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.

5-853.

REV 03/22/23 PRO

376-65-7376 270-39-2301 EASHWAR DIDIGAM SOWJANYA VOLAM 1144 CARLISLE PLACE MOUNT JULIET TN 37122

INTERNAL REVENUE SERVICE PO BOX 1300 CHARLOTTE NC 28201-1300

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. 1555 REV 03/22/23 PRO

5-853.

270-39-2301

376-65-7376 EASHWAR DIDIGAM MAJOV AYNALWOZ 1144 CARLISLE PLACE MOUNT JULIET TN 37122

INTERNAL REVENUE SERVICE PO BOX 1300 CHARLOTTE NC 28201-1300

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. 1555 REV 03/22/23 PRO

5-853.

270-39-2301

376-65-7376 EASHWAR DIDIGAM MAJOV AYNALWOZ 1144 CARLISLE PLACE MOUNT JULIET TN 37122

INTERNAL REVENUE SERVICE PO BOX 1300 CHARLOTTE NC 28201-1300

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 '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.

5-853.

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376-65-7376 270-39-2301 EASHWAR DIDIGAM SOWJANYA VOLAM 1144 CARLISLE PLACE MOUNT JULIET TN 37122

INTERNAL REVENUE SERVICE
OB X 1300
CHARLOTTE NC 28201-1300

8879 **8879**

(Rev. January 2021)

Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.

► Go to www.irs.gov/Form8879 for the latest information.

OMB No. 1545-0074

Submission Identification Number (SID)		
Taxpayer's name	Social securit	ty number
EASHWAR DIDIGAM	376-65-	- 7376
Spouse's name	Spouse's soc	ial security number
SOWJANYA VOLAM	270-39	-2301
Part I Tax Return Information — Tax Year Ending December 31, 2022 (Enter	year you a	re 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 1
1 Adjusted gross income		1 359,037.
2 Total tax		2 68,723.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3 52,183.
4 Amount you want refunded to you		4
5 Amount you owe		5 15,635.
Part II Taxpayer Declaration and Signature Authorization (Be sure you get and & Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended)		· · · · · · · · · · · · · · · · · · ·
my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmit to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejet for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U. Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indipayment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requipments days prior to the payment (settlement) date. I also authorize the financial institutions involved in the taxes to receive confidential information necessary to answer inquiries and resolve issues related to the personal identification number (PIN) below is my signature for the income tax return (original or amended) I ar Electronic Funds Withdrawal Consent.	itter, or electro ection of the tr S. Treasury al cated in the tr on the beat to debit the the authoriza- uests must be processing of ayment. I furt	onic return originator (ERO) ransmission, (b) the reason nd its designated Financial ax preparation software for entry to this account. This ation. To revoke (cancel) a e received no later than 2 f the electronic payment of the racknowledge that the
Taxpayer's PIN: check one box only	5	
I authorize GLOBAL TAXES LLC to enter or generate signature on the income tax return (original or amended) I am now authorizing.	Ent	ter five digits, but n't enter all zeros
I will enter my PIN as my signature on the income tax return (original or amended) I am nif you are entering your own PIN and your return is filed using the Practitioner PIN methology.		
Your signature ▶ Date ▶		
Spouse's PIN: check one box only		
X I authorize GLOBAL TAXES LLC to enter or generate I ERO firm name signature on the income tax return (original or amended) I am now authorizing.	Ent	2 3 0 1 as my ter five digits, but n't enter all zeros
I will enter my PIN as my signature on the income tax return (original or amended) I am notifyou are entering your own PIN and your return is filed using the Practitioner PIN methodelow.		
Spouse's signature ▶ Date ▶		
Practitioner PIN Method Returns Only—continue below		
Part III Certification and Authentication — Practitioner PIN Method Only		
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 2 2		6 3 1 9 8 9 er all zeros
I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income ta authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am subm requirements of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS <i>e-file</i> Providers of In	itting this retu	urn in accordance with the

ERO's signature ▶

ERO Must Retain This Form — See Instructions
Don't Submit This Form to the IRS Unless Requested To Do So

Date ▶

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**

▼ 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 \rightarrow \bar{1.5 \cdot 5 \cdot 6.35 \cdot 6.55}

EASHWAR DIDIGM
SOWJANYA VOLAM
LL44 CARLISLE PLACE
MOUNT JULIET NN 37122

INTERNAL REVENUE SERVICE P.O. BOX 1214
CHARLOTTE, NC 28201-1214

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



OMB No. 1545-007

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

Filing Status Check only		Single Married filing jointly	_	ed filing separately (M		_				spou	ifying survise (QSS)	Ü
one box.	-	u checked the MFS box, enter the na on is a child but not your dependent	-	our spouse. If you cr	песке	ea the HOH or	r QSS b	ox, ente	rtne	chila's	name ii tr	ie qualitying
Your first name		· · · · · · · · · · · · · · · · · · ·	Last nar	me					Y	our so	cial securit	tv number
EASHWAR	ana m	adio ililia	DIDI								55-737	•
	oouse's	first name and middle initial	Last nar						-			curity number
SOWJANYA		The traine and made mila	VOLA								39-230	-
		r and street). If you have a P.O. box, see					An	t. no.	_			⊥ on Campaign
1144 CAR	•	•					1,40		- 1		ere if you,	
		ce. If you have a foreign address, also co	molete sr	paces below.	Stat	e	ZIP cod	de.	s	pouse	if filing join	ntly, want \$3
MOUNT JU					TN		3712				this fund. ow will not	Checking a
Foreign country		-	F	Foreign province/state/o				postal co			or refund.	
,					,	'					You	Spouse
Digital	At an	y time during 2022, did you: (a) rece	eive (as :	a reward award or i	navm	ent for prope	rtv or se	ervices).	or (b) sell		
Assets		ange, gift, or otherwise dispose of a	•				-				Yes	⊠ No
Standard		eone can claim: You as a de					,	(/		
Deduction	_	Spouse itemizes on a separate return		•								
Age/Blindness	You:	Were born before January 2, 1	958	Are blind Spo	use:	☐ Was bor	n befor	e Janua	ry 2, ⁻	1958	☐ Is bl	ind
Dependents	s (see	instructions):		(2) Social security		(3) Relationsh	nip (4)	Check th	e box	if qualif	ies for (see	instructions):
If more	(1) Fi	rst name Last name		number		to you		Child ta	x cred	lit	Credit for ot	her dependents
than four											[
dependents, see instructions	,										[
and check	, —										[
here \square												
Income	1a	Total amount from Form(s) W-2, be	ox 1 (see	e instructions)						1a	3 (61,403.
	b	Household employee wages not re	eported (on Form(s) W-2						1b		
Attach Form(s) W-2 here. Also	С	Tip income not reported on line 1a	(see ins	structions)						1c		
attach Forms	d	Medicaid waiver payments not rep	orted or	n Form(s) W-2 (see in	nstrud	ctions)				1d		
W-2G and	е	Taxable dependent care benefits f	rom For	m 2441, line 26 .						1e		
1099-R if tax was withheld.	f	Employer-provided adoption bene	fits from	Form 8839, line 29						1f		
If you did not	g	Wages from Form 8919, line 6 .								1g		
get a Form	h	Other earned income (see instructi	ons) .							1h		0.
W-2, see instructions.	i	Nontaxable combat pay election (s	see instr	uctions)		<u>1</u> i						
	Z	Add lines 1a through 1h	. , .							1z	3 (61,403.
Attach Sch. B	2 a	Tax-exempt interest	2a		b Ta	xable interest	t .			2b		
if required.	3a	Qualified dividends	3a	319.	b Or	rdinary divide	nds .			3b		358.
	4a	IRA distributions	4a		b Ta	axable amoun	t			4b		
Standard	5a	Pensions and annuities	5a		b Ta	axable amoun	t			5b		
Deduction for — Single or	6a	Social security benefits	6a		b Ta	axable amoun	t			6b		
Married filing	С	If you elect to use the lump-sum e	lection n	nethod, check here (see i	nstructions)						
separately, \$12,950	7	Capital gain or (loss). Attach Schee	dule D if	required. If not requ	ired,	check here				7	-	-3,000.
Married filing	8	Other income from Schedule 1, line	e 10 .							8		276.
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,	and 8.	This is your total inc	ome					9	35	59,037.
surviving spouse, \$25,900	10	Adjustments to income from Sche	dule 1, li	ine 26						10		
Head of	11	Subtract line 10 from line 9. This is	your ac	djusted gross incon	ne					11	35	59,037.
household, \$19,400	12	Standard deduction or itemized	deducti	ons (from Schedule	A)					12		25,900.
If you checked	13	Qualified business income deducti								13		
any box under Standard	14									14	2	25,900.
Deduction, see instructions.	15	Subtract line 14 from line 11. If zer	o or less	s, enter -0 This is ye	our t a	axable incom	ne .			15	33	33,137.

						Page 2
Tax (see instructions). Check if any from Form(s):		3			16	67 , 595.
Amount from Schedule 2, line 3					17	
Add lines 16 and 17					18	67 , 595.
Child tax credit or credit for other dependents f					19	
Amount from Schedule 3, line 8					20	
Add lines 19 and 20					21	
Subtract line 21 from line 18. If zero or less, ent	er-0				22	67 , 595.
Other taxes, including self-employment tax, fro					23	1,128.
Add lines 22 and 23. This is your total tax .					24	68 , 723.
Federal income tax withheld from:			ı			
Form(s) W-2		25a	52,1	109.		
Form(s) 1099		25b				
Other forms (see instructions)		25c		74.		
Add lines 25a through 25c					25d	52,183.
2022 estimated tax payments and amount appl	ied from 2021 return			[26	
Earned income credit (EIC)	No .	27				
Additional child tax credit from Schedule 8812		28				
American opportunity credit from Form 8863, li	ne 8	29				
Reserved for future use		30				
Amount from Schedule 3, line 15		31	1,2	242.		
Add lines 27, 28, 29, and 31. These are your to	tal other payments and re	undabl	e credits		32	1,242.
Add lines 25d, 26, and 32. These are your total	payments				33	53,425.
f line 33 is more than line 24, subtract line 24 fr	rom line 33. This is the amou	nt you	overpaid		34	
Amount of line 34 you want refunded to you . If	Form 8888 is attached, che	ck here		. 🗆 [35a	
Routing number X X X X X X X X X	X c Type:] Check	king 🗌 Sa	vings		
Account number X X X X X X X X X X	X X X X X X X	X X	X			
Amount of line 34 you want applied to your 202	23 estimated tax	36				
Subtract line 33 from line 24. This is the amour						
For details on how to pay, go to www.irs.gov/Pa	ayments or see instructions			[37	15,635.
Estimated tax penalty (see instructions)		38] 3	337.		
you want to allow another person to discus uctions	s this return with the IRS	See	Yes. Com	plete be	low.	X No
gnee's	Phone			Il identific	ation _	
	no.		number	(PIN)		

Form 1040 (2022)

	32	Add lines 27, 28, 29, and 31	. These are your	total other pa	ayments and refu	ndable credits		32		1	,242.	
	33	Add lines 25d, 26, and 32. T	hese are your to	otal payments				33		53	,425.	
Refund	34	If line 33 is more than line 24	1, subtract line 2	4 from line 33.	This is the amoun	t you overpaid		34				
riciana	35a	Amount of line 34 you want			3 is attached, chec	k here		35a				
Direct deposit? See instructions.	b d	Routing number X X X Account number X X X			c Type: ☐ X X X X X	, , ,	Saving	S				
	36	Amount of line 34 you want	applied to your	2023 estimate	ed tax	36						
Amount You Owe	37	Subtract line 33 from line 24 For details on how to pay, g		•				37		15	, 635.	
	38	Estimated tax penalty (see in	nstructions) .			38	337					
Third Party Designee	ins	you want to allow another structions	person to disc	cuss this retu Phone		. Yes. C		e below.	X	No		_
Sign Here		der penalties of perjury, I declare tief, they are true, correct, and com				edules and stateme	nts, and	to the bes	er has	any kr	nowledge.	
11010	Yo	ur signature		Date	Your occupation		Pr	the IRS ser otection P				
Joint return?					SYSTEM DEVLO	PMENT ENGIN	EE (se	ee inst.)				
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, I	both must sign.	Date	Spouse's occupation	on	Ide	the IRS ser entity Prote	,			re
your records.					SOFTWARE E	NGINEER	(Se	ee inst.)				
	Ph	one no. (913) 634-727	9	Email address	EASHWAR.DIDI	GAM@GMAIL.CO	MC					
Paid	Pre	eparer's name	Preparer's signat	ture		Date	PTIN			ck if:		
	SYAM	PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	04/07/2023	P020	82703		Self-er	mployed	
Preparer Use Only	Fir	m's name GLOBAL TA	XES LLC				Pł	none no. (678	965	5-9522	
USE OILLY	Fir	m's address 245 ROONE	Y CT E BRU	NSWICK N	J 08816		Fi	rm's EIN	8	4-31	L71965)

BAA

REV 03/22/23 PRO

Form 1040 (2022)

Tax and **Credits**

Payments

If you have a qualifying child, attach Sch. EIC. 16

17

18 19

20

21

22

23

24 25

а

b

d

26

27 28

29

30 31

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

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2022
Attachment Sequence No. 01

Your social security number

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.

iash	WAR DIDIGAM & SOWJANYA VOLAM		3/6-6	55-/5	3/6
Par	t I Additional Income				
1	Taxable refunds, credits, or offsets of state and local income taxes			1	
2a	Alimony received			2a	
b	Date of original divorce or separation agreement (see instructions):				
3	Business income or (loss). Attach Schedule C			3	
4	Other gains or (losses). Attach Form 4797			4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Att			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	276.		
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			
- 1	Income from the rental of personal property if you engaged in the rental				
	for profit but were not in the business of renting such property	81			
m	Olympic and Paralympic medals and USOC prize money (see				
	instructions)	8m			
n	Section 951(a) inclusion (see instructions)	8n			
0	Section 951A(a) inclusion (see instructions)	80			
р	Section 461(I) excess business loss adjustment	8p			
q	Taxable distributions from an ABLE account (see instructions)	8q			
r	Scholarship and fellowship grants not reported on Form W-2	8r			
S	Nontaxable amount of Medicaid waiver payments included on Form				
	1040, line 1a or 1d	8s ()		
t	Pension or annuity from a nonqualifed deferred compensation plan or				
	a nongovernmental section 457 plan	8t			
	Wages earned while incarcerated	8u			
Z	Other income. List type and amount:				
		8z			
9	Total other income. Add lines 8a through 8z			9	276.

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

276.

10

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

Par	Adjustments to Income			
11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-ti-			
	officials. Attach Form 2106		12	
13	Health savings account deduction. Attach Form 8889		13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903		14	
15	Deductible part of self-employment tax. Attach Schedule SE		15	
16	Self-employed SEP, SIMPLE, and qualified plans		16	
17	Self-employed health insurance deduction		17	
18	Penalty on early withdrawal of savings		18	
19a	Alimony paid		19a	
b	Recipient's SSN			
С	Date of original divorce or separation agreement (see instructions):			
20	IRA deduction		20	
21	Student loan interest deduction		21	
22	Reserved for future use		22	
23	Archer MSA deduction		23	
24	Other adjustments:			
а	Jury duty pay (see instructions)	24a		
b	Deductible expenses related to income reported on line 8I from the			
	rental of personal property engaged in for profit	24b		
С	Nontaxable amount of the value of Olympic and Paralympic medals			
		24c		
d		24d		
е	Repayment of supplemental unemployment benefits under the Trade			
		24e		
f		24f		
g	, , , , , , , , , , , , , , , , , , , ,	24g		
h	Attorney fees and court costs for actions involving certain unlawful			
	·	24h		
i	Attorney fees and court costs you paid in connection with an award			
	from the IRS for information you provided that helped the IRS detect	- 41		
	F	24i		
j	<u> </u>	24j		
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form	S.4.		
		24k		
Z	Other adjustments. List type and amount:			
05		24z	05	
25	Total other adjustments. Add lines 24a through 24z		25	
26	Add lines 11 through 23 and 25. These are your adjustments to income .		00	
	Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a		26	

SCHEDULE 2 (Form 1040)

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

Department of the Treasury Internal Revenue Service Go to www.ii

Your social security number Name(s) shown on Form 1040, 1040-SR, or 1040-NR EASHWAR DIDIGAM & SOWJANYA VOLAM 376-65-7376 Part I Tax Alternative minimum tax. Attach Form 6251 1 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 Self-employment tax. Attach Schedule SE 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 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 0. 9 Household employment taxes. Attach Schedule H 9 Repayment of first-time homebuyer credit. Attach Form 5405 if required 10 10 11 11 1,128. 12 12 Uncollected social security and Medicare or RRTA tax on tips or group-term life 13 13 Interest on tax due on installment income from the sale of certain residential lots 14 14 Interest on the deferred tax on gain from certain installment sales with a sales price 15 15 16 Recapture of low-income housing credit. Attach Form 8611 16

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

(continued on page 2)
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	17j			
k	Golden parachute payments	17k			
- 1	Tax on accumulation distribution of trusts	171			
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	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 tax on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b.		21		1,128.
				•	

SCHEDULE 3 (Form 1040)

Department of the Treasury Internal Revenue Service

Additional Credits and Payments

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. 03

Name(s) shown on Form 1040, 1040-SR, or 1040-NR EASHWAR DIDIGAM & SOWJANYA VOLAM

Your social security number 376-65-7376

Part I Nonrefundable Credits			
3		1	
Credit for child and dependent care expenses from Form 244 Form 2441		2	
Education credits from Form 8863, line 19		3	
Retirement savings contributions credit. Attach Form 8880		4	
Residential energy credits. Attach Form 5695	,	5	
Other nonrefundable credits:			
a General business credit. Attach Form 3800	6a		
b Credit for prior year minimum tax. Attach Form 8801	6b		
c Adoption credit. Attach Form 8839	6c		
d Credit for the elderly or disabled. Attach Schedule R	6d		
e Alternative motor vehicle credit. Attach Form 8910	6e		
f Qualified plug-in motor vehicle credit. Attach Form 8936	6f		
g Mortgage interest credit. Attach Form 8396	6g		
h District of Columbia first-time homebuyer credit. Attach Form 8859	6h		
i Qualified electric vehicle credit. Attach Form 8834	6i		
j Alternative fuel vehicle refueling property credit. Attach Form 8911	6j		
k Credit to holders of tax credit bonds. Attach Form 8912	6k		
Amount on Form 8978, line 14. See instructions	61		
Other nonrefundable credits. List type and amount:			
	6z		
Total other nonrefundable credits. Add lines 6a through 6z		7	
Add lines 1 through 5 and 7. Enter here and on Form 1040, 1040)-SR, or 1040-NR,		
line 20		8	

Page 2 Schedule 3 (Form 1040) 2022

Par	Other Payments and Refundable Credits			·
9	Net premium tax credit. Attach Form 8962		9	
10	Amount paid with request for extension to file (see instructions) .		10	
11	Excess social security and tier 1 RRTA tax withheld		11	1,242.
12	Credit for federal tax on fuels. Attach Form 4136		12	
13	Other payments or refundable credits:			
а	Form 2439	13a		
b	Credit for qualified sick and family leave wages paid in 2022 from Schedule(s) H for leave taken before April 1, 2021	13b		
С	Reserved for future use	13c		
d	Credit for repayment of amounts included in income from earlier years	13d		
е	Reserved for future use	13e		
f	Deferred amount of net 965 tax liability (see instructions)	13f		
g	Reserved for future use	13g		
h	Credit for qualified sick and family leave wages paid in 2022 from Schedule(s) H for leave taken after March 31, 2021, and before October 1, 2021	13h		
Z	Other payments or refundable credits. List type and amount:			
		13z		
14	Total other payments or refundable credits. Add lines 13a through	13z	14	
15	Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040 line 31	-SR, or 1040-NR,	15	1,242.
	BAA REV	03/22/23 PRO	Schedu	le 3 (Form 1040) 2022

SCHEDULE D (Form 1040)

Capital Gains and Losses

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

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.

Attach to Form 1040, 1040-SR, or 1040-NR. Attachment Sequence No. 12

	(s) shown on return SHWAR DIDIGAM & SOWJANYA VOLAM				social se 6-65-	curity number
Did y	/ou dispose of any investment(s) in a qualified opportunity es," attach Form 8949 and see its instructions for additiona	•	•	× No		, o , o
Pa					see ins	tructions)
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) Adjustm to gain or lo Form(s) 894 line 2, colo	oss from 9, Part I,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1 a	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	11,900.	16,554.		-60.	-4,714.
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 (lo	oss) from Forms 4	684, 6781, and 88	324	4	
5	Net short-term gain or (loss) from partnerships, Schedule(s) K-1	S corporations,	estates, and tr	rusts from	1 5	
6	Short-term capital loss carryover. Enter the amount, if an Worksheet in the instructions	y, from line 8 of y	our Capital Loss	Carryove	6	()
7	Net short-term capital gain or (loss). Combine lines 1a term capital gains or losses, go to Part II below. Otherwise				7	-4,714.
Par	t II Long-Term Capital Gains and Losses—Ger	nerally Assets F	leld More Than	One Yea	r (see i	instructions)
See lines	instructions for how to figure the amounts to enter on the below.	(d)	(e)	(g) Adjustm		(h) Gain or (loss) Subtract column (e)
This whol	form may be easier to complete if you round off cents to e dollars.	Proceeds (sales price)	Cost (or other basis)	to gain or lo Form(s) 894 line 2, col	9, 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	876.	837.			39.
9	Totals for all transactions reported on Form(s) 8949 with Box E checked					
10	Totals for all transactions reported on Form(s) 8949 with Box F checked					
11	Gain from Form 4797, Part I; long-term gain from Forms from Forms 4684, 6781, and 8824				11	
12	Net long-term gain or (loss) from partnerships, S corporat				12	
13					13	
14	Long-term capital loss carryover. Enter the amount, if any Worksheet in the instructions	•	our Capital Loss	-	r 14	()
15	Net long-term capital gain or (loss). Combine lines 8a	through 14 in co	Jumn (h) Then a	o to Part II	ı	

on the back

39.

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

Part III Summary

16	Combine lines 7 and 15 and enter the result	16		-4,675.
	• If line 16 is a gain , enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below.			
	• If line 16 is a loss , skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22.			
	• If line 16 is zero , skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22.			
17	Are lines 15 and 16 both gains? Yes. Go to line 18.			
	No. Skip lines 18 through 21, and go to line 22.			
18	If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet	18		
19	If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet	19		
20	Are lines 18 and 19 both zero or blank and you are not filing Form 4952? Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. Don't complete lines 21 and 22 below.			
	No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.			
21	If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of:			
	• The loss on line 16; or • (\$3,000), or if married filing separately, (\$1,500)	21	(3,000.)
	Note: When figuring which amount is smaller, treat both amounts as positive numbers.			
22	Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?			
	▼ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16.			
	☐ No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.			

8949 **8949**

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

2022
Attachment
Sequence No. 12A

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

Social security number or taxpayer identification number

376-65-7376

EASHWAR DIDIGAM & SOWJANYA VOLAM

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.

 ★ (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 									
(a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis See the Note below	See the separate instruction		(h) Gain or (loss) Subtract column (e)		
(Example: 100 sh. XÝZ Ćo.)	(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).		
AMAZON.COM INC	06/15/22	06/15/22	1,247.	1,257.			-10.		
ROBINHOOD SECURITIES LLC	04/29/22	02/14/22	10,380.	14,497.	E	-60.	-4,177.		
APEX CLEARING	05/01/22	12/31/22	273.	800.			-527.		
2 Totals. Add the amounts in columns negative amounts). Enter each total Schedule D, line 1b (if Box A above above is checked), or line 3 (if Box 6).	al here and inc is checked), lir	lude on your ne 2 (if Box B	11.900	16.554		-60	-4.714		

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

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

Social security number or taxpayer identification number 376-65-7376

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)	(b)	(c) Date sold or	(d) Proceeds	(e) Cost or other basis See the Note below	If you enter an enter a co	f any, to gain or loss amount in column (g), ode in column (f). arate instructions.		
	Description of property (Example: 100 sh. XYZ Co.)	Date acquired (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).	
APEX	CLEARING	03/10/22	05/27/22	876.	837.			39.	
neg Sch	als. Add the amounts in columns ative amounts). Enter each total edule D, line 8b (if Box D above ve is checked), or line 10 (if Box	al here and ince is checked), lir	lude on your ne 9 (if Box E	876.	837.			39.	

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.

5329 **5329**

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 376-65-7376		
	IIWIIC DIDIOINI	Home address (number and street), or P.O.	box if mail is not delivered to your home			Apt. no.		
if You Form	Your Address Only I Are Filing This by Itself and Not Your Tax Return	City, town or post office, state, and ZIP cod below. See instructions. Foreign country name						
If you	only owe the additio	nal 10% tax on the full amount of	the early distributions, you may be ab	le to report	this	tax directl	v on	
		e 8, without filing Form 5329. See ins					,	
Par	disaster distribe endowment con have to comple	ution) before you reached age 59 ntract (unless you are reporting this	blete this part if you took a taxable dis 3½ from a qualified retirement plan is tax directly on Schedule 2 (Form 10- alify for an exception to the additional	(including a 40)—see ab	n IF ove)	RA) or mod). You may	lified also	
1	Early distributions inc	cludible in income (see instructions).	For Roth IRA distributions, see instruc-	tions. 1	\top			
2	•	·	to the additional tax (see instructions).					
			tions:	2				
3			e1					
4	Additional tax. Enter	10% (0.10) of line 3. Include this ar	mount on Schedule 2 (Form 1040), line	8 4				
	, , , , , , , , , , , , , , , , , , ,	of the amount on line 3 was a distri amount on line 4 instead of 10%. Se	bution from a SIMPLE IRA, you may have instructions	ave to				
Part				Acceunts		and the dela		
ı aı c	if you included	an amount in income, on Schedule	m Education Accounts and ABLE e 1 (Form 1040), line 8z, from a Cover nedule 1 (Form 1040), line 8q, from an A	dell education	on s			
5	Distributions included	d in income from a Coverdell ESA, a	QTP, or an ABLE account	5	\perp			
6	Distributions included	d on line 5 that are not subject to the	e additional tax (see instructions)	6	\perp			
7	Amount subject to ac	dditional tax. Subtract line 6 from line	e5	7				
8	Additional tax. Enter	10% (0.10) of line 7. Include this ar	mount on Schedule 2 (Form 1040), line t	8 8				
Part			Traditional IRAs. Complete this part	•	ibut	ed more to	your	
		•	id an amount on line 17 of your 2021 Fo					
9	Enter your excess cor	tributions from line 16 of your 2021 F	orm 5329. See instructions. If zero, go to	line 15 9	\perp			
10	•	RA contributions for 2022 are less	·					
		n, see instructions. Otherwise, enter						
11		distributions included in income (see						
12		prior year excess contributions (see						
13					_			
14	•		e 9. If zero or less, enter -0		_			
15		•			-			
16					,			
17			the value of your traditional IRAs on Dec					
Dout			e this amount on Schedule 2 (Form 1040),					
Part			Roth IRAs. Complete this part if you	contributed	I mc	ore to your I	≺oth	
-10			int on line 25 of your 2021 Form 5329.	lin = 00 46	$\overline{}$			
18	•	•	form 5329. See instructions. If zero, go to	line 23 18	-			
19		tributions for 2022 are less than your ctions. Otherwise, enter -0						
20		om your Roth IRAs (see instructions)		-				
21	Add lines 19 and 20	•		21				
22			e 18. If zero or less, enter -0		_			
23	•				_			
24		•			-			
25			r the value of your Roth IRAs on Decem		+			
20			this amount on Schedule 2 (Form 1040),		5			

Part				tributions to Coverdell ESAs. C		•		•
				han is allowable or you had an amount				1 5329.
26				of your 2021 Form 5329. See instruction:	s. If zero, go	o to line 31	26	
27			•	SAs for 2022 were less than the uctions. Otherwise, enter -0	27			
28				As (see instructions)			-	
29		ines 27 and 2	•				29	
30				ne 29 from line 26. If zero or less, ente			30	
31		•		tions)			31	
32			-	nd 31			32	
33	Addit Decer	i onal tax. E mber 31, 202	Enter 6% (0.06) of the s olution of the s olution 2022 contri	maller of line 32 or the value of you butions made in 2023). Include this ar	r Coverde mount on S	II ESAs on Schedule 2	33	
Part '	VÌ .	Additional	Tax on Excess Contr	ibutions to Archer MSAs. Comple	te this part	if you or yo	ur emp	olover contributed
				han is allowable or you had an amount				
34				of your 2021 Form 5329. See instruction			34	
35	If the	contribution	s to your Archer MSAs f	for 2022 are less than the maximum				
				herwise, enter -0	35			
36	2022	distributions	from your Archer MSAs	from Form 8853, line 8	36			
37	Add li	ines 35 and 3	36				37	
38	Prior :	year excess	contributions. Subtract li	ne 37 from line 34. If zero or less, ente	r -0		38	
39			`	tions)			39	
40	Total	excess cont	ributions. Add lines 38 ar	nd 39			40	
41	Addit	ional tax. E	Enter 6% (0.06) of the s	smaller of line 40 or the value of ye	our Archer	MSAs on		
				butions made in 2023). Include this a				
							41	
Part \				tributions to Health Savings Ac	•	•	•	
				nployer contributed more to your HS	As for 202	22 than is al	llowab	le or you had an
			ne 49 of your 2021 Form					
42				3 of your 2021 Form 5329. If zero, go to	line 47		42	0.
43			•	2022 are less than the maximum				
				herwise, enter -0	43			
44			•	orm 8889, line 16	44			
45		ines 43 and 4					45	
46				ne 45 from line 42. If zero or less, ente			46	
47				ions)			47	276.
48				nd 47			48	276.
49			, ,	aller of line 48 or the value of your HS				
		·		2023). Include this amount on Schedule			49	0.
Part V				ributions to an ABLE Account. Co	omplete th	is part if con	ıtributi	ons to your ABLE
			2022 were more than is a					
50			,	ions)			50	
51				smaller of line 50 or the value of yo				
				n Schedule 2 (Form 1040), line 8			51	
Part				mulation in Qualified Retirement	•	_	As).	complete this part
				quired distribution from your qualified		•		
52		•	•	e instructions)			52	
53		•	•				53	
54				s, enter -0			54	
_55				. Include this amount on Schedule 2 (F			55	t of my knowledge
		nly if You	belief, it is true, correct, and com	clare that I have examined this form, including accomplete. Declaration of preparer (other than taxpayer) is	ompanying atta s based on all i	icriments, and to nformation of wh	tne bes ich prepa	it of my knowledge and arer has any knowledge
		nis Form						
-	eit and Fax Re	Not With	Vous cianature					
- Jul	ux ne		Your signature	Propagar's signature	Data	Date		DTINI
Paid		Print/Type prep	parer's name	Preparer's signature	Date	Check		PTIN
Prep	arer					self-em	pioyea	
Use (Firm's name				Firm's EIN		
		Firm's address	S			Phone no.		

Health Savings Accounts (HSAs)

Department of the Treasury Internal Revenue Service

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 Attachment Sequence No. **52**

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

EASHWAR DIDIGAM

Social security number of HSA beneficiary. If both spouses have HSAs, see instructions.

376-65-7376

Befo	re you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, it	f requ	ired.
Part	HSA Contributions and Deduction. See the instructions before completing this part. If y and both you and your spouse each have separate HSAs, complete a separate Part I for		
1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2022. See instructions	☐ Se	lf-only 🗵 Family
2	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.
3	If you were under age 55 at the end of 2022 and, on the first day of every month during 2022, you were, or were considered, an eligible individual with the same coverage, enter \$3,650 (\$7,300 for family coverage). All others , see the instructions for the amount to enter	3	7,300.
4	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 include any amount contributed to your spouse's Archer MSAs	4	0.
5	Subtract line 4 from line 3. If zero or less, enter -0	5	7,300.
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	7,300.
7	If you were age 55 or older at the end of 2022, married, and you or your spouse had family coverage under an HDHP at any time during 2022, enter your additional contribution amount. See instructions.	7	
8	Add lines 6 and 7	8	7,300.
9	Employer contributions made to your HSAs for 2022		
10	Qualified HSA funding distributions		
11	Add lines 9 and 10	11	7,576.
12	Subtract line 11 from line 8. If zero or less, enter -0	12	0.
13	HSA deduction. Enter the smaller of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line 13	13	0.
D 1	Caution: If line 2 is more than line 13, you may have to pay an additional tax. See instructions.		10.1
Part	a separate Part II for each spouse.		HSAs, complete
14a	Total distributions you received in 2022 from all HSAs (see instructions)	14a	238.
b	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 withdrawn by the due date of your return. See instructions	14b	
С	Subtract line 14b from line 14a	14c	238.
15	Qualified medical expenses paid using HSA distributions (see instructions)	15	238.
16	Taxable HSA distributions. Subtract line 15 from line 14c. If zero or less, enter -0 Also, include this 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 Additional 20% Tax (see instructions), check here		
b	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	17b	
Part		ions b	
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, line 8f .	20	
21	Additional tax. Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2 (Form 1040), Part II, line 17d	21	

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

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Your social security number

376-65-7376 EASHWAR DIDIGAM & SOWJANYA VOLAM Part I Additional Medicare Tax on Medicare Wages 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 5 375,282. 2 2 3 3 4 4 375,282. 5 Enter the following amount for your filing status: Married filing separately \$125,000 Single, Head of household, or Qualifying surviving spouse . . . \$200,000 250,000. 6 125,282. Additional Medicare Tax on Medicare wages. Multiply line 6 by 0.9% (0.009). Enter here and go to 7 1,128. Additional Medicare Tax on Self-Employment Income Part II 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: Single, Head of household, or Qualifying surviving spouse . . . \$200,000 9 10 10 11 12 12 Additional Medicare Tax on self-employment income, Multiply line 12 by 0.9% (0.009), Enter here and 13 Additional Medicare Tax on Railroad Retirement Tax Act (RRTA) Compensation Part III Railroad retirement (RRTA) compensation and tips from Form(s) W-2, box 14 14 14 15 Enter the following amount for your filing status: Single, Head of household, or Qualifying surviving spouse . . . \$200,000 15 16 16 Additional Medicare Tax on railroad retirement (RRTA) compensation. Multiply line 16 by 0.9% (0.009). 17 17 Part IV **Total Additional Medicare Tax** Add lines 7, 13, and 17. Also include this amount on Schedule 2 (Form 1040), line 11 (Form 1040-PR 18 1,128. Part V Withholding Reconciliation Medicare tax withheld from Form W-2, box 6. If you have more than one Form W-2. enter the total of the amounts from box 6 5,516. 20 20 375,282. Multiply line 20 by 1.45% (0.0145). This is your regular Medicare tax 21 21 22 Subtract line 21 from line 19. If zero or less, enter -0-. This is your Additional Medicare Tax 22 74. Additional Medicare Tax withholding on railroad retirement (RRTA) compensation from Form W-2, box 23 23 Total Additional Medicare Tax withholding. Add lines 22 and 23. Also include this amount with 24 federal income tax withholding on Form 1040, 1040-SR, or 1040-NR, line 25c (Form 1040-PR or 24 74.

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Form **8960**

Department of the Treasury Internal Revenue Service

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

Your social security number or EIN Name(s) shown on your tax return EASHWAR DIDIGAM & SOWJANYA VOLAM 376-65-7376 Part I Investment Income ☐ Section 6013(g) election (see instructions) ☐ Section 6013(h) election (see instructions) ☐ Regulations section 1.1411-10(g) election (see instructions) 2 2 358. 3 3 Rental real estate, royalties, partnerships, S corporations, trusts, etc. (see 4a Adjustment for net income or loss derived in the ordinary course of a nonsection 1411 trade or business (see instructions) 4b 4c Net gain or loss from disposition of property (see instructions) -3,000.Net gain or loss from disposition of property that is not subject to net 5b Adjustment from disposition of partnership interest or S corporation stock (see 5d -3.000.Adjustments to investment income for certain CFCs and PFICs (see instructions) . . . 6 6 7 7 Total investment income. Combine lines 1, 2, 3, 4c, 5d, 6, and 7. 8 -2,642 Part II Investment Expenses Allocable to Investment Income and Modifications 9a Investment interest expenses (see instructions) 9h Miscellaneous investment expenses (see instructions) . . . 9c 9d 10 10 11 Total deductions and modifications. Add lines 9d and 10 11 Part III Tax Computation 12 Net investment income. Subtract Part II, line 11, from Part I, line 8. Individuals, complete lines 13-17. 12 0. Individuals: 13 Modified adjusted gross income (see instructions) 13 359,037. 14 250,000. 15 Subtract line 14 from line 13. If zero or less, enter -0- 15 109,037. 16 16 Net investment income tax for individuals. Multiply line 16 by 3.8% (0.038). Enter here and include 17 17 0. **Estates and Trusts:** Deductions for distributions of net investment income and deductions under 18b Undistributed net investment income. Subtract line 18b from line 18a (see 18c 19a **b** Highest tax bracket for estates and trusts for the year (see instructions) . . . 19b **c** Subtract line 19b from line 19a. If zero or less, enter -0- 20 20 Net investment income tax for estates and trusts. Multiply line 20 by 3.8% (0.038). Enter here and 21 21

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