1040		rtment of the Treasury-Internal Revenue Servi S. Individual Income Tax		urn 20 2	22	OMB No. 1545	-0074	IRS Use Only	—Do not w	rite or staple in this space.
Filing Status Check only one box.	If yo	Single X Married filing jointly u checked the MFS box, enter the nation is a child but not your dependent	ame of y	ed filing separately					spo	lifying surviving use (QSS) s name if the qualifying
Your first name	and mi	ddle initial	Last nar	me					Your so	cial security number
JASWANTH	KUN	IAR	KASH.	A					855-	63-0510
If joint return, sp	ouse's	first name and middle initial	Last nar	ne					Spouse	's social security number
SHWETHA			KOLL	URI					APPL	IED FOR
Home address	numbe	r and street). If you have a P.O. box, see	instructio	ons.			A	pt. no.	Preside	ntial Election Campaigr
12906 W	93 F	RD ST								here if you, or your
LENEXA		ce. If you have a foreign address, also co			Sta K	5	ZIP o 662	15	to go to box bel	if filing jointly, want \$3 o this fund. Checking a ow will not change
Foreign country	name		+	Foreign province/state	/coun	ty	Foreig	n postal code	your ta	k or refund.
Digital Assets	exch	ny time during 2022, did you: (a) reca ange, gift, or otherwise dispose of a eone can claim: You as a de	digital a	asset (or a financia	inter	est in a digital	,	<i>,</i> ,	() /	You Spouse
Standard Deduction	<u> </u>	Spouse itemizes on a separate return	n or you	were a dual-status	alier	י ו				
	-	Were born before January 2, 1	958 _		ouse			ore January 2		Is blind
Dependents				(2) Social securi number	у	(3) Relationsh to you	ip (4		-	fies for (see instructions):
If more	(1) Fi	rst name Last name		number		to you		Child tax c	redit	Credit for other dependents
than four dependents,										
see instructions	·									
and check here										
	4			· :					4	
Income	1a ⊾	Total amount from Form(s) W-2, be		,						
Attach Form(s)	b	Household employee wages not re Tip income not reported on line 1a	•	()					. 1b . 1c	
W-2 here. Also	c d	Medicaid waiver payments not rep							. 10	
attach Forms W-2G and	e	Taxable dependent care benefits f		() (,	• •		. 1e	
1099-R if tax	f	Employer-provided adoption bene		-			• •		. 1f	
was withheld.		Wages from Form 8919, line 6 .					• •		. 1g	
lf you did not get a Form	g h	Other earned income (see instructi					• •		. 1h	
W-2, see	;	Nontaxable combat pay election (see	,			1	· ·			
instructions.	z				• •				. 1z	85,157.
Attach Sch. B	2a	U U	2a		 b Т	axable interest			. 12	
if required.	2a 3a	'	3a	6.		Ordinary divider			. 3b	
	4a		4a			axable amoun			. 4b	
Standard	5a		5a			axable amoun			. 5b	
Deduction for –	6a		6a			axable amoun			. 6b	
 Single or Married filing 	c	If you elect to use the lump-sum el		nethod, check here				[
separately,	7	Capital gain or (loss). Attach Schee		-	`	,			7	20.
\$12,950Married filing	8	Other income from Schedule 1, line							. 8	20.
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,							. 9	85,183.
surviving spouse,	10	Adjustments to income from Sche		•					. 10	
\$25,900 • Head of	11	Subtract line 10 from line 9. This is							. 11	
household,	12	Standard deduction or itemized	•						. 12	
\$19,400 • If you checked	13	Qualified business income deducti				95-A			. 13	
any box under Standard	14	Add lines 12 and 13							. 14	
Deduction,	15	Subtract line 14 from line 11. If zer			your	taxable incom	е.		. 15	
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	if any from Form	(s): 1 🗌 881	4 2 4972	3		16	6,702.
Credits	17	Amount from Schedule 2, lir	ne3					17	
	18	Add lines 16 and 17						18	6,702.
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812			19	
	20	Amount from Schedule 3, lir	ne8					20	
	21	Add lines 19 and 20						21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	6,702.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21			23	0.
	24	Add lines 22 and 23. This is	your total tax					24	6,702.
Payments	25	Federal income tax withheld							
	а	Form(s) W-2				25a 1	1,496.		
	b	Form(s) 1099				25b			
	с	Other forms (see instruction				25c			
	d	Add lines 25a through 25c						25d	11,496.
16	26	2022 estimated tax payment	ts and amount a	pplied from 20)21 return			26	
If you have a qualifying child,	27	Earned income credit (EIC)				27			
attach Sch. EIC.	28	Additional child tax credit from				28		-	
	29	American opportunity credit	from Form 8863	3, line 8		29		-	
	30	Reserved for future use .				30			
	31	Amount from Schedule 3, lir				31		-	
	32	Add lines 27, 28, 29, and 31	. These are your	total other pa	ayments and refu	indable credits		32	
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments				33	11,496.
Refund	34	If line 33 is more than line 24						34	4,794.
neiuliu	35a	Amount of line 34 you want	refunded to you	J. If Form 8888	3 is attached, cheo	ck here	🗆	35a	4,794.
Direct deposit?	b	Routing number 0 2 1] Savings		
See instructions.	d	Account number 3 8 1	0 4 7 1	2 9 7 3	1 5 1		-		
	36	Amount of line 34 you want	applied 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, g	o to <i>www.irs.go</i> u	//Payments or	see instructions .			37	
	38	Estimated tax penalty (see in	nstructions) .			38			
Third Party	Do	you want to allow another	person to disc	cuss this retu	rn with the IRS?	See			
Designee		structions				. 🗌 Yes. 🤇	Complete	below.	🗙 No
		signee's		Phone			sonal ident	ification	
	na			no.			nber (PIN)		
Sign		der penalties of perjury, I declare t ief, they are true, correct, and com							
Here		ur signature		Date	Your occupation		1		nt you an Identity
	10	ul signature		Date	Tour occupation				IN, enter it here
Joint return?					LEAD RPA E	INGINEER	(see	e inst.)	
See instructions.	Sp	ouse's signature. If a joint return, I	both must sign.	Date	Spouse's occupati	on			nt your spouse an
Keep a copy for your records.								ntity Prote e inst.)	ection PIN, enter it here
,		(222) 01 - 001	0		HOME MAKEF		(, 1130.)	
		one no. (330) 217-901	1	Email address	JK0607NIKE	L@GMAIL.C Date	OM PTIN		Check if:
Paid		eparer's name	Preparer's signat					0700	
Preparer		PRIYA RAM SAGAR GUPTA TALLAM		KAM SAGAR	GUPTA TALLAM	04/01/2023			Self-employed
Use Only		m's name GLOBAL TA		NOUT OF N	T 0001C				(678) 965-9522
		m's address 245 ROONE	Y CT E BRU	INSWICK N			Firn	n's EIN	84-3171965
(in to www.ire a	ov/For	17/1/1/1 tor instructions and the late	et intormation			DEV 02/22/22 DDC			Earm 1141 (2022)

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

BAA REV 03/22/23 PRO

Form **1040** (2022)

SCHEDULE D (Form 1040)

Capital Gains and Losses

OMB No. 1545-0074

Attach to	Form 1	040,	1040-SR,	or	1040-	NR
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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.

Attachment Sequence No. 12

20

Internal Revenue Service Name(s) shown on return

Department of the Treasury

JASWANTH KUMAR KASHA & SHWETHA KOLLURI

Your social security number 855-63-0510

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	g your gain	or loss.	

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

lines This	nstructions 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, columr	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					
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		4	
5	Net short-term gain or (loss) from partnerships, Schedule(s) K-1				5	
6	Short-term capital loss carryover. Enter the amount, if an Worksheet in the instructions	<u>,</u>	•	-	6	()
7	Net short-term capital gain or (loss). Combine lines 1a term capital gains or losses, go to Part II below. Otherwise				7	

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) Adjustmer to gain or loss Form(s) 8949, line 2, colum	s 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	54.	34.			20.
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 13	Net long-term gain or (loss) from partnerships, S corporat Capital gain distributions. See the instructions				12 13	
14	Long-term capital loss carryover. Enter the amount, if any Worksheet in the instructions			-	14	()
15	Net long-term capital gain or (loss). Combine lines 8a on the back .	•			15	20.
For F	Paperwork Reduction Act Notice, see your tax return instruction				Schedu	ile D (Form 1040) 2022

Part	Summary	
16	Combine lines 7 and 15 and enter the result	16 20.
	 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 ()
	Note: When figuring which amount is smaller, treat both amounts as positive numbers.	
22	Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?	
	Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16.	
	□ No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.	
	REV 03/22/23 PRO	Schedule D (Form 1040) 2022

Form 8949 (2022)			nment S	Sequenc	12A	Page 2
	-					

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side JASWANTH KUMAR KASHA & SHWETHA KOLLURI

Social security number or taxpayer identification number 855-63-0510

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

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

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

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

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

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

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

1 (a) Description of property	(b)	(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.	(h) Gain or (loss) Subtract column (e)	
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)		ed of (sales price) and see		(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g).	
ROBINHOOD SECURITIES LLC	01/01/22	12/31/22	54.	34.			20.	
2 Totals. Add the amounts in columns negative amounts). Enter each tota Schedule D, line 8b (if Box D above above is checked), or line 10 (if Box D	I here and inc is checked), lir	lude on your ne 9 (if Box E	54.	34.			20.	

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

Form **8889** Department of the Treasury Internal Revenue Service

Health Savings Accounts (HSAs)

OMB No. 1545-0074

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

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

2022
Attachment
Sequence No. 52

Name(s				of HSA beneficiary. As, see instructions.
JASV	VANTH KUMAR KASHA	855-63		
Befor	r e you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance C	ontracts, if	requ	ired.
Part	HSA Contributions and Deduction. See the instructions before completing the and both you and your spouse each have separate HSAs, complete a separate			
1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) du See instructions .	- ,	Se	lf-only 🗵 Family
2	HSA contributions you made for 2022 (or those made on your behalf), including those ma unextended due date of your tax return that were for 2022. Do not include employer cor contributions through a cafeteria plan, or rollovers. See instructions	ade by the tributions,	2	0.
3	If you were under age 55 at the end of 2022 and, on the first day of every month during were, or were considered, an eligible individual with the same coverage, enter \$3,650 (family coverage). All others , see the instructions for the amount to enter	\$7,300 for	3	7,300.
4	Enter the amount you and your employer contributed to your Archer MSAs for 2022 from F lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during include any amount contributed to your spouse's Archer MSAs	2022, also	4	0.
5	Subtract line 4 from line 3. If zero or less, enter -0		5	7,300.
6	Enter the amount from line 5. But if you and your spouse each have separate HSAs and coverage under an HDHP at any time during 2022, see the instructions for the amount to en		6	7,300.
7	If you were age 55 or older at the end of 2022, married, and you or your spouse had family under an HDHP at any time during 2022, enter your additional contribution amount. See inst		7	
8	Add lines 6 and 7		8	7,300.
9	Employer contributions made to your HSAs for 2022	2,400.		
10	Qualified HSA funding distributions 10			
11	Add lines 9 and 10	+	11	2,400.
12	Subtract line 11 from line 8. If zero or less, enter -0		12	4,900.
13	HSA deduction. Enter the smaller of line 2 or line 12 here and on Schedule 1 (Form 1040), Par		13	0.
Part	Caution: If line 2 is more than line 13, you may have to pay an additional tax. See instruction			
Part	II HSA Distributions. If you are filing jointly and both you and your spouse each a separate Part II for each spouse.	nave sepa	rater	HSAS, complete
14a	Total distributions you received in 2022 from all HSAs (see instructions)		14a	
b	Distributions included on line 14a that you rolled over to another HSA. Also include a contributions (and the earnings on those excess contributions) included on line 14a withdrawn by the due date of your return. See instructions	that were	14b	
с	Subtract line 14b from line 14a		14c	
15	Qualified medical expenses paid using HSA distributions (see instructions)		15	
16	Taxable HSA distributions. Subtract line 15 from line 14c. If zero or less, enter -0 Also, ir amount in the total on Schedule 1 (Form 1040), Part I, line 8f	nclude this	16	
1 7a	If any of the distributions included on line 16 meet any of the Exceptions to the Additiona Tax (see instructions), check here			
b	Additional 20% tax (see instructions). Enter 20% (0.20) of the distributions included on li are subject to the additional 20% tax. Also, include this amount in the total on Schedul 1040), Part II, line 17c	ne 16 that e 2 (Form	17b	
Part	completing this part. If you are filing jointly and both you and your spouse eac complete a separate Part III for each spouse.	h have sepa		
18	Last-month rule		18	
19	Qualified HSA funding distribution		19	
20	Total income. Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I, I	1	20	
21	Additional tax. Multiply line 20 by 10% (0.10). Include this amount in the total on Schedu	le 2 (Form		

 1040), Part II, line 17d.
 Baa
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 For Paperwork Reduction Act Notice, see your tax return instructions.
 BAA
 REV 03/22/23 PRO

Form 8889 (2022)

21

Form W-7
(Rev. August 2019)
Department of the Treasury Internal Revenue Service

Application for IRS Individual Taxpayer Identification Number

Department of the Treas Internal Revenue Service		lais who are n ► See sepa			permanen	t reside	nts.			
An IRS individua	I taxpayer identification number	(ITIN) is for	U.S. feder	al tax p	ourposes	only.			be (check one b	ox):
Before you begin: • Don't submit this form if you have, or are eligible to get, a U.S. social sec									or a new ITIN an existing ITIN	1
Reason you're si	ubmitting Form W-7. Read the insert of the i	structions for	the box y	ou cheo	ck. Cauti	on: If yo			c, d, e, f, or g ,	, you
_	t alien required to get an ITIN to claim t					·				
b Nonresident	t alien filing a U.S. federal tax return									
_	nt alien (based on days present in the		-							
d 🗌 Dependent	of U.S. citizen/resident alien] If d, e	nter relationshi	p to U.S. cit	izen/res	ident alien	(see ins	tructions) 🕨			
e 🛛 Spouse of L		e, enter name WANTH KUN			S. citizen/r	esident	alien (see in		ons)►55-63-0510	
f 🗌 Nonresident	t alien student, professor, or researche	r filing a U.S. f	ederal tax re	turn or o	claiming ar	n except	ion			
	spouse of a nonresident alien holding a	a U.S. visa								
,	nstructions)									
	Iditional information for a and f: Enter treaty country ►			and treaty article numb						
Name (see instructions)	SHWETHA						OLLURI			
Name at birth if	1b First name	Midd								
different ►										
Applicant's	2 Street address, apartment number, or rural route number. If you have a P.O. box, see separate instructions.									
Mailing	12906 W 93 RD ST									
Address	City or town, state or province, and country. Include ZIP code or postal code where appropriate.									
	LENEXA KS USA 66215									
Foreign (non-	3 Street address, apartment number, or rural route number. Don't use a P.O. box number.									
U.S.) Address	City or town, state or province, and country. Include postal code where appropriate.									
(see instructions)	ony or town, state or province, and country. moluce postar code where appropriate.									
Birth	4 Date of birth (month / day / year) Country of birth City and state or province (optional) 5 Male									
Information	06/14/1995 I									
Other Information		Foreign tax I.E	.D. number (if any) 6c Type of U.S. vis				sa (if any), number, and expiration date			
	6d Identification document(s) submitted (see instructions) ☑ Passport □ Driver's license/State I.D. □ USCIS documentation □ Other □ Driver's license/State I.D.									
	Date of entry into the United States									
								MM/DD/YYYY):		
	6e Have you previously received an ITIN or an Internal Revenue Service Number (IRSN)?									
	No/Don't know. Skip line 6f.									
	Yes. Complete line 6f. If more than one, list on a sheet and attach to this form (see instructions).									
	6fEnter ITIN and/or IRSN ►ITINIRSNand									
	name under which it was issued First name Kirst name K									
	6g Name of college/university or company (see instructions) ►									
	City and state ► Length of stay ►									
	Under penalties of perjury, I (applicant/delegate/acceptance agent) declare that I have examined this application, including accompanying									
Sign Here	documentation and statements, and to the best of my knowledge and belief, it is true, correct, and complete. I authorize the IRS to share information with my acceptance agent in order to perfect this Form W-7, Application for IRS Individual Taxpayer Identification Number.									
Keep a copy for your records.	Signature of applicant (if delegate, see instructions)						Phone num	iber		
	Name of delegate, if applicable	(type or print)		Delegate's relationship to applicant			_	rent Court-appointed guardian wer of attorney		
Acceptance	Signature	Date (month / day			' year)	Phone				
Agent's			Name of company			E 111	Fax			
Use ONLY	Name and title (type or print)		Name of company			EIN Office of	PTIN			
	7									

REV 03/22/23 PRO