Department of the Treasury Calendar Year -Internal Revenue Service

Due 04/18/2023

2023 Form 1040-ES Payment Voucher 1

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

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

733.

REV 03/22/23 PRO 1555

880-89-4285 CHETHAN RAMESH

610 SAN CORADO TERRACE APT 6 SUNNYVALE CA 94085

Department of the Treasury Calendar Year -Internal Revenue Service

Due 06/15/2023

2023 Form 1040-ES Payment Voucher 2

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

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

REV 03/22/23 PRO 1555 733.

880-89-4285 CHETHAN RAMESH

610 SAN CORADO TERRACE APT 6 SUNNYVALE CA 94085

Department of the Treasury Calendar Year -Internal Revenue Service

Due 09/15/2023

2023 Form 1040-ES Payment Voucher 3

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

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

REV 03/22/23 PRO 1555 733.

880-89-4285 CHETHAN RAMESH

> 610 SAN CORADO TERRACE APT 6 SUNNYVALE CA 94085

Department of the Treasury Calendar Year -Internal Revenue Service

Due 01/16/2024

2023 Form 1040-ES Payment Voucher 4

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

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

REV 03/22/23 PRO 1555 733.

880-89-4285 CHETHAN RAMESH

> 610 SAN CORADO TERRACE APT 6 SUNNYVALE CA 94085

Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization

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

Submission Identification Number (SID)

Taxpay	ver's name	Socia	al securit	y numb	er
CHE	THAN RAMESH	88	30-89-	-4285	
Spouse	's name	Spou	ise's soc	ial secu	rity number
Par	t I Tax Return Information – Tax Year Ending December 31, 2022 (Enter	er year	r you a	re aut	horizing.)
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	224,843.
2	Total tax			2	48,535.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099			3	50,459.
4	Amount you want refunded to you			4	1,924.
5	Amount you owe			5	
Par	Taxpayer Declaration and Signature Authorization (Be sure you get and	keep	a copy	y of y	our return)

Under penalties of periury. I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

GLOBAL TAXES	LLC	to enter or generate my PIN

Ent	er fiv I't er	/e dia	gits, all ze	but	as my
9	4	2	8	5	

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

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

Your signature

Date

Spouse's PIN: check one box only

I authorize

X I authorize

to enter or generate my PIN

as mv Enter five digits, but don't enter all zeros

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

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

Spouse's signa	ature 🕨 🛛 Da	ate 🕨	•				 		
	Practitioner PIN Method Returns Only—continue	bel	ow						
Part III Co	ertification and Authentication – Practitioner PIN Method Only								
ERO's EFIN/P	PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.	2	2		 	3 all zei	 9	8	9

I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature >		Date 🕨	
	st Retain This Form — Se s Form to the IRS Unless		
For Deperture Reduction Act Nation and Your tox re		REV 02/22/22 RRO	Form 8879 (Pov. 01 2021)

For Paperwork Reduction Act Notice, see your tax return instructions. BAA REV 03/22/23 PRO

E1040		artment of the Treasury-Internal Revenue Servi S. Individual Income Tax		_m 202	2	OMB No. 1545	-0074	IRS Use O	nly—Do) not wr	ite or staple in this space.	
Check only			_	filing separately (N	,			, ,		spou	ifying surviving se (QSS)	
one box.		u checked the MFS box, enter the nation is a child but not your dependent		ur spouse. It you ci	теск	ed the HOH or	QSS	box, enter	the ci	niia's	name if the qualifying	g
Your first name	and mi	ddle initial	Last name	e					Yo	ur soc	cial security number	_
CHETHAN			RAMES	H					88	30-8	9-4285	
lf joint return, sp	ouse's	first name and middle initial	Last name	9					Sp	ouse's	social security numbe	ər
Home address (numbe	er and street). If you have a P.O. box, see	instructions	S.			A	pt. no.			tial Election Campaig	jn
-		ADO TERRACE					6				ere if you, or your f filing jointly, want \$3	2
City, town, or po	ost offic	ce. If you have a foreign address, also co	mplete spa	ces below.	Sta	te	ZIP co				this fund. Checking a	
SUNNYVAL					CA		940				w will not change	
Foreign country	name		For	reign province/state/o	count	y	Foreig	n postal cod	le yo	ur tax	or refund.	е
Digital	At an	ny time during 2022, did you: (a) rec	eive (as a ı	reward, award, or	payn	nent for prope	rty or	services);	or (b)	sell,		-
Assets	exch	ange, gift, or otherwise dispose of a	a digital as	set (or a financial i	ntere	est in a digital	asset)	? (See ins	tructic	ons.)	🗌 Yes 🛛 No	
Standard	_	eone can claim: 🗌 You as a de		Your spouse		a dependent						
Deduction	<u> </u>	Spouse itemizes on a separate retur	n or you w	vere a dual-status a	alien							_
Age/Blindness	You:	Were born before January 2, 1	958	Are blind Spo	use	: 🗌 Was bor		ore Januar	, ,		Is blind	_
Dependents				(2) Social security number		(3) Relationsh	ip (4			1	es for (see instructions)	
If more	(1) Fi	irst name Last name		number		to you		Child tax	c credit	. (Credit for other dependen	ts
than four dependents,]	\rightarrow		_
see instructions]	\rightarrow		_
and check here] 1	\rightarrow	<u> </u>	—
	1a	Total amount from Form(s) W-2, b	ox 1 (see i	nstructions)]	1a	255,823.	-
Income	b	Household employee wages not re		,						1b		_
Attach Form(s)	с	Tip income not reported on line 1a	•	()						1c		_
W-2 here. Also attach Forms	d	Medicaid waiver payments not rep	orted on F	Form(s) W-2 (see ir	nstru	ctions)				1d		_
W-2G and	е	Taxable dependent care benefits f	rom Form	2441, line 26 .						1e		
1099-R if tax was withheld.	f	Employer-provided adoption bene	fits from F	orm 8839, line 29						1f		
If you did not	g	Wages from Form 8919, line 6 .			•					1g		_
get a Form	h	Other earned income (see instruct	ions) .		•		· ·			1h	0.	
W-2, see instructions.	i	Nontaxable combat pay election (s	see instruc	ctions)	•	1 i						
	Z	-	· · ·		•				•	1z	255,823.	_
Attach Sch. B	2a	· ·	2a			axable interest				2b	1.	_
if required.	3a		3a			rdinary divide			•	3b	1,186.	_
	4a		4a -			axable amoun			•	4b		_
Standard Deduction for –	5a		5a			axable amoun			·	5b		—
Single or	6a	Social security benefits	6a			axable amoun	[□	6b		_
Married filing separately,	с 7	Capital gain or (loss). Attach Sche					• •			7	-2,090.	
\$12,950Married filing	8	Other income from Schedule 1, lin					• •			8	-30,077.	_
jointly or	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7					• •		•	9	224,843.	_
Qualifying surviving spouse,	10	Adjustments to income from Sche		-						10		-
\$25,900 • Head of	11	Subtract line 10 from line 9. This is								11	224,843.	-
household,	12	Standard deduction or itemized								12	12,950.	_
\$19,400 • If you checked	13	Qualified business income deduct				5-A				13	0.	_
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	o or less,	enter -0 This is y	our t	axable incom	e.			15	211,893.	_

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

Form **1040** (2022)

Form 1040 (2022	2)									Page 2
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 🗌 881	4 2 4972	3			16	47,848.
Credits	17	Amount from Schedule 2, lir	ne3						17	
	18	Add lines 16 and 17						I I	18	47,848.
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812				19	
	20	Amount from Schedule 3, lir	ne8						20	
	21	Add lines 19 and 20						[21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				[22	47,848.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21 .			[23	687.
	24	Add lines 22 and 23. This is	your total tax					[24	48,535.
Payments	25	Federal income tax withheld								
2	а	Form(s) W-2				25a	49,	772.		
	b	Form(s) 1099				25b				
	с	Other forms (see instruction	s)			25c		687.		
	d	Add lines 25a through 25c							25d	50,459.
Minan have a	26	2022 estimated tax paymen	ts and amount a	pplied from 20	21 return				26	
If you have a l qualifying child,	27	Earned income credit (EIC)			No .	27				
attach Sch. EIC.	28	Additional child tax credit from				28				
	29	American opportunity credit	from Form 8863	3, line 8		29				
	30	Reserved for future use .				30				
	31	Amount from Schedule 3, lir				31				
	32	Add lines 27, 28, 29, and 31				undable	credits		32	
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments	· · · · ·				33	50,459.
Refund	34	If line 33 is more than line 24	4, subtract line 2	4 from line 33.	This is the amou	nt you ov	verpaid		34	1,924.
neiuliu	35a	Amount of line 34 you want	refunded to you	J. If Form 8888	is attached, che	ck here		. 🗆	35a	1,924.
Direct deposit?	b	Routing number 0 1 1] Checkir		1		
See instructions.	d	Account number 0 0 4	6 6 6 2	9 2 1 4	4 8		ľ –	-		
	36	Amount of line 34 you want	applied to your	2023 estimate	edtax	36				
Amount	37	Subtract line 33 from line 24	. This is the amo	ount vou owe						
You Owe		For details on how to pay, g	o to <i>www.irs.go</i> u	//Payments or	see instructions				37	
	38	Estimated tax penalty (see in	nstructions) .			38				
Third Party	Do	you want to allow another	person to disc	cuss this retu	rn with the IRS?	See				
Designee	ins	tructions				🗆	Yes. Com	nplete be	elow.	🗙 No
		signee's		Phone			Person	al identific	cation	
	nai			no.				, ,		
Sign		der penalties of perjury, I declare t ief, they are true, correct, and corr								
Here		ur signature		Date	Your occupation					nt you an Identity
	10	al oignataro		Duto						N, enter it here
Joint return?					HARDWARE I	ENGINE	ER	(see ir	ıst.)	
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return,	both must sign.	Date	Spouse's occupat	ion				nt your spouse an
your records.								(see in		ection PIN, enter it here
	Dh	one no. (413)539-326	C	Email address			TT COM		,	
		one no. (413)539-326 eparer's name	b Preparer's signat		CHETHANRLI	Date		PTIN		Check if:
Paid		PRIYA RAM SAGAR GUPTA TALLAM						02082	702	Self-employed
Preparer		n's name GLOBAL TA		TAUAG INA	OUFIA IAUUAM	104/09	/ 2023 P			678)965-9522
Use Only			Y CT E BRU	NGWICK N	J 08816			Firm's		,
Co to warne inc		a1040 for instructions and the late		TIONICI IN	D 08810	0.0				84-3171965

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

BAA REV 03/22/23 PRO

Form **1040** (2022)

SCHEDULE	1
(Form 1040)	

Department of the Treasury

Additional Income and Adjustments to Income

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

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

OMB No. 1545-0074 2

Attachment

Internal Revenue Service	Go to www.irs.gov/Form1040 for instructions and the latest information.		Attachment Sequence No. 01
Name(s) shown on Fo	rm 1040, 1040-SR, or 1040-NR	Your soc	ial security number
CHETHAN RAMESH		880-89	-4285
Port Additio	anal Incomo		

Par	TI Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxes		1	0.
2a	Alimony received		2a	
b	Date of original divorce or separation agreement (see instructions):			
3	Business income or (loss). Attach Schedule C		3	-30,077.
4	Other gains or (losses). Attach Form 4797		4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Atta	ach Schedule E .	5	
6	Farm income or (loss). Attach Schedule F		6	
7	Unemployment compensation		7	
8	Other income:			
а	Net operating loss	8a ()	
b	Gambling	8b		
С	Cancellation of debt	8c		
d	Foreign earned income exclusion from Form 2555	8d ()	
е	Income from Form 8853	8e		
f	Income from Form 8889	8f		
g	Alaska Permanent Fund dividends	8g		
h	Jury duty pay	8h		
i	Prizes and awards	8i	_	
j	Activity not engaged in for profit income	8j	-	
k	Stock options	8k	-	
I	Income from the rental of personal property if you engaged in the rental			
	for profit but were not in the business of renting such property	81	-	
m	Olympic and Paralympic medals and USOC prize money (see			
		8m	-	
	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- (
		8s (4	
τ	Pension or annuity from a nonqualifed deferred compensation plan or	04		
	a nongovernmental section 457 plan	8t 8u		
	Wages earned while incarcerated	ou		
Z	Other income. List type and amount:	8z		
9	Total other income. Add lines 8a through 8z		9	
9 10	Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR		9 10	-30,077.
10				-30,077.

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

Schedule 1 (Form 1040) 2022

Par	t II Adjustments to Income		
11	Educator expenses	11	
12	Certain business expenses of reservists, performing artists, and fee-basis government		
	officials. Attach Form 2106	12	
13	Health savings account deduction. Attach Form 8889	13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903	14	
15	Deductible part of self-employment tax. Attach Schedule SE	15	
16	Self-employed SEP, SIMPLE, and qualified plans	16	
17	Self-employed health insurance deduction	17	
18	Penalty on early withdrawal of savings	18	
19a	Alimony paid	19a	
b	Recipient's SSN		
С	Date of original divorce or separation agreement (see instructions):		
20	IRA deduction	20	
21	Student loan interest deduction	21	
22	Reserved for future use	22	
23	Archer MSA deduction	23	
24	Other adjustments:		
а	Jury duty pay (see instructions)		
b			
	rental of personal property engaged in for profit		
С	Nontaxable amount of the value of Olympic and Paralympic medals		
	and USOC prize money reported on line 8m		
d	Reforestation amortization and expenses		
е	Repayment of supplemental unemployment benefits under the Trade		
	Act of 1974	_	
f	Contributions to section 501(c)(18)(D) pension plans	_	
g	Contributions by certain chaplains to section 403(b) plans 24g	_	
h	Attorney fees and court costs for actions involving certain unlawful		
	discrimination claims (see instructions)	_	
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	_	
j	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:		
05	Tatal ather adjustments Add lines 04s through 04s	05	
25	Total other adjustments. Add lines 24a through 24z	25	
26	Add lines 11 through 23 and 25. These are your adjustments to income . Enter here and on		
	Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a	26	
	BAA REV 03/22/23 PRO	Schedule 1 (Form 1040)) 2022

SCHEDULE	2
(Form 1040)	

Additional Taxes

OMB No. 1545-0074

20

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

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

Department of the Treasury Attachment Internal Revenue Service Sequence No. 02 Name(s) shown on Form 1040, 1040-SR, or 1040-NR Your social security number CHETHAN RAMESH 880-89-4285 Part I Tax 1 Alternative minimum tax. Attach Form 6251 1 2 2 Excess advance premium tax credit repayment. Attach Form 8962 3 Add lines 1 and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 17 . . 3 Part II **Other Taxes** 4 4 5 Social security and Medicare tax on unreported tip income. Attach Form 4137 5 Uncollected social security and Medicare tax on wages. Attach 6 6 Form 8919 7 Total additional social security and Medicare tax. Add lines 5 and 6 7 Additional tax on IRAs or other tax-favored accounts. Attach Form 5329 if required. 8 8 9 9 Repayment of first-time homebuyer credit. Attach Form 5405 if required 10 10 Additional Medicare Tax. Attach Form 8959 11 11 687. 12 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	ontinu	ued on page 2)

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

(Continued on page 2)

Schedule 2 (Form 1040) 2022

Par	t 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				
		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	17j			
k	Golden parachute payments	17k			
I	Tax on accumulation distribution of trusts	171			
m	Excise tax on insider stock compensation from an expatriated				
		17m	-		
	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	170	_		
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 taxe on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b.		21		687.
	ВАА	REV 03/22/23 PRO	Schedu	ule 2 (Form 104	40) 2022

SCHEI	DULE	С
(Form	1040)	

Α

С

Е

E

G

н

L.

1

2

3

4

5

6

7

8

9

10

11

12

13

14

15

16

17

28

29

30

31

32

а

b

Department of the Treasury

Profit or Loss From Business

(Sole Proprietorship)

OI	MB	No.	1545	5-0074
	_	~	-	-

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

Attachment Attach to Form 1040, 1040-SR, 1040-NR, or 1041; partnerships must generally file Form 1065. Sequence No. 09 Internal Revenue Service Name of proprietor Social security number (SSN) 880-89-4285 CHETHAN RAMESH Principal business or profession, including product or service (see instructions) B Enter code from instructions SOFTWARE SERVICES 5 1 9 2 0 0 Business name. If no separate business name, leave blank. D Employer ID number (EIN) (see instr.) SOFTWARE SERVICES Business address (including suite or room no.) 610 SAN CORADO TERRACE, Apt. 6 SUNNYVALE, CA 94085 City, town or post office, state, and ZIP code (3) Other (specify) Accounting method: (1) 🗙 Cash (2) Accrual Did you "materially participate" in the operation of this business during 2022? If "No," see instructions for limit on losses . 🛛 Yes No If you started or acquired this business during 2022, check here Did you make any payments in 2022 that would require you to file Form(s) 1099? See instructions Yes X No If "Yes," did you or will you file required Form(s) 1099? Yes No Part I Income Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked 1 2 Subtract line 2 from line 1 3 Cost of goods sold (from line 42) 4 5 6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions) . . . 7 Gross income. Add lines 5 and 6 **Expenses.** Enter expenses for business use of your home **only** on line 30. Part II Advertising 8 18 Office expense (see instructions) . 18 19 19 Pension and profit-sharing plans . Car and truck expenses 5,977. 9 (see instructions) . . . 20 Rent or lease (see instructions): 10 Vehicles, machinery, and equipment Commissions and fees . а 20a 18,000. Contract labor (see instructions) 11 b Other business property . . . 20b Depletion 12 21 Repairs and maintenance . . . 21 Depreciation and section 179 22 Supplies (not included in Part III) . 22 expense deduction (not 23 Taxes and licenses 23 included in Part III) (see 24 13 Travel and meals: instructions) а Travel. . . 24a Employee benefit programs (other than on line 19) 14 h Deductible meals (see Insurance (other than health) 15 instructions) 24b 6,100. 25 25 Interest (see instructions): Utilities 26 Mortgage (paid to banks, etc.) 16a Wages (less employment credits) 26 16b 27a Other Other expenses (from line 48) . . 27a Legal and professional services 17 b Reserved for future use . . 27b 30,077 **Total expenses** before expenses for business use of home. Add lines 8 through 27a 28 29 -30,077. Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method. See instructions. Simplified method filers only: Enter the total square footage of (a) your home: . Use the Simplified and (b) the part of your home used for business: Method Worksheet in the instructions to figure the amount to enter on line 30 30 Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on both Schedule 1 (Form 1040), line 3, and on Schedule SE, line 2. (If you 31 -30,077. checked the box on line 1, see instructions.) Estates and trusts, enter on Form 1041, line 3. • If a loss, you must go to line 32. If you have a loss, check the box that describes your investment in this activity. See instructions. • If you checked 32a, enter the loss on both Schedule 1 (Form 1040), line 3, and on Schedule 32a X All investment is at risk. SE, line 2. (If you checked the box on line 1, see the line 31 instructions.) Estates and trusts, enter on Form 1041, line 3. **32b** Some investment is not

If you checked 32b, you must attach Form 6198. Your loss may be limited.

For Paperwork Reduction Act Notice, see the separate instructions.

REV 03/22/23 PRO

at risk.

Schedu	e C (Form 1040) 2022			Page 2
Part	II Cost of Goods Sold (see instructions)			
33	Method(s) used to value closing inventory: a Cost b Lower of cost or market c Other (at	ach e	xplanation)	
34	Was there any change in determining quantities, costs, or valuations between opening and closing invente If "Yes," attach explanation		. 🗌 Yes	🗌 No
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35		
36	Purchases less cost of items withdrawn for personal use	36		
37	Cost of labor. Do not include any amounts paid to yourself	37		
38	Materials and supplies	38		
39	Other costs	39		
40	Add lines 35 through 39	40		
41	Inventory at end of year	41		
42	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4	42		
Part	Information on Your Vehicle. Complete this part only if you are claiming car of are not required to file Form 4562 for this business. See the instructions for line Form 4562.			
43 44	When did you place your vehicle in service for business purposes? (month/day/year) 08/31/2021 Of the total number of miles you drove your vehicle during 2022, enter the number of miles you used your	vehic		
а	Business 9,851 b Commuting (see instructions) c	Other		10,000
45	Was your vehicle available for personal use during off-duty hours?		🗌 Yes	🗙 No
46	Do you (or your spouse) have another vehicle available for personal use?		🗙 Yes	🗌 No
47a	Do you have evidence to support your deduction?		🗌 Yes	🗙 No
b	If "Yes," is the evidence written?		🗌 Yes	No No
Part	V Other Expenses. List below business expenses not included on lines 8–26 or li	ne 30).	
48	Total other expenses. Enter here and on line 27a	48		

SCHEDULE D (Form 1040)

Capital Gains and Losses

OMB No. 1545-0074

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

Go to www.irs.gov/ScheduleD for instructions and the latest information. Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.

20Attachment Sequence No. 12

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

CHETHAN RAMESH

Your social security number 880-89-4285

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? Yes × No If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

Part I Short-Term Capital Gains and Losses – Generally Assets Held One Year or Less (see instructions)

lines This	instructions for how to figure the amounts to enter on the below. form may be easier to complete if you round off cents to e dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustment to gain or loss Form(s) 8949, F line 2, column	from Part I,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a	Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b.					
1b	Totals for all transactions reported on Form(s) 8949 with Box A checked	1,590.	2,420.			-830.
2	Totals for all transactions reported on Form(s) 8949 with Box B checked					
3	Totals for all transactions reported on Form(s) 8949 with Box C checked					
4	Short-term gain from Form 6252 and short-term gain or (oss) from Forms 4	684, 6781, and 88	324	4	
5	Net short-term gain or (loss) from partnerships, Schedule(s) K-1	5				
6	Short-term capital loss carryover. Enter the amount, if an Worksheet in the instructions	6	()			
7	Net short-term capital gain or (loss). Combine lines 1a term capital gains or losses, go to Part II below. Otherwise		7	-830.		

Part II Long-Term Capital Gains and Losses-Generally Assets Held More Than One Year (see instructions)

See instructions for how to figure the amounts to enter on the lines below.		(d) Proceeds	(e)	(g) Adjustmen		(h) Gain or (loss) Subtract column (e)
This form may be easier to complete if you round off cents to whole dollars.		(sales price)	Cost (or other basis)	to gain or loss Form(s) 8949, I line 2, colum	Part II,	from column (d) and combine the result with column (g)
8a	Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b.					
8b	Totals for all transactions reported on Form(s) 8949 with Box D checked	814.	1,670.			-856.
9	Totals for all transactions reported on Form(s) 8949 with Box E checked	196.	600.			-404.
10	Totals for all transactions reported on Form(s) 8949 with Box F checked.					
11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824						
12	Net long-term gain or (loss) from partnerships, S corporat	. ,	12			
13	Capital gain distributions. See the instructions		13			
14	Long-term capital loss carryover. Enter the amount, if any Worksheet in the instructions	14	()			
15	Net long-term capital gain or (loss). Combine lines 8a on the back	•			15	-1,260.

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

REV 03/22/23 PRO BAA

Part	III Summary	
16	Combine lines 7 and 15 and enter the result	16 –2,090.
	• If line 16 is a gain , enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below.	
	• If line 16 is a loss , skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22.	
	• If line 16 is zero , skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22.	
17	Are lines 15 and 16 both gains?	
	No. Skip lines 18 through 21, and go to line 22.	
18	If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet	18
19	If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet	19
20	 Are lines 18 and 19 both zero or blank and you are not filing Form 4952? Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. Don't complete lines 21 and 22 below. 	
	☐ No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.	
21	If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of:	
	 The loss on line 16; or (\$3,000), or if married filing separately, (\$1,500) 	21 (2,090.)
	Note: When figuring which amount is smaller, treat both amounts as positive numbers.	
22	Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?	
	Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16.	
	□ No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.	

REV 03/22/23 PRO

Schedule D (Form 1040) 2022

Form **8949**

Department of the Treasury

Internal Revenue Service

Sales and Other Dispositions of Capital Assets

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.

OMB No. 1545-0074

Name(s) showr	n on return		
CHETHAN	RAMESH		

880-89	2-12	Q 5
000-05	1 - 4 /.	0.7

Social security number or taxpayer identification number

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

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

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

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

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

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

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

1 (a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis See the Note below	Adjustment, if any, to gain or loss If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		(h) Gain or (loss) Subtract column (e)	
(Example: 100 sh. XYZ Co.)	(Mo day yr) disposed	disposed of (sales price) (Mo., day, yr.) (see instructions)	and see <i>Column (e)</i> in the separate instructions.	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g).		
ROBINHOOD SECURITIES LLC	01/01/22	12/31/22	1,590.	2,420.			-830.	
2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked).		1,590.	2,420.			-830.		

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

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

Form 8949 (2022)	Attachment Sequence No. 12A	Page 2
Name(s) shown on return. Name and SSN or taxoaver identification no. not required if shown on other side	Social security number or taxpayer identification num	ber

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

880-89-4285

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

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

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

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

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

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

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

1 (a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis See the Note below	Adjustment, if any, to gain or loss If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		(h) Gain or (loss) Subtract column (e)
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)		(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g).
ROBINHOOD SECURITIES LLC	01/01/21	12/31/22	814.	1,670.			-856.
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 here and inc is checked), lir	lude on your 1e 9 (if Box E	814.	1,670.			-856.

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.

Form 8949 (2022)	Attachment Sequence No. 12A	Page 2
- Name(s) shown on return. Name and SSN or taxoaver identification no, not required if shown on other side	Social security number or taxpayer identification num	ber

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

880-89-4285

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)

- X (E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS
- (F) Long-term transactions not reported to you on Form 1099-B

1 (a) Description of 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 (e)</i> 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 Amount of adjustment		(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g).
ROBINHOOD CRYPTO LLC	01/01/21	12/31/22	196.	600.			-404.
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 here and inc is checked), lir	lude on your 1e 9 (if Box E	196.	600.			-404.

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

REV 03/22/23 PRO

88 Form Department of the Treasury Internal Revenue Service

Health Savings Accounts (HSAs)

OMB No. 1545-0074 2022

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

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

	Attachment Sequence No. 52					
ecurity number of HSA benefician						
	4005					

Name(s)				f HSA beneficiary. As, see instructions.
CHET	THAN RAMESH	880-89-		
Befor	re you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance C	ontracts, if	requi	red.
Part	HSA Contributions and Deduction. See the instructions before completing the and both you and your spouse each have separate HSAs, complete a separate			
1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) due See instructions		K Sel	f-only 🗌 Family
2	HSA contributions you made for 2022 (or those made on your behalf), including those made unextended due date of your tax return that were for 2022. Do not include employer contributions through a cafeteria plan, or rollovers. See instructions	tributions,	2	0.
3	If you were under age 55 at the end of 2022 and, on the first day of every month during were, or were considered, an eligible individual with the same coverage, enter \$3,650 (sfamily coverage). All others , see the instructions for the amount to enter	\$7,300 for	3	3,650.
4	Enter the amount you and your employer contributed to your Archer MSAs for 2022 from Follines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during a include any amount contributed to your spouse's Archer MSAs	2022, also	4	0.
5	Subtract line 4 from line 3. If zero or less, enter -0	[5	3,650.
6	Enter the amount from line 5. But if you and your spouse each have separate HSAs and H coverage under an HDHP at any time during 2022, see the instructions for the amount to ent		6	3,650.
7	If you were age 55 or older at the end of 2022, married, and you or your spouse had family under an HDHP at any time during 2022, enter your additional contribution amount. See inst	ructions.	7	0.
8	Add lines 6 and 7	[8	3,650.
9	Employer contributions made to your HSAs for 2022	2,750.		
10	Qualified HSA funding distributions			
11	Add lines 9 and 10	-	11	2,750.
12	Subtract line 11 from line 8. If zero or less, enter -0		12	900.
13	HSA deduction. Enter the smaller of line 2 or line 12 here and on Schedule 1 (Form 1040), Par	· · · ·	13	0.
Dout	Caution: If line 2 is more than line 13, you may have to pay an additional tax. See instruction			10.4
Part	a separate Part II for each spouse.		ate F	ISAs, complete
14a	Total distributions you received in 2022 from all HSAs (see instructions)		14a	2,061.
b	Distributions included on line 14a that you rolled over to another HSA. Also include an			
	contributions (and the earnings on those excess contributions) included on line 14a			
	withdrawn by the due date of your return. See instructions		14b	
C	Subtract line 14b from line 14a		14c	2,061.
15	Qualified medical expenses paid using HSA distributions (see instructions)	-	15	2,061.
16	Taxable HSA distributions. Subtract line 15 from line 14c. If zero or less, enter -0 Also, in amount in the total on Schedule 1 (Form 1040), Part I, line 8f		16	0.
17a	If any of the distributions included on line 16 meet any of the Exceptions to the Additiona Tax (see instructions), check here			
b	Additional 20% tax (see instructions). Enter 20% (0.20) of the distributions included on lin are subject to the additional 20% tax. Also, include this amount in the total on Schedul	e 2 (Form		
Dort			17b	- f
Part	III Income and Additional Tax for Failure To Maintain HDHP Coverage. See the completing this part. If you are filing jointly and both you and your spouse each complete a separate Part III for each spouse.			
18	Last-month rule		18	
19	Qualified HSA funding distribution	-	19	
20	Total income. Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I, I	-	20	
21	Additional tax. Multiply line 20 by 10% (0.10). Include this amount in the total on Schedul	e 2 (Form		
	1040). Part II. line 17d		21	

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

REV 03/22/23 PRO BAA

Form 8889 (2022)

8959 Form 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

880-89-4285

Your social security number

CHEI	HAN RAMESH		880-8	9-42	85
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	1 276	5,323.		
2	Unreported tips from Form 4137, line 6	2			
3	Wages from Form 8919, line 6	3			
4	Add lines 1 through 3	4 276	5,323.		
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	5 200	0,000.		
6	Subtract line 5 from line 4. If zero or less, enter -0			6	76,323.
7	Additional Medicare Tax on Medicare wages. Multiply line 6 by 0.9% (0.009). E			•	,0,525.
'	Part II			7	687.
Part	I Additional Medicare Tax on Self-Employment Income			-	
8	Self-employment income from Schedule SE (Form 1040), Part I, line 6. If you				
0	had a loss, enter -0- (Form 1040-PR or 1040-SS filers, see instructions.)	8			
9	Enter the following amount for your filing status:				
Ŭ	Married filing jointly.				
	Married filing separately				
	Single, Head of household, or Qualifying surviving spouse \$200,000	9			
10		10			
		11			
11 12	Subtract line 10 from line 9. If zero or less, enter -0			10	
				12	
13	Additional Medicare Tax on self-employment income. Multiply line 12 by 0.9% (0.			13	
Part	go to Part III			13	
14	Railroad retirement (RRTA) compensation and tips from Form(s) W-2, box 14 (see instructions)	14			
15		14			
15	Enter the following amount for your filing status:				
	Married filing jointly				
	Married filing separately	15			
10		-		10	
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			47	
Part	Enter here and go to Part IV			17	
	Add lines 7, 13, and 17. Also include this amount on Schedule 2 (Form 1040), line	a 11 (Farma 1)			
18	or 1040-SS filers, see instructions), and go to Part V			18	607
Part				10	687.
19	Medicare tax withheld from Form W-2, box 6. If you have more than one Form				
15		19 4	4,694.		
20			5,323.		
21	Multiply line 20 by 1.45% (0.0145). This is your regular Medicare tax	20 270	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
21		21 4	L,007.		
22	Subtract line 21 from line 19. If zero or less, enter -0 This is your Addit				
<u>C</u> L	withholding on Medicare wages			22	687.
23	Additional Medicare Tax withholding on railroad retirement (RRTA) compensation				007.
20	14 (see instructions)			23	
04				20	
24	Total Additional Medicare Tax withholding. Add lines 22 and 23. Also include federal income tax withholding on Form 1040, 1040-SR, or 1040-NR, line 25cd				
	1040-SS filers, see instructions)			24	687.
For Pa	penvork Reduction Act Notice, see your tax return instructions			27	Form 8959 (2022)
	BAA BAA	REV 03/	22/23 PRO		(2022)

8960 Form Department of the Treasury Internal Revenue Service

Net Investment Income Tax— Individuals, Estates, and Trusts

OMB No. 1545-2227 20

2

Attach to your tax return.

	Attach to your tax return. Revenue Service Go to www.irs.gov/Form8960 for instructions and the latest information.		A	ttachment equence No. 72
) shown on your tax return	Vour so		curity number or EIN
	THAN RAMESH	880-		-
Part		000	0,2	
	Section 6013(h) election (see instructions)			
	Regulations section 1.1411-10(g) election (see instructions)			
1	Taxable interest (see instructions)		1	1.
2	Ordinary dividends (see instructions)	[2	1,186.
3	Annuities (see instructions)	[3	
4a	Rental real estate, royalties, partnerships, S corporations, trusts, etc. (see instructions)	,077.		
b	Adjustment for net income or loss derived in the ordinary course of a non- section 1411 trade or business (see instructions)4b30	,077.		
с	Combine lines 4a and 4b		4c	0.
5a	Net gain or loss from disposition of property (see instructions)	,090.		
b	Net gain or loss from disposition of property that is not subject to netinvestment income tax (see instructions)			
с	Adjustment from disposition of partnership interest or S corporation stock (see			
	instructions)			
d	Combine lines 5a through 5c		5d	-2,090.
6	Adjustments to investment income for certain CFCs and PFICs (see instructions)	H	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	-903.
Part				
9a	Investment interest expenses (see instructions)			
b	State, local, and foreign income tax (see instructions)			
c	Miscellaneous investment expenses (see instructions)			
d	Add lines 9a, 9b, and 9c		9d	
10	Additional modifications (see instructions)		10	
11 Port	Total deductions and modifications. Add lines 9d and 10 .	• •	11	
12	Net investment income. Subtract Part II, line 11, from Part I, line 8. Individuals, complete lines	10 17		
12	Estates and trusts, complete lines 18a–21. If zero or less, enter -0		12	0.
	Individuals:			
13		,843.		
14		,000.		
15		,843.		
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). Enter here and in			
	on your tax return (see instructions)		17	0.
	Estates and Trusts:			
18a	Net investment income (line 12 above) .			
b	Deductions for distributions of net investment income and deductions under section 642(c) (see instructions)			
с	Undistributed net investment income. Subtract line 18b from line 18a (see instructions). If zero or less, enter -0			
19a	Adjusted gross income (see instructions)			
b	Highest tax bracket for estates and trusts for the year (see instructions) 19b			
с	Subtract line 19b from line 19a. If zero or less, enter -0			
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% (0.038). Enter her include on your tax return (see instructions)		21	
For Pa			<u> </u>	Form 8960 (2022)
	perwork Reduction Act Notice, see your tax return instructions. BAA REV 03/22/23 PRO	-		

Additional Information From 2022 Federal Tax Return

Schedule C (SOFTWARE SERVICES): Profit or Loss from Business Line 20b

Line 20b	Itemization Statement		
Description	Amount		
RENT(12M*\$1500P.M)	18,000.		
Total	18,000.		