Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization

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

Submission Identification Number (SID)

Taxpay	yer's name	50	cial securi	ty numb	er
SHI	IVASATWIK SAMALA	1	L86-77	-6539)
Spous	e's name	Spo	ouse's soc	ial secu	rity number
Par	t I Tax Return Information – Tax Year Ending December 31, 2022 (Er	nter yea	ar you a	re aut	horizing.)
Enter	whole dollars only on lines 1 through 5.				
Note	: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.				
1	Adjusted gross income			1	108,400.
2	Total tax			2	9,241.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099			3	19,186.
4	Amount you want refunded to you			4	9,945.
5	Amount you owe			5	
Par	t II Taxpayer Declaration and Signature Authorization (Be sure you get an	d kee	p a cop	y of y	our return)

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

Taxpayer's PIN: check one box only

\mathbf{X}	l authorize	GLOBAL TAXES LLC	to enter or generate my PIN
1.4	i ddiilon20		

					as my
7	6	5	3	9	
		Enter fiv	Enter five di		7 6 5 3 9 Enter five digits, but don't enter all zeros

ERO firm name 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

Date

Spouse's PIN: check one box only

I authorize

to enter or generate my PIN

as mv Enter five digits, but don't enter all zeros

ERO firm name 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 ►											
Practitioner PIN Method Returns Only—continue below											
Part III	Certification and Authentication – Practitioner PIN Method Only										
ERO's EFIN	/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.	2	2	2		 	6 all ze	 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 >			
ERO M Don't Submit			
For Dependence Reduction Act Nation and your to	roturn instructions	REV 02/02/22 RRO	Earm 8879 (Pay 01 2021)

For Paperwork Reduction Act Notice, see your tax return instructions. BAA REV 03/02/23 PRO

1040		artment of the Treasury-Internal Revenue Servi S. Individual Income Tax		n 20 2	2	OMB No. 1545	-0074	IRS Use C	nly—Dc) not wr	rite or staple in this space.
Filing Status		Single Married filing jointly	-	filing separately (N	,					spou	ifying surviving ıse (QSS)
one box.	pers	u checked the MFS box, enter the nation is a child but not your dependent	,	ur spouse. If you c	heck	ed the HOH or	QSS	box, enter	the cl	nild's	name if the qualifying
Your first name	and mi	ddle initial	Last name	;					Yo	ur soo	cial security number
SHIVASAT	WIK		SAMALZ	A					18	36-7	77-6539
lf joint return, s	pouse's	first name and middle initial	Last name	•					Sp	ouse's	s social security number
Home address	(numbe	er and street). If you have a P.O. box, see	instructions	3.			A	Apt. no.			ntial Election Campaign
7211 PRA	AIRI	E GRASS LN									ere if you, or your
	ost offic	ce. If you have a foreign address, also co	mplete space	ces below.	Sta		ZIP c				if filing jointly, want \$3 this fund. Checking a
KATY					TX		774				ow will not change
Foreign country	/ name		For	eign province/state/	count	y	Foreig	n postal coo	le yo	ur tax	or refund.
	• •		. ,						(1)		You Spouse
Digital Assets		ny time during 2022, did you: (a) rece ange, gift, or otherwise dispose of a									Yes X No
-		eone can claim: You as a de	-	Vour spous		_	a5501)	: (000 113	liuciic	/13.)	
Standard Deduction	_	Spouse itemizes on a separate return									
		Were born before January 2, 1			ouse	_	n befo	ore Januar	y 2, 19	958	Is blind
Dependents	s (see	instructions):		(2) Social security	,	(3) Relationsh	ip (4) Check the	box if	qualif	ies for (see instructions):
If more		irst name Last name		number		to you	.	Child tax	c credit	: 0	Credit for other dependents
than four]		
dependents, see instructions]		
and check	S ————————————————————————————————————]		
here 🗌											
Income	1a	Total amount from Form(s) W-2, be	`	,						1a	120,000.
	b	Household employee wages not re								1b	
Attach Form(s) W-2 here. Also	С	Tip income not reported on line 1a		,			• •		·	1c	
attach Forms	d	Medicaid waiver payments not rep			nstru	ictions)	• •		·	1d	
W-2G and 1099-R if tax	e	Taxable dependent care benefits f					• •		•	1e	
was withheld.	f	Employer-provided adoption bene		,	•		• •		•	1f	
If you did not	g	Wages from Form 8919, line 6 .			• •		• •		·	1g	
get a Form W-2, see	h	Other earned income (see instruction	,				· ·		·	1h	0.
instructions.	i _	Nontaxable combat pay election (s	see instruc	:tions)		<u>1</u> i				4-	120,000.
	z 2a	Add lines 1a through 1h Tax-exempt interest	2a	· · · · ·	 ьт	axable interest	· ·		·	1z 2b	3.
Attach Sch. B if required.	2a 3a		2a 3a	19.		ordinary divide			•	20 3b	19.
	4a	-	4a			axable amoun			•	4b	
Standard	5a		5a			axable amoun			•	5b	
Deduction for-	6a	-	6a			axable amoun				6b	
 Single or Married filing 	c	If you elect to use the lump-sum e		thod. check here					П		
separately,	7	Capital gain or (loss). Attach Schee		-	`	,				7	313.
\$12,950Married filing	8	Other income from Schedule 1, lin								8	-11,935.
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,	, and 8. Th	is is your total inc	come	ə				9	108,400.
surviving spouse,	10	Adjustments to income from Sche		-						10	
\$25,900 • Head of	11	Subtract line 10 from line 9. This is	s your adju	isted gross incor	ne					11	108,400.
household, \$19,400	12	Standard deduction or itemized								12	
If you checked	13	Qualified business income deduction				5-A				13	
any box under Standard	14	Add lines 12 and 13								14	12,950.
Deduction, see instructions.	15	Subtract line 14 from line 11. If zer	o or less, e	enter -0 This is y	our I	axable incom	e.			15	

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

Form **1040** (2022)

Form 1040 (2022	2)									Page 2
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 🗌 881	4 2 4972	3 🗌		16	16	,741.
Credits	17	Amount from Schedule 2, lin	e3					17		
	18	Add lines 16 and 17						18	16	,741.
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812			19		
	20	Amount from Schedule 3, lin	e8					20	7	,500.
	21	Add lines 19 and 20						21	7	,500.
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	9	,241.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21 .			23		0.
	24	Add lines 22 and 23. This is	your total tax					24	9	,241.
Payments	25	Federal income tax withheld								
-	а	Form(s) W-2				25a 19	9,186.			
	b	Form(s) 1099				25b				
	с	Other forms (see instructions	s)			25c				
	d	Add lines 25a through 25c						25d	19	,186.
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)			No .	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 ref	undable credits		32		
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments				33	19	,186.
Refund	34	If line 33 is more than line 24	, subtract line 2	4 from line 33.	This is the amou	nt you overpaid		34	9	,945.
nerana	35a	Amount of line 34 you want			is attached, che	ck here	. 🗆	35a	9	,945.
Direct deposit?	b	Routing number 1 1 1				Checking	Savings			
See instructions.	d	Account number 4 8 8	0 7 3 4	3 3 2 3	3 9					
	36	Amount of line 34 you want a	applied to your	2023 estimate	edtax	36				
Amount	37	Subtract line 33 from line 24	. This is the amo	ount you owe.						
You Owe		For details on how to pay, g	o to <i>www.irs.go</i> v	//Payments or	see instructions			37		
	38	Estimated tax penalty (see in	nstructions) .			38				
Third Party	Do	you want to allow another	person to disc	cuss this retu	rn with the IRS?				_	
Designee	ins	tructions					•		X No	
	De: nar	signee's		Phone no.			onal identi ber (PIN)	fication		
0:		der penalties of perjury, I declare t	hat I have exemine				()	the her		
Sign		ief, they are true, correct, and com								
Here	Yo	ur signature		Date	Your occupation		If the	RS se	nt you an Ide	entity
							Prot	ection P	IN, enter it h	
Joint return?					SOFTWARE 1	ENGINEER		inst.)		
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, t	ooth must sign.	Date	Spouse's occupat	ion			nt your spou ection PIN, e	
your records.								inst.)		
	Ph	one no. (281)505-576	٥	Email address	פדּחחעפאידעד.	K89@GMAIL.CO				
		eparer's name $(201)505-570$	Preparer's signat		VEDUISAIMT	Date	PTIN		Check if:	
Paid		ATA SAI PAVAN KUMAR DUDIPALLI			AR DUDIPALLI	03/13/2023	P0247	0823	Self-er	nploved
Preparer		n's name GLOBAL TAX			THE DOUTENTING	05/15/2025	· · · ·		678)965	, ,
Use Only			Y CT E BRU	NSWICK N.	J 08816			's EIN		.45487
	1 11 1			1.0.11 CIC 110			1		00-21	. 1010/

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 20 2

Attachment Sequence No. **01** Internal Revenue Service Name(s) shown on Form 1040, 1040-SR, or 1040-NR Your social security number SHIVASATWIK SAMALA 186-77-6539

Par	t I Additional Income				
1	Taxable refunds, credits, or offsets of state and local income taxes		1		
2a	Alimony received			1	
b	Date of original divorce or separation agreement (see instructions):				
3	Business income or (loss). Attach Schedule C				
4	Other gains or (losses). Attach Form 4797		4		
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Atta	ach Schedule E	. 5	-1	11,935.
6	Farm income or (loss). Attach Schedule F.				
7	Unemployment compensation				
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		11 005
10	Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR	, or 1040-NR, li	ne 8 10) -1	11,935.

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

Schedule 1 (Form 1040) 2022

Par	II Adjustments to Income					
11	Educator expenses				. 11	
12	Certain business expenses of reservists, performing artists, and fee			vernme	nt	
	officials. Attach Form 2106				. 12	
13	Health savings account deduction. Attach Form 8889					
14	Moving expenses for members of the Armed Forces. Attach Form 3903				. 14	
15	Deductible part of self-employment tax. Attach Schedule SE					
16	Self-employed SEP, SIMPLE, and qualified plans					
17	Self-employed health insurance deduction				. 17	
18	Penalty on early withdrawal of savings					
19a	Alimony paid					
b	Recipient's SSN					
	Date of original divorce or separation agreement (see instructions):				-	
20	IRA deduction]
21	Student loan interest deduction					
22	Reserved for future use					
23	Archer MSA deduction				. 23	
24	Other adjustments:				-	
a		24a				
	Deductible expenses related to income reported on line 8I from the					
		24b				
с	Nontaxable amount of the value of Olympic and Paralympic medals					
	and USOC prize money reported on line 8m	24c				
d		24d				
е	Repayment of supplemental unemployment benefits under the Trade					
	Act of 1974	24e				
f	Contributions to section 501(c)(18)(D) pension plans	24f				
q		24g				
·	Attorney fees and court costs for actions involving certain unlawful					
		24h				
i	Attorney fees and court costs you paid in connection with an award					
•	from the IRS for information you provided that helped the IRS detect					
	tax law violations	24i				
i	Housing deduction from Form 2555	24j				
	Excess deductions of section 67(e) expenses from Schedule K-1 (Form					
		24k				
z	Other adjustments. List type and amount:					
		24z				
25	Total other adjustments. Add lines 24a through 24z				. 25]
26	Add lines 11 through 23 and 25. These are your adjustments to income					
	Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a					
	BAA	REV	03/02/23	PRO		ule 1 (Form 1040) 20

Additional Credits and Payments

OMB No. 1545-0074 20

2

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

	nent of the Treasury Revenue Service	Go to www.irs.gov/Form1040 for instructions and the late	st informa	tion.		Attachment Seguence No. 03
	. ,	rm 1040, 1040-SR, or 1040-NR				l security number
SHI Pai	VASATWIK SA	amala fundable Credits		186	-77-	-6539
1	0	credit. Attach Form 1116 if required				
2	Credit for c Form 2441	hild and dependent care expenses from Form 244				
3	Education c	redits from Form 8863, line 19			3	
4	Retirement	savings contributions credit. Attach Form 8880			4	
5	Residential	energy credits. Attach Form 5695			5	i
6	Other nonre	fundable credits:				
а	General bus	iness credit. Attach Form 3800	6a			
b	Credit for p	ior year minimum tax. Attach Form 8801	6b			
С	Adoption cr	edit. Attach Form 8839	6c			
d	Credit for th	e elderly or disabled. Attach Schedule R	6d			
е	Alternative r	notor vehicle credit. Attach Form 8910	6e			
f	Qualified plu	ug-in motor vehicle credit. Attach Form 8936	6f	7,500		
g	Mortgage in	terest credit. Attach Form 8396	6g			
h	District of C	olumbia first-time homebuyer credit. Attach Form 8859	6h			
i	Qualified ele	ectric vehicle credit. Attach Form 8834	6i			
j	Alternative f	uel vehicle refueling property credit. Attach Form 8911	6j			
k	Credit to ho	Iders of tax credit bonds. Attach Form 8912	6k			
I.	Amount on	Form 8978, line 14. See instructions	61			
z	Other nonre	fundable credits. List type and amount:				
			6z			
7	Total other	nonrefundable credits. Add lines 6a through 6z			7	7,500.
8		through 5 and 7. Enter here and on Form 1040, 1040	-SR, or	1040-NR		
	line 20				8	,
Fer D.	noncode Destroit				•	inued on page 2)
LOL NO	ihei moi k Heangr	ion Act Notice, see your tax return instructions.	REV 03	/02/23 PRO	Sche	edule 3 (Form 1040) 2022

Schedule 3 (Form 1040) 2022

Par	t II Other Payments and Refundable Credits			
9	Net premium tax credit. Attach Form 8962		9	
10	Amount paid with request for extension to file (see instructions) .		10	
11	Excess social security and tier 1 RRTA tax withheld		11	
12	Credit for federal tax on fuels. Attach Form 4136		12	
13	Other payments or refundable credits:			
а	Form 2439	13a		
b	Credit for qualified sick and family leave wages paid in 2022 from Schedule(s) H for leave taken before April 1, 2021	13b		
С	Reserved for future use	13c		
d	Credit for repayment of amounts included in income from earlier years	13d		
е	Reserved for future use	13e		
f	Deferred amount of net 965 tax liability (see instructions)	13f		
g h		13g	-	
	from Schedule(s) H for leave taken after March 31, 2021, and before October 1, 2021	13h		
z	Other payments or refundable credits. List type and amount:			
		13z		
14	Total other payments or refundable credits. Add lines 13a through	13z	14	
15	Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040 line 31		15	
	BAA REV	03/02/23 PRO	Schedul	e 3 (Form 1040) 202

SCHEDULE D (Form 1040)

Capital Gains and Losses

OMB No. 1545-0074

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

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

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

SHIVASATWIK SAMALA

Your social security number

186-77-6539

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)

	instructions for how to figure the amounts to enter on the below.	(d) Proceeds	(e) Cost	(g) Adjustment to gain or loss		(h) Gain or (loss) Subtract column (e) from column (d) and
	form may be easier to complete if you round off cents to e dollars.	(sales price)	(or other basis)	Form(s) 8949, F line 2, column	Part I,	combine the result with column (g)
1a	Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b.					
1b	Totals for all transactions reported on Form(s) 8949 with Box A checked	8,567.	8,254.			313.
2	Totals for all transactions reported on Form(s) 8949 with Box B checked					
3	Totals for all transactions reported on Form(s) 8949 with Box C checked					
4	Short-term gain from Form 6252 and short-term gain or (I	oss) from Forms 4	684, 6781, and 88	324	4	
5	Net short-term gain or (loss) from partnerships, Schedule(s) K-1			usts from	5	
6						
7	Net short-term capital gain or (loss). Combine lines 1a term capital gains or losses, go to Part II below. Otherwise	•	.,		7	313.

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

lines	instructions for how to figure the amounts to enter on the below.	(d) Proceeds	(e) Cost	(g) Adjustmen to gain or loss		(h) Gain or (loss) Subtract column (e) from column (d) and
	his form may be easier to complete if you round off cents to (sales price) (or other basis) (or other basis) Form(s) 8949, I line 2, column				Part II,	combine the result with column (g)
8a	Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b.					
8b	Totals for all transactions reported on Form(s) 8949 with Box D checked					
9	Totals for all transactions reported on Form(s) 8949 with Box E checked					
10	Totals for all transactions reported on Form(s) 8949 with Box F checked.					
11	Gain from Form 4797, Part I; long-term gain from Forms from Forms 4684, 6781, and 8824		• •	. ,	11	
12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1						
13 Capital gain distributions. See the instructions						
14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover Worksheet in the instructions						()
15	Net long-term capital gain or (loss). Combine lines 8a on the back .	•			15	

Part	III Summary	
16	Combine lines 7 and 15 and enter the result	16 313.
	• If line 16 is a gain , enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below.	
	• If line 16 is a loss , skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22.	
	• If line 16 is zero , skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22.	
17	Are lines 15 and 16 both gains?	
	 Yes. Go to line 18. No. Skip lines 18 through 21, and go to line 22. 	
18	If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet	18
19	If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet	19
20	 Are lines 18 and 19 both zero or blank and you are not filing Form 4952? Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. Don't complete lines 21 and 22 below. 	
	□ No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.	
21	If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of:	
	The loss on line 16; or (\$3,000), or if married filing separately, (\$1,500)	21 ()
	Note: When figuring which amount is smaller, treat both amounts as positive numbers.	
22	Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?	
	Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16.	
	No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.	

REV 03/02/23 PRO

Schedule D (Form 1040) 2022

Form **8949**

Sales and Other Dispositions of Capital Assets

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

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



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

SHIVASATWIK SAMALA

Social security number or taxpayer identification number
186-77-6539

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

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

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

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

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

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

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

1 (a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis See the Note below			(h) Gain or (loss) Subtract column (e)
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	price) and see Column (e)		(g) Amount of adjustment	from column (d) and combine the result with column (g).
ROBINHOOD SECURITIES LLC	01/01/22	12/31/22	8,555.	8,254.			301.
APEX CLEARING	01/01/22	12/31/22	12.	0.			12.
2 Totals. Add the amounts in columns negative amounts). Enter each tota Schedule D, line 1b (if Box A above above is checked), or line 3 (if Box C	al here and inc is checked), lir	lude on your 1e 2 (if Box B	8,567.	8,254.			313.

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

	Revenue Service Go to www.irs.gov/ScheduleE					formation.		Attachm Sequenc	ent e No. 13
Name(s)) shown on return						Your socia	I security n	
SHIV	VASATWIK SAMALA						186-77	7-6539	
Part	Income or Loss From Rental Real Estate Note: If you are in the business of renting personal pro- rental income or loss from Form 4835 on page 2, line 4	perty, use		e C. See	instru	ctions. If you	are an indiv	idual, repo	ort farm
	Did you make any payments in 2022 that would require y f "Yes," did you or will you file required Form(s) 1099?								
1a	Physical address of each property (street, city, state,								
Α	PATEL NAGAR EXTN BALLARI KARNATAKA I	EN 583	101						
В									
<u> </u>							_		
1b	Type of Property (from list below) 2 For each rental real estate pro- above, report the number of f				Fa	ir Rental Days	Person Day		QJV
A	above, report the humber of r			Α		365	Da	0	
B	if you meet the requirements			B		505		0	
С	qualified joint venture. See ins	structions	3.	С					
Туре	of Property:								
	Single Family Residence 3 Vacation/Short-Term F Multi-Family Residence 4 Commercial	Rental	5 Lanc 6 Roya			Self-Rental Other (desc	ribe)		
	······································					Propert			
Incom	ne:			Α		B	103.		С
3	Rents received	. 3			15.				•
4	Royalties received	. 4							
Expen									
5	Advertising	. 5							
6	Auto and travel (see instructions)								
7	Cleaning and maintenance			1,3	50.				
8	Commissions								
9									
10 11	Legal and other professional fees			1 1	50				
12	Mortgage interest paid to banks, etc. (see instructions			1,1	50.				
13	Other interest								
14	Repairs			3,1	50.				
15	Supplies			3,3					
16	Taxes	. 16							
17	Utilities			3,4	50.				
18	Depreciation expense or depletion								
19	Other (list)	19							
20	Total expenses. Add lines 5 through 19			12,4	50.				
21	Subtract line 20 from line 3 (rents) and/or 4 (royalties). result is a (loss), see instructions to find out if you mu file Form 6198	ust		-11,9	35.				
22	Deductible rental real estate loss after limitation, if ar on Form 8582 (see instructions)		(11,93	25 \	(,	
23a	Total of all amounts reported on line 3 for all rental pro		1.	<u></u> ,93	23a	1			
b	Total of all amounts reported on line 4 for all royalty p				23b				
c	Total of all amounts reported on line 12 for all properties				23c				
d	Total of all amounts reported on line 18 for all properti				23d				
е	Total of all amounts reported on line 20 for all properti				23e	12	2,450.		
24	Income. Add positive amounts shown on line 21. Do		ide anv lo	29220	· · · · · ·		. 24		

24	
25	Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here
26	Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result
	here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on
	Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2 .

11,935.

-11,935.

)

25

26

For Paperwork Reduction Act Notice, see the separate instructions.

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

OMB No. 1545-0074 2022

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

Supplemental Income and Loss



Department of the Treasury

SHIVASATWIK SAMALA

Tautative Overdit

Internal Revenue Service Name(s) shown on return

Dout

Qualified Plug-in Electric Drive Motor Vehicle Credit

(Including Qualified Two-Wheeled Plug-in Electric Vehicles and New Clean Vehicles)

Attach to your tax return.

OMB No. 1545-2137

Attachment Sequence No. 69

Go to www.irs.gov/Form8936 for instructions and the latest information.

Identifying number 186-77-6539

Note: This credit is for qualified plug-in electric drive motor vehicles placed in service before 2023, qualified two-wheeled plug-in electric vehicles acquired before but placed in service in 2022, and new clean vehicles placed in service after 2022. See separate instructions for vehicle definitions and other requirements.

Par				
	separate column for each vehicle. If you need more colum dditional Forms 8936 and include the totals on lines 12 and		(a) Vehicle 1	(b) Vehicle 2
1	Year, make, and model of vehicle	1	TESLA Y	
2	Vehicle identification number (see instructions)	2	7SAYGDEE0NA013933	
3	Enter date vehicle was placed in service (MM/DD/YYYY)	3	09/26/2022	
4a	If the vehicle is a two-wheeled vehicle, enter the cost of the vehicle. If the vehicle has at least four wheels, see instructions	4a	7,500.	
b	Phase-out percentage (see instructions)	4b	100.00 %	%
с	Tentative credit. Multiply line 4a by line 4b	4c	7,500.	

Next: If you did NOT use your vehicle for business or investment purposes and did not have a credit from a partnership or S corporation, skip Part II and go to Part III. All others, go to Part II.

Part	II Credit for Business/Investment Use Part of	Vehi	cle		
5	Business/investment use percentage (see instructions)	5		%	%
6	Multiply line 4c by line 5. If the vehicle has at least four wheels, leave lines 7 through 10 blank and go to line 11	6			
7	Section 179 expense deduction (see instructions) .	7			
8	Subtract line 7 from line 6	8			
9	Multiply line 8 by 10% (0.10)	9			
10	Maximum credit per vehicle	10	2	2,500	2,500
11	For vehicles with four or more wheels, enter the amount from line 6. If the vehicle is a two-wheeled vehicle, enter the smaller of line 9 or line 10	11			
12	Add columns (a) and (b) on line 11			12	
13	Qualified plug-in electric drive motor vehicle credit from p (see instructions)			13	
14	Business/investment use part of credit. Add lines S corporations, stop here and report this amount on Sch amount on Form 3800, Part III, line 1y	nedule	e K. All others, report this	14	

Note: Complete Part III to figure any credit for the personal use part of the vehicle.

Part III Credit for Personal Use Part of Vehicle

			(a) Vehicle 1		(b) Vehicle 2
15	If you skipped Part II, enter the amount from line 4c. If you completed Part II, subtract line 6 from line 4c. If the vehicle has at least four wheels, leave lines 16 and 17 blank and go to line 18	15	7,5	00.	
16	Multiply line 15 by 10% (0.10)	16			
17	Maximum credit per vehicle. If you skipped Part II, enter \$2,500. If you completed Part II, subtract line 11 from line 10	17			
18	For vehicles with four or more wheels placed in service before 2023, enter the amount from line 15. If the vehicle is a two-wheeled vehicle, enter the smaller of line 16 or line 17. For vehicles placed in service after 2022, see instructions	18	7,5	00.	
19	Add columns (a) and (b) on line 18			19	7,500.
20	Enter the amount from Form 1040, 1040-SR, or 1040-NR	, line	18	20	16,741.
21	Personal credits from Form 1040, 1040-SR, or 1040-NR (see instructions)			21	
22	2 Subtract line 21 from line 20. If zero or less, enter -0- and stop here. You cannot claim the personal use part of the credit			22	16,741.
23	Personal use part of credit. Enter the smaller of line 19 or line 22 here and on Schedule 3 (Form 1040), line 6f. If line 22 is smaller than line 19, see instructions				7,500.

REV 03/02/23 PRO Form **8936** (Rev. 1-2023)

Form 8582
Department of the Treasury

Internal Revenue Service

Name(s) shown on return

Part I

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 186-77-6539

SHIVASATWIK	SAMALA
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2022 Passive Activity Loss Caution: Complete Parts IV and V before completing Part I.

Renta Allow			
1a b c 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(11,935.)Prior years' unallowed losses (enter the amount from Part IV, column (c))1c()Combine lines 1a, 1b, and 1c	1d	-11,935.
All Ot			
2a b c 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	-11,935.

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.

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						11,935.	
5	Enter \$150,000. If married filing separ							
6	Enter modified adjusted gross income, but not less than zero. See instructions 6 120, 335.							
	Note: If line 6 is greater than or equal to line 5, skip lines 7 and 8 and enter -0- on line 9. Otherwise, go to line 7.							
7	Subtract line 6 from line 5							
8	Multiply line 7 by 50% (0.50). Do not enter more than \$25,000. If married filing separately, see instructions					instructions	8	14,833.
9	Enter the smaller of line 4 or line 8						9	11,935.
Part III Total Losses Allowed								
10	Add the income, if any, on lines 1a an	d 2a and enter the	etotal				10	0.
11	Total losses allowed from all passiv	e activities for 20	22. Add lines 9 an	nd 10. See in	struct	ions to find		
	out how to report the losses on your t	ax return					11	11,935.
Part IV Complete This Part Before Part I, Lines 1a, 1b, and 1c. See instructions.								
	Nome of activity	Current year		Prior yea	years Ove		erall gain or loss	
	Name of activity	(a) Net income (line 1a)	(b) Net loss (line 1b)	(c) Unallo loss (line		(d) Gair	l	(e) Loss
PATEL NAGAR EXTN		0.	11,935.					11,935.

For Demonstrally Deduction Act Nation and instructions	
Total. Enter on Part I, lines 1a, 1b, and 1c0.11,935.	

For Paperwork Reduction Act Notice, see instructions. BAA

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

Part V Complete This Part B		nt year		Prior ye		Overal	l gain or loss	
Name of activity	(a) Net income	(b) (Net loss	(c) Unallowed		(d) Gain	(e) Loss	
	(line 2a)	(line 2b)		loss (line 2c)		(0) 0.0	(0) 2000	
-t-L Fatan an Dart L lines Or Oh, and (2-							
otal. Enter on Part I, lines 2a, 2b, and 2 Part VI Use This Part if an An		Part II,	Line 9. S	ee instruc	tions.			
	Form or schedule						(d) Subtract	
Name of activity	and line number to be reported on (see instructions)	(a)) Loss	(b) Ratio		(c) Special allowance	column (c) from column (a).	
PATEL NAGAR EXTN	E Ln 22	:	11,935.	1,935. 1.00000		11,93	5. 0	
otal			11,935.	1.00)	11,93	5. 0	
Part VII Allocation of Unallow			s.					
Name of activity	Form or sch and line nu to be report (see instruc	ted on (a) L		Loss		(b) Ratio	(c) Unallowed loss	
		,						
otal						1.00		
Part VIII Allowed Losses. See i	nstructions.	· · ·						
Name of activity	of activity Form or schedule and line number to be reported on		(a) Loss		(b) Unallowed loss		(c) Allowed loss	
_	(see instruc							
otal								

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