### **IRS e-file Signature Authorization**

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

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

Submission Identification Number (SID)

| Taxpayer's name   | Social security number          |  |  |  |  |  |  |  |
|---|---------------------------------|--|--|--|--|--|--|--|
| PRAVEEN KASOJU  | 695-65-2075                     |  |  |  |  |  |  |  |
| Spouse's name   | Spouse's social security number |  |  |  |  |  |  |  |
| AKHILA KASOJU   | 856-87-7794                     |  |  |  |  |  |  |  |
| Part I Tax Return Information – Tax Year Ending December 31, 2022 (Enter year you are authorizing.) |                                 |  |  |  |  |  |  |  |
| Enter whole dollars only on lines 1 through 5.  |                                 |  |  |  |  |  |  |  |
| Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.                        |                                 |  |  |  |  |  |  |  |
| <b>1</b> Adjusted gross income  | <b>1</b> 112,030.               |  |  |  |  |  |  |  |
| <b>2</b> Total tax  | <b>2</b> 10,182.                |  |  |  |  |  |  |  |
| <b>3</b> Federal income tax withheld from Form(s) W-2 and Form(s) 1099                              | <b>3</b> 20,544.                |  |  |  |  |  |  |  |
| 4 Amount you want refunded to you   | <b>4</b> 10,362.                |  |  |  |  |  |  |  |
| 5 Amount you owe  |                                 |  |  |  |  |  |  |  |

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

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.

#### Taxpayer's PIN: check one box only

|             |        |       | EBO firm name |                              | Ē  |
|-------------|--------|-------|---------------|------------------------------|----|
| i autnonze  | GLUDAL | IAVEO |               | to enter or generate my PIN  | _  |
| l authorize | CTODAT | TAVEC | TTO           | to optox or gonorate pay DIN | 15 |

|   | 5 | 2 | 0 | 7 | 5 | as |  |  |  |  |
|---|---|---|---|---|---|----|--|--|--|--|
| Enter five digits, but<br>don't enter all zeros |   |   |   |   |   |    |  |  |  |  |

Enter five digits, but don't enter all zeros

7 7 7 9 4 my

as mv

signature on the income tax return (original or amended) I am now authorizing.

I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature

#### Spouse's PIN: check one box only

X lauthorize GLOBAL TAXES LLC ERO firm name

to enter or generate my PIN

Date

signature on the income tax return (original or amended) I am now authorizing.

I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

| Spouse's signature ►  | Date I |     |  |  |             | <br>  |     |   |
|---|--------|-----|--|--|-------------|-------|-----|---|
| Practitioner PIN Method Returns Only—continu  | e be   | low |  |  |             |       |     |   |
| Part III Certification and Authentication – Practitioner PIN Method Only                        |        |     |  |  |             |       |     |   |
| <b>ERO's EFIN/PIN.</b> Enter your six-digit EFIN followed by your five-digit self-selected PIN. | 2      | 2   |  |  | 6<br>all ze | <br>9 | 8 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<br>Don't Submit This Form to the IRS Unless Requested To Do So |      |        |                          |  |  |  |  |  |
| For Demonstrate Deduction Act Nation and the  | . to |        | Farm 8870 (Day, 01 0001) |  |  |  |  |  |

For Paperwork Reduction Act Notice, see your tax return instructions. BAA REV 02/05/23 PRO

| E1040   |           | artment of the Treasury-Internal Revenue Servi<br><b>5. Individual Income Tax</b>  |            | u <b>rn</b>  | 202             | 2     | OMB No. 1545           | -0074         | IRS Use      | Only—D   | o not w   | rrite or staple in                         | this space.                                  |
|---|-----------|--|------------|--------------|-----------------|-------|------------------------|---------------|--------------|----------|---|--|--|
| Filing Status<br>Check only<br>one box.           | lf yo     | Single X Married filing jointly u checked the MFS box, enter the national on is a child but not your dependent   | ame of y   | -            |                 |       | Head of Eed the HOH or |               |              |          | spou  | lifying surviv<br>use (QSS)<br>name if the | 0  |
| Your first name                                   | and mi    | ddle initial   | Last nar   | me           |                 |       |                        |               |              | Yo       | our so  | cial security                              | number                                       |
| PRAVEEN   |           |  | KASO       | JU           |                 |       |                        |               |              | 6        | 95-   | 65-2075                                    |  |
| If joint return, sp                               | ouse's    | first name and middle initial  | Last nar   | me           |                 |       |                        |               |              | Sp       | oouse'  | s social secu                              | rity numbe                                   |
| AKHILA  |           |  | KASO       | JU           |                 |       |                        |               |              | 8        | 56-8  | 87-7794                                    |  |
| Home address (                                    | numbe     | r and street). If you have a P.O. box, see   | instructio | ons.         |                 |       |                        | A             | Apt. no.     | Pr       | reside  | ntial Electior                             | 1 Campaigr                                   |
| 650 LOUI  | S HE      | ENNA BLVD  |            |              |                 |       |                        | e             | 5201         |          |   | nere if you, o                             |  |
| City, town, or po                                 | ost offic | ce. If you have a foreign address, also co   | mplete sp  | paces below  | ν.              | Sta   | ite                    | ZIP c         | ode          |          |   | if filing jointly                          |  |
| ROUND RO  | CK        |  |            |              |                 | ТΣ    | ζ                      | 786           | 64           |          | •   | this fund. C                               | •  |
| Foreign country                                   | name      |  | F          | oreign prov  | /ince/state/o   | coun  | ty                     | Foreig        | gn postal co |          | box below will not change<br>your tax or refund.<br>You Spous |  |  |
|   |           |  | . ,        |              |                 |       |                        |               | • •          | (1)      |   |  |  |
| Digital<br>Assets                                 |           | ny time during 2022, did you: (a) rece<br>ange, gift, or otherwise dispose of a  |            |              |                 |       |                        |               | ,            | ,        |   | Yes  | X No   |
|   |           | eone can claim: You as a de  | -          | <u> </u>     |                 |       | a dependent            | a5501)        | 1 (566 11)   | Silucin  | 0113.)  |  |  |
| Standard<br>Deduction                             | _         | Spouse itemizes on a separate return   |            |              |                 |       |                        |               |              |          |   |  |  |
| Age/Blindness                                     | You:      | Were born before January 2, 1  | 958        | Are blin     | d Spo           | use   | : 🗌 Was bor            | n befo        | ore Janua    | ry 2, 1  | 958   | 🗌 Is blin                                  | ıd   |
| Dependents  | (see      | instructions):   |            | (2) So       | cial security   |       | (3) Relationsh         | ip <b>(</b> 4 | I) Check th  | ie box i | f quali   | fies for (see ir                           | structions):                                 |
| If more   |           | rst name Last name   |            |              | umber           |       | to you                 | ·             | Child ta     | ax credi | t   | Credit for othe                            | er dependents                                |
| than four   |           |  |            |              |                 |       |                        |               | Γ            |          |   |  | 1  |
| dependents,                                       |           |  |            |              |                 |       |                        |               | Г            | 7        |   |  | 1  |
| see instructions<br>and check                     |           |  |            |              |                 |       |                        |               | Г            | 7        |   |  | 1  |
| here  |           |  |            |              |                 |       |                        |               | Γ            | 7        |   |  | 1  |
| Income  | 1a        | Total amount from Form(s) W-2, be  | ox 1 (see  | e instructio | ons)            |       |                        |               |              |          | 1a  | 12   | 5,185.                                       |
| income  | b         | Household employee wages not re  | eported of | on Form(s    | ) W-2           |       |                        |               |              |          | 1b  |  |  |
| Attach Form(s)                                    | с         | Tip income not reported on line 1a   | (see ins   | structions)  | ·<br>           |       |                        |               |              |          | 1c  | :  |  |
| W-2 here. Also<br>attach Forms                    | d         | Medicaid waiver payments not rep   | orted or   | n Form(s)    | W-2 (see ir     | nstru | uctions)               |               |              |          | 1d  |  |  |
| W-2G and  | е         | Taxable dependent care benefits f  | rom For    | m 2441, lii  | ne 26 .         |       | · · · ·                |               |              |          | 1e  |  |  |
| 1099-R if tax                                     | f         | Employer-provided adoption bene  | fits from  | Form 883     | 39, line 29     |       |                        |               |              |          | 1f  |  |  |
| was withheld.<br>If you did not                   | g         |  |            |              | · · · ·         |       |                        |               |              |          | 1g  |  |  |
| get a Form  | h         | Other earned income (see instructi   | ons) .     |              |                 |       |                        |               |              |          | 1h  |  | 0.   |
| W-2, see  | i         | Nontaxable combat pay election (s  | ,          |              |                 |       | 1                      |               |              |          |   |  |  |
| instructions.                                     | z         | Add lines to through th  |            |              |                 |       |                        |               |              |          | 1z  | 12   | 5,185.                                       |
| Attach Sch. B                                     | 2a        | Tax-exempt interest  | 2a         |              |                 | bТ    | axable interest        |               |              |          | 2b  |  |  |
| if required.                                      | 3a        |  | 3a         |              | -               |       | Ordinary divide        |               |              |          | 3b  |  | 1.   |
|   | 4a        |  | 4a         |              |                 |       | axable amoun           |               |              |          | 4b  |  |  |
| Standard  | 5a        |  | 5a         |              |                 |       | axable amoun           |               |              |          | 5b  |  |  |
| Deduction for-                                    | 6a        |  | 6a         |              |                 |       | axable amoun           |               |              |          | 6b  |  |  |
| <ul> <li>Single or<br/>Married filing</li> </ul>  | С         | If you elect to use the lump-sum elected and t |            | nethod, cł   |                 |       |                        |               |              |          |   |  |  |
| separately,                                       | 7         | , , , , , , , , , , , , , , , , , , ,  |            |              |                 |       | ,                      |               |              |          | 7   |  | 1,546.                                       |
| <ul><li>\$12,950</li><li>Married filing</li></ul> | 8         | Capital gain or (loss). Attach Schedule D if required. If not required, check here   |            |              |                 |       |                        | 8             |              | 1,610.   |   |  |  |
| jointly or<br>Qualifying                          | 9         |  |            |              |                 |       |                        |               |              |          | 9   |  | 2,030.                                       |
| surviving spouse,                                 | 10        | Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income         . <th.< th="">         .         <th< td=""><td>10</td><td></td><td>_,</td></th<></th.<>   |            |              |                 |       |                        |               |              | 10       |   | _,   |  |
| \$25,900<br>• Head of                             | 11        | Subtract line 10 from line 9. This is  |            |              |                 |       |                        |               |              |          | 11  |  | 2,030.                                       |
| household,  | 12        | Standard deduction or itemized   | •          |              |                 |       |                        |               |              |          | 12  |  | 5,900.                                       |
| \$19,400<br>• If you checked                      | 13        | Qualified business income deducti  |            |              |                 | ,     |                        | • •           |              | • •      | 13  |  | <u>,,,,</u> ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| any box under                                     | 14        | Add lines 12 and 13  |            |              |                 | 000   |                        | • •           | • •          |          | 14  |  | 5 900  |
| Standard<br>Deduction,                            | 14        | Subtract line 14 from line 11. If zer  |            |              | <br>- This is w | 0r.†  | taxable incom          | <br>e         |              |          | 14  |  | <u>5,900.</u><br>6,130.                      |
| see instructions.                                 |           |  |            | 5, 61161 -0  | . 1113 13 y     | Jui   |                        |               | • •          |          | 15  | 01   | J,13U.                                       |

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

Form **1040** (2022)

|                                      |            |  |                          |  |                    |                                |                                       |                    |                  | Page <b>2</b> |
|--------------------------------------|------------|--|--------------------------|--|--------------------|--------------------------------|---------------------------------------|--------------------|------------------|---------------|
| Tax and                              | 16         | Tax (see instructions). Check  | if any from Form         | (s): <b>1</b> 🗌 881                            | 4 <b>2</b> 4972    | 3 🗌                            |                                       | 16                 | 10               | ,182.         |
| Credits                              | 17         | Amount from Schedule 2, lin  | e3                       |  |                    |                                |                                       | 17                 |                  |               |
|                                      | 18         | Add lines 16 and 17  |                          |  |                    |                                |                                       | 18                 | 10               | ,182.         |
|                                      | 19         | Child tax credit or credit for   | other dependent          | ts from Sched                                  | ule 8812           |                                |                                       | 19                 |                  |               |
|                                      | 20         | Amount from Schedule 3, lin  | e8                       |  |                    |                                |                                       | 20                 |                  |               |
|                                      | 21         | Add lines 19 and 20  |                          |  |                    |                                |                                       | 21                 |                  |               |
|                                      | 22         | Subtract line 21 from line 18  | If zero or less, e       | enter -0                                       |                    |                                |                                       | 22                 | 10               | ,182.         |
|                                      | 23         | Other taxes, including self-er   | mployment tax,           | from Schedule                                  | e 2, line 21       |                                |                                       | 23                 |                  | 0.            |
|                                      | 24         | Add lines 22 and 23. This is   | your <b>total tax</b>    |  |                    |                                |                                       | 24                 | 10               | ,182.         |
| Payments                             | 25         | Federal income tax withheld  |                          |  |                    |                                |                                       |                    |                  |               |
| -                                    | а          | Form(s) W-2  |                          |  |                    | <b>25a</b> 20                  | ,544.                                 |                    |                  |               |
|                                      | b          | Form(s) 1099   |                          |  |                    | 25b                            |                                       |                    |                  |               |
|                                      | с          | Other forms (see instructions  | s)                       |  |                    | 25c                            |                                       |                    |                  |               |
|                                      | d          | Add lines 25a through 25c  |                          |  |                    |                                |                                       | 25d                | 20               | ,544.         |
| If you have a                        | 26         | 2022 estimated tax payment   | s and amount a           | pplied from 20                                 | 21 return          |                                |                                       | 26                 |                  |               |
| qualifying child,                    | 27         | Earned income credit (EIC)   |                          |  |                    | 27                             |                                       |                    |                  |               |
| attach Sch. EIC.                     | 28         | Additional child tax credit from   | n Schedule 8812          |  |                    | 28                             |                                       |                    |                  |               |
|                                      | 29         | American opportunity credit  | from Form 8863           | 8, line 8                                      |                    | 29                             |                                       |                    |                  |               |
|                                      | 30         | Reserved for future use .  |                          |  |                    | 30                             |                                       |                    |                  |               |
|                                      | 31         | Amount from Schedule 3, lin  | e15                      |  |                    | 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. The second | hese are your <b>to</b>  | tal payments                                   |                    |                                |                                       | 33                 | 20               | ,544.         |
| Refund                               | 34         | If line 33 is more than line 24  | , subtract line 24       | 4 from line 33.                                | This is the amour  | nt you <b>overpaid</b>         |                                       | 34                 | 10               | ,362.         |
| nerana                               | 35a        |  |                          | d to you. If Form 8888 is attached, check here |                    |                                |                                       | 35a                | 10               | ,362.         |
| Direct deposit?                      | b          | Routing number 0 8 1   |                          |  |                    | Checking                       | Savings                               |                    |                  |               |
| See instructions.                    | d          | Account number 3 5 5   | 0 0 2 9                  | 0 9 8 1  | L 2                |                                |                                       |                    |                  |               |
|                                      | 36         | Amount of line 34 you want a   | applied to your 2        | 2023 estimate                                  | ed tax             | 36                             |                                       |                    |                  |               |
| Amount                               | 37         | Subtract line 33 from line 24  | . This is the <b>amo</b> | ount you owe.                                  |                    |                                |                                       |                    |                  |               |
| You Owe                              |            | For details on how to pay, go  | o to <i>www.ir</i> s.gov | //Payments or                                  | see instructions . |                                |                                       | 37                 |                  |               |
|                                      | 38         | Estimated tax penalty (see in  | structions) .            |  |                    | 38                             |                                       |                    |                  |               |
| <b>Third Party</b>                   | Do         | you want to allow another  | person to disc           | cuss this retur                                | m with the IRS?    |                                |                                       |                    | _                |               |
| Designee                             | ins        | tructions  |                          |  |                    |                                |                                       |                    | X No             |               |
|                                      | De:<br>nar | signee's   |                          | Phone no.                                      |                    |                                | onal identi <sup>.</sup><br>ber (PIN) | fication           |                  |               |
| 0:                                   |            | der penalties of perjury, I declare tl   | at L have exemine        |  |                    |                                | . ,                                   | the her            |                  |               |
| Sign                                 |            | ief, they are true, correct, and com   |                          |  |                    |                                |                                       |                    |                  |               |
| Here                                 | Yo         | ur signature   |                          | Date   | Your occupation    |                                | If the                                | IRS se             | nt you an Ide    | entity        |
|                                      |            | 5  |                          |  |                    |                                |                                       |                    | IN, enter it h   | ere           |
| Joint return?                        |            |  |                          |  | SOFTWARE E         | -                              |                                       | inst.)             |                  |               |
| See instructions.<br>Keep a copy for | Sp         |  |                          |  |                    | nt your spou:<br>ection PIN, e |                                       |                    |                  |               |
| your records.                        |            |  |                          |  | HOME MAKEF         | >                              |                                       | inst.)             |                  |               |
|                                      | Ph         | one no. (816)621-1543  | 1                        | Email address                                  |                    | 0@GMAIL.CC                     | M                                     |                    |                  |               |
|                                      |            | parer's name   | Preparer's signat        | 1  | KEKAV GENUI        | Date                           | PTIN                                  |                    | Check if:        |               |
| Paid                                 |            |  |                          |  | AR DUDIPALLI       | 02/13/2023                     | P0247                                 | 1823               | Self-er          | nploved       |
|                                      | 4 11414    |  |                          | 1110111 10011                                  |                    | 02/13/2023                     |                                       |                    |                  |               |
| Preparer                             | Fin        | n'sname (LT.ODAT. TAN  | (#9 1.1.0                |  |                    |                                | Dnor                                  |                    |                  |               |
| Preparer<br>Use Only                 |            | n's name GLOBAL TAX<br>n's address 245 ROONE   |                          | NSWICK N.                                      | J 08816            |                                |                                       | ie no. (<br>'s EIN | 678)965<br>88-21 | 45487         |

| 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 soc | ial security number |
| PRAVEEN & AKHI           | LA KASOJU   | 695-65   | -2075               |

| Par | t I Additional Income   |                       |    |          |
|-----|---|-----------------------|----|----------|
| 1   | Taxable refunds, credits, or offsets of state and local income taxes          |                       | 1  |          |
| 2a  | Alimony received  |                       | 2a |          |
| b   | Date of original divorce or separation agreement (see instructions):          |                       |    |          |
| 3   | Business income or (loss). Attach Schedule C                                  |                       | 3  |          |
| 4   | Other gains or (losses). Attach Form 4797                                     |                       | 4  |          |
| 5   | Rental real estate, royalties, partnerships, S corporations, trusts, etc. Att |                       | 5  | -11,610. |
| 6   | Farm income or (loss). Attach Schedule F                                      |                       | 6  |          |
| 7   | Unemployment compensation   |                       | 7  |          |
| 8   | Other income:   |                       |    |          |
| а   | Net operating loss  | 8a (                  | )  |          |
| b   | Gambling  | 8b                    |    |          |
| С   | Cancellation of debt  | 8c                    |    |          |
| d   | Foreign earned income exclusion from Form 2555                                | 8d (                  | )  |          |
| е   | Income from Form 8853   | 8e                    |    |          |
| f   | Income from Form 8889   | 8f                    |    |          |
| g   | Alaska Permanent Fund dividends   | 8g                    |    |          |
| h   | Jury duty pay   | 8h                    |    |          |
| i   | Prizes and awards   | 8i                    |    |          |
| j   | Activity not engaged in for profit income                                     | 8j                    |    |          |
| k   | Stock options   | 8k                    |    |          |
| 1   | Income from the rental of personal property if you engaged in the rental      |                       |    |          |
|     | for profit but were not in the business of renting such property              | 81                    |    |          |
| m   | Olympic and Paralympic medals and USOC prize money (see                       |                       |    |          |
|     | instructions)   | 8m                    |    |          |
| n   | Section 951(a) inclusion (see instructions)                                   | 8n                    |    |          |
| 0   | Section 951A(a) inclusion (see instructions)                                  | 80                    |    |          |
| р   | Section 461(I) excess business loss adjustment                                | 8p                    | _  |          |
| q   | Taxable distributions from an ABLE account (see instructions)                 | 8q                    | _  |          |
| r   | Scholarship and fellowship grants not reported on Form W-2                    | 8r                    | _  |          |
| S   | Nontaxable amount of Medicaid waiver payments included on Form                |                       |    |          |
|     | 1040, line 1a or 1d   | 8s (                  | )  |          |
| t   | Pension or annuity from a nonqualifed deferred compensation plan or           |                       |    |          |
|     | a nongovernmental section 457 plan  | 8t                    | _  |          |
| 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         | k, or 1040-NK, line 8 | 10 | -11,610. |

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

Schedule 1 (Form 1040) 2022

| 11       Educator expenses       11         12       Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106       12         13       Health savings account deduction. Attach Form 8889       13         14       Moving expenses for members of the Armed Forces. Attach Form 3903       14         15       Deductible part of self-employment tax. Attach Schedule SE       15         16       Self-employed SEP, SIMPLE, and qualified plans       16         17       Self-employed health insurance deduction       17         18       Penalty on early withdrawal of savings       18         19a       Alimony paid       18         19a       Alimony paid       20         21       Student loan interest deduction       21         22       23       Archer MSA deduction       21         23       Archer MSA deduction       22       23         24       Other adjustments:       24       24         24       Deductible expenses related to income reported on line 81 from the rental of personal property engaged in for profit       24d         24       Chrestation amortization and expenses       24d       24d         24       Expense related to income reported on line 81 from the rental of personal property engaged                                      | Par    | t II Adjustments to Income   |       |         |         |    |                    |
|--|--------|--|-------|---------|---------|----|--------------------|
| officials. Attach Form 2106       12         13       Health savings account deduction. Attach Form 8889       13         14       Moving expenses for members of the Armed Forces. Attach Form 3903       14         15       Deductible part of self-employment tax. Attach Schedule SE       15         16       Self-employed SEP, SIMPLE, and qualified plans       16         17       Self-employed health insurance deduction       17         18       Penalty on early withdrawal of savings       18         19a       Alimony paid       18         19a       Alimony paid       12         20       11       18         21       Student loan interest deduction       21         22       23       Archer MSA deduction       21         23       24       Other adjustments:       22         23       Archer MSA deduction       24       24         24       Other adjustments:       24       24         24       Deductible expenses related to income reported on line 81 from the rental of personal property engaged in for profit       24         24       Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m       24d         24       Eapayment of supplemental unemployment benefits under th  | 11     | Educator expenses  |       |         |         | 11 |                    |
| officials. Attach Form 2106       12         13       Health savings account deduction. Attach Form 8889       13         14       Moving expenses for members of the Armed Forces. Attach Form 3903       14         15       Deductible part of self-employment tax. Attach Schedule SE       15         16       Self-employed SEP, SIMPLE, and qualified plans       16         17       Self-employed health insurance deduction       17         18       Penalty on early withdrawal of savings       18         19a       Alimony paid       18         19a       Alimony paid       18         19a       Alimony paid       20         21       Student loan interest deduction       21         22       Reserved for future use       22         23       Archer MSA deduction       21         24       Other adjustments:       23         24       Other adjustments:       24         25       Archer MSA deduction and expenses       24d         24       Deductible expenses related to income reported on line 81 from the rental of personal property engaged in for profit       24b         24       Contributions to section 501(c)(18)(D) pension plans       24d         24       E4d       24e         24d   | 12     | Certain business expenses of reservists, performing artists, and fee | -basi | is gove | ernment |    |                    |
| 13       Health savings account deduction. Attach Form 8889       13         14       Moving expenses for members of the Armed Forces. Attach Form 3903       14         15       Deductible part of self-employment tax. Attach Schedule SE       15         16       Self-employed SEP, SIMPLE, and qualified plans       16         17       Self-employed health insurance deduction       17         18       Penalty on early withdrawal of savings       18         19a       Alimony paid       19a         b       Recipient's SSN       19a         c       Date of original divorce or separation agreement (see instructions):       20         21       Student loan interest deduction       21         22       Reserved for future use       22         23       Archer MSA deduction       21         24       Other adjustments:       24a         a       Jury duty pay (see instructions)       24a         b       Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit       24d         c       Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m       24d         24e       24d       24d         c       Repayment of supplemental unemployment benefits  |        | officials. Attach Form 2106  |       |         |         | 12 |                    |
| 15       Deductible part of self-employment tax. Attach Schedule SE       15         16       Self-employed SEP, SIMPLE, and qualified plans       16         17       Self-employed health insurance deduction       17         18       Penalty on early withdrawal of savings       18         19a       Alimony paid       19a         b       Recipient's SSN       19a         c       Date of original divorce or separation agreement (see instructions):       20         20       IRA deduction       21         22       Reserved for future use       22         23       Archer MSA deduction       21         24       Other adjustments:       24a         a       Jury duty pay (see instructions)       24a         b       Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit       24b         c       Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m       24d         e       Repayment of supplemental unemployment benefits under the Trade Act of 1974       24e         g       Contributions to section 501(c)(18)(D) pension plans       24e         g       Contributions to section 501(c)(18)(D) pension plans       24g         h       Attorne   | 13     |  |       |         |         | 13 |                    |
| 15       Deductible part of self-employment tax. Attach Schedule SE       15         16       Self-employed SEP, SIMPLE, and qualified plans       16         17       Self-employed health insurance deduction       17         18       Penalty on early withdrawal of savings       18         19a       Alimony paid       19a         b       Recipient's SSN       19a         c       Date of original divorce or separation agreement (see instructions):       20         20       IRA deduction       21         22       Reserved for future use       22         23       Archer MSA deduction       21         24       Other adjustments:       24a         a       Jury duty pay (see instructions)       24a         b       Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit       24b         c       Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m       24d         e       Repayment of supplemental unemployment benefits under the Trade Act of 1974       24e         g       Contributions to section 501(c)(18)(D) pension plans       24e         g       Contributions to section 501(c)(18)(D) pension plans       24g         h       Attorne   | 14     | Moving expenses for members of the Armed Forces. Attach Form 3903    |       |         |         | 14 |                    |
| 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       19a         c       Date of original divorce or separation agreement (see instructions):       20         20       IRA deduction       21         21       Student loan interest deduction       21         22       Reserved for future use       22         23       Archer MSA deduction       22         24       Other adjustments:       24a         a       Jury duty pay (see instructions)       24a         c       Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m       24c         c       Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m       24d         e       Repayment of supplemental unemployment benefits under the Trade Act of 1974       24d         g       Contributions to section 501(c)(18)(D) pension plans       24g         f       Contributions to section 501(c)(18)(D) pension plans       24g         i       Attorney fees and court costs for actions invo   | 15     |  |       |         |         | 15 |                    |
| 17       Self-employed health insurance deduction       17         18       Penalty on early withdrawal of savings       18         19a       Alimony paid       19a         b       Recipient's SSN       19a         c       Date of original divorce or separation agreement (see instructions):       20         20       IRA deduction       21         22       Reserved for future use       22         23       Archer MSA deduction       23         24       Other adjustments:       24a         a       Jury duty pay (see instructions)       24a         b       Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit       24b         c       Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m       24d         e       Repayment of supplemental unemployment benefits under the Trade Act of 1974       24e         g       Contributions to section 501(c)(18)(D) pension plans       24g         g       Contributions by certain chaplains to section 403(b) plans       24g         h       Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect   | 16     |  |       |         |         | 16 |                    |
| 18       Penalty on early withdrawal of savings       18         19a       Alimony paid       19a         b       Recipient's SSN       19a         c       Date of original divorce or separation agreement (see instructions):       20         21       Student loan interest deduction       20         22       Reserved for future use       21         23       Archer MSA deduction       22         23       Archer MSA deduction       23         24       Other adjustments:       23         a       Jury duty pay (see instructions)       24a         b       Deductible expenses related to income reported on line 81 from the rental of personal property engaged in for profit       24b         c       Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m       24c         c       Reforestation amortization and expenses       24d         e       Repayment of supplemental unemployment benefits under the Trade Act of 1974       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)       24g         i       Attorney fees and court costs you paid in connection with an award from the IRS for | 17     |  |       |         |         |    |                    |
| 19a       Alimony paid       19a         b       Recipient's SSN       19a         c       Date of original divorce or separation agreement (see instructions):       20         20       21         21       Student loan interest deduction       21         22       Reserved for future use       22         23       Archer MSA deduction       23         24       Other adjustments:       24a         a       Jury duty pay (see instructions)       24a         b       Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit       24b         c       Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m       24d         e       Repayment of supplemental unemployment benefits under the Trade Act of 1974       24d         g       Contributions to section 501(c)(18)(D) pension plans       24g         f       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)       24g         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       24h                 | 18     |  |       |         |         | 18 |                    |
| b       Recipient's SSN  | 19a    |  |       |         |         |    |                    |
| cDate of original divorce or separation agreement (see instructions):2020IRA deduction2021Student loan interest deduction2122Reserved for future use2223Archer MSA deduction2324Other adjustments:24aaJury duty pay (see instructions)24abDeductible expenses related to income reported on line 8l from the<br>rental of personal property engaged in for profit24acNontaxable amount of the value of Olympic and Paralympic medals<br>and USOC prize money reported on line 8m24cdReforestation amortization and expenses24deRepayment of supplemental unemployment benefits under the Trade<br>Act of 197424egContributions to section 501(c)(18)(D) pension plans24ghAttorney fees and court costs for actions involving certain unlawful<br>discrimination claims (see instructions)24giAttorney fees and court costs you paid in connection with an award<br>from the IRS for information you provided that helped the IRS detect24h   |        |  |       |         |         |    |                    |
| 20       IRA deduction       20         21       Student loan interest deduction       21         22       Reserved for future use       22         23       Archer MSA deduction       23         24       Other adjustments:       23         a       Jury duty pay (see instructions)       24a         b       Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit       24b         c       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         e       Repayment of supplemental unemployment benefits under the Trade Act of 1974       24f         g       Contributions to section 501(c)(18)(D) pension plans       24g         h       Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions)       24g         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       24h  |        | Date of original divorce or separation agreement (see instructions): | _     |         |         |    |                    |
| 21       Student loan interest deduction       21         22       Reserved for future use       22         23       Archer MSA deduction       22         23       Archer MSA deduction       23         24       Other adjustments:       24a         a       Jury duty pay (see instructions)       24a         b       Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit       24b         c       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         e       Repayment of supplemental unemployment benefits under the Trade Act of 1974       24f         g       Contributions to section 501(c)(18)(D) pension plans       24g         h       Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions)       24g         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       24h  | 20     |  |       |         |         | 20 |                    |
| 22       Reserved for future use       22         23       Archer MSA deduction       23         24       Other adjustments:       23         a       Jury duty pay (see instructions)       24a         b       Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit       24a         c       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         e       Repayment of supplemental unemployment benefits under the Trade Act of 1974       24e         f       Contributions to section 501(c)(18)(D) pension plans       24g         g       Contributions by certain chaplains to section 403(b) plans       24g         i       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       24h   | 21     |  |       |         |         |    |                    |
| 23       Archer MSA deduction       23         24       Other adjustments:       24a         a       Jury duty pay (see instructions)       24a         b       Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit       24a         c       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         e       Repayment of supplemental unemployment benefits under the Trade Act of 1974       24e         f       Contributions to section 501(c)(18)(D) pension 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       24h   |        |  |       |         |         |    |                    |
| <ul> <li>24 Other adjustments: <ul> <li>a Jury duty pay (see instructions)</li> <li>b Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit</li> <li>c Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m.</li> <li>d Reforestation amortization and expenses.</li> <li>e Repayment of supplemental unemployment benefits under the Trade Act of 1974.</li> <li>f Contributions to section 501(c)(18)(D) pension plans.</li> <li>g Contributions by certain chaplains to section 403(b) plans</li> <li>h Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions).</li> <li>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</li> </ul></li></ul>   |        |  |       |         |         |    |                    |
| <ul> <li>a Jury duty pay (see instructions)</li> <li>b Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit</li> <li>c Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m</li> <li>d Reforestation amortization and expenses</li> <li>e Repayment of supplemental unemployment benefits under the Trade Act of 1974</li> <li>f Contributions to section 501(c)(18)(D) pension plans</li> <li>g Contributions by certain chaplains to section 403(b) plans</li> <li>h Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions)</li> <li>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</li> </ul>   |        |  |       |         |         |    |                    |
| <ul> <li>b Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit</li> <li>c Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m.</li> <li>d Reforestation amortization and expenses</li> <li>e Repayment of supplemental unemployment benefits under the Trade Act of 1974.</li> <li>f Contributions to section 501(c)(18)(D) pension plans</li> <li>g Contributions by certain chaplains to section 403(b) plans</li> <li>h Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions).</li> <li>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</li> </ul>  |        | •  | 24a   |         |         |    |                    |
| <ul> <li>rental of personal property engaged in for profit</li> <li>Nontaxable amount of the value of Olympic and Paralympic medals<br/>and USOC prize money reported on line 8m.</li> <li>d Reforestation amortization and expenses</li> <li>e Repayment of supplemental unemployment benefits under the Trade<br/>Act of 1974.</li> <li>f Contributions to section 501(c)(18)(D) pension plans</li> <li>g Contributions by certain chaplains to section 403(b) plans</li> <li>h Attorney fees and court costs for actions involving certain unlawful<br/>discrimination claims (see instructions).</li> <li>i Attorney fees and court costs you paid in connection with an award<br/>from the IRS for information you provided that helped the IRS detect</li> </ul>   | _      |  |       |         |         |    |                    |
| <ul> <li>c Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m.</li> <li>d Reforestation amortization and expenses.</li> <li>e Repayment of supplemental unemployment benefits under the Trade Act of 1974.</li> <li>f Contributions to section 501(c)(18)(D) pension plans.</li> <li>g Contributions by certain chaplains to section 403(b) plans</li> <li>h Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions).</li> <li>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</li> </ul>  |        |  | 24b   |         |         |    |                    |
| and USOC prize money reported on line 8m.24cd Reforestation amortization and expenses24de Repayment of supplemental unemployment benefits under the Trade<br>Act of 1974.24ef Contributions to section 501(c)(18)(D) pension plans24fg Contributions by certain chaplains to section 403(b) plans24gh Attorney fees and court costs for actions involving certain unlawful<br>discrimination claims (see instructions)24gi Attorney fees and court costs you paid in connection with an award<br>from the IRS for information you provided that helped the IRS detect24h   | С      |  |       |         |         |    |                    |
| d       Reforestation amortization and expenses  | -      |  | 24c   |         |         |    |                    |
| <ul> <li>e Repayment of supplemental unemployment benefits under the Trade Act of 1974</li></ul>   | d      |  |       |         |         |    |                    |
| Act of 1974  | e      |  |       |         |         |    |                    |
| <ul> <li>f Contributions to section 501(c)(18)(D) pension plans</li></ul>  | ·      |  | 24e   |         |         |    |                    |
| <ul> <li>g Contributions by certain chaplains to section 403(b) plans</li></ul>  | f      |  |       |         |         |    |                    |
| <ul> <li>h Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions)</li></ul>   | -      |  |       |         |         |    |                    |
| discrimination claims (see instructions)   |        |  | 9     |         |         |    |                    |
| 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  |        |  | 24h   |         |         |    |                    |
| from the IRS for information you provided that helped the IRS detect   | i      | ,  |       |         |         |    |                    |
|  | •      | from the IBS for information you provided that helped the IBS detect |       |         |         |    |                    |
| tax law violations   |        | tax law violations   | 24i   |         |         |    |                    |
| j Housing deduction from Form 2555   | i      |  |       |         |         |    |                    |
| k Excess deductions of section 67(e) expenses from Schedule K-1 (Form  | ,<br>k |  |       |         |         |    |                    |
| 1041)  |        |  | 24k   |         |         |    |                    |
| <b>z</b> Other adjustments. List type and amount:  | 7      |  |       |         |         |    |                    |
|  | -      |  | 247   |         |         |    |                    |
| <b>25</b> Total other adjustments. Add lines 24a through 24z   | 25     |  |       | 1       |         | 25 |                    |
| 26 Add lines 11 through 23 and 25. These are your <b>adjustments to income</b> . Enter here and on   |        |  |       |         |         |    |                    |
| Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a   | 20     |  |       |         |         | 26 |                    |
| BAA REV 02/05/23 PRO Schedule 1 (Form 10/  |        |  |       |         |         |    | e 1 (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

Internal Revenue Service Name(s) shown on return

Department of the Treasury

PRAVEEN & AKHILA KASOJU

Your social security number

695-65-2075

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<br>This | instructions for how to figure the amounts to enter on the below.<br>form may be easier to complete if you round off cents to e dollars.   | <b>(d)</b><br>Proceeds<br>(sales price) | <b>(e)</b><br>Cost<br>(or other basis) | (g)<br>Adjustment<br>to gain or loss<br>Form(s) 8949, F | from<br>Part I, | (h) Gain or (loss)<br>Subtract column (e)<br>from column (d) and<br>combine the result |
|---------------|--|---|--|---|-----------------|--|
|               | Totals for all short-term transactions reported on Form<br>1099-B for which basis was reported to the IRS and for<br>which you have no adjustments (see instructions).<br>However, if you choose to report all these transactions<br>on Form 8949, leave this line blank and go to line 1b |   |  | line 2, column  | i (g)           | with column (g)  |
| 1b            | Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked   | 257.                                    | 963.                                   |   |                 | -706.  |
| 2             | Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked   | 470.                                    | 1,310.                                 |   |                 | -840.  |
| 3             | Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked   |   |  |   |                 |  |
| 4             | Short-term gain from Form 6252 and short-term gain or (I   | 324                                     | 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 <b>Worksheet</b> in the instructions  | Carryover                               | 6                                      | ( )   |                 |  |
| 7             | Net short-term capital gain or (loss). Combine lines 1a term capital gains or losses, go to Part II below. Otherwise   |   | 7                                      | -1,546.   |                 |  |

### 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 below.  |  | (d)<br>Proceeds | (e)<br>Cost      | <b>(g)</b><br>Adjustmen<br>to gain or loss |          | (h) Gain or (loss)<br>Subtract column (e)<br>from column (d) and |
|--|--|-----------------|------------------|--|----------|--|
| This form may be easier to complete if you round off cents to whole dollars. |  | (sales price)   | (or other basis) | Form(s) 8949, I<br>line 2, colum           | Part II, | combine the result<br>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 <b>Box D</b> checked   |                 |                  |  |          |  |
| 9  | Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked   |                 |                  |  |          |  |
| 10   | Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked.  |                 |                  |  |          |  |
| 11   | 11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824  |                 |                  |  |          |  |
| 12<br>13   | Net long-term gain or (loss) from partnerships, S corporat   | . ,             | 12<br>13         |  |          |  |
|  | <ul> <li>3 Capital gain distributions. See the instructions</li> <li>4 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover Worksheet in the instructions</li> </ul>  |                 |                  |  |          | ( )  |
| 15   | Net long-term capital gain or (loss). Combine lines 8a on the back   | 14<br>15        |                  |  |          |  |

| Part | III Summary  |    |   |         |
|------|--|----|---|---------|
| 16   | Combine lines 7 and 15 and enter the result  | 16 |   | -1,546. |
|      | • If line 16 is a <b>gain</b> , 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 <b>loss</b> , skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22.   |    |   |         |
|      | • If line 16 is <b>zero</b> , 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 <b>both</b> gains?   |    |   |         |
|      | <b>No.</b> Skip lines 18 through 21, and go to line 22.  |    |   |         |
| 18   | If you are required to complete the <b>28% Rate Gain Worksheet</b> (see instructions), enter the amount, if any, from line 7 of that worksheet   | 18 |   |         |
| 19   | If you are required to complete the <b>Unrecaptured Section 1250 Gain Worksheet</b> (see instructions), enter the amount, if any, from line 18 of that worksheet   | 19 |   |         |
| 20   | <ul> <li>Are lines 18 and 19 both zero or blank and you are not filing Form 4952?</li> <li>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.</li> </ul> |    |   |         |
|      | ☐ 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 | ( | 1,546.) |
|      | 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<br>for Form 1040, line 16.  |    |   |         |
|      | □ No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.   |    |   |         |

REV 02/05/23 PRO

Schedule D (Form 1040) 2022

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 or

| Name(s) shown on return | Social security number or taxpayer identification number |
|-------------------------|--|
| PRAVEEN & AKHILA KASOJU | 695-65-2075  |

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.

Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see Part I 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

| <b>1</b><br>(a)<br>Description of property   |  | Date sold or                   | <b>(d)</b><br>Proceeds              | <b>(e)</b><br>Cost or other basis<br>See the <b>Note</b> below | If you enter an enter a co          | f any, to gain or loss<br>amount in column (g),<br>ode in column (f).<br>arate instructions. | (h)<br>Gain or (loss)<br>Subtract column (e)                  |
|--|--|--------------------------------|-------------------------------------|--|-------------------------------------|--|---|
| (Example: 100 sh. XYZ Co.)   | (Mo., day, yr.)                            | disposed of<br>(Mo., day, yr.) | (sales price)<br>(see instructions) | and see Column (e)<br>in the separate<br>instructions.         | (f)<br>Code(s) from<br>instructions | <b>(g)</b><br>Amount of<br>adjustment  | from column (d) and<br>combine the result<br>with column (g). |
| ROBINHOOD SECURITIES LLC   | 01/01/22                                   | 12/31/22                       | 257.                                | 963.   |                                     |  | -706.   |
|  |  |                                |                                     |  |                                     |  |   |
|  |  |                                |                                     |  |                                     |  |   |
|  |  |                                |                                     |  |                                     |  |   |
|  |  |                                |                                     |  |                                     |  |   |
|  |  |                                |                                     |  |                                     |  |   |
|  |  |                                |                                     |  |                                     |  |   |
|  |  |                                |                                     |  |                                     |  |   |
|  |  |                                |                                     |  |                                     |  |   |
|  |  |                                |                                     |  |                                     |  |   |
|  |  |                                |                                     |  |                                     |  |   |
|  |  |                                |                                     |  |                                     |  |   |
|  |  |                                |                                     |  |                                     |  |   |
|  |  |                                |                                     |  |                                     |  |   |
| 2 Totals. Add the amounts in column<br>negative amounts). Enter each tot.<br>Schedule D, line 1b (if Box A above<br>above is checked), or line 3 (if Box | al here and inc<br>is checked), <b>lir</b> | lude on your<br>1e 2 (if Box B | 257.                                | 963.   |                                     |  | -706.   |

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.

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

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

| Name(s) shown on return | Social security number or taxpayer identification nu |  |  |  |  |
|-------------------------|--|--|--|--|--|
| PRAVEEN & AKHILA KASOJU | 695-65-2075  |  |  |  |  |

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.

Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see Part I 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)

X (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

| <b>1</b><br>(a)<br>Description of property  | <b>(b)</b><br>Date acquired                      | <b>(c)</b><br>Date sold or     | <b>(d)</b><br>Proceeds              | <b>(e)</b><br>Cost or other basis<br>See the <b>Note</b> below | Adjustment, if any, to gain or los:<br>If you enter an amount in column (g<br>enter a code in column (f).<br>See the separate instructions. |                                       | <b>(h)</b><br>Gain or (loss)<br>Subtract column (e)           |  |
|---|--|--------------------------------|-------------------------------------|--|---|---------------------------------------|---|--|
| (Example: 100 sh. XYZ Co.)  | (Mo., day, yr.)                                  | disposed of<br>(Mo., day, yr.) | (sales price)<br>(see instructions) | and see Column (e)<br>in the separate<br>instructions.         | (f)<br>Code(s) from<br>instructions   | <b>(g)</b><br>Amount of<br>adjustment | from column (d) and<br>combine the result<br>with column (g). |  |
| ROBINHOOD CRYPTO LLC  | 01/01/22   | 12/31/22                       | 470.                                | 1,310.   |   |                                       | -840.   |  |
|   |  |                                |                                     |  |   |                                       |   |  |
|   |  |                                |                                     |  |   |                                       |   |  |
|   |  |                                |                                     |  |   |                                       |   |  |
|   |  |                                |                                     |  |   |                                       |   |  |
|   |  |                                |                                     |  |   |                                       |   |  |
|   |  |                                |                                     |  |   |                                       |   |  |
|   |  |                                |                                     |  |   |                                       |   |  |
|   |  |                                |                                     |  |   |                                       |   |  |
|   |  |                                |                                     |  |   |                                       |   |  |
|   |  |                                |                                     |  |   |                                       |   |  |
|   |  |                                |                                     |  |   |                                       |   |  |
|   |  |                                |                                     |  |   |                                       |   |  |
|   |  |                                |                                     |  |   |                                       |   |  |
| 2 Totals. Add the amounts in columnegative amounts). Enter each to Schedule D, line 1b (if Box A above above is checked), or line 3 (if Box | otal here and inc<br>ve is checked), <b>li</b> i | lude on your<br>ne 2 (if Box B | 470.                                | 1,310.   |   |                                       | -840.   |  |

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.

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

| Department of the Treasury<br>Internal Revenue Service Go to www.irs.gov/ScheduleE for instructions |   |            |         |          |          | nformation.        |                             | Attachm<br>Sequenc |          |
|---|---|------------|---------|----------|----------|--------------------|-----------------------------|--------------------|----------|
| Name(s)   | e(s) shown on return  |            |         |          |          |                    | Your social security number |                    |          |
| PRAV  | VEEN & AKHILA KASOJU  |            |         |          |          |                    | 695-6                       | 5-2075             |          |
| Part  |   |            |         |          |          |                    |                             |                    |          |
|   | <b>Note:</b> If you are in the business of renting personal proprential income or loss from <b>Form 4835</b> on page 2, line 40 |            | Schedul | e C. See | e instru | ctions. If you     | are an indi                 | vidual, repo       | ort farm |
| Α   | Did you make any payments in 2022 that would require yo   |            | Form(s) | 10992 5  | See in   | structions         |                             |                    | s X No   |
|   |   |            |         |          |          |                    |                             | _                  |          |
| <b>1</b> a  | Physical address of each property (street, city, state, Z   |            |         |          |          |                    |                             |                    |          |
|   |   |            | -       |          |          |                    |                             |                    |          |
|   | KARMANGHAT HYDERABAD TELANGANA IN 500   | 10/9       |         |          |          |                    |                             |                    |          |
| B<br>C  |   |            |         |          |          |                    |                             |                    |          |
| <br>1b  | Type of Property 2 For each rental real estate prop   |            | tad     |          | <b>_</b> | in Dentel          | Dereer                      |                    |          |
| 1D  | Type of Property (from list below) 2 For each rental real estate prop<br>above, report the number of fai                        |            |         |          | Γč       | air Rental<br>Days |                             | nal Use<br>ays     | QJV      |
| A   | personal use days. Check the C  |            |         | Α        |          | 365                |                             | 0                  |          |
| В   | if you meet the requirements to   |            |         | B        |          |                    |                             |                    |          |
| С   | qualified joint venture. See instr  | ructions   | 5.      | С        |          |                    |                             |                    |          |
| Туре  | of Property:  |            |         |          |          |                    |                             |                    |          |
| 1   | Single Family Residence 3 Vacation/Short-Term Re  | ntal       | 5 Land  | b        |          | Self-Rental        |                             |                    |          |
| 2   | Multi-Family Residence 4 Commercial   |            | 6 Roya  | alties   | 8        | Other (desc        | ribe)                       |                    |          |
|   |   |            |         |          |          | Propert            |                             |                    |          |
| Incom   | ne:   |            |         | Α        |          | B                  |                             |                    | С        |
| 3   | Rents received  | . 3        |         |          | 20.      |                    |                             |                    | -        |
| 4   | Royalties received  | . 4        |         |          |          |                    |                             |                    |          |
| Exper   |   |            |         |          |          |                    |                             |                    |          |
| 5   | Advertising   | . 5        |         |          |          |                    |                             |                    |          |
| 6   | Auto and travel (see instructions)  | . 6        |         |          |          |                    |                             |                    |          |
| 7   | Cleaning and maintenance  | . 7        |         | 1,3      | 00.      |                    |                             |                    |          |
| 8   | Commissions   | . 8        |         |          |          |                    |                             |                    |          |
| 9   |   |            |         |          |          |                    |                             |                    |          |
| 10  | Legal and other professional fees   |            |         | 1 0      | 0.0      |                    |                             |                    |          |
| 11  | Management fees   |            |         | 1,0      | 00.      |                    |                             |                    |          |
| 12<br>13  | Mortgage interest paid to banks, etc. (see instructions)<br>Other interest  | 12<br>. 13 |         |          |          |                    |                             |                    |          |
| 13  | Other interest  | -          |         | 3 4      | 50.      |                    |                             |                    |          |
| 15  | Supplies  | . 15       |         |          | 60.      |                    |                             |                    |          |
| 16  | Taxes   | . 16       |         | 572      |          |                    |                             |                    |          |
| 17  |   | . 17       |         | 3,1      | 20.      |                    |                             |                    |          |
| 18  | Depreciation expense or depletion   |            |         |          |          |                    |                             |                    |          |
| 19  | Other (list)  | 10         |         |          |          |                    |                             |                    |          |
| 20  | Total expenses. Add lines 5 through 19  | . 20       |         | 12,1     | 30.      |                    |                             |                    |          |
| 21  | Subtract line 20 from line 3 (rents) and/or 4 (royalties). I  | f          |         |          |          |                    |                             |                    |          |
|   | result is a (loss), see instructions to find out if you must file Form 6198   |            |         | -11,6    | 10       |                    |                             |                    |          |
| 22  | Deductible rental real estate loss after limitation, if any,  |            |         |          |          |                    |                             |                    |          |
|   | on Form 8582 (see instructions)   |            | (       | 11,61    | LO.)     | (                  | )                           | (                  |          |
| 23a   | Total of all amounts reported on line 3 for all rental prop   |            |         |          | 23a      | x                  | 520.                        |                    |          |
| b   | Total of all amounts reported on line 4 for all royalty pro   |            |         |          | 23b      |                    |                             |                    |          |
| с   | Total of all amounts reported on line 12 for all properties   | -          |         |          | 23c      |                    |                             |                    |          |
| d   | Total of all amounts reported on line 18 for all properties   |            |         |          | 23d      |                    |                             |                    |          |
| е   | Total of all amounts reported on line 20 for all properties   | s          |         |          | 23e      | 12                 | 2,130.                      |                    |          |

Supplemental Income and Loss

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

11,610.

-11,610.

24

25

26

OMB No. 1545-0074

2022

For Paperwork Reduction Act Notice, see the separate instructions.

SCHEDULE E

(Form 1040)

8 Form Department of the Treasury Internal Revenue Service

# Health Savings Accounts (HSAs)

OMB No. 1545-0074

22

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

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

|                                   | Attachment<br>Sequence No. <b>52</b> |  |  |  |  |  |
|-----------------------------------|--------------------------------------|--|--|--|--|--|
| curity number of HSA beneficiary. |                                      |  |  |  |  |  |
|                                   | ,                                    |  |  |  |  |  |

20

| interna |  |              | 0     |   |
|---------|--|--------------|-------|---|
| Name(s  |  |              |       | f HSA beneficiary.<br>As, see instructions. |
| PRAV    | VEEN KASOJU  | 695-65-      |       |   |
| Befor   | re you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance C   | ontracts, if | requi | ired.                                       |
| Part    | <b>HSA Contributions and Deduction.</b> 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) due   | ing 2022.    |       |   |
|         | 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 con   |              |       |   |
|         | contributions through a cafeteria plan, or rollovers. See instructions   | -            | 2     | 0.  |
| 3       | If you were under age 55 at the end of 2022 and, on the first day of every month during  |              |       |   |
|         | were, or were considered, an eligible individual with the <b>same</b> coverage, enter \$3,650 (\$  |              |       | F 200                                       |
|         | family coverage). All others, see the instructions for the amount to enter   | -            | 3     | 7,300.                                      |
| 4       | Enter the amount you and your employer contributed to your Archer MSAs for 2022 from Follines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2                      |              |       |   |
|         | include any amount contributed to your spouse's Archer MSAs  |              | 4     | 0.  |
| 5       | Subtract line 4 from line 3. If zero or less, enter -0   | -            | 5     | 7,300.                                      |
| 6       | Enter the amount from line 5. But if you and your spouse each have separate HSAs and h   |              | -     | 1,500.                                      |
| Ū       | coverage under an HDHP at any time during 2022, see the instructions for the amount to ent   |              | 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  | 1,500.       |       |   |
| 10      | Qualified HSA funding distributions         10   |              |       |   |
| 11      | Add lines 9 and 10   |              | 11    | 1,500.                                      |
| 12      | Subtract line 11 from line 8. If zero or less, enter -0  | -            | 12    | 5,800.                                      |
| 13      | <b>HSA deduction.</b> Enter the <b>smaller</b> of line 2 or line 12 here and on Schedule 1 (Form 1040), Par  |              | 13    | 0.  |
| Part    | <b>Caution:</b> If line 2 is more than line 13, you may have to pay an additional tax. See instruction   |              |       |   |
| ran     | <b>II HSA Distributions.</b> If you are filing jointly and both you and your spouse each a separate Part II for each spouse.   | nave separ   | ale r | 15AS, 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 ar  |              |       |   |
|         | contributions (and the earnings on those excess contributions) included on line 14a  | hat were     |       |   |
|         | withdrawn by the due date of your return. See instructions   | · · ·        | 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, in amount in the total on Schedule 1 (Form 1040), Part I, line 8f   |              | 16    |   |
| 17a     | If any of the distributions included on line 16 meet any of the <b>Exceptions to the Additiona</b><br><b>Tax</b> (see instructions), check here  |              |       |   |
| b       | Additional 20% tax (see instructions). Enter 20% (0.20) of the distributions included on lin   |              |       |   |
|         | are subject to the additional 20% tax. Also, include this amount in the total on Schedule  | e 2 (Form    |       |   |
|         | 1040), Part II, line 17c   |              | 17b   |   |
| Part    | Income and Additional Tax for Failure To Maintain HDHP Coverage. See the completing this part. If you are filing jointly and both you and your spouse each complete a separate Part III for each spouse. |              |       |   |
| 18      |  |              | 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  | -            | 20    |   |
| 21      | Additional tax. Multiply line 20 by 10% (0.10). Include this amount in the total on Schedul  |              |       |   |
|         | 1040), Part II, line 17d   |              | 21    |   |

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

Form 8889 (2022)

| Form <b>8582</b>                                       |
|--|
| Department of the Treasury<br>Internal Revenue Service |

### **Passive Activity Loss Limitations**

See separate instructions.

Attach to Form 1040, 1040-SR, or 1041.

Go to www.irs.gov/Form8582 for instructions and the latest information.

OMB No. 1545-1008

Identifying number

695-65-2075

Name(s) shown on return

Part I

PRAVEEN & AKHILA KASOJU

2022 Passive Activity Loss

Caution: Complete Parts IV and V before completing Part I.

| Renta<br>Allow    |  |    |          |
|-------------------|--|----|----------|
| 1a<br>b<br>c<br>d | Activities with net income (enter the amount from Part IV, column (a))1a0.Activities with net loss (enter the amount from Part IV, column (b))1b( 11,610.)Prior years' unallowed losses (enter the amount from Part IV, column (c))1c( )Combine lines 1a, 1b, and 1c                               | 1d | -11,610. |
| All Ot            |  |    |          |
| 2a<br>b<br>c<br>d | Activities with net income (enter the amount from Part V, column (a))       2a         Activities with net loss (enter the amount from Part V, column (b))       2b         Prior years' unallowed losses (enter the amount from Part V, column (c))       2c         Combine lines 2a, 2b, and 2c | 2d |          |
| 3                 | Combine lines 1d and 2d. If this line is zero or more, stop here and include this form with your return; all losses are allowed, including any prior year unallowed losses entered on line 1c or 2c. Report the losses on the forms and schedules normally used                                    | 3  | -11,610. |

If line 3 is a loss and: • Line 1d is a loss, go to Part II.

• Line 2d is a loss (and line 1d is zero or more), skip Part II and go to line 10.

**Caution:** If your filing status is married filing separately and you lived with your spouse at any time during the year, **do not** complete Part II. Instead, go to line 10.

| Par              | Part II Special Allowance for Rental Real Estate Activities With Active Participation   |                             |                                  |                           |                 |          |         |                 |
|------------------|---|-----------------------------|----------------------------------|---------------------------|-----------------|----------|---------|-----------------|
|                  | Note: Enter all numbers in Part II as positive amounts. See instructions for an example.  |                             |                                  |                           |                 |          |         |                 |
| 4                | 4 Enter the smaller of the loss on line 1d or the loss on line 3  |                             |                                  |                           |                 |          |         |                 |
| 5                | 5 Enter \$150,000. If married filing separately, see instructions 5 150,000.  |                             |                                  |                           |                 |          |         |                 |
| 6                | 6 Enter modified adjusted gross income, but not less than zero. See instructions 6 123,640.   |                             |                                  |                           |                 |          |         |                 |
|                  | Note: If line 6 is greater than or equal to line 5, skip lines 7 and 8 and enter -0-<br>on line 9. Otherwise, go to line 7.                                       |                             |                                  |                           |                 |          |         |                 |
| 7                | Subtract line 6 from line 5   |                             |                                  | 7                         | 26              | ,360.    |         |                 |
| 8                | Multiply line 7 by 50% (0.50). Do not e   | nter more than \$25         | ,000. If married filir           | ng separately             | , see instr     | ructions | 8       | 13,180.         |
| 9                | Enter the <b>smaller</b> of line 4 or line 8  |                             |                                  |                           |                 |          | 9       | 11,610.         |
| Par              | t III Total Losses Allowed  |                             |                                  |                           |                 |          |         |                 |
| 10               | Add the income, if any, on lines 1a an  | d 2a and enter the          | etotal                           |                           |                 |          | 10      | 0.              |
| 11               | <b>11 Total losses allowed from all passive activities for 2022.</b> Add lines 9 and 10. See instructions to find out how to report the losses on your tax return |                             |                                  |                           |                 |          |         | 11,610.         |
| Par              | t IV Complete This Part Before  | e Part I, Lines 1           | a, 1b, and 1c. S                 | ee instructi              | ons.            |          |         |                 |
|                  | Name of activity  | Current year                |                                  | Prior yea                 | Prior years Ove |          | rall ga | ain or loss     |
| Name of activity |   | (a) Net income<br>(line 1a) | <b>(b)</b> Net loss<br>(line 1b) | (c) Unallov<br>loss (line | 101 (54)        |          | ו       | <b>(e)</b> Loss |
| KAR              | MANGHAT   | 0.                          | 11,610.                          |                           |                 |          |         | 11,610.         |

| For Paperwork Reduction Act Notice, see instru | REV 02/0 | Form <b>8582</b> (2022) |  |  |  |
|--|----------|-------------------------|--|--|--|
| Total. Enter on Part I, lines 1a, 1b, and 1c   | 0.       | 11,610.                 |  |  |  |
|  |          |                         |  |  |  |
|  |          |                         |  |  |  |
|  |          |                         |  |  |  |
|  |          |                         |  |  |  |

### Part V Complete This Part Before Part I, Lines 2a, 2b, and 2c. See instructions.

| e of activity<br>t I, lines 2a, 2b, and 2c<br><b>This Part if an Amoun</b><br>e of activity | Currer<br>(a) Net income<br>(line 2a)<br>(a)<br>(line 2a)<br>(c)<br>(line 2a)<br>(c)<br>(line 2a)<br>(c)<br>(line 2a)<br>(c)<br>(line 2a)<br>(c)<br>(line 2a)<br>(c)<br>(line 2a)<br>(c)<br>(c)<br>(c)<br>(c)<br>(c)<br>(c)<br>(c)<br>(c)<br>(c)<br>(c   | (b) (<br>(lin<br>Part II,  | Net loss<br>ne 2b)<br>Line 9. S<br>Loss | <b>(b)</b> Ra   | owed<br>e 2c)<br>tions.  | Overal<br>(d) Gain<br>(c) Special<br>allowance  | I gain or loss (e) Loss (d) Subtract column (c) fron column (a).   |  |
|---|--|--|---|---|--|---|--|--|
| t I, lines 2a, 2b, and 2c<br>This Part if an Amour  | (line 2a)  | Part II,   | ne 2b)<br>Line 9. S                     | ee instruc  | e 2c)  | (c) Special   | (d) Subtract<br>column (c) from  |  |
| This Part if an Amour   | The second secon | Part II,<br>(a)  | Line 9. S                               | ee instruc<br>(b) Ra  | tions.   |   | column (c) fron  |  |
| This Part if an Amour   | Form or schedule<br>and line number<br>to be reported on<br>(see instructions)   | (a)  | ) Loss                                  | <b>(b)</b> Ra   |  |   | column (c) fron  |  |
| This Part if an Amour   | Form or schedule<br>and line number<br>to be reported on<br>(see instructions)   | (a)  | ) Loss                                  | <b>(b)</b> Ra   |  |   | column (c) fron  |  |
| This Part if an Amour   | Form or schedule<br>and line number<br>to be reported on<br>(see instructions)   | (a)  | ) Loss                                  | <b>(b)</b> Ra   |  |   | column (c) fron  |  |
| This Part if an Amour   | Form or schedule<br>and line number<br>to be reported on<br>(see instructions)   | (a)  | ) Loss                                  | <b>(b)</b> Ra   |  |   | column (c) fron  |  |
| This Part if an Amour   | Form or schedule<br>and line number<br>to be reported on<br>(see instructions)   | (a)  | ) Loss                                  | <b>(b)</b> Ra   |  |   | column (c) fron  |  |
|   | Form or schedule<br>and line number<br>to be reported on<br>(see instructions)   | (a)  | ) Loss                                  | <b>(b)</b> Ra   |  |   | column (c) fron  |  |
| e of activity   | and line number<br>to be reported on<br>(see instructions)   |  | -                                       |   | tio  |   | column (c) fron  |  |
|   | E Ln 22  |  | 11,610.                                 |   |  |   | 1  |  |
|   |  |  |   | 1.00000000  |  | 11,610.   | 0. 0   |  |
|   |  |  |   |   |  |   |  |  |
|   |  |  |   |   |  |   |  |  |
|   |  |  | 11,610.                                 | 1.00  | )  | 11,61   | 0. 0   |  |
| cation of Unallowed L   | .osses. See instr  | uction   | s.                                      |   |  |   |  |  |
| ne of activity  | Form or schedule<br>and line number<br>to be reported or<br>(see instructions)   |  | <b>(a)</b> Loss                         |   | <b>(b)</b> Ratio <b>(</b>  |   | <b>(c)</b> Unallowed loss  |  |
|   |  |  |   |   |  |   |  |  |
|   |  |  |   |   |  |   |  |  |
|   |  |  |   |   |  |   |  |  |
|   |  |  |   |   |  | 1.00  |  |  |
| wed Losses. See instru  |  |  |   |   |  |   |  |  |
| Name of activity  |  | Form or schedule<br>and line number<br>to be reported on<br>(see instructions) |   | LOSS  | (b) Unallowed loss   |   | (c) Allowed loss   |  |
|   |  |  |   |   |  |   |  |  |
|   |  |  |   |   |  |   |  |  |
|   |  |  |   |   |  |   |  |  |
|   | 11   |  |   |   |  |   |  |  |
|   | ved Losses. See instr  | The of activity       to be reported (see instruct)         (see instruct)     | to be reported on<br>(see instructions) | It is the reported on (see instructions)     (a) It       It is the reported on (see instructions)     It | Ite of activity     to be reported on<br>(see instructions)     (a) Loss       Image: Im | It of activity     to be reported on (see instructions)     (a) Loss       Image: Ima | Ite of activity     to be reported on<br>(see instructions)     (a) Loss     (b) Hallo       Image: |  |

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Form **8582** (2022)