Form **8879**

(Rev. January 2021)

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.

OMB No. 1545-0074

Internal F	evenue Service Go to www.irs.gov/Formoo/9 for the latest information.		
Submi	ssion Identification Number (SID)		
Taxpaye	r's name	Social securit	y number
PAVA	N KUMAR LOGAM	825-68-	-1431
Spouse's	name	Spouse's soci	al security number
Part	Tax Return Information — Tax Year Ending December 31, 2022 (En	ter year you aı	re authorizing.)
Enter v	hole dollars only on lines 1 through 5.	, ,	0 /
Note:	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.		
	Adjusted gross income		1 79,564.
2	Total tax		2 10,275.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3 13,743.
4	Amount you want refunded to you		4 3,468.
5	Amount you owe		5
Part	Taxpayer Declaration and Signature Authorization (Be sure you get an	d keep a copy	y of your return)
to send for any Agent to paymer authoriz paymer busines taxes to persona	original or amended) I am now authorizing. I consent to allow my intermediate service provider, tran my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the positiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account to finy federal taxes owed on this return and/or a payment of estimated tax, and the financial instituation is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terming t, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation is a days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processor of the payment (settlement) and the processor of the income tax return (original or amended) it is fundamental.	rejection of the trace U.S. Treasury are ndicated in the taution to debit the nate the authorizate equests must be the processing of a payment. I furti	ansmission, (b) the reason of its designated Financial or preparation software for entry to this account. This tion. To revoke (cancel) a received no later than 2 the electronic payment of her acknowledge that the
	yer's PIN: check one box only	8	1 4 3 1
X	l authorize GLOBAL TAXES LLC to enter or genera	te mv PIN └─	as mv
	ERO firm name signature on the income tax return (original or amended) I am now authorizing.		er five digits, but 't enter all zeros
	I will enter my PIN as my signature on the income tax return (original or amended) I an if you are entering your own PIN and your return is filed using the Practitioner PIN me below.		
Your si	gnature ► Date ►	•	
Spous	e's PIN: check one box only		
	I authorize to enter or genera	te my PINI	as my
	ERO firm name	-	er five digits, but
	signature on the income tax return (original or amended) I am now authorizing.	dor	't enter all zeros
	I will enter my PIN as my signature on the income tax return (original or amended) I an if you are entering your own PIN and your return is filed using the Practitioner PIN me below.		
Spouse	e's signature ▶ Date ▶		
	Practitioner PIN Method Returns Only—continue belo)W	
Part I	II 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		6 6 1 9 8 9 er all zeros
authoriz	that the above numeric entry is my PIN, which is my signature for the electronic individual income ed to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am sunents of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS <i>e-file</i> Providers of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS <i>e-file</i> Providers of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS <i>e-file</i> Providers of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS <i>e-file</i> Providers of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS <i>e-file</i> Providers of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS <i>e-file</i> Providers of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS <i>e-file</i> Providers of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS <i>e-file</i> Providers of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS <i>e-file</i> Providers of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS <i>e-file</i> Providers of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS <i>e-file</i> Providers of the Practition PIN method and Pub. 1345, Handbook for Pub. 1345, Han	bmitting this retu	rn in accordance with the
ERO's	signature ▶ Date ▶		
	ERO Must Retain This Form — See Instructions		
	Don't Submit This Form to the IRS Unless Requested To	o Do So	

E 1040 Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Return



OMB No. 1545-007

IRS Use Only-Do not write or staple in this space

Filing Status Check only one box.	If yo	u checked the MFS box, enter the na	ame of y	ed filing separately (Morour spouse. If you ch		_				spou	ifying sur use (QSS) name if th	Ü	
		on is a child but not your dependent											
Your first name		iddle initial	Last nar							Your social security number			
PAVAN KU			LOGA						_		58-143		
If joint return, s	pouse's	s first name and middle initial	Last nar	ne					s	pouse's	s social se	curity number	
Home address	(numbe	er and street). If you have a P.O. box, see	instructio	ons.				Apt. no.	P	resider	ntial Election	on Campaign	
1425 S V	OLF	RD						138			ere if you,		
		ce. If you have a foreign address, also co	mplete sp	paces below.	Stat	e	т .	code		spouse if filing jointly, want \$3			
PROSPECT	HE	IGHTS			IL		60	070		to go to this fund. Checking a box below will not change			
Foreign country	/ name		F	Foreign province/state/o	count	у	Fore	gn postal co			or refund.		
											You	Spouse	
Digital	At ar	ny time during 2022, did you: (a) rec	eive (as	a reward, award, or p	payn	nent for prope	rty or	services);	or (b) sell,			
Assets	exch	ange, gift, or otherwise dispose of a	digital a	asset (or a financial i	ntere	st in a digital	asse)? (See ins	struct	ions.)	☐ Yes	⊠ No	
Standard	Som	eone can claim:	pendent	Your spouse	e as a	a dependent							
Deduction		Spouse itemizes on a separate retur	n or you	were a dual-status a	alien								
Age/Blindness	You:	Were born before January 2, 1	958	Are blind Spo	use:	☐ Was bor	rn bet	ore Janua	ry 2,	1958	☐ Is bl	ind	
Dependents	s (see	instructions):		(2) Social security		(3) Relationsh	nip	4) Check th	e box	if qualif	ies for (see	instructions):	
If more		irst name Last name		number		to you		Child ta	x crec	lit	Credit for ot	her dependents	
than four													
dependents, see instructions													
and check	5 —												
here \square													
Income	1a	Total amount from Form(s) W-2, b	ox 1 (see	e instructions)						1a	3	88,174.	
	b	b Household employee wages not reported on Form(s) W-2								1b			
Attach Form(s) W-2 here, Also	С	Tip income not reported on line 1a (see instructions)											
attach Forms	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)											
W-2G and	е	, , , , ,											
1099-R if tax was withheld.	f	Employer-provided adoption benefits from Form 8839, line 29											
If you did not	g	g Wages from Form 8919, line 6											
get a Form	h	Other earned income (see instruction	ons) .							1h		0.	
W-2, see instructions.	i	Nontaxable combat pay election (s	see instr	uctions)		<u>1i</u>	i						
	Z	Add lines 1a through 1h	. _i .							1z	- 8	88,174.	
Attach Sch. B	2a	Tax-exempt interest	2a			axable interest				2b			
if required.	3a		3a			rdinary divide				3b			
	4a	_	4a			axable amoun				4b			
Standard	5a		5a			axable amoun				5b			
Deduction for— Single or	6a	,	6a			axable amoun	t.			6b			
Married filing separately,	С	If you elect to use the lump-sum e							. 📙				
\$12,950	7	Capital gain or (loss). Attach Sche							. Ц	7		87.	
Married filing jointly or	8	Other income from Schedule 1, lin								8		-8 , 697.	
Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,								9	+	79,564.	
surviving spouse, \$25,900	10	Adjustments to income from Sche								10	-		
Head of household,	11	Subtract line 10 from line 9. This is	-							11		79,564.	
\$19,400	12	Standard deduction or itemized					•			12	1	12,950.	
If you checked any box under	13	Qualified business income deducti								13			
Standard Deduction,	14	Add lines 12 and 13								14		12,950.	
see instructions.	15	Subtract line 14 from line 11. If zer	o or less	s, enter -u This is ye	our t	axable incom	10			15		66,614.	

10		Pa	age	2	
10	, 2	27	5		
10			_		
10	1 4		5	•	
10	, 2	27	5		
1.0			0		
10	, 4		5	•	
13	,	7 4	3	•	
1 2		7 /1	2		
13	,	16	<u>ی</u> 8		
13 3 3	, 4	16	8	<u>. </u>	
	<u> </u>				
× No					

Form 1040 (2022) **Tax** (see instructions). Check if any from Form(s): **1** 8814 **2** 4972 3 16 16 Tax and **Credits** 17 Amount from Schedule 2, line 3 17 Add lines 16 and 17 18 18 19 Child tax credit or credit for other dependents from Schedule 8812 19 20 Amount from Schedule 3, line 8 20 21 Add lines 19 and 20 21 22 22 Subtract line 21 from line 18. If zero or less, enter -0-23 Other taxes, including self-employment tax, from Schedule 2, line 21 23 Add lines 22 and 23. This is your total tax 24 24 **Payments** 25 Federal income tax withheld from: 13,743. Form(s) W-2 . 25a а Form(s) 1099 25b b Other forms (see instructions) 25c С 25d d Add lines 25a through 25c 26 2022 estimated tax payments and amount applied from 2021 return 26 If you have a 27 Earned income credit (EIC) 27 qualifying child, attach Sch. EIC. 28 Additional child tax credit from Schedule 8812 28 29 American opportunity credit from Form 8863, line 8. 29 30 30 Reserved for future use 31 Amount from Schedule 3, line 15 31 32 Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits 32 33 Add lines 25d, 26, and 32. These are your total payments 33 34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid 34 Refund Amount of line 34 you want refunded to you. If Form 8888 is attached, check here 35a 35a Routing number 0 7 2 0 0 0 8 0 5 Direct deposit? b **c** Type: X Checking Savings See instructions. Account number 3 7 5 0 1 4 2 9 9 5 1 6 d 36 Amount of line 34 you want applied to your 2023 estimated tax . . . 36 Amount 37 Subtract line 33 from line 24. This is the amount you owe. You Owe For details on how to pay, go to www.irs.gov/Payments or see instructions . 37 Estimated tax penalty (see instructions) Third Party Do you want to allow another person to discuss this return with the IRS? See instructions Yes. Complete below. Designee Designee's Phone Personal identification number (PIN) Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and Sign belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Here If the IRS sent you an Identity Your signature Date Your occupation Protection PIN, enter it here (see inst.) BUSINESS SYSTEM ANALYST Joint return? See instructions. If the IRS sent your spouse an Spouse's signature. If a joint return, both must sign. Date Spouse's occupation Keep a copy for Identity Protection PIN, enter it here your records. (see inst.) Phone no. (510) 320-8690 Email address PAVANLOGAM1@GMAIL.COM Preparer's name Preparer's signature PTIN Check if: Date **Paid** Self-employed SYAM PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 02/03/2023 P02082703 **Preparer** Phone no. (678) 965-9522 GLOBAL TAXES LLC Firm's name Use Only 245 ROONEY CT E BRUNSWICK NJ 08816 88-2145487 Firm's address Firm's EIN

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2022
Attachment Sequence No. 01

Department of the Treasury Internal Revenue Service

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

Attach to Form 1040, 1040-SR, or 1040-NR.

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

Your social security number

PAVA	PAVAN KUMAR LOGAM 825-68-									
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. Attac	ch Schedule	Ε.	5	-8,697.					
6	Farm income or (loss). Attach Schedule F			6						
7	Unemployment compensation		[7						
8	Other income:									
а	Net operating loss	8a ()							
b	<u> </u>	3b								
С	<u>-</u>	Вс								
d	<u> </u>	Bd ()							
е		Ве								
f	Income from Form 8889	8f								
g	Alaska Permanent Fund dividends	Bg								
h	· · · · · · · · · · · · · · · · · · ·	8h								
i	Prizes and awards									
j		8j								
k	· · · · · · · · · · · · · · · · · · ·	8k								
- 1	Income from the rental of personal property if you engaged in the rental									
	• • • • • • • • • • • • • • • • • • • •	81								
m	Olympic and Paralympic medals and USOC prize money (see									
	<i>'</i>	3m								
n	, , , , , , , , , , , , , , , , , , , ,	Bn								
0		Во								
р		Вр								
q	`	Bq								
r	· · · · · · · · · · · · · · · · · · ·	8r								
S	Nontaxable amount of Medicaid waiver payments included on Form		,							
	· · · · · · · · · · · · · · · · · · ·	8s ()							
t	Pension or annuity from a nonqualifed deferred compensation plan or	_								
	•	8t								
		Bu								
Z	Other income. List type and amount:									
		8z								
9	Total other income. Add lines 8a through 8z			9						
10	Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR,	or 1040-NR,	line 8	10	-8 , 697.					

Schedule 1 (Form 1040) 2022 Page **2**

Par	Adjustments to Income			
11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-b			
	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)	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			
		24c		
d		24d		
е	Repayment of supplemental unemployment benefits under the Trade			
		24e	_	
f		24f	_	
g	, , , , , , , , , , , , , , , , , , , ,	24g	_	
h	Attorney fees and court costs for actions involving certain unlawful			
	·	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	- 41		
		24i	-	
j	•	24j	-	
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form	S.4.		
		24k	-	
Z	Other adjustments. List type and amount:	N4_		
05		24z	05	
25	Total other adjustments. Add lines 24a through 24z		25	
26	Add lines 11 through 23 and 25. These are your adjustments to income .			
	Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a		26	

SCHEDULE D (Form 1040)

Capital Gains and Losses

OMB No. 1545-0074

2022

Attachment Sequence No. **12**

Department of the Treasury Internal Revenue Service 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.

Name(s) shown on return Your social security number PAVAN KUMAR LOGAM 825-68-1431 Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? If "Yes." attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss. Part I Short-Term Capital Gains and Losses - Generally Assets Held One Year or Less (see instructions) See instructions for how to figure the amounts to enter on the (h) Gain or (loss) (g) Adjustments Subtract column (e) lines below. Proceeds Cost to gain or loss from from column (d) and This form may be easier to complete if you round off cents to (sales price) (or other basis) Form(s) 8949, Part I, combine the result whole dollars. line 2, column (a) with column (a) 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 963. 868. 95. 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 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 . . . 4 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from 5 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover 6 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). If you have any longterm capital gains or losses, go to Part II below. Otherwise, go to Part III on the back 7 95. 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 (g) (h) Gain or (loss) Adjustments Subtract column (e) (d) (e) lines below to gain or loss from from column (d) and Proceeds Cost This form may be easier to complete if you round off cents to (sales price) (or other basis) Form(s) 8949, Part II, combine the result whole dollars. line 2, column (a) with column (a) 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 18. 26. -8.

	BOX E GIEGREG			
10	O 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 2439 and 6252; and long-term gain from Forms 4684, 6781, and 8824	` '	11	
12	Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedu	ule(s) K-1	12	
13	Capital gain distributions. See the instructions	[13	
14	Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss (Worksheet in the instructions	-	14	()
15	Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then, go	to Part III	·	

Totals for all transactions reported on Form(s) 8949 with

Box F checked

on the back . .

-8.

Schedule D (Form 1040) 2022 Page **2**

Part III Summary

16	Combine lines 7 and 15 and enter the result	16		87.
	• 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? 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.			

8949

Sales and Other Dispositions of Capital Assets

Attachment

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

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. Sequence No. 12A

Name(s) shown on return PAVAN KUMAR LOGAM Social security number or taxpayer identification number 825-68-1431

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.

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.

★ (A) Short-term transactions★ (B) Short-term transactions★ (C) Short-term transactions	reported on	Form(s) 1099	9-B showing bas				e)
(a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis See the Note below	See the separate instructions.		(h) Gain or (loss) Subtract column (e)
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see Column (e) in the separate instructions.	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g).
ROBINHOOD SECURITIES LLC	01/01/22	12/01/22	963.	868.			95.
2 Totals. Add the amounts in columns negative amounts). Enter each total Schedule D, line 1b (if Box A above above is checked), or line 3 (if Box C)	al here and inc is checked), lir	lude on your ne 2 (if Box B	963.	868.			95.

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.

Form 8949 (2022) Attachment Sequence No. 12A Pag

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

PAVAN KUMAR LOGAM

Social security number or taxpayer identification number

825-68-1431

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☐ (E) Long-term transactions☐ (F) Long-term transactions	reported on	Form(s) 1099	-B showing bas	•			e)
1 (a)	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis See the Note below	Adjustment, if any, to gain or loss If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		(h) Gain or (loss) Subtract column (e)
Description of property (Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)		and see Column (e) in the separate instructions.	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g).
ROBINHOOD SECURITIES LLC	01/01/22	12/01/22	18.	26.			-8.
2 Totals. Add the amounts in columns negative amounts). Enter each total Schedule D, line 8b (if Box D above above is checked), or line 10 (if Box	al here and inc is checked), lir	lude on your ne 9 (if Box E	18.	26.			-8.

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.

SCHEDULE E (Form 1040)

Supplemental Income and Loss

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

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service Name(s) shown on return

Attach to Form 1040, 1040-SR, 1040-NR, or 1041. Go to www.irs.gov/ScheduleE for instructions and the latest information. Attachment Sequence No. 13

Your social security number

PAVA	N KUMAR LOGAM						825-6	8-1431		
Part	Income or Loss From Rental Real Estate an Note: If you are in the business of renting personal proper rental income or loss from Form 4835 on page 2, line 40.			e C. See	instru	ctions. If you ar	e an indi	vidual, rep	ort farm	
Α [Did you make any payments in 2022 that would require you	to file	Form(s)	1099? S	ee ins	structions		. \(\subseteq \text{Y}\epsilon	s 🛛 No	
В	f "Yes," did you or will you file required Form(s) 1099? .							. 🗌 Ye	s 🗌 No	
1a	Physical address of each property (street, city, state, ZII	P code	e)							
Α	H NO:6-19-8, ADARSH NAGAR DUBBA, NIZAMAR	BAD :	relang.	ANA II	v 50	3001				
В	,									
С										
1b	Type of Property (from list below) 2 For each rental real estate property listed above, report the number of fair rental and Days							Personal Use Days		
Α	personal use days. Check the Q	JV bo	x only	Α		365		0		
В	if you meet the requirements to the qualified joint venture. See instru			В						
С	qualified joint voltare. See inche			С						
	of Property:									
	Single Family Residence 3 Vacation/Short-Term Ren	ntal	5 Land			Self-Rental				
2	Multi-Family Residence 4 Commercial		6 Roya	alties	8	Other (descri	be)			
						Propertie	es:			
Incon	ne:			Α		В			С	
3	Rents received	3		5	10.					
4	Royalties received	4								
Exper	ises:									
5	Advertising	5								
6	Auto and travel (see instructions)				46.					
7	Cleaning and maintenance			8	54.					
8	Commissions	8								
9	Insurance	9								
10	Legal and other professional fees	10								
11	Management fees	11		1,2	50.					
12	Mortgage interest paid to banks, etc. (see instructions)	12								
13	Other interest			0 1	7.2					
14 15	Repairs	14		2,1 2,8						
16	Taxes	16		4,0	40.					
17	Utilities	17		1,8	41					
18	Depreciation expense or depletion	18		1,0	· · ·					
19	Other (list)	40								
20	Total expenses. Add lines 5 through 19	20		9,2	07.					
21	Subtract line 20 from line 3 (rents) and/or 4 (royalties). If									
	result is a (loss), see instructions to find out if you must									
	file Form 6198	21		-8,6	97.					
22	Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22	(8,69	7.)	()	()	
23a	Total of all amounts reported on line 3 for all rental prope				23a		510.			
b	Total of all amounts reported on line 4 for all royalty prop				23b					
С	Total of all amounts reported on line 12 for all properties				23c					
d	Total of all amounts reported on line 18 for all properties				23d					
е	Total of all amounts reported on line 20 for all properties				23e		207.			
24	Income. Add positive amounts shown on line 21. Do no		-					,	0 22= :	
25	Losses. Add royalty losses from line 21 and rental real esta							(8,697.)	
26	Total rental real estate and royalty income or (loss).									
	here. If Parts II, III, IV, and line 40 on page 2 do not Schedule 1 (Form 1040), line 5. Otherwise, include this at						1 26		-8,697.	

or for fiscal year ending	/.	
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Step 1: Personal Information Enter personal information and Social Security numbers (SSN). You must provide the entire SSN(s) - no partial SSN.

	PAV.	-68-1431 19 AN KUMAR 5 S WOLF RD SPECT HEIGHTS)92 IL	LOGAM 60070	138 COOK				
_		5		PAVANLOGAN	_				
			· 	• •	· —	d filing separately	<u> </u>		
C	Ch	eck If someone can o	laim yo	u, or your spous	e if filing jointly,	as a dependent. See in	structions. You	ı ∐ Spouse	
D		eck the box if this ap p 2: Income	plies to	you during 202	2: Nonresi	dent - Attach Sch. NR	Part-year resi		ch. NR ole dollars only)
	1		oss incc	me from your fe	deral Form 104	0 or 1040-SR, Line 11.		1	79,564.00
	2	,			income from y	our federal Form 1040	or 1040-SR, Line		.00
	3 4	Other additions. Att Total income. Add						3 4	
		p 3: Base Income							
*	5	Social Security ben		d certain retiren	nent plan incon	ne			
a)	•	received if included					5	.00	
her	6	Illinois Income Tax of Schedule 1, Ln. 1.	verpay	ment included in	i federal Form 1	1040 or 1040-SR,	6	.00	
ns	7	Other subtractions.	Attach	Schedule M.			7	.00	
forr	8 9	Add Lines 5, 6, and		•		S.		8	.00 79,564 _{.00}
66	_	Illinois base incon	1 e . Sub	tract Line 8 from	1 Line 4.			9	79,304.00
Staple W-2 and 1099 forms here		b Check if 65 or oldc Check if legally be	der: olind:	☐ You + ☐ :	Spouse # 6	se. See instructions. of checkboxes X \$1 of checkboxes X \$1 hedule IL-E/EIC, Step 2	,000 = b ,000 = c		
əJa		Attach Schedule I			arriodrit irorri oc	ricdaic in Line, otop 2	d	0.00	
Sta		Exemption allowar	nce. Ad	d Lines 10a thro	ough 10d.			10_	2,425 _{.00}
٠,		p 5: Net Income a							
4	11	Residents: Net ind				net income from Cobo	dulo ND Attool Col	hadula ND 11	77,139.00
	12	Residents: Multiply				net income from Schedeless than zero.	Jule Nh. Allach Sc	nedule Nh. I I	7 7 7 1 3 3 .00
lacksquare		Nonresidents and	part-ye	ear residents: E	Enter the tax fro	om Schedule NR.		12	3,818 _{.00}
<u>></u>	13 14	Recapture of invest Income tax. Add Li					`	13 <u></u> 14	3,818 _{.00}
40		p 6: Tax After Non				eio.			
10	15					. Attach Schedule CR.	15	.00	
71 p	16	Property tax and K-	12 edu						
an	17	Attach Schedule IC		- 1- 1000 O AH-	anda Onda adalah d	1000 0	16	.00	
€ck	17 18	Credit amount from Add Lines 15, 16, a				Cannot exceed the tax	amount on Line 14	. <u>00</u> 4. 18	0.00
che	19	Tax after nonrefun						19	3,818.00
Staple your check and IL-1040-V	Ste 20 21	P 7: Other Taxes Household employr				nases from UT Worksh	eet or UT Table	20	.00
tap	41	in the instructions.			it-oi-state putci	iases iiulii UT WUIKSII	eet of OT TABLE	21	0.00
S	22	Compassionate Use	of Med	lical Cannabis P	rogram Act and	I sale of assets by gam	ing licensee surcha	arges. 22	.00
	23	Total Tax. Add Line	s 19, 20	0. 21. and 22.				23	3,818 _{.00}



24 To	tal tax from Page 1,	Line 23.					24	3,818 <u>.00</u>
Step 8:	Payments and F	Refundab	le Credit					
25 Illino	inois Income Tax withheld. Attach Schedule IL-WIT.					25 4,	365.00	
26 Esti	stimated payments from Forms IL-1040-ES and IL-505-I,							
inclu	cluding any overpayment applied from a prior year return. 26							
27 Pas						.00		
	s-through entity tax					28	.00	
					ttach Schedule IL-E/EIC	29	.00	
	al payments and re	efundable	credit. Add Lines	25 through	29.		30	4,365.00
Step 9:								5.45
	31 If Line 30 is greater than Line 24, subtract Line 24 from Line 30.						31	547.00
	ne 24 is greater than						32	.00
-): Underpayment			-	ations			
	e-payment penalty for					33	.00	
_	Check if at least t				•			
		•		•	ntly living in a nursing rear and you annualiz	•	2 Form II 001	0
C L	Attach Form IL-2		received evenly	during the y	rear and you annuall	zed your income of	11 F01111 1L-22 1	0.
dГ			ed to file an Illino	is Individual	Income Tax return in	the previous tax v	ear	
_	Intary charitable do	•			moomo tax rotam m	34	.00	
	al penalty and don						35	.00
	I: Refund or Am							
•		•		is greater th	an Line 35, subtract l	Line 35 from Line :	31	
•	s is your overpaym e			is greater th	an Eme oo, sabilaat	Line oo nom Line (36	547.00
			unded to vou. Ch	neck one box	on Line 38. See inst	ructions.	37	547.00
	oose to receive my		,					
	direct deposit - (•	ne information be	low if you ch	neck this box.			
	You may also cont		outing number			X Checkin	a or Covir	200
	to college savings	funds				A Checkin	g or Savir	igs
	here. See instruct	tions!	ccount number	3 7 5 0	1 4 2 9 9	5 1 6		
ЬΓ	paper check.							
	39 Amount to be credited forward. Subtract Line 37 from Line 36. See instructions.					.00		
-	40 If you have an amount on Line 32, add Lines 32 and 35. - or - If you have an amount on Line 31 and this amount is less than Line 35,							
subtract Line 31 from Line 35. This is the amount you owe . See instructions.					40	.00		
	2: Health Insura							
			•		20 0 102 2 1			
41 ∐					with other Illinois sta s for more informatio		er to determin	е
	your engionity for th	caltii iiioait	ande benenis. Ge	C IIIOII dollori				
Signatu	ure - Note: If this is	a joint retur	n, both you and yo	our spouse m	nust sign below.			
Under p	enalties of perjury,	I state that	t I have examine	d this return	and, to the best of r	ny knowledge, it is	s true, correct	, and complete.
Sign	Your signature		Date (mm/dd/yyyy)	Snouse's sign	nature	Data (mm/dd/sass)	Daytime phone	numbor
Here	Plawa	1 /	Date (IIIII/dd/yyyy)	opouse's sigi	lature	Date (mm/dd/yyyy)		
	1 0	·		Daid nuanaua	do olamokuma	D-1- / / / / /	_ ′	0-8690
Paid	Print/Typė paid preparer's name				aid preparer's signature Date (mm/dd/yyyy)		Check if self-employed	Paid Preparer's PTIN P02082703
Preparer	SYAM PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 02/03/2023							
Use Only	Firm's name GLOBAL TAXES LLC Firm's FEIN					88214548		
T		245 ROC	NEY CT E	BRUNSWIC	KNJ 08816	Firm's phone	(678) 965	
Third	Designee's name (please print) Designee's phone number				nber	_	e Department may	
Party Designee	()							eturn with the third e shown in this step.

IL-1040 Back (R-12/22) DR______ AP____ RR DC IR ID ID: 3WM REV 01/10/23 PRO

Refer to the 2022 IL-1040 Instructions for the address to mail your return.





Illinois Department of Revenue

2022 Schedule IL-WIT Illinois Income Tax Withheld

Attach to your Form IL-1040. If you have more than five withholding forms, complete multiple copies of this schedule. IL Attachn

IL Attachment No. 31

Use the reference for Column A shown in the chart below.

Form Type	Letter Code for Column A	Form Type	Letter Code for Column A
W-2	W	1099-DIV	D
W-2G	WG	1099-INT	I
1099-R	R	1042-S	S
1099-G	G	1099-B	В
1099-MISC	М	1099-K	K
1099-OID	0	1099-NEC	N

Step 1: Provide your withholding records (include all W-2 and 1099 forms that show Illinois withholding)

PAVAN KUMAR LO	¥		5 _ 6		1 4	3 1
Your name as shown	on Form IL-1040	Your Social S	ecurity numbe	r		
Column A Form type	Column B Employer/Payer Identification Number	Column C Federal Wages, Winnings, Gross Distributions, Compensation, etc	Illinois Wag	column D les, Winnings, Gross, S, Compensation, e	ss Illin	olumn E ois Income x Withheld
1 <u>W</u>	26-0845325	\$88,174 <u>•00</u>	\$	88,174 .00	\$	4,365 .00
2		T	\$	<u>•00</u>	\$	•00
3			\$	•00	\$	•00
4		·		•00	\$	<u>•00</u>
5		\$ <u></u>	\$	<u>•00</u>	\$	<u>•00</u>
Step 2: Provide	spouse's withholding re	ecords (include all W-2 and	1099 forms	_	inois w	ithholding
Step 2: Provide	as shown on Form IL-1040	Your spouse's	Social Securit	y number		
Step 2: Provide			Social Securit C Illinois Wag	_	Coss Illin	olumn E ois Income x Withheld
Step 2: Provide	as shown on Form IL-1040 Column B Employer/Payer	Your spouse's Column C Federal Wages, Winnings, Gross	Social Securit C Illinois Wag Distributions	y number olumn D es, Winnings, Gros	Coss Illin	olumn E ois Income x Withheld
Step 2: Provide Your spouse's name Column A Form type	as shown on Form IL-1040 Column B Employer/Payer	Your spouse's Column C Federal Wages, Winnings, Gross Distributions, Compensation, etc.	Social Securit C Illinois Wag Distributions	y number olumn D es, Winnings, Gross, Compensation, e	C(ss Illinetc. Tax	olumn E ois Income x Withheld
Step 2: Provide Your spouse's name Column A Form type 6	as shown on Form IL-1040 Column B Employer/Payer Identification Number	Column C Federal Wages, Winnings, Gross Distributions, Compensation, etc \$	Social Securit C Illinois Wag Distributions \$	y number olumn D es, Winnings, Gross, Compensation, 6	C(ss Illinetc. Tax	olumn E ois Income x Withheld
Step 2: Provide Your spouse's name Column A Form type 6	as shown on Form IL-1040 Column B Employer/Payer Identification Number	Column C Federal Wages, Winnings, Gross Distributions, Compensation, etc \$	Social Securit C Illinois Wag Distributions \$ \$	y number olumn D es, Winnings, Gross, Compensation, 6 •00	Coss Illinetc. Ta:	olumn E ois Income x Withheld •00

→ Attach all Schedules IL-WIT to your IL-1040. ←

11 Add the amounts in Column E for Lines 1 through 10 (and the amounts from Column E of any additional copies you attached). This is the total amount of your Illinois income tax withheld.



Enter this amount here and on Form IL-1040, Line 25.

4,365.00

11 \$___



Illinois Department of Revenue

			_			
Submission ID						

2022 IL-8453 Illinois Individual Income Tax Electronic Filing Declaration

,-		ineni oi nevenue u	nless it is requested for review.)
Step 1: Provide taxpayer information PAVAN KUMAR	on Logan	N	8 2 5 _ 6 8 _ 1 4 3 1
· · · · · · · · · · · · · · · · · · ·	rst name (and last name if differen		Social Security number
Print 1425 S WOLF RD 138			·
or Mailing address			Spouse's Social Security number
PROSPECT HEIGHTS	IL	60070	(510) 320-8690
City	State	ZIP	Daytime phone number
Step 2: Complete information from	tax return	Choose one:	☐ IL-1040 ☐ IL-1040-X
1 Net income from Form IL-1040 or IL-		5110000 0110. [X	177,139 00
2 Tax from Form IL-1040 or IL-1040-X	,		2 3,818 00
3 Illinois Income Tax withheld from For		ine 25 only (enter " 0 " if	
4 Overpayment from Form IL-1040, Lin		• `	4 547 00
5 Total amount due from Form IL-1040			5l <u>00</u>
6 Filing status: X Single Marrie			Vidowed Head of household
Step 3: Complete direct deposit of	refund or electronic f	undo withdrowol infe	ormation (Ontional)
 Routing no. (RN): 0 7 2 0 Account no. (AN): 3 7 5 0 Type of account: X Checking Date the payment is to be electronic Electronic funds withdrawal amount: 	1 4 2 9 9 5 Savings ally withdrawn:/_/_	1 6	
12 Name on account:			
Step 4: Taxpayer declaration and sign	gnature (Sign only afte	er completing Step 2	and, if applicable, Step 3.)
			clare the information on Lines 7 through 9 is pouse as an agent to receive the refund.
withdrawal as designated in the el	ectronic portion of my 2025 be processing of an electro	2 Illinois Original or Ameronic overpayment of taxe	agent to initiate an ACH electronic funds nded Individual Income Tax return. I authorize the es to receive confidential information
I do not want direct deposit of my	refund, or an electronic fu	unds withdrawal (direct o	debit) of my balance due.
return originator (ERO) are identical. To the and accompanying information may be sen	best of my knowledge, my t to IDOR by my ERO. I aut	return is true, correct, and thorize IDOR to inform my	X and the information I provided to my electronic d complete. I consent that my return, this declaration, ERO and/or the transmitter when my return has hay be corrected and retransmitted if possible.
Sign Playur			
here Your signature	Date	Spouse's signatur	re (if joint return, both must sign) Date
Step 5: Electronic return originator	r (ERO) and paid prep	arer declaration and	signature
I declare that I have examined this taxpay	er's electronic Form IL-10	040 or IL-1040-X, the info	ormation on this Form IL-8453, and accompanying
			of perjury, that to the best of my knowledge the
taxpayer's return and accompanying infor	rmation are true, correct, a	and complete.	
		02/03/2023	Check if paid preparer: (See instructions.)
ERO's signature		Date	— ,
ERO GLOBAL TAXES LLC			<u>P 0 2 0 8 2 7 0 3</u>
I IIII's flame of your flame if self-employed			Your PTIN
only 245 ROONEY CT			8 8 - 2 1 4 5 4 8 7
Mailing address	37.7	00016	Federal employer identification number (FEIN)
E BRUNSWICK	NJ State	08816 	(678) 965-9522
City	State	ΔIΓ	Daytime phone number

Step 6: Attach required documents (e.g., W-2 forms, 1099 forms, IL-1310).

<u>Do not mail</u> Form IL-8453 and these documents unless requested for review.

