Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization

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

Submission Identification Number (SID)

Taxpaver's name

Taxpay	er's name	Social security	y numbe	er					
AMA	RNATH REDDY NALLABALLE	385-53-8547							
Spouse's name Spouse's social				rity number					
Par	Part I Tax Return Information – Tax Year Ending December 31, 2022 (Enter year you are authorizing.)								
Enter	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	101,512.					
2	Total tax	[2	14,762.					
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099	[3	17,936.					
4	Amount you want refunded to you	[4	3,174.					
5	Amount you owe		5						
Par	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

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

	3	8	5	4	7				
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 ►

Date 🕨 _

Spouse's PIN: check	cone box only			
I authorize		to enter or generate my PIN		as my
	ERO firm name		Enter five digits, but	

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	ate					 		
Practitioner PIN Method Returns Only—continue	bel	ow						
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	 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 ►
	ain This Form — See Instructions m to the IRS Unless Requested To Do So

1040		rtment of the Treasury—Internal Revenue Serv 5. Individual Income Ta 2		urn 20	22	OMB No. 1545	-0074	IRS Use	Only—	Do not w	rite or staple	in this space.
Filing Status Check only one box.		Single D Married filing jointly	_	ed filing separatel					, L	spou	lifying surv use (QSS) name if th	0
		on is a child but not your dependent	t:									
Your first name	and mi	ddle initial	Last nar	me							cial securit	
AMARNATH			NALL.	ABALLE							53-854	
lf joint return, sp	ouse's	first name and middle initial	Last nar	ne					:	Spouse'	s social seo	curity number
Home address (numbe	r and street). If you have a P.O. box, see	instructio	ons.			4	Apt. no.		Preside	ntial Electio	on Campaign
		LAZADAVIDSON							-		nere if you,	1 0
		ce. If you have a foreign address, also co	omplete sp	baces below.	Sta	ate	ZIP c	ode				tly, want \$3
DAVIDSON					N	С	280	36			this fund.	Checking a change
Foreign country			F	oreign province/st	ate/cour	nty		in postal co			or refund.	0
											You	Spouse
Digital		y time during 2022, did you: (a) rec					-				_	
Assets		ange, gift, or otherwise dispose of a	-				asset)	? (See in:	struc	tions.)	Yes	X No
Standard		eone can claim: 🗌 You as a de	•			a dependent						
Deduction	<u> </u>	Spouse itemizes on a separate retur	n or you	were a dual-stat	us alier	1						
Age/Blindness	You:	Were born before January 2, 1	958	Are blind	Spouse	e: 🗌 Was bo	rn befo	ore Janua	ıry 2,	1958	🗌 ls bl	ind
Dependents	(see	instructions):		(2) Social sec	urity	(3) Relationsh	nip (4) Check th	e bo	c if qualit	fies for (see	instructions):
If more	(1) Fi	rst name Last name		number	-	to you		Child ta	ax cre	dit	Credit for ot	her dependents
than four								[[
dependents, see instructions											[
and check											[
here											[
Income	1a	Total amount from Form(s) W-2, b	ox 1 (see	e instructions)						1 a	10)4,770.
	b	Household employee wages not re					• •			1b		
Attach Form(s) W-2 here. Also	С	Tip income not reported on line 1a					• •	• •		1c		
attach Forms	d	Medicaid waiver payments not rep			e instr	uctions)	• •			1d	_	
W-2G and 1099-R if tax	e	Taxable dependent care benefits		-			• •	• •		1e		
was withheld.	t	Employer-provided adoption bene					• •			1f		
If you did not	g	Wages from Form 8919, line 6 .					• •	• •		1g		
get a Form W-2, see	h :	Other earned income (see instruct		· · · · ·		· · · ·		• •		1h		0.
instructions.	i	Nontaxable combat pay election (Add lines 1a through 1h	see msin	uctions)	• •	1 i				4-	10	04,770.
Attach Sch. B	z 2a	Ŭ I	2a		 h]	 Faxable interes	• •	• •	• •	1z 2b	10	<u>, , , , , , , , , , , , , , , , , , , </u>
if required.	2a 3a		3a	75.		Ordinary divide		• •	• •	20 3b		128.
	4a	-	4a			Faxable amoun		• •	• •	4b		120.
Standard	5a		5a			Faxable amoun			• •	5b		
Deduction for –	6a		6a			Faxable amoun				6b		
 Single or Married filing 	c	If you elect to use the lump-sum e		nethod. check he					. r			
separately,	7	Capital gain or (loss). Attach Sche								7		6,259.
\$12,950Married filing	8	Other income from Schedule 1, lin								8	-	-9,645.
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7								9)1,512.
surviving spouse,	10	Adjustments to income from Sche		-						10		<u>.</u>
\$25,900 • Head of	11	Subtract line 10 from line 9. This is								11	10)1,512.
household, \$19,400	12	Standard deduction or itemized	-							12		12,950.
If you checked	13	Qualified business income deduct			,	95-A				13		9.
any box under Standard	14	Add lines 12 and 13								14		L2,959.
Deduction, see instructions.	15	Subtract line 14 from line 11. If zer	ro or less	s, enter -0 This	is your	taxable incom	ne.			15		38,553.

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	14,	,762.
Credits	17	Amount from Schedule 2, line	3					17		
	18	Add lines 16 and 17						18	14,	,762.
	19	Child tax credit or credit for ot	ther dependent	ts from Sched	ule 8812			19		
	20	Amount from Schedule 3, line	8					20		
	21	Add lines 19 and 20						21		
	22	Subtract line 21 from line 18. I	f zero or less,	enter -0				22	14,	,762.
	23	Other taxes, including self-em	ployment tax,	from Schedule	e 2, line 21 .			23		0.
	24	Add lines 22 and 23. This is yo	our total tax					24	14,	,762.
Payments	25	Federal income tax withheld f								
	а	Form(s) W-2				25a 17	,936.			
	b	Form(s) 1099				25b				
	с	Other forms (see instructions)				25c				
	d	Add lines 25a through 25c .						25d	17,	,936.
Here have a	26	2022 estimated tax payments	and amount a	pplied from 20	21 return			26		-
If you have a qualifying child,	27	Earned income credit (EIC) .				27				-
attach Sch. EIC.	28	Additional child tax credit from				28				
	29	American opportunity credit fr				29				
	30	Reserved for future use				30				
	31	Amount from Schedule 3, line				31		-		
	32	Add lines 27, 28, 29, and 31.						32		
	33	Add lines 25d, 26, and 32. The						33	17,	,936.
Defined	34	If line 33 is more than line 24,						34		,174.
Refund	35a	Amount of line 34 you want re						35a	3,	174.
Direct deposit?	b	Routing number 1 2 1					Savings			
See instructions.	d	Account number 3 2 5					J			
	36	Amount of line 34 you want ap	· · · ·		· · · · ·	36				
Amount	37	Subtract line 33 from line 24.								
You Owe	07	For details on how to pay, go						37		
	38	Estimated tax penalty (see ins	-	-		38				
Third Party	Do	you want to allow another p								
Designee		1					omplete b	elow.	X No	
Ū	De	signee's		Phone			onal identif	ication		
	nai	ne		no.		num	ber (PIN)			
Sign		der penalties of perjury, I declare that								
Here		ief, they are true, correct, and compl	ete. Declaration of			ased on all information		• •		0
	Yo	ur signature		Date	Your occupation				nt you an Idei IN, enter it he	
Joint return?					SENIOR SOFT	WARE ENGINE	1			
See instructions.	Sp	ouse's signature. If a joint return, bo	th must sign.	Date	Spouse's occupat			IRS se	nt your spous	e an
Keep a copy for		0	0						ection PIN, er	ter it here
your records.							(see	nst.)		
		one no. (510) 934-5873		Email address	N.AMARRED	DY@GMAIL.CC				
Paid	Pre	eparer's name	Preparer's signat	ure		Date	PTIN		Check if:	
Preparer	SYAM	PRIYA RAM SAGAR GUPTA TALLAM S	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	03/08/2023	P02082	2703	Self-err	nployed
Use Only	Fir	m's name GLOBAL TAXI	ES LLC				Phor	e no.	(678) 965	-9522
	Fir	m's address 245 ROONEY	CT E BRU	NSWICK N	J 08816		Firm'	s EIN	84-31	71965
Go to www.irs.go	ov/Forn	1040 for instructions and the latest	information.		BAA	REV 02/24/23 PRO			Form 1(040 (2022)

BAA

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 2 '((2 Attachment

Internal Revenue Service	Go to <i>www.irs.gov/Form1040</i> for instructions and the latest information.		Sequence No. 01
Name(s) shown on Fo	rm 1040, 1040-SR, or 1040-NR	Your soc	ial security number
AMARNATH REDDY	NALLABALLE	385-53	-8547

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. Atta	ach Schedule E .	5	-9,645.
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-SR	, or 1040-NR, line 8	10	-9,645.

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-b	asis governi	ment		
	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)	la			
b	Deductible expenses related to income reported on line 8I from the				
	rental of personal property engaged in for profit	łb			
С	Nontaxable amount of the value of Olympic and Paralympic medals				
ام					
d	Reforestation amortization and expenses	+a			
е	Repayment of supplemental unemployment benefits under the Trade Act of 1974	le			
£		fe 4f			
f g		+i lg			
•	Attorney fees and court costs for actions involving certain unlawful	' 9			
	discrimination claims (see instructions)	1h			
	Attorney fees and court costs you paid in connection with an award	T11			
	from the IRS for information you provided that helped the IRS detect				
		4i			
i	Housing deduction from Form 2555				
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form	.,			
		łk			
z	Other adjustments. List type and amount:				
		4z			
25	Total other adjustments. Add lines 24a through 24z			25	
26	Add lines 11 through 23 and 25. These are your adjustments to income. E		d on		
				26	
		REV 02/24/23 PRO	:	Schedule	e 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.

20 2 Attachment Sequence No. 12

Internal Revenue Service Name(s) shown on return

Department of the Treasury

AMARNATH REDDY NALLABALLE

Your social security number

385-53-8547

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)

	instructions for how to figure the amounts to enter on the below.	(d) Proceeds	(e) Cost	(g) Adjustments to gain or loss f		(h) Gain or (loss) Subtract column (e) from column (d) and
This whol	art I, (g)	combine the result with column (g)				
1a	Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b.					
1b	Totals for all transactions reported on Form(s) 8949 with Box A checked	9,183.	7,624.	- 6	60.	1,499.
2	Totals for all transactions reported on Form(s) 8949 with Box B checked					
3	Totals for all transactions reported on Form(s) 8949 with Box C checked					
4	Short-term gain from Form 6252 and short-term gain or (I	oss) from Forms 4	684, 6781, and 88		4	
5	Net short-term gain or (loss) from partnerships, Schedule(s) K-1	usts from	5			
6	Short-term capital loss carryover. Enter the amount, if an Worksheet in the instructions	y, from line 8 of y	our Capital Loss	Carryover	6	()
7	Net short-term capital gain or (loss). Combine lines 1a term capital gains or losses, go to Part II below. Otherwise	-			7	1,499.

Part II Long-Term Capital Gains and Losses-Generally Assets Held More Than One Year (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 le dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustmer to gain or loss Form(s) 8949, line 2, colum	s from Part II,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)			
8a	Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b.								
8b	Totals for all transactions reported on Form(s) 8949 with 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	Carryover	14	()					
15	Net long-term capital gain or (loss). Combine lines 8a on the back .	-		o to Part III	15	4,760.			
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 6,259.
	• 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?	
	 Yes. Go to line 18. No. Skip lines 18 through 21, and go to line 22. 	
18	If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the 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? X Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. Don't complete lines 21 and 22 below. 	
	□ No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.	
21	If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of:	
	The loss on line 16; or (\$3,000), or if married filing separately, (\$1,500)	21 ()
	Note: When figuring which amount is smaller, treat both amounts as positive numbers.	
22	Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?	
	☐ 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 02/24/23 PRO

Schedule D (Form 1040) 2022

Form **8949**

Department of the Treasury

Internal Revenue Service

Sales and Other Dispositions of Capital Assets

OMB No. 1545-0074

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 AMARNATH REDDY NALLABALLE Social security number or taxpayer identification number 385-53-8547

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part I Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.

Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

You *must* check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

X (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)

(B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS

C) Short-term transactions not reported to you on Form 1099-B

1 (a) Description of property	(b) Date acquired	Date acquired dianaged of calca prices of the formation o				See the separate instructions.			
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see Column (e) in the separate instructions.	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g).		
ROBINHOOD SECURITIES LL	01/01/22	07/01/22	9,183.	7,624.	E	-60.	1,499.		
2 Totals. Add the amounts in column negative amounts). Enter each to Schedule D, line 1b (if Box A abov above is checked), or line 3 (if Box	tal here and inc e is checked), lir	lude on your ne 2 (if Box B	9,183.	7,624.		-60.	1,499.		

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

Form 8949 (2022)	Attachment Sequence No. 12A	Page 2

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side AMARNATH REDDY NALLABALLE

Social security number or taxpayer identification number 385-53-8547

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part II Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You *must* check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

(D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)

[] (E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS

(F) Long-term transactions not reported to you on Form 1099-B

1 (a) Description of pro	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis See the Note below	Adjustment, i If you enter an enter a c See the sep	(h) Gain or (loss) Subtract column (e)		
(Example: 100 sh. XYZ Co.)		(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see Column (e) in the separate instructions.	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g).
ROBINHOOD SECURIT	IES LL	01/01/22	12/30/22	9,771.	5,418.	W	407.	4,760.
2 Totals. Add the amounts negative amounts). Ente Schedule D, line 8b (if B above is checked), or line	er each tota ox D above	I here and incl is checked), lin	lude on your le 9 (if Box E	9,771.	5,418.		407.	4,760.

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column* (g) in the separate instructions for how to figure the amount of the adjustment.

REV 02/24/23 PRO

	EDULE E		Supplementa				OMB No. 1545-0074						
(Form	1040)												
	nent of the Treasury Revenue Service		Attachm Sequend	ient ce No. 13									
Name(s) shown on return							١	our soci	ial security	number		
	NATH REDDY	NALLA	BALLE						385-5	3-8547			
Part			From Rental Real Estate an			•							
			e business of renting personal proper from Form 4835 on page 2, line 40.	ty, use	Schedule	C. See	e instrue	ctions. If you are	e an indi	vidual, rep	ort farm		
Α [nts in 2022 that would require you	to file	Form(s) 1	099? 5	See ins	structions		. 🗌 Ye	s 🛛 No		
	•				. ,								
1 a	Physical addr	ess of ea	ch property (street, city, state, ZIF	P code	e)								
Α	20-3-2/6A	SIVA J	JYOTHI NAGAR TIRUPATHI,	AND	HRA PRA	ADESH	IN .	517501					
В													
C													
1b	Type of Prope		For each rental real estate prope	Fa			nal Use	QJV					
-	(from list below	N)	above, report the number of fair personal use days. Check the Q					Days	Da	ays			
 	3		if you meet the requirements to f			A B		365		0			
C			qualified joint venture. See instru	ictions	S.	C							
	of Property:					•							
	Single Family R	esidence	3 Vacation/Short-Term Ren	tal	5 Land		7	Self-Rental					
	Multi-Family Re		4 Commercial		6 Roya	alties		Other (describ	ce)				
					-			Propertie					
Incon						Α		B	3.		С		
3		4		3			50.				<u> </u>		
4				4		-							
Exper													
5	Advertising .			5									
6	Auto and trave	l (see inst	tructions)	6									
7	•		псе	7		9	50.						
8				8									
9				9									
10			ional fees	10									
11				11		1,3	50.						
12 13	00	•	to banks, etc. (see instructions)	12 13									
14				14		2.4	10.						
15	•			15			00.						
16				16									
17	Utilities			17		1,9	85.						
18	Depreciation e	xpense o	r depletion	18									
19				19									
20	•		es 5 through 19	20		10,1	95.						
21			e 3 (rents) and/or 4 (royalties). If										
			structions to find out if you must	04		-9,6	15						
22			state loss after limitation, if any,	21		0, د	-J.						
22			ructions)	22	(9.64	15.)	(١	(١		
23a			orted on line 3 for all rental prope	L			23a	N	550.	()		
b			orted on line 4 for all royalty prop				23b		-				
С			orted on line 12 for all properties				23c						
d	Total of all am	ounts rep	orted on line 18 for all properties				23d						
е		•	orted on line 20 for all properties				23e	10,	195.				
24		•	mounts shown on line 21. Do no						24				
25			es from line 21 and rental real estat							(9,645.)		
26			e and royalty income or (loss).										
			and line 40 on page 2 do not , line 5. Otherwise, include this ar						26		-9,645.		
For Pa			tice, see the separate instructions.		NE			-9,645.		hedule F (Fr	orm 1040) 2022		

Form 8995

Qualified Business Income Deduction Simplified Computation

Attach to your tax return.

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form8995 for instructions and the latest inform	ation

20**22** Attachment Sequence No. **55**

O<u>MB No. 1545-2294</u>

AMARNATH REDDY NALLABALLE

Your taxpayer identification number

385-53-8547

Note. You can claim the qualified business income deduction **only** if you have qualified business income from a qualified trade or business, real estate investment trust dividends, publicly traded partnership income, or a domestic production activities deduction passed through from an agricultural or horticultural cooperative. See instructions.

Use this form if your taxable income, before your qualified business income deduction, is at or below \$170,050 (\$340,100 if married filing jointly), and you aren't a patron of an agricultural or horticultural cooperative.

1	(a) Trade, business, or aggregation name	(b) Taxpayer identification number		Qualified business income or (loss)
i				
ii				
iii				
iv				
v				
2	Total qualified business income or (loss). Combine lines 1i through 1v, column (c)	2		
3	Qualified business net (loss) carryforward from the prior year	3 ()		
4	Total qualified business income. Combine lines 2 and 3. If zero or less, enter -0-	4		
5	Qualified business income component. Multiply line 4 by 20% (0.20)		5	
6	Qualified REIT dividends and publicly traded partnership (PTP) income or (loss)			
	(see instructions)	6 46.		
7	Qualified REIT dividends and qualified PTP (loss) carryforward from the prior	- (
0	Total qualified REIT dividends and PTP income. Combine lines 6 and 7. If zero	7 ()		
8	or less, enter -0	8 46.		
9	REIT and PTP component. Multiply line 8 by 20% (0.20)		9	9.
10	Qualified business income deduction before the income limitation. Add lines 5 and		10	9.
11	Taxable income before qualified business income deduction (see instructions)	11 88,562.		
12		12 4,835.		
13	,	13 83,727.		
14	Income limitation. Multiply line 13 by 20% (0.20)		14	16,745.
15	Qualified business income deduction. Enter the smaller of line 10 or line 14. Also the applicable line of your return (see instructions)		15	9.
16	Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than		16	(0.)
17	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 a			
	zero, enter -0		17	(0.)
For Pri		24/23 PRO		Form 8995 (2022)

	ole Ali	Pages	of Yo	bur	2022	-	-	olina E)epartmer	nt of R	Return evenue	DOR Use Only				
	Return and W-2s Here Amended Return For calendar year 2022, or fiscal year beginning 2.2 and ending Are you a veteran? Yes No															
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				ADAVIDS	ON						I	Were you gr				
	<u>IDSC</u> Statu		1. Sing	<u>MECKL</u>		2. Marri	ed Filing		Spouse's S		Separately	2022 federa	Yes	No No		040?
FIIII	Jolalu	~ =		gie ad of Househo	old 🗌	5. Quali	-		— 5. War	neu rinng	Separately	Year spou			<u></u>	
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				ent for the e			Yes L				or deceased s		Date of			
					-				NC-EDU and		und by makir	-		-	ng some or our overpay	
											r information			<u>j. 16.00</u> j. 1	a. ereipaj	,
											15, 2023, an		izen or re	sident.		
	Select	DOX IT ret	<u>turn is</u>	filed and sig	gned by Ex	(ecutor,	Aamini	strator,	or Court-App	ointea P	ersonal Repr	esentative.				
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Your Sig		R USE ON	ILY If	prepared by a l	person other th	Date		•	nature (If filing joi		oth must sign.) f which the prepa	Date rer has any kno		t Phone N	lo. (Include an	ea code)
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Paid Pre	eparer's	Signature				Date	Pre	parer's Co	ntact Phone Num	ber (Includ	e area code)		Prepar	er's FEIN,	SSN, or PTIN	1

If REFUND, mail return to: N.C. DEPT. OF REVENUE, P.O. BOX R, RALEIGH, NC 27634-0001 If you ARE NOT due a refund, mail return, any payment, and D-400V to: N.C. DEPT. OF REVENUE, P.O. BOX 25000, RALEIGH, NC 27640-0640

REV 01/26/23 PRO

D-400 2022 Page 2 (50)

Last Name (First 10 Characters)	NALLABALLE

Your Social Security Number

385538547

7. Additions to Federal Adjusted Gross Income 7. 8. Add Lines 5 and 7 8. 10151 9. Deduction 9. 10. 10. Child Deduction 10. 10. 11. Child Deduction 10. 10. 12. Child Deduction 10. 11. 13. C. Standard Deduction 11. 11. 14. N.C. Standard Deduction 11. 11. 15. N.C. Interaized Deduction 11. 12. 16. Add Lines 9. 10b, and 11 12. 12.2515 16. Statistical Line 16 from Line 8 12. 8.8765 15. N.C. Income Tax 15. 44.2 16. Tax. Credits 16. 17. 44.24 17. Subtract Line 16 from Line 15 17. 44.22 18. Vou certify that no Consumer Use Tax 18. 19. 19. Add Lines 17 and 18 19. 44.22 North Carolina Income Tax 18. 19. 14.22 10. Scoprografion 216. <t< th=""><th></th><th></th><th></th><th></th></t<>				
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D-400 Line-by-Line Information