Form **8879**

(Rev. January 2021)

Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.

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

OMB No. 1545-0074

	1.01.01.00				
Submi	ssion Identification Number (SID)				
Taxpaye	r's name	Social securi	ty numl	per	
SHI	/ASATWIK SAMALA	186-77	-653	9	
Spouse'	s name	Spouse's soo	ial seci	urity numbe	r
Part	Tax Return Information — Tax Year Ending December 31, 2022 (Ent	er year you a	ro ou	thorizina	`
	whole dollars only on lines 1 through 5.	er year you a	re au	unonzing	.)
	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.				
1	Adjusted gross income		1	108	3,400.
2	Total tax		2		,241.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3		,186.
4	Amount you want refunded to you		4		9,945.
5	Amount you owe		5		7,2,201
Part		keep a cop	y of y	our retu	ırn)
my known return (to send for any Agent t payment authorize payment business taxes t persons	penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended whedge and belief, it is true, correct, and complete. I further declare that the amounts in Part I ab original or amended) I am now authorizing. I consent to allow my intermediate service provider, trans I my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for redelay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the o initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account in the office of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminant, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation resist days prior to the payment (settlement) date. I also authorize the financial institutions involved in the or receive confidential information necessary to answer inquiries and resolve issues related to the alignment (PIN) below is my signature for the income tax return (original or amended) I nic Funds Withdrawal Consent.	ove are the ammitter, or electro- ejection of the to U.S. Treasury andicated in the to tion to debit the atte the authorizate quests must be ne processing of payment. I fur	ounts for the counts of the co	rom the inturn originatesion, (b) to designated paration so to this accrossory or latestonic particular paration particular particul	acome tax ator (ERO) he reason I Financial iftware for ount. This (cancel) a er than 2 ayment of e that the
	yer's PIN: check one box only				
X		e my PIN	6 !	5 3 9	as my
	Signature on the income tax return (original or amended) I am now authorizing.	ř En		digits, but er all zeros	asiny
	I will enter my PIN as my signature on the income tax return (original or amended) I am if you are entering your own PIN and your return is filed using the Practitioner PIN me below.				
Your s	ignature ▶ Shivs Date ▶	03/13/202	3		
Snous	e's PIN: check one box only				
Г	I authorize to enter or generat	e my PIN			as my
	ERO firm name		ter five	digits, but	asiny
	signature on the income tax return (original or amended) I am now authorizing.	do	n't ente	er all zeros	
	I will enter my PIN as my signature on the income tax return (original or amended) I am if you are entering your own PIN and your return is filed using the Practitioner PIN me below.				
Spous	e's signature ▶ Date ▶				
	Practitioner PIN Method Returns Only—continue belo	w			
Part	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 4 9 Don't ent	6 6 er all ze		3 9
authori	that the above numeric entry is my PIN, which is my signature for the electronic individual income zed to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am subments of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS <i>e-file</i> Providers of	mitting this retu	ırn in a	accordance	
ERO's	signature ▶ Date ▶				
	ERO Must Retain This Form — See Instructions				
	Don't Submit This Form to the IRS Unless Requested To	Do So			

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

OMB No. 1545-0074

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

Filing Status Check only	s 🔀 S	Single Married filing jointly	Marrie	ed filing separately (MFS)	Head of	household (HOH)		lifying su use (QSS		J
one box.	•	u checked the MFS box, enter the n on is a child but not your dependent	•	our spouse. If you	check	ed the HOH or	QSS box, enter t	he child's	name if	the qu	alifying
Your first name	and mi	ddle initial	initial Last name Yo							rity nur	nber
SHIVASAT	rwik		SAMA	LA				186-	77-65	39	
If joint return, s	pouse's	first name and middle initial	Last nar	me				Spouse'	s social s	ecurity	number
Home address	(numbe	r and street). If you have a P.O. box, see	instruction	ons.			Apt. no.	Preside	ntial Elec	tion Ca	mpaign
7211 PR	AIRIE	E GRASS LN						1	nere if you		
City, town, or p	ost offic	ce. If you have a foreign address, also co	mplete s	paces below.	Sta	te	ZIP code		if filing jo this fund		
KATY					TX		77493	box bel	ow will no	ot chan	0
Foreign country	y name		F	Foreign province/state	/count	У	Foreign postal code	your tax	or refun	_	Spouse
Digital		ny time during 2022, did you: (a) rec	,				, , ,	. ,			
Assets	exch	ange, gift, or otherwise dispose of a					asset)? (See instr	uctions.)	∐ Yes	X	No
Standard Deduction	_	eone can claim:	•	-		a dependent					
Age/Blindness	You:	Were born before January 2, 1	958	Are blind Sp	ouse	: Was bor	n before January	2, 1958	_ ls	blind	
Dependents	s (see	instructions):		(2) Social securit	y	(3) Relationsh	ip (4) Check the b	oox if quali	ies for (se	e instru	ıctions):
If more	(1) Fi	rst name Last name		number		to you	Child tax of	credit	Credit for	other de	pendents
than four											
dependents, see instruction	s ——										
and check	·										
here L											
Income	1a	Total amount from Form(s) W-2, b	ox 1 (see	e instructions) .				. 1a		L20,0	000.
	b	Household employee wages not re	eported	on Form(s) W-2 .				. 1b			
Attach Form(s) W-2 here. Also	С	Tip income not reported on line 1a (see instructions)									
attach Forms	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)									
W-2G and 1099-R if tax	е	Taxable dependent care benefits f		•				. <u>1e</u>			
was withheld.	f	Employer-provided adoption benefits from Form 8839, line 29									
If you did not	g	Wages from Form 8919, line 6.						. 1g			
get a Form W-2, see	h	Other earned income (see instruct	,			· · · · · ·		. 1h			0.
instructions.	i	Nontaxable combat pay election (s	see instr	ructions)		<u>1i</u>			٠.	100	000
		Add lines 1a through 1h		<u>.</u>				. 1z		L20,0	3.
Attach Sch. B if required.	2a	· –	2a	19.		axable interes		. 2b			
	3a		3a	17.		rdinary divide axable amoun		41.			
Standard	4a 5a	_	4a 5a			axable amoun		. 4b			
Standard Deduction for—	6a	_	6a			axable amoun		. 6b			
Single or	C	If you elect to use the lump-sum e		method check here				. 00			
Married filing separately,	7	Capital gain or (loss). Attach Sche		•	`	,		7			313.
\$12,950 Married filing	8	Other income from Schedule 1, lin						. 8	<u> </u>		935.
jointly or	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7						. 9		L08,4	
Qualifying surviving spouse,	10	Adjustments to income from Sche		•				. 10			
\$25,900 • Head of	11	Subtract line 10 from line 9. This is						. 11	_	 L08.4	400.
household, \$19,400	12	Standard deduction or itemized	,					. 12			950.
If you checked	13	Qualified business income deduct		•	,	5-A		. 13			
any box under Standard	14							. 14		12,9	950.
Deduction, see instructions.	15	Subtract line 14 from line 11. If zer						. 15			450.
230											

Form 1040 (2022	2)					Page 2
Tax and	16	Tax (see instructions). Check if any from Form(s): 1 8814 2	4972	3 🗌	1	6 16,741.
Credits	17	Amount from Schedule 2, line 3			1	7
	18	Add lines 16 and 17			1	8 16,741.
	19	Child tax credit or credit for other dependents from Schedule 8812			1	9
	20	Amount from Schedule 3, line 8			2	7,500.
	21	Add lines 19 and 20			2	7,500.
	22	Subtract line 21 from line 18. If zero or less, enter -0			2	9,241.
	23	Other taxes, including self-employment tax, from Schedule 2, line 2	21		2	0.
	24	Add lines 22 and 23. This is your total tax			2	9,241.
Payments	25	Federal income tax withheld from:				
-	а	Form(s) W-2		25a 19,	186.	
	b	Form(s) 1099		25b		
	С	Other forms (see instructions)		25c		
	d	Add lines 25a through 25c			25	5d 19,186.
lf	26	2022 estimated tax payments and amount applied from 2021 return	n		2	6
If you have a qualifying child,	27	Earned income credit (EIC)	la .	27		
attach Sch. EIC.	28	Additional child tax credit from Schedule 8812		28		
	29	American opportunity credit from Form 8863, line 8		29		
	30	Reserved for future use		30		
	31	Amount from Schedule 3, line 15		31		
	32	Add lines 27, 28, 29, and 31. These are your total other payments	and refu	ındable credits	3	2
	33	Add lines 25d, 26, and 32. These are your total payments			3	3 19,186.
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the	he amoui	nt you overpaid	3	9,945.
nerana	35a	Amount of line 34 you want refunded to you. If Form 8888 is attack	hed, ched	ck here	. 🗌 38	5a 9,945.
Direct deposit?	b		pe: X	Checking Sa	avings	
See instructions.	d	Account number 4 8 8 0 7 3 4 3 3 2 3 9				
	36	Amount of line 34 you want applied to your 2023 estimated tax .		36		
Amount	37	Subtract line 33 from line 24. This is the amount you owe .				
You Owe		For details on how to pay, go to www.irs.gov/Payments or see instr	ructions .		3	7
	38	Estimated tax penalty (see instructions)		38		
Third Party	Do	you want to allow another person to discuss this return with t	the IRS?	See		_
Designee	ins	tructions		. Yes. Cor	nplete belo	w. 🔀 No
	De nai	signee's Phone no.		Person numbe	al identificati	on
0:					,	hoot of my knowledge and
Sign		der penalties of perjury, I declare that I have examined this return and accompa ef, they are true, correct, and complete. Declaration of preparer (other than taxp				
Here			cupation			sent you an Identity
		an organization	oupano		Protectio	n PIN, enter it here
Joint return?		SOFT	WARE I	ENGINEER	(see inst.	
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, both must sign. Date Spouse's	s occupati	ion		sent your spouse an
your records.					(see inst.)	Protection PIN, enter it here
		one no. (281)505-5769 Email address REDDY	7 C 7 TUT T T	ZOOGCMATI COM		
		one no. (281)505-5769 Email address REDDY parer's name Preparer's signature	LDAIWI	K89@GMAIL.COM Date	PTIN	Check if:
Paid		ATA SAI PAVAN KUMAR DUDIPALLI VENKATA SAI PAVAN KUMAR DUD	דדאדדד	1	0247083	
Preparer			TEAPPT	U3/13/2023 E		
Use Only		n's name GLOBAL TAXES LLC n's address 245 ROONEY CT E BRUNSWICK NJ 0883	16			o. (678)965-9522
0-1					Firm's El	
GO TO WWW.Irs.g	ov/Forn	11040 for instructions and the latest information.	A	REV 03/02/23 PRO		Form 1040 (2022)

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2022

Attachment
Soguence No. 01

Department of the Treasury Internal Revenue Service

SHIVASATWIK SAMALA

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

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

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

	Sequence No. U1							
Your social security number								
186-77	-6539							

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. Atta		5	-11,935.
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		
ı	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	0. (
	1040, line 1a or 1d	8s ()		
t	The second secon	04		
	a nongovernmental section 457 plan	8t	-	
u –	Wages earned while incarcerated	8u		
Z	Other income. List type and amount:	0-		
0	Total other income. Add lines 8a through 8z	8z	0	
9 10	Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR		9	-11,935.
10	Combine lines i tillough i and 3. Enter here and on Form 1040, 1040-3h	, or rogo-ind, little o	10	-11,935.

Schedule 1 (Form 1040) 2022 Page **2**

Educator expenses 11	Par	Adjustments to Income			
officials. Attach Form 2106 1 Health savings account deduction. Attach Form 8889 1 Health savings account deduction. Attach Form 8889 1 Deductible part of self-employment tax. Attach Schedule SE 1 Self-employed SEP, SIMPLE, and qualified plans 1 Self-employed SEP, SIMPLE, and qualified plans 1 Self-employed health insurance deduction 1 The Penalty on early withdrawal of savings 1 Ba Alimony paid 1 Ba Pecipient's SSN 1 C Date of original divorce or separation agreement (see instructions): 2 IFA deduction 2 IFA deduction 2 IFA deduction 2 IFA deduction 2 IFA desclustion 3 IFA desclustion 3 IFA desclustion 4 IFA descl	11			11	
officials. Attach Form 2106 1 Health savings account deduction. Attach Form 8889 1 Health savings account deduction. Attach Form 8889 1 Deductible part of self-employment tax. Attach Schedule SE 1 Self-employed SEP, SIMPLE, and qualified plans 1 Self-employed SEP, SIMPLE, and qualified plans 1 Self-employed health insurance deduction 1 The Penalty on early withdrawal of savings 1 Ba Alimony paid 1 Ba Pecipient's SSN 1 C Date of original divorce or separation agreement (see instructions): 2 IFA deduction 2 IFA deduction 2 IFA deduction 2 IFA deduction 2 IFA desclustion 3 IFA desclustion 3 IFA desclustion 4 IFA descl	12	Certain business expenses of reservists, performing artists, and fee-	basis government		
13 Health savings account deduction. Attach Form 8889		officials. Attach Form 2106		12	
15 Deductible part of self-employment tax. Attach Schedule SE 16 Self-employed SEP, SIMPLE, and qualified plans 17 Self-employed death insurance deduction 17 Penalty on early withdrawal of savings 18 Penalty on early withdrawal of savings 19a Alimony paid 19a Alimony paid 19a Recipient's SSN 19a Becipient's SSN 19a Becipient	13	Health savings account deduction. Attach Form 8889		13	
16 Self-employed SEP, SIMPLE, and qualified plans	14			14	
17 Self-employed health insurance deduction 18 Penalty on early withdrawal of savings 18 18 19 Alimony paid 19 Recipient's SSN 10 Date of original divorce or separation agreement (see instructions): 20 IRA deduction 21 Student loan interest deduction 22 Archer MSA deduction 23 Archer MSA deduction 24 Other adjustments: 25 Jury duty pay (see instructions) 26 Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit 24 Contributions of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m 24 Reforestation amortization and expenses 24 Repayment of supplemental unemployment benefits under the Trade Act of 1974 24 Contributions to section 501(c)(18)(D) pension plans 24 Contributions by certain chaplains to section 403(b) plans 24 Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions) 24 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 24 Jeli 25 Total other adjustments. Add lines 24a through 24z 26 Add lines 11 through 23 and 25. These are your adjustments to income. Enter here and on	15			_	
18	16			-	
19a Alimony paid b Recipient's SSN c Date of original divorce or separation agreement (see instructions): 20 IRA deduction		Self-employed health insurance deduction		-	
b Recipient's SSN c Date of original divorce or separation agreement (see instructions): 20 1RA deduction	18			-	
c Date of original divorce or separation agreement (see instructions): IRA deduction	19a			19a	
20 Student loan interest deduction 21 22 23 24 22 24 24 24 24	b	Recipient's SSN			
Student loan interest deduction Reserved for future use Archer MSA deduction Other adjustments: Jury duty pay (see instructions) Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m. Reforestation amortization and expenses Repayment of supplemental unemployment benefits under the Trade Act of 1974. Contributions to section 501(c)(18)(D) pension plans Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions). 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 Housing deduction from Form 2555. Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041). Total other adjustments. List type and amount: 25 Total other adjustments. Add lines 24a through 24z Add lines 11 through 23 and 25. These are your adjustments to income. Enter here and on	С	Date of original divorce or separation agreement (see instructions):			
22 Archer MSA deduction				-	
Archer MSA deduction Other adjustments: Jury duty pay (see instructions) Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m Reforestation amortization and expenses Repayment of supplemental unemployment benefits under the Trade Act of 1974 Contributions to section 501(c)(18)(D) pension plans Contributions by certain chaplains to section 403(b) plans Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions) 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 Jeuseph Housing deduction from Form 2555 Let Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041) Cother adjustments. List type and amount: Total other adjustments. Add lines 24a through 24z Add lines 11 through 23 and 25. These are your adjustments to income. Enter here and on				$\overline{}$	
24 Other adjustments: a Jury duty pay (see instructions) b Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit				-	
a Jury duty pay (see instructions) b Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit c Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m				23	
b Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit	24				
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	b				
and USOC prize money reported on line 8m			24b	-	
d Reforestation amortization and expenses	С				
e Repayment of supplemental unemployment benefits under the Trade Act of 1974					
Act of 1974			24d		
f Contributions to section 501(c)(18)(D) pension plans	е		040		
g Contributions by certain chaplains to section 403(b) plans					
h Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions)				-	
discrimination claims (see instructions)	_		249		
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	"		24h		
from the IRS for information you provided that helped the IRS detect tax law violations	i	` <i>'</i>	2-711		
tax law violations	٠				
j Housing deduction from Form 2555			24i		
k Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)	i				
1041)	k		,		
z Other adjustments. List type and amount:	•••		24k		
Total other adjustments. Add lines 24a through 24z	z				
Total other adjustments. Add lines 24a through 24z	_		24z		
26 Add lines 11 through 23 and 25. These are your adjustments to income. Enter here and on	25			25	
	26	•			
				26	

SCHEDULE 3 (Form 1040)

Department of the Treasury Internal Revenue Service

Additional Credits and Payments

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

2022

Attachment
Sequence No. 03

Name(s) shown on Form 1040, 1040-SR, or 1040-NR SHIVASATWIK SAMALA

Your social security number 186-77-6539

Pai	Nonrefundable Credits			
1	Foreign tax credit. Attach Form 1116 if required		1	
2	Credit for child and dependent care expenses from Form 2441 Form 2441	, line 11. Attach	2	
3	Education credits from Form 8863, line 19		3	
4	Retirement savings contributions credit. Attach Form 8880		4	
5	Residential energy credits. Attach Form 5695		5	
6	Other nonrefundable credits:			
а	General business credit. Attach Form 3800	6a		
b	Credit for prior year minimum tax. Attach Form 8801	6b		
С	Adoption credit. Attach Form 8839	6c		
d	Credit for the elderly or disabled. Attach Schedule R	6d		
е	Alternative motor vehicle credit. Attach Form 8910	6e		
f	Qualified plug-in motor vehicle credit. Attach Form 8936	6f 7,500		
g	Mortgage interest credit. Attach Form 8396	6g		
h	District of Columbia first-time homebuyer credit. Attach Form 8859	6h		
i	Qualified electric vehicle credit. Attach Form 8834	6i		
j	Alternative fuel vehicle refueling property credit. Attach Form 8911	6j		
k	Credit to holders of tax credit bonds. Attach Form 8912	6k		
-1	Amount on Form 8978, line 14. See instructions	6I		
Z	Other nonrefundable credits. List type and amount:			
		6z		
7	Total other nonrefundable credits. Add lines 6a through 6z $$. $$.		7	7,500.
8	Add lines 1 through 5 and 7. Enter here and on Form 1040, 1040-	-SR, or 1040-NR		
	line 20		8	7,500.
		(continue	ed on page 2)

Schedule 3 (Form 1040) 2022 Page **2**

Par	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	Reserved for future use	13g		
h	Credit for qualified sick and family leave wages paid in 2022 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		

SCHEDULE D (Form 1040)

Capital Gains and Losses

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

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

OMB No. 1545-0074

Attachment Sequence No. 12

Department of the Treasury Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10. Internal Revenue Service Name(s) shown on return Your social security number 186-77-6539 SHIVASATWIK SAMALA Did you dispose of any investment(s) in a qualified opportunity fund during the tax year?

If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss. Part I Short-Term Capital Gains and Losses – Generally Assets Held One Year or Less (see instructions) See instructions for how to figure the amounts to enter on the (h) Gain or (loss) (g) Adjustments Subtract column (e) lines below. Proceeds Cost to gain or loss from from column (d) and This form may be easier to complete if you round off cents to Form(s) 8949, Part I, combine the result (sales price) (or other basis) whole dollars. line 2, column (a) with column (a) 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. 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 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 4 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from 5 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover 6 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). If you have any longterm capital gains or losses, go to Part II below. Otherwise, go to Part III on the back 7 313. 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 (h) Gain or (loss) (g) Adjustments Subtract column (e) (d) (e) lines below. Proceeds to gain or loss from from column (d) and Cost This form may be easier to complete if you round off cents to (sales price) (or other basis) Form(s) 8949, Part II, combine the result whole dollars. line 2. column (a) with column (a) 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 Totals for all transactions reported on Form(s) 8949 with Box E checked 10 Totals for all transactions reported on Form(s) 8949 with 11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) 11 12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 12 13 14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover 14 15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then, go to Part III 15

Schedule D (Form 1040) 2022 Page 2

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 • 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. If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of: 21 • The loss on line 16; or 21 • (\$3,000), or if married filing separately, (\$1,500) Note: When figuring which amount is smaller, treat both amounts as positive numbers. Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a? 22 X Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.

Sales and Other Dispositions of Capital Assets

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form8949 for instructions and the latest information. File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D. Attachment Sequence No. 12A

Name(s) shown on return	Social security number or taxpayer identification number						
SHIVASATWIK SAMALA	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.

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	I to you on F	orm 1099-B				
(a) Description of property	(b) Date acquired	(c)	(d) Proceeds	(e) Cost or other basis See the Note below	Adjustment, i If you enter an enter a co See the sep	(h) Gain or (loss) Subtract column (e)	
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see Column (e) in the separate instructions.	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g).
ROBINHOOD 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 total Schedule D, line 1b (if Box A above should be should	al here and inc is checked), lir	lude on your ne 2 (if Box B	g 567	8 254			212

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.

SCHEDULE E (Form 1040)

Supplemental Income and Loss

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

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

OMB No. 1545-0074

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

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

Attachment Sequence No. **13**

Your social security number

SHI	/ASATWIK SAMALA						186-7	7-6539	
Par				0.0		-N 16:		: al 1	
	Note: If you are in the business of renting personal proper rental income or loss from Form 4835 on page 2, line 40.	τy, use	Schedule	C. See	ınstru	ctions. If you are	an ındiv	idual, rep	ort tarm
Α	Did you make any payments in 2022 that would require you to file Form(s) 1099? See instructions								
	If "Yes," did you or will you file required Form(s) 1099? .								
1a	Physical address of each property (street, city, state, ZIF								
Α	PATEL NAGAR EXTN BALLARI KARNATAKA IN								
B	PAIED NAGAR EXIN BADDARI KARNATARA IN	2031	101						
C									
1b	Type of Property 2 For each rental real estate prope	rtv liet	ted		Fa	ir Rental	Person	al I Isa	
	(from list below) above, report the number of fair i					Days	Day		QJV
Α	personal use days. Check the Qu			Α		365		0	
В	if you meet the requirements to f			В					
С	qualified joint venture. See instru	CHOIS	s.	С					
Туре	of Property:					·			
1	Single Family Residence 3 Vacation/Short-Term Reni	tal	5 Lanc	d	-	Self-Rental			
2	Multi-Family Residence 4 Commercial		6 Roya	alties	8	Other (describ	oe)		
						Properties			
Incor	ne:			Α		В			С
3	Rents received	3		5	15.				
4	Royalties received	4							
Ехре	nses:								
5	Advertising	5							
6	Auto and travel (see instructions)	6							
7	Cleaning and maintenance	7		1,3	50.				
8	Commissions	8							
9	Insurance	9							
10	Legal and other professional fees	10							
11	Management fees	11		1,1	50.				
12	Mortgage interest paid to banks, etc. (see instructions)	12							
13	Other interest	13							
14	Repairs	14		3,1					
15	Supplies	15		3,3	50.				
16	Taxes	16		2 4	F 0				
17 18	Utilities	17 18		3,4	50.				
19	Depreciation expense or depletion	19							
20	Total expenses. Add lines 5 through 19	20		12,4	50				
21	Subtract line 20 from line 3 (rents) and/or 4 (royalties). If			12,1	50.				
4 1	result is a (loss), see instructions to find out if you must								
	file Form 6198	21		-11,9	35.				
22	Deductible rental real estate loss after limitation, if any,								
	on Form 8582 (see instructions)	22	(11,93	5.)	()(
23a	Total of all amounts reported on line 3 for all rental prope	rties			23a		515.		
b	Total of all amounts reported on line 4 for all royalty properties				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				23e	12,	450.		
24	Income. Add positive amounts shown on line 21. Do no		-				24		
25	Losses. Add royalty losses from line 21 and rental real estat								11,935.
26	Total rental real estate and royalty income or (loss).								
	here. If Parts II, III, IV, and line 40 on page 2 do not a								11 025
	Schedule 1 (Form 1040), line 5. Otherwise, include this ar	HOUIIL		ıaı UII III	11 5 4 1	un paye 2 .	26		-11,935.

Form **8936** (Rev. January 2023)

Department of the Treasury

Internal Revenue Service

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.

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

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

OMB No. 1545-2137

Attachment Sequence No. **69**

Name(s) shown on return
SHIVASATWIK SAMALA

Identifying number 186-77-6539

instructions for vehicle definitions and other requirements. **Tentative Credit** Use a separate column for each vehicle. If you need more columns, (a) Vehicle 1 (b) Vehicle 2 use additional Forms 8936 and include the totals on lines 12 and 19. TESLA 1 Year, make, and model of vehicle . . . 1 Υ 2 Vehicle identification number (see instructions) 2 7SAYGDEE0NA013933 3 Enter date vehicle was placed in service (MM/DD/YYYY) 3 09/26/2022 If the vehicle is a two-wheeled vehicle, enter the cost of the vehicle. If the vehicle has at least four wheels, see 4a instructions 7,500. Phase-out percentage (see instructions) 4b 100.00 % % 7,500. **c** Tentative credit. Multiply line 4a by line 4b 4c

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.

Par	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 Schamount on Form 3800, Part III, line 1y	14			

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

Form 8936 (Rev. 1-2023)

Part	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	20	16,741.		
21	Personal credits from Form 1040, 1040-SR, or 1040-NR (21			
22	Subtract line 21 from line 20. If zero or less, enter -0- and the personal use part of the credit	22	16,741.		
23	Personal use part of credit. Enter the smaller of lin Schedule 3 (Form 1040), line 6f. If line 22 is smaller than I			23	7,500.

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

Passive Activity Loss Limitations

See separate instructions.

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

OMB No. 1545-1008

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

SHIVASATWIK SAMALA

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

2022	
Attachment Sequence No. 858	

Identifying number

186-77-6539

Par	t I 2022 Passive Activity Loss Caution: Complete Parts IV ar		eting Part I.						
	I Real Estate Activities With Active Pa ance for Rental Real Estate Activities	- '		ive participation, s	ee Special				
1a b c d	Activities with net income (enter the a Activities with net loss (enter the amore Prior years' unallowed losses (enter the Combine lines 1a, 1b, and 1c	0. 11,935.))	1d	-11,935.					
All Ot	her Passive Activities								
2a b c d	Activities with net income (enter the a Activities with net loss (enter the amore Prior years' unallowed losses (enter the Combine lines 2a, 2b, and 2c	unt from Part V, co ne amount from Pa	olumn (b)) art V, column (c))	2b ()	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								
	If line 3 is a loss and: • Line 1d is a I • Line 2d is a I	loss, go to Part II. loss (and line 1d is	zero or more), sk	ip Part II and go to	line 10.				
	on: If your filing status is married filing Instead, go to line 10. Special Allowance for Rer Note: Enter all numbers in Par	ntal Real Estate	Activities With	Active Particip	ation	year,	, do not complete		
4	Enter the smaller of the loss on line 1	d or the loss on lin	ne 3			4	11,935.		
5 6	5 Enter \$150,000. If married filing separately, see instructions								
7 8	Subtract line 6 from line 5 Multiply line 7 by 50% (0.50). Do not el			7	29,665.	0	14 022		
9	Enter the smaller of line 4 or line 8			•		8	14,833. 11,935.		
Pari	Total Losses Allowed						11,000.		
10	Add the income, if any, on lines 1a an	d 2a and enter the	total			10	0.		
11									
Part	Complete This Part Before	e Part I, Lines 1	a, 1b, and 1c. S	See instructions.					
	Name of activity	Currer	-	-		rall ga	ain or loss		
	•	(a) Net income (line 1a)	(b) Net loss (line 1b)	(c) Unallowed loss (line 1c)	(d) Gain		(e) Loss		
PATEL NAGAR EXTN		0.	11,935.				11,935.		
Total.	Enter on Part I, lines 1a, 1b, and 1c	0.	11,935.						

BAA

Form 8582 (2022) Page **2**

Part V Complete This Part Befor	e P	art I, Lines 2	a, 2b,	and 2c. S	ee instruc	ctions.			•	
Name of activity		Currer		Prior years		Overall gain or loss		ain or loss		
		(a) Net income (line 2a)		Net loss ne 2b)	(c) Unallowed loss (line 2c)		(d) Gain		(e) Loss	
Total. Enter on Part I, lines 2a, 2b, and 2c										
Part VI Use This Part if an Amour	nt Is	Shown on F	Part II.	Line 9. S	ee instruc	tions.				
Name of activity	Form or schedule and line number to be reported on (see instructions)		(a) Loss		(b) Ratio		(c) Special allowance		(d) Subtract column (c) from column (a).	
PATEL NAGAR EXTN		E Ln 22	11,935.		1.00000000		11,935.		0.	
THE WHOM BITT				<u> </u>	1.0000000		11,000.		· ·	
Total				11,935.	1.00	0	11,93	5.	0.	
Part VII Allocation of Unallowed L	oss			S.						
Name of activity		Form or sche and line nun to be reporte (see instruct	mber ed on (a) L		Loss ((b) Ratio (d		c) Unallowed loss	
Total							1.00			
Part VIII Allowed Losses. See instru										
Name of activity		Form or sched and line numb to be reported (see instructio		(a) l	_oss	(b) Unallowed loss		(c) Allowed loss		
					<u> </u>		·			
Total										