

Department of the Treasury Internal Revenue Service

Calendar Year — Due **04/18/2023**

2023 Form 1040-ES Payment Voucher 1

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

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

769.

REV 03/22/23 PRO

1555

818-50-3565 SIVA K SATHIRAJU

2620 TOLEDO DR IRVING TX 75062



Department of the Treasury Internal Revenue Service

Calendar Year — Due **06/15/2023**

2023 Form 1040-ES Payment Voucher 2

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the "United States Treasury." Write your social security number and "2025 Form 1040-ES" on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

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

769.

REV 03/22/23 PRO

1555

818-50-3565 SIVA K SATHIRAJU

2620 TOLEDO DR IRVING TX 75062



Department of the Treasury Internal Revenue Service

Calendar Year — Due **09/15/2023**

2023 Form 1040-ES Payment Voucher 3

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the "United States Treasury." Write your social security number and "2025 Form 1040-ES" on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

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

769.

REV 03/22/23 PRO

1555

818-50-3565 SIVA K SATHIRAJU

2620 TOLEDO DR IRVING TX 75062



Department of the Treasury Internal Revenue Service

Calendar Year — Due **01/16/2024**

2023 Form 1040-ES Payment Voucher 4

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the "United States Treasury." Write your social security number and "2025 Form 1040-ES" on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

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

769.

REV 03/22/23 PRO

1555

818-50-3565 SIVA K SATHIRAJU

2620 TOLEDO DR IRVING TX 75062

(Rev. January 2021)

Department of the Treasury

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 Revenue Service	
Submission Identification Number (SID)	
Taxpayer's name	Social security number
SIVA K SATHIRAJU	818-50-3565
Spouse's name	Spouse's social security number
Part I Tax Return Information — Tax Year Ending December 31, 2022 (En	nter year you are authorizing.)
Enter whole dollars only on lines 1 through 5.	
Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.	
1 Adjusted gross income	1 129,003.
2 Total tax	
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	==,===
4 Amount you want refunded to you	4
5 Amount you owe	5 871.
Part II Taxpayer Declaration and Signature Authorization (Be sure you get an Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amen	
my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I a return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, trait to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to termin payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation business days prior to the payment (settlement) date. I also authorize the financial institutions involved in 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).	resmitter, or electronic return originator (ERO) rejection of the transmission, (b) the reason to U.S. Treasury and its designated Financial indicated in the tax preparation software for itution to debit the entry to this account. This inate the authorization. To revoke (cancel) a requests must be received no later than 2 the processing of the electronic payment of the payment. I further acknowledge that the
Electronic Funds Withdrawal Consent. Taxpayer's PIN: check one box only	
✓ I authorize GLOBAL TAXES LLC to enter or general	oto my DIN 0 3 5 6 5
ERO firm name	Enter five digits, but
signature on the income tax return (original or amended) I am now authorizing.	don't enter all zeros
I will enter my PIN as my signature on the income tax return (original or amended) I at if you are entering your own PIN and your return is filed using the Practitioner PIN melow.	
Your signature ► Date ▶	>
Spouse's PIN: check one box only	
I authorize to enter or general	-
ERO firm name signature on the income tax return (original or amended) I am now authorizing.	Enter five digits, but don't enter all zeros
I will enter my PIN as my signature on the income tax return (original or amended) I ai if you are entering your own PIN and your return is filed using the Practitioner PIN m below.	
Spouse's signature Date	•
Practitioner PIN Method Returns Only—continue bel	
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 4 9 6 3 1 9 8 9 Don't enter all zeros
I certify that the above numeric entry is my PIN, which is my signature for the electronic individual incoma uthorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am strequirements of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS <i>e-file</i> Providers	ubmitting this return 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 Do So

Form 1040-V (2022) 2022 Page **2**

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

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

Form **1040-V 2022**

871.

▼ Detach Here and Mail With Your Payment and Return ▼

Department of the Treasury Internal Revenue Service 2022

Form 1040-V Payment Voucher

► Use this voucher when making a payment with Form 1040.

▶ Do not staple this voucher or your payment to Form 1040.

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

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

Enter the amount of your payment ▶

REV 03/22/23 PRO 1555

SIVA K SATHIRAJU

2620 TOLEDO DR IRVING TX 75062

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		Single Married filing jointly	Marrie	ed filing separately (M	1FS)	Head of	house	hold (HOH)			fying survi se (QSS)	ving
Check only one box.	If vo	u checked the MFS box, enter the na	ame of v	our spouse. If you ch	neck	ed the HOH or	QSS	box. enter	the c	•	` ,	e aualifvina
		on is a child but not your dependent	-	UNIKA MARTIN				,				, ,, ,
Your first name	and mi	ddle initial	Last nar						Yo	ur soc	ial security	number
SIVA K	SIVA K SATHIRAJU 81					818-50-3565						
If joint return, sp	If joint return, spouse's first name and middle initial Last name Spo					Spouse's social security number						
									0.	44-7	5-6751	
Home address	(numbe	r and street). If you have a P.O. box, see	instructio	ons.				Apt. no.	Pr	esider	tial Electio	n Campaign
2620 TOI	EDO	DR									ere if you,	
City, town, or p	ost offic	ce. If you have a foreign address, also co	mplete s	paces below.	Stat	te	ZIP c	ode			f filing joint this fund. C	
IRVING					TX		750	062			w will not o	
Foreign country	name		F	Foreign province/state/o	count	у	Forei	gn postal cod	le yo	ur tax	or refund.	_
											You	Spouse
Digital		ny time during 2022, did you: (a) rece					-					-
Assets		ange, gift, or otherwise dispose of a					asset)? (See ins	truction	ons.)	Yes	⊠ No
Standard	_	eone can claim:		•			`					
Deduction		Spouse itemizes on a separate retur	n or you	were a dual-status	alien							
Age/Blindness	You:	☐ Were born before January 2, 1	958	Are blind Spo	use:	: Was bor	rn bef	ore Januar	y 2, 1	958	Is blir	nd
Dependents	s (see	instructions):		(2) Social security		(3) Relationsh	nip (4) Check the	box if	qualifi	es for (see i	nstructions):
If more	(1) Fi	rst name Last name		number	4	to you		Child tax	credi	t (Credit for oth	er dependents
than four								,]			
dependents, see instructions	s ——]]
and check]]
here]			
Income	1a	Total amount from Form(s) W-2, be								1a	14	9,215.
A44I- F(-)	b	Household employee wages not re	•		h					1b		
Attach Form(s) W-2 here. Also	С	Tip income not reported on line 1a	•							1c		
attach Forms	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)							1d			
W-2G and 1099-R if tax	е	Taxable dependent care benefits from Form 2441, line 26							1e			
was withheld.	f	Employer-provided adoption benefits from Form 8839, line 29						•	1f			
If you did not	g	Wages from Form 8919, line 6 .			٠				٠	1g		
get a Form W-2, see	h :	Other earned income (see instruction)			٠		i.			1h		0.
instructions.	i	Nontaxable combat pay election (s	see instr	uctions)	•	<u>1i</u>				1-	1.4	9,215.
Attack Cab D	z 2a	Add lines 1a through 1h Tax-exempt interest	2a		h T	 axable interest			•	1z 2b	1 14	$\frac{9,215.}{1.}$
Attach Sch. B if required.	3a		3a			rdinary divide			•	3b		46.
	4a	_	4a			axable amoun			•	4b		
Standard	-та 5а		5a			axable amoun			•	5b		
Deduction for—	6a		6a			axable amoun			•	6b		
Single or Married filing	С	If you elect to use the lump-sum e							$\dot{\Box}$			
separately,	7	Capital gain or (loss). Attach Sched		,	•	,			\Box	7		-260.
\$12,950 Married filing	8	Other income from Schedule 1, lin							_	8	-1	9,999.
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,								9		9,003.
surviving spouse,	10	Adjustments to income from Sche								10		
\$25,900 • Head of	11	Subtract line 10 from line 9. This is								11	12	9,003.
household, \$19,400	12	Standard deduction or itemized	•	•						12		2,950.
If you checked	13	Qualified business income deducti	on from	Form 8995 or Form	899	5-A				13		
any box under Standard	14	Add lines 12 and 13								14	1	2,950.
Deduction, see instructions.	15	Subtract line 14 from line 11. If zer	o or less	s, enter -0 This is y	our t	axable incom	ne .			15		6,053.
		▼										

Form 1040 (2022	2)			Page 2
Tax and	16	Tax (see instructions). Check if any from Form(s): 1 8814 2 4972 3	16	21,684.
Credits	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	21,684.
	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	Subtract line 21 from line 18. If zero or less, enter -0	22	21,684.
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	332.
	24	Add lines 22 and 23. This is your total tax	24	22,016.
Payments	25	Federal income tax withheld from:		
,	а	Form(s) W-2		
	b	Form(s) 1099		
	С	Other forms (see instructions)		
	d	Add lines 25a through 25c	25d	21,145.
If you have a	26	2022 estimated tax payments and amount applied from 2021 return	26	
qualifying child,	27	Earned income credit (EIC)		
attach Sch. EIC.	28	Additional child tax credit from Schedule 8812		
	29	American opportunity credit from Form 8863, line 8	7	
	30	Reserved for future use		
	31	Amount from Schedule 3, line 15		
	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	21,145.
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	
riciana	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here	35a	
Direct deposit?	b	Routing number X X X X X X X X X X X X C Type: Checking Savings		
See instructions.	d	Account number X X X X X X X X X X X X X X X X X X X		
	36	Amount of line 34 you want applied to your 2023 estimated tax		
Amount You Owe	37	Subtract line 33 from line 24. This is the amount you owe . For details on how to pay, go to <i>www.irs.gov/Payments</i> or see instructions	37	871.
	38	Estimated tax penalty (see instructions)		
Third Party Designee		by you want to allow another person to discuss this return with the IRS? See structions	below.	X No
	De	signee's Phone Personal identi	ification	
	naı	me no. number (PIN)		
Sign Here		der penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to lief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which		
Here	Yo			nt you an Identity
1			ection P inst.)	IN, enter it here
Joint return? See instructions.		SOFTWARE ENGINEER		nt your spouse an
Keep a copy for your records.	ОР	Iden		ection PIN, enter it here
	Ph	one no. (201)985-4701 Email address SHIVAKALYANS@GMAIL.COM		
Paid	Pre	eparer's name Preparer's signature Date PTIN	· 	Check if:
Preparer	SYAM	I PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 04/09/2023 P0208	2703	Self-employed
Use Only	Fir	m's name GLOBAL TAXES LLC Pho	ne no. (678)965-9522
OSE OTHY	Fir	m's address 245 ROONEY CT E BRIINSWICK N.I 08816	's FIN	84-3171965

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 818-50-3565

SIVA	K SATHIRAJU		818-50-	-35	65
Par	Additional Income				
1	Taxable refunds, credits, or offsets of state and local income taxes		1	1	
2a	Alimony received			а	
b	Date of original divorce or separation agreement (see instructions):				
3	Business income or (loss). Attach Schedule C		. 3	3	
4	Other gains or (losses). Attach Form 4797			_	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Atta				-20,641.
6	Farm income or (loss). Attach Schedule F			_	
7	Unemployment compensation			7	
8	Other income:			4	
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	642.		
g	Alaska Permanent Fund dividends	8g			
h	Jury duty pay	8h			
i :	Prizes and awards	8i 8i			
J	Activity not engaged in for profit income	8k			
	Stock options	OK	_		
ı	for profit but were not in the business of renting such property	81			
m	Olympic and Paralympic medals and USOC prize money (see	OI .			
""	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)	8g			
r	Scholarship and fellowship grants not reported on Form W-2	8r			
s	Nontaxable amount of Medicaid waiver payments included on Form				
	1040, line 1a or 1d	8s ()		
t	Pension or annuity from a nonqualifed deferred compensation plan or				
	a nongovernmental section 457 plan	8t			
	Wages earned while incarcerated	8u			
Z	Other income. List type and amount:				
		8z			
a	Total other income Add lines 8a through 87		0	a	642

Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8

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

Schedule 1 (Form 1040) 2022

-19,999.

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

Par	t II Adjustments to Income		
11	Educator expenses	11	
12	Certain business expenses of reservists, performing artists, and fee-basis go	vernment	
	officials. Attach Form 2106	12	
13	Health savings account deduction. Attach Form 8889		
14	Moving expenses for members of the Armed Forces. Attach Form 3903	14	
15	Deductible part of self-employment tax. Attach Schedule SE	15	
16	Self-employed SEP, SIMPLE, and qualified plans		
17	Self-employed health insurance deduction		
18	Penalty on early withdrawal of savings		
19a	Alimony paid		
b	Recipient's SSN		
С	Date of original divorce or separation agreement (see instructions):		
20	IRA deduction	20	
21	Student loan interest deduction	21	
22	Reserved for future use	22	
23	Archer MSA deduction	23	
24	Other adjustments:		
а	Jury duty pay (see instructions)		
b	Deductible expenses related to income reported on line 8l from the		
	rental of personal property engaged in for profit		
С	Nontaxable amount of the value of Olympic and Paralympic medals		
	and USOC prize money reported on line 8m		
d	Reforestation amortization and expenses		
е	Repayment of supplemental unemployment benefits under the Trade		
	Act of 1974		
f			
g	Contributions by certain chaplains to section 403(b) plans		
h	discrimination claims (see instructions) ,		
	Attorney fees and court costs you paid in connection with an award		
	from the IRS for information you provided that helped the IRS detect		
	tax law violations		
i	Housing deduction from Form 2555		
, k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form		
	1041)		
z	Other adjustments. List type and amount:		
_	24z		
25	Total other adjustments. Add lines 24a through 24z	25	
26	Add lines 11 through 23 and 25. These are your adjustments to income. Enter he	ere and on	
	Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a	26	

BAA

SCHEDULE 2 (Form 1040)

Department of the Treasury Internal Revenue Service

Additional Taxes

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

2022

Attachment
Sequence No. 02

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

Your social security number 818-50-3565

Par	tl Tax		
1	Alternative minimum tax. Attach Form 6251	1	
2	Excess advance premium tax credit repayment. Attach Form 8962	2	
3	Add lines 1 and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 17	3	
Par	t II Other Taxes		
4	Self-employment tax. Attach Schedule SE	4	
5	Social security and Medicare tax on unreported tip income. Attach Form 4137		
6	Uncollected social security and Medicare tax on wages. Attach Form 8919		
7	Total additional social security and Medicare tax. Add lines 5 and 6	7	
8	Additional tax on IRAs or other tax-favored accounts. Attach Form 5329 if required.		
	If not required, check here	8	0.
9	Household employment taxes. Attach Schedule H	9	
10	Repayment of first-time homebuyer credit. Attach Form 5405 if required	10	
11	Additional Medicare Tax. Attach Form 8959	11	332.
12	Net investment income tax. Attach Form 8960	12	
13	Uncollected social security and Medicare or RRTA tax on tips or group-term life insurance from Form W-2, box 12	13	
14	Interest on tax due on installment income from the sale of certain residential lots and timeshares	14	
15	Interest on the deferred tax on gain from certain installment sales with a sales price over \$150,000	15	
16	Recapture of low-income housing credit. Attach Form 8611	16	
	(cc	ntin	ued on page 2)

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

Schedule 2 (Form 1040) 2022

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

Part II Other Taxes (continued)

17	Other additional taxes:			
а	Recapture of other credits. List type, form number, and amount:			
		17a		
b	Recapture of federal mortgage subsidy, if you sold your home			
	see instructions	17b		
	Additional tax on HSA distributions. Attach Form 8889	17c		
d	Additional tax on an HSA because you didn't remain an eligible individual. Attach Form 8889	17d		
е	Additional tax on Archer MSA distributions. Attach Form 8853.	17e		
f	Additional tax on Medicare Advantage MSA distributions. Attach Form 8853	17f		
g	Recapture of a charitable contribution deduction related to a fractional interest in tangible personal property	17g		
h	Income you received from a nonqualified deferred compensation plan that fails to meet the requirements of section 409A	17h		
i	Compensation you received from a nonqualified deferred compensation plan described in section 457A	17i		
j	Section 72(m)(5) excess benefits tax	17 j		
k	Golden parachute payments	17k		
- 1	Tax on accumulation distribution of trusts	17 I		
m	Excise tax on insider stock compensation from an expatriated corporation	17m		
n	Look-back interest under section 167(g) or 460(b) from Form 8697 or 8866	17n		
0	Tax on non-effectively connected income for any part of the year you were a nonresident alien from Form 1040-NR	17o		
р	Any interest from Form 8621, line 16f, relating to distributions from, and dispositions of, stock of a section 1291 fund	17p		
q	Any interest from Form 8621, line 24	17q		
z	Any other taxes. List type and amount:			
		17z		
18	Total additional taxes. Add lines 17a through 17z		 18	
19	Reserved for future use		 19	
20	Section 965 net tax liability installment from Form 965-A	20		
21	Add lines 4, 7 through 16, and 18. These are your total other taxed			
	on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b		 21	332.

SCHEDULE D (Form 1040)

Department of the Treasury

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

Attachment Sequence No. 12

Intern	Internal Revenue Service Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10. Sequence No. 12								
Name(s) shown on return SIVA K SATHIRAJU 818-50-3565								-	
_	Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? Yes No f "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.								
Pa	rt I Short-T	erm Capital Gains and Losses—Ge	nerally Assets I	Held One Year o	or Les	s (se	e ins	tructions)	
lines This	below. form may be eas	ow to figure the amounts to enter on the ier to complete if you round off cents to	(d) Proceeds (sales price)	(e) Cost (or other basis)	to gair	(g) justment n or loss s) 8949, F	from	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result	
who	e dollars.		(64.66 p.166)	(6. 6.1.6. 246.6)		, column		with column (g)	
	1099-B for which which you have However, if you on Form 8949, le	ort-term transactions reported on Form h basis was reported to the IRS and for re no adjustments (see instructions), choose to report all these transactions eave this line blank and go to line 1b.							
1b	Totals for all tran	nsactions reported on Form(s) 8949 with	5,116.	5,733.				-617.	
2	Totals for all tran	nsactions reported on Form(s) 8949 with							
3	Totals for all tran	nsactions reported on Form(s) 8949 with							
4	Short-term gain	from Form 6252 and short-term gain or (lo	oss) from Forms 4	684, 6781, and 88	324		4		
5		gain or (loss) from partnerships, S	S corporations,	estates, and tr	usts	from	5		
6		tal loss carryover. Enter the amount, if an		our Capital Loss	Carry	over	6	(
7	Net short-term	capital gain or (loss). Combine lines 1a as or losses, go to Part II below. Otherwise	through 6 in colu				7	-617.	
Pai	t II Long-Te	erm Capital Gains and Losses—Ger	nerally Assets H	Held More Than	One	Year (see i	instructions)	
See	instructions for he below.	ow to figure the amounts to enter on the	(d)	(e)		(g) justment		(h) Gain or (loss) Subtract column (e)	
This who	form may be eas e dollars.	ier to complete if you round off cents to	Proceeds (sales price)	Cost (or other basis)	Form(s	n or loss) 8949, P !, column	art II,	from column (d) and combine the result with column (g)	
8a	1099-B for which which you have However, if you	ng-term transactions reported on Form h basis was reported to the IRS and for re no adjustments (see instructions). choose to report all these transactions eave this line blank and go to line 8b.							
8b	Totals for all tran	nsactions reported on Form(s) 8949 with	971.	614.				357.	
9	Totals for all trar Box E checked	nsactions reported on Form(s) 8949 with							
10		nsactions reported on Form(s) 8949 with							
11	Gain from Form	4797, Part I; long-term gain from Forms 4, 6781, and 8824					11		
12		ain or (loss) from partnerships, S corporati				-	12		
		ributions. See the instructions				-	13		
	Long-term capit	al loss carryover. Enter the amount, if any	, from line 13 of y	our Capital Loss	Carry	over	14	(

15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then, go to Part III

BAA

357.

15

Schedule D (Form 1040) 2022 Page 2

Part III **Summary** 16 Combine lines 7 and 15 and enter the result 16 -260. • 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 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. 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 21 260.) • (\$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 qualified 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.

Sales and Other Dispositions of Capital Assets

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

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. Attachment Sequence No. 12A

OMB No. 1545-0074

•	(0)		
	AVTR	K	SATHTRAIT

Social security number or taxpayer identification number 818-50-3565

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.

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

	C) Short-term transactions	•	. ,	_	sis wasn't report	ed to the if	10			
1	(a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(d) Cost or other basis Proceeds See the Note below Adjustment, if any, If you enter an amou enter a code in See the separate	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.		(e) 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)
	(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).		
ROBIN	HOOD SECURITIES LLC	01/01/22	12/31/22	5,116.	5,733.			-617.		
neg Sch	als. Add the amounts in column ative amounts). Enter each tote edule D, line 1b (if Box A above	al here and inc e is checked), lir	lude on your ne 2 (if Box B	5 116	5 722			-617		

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.

REV 03/22/23 PRO

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 SIVA K SATHIRAJU

Social security number or taxpayer identification number 818-50-3565

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	not reported	to you on Fo	rm 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.	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. (f) (g) Code(s) from instructions		(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	971.	614.			357.	
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 I	I here and inc is checked), lir	lude on your ne 9 (if Box E	971.	614.			357.	

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.

OMB No. 1545-0074

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

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

Attachment Sequence No. **13**

Your social security number

SIVA	K SATHIRAJU							8	18-50	3565	ı
Part	Note: If you a	re in the	From Rental Real Estate as business of renting personal prope from Form 4835 on page 2, line 40.	erty, use	yalties Schedule	e C. See	instruc	tions. If you are	an indiv	idual, rep	ort farm
	Did you make any payments in 2022 that would require you to file Form(s) 1099? See instructions .										
B I	If "Yes," did you or will you file required Form(s) 1099?							es 🗌 No			
1a	Physical address	of eac	ch property (street, city, state, Z	IP code	e)						
Α	2620 TOLEDO	DR I	RVING TX 75062								7
В										7	<u>r</u>
С											
1b	Type of Property (from list below)	;	For each rental real estate propabove, report the number of fair	rental	al and Days				Personal Use Days		QJV
Α	3		personal use days. Check the C if you meet the requirements to			Α		365		0	
В			qualified joint venture. See instr	uctions	a S.	В					
С			,,,,			С					
1	of Property: Single Family Resid Multi-Family Resid		3 Vacation/Short-Term Rer 4 Commercial	ntal	5 Land 6 Roya			Self-Rental Other (describe	e)		
								Properties:	:		
Incom						Α		В			С
3						8	00.				
4		<u> b</u>		4							
Expen											
5											
6	•		ructions)								
7			ce								
8						1 -	0.5				
9				_		1,5	05.				
10			onal fees								
11				11		10,6	0.1				
12 13		-	b banks, etc. (see instructions)			10,6	91.				
14											
15				-							
16				_		9,2	45				
17				17		٥, ۵	13.				
18			depletion	-							
19	Other (list)			19							
20	Total expenses. A	dd line	s 5 through 19	20		21,4	41.				
21	Subtract line 20 fr	rom line see inst	3 (rents) and/or 4 (royalties). If tructions to find out if you must	:		-20,6					
22	Deductible rental	real es	tate loss after limitation, if any,			20,64)(,	
23a			orted on line 3 for all rental prop				23a	8	300.		
b		- 1	orted on line 4 for all royalty prop				23b		$\neg \neg$		
С			orted on line 12 for all properties				23c	10,6	91.		
d			orted on line 18 for all properties				23d				
е	Total of all amoun	nts repo	orted on line 20 for all properties	·			23e	21,4	41.		
24	Income. Add pos	sitive a	mounts shown on line 21. Do no	ot inclu	ide any Ic	sses			24		
25	Losses. Add royal	Ity losse	es from line 21 and rental real esta	ate loss	es from lir	ne 22. E	nter to	tal losses here	25 (20,641.)
26	here. If Parts II, I	III, IV,	and royalty income or (loss). and line 40 on page 2 do not	apply	to you,	also en	iter thi	s amount on			
	Schedule 1 (Form	ı 1040),	line 5. Otherwise, include this a	amount	in the to	tal on liı	ne 41 d	on page 2 .	26		-20,641.

Department of the Treasury Internal Revenue Service

Additional Taxes on Qualified Plans (Including IRAs) and Other Tax-Favored Accounts

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

Go to www.irs.gov/Form5329 for instructions and the latest information.

OMB No. 1545-0074

2022

Attachment Sequence No. 29

						Your social security number 818-50-3565		
SIV	A K SATHIRAJU				818-50			
		Home address (number and street), or P.0	O. box if mail is not delivered to yo	our home		Apt. no.		
	Your Address Only	City, town or post office, state, and ZIP co	ode. If you have a foreign address.	, also complete the spaces				
	Are Filing This	below. See instructions.			If this is a	n amandad		
	I offit by itself and flot				an amended neck here			
WILLI	Tour Tax neturn	Foreign country name	Foreign province/state/c	ountv	Foreign po			
		, , , , , ,						
		nal 10% tax on the full amount on the full amount on the state of the		ou may be able to re	eport this	tax directly on		
Par	Additional Ta	ax on Early Distributions. Con	nplete this part if you tool	c a taxable distribution	n (other	than a qualified		
		ution) before you reached age						
	endowment cor	ntract (unless you are reporting the	his tax directly on Schedu	le 2 (Form 1040)-se	e above). You may also		
		ete this part to indicate that you q	jualify for an exception to	the additional tax on	early dis	stributions or for		
	certain Roth IRA	A distributions. See instructions.						
1	Early distributions inc	cludible in income (see instructions	s). For Roth IRA distribution	ns, see instructions.	1			
2	Early distributions inc	cluded on line 1 that are not subject	ct to the additional tax (see	instructions).				
	Enter the appropriate	e exception number from the instru	uctions:		2			
3		dditional tax. Subtract line 2 from I			3			
4	Additional tax. Enter	r 10% (0.10) of line 3. Include this	amount on Schedule 2 (Fo	rm 1040), line 8	4			
	, ,	of the amount on line 3 was a dis		RA, you may have to				
		amount on line 4 instead of 10%.						
Part		x on Certain Distributions Fr						
		an amount in income, on Schedu fied tuition program (QTP), or on S				savings account		
				<u> </u>				
5		d in income from a Coverdell ESA,			5 6			
6		d on line 5 that are not subject to t	· ·	,	7			
7 8	•	dditional tax. Subtract line 6 from I r 10% (0.10) of line 7. Include this			8			
Part		x on Excess Contributions to		· · · · · · · · · · · · · · · · · · ·	-	ad mara ta vaur		
rait		for 2022 than is allowable or you				ed more to your		
9		ntributions from line 16 of your 2021		-				
10	•	RA contributions for 2022 are les	1					
		n, see instructions. Otherwise, ent		10				
11		distributions included in income (se	F	11				
12		prior year excess contributions (se	· · · · · · · · · · · · · · · · · · ·	12				
13	Add lines 10, 11, and	1 12			13			
14		ntributions. Subtract line 13 from li			14			
15	=	for 2022 (see instructions)			15			
16	Total excess contribu	utions. Add lines 14 and 15			16			
17	Additional tax. Enter	6% (0.06) of the smaller of line 16	or the value of your tradition	nal IRAs on December				
	31, 2022 (including 202	22 contributions made in 2023). Inclu	ide this amount on Schedule	2 (Form 1040), line 8	17			
Part	IV Additional Ta	x on Excess Contributions to	o Roth IRAs. Complete	this part if you contrib	outed mo	ore to your Roth		
	IRAs for 2022 th	han is allowable or you had an amo	ount on line 25 of your 202	1 Form 5329.				
18	Enter your excess cor	ntributions from line 24 of your 2021	Form 5329. See instruction	s. If zero, go to line 23	18			
19	If your Roth IRA con	tributions for 2022 are less than y	our maximum allowable					
	contribution, see inst	tructions. Otherwise, enter -0		19				
20	2022 distributions fro	om your Roth IRAs (see instruction	s) [20				
21	Add lines 19 and 20				21			
22	Prior year excess cor	ntributions. Subtract line 21 from li	ine 18. If zero or less, enter	· -0	22			
23	Excess contributions	for 2022 (see instructions)			23			
24		utions. Add lines 22 and 23			24			
25		6% (0.06) of the $smaller$ of line 24						
	2022 (including 2022 (contributions made in 2023). Include	e this amount on Schedule	2 (Form 1040), line 8	25			

Part				ributions to Coverdell ESAs. Con an is allowable or you had an amount				
26				f your 2021 Form 5329. See instruction				
27				SAs for 2022 were less than the				
				ictions. Otherwise, enter -0	27			
28			·	s (see instructions)	28			
29		ines 27 and 2					29	
30				ne 29 from line 26. If zero or less, ente				
31				ons)				
32				d 31				
33				maller of line 32 or the value of you				
00	Dece	mber 31, 202	22 (including 2022 contrib	outions made in 2023). Include this a	mount on S	Schedule		
Part '	VI	Additional	Tax on Excess Contri	butions to Archer MSAs. Comple	te this part	if you or	vour emr	olover contributed
				nan is allowable or you had an amount				
34				f your 2021 Form 5329. See instruction			_	
35				or 2022 are less than the maximum				
			,	herwise, enter -0	35			
36				from Form 8853, line 8 ,	36			
37		ines 35 and 3	=				37	
38	Prior	vear excess		ne 37 from line 34. If zero or less, ente				
39				ons)				
40				d 39				
41				maller of line 40 or the value of y				
				outions made in 2023). Include this a				
				<u> </u>				
Part \	VII .	Additional	Tax on Excess Cont	tributions to Health Savings Ac	counts (HSAs).	Complete	this part if you,
		someone on	your behalf, or your em	nployer contributed more to your HS	As for 202	22 than is	allowab	ole or you had an
		amount on li	ne 49 of your 2021 Form	5329.				
42	Enter	the excess of	contributions from line 48	of your 2021 Form 5329. If zero, go to	o line 47		42	0.
43	If the	e contributio	ns to your HSAs for 2	2022 are less than the maximum				
	allowa	able contribu	ition, see instructions. Oth	nerwise, enter -0	43			
44	2022	distributions	from your HSAs from For	rm 8889, line 16	44			
45	Add I	ines 43 and 4	14				45	
46	Prior	year excess	contributions. Subtract lir	ne 45 from line 42. If zero or less, ente	r-0		46	
47	Exces	ss contributio	ons for 2022 (see instructi	ons)			47	642.
48	Total	excess conti	ributions. Add lines 46 an	d 47			48	642.
49	Addit	i onal tax. Er	nter 6% (0.06) of the sma	aller of line 48 or the value of your HS	SAs on Dec	cember 31	,	
	2022	(including 20	22 contributions made in 2	2023). Include this amount on Schedule	2 (Form 10	040), line 8	49	0.
Part V	/III	Additional	Tax on Excess Contri	ibutions to an ABLE Account. C	omplete thi	is part if c	ontributi	ons to your ABLE
		account for 2	2022 were more than is al	lowable.				
50	Exces	ss contributio	ons for 2022 (see instructi	ons)			50	
51				maller of line 50 or the value of yo				
	Dece	mber 31, 202	22. Include this amount or	n Schedule 2 (Form 1040), line 8			51	
Part I	IX .	Additional	Tax on Excess Accur	nulation in Qualified Retirement	Plans (In	cluding	IRAs).	Complete this part
		if you did not	t receive the minimum rec	quired distribution from your qualified	retirement	plan.		
52	Minim	num required	distribution for 2022 (see	e instructions)			52	
53	Amou	unt actually d	listributed to you in 2022				53	
54	Subtr	act line 53 fr	om line 52. If zero or less	, enter -0			54	
55	Addit	tional tax. Er		Include this amount on Schedule 2 (F			55	
Sign F	lere O	nly if You	Under penalties of perjury, I dec	lare that I have examined this form, including accorplete. Declaration of preparer (other than taxpayer) is	ompanying atta	chments, and	to the bes	st of my knowledge and
Are Fi	ling Th	his Form	pener, it is true, correct, and com	piete. Deciaration of preparer (other than taxpayer) !	o vaseu un all ll	mormation of	willon prep	arei nas any knowieuge.
by Itse	elf and	Not With						
Your 7	Γax Re	eturn	Your signature			Date		
Paid		Print/Type prep	parer's name	Preparer's signature	Date	Che	ck 🗌 if	PTIN
Prepare	arer						employed	
Use (Figure 2 on a read of the control						
	O i iiy	Firm's address Phone no.						

Investment Interest Expense Deduction

Go to www.irs.gov/Form4952 for the latest information.

Attach to your tax return.

OMB No. 1545-0191

2022

Attachment

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

SIVA K SATHIRAJU

| Identifying number | 818-50-3565

Part	Total Investment Interest Expense			
1	Investment interest expense paid or accrued in 2022 (see instructions)	1	60	
2	Disallowed investment interest expense from 2021 Form 4952, line 7	2		
3	Total investment interest expense. Add lines 1 and 2	3	60	
Part	II Net Investment Income			
4a	Gross income from property held for investment (excluding any net gain from the disposition of property held for investment)			
b	Qualified dividends included on line 4a		•	
С	Subtract line 4b from line 4a	4c	1	
d	Net gain from the disposition of property held for investment 4d	7		
е	Enter the smaller of line 4d or your net capital gain from the disposition of property held for investment. See instructions			
f	Subtract line 4e from line 4d	4f	0	
g	Enter the amount from lines 4b and 4e that you elect to include in investment income. See instructions	4g		
h	Investment income. Add lines 4c, 4f, and 4g	4h	1	
5	Investment expenses (see instructions)	5		
6	Net investment income. Subtract line 5 from line 4h. If zero or less, enter -0	6	1	
Part	III Investment Interest Expense Deduction			
7	Disallowed investment interest expense to be carried forward to 2023. Subtract line 6 from line		F.0	
_	3. If zero or less, enter -0-	7	59	_
8	Investment interest expense deduction. Enter the smaller of line 3 or line 6. See instructions	8	-	<u>. </u>
For Pa	aperwork Reduction Act Notice, see page 4. REV 03/22/23 PRO		Form 4952 (20	122)

Department of the Treasury

Internal Revenue Service

Health Savings Accounts (HSAs)

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

Go to www.irs.gov/Form8889 for instructions and the latest information.

OMB No. 1545-0074

2022
Attachment
Sequence No. 52

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

SIVA K SATHIRAJU

Social security number of HSA beneficiary. If both spouses have HSAs, see instructions. 818-50-3565

Before you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if required. HSA Contributions and Deduction. See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part I for each spouse. Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2022. ■ Self-only
□ Family HSA contributions you made for 2022 (or those made on your behalf), including those made by the unextended due date of your tax return that were for 2022. Do not include employer contributions, contributions through a cafeteria plan, or rollovers. See instructions 2 0. If you were under age 55 at the end of 2022 and, on the first day of every month during 2022, you 3 were, or were considered, an eligible individual with the same coverage, enter \$3,650 (\$7,300 for 3 3,650. Enter the amount you and your employer contributed to your Archer MSAs for 2022 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2022, also 4 Ο. Subtract line 4 from line 3. If zero or less, enter -0- 5 5 3,650. 6 Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2022, see the instructions for the amount to enter . . . 6 3,650. If you were age 55 or older at the end of 2022, married, and you or your spouse had family coverage 7 under an HDHP at any time during 2022, enter your additional contribution amount. See instructions . 0. 7 8 8 3,650. 9 Employer contributions made to your HSAs for 2022 . 10 4,292. 11 11 0. 12 12 HSA deduction. Enter the smaller of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line 13 13 13 Caution: If line 2 is more than line 13, you may have to pay an additional tax. See instructions. HSA Distributions. If you are filing jointly and both you and your spouse each have separate HSAs, complete Part II a separate Part II for each spouse. 14a Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were 14b 14c Qualified medical expenses paid using HSA distributions (see instructions) 15 15 Taxable HSA distributions. Subtract line 15 from line 14c. If zero or less, enter -0-. Also, include this 16 16 If any of the distributions included on line 16 meet any of the Exceptions to the Additional 20% Additional 20% tax (see instructions). Enter 20% (0.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also, include this amount in the total on Schedule 2 (Form 1040), Part II, line 17c Part III Income and Additional Tax for Failure To Maintain HDHP Coverage. See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part III for each spouse. 18 18 19 19 20 Total income. Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I, line 8f 20 Additional tax. Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2 (Form 21

Department of the Treasury Internal Revenue Service

Additional Medicare Tax

If any line does not apply to you, leave it blank. See separate instructions.

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

Go to www.irs.gov/Form8959 for instructions and the latest information.

OMB No. 1545-0074

2022

Attachment Sequence No. 71

Name(s) shown on return
SIVA K SATHIRAJU

Your social security number

818-50-3565

Part	Additional Medicare Tax on Medicare Wages		
1	Medicare wages and tips from Form W-2, box 5. If you have more than one		
	Form W-2, enter the total of the amounts from box 5		
2	Unreported tips from Form 4137, line 6		
3	Wages from Form 8919, line 6		
4	Add lines 1 through 3		
5	Enter the following amount for your filing status:		
	Married filing jointly		
	Married filing separately		
	Single, Head of household, or Qualifying surviving spouse \$200,000 5 125,000.		
6	Subtract line 5 from line 4. If zero or less, enter -0	6	36,907.
7	Additional Medicare Tax on Medicare wages. Multiply line 6 by 0.9% (0.009). Enter here and go to		
	Part II	7	332.
Part	II Additional Medicare Tax on Self-Employment Income		
8	Self-employment income from Schedule SE (Form 1040), Part I, line 6. If you		
	had a loss, enter -0- (Form 1040-PR or 1040-SS filers, see instructions.) 8		
9	Enter the following amount for your filing status:		
	Married filing jointly		
	Married filing separately		
	Single, Head of household, or Qualifying surviving spouse \$200,000 9		
10	Enter the amount from line 4		
11	Subtract line 10 from line 9. If zero or less, enter -0		
12	Subtract line 11 from line 8. If zero or less, enter -0	12	
13	Additional Medicare Tax on self-employment income. Multiply line 12 by 0.9% (0.009). Enter here and		
	go to Part III	13	
Part	Additional Medicare Tax on Railroad Retirement Tax Act (RRTA) Compensation		
14	Railroad retirement (RRTA) compensation and tips from Form(s) W-2, box 14		
	(see instructions)		
15	Enter the following amount for your filing status:		
	Married filing jointly		
	Married filing separately		
	Single, Head of household, or Qualifying surviving spouse \$200,000		
16	Subtract line 15 from line 14. If zero or less, enter -0	16	
17	Additional Medicare Tax on railroad retirement (RRTA) compensation. Multiply line 16 by 0.9% (0.009).		
	Enter here and go to Part IV	17	
Part			
18	Add lines 7, 13, and 17. Also include this amount on Schedule 2 (Form 1040), line 11 (Form 1040-PR		
Doub	or 1040-SS filers, see instructions), and go to Part V	18	332.
Part			
19	Medicare tax withheld from Form W-2, box 6. If you have more than one Form		
00	W-2, enter the total of the amounts from box 6		
20	Enter the amount from line 1		
21	Multiply line 20 by 1.45% (0.0145). This is your regular Medicare tax withholding on Medicare wages		
00			
22	Subtract line 21 from line 19. If zero or less, enter -0 This is your Additional Medicare Tax	22	0
00	withholding on Medicare wages	22	0.
23	Additional Medicare Tax withholding on railroad retirement (RRTA) compensation from Form W-2, box	22	
0.4	14 (see instructions)	23	
24	Total Additional Medicare Tax withholding. Add lines 22 and 23. Also include this amount with federal income tax withholding on Form 1040, 1040-SR, or 1040-NR, line 25c (Form 1040-PR or		
	1040-SS filers, see instructions)	24	0.
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Department of the Treasury

Net Investment Income Tax— Individuals, Estates, and Trusts

Attach to your tax return.

Go to www.irs.gov/Form8960 for instructions and the latest information.

OMB No. 1545-2227

2022
Attachment Sequence No. 72

Internal Revenue Service

Name(s) shown on your tax return

SIVA K SATHIRAJU

Your social security number or EIN 818-50-3565

Part	Investment Income ☐ Section 6013(g) election (see instructions)		'					
	Section 6013(h) election (see instructions)							
	☐ Regulations section 1.1411-10(g) election (see in	nstruct	rions)					
1	Taxable interest (see instructions)			1	1.			
2	Ordinary dividends (see instructions)			2	46.			
3	Annuities (see instructions)			3				
4a	Rental real estate, royalties, partnerships, S corporations, trusts, etc. (see instructions)	4a	-20,641.					
b	Adjustment for net income or loss derived in the ordinary course of a non-							
	section 1411 trade or business (see instructions)	4b		4c	20 (41			
C 50	Combine lines 4a and 4b	 5 0	200	40	-20,641.			
5a		5a	-260.					
b	Net gain or loss from disposition of property that is not subject to net investment income tax (see instructions)	5b						
С	Adjustment from disposition of partnership interest or S corporation stock (see instructions)	5c						
d	Combine lines 5a through 5c			5d	-260.			
6	Adjustments to investment income for certain CFCs and PFICs (see instructions)			6				
7	Other modifications to investment income (see instructions)			7				
8	Total investment income. Combine lines 1, 2, 3, 4c, 5d, 6, and 7			8	-20,854.			
Part			ns					
9a	Investment interest expenses (see instructions)	9a						
b	State, local, and foreign income tax (see instructions)	9b						
C	Miscellaneous investment expenses (see instructions)	9с		04				
d 10	Add lines 9a, 9b, and 9c			9d 10				
10 11	Total deductions and modifications. Add lines 9d and 10			11				
Part								
12	Net investment income. Subtract Part II, line 11, from Part I, line 8. Individuals, of	compl	ete lines 13–17					
12	Estates and trusts, complete lines 18a–21. If zero or less, enter -0			12	0.			
	Individuals:				•			
13	Modified adjusted gross income (see instructions)	13	129,003.					
14	Threshold based on filing status (see instructions)	14	125,000.					
15	Subtract line 14 from line 13. If zero or less, enter -0	15	4,003.					
16	Enter the smaller of line 12 or line 15	·		16	0.			
17	Net investment income tax for individuals. Multiply line 16 by 3.8% (0.038). Ent	ter he	ere and include					
	on your tax return (see instructions)			17	0.			
	Estates and Trusts:							
18a	Net investment income (line 12 above)	18a						
b	Deductions for distributions of net investment income and deductions under section 642(c) (see instructions)	18b						
С	Undistributed net investment income. Subtract line 18b from line 18a (see instructions). If zero or less, enter -0	18c						
19a	Adjusted gross income (see instructions)	19a						
b	Highest tax bracket for estates and trusts for the year (see instructions)	19b						
С	, ,	19c						
20	Enter the smaller of line 18c or line 19c			20				
21	Net investment income tax for estates and trusts. Multiply line 20 by 3.8% (0.0	038). I	Enter here and					
	include on your tax return (see instructions)			21				

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