## Form **8879**

(Rev. January 2021)

Department of the Treasury Internal Revenue Service

## IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.

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

OMB No. 1545-0074

Submi	ission Identification Number (SID)			-			
Taxpaye	er's name		Social sec	urity numb	er		
GAY	ATHRI YADAV PAIDYMANU		731-8	30-693	5		
Spouse'	's name		Spouse's	social seci	ırity num	ber	
Part	Tax Return Information — Tax Year Ending December 31,	)22 <b>(Enter</b>	year you	ı are au	thorizir	ıg.)	
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			602.
2	Total tax						651.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099				2	25,8	308.
4	Amount you want refunded to you					4,1	157.
5	Amount you owe			. 5			
Part	Taxpayer Declaration and Signature Authorization (Be sure you penalties of perjury, I declare that I have examined a copy of the income tax return (original						-
to send for any Agent t paymen authori: paymen busines taxes t persona	(original or amended) I am now authorizing. I consent to allow my intermediate service providing return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or receipt or receipt in processing the return or refund, and (c) the date of any refund. If applicable, I authorized to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution into financial taxes owed on this return and/or a payment of estimated tax, and the financiation is to remain in full force and effect until I notify the U.S. Treasury Financial Agent at 1-888-353-4537. Payment can see says prior to the payment (settlement) date. I also authorize the financial institutions into receive confidential information necessary to answer inquiries and resolve issues related information number (PIN) below is my signature for the income tax return (original or a unic Funds Withdrawal Consent.	eason for reject thorize the U. account indical ncial institution to terminate cellation requivolved in the pattern that the pattern that is the pattern for the pattern that is the pattern to the pattern that is the pattern th	ction of the S. Treasure cated in the new to debit the author ests must processing ayment. I	e transmisy and its of e tax preportion. The entry orization. The receipt of the elfurther actions	ssion, (b) designation aration at this action revoked no lectronic exhaust	the ed Fire softwood cour e (ca later payn	reason nancial rare for the This ncel) a than 2 nent of the the
			ı			_	
	nyer's PIN: check one box only		DINI	0 6 9	9   3   5	5	
×	I authorize GLOBAL TAXES LLC to enter o	r generate r	ny Pilv	Enter five		ıt	as my
	signature on the income tax return (original or amended) I am now authorizing.			don't ente	r all zero	S	
	I will enter my PIN as my signature on the income tax return (original or amendif you are entering your own PIN <b>and</b> your return is filed using the Practitione below.						
Your s	signature	Date ► _					
Snous	se's PIN: check one box only					_	
Г		r generate r	ny PINI			,	as my
	ERO firm name	n gonorato i	,	Enter five	digits, bu		ac my
	signature on the income tax return (original or amended) I am now authorizing.			don't ente	r all zero	s	
	I will enter my PIN as my signature on the income tax return (original or amenifi you are entering your own PIN <b>and</b> your return is filed using the Practitione below.						
Spous	se's signature ▶	Date ►					
	Practitioner PIN Method Returns Only—conti						
Part	Certification and Authentication — Practitioner PIN Method On	ly					
ERO's	SEFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN	. 2 2	2 4 9	6 6	1 9	8	9
	· · · · · · · · · · · · · · · · · · ·		Don't	enter all ze	eros		
authori	y that the above numeric entry is my PIN, which is my signature for the electronic individuzed to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that ements of the Practitioner PIN method and <b>Pub. 1345,</b> Handbook for Authorized IRS e-file P	ıt I am submi	tting this i	return in a	accordar	ice w	
ERO's	s signature ►	Date ►					
	ERO Must Retain This Form — See Instru						
	Don't Submit This Form to the IRS Unless Reque		o So				

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

2022

OMB No. 1545-0074

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

Filing Status	s 🔀 S	Single Married filing jointly [	Marrie	ed filing separate	ly (MFS)	☐ Head of	household (HOH)		lifying s		ng	
Check only one box.	•	u checked the MFS box, enter the roon is a child but not your depender	,	our spouse. If yo	ou check	ed the HOH or	QSS box, enter t		use (QS name	,	qualifying	
Your first name	and mi	ddle initial	Last nar	me				Your so	cial sec	urity r	number	
GAYATHR	I YAI	DAV	PAID	DYMANU			731-80-6935					
If joint return, s	pouse's	s first name and middle initial	Last nar	ne				Spouse	s social	securi	ity number	
Home address	(numbe	er and street). If you have a P.O. box, se	 e instruction	ons.			Apt. no.	Preside	Presidential Election Campaign			
_2641 FRG	ONTAC	GE RD, NW					308	1	Check here if you, or your spouse if filing jointly, want \$3			
City, town, or p	ost offic	ce. If you have a foreign address, also c	omplete sp	paces below.	Sta	ite	ZIP code		_		, want \$3 lecking a	
ROANOKE				VA 24			24017	box bel	ow will	not ch		
Foreign country name				oreign province/st	ate/coun	ty	Foreign postal code	your tax	or refu	_	Spouse	
 Digital		ny time during 2022, did you: (a) red	`				, , , , , , , , , , , , , , , , , , , ,	. , .				
Assets	exch	ange, gift, or otherwise dispose of		<u>_</u>	cial inter	est in a digital	asset)? (See instr	ructions.)	Y€	es 2	⊠ No	
Standard Deduction		eone can claim:	•	•		a dependent						
Age/Blindness	s You:	☐ Were born before January 2,	1958	Are blind	Spouse	: Was bo	rn before January	2, 1958		s blind	ł	
Dependent	s (see	instructions):		(2) Social sec	urity	(3) Relationsh	nip (4) Check the	box if quali	fies for (	see ins	structions):	
If more	<b>(1)</b> Fi	rst name Last name		number		to you	Child tax	credit	Credit fo	r other	dependents	
than four												
dependents, see instruction	s ——											
and check												
here	]											
Income	1a	Total amount from Form(s) W-2, b	oox 1 (see	e instructions)				. 1a		134	,016.	
	b	Household employee wages not i	•	. ,				. 1b				
Attach Form(s) W-2 here. Also	С	Tip income not reported on line 1a (see instructions)										
attach Forms	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)										
W-2G and 1099-R if tax	е	Taxable dependent care benefits from Form 2441, line 26										
was withheld.	f	Employer-provided adoption ben						. 1f				
If you did not	g	Wages from Form 8919, line 6.						19				
get a Form W-2, see	h	Other earned income (see instruc	,					. 1h			0.	
instructions.	i	Nontaxable combat pay election	(see instr	uctions)		<u>1</u> i				101	016	
	<u>z</u>	Add lines 1a through 1h			 I . <del>.</del>			. 1z		134	,016.	
Attach Sch. B if required.	2a	Tax-exempt interest	2a		1	axable interes		. 2b				
ii required.	3a	Qualified dividends	3a		1	ordinary divide		. 3b				
	4a	IRA distributions Pensions and annuities	4a		i	axable amoun axable amoun					,386.	
Standard Deduction for—	5a	-	5a 6a		1	axable amoun		. 5b			, 300.	
Single or	6a c	Social security benefits Large of the security benefits		nothed shock h	1			. 00				
Married filing separately,	7	Capital gain or (loss). Attach Sche			,	,		7		_ ၁	000	
\$12,950 Married filing	8	Other income from Schedule 1, li		· · · ·				. 8			,000. ,800.	
jointly or	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7						. 9			,602.	
Qualifying surviving spouse,	10	Adjustments to income from Scho		-				. 10			, 002.	
\$25,900 • Head of	11	Subtract line 10 from line 9. This is						. 11		126	,602.	
household,	12	Standard deduction or itemized	-					. 12			,950.	
\$19,400 If you checked	13	Qualified business income deduc		`	,			. 13			,,,,,,,	
any box under Standard	14							. 14		12	,950.	
Deduction,	15	Subtract line 14 from line 11. If ze									,652.	
see instructions.					•				_			

Form 1040 (2022	2)								Page <b>2</b>
Tax and	16	Tax (see instructions). Check	if any from Form	n(s): <b>1</b> 881	4 <b>2</b> 🗌 4972	3 🗌		16	21,112.
Credits	17	Amount from Schedule 2, lir	ne 3				[	17	
	18	Add lines 16 and 17					[	18	21,112.
	19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812		[	19	
	20	Amount from Schedule 3, lir	ne 8					20	
	21	Add lines 19 and 20					[	21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0			[	22	21,112.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21		[	23	539.
	24	Add lines 22 and 23. This is	your <b>total tax</b>				[	24	21,651.
Payments	25	Federal income tax withheld							· ·
,	а	Form(s) W-2				<b>25a</b> 25	,808.		
	b	Form(s) 1099				25b			
	С	Other forms (see instruction	s)			25c			
	d	Add lines 25a through 25c						25d	25,808.
.,	26	2022 estimated tax paymen					[	26	· · · · · · · · · · · · · · · · · · ·
If you have a qualifying child,	27	Earned income credit (EIC)			No .	27			
attach Sch. EIC.	28	Additional child tax credit from	m Schedule 8812	2		28			
	29	American opportunity credit	from Form 8863	3, line 8		29			
	30	Reserved for future use .				30			
	31	Amount from Schedule 3, lir	ne 15			31			
	32	Add lines 27, 28, 29, and 31				indable credits		32	
	33	Add lines 25d, 26, and 32. T					[	33	25,808.
Refund	34	If line 33 is more than line 24	1, subtract line 2	4 from line 33.	This is the amour	nt you <b>overpaid</b>		34	4,157.
neiuliu	35a	Amount of line 34 you want	refunded to you	u. If Form 8888	is attached, ched	ck here	. 🗆 🏻	35a	4,157.
Direct deposit?	b	Routing number 0 1 1					Savings		
See instructions.	d	Account number 0 0 4	6 6 8 8	8 2 7 0	5   3   1				
	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							
Tou Owe	20	For details on how to pay, g	_	-		1 1		37	
This I Book	38	Estimated tax penalty (see in				38			
Third Party Designee		you want to allow another			n with the IRS?		mplete be	low	<b>⋉</b> No
Designee		signee's		Phone			nal identifica		
	nai			no.			er (PIN)	XO	
Sign		der penalties of perjury, I declare tief, they are true, correct, and com							
Here	Yo	ur signature		Date	Your occupation		If the IF	₹S ser	nt you an Identity
					·		I		N, enter it here
Joint return?						ROJECT MANAGE	_		
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return,	<b>both</b> must sign.	Date	Spouse's occupati	on			nt your spouse an ection PIN, enter it here
your records.								st.)	I I I I I I I I I I I I I I I I I I I
	———Ph	one no. (646) 407-053	Δ	Email address	CAYATHRI YA	DAV@YAHOO.CO	L M		
		eparer's name	Preparer's signat		5/11/11/11/11 . IA	Date	PTIN	$\overline{}$	Check if:
Paid		I PRIYA RAM SAGAR GUPTA TALLAM			GUPTA TAT.T.AM		P020827	703	Self-employed
Preparer		m's name GLOBAL TA		1 01101111	COL III IIIIIIIII	02/20/2025			678) 965-9522
Use Only			Y CT E BRU	NSWICK N	J 08816		Firm's		84-3171965
Go to www.irs a		n1040 for instructions and the late			BAA	REV 02/10/23 PRO	1		Form <b>1040</b> (2022)

## **SCHEDULE 1** (Form 1040)

## **Additional Income and Adjustments to Income**

OMB No. 1545-0074 Attachment Sequence No. 01

Department of the Treasury Internal Revenue Service

Attach to Form 1040, 1040-SR, or 1040-NR. Go to www.irs.gov/Form1040 for instructions and the latest information.

Name	Name(s) shown on Form 1040, 1040-SR, or 1040-NR  Your soc						
GAYA	THRI YADAV PAIDYMANU		731-8	80-69	35		
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	-9,800.		
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						
	instructions)	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 1040, line 1a or 1d	8s (	١				
		05 (		-			
t	Pension or annuity from a nonqualifed deferred compensation plan or a nongovernmental section 457 plan	8t					
	Wages earned while incarcerated	8u					
u z	Other income. List type and amount:	Ju					
~	other income. List type and amount.	8z					
9	Total other income. Add lines 8a through 8z			9			

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

-9,800.

10

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

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

## SCHEDULE 2 (Form 1040)

Department of the Treasury Internal Revenue Service

## **Additional Taxes**

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

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

OMB No. 1545-0074

2022

Attachment
Sequence No. 02

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

Your social security number 731-80-6935

Pai	tl Tax		
1	Alternative minimum tax. Attach Form 6251	1	
2	Excess advance premium tax credit repayment. Attach Form 8962	2	
3	Add lines 1 and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 17.	3	
Par	t II Other Taxes		
4	Self-employment tax. Attach Schedule SE	4	
5	Social security and Medicare tax on unreported tip income.  Attach Form 4137		
6	Uncollected social security and Medicare tax on wages. Attach Form 8919		
7	Total additional social security and Medicare tax. Add lines 5 and 6	7	
8	Additional tax on IRAs or other tax-favored accounts. Attach Form 5329 if required.		
	If not required, check here	8	539.
9	Household employment taxes. Attach Schedule H	9	
10	Repayment of first-time homebuyer credit. Attach Form 5405 if required	10	
11	Additional Medicare Tax. Attach Form 8959	11	
12	Net investment income tax. Attach Form 8960	12	
13	Uncollected social security and Medicare or RRTA tax on tips or group-term life insurance from Form W-2, box 12	13	
14	Interest on tax due on installment income from the sale of certain residential lots and timeshares	14	
15	Interest on the deferred tax on gain from certain installment sales with a sales price over \$150,000	15	
16	Recapture of low-income housing credit. Attach Form 8611	16	
	(cc	ontinu	ued on page 2)

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	-	
	Additional tax on an HSA because you didn't remain an eligible	176		
u	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 <b>total other tax</b> on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b	es. Enter here and	21	539.

### SCHEDULE D (Form 1040)

Department of the Treasury

Internal Revenue Service

## **Capital Gains and Losses**

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

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

OMB No. 1545-0074

2022

Attachment Sequence No. **12** 

Name(s) shown on return Your social security number 731-80-6935 GAYATHRI YADAV PAIDYMANU Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss. Part I Short-Term Capital Gains and Losses – Generally Assets Held One Year or Less (see instructions) See instructions for how to figure the amounts to enter on the (h) Gain or (loss) (g) Adjustments Subtract column (e) lines below. Proceeds Cost to gain or loss from from column (d) and This form may be easier to complete if you round off cents to (sales price) (or other basis) Form(s) 8949, Part I, combine the result whole dollars. with column (g) line 2. column (a) 1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b . **1b** Totals for all transactions reported on Form(s) 8949 with . . . . . . . . . . . . . . Box A checked 31,691. 41,796. 3,144. -6,961. Totals for all transactions reported on Form(s) 8949 with Box B checked . . . . . . . . . . . . . 3 Totals for all transactions reported on Form(s) 8949 with Box C checked . . . . . . . . . . . . . . . Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 4 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from 5 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover 6 5,610.) Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). If you have any longterm capital gains or losses, go to Part II below. Otherwise, go to Part III on the back . . . . . . . . 7 -12,571. 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 (h) Gain or (loss) (g) Adjustments Subtract column (e) (d) (e) lines below. Proceeds to gain or loss from from column (d) and Cost This form may be easier to complete if you round off cents to (or other basis) Form(s) 8949, Part II, (sales price) combine the result whole dollars. line 2. column (a) with column (a) 8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b . 8b Totals for all transactions reported on Form(s) 8949 with Box D checked . . . . . . . . . . . . . 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 11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) 11 12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 12 13 14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover 14 15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then, go to Part III

BAA

15

Schedule D (Form 1040) 2022 Page 2

## Part III Summary 16 Combine lines 7 and 15 and enter the result 16 -12**,**571. • If line 16 is a gain, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below. • If line 16 is a loss, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete • If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22. 17 Are lines 15 and 16 both gains? ☐ **Yes.** Go to line 18. No. Skip lines 18 through 21, and go to line 22. 18 If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the 18 19 If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet . 19 20 Are lines 18 and 19 both zero or blank and you are not filing Form 4952? ☐ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. Don't complete lines 21 and 22 below. □ No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below. If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of: 21 • The loss on line 16; or 21 3,000.) • (\$3,000), or if married filing separately, (\$1,500) **Note:** When figuring which amount is smaller, treat both amounts as positive numbers. Do you have gualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a? 22 ☐ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.

## Form **8949**

## **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

731-80-6935

GAYATHRI YADAV PAIDYMANU

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 (C) Short-term transactions				sis <b>wasn't</b> report	ed to the IF	RS	-7
1	<del>- ' '</del>	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis See the <b>Note</b> below	If you enter an enter a c	f any, to gain or loss amount in column (g), ode in column (f). arate instructions.	(h) Gain or (loss) Subtract column (e)
	(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see Column (e) in the separate instructions.	(f) Code(s) from instructions	<b>(g)</b> Amount of adjustment	from column (d) and combine the result with column (g).
RO	OBINHOOD CRYPTO LLC	01/01/22	12/31/22	6,712.	6,643.			69.
Ro	bbinhood Securities LLC	01/01/22	12/31/22	24,979.	35,153.	W	3,144.	-7,030.
2	Totals. Add the amounts in columns negative amounts). Enter each total Schedule D, line 1b (if Box A above above is checked), or line 3 (if Box C)	al here and inc e is checked), <b>lir</b>	lude on your ne 2 (if Box B	31,691.	41,796.		3,144.	-6,961.

**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.

## **SCHEDULE E** (Form 1040)

## **Supplemental Income and Loss**

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

Your social security number

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

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

OMB No. 1545-0074

GAYA	ATHRI YADAV PA	AIDYMANU				731-8	30-6935				
Par		Loss From Rental Real Estate and	d Royaltie	S							
	Note: If you ar rental income	are in the business of renting personal propert or loss from <b>Form 4835</b> on page 2, line 40.	ty, use <b>Sched</b>	lule C. See	instructions. If you	u are an inc	lividual, rep	ort farm			
Α		payments in 2022 that would require you	to file Form(s	s) 1099? S	see instructions .		. \( \sum \cdot \text{Y}\epsilon	es 🛛 No			
		will you file required Form(s) 1099? .									
1a		Physical address of each property (street, city, state, ZIP code)									
A		AI NAGAR COLONY TRIMULGHERR		ר הבדעו	JCANA IN 50	0015					
B	1 10 114, 52	AI NAGAN CODONI INIMODGIENN	(I, DEC DA	ואננינו ט.	NGANA IN JO	0013					
C											
	Type of Property	2 For each rental real estate proper	rtv listed		Fair Rental	Perso	nal Use	0.07			
	(from list below)	above, report the number of fair r	rental and		Days		ays	QJV			
Α	3	personal use days. Check the QJ		Α	365		0				
В		if you meet the requirements to fi qualified joint venture. See instru	lle as a ctions	В							
C		quamica jemi vertare. eee mena	01.01.01	С							
	of Property:										
	Single Family Resid				7 Self-Renta						
2	Multi-Family Reside	lence 4 Commercial	6 R	oyalties	8 Other (des	scribe)					
					Prope	rties:					
Incon	ne:			Α	E	3		С			
3			3	6	50.						
4		d	4								
Expe			_								
5			5								
6 7		see instructions)	7	1,2	5.0						
8			8	1,2	50.						
9			9								
10		professional fees	10								
11	-	S	11	1,5	50.						
12		t paid to banks, etc. (see instructions)	12								
13			13								
14			14	2,9	50.						
15			15	2,5	50.						
16			16								
17			17	2,1	50.						
18	Depreciation expe	ense or depletion	18								
19	Other (list)	Add lines 5 through 10	19	10.4	F.0						
20	rotal expenses. A	Add lines 5 through 19	20	10,4	50.						
21		rom line 3 (rents) and/or 4 (royalties). If see instructions to find out if you must									
	, , , ,		21	-9 <b>,</b> 8	00.						
22		real estate loss after limitation, if any,									
		ee instructions)	22 (	9,80	0.)(		)(	)			
23a	Total of all amount	nts reported on line 3 for all rental proper			23a	650.					
b		nts reported on line 4 for all royalty prope			23b						
С	Total of all amount	nts reported on line 12 for all properties			23c						
d		nts reported on line 18 for all properties			23d						
е		nts reported on line 20 for all properties			<b>23e</b>	10,450.					
24	•	sitive amounts shown on line 21. Do not	•			. 24	,				
25	•	alty losses from line 21 and rental real estat					(	9,800.)			
26		estate and royalty income or (loss).									
		III, IV, and line 40 on page 2 do not an 1040), line 5. Otherwise, include this an						-9,800.			

# 2022 VA760CG Page 1





GAYATHRI YAD PAIDYMANU

2641 FRONTAGE RD, NW APT 308

ROANOKE VA 24017

SSN-You PAII	)	731806935	Vendor ID	1555	XX	XXXX
SSN - Spouse						
Fed Adj Gross Income (FAGI)	1.	126602.	Withholding (VA) - Yo	ou	19A.	7166.
Additions	2.		Withholding (VA) - S	pouse	19B.	
Subtotal	3.	126602.	Estimated Payments	i	20.	
Age Deduction - You	4A.		2021 Overpayment		21.	
Age Deduction - Spouse	4B.		Extension Payments	i	22.	
Soc Sec & Tier 1 Railroad	5.		Credit - Low-Income	or EIC	23.	
State Income Tax Overpayment	6.		Credit - Schedule OS	С	24.	
Subtractions	7.		Credits - Schedule CI	₹	25.	
Subtotal Subtractions	8.		Total Payments / Cre	edits	26.	7166.
Total VA Adj Gross Income (VAGI)	9.	126602.	Tax You Owe		27.	
Itemized Deductions - VA Sch A	10.		Tax Overpayment		28.	657.
Standard Deduction	11.	8000.	Overpayment Credite	ed to Next Year	29.	
Exemptions	12.	930.	VAC - Virginia 529 / A	ABLE	30.	
Deductions	13.		VAC - Other Contribu	utions	31.	
Subtotal (Deductions & Exemption	s) 14.	8930.	Addition to Tax, Pena	alty & Interest	32.	
VA Taxable Income	15.	117672.	Sales and Use Tax		33.	
Amount of Tax	16.	6509.	Amount You Owe			
Spouse Tax Adjustment (STA)	17.		Will Pay by Credit/Debit Your Refund	t Card N	ı	657.
VAGI - Spouse	17A.		D 1 D 1'' "	,	<b>_</b>	011000120
Net Amount of Tax	18.	6509.	Bank Routing #		004660	011000138
L			Bank Account #		0046688	302/03

\_\_LAR \_\_DLAR \_\_DTD \_\_LTD \$\_\_\_\_\_

Page 1 of 2





#### Filing Status, Age & License Information **Additional Filing Information** 1 161 Filing Status Locality Federal Head of Household Uninsured & Authorize DMAS 10231990 DOB - You Name or Filing Status Change VA Driver's License ID - You B69784126 Address Change VA Driver's License - Iss. Date - You 01212022 VA Return Not Filed Last Year Spouse Name (Filing Status 3 Only) Dependent on Another's Return Farmer / Fisherman / Merchant Seaman DOB - Spouse Amended VA Driver's License ID - Spouse Reason Code VA Driver's License - Iss. Date - Spouse Overseas on Due Date Exemptions (B) Exemptions (A) 65 & Over - You Federal EIC & Amount You Spouse 65 & Over - Spouse Deceased Indicator Form 760C or 760F Dependents Blind - You Total (A) 1 Blind - Spouse No Sales & Use Tax Due Indicator Χ Obtain Electronic 1099G Total (B) ID Theft PIN **Contact Information**

I (We), the undersigned, declare under penalty of law that I (we) have examined this return & to the best of my (our) knowledge, it is a true, correct & complete return. If you are requesting direct deposit of your refund by providing bank information on your return, you are certifying that the information provided is for a domestic account within the territorial jurisdiction of the United States.

> 6464070534 Phone - You

Signature - You Date

Signature - Spouse \_\_\_\_\_ Date Phone - Spouse 022323

6789659522 Signature - Preparer SYAM PRIYA RAM SAGAR GUPTA TALLAM Date Phone - Preparer

7 P02082703 The Tax Department may discuss my/our return with my/our preparer. Preparer Information

File by May 1, 2023

Include Page 1, Page 2 and all supporting 760CG documents. 245 ROONEY CT E BRUNSWICK

GLOBAL TAXES LLC

## 2022 Schedule INC/CG

731806935

Report all W-2s, 1099s & VK-1s with VA Withholding

GAYATHRI YAD P.

PAIDYMANU



Your/ Spouse SSN	Withholding Type	VA Withholding	Employer FEIN	VA Account Number	VA Wages, tips, other comp.
Γ					コ
731806935	W	7166.	346565596	30346565596F001	134016.

 Total VA Withholding
 SSN
 VA Withholding

 You
 731806935
 7166.

 Spouse
 Total # of W-2s,1099s & VK-1s
 01

VA-8879 Virginia Department of Taxation

1555

# Virginia Individual Income Tax e-File Signature Authorization

Tax Year 2022

# DO NOT SEND THIS VA-8879 TO THE VIRGINIA DEPARTMENT OF TAXATION OR THE IRS. IT MUST BE MAINTAINED IN YOUR FILES!

Virgi	nia Submission Identification Number (SID)								
Your	Name	<b>B</b> Your Social Sec	curity Number						
	THRI YADAV PAIDYMANU	731-80-69							
Spot	se's Name	A Spouse's Socia	I Security Number						
Part	I Tax Return Information	A Spouse	B Yourself						
1.	Federal Adjusted Gross Income (Form 760CG, Line 1; 760PY, Line 1, columns A & B; Form 763, Line 1)		126602.						
2.	Virginia Adjusted Gross Income (Form 760CG, Line 9; 760PY, Line 10, columns A & B; Form 763, Line 9)		126602.						
3.	Taxable Income (Form 760CG, Line 15; 760PY, Line 16, columns A & B; Form 763, Line 17)		117672.						
4.	Virginia Income Tax (Form 760CG, Line 18; 760PY, Line 17, columns A & B; Form 763 Line 18)		6509.						
5.	Withholding (Form 760CG, Line 19a & 19b; 760PY, Lines 19a & 19b; Form 763, Lines 19a & 19b)		7166.						
6.	Amount you Owe (Form 760CG, Line 35; Form 760PY, Line 35; Form 763, Line 35)								
7.	Refund (Form 760CG, Line 36; 760PY, Line 36; Form 763, Line 36)		657.						
Part	II Declaration of Taxpayer and Signature Authorization  penalties of perjury, I declare that I have examined a copy of my individual income tax return and accompanying so	•							
Returnumb filing liable Virgir refun- of the signa	December 31, 2022, and to the best of my knowledge and belief, it is true, correct and complete. I further declare that the information I provided to my Electronic Return Originator (ERO), Transmitter, or Intermediate Service Provider (including my name, address and social security number or individual tax identification number) and the amount shown in Part I above agree with the information and amounts shown on the corresponding lines of my electronic income tax return. If I am filing a balance due return, I understand that if the Virginia Department of Taxation (Virginia Tax) does not receive full and timely payment of my tax liability, I remain liable for the tax liability and all applicable interest and penalties. I authorize my ERO, Transmitter or Intermediate Service Provider to transmit my complete return to Virginia Tax. I have selected a personal identification number (PIN) as my signature for my electronic income tax return and, if applicable, the direct deposit of my refund or direct debit of my tax due. In choosing either direct deposit or direct debit, I certify that the transaction does not directly involve a financial institution outside of the territorial jurisdiction of the United States at any point in the process. Taxpayers may sign the form using a rubber stamp, mechanical device, such as a signature pen, or computer software program.								
	Do not enter all zeros  GLOBAL TAXES LLC								
	ERO Firm Name  I will enter my e-File PIN as my signature on my 2022 e-filed Virginia individual income tax return. Check this box and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.	only if you are entering	your own e-File PIN						
Your	Signature Date								
Spou	se's e-File PIN: check one box only								
	I authorize the ERO named below to enter my e-File PIN as my signature on my 2022 e-file Do not enter all zeros	ed Virginia individual inc	come tax return.						
	ERO Firm Name								
	I will enter my e-File PIN as my signature on my 2022 e-filed Virginia individual income tax return. Check this box PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.	only if you are entering	your own e-File						
	se's Signature Date								
Part	III Certification and Authentication – Practitioner PIN Method Only								
ERO'	s EFIN/PIN: Enter your six-digit EFIN followed by your five digit self-selected PIN.  2 2 2 4 9 6 6	1 9 8 9							
indica Hand a sigr	Do not enter all zeros  I certify that the above numeric entry is my ERO EFIN/PIN, which is my signature for the 2022 Virginia individual income tax return 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 Virginia's publication Handbook for Electronic Filers of Individual Income Tax Returns (Tax Year 2022). EROs may sign the form using a rubber stamp, mechanical device, such as a signature pen, or computer software program.  ERO's Signature								
	540								