Department of the Treasury Calendar Year -Internal Revenue Service

Due 04/18/2023

2023 Form 1040-ES Payment Voucher 1

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the **'United States Treasury**.' Write your social security number and '2023 Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Amount of estimated tax you are paying by check or money order. REV 01/24/23 PRO

1,042.

1555

317-55-7310 833-56-4651 PRAVEEN KUMAR GAJJALA YAMINI KUMARAKALVA 1350 HIGH SITE DR APT 311 EAGAN MN 55121

Department of the Treasury Calendar Year -Internal Revenue Service

Due 06/15/2023

2023 Form 1040-ES Payment Voucher 2

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the **'United States Treasury**.' Write your social security number and '2023 Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Amount of estimated tax you are paying by check or money order.

1,042.

1555 REV 01/24/23 PRO

317-55-7310 833-56-4651 PRAVEEN KUMAR GAJJALA YAMINI KUMARAKALVA 1350 HIGH SITE DR APT 311 EAGAN MN 55121

Department of the Treasury Calendar Year -Internal Revenue Service

Due 09/15/2023

2023 Form 1040-ES Payment Voucher 3

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the **'United States Treasury**.' Write your social security number and '2023 Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Amount of estimated tax you are paying by check or money order. REV 01/24/23 PRO

1,042.

1555

317-55-7310 833-56-4651 PRAVEEN KUMAR GAJJALA YAMINI KUMARAKALVA 1350 HIGH SITE DR APT 311 EAGAN MN 55121

Department of the Treasury Calendar Year -Internal Revenue Service

Due 01/16/2024

2023 Form 1040-ES Payment Voucher 4

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the 'United States Treasury.' Write your social security number and '2023 Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Amount of estimated tax you are paying by check or money order.

1,042.

1555 REV 01/24/23 PRO

317-55-7310 833-56-4651 PRAVEEN KUMAR GAJJALA YAMINI KUMARAKALVA 1350 HIGH SITE DR APT 311 EAGAN MN 55121

Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization

OMB No. 1545-0074

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

Submission Identification Number (SID)

 Taxpayer's name
 Social security number

 PRAVEEN KUMAR GAJJALA
 317-55-7310

 Spouse's name
 Spouse's social security number

 YAMINI KUMARAKALVA
 833-56-4651

 Part I
 Tax Return Information — Tax Year Ending December 31, 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.

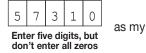
 1
 Adjusted gross income
 1

| 1 | Adjusted gross income | 1 | 186,288. | | | | |
|---|---|---|----------|--|--|--|--|
| 2 | Total tax | 2 | 26,519. | | | | |
| 3 | Federal income tax withheld from Form(s) W-2 and Form(s) 1099 | 3 | 25,006. | | | | |
| 4 | Amount you want refunded to you | 4 | | | | | |
| 5 | Amount you owe | 5 | 1,513. | | | | |
| Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return) | | | | | | | |

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

| $\mathbf{\Lambda}$ | I authorize | GTODYT | IANDO | ERO firm name | to enter of generate my Fin | Er |
|--------------------|-------------|---------|-------|---------------|-----------------------------|----|
| Y | l authorize | CLOBAL. | TAYES | LLC | to enter or generate my PIN | |



6 5

Enter five digits, but don't enter all zeros

1

as mv

6 4

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

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

Your signature

Date 🕨

| Spouse's | PIN: | check | one | box | only |
|----------|------|-------|-----|-----|------|
|----------|------|-------|-----|-----|------|

 I authorize
 GLOBAL TAXES LLC

 ERO firm name

to enter or generate my PIN

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 > | | | | | | | | | |
|---|---|---|---|--|--|------------------|--------|---|--|
| Practitioner PIN Method Returns Only—continue below | | | | | | | | | |
| Part III Certification and Authentication – Practitioner PIN Method Only | | | | | | | | | |
| ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. | 2 | 2 | 2 | | | 6 III zer | 98 | 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 🕨 | |
|--|--|------------------|--------------------------|
| ERO Must Re Don't Submit This For | tain This Form — See rm to the IRS Unless | | |
| For Paperwork Reduction Act Notice, see your tax return in | nstructions. BAA | REV 01/24/23 PRO | Form 8879 (Rev. 01-2021) |

| IF you live in | THEN use this address to send in your payment |
|--|--|
| Alabama, Florida, Georgia, Louisiana, Mississippi, North Carolina, South Carolina, Tennessee, Texas | Internal Revenue Service P.O. Box 1214 Charlotte, NC 28201-1214 |
| Arkansas, Connecticut, Delaware, District of Columbia, Illinois, Indiana, Iowa, Kentucky, Maine, Maryland, Massachusetts, Minnesota, Missouri, New Hampshire, New Jersey, New York, Oklahoma, Rhode Island, Vermont, Virginia, West Virginia, Wisconsin | Internal Revenue Service P.O. Box 931000 Louisville, KY 40293-1000 |
| Alaska, Arizona, California, Colorado, Hawaii, Idaho, Kansas, Michigan, Montana, Nebraska, Nevada, New Mexico, North Dakota, Ohio, Oregon, Pennsylvania, South Dakota, Utah, Washington, Wyoming | Internal Revenue Service P.O. Box 802501 Cincinnati, OH 45280-2501 |
| A foreign country, American Samoa, or Puerto Rico (or are excluding income under Internal Revenue Code section 933), or use an APO or FPO address, or file Form 2555 or 4563, or are a dual-status alien or nonpermanent resident of Guam or the U.S. Virgin Islands | Internal Revenue Service P.O. Box 1303 Charlotte, NC 28201-1303 |

MAIL FORM 1040-V TO THE INTERNAL REVENUE SERVICE CENTER AT THE ADDRESS LISTED BELOW.

Form 1040-V 2022

Detach Here and Mail With Your Payment and Return

Department of the Treasury Internal Revenue Service



Form 1040-V Payment Voucher

Use this voucher when making a payment with Form 1040. Do not staple this voucher or your payment to Form 1040.

Make your check or money order payable to the 'United States Treasury.'

► Write your social security number (SSN) on your check or money order.

Enter the amount of your payment. ► REV 01/24/23 PRO 1555

1,513.

INTERNAL REVENUE SERVICE P.O. BOX 931000 LOUISVILLE, KY 40293-1000

PRAVEEN KUMAR GAJJALA YAMINI KUMARAKALVA 1350 HIGH SITE DR 311 EAGAN MN 55121

| 1040 | | artment of the Treasury—Internal Revenue Servi S. Individual Income Tax | | m 20 2 | 2 | OMB No. 1545- | 0074 | IRS Use Only | ∕—Do not v | write or staple | in this space. |
|---|----------|--|-------------|--|-----------|--------------------|---------------|----------------|--------------------|---|---------------------------|
| Filing Status Check only one box. | lf yo | Single X Married filing jointly u checked the MFS box, enter the na on is a child but not your dependent | ame of yo | l filing separately (N ur spouse. If you ch | | _ | | . , | spo | alifying sur use (QSS) s name if tl | 0 |
| Your first name | and mi | ddle initial | Last name | e | | | | | Your so | ocial securi | ty number |
| PRAVEEN | KUMA | AR | GAJJA | LA | | | | | 317- | 55-731 | 0 |
| If joint return, sp | ouse's | first name and middle initial | Last name | е | | | | | Spouse | 's social se | curity number |
| YAMINI | | | KUMAR | AKALVA | | | | | 833- | 56-465 | 1 |
| Home address (| numbe | er and street). If you have a P.O. box, see | instruction | IS. | | | A | Apt. no. | Preside | ential Electi | on Campaigr |
| 1350 HIG | H SI | ITE DR | | | | | 3 | 811 | | here if you, | |
| - | | ce. If you have a foreign address, also co | mplete spa | aces below. | Sta Mì | | ZIP co 551 | | to go to box be | o this fund. low will not | 0 |
| Foreign country | name | | Fo | reign province/state/c | coun | ty | Foreig | in postal code | your ta | x or refund | _ |
| Digital Assets | exch | ny time during 2022, did you: (a) rece ange, gift, or otherwise dispose of a | digital as | sset (or a financial i | nter | est in a digital a | | | . , | You | Spouse |
| Standard Deduction | <u> </u> | eone can claim: You as a de Spouse itemizes on a separate return | n or you v | | alien | | | | | | |
| | | Were born before January 2, 1 | 958 | Are blind Spo | use | : 📋 Was bor | | ore January | | ∐ ls b | |
| Dependents | | | | (2) Social security | | (3) Relationsh | ip (4 | | • | i , | e instructions): |
| If more | (1) Fi | rst name Last name | | number | | to you | | Child tax o | redit | Credit for ot | ther dependents |
| than four dependents, | | | | | | | | | | | |
| see instructions | ; | | | | | | | | | | |
| and check | | | | | | | | | | | |
| here 🗌 | | | | | | | | | | | |
| Income | 1a | Total amount from Form(s) W-2, be | | | | | | | . 1a | a 2 | 00,206. |
| | b | Household employee wages not re | | | | | | | . 1k |) | |
| Attach Form(s) W-2 here. Also | С | Tip income not reported on line 1a | (see inst | ructions) | | | | | . 10 | > | |
| attach Forms | d | Medicaid waiver payments not rep | orted on | Form(s) W-2 (see ir | nstru | ictions) | | | . 10 | k | |
| W-2G and | е | Taxable dependent care benefits f | rom Form | 1 2441, line 26 . | | | | | . 16 | • | |
| 1099-R if tax was withheld. | f | Employer-provided adoption bene | fits from I | Form 8839, line 29 | | | | | . 11 | f | |
| lf you did not | g | Wages from Form 8919, line 6 . | | | | | | | . 10 | 9 | |
| get a Form | h | Other earned income (see instructi | ons) . | | | | | | . 11 | 1 | 0. |
| W-2, see instructions. | i | Nontaxable combat pay election (s | see instru | ctions) | | 1 i | | | | | |
| | z | Add lines 1a through 1h | | | | | | | . 12 | 2 2 | 00,206. |
| Attach Sch. B | 2a | Tax-exempt interest | 2a | | bТ | axable interest | | | . 2t | b | |
| if required. | 3a | Qualified dividends | 3a | | b C | Ordinary divider | nds . | | . 3ł | 0 | |
| | 4a | IRA distributions | 4a | | bТ | axable amount | | | . 48 | b | |
| Standard | 5a | Pensions and annuities | 5a | | | axable amount | | | . 5t | b | |
| Deduction for – | 6a | Social security benefits | 6a | | bТ | axable amount | | | . 6k | 5 | |
| Single or Married filing | с | If you elect to use the lump-sum el | ection me | ethod, check here (| see | instructions) | | | | | |
| separately, \$12,950 | 7 | Capital gain or (loss). Attach Schee | | | | | | | 7 | | -328. |
| Married filing | 8 | Other income from Schedule 1, line | | | | | | | . 8 | | 13,590. |
| jointly or Qualifying | 9 | Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, | | | | | | | . 9 | | 86,288. |
| surviving spouse, | 10 | Adjustments to income from Sche | | | | | | | . 10 | | , _ 00 . |
| \$25,900 • Head of | 11 | Subtract line 10 from line 9. This is | | | | | | | . 11 | | 86,288. |
| household, | 12 | Standard deduction or itemized | - | - | | | | | . 12 | | <u>25,900.</u> |
| \$19,400 • If you checked | 13 | Qualified business income deducti | | | | 5-A . | | | . 13 | | |
| any box under | 14 | | | | | | | | . 14 | | 25,900. |
| Standard Deduction, | 15 | Subtract line 14 from line 11. If zer | | | | | | | . 15 | | <u>23,900.</u> 60,388. |
| see instructions. | | | | | - ai | | | | | <u> </u> | , |

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

Form **1040** (2022)

| Form 1040 (2022 | 2) | | | | | | | | Page 2 |
|--------------------------------------|------------|--|--------------------------|---------------------|------------------|------------------------|--------------------------|----------|--|
| Tax and | 16 | Tax (see instructions). Check | if any from Form | (s): 1 🗌 881 | 4 2 4972 | 3 | | 16 | 26,519. |
| Credits | 17 | Amount from Schedule 2, line | e3 | | | | | 17 | 0. |
| | 18 | Add lines 16 and 17 | | | | | | 18 | 26,519. |
| | 19 | Child tax credit or credit for o | other dependen | ts from Sched | ule 8812 | | | 19 | |
| | 20 | Amount from Schedule 3, line | e8 | | | | | 20 | |
| | 21 | Add lines 19 and 20 | | | | | | 21 | |
| | 22 | Subtract line 21 from line 18. | If zero or less, | enter -0 | | | | 22 | 26,519. |
| | 23 | Other taxes, including self-er | mployment tax, | from Schedule | e 2, line 21 . | | | 23 | 0. |
| | 24 | Add lines 22 and 23. This is y | our total tax | | | | | 24 | 26,519. |
| Payments | 25 | Federal income tax withheld | | | | | | | |
| - | а | Form(s) W-2 | | | | 25a 25 | 5,006. | | |
| | b | Form(s) 1099 | | | | 25b | | | |
| | с | Other forms (see instructions |) | | | 25c | | | |
| | d | Add lines 25a through 25c | | | | | | 25d | 25,006. |
| If you have a | 26 | 2022 estimated tax payment | s 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 fron | n 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, line | e15 | | | 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. Th | nese are your to | tal payments | | | | 33 | 25,006. |
| 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 | |
| neruna | 35a | Amount of line 34 you want r | efunded to you | J. If Form 8888 | is attached, che | ck here | . 🗌 | 35a | |
| Direct deposit? | b | Routing number X X X | X X X X | XX | c Type: | Checking | Savings | | |
| See instructions. | d | Account number X X X | X X X X | XXXX | K X X X X | XX | | | |
| | 36 | Amount of line 34 you want a | pplied to your | 2023 estimate | edtax | 36 | | | |
| Amount | 37 | Subtract line 33 from line 24. | This is the amo | ount you owe | | | | | |
| You Owe | | For details on how to pay, go | o to <i>www.irs.go</i> v | //Payments or | see instructions | | | 37 | 1,513. |
| | 38 | Estimated tax penalty (see in | structions) . | | | 38 | | | |
| Third Party | Do | you want to allow another | person to disc | cuss this retu | m with the IRS? | | | | _ |
| Designee | ins | tructions | | | | | | | X No |
| | De: nar | signee's ne | | Phone no. | | | onal identi ber (PIN) | fication | |
| 0: | | der penalties of perjury, I declare th | at Lhave exemine | | | | . , | the bo | |
| Sign | | ief, they are true, correct, and comp | | | | | | | |
| Here | Yo | ur signature | | Date | Your occupation | | If the | e IRS se | nt you an Identity |
| | | | | | | | | | IN, enter it here |
| Joint return? | | | | | SOFTWARE 1 | ENGINEER | | inst.) | |
| See instructions. Keep a copy for | Sp | ouse's signature. If a joint return, b | oth must sign. | Date | Spouse's occupat | ion | | | nt your spouse an ection PIN, enter it here |
| your records. | | | | | SOFTWARE 1 | ENGINEER | | inst.) | |
| | Ph | one no. (510) 579-1009 | 2 | Email address | | CODBA@GMAIL.C | י ן אר | | |
| | | eparer's name | Preparer's signat | | | Date | PTIN | | Check if: |
| Paid | | PRIYA RAM SAGAR GUPTA TALLAM | | | СПРТА ТАТ.Т.АМ | | P0208 | 2703 | Self-employed |
| Preparer | | n's name GLOBAL TAX | | 1011 0110111 | COLTR INDUN | 1 01/2/2020 | L | | (678) 965-9522 |
| Use Only | | m's address 245 ROONEY | | NSWICK N | J 08816 | | | 's EIN | 88-2145487 |
| Go to want in a | | 11040 for instructions and the lates | | | | | 1 (111) | | Form 1040 (2022) |
| 00 10 WWW.IIS.90 | 57/1-0/11 | | si mornation. | | BAA | REV 01/24/23 PRO | | | Form IUTU (2022) |

| SCHEDULE | 1 |
|-------------|---|
| (Form 1040) | |

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 20 22

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 PRAVEEN KUMAR GAJJALA & YAMINI KUMARAKALVA

| PRAV | EEN KUMAR GAJJALA & YAMINI KUMARAKALVA | | 317-55 | -731 | 0 |
|---------|---|--------------|----------|------|----------|
| 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 | ε. 🗌 | 5 | -13,590. |
| 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 | | | |
| | Wages earned while incarcerated | 8u | | | |
| z | Other income. List type and amount: | | | | |
| • | Tatal athening and Add lines On the 1.0 | 8z | | • | |
| 9 10 | Total other income. Add lines 8a through 8z | | | 9 | 10 500 |
| 10 | Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SF | , or 1040-NR | , iine o | 10 | -13,590. |

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

Schedule 1 (Form 1040) 2022

| Par | t II Adjustments to Income | | | |
|--------|---|------------|-----|--------------------|
| 11 | Educator expenses | | 11 | |
| 12 | Certain business expenses of reservists, performing artists, and fee-basis | government | | |
| | 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: | | | |
| а | Jury duty pay (see instructions) | | | |
| b | Deductible expenses related to income reported on line 8I from the | | | |
| | rental of personal property engaged in for profit | | | |
| С | Nontaxable amount of the value of Olympic and Paralympic medals | | | |
| | and USOC prize money reported on line 8m | | - | |
| d | Reforestation amortization and expenses | | - | |
| е | Repayment of supplemental unemployment benefits under the Trade | | | |
| | Act of 1974 | | | |
| f | Contributions to section 501(c)(18)(D) pension plans | | | |
| g | Contributions by certain chaplains to section 403(b) plans 24g | | | |
| h | Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions) | | | |
| : | 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 | | | |
| i | Housing deduction from Form 2555 | | | |
| J k | Excess deductions of section 67(e) expenses from Schedule K-1 (Form | | | |
| IX. | 1041) | | | |
| 7 | 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 . Enter | | | |
| _ 2 | Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a | | 26 | |
| | | 24/23 PRO | | 1 (Form 1040) 2022 |

| 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

Internal Revenue Service Name(s) shown on return

Department of the Treasury

PRAVEEN KUMAR GAJJALA & YAMINI KUMARAKALVA

Your social security number 317-55-7310

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? **Yes 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 below. | or how to figure the amounts to enter on the easier to complete if you round off cents to | (d) Proceeds (sales price) | (e) 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) |
|--|---|---|--|--|-----------------|---|
| 1099-B for w which you However, if y | short-term transactions reported on Form hich basis was reported to the IRS and for have no adjustments (see instructions). you choose to report all these transactions 9, leave this line blank and go to line 1b. | | | | | |
| 1b Totals for all Box A check | transactions reported on Form(s) 8949 with | | | | | |
| | transactions reported on Form(s) 8949 with ed | | | | | |
| 3 Totals for all Box C check | transactions reported on Form(s) 8949 with | | | | | |
| 4 Short-term g | ain from Form 6252 and short-term gain or (l | oss) from Forms 4 | 684, 6781, and 88 | | 4 | |
| 5 Net short-te | erm gain or (loss) from partnerships, K-1 | S corporations, | estates, and tr | usts from | 5 | |
| 6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover Worksheet in the instructions | | | | | 6 | (311.) |
| 7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on the back | | | | | | -311. |

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) | (e) | (g) Adjustmer | nts | (h) Gain or (loss) Subtract column (e) |
|---|--|---------------------------|--------------------------|---|--------------------|--|
| | | Proceeds (sales price) | Cost (or other basis) | to gain or loss Form(s) 8949, line 2, colum | s from Part II, | 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 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. | | | | | |
| 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 corporat | ions, 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 Worksheet in the instructions | /, from line 13 of y | - | Carryover | 14 | (17.) |
| 15 | Net long-term capital gain or (loss). Combine lines 8a on the back | - | | | 15 | -17. |
| For F | Paperwork Reduction Act Notice, see your tax return instruction | | | | Schedu | ile D (Form 1040) 2022 |

| Part | III Summary | |
|------|--|--------------------|
| 16 | Combine lines 7 and 15 and enter the result | 16 -328. |
| | • 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 (328.) |
| | 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. | |
| | ☑ No. Complete the rest of Form 1040, 1040-SR, or 1040-NR. | |

REV 01/24/23 PRO

Schedule D (Form 1040) 2022

| | HEDULE E Supplemental Income and Loss | | | | | | OMB No. 1545-0074 | | | | | | |
|-------------|---|---|---------------------|--|----------|---------|-------------------|------------|-------------------|----------|------------------|--------------|----------------------|
| (Form | orm 1040) (From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.) | | | | | 2 | 2022 | | | | | | |
| | ent of the Treasury Revenue Service | | | | | | | Attac | hment ence No | 12 | | | |
| | e(s) shown on return Your social | | | | | | | | | | | | |
| . , | | GAJUTA | TA & YAMINI | KUMARAKALVA | | | | | | | 55-731 | | CI |
| Part | - | | | Real Estate an | d Ro | valties | | | | 517 | | . 0 | |
| | Note: If yo | ou are in | the business of rer | ting personal proper | | | C . See | e instru | ctions. If you a | re an in | dividual, r | eport fa | rm |
| | | | | on page 2, line 40. | 10 file | | 0000 0 | | | | , | | |
| | | | | | | | | | | NO No | | | |
| | | | | | | | • • | | | | • 🗆 | | |
| 1a | - | | | reet, city, state, ZIF | | | | | | | | | |
| | PLOT NO : | 13, R(| OAD NO : 6 (| CENTRAL BANK | COLC | ONY LB | NAGA | R,HYI | DERABAD, 1 | TELAN(| GANA I | N 500 | 0074 |
| <u> </u> | | | | | | | | | | | | | |
| <u>C</u> | Turne of Duomo | | | | | ha al | | F a | ir Rental | Dawa | | | |
| 1b | Type of Prope (from list below | | | I real estate prope | | | | га | ir Rental Days | | onal Use Davs | · (| JN |
| Α | 3 | , | personal use o | lays. Check the Q | JV bo> | k only | Α | | 365 | | 0 | _ | |
| В | | | | e requirements to f | | | B | | | | 0 | | $\overline{\square}$ |
| С | | | qualified joint | venture. See instru | ICTIONS | S | С | | | | | | |
| Туре | of Property: | • | | | | | | | | | | | |
| | Single Family R | | | n/Short-Term Ren | tal | 5 Land | | | Self-Rental | | | | |
| 2 | Multi-Family Re | sidence | e 4 Comme | ercial | | 6 Roya | lties | 8 | Other (desci | ribe) | | | |
| | | | | | | | | | Properti | es: | | | |
| Incom | ie: | | | | | | Α | | В | | | С | |
| 3 | | | | | 3 | | 6 | 80. | | | | | |
| 4 | | ived. | | | 4 | | | | | | | | |
| Expen | | | | | | | | | | | | | |
| 5 | Ũ | | | | 5 | | | 80. | | | | | |
| 6 | | | | | 6 | | | 94. | | | | | |
| 7 | - | | | | 7 | | 9 | 85. | | | | | |
| 8 9 | | | | | 8 | | | | | | | | |
| 10 | | | | | 10 | | | | | | | | |
| 11 | - | - | | | 11 | | 1.4 | 29. | | | | | |
| 12 | • | | d to banks, etc. (| | 12 | | | | | | | | |
| 13 | 00 | • | | | 13 | | | | | | | | |
| 14 | Repairs | | | | 14 | | 2,6 | 85. | | | | | |
| 15 | Supplies | | | | 15 | | 3,4 | 50. | | | | | |
| 16 | | | | | 16 | | | | | | | | |
| 17 | | | | | 17 | | | 85. | | | | | |
| 18 | • | • | • | | 18 | | 3,6 | 62. | | | | | |
| 19 20 | Uther (list) | | ince 5 through 10 |) | 19 20 | | 14,2 | 70 | | | | | |
| 20 | | | 0 | /or 4 (royalties). If | 20 | | 14,2 | /0. | | | | | |
| 21 | | | | d out if you must | | | | | | | | | |
| | | | | | 21 | - | -13 , 5 | 90. | | | | | |
| 22 | Deductible ren | ntal real | estate loss after | limitation, if any, | | | | | | | | | |
| | on Form 8582 | (see ins | structions) | | 22 | (| 13,59 | 90.) | (| |)(| |) |
| 23 a | | tal of all amounts reported on line 3 for all rental properties 23a | | | | 680. | | | | | | | |
| b | | | • | for all royalty prop | | | | | | | | | |
| c | | | • | 2 for all properties | | | | 23c | | 660 | | | |
| d | | of all amounts reported on line 18 for all properties | | | | | | | | | | | |
| е 24 | | | • |) for all properties on line 21. Do no | | | | 23e | 14 | ,270. | | | |
| 24 25 | | • | | and rental real estat | | • | | | | | | 12 | 590.) |
| 23 26 | | 5 5 | | ncome or (loss). | | | | | | | | т) , | |
| | | | | n page 2 do not | | | | | | | | | |
| | | | | vise, include this ar | | | | | | . 26 | ; | -13 | ,590. |
| For Pa | perwork Reduct | ion Act I | Notice, see the se | parate instructions. | | NF | ΡΆ | | -13,590 | • 5 | Schedule E | (Form 1 | 040) 2022 |

| | 4562 | | Depreciatio | on and A | mortizatio | on | | OMB No. 1545-0172 |
|-------|---|---|----------------------------|------------------------|-----------------|-------------------------|------------------------------------|------------------------|
| Form | (including information on Listed Property) | | | | 2022 | | | |
| | Department of the Treasury nternal Revenue Service Attach to your tax return. Go to www.irs.gov/Form4562 for instructions and the latest information. | | | | | Attachment 170 | | |
| | Iternal Revenue Service Go to www.irs.gov/Form4562 for instructions and the latest information. Iame(s) shown on return Business or activity to which this form relates | | | | | _ | Sequence No. 179 tifying number | |
| | YEEN KUMAR GAJJA | LA & YAMINI | | , |) :13, ROA | | | 7-55-7310 |
| Par | | | rtain Property Und | | | 2 | 101 | |
| | | | ed property, comple | | | nplete Part I. | | |
| 1 | 1 Maximum amount (see instructions) | | | | | | | |
| | | st of section 179 property placed in service (see instructions) | | | | | | |
| | Threshold cost of s | • | 3 | 2,700,000. | | | | |
| | | | 4 | | | | | |
| 5 | | | btract line 4 from lin | | | - | 5 | |
| 6 | separately, see ins | escription of prope | | (b) Cost (busi | | (c) Elected cost | 5 | |
| | (4) 5 | | - , | (2) 0001 (200 | | (0) 2.00.00 0001 | | - |
| | | | | | | | | - |
| 7 | Listed property. Er | nter the amount | from line 29 | | 7 | | | |
| 8 | Total elected cost | of section 179 | property. Add amount | s in column (| c), lines 6 and | 7 | 8 | |
| 9 | Tentative deductio | n. Enter the sm | aller of line 5 or line 8 | 3 | | | 9 | |
| 10 | Carryover of disalle | owed deduction | n from line 13 of your | 2021 Form 4 | 562 | | 10 | |
| 11 | | | e smaller of business ir | • | , | | 11 | |
| | | | Add lines 9 and 10, bu | | 1 | | 12 | |
| - | | | to 2023. Add lines 9 | | | 13 | | |
| | | | for listed property. Ir | | | clude listed property | S 00 | instructions) |
| | | - | | - | - | | | |
| 14 | | | ns | | | xy) placed in service | 14 | |
| 15 | • • | | 1) election | | | | 15 | |
| | | | RS) | | | | 16 | |
| Par | MACRS De | preciation (D | on't include listed | property. Se | e instruction | 6.) | | |
| | | | | Section A | | , | | |
| 17 | MACRS deduction | s for assets pla | ced in service in tax y | ears beginni | ng before 2022 | | 17 | |
| 18 | | | assets placed in servi | ce during the | e tax year into | one or more general | | |
| | asset accounts, ch | | | | | · · · · · Ц | | |
| | Section | B-Assets Place | (c) Basis for depreciation | 1 | ear Using the | General Depreciation | Syst | em |
| (a) 🤇 | Classification of property | placed in | (business/investment use | (d) Recovery period | (e) Convention | (f) Method | (g) [| Depreciation deduction |
| 19a | 3-year property | service | only-see instructions) | | | | | |
| b | | | | | | | | |
| | | | | | | | | |
| | 10-year property | | | | | | | |
| | 15-year property | | | | | | | |
| f | 20-year property | | | | | | | |
| g | 25-year property | | | 25 yrs. | | S/L | | |
| h | Residential rental | 01/22 | 105,086. | 27.5 yrs. | MM | S/L | | 3,662. |
| | property | | | 27.5 yrs. | MM | S/L | | |
| i | Nonresidential rea | 1 | | 39 yrs. | MM | S/L | | |
| | property | | | | MM | S/L | | |
| | | – Assets Place | ed in Service During | 2022 Tax Ye | ar Using the A | Iternative Depreciatio | on Sy | stem |
| | Class life | | | 10 | | S/L | | |
| | 12-year | | | 12 yrs. | MM | S/L S/L | | |
| | 30-year | | | 30 yrs. 40 yrs. | MM | 5/L 5/L | | |
| Par | 40-year | See instructio | l ns) | -10 yr9. | IVIIVI | JIL | | |
| | Listed property. Er | 1 | / | | | | 21 | |
| | , | | | lines 19 and | 20 in column | (g), and line 21. Enter | | |
| ڪڪ | | | of your return. Partne | | | | 22 | 3,662. |
| 23 | | • | ed in service during t | | | | | |
| | portion of the basis | s attributable to | section 263A costs . | | | 23 | | |