ide any lo	sses			. 24		
25		-		21 and rental real estat		-		Enter to	otal losses her	e <b>25</b>	(	9,160.
26				ty income or (loss).								
			· · · · · · ·	· · · ·								

here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2 For Paperwork Reduction Act Notice, see the separate instructions.

-9,160.

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