(Rev. January 2021)

Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.

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

OMB No. 1545-0074

Submission Identification Number (SID)			
Taxpayer's name	Social securit	y number	
VENKATESH POPURI	756-46-	-1121	
Spouse's name	Spouse's soc	ial security nun	nber
SWATHI VADLAMUDI	APPLIE		
Part I Tax Return Information — Tax Year Ending December 31, 2022 ((Enter year you a	re authorizi	ng.)
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			52,185.
 Total tax			19,015.
4 Amount you want refunded to you		4	27,403. 8,388.
5 Amount you want refunded to you		5	0,300.
Part II Taxpayer Declaration and Signature Authorization (Be sure you get			eturn)
Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or ammy knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution accoupayment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial in authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to ter payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation business days prior to the payment (settlement) date. I also authorize the financial institutions involved taxes to receive confidential information necessary to answer inquiries and resolve issues related to personal identification number (PIN) below is my signature for the income tax return (original or amende Electronic Funds Withdrawal Consent.	I above are the amount of the transmitter, or electron of the transmitter, or electron of the transmitter. Treasury and the U.S. Treasury and the transmitter of the	ounts from the pric return original return original return original return original return original return original return or return or return or revolution. To revolution or received not the electronic recknowled	e income tax ginator (ERO) b) the reason ted Financial software for account. This ke (cancel) a later than 2 c payment of dge that the
Taxpayer's PIN: check one box only			1
▼ I authorize GLOBAL TAXES LLC to enter or general content to the state of the	erate my PIN		as my
ERO firm name signature on the income tax return (original or amended) I am now authorizing.		ter five digits, b n't enter all zero	
I will enter my PIN as my signature on the income tax return (original or amended) I if you are entering your own PIN and your return is filed using the Practitioner PIN below.			
Your signature ► Date	e▶		
Spouse's PIN: check one box only			
X I authorize GLOBAL TAXES LLC to enter or general content of the post o	orato my DINI		ac my
ERO firm name	Ent	ter five digits, b	
signature on the income tax return (original or amended) I am now authorizing.		n't enter all zero	
I will enter my PIN as my signature on the income tax return (original or amended) I if you are entering your own PIN and your return is filed using the Practitioner PIN below.			
Spouse's signature ▶ Date	e ▶		
Practitioner PIN Method Returns Only—continue b	elow		
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.		6 6 1 9 er all zeros	8 9
I certify that the above numeric entry is my PIN, which is my signature for the electronic individual inca authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am requirements of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS <i>e-file</i> Provide	submitting this retu	ırn in accorda	nce with the
ERO's signature ▶ Date	e ▶		
ERO Must Retain This Form — See Instructio			

Don't Submit This Form to the IRS Unless Requested To Do So

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

2022	
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OMB No. 1545-0074

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

_	S 🗌 S	Single X Married filing jointly	Marri	ed filing separatel	y (MFS)	Head of	house	ehold (HOH)		ifying survi	ving
Check only one box.	If vo	u checked the MFS box, enter the r	name of	vour spouse. If yo	u chack	ed the HOH of	r 088	hov ente	r tha c	•	ise (QSS)	aualifyina
OHE DOX.	-	on is a child but not your depender		your spouse. If yo	u check	led the HOH of	i Qoo	box, ente	i iiie c	illiu 3	name ii tiik	qualifying
Your first name		• • •	Last na	ame					Yo	ur so	cial security	number
VENKATES			POPU								16-1121	
		first name and middle initial	Last na						-			rity number
SWATHI	p 0 4 0 0	The traine and threate initial		LAMUDI					- 1 '		ED FOR	•
	(numbe	r and street). If you have a P.O. box, see						Apt. no.				n Campaign
	•	ANCH ROAD	o ii ioti dot	10110.				три по.	- 1		ere if you, o	
		ce. If you have a foreign address, also c	omplete s	spaces below	Sta	ite	ZIP	code			if filing joint	,
LEANDER	OSt Offic	oc. If you have a foreign address, also c	ompiete t	spaces below.	T			541			this fund. C	
Foreign country	/ name			Foreign province/sta	_			gn postal co			ow will not o or refund.	nange
r oreign country	riarric			r oreign province, ste	ito, courr	ry	1 0101	gii postai co			You	Spouse
 Digital	At an	y time during 2022, did you: (a) red	ceive (as	a reward, award,	or payr	ment for prope	erty or	services);	or (b)	sell,		
Assets		ange, gift, or otherwise dispose of									Yes	X No
Standard	Som	eone can claim:	epender	t Your spo	use as	a dependent						
Deduction		Spouse itemizes on a separate retu	rn or yo									
Age/Blindness	You:	Were born before January 2,	1958 [Are blind	Spouse	: Was bo	rn bef	ore Janua	rv 2. 1	958	☐ Is blir	nd
Dependents				(2) Social secu	•	(3) Relationsh			, ,		ies for (see i	
If more	•	rst name Last name		number	,	to you		Child ta	x credi	t	Credit for othe	er dependents
than four									7			
dependents,								Ī	-		Ī	<u> </u>
see instructions and check	s ——							Ī	-		Ī	<u> </u>
here								Ī	-		Ī	<u> </u>
Income	1a	Total amount from Form(s) W-2, b	oox 1 (se	ee instructions) .						1a	15	5,165.
IIICOIIIC	b	Household employee wages not i	reported	on Form(s) W-2.						1b		
Attach Form(s)	С	Tip income not reported on line 1a (see instructions)								1c		
W-2 here. Also attach Forms	d	Medicaid waiver payments not re	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)							1d		
W-2G and	е	Taxable dependent care benefits from Form 2441, line 26							1e			
1099-R if tax was withheld.	f	Employer-provided adoption benefits from Form 8839, line 29						1f				
If you did not	g	Wages from Form 8919, line 6 .								1g		
get a Form	h	Other earned income (see instruc	tions)							1h		0.
W-2, see instructions.	i	Nontaxable combat pay election	(see inst	ructions)		1i	i					
manuchoria.	z	Add lines 1a through 1h								1z	15	5,165.
Attach Sch. B	2a	Tax-exempt interest	2a		b T	axable interes	t .			2b		
if required.	3a	Qualified dividends	3a	20.	b C	ordinary divide	nds .			3b		20.
	4a	IRA distributions	4a		b T	axable amoun	nt			4b		
Standard	5a	Pensions and annuities	5a		b T	axable amoun	nt			5b		
Deduction for—	6a	Social security benefits	6a		b T	axable amoun	nt			6b		
Single or Married filing	С	If you elect to use the lump-sum	election	method, check he	re (see	instructions)						
separately, \$12,950	7	Capital gain or (loss). Attach Sche	edule D i	f required. If not re	equired	, check here				7	_	3,000.
Married filing	8	Other income from Schedule 1, lin	ne 10							8		
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7	7, and 8.	This is your total	incom	e				9	15	2,185.
surviving spouse, \$25,900	10	Adjustments to income from Sche								10		
Head of	11	Subtract line 10 from line 9. This i	is your a	djusted gross in	come					11	15	2,185.
household, \$19,400	12	Standard deduction or itemized	l deduc	tions (from Sched	ule A)					12		5,900.
If you checked	13	Qualified business income deduc		•	,	5-A				13	1	
any box under Standard	14	Add lines 12 and 13								14	2	5,900.
Deduction, see instructions.	15	Subtract line 14 from line 11. If ze	ero or les	s, enter -0 This	is your	taxable incon	ne .			15		6,285.
SOC INSTRUCTIONS.												

Form 1040 (2022	2)							Page 2
Tax and	16	Tax (see instructions). Check if any from Fo	rm(s): 1 881	4 2 4972	3 🗌		16	19,015.
Credits	17	Amount from Schedule 2, line 3					17	
	18	Add lines 16 and 17					18	19,015.
	19	Child tax credit or credit for other depende	ents from Sched	lule 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 les	s, enter -0				22	19,015.
	23	Other taxes, including self-employment ta	x, from Schedul	e 2, line 21			23	0.
	24	Add lines 22 and 23. This is your total tax					24	19,015.
Payments	25	Federal income tax withheld from:						
	а	Form(s) W-2			25a 2'	7,403.		
	b	Form(s) 1099			25b			
	С	Other forms (see instructions)			25c			
	d	Add lines 25a through 25c					25d	27,403.
If you have a	26	2022 estimated tax payments and amount	t applied from 20	021 return			26	
qualifying child,	27	Earned income credit (EIC)			27			
attach Sch. EIC.	28	Additional child tax credit from Schedule 88	12		28			
	29	American opportunity credit from Form 88	63, line 8		29			
	30	Reserved for future use			30			
	31	Amount from Schedule 3, line 15			31			
	32	Add lines 27, 28, 29, and 31. These are yo	ur total other p	ayments and refu	ndable credits		32	
	33	Add lines 25d, 26, and 32. These are your	total payments	.			33	27,403.
Refund	34	If line 33 is more than line 24, subtract line	e 24 from line 33	. This is the amour	nt you overpaid		34	8,388.
	35a	Amount of line 34 you want refunded to y		8 is attached, chec	k here	🗌	35a	8,388.
Direct deposit? See instructions.	b	Routing number 0 2 1 2 0 0			Checking	Savings		
See instructions.	d	Account number 3 8 1 0 4 5	1 8 0 1	8 3				
	36	Amount of line 34 you want applied to you	ur 2023 estimat	ed tax	36			
Amount You Owe	37	Subtract line 33 from line 24. This is the a l For details on how to pay, go to <i>www.irs</i> .g	•				37	
	38	Estimated tax penalty (see instructions)			38			
Third Party Designee		you want to allow another person to d				omplete k	pelow.	⋉ No
		signee's	Phone	•		onal identi	fication	
	na		no.			ber (PIN)		
Sign		der penalties of perjury, I declare that I have exam ief, they are true, correct, and complete. Declaration		, , ,				,
Here	Yo	ur signature	Date	Your occupation		If the	RS ser	nt you an Identity
			- 3.13			Prote	ection P	N, enter it here
Joint return?				SOFTWARE E			inst.)	
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	on	Ident	tity Prote	nt your spouse an ection PIN, enter it here
your records.				HOME MAKER		(see	inst.)	
		one no. (312)543-1337	Email address	POPURIQ@GM		I		
Paid		eparer's name Preparer's sign			Date	PTIN		Check if:
Preparer	SYAM	PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIY.	A RAM SAGAR	GUPTA TALLAM	02/10/2023	P0208		Self-employed
Use Only	Fin	m's name GLOBAL TAXES LLC						678)965-9522
	Fin	m's address 245 ROONEY CT E BI	RUNSWICK N	J 08816		Firm	's EIN	84-3171965
		40404 1 1 11 11 11 11 11 11						- 4040

SCHEDULE D (Form 1040)

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

Attachment Sequence No. 12

Your social security number

Department of the Treasury Internal Revenue Service

Name(s) shown on return

756-46-1121 VENKATESH POPURI & SWATHI VADLAMUDI 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. line 2, column (g) 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 -3,031. Box A checked 2,059. 5,090. Totals for all transactions reported on Form(s) 8949 with Box B checked 26. 32. -6. 3 Totals for all transactions reported on Form(s) 8949 with Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 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 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 -3,037.Part II Long-Term Capital Gains and Losses - Generally Assets Held More Than One Year (see instructions) See instructions for how to figure the amounts to enter on the

lines	instructions for how to figure the amounts to enter on the below.	(d) Proceeds			ts from	(h) Gain or (loss) Subtract column (e) from column (d) and
	form may be easier to complete if you round off cents to e dollars.	(sales price)	(or other basis)	Form(s) 8949, Part II, line 2, column (g)		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	2,661.	5,173.			-2,512.
9	Totals for all transactions reported on Form(s) 8949 with Box E checked	606.	1,674.			-1,068.
10	Totals for all transactions reported on Form(s) 8949 with Box F checked					
11	Gain from Form 4797, Part I; long-term gain from Forms from Forms 4684, 6781, and 8824				11	
12	Net long-term gain or (loss) from partnerships, S corporat	12				
13	Capital gain distributions. See the instructions	13				
14	Long-term capital loss carryover. Enter the amount, if any Worksheet in the instructions	14	()			
15	Net long-term capital gain or (loss). Combine lines 8a on the back	•			15	-3,580.

Schedule D (Form 1040) 2022 Page 2

Part III **Summary** 16 Combine lines 7 and 15 and enter the result 16 -6,617. • 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 qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a? 22 X 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.

Sales and Other Dispositions of Capital Assets

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

OMB No. 1545-0074 Attachment

Social security number or taxpayer identification number

756-46-1121

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

VENKATESH POPURI & SWATHI VADLAMUDI

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

Sequence No. 12A

				· · · · · · · · · · · · · · · · · · ·				
Before you check Box A, B, or C belo statement will have the same informa broker and may even tell you which b	tion as Form							
Part I Short-Term. Transinstructions). For lo Note: You may agg reported to the IRS Schedule D, line 1a	ng-term tra regate all s and for wh	nsactions, s hort-term tr ich no adjus	see page 2. ansactions rep stments or cod	oorted on Form les are required	(s) 1099-E d. Enter th	showing basi e totals directly	s was / on	
You must check Box A, B, or C I complete a separate Form 8949, p for one or more of the boxes, com (A) Short-term transactions (B) Short-term transactions	below. Checo page 1, for ea aplete as mar reported on reported on	k only one bach applicable by forms with Form(s) 1099	box. If more than le box. If you have the same box of 9-B showing bas 9-B showing bas	n one box applies we more short-te checked as you r sis was reported	s for your s rm transacheed. to the IRS	hort-term transa tions than will fit (see Note above	ctions, on this page	
(C) Short-term transactions	not reported	l to you on F	orm 1099-B					
(a) Description of property	(b) Date acquired	(c) Date sold or		Proceeds	(e) Cost or other basis See the Note below			(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g).
(Example: 100 sh. XYZ Ćo.)	I (MO day vr) I '	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		
Robinhood Securities LLC	01/01/22	12/31/22	2,059.	5,090.			-3,031.	
2 Totals. Add the amounts in columns								

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.

2,059.

-3,031.

Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked) .

5,090.

Form 8949 (2022) Attachment Sequence No. 12A

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side VENKATESH POPURI & SWATHI VADLAMUDI

Social security number or taxpayer identification number 756-46-1121

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(E) Long-term transactions	reported on	Form(s) 1099	-B showing bas	·	,		9)
(a) Description of property	(b) Date acquired	(c) Date sold or disposed of	(d) Proceeds	(e) Cost or other basis See the Note below	See the separate instructions.		(h) Gain or (loss) Subtract column (e)
(Example: 100 sh. XYZ Co.)		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).
COINBASE	06/10/21	12/31/22	260.	1,118.			-858.
Robinhood Securities LLC	01/01/21	12/31/22	2,401.	4,055.			-1,654.
2 Tatala Add the amounts in columns	2 (d) (a) (a) 224	d (b) (aubtract					
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	al here and ince is checked), lir	lude on your ne 9 (if Box E	2,661.	5,173.			-2,512.

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.

Sales and Other Dispositions of Capital Assets

2022

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.

Attachment Sequence No. 12A

OMB No. 1545-0074

Internal Revenue Service
Name(s) shown on return

Department of the Treasury

Social security number or taxpayer identification number

VENKATESH POPURI & SWATHI VADLAMUDI 756-46-1121

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)

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

(C) Short-term transactions	not reported	d to you on F	orm 1099-B				
(a) Description of property	(b) Date acquired	(c) Date sold or	Proceeds	(e) Cost or other basis See the Note below	Adjustment, i If you enter an enter a c See the sep	(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	26.	32.			-6.
2 Totals. Add the amounts in column negative amounts). Enter each tot Schedule D, line 1b (if Box A above above is checked), or line 3 (if Box	al here and inc e is checked), li i	clude on your ne 2 (if Box B	26.	32.			-6.

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

Form 8949 (2022) Attachment Sequence No. **12A** Page **2**

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side VENKATESH POPURI & SWATHI VADLAMUDI

Social security number or taxpayer identification number 756-46-1121

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 r	reported to the IRS (see Note above)
X	(F)	Long-term transactions reported on Form(s)	1099-R showing basis wash	't reported to the IRS

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

(F) Long-term transactions	ioi reported	to you on re	JIII 1099-D				
1 (a) Description of property	(b) Date acquired	(c) Date sold or		(e) Cost or other basis See the Note below and see Column (e)	Adjustment, if If you enter an a enter a co See the sepa	(h) Gain or (loss) Subtract column (e) from column (d) and	
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)		in the separate instructions.	(f) Code(s) from instructions	(g) Amount of adjustment	combine the result with column (g).
Robinhood Crypto LLC	01/01/21	12/31/22	606.	1,674.			-1,068.
2 Totals. Add the amounts in columns negative amounts). Enter each tota Schedule D, line 8b (if Box D above above is checked), or line 10 (if Box I	I here and inc is checked), lir	lude on your ne 9 (if Box E	606.	1,674.			-1,068.

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.



Application for IRS Individual Taxpayer Identification Number

► For use by individuals who are not U.S. citizens or permanent residents.

► See separate instructions.

An IRS individual taxpayer identification number (ITIN) is for U.S. federal tax purposes only.

OMB No. 1545-0074

Application type (check one box):

Apply for a new ITIN Renew an existing ITIN Don't submit this form if you have, or are eligible to get, a U.S. social security number (SSN). Reason vou're submitting Form W-7. Read the instructions for the box you check. Caution: If you check box b, c, d, e, f, or g, you must file a U.S. federal tax return with Form W-7 unless you meet one of the exceptions (see instructions). a Nonresident alien required to get an ITIN to claim tax treaty benefit **b** Nonresident alien filing a U.S. federal tax return c U.S. resident alien (based on days present in the United States) filing a U.S. federal tax return If d, enter relationship to U.S. citizen/resident alien (see instructions) ▶ d Dependent of U.S. citizen/resident alien e X Spouse of U.S. citizen/resident alien If d or e, enter name and SSN/ITIN of U.S. citizen/resident alien (see instructions) ▶ VENKATESH POPURI 756-46-1121 f Union Nonresident alien student, professor, or researcher filing a U.S. federal tax return or claiming an exception g Dependent/spouse of a nonresident alien holding a U.S. visa h ☐ Other (see instructions) ▶ Additional information for a and f: Enter treaty country and treaty article number ▶ 1a First name Last name Middle name Name SWATHI VADLAMUDI (see instructions) 1b First name Middle name Last name Name at birth if different . . > 2 Street address, apartment number, or rural route number. If you have a P.O. box, see separate instructions. Applicant's 1624 HOPE RANCH ROAD Mailing City or town, state or province, and country. Include ZIP code or postal code where appropriate. **Address** 78641 **LEANDER** USA Street address, apartment number, or rural route number. Don't use a P.O. box number. Foreign (non-**U.S.) Address** City or town, state or province, and country. Include postal code where appropriate. (see instructions) 4 Date of birth (month / day / year) Country of birth City and state or province (optional) Male **Birth** Information 07/26/1994 TNDTA ▼ Female 6a Country(ies) of citizenship **6b** Foreign tax I.D. number (if any) 6c Type of U.S. visa (if any), number, and expiration date Other INDIA Information 6d Identification document(s) submitted (see instructions) X Passport Driver's license/State I.D. Other USCIS documentation Date of entry into the United States No.: W0505970 Exp. date: 05/03/2032 Issued by: INDIA (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). 6f Enter ITIN and/or IRSN ▶ **IRSN** and name under which it was issued ▶ First name Middle name Last name 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 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. Here Signature of applicant (if delegate, see instructions) Date (month / day / year) Phone number Keep a copy for your records. Name of delegate, if applicable (type or print) Delegate's relationship Parent Court-appointed guardian to applicant Power of attorney Date (month / day / year) Signature Phone **Acceptance** Fax Agent's Name and title (type or print) Name of company **Use ONLY** Office code

State Tax Commission

Form 43 2022 Part-year Resident and Nonresident Income Tax Return

See	ended Return? Check the box. page 15 of the instructions for reasons end, and enter the number that applies.	to .		Use Only				
	calendar year 2022 or fiscal year	heginning	-	,ending				
	Your first name and initial VENKATESH	r (require	, 11 1 200	ceased				
Print or Type	Spouse's first name and initial SWATHI	POPURI Last name VADLAMUI	DI		756-46-1121 Spouse's Social Security num APPLIED FOR	nber (red	. , , , , , , , , , , , , , , , , , , ,	ceased
se Pri	Current mailing address 1624 HOPE RANCH ROAD				Forms and instru tax.id	aho.g		
Please	City State ZIP code TX 78641 Foreign country (if not U.S.)							
If th	ne IRS considers you or your spo	use a nonr		en, check here.	• 🗆			
Che one join	eck one for yourself and for your spouse, if a treturn.	1. ⊨		ve Military Duty	Nonresident Part-year R X	esident	Military Nonre	sident
Ent Idal	er the full months in on this year.	0 • Spo	use	Enter your cu state's abbre	rrent viation. • Yourself <u>-</u>	TX_	Spouse T	'X_
	ng Status. Check only one box. If ma Single 2. X Married filing jointly	3 🗔	ointly or se Married filing separately	g _/ Hea	d of _ Qual	ifying w	rity number ab ridow(er) ng dependents	ove.
Household	See instructions, page 16. If someone can claim you as a dependent, leave line 6a blank. Enter "1" on line 6a. Yourself 6b. Spouse 1					total r	number on line pendent's birtho (mm/dd/yyyy)	date
	See instructions, page 16.					-	laho Amoun	
	 Wages, salaries, tips, etc. Incl Taxable interest income 					8	119	00
	Dividend income					9		0 00
	10. Alimony received					10		00
me	11. Business income or (loss). Inc		11		00			
Idaho Income	12. Capital gain or (loss). If requir					12		0 00
9	13. Other gains or (losses). Includ					13		00
dah	14. IRA distributions (taxable amo15. Pensions and annuities (taxable)		14		00			
_	16. Rents, royalties, partnerships,	,				16		00
	17. Farm income or (loss). Include	-				17		00
	18. Unemployment compensation					18		00
	19. Other income. Include explana					19 20		00
	20. Total Income. Add lines 7 through 19						119	1 00

Continue to page 2.



EFO00091 10-24-2022 REV 01/17/23 PRO

2022 (continued)

			_	
	See instructions, page 17.			
nts		21 0	0	
ldaho Adjustments	22. Moving expenses, alimony paid, and student loan interest	22 0	0	
inst	23. Deductions for self-employment tax, health insurance, and qualified retirement plans	23 0	0	
Adj	24. Penalty on early withdrawal of savings	24 0	0	
일	25. Other deductions. See instructions	25 0	0	
g	26. Total Adjustments. Add lines 21 through 25	26 0	0	
	•	27 1191 0	0	
	Column A - Federal	Column B - Idaho		
	28. Enter amount from federal Form 1040, line 11. Enter amount from line 27 in Column B	1191 0	0	
	29. Additions from Form 39NR, Part A, line 5.		Ť	
	Include Form 39NR	0	0	
	30. Subtractions from Form 39NR, Part B, line 27. Include Form 39NR	0	0	
	31. Total Adjusted Income. Add lines 28 and 29 minus			
	line 30	<u> </u>	0	
	ndard			
for	Most			
	sople 32. Check — b. If blind			
Marri	gle or c. If your parent or someone else can claim you as a dependent, check here and enter zero on line 63 •			
	arately: dopondonk, onesk note and onker zero on line oo			
н	ead of 33. Itemized deductions. Include federal Schedule A. Federal limits apply	33 0	0	
	sehold: 34. State and local income or general sales taxes included on federal Schedule A • 34.	34 0	0	
	35. Subtract line 34 from line 33. If you don't use federal Schedule A, enter zero	35 0	0	
Joi	ntly or Tab. Enter the standard deduction for your filing status. See instructions, page 19,	36 25900 0	'n	
Wid	ow(er):	37 25900 0		
Ψ2	· · · · · · · · · · · · · · · · · · ·	38 0.78 %		
	F	39 202 0		
		40 0		
	<u> </u>	41 989 0		
	F	42 0 0		
		43 0		
ß		44 0	0	
Credits		45 0	0	
ပ်		46 0 0	0	
	47. Subtract lines 43 through 46 from line 42. If less than zero, enter zero	47 0 0	0	
	48. Fuels use tax due. Include Form 75	48 0	0	
	49. Sales/use tax due on untaxed purchases (online, mail order, and other)	49 0	0	
Ses	50. Total tax from recapture of income tax credits from Form 44, Part II, line 6.		_	
Tax	Include Form 44	50 0	0	
Other Taxes	Include Form 49ER	51 0	0	
8		52 10 0	0	
	Check the box if you received Idaho public assistance payments for 2022NRF			
	53. Total Tax. Add lines 47 through 52	53 0 0	0	

Continue to page 3.



(continued)

	I want to donate to:								
Donations	54. Idaho Nongame Wildlife Fund 55	5. Idaho Chil	dren's Trust	t Fund					
	56. Special Olympics Idaho								
	58. American Red Cross of Idaho Fund 59	9. Veterans 9	Support Fur	nd					
	58. American Red Cross of Idaho Fund 59. 60. Idaho Food Bank Fund 6	1. Opportunit	y Scholarshi	p Program					
	62. Total Tax Plus Donations. See instructions, p						62	0	00
	63. Grocery Credit. Computed amount from worksheet on page 23					0			ı
	To receive your grocery credit, enter the co	mputed ar	nount on I	ine 63		• ∟	63	0	00
χ	To donate your grocery credit to the Cooperative Welfare Fund,								
	check the box and enter zero on line 63								
	64. Maintaining a home for family member age 65 or older or developmentally disabled. Include Form 39NR					•	64		00
en	65. Special fuels tax refund Gasoline				de Form 75		65		00
Payments	66. Idaho income tax withheld. Include Form W-2s and any 1099s that show Idaho withholding					•	66	83	00
ъ.	67. 2022 Form 51 estimated payments and amou	ınt applied	from 202	1 return		• [67		00
	68. Paid by entity • Withheld • ABE • See instructions. Include Form ID K-1s						68		00
						—			
	69. Tax Reimbursement Incentive credit See instructions						69		00
	70. Total Payments and Other Credits. Add line	s 63 throu	gh 69			[70	83	00
	71. Tax Due. If line 62 is more than line 70, subtra								00
	72. Penalty • Interest from the due date • Enter total						72		00
Due							12		100
Q	Check the box if penalty is caused by an unqualified Idaho medical savings account withdrawal								
Тах	73. Nonrefundable credit from a prior year return. See Form 44 instructions						73		
	70. Nonicialidable oreal from a prior year retain. Oce r offin 44 motivations						10		\vdash
	74. Total Due. Add lines 71 and 72, then subtract line 73. Pay online or make check payable to the Idaho State Tax Commission					•	74		00
pur	75. Overpaid. If line 62 is less than 70, subtract lines 62 and 72 from line 70					•	75	83	00
Refund	76. Refund 83 Apply to 2023								
	77. Direct Deposit. See instructions, page 25.	- Cr	neck if fin	al deposit	destination	is out	side of the U	J.S.	
	Routing No.]					Checkin	na	
	Type of Account:						Grideking		
	Account No.				j.		Savings	3	
	- Account No.								
þe	78. Total due (line 74) or overpaid (line 75)						78		00
Amended	79. Refund from original return plus additional refunds					•	79		00
ше	80. Tax paid with original return plus additional tax paid					•	80		00
⋖	81. Amended tax due or refund. Add lines 78 and 79 then subtract line 80						81		00
•	Within 180 days of receiving this return, the Idaho State Under penalties of perjury, I declare that to the best of m	Tax Commis y knowledge	sion may di and belief	scuss this re this return is	eturn with the particular true, correct,	oaid pre and con	parer identified nplete. See ins	below. tructions.	
							xpayer's phone number		
Sign	, -					(3	(312)543-1337		
Her		Preparer's EIN, SSN, or PTIN			Prep	Preparer's phone number			
							578)965-95	522	
-	arer's address GLOBAL TAXES LLC		State	ZIP code		Date			
24	5 ROONEY CT E BRUNSWICK		NJ	08816	1	02	2-10-2023		

MAIL TO: Idaho State Tax Commission, PO Box 56, Boise, ID 83756-0056 Include a complete copy of your federal return.

