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 SURYA MANI DEEPAK KANCHARLA 082-81-4946 Spouse's name Spouse's social security number 318-91-7045 NIKITHA AKULA Tax Return Information – Tax Year Ending December 31, 2022 (Enter year you are authorizing.) Part I 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. Adjusted gross income 253,203. 1 1 2 2 42,432. 3 3 53,024. 4 4 10,592. 5 5

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

Under penalties of perjury, 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

				FBO firm name		Er	ĺ
X	l authorize	GLOBAL	TAXES	LLC	to enter or generate my PIN	<u> </u>	
			-				

1		4	9	4	6	as					
Enter five digits, but don't enter all zeros											

5

7

0 4

Enter five digits, but don't enter all zeros

1

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

I authorize GLOBAL TAXES LLC
 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 🕨	Da	te 🕨	•							
Practitioner PI	N Method Returns Only—continue	bel	w							_
Part III Certification and Authentication –	Practitioner PIN Method Only									
ERO's EFIN/PIN. Enter your six-digit EFIN followed b	by your five-digit self-selected PIN.	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 🕨		Date 🕨		
	 		 0070 /=	04 000 A

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

Date

to enter or generate my PIN

1040		artment of the Treasury—Internal Revenue Servi S. Individual Income Tax		rn 20	22	OMB No. 1545-	0074	IRS Use Only	—Do not v	vrite or staple in	n this space.
Filing Status Check only one box.	If yo	Single X Married filing jointly u checked the MFS box, enter the nation is a child but not your dependent	ame of yo	d filing separate					spo	lifying surv use (QSS) s name if th	0
Your first name	and mi	ddle initial	Last nam	ne					Your social security number		
SURYA MA	NII	DEEPAK	KANCI	IARLA					082-	81-4946	5
lf joint return, sp	ouse's	first name and middle initial	Last nam	ne					Spouse	's social sec	urity numbe
NIKITHA			AKULA	<i>H</i>					318-	91-7045	5
Home address	numbe	er and street). If you have a P.O. box, see	instructio	ns.			A	vpt. no.	Preside	ntial Electio	n Campaigr
2100 3RD	AVE	Ξ					1	.301		here if you,	
City, town, or pe	ost offic	ce. If you have a foreign address, also co	mplete sp	aces below.	Sta	te	ZIP c	ode	•	if filing joint this fund. (
SEATTLE					WZ	A	981	21	0	ow will not o	•
Foreign country	name		Fo	oreign province/s	tate/count	ty	Foreig	n postal code		x or refund.	Spouse
.	<u> </u>								(l=) = = 11		
Digital		ny time during 2022, did you: (a) rece					•	,	. ,	Yes	X No
Assets		ange, gift, or otherwise dispose of a				-	asseij		ctions.)		
Standard Deduction	_	eone can claim:	•			a dependent					
Age/Blindness	You:	Were born before January 2, 1	958	Are blind	Spouse	: 🗌 Was bor	n befo	ore January 2	2, 1958	🗌 ls bli	nd
Dependents	(see	instructions):		(2) Social sec	curity	(3) Relationshi	n (4	Check the bo	ox if quali	ifies for (see i	instructions):
If more	•	irst name Last name		number		to you		Child tax cr	redit	Credit for oth	er dependents
than four	<u>.,</u>									Г	7
dependents,										Γ	
see instructions and check										Γ	7
here										Γ	
	1a	Total amount from Form(s) W-2, be	ox 1 (see	instructions)					. 1a	26	7,085.
Income	b	Household employee wages not re	•	,					. 1k		,,
Attach Form(s)	c	Tip income not reported on line 1a	•	()					. 10		
W-2 here. Also attach Forms	d	Medicaid waiver payments not rep							. 10		
W-2G and	e	Taxable dependent care benefits f		., .			• •		. 16		
1099-R if tax	f	Employer-provided adoption bene			- 29		• •		. 11		
was withheld.	g						• •		. 10		
lf you did not get a Form	h	Other earned income (see instructi					• •		. 1h		0.
W-2, see	;	Nontaxable combat pay election (s	,			1					
instructions.	. 7	Add lines to through th		,					. 1z	26	7,085.
Attach Sch. B	- 2a	U U	2a		 ьт	axable interest			. 2b		,,
if required.	2a 3a	· –	2a 3a	45.	1	ordinary divider			. 21. . 31:		48.
	4a		4a		1	axable amount			. 4k		10.
Standard	т а 5а		та 5а		1	axable amount					
Standard Deduction for –	5a 6a		6a		-	axable amount			. 6b		
Single or Married filing	C	If you elect to use the lump-sum elect		ethod check h	_			 г			
Married filing separately,	7	Capital gain or (loss). Attach Scher		-		,	• •	· · · L	7		-430.
\$12,950Married filing	8	Other income from Schedule 1, line					• •	L	. 8		3,500.
jointly or	o 9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,					• •		. <u>o</u> . 9		3,203.
Qualifying spouse,	9 10			-			• •		. 9 . 10		5,203.
\$25,900		Adjustments to income from Schedule 1, line 26							. 11		2 202
 Head of household, 	<u>11</u> 12	Subtract line 10 from line 9. This is your adjusted gross income						. 12	-	3,203.	
\$19,400	13	Qualified business income deduction			,		• •		· 12 · 13		<u>5,900.</u> 0.
 If you checked any box under 				1 0111 0995 0ľ F	0111 099	J-A	• •				
Standard Deduction,	14 15	Add lines 12 and 13	· · · ·		· · ·		• •		. 14		<u>5,900.</u>
see instructions.	15	Subtract line 14 from line 11. If zer	U UT IESS	, enter -U This	is your 1	laxable incom	e .		. 15	<u> </u>	7,303.

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 Forr	m(s): 1 🗌 881	4 2 4972	3 🗌		16	42,220.
Credits	17	Amount from Schedule 2, line 3					17	
	18	Add lines 16 and 17					18	42,220.
	19	Child tax credit or credit for other dependent	nts from Sched	ule 8812			19	
	20	Amount from Schedule 3, line 8					20	
	21	Add lines 19 and 20					21	
	22	Subtract line 21 from line 18. If zero or less,	, enter -0				22	42,220.
	23	Other taxes, including self-employment tax	, from Schedule	e 2, line 21			23	212.
	24	Add lines 22 and 23. This is your total tax					24	42,432.
Payments	25	Federal income tax withheld from:						
-	а	Form(s) W-2			25a 52	,362.		
	b	Form(s) 1099			25b			
	с	Other forms (see instructions)			25c	662.		
	d	Add lines 25a through 25c					25d	53,024.
If you have a	26	2022 estimated tax payments and amount a	applied from 20)21 return			26	
qualifying child,	27	Earned income credit (EIC)		No	27			
attach Sch. EIC.	28	Additional child tax credit from Schedule 881	2		28			
	29	American opportunity credit from Form 886	3, 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 you	r total other pa	ayments and refu	ndable credits		32	
	33	Add lines 25d, 26, and 32. These are your t	otal payments				33	53,024.
Refund	34	If line 33 is more than line 24, subtract line 2	24 from line 33.	This is the amoun	t you overpaid		34	10,592.
nerana	35a	Amount of line 34 you want refunded to yo		3 is attached, chec	khere		35a	10,592.
Direct deposit?	b	Routing number 1 0 2 0 0 1 0		c Type: 🛛 🗙	Checking	Savings		
See instructions.	d	Account number 2 0 3 1 5 7 5	0 5					
	36	Amount of line 34 you want applied to your	r 2023 estimate	ed tax	36			
Amount You Owe	37	Subtract line 33 from line 24. This is the am For details on how to pay, go to <i>www.irs.go</i>					37	
	38	Estimated tax penalty (see instructions)			38		01	
Third Party		you want to allow another person to dis						
Designee		tructions			· ·	mplete b	elow.	× No
J	De	signee's	Phone			nal identif	ication r	
	na	ne	no.		numb	er (PIN)		
Sign		der penalties of perjury, I declare that I have examir ef, they are true, correct, and complete. Declaration						
Here	Yo	ur signature	Date	Your occupation		If the	IRS ser	nt you an Identity
								N, enter it here
Joint return?				SOFTWARE E		(see i	,	
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	on			it your spouse an ection PIN, enter it here
your records.				HOME MAKER		(see i	-	
	Ph	one no. (720)217-5256	Email address	DEEPAKBUNNY		M		
Dela		parer's name Preparer's signa	ature		Date	PTIN		Check if:
Paid	SYAN	PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	03/17/2023	P02082	2703	Self-employed
Preparer		n's name GLOBAL TAXES LLC						678)965-9522
Use Only		n's address 245 ROONEY CT E BRI	UNSWICK N	J 08816			s EIN	84-3171965
Catawara	ov/Eo	1040 for instructions and the latest information						Farm 10/10 (0000)

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

BAA REV 03/09/23 PRO

Form **1040** (2022)

SCHEDULE	1
(Form 1040)	

9 10

Department of the Treasury

Internal Revenue Service

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 2022

Attachment Sequence No. **01** Your social security number

082-81-4946

Name	Name(s) shown on Form 1040, 1040-SR, or 1040-NR									
SURY	A MANI DEEPAK KANCHARLA & NIKITHA AKULA									
Part I Additional Income										
1	Taxable refunds, credits, or offsets of state and local income taxes									
2a	Alimony received									
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									
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc.									
6	Farm income or (loss). Attach Schedule F.									
7	Unemployment compensation									
8	Other income:									
а	Net operating loss									
b	Gambling									
С	Cancellation of debt									

	l axable 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	
1	Other gains or (losses). Attach Form 4797		4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Atta	ch Schedule E .	5	-13,500.
6	Farm income or (loss). Attach Schedule F.		6	
7	Unemployment compensation		7	
3	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		8k		
L	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		
ο	Section 951A(a) inclusion (see instructions)	80		
р		8р		
q	Taxable distributions from an ABLE account (see instructions)	8q		
r		8r		
S	Nontaxable amount of Medicaid waiver payments included on Form			
		<u>8s (</u>)		
t	Pension or annuity from a nonqualifed deferred compensation plan or			
	5	8t		
	0	8u		
z	Other income. List type and amount:			
		8z		
9	Total other income. Add lines 8a through 8z		9	
)	Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR,	or 1040-NR, line 8	10	-13,500.

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

Schedule 1 (Form 1040) 2022

Par	t II Adjustments to Income					
11	Educator expenses				11	
12	Certain business expenses of reservists, performing artists, and fee	e-basi	s gov	ernment		
	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				19a	
b	Recipient's SSN	• _				
С	Date of original divorce or separation agreement (see instructions):					
20	IRA deduction				20	
21	Student loan interest deduction				21	
22	Reserved for future use				22	
23	Archer MSA deduction				23	
24	Other adjustments:					
а	Jury duty pay (see instructions)	24a				
b	Deductible expenses related to income reported on line 8I from the					
	rental of personal property engaged in for profit	24b				
С	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				
е	Repayment of supplemental unemployment benefits under the Trade					
	Act of 1974	24e				
f	Contributions to section 501(c)(18)(D) pension plans	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)	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				
j	Housing deduction from Form 2555	24j				
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form					
	1041)	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	e. Ente	er here	and on		
	Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a				26	
	BAA	REV	03/09/23 P	RO	Schedu	ile 1 (Form 1040) 2022

SCHEDULE	2
(Form 1040)	

Department of the Treasury

Additional Taxes

OMB No. 1545-0074

2

Attachment

Attach to	Form	1040,	1040-SR,	or	1040-NR.	
Allacii lu	I UIIII	1040,	1040-511,	01	1040-1411.	

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

	Internal Revenue Service Go to www.irs.gov/Form1040 for instructions and the latest information.							
	ne(s) shown on Form 1040, 1040-SR, or 1040-NI				al security number			
	RYA MANI DEEPAK KANCHARLA & NIKI'	THA AKULA		082-81-	-4946			
Pa	art I Tax							
1	Alternative minimum tax. Attach Forn	n 6251		· ·	1			
2	Excess advance premium tax credit	epayment. Attach Form 8962	2		2			
3		Form 1040, 1040-SR, or 104	0-NR, line 1	7	3			
Pa	art II Other Taxes							
4	Self-employment tax. Attach Schedu	le SE			4			
5	,	on unreported tip income.	5					
6		licare tax on wages. Attach	6					
7	Total additional social security and N	ledicare tax. Add lines 5 and	6		7			
8	Additional tax on IRAs or other tax-fa	vored accounts. Attach Form	n 5329 if requ	uired.				
	If not required, check here				8			
9	Household employment taxes. Attacl	n Schedule H			9			
10	Repayment of first-time homebuyer of	redit. Attach Form 5405 if re	quired	1	0			
11	Additional Medicare Tax. Attach Forr	n 8959		1	212.			
12	Net investment income tax. Attach F	orm 8960		1	2			
13	Uncollected social security and Merinsurance from Form W-2, box 12 .	-	•		3			
14	Interest on tax due on installment ir and timeshares				4			
15	Interest on the deferred tax on gain f over \$150,000				5			
16	Recapture of low-income housing cro	edit. Attach Form 8611		1	6			
				(con	tinued on page 2			

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

Schedule 2 (Form 1040) 2022

17	Other additional taxes:				
а	Recapture of other credits. List type, form number, and amount:				
		17a			
b	Recapture of federal mortgage subsidy, if you sold your home				
		17b			
	Additional tax on HSA distributions. Attach Form 8889	17c			
d	Additional tax on an HSA because you didn't remain an eligible individual. Attach Form 8889	17d			
е	Additional tax on Archer MSA distributions. Attach Form 8853 .	17e			
f	Additional tax on Medicare Advantage MSA distributions. Attach Form 8853	17f			
g	Recapture of a charitable contribution deduction related to a fractional interest in tangible personal property	17g			
h	Income you received from a nonqualified deferred compensation plan that fails to meet the requirements of section 409A	17h			
i	Compensation you received from a nonqualified deferred compensation plan described in section 457A	17i			
j	Section 72(m)(5) excess benefits tax	17j			
k	Golden parachute payments	17k			
Т	Tax on accumulation distribution of trusts	171			
m	Excise tax on insider stock compensation from an expatriated				
	corporation	17m			
n	Look-back interest under section 167(g) or 460(b) from Form 8697 or 8866	17n			
0	Tax on non-effectively connected income for any part of the year you were a nonresident alien from Form 1040-NR	170			
р	Any interest from Form 8621, line 16f, relating to distributions from, and dispositions of, stock of a section 1291 fund	17p			
q	Any interest from Form 8621, line 24	17q			
z	Any other taxes. List type and amount:				
		17z			
18	Total additional taxes. Add lines 17a through 17z		18		
19	Reserved for future use		19		
20	Section 965 net tax liability installment from Form 965-A	20			
21	Add lines 4, 7 through 16, and 18. These are your total other taxe				
	on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b BAA		21	ıle 2 (Form 10	212.

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

SURYA MANI DEEPAK KANCHARLA & NIKITHA AKULA

Your social security number 082 - 81 - 4946

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? **Yes 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 This	instructions for how to figure the amounts to enter on the below. form may be easier to complete if you round off cents to e dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	Form(s) 8949, Part				(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a	Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b.							
1b	Totals for all transactions reported on Form(s) 8949 with Box A checked	0.	420.			-420.		
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	1,503.	1,513.			-10.		
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	Short-term capital loss carryover. Enter the amount, if an Worksheet in the instructions	-	6	()				
7	Net short-term capital gain or (loss). Combine lines 1a term capital gains or losses, go to Part II below. Otherwise	7	-430.					

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

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

Part	III Summary		
16	Combine lines 7 and 15 and enter the result	16	-430.
	• 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?		
	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	(430.)
	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 03/09/23 PRO

Schedule D (Form 1040) 2022

Form	8949	

Department of the Treasury

Internal Revenue Service

Sales and Other Dispositions of Capital Assets

OMB No. 1545-0074

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.

 Le latest information.
 Logo

 2, 3, 8b, 9, and 10 of Schedule D.
 Attachment Sequence No. 12A

 Social security number or taxpayer identification number

Name(S) Shown on return	30Clai	security number of taxpayer	
SURYA MANI DEEN	AK KANCHARLA & NIKITHA	AKULA 082	-81-4946

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	Proceeds S	(e) Cost or other basis See the Note below	Adjustment, i If you enter an enter a c See the sep	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g).	
(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) (g) Code(s) from instructions Amount of adjustment		
ROBINHOOD SECURITIES LLC	01/01/22	12/31/22	0.	420.			-420.
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 (0.	420.			-420.		

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

Form	8949

Department of the Treasury

Internal Revenue Service

Sales and Other Dispositions of Capital Assets

OMB No. 1545-0074

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 Social security number or taxpayer identification number

Name(s) shown on return	Social security number or taxp
SURYA MANI DEEPAK KANCHARLA & NIKITHA AKULA	082-81-4946

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)

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

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

1 (a) Description of property	(b) (c) Date acquired		Date sold or Proceeds See		Adjustment, i If you enter an enter a c See the sep	(h) Gain or (loss) Subtract column (e)		
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see <i>Column</i> (e) in the separate instructions.	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g).	
MORGAN STANLEY	11/15/22	11/15/22	1,503.	1,513.			-10.	
2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked).			1,503.	1,513.			-10.	

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

	CHEDULE E Supplemental Income and Loss									OMB No	. 1545-0074		
(Form 1040) (From rental real estate, royalties, partnerships, S corporations, estates, tru Department of the Treasury Attach to Form 1040, 1040-SR, 1040-NR, or 1041.								trusts, REMIC	is, et	ic.)	20	22	
	ent of the Treasury Revenue Service		Go to	www.irs.gov/ScheduleE f					oformation.			Attachm	ent ce No. 13
										social	security r		
. ,		PAK	KANCHAR	LA & NIKITHA AKUI	LA							-4946	
	SURYA MANI DEEPAK KANCHARLA & NIKITHA AKULA 082-81-4946 Part I Income or Loss From Rental Real Estate and Royalties												
	Note: If yo	ou are i	in the busine	ess of renting personal prop	erty, us		c . See	e instru	ctions. If you a	re an	indivic	dual, repo	ort farm
A [orm 4835 on page 2, line 40			0000 0						
				022 that would require you equired Form(s) 1099?									
1a				perty (street, city, state, Z		·							
	FLAT NO.	404,	LALITH	AVIHAR MADHURAWAD	DA VI	SAKHAPA	TNAM	,AND	HRA PRADE	SH	IN 5	530048	
<u>C</u>			• -							_			
1b	Type of Prope (from list below			ch rental real estate prop report the number of fai				Fa	air Rental Days	Per	rsona Day		QJV
A	3	~~/		al use days. Check the C			Α		365		Day	0	
B	5	_	if you	meet the requirements to	file as	a	B		303			0	
			qualifie	ed joint venture. See instr	ruction	IS.	C						
	of Property:						•	I					
	Single Family R	lesider	nce 3	Vacation/Short-Term Re	ntal	5 Lanc		7	Self-Rental				
2	Multi-Family Re	esiden	ce 4	Commercial		6 Roya	alties	8	Other (descr	ibe)			
									Properti				
Incom	le'						Α		B				С
3	Rents received	d			3			43.					•
4					-		-						
Exper													
5					5								
6	Auto and trave	el (see	instruction	s)	6								
7	Cleaning and r	mainte	enance.		. 7		2,7	86.					
8	Commissions				. 8								
9	Insurance				. 9								
10	Legal and othe	er prof	fessional fe	es	. 10								
11	-						2,8	32.					
12				s, etc. (see instructions)	12								
13					13								
14								10.					
15						-	2,8	66.					
16							2 7	10					
17 18				tion			Ζ, Ι	49.					
10 19	Other (list)		•		10	-							
20		s Add	lines 5 thr	ough 19			14,1	43					
21	•			nts) and/or 4 (royalties). It									
<u>~</u> 1				ns to find out if you mus									
	· ·						-13,5	00.					
22	Deductible ren	ntal rea	al estate lo	ss after limitation, if any									
				s)		(13,50))))	()()
23a	Total of all am	ounts	reported o	n line 3 for all rental prop	erties			23a		64	3.		
b			-	n line 4 for all royalty pro	-			23b					
С			•	n line 12 for all properties				23c					
d			-	n line 18 for all properties				23d					
е			-	n line 20 for all properties				23e	14	,14			
24				s shown on line 21. Do n						-	24		0.500.
25				line 21 and rental real est							25 (1	L3,500.)
26				oyalty income or (loss)									
				ne 40 on page 2 do not Otherwise, include this a							26	_	-13,500.
For Po				e the separate instruction		NE			-13,500		-		orm 1040) 2022
I VI F d					.				,		JULIE	uure 🖬 (1°0	2022

Form **8889** Department of the Treasury

Internal Revenue Service

Health Savings Accounts (HSAs)

OMB No. 1545-0074

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

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

2022 Attachment Sequence No. 52

Name(s)				HSA beneficiary.
SURY)82-81-		
Befor	re you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance Cont	racts, if ro	equir	ed.
Part	HSA Contributions and Deduction. See the instructions before completing this p and both you and your spouse each have separate HSAs, complete a separate Pa			
1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during See instructions	2022.	Solf	-only 🗵 Family
2	HSA contributions you made for 2022 (or those made on your behalf), including those made unextended due date of your tax return that were for 2022. Do not include employer contributions through a cafeteria plan, or rollovers. See instructions	utions,	2	0.
3	If you were under age 55 at the end of 2022 and, on the first day of every month during 202 were, or were considered, an eligible individual with the same coverage, enter \$3,650 (\$7,3 family coverage). All others , see the instructions for the amount to enter	00 for	3	7,300.
4	Enter the amount you and your employer contributed to your Archer MSAs for 2022 from Form lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2022 include any amount contributed to your spouse's Archer MSAs	2, also	4	0.
5	Subtract line 4 from line 3. If zero or less, enter -0		5	7,300.
6	Enter the amount from line 5. But if you and your spouse each have separate HSAs and had coverage under an HDHP at any time during 2022, see the instructions for the amount to enter	-	6	7,300.
7	If you were age 55 or older at the end of 2022, married, and you or your spouse had family con- under an HDHP at any time during 2022, enter your additional contribution amount. See instruct	/erage	7	1,300.
8	Add lines 6 and 7		8	7,300.
9	Employer contributions made to your HSAs for 2022	,095.		· · · · · ·
10	Qualified HSA funding distributions			
11	Add lines 9 and 10		11	1,095.
12	Subtract line 11 from line 8. If zero or less, enter -0		12	6,205.
13	HSA deduction. Enter the smaller of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II,	line 13	13	0.
Dout	Caution: If line 2 is more than line 13, you may have to pay an additional tax. See instructions.			
Part	II HSA Distributions. If you are filing jointly and both you and your spouse each have a separate Part II for each spouse.	/e separa	ate H	SAS, complete
14a	Total distributions you received in 2022 from all HSAs (see instructions)	1	4a	
b	Distributions included on line 14a that you rolled over to another HSA. Also include any e contributions (and the earnings on those excess contributions) included on line 14a that withdrawn by the due date of your return. See instructions	were	4b	
с	Subtract line 14b from line 14a	1	4c	
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, includ 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 Exceptions to the Additional 20 Tax (see instructions), check here			
b	Additional 20% tax (see instructions). Enter 20% (0.20) of the distributions included on line 1 are subject to the additional 20% tax. Also, include this amount in the total on Schedule 2 1040), Part II, line 17c	(Form	7b	
Part	III Income and Additional Tax for Failure To Maintain HDHP Coverage. See the in completing this part. If you are filing jointly and both you and your spouse each had complete a separate Part III for each spouse.			
18	Last-month rule		18	
19	Qualified HSA funding distribution		19	
20	Total income. Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I, line 8		20	
21	Additional tax. Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2	(Form		

 1040), Part II, line 17d
 Image: Construction of the set of the s

Form 8889 (2022)

21

Qualified Business Income Deduction Simplified Computation

Attach to your tax return.

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form8995 for instructions and the latest information.

OMB No. 1545-2294 20

Attachment Sequence No. 55

Your taxpayer identification number

082-81-4946

Name(s) shown on return

SURYA MANI DEEPAK KANCHARLA & NIKITHA AKULA

Note. You can claim the qualified business income deduction only if you have qualified business income from a qualified trade or business, real estate investment trust dividends, publicly traded partnership income, or a domestic production activities deduction passed through from an agricultural or horticultural cooperative. See instructions.

Use this form if your taxable income, before your qualified business income deduction, is at or below \$170,050 (\$340,100 if married filing jointly), and you aren't a patron of an agricultural or horticultural cooperative.

1	(a) Trade, business, or aggregation name	(b) Taxpayer identification number		(c) Qualified business income or (loss)	
i					
ii					
iii					
iv					
V					
•					
2	Total qualified business income or (loss). Combine lines 1i through 1v, column (c)				
3	Qualified business net (loss) carryforward from the prior year				
4	Total gualified business income. Combine lines 2 and 3. If zero or less, enter -0-	1 /			
5	Qualified business income component. Multiply line 4 by 20% (0.20)		5		
6	Qualified REIT dividends and publicly traded partnership (PTP) income or (loss)				
	(see instructions)	2.			
7	Qualified REIT dividends and qualified PTP (loss) carryforward from the prior				
	year	()			
8	Total qualified REIT dividends and PTP income. Combine lines 6 and 7. If zero				
	or less, enter -0				
9	REIT and PTP component. Multiply line 8 by 20% (0.20) <th.< th=""><th.< th="" th<="">.<th></th><th>9</th><th>0.</th></th.<></th.<>		9	0.	
10	Qualified business income deduction before the income limitation. Add lines 5 and 9	1	10	0.	
11	Taxable income before qualified business income deduction (see instructions)				
12	Net capital gain (see instructions) 12				
13	Subtract line 12 from line 11. If zero or less, enter -0	,	14		
14	Income limitation. Multiply line 13 by 20% (0.20)		14	45,452.	
15	Qualified business income deduction. Enter the smaller of line 10 or line 14. Also en the applicable line of your return (see instructions)		15	0.	
16	Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than ze		16	(0.)	
17	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 and			<u> /</u>	
••	zero, enter -0		17	(0.)	
				Form 8995 (2022)	

8959 Form

Department of the Treasury

Internal Revenue Service

Name(s) shown on return

Additional Medicare Tax

If any line does not apply to you, leave it blank. See separate instructions. Attach to Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS. Go to www.irs.gov/Form8959 for instructions and the latest information.

OMB No. 1545-0074 2022 Attachment Sequence No. 71

082-81-4946

Your social security number

SURY	A MANI DEEPAK KANCHARLA & NIKITHA AKULA		082-81-49	46
Part	Additional Medicare Tax on Medicare Wages			
1	Medicare wages and tips from Form W-2, box 5. If you have more than one			
•	Form W-2, enter the total of the amounts from box 5		,544.	
2	Unreported tips from Form 4137, line 6	2		
3	-	3		
4	Add lines 1 through 3	4 273,	544.	
5	Enter the following amount for your filing status:			
	Married filing jointly			
	Married filing separately			
			,000.	
6	Subtract line 5 from line 4. If zero or less, enter -0		6	23,544.
7	Additional Medicare Tax on Medicare wages. Multiply line 6 by 0.9% (0.009). En			
	Part II		7	212.
Part	Additional Medicare Tax on Self-Employment Income			
8	Self-employment income from Schedule SE (Form 1040), Part I, line 6. If you			
		8		
9	Enter the following amount for your filing status:			
	Married filing jointly			
	Married filing separately			
	Single, Head of household, or Qualifying surviving spouse \$200,000	9		
10	Enter the amount from line 4	10		
11		11		
12	Subtract line 11 from line 8. If zero or less, enter -0		12	
13	Additional Medicare Tax on self-employment income. Multiply line 12 by 0.9% (0.0			
	go to Part III			
Part	Additional Medicare Tax on Railroad Retirement Tax Act (RRTA)	Compensati	on	
14	Railroad retirement (RRTA) compensation and tips from Form(s) W-2, box 14			
		14		
15	Enter the following amount for your filing status:			
	Married filing jointly			
	Married filing separately			
		15		
16	Subtract line 15 from line 14. If zero or less, enter -0		16	
17	Additional Medicare Tax on railroad retirement (RRTA) compensation. Multiply line			
	Enter here and go to Part IV			
Part			II	
18	Add lines 7, 13, and 17. Also include this amount on Schedule 2 (Form 1040), line	e 11 (Form 104	40-PR	
	or 1040-SS filers, see instructions), and go to Part V.			212.
Part	V Withholding Reconciliation			
19	Medicare tax withheld from Form W-2, box 6. If you have more than one Form			
	W-2, enter the total of the amounts from box 6	19 4,	,628.	
20	Enter the amount from line 1	20 273,	,544.	
21	Multiply line 20 by 1.45% (0.0145). This is your regular Medicare tax			
		21 3,	966.	
22	Subtract line 21 from line 19. If zero or less, enter -0 This is your Additi			
	withholding on Medicare wages		22	662.
23	Additional Medicare Tax withholding on railroad retirement (RRTA) compensation	from Form W-2	2, box	
	14 (see instructions)			
24	Total Additional Medicare Tax withholding. Add lines 22 and 23. Also include	le this amoun	t with	
	federal income tax withholding on Form 1040, 1040-SR, or 1040-NR, line 25c			
	1040-SS filers, see instructions)	<u>.</u>	· · 24	662.
For Pa	perwork Reduction Act Notice, see your tax return instructions. BAA	REV 03/09	9/23 PRO	Form 8959 (2022)

Form **8960**

Department of the Treasury

Internal Revenue Service

Net Investment Income Tax— Individuals, Estates, and Trusts

OMB No. 1545-2227

2022

Attachment Sequence No. 72

Attac	ch to your tax return.

Go to www.irs.gov/Form8960 for instructions and the latest information.

	s) shown on your tax return YA MANI DEEPAK KANCHARLA & NIKITHA AKULA		2-81-4	urity number or Ell 946
Part		00		5 1 0
-	Section 6013(h) election (see instructions)			
	Regulations section 1.1411-10(g) election (see instructions)			
1	Taxable interest (see instructions)		1	
2	Ordinary dividends (see instructions)		2	48.
3	Annuities (see instructions)		3	
4a	Rental real estate, royalties, partnerships, S corporations, trusts, etc. (see			
		3,500		
b	Adjustment for net income or loss derived in the ordinary course of a non- section 1411 trade or business (see instructions)			
•			4c	12 500
C 50	Net gain or loss from disposition of property (see instructions)	-430		-13,500.
5a		-430	·	
b	Net gain or loss from disposition of property that is not subject to net investment income tax (see instructions) 5b			
С	Adjustment from disposition of partnership interest or S corporation stock (see			
_	instructions)			
d	Combine lines 5a through 5c		5d	-430
6	Adjustments to investment income for certain CFCs and PFICs (see instructions)		6	
7	Other modifications to investment income (see instructions)			10.000
8	Total investment income. Combine lines 1, 2, 3, 4c, 5d, 6, and 7.		8	-13,882
Part				
9a	Investment interest expenses (see instructions)		_	
b	State, local, and foreign income tax (see instructions)		_	
c	Miscellaneous investment expenses (see instructions)			
d	Add lines 9a, 9b, and 9c		9d	
10	Additional modifications (see instructions)		10	
11 Dort	Total deductions and modifications. Add lines 9d and 10		11	
	Tax Computation	40.47		
12	Net investment income. Subtract Part II, line 11, from Part I, line 8. Individuals, complete line			0
	Estates and trusts, complete lines 18a–21. If zero or less, enter -0	• • •	12	0.
40				
13		53,203		
14 15	Threshold based on filing status (see instructions) 1 14 25 Subtract line 14 from line 13. If zero or less, enter -0- 15 15	<u>50,000</u>		
15	Enter the smaller of line 12 or line 15	3,203		0
16			16	0.
17	Net investment income tax for individuals. Multiply line 16 by 3.8% (0.038). Enter here and on your tax return (see instructions)		17	0.
	Estates and Trusts:		17	0.
100				
18a			_	
b	Deductions for distributions of net investment income and deductions under section 642(c) (see instructions) 18b			
С	Undistributed net investment income. Subtract line 18b from line 18a (see			
	instructions). If zero or less, enter -0		_	
19a	Adjusted gross income (see instructions)		_	
b	Highest tax bracket for estates and trusts for the year (see instructions) 19b			
С	Subtract line 19b from line 19a. If zero or less, enter -0			
20	Enter the smaller of line 18c or line 19c		20	
21	Net investment income tax for estates and trusts. Multiply line 20 by 3.8% (0.038). Enter h include on your tax return (see instructions)			
	aperwork Reduction Act Notice, see your tax return instructions. BAA REV 03/09/23			Form 8960 (2022