Internal Revenue Service

IRS e-file Signature Authorization

OMB No. 1545-0074

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

Submission Identification Number (SID)

. . . .

Taxpay	er's name	Social security nun	nber
GAY	ATHRI YADAV PAIDYMANU	731-80-693	35
Spouse	e's name	Spouse's social se	curity number
Par	t I Tax Return Information – Tax Year Ending December 31, 2022 (Enter	er year you are a	uthorizing.)
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	126,602.
2	Total tax	2	21,651.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	25,808.
4	Amount you want refunded to you	4	4,157.
5	Amount you owe	5	

Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

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

Taxpay	er's PIN: che	eck one box only			0 6	93	6	
X	I authorize GLOBAL TAXES LLC to enter or generate my PIN ERO firm name signature on the income tax return (original or amended) I am now authorizing.						s, but zeros	as my
		ny PIN as my signature on the income tax r ntering your own PIN and your return is file Goorgania	ed using the Practitioner Pil	N method. The	ERO mi			-
Your sig	nature 🕨	gamp	Da	ate 🕨 2/24/202	3			
Spouse	I authorize signature or I will enter r	ERO firm name ERO firm name In the income tax return (original or amended my PIN as my signature on the income tax r Intering your own PIN and your return is file	d) I am now authorizing. eturn (original or amended)			nter all z Check	z <mark>eros</mark> this t	
Spouse	s signature			ate 🕨				
	_	Practitioner PIN Method	-	below				
Part II	Certific	ation and Authentication – Practitio	ner PIN Method Only					
ERO's I	EFIN/PIN. En	ter your six-digit EFIN followed by your five	-digit self-selected PIN.	2 2 2 4 Don '	9 6 t enter all	5 1 zeros	98	9

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

ERO's signature >	Date 🕨							
ERO Must Retain This Form — See Instructions Don't Submit This Form to the IRS Unless Requested To Do So								
For Denominary Deduction Act Nation and your top		Earm 8870 (Bay, 01 2021)						

1040		artment of the Treasury—Internal Revenue Servi S. Individual Income Tax		m 20 2	2	OMB No. 1545	-0074	IRS Use	Only	—Do not w	rite or staple	in this space.
Filing Status Check only			_	I filing separately (M	,					spou	lifying sur use (QSS)	0
one box.	-	u checked the MFS box, enter the nation is a child but not your dependent		ur spouse. If you ch	neck	ed the HOH or	QSS	box, ente	er th	e child's	name if ti	ne qualifying
Your first name	and mi	ddle initial	Last name	е						Your so	cial securi	ty number
GAYATHRI	YAI	VAC	PAIDY	MANU						731-	80-693	5
lf joint return, sp	ouse's	first name and middle initial	Last name	e						Spouse'	s social se	curity number
Home address (numbe	er and street). If you have a P.O. box, see	instruction	IS.			A	pt. no.		Preside	ntial Electi	on Campaign
<u>2641 FRO</u>	NTAC	GE RD, NW					3	808			here if you,	
City, town, or po	ost offic	ce. If you have a foreign address, also co	mplete spa	aces below.	Sta	te	ZIP co	ode				ntly, want \$3 Checking a
ROANOKE					VZ	A	240	17		•	ow will not	•
Foreign country	name		Fo	reign province/state/c	coun	ty	Foreig	n postal c	ode	your tax	or refund	
Digital		ny time during 2022, did you: (a) rece					•			. ,	—	
Assets		ange, gift, or otherwise dispose of a	-				asset)	? (See in	istru	ctions.)	Yes	X No
Standard Deduction		eone can claim:		Your spouse Vour spouse vere a dual-status a		•						
Age/Blindness	You:	Were born before January 2, 1	958	Are blind Spo	use	: 🗌 Was bor	n befc	ore Janua	ary 2	, 1958	🗌 ls b	lind
Dependents	(see	instructions):		(2) Social security		(3) Relationsh	ip (4) Check t	he bo	ox if quali	fies for (see	instructions):
If more	(1) Fi	rst name Last name		number		to you		Child t	ax cr	edit	Credit for ot	her dependents
than four								[
dependents, see instructions								[
and check								[
here								[
Income	1a	Total amount from Form(s) W-2, be	`	,					•	1a		34,016.
Attach Form(a)	b	Household employee wages not re					• •	• •	•	1b		
Attach Form(s) W-2 here. Also	С	Tip income not reported on line 1a					· ·	• •	•	1c		
attach Forms	d	Medicaid waiver payments not rep					· ·	• •	•	1d		
W-2G and 1099-R if tax	e	Taxable dependent care benefits f		-			• •		•	1e		
was withheld.	f	Employer-provided adoption bene					• •		•	. 1f	_	
If you did not	g	Wages from Form 8919, line 6 .					• •	• •	•	1g		
get a Form W-2, see	h	Other earned income (see instruction	,				· ·	• •	•	. 1h		0.
instructions.	i _	Nontaxable combat pay election (s		,		<u>1</u> i				- 4-	1	21 016
	<u>z</u>					· · · ·	• •	• •	•	. 1z		34,016.
Attach Sch. B if required.	2a 3a		2a 3a			axable interest Irdinary divider		• •	•	2b . 3b		
	<u>4a</u>		3a 4a			axable amount		· ·	•	4b		
Standard	5a		та 5а			axable amount			•	5b		5,386.
Deduction for –	6a		6a			axable amount			•	6b		0,000.
 Single or Married filing 	c	If you elect to use the lump-sum e							Г			
separately,	7	Capital gain or (loss). Attach Scher					• •		· L	7		-3,000.
\$12,950Married filing	8	Other income from Schedule 1, lin					• •	• •	• -	8		-9,800.
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,								9		26,602.
surviving spouse,	10	Adjustments to income from Sche		-						10		_ ~, ~~~.
\$25,900 • Head of	11	Subtract line 10 from line 9. This is								11	_	26,602.
household,	12	Standard deduction or itemized	-							12		12,950.
\$19,400 • If you checked	13	Qualified business income deducti				5-A				13		,
any box under Standard	14	Add lines 12 and 13								14		12,950.
Deduction,	15	Subtract line 14 from line 11. If zer					е.			15		13,652.
see instructions.			.,	-)								.,

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

Form **1040** (2022)

Form 1040 (2022	2)									Page 2
Tax and	16	Tax (see instructions). Check i	f any from Form	(s): 1 🗌 881	4 2 4972	3		16	21,	,112.
Credits	17	Amount from Schedule 2, line	e3					17		
	18	Add lines 16 and 17						18	21,	,112.
	19	Child tax credit or credit for c	other dependent	ts from Sched	ule 8812			19		
	20	Amount from Schedule 3, line	8					20		
	21	Add lines 19 and 20						21		
	22	Subtract line 21 from line 18.	If zero or less,	enter -0				22	21,	,112.
	23	Other taxes, including self-en	nployment tax,	from Schedule	e 2, line 21 .			23		539.
	24	Add lines 22 and 23. This is y	our total tax					24	21,	,651.
Payments	25	Federal income tax withheld								
-	а	Form(s) W-2				25a 25	5,808.			
	b	Form(s) 1099				25b				
	с	Other forms (see instructions))			25c				
	d	Add lines 25a through 25c						25d	25,	,808.
If you have a	26	2022 estimated tax payments	s and amount a	pplied from 20	21 return			26		
If you have a qualifying child,	27	Earned income credit (EIC) .			No	27				
attach Sch. EIC.	28	Additional child tax credit from				28				
	29	American opportunity credit f	from Form 8863	3, line 8		29				
	30	Reserved for future use				30		1		
	31	Amount from Schedule 3, line				31				
	32	Add lines 27, 28, 29, and 31.	These are your	total other pa	ayments and ref	undable credits		32		
	33	Add lines 25d, 26, and 32. Th	nese are your to	tal payments				33	25,	,808.
Refund	34	If line 33 is more than line 24,	, subtract line 24	4 from line 33.	This is the amou	nt you overpaid		34	4,	,157.
neiuliu	35a	Amount of line 34 you want r	efunded to you	J. If Form 8888	is attached, che	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 6			•			
	36	Amount of line 34 you want a	pplied to your	2023 estimate	ed tax	36				
Amount	37	Subtract line 33 from line 24.	This is the amo	ount vou owe						
You Owe	•.	For details on how to pay, go						37		
	38	Estimated tax penalty (see in				38				
Third Party	Do	you want to allow another	,			' See				
Designee		structions	•				omplete k	below.	× No	
•		signee's		Phone			onal identi	ication		
	nai	ne		no.		num	ber (PIN)			
Sign		der penalties of perjury, I declare th								
Here		ief, they are true, correct, and comp	biele. Declaration (ased on all mormal		• •		0
	YO	ur signature		Date	Your occupation				nt you an Ide IN, enter it he	
Joint return?					TECHNICAL P	ROJECT MANAG				
See instructions.	Sp	ouse's signature. If a joint return, b	oth must sign.	Date	Spouse's occupat			IRS ser	nt your spous	se an
Keep a copy for your records.									ection PIN, er	nter it here
your records.							(see	inst.)		
		one no. (646) 407-0534		Email address	GAYATHRI.YA	ADAV@YAHOO.CO				
Paid			Preparer's signat			Date	PTIN		Check if:	
Preparer	SYAM	PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	02/23/2023	P0208		Self-en	
Use Only	Fir	m's name GLOBAL TAX					Phor	ne no. (678)965	-9522
	Fir	m's address 245 ROONEY	CT E BRU	NSWICK N	J 08816		Firm	's EIN	84-31	71965
Go to www.irs.ge	ov/Forn	n1040 for instructions and the lates	t information.		BAA	REV 02/10/23 PRO			Form 1	040 (2022)

SCHEDULE	1
(Form 1040)	

Department of the Treasury

Additional Income and Adjustments to Income

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

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

OMB No. 1545-0074 2 2

Attachment

Internal Revenue Service	Go to www.irs.gov/Form1040 for instructions and the latest information.		Sequence No. 01
Name(s) shown on Fo	rm 1040, 1040-SR, or 1040-NR	Your soci	ial security number
GAYATHRI YADAV	PATDYMANIJ	731-80	-6935

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	ach Schedule E .	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		
ĥ	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		
ο	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		
u	Wages earned while incarcerated	8u		
z	Other income. List type and amount:			
		8z		
9	Total other income. Add lines 8a through 8z		9	
10	Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SF	, or 1040-NR, line 8	10	-9,800.

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

Schedule 1 (Form 1040) 2022

Par	t II Adjustments to Income					
11	Educator expenses				11	
12	Certain business expenses of reservists, performing artists, and fee	e-basi	s gov	ernment		
	officials. Attach Form 2106				12	1
13	Health savings account deduction. Attach Form 8889				13	1
14	Moving expenses for members of the Armed Forces. Attach Form 3903				14	1
15	Deductible part of self-employment tax. Attach Schedule SE				15	1
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					
	and USOC prize money reported on line 8m	24c				
d	Reforestation amortization and expenses	24d				
е	Repayment of supplemental unemployment benefits under the Trade					
	Act of 1974	24e			_	
f	Contributions to section 501(c)(18)(D) pension plans	24f				
g	Contributions by certain chaplains to section 403(b) plans	24g				
h	Attorney fees and court costs for actions involving certain unlawful					
	discrimination claims (see instructions)	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					
	tax law violations	24i			_	
j	Housing deduction from Form 2555	24j			_	
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form					
	1041)	24k				
Z	Other adjustments. List type and amount:					
		24z				
25	Total other adjustments. Add lines 24a through 24z				25	
26	Add lines 11 through 23 and 25. These are your adjustments to income	e. Ente	er here	e and on		
	Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a				26	
	BAA	REV	02/10/23 F	RO	Schedu	ile 1 (Form 1040) 2022

SCHE	DULE	2
(Form	1040)	

Additional Taxes

OMB No. 1545-0074 2022

- 1040 1040 CP or 1040-NR - - - -

Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form1040 for instructions and the latest information.			Attac	chment		
					ience No. 02	
	e(s) snown on Fo Athri Yadav				cial sec 0-6935	urity number
	rt I Tax	TATETMANO		751 0	0 0000)
1	Alternative r	minimum tax. Attach Form 6251			1	
2	Excess adva	ance 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 1	7	3	
Pa	rt II Other	Taxes		L		
4	Self-employ	ment tax. Attach Schedule SE			4	
5	Social secu Attach Form	rity and Medicare tax on unreported tip income.	5			
6	Uncollected Form 8919	social security and Medicare tax on wages. Attach	6			
7	Total addition	onal social security and Medicare tax. Add lines 5 and 6	;		7	
8	Additional ta	ax on IRAs or other tax-favored accounts. Attach Form	5329 if req	uired.		
	If not require	ed, check here		X	8	539.
9	Household	employment taxes. Attach Schedule H			9	
10	Repayment	of first-time homebuyer credit. Attach Form 5405 if req	uired		10	
11	Additional N	Nedicare Tax. Attach Form 8959			11	
12	Net investm	ent income tax. Attach Form 8960			12	
13		I social security and Medicare or RRTA tax on tips o om Form W-2, box 12	0 1		13	
14	Interest on	tax due on installment income from the sale of certain	n residentia	al lots		

14 Interest on the deferred tax on gain from certain installment sales with a sales price 15 15 16 16

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

(continued on page 2)

Schedule 2 (Form 1040) 2022

Par	t II Other Taxes (continued)			ł	_
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			
С	Additional tax on HSA distributions. Attach Form 8889	17c			
d	Additional tax on an HSA because you didn't remain an eligible individual. Attach Form 8889	17d			
е	Additional tax on Archer MSA distributions. Attach Form 8853 .	17e			
f	Additional tax on Medicare Advantage MSA distributions. Attach Form 8853	17f			
g	Recapture of a charitable contribution deduction related to a fractional interest in tangible personal property	17g			
h	Income you received from a nonqualified deferred compensation plan that fails to meet the requirements of section 409A	17h			
i	Compensation you received from a nonqualified deferred compensation plan described in section 457A	17i			
j	Section 72(m)(5) excess benefits tax	17j			
k	Golden parachute payments	17k			
I	Tax on accumulation distribution of trusts	171			
m	Excise tax on insider stock compensation from an expatriated 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 taxe on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b.		21	539	
	BAA	REV 02/10/23 PRO		ule 2 (Form 1040) 20	_

SCHEDULE D (Form 1040)

Capital Gains and Losses

OMB No. 1545-0074

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

Go to *www.irs.gov/ScheduleD* for instructions and the latest information. Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10. 2022 Attachment Sequence No. 12

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

GAYATHRI YADAV PAIDYMANU

Your social security number

731-80-6935

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

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

lines This	instructions for how to figure the amounts to enter on the below. form may be easier to complete if you round off cents to e dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustment to gain or loss Form(s) 8949, f line 2, colum	from Part I,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a	Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b.					
1b	Totals for all transactions reported on Form(s) 8949 with Box A checked	31,691.	41,796.	3,1	44.	-6,961.
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 (I	oss) from Forms 4	684, 6781, and 88	24	4	
5	Net short-term gain or (loss) from partnerships, Schedule(s) K-1				5	
6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover Worksheet in the instructions						(5,610.)
7	Net short-term capital gain or (loss). Combine lines 1a term capital gains or losses, go to Part II below. Otherwise	•	., .		7	-12,571.

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

lines This	instructions for how to figure the amounts to enter on the below. form may be easier to complete if you round off cents to e dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustmen to gain or loss Form(s) 8949, I line 2, colum	from Part II,	(h) Gain or (loss) Subtract column (e) 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					
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 12	Gain from Form 4797, Part I; long-term gain from Forms from Forms 4684, 6781, and 8824		11 12			
13		13				
14	14	()				
15	15					

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 line 22.		
	• If line 16 is zero , skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22.		
17	Are lines 15 and 16 both gains?		
	No. Skip lines 18 through 21, and go to line 22.		
18	If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet	18	
19	If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet	19	
20	 Are lines 18 and 19 both zero or blank and you are not filing Form 4952? Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. Don't complete lines 21 and 22 below. 		
	□ No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.		
21	If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of:		
	 The loss on line 16; or (\$3,000), or if married filing separately, (\$1,500) 	21	(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.		
	X No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.		

REV 02/10/23 PRO

Schedule D (Form 1040) 2022

Form **8949**

Department of the Treasury

Internal Revenue Service

Sales and Other Dispositions of Capital Assets

Go to www.irs.gov/Form8949 for instructions and the latest information.

File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.



Name(s) shown on return

Social security number or taxpayer identification number
ecolar coounty number of taxpayer acontineation number

()				
GAYATH	RI YADAV PAIDYMANU		731-80-6935	
<u> </u>		1	1	

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

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

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

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

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

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

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

1 (a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis See the Note below	Adjustment, if any, to gain or loss If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		(h) Gain or (loss) Subtract column (e)	
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed 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).	
ROBINHOOD CRYPTO LLC	01/01/22	12/31/22	6,712.	6,643.			69.	
Robinhood 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 tota Schedule D, line 1b (if Box A above above is checked), or line 3 (if Box C	al here and inc is checked), lir	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.

	DULE E		Supplementa	l Inc	ome an	d Los	SS			OMB No	o. 1545-00	74
(Form	1040)	(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)							20	22	ł	
	ent of the Treasury		Attach to Form 1040,							Attachn	nent	1
	al Revenue Service Go to www.irs.gov/ScheduleE for instructions and the latest information.								ce No. 13	i		
. ,										al security 0 - 6935	number	
Part			s From Rental Real Estate an	d Po	valtion				/31-8	0-6935		
Part	Note: If yo	ou are in t	the business of renting personal properties from Form 4835 on page 2, line 40.	rty, use	Schedule	C . See	instruc	ctions. If you a	are an indi	vidual, rep	ort farm	
Α			ents in 2022 that would require you	to file	Form(s) 1	099? 5	See ins	tructions .		. 🗌 Ye	s 🛛 N	0
Bl	f "Yes," did you	or will y	ou file required Form(s) 1099? .							. 🗌 Ye	s 🗌 N	0
1a	Physical add	ress of ea	ach property (street, city, state, ZII	P code	e)							
Α	1-16-114,	SAI N	AGAR COLONY TRIMULGHER	RY, SE	EC-BAD	TELA	NGANZ	A IN 5000)15			
В	,											
С												
1b	Type of Prope		For each rental real estate prope				Fa	ir Rental	Persor	nal Use	QJV	,
	(from list below	N)	above, report the number of fair					Days	Da	iys	GU	
A	3		personal use days. Check the Qa if you meet the requirements to f			Α		365		0		
B			qualified joint venture. See instru			В						
						С						
	of Property:	a a l a la la a a		4.01			7	Calf Dantal				
	Single Family R Multi-Family Re		 a Vacation/Short-Term Ren 4 Commercial 	itai	5 Land 6 Roya			Self-Rental	riba)			
	IVIUILI-FAITIIIY NE	siderice			о поуа	lilles	0	Other (desc				
								Properti	es:			
Incom						Α		В			С	
3				3		6	50.					
4		ived		4								
Exper				-								
5	-			5 6								
6 7		-	structions)	7		1 0	50.					
8	•		nce	8		1,2	50.					
9				9								
10			sional fees	10								
11				11		1.5	50.					
12			to banks, etc. (see instructions)	12		, -						
13		-		13								
14	Repairs			14		2,9	50.					
15	o			15		2,5	50.					
16	Taxes			16								
17				17		2,1	50.					
18		expense	or depletion	18								
19	Other (list)			19								
20	•		nes 5 through 19	20		10,4	50.					
21			ne 3 (rents) and/or 4 (royalties). If									
			structions to find out if you must	21		-9,8	00					
22			estate loss after limitation, if any,	21		<i>,</i> 0	00.					
~~			tructions)	22	C	9.80	0.)	r)	()
23a		-	ported on line 3 for all rental prope				23a		650.)
b			ported on line 4 for all royalty prop				23b					
C			ported on line 12 for all properties				23c					
d			ported on line 18 for all properties				23d					
е			ported on line 20 for all properties				23e	10	,450.			
24	Income. Add	positive	amounts shown on line 21. Do no	t inclu	ide any lo	sses			. 24			
25	Losses. Add r	oyalty los	ses from line 21 and rental real esta	te loss	es from lir	ne 22. E	Enter to	tal losses he	re 25	(9,800).)
26			te and royalty income or (loss).									
	here. If Parts	II, III, IV	, and line 40 on page 2 do not	apply	to you, a	also er	nter th	is amount o	on			

Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2 . For Paperwork Reduction Act Notice, see the separate instructions.

26

-9,800.

NPA





GAYATHRI YAD PAIDY	YMANU			
2641 FRONTAGE RD, NV	N APT 308			
ROANOKE	VA 24017			
SSN-You PAID	731806935	Vendor ID 1555	XX	
SSN - Spouse				
Fed Adj Gross Income (FAGI) 1.	126602.	Withholding (VA) - You	19A.	7166.
Additions 2.		Withholding (VA) - Spouse	19B.	
Subtotal 3.	126602.	Estimated Payments	20.	
Age Deduction - You 4A.		2021 Overpayment	21.	
Age Deduction - Spouse 4B.		Extension Payments	22.	
Soc Sec & Tier 1 Railroad 5.		Credit - Low-Income or EIC	23.	
State Income Tax Overpayment 6.		Credit - Schedule OSC	24.	
Subtractions 7.		Credits - Schedule CR	25.	
Subtotal Subtractions 8.		Total Payments / Credits	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 Credited to Next Year	29.	
Exemptions 12.	930.	VAC - Virginia 529 / ABLE	30.	
Deductions 13.		VAC - Other Contributions	31.	
Subtotal (Deductions & Exemptions) 14.	8930.	Addition to Tax, Penalty & Interest	32.	
VA Taxable Income 15.	117672.	Sales and Use Tax	33.	
Amount of Tax 16.	6509.	Amount You Owe Will Pay by Credit/Debit Card N		
Spouse Tax Adjustment (STA) 17.		Your Refund	1	657.
VAGI - Spouse 17A.		Bank Routing #	C	011000138
Net Amount of Tax 18.	6509.	Bank Account #	0046688	
L		Dank Account #	0040000	02/03

E.

731806935





ling Status, Age & License In	formation		Additional Filing In	nformation
Filing Status		1	Locality	16
Federal Head of Household			Uninsured & Authorize DMAS	
DOB - You	1023	31990	Name or Filing Status Change	
VA Driver's License ID - You	в6978	34126	Address Change	
VA Driver's License - Iss. Date -	You 0121	2022	VA Return Not Filed Last Year	
Spouse Name (Filing Status 3 O	nly)		Dependent on Another's Return	
DOB - Spouse			Farmer / Fisherman / Merchant Seam	an
VA Driver's License ID - Spouse			Amended	
VA Driver's License - Iss. Date -	Spouse		Reason Code	
	Exemptions (B)		Overseas on Due Date	
r emptions (A) You 1	65 & Over - You		Federal EIC & Amount	
Spouse	65 & Over - Spouse		Deceased Indicator	
Dependents	Blind - You		Form 760C or 760F	
Total (A) 1	Blind - Spouse		No Sales & Use Tax Due Indicator	
	Total (B)		Obtain Electronic 1099G	
	Contact Information		ID Theft PIN	
I (We), the undersigned, declare under pe	enalty of law that I (we) have ex		ne best of my (our) knowledge, it is a true, correct & comple ormation provided is for a domestic account within the territ	
gnature - You		Date	Phone - You	040407033
gnature - Spouse		Date	Phone - Spouse	670066050
gnature - Preparer <u>SYAM PRIYA RA</u>	<u>M SAGAR GUPTA TALLAM</u>	02232 Date	Phone - Preparer	678965952
ne Tax Department may discuss my			Prone - Preparer 7 Preparer Information	P020827

File by May 1, 2023

Include Page 1, Page 2 and all supporting 760CG documents.

245 ROONEY CT E BRUNSWICK

NJ 08816

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2022 Schedule INC/CG 731

731806935

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

GAYATHRI YAD PAIDYMANU



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

SSN	VA Withholding
731806935	7166.
01	
	731806935

To avoid delays - be sure to enter all information, including the Employer's FEIN.

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Virginia Individual Income Tax e-File Signature Authorization

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

Virginia Submission Identification Number (SID)		
Your Name	B Your Social Security Number	
GAYATHRI YADAV PAIDYMANU	731-80-6935 A Spouse's Social Security Number	
Spouse's Name	A Spouse's Socia	
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 Under penalties of perjury, I declare that I have examined a copy of my individual income tax return and accompanying s		
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.		
Taxpayer's e-File PIN: check one box only		
I authorize the ERO named below to enter my e-File PIN 0 6 9 3 5 as my signature on my 2022 e-filed Virginia individual income tax return.		
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 only if you are entering your own e-File PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.		
Your Signature Date		
Spouse'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-filed Virginia individual income tax return. Do not enter all zeros		
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 only if you are entering your own e-File PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.		
Spouse'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		
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 retum 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 Date 02–23–23		
ERO's Signature Date 02-23-23		