(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

Submission Identification Number (SID)				
Taxpayer's name	Social securit	y numbe	er	
NAMRATHA REDDY SEELAM	336-69-	-1927		
Spouse's name	Spouse's soc	ial secur	ity number	
Part I Tax Return Information — Tax Year Ending December 31, 2022 (Enter	⊥ ∵vear vou a	re auth	norizina.	,
Enter whole dollars only on lines 1 through 5.	<i>y</i>			<u> </u>
Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.				
1 Adjusted gross income		1	59	,206.
2 Total tax		2	5	,793.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	9	,433.
4 Amount you want refunded to you		4	3	,640.
5 Amount you owe		5		
Part II Taxpayer Declaration and Signature Authorization (Be sure you get and a Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended)				
my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmosend my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection and delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indipayment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requirements days prior to the payment (settlement) date. I also authorize the financial institutions involved in the taxes to receive confidential information necessary to answer inquiries and resolve issues related to the personal identification number (PIN) below is my signature for the income tax return (original or amended) I at Electronic Funds Withdrawal Consent.	itter, or electro ection of the tr S. Treasury al cated in the tr on to debit the the authoriza- uests must be processing of ayment. I furt	onic returnation returnation returnation returnation. To receive the electric recking recking recking recking recking recking recking returnation.	irn originatesion, (b) the esignated laration soft of this accoording to late of the ctronic paramowledge	or (ERO) e reason inancial ware for unt. This cancel) a r than 2 yment of that the
Taxpayer's PIN: check one box only X I authorize GLOBAL TAXES LLC to enter or generate	9 DINI 9	1 9	2 7	00 m)/
ERO firm name signature on the income tax return (original or amended) I am now authorizing.	Ent		igits, but all zeros	as my
I will enter my PIN as my signature on the income tax return (original or amended) I am n if you are entering your own PIN and your return is filed using the Practitioner PIN meth below.				
Your signature ▶ Date ▶				
Snauga'a DINi ahaak ana hay aniy				
Spouse's PIN: check one box only	DINI			
I authorize to enter or generate to enter or generate		er five d	iaits. but	as my
signature on the income tax return (original or amended) I am now authorizing.			all zeros	
I will enter my PIN as my signature on the income tax return (original or amended) I am n if you are entering your own PIN and your return is filed using the Practitioner PIN meth below.				
Spouse's signature ▶ Date ▶				
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 4 9 Don't ente	6 6 6	1 9 8	9
	Don t enti	or an ZCI		
I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income ta authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am subm requirements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS <i>e-file</i> Providers of Ir	itting this retu	ırn in ad	cordance	am now with the
ERO's signature ▶ Date ▶				
ERO Must Retain This Form — See Instructions Don't Submit This Form to the IRS Unless Requested To I	 Do So			

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

2022	
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OMB No. 1545-0074

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

Filing Status	X S	Single Married filing jointly	Marrie	ed filing separately	(MFS)	☐ Head of	household (HOH)		lifying su use (QSS	
Check only one box.	•	u checked the MFS box, enter the n on is a child but not your dependent	•	our spouse. If you	check	ed the HOH or	QSS box, enter t	•	•	,
Your first name	and mi	ddle initial	Last nar	me				Your so	cial secur	rity number
NAMRATHA	A REI	DDY	SEEL	AM				336-6	59-192	27
If joint return, sp	pouse's	first name and middle initial	Last nar	me				Spouse'	s social se	ecurity number
Home address	(numbe	r and street). If you have a P.O. box, see	instruction	ons.			Apt. no.	Preside	ntial Elect	tion Campaign
23116 E	102r	nd PL S						1	nere if you	
City, town, or p	ost offic	ce. If you have a foreign address, also co	mplete s	paces below.	Sta	te	ZIP code			intly, want \$3 . Checking a
BROKEN A	RROV	V			OK	-	74014	box bel	ow will no	ot change
Foreign country	name		F	Foreign province/stat	e/count	У	Foreign postal code	your tax	or refund	d. Spouse
Digital		ny time during 2022, did you: (a) rec	,				, , ,	. ,		
Assets	exch	ange, gift, or otherwise dispose of a					asset)? (See instr	uctions.)	Yes	⊠ No
Standard Deduction	_	eone can claim:	•			a dependent				
Age/Blindness	You:	Were born before January 2, 1	958	Are blind S	pouse	: Was bor	n before January	2, 1958	☐ Is b	olind
Dependents	s (see	instructions):		(2) Social secur	ity	(3) Relationsh	ip (4) Check the b	oox if quali	ies for (se	e instructions):
If more	(1) Fi	rst name Last name		number		to you	Child tax of	credit	Credit for c	other dependents
than four										
dependents, see instructions	s ——									
and check										<u> </u>
here									_	
Income	1a	Total amount from Form(s) W-2, b	ox 1 (see	e instructions) .				. 1a		67,150.
A44I- F(-)	b	Household employee wages not reported on Form(s) W-2								
Attach Form(s) W-2 here. Also	С	Tip income not reported on line 1a (see instructions)								
attach Forms	d									
W-2G and 1099-R if tax	е									
was withheld.	f	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 (s	see instr	fuctions)		<u>1i</u>				67 150
	<u>z</u>	Add lines 1a through 1h		· · · · · · i				. 1z		67,150.
Attach Sch. B if required.	2a	· –	2a	40.		axable interes		. 2b		40
	3a		3a	40.		rdinary divide		. 3b		40.
Standard	4a 5a	_	4a 5a			axable amoun axable amoun		. 4b		
Standard Deduction for—	6a		6a			axable amoun		. 6b		
Single or	C	If you elect to use the lump-sum e		method check her			t	. 00		
Married filing separately,	7	Capital gain or (loss). Attach Sche		•	`	,		7		-1.
\$12,950 Married filing	8	Other income from Schedule 1, lin			•			. 8		-7,983.
jointly or	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7						. 9		59,206.
Qualifying surviving spouse,	10	Adjustments to income from Sche		•				. 10		27,200.
\$25,900 • Head of	11	Subtract line 10 from line 9. This is						. 11		59,206.
household, \$19,400	12	Standard deduction or itemized	•					. 12		12,950.
If you checked	13	Qualified business income deduct		•	,	5-A		. 13		,_,_
any box under Standard	14	Add lines 12 and 13						. 14		12,950.
Deduction, see instructions.	15	Subtract line 14 from line 11. If zer						. 15		46,256.
JUE III JULIUI IS.									•	

Form 1040 (2022	2)									Page 2
Tax and	16	Tax (see instructions). Check if a	ny from Form	(s): 1 881	4 2 🗌 4972	3 🗌	10	6	5,7	793.
Credits	17	Amount from Schedule 2, line 3					1	7		
	18	Add lines 16 and 17					1	8	5,7	793.
	19	Child tax credit or credit for other	er dependent	ts from Sched	ule 8812		19	9		
	20	Amount from Schedule 3, line 8					2	0		
	21	Add lines 19 and 20					2	1		
	22	Subtract line 21 from line 18. If:	zero or less, o	enter -0			2	2	5,7	793.
	23	Other taxes, including self-emp	loyment tax,	from Schedule	2, line 21		2	3		0.
	24	Add lines 22 and 23. This is you	ır total tax				2	4	5,7	793.
Payments	25	Federal income tax withheld fro								
	а	Form(s) W-2				25a 9	,433.			
	b	Form(s) 1099				25b				
	С	Other forms (see instructions)				25c				
	d	Add lines 25a through 25c .					25	id	9,4	133.
	26	2022 estimated tax payments a					2	6		
If you have a qualifying child,	27	Earned income credit (EIC) .		•		27				
attach Sch. EIC.	28	Additional child tax credit from S	chedule 8812			28				
	29	American opportunity credit from	m Form 8863	, line 8		29				
	30	Reserved for future use				30				
	31	Amount from Schedule 3, line 1								
	32	Add lines 27, 28, 29, and 31. Th				ndable credits	3	2		
	33	Add lines 25d, 26, and 32. Thes	•	-	-		3	3	9,4	133.
Refund	34	If line 33 is more than line 24, so	•				3	4	3,6	540.
neiulia	35a	Amount of line 34 you want refu	unded to you	ı. If Form 8888	is attached, chec	k here	. 🗆 35	ia	3,6	540.
Direct deposit?	b	Routing number 1 1 1 0				_	avings			
See instructions.	d	Account number 8 7 3 1	1 8 6	1 1						
	36	Amount of line 34 you want app			ed tax	36				
Amount	37	Subtract line 33 from line 24. Th								
You Owe	38	For details on how to pay, go to Estimated tax penalty (see instru				38	3	7		
Third Party		you want to allow another pe								
Designee		tructions					mplete belov	w. X	No	
3	De	signee's		Phone		Perso	nal identificati	on		
	na	me		no.		numbe	er (PIN)			
Sign		der penalties of perjury, I declare that ief, they are true, correct, and complet								
Here		ur signature		Date	Your occupation	sou on an imormation			ı an Identi	•
	10	ar signature		Date	Tour occupation				iter it here	
Joint return?					NETWORK EN	GINEER	(see inst.)			
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, bot h	n must sign.	Date	Spouse's occupation	on			ır spouse a	
your records.							(see inst.)		PIN, ente	r it here
		00000 (000)747 5247		Email addraga	MAMD AUDIA DUDO	Z1C7eGMATI GOI				
		one no. (903)747-5347 eparer's name Pro	eparer's signat	Email address	NAMKA THAKEDD	Y167@GMAIL.COI Date	M PTIN	Che	ck if:	
Paid					מוורים האדד איי				Self-empl	loved
Preparer		PRIYA RAM SAGAR GUPTA TALLAM SY		NAUAC MAN	GUPIA IALLAM	03/10/2023	P0208270			
Use Only		m's name GLOBAL TAXE; m's address 245 ROONEY (MCWTOV N	J 08816				1)965-9 4 2171	
				TADMICK INC			Firm's Ell		4-3171	
GO TO WWW.Irs.g	ov/Forn	n1040 for instructions and the latest in	itormation.		BAA	REV 03/02/23 PRO			Form 104	U (2022)

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

NAMRATHA REDDY SEELAM

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.

	Sequence No. 01
Your soci	ial security number
336-60	_1927

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	ch Schedule E .	5	-7,983.
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		
ı	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			
	, , , , , , , , , , , , , , , , , , ,	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	0 (
	1040, line 1a or 1d	8s ()	4	
t	Pension or annuity from a nonqualifed deferred compensation plan or	0.1		
	a nongovernmental section 457 plan	8t		
u -	Wages earned while incarcerated	8u		
Z	Other income. List type and amount:	0-		
0	Total other income. Add lines as through a	8z	0	
9 10	Total other income. Add lines 8a through 8z		9	_7 983

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

Educator expenses 11	Par	Adjustments to Income			
officials. Attach Form 2106 1 Health savings account deduction. Attach Form 8889 1 Health savings account deduction. Attach Form 8889 1 Deductible part of self-employment tax. Attach Schedule SE 1 Self-employed SEP, SIMPLE, and qualified plans 1 Self-employed SEP, SIMPLE, and qualified plans 1 Self-employed health insurance deduction 1 The Penalty on early withdrawal of savings 1 Ba Alimony paid 1 Ba Pecipient's SSN 1 C Date of original divorce or separation agreement (see instructions): 2 IFA deduction 2 IFA deduction 2 IFA deduction 2 IFA deduction 2 IFA desclustion 2 IFA desclustion 2 IFA desclustion 2 IFA description of future use 2 IFA desclustion 2 IFA description of future use 2 IFA descri	11			11	
officials. Attach Form 2106 1 Health savings account deduction. Attach Form 8889 1 Health savings account deduction. Attach Form 8889 1 Deductible part of self-employment tax. Attach Schedule SE 1 Self-employed SEP, SIMPLE, and qualified plans 1 Self-employed SEP, SIMPLE, and qualified plans 1 Self-employed health insurance deduction 1 The Penalty on early withdrawal of savings 1 Ba Alimony paid 1 Ba Pecipient's SSN 1 C Date of original divorce or separation agreement (see instructions): 2 IFA deduction 2 IFA deduction 2 IFA deduction 2 IFA deduction 2 IFA desclustion 2 IFA desclustion 2 IFA desclustion 2 IFA description of future use 2 IFA desclustion 2 IFA description of future use 2 IFA descri	12	Certain business expenses of reservists, performing artists, and fee-	basis government		
13 Health savings account deduction. Attach Form 8889		officials. Attach Form 2106		12	
15 Deductible part of self-employment tax. Attach Schedule SE 16 Self-employed SEP, SIMPLE, and qualified plans 17 Self-employed death insurance deduction 17 Penalty on early withdrawal of savings 18 Penalty on early withdrawal of savings 19a Alimony paid 19a Alimony paid 19a Recipient's SSN 19a Becipient's SSN 19a Becipient	13	Health savings account deduction. Attach Form 8889		13	
16 Self-employed SEP, SIMPLE, and qualified plans	14			14	
17 Self-employed health insurance deduction 18 Penalty on early withdrawal of savings 18 18 19 Alimony paid 19 Recipient's SSN 10 Date of original divorce or separation agreement (see instructions): 20 IRA deduction 21 Student loan interest deduction 22 Archer MSA deduction 23 Archer MSA deduction 24 Other adjustments: 25 Jury duty pay (see instructions) 26 Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit 24 Contributions of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m 24 Reforestation amortization and expenses 24 Repayment of supplemental unemployment benefits under the Trade Act of 1974 24 Contributions to section 501(c)(18)(D) pension plans 24 Contributions by certain chaplains to section 403(b) plans 24 Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions) 24 Indicate the property of the provided of the lRS detect tax law violations 25 Industry and amount: 26 Total other adjustments. Add lines 24a through 24z 26 Add lines 11 through 23 and 25. These are your adjustments to income. Enter here and on	15			_	
18	16			-	
19a Alimony paid b Recipient's SSN c Date of original divorce or separation agreement (see instructions): 20 IRA deduction		Self-employed health insurance deduction		-	
b Recipient's SSN c Date of original divorce or separation agreement (see instructions): 20 1RA deduction	18			-	
c Date of original divorce or separation agreement (see instructions): IRA deduction	19a			19a	
20 Student loan interest deduction 21 22 23 24 22 24 24 24 24	b	Recipient's SSN			
Student loan interest deduction Reserved for future use Archer MSA deduction Other adjustments: Jury duty pay (see instructions) Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m. Reforestation amortization and expenses Repayment of supplemental unemployment benefits under the Trade Act of 1974. Contributions to section 501(c)(18)(D) pension plans 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 Housing deduction from Form 2555 Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041) Other adjustments. List type and amount: 25 Total other adjustments. Add lines 24a through 24z Add lines 11 through 23 and 25. These are your adjustments to income. Enter here and on	С	Date of original divorce or separation agreement (see instructions):			
22 Archer MSA deduction				-	
Archer MSA deduction Other adjustments: Jury duty pay (see instructions) Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m Reforestation amortization and expenses Repayment of supplemental unemployment benefits under the Trade Act of 1974 Contributions to section 501(c)(18)(D) pension plans Contributions by certain chaplains to section 403(b) plans 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 Jeuseph Housing deduction from Form 2555 Let Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041) Cother adjustments. List type and amount: Total other adjustments. Add lines 24a through 24z Add lines 11 through 23 and 25. These are your adjustments to income. Enter here and on				$\overline{}$	
24 Other adjustments: a Jury duty pay (see instructions) b Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit				-	
a Jury duty pay (see instructions) b Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit c Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m				23	
b Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit	24				
rental of personal property engaged in for profit			24a		
c Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m	b				
and USOC prize money reported on line 8m			24b	-	
d Reforestation amortization and expenses	С				
e Repayment of supplemental unemployment benefits under the Trade Act of 1974					
Act of 1974			24d		
f Contributions to section 501(c)(18)(D) pension plans	е		040		
g Contributions by certain chaplains to section 403(b) plans					
h Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions)				-	
discrimination claims (see instructions)	_		249		
i Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations	"		24h		
from the IRS for information you provided that helped the IRS detect tax law violations	i	` <i>'</i>	2-711		
tax law violations	٠				
j Housing deduction from Form 2555			24i		
k Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)	i				
1041)	k		,		
z Other adjustments. List type and amount:	•••		24k		
Total other adjustments. Add lines 24a through 24z	z				
Total other adjustments. Add lines 24a through 24z	_		24z		
26 Add lines 11 through 23 and 25. These are your adjustments to income. Enter here and on	25			25	
	26	•			
				26	

SCHEDULE D (Form 1040)

Department of the Treasury

Internal Revenue Service

Name(s) shown on return

Capital Gains and Losses

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.

OMB No. 1545-0074

2022

Attachment Sequence No. **12**

Your social security number

336-69-1927 NAMRATHA REDDY SEELAM 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 Form(s) 8949, Part I, combine the result (sales price) (or other basis) 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 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 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. Proceeds to gain or loss from from column (d) and 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 Totals for all transactions reported on Form(s) 8949 with Box E checked 10 Totals for all transactions reported on Form(s) 8949 with 8. -1. 11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) 11 12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 12 13 14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover 14 15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then, go to Part III

BAA

15

Schedule D (Form 1040) 2022 Page 2

Part III **Summary** 16 Combine lines 7 and 15 and enter the result 16 -1. • 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 • 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 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. If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of: 21 • The loss on line 16; or 21 1.) • (\$3,000), or if married filing separately, (\$1,500) Note: When figuring which amount is smaller, treat both amounts as positive numbers. Do you have gualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a? 22 X Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.

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

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

Social security number or taxpayer identification number 336-69-1927

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

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

(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis See the Note below and see <i>Column</i> (e) in the separate instructions.	fı		(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g).
Robinhood Securities LLC	01/01/21	12/31/22	8.	9.			-1.
2 Totals. Add the amounts in columns negative amounts). Enter each tota Schedule D, line 8b (if Box D above above is checked), or line 10 (if Box	lude on your ne 9 (if Box E	8.	9.			-1.	

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.)

Attach to Form 1040, 1040-SR, 1040-NR, or 1041,

Department of the Treasury Internal Revenue Service

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

2022
Attachment Sequence No. 13

OMB No. 1545-0074

Name(s) shown on return Your social security number NAMRATHA REDDY SEELAM 336-69-1927 Part I **Income or Loss From Rental Real Estate and Royalties** Note: If you are in the business of renting personal property, use Schedule C. See instructions. If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40. Did you make any payments in 2022 that would require you to file Form(s) 1099? See instructions 1a Physical address of each property (street, city, state, ZIP code) KRISHNA LANKA VIJAYAWADA ANDHRA PRADESH IN 520013 Α В C 1b Type of Property **Fair Rental Personal Use** For each rental real estate property listed QJV (from list below) above, report the number of fair rental and **Davs Davs** personal use days. Check the QJV box only Α Α 365 0 if you meet the requirements to file as a В В qualified joint venture. See instructions. С C Type of Property: 1 Single Family Residence 3 Vacation/Short-Term Rental 7 Self-Rental 5 Land 8 Other (describe) 2 Multi-Family Residence 4 Commercial 6 Royalties **Properties:** Α В C Income: 3 400. 4 Royalties received 4 **Expenses:** 5 5 Advertising 6 Auto and travel (see instructions) 6 7 Cleaning and maintenance. 7 1,025. 8 Commissions 8 9 9 Insurance . . 10 10 Legal and other professional fees 11 Management fees 11 546. 12 Mortgage interest paid to banks, etc. (see instructions) 12 13 13 2,903. 14 14 Repairs . . . 15 Supplies 15 2,406. 16 16 Taxes 17 17 1,503. 18 18 Depreciation expense or depletion 19 19 Other (list) 20 20 Total expenses. Add lines 5 through 19 8,383. 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 -7,983. 22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) 7,983.) 400. 23a Total of all amounts reported on line 3 for all rental properties Total of all amounts reported on line 4 for all royalty properties 23b Total of all amounts reported on line 12 for all properties 23c 23d Total of all amounts reported on line 18 for all properties 8,383. Total of all amounts reported on line 20 for all properties 23e 24 **Income.** Add positive amounts shown on line 21. **Do not** include any losses 24 25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here 25 7,983. Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result 26 here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on

26

-7,983.

Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2



REV 01/20/23 PRO



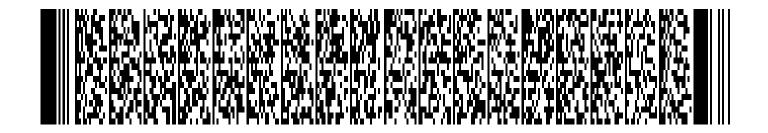
Oklahoma Individual Income Tax Declaration for Electronic Filing NOTE: Do not mail Oklahoma Tax Return - Form 511 or Form 511-NR.

2022

See instructions on Page 2 to determine if you are	e required to send	Form 511-EF to	the OTC.	Form 511-EF
Your first name and middle initial Last name		Your social security number:	22551225	
NAMRATHA REDDY SEELAM		security number.	336691927	
If a joint return, spouse's first name and middle initial Last name		Spouse's social security number:		
Mailing address (number and street, including apartment number, rural rout	e or PO Box)			Filing status:
23116 E 102ND PL S				
City, State, ZIP BROKEN ARROW OK	74014		Total number of	exemptions:
PART ONE - TAX RETURN INFORMATION (V	VHOLE DOLLAR:	S ONLY)		
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<i>3</i> 3.112.7		
1 Oklahoma Adjusted Gross Income (511, Line 7) or			4	50006 00
Adjusted Gross Income: All Sources (511-NR, Line 8)				59206 00
Oklahoma Income Tax and Use Tax (511, Line 20 or 511	•			2276 00
3 Oklahoma Income Tax Payments and Credits (511, Line				2703 00
4 Refund (511, Line 37 or 511-NR, Line 38)				427 00
5 Balance Due (511, Line 42 or 511-NR, Line 43)			5	0 00
For a balance due return with an electronic payment, com balance due return with a non-electronic payment, enclos Internal Revenue Code (IRC) of the IRS provides for a late timely. If the due date falls on a weekend or legal holiday weekend or le	e a payment with the 5 r due date, your payme	11-V and submit on ent may be made by	or before the due dat the later due date an	te of April 15th. If the
PART TWO - DECLARATION OF TAXPAYER				
6a X I consent that my refund be directly deposited as If I have filed a joint return, this is an irrevocable				
I authorize the Oklahoma State Treasury and its entry to the financial institution account indicated and/or a payment of estimated tax. I also authorize confidential information necessary to an	I in the tax preparation size the financial institutions wer inquiries and resolutions.	oftware for payment on ons involved in the prove issues related to the	of my Oklahoma taxes ocessing of the electro e payment.	s owed on this return onic payment of taxes to
If I have filed a balance due return, I understand that if the Oklahor remain liable for the tax liability and all applicable interest and penals.	alties.	,		
Under penalties of perjury, I declare I have compared the informatinator (ERO), and the amounts described in Part One above, agree return. To the best of my knowledge and belief, my return is true, c schedules and statements, be sent to the OTC by my ERO.	with the amounts show	n on the correspondir	ng lines of my 2022 O	klahoma income tax
In addition, by using a computer system and software to prepare a mission of all information pertaining to my use of the system and so	nd transmit my return eleoftware and to the transi	ectronically, I consent mission of my tax retu	to the disclosure to the transfer of the trans	ne Oklahoma Tax Com-
Sign Here:				
Your Signature Date	Spouse's Sig	nature (If joint return,	both must sign)	Date
PART THREE - DECLARATION OF ELECTRONIC	RETURN ORIGINA	ATOR (ERO) ANI	PAID PREPAR	ER
I declare I have reviewed the above taxpayer's return and the entries lectors are not responsible for reviewing the taxpayer's return; hower the taxpayer's signature on Form 511-EF and I have provided the tax other requirements described in Pub. 1345, Handbook for Electronic penalties of perjury I declare I have examined the above taxpayer's rebelief, they are true, correct, and complete. This Paid Preparer declaser Use	ver, they must ensure For spayer with a copy of all f Filers of Individual Income teturn and accompanying	m 511-EF accurately orms and information ne Tax Returns (Tax Yes schedules and staten	reflects the data on the to be filed with the OT ear 2022). If I am also nents, and to the best	e return.) I have obtained C, and have followed all a Paid Preparer, under
Only	03/10	0/2023		
ERO or Paid Preparer's Signature	Date	PTIN		
Paid Preparer	03/10/	/2023 • • • • • • • • • • • • • • • • • • •	082703	
Use Only Paid Preparer Signature	Date	PTIN	1002100	
Firm Name (or yours if self-employed): SYAM PRIYA RAM S	AGAR GUPTA TAL	LAM		
245 DOOMEY CE E				
Address and ZIP: 245 ROONEY CT E	DICOMONATOR IND O	0010		

Phone Number: (<u>678</u>) 965-9522

FAILURE TO SUBMIT THIS PAGE WILL DELAY PROCESSING OF YOUR RETURN









Form 511 2022



Oklahoma Resident Income Tax Return

Your	Soc	ial Security Number			Spouse' (joint retur		Security No	umber				AMEI	NDED	RETUR	RN!	
3	336	5-69-1927	Place an 'X' in box if this taxp is deceased -	payer		,,		bo	ace an 'X' i ox if this tax deceased	xpayer		this is		n this bo ended 5° -l.		
Nan	ne a	nd Address - Please Pri	nt or Type													
Your F	First N	Name	Middle Initial La	st Name			If a Joint Retur	n, Spouse's F	irst Name	Mic	ddle Initia	al Last Na	ame			
NAN	ИRA	THA REDDY	S	SEELAM												
Mailin	g Add	dress (Number and street, including	g apartment num	ber, rural route	or PO Box)	City			State	e ZIF	or Post	al Code	Cou	untry		
231	L16	E 102ND PL S				BROK	EN ARRO	WC	OF	x 7	4014					
	1	X Single					* Note: If	claiming Sp	ecial Exen	nption,	see ins	tructions	on pag	ge 9 of	511 Packet.	
	ļ '	Single							Regular	* Spe	ecial	Blind			1	
	2	Married filing joint	return (even	if only one h	nad incom	ne)	ns	Yourself	1	*	_ +			1	(a)	
atus	3	3					otio	Spouse	0					0	(b)	
Filing Status		(If spouse is also fi	iling, list name	e and SSN ii SSN	n the box	es	Exemptions		Num	ber of	deper	dents	В		(c)	
Ē		Name		33/1			Ä	Add the T	Totals from			and (c). L here:		1		
	4	Head of household	l with qualifyi	ing porcon			Note: If	you may be							_l enter "0" in	the
	4	Tlead of flousefloid	a witti qualityi	ing person			Total box	for your re	egular exe	mption	١.					
	5	• Please list the year s	, .				Age 65	or Older	? (Please	see instr	ructions)		Your	self	Spou	ıse
														Į.		
PA	RT	ONE: TO ARRIVE	AT OKLAI	AMOH	JUSTE	ED GF	ROSS INC	OME				Ro	und to	Neare	st Whole D	ollar
1	Fe	ederal adjusted gross inco	me (from Fed	deral 1040 o	or 1040-S	R)						1			59206	00
															3,200	
2	Ok	klahoma Subtractions (pro	vide Schedul	le 511-A)								2				00
3	1	ne 1 minus line 2										3			59206	00
4		ut-of-state income, except rovide Federal schedule with			nstructions	s)						4b				00
5	Lin	ne 3 minus line 4b										5			59206	00
6	Ok	klahoma Additions (provide	e Schedule 5	11-B)								6				00
7	Ok	klahoma adjusted gross (If line 7 is different than	income (line	5 plus line	6)		return \					7			59206	00
PA		TWO: OKLAHOMA						S								
8	Or	klahoma Adjustments (pro	vide Schedul	o 511.€\								8				00
		, , ,		ŕ												
9	Ok	klahoma income after adju	ıstments (line	7 minus lin	e 8)							9			59206	00

STOP AND READ: If line 4b is zero, complete lines 10-11. If line 4b is more than zero, see Schedule 511-E and do not complete lines 10-11.



Your Social Name(s) Shown Security Number: 336-69-1927 on Form 511: NAMRATHA REDDY SEELAM PART TWO: OKLAHOMA TAXABLE INCOME, TAX AND CREDITS continued Oklahoma itemized deductions (from Schedule 511-D, line 11) or Oklahoma standard deduction (Single or Married Filing Separate: \$6,350 • Married Filing Joint or Qualifying Widow(er): \$12,700 • Head of Household: \$9,350)..... 6350 00 Exemptions: Enter the total number of exemptions claimed on page 1..... 1000 00 Total deductions and exemptions (add lines 10 and 11 or amount from Sch. 511-E, line 5)..... 7350 00 13 Oklahoma Taxable Income (line 9 minus line 12) 51856 00 (a) Oklahoma Income Tax from Tax Table (see pages 28-39 of instructions) 14 or if using Farm Income Averaging, enter tax from Form 573, line 22 and 2276 00 enter a "1" in box on line 14 14a (b) If paying the Health Savings Account additional 10% tax. add additional tax here and enter a "2" in box on line 14. If recapturing the Oklahoma Affordable Housing Tax Credit, add recaptured credit here and enter a "3" in box on line 14. If making an Oklahoma installment payment pursuant to IRC Section 965(h) and 68 OS Sec. 2368(K), add the installment payment here and enter a "4" in the box on line 14 14b 00 2276 00 Oklahoma Income Tax (line 14a plus line 14b)..... 14 STOP AND READ: If line 7 is equal to or larger than line 1, complete line 15. If line 7 is smaller than line 1, complete Schedules 511-F and 511-G. 00 Oklahoma child care/child tax credit (see instructions)..... 16 Credit for taxes paid to another state (provide Form 511TX)..... 16 00 Form 511CR - Other Credits Form. List 511CR line number claimed here: 17 00 17 Income Tax (line 14 minus lines 15-17) Do not enter less than zero 2276 00 DO NOT PAY THIS AMOUNT. PAYMENT IS FIGURED ON LINE 42. PART THREE: TAX, CREDITS AND PAYMENTS 00 19 Use tax due on Internet, mail order, or other out-of-state purchases..... (For use tax table, see page 14 of the Packet) If you certify that no use tax is due, place an 'X' here: 2276 00 20 2703 00 21 Oklahoma withholding (provide all W-2s, 1099s or other withholding statements)... 21 00 22 2022 estimated tax payments (qualified farmer 22 23 2022 payment with extension 00 24 00 25 00 00 26 00 27 28 0 00 Amount paid with original return plus additional paid after it was filed 00



					our Social	Social ity Number: 336–69–1927	
PART THREE: TAX, CREDITS AND PAYMENTS continued					$\overline{}$		
30						2703 00	
31	Overpayment, if any, as shown on original return and/or prior amended return(s) or				2/03/00		
	as previously adjusted by Oklahoma (amended return only)				3	31 00	
32	Total payments and credits (line 30 minus 31)					2703 00	
PART FOUR: REFUND							
33	f line 32 is more than line 20, subtract line 20 from line 32. This is your overpayment				3	33 427 00	
34	Amount of line 33 to be applied to 2023 estim	nated tax (original return only)					
Caba	(For further information regarding estimated t	,	34		00		
Schedule 511-H provides you with the opportunity to make a financial gift from your refund to a variety of Oklahoma organizations. Please place the line number of the organization from Schedule 511-H in the box below. If you give to more than one organization, put a "99" in the box. Provide Schedule 511-H							
35	Donations from your refund (total from Sch	edule 511-H)	35		00		
36	Total deductions from refund (add lines 34 and 35)				;	36 00	
37	7 Amount to be refunded to you (line 33 minus line 36)					37 427 00	
	, ,	,					
Direct Deposit Note: Is this refund going to or through an account that is located outside of the United States.						ed States? Yes X No	
Verify your account and routing numbers are correct. If your direct deposit fails							
to process or you do not choose direct		Checking Account Routing Number:	11100061	4			
deposit, you will receive a <u>debit card</u> . See the 511 Packet for direct deposit and debit card information.		Savings Account Account Number:	873118611				
PART FIVE: AMOUNT YOU OWE							
38	8 If line 20 is more than line 32, subtract line 32 from line 20. This is your tax due				3	38 00	
39	Donation: Public School Classroom Support Fund (original return only)					39 00	
40	Underpayment of estimated tax interest (annualized installment method) 4	40 00	
	(If you have an underpayment of estimated tax (line 40) & overpayment (line 33), see instructions.)						
41	For delinquent payment add penalty of 5%\$						
	plus interest of 1.25% per month\$					41 00	
42	Total tax, donation, penalty and interest (add lines 38-41)					0 00	
Under penalty of perjury, I declare the information contained in this document, and all Place an 'X' in this box if the Oklahoma Tax Commission							
attachments and schedules, is true and correct to the best of my knowledge and belief.							
Taxpayer's Signature Date S		Spouse's Signature Date Paid Preparer's S		er's Signat			
Taxpayer's		Spouse's Occupation Spouse's Occupation Paid Prepare		RAM SAGAR (er's Addres	GUPTA TALLAM 03/10/2023 ss and Phone Number (678) 965-9522		
Occupation NETWORK ENGINEER				245 RC			
Daytime Phone (optional)				E BRUN	ISWIC	K NJ 08816	
(opasies)		(opaonal)		Paid Prepare	er's PTIN	P02082703	

<u>Do not staple</u> documentation to this form. To attach items, please use a paper clip. Mailing Address for this form: PO Box 26800, Oklahoma City, OK 73126-0800

The Oklahoma Tax Commission is not required to give actual notice to taxpayers of changes in any state tax law.