Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization

OMB No. 1545-0074

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

Submission Identification Number (SID)

Taxnaver's name

Taxpayer's name	Social security number
DAMODHAR MACHERLA	495-23-7059
Spouse's name	Spouse's social security number
SWETHA KASHA	406-73-9464
Part I Tax Return Information – Tax Year Ending December 31, 2022 (Enter	year you are authorizing.)
Enter whole dollars only on lines 1 through 5.	
Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.	
1 Adjusted gross income	1 460,422.
2 Total tax	. 2 102,269.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3 40,497.
4 Amount you want refunded to you	4
5 Amount you owe	5 5 5 5 5 5 5 5 0
Part II Taxpayer Declaration and Signature Authorization (Be sure you get and k	

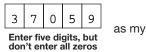
Under penalties of periury. I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax 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

X lauthorize GLOBAL TAXES LLC

to enter or generate my PIN

Date



4

as mv

9 3

4 6

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

Spouse's PIN: check one box only

X lauthorize GLOBAL TAXES LLC to enter or generate my PIN 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	Date 🕨	
Practitioner PIN Method Returns Only—co	ontinue 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 I	PIN. 2 2 2 4 9 6 6 1 9 8 9	

I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature ► Date ►					
	ERO Must Retain This Form — Se Don't Submit This Form to the IRS Unless				
	A st Nation and commission in standard from		Farm 8870 (Day, 01 0001)		

	THEN use this address to send in your payment
Georgia, Louisiana, Mississippi, North arolina, Tennessee, Texas	Internal Revenue Service P.O. Box 1214 Charlotte, NC 28201-1214
ticut, Delaware, District of Columbia, Illinois, htucky, Maine, Maryland, Massachusetts, uri, New Hampshire, New Jersey, New York, Island, Vermont, Virginia, West Virginia,	Internal Revenue Service P.O. Box 931000 Louisville, KY 40293-1000
alifornia, Colorado, Hawaii, Idaho, Kansas, a, Nebraska, Nevada, New Mexico, North gon, Pennsylvania, South Dakota, Utah, ming	Internal Revenue Service P.O. Box 802501 Cincinnati, OH 45280-2501
American Samoa, or Puerto Rico (or are under Internal Revenue Code section 933), or O address, or file Form 2555 or 4563, or are a or nonpermanent resident of Guam or the U.S.	Internal Revenue Service P.O. Box 1303 Charlotte, NC 28201-1303
under Internal Revenue Code section 933), or O address, or file Form 2555 or 4563, or are a	P.O. Box 1303

MAIL FORM 1040-V TO THE INTERNAL REVENUE SERVICE CENTER AT THE ADDRESS LISTED BELOW.

Form 1040-V 2022

Detach Here and Mail With Your Payment and Return

Department of the Treasury Internal Revenue Service

2022

Form 1040-V Payment Voucher

Use this voucher when making a payment with Form 1040. Do not staple this voucher or your payment to Form 1040.

Make your check or money order payable to the 'United States Treasury.'

► Write your social security number (SSN) on your check or money order.

Enter the amount of your payment. 1555

50,670.

REV 01/24/23 PRO

INTERNAL REVENUE SERVICE P.O. BOX 1214 CHARLOTTE, NC 28201-1214

DAMODHAR MACHERLA SWETHA KASHA 9768 HAVEN PORT LN OOLTEWAH TN 37363-3010

Filing Statue Single Married filing jointy Married filing separately (MFS) Head of household (HOH) Outsifying surviving spontage (CSI) Order Anty Tyou checked the MFS too, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying surviving stream is a child but not your dependent. Your social security number DAMODILAR MACHERLA 195 – 23 - 705 9 Horn strum. Spouse's social security number 500 – 73 - 946 4 SWETHA CKS)IA Act. no. Presidential Electric Campaign of the social security number CVI, town, or port office. Tyou have a Problem office campaign of the social security number 7373 63 301 h Presidential Electric Campaign of the campaign of the social security number Presidential Act no. Presidential Electric Campaign of the campaign of the social security number 7373 63 301 h No. No. Standard Someone cam caline Foreign province last of the campaign of the cam	E1040		rtment of the Treasury-Internal Revenue Serv 5. Individual Income Tax		urn	202	2	OMB No. 1545	-0074	IRS Use Only	—Do not w	rite or staple	in this space.
Your first name and middle initial Last name Your social security number DAMODERAR MACHERLA 495–23–70159 I point num, sponzés first name and middle initial Last name Sponzés social security number SWETHA KASHA AD Home address (minber and steed; If you have a Po-D, box, see instructions. Apt no. Previdential Election Campaign 7 66 LEXVEN PORT LN Previdential Election Campaign City, town, or post office. If you have a foreign address, also complete spaces below. State ZIP code 7 00 LIDERAH Foreign country name Foreign province/state/country Foreign province/state/country Foreign province/state/country Prevent on the otherwise dispose of a digital asset (or a financial interest in a digital asset)/(See instructions) Vers IN to there and the otherwise dispose of a digital asset (or a financial interest in a digital asset)/(See instructions) Vers IN to there and the otherwise dispose of a digital asset (or a financial interest in a digital asset)/(See instructions) Vers IN to there and the other adverse dispose of a digital asset forms Dependents Ges instructions) (Pi sectange), fift to the dispose of a digital asset forms (Pi sectange), fift to the dispose of a digital asset forms If more under the other secultas as adverse dispose of a digital asset forms (Pi sectange), fift dis dispose of a digital asset forms	Check only	If you	u checked the MFS box, enter the n	ame of y	U		,				spou	use (QSS)	-
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z Add lines 1a through 1h 1z 405,455. Attach Sch. B 2a Tax-exempt interest 2b 85. if required. 3a Qualified dividends 3a b Taxable interest 3b 4a IRA distributions 4a IRA distributions 4a b Taxable amount 4b 5a Pensions and annuities 5a b Taxable amount 4b 5b 6a Social security benefits 6a b Taxable amount 5b 5b Married filing separately, \$12,950 C If you elect to use the lump-sum election method, check here (see instructions) 7 7 Married filing jointly or Qualifying spouse, \$26,900 Other income from Schedule 1, line 10 7 8 54,882. 9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 9 460,422. 10 11 Subtract line 10 from line 9. This is your adjusted gross income 11 460,422. 12 25,900. 14 Add lines 12 and 13 Image: Subtract line 14 form line 11 for or or lines senter -0- 13 14 25,900. 14 <		i	Nontaxable combat pay election (see instr	uctions)			11					
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Standard Deduction for- 5a 9a Pensions and annuities	if required.	3a	Qualified dividends	3a			b C	Ordinary divide	nds .		. 3b		
Deduction for- 6a Social security benefits 6a b Taxable amount 6b • Single or Married filing separately, \$12,950 Capital gain or (loss). Attach Schedule D if required. If not required, check here 7 7 • Married filing jointly or Qualifying surviving spouse, \$25,900 0 Other income from Schedule 1, line 10 7 8 54,882. 10 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 9 460,422. 10 • Head of household, \$19,400 11 Subtract line 10 from line 9. This is your adjusted gross income 11 460,422. 13 Qualified business income deduction from Form 8995 or Form 8995-A 13 14 25,900. • If you checked any box under Standard 14 25,900. 14 434, 522		4a	IRA distributions	4a			bΤ	axable amoun	t		. 4b		
Single or Married filing separately, \$12,950 6a Social security benefits	Standard	5a	Pensions and annuities	5a			bΤ	axable amoun	t		. 5b		
Married filing separately, \$12,950 c If you elect to use the lump-sum election method, check here (see instructions) .		6a	Social security benefits	6a			bΤ	axable amoun	t		. 6b	_	
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Standard 14 Add lines 12 and 13 14 25,900. Deduction, 15 Subtract line 14 from line 11. If zero or less enter -0- This is your taxable income 15 434.522				ion from	Form 89	995 or Form	899	5-A					
	Standard												
		15	Subtract line 14 from line 11. If zer	o or less	s, enter -	-U This is y	ourt	taxable incom	ie.		. 15	43	34,522.

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 8814 2 4972 3 . .	16	99,589.
Credits	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	99,589.
	19	Child tax credit or credit for other dependents from Schedule 8812	19	950.
	20	Amount from Schedule 3, line 8	20	
	21	Add lines 19 and 20	21	950.
	22	Subtract line 21 from line 18. If zero or less, enter -0	22	98,639.
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	3,630.
	24	Add lines 22 and 23. This is your total tax	24	102,269.
Payments	25	Federal income tax withheld from:		
	а	Form(s) W-2	_	
	b	Form(s) 1099		
	С	Other forms (see instructions)		
	d	Add lines 25a through 25c	25d	40,497.
If you have a	26	2022 estimated tax payments and amount applied from 2021 return	26	
qualifying child, attach Sch. EIC. [27	Earned income credit (EIC)		
	28	Additional child tax credit from Schedule 8812	-	
	29	American opportunity credit from Form 8863, line 8	4	
	30	Reserved for future use	-	
	31	Amount from Schedule 3, line 15	-	10 660
	32	Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits	32	12,662.
	33	Add lines 25d, 26, and 32. These are your total payments	33	53,159.
Refund	34 05 -	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	
Direct deposit?	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here Routing number X X X X X X X X X X X X C Type: Checking Savings	35a	
See instructions.	b d	Routing number X X X X X X X X C Type: Checking Savings Account number X<		
	36	Amount of line 34 you want applied to your 2023 estimated tax		
Amount	37			
You Owe	31	Subtract line 33 from line 24. This is the amount you owe . For details on how to pay, go to <i>www.irs.gov/Payments</i> or see instructions	37	50,670.
	38	Estimated tax penalty (see instructions)	01	
Third Party	Do	you want to allow another person to discuss this return with the IRS? See		
Designee		tructions	below.	X No
		signee's Personal ident	ification	
	na			
Sign		der penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and tu ief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of whic		
Here				nt you an Identity
	10			IN, enter it here
Joint return?		SOFTWARE DEVELOPER	e inst.)	
See instructions. Keep a copy for	Sp			nt your spouse an ection PIN, enter it here
your records.			inst.)	
	Ph	one no. (423)717-7288 Email address Dmacherla9@Gmail.Com		
		parer's name Preparer's signature Date PTIN		Check if:
Paid		ATA SAI PAVAN KUMAR DUDIPALLI 01/30/2023 P0247	0833	Self-employed
Preparer				
Use Only				
Go to www.irs.au			-	
Use Only	Fir		ne no. (n's EIN	678)965-9522 88-2145487 Form 1040 (202

SCHEDULE	1
(Form 1040)	

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

Your social security number

495-23-7059

Name(s) shown on Form 1040, 1040-SR, or 1040-NR DAMODHAR MACHERLA & SWETHA KASHA

Par	t I Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxes		1	
2a	Alimony received		2a	
b	Date of original divorce or separation agreement (see instructions):			
3	Business income or (loss). Attach Schedule C		3	
4	Other gains or (losses). Attach Form 4797		4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Att		5	52,482.
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		
I	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	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	-	
	Wages earned while incarcerated	8u	-	
Z	Other income. List type and amount:			
•	Other Income from box 3 of 1099-Misc 2,400.	8z 2,400.		0 400
9	Total other income. Add lines 8a through 8z		9	2,400.
10	Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SF	· · · · · · · · · · · · · · · · · · ·	10	54,882.
For Pa	perwork Reduction Act Notice, see your tax return instructions.		Schedu	ile 1 (Form 1040) 2022

Par	t II Adjustments to Income			
11			11	
12	Certain business expenses of reservists, performing artists, and fee-			
12	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:	04-		
a k	Jury duty pay (see instructions)	24a	-	
b		24b		
с	Nontaxable amount of the value of Olympic and Paralympic medals	240	-	
C		24c		
d		24d	-	
	Repayment of supplemental unemployment benefits under the Trade			
Ŭ		24e		
f		24f		
g		24g		
ĥ	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			
		24i		
j	°	24j		
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form			
	,	24k	-	
Z	Other adjustments. List type and amount:	04-		
OF		24z	05	
25 26	Total other adjustments. Add lines 24a through 24z		25	
20	Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a		26	
				lle 1 (Form 1040) 2022
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SCHEDULE	2
(Form 1040)	

Department of the Treasury

Additional Taxes

OMB No. 1545-0074 20

Attachment

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

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

Internal Revenue Service Sequence No. 02 Name(s) shown on Form 1040, 1040-SR, or 1040-NR Your social security number DAMODHAR MACHERLA & SWETHA KASHA 495-23-7059 Part I Tax 1 Alternative minimum tax. Attach Form 6251 . . . 1 2 2 Excess advance premium tax credit repayment. Attach Form 8962 3 Add lines 1 and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 17 3 Part II **Other Taxes** 4 Self-employment tax. Attach Schedule SE 4 5 Social security and Medicare tax on unreported tip income. Attach Form 4137 5 Uncollected social security and Medicare tax on wages. Attach 6 Form 8919 6 7 Total additional social security and Medicare tax. Add lines 5 and 6 7

8	Additional tax on IRAs or other tax-favored accounts. Attach Form 5329 if required.		
	If not required, check here	8	
9	Household employment taxes. Attach Schedule H	9	
10	Repayment of first-time homebuyer credit. Attach Form 5405 if required	10	
11	Additional Medicare Tax. Attach Form 8959	11	1,632.
12	Net investment income tax. Attach Form 8960	12	1,998.
13	Uncollected social security and Medicare or RRTA tax on tips or group-term life insurance from Form W-2, box 12	13	
14	Interest on tax due on installment income from the sale of certain residential lots and timeshares	14	
15	Interest on the deferred tax on gain from certain installment sales with a sales price over \$150,000	15	
16	Recapture of low-income housing credit. Attach Form 8611	16	

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

(continued on page 2)

Schedule 2 (Form 1040) 2022

Par	t II Other Taxes (continued)							
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							
	see instructions	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	17 i						
j	Section 72(m)(5) excess benefits tax	17j						
k	Golden parachute payments	17k						
Т	Tax on accumulation distribution of trusts	17I						
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		V 01/24/23 PRO		21	lo 0 /Farr	3,630 m 1040) 20	
	ВАА			30	neuu			-2

Additional Credits and Payments

OMB No. 1545-0074

Department of the Treasury

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

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

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Attachment Sequence No. 03
2022

Internal	Revenue Service	maaom		5	Sequence No. U3
	(s) shown on Form 1040, 1040-SR, or 1040-NR ODHAR MACHERLA & SWETHA KASHA				ecurity number
	495-2	3-7	059		
Par	t I Nonrefundable Credits				
1	Foreign tax credit. Attach Form 1116 if required			1	
2	Credit for child and dependent care expenses from Form 2441, lin	e 11. A	Attach		
	Form 2441		•••	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				
b	Credit for prior year minimum tax. Attach Form 8801 6b				
С	Adoption credit. Attach Form 8839				
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				
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				
Т	Amount on Form 8978, line 14. See instructions 61				
z	Other nonrefundable credits. List type and amount:				
	6z				
7	Total other nonrefundable credits. Add lines 6a through 6z			7	
8	Add lines 1 through 5 and 7. Enter here and on Form 1040, 1040-SR,	or 104	0-NR,		
	line 20		[8	
			(co)	ntinı	led on page 2)

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

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(Continued on page 2)

Schedule 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	12,662.
12	Credit for federal tax on fuels. Attach Form 4136	12	
13	Other payments or refundable credits:		
а	Form 2439		
b	Credit for qualified sick and family leave wages paid in 2022 from Schedule(s) H for leave taken before April 1, 2021		
С	Reserved for future use		
d	Credit for repayment of amounts included in income from earlier years		
е	Reserved for future use		
f	Deferred amount of net 965 tax liability (see instructions) 13f		
g	Reserved for future use		
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		
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-SR, or 1040-NR,		
	line 31	15	12,662.
	BAA REV 01/24/23 PRO	Schedi	ıle 3 (Form 1040) 2022

Page **2**

							OMB No	o. 1545-0074				
(Form	orm 1040) (From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.) partment of the Treasury Attach to Form 1040, 1040-SR, 1040-NR, or 1041.					20	22					
	ent of the Treasury Revenue Service		Attach to F Go to www.irs.gov/Sch						formation		Attachm	nent ce No. 13
	shown on return				otrac				i	our soci	al security	
		RLA &	SWETHA KASHA								3-7059	
Part			s From Rental Real E	state and	Roy	alties			I			
	Note: If yo rental inco	u are in th me or los	ne business of renting perso s from Form 4835 on page	onal property, 2, line 40.	use \$	Schedule (C. See	instruc	tions. If you are	an indiv	vidual, rep	ort farm
Α)id you make an	y payme	nts in 2022 that would re	equire you to	file F	orm(s) 10	99? S	see ins	tructions		. 🗌 Ye	s 🛛 No
B	f "Yes," did you	or will yo	ou file required Form(s) 1	1099?					<u></u>		. 🗌 Ye	s 🗌 No
1a	Physical addr	ess of ea	ach property (street, city	, state, ZIP c	ode)							
Α	1105 REGE	NCY CT	UNIT 1105 CHAT	TANOOGA 1	ΓN 🕻	37421						
В	1206 REGE	NCY CT	1206 CHATTANGOO	GA TN 374	421							
С	1916 ROSE	BROOK	dr # 32 Chattano	OGA TN 3	7423	1						
1b	Type of Prope		For each rental real est					Fa			nal Use	QJV
	(from list below	V)	above, report the number personal use days. Che						Days	Da	-	
 	2		if you meet the require				A B		365 303		0	
	2	_	qualified joint venture.				В С		303		0	
	of Property:								305		0	
•••	Single Family R	esidence	a Vacation/Short-	Term Rental		5 Land		7	Self-Rental			
	Multi-Family Re		4 Commercial	- on the second		6 Royalt	ies		Other (describ	be)		
	,							_				
Incom					H				Properties	5:		С
Incom 3		I			3		A 19,8	00		500.		24,000.
4					4	-	19,0	00.	10,	500.		24,000.
Exper		veu			-							
5					5							
6	•		structions)	*	6							
7			nce		7							
8	•				8							
9	Insurance				9							
10	-	•	sional fees		10							
11	0				11							
12		-	to banks, etc. (see instru		12		4,9	34.	2,	891.		6,249.
13	Other interest				13				-			
14	Repairs				14		.7	00.	2,	500.		
15	Supplies				15		0 1	7 1	2	170		
16 17	Taxes Utilities				16 17		2,1	/1.	۷,	170.		
18				-	18							
19	Other (list)				19							
20	· /	s. Add lin	nes 5 through 19		20		7,8	05.	7,	561.		6,249.
21			ne 3 (rents) and/or 4 (roy						,			
			structions to find out if									
	file Form 6198				21	1	11,9	95.	8,	939.		17,751.
22			estate loss after limitatio									
			tructions)		22 ()()	()
23a			ported on line 3 for all re					23a	102,	400.		
b			ported on line 4 for all roy				· ·	23b		0.000		
C d		· · · · · · · · · · · · · · · · · · ·	ported on line 12 for all p		·		• •	23c	28,	222.		
d												
е 24			amounts shown on line 2		Nolud			23e	49,	918. 24		52,482.
24 25		-	ses from line 21 and renta			-		nter to	tal losses here		(<u>مح</u> ، ۲۵۷.
25 26			e and royalty income of								<u>\</u>)
20			, and line 40 on page 2									
), line 5. Otherwise, inclu							26		52,482.

Schedule E (Form 1040) 2022

SCHE	DULE E		Supplementa	l Inc	ome an	d Los	S			OMB No	. 1545-0074
(Form	m 1040) (From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)								90	99	
Departm	ent of the Treasury		Attach to Form 1040,			,				Attachm	ent
Internal	Revenue Service		Go to www.irs.gov/ScheduleE for	r instru	uctions an	d the la	test in			Sequence	ce No. 13
Name(s)	ame(s) shown on return Your social								al security r	number	
_			SWETHA KASHA						495-2	3-7059	
Part		or Los	s From Rental Real Estate an	d Ro	yalties						
	Note: If yo rental inco	ou are in t ome or los	he business of renting personal proper s from Form 4835 on page 2, line 40.	ty, use	Schedule	e C. See	instruc	ctions. If you a	re an indiv	vidual, repo	ort farm
Α			ents in 2022 that would require you	to file	Form(s) 1	099? S	see ins	tructions .		. Ye	s 🗌 No
B It	f "Yes," did you	or will y	ou file required Form(s) 1099? .							. 🗌 Ye	
1a			ach property (street, city, state, ZII								
	-				5)						
	1833 HOLL										
B C	2360 SARG	ENI DA	LY D CHATTANOOGA TN 374	±∠⊥							
-	Turna of Drana	urth ()		المراد المرا	a al		F ai		Devee		
1b	Type of Prope (from list below		For each rental real estate prope above, report the number of fair				Fa	ir Rental Days	Person Da		QJV
Α	2		personal use days. Check the Q			Α		273		0	
B	2		if you meet the requirements to f	ile as	a	B		215		0	
			qualified joint venture. See instru	ictions	S.	C		215		0	
	of Property:										
	Single Family R	esidence	e 3 Vacation/Short-Term Ren	tal	5 Land		7	Self-Rental			
	Multi-Family Re		4 Commercial		6 Roya	alties		Other (descr	ibe)		
1								Propertie	es:		С
Incom 3		4		3		A 22,5	00	B	,600.		0
3 4				4		44,5	00.	19	,600.		
Expen		iveu		4							
5				5							
6	-		structions)	6							
7		-		7							
8	•			8							
9				9		1,4	96.				
10			sional fees	10							
11	Management f	ees		11							
12	Mortgage inter	rest paid	to banks, etc. (see instructions)	12		9,6	70.	4	,478.		
13	Other interest			13							
14	Repairs			14		2,5	00.	7	,000.		
15				15							
16				16		3,1	59.				
17				17							
18			or depletion	18							
19	Other (list)			19							
20	-		nes 5 through 19	20		16,8	25.	11	,478.		
21			ne 3 (rents) and/or 4 (royalties). If								
	file Form 6198		structions to find out if you must	0.1		5,6	76	0	,122.		
00			estate loss after limitation, if any,	21		5,0	75.	0	,122.		
22			tructions)	22	()	()
23a			ported on line 3 for all rental prope		(23a)	()
23a b			ported on line 4 for all royalty prop		· · ·	• •	23b				
c			ported on line 12 for all properties				23c				
d			ported on line 18 for all properties				23d				
e			ported on line 20 for all properties				23e				
24			amounts shown on line 21. Do no						. 24		
25		-	ses from line 21 and rental real estat		-					()
26			te and royalty income or (loss).								,
			, and line 40 on page 2 do not								

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2

Schedule E (Form 1040) 2022

26

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Form 2441

Department of the Treasury

Internal Revenue Service

Child and Dependent Care Expenses

OMB No. 1545-0074

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

Go to www.irs.gov/Form2441 for instructions and the latest information.

2022 Attachment Sequence No. 21 Your social security number

. . . .

Name(s) shown on return DAMODHAR MACHERLA & SWETHA KASHA

495-23-7059

Α	You can't claim a credit for child and dependent care expenses if your filing status is married filing separately unless you meet the	
rec	quirements listed in the instructions under Married Persons Filing Separately. If you meet these requirements, check this box	
В	If you or your spouse was a student or was disabled during 2022 and you're entering deemed income of \$250 or \$500 a month on	

Form 2441 based on the income rules listed in the instructions under If You or Your Spouse Was a Student or Disabled, check this box .

Part I Persons or Organizations Who Provided the Care – You must complete this part. If you have more than three care providers, see the instructions and check this box . .

1	(a) Care pro name		(b) Ada (number, street, apt. no., c		(c) Identifying number (SSN or EIN)	household emp For example, this nannies but not	generally includes	(e) Amount paid (see instructions)
			7745 EAST BRAIN	ERED ROAD		Yes	X No	
EAST	BRAINERD	PRESCHOOL	CHATTANOOGA TN	37421	62-1133578			8,000.
						☐ Yes	🗌 No	
						Yes	🗌 No	
			Diducerracius	No		e only Part II be	elow	
		den	Did you receive endent care benefits?					
dependent care benefits?				Yes	—— Complete			

Caution: If the care provider is your household employee, you may owe employment taxes. For details, see the Instructions for Schedule H (Form 1040). If you incurred care expenses in 2022 but didn't pay them until 2023, or if you prepaid in 2022 for care to be provided in 2023, don't include these expenses in column (d) of line 2 for 2022. See the instructions.

Part	II Credit for	r Child and	d Depend	dent Car	e Expenses	5				
2	Information about yo	our qualifyin	g person(s	s) . If you h	ave more than	three qual	lifying pers	ons, see the instr	ruction	s and check this box 🗌
	(a) First	Qualifying pers	on's name	Last		(b) Qualifyin social securi		(c) Check here i qualifying person wa age 12 and was dis (see instruction	as over abled.	(d) Qualified expenses you incurred and paid in 2022 for the person listed in column (a)
VIVA	AN	MA	CHERLA			876-55	-7789			8,000.
3	Add the amounts in									
	or \$6,000 if you had	d two or mo	re persons	s. If you c	ompleted Par	t III, enter	the amour	nt from line 31	3	
4	Enter your earned								4	
5	If married filing joir					, ,				
	or was disabled, se								5	0.
6	Enter the smallest								6	
7	Enter the amount f									
8	Enter on line 8 the	decimal am	ount show	vn below	that applies t			e 7.		
	If line 7 is:		If line 7 is		Destant	If line 7 is		Destant		
	Over over	Decimal amount is	Over	But not over	Decimal amount is	Over	But not over	Decimal amount is		
	\$0-15,000	.35	\$25,000-	-27,000	.29	\$37,000-	-39,000	.23		
	15,000-17,000	.34	27,000-	-29,000	.28	39,000-	-41,000	.22		X
	17,000-19,000	.33	29,000-	-31,000	.27	41,000-	-43,000	.21	8	Χ
	19,000-21,000	.32	31,000-	-33,000	.26	43,000-	–No limit	.20		
	21,000-23,000	.31	33,000-	-35,000	.25					
	23,000-25,000	.30	35,000-	-37,000	.24					
9a	Multiply line 6 by the								9a	
b	If you paid 2021 e									
	from line 13 of the	worksheet h	nere. Othe	rwise, en	ter -0- on line	9b and g	o to line 9	с	9b	
С	Add lines 9a and 9						1		9c	
10	Tax liability limit. Ente	er the amount	from the C	redit Limit	Worksheet in th	he instructio	ons 10			
11	Credit for child an									
	on Schedule 3 (For	rm 1040), lin	e2						11	
	aperwork Reductio									PRO Form 2441 (2022)

	441 (2022)		Page 2
Part	•		
12	Enter the total amount of dependent care benefits you received in 2022. Amounts you received as an employee should be shown in box 10 of your Form(s) W-2. Don't include amounts reported as wages in box 1 of Form(s) W-2. If you were self-employed or a partner, include amounts you received under a dependent care assistance program from your sole proprietorship or partnership	12	5,000.
13 14	Enter the amount, if any, you carried over from 2020 and/or 2021 and used in 2022. See instructions If you forfeited or carried over to 2023 any of the amounts reported on line 12 or 13, enter the amount. See instructions	13 14	()
15 16	Combine lines 12 through 14. See instructions	15	5,000.
17	Enter the smaller of line 15 or 16		
18 19	 Enter your earned income. See instructions		
20	 If married filing separately, see instructions. All others, enter the amount from line 18. Enter the smallest of line 17, 18, or 19		
		-	
21	Enter \$5,000 (\$2,500 if married filing separately and you were required to enter your spouse's earned income on line 19). If you entered an amount on line 13, add it to the \$5,000 or \$2,500 amount you enter on line 21. However, don't enter more than the maximum amount allowed under your dependent care plan. If your dependent care plan uses a non-calendar plan year, see instructions		
22	Is any amount on line 12 or 13 from your sole proprietorship or partnership?		
	Yes. Enter the amount here	22	0.
23	Subtract line 22 from line 15		
24	Deductible benefits. Enter the smallest of line 20, 21, or 22. Also, include this amount on the appropriate line(s) of your return. See instructions		
25	Excluded benefits. If you checked "No" on line 22, enter the smaller of line 20 or 21. Otherwise,	24	0.
	subtract line 24 from the smaller of line 20 or line 21. If zero or less, enter -0	25	5,000.
26	Taxable benefits. Subtract line 25 from line 23. If zero or less, enter -0 Also, enter this amount on Form 1040, 1040-SR, or 1040-NR, line 1e	26	0.
	To claim the child and dependent care credit, complete lines 27 through 31 below.	1	
27	Enter \$3,000 (\$6,000 if two or more qualifying persons)	27	3,000.
28	Add lines 24 and 25	28	5,000.
29	Subtract line 28 from line 27. If zero or less, stop . You can't take the credit. Exception . If you paid 2021 expenses in 2022, see the instructions for line 9b	29	-2,000.
30	Complete line 2 on page 1 of this form. Don't include in column (d) any benefits shown on line		-2,000.
31	28 above. Then, add the amounts in column (d) and enter the total here	30	
_	complete lines 4 through 11	31	
	REV 01/24/23	PRO	Form 2441 (2022)

SCHEDULE 8812 (Form 1040)

Department of the Treasury

Credits for Qualifying Children and Other Dependents

OMB No. 1545-0074

2

Attach to Form	1040, 1040-SR	, or 1040-NR.
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Go to www.irs.gov/Schedule8812 for instructions and the latest information.

Attachment Sequence No. 47

20

Internal	Revenue Service Go to www.lrs.gov/Schedule8812 for Instructions and the latest information.		5	Sequence No. 41
Name(s) shown on return	Yours	social	security number
DAMO	DHAR MACHERLA & SWETHA KASHA	495-	-23-	7059
Par	t I Child Tax Credit and Credit for Other Dependents			
1	Enter the amount from line 11 of your Form 1040, 1040-SR, or 1040-NR		1	460,422.
2a	Enter income from Puerto Rico that you excluded			
b	Enter the amounts from lines 45 and 50 of your Form 2555	0.		
c	Enter the amount from line 15 of your Form 4563			
d	Add lines 2a through 2c		2d	0.
3	Add lines 1 and 2d		3	460,422.
4	Number of qualifying children under age 17 with the required social security number 4	2		
5	Multiply line 4 by \$2,000		5	4,000.
6	Number of other dependents, including any qualifying children who are not under age			
	17 or who do not have the required social security number	0	7	
	Caution: Do not include yourself, your spouse, or anyone who is not a U.S. citizen, U.S. national, or U.S. resid	lent		
	alien. Also, do not include anyone you included on line 4.			
7	Multiply line 6 by \$500		7	
8	Add lines 5 and 7		8	4,000.
9	Enter the amount shown below for your filing status.			
	• Married filing jointly—\$400,000			
	• All other filing statuses— $$200,000 \int \dots $		9	400,000.
10	Subtract line 9 from line 3.			
	• If zero or less, enter -0			
	• If more than zero and not a multiple of \$1,000, enter the next multiple of \$1,000. For			
	example, if the result is \$425, enter \$1,000; if the result is $1,025$, enter \$2,000, etc. J	•	10	61,000.
11	Multiply line 10 by 5% (0.05)		11	3,050.
12	Is the amount on line 8 more than the amount on line 11?		12	950.
	No. STOP. You cannot take the child tax credit, credit for other dependents, or additional child tax credit	edit.		
	Skip Parts II-A and II-B. Enter -0- on lines 14 and 27.			
	Yes. Subtract line 11 from line 8. Enter the result.			
13	Enter the amount from the Credit Limit Worksheet A		13	99,589.
14	Enter the smaller of line 12 or 13. This is your child tax credit and credit for other dependents	•	14	950.
	Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 19.			
			• 1 1 4	1.4

If the amount on line 12 is more than the amount on line 14, you may be able to take the **additional child tax credit** on Form 1040, 1040-SR, or 1040-NR, line 28. Complete your Form 1040, 1040-SR, or 1040-NR through line 27 (also complete Schedule 3, line 11) before completing Part II-A.

For Paperwork Reduction Act Notice, see your tax return instructions. REV 01/24/23 PRO Schedule 8812 (Form 1040) 2022 BAA

	ile 8812 (Form 1040) 2022	Page 2
Part	II-A Additional Child Tax Credit for All Filers	
Cautio	on: If you file Form 2555, you cannot claim the additional child tax credit.	
15	Check this box if you do not want to claim the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on lin	e 27
16a	Subtract line 14 from line 12. If zero, stop here ; you cannot take the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27	16a 0.
b	Number of qualifying children under 17 with the required social security number: x \$1,500.	
	Enter the result. If zero, stop here ; you cannot claim the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27	16b
17	Enter the smaller of line 16a or line 16b	17
18a	Earned income (see instructions)	
b	Nontaxable combat pay (see instructions)	
19	Is the amount on line 18a more than \$2,500?	
	\square No. Leave line 19 blank and enter -0- on line 20.	
	Yes. Subtract \$2,500 from the amount on line 18a. Enter the result 19	
20	Multiply the amount on line 19 by 15% (0.15) and enter the result	20
	Next. On line 16b, is the amount \$4,500 or more?	
	No. If you are a bona fide resident of Puerto Rico, go to line 21. Otherwise, skip Part II-B and enter the smaller of line 17 or line 20 on line 27.	
	Yes. If line 20 is equal to or more than line 17, skip Part II-B and enter the amount from line 17 on line 27.	
	Otherwise, go to line 21.	
Part	II-B Certain Filers Who Have Three or More Qualifying Children and Bona Fide Residen	ts of Puerto Rico
21	Withheld social security, Medicare, and Additional Medicare taxes from Form(s) W-2, boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If your employer withheld or you paid Additional Medicare Tax or tier 1 RRTA taxes, see instructions.	
22	Enter the total of the amounts from Schedule 1 (Form 1040), line 15; Schedule 2 (Form1040), line 5; Schedule 2 (Form 1040), line 6; and Schedule 2 (Form 1040), line 13 .	
23	Add lines 21 and 22	_
24	1040 and	
	1040-SR filers: Enter the total of the amounts from Form 1040 or 1040-SR, line 27,	
	and Schedule 3 (Form 1040), line 11.	
25	1040-NR filers: Enter the amount from Schedule 3 (Form 1040), line 11.	
25 26	Subtract line 24 from line 23. If zero or less, enter -0-	25
26	Enter the larger of line 20 or line 25	26
Dort	II-C Additional Child Tax Credit	
27	This is your additional child tax credit. Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 28	27
	BAA REV 01/24/23 PRO Sci	hedule 8812 (Form 1040) 2022

	B867 Paid	Preparer's Due Diligence Check	ist	OMB	No. 1545	5-0074		
	Earned Income Credit (EIC), American Opportunity Tax Credit (AOTC), Child Tax Credit (CTC) (including the Additional Child Tax Credit (ACTC) and Credit for Other Dependents (ODC)), and Head of Household (HOH) Filing Status							
	nent of the Treasury To be completed by	oreparer and filed with Form 1040, 1040-SR, 1040-NR, 104 w.irs.gov/Form8867 for instructions and the latest inform	0-PR, or 1040-SS.	Attach Seque	nment ence No.	70		
Taxpay	er name(s) shown on return		Taxpayer identificatio					
	ODHAR MACHERLA & SWETHA K	IASHA	495-23-705					
•	er's name		Preparer tax identifica	ation num	oer			
_	KATA SAI PAVAN KUMAR DUDI		P02470833					
Part	· · ·							
	e check the appropriate box for the e benefit(s) claimed (check all that ap	credit(s) and/or HOH filing status claimed on the ret ply).		e the rel AOTC		arts I–V HOH		
1		on information for the applicable tax year provided e instructions if relying on prior year earned income.)		Yes X	No	N/A		
2	If credits are claimed on the retu worksheets found in the Form 104 1040) instructions, and/or the AO	rn, did you complete the applicable EIC and/or (0, 1040-SR, 1040-NR, 1040-PR, 1040-SS, or Scher TC worksheet found in the Form 8863 instruction he information, and all related forms and schedules	CTC/ACTC/ODC dule 8812 (Form is, or your own	×				
3	the following.Interview the taxpayer, ask questi determine that the taxpayer is eligReview information to determine	irement? To meet the knowledge requirement, you ons, and contemporaneously document the taxpaye pible to claim the credit(s) and/or HOH filing status. that the taxpayer is eligible to claim the credit(s) and of any credit(s)	r's responses to	X				
4	Did any information provided by	the taxpayer or a third party for use in preparing ou, appear to be incorrect, incomplete, or inconsi	stent? (If "Yes,"		X			
а	Did you make reasonable inquiries t	to determine the correct, complete, and consistent in	formation? .					
b	you asked, whom you asked, when	ment your inquiries? (Documentation should includ n you asked, the information that was provided, and n of the return.)	d the impact the					
5	Did you satisfy the record retention keep a copy of your documentation applicable worksheet(s), a record o 8867 and any applicable worksheet taxpayer that you relied on to deten the amount(s) of the credit(s)	n requirement? To meet the record retention require n referenced in question 4b, a copy of this Form 886 f how, when, and from whom the information used et(s) was obtained, and a copy of any document(s) rmine eligibility for the credit(s) and/or HOH filing st he taxpayer, if any, that you relied on:	ement, you must 7, a copy of any to prepare Form provided by the atus or to figure	X				
6	credit(s) and/or HOH filing status	ne/she could provide documentation to substantiate and the amount(s) of any credit(s) claimed on the	return if his/her	X				
7	Did you ask the taxpayer if any of th	nese credits were disallowed or reduced in a previou	s year?	X				
	(If credits were disallowed or redu	uced, go to question 7a; if not, go to question 8.)						
а	Did you complete the required rece	rtification Form 8862?						
8		ployment income, did you ask questions to prepare						

For Paperwork Reduction Act Notice, see separate instructions.

REV 01/24/23 PRO

Form 8867 (Rev. 11-2022)

Form 88	367 (Rev. 11-2022)			Page 2
Part	II Due Diligence Questions for Returns Claiming EIC (If the return does not claim EIC, go	to Part	III.)	
9a	Have you determined that the taxpayer is eligible to claim the EIC for the number of qualifying children claimed, or is eligible to claim the EIC without a qualifying child? (If the taxpayer is claiming the EIC and does not have a qualifying child, go to question 10.)	Yes	No	N/A
b	Did you ask the taxpayer if the child lived with the taxpayer for over half of the year, even if the taxpayer has supported the child the entire year?			
C	Did you explain to the taxpayer the rules about claiming the EIC when a child is the qualifying child of more than one person (tiebreaker rules)?			
Part	or ODC, go to Part IV.)	Ciaim	510, A	510,
10	Have you determined that each qualifying person for the CTC/ACTC/ODC is the taxpayer's dependent who is a citizen, national, or resident of the United States?	Yes	No	N/A
11	Did you explain to the taxpayer that he/she may not claim the CTC/ACTC if the child has not lived with the taxpayer for over half of the year, even if the taxpayer has supported the child, unless the child's custodial parent has released a claim to exemption for the child?	X		
12	Did you explain to the taxpayer the rules about claiming the CTC/ACTC/ODC for a child of divorced or separated parents (or parents who live apart), including any requirement to attach a Form 8332 or similar statement to the return?	×		
Part			Part \	/.)
13	Did the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the qua		Yes	No
	tuition and related expenses for the claimed AOTC?			
Part		-	o Part	√I.)
14	Have you determined that the taxpayer was unmarried or considered unmarried on the last day of the tax		Yes	No
_	and provided more than half of the cost of keeping up a home for the year for a qualifying person?	• •		
Part				
	You will have complied with all due diligence requirements for claiming the applicable credit(s) and on the return of the taxpayer identified above if you:		•	
	A. Interview the taxpayer, ask adequate questions, contemporaneously document the taxpayer's responsion your notes, review adequate information to determine if the taxpayer is eligible to claim the credit(status and to figure the amount(s) of the credit(s);	nses or s) and/c	n the ret or HOH	urn or filing
	B. Complete this Form 8867 truthfully and accurately and complete the actions described in this checkly credit(s) claimed and HOH filing status, if claimed;	ist for a	any app	icable
	C. Submit Form 8867 in the manner required; and			
	D. Keep all five of the following records for 3 years from the latest of the dates specified in the Form 88 Document Retention.	67 instr	uctions	under
	1. A copy of this Form 8867.			
	2. The applicable worksheet(s) or your own worksheet(s) for any credit(s) claimed.			
	Copies of any documents provided by the taxpayer on which you relied to determine the taxpayer credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).	's eligib	oility for	the
	4. A record of how, when, and from whom the information used to prepare this form and the applica obtained.	ble wor	ksheet(s) was
	5. A record of any additional information you relied upon, including questions you asked and the tax determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount	payer's int(s) of	respon the cre	ses, to dit(s).
	If you have not complied with all due diligence requirements, you may have to pay a penalty for each related to a claim of an applicable credit or HOH filing status (see instructions for more information	h failur).	e to co	mply

15	Do you certify that all of	f the answers	on this Forn	n 8867 are	, to the best	of your knowledge,	true, correct, and	Yes	No
	complete?							X	
						REV 01/24/23 PRO	Form 88	67 (Rev.	11-2022)

895 Form Department of the Treasury

24

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 20

Departn Internal		Attachment Sequence No. 71		
Name(s	Your social	security number		
DAMO	495-23-	-7059		
Part	Additional Medicare Tax on Medicare Wages			
1 2 3 4	Unreported tips from Form 4137, line 6 2 Wages from Form 8919, line 6 3	<u>,293.</u>		
5	Enter the following amount for your filing status: Married filing jointly \$250,000 Married filing separately \$125,000	,000.	6 181,293.	
7	Additional Medicare Tax on Medicare wages. Multiply line 6 by 0.9% (0.009). Enter here and Part II		7 1,632.	
Part	Part II Additional Medicare Tax on Self-Employment Income			
8 9	Self-employment income from Schedule SE (Form 1040), Part I, line 6. If you had a loss, enter -0- (Form 1040-PR or 1040-SS filers, see instructions.) 8 Enter the following amount for your filing status: 8 Married filing jointly. 5250,000 Married filing separately 125,000 Single, Head of household, or Qualifying surviving spouse \$200,000			
10	Enter the amount from line 4			
11	Subtract line 10 from line 9. If zero or less, enter -0			
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% (0.009). Enter he go to Part III	1	13	
Part	III 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 (see instructions) . . <td< th=""><th></th><th></th></td<>			
15	Enter the following amount for your filing status: Married filing jointly \$250,000 Married filing separately \$125,000 Single, Head of household, or Qualifying surviving spouse \$200,000 15			
16	Subtract line 15 from line 14. If zero or less, enter -0	1	16	
17 Part	Additional Medicare Tax on railroad retirement (RRTA) compensation. Multiply line 16 by 0.9% (Enter here and go to Part IV		17	
18	Add lines 7, 13, and 17. Also include this amount on Schedule 2 (Form 1040), line 11 (Form 10			
	or 1040-SS filers, see instructions), and go to Part V	40-FN	1,632.	
Part				
19 20 21 22	Enter the amount from line 120431Multiply line 20 by 1.45% (0.0145). This is your regular Medicare tax20	,254. ,293. ,254.		
<u> - </u>	withholding on Medicare wages		2 2 0.	
23	Additional Medicare Tax withholding on railroad retirement (RRTA) compensation from Form W- 14 (see instructions)	2, box	23	

Total Additional Medicare Tax withholding. Add lines 22 and 23. Also include this amount with federal income tax withholding on Form 1040, 1040-SR, or 1040-NR, line 25c (Form 1040-PR or

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

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8960

Department of the Treasury

Internal Revenue Service

Net Investment Income Tax— Individuals, Estates, and Trusts

OMB No. 1545-2227

Attachment

Attach to your tax return.

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

Sequence No. 72 Name(s) shown on your tax return Your social security number or EIN DAMODHAR MACHERLA & SWETHA KASHA 495-23-7059 Part I Investment Income Section 6013(g) election (see instructions) Section 6013(h) election (see instructions) Regulations section 1.1411-10(g) election (see instructions) 1 1 85. 2 2 3 3 4a Rental real estate, royalties, partnerships, S corporations, trusts, etc. (see 4a 52,482. Adjustment for net income or loss derived in the ordinary course of a nonb **4b** 52,482. С 4c 5a Net gain or loss from disposition of property (see instructions) 5a Net gain or loss from disposition of property that is not subject to net b investment income tax (see instructions) 5b Adjustment from disposition of partnership interest or S corporation stock (see С 5c d 5d 6 Adjustments to investment income for certain CFCs and PFICs (see instructions) 6 7 7 Other modifications to investment income (see instructions) Total investment income. Combine lines 1, 2, 3, 4c, 5d, 6, and 7. 8 52,567 8 Part II Investment Expenses Allocable to Investment Income and Modifications 9a Investment interest expenses (see instructions) 9a b State, local, and foreign income tax (see instructions) 9b Miscellaneous investment expenses (see instructions) . 9c С . . . 9d Additional modifications (see instructions) 10 10 . . Total deductions and modifications. Add lines 9d and 10 . 11 11 Part III Tax Computation Net investment income. Subtract Part II, line 11, from Part I, line 8. Individuals, complete lines 13-17. 12 12 52,567. Individuals: Modified adjusted gross income (see instructions) 13 13 460,422. Threshold based on filing status (see instructions) 14 250,000. 14 15 Subtract line 14 from line 13. If zero or less, enter -0- 15 210,422. 16 16 52,567. Net investment income tax for individuals. Multiply line 16 by 3.8% (0.038). Enter here and include 17 17 1,998. Estates and Trusts: 18a 18a Deductions for distributions of net investment income and deductions under b 18b Undistributed net investment income. Subtract line 18b from line 18a (see С 18c 19a Highest tax bracket for estates and trusts for the year (see instructions) . . 19b b c Subtract line 19b from line 19a. If zero or less, enter -0- 19c 20 20 Net investment income tax for estates and trusts. Multiply line 20 by 3.8% (0.038). Enter here and 21 21 For Paperwork Reduction Act Notice, see your tax return instructions. Form 8960 (2022) REV 01/24/23 PRO BAA

Form 8582	Passive Activity Loss Limitations
Form OOO	See separate instructions.
Department of the Treasury	Attach to Form 1040, 1040-SR, or 1041.
Internal Revenue Service	Go to www.irs.gov/Form8582 for instructions and the latest information.
Name(s) shown on return	
DAMODHAR MACHE	RLA & SWETHA KASHA

OMB No. 1545-1008 20 Attachment Sequence No. 858

Identifying number 495-23-7059

Par	t I 2022 Passive Activity Loss		
	Caution: Complete Parts IV and V before completing Part I.		
Renta Allowa			
1a b c d	Activities with net income (enter the amount from Part IV, column (a))1a34,731.Activities with net loss (enter the amount from Part IV, column (b))1b(0.)Prior years' unallowed losses (enter the amount from Part IV, column (c))1c(0.)Combine lines 1a, 1b, and 1c	1d	34,731.
All Ot			
2a b c	Activities with net income (enter the amount from Part V, column (a)).2a17,751.Activities with net loss (enter the amount from Part V, column (b))2b(0.)Prior years' unallowed losses (enter the amount from Part V, column (c))2c(
d	Combine lines 2a, 2b, and 2c	2d	17,751.
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	52,482.

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

Part I

• 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.

Pa	t 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	Enter the smaller of the loss on line 1d or the loss on line 3	4	
5	Enter \$150,000. If married filing separately, see instructions 5		
6	Enter modified adjusted gross income, but not less than zero. See instructions 6		
	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	8	
9	Enter the smaller of line 4 or line 8	9	0.
Par	t III Total Losses Allowed		
10	Add the income, if any, on lines 1a and 2a and enter the total	10	
11	Total losses allowed from all passive activities for 2022. Add lines 9 and 10. See instructions to find		
	out how to report the losses on your tax return	11	

Complete This Part Before Part I, Lines 1a, 1b, and 1c. See instructions. Part IV

	Currer	nt year	Prior years	Overall gain or loss			
Name of activity	(a) Net income (line 1a)	(b) Net loss (line 1b)	(c) Unallowed loss (line 1c)	(d) Gain	(e) Loss		
1105 REGENCY CT UNIT 1105	11,995.	0.		11,995.			
1206 REGENCY CT 1206	8,939.	0.		8,939.			
1833 HOLLY OAK LN	5,675.	0.		5,675.			
2360 SARGENT DALY D	8,122.	0.		8,122.			
Total. Enter on Part I, lines 1a, 1b, and 1c	34,731.	0.					
For Paparwork Poduction Act Notico, see instr	uctions				Farm 8582 (0000)		

For Paperwork Reduction Act Notice, see instructions. BAA

Form 8582 (2022)					Page 2
Part V Complete This Part Befo	re Part I, Lines 2	a, 2b, and 2c. S	See instructions	5.	
Name of activity	Currer	nt year	Prior years	Overal	l gain or loss
Name of activity	(a) Net income (line 2a)	(b) Net loss (line 2b)	(c) Unallowed loss (line 2c)	(d) Gain	(e) Loss
1916 ROSEBROOK DR # 32	17,751.	0.		17,751	1.
Total. Enter on Part I, lines 2a, 2b, and 2c	17,751.	0.			
Part VI Use This Part if an Amou	Int Is Shown on F		ee instructions		
	Form or schedule				
Name of activity	and line number to be reported on (see instructions)	(a) Loss	(b) Ratio	(c) Special allowance	(d) Subtract column (c) from column (a).
Tatal					
Total Part VII Allocation of Unallowed			1.00		
Allocation of onallowed					
Name of activity	Form or sche and line nur to be reporte (see instruct	mber ed on (a) l	Loss	(b) Ratio	(c) Unallowed loss
Total				1.00	
Part VIII Allowed Losses. See inst			l	I	
	Form or sch	edule			
Name of activity	and line nur to be reporte (see instruct	mber ed on (a) I	Loss (b) (Jnallowed loss	(c) Allowed loss
Total					
		L. L	RE	V 01/24/23 PRO	Form 8582 (2022)

Virginia Individual Income Tax Declaration for Electronic Filing

DO NOT SEND THIS VA-8453 TO THE VIRGINIA DEPARTMENT OF TAXATION OR THE IRS. IT MUST BE MAINTAINED IN YOUR FILES!

Virginia Submission Identification Number (SID)	[
First Name & Middle Initial (if joint or combined return, enter both) Last Name	B Your Social Secur	ity Number						
DAMODHAR & SWETHA MACHERLA & KASHA 495-23-7059								
DAMODHAR & SWETHA MACHERLA & KASHA Present Home Address	A Spouse's Social S	Security Number						
9768 HAVEN PORT LN	406-73-946							
City, State and Zip Code		iled Return						
OOLTEWAH TN 37363-3010		4						
Part I Tax Return Information	A Spouse	B Yourself						
1. Federal Adjusted Gross Income (Form 760CG, Line 1; 760PY, Line 1, columns A & B; Form 763, Line 1)		460,422.						
2. Virginia Adjusted Gross Income (Form 760CG, Line 9; 760PY, Line 10, columns A & B; Form 763, Line 9)		460,422.						
3. Taxable Income (Form 760CG, Line 15; 760PY, Line 16, columns A & B; Form 763, Line 17)		3,966.						
4. Virginia Income Tax (Form 760CG, Line 18; 760PY, Line 17, columns A & B; Form 763 Line 18)		89.						
5. Withholding (Form 760CG, Line 19a &19b; 760PY, Lines 19a & 19b; Form 763, Lines 19a & 19b)		0.						
6. Amount you Owe (Form 760CG, Line 35; Form 760PY, Line 35; Form 763, Line 35)		89.						
7. Refund (Form 760CG, Line 36; 760PY, Line 36; Form 763, Line 36)								
Part II Declaration of Taxpayer								
8a. I consent that my refund be directly deposited as designated on my 2022 Virginia income tax return. If I have appointment of the other spouse as an agent to receive the refund. I certify that the transaction does not directly the territorial jurisdiction of the United States at any point in the process.	ectly involve a financia							
8b. I do not want direct deposit of my refund or I am not receiving a refund. I choose to have a check mailed to								
 8c. I authorize the Virginia Department of Taxation (Virginia Tax) and it's designated Financial Agent to initiate ar the financial institution account indicated on my 2022 Virginia income tax return for payment of my state taxes estimated tax. I also authorize the financial institutions involved in the processing of the electronic payment necessary to answer inquiries and resolve issues related to the payment. I certify that the transaction does no outside of the territorial jurisdiction of the United States at any point in the process. I declare under penalties of perjury that I have compared the information on my return with the information I have provided 	s owed on this return a of taxes to receive con not directly involve a fir	nd/or a payment of fidential information nancial institution						
the amounts described in Part I above agree with the amounts shown on the corresponding lines of my 2022 Virginia individent where the shown on the corresponding lines of my 2022 Virginia individent where the shown on the corresponding lines of my 2022 Virginia individent where the shown on the corresponding lines of my 2022 Virginia individent where the shown on the corresponding lines of my 2022 Virginia individent where the shown on the corresponding lines of my 2022 Virginia individent where the shown on the corresponding lines of my 2022 Virginia individent where the shown on the corresponding lines of my 2022 Virginia individent where the shown on the corresponding lines of my 2022 Virginia individent where the shown on the corresponding lines of my 2022 Virginia individent where the shown on the corresponding lines of my 2022 Virginia individent where the shown on the corresponding lines of my 2022 Virginia individent where the shown on the corresponding lines of the shown on t	ompanying schedules a declaration is to be reta stamp, mechanical dev	and statements be ined by the ERO or rice, such as a						
Your Signature Date Spouse's Signature (If Filing Status 2 or 4, Bi	OTH must sign)	Date						
Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer I declare that I have reviewed the above taxpayer's return and that the entries on this form are complete and correct to the best of my knowledge. I have obtained the taxpayer's signature on Form VA-8453 before submitting this return to the Internal Revenue Service (IRS) and Virginia Tax. I have provided the taxpayer with a copy of all forms and information to be filed with the IRS and Virginia Tax and have followed all other requirements as described in Handbook for Electronic Filers of Individual Income Tax Returns (Tax Year 2022) and any requirements specified by Virginia Tax. If I am also the Paid Preparer, under penalties of perjury, I declare that I have examined the above taxpayer's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer is based on all information of which preparer has any knowledge. EROs and paid preparer can sign the form using a rubber stamp, mechanical device, such as a signature pen, or computer software program. 01-30-23								
ERO's Signature Date	SSN/PTIN							
GLOBAL TAXES LLC Paid Preparer? Firm's name (or yours if self-employed) 245 ROONEY CT E BRUNSWICK NJ 08816 Paid Preparer?]Y	nployed? 🗌 Y 🔲 N						
Address, City, State and Zip	EIN							
01-30-23 Paid Preparer's Signature Date	<u>P02470833</u> SSN/PTIN							
VENKATA SAI PAVAN KUMAR DUDIPALLI	SON/F HIN							
Firm's name (or yours if self-employed) Self-employed?	□ Y □ N							
	882145487							
Address, City, State and Zip	EIN							
1555 REV 01/23/23 PRO								

— Cut Here –

Form 760-PMT 2022 Tax Due Return Payment Coupon

(DOC ID 761) *No Staples Please* To Be Used For Payments On Previously Filed 2022 Individual Income Tax Returns Only

4952370591 7611555 122009

Name(s) and Address

DAMODHAR MACHERLA

9768 HAVEN PORT LN OOLTEWAH

TN 373633010

Your Social Security Number

Spouse's Social Security Number

495237059

If your return was filed through e-File or submitted directly to the Department, make your check payable to the Department of Taxation and mail to the VA Department of Taxation, P. O. Box 1478, Richmond, VA 23218-1478.

If your return was filed with your local Commissioner of the Revenue, make your check payable to your local Treasurer and send your payment to the locality where you filed the return.

Amount of Payment

89.00



REV 01/23/23 PRO

1555



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	Enclose a compl	lete copy o	t your teder	al ta	x return and al	I other required	I Virginia	enclosu	res.							
First N	lame			MI	Last Name		Suffix	Your So	cial Se	ecurit	y Nu	mber			Check if	
DAMO	DDHAR				MACHERLA		495-	23-	705	59			deceased			
Spouse's First Name (Filing Status 2 Only) MI Last Name Stress						Suffix Spouse's Social Security Number						Check if deceased				
SWET					KASHA			406-	73-	946	54					
	nt Home Address (Nu		eet or Rural Ro	oute)				Birth Date n-dd-yyyy		0 4	L -	0	3 -	198	2	
	B HAVEN PORT	LN			State	ZIP Code										
	ัown or Post Office ГЕWAH				TN	37363-3010	Spouse's (mr	Birth Date n-dd-yyyy		0 6	5 -	0 4	4 -	198	7	
	of Residence		Important -	Name		r County in which p	-			emple	vme	nt ori	ncom	e source	ocality Co	de
			is located.	tarre	on virginia ony o		intelpai plat		1000, 0	Sinpi					-	
TN			ALLEGHA	ANY								City C	RX	County 0	05	
			nded Return Reason Cod	<u> </u>		Name(s) or A Shown on 20			an] Ov	ersea	as on Due I	Date	
Ch	eck Applicable		Reason Cou			SHOWITOH 20	JZIVANE	um								
	Boxes	Depe	endent on An	othei	r's Return	Qualifying Fa		nerman, o	or		E	IC CI	aime	d on federa	al return	
						Merchant Se					\$.00	
	Filing Status Ente	-					Exem			ectic	ons 1	and	2. En	ter the sun	n on Line	12.
			ead of house				You	J Filing	use if Status or 3	Dep	pende	nts			Total Secti	on 1
2					must have Virgii From Any Source			7 F				[
			parate Retur		TOTT ATTy Source	5	1		1	+	2	=	4	X \$930 =	372	0
lf Filin	g Status 3 or 4, ent	-			use's Social Sec	urity Number	You or ov	65 Spouse er or ove		You Blind	Spo Blii	use nd			Total Sect	ion 2
	t top of form and en	•		opoc] _ [<u> </u>	+ []_[X \$800 =		
									JL							
1	Adjusted Gross In	come from	federal returr	n - N	ot federal taxab	le income							1	4	60422	00
2	Additions from Scl	hedule 763	ADJ, Line 3.										2			00
3	Add Lines 1 and	2											3	4	60422	00
4	Age Deduction (Se	ee instructio	ons and the A	\ge [Deduction Works	sheet)				Y	′οu	4	a			00
	Enter Birth Dates and Your Spouse's	above. Ente s Age Dedu	er Your Age E ction on Line	edu 4b	ction on Line 4a	1				Spoι	lse	4	b			00
5	Social Security Ac												5			00
6	State income tax r						-						6			00
7	Subtractions from	Schedule 7	63 ADJ, Line	e 7									7			00
8	Add Lines 4a, 4b	, 5, 6, and 7	7										8			00
9	Virginia Adjusted	l Gross Inc	ome (VAGI).	Sub	otract Line 8 fr	om Line 3							9	4	60422	00
10	Itemized Deductio	ons from Virg	ginia Schedu	le A,	if applicable. S	ee instructions						1	0			00
11	If you do not claim	n itemized d	eductions on	Line	e 10, enter stand	dard deduction.	See instru	ctions				1	1		16000	00
12	Exemption amoun	it. Enter the	total amount	t fron	n the Exemptior	n Sections 1 and	2 above.					1	2		3720	00
13	Deductions from S	Schedule 76	3 ADJ, Line	9								1	3			00
14	Add Lines 10, 11,	, 12 and 13	• •••••••••									1	4		19720	00
15	Virginia Taxable Ir	ncome comp	outed as a re	side	nt. Subtract Line	e 14 from Line 9						1	5	4	40702	00
16	Percentage from N	Nonresident	Allocation S	ectio	on on Page 2 (E	nter to one decir	nal place o	only)				1	6		0.9	%
17	Nonresident Taxal	ble Income.	(Multiply Lin	e 15	by percentage	on Line 16)						1	7		3966	00
18	Income Tax from T	Tax Table or	Tax Rate Sc	hedu	ule							1	8		89	00
19a	Your Virginia incor	me tax withl	neld. Enclose	e For	ms W-2, W-2G,	1099, and VK-1						19	la		0	00
	Dept. of Taxation F 1044 Rev. 07/22	or Local Use	LTD		\$									XXXX	XX	

	FORM 763 Page 2										
Your N DAMC	ame Your SSN DHAR MACHERLA & SWETHA KASHA 495-23-7059										
19b	Spouse's Virginia income tax withheld. Enclose Forms W-2, W-2G, 1099, and	VK-1.					19b				0 0
20	2022 Estimated Tax Payments						20				0
21	2021 overpayment credited to 2022 estimated tax						21				0
22	Extension Payment - submitted using Form 760IP						22	2			0
23	Credit for Low-Income Individuals or Virginia Earned Income Credit from Sche	dule 7	763 AI	DJ, Lin	e 17		23	;			0
24	Total credits from Schedule OSC.						24				0
25	Credits from Schedule CR, Section 5, Line 1A						25				0
26	Total payments and credits. Add Lines 19a through 25.						26				0 0
27	If Line 18 is larger than Line 26, enter the difference. This is the INCOME TAX										89 0
28	If Line 26 is larger than Line 18, enter the difference. This is the OVERPAYME										0
29	Amount of overpayment on Line 28 to be CREDITED TO 2023 ESTIMATED INC										0
30	Virginia529 and ABLE Contributions from Schedule VAC, Part I, Line 6										0
31	Other Voluntary Contributions from Schedule VAC, Section II, Line 14										0
32							51				
32 33	Addition to Tax, Penalty, and Interest from enclosed Schedule 763 ADJ, Line See instructions Enclose 760C or 760F and check her Sales and Use Tax is due on Internet, mail order, and out-of-state purchases (C	e				_	32				0
	See instructions Check here if no sales and use tax is	due					33				0
34	Add Lines 29 through 33						34				0
35	If you owe tax on Line 27, add Lines 27 and 34 - OR - If you have an overpay Line 34 is larger than Line 28, enter the difference. AMOUNT YOU OWE . En www.tax.virginia.gov. Check here if paying by credit or debit card - See	close	baym	ent or p	bay at		35	;			89 0
36	If Line 28 is larger than Line 34, subtract Line 34 from Line 28. This is the amount	to be	REFU	NDED	το γοι	J.	36	;			0
lf tha T	Direct Deposit section below is not completed, your refund will be issued by cho										
			A	unt Nu	mhor	Che	ecking		Sou	200	
	tic Accounts Only		ACCO						Sav		
No Inte	ernational Deposits										
Noni	resident Allocation Percentage			A - A	II Sourc	es		В-	Virgini	a Sour	ces
1.	Wages, salaries, tips, etc	1			4054	155	00			420	00 00
2.	Interest income	2				85	00				0 00
3.	Dividends	3					00				00
4.	Alimony received	4					00				00
5.	Business income or loss	5					00				00
6.	Capital gain or loss/capital gain distributions	6					00				00
7.	Other gains or losses	7					00				00
8.	Taxable pensions, annuities and IRA distributions.	8					00				
9.	Rents, royalties, partnerships, estates, trusts, S corporations, etc	9			524	182	00				0 00
10.	Farm income or loss	10					00				00
11.	Other income	11			24	100	00				0 00
12.	Interest on obligations of other states from Schedule 763 ADJ, Line 1	12					00				
13.	Lump-sum and accumulation distributions included on Sch. 763 ADJ, Line 3	13					00				00
14.	TOTAL - Add Lines 1 through 13 and enter each column total here	14			4604	122	00			420	00 00
4 -											
	Nonresident allocation percentage - Divide Line 14 B, by Line 14 A. <i>Compute percentage to one decimal place (e.g., 5.4%).</i> Enter on Page 1, Line 16	15								0.	9%

· (···/, ··· ···························				
Your Signature	Your Phone Number	Date		
		(423) 717-7288		
Spouse's Signature (If a joint return, both must sign)	Spouse's Phone Number	Preparer's PTIN	Vendor Code
			P02470833	1555
Preparer's Name	Firm's Name (or Yours if Self-Employed)	Preparer's Phone Number	Filing Election Code	ID Theft PIN
	GLOBAL TAXES LLC	(678) 965-9522	7	

1040		artment of the Treasury—Internal Revenue Serv S. Individual Income Ta		urn	202	2	OMB No. 1545	-0074	IRS Use Only	–Do not w	rite or staple i	n this space.
Filing Status Check only one box.	lf yo	Single X Married filing jointly	ame of y	0	separately (N use. If you cl	,			· · · ·	spo	lifying surv use (QSS) s name if th	0
		on is a child but not your dependent	-									
Your first name		iddle initial	Last na								cial securit	-
DAMODHAR		e	-	ERLA							23-7059	
	oouse's	s first name and middle initial	Last na									urity numbe
SWETHA			KASH								73-9464	
		er and street). If you have a P.O. box, see	Instruction	ons.				I A	vpt. no.			on Campaigr
9768 HAV											here if you, if filing ioin	or your tly, want \$3
		ce. If you have a foreign address, also co	omplete s	paces bei	ow.	Sta		ZIP c		to go to	this fund.	Checking a
OOLTEWAH						TI	-		633010	1	ow will not	change
Foreign country	name		'	-oreign pr	ovince/state/o	coun	ty	Foreig	n postal code	your tax	or refund.	Spouse
	• ·										fou	Spouse
Digital		ny time during 2022, did you: (a) rec									Vee	XNo
Assets		ange, gift, or otherwise dispose of a	-					asset)	? (See Instru	ictions.)	Yes	
Standard		eone can claim: 🗌 You as a de	•		•		a dependent					
Deduction		Spouse itemizes on a separate retur	n or you	were a	dual-status	alier	1					
Age/Blindness	You:	🛛 🗌 Were born before January 2, 1	958	Are bl	ind Spo	ouse	: 🗌 Was bor	n befo	ore January 2	2, 1958	🗌 ls bli	nd
Dependents	s (see	instructions):		(2) S	Social security	r	(3) Relationsh	ip (4) Check the b	ox if quali	fies for (see	instructions):
If more		irst name Last name			number		to you		Child tax c	redit	Credit for oth	ner dependents
than four	VIV	VAAN MACHERLA		876	-55-778	9	Son	X			[
dependents,	VIF	AAJ MACHERLA			-45-858		Son		X		[
see instructions and check	;										[
here											[
Income	1a	Total amount from Form(s) W-2, b	ox 1 (se	e instruc	tions) .					. 1a	40)5,455.
income	b	Household employee wages not re	eported	on Form	(s) W-2					. 1b	,	
Attach Form(s)	с	Tip income not reported on line 1a	•							. 1c	;	
W-2 here. Also attach Forms	d	Medicaid waiver payments not rep	ported or	n Form(s	s) W-2 (see in	nstru	uctions)			. 1d		
W-2G and	е	Taxable dependent care benefits	from For	m 2441,	line 26					. 1e	•	
1099-R if tax was withheld.	f	Employer-provided adoption bene	efits from	n Form 8	839, line 29					. 1f		
lf you did not	g	Wages from Form 8919, line 6								. 1g		
get a Form	h	Other earned income (see instruct	ions) .							. 1h	1	0.
W-2, see instructions.	i	Nontaxable combat pay election (see instr	uctions)			11					
	z	Add lines 1a through 1h								. 1z	40)5,455.
Attach Sch. B	2a		2a				axable interes	t.		. 2b)	85.
if required.	3a	Qualified dividends	3a			b C	Ordinary divide	nds .		. 3b)	
	4a	IRA distributions	4a			bТ	axable amoun	t		. 4b)	
Standard	5a	Pensions and annuities	5a			bТ	axable amoun	t		. 5b)	
Deduction for-	6a	Social security benefits	6a			bТ	axable amoun	t		. 6b)	
 Single or Married filing 	с	If you elect to use the lump-sum e	election r	nethod,	check here	(see	instructions)		[
separately, \$12,950	7	Capital gain or (loss). Attach Sche	dule D if	[;] required	d. If not requ	ired	, check here		[7		
 Married filing 	8	Other income from Schedule 1, lin								. 8	5	54,882.
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7	, and 8.	This is y	our total inc	com	e			. 9		50,422.
surviving spouse, \$25,900	10	Adjustments to income from Sche								. 10		
Head of	11	Subtract line 10 from line 9. This is	s your a	djusted	gross incor	ne				. 11	46	50,422.
household, \$19,400	12	Standard deduction or itemized	•	-	-					. 12		25,900.
If you checked	13	Qualified business income deduct					5-A			. 13		
any box under Standard	14	Add lines 12 and 13								. 14	. 2	25,900.
Deduction,	15	Subtract line 14 from line 11. If zer					taxable incom	ie .		. 15		34,522.
see instructions.					2							

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

Form 1040 (2022)

Form 1040 (2022	2)								Page
Tax and	16	Tax (see instructions). Check	if any from Form	n(s): 1 🗌 881	4 2 4972	3		16	99,589.
Credits	17	Amount from Schedule 2, lin	e3					17	
	18	Add lines 16 and 17						18	99,589.
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812			19	950.
	20	Amount from Schedule 3, lin	e8					20	
	21	Add lines 19 and 20						21	950.
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	98,639.
	23	Other taxes, including self-er	mployment tax,	from Schedule	e 2, line 21 .			23	3,630.
	24	Add lines 22 and 23. This is						24	102,269.
Payments	25	Federal income tax withheld							
i aj incento	а	Form(s) W-2				25a 40),497.		
	b	Form(s) 1099				25b	-	1	
	с	Other forms (see instructions				25c	0.	-	
	d	Add lines 25a through 25c	,					25d	40,497.
	26	2022 estimated tax payment						26	
If you have a l qualifying child,	27	Earned income credit (EIC)		• •		27			
attach Sch. EIC.	28	Additional child tax credit from				28		-	
	29	American opportunity credit				29		-	
	30	Reserved for future use .		-		30			
	31	Amount from Schedule 3, lin					2,662.	1	
	32	Add lines 27, 28, 29, and 31.						32	12,662.
	33	Add lines 25d, 26, and 32. T	-	-	-			33	53,159.
	34	If line 33 is more than line 24						34	
Refund	35a	Amount of line 34 you want i	-			· ·		35a	
Direct deposit?	b	Routing number X X X					Savings	oou	
See instructions.		Account number X X X					ournigo		
	36	Amount of line 34 you want a				36			
Amount	37	Subtract line 33 from line 24						-	
You Owe	37	For details on how to pay, go						37	50,670.
	38	Estimated tax penalty (see in	-			1 1	,560.	01	5070101
Third Party		you want to allow another					,500.		
Designee		structions	•				omplete	below.	× No
	De	signee's		Phone			onal identi		
	nai	me		no.		num	ber (PIN)		
Sign		der penalties of perjury, I declare t			1 2 0		,		, ,
Here		ief, they are true, correct, and com	plete. Declaration	of preparer (othe	1	ased on all informati			, ,
	Yo	ur signature		Date	Your occupation				nt you an Identity IN, enter it here
Joint return?		SOFTWARE DEVELOPER (see		inst.)					
See instructions.	Sp			Date			If the	e IRS se	nt your spouse an
Keep a copy for	-1-		g				Iden	tity Prote	ection PIN, enter it he
your records.					SOFTWARE	DEVELOPER	(see	inst.)	
		one no. (423)717-728	8	Email address	Dmacherla	9@Gmail.Cor	n		
Paid	Pre	eparer's name	Preparer's signat	ture		Date	PTIN		Check if:
Preparer	VENK	ATA SAI PAVAN KUMAR DUDIPALLI				01/30/2023	P0247	0833	Self-employed
Use Only	Fir	m's name GLOBAL TAX	XES LLC				Pho	ne no. (678)965-9522
	Fir	m's address 245 ROONE	Y CT E BRU	NSWICK N	J 08816		Firm	ı's EIN	88-2145487
Go to www.irs.ge	ov/Forn	n1040 for instructions and the late	st information.		BAA	REV 01/24/23 PRO			Form 1040 (202

SCHEDULE	1
(Form 1040)	

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 20 22

Attachment Sequence No. **01**

Your social security number 495-23-7059

Name(s) show	vn on Form 10	040), 1040-SR	, or 1040-NR
DAMODHAR	MACHERLA	&	SWETHA	KASHA

Par	t I Additional Income				
1	Taxable refunds, credits, or offsets of state and local income taxes			1	
2a	Alimony received			2a	
b	Date of original divorce or separation agreement (see instructions):				
3	Business income or (loss). Attach Schedule C		3		
4	Other gains or (losses). Attach Form 4797		4		
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Att	ach S	chedule E .	5	52,482.
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	8 f			
g	Alaska Permanent Fund dividends	8g			
h	Jury duty pay	8h		_	
i	Prizes and awards	8 i		_	
j	Activity not engaged in for profit income	8j		-	
k	Stock options	8k		-	
	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 0m		-	
p	Section 461(I) excess business loss adjustment	8p		-	
q	Scholarship and fellowship grants not reported on Form W-2	8q 8r		-	
r	Nontaxable amount of Medicaid waiver payments included on Form	OI		-	
S	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:				
	Other income. List type and amount: Other Income from box 3 of 1099-Misc 2,400.	8z	2,400.		
9	Total other income. Add lines 8a through 8z			9	2,400.
10	Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SF	R, or 1	040-NR, line 8	10	54,882.
For Pa	perwork Reduction Act Notice, see your tax return instructions.			Schedu	le 1 (Form 1040) 2022

11 Educator expenses 11 12 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 12 13 Health savings account deduction. Attach Form 8889 13 14 Moving expenses for members of the Armed Forces. Attach Form 3903 14 15 Deductible part of self-employment tax. Attach Schedule SE 15 16 Self-employed SEP, SIMPLE, and qualified plans 16 17 Temployed health insurance deduction 17 19 Alimony paid 19a 19 Alimony paid 19a 20 IRA deduction 21 21 Reserved for future use 22 23 Archer MSA deduction 21 24 Actor fush customer reported on line 8 from the rental of personal property engaged in for profit 24a 24 24a 24a 24d 24a 24a	Par	t II Adjustments to Income					8
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officials. Attach Form 2106 12 13 Health savings account deduction. Attach Form 8889 13 14 15 15 Deductible part of self-employment tax. Attach Schedule SE 15 16 Self-employed SEP, SIMPLE, and qualified plans 16 17 18 Penalty on early withdrawal of savings 18 19a Alimony paid 19a 19a 19a Alimony paid 12 20 21 Student loan interest deduction 21 22 Reserved for future use 22 23 Archer MSA deduction 23 24 Other adjustments: 23 25 Represent MSA deduction of the value of Olympic and Paralympic medias and USOC prize money reported on line 81 from the rental of personal property engaged in for profit 24a 24a 24a 24a 24d 24a	12	Certain business expenses of reservists, performing artists, and fee	-basi	is governi	ment		
13 Health savings account deduction. Attach Form 3889 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 17 Self-employed SEP, SIMPLE, and qualified plans 16 17 Renalty on early withdrawal of savings 18 19a Alimony paid 19a b Recipient's SSN 18 c Date of original divorce or separation agreement (see instructions): 20 21 Student loan interest deduction 21 22 23 24 24 Other adjustments: 24 a Jury duty pay (see instructions) 24a b Deductible expenses related to income reported on line 81 from the rental of personal property engaged in for profit 24b c Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m 24d g Contributions to section 501(c)(18)(D) pension plans 24d g Contributions to section 501(c)(18)(D) pension plans 24d i Attorney fees and court costs for actions involving certain unlawful discrimination c		officials. Attach Form 2106				12	
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<pre>from the IRS for information you provided that helped the IRS detect tax law violations</pre>	i						
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25 Total other adjustments. Add lines 24a through 24z 24z 25 26 Add lines 11 through 23 and 25. These are your adjustments to income. Enter here and on 25	7					-	
 25 Total other adjustments. Add lines 24a through 24z	~		247				
26 Add lines 11 through 23 and 25. These are your adjustments to income. Enter here and on	25					25	
						20	
	20					26	
BAA REV 01/24/23 PRO Schedule 1 (Form 1040) 20							1 (Earm 1040) 00

SCHEDULE	2
(Form 1040)	

Additional Taxes

OMB No. 1545-0074

(Forn	Form 1040)			2022	
	ment of the Treasury I Revenue Service	Attach to Form 1040, 1040-SR, or 1040-NR. Go to <i>www.irs.gov/Form1040</i> for instructions and the latest information.		AS	ttachment equence No. 02
	()	orm 1040, 1040-SR, or 1040-NR	Your so	cial s	ecurity number
		RLA & SWETHA KASHA	495-2	3-70	59
Pa	rt I Tax				
1	Alternative I	minimum tax. Attach Form 6251		1	
2	Excess adv	ance premium tax credit repayment. Attach Form 8962		2	
3	Add lines 1	and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 1	7	3	
Pa	rt II Other	Taxes			
4	Self-employ	vment tax. Attach Schedule SE		4	
5		urity and Medicare tax on unreported tip income.			
6	Uncollected Form 8919	social security and Medicare tax on wages. Attach			
7	Total addition	onal social security and Medicare tax. Add lines 5 and 6 $$		7	
8	Additional ta	ax on IRAs or other tax-favored accounts. Attach Form 5329 if req	uired.		
	If not requir	ed, check here		8	
9	Household	employment taxes. Attach Schedule H		9	
10	Repayment	of first-time homebuyer credit. Attach Form 5405 if required		10	
11	Additional N	Леdicare Tax. Attach Form 8959		11	1,632.
12	Net investm	ent income tax. Attach Form 8960		12	1,998.
13		I social security and Medicare or RRTA tax on tips or group-ter rom Form W-2, box 12		13	

14	Interest on tax due on installment income from the sale of certain residential lots		
	and timeshares	14	
15	Interest on the deferred tax on gain from certain installment sales with a sales price		
	over \$150,000	15	
16	Recapture of low-income housing credit. Attach Form 8611	16	
		ontin	ued on page

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

e 2)

Schedule 2 (Form 1040) 2022

Par	t II Other Taxes (continued)			
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			
	see instructions	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		
n	Any interest from Form 8621, line 16f, relating to distributions	170	-	
Ρ	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		21	3,630.
	BAA	REV 01/24/23 PRO	Schedu	ile 2 (Form 1040) 2022

Department of the Treasury

Additional Credits and Payments

OMB No. 1545-0074 (0)

2

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

Department of the Treasury Internal Revenue Service		Go to www.irs.gov/Form1040 for instructions and the latest information of the latest information	ation.	4	Attachment Sequence No. 03
Name	ocial security number				
		LA & SWETHA KASHA	495-2	23-7	059
Par	tl Nonrefu	ndable Credits			
1	Foreign tax cr	redit. Attach Form 1116 if required		1	
2	Credit for chi Form 2441	11. Attach	2		
3	Education cre		3		
4	Retirement sa		4		
5	Residential er	nergy credits. Attach Form 5695		5	
6	Other nonrefu	indable credits:			
а	General busin	ness credit. Attach Form 3800 6a			
b	Credit for prio	or year minimum tax. Attach Form 8801 6b			
С	Adoption crea	dit. Attach Form 8839................			
d	Credit for the	elderly or disabled. Attach Schedule R 6d			
е	Alternative mo	otor vehicle credit. Attach Form 8910 6e			
f	Qualified plug	-in motor vehicle credit. Attach Form 8936 6f			
g	Mortgage inte	erest credit. Attach Form 8396 6g			
h	District of Colu	umbia first-time homebuyer credit. Attach Form 8859 6h			
i	Qualified elec	tric vehicle credit. Attach Form 8834 6i			
j	Alternative fue	el vehicle refueling property credit. Attach Form 8911 6j			
k	Credit to hold	ers of tax credit bonds. Attach Form 8912 6k			
I	Amount on Fo	orm 8978, line 14. See instructions 61			

Other nonrefundable credits. List type and amount: Ζ

7 Total other nonrefundable credits. Add lines 6a through 6z 7 Add lines 1 through 5 and 7. Enter here and on Form 1040, 1040-SR, or 1040-NR, 8 line 20 8 . .

(continued on page 2)

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

BAA

6z

REV 01/24/23 PRO

Schedule 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	12,662.	
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	14		
15	Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040 line 31		15	12,662.
	BAA REV	01/24/23 PRO	Schedu	le 3 (Form 1040) 2022

SCHEDULE E			Supplemen	Supplemental Income and Loss							OMB No. 1545-0074			
(Form 1040) (From rental real estate, royalties, partnerships, S corpo						corporations, estates, trusts, REMICs, etc.)					2022			
Departm Internal		-SR, 1040- ructions ar		Attachment Sequence No. 13										
Name(s) shown on return Your social									al security number					
DAMODHAR MACHERLA & SWETHA KASHA 495-23-705										3-7059				
Part	Part I Income or Loss From Rental Real Estate and Royalties													
	Note: If yo	ou are in t	the business of renting personal pro	operty, us		e C . See	e instrue	ctions. If you ar	e an indiv	vidual, rep	ort farm	n		
	rental income or loss from Form 4835 on page 2, line 40. A Did you make any payments in 2022 that would require you to file Form(s) 1099? See instructions													
											_			
B I			,			• •				. 🗌 Ye	es 🗌	No		
1a	Physical addr	ess of e	each property (street, city, state,	, ZIP coo	de)									
Α	1105 REGE	NCY CI	F UNIT 1105 CHATTANOO	OGA TN	37421									
В	1206 REGE	NCY CI	r 1206 Chattangooga Tr	N 3742	21									
С	1916 ROSE	BROOK	DR # 32 CHATTANOOGA	FN 374	21									
1b	Type of Prope		For each rental real estate pro	operty li	sted		Fa	ir Rental	Person	Personal Use		QJV		
	(from list below	N)	above, report the number of f				Days		Da	ys	QUV			
A	2		personal use days. Check the if you meet the requirements			Α		365		0				
В	2		qualified joint venture. See ins			В		303		0				
C	2			01100101		С		365		0				
	of Property:													
	Single Family R			Rental	5 Land	k		Self-Rental						
2	Multi-Family Re	sidence	4 Commercial		6 Roya	alties	8	Other (descril	be)					
								Propertie	s:					
Incom	e:					Α		В			С			
3		4		. 3		19,8	00.	16,	500.		24,0	000.		
4											, .			
Expen														
5				. 5										
6	-		structions)											
7			ance											
8	-													
9														
10	Legal and othe	er profes	sional fees	. 10										
11	Management f	ees .		. 11										
12	Mortgage inter	rest paid	to banks, etc. (see instructions	s) 12		4,9	34.	2,	891.		6,2	249.		
13	Other interest			. 13										
14				. 14		7	00.	2,	500.					
15	Supplies			. 15										
16	Taxes			. 16		2,1	.71.	2,	170.					
17	Utilities			. 17										
18	Depreciation e	xpense	or depletion	. 18										
19	Other (list)			19										
20	Total expenses	s. Add li	nes 5 through 19	. 20		7,8	05.	7,	561.		6,2	249.		
21			ine 3 (rents) and/or 4 (royalties)											
			nstructions to find out if you mu											
						11,9	95.	. 8	939.		17,7	751.		
22			estate loss after limitation, if ar					,						
		-	structions))	()	()		
23a			ported on line 3 for all rental pro			• •	23a	102,	400.					
b			ported on line 4 for all royalty p	-	s	• •	23b							
c			ported on line 12 for all propert			• •	23c	28,	222.					
d			ported on line 18 for all propert			• •	23d		0.1.0					
e			ported on line 20 for all propert				23e	49,	918.					
24			amounts shown on line 21. Do				· ·		24	/	52,4	£82.		
25			sses from line 21 and rental real e							()		
26	Total rental re	eal esta	te and royalty income or (los	s). Com	bine lines	24 and	I 25. E	nter the result	t					

For Paperwork Reduction Act Notice, see the separate instructions.								
	Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2							
	here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on							
26	Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result							

52,482.

26

	nent of the Treasury Revenue Service	Attach to Form 1040, 1040-SR, 1040-NR, or 1041.									Attachment Sequence No. 13	
Name(s) shown on return					Y					Your social security number		
DAMO	DHAR MACHERLA		495-2					23-7059				
Part	Note: If you a	re in the b	rom Rental Real Estate an ousiness of renting personal proper om Form 4835 on page 2, line 40.			e C. See	instrue	ctions. If you a	are an indiv	/idual, rep	ort farm	
	Did you make any payments in 2022 that would require you to file Form(s) 1099? See instructions											
1a	Physical address of each property (street, city, state, ZIP code)											
Α	1833 HOLLY OAK LN CHATTANOOGA TN 37421											
В	2360 SARGENT	r daly	D CHATTANOOGA TN 374	421								
С												
1b	Type of Property (from list below)	at	or each rental real estate prope bove, report the number of fair	rental	and		Fair Rental Days		Personal Use Days		QJV	
Α	2		ersonal use days. Check the Q			Α		273	0			
В	2		you meet the requirements to tualified joint venture. See instru			В		215		0		
С		<u>ч</u>			5.	С						
Туре	of Property:											
	Single Family Resid		3 Vacation/Short-Term Ren	ntal	5 Lanc	4		Self-Rental				
2	Multi-Family Reside	ence	4 Commercial		6 Roya	alties	8	Other (desc	ribe)			
					Propert	es:						
Incom	ne:					Α					С	
3	Rents received .			3		22,5	00.	19	,600.			
4	Royalties received	t		4								
Expen												
5	Advertising			5								
6	Auto and travel (se	ee instru	ctions)	6								
7	Cleaning and main	ntenance	9	7								
8	Commissions .			8								
9	Insurance			9		1,4	96.					
10	Legal and other p	rofessior	nal fees	10								
11				11								
12		•	banks, etc. (see instructions)	12		9,670.			478.			
13				13								
14	•			14		2,5	00.		,000.			
15				15								
16				16		3,1	59.					
17				17								
18			lepletion	18 19								
19 20	Total expenses	dd linoo	5 through 19	20		16,8	25	1 1	,478.			
	•		•	-		10,0	25.	L _	.,4/0.			
21	result is a (loss), s	see instru	3 (rents) and/or 4 (royalties). If uctions to find out if you must			ГС	76	c	100			
00	file Form 6198 21 Deductible rental real estate loss after limitation, if any,				5,675.		٤	3,122.				
22	on Form 8582 (se	e instruc	ctions)	22	()	()	()	
23a			ted on line 3 for all rental prope				23a					
b			ted on line 4 for all royalty prop				23b					
C			ted on line 12 for all properties				23c					
d		•	ted on line 18 for all properties				23d					
е 24			ted on line 20 for all properties ounts shown on line 21. Do no				23e		. 24			
24 25			from line 21 and rental real esta		-			 Intal losses he		()	
										`)	

Supplemental Income and Loss

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

SCHEDULE E

(Form 1040)

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 .

For Paperwork Reduction Act Notice, see the separate instructions.

26

OMB No. 1545-0074

2022

Department of the Treasury

Internal Revenue Service

Child and Dependent Care Expenses

OMB No. 1545-0074

Attach	to	Form	1040	1040-SR	or 1040-NR.
Allacii	ω	FOIIII	1040,	1040-36,	01 10 4 0-Nn.

Go to www.irs.gov/Form2441 for instructions and the latest information.

	2022				
	Attachment Sequence No. 21				
Your social security number					

Name(s) shown on return

DAMODHAR MACHERLA & SWETHA KASHA

		· · · · · ,	
495	5-23	-7059	

A You can't claim a credit for child and dependent care expenses if your filing status is married filing separately unless you meet the requirements listed in the instructions under Married Persons Filing Separately. If you meet these requirements, check this box . . B If you or your spouse was a student or was disabled during 2022 and you're entering deemed income of \$250 or \$500 a month on

Form 2441 based on the income rules listed in the instructions under If You or Your Spouse Was a Student or Disabled, check this box. Part I

Persons or Organizations Who Provided the Care-You must complete this part. If you have more than three care providers, see the instructions and check this box .

		,		,				
1 (a) Care prov name		(b) Add (number, street, apt. no., c		(c) Identifying number (SSN or EIN)	household emple, this nannies but not	are provider your ployee in 2022? generally includes daycare centers. tructions)	(e) Amount paid (see instructions)
			7745 EAST BRAIN	ERED ROAD		Yes	X No	
EAST	BRAINERD	PRESCHOOL	CHATTANOOGA TN	37421	62-1133578			8,000.
						🗌 Yes	🗌 No	
						🗌 Yes	🗌 No	
			Did you receive	No	Complete	e only Part II b	elow.	
dependent care benefits?		Ves	Complete	Part III on na	aa 2 nevt			

- Yes ------ Complete Part III on page 2 next.

Caution: If the care provider is your household employee, you may owe employment taxes. For details, see the Instructions for Schedule H (Form 1040). If you incurred care expenses in 2022 but didn't pay them until 2023, or if you prepaid in 2022 for care to be provided in 2023, don't include these expenses in column (d) of line 2 for 2022. See the instructions.

Part	Credit fo	or Child and	d Depend	ent Car	e Expense	S					
2	Information about	your qualifyin	g person(s)). If you h	ave more tha	n three qua	lifying pers	ons, see the inst	ruction	s and check this b	oox 🗌
	(a) First	Qualifying pers	son's name	Last		(b) Qualifyin social secur		(c) Check here qualifying person w age 12 and was di (see instructio	as over sabled.	(d) Qualified expe you incurred and in 2022 for the pe listed in column	paid erson
VIVA	AN	MZ	ACHERLA			876-55	-7789			8,	000.
3	Add the amounts in	n column (d) (of line 2. Do	n't enter	more than \$3	,000 if you	had one q	ualifying person			
	or \$6,000 if you ha	ad two or mo	ore persons.	. If you co	ompleted Pa	rt III, enter	the amour	nt from line 31	3		
4	Enter your earned	d income. Se	ee instructio	ons .					4		
5	If married filing jo	intly, enter y	our spouse	's earne	d income (if	you or you	ur spouse	was a student			
	or was disabled, s	see the instru	uctions); all	others,	enter the am	ount from	line 4 .		5		0.
6	Enter the smalles	t of line 3, 4	, or 5						6		
7	Enter the amount	from Form 1	040, 1040-	SR, or 10	040-NR, line	11	. 7				
8	Enter on line 8 the	e decimal am	nount show	n below t	that applies t	to the amo	unt on line	e 7.			
	If line 7 is:		If line 7 is:			If line 7 is	s:				
	But not Over over	Decimal amount is		But not over	Decimal amount is	Over	But not over	Decimal amount is			
	\$0-15,000	.35	\$25,000-	27,000	.29	\$37,000-	-39,000	.23			
	15,000-17,000	.34	27,000-	29,000	.28	39,000-	-41,000	.22	0	N N	
	17,000-19,000	.33	29,000-	31,000	.27	41,000-	-43,000	.21	8	X	
	19,000-21,000	.32	31,000-	33,000	.26	43,000-	–No limit	.20			
	21,000-23,000	.31	33,000-	35,000	.25						
	23,000-25,000	.30	35,000-	,	.24						
9a	Multiply line 6 by								9a		
b	If you paid 2021 e										
	from line 13 of the	e worksheet	here. Other	wise, ent	ter -0- on line	e 9b and g	o to line 9	с	9b		
С	Add lines 9a and								9c		
10	Tax liability limit. En										
11	Credit for child a										
	on Schedule 3 (Fo								11		
For Pa	aperwork Reducti	on Act Notic	ce, see you	ur tax ret	turn instruct	tions.	BAA	REV	01/24/23	PRO Form 244	1 (2022)

Form 2	441 (2022)		Page 2
Part	III Dependent Care Benefits		
12	Enter the total amount of dependent care benefits you received in 2022. Amounts you received as an employee should be shown in box 10 of your Form(s) W-2. Don't include amounts reported as wages in box 1 of Form(s) W-2. If you were self-employed or a partner, include amounts you received under a dependent care assistance program from your sole proprietorship or partnership	12	5,000.
13 14	Enter the amount, if any, you carried over from 2020 and/or 2021 and used in 2022. See instructions If you forfeited or carried over to 2023 any of the amounts reported on line 12 or 13, enter the amount. See instructions	13 14	()
15 16	Combine lines 12 through 14. See instructions	15	5,000.
17 18 19	Enter the smaller of line 15 or 16175,000.Enter your earned income. See instructions18330,478.Enter the amount shown below that applies to you.18330,478.• If married filing jointly, enter your spouse's1		
	earned income (if you or your spouse was a student or was disabled, see the instructions for line 5).		
20	 If married filing separately, see instructions. All others, enter the amount from line 18. Enter the smallest of line 17, 18, or 19		
21	Enter \$5,000 (\$2,500 if married filing separately and you were required to enter your spouse's earned income on line 19). If you entered an amount on line 13, add it to the \$5,000 or \$2,500 amount you enter on line 21. However, don't enter more than the maximum amount allowed under your dependent care plan. If your dependent care plan uses a non-calendar plan year, see instructions		
22	Is any amount on line 12 or 13 from your sole proprietorship or partnership? Image: No. Enter -0 Image: Provide the amount here	22	0.
23 24	Subtract line 22 from line 15 1 <t< td=""><td>24</td><td>0.</td></t<>	24	0.
25	Excluded benefits. If you checked "No" on line 22, enter the smaller of line 20 or 21. Otherwise, subtract line 24 from the smaller of line 20 or line 21. If zero or less, enter -0-	24	5,000.
26	Taxable benefits. Subtract line 25 from line 23. If zero or less, enter -0 Also, enter this amount on Form 1040, 1040-SR, or 1040-NR, line 1e	26	0.
	To claim the child and dependent care credit, complete lines 27 through 31 below.		
27	Enter \$3,000 (\$6,000 if two or more qualifying persons)	27	3,000.
28 29	Add lines 24 and 25	28	5,000.
30	Complete line 2 on page 1 of this form. Don't include in column (d) any benefits shown on line 28 above. Then, add the amounts in column (d) and enter the total here	29 30	-2,000.
31	Enter the smaller of line 29 or 30. Also, enter this amount on line 3 on page 1 of this form and complete lines 4 through 11	31	

REV 01/24/23 PRO Form **2441** (2022)

SCHEDULE 8812 (Form 1040)

Department of the Treasury

Credits for Qualifying Children and Other Dependents

OMB No. 1545-0074

Go to www.irs.gov/Schedule8812 for instructions and the latest information.

20 2 Attachment Sequence No. 47

Internal	Revenue Service Go to www.lrs.gov/Schedule8812 for instructions and the latest information.		Se	quence No. 41
Name(s	shown on return	Your	social se	ecurity number
DAMO	DHAR MACHERLA & SWETHA KASHA	495	-23-7	059
Par	rt I Child Tax Credit and Credit for Other Dependents			
1	Enter the amount from line 11 of your Form 1040, 1040-SR, or 1040-NR		1	460,422.
2a	Enter income from Puerto Rico that you excluded			
b	Enter the amounts from lines 45 and 50 of your Form 2555	0.	1	
c	Enter the amount from line 15 of your Form 4563		1	
d	Add lines 2a through 2c		2d	0.
3	Add lines 1 and 2d		3	460,422.
4	Number of qualifying children under age 17 with the required social security number 4	2		
5	Multiply line 4 by \$2,000		5	4,000.
6	Number of other dependents, including any qualifying children who are not under age			
	17 or who do not have the required social security number	0		
	Caution: Do not include yourself, your spouse, or anyone who is not a U.S. citizen, U.S. national, or U.S. re-	sident		
	alien. Also, do not include anyone you included on line 4.			
7	Multiply line 6 by \$500		7	
8	Add lines 5 and 7		8	4,000.
9	Enter the amount shown below for your filing status.			
	• Married filing jointly—\$400,000			
	• All other filing statuses—\$200,000 \$		9	400,000.
10	Subtract line 9 from line 3.			
	• If zero or less, enter -0			
	• If more than zero and not a multiple of \$1,000, enter the next multiple of \$1,000. For			
	example, if the result is \$425, enter \$1,000; if the result is \$1,025, enter \$2,000, etc.		10	61,000.
11	Multiply line 10 by 5% (0.05)		11	3,050.
12	Is the amount on line 8 more than the amount on line 11?		12	950.
	No. STOP. You cannot take the child tax credit, credit for other dependents, or additional child tax	credit.		
	Skip Parts II-A and II-B. Enter -0- on lines 14 and 27.			
	Yes. Subtract line 11 from line 8. Enter the result.			
13	Enter the amount from the Credit Limit Worksheet A		13	99,589.
14	Enter the smaller of line 12 or 13. This is your child tax credit and credit for other dependents		14	950.
	Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 19.			
	If the amount on line 12 is more than the amount on line 14, you may be able to take the additi	onal c	hild tax	credit
	on Form 1040, 1040 SP, or 1040 NP, line 28, Complete your Form 1040, 1040 SP, or 1040	ND the	anah li	no 07

on Form 1040, 1040-SR, or 1040-NR, line 28. Complete your Form 1040, 1040-SR, or 1040-NR through line 27 (also complete Schedule 3, line 11) before completing Part II-A.

For Paperwork Reduction Act Notice, see your tax return instructions. REV 01/24/23 PRO Schedule 8812 (Form 1040) 2022 BAA

Schedu	ıle 8812 (Form 1040) 2022		Page 2
Part	II-A Additional Child Tax Credit for All Filers		
Cautio	on: If you file Form 2555, you cannot claim the additional child tax credit.		
15	Check this box if you do not want to claim the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on lin	e 27	🔲
16a	Subtract line 14 from line 12. If zero, stop here; you cannot take the additional child tax credit. Skip Parts II-A		
	and II-B. Enter -0- on line 27	16a	0.
b	Number of qualifying children under 17 with the required social security number: x \$1,500.		
	Enter the result. If zero, stop here; you cannot claim the additional child tax credit. Skip Parts II-A and II-B.		
	Enter -0- on line 27	16b	
	TIP: The number of children you use for this line is the same as the number of children you used for line 4.		
17	Enter the smaller of line 16a or line 16b	17	
18 a	Earned income (see instructions)		
b	Nontaxable combat pay (see instructions)		
19	Is the amount on line 18a more than \$2,500?		
	No. Leave line 19 blank and enter -0- on line 20.		
	Yes. Subtract \$2,500 from the amount on line 18a. Enter the result 19		
20	Multiply the amount on line 19 by 15% (0.15) and enter the result $\ldots \ldots \ldots \ldots \ldots \ldots \ldots \ldots \ldots \ldots$	20	
	Next. On line 16b, is the amount \$4,500 or more?		
	No. If you are a bona fide resident of Puerto Rico, go to line 21. Otherwise, skip Part II-B and enter the		
	smaller of line 17 or line 20 on line 27.		
	Yes. If line 20 is equal to or more than line 17, skip Part II-B and enter the amount from line 17 on line 27.		
D	Otherwise, go to line 21.		
Part		IS OT I	Puerto Rico
21	Withheld social security, Medicare, and Additional Medicare taxes from Form(s) W-2,		
	boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If		
	your employer withheld or you paid Additional Medicare Tax or tier 1 RRTA taxes, see		
	instructions	-	
22	Enter the total of the amounts from Schedule 1 (Form 1040), line 15; Schedule 2 (Form 1040), line 5; Schedule 2 (Form 1040), line 6; and Schedule 2 (Form 1040), line 13 . 22		
23	Add lines 21 and 22 .	-	
		-	
24	1040 and 1040-SR filers: Enter the total of the amounts from Form 1040 or 1040-SR, line 27,)		
	and Schedule 3 (Form 1040), line 11.		
	1040-NR filers: Enter the amount from Schedule 3 (Form 1040), line 11.		
25	Subtract line 24 from line 23. If zero or less, enter -0	25	
25 26	Enter the larger of line 20 or line 25	26	
-0	Next, enter the smaller of line 17 or line 26 on line 27.		
Part	II-C Additional Child Tax Credit		
27	This is your additional child tax credit. Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 28	27	
	•	hedule 8	3812 (Form 1040) 2022

_	8867	Paid Preparer's Due Diligence Check	ist	OMB	No. 1545	5-0074
		Earned Income Credit (EIC), American Opportunity Tax Credit (AO Child Tax Credit (CTC) (including the Additional Child Tax Credit (ACT	TC), TC) and		For tax y	/ear
(Rev. N	ovember 2022)	Credit for Other Dependents (ODČ)), and Head of Household (HOH) Fili	ng Status		20	
Internal	ment of the Treasury Revenue Service	To be completed by preparer and filed with Form 1040, 1040-SR, 1040-NR, 104 Go to www.irs.gov/Form8867 for instructions and the latest infor	mation.	Sequ	hment ence No.	70
Тахрау	er name(s) shown on	return	Taxpayer identifica	tion number	r	
		RLA & SWETHA KASHA	495-23-70			
Prepare	er's name		Preparer tax identif		ber	
-		VAN KUMAR DUDIPALLI	P02470833			
Par		gence Requirements				
		ropriate box for the credit(s) and/or HOH filing status claimed on the reduced (check all that apply).		ete the re AOTC		arts I–\ HOH
1	Did you compl	ete the return based on information for the applicable tax year provided	by the taxpaye	r Yes	No	N/A
	or reasonably o	obtained by you? (See instructions if relying on prior year earned income.))	×		
2	worksheets for 1040) instructi	claimed on the return, did you complete the applicable EIC and/or of und in the Form 1040, 1040-SR, 1040-NR, 1040-PR, 1040-SS, or Scher ons, and/or the AOTC worksheet found in the Form 8863 instruction nat provides the same information, and all related forms and schedules	dule 8812 (Form ns, or your owr	ו ו		
3	the following.Interview the determine thReview infor	taxpayer, ask questions, and contemporaneously document the taxpayer at the taxpayer is eligible to claim the credit(s) and/or HOH filing status. mation to determine that the taxpayer is eligible to claim the credit(s) and figure the amount(s) of any credit(s)	er's responses to nd/or HOH filing	f		
4	information rea	nation provided by the taxpayer or a third party for use in preparinasonably known to you, appear to be incorrect, incomplete, or inconsions 4a and 4b. If " No ," go to question 5.)	stent? (If " Yes ,'	r	X	
a	•	reasonable inquiries to determine the correct, complete, and consistent in				
b	you asked, wh	mporaneously document your inquiries? (Documentation should includ om you asked, when you asked, the information that was provided, and d on your preparation of the return.)	d the impact the			
5	keep a copy of applicable wor 8867 and any taxpayer that y the amount(s)	w the record retention requirement? To meet the record retention require f your documentation referenced in question 4b, a copy of this Form 886 ksheet(s), a record of how, when, and from whom the information used applicable worksheet(s) was obtained, and a copy of any document(s) you relied on to determine eligibility for the credit(s) and/or HOH filing st of the credit(s)	7, a copy of any to prepare Form provided by the atus or to figure	/ 1 2		
6	 Did vou ask th	e taxpayer whether he/she could provide documentation to substantiate	eligibility for the	-		
-	credit(s) and/o	r HOH filing status and the amount(s) of any credit(s) claimed on the ed for audit?	return if his/he			
7	Did you ask the	e taxpayer if any of these credits were disallowed or reduced in a previou	s year?	X		
		e disallowed or reduced, go to question 7a; if not, go to question 8.)				
а	•	ete the required recertification Form 8862?				
8		is reporting self-employment income, did you ask questions to prepare ule C (Form 1040)?				

For Paperwork Reduction Act Notice, see separate instructions.

REV 01/24/23 PRO

Form 8867 (Rev. 11-2022)

Form 88	867 (Rev. 11-2022)			Page 2
Part	II Due Diligence Questions for Returns Claiming EIC (If the return does not claim EIC, go	to Part	III.)	
9a	Have you determined that the taxpayer is eligible to claim the EIC for the number of qualifying children claimed, or is eligible to claim the EIC without a qualifying child? (If the taxpayer is claiming the EIC and does not have a qualifying child, go to question 10.)	Yes	No	N/A
b	Did you ask the taxpayer if the child lived with the taxpayer for over half of the year, even if the taxpayer has supported the child the entire year?			
c	Did you explain to the taxpayer the rules about claiming the EIC when a child is the qualifying child of more than one person (tiebreaker rules)? Due Diligence Questions for Returns Claiming CTC/ACTC/ODC (If the return does not			
Part	Due Diligence Questions for Returns Claiming CTC/ACTC/ODC (If the return does not or ODC, go to Part IV.)		JIC, A	CTC,
10	Have you determined that each qualifying person for the CTC/ACTC/ODC is the taxpayer's dependent who is a citizen, national, or resident of the United States?	Yes X	No	N/A
11	Did you explain to the taxpayer that he/she may not claim the CTC/ACTC if the child has not lived with the taxpayer for over half of the year, even if the taxpayer has supported the child, unless the child's custodial parent has released a claim to exemption for the child?	X		
12	Did you explain to the taxpayer the rules about claiming the CTC/ACTC/ODC for a child of divorced or separated parents (or parents who live apart), including any requirement to attach a Form 8332 or similar statement to the return?	X		
Part		, go to	Part \	/.)
13	Did the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the qu tuition and related expenses for the claimed AOTC?	alified	Yes	No
Part		s, go to	o Part	VI.)
14 Part	Have you determined that the taxpayer was unmarried or considered unmarried on the last day of the tax and provided more than half of the cost of keeping up a home for the year for a qualifying person? Eligibility Certification	k year	Yes	No
Fart	You will have complied with all due diligence requirements for claiming the applicable credit(s) and on the return of the taxpayer identified above if you: A. Interview the taxpayer, ask adequate questions, contemporaneously document the taxpayer's respo in your notes, review adequate information to determine if the taxpayer is eligible to claim the credit(status and to figure the amount(s) of the credit(s);	nses on	the ret	urn or
	 B. Complete this Form 8867 truthfully and accurately and complete the actions described in this check credit(s) claimed and HOH filing status, if claimed; 	list for a	ny app	licable
	 C. Submit Form 8867 in the manner required; and D. Keep all five of the following records for 3 years from the latest of the dates specified in the Form 88 <i>Document Retention</i>. 1. A copy of this Form 8867. 2. The applicable worksheet(s) or your own worksheet(s) for any credit(s) claimed. 	67 instr	uctions	under

- 3. Copies of any documents provided by the taxpayer on which you relied to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).
- 4. A record of how, when, and from whom the information used to prepare this form and the applicable worksheet(s) was obtained.
- 5. A record of any additional information you relied upon, including questions you asked and the taxpayer's responses, to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).

If you have not complied with all due diligence requirements, you may have to pay a penalty for each failure to comply related to a claim of an applicable credit or HOH filing status (see instructions for more information).

15	Do you certify that all of the answers on this Form 8867 are, to the best of your knowledge, true, correct, and	Yes	No
	complete?	X	

REV 01/24/23 PRO

Form 8867 (Rev. 11-2022)

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.

OMB No. 1545-0074 2022

Go to www.irs.gov/Form8959 for instructions and the latest information.

Attachment Sequence No. 71 Your social security number

495-23-7059

DAMC	DHAR MACHERLA & SWETHA KASHA		495-2	3-70	59
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	1	431,293.		
2	Unreported tips from Form 4137, line 6	2			
3	Wages from Form 8919, line 6				
4	Add lines 1 through 3	4	431,293.		
5	Enter the following amount for your filing status:				
	Married filing jointly				
	Married filing separately				
	Single, Head of household, or Qualifying surviving spouse \$200,000	5	250,000.		
6	Subtract line 5 from line 4. If zero or less, enter -0			6	181,293.
7	Additional Medicare Tax on Medicare wages. Multiply line 6 by 0.9% (0.009).				
	Part II			7	1,632.
Part					
8	Self-employment income from Schedule SE (Form 1040), Part I, line 6. If you				
	had a loss, enter -0- (Form 1040-PR or 1040-SS filers, see instructions.)	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	Subtract line 10 from line 9. If zero or less, enter -0	11		10	
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% (C	,		10	
Part	go to Part III	Comp	onsation	13	
14	Railroad retirement (RRTA) compensation and tips from Form(s) W-2, box 14		ensation		
14		14			
15	Enter the following amount for your filing status:	14			
10	Married filing jointly				
	Married filing separately				
	Single, Head of household, or Qualifying surviving spouse \$200,000	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 lin				
	Enter here and go to Part IV			17	
Part	V Total Additional Medicare Tax				
18	Add lines 7, 13, and 17. Also include this amount on Schedule 2 (Form 1040), lin	ne 11 (F	orm 1040-PR		
	or 1040-SS filers, see instructions), and go to Part V			18	1,632.
Part					
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	6,254.		
20	Enter the amount from line 1	20	431,293.		
21	Multiply line 20 by 1.45% (0.0145). This is your regular Medicare tax				
	withholding on Medicare wages	21	6,254.		
22	Subtract line 21 from line 19. If zero or less, enter -0 This is your Add				
	withholding on Medicare wages			22	0.
23	Additional Medicare Tax withholding on railroad retirement (RRTA) compensation				
	14 (see instructions)			23	
24	Total Additional Medicare Tax withholding. Add lines 22 and 23. Also inclu				
	federal income tax withholding on Form 1040, 1040-SR, or 1040-NR, line 25				
F D	1040-SS filers, see instructions)			24	0.
For Pa	perwork Reduction Act Notice, see your tax return instructions. BAA		REV 01/24/23 PRO		Form 8959 (2022)

Form **8960**

Department of the Treasury

Internal Revenue Service

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Net Investment Income Tax— Individuals, Estates, and Trusts

OMB No. 1545-2227

Attach to your tax return.

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

20 2 Attachment Sequence No. 72

	SNOWN ON YOUR TAX RETURN NDHAR MACHERLA & SWETHA KASHA			495-2		Curity number of EIN
Part				495-2		059
Fart	Section 6013(g) election (see instructions)					
	\square Regulations section 1.1411-10(g) election (see instructions)	netruc	tions)			
1	Taxable interest (see instructions)				1	0 5
2	Ordinary dividends (see instructions)				2	85.
					2 3	
	Annuities (see instructions)	· · ·		•	3	
4a	Rental real estate, royalties, partnerships, S corporations, trusts, etc. (see instructions)	4a	52,4	92		
h	Adjustment for net income or loss derived in the ordinary course of a non-	4a	52,4	02.		
b	section 1411 trade or business (see instructions)	4b				
~	Combine lines 4a and 4b	40			10	
	Net gain or loss from disposition of property (see instructions)	5a		•	4c	52,482.
		Ja				
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)	5c				
	Combine lines 5a through 5c				5d	
6	Adjustments to investment income for certain CFCs and PFICs (see instructions)				6	
7	Other modifications to investment income (see instructions)				7	
8	Total investment income. Combine lines 1, 2, 3, 4c, 5d, 6, and 7				8	52,567.
Part		icatio	ons			
9a	Investment interest expenses (see instructions)	9a				
b	State, local, and foreign income tax (see instructions)	9b				
С	Miscellaneous investment expenses (see instructions)	9c				
	Add lines 9a, 9b, and 9c				9d	
	Additional modifications (see instructions)				10	
11	Total deductions and modifications. Add lines 9d and 10				11	
Part I						
12	Net investment income. Subtract Part II, line 11, from Part I, line 8. Individuals,					
	Estates and trusts, complete lines 18a–21. If zero or less, enter -0	• •		·	12	52,567.
	Individuals:					
13	Modified adjusted gross income (see instructions)	13	460,4			
14	Threshold based on filing status (see instructions)	14	250,0			
15	Subtract line 14 from line 13. If zero or less, enter -0	15	210,4			
16	Enter the smaller of line 12 or line 15				16	52,567.
17	Net investment income tax for individuals. Multiply line 16 by 3.8% (0.038). En					1 0 0 0
	on your tax return (see instructions)	• •		· _	17	1,998.
	Estates and Trusts:		I			
	Net investment income (line 12 above)	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	18c				
19a	Adjusted gross income (see instructions)	19a				
b	Highest tax bracket for estates and trusts for the year (see instructions)	19b				
	Subtract line 19b from line 19a. If zero or less, enter -0-	19c				
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.				-	
	include on your tax return (see instructions)				21	
For Pag	perwork Reduction Act Notice, see your tax return instructions.		V 01/24/23 PRO	· · ·		Form 8960 (2022)

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

BAA

Form **8960** (2022)

Form 8582
Department of the Treasury

Internal Revenue Service

Name(s) shown on return

DAMODHAR MACHERLA & SWETHA KASHA

Passive Activity Loss Limitations

OMB No. 1545-1008

See separate instructions.

Attach to Form 1040, 1040-SR, or 1041. Go to *www.irs.gov/Form85*82 for instructions and the latest information.

Sequence No. 858
Identifying number

Attachment

495-23-7059

Par	t I 2022 Passive Activity Loss Caution: Complete Parts IV and V before completing Part I.		
	Il Real Estate Activities With Active Participation (For the definition of active participation, see Special ance for Rental Real Estate Activities in the instructions.)		
1a b c d	Activities with net income (enter the amount from Part IV, column (a))1a34,731.Activities with net loss (enter the amount from Part IV, column (b))1b(0.)Prior years' unallowed losses (enter the amount from Part IV, column (c))1c(Combine lines 1a, 1b, and 1c	1d	34,731.
All Ot	her Passive Activities		
2a b c d	Activities with net income (enter the amount from Part V, column (a))2a17,751.Activities with net loss (enter the amount from Part V, column (b))2b(0.)Prior years' unallowed losses (enter the amount from Part V, column (c))Combine lines 2a, 2b, and 2c	2d	17,751.
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	52,482.

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.

Pa	rt 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	Enter the smaller of the loss on line 1d or the loss on line 3	4	
5	Enter \$150,000. If married filing separately, see instructions 5		
6	Enter modified adjusted gross income, but not less than zero. See instructions 6		
	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	8	
9	Enter the smaller of line 4 or line 8	9	0.
Par	t III Total Losses Allowed		
10	Add the income, if any, on lines 1a and 2a and enter the total	10	
11	Total losses allowed from all passive activities for 2022. Add lines 9 and 10. See instructions to find		
	out how to report the losses on your tax return	11	

Part IV Complete This Part Before Part I, Lines 1a, 1b, and 1c. See instructions.

	Currer	nt year	Prior years	Overall gain or loss		
Name of activity	(a) Net income (line 1a)	(b) Net loss (line 1b)	(c) Unallowed loss (line 1c)	(d) Gain	(e) Loss	
1105 REGENCY CT UNIT 1105	11,995.	0.		11,995.		
1206 REGENCY CT 1206	8,939.	0.		8,939.		
1833 HOLLY OAK LN	5,675.	0.		5,675.		
2360 SARGENT DALY D	8,122.	0.		8,122.		
Total. Enter on Part I, lines 1a, 1b, and 1c	34,731.	0.				
For Paparwork Paduation Act Nation can instructions						

For Paperwork Reduction Act Notice, see instructions. BAA

REV 01/24/23 PRO

Form **8582** (2022)

Form 8582 (2022)								Page 2
Part V Complete This Part Befor	re Part I, Lines 2	a, 2b,	and 2c. S	ee instru	ctions.			
	Currer	nt year		Prior years		Overa	Overall gain or loss	
Name of activity	(a) Net income (b) Net loss (c) Unallowed loss (line 2a) (line 2b) loss (line 2c)			(d) Gain		(e) Loss		
1916 ROSEBROOK DR # 32	17,751.		0.			17,75	1.	
							_	
Total. Enter on Part I, lines 2a, 2b, and 2c	17,751.		0.					
Part VI Use This Part if an Amoun		Part II.		ee instru	ctions.			
	Form or schedule		<u> </u>					
Name of activity	and line number to be reported on (see instructions)	(a	I) Loss	(b) Ra	atio	(c) Special allowance		(d) Subtract column (c) from column (a).
							_	
Total				1.0	0			
Part VII Allocation of Unallowed L	.osses. See instr	uction	IS.					
Name of activity	Form or sche and line nur to be reporte (see instruct	nber ed on	(a) l	LOSS		(b) Ratio	(c)	Unallowed loss
Total						1.00		
Part VIII Allowed Losses. See instr								
Name of activity	Form or sche and line nur to be reporte (see instruct	nber ed on	(a) l	LOSS	(b) Ur	nallowed loss	(4	c) Allowed loss
					-			
Total								
					1			

REV 01/24/23 PRO

Form **8582** (2022)





Georgia Form 500 (Rev. 06/22/22)

Individual Income Tax Return Georgia Department of Revenue 2022 (Approved coffware version)

LULL (Approved software version)				
Page 1				
Fiscal Year Beginning	STATE ISSUED			
Fiscal Year Ending	YOUR DRIVER'S LICENSE/STATE ID			
YOUR FIRST NAME 1. DAMODHAR	МІ	YOUR SOCIAL SEC 495-23-70		
LAST NAME (For Name Change See IT-5 MACHERLA	i11 Tax Booklet)	SUFF	ix	
spouse's first name SWETHA	MI	spouse's social 406-73-94	SECURITY NUMBER	DEPARTMENT USE ONLY
LAST NAME KASHA		SUFF	IX	
address (number and street of p.o. bc 2. 9768 HAVEN PORT LN	X) (Use 2nd address line for A	Apt, Suite or Building Nur	nber) CHECK IF ADDRESS HAS CHA	NGED
CITY (Please insert a space if the city has mu 3. OOLTEWAH	ltiple names)		zip code 373633010	
(COUNTRY IF FOREIGN)				Residency Status
4. Enter your Residency Status with the a	ppropriate number			
1. FULL- YEAR RESIDENT 2. PART- YEAR RES		то		3. NONRESIDENT
Omit Lines 9 thru 14 and use Fe				Filing Status
5. Enter Filing Status with appropriate l	etter (See IT-511 Tax B	ooklet)		5 . B
A. Single B. Married filing joint C. Married filing	separate (Spouse's social secu	rity number must be enter	ed above) D. Head of Household	l or Qualifying Surviving Spouse
6. Number of exemptions (Check appro	opriate box(es) and ente	r total in 6c.) 6a. '	Yourself X 6b. Spou	se × 6c. 2

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Georgia Form 500 Individual Income Tax Return Georgia Department of Revenue 2022





YOUR SOCIAL SECURITY NUMBER 495-23-7059

7b. Dependents (If you have more than 4 dependents, attach a list of additional dependents) **First Name, MI.**Last Name

vame, MI. VIVAAN

Social Security Number 876 - 55 - 7789

First Name, MI. VIRAAJ

Social Security Number 123-45-8587

First Name, MI.

Social Security Number

First Name, MI.

Social Security Number

MACHERLA

Relationship to You SON

Last Name MACHERLA

Relationship to You SON

Last Name

Relationship to You

Last Name

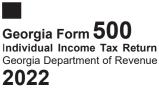
Relationship to You

INCOME COMPUTATIONS

If amount on line 8, 9, 10, 13 or 15 is negative, use the minus sign (-). Example -3456.

8. F	Federal adjusted gross income (From Federal Form 1040)	8.	460422
	(Do not use FEDERAL TAXABLE INCOME) If the amount on Line 8 is \$40,000 or W-2s you must include a copy of your Federal Form 1040 Pages 1, 2, and Sched		ı your
9. A	Adjustments from Form 500 Schedule 1 (See IT-511 Tax Booklet)	9.	
10. 0	Georgia adjusted gross income (Net total of Line 8 and Line 9)	10.	
11. S	Standard Deduction (Do not use FEDERAL STANDARD DEDUCTION)	11a.	
	b. Self: 65 or over? Blind? Total x 1,300=	11b.	
	Spouse: 65 or over? Blind?		
	c. Total Standard Deduction (Line 11a + Line 11b) Use EITHER Line 11c OR Line 12c (Do not write on both lines)	11c.	
12. 1	Total Itemized Deductions used in computing Federal Taxable Income. If you use item	nized deductions, you must include Fede	ral Schedule A.
	a. Federal Itemized Deductions (Schedule A- Form 1040)	12a.	
	b. Less adjustments: (See IT-511 Tax Booklet)	12b.	
(c. Georgia Total Itemized Deductions	12c.	
13. 5	Subtract either Line 11c or Line 12c from Line 10; enter balance	13.	

This Page (2) is required for processing





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YOUR SOCIAL SECURITY NUMBER 495-23-7059

Page 3

14a. Enter the number from Line 6c. Multiply by \$2,700 for filing status A or or multiply by \$3,700 for filing status B or C	D 14a.
14b. Enter the number from Line 7a. Multiply by \$3,000	14b.
14c. Add Lines 14a. and 14b. Enter total	14c.
 15a. Income before GA NOL (Line 13 less Line 14c or Schedule 3, Line 14) 15b. Georgia NOL utilized (Cannot exceed Line 15a or the amount after applying the 80% limitation, see IT-511 Tax Booklet for more informatio 	
15c. Georgia Taxable Income (Line 15a less Line 15b)	15c. 83255
16. Tax (Use Tax Rate Schedule in the IT-511 Tax Booklet)	16. 4552
17. Low Income Credit 17a. 17b	17c.
18. Other State(s) Tax Credit (Include a copy of the other state(s) return)	18.
19. Credits used from IND-CR Summary Worksheet	19.
20. Total Credits Used from Schedule 2 Georgia Tax Credits (must be f electronically)	filed ₂₀ .
21. Total Credits Used (sum of Lines 17-20) cannot exceed Line 16	21. 0
22. Balance (Line 16 less Line 21) if zero or less than zero, enter zero	. 22. 4552

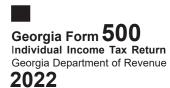
INCOME STATEMENT DETAILS Only enter income on which Georgia tax was withheld. Enter income from W-2s, 1099s, and G2-As on Line 4 GA Wages/Income. For other income statements complete Line 4 using the income reported from Form G2-RP Line 12 or 13; Form G2-LP Line 11, or for Form G2-FL enter zero.

	(INCOME STATEMENT A)		(INCOME STATEMENT B)		(INCOME STATEMENT C)
1.	WITHHOLDING TYPE:	1.	WITHHOLDING TYPE:	1.	WITHHOLDING TYPE:
	X W-2 G2-A G2-LP		W-2 G2-A G2-LP		W-2 G2-A G2-LP
	1099 G2-FL G2-RP		1099 G2-FL G2-RP		1099 G2-FL G2-RP
2.	EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) X SSN 581032521	2.	EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) SSN	2.	EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) SSN
3.	EMPLOYER/PAYER STATE WITHHOLDING ID 82753601Y	3.	EMPLOYER/PAYER STATE WITHHOLDING ID	3.	EMPLOYER/PAYER STATE WITHHOLDING ID
4.	GA WAGES / INCOME 84734	4.	GA WAGES / INCOME	4.	GA WAGES / INCOME
5.	GA TAX WITHHELD 4643	5.	GA TAX WITHHELD	5.	GA TAX WITHHELD

PLEASE COMPLETE INCOME STATEMENT DETAILS ON PAGE 4.

This Page (3) is required for processing 01 1555 115 2022 GA

REV 01/03/23 PRO



Page 4



2300411544

YOUR SOCIAL SECURITY NUMBER 495-23-7059

1. 2.	(INCOME STATEMENT D) WITHHOLDING TYPE: W-2 G2-A G2-LP 1099 G2-FL G2-RP EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) SSN	1. 2.	(INCOME STAT WITHHOLDING W-2 1099 EMPLOYER/PA' ID NUMBER (FE	TYPE: G2-A G2-FL YER FEDERAL	G2-LP G2-RP	1. 2.	(INCOME STATEMENT F) WITHHOLDING TYPE: W-2 G2-A G2-LP 1099 G2-FL G2-RP EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) SSN
3.	EMPLOYER/PAYER STATE WITHHOLDING ID	3.	EMPLOYER/PA	YER STATE W	ITHHOLDING ID	3.	EMPLOYER/PAYER STATE WITHHOLDING ID
4.	GA WAGES / INCOME	4.	GA WAGES / IN	COME		4.	GA WAGES / INCOME
5.	GA TAX WITHHELD	5.	GA TAX WITHH	ELD		5.	GA TAX WITHHELD
23.	Georgia Income Tax Withheld on Wages (Enter Tax Withheld Only and include W-2s				23.		4643
24.	Other Georgia Income Tax Withheld (Must include G2-A, G2-FL, G2-LP and/or G				24.		
25.	Estimated Tax paid for 2022 and Form IT				25.		
26.	Schedule 2B Refundable Tax Credits (Cannot be claimed unless filed electroni				. 26.		
27.	Total prepayment credits (Add Lines 23, 2	24, 2	25 and 26)		27.		4643
28.	If Line 22 exceeds Line 27, subtract Line balance due				28.		
29.	If Line 27 exceeds Line 22, subtract Line 2 overpayment				29.		91
30.	Amount to be credited to 2023 ESTIMA	TE	о тах		30.		0
31.	Georgia Wildlife Conservation Fund (No	gift	of less than \$1	.00)	31.		
32.	Georgia Fund for Children and Elderly (N	No g	ift of less than	\$1.00)	32.		
33.	Georgia Cancer Research Fund (No gift	ofl	ess than \$1.00)	33.		
34.	Georgia Land Conservation Program (No	o gif	t of less than \$	1.00)	34.		
35.	Georgia National Guard Foundation (No	gift	of less than \$1	.00)	35.		
36.	Dog & Cat Sterilization Fund (No gift of I	ess	than \$1.00)		36.		
37.	Saving the Cure Fund (No gift of less th	an \$	\$1.00)		37.		
38.	Realizing Educational Achievement Can Hap (No gift of less than \$1.00)	pen	(REACH) Progra	am	38.		

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I ndi Geo	orgia Form 500 ividual Income Tax Return orgia Department of Revenue 230041155		YOUR SOCIAL SECURITY NUMBER
20	_		195 25 7059
	Page 5		
39.	Public Safety Memorial Grant (No gift of less than \$1.00)	39.	
40.	Form 500 UET (Estimated tax penalty) 500 UET exception attached	40.	
41.	Penalty: Late Payment and/or Late Filing	. 41.	
42.	Interest	. 42.	
43.	(If you owe) Add Lines 28, 31 thru 42 MAKE CHECK PAYABLE TO GEORGIA DEPARTMENT OF REVENUE, Mail To: GEORGIA DEPARTMENT OF REVENUE PROCESSING CENTER PO BOX 740399 ATLANTA, GA 30374-0399		
	(If you are due a refund) Subtract the sum of Lines 30 thru 42 from Line 29 THIS IS YOUR REFUND Refund Due Mail To: GEORGIA DEPARTMENT OF REVENUE PROCESSIN PO BOX 740380 ATLANTA, GA 30374-0380	44. G CENTER,	91
	If you do not enter Direct Deposit information or if you are a first ti	me filer you will be iss	ued a paper check.
44a.	. Direct Deposit (U.S. Accounts Only) Type: Checking Savings		
	Routing Acco Number Num		
and	Mail pages 1-5 and any applicable schedules, forms, an e declare under the penalties of perjury that I/we have examined this return (including accom belief, it is true, correct, and complete. If prepared by a person other than the taxpayer(s), the axpayer's Signature (Check box if deceased)	panying schedules and stater his declaration is based on all	nents) and to the best of my/our knowledge information of which the preparer has knowledge.
le	axpayer's Signature (Check box if deceased) Spouse	s Signature ((Check box if deceased)
Ta	axpayer's Date of Death Spouse	's Date of Death	
Τa	axpayer's Signature Date Taxpayer's Phone Number 423-717-7288	Sp	ouse's Signature Date
n	By providing my e-mail address I am authorizing the Georgia Department of Revenue to ele ny account(s). Faxpayer's E-mail Address	ctronically notify me at the be	low e-mail address regarding any updates to
			I authorize DOR to discuss this return with the named preparer.
	VENKATA SAI PAVAN KUMAR DUDIPALLI	Preparer's Phor 678–965-	
	Signature of Preparer Name of Preparer Other Than Taxpayer	Preparer's FEI	J
	VENKATA SAI PAVAN KUMAR D	88-21454	
	Preparer's Firm Name GLOBAL TAXES LLC	Preparer's SSN P0247083	

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REV 01/03/23 PRO

Georgia Form 500 (Rev. 06/22/22) Schedule 3 Part-Year Nonresident



Schedule 3 Page 1

YOUR SOCIAL SECURITY NUMBER 495-23-7059

2022 (Approved software version)

DO NOT USE LINES 9 THRU 14 OF PAGES 2 AND 3 FORM 500 or 500X

 SCHEDULE 3 COMPUTATION OF GEORGIA TAXABLE INCOME FOR ONLY PART-YEAR RESIDENTS AND NONRESIDENTS.

 Income earned in another state as a Georgia resident is taxable but other state(s) tax credit may apply. See IT-511 Tax Booklet.

 FEDERAL INCOME AFTER GEORGIA ADJUSTMENT
 INCOME NOT TAXABLE TO GEORGIA

(COLUMN A)	(COLUMN B)		LUMN C)
1. WAGES, SALARIES, TIPS, etc 405455	1. WAGES, SALARIES, TIPS, etc 320721	1. WAGES, SALARIE	S, TIPS, etc 84734
2. INTEREST AND DIVIDENDS 85	2. INTEREST AND DIVIDENDS 85	2. INTEREST AND D	IVIDENDS 0
3. BUSINESS INCOME OR (LOSS)	3. BUSINESS INCOME OR (LOSS)	3. BUSINESS INCOM	E OR (LOSS)
4. OTHER INCOME OR (LOSS) 54882	4. OTHER INCOME OR (LOSS) 54882	4. OTHER INCOME O	r (Loss) 2400
5. TOTAL INCOME: TOTAL LINES 1 THRU 4 460422	5. TOTAL INCOME: TOTAL LINES 1 THRU 4 375688	5. TOTAL INCOME:	TOTAL LINES 1 THRU 4 87134
6. TOTAL ADJUSTMENTS FROM FORM 1040	6. TOTAL ADJUSTMENTS FROM FORM 1040	6. TOTAL ADJUSTM	ENTS FROM FORM 1040
7. TOTAL ADJUSTMENTS FROM FORM 500, SCHEDULE 1	7. TOTAL ADJUSTMENTS FROM FORM 500, SCHEDULE 1	7. TOTAL ADJUSTME SCHEDULE 1	ENTS FROM FORM 500,
8. ADJUSTED GROSS INCOME: LINE 5 PLUS OR MINUS LINES 6 AND 7	8. ADJUSTED GROSS INCOME: LINE 5 PLUS OR MINUS LINES 6 AND 7	8. ADJUSTED GROS LINE 5 PLUS OR M	/INUS LINES 6 AND 7
460422	375688		87134
9. RATIO: Divide Line 8, Column C by Line check the box for Time Ratio. Enter	e 8, Column A enter percentage or r percentage	9. 18.92	% Not to exceed 100%
10a. Itemized or Standard Deduction $ imes$	or Georgia Itemized (See IT-511 Tax Booklet)	10a.	7100
10b. Additional Standard Deduction Self: 65 or over? Blind? Spouse: 65	or over? Blind? Total X 1,300=	10b.	
11. Personal Exemptions from Form 500 or Fo	orm 500X (See IT-511 Tax Booklet)		
11a. Enter the number on Line 6c from Form 500 filing status A or D or multiply by \$3,700 for f		11a.	7400
11b. Enter the number on Line 7a from Form 500	or Form 500X 2 multiply by \$3,000	11b.	6000
12. Total Deductions and Exemptions: Add I	ines 10a, 10b, 11a, and 11b	12.	20500
13. *Multiply Line 12 by Ratio on Line 9 and e		13.	3879
14. Income before GA NOL: Subtract Line 13 Enter here and on Line 15a, Page 3 of Fo		14.	83255

1040		artment of the Treasury—Internal Revenue Serv S. Individual Income Ta		urn	202	2	OMB No. 1545	-0074	IRS Use Only	–Do not w	rite or staple i	n this space.
Filing Status Check only one box.	lf yo	Single X Married filing jointly	ame of y	0	separately (N use. If you cl	,			· · · ·	spo	lifying surv use (QSS) s name if th	0
		on is a child but not your dependent	-									
Your first name		iddle initial	Last na								cial securit	-
DAMODHAR		e	-	ERLA							23-7059	
	oouse's	s first name and middle initial	Last na									urity numbe
SWETHA			KASH								73-9464	
		er and street). If you have a P.O. box, see	Instruction	ons.				I A	vpt. no.			on Campaigr
9768 HAV											nere if you, if filing ioin	or your tly, want \$3
		ce. If you have a foreign address, also co	omplete s	paces bei	ow.	Sta		ZIP c		to go to	this fund.	Checking a
OOLTEWAH						TI	-		633010	1	ow will not	change
Foreign country	name		'	-oreign pr	ovince/state/o	coun	ty	Foreig	n postal code	your tax	or refund.	Spouse
	• ·										fou	
Digital		ny time during 2022, did you: (a) rec									Vee	XNo
Assets		ange, gift, or otherwise dispose of a	-					asset)	? (See Instru	ictions.)	Yes	
Standard		eone can claim: 🗌 You as a de	•		•		a dependent					
Deduction		Spouse itemizes on a separate retur	n or you	were a	dual-status	alier	1					
Age/Blindness	You:	🛛 🗌 Were born before January 2, 1	958	Are bl	ind Spo	ouse	: 🗌 Was bor	n befo	ore January 2	2, 1958	🗌 ls bli	nd
Dependents	s (see	instructions):		(2) S	Social security	r	(3) Relationsh	ip (4) Check the b	ox if quali	fies for (see	instructions):
If more		irst name Last name			number	to you			Child tax c	redit	Credit for oth	ner dependents
than four	VIV	VAAN MACHERLA		876-55-7789		Son		X		[
dependents,	VIF	VIRAAJ MACHERLA			123-45-8587 Son				X		[
see instructions and check	;										[
here											[
Income	1a	Total amount from Form(s) W-2, b	ox 1 (se	e instruc	tions) .					. 1a	40)5,455.
income	b	Household employee wages not re	eported	on Form	(s) W-2					. 1b	,	
Attach Form(s)	с	Tip income not reported on line 1a	•							. 1c	;	
W-2 here. Also attach Forms	d	Medicaid waiver payments not reported on Form(s) W-2 (see instruction					uctions)			. 1d		
W-2G and	е	Taxable dependent care benefits	from For	m 2441,	line 26					. 1e	•	
1099-R if tax was withheld.	f	Employer-provided adoption bene	efits from	n Form 8	839, line 29					. 1f		
lf you did not	g	Wages from Form 8919, line 6								. 1g		
get a Form	h	Other earned income (see instruct	ions) .							. 1h	1	0.
W-2, see instructions.	i	Nontaxable combat pay election (see instr	uctions)			11					
	z	Add lines 1a through 1h								. 1z	40)5,455.
Attach Sch. B	2a		2a				axable interes	t.		. 2b)	85.
if required.	3a	Qualified dividends	3a			b C	Ordinary divide	nds .		. 3b)	
	4a	IRA distributions	4a			bТ	axable amoun	t		. 4b)	
Standard	5a	Pensions and annuities	5a			bТ	axable amoun	t		. 5b)	
Deduction for-	6a	Social security benefits	6a			bТ	axable amoun	t		. 6b)	
 Single or Married filing 	с	If you elect to use the lump-sum e	election r	nethod,	check here	(see	instructions)		[
separately, \$12,950	7	Capital gain or (loss). Attach Sche	dule D if	[;] required	d. If not requ	ired	, check here		[7		
 Married filing 	8	Other income from Schedule 1, lin								. 8	5	54,882.
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7	, and 8.	This is y	our total inc	com	e			. 9		50,422.
surviving spouse, \$25,900	10	Adjustments to income from Sche								. 10		
Head of	11	Subtract line 10 from line 9. This is	s your a	djusted	gross incor	ne				. 11	46	50,422.
household, \$19,400	12	Standard deduction or itemized	•	-	-					. 12		25,900.
If you checked	13	Qualified business income deduct					5-A			. 13		
any box under Standard	14	Add lines 12 and 13								. 14	. 2	25,900.
Deduction,	15	Subtract line 14 from line 11. If zer					taxable incom	ie .		. 15		34,522.
see instructions.					2							

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

Form 1040 (2022)

Form 1040 (2022	2)								Page
Tax and	16	Tax (see instructions). Check	if any from Form	n(s): 1 🗌 881	4 2 4972	3		16	99,589.
Credits	17	Amount from Schedule 2, lin	e3					17	
	18	Add lines 16 and 17						18	99,589.
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812			19	950.
	20	Amount from Schedule 3, lin	e8					20	
	21	Add lines 19 and 20						21	950.
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	98,639.
	23	Other taxes, including self-er	mployment tax,	from Schedule	e 2, line 21 .			23	3,630.
	24	Add lines 22 and 23. This is						24	102,269.
Payments	25	Federal income tax withheld							
i aj incento	а	Form(s) W-2				25a 40),497.		
	b	Form(s) 1099				25b	-	1	
	с	Other forms (see instructions				25c	0.	-	
	d	Add lines 25a through 25c	,					25d	40,497.
	26	2022 estimated tax payment						26	
If you have a l qualifying child,	27	Earned income credit (EIC)		• •		27			
attach Sch. EIC.	28	Additional child tax credit from				28		-	
	29	American opportunity credit				29		-	
	30	Reserved for future use .		-		30			
	31	Amount from Schedule 3, lin					2,662.	1	
	32	Add lines 27, 28, 29, and 31.						32	12,662.
	33	Add lines 25d, 26, and 32. T	-	-	-			33	53,159.
	34	If line 33 is more than line 24						34	
Refund	35a	Amount of line 34 you want i	-			· ·		35a	
Direct deposit?	b	Routing number X X X					Savings	oou	
See instructions.		Account number X X X							
	36	Amount of line 34 you want a				36			
Amount	37	Subtract line 33 from line 24						-	
You Owe	37	For details on how to pay, go						37	50,670.
	38	Estimated tax penalty (see in	-			1 1	,560.	01	5070101
Third Party		you want to allow another					,500.		
Designee		structions	•				omplete	below.	× No
	De	signee's		Phone			onal identi		
	nai	me		no.		num	ber (PIN)		
Sign		der penalties of perjury, I declare t			1 2 0		,		, ,
Here		lief, they are true, correct, and com	plete. Declaration	of preparer (othe	1	ased on all informati			, ,
	Yo	ur signature		Date	Date Your occupation				nt you an Identity IN, enter it here
Joint return?					SOFTWARE			inst.)	
See instructions.	Sp	Spouse's signature. If a joint return, both mus		Date	Spouse's occupa		If the	e IRS se	nt your spouse an
Keep a copy for	-1-					Iden	tity Prote	ection PIN, enter it he	
your records.					SOFTWARE	DEVELOPER	(see	inst.)	
		one no. (423)717-728	8	Email address	Dmacherla	9@Gmail.Cor	n		
Paid	Pre	eparer's name	Preparer's signat	ture		Date	PTIN		Check if:
Preparer	VENK	ATA SAI PAVAN KUMAR DUDIPALLI				01/30/2023	P0247	0833	Self-employed
Use Only	Fir	m's name GLOBAL TAX	XES LLC				Pho	ne no. (678)965-9522
	Fir	m's address 245 ROONE	Y CT E BRU	NSWICK N	J 08816		Firm	ı's EIN	88-2145487
Go to www.irs.ge	ov/Forn	n1040 for instructions and the late	st information.		BAA	REV 01/24/23 PRO			Form 1040 (202

SCHEDULE	1
(Form 1040)	

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 20 22

Attachment Sequence No. **01**

Your social security number 495-23-7059

Name(s) show	vn on Form 10	040), 1040-SR	, or 1040-NR
DAMODHAR	MACHERLA	&	SWETHA	KASHA

Par	t I Additional Income				
1	Taxable refunds, credits, or offsets of state and local income taxes			1	
2a	Alimony received			2a	
b	Date of original divorce or separation agreement (see instructions):				
3	Business income or (loss). Attach Schedule C			3	
4	Other gains or (losses). Attach Form 4797			4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Att	ach S	chedule E .	5	52,482.
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	8 f			
g	Alaska Permanent Fund dividends	8g			
h	Jury duty pay	8h			
i	Prizes and awards	8 i		_	
j	Activity not engaged in for profit income	8j		-	
k	Stock options	8k		-	
	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 0m		-	
p	Section 461(I) excess business loss adjustment	8p		-	
q	Scholarship and fellowship grants not reported on Form W-2	8q 8r		-	
r	Nontaxable amount of Medicaid waiver payments included on Form	OI		-	
S	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:				
	Other income. List type and amount: Other Income from box 3 of 1099-Misc 2,400.	8z	2,400.		
9	Total other income. Add lines 8a through 8z			9	2,400.
10	Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SF	R, or 1	040-NR, line 8	10	54,882.
For Pa	perwork Reduction Act Notice, see your tax return instructions.			Schedu	le 1 (Form 1040) 2022

11 Educator expenses 11 12 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 12 13 Health savings account deduction. Attach Form 8889 13 14 Moving expenses for members of the Armed Forces. Attach Form 3903 14 15 Deductible part of self-employment tax. Attach Schedule SE 15 16 Self-employed SEP, SIMPLE, and qualified plans 16 17 Temployed health insurance deduction 17 19 Alimony paid 19a 19 Alimony paid 19a 20 IRA deduction 21 21 Reserved for future use 22 23 Archer MSA deduction 21 24 Actor fush customer reported on line 8 from the rental of personal property engaged in for profit 24a 24 24a 24a 24d 24a 24a	Par	t II Adjustments to Income					8
officials. Attach Form 2106 12 13 Health savings account deduction. Attach Form 8889 13 14 15 15 Deductible part of self-employment tax. Attach Schedule SE 15 16 Self-employed SEP, SIMPLE, and qualified plans 16 17 18 Penalty on early withdrawal of savings 18 19a Alimony paid 19a 19a 19a Alimony paid 12 20 21 Student loan interest deduction 21 22 23 Acted of ruture use 22 22 24 Other adjustments: 23 24a 24 24a 24a 24a 24 24a 24a 24a 25 Archer MSA deduction 23 24a 24 24a 24a 24a 24a 24a 24a 24a </th <th>11</th> <th>Educator expenses</th> <th></th> <th></th> <th></th> <th>11</th> <th></th>	11	Educator expenses				11	
officials. Attach Form 2106 12 13 Health savings account deduction. Attach Form 8889 13 14 15 15 Deductible part of self-employment tax. Attach Schedule SE 15 16 Self-employed SEP, SIMPLE, and qualified plans 16 17 18 Penalty on early withdrawal of savings 18 19a Alimony paid 19a 19a 19a Alimony paid 12 20 21 Student loan interest deduction 21 22 Reserved for future use 22 23 Archer MSA deduction 23 24 Other adjustments: 23 25 Represent MSA deduction of the value of Olympic and Paralympic medias and USOC prize money reported on line 81 from the rental of personal property engaged in for profit 24a 24a 24a 24a 24d 24a	12	Certain business expenses of reservists, performing artists, and fee	-basi	is governi	ment		
13 Health savings account deduction. Attach Form 3889 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 17 Self-employed SEP, SIMPLE, and qualified plans 16 17 Renalty on early withdrawal of savings 18 19a Alimony paid 19a b Recipient's SSN 18 c Date of original divorce or separation agreement (see instructions): 20 21 Student loan interest deduction 21 22 23 24 24 Other adjustments: 24 a Jury duty pay (see instructions) 24a b Deductible expenses related to income reported on line 81 from the rental of personal property engaged in for profit 24b c Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m 24d g Contributions to section 501(c)(18)(D) pension plans 24d g Contributions to section 501(c)(18)(D) pension plans 24d i Attorney fees and court costs for actions involving certain unlawful discrimination c		officials. Attach Form 2106				12	
15 Deductible part of self-employment tax. Attach Schedule SE 15 16 Self-employed SEP, SIMPLE, and qualified plans 16 17 Self-employed health insurance deduction 17 18 Penalty on early withdrawal of savings 18 19a Alimony paid 18 19a Pencipient's SSN 20 21 Student loan interest deduction 21 22 23 Archer MSA deduction 22 23 Archer MSA deduction 22 24 Other adjustments: 24 24 Other adjustments: 24 24 Other adjustments: 24 24 Other adjustments: 24 24 Archer MSA deduction 24 24 Other adjustments: 24 24 24 24 24 24 24 24 24d 24d 24	13					13	
15 Deductible part of self-employment tax. Attach Schedule SE 15 16 Self-employed SEP, SIMPLE, and qualified plans 16 17 Self-employed health insurance deduction 17 18 Penalty on early withdrawal of savings 18 19a Alimony paid 18 19a Pencipient's SSN 20 21 Student loan interest deduction 21 22 23 Archer MSA deduction 22 23 Archer MSA deduction 22 24 Other adjustments: 24 24 Other adjustments: 24 24 Other adjustments: 24 24 Other adjustments: 24 24 Archer MSA deduction 24 24 Other adjustments: 24 24 24 24 24 24 24 24 24d 24d 24	14	Moving expenses for members of the Armed Forces. Attach Form 3903				14	
16 Self-employed SEP, SIMPLE, and qualified plans 16 17 Self-employed health insurance deduction 17 18 Penalty on early withdrawal of savings 18 19a Alimony paid 19a b Recipient's SSN 19a c Date of original divorce or separation agreement (see instructions): 20 21 Student loan interest deduction 21 22 Reserved for future use 22 23 Archer MSA deduction 22 24 Other adjustments: 24a a Jury duty pay (see instructions) 24a b Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit 24a c Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m 24c 24d 24d 24d 24d 24d 24d g Contributions to section 501(c)(18)(D) pension plans 24d g Contributions to section 501(c)(18)(D) pension plans 24d 24h 24h 24d 24h 24d	15					15	
17 Self-employed health insurance deduction 17 18 Penalty on early withdrawal of savings 18 19a Alimony paid 19a b Recipient's SSN 19a c Date of original divorce or separation agreement (see instructions): 20 21 Student loan interest deduction 21 22 Reserved for future use 22 23 Archer MSA deduction 23 24 Other adjustments: 23 a Jury duty pay (see instructions) 24a 24 24b 24b 24 24d 24d 24d 24d 24d 24f 24	16					16	
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b Recipient's SSN	19a						
c Date of original divorce or separation agreement (see instructions): 20 20 IRA deduction							
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 g Contributions by certain chaplains to section 403(b) plans	f						
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25 Total other adjustments. Add lines 24a through 24z 24z 25 26 Add lines 11 through 23 and 25. These are your adjustments to income. Enter here and on 25	7					-	
 25 Total other adjustments. Add lines 24a through 24z	~		247				
26 Add lines 11 through 23 and 25. These are your adjustments to income. Enter here and on	25					25	
						20	
	20					26	
BAA REV 01/24/23 PRO Schedule 1 (Form 1040) 20							1 (Earm 1040) 00

SCHEDULE	2
(Form 1040)	

Additional Taxes

OMB No. 1545-0074

(Forn	n 1040)	Attach to Form 1040, 1040-SR, or 1040-NR.			2022
Departi Interna	AS	ttachment equence No. 02			
	()	orm 1040, 1040-SR, or 1040-NR	Your so	cial s	ecurity number
		RLA & SWETHA KASHA	495-2	3-70	59
Pa	rt I Tax				
1	Alternative I	minimum tax. Attach Form 6251		1	
2	Excess adv	ance premium tax credit repayment. Attach Form 8962		2	
3	Add lines 1	and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 1	7	3	
Pa	rt II Other	Taxes			
4	Self-employ	vment tax. Attach Schedule SE		4	
5		urity and Medicare tax on unreported tip income.			
6	Uncollected Form 8919	social security and Medicare tax on wages. Attach			
7	Total addition	onal social security and Medicare tax. Add lines 5 and 6 $$		7	
8	Additional ta	ax on IRAs or other tax-favored accounts. Attach Form 5329 if req	uired.		
	If not requir	ed, check here		8	
9	Household	employment taxes. Attach Schedule H		9	
10	Repayment	of first-time homebuyer credit. Attach Form 5405 if required		10	
11	Additional N	Леdicare Tax. Attach Form 8959		11	1,632.
12	Net investm	ent income tax. Attach Form 8960		12	1,998.
13		I social security and Medicare or RRTA tax on tips or group-ter rom Form W-2, box 12		13	

14	Interest on tax due on installment income from the sale of certain residential lots		
	and timeshares	14	
15	Interest on the deferred tax on gain from certain installment sales with a sales price		
	over \$150,000	15	
16	Recapture of low-income housing credit. Attach Form 8611	16	
		ontin	ued on page

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

e 2)

Schedule 2 (Form 1040) 2022

Par	t II Other Taxes (continued)			
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			
	see instructions	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			
		17m	-	
n	Look-back interest under section 167(g) or 460(b) from Form 8697 or 8866	17n		
ο	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	47.		
	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:	47_		
10	Total additional taxon. Add lines 172 through 177	17z	10	
18	Total additional taxes. Add lines 17a through 17z		18	
19 00	Reserved for future use		19	
20 21	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.		21	3,630.
	ВАА			ile 2 (Form 1040) 2022

Department of the Treasury

Additional Credits and Payments

OMB No. 1545-0074 (0)

2

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

Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form1040 for instructions and the latest information.					Attachment Sequence No. 03
Name	(s) shown on Form	n 1040, 1040-SR, or 1040-NR	Your so	cial s	security number
		LA & SWETHA KASHA	495-2	23-7	059
Par	tl Nonrefu	ndable Credits			
1	Foreign tax cr	redit. Attach Form 1116 if required		1	
2	Credit for chi Form 2441	ild and dependent care expenses from Form 2441, line		2	
3	Education cre	edits from Form 8863, line 19...............		3	
4	Retirement sa	avings contributions credit. Attach Form 8880		4	
5	Residential er	nergy credits. Attach Form 5695		5	
6	Other nonrefu	indable credits:			
а	General busin	ness credit. Attach Form 3800 6a			
b	Credit for prio	or year minimum tax. Attach Form 8801 6b			
С	Adoption crea	dit. Attach Form 8839................			
d	Credit for the	elderly or disabled. Attach Schedule R 6d			
е	Alternative mo	otor vehicle credit. Attach Form 8910 6e			
f	Qualified plug	-in motor vehicle credit. Attach Form 8936 6f			
g	Mortgage inte	erest credit. Attach Form 8396 6g			
h	District of Colu	umbia first-time homebuyer credit. Attach Form 8859 6h			
i	Qualified elec	tric vehicle credit. Attach Form 8834 6i			
j	Alternative fue	el vehicle refueling property credit. Attach Form 8911 6j			
k	Credit to hold	ers of tax credit bonds. Attach Form 8912 6k			
I	Amount on Fo	orm 8978, line 14. See instructions 61			

Other nonrefundable credits. List type and amount: Ζ

7 Total other nonrefundable credits. Add lines 6a through 6z 7 Add lines 1 through 5 and 7. Enter here and on Form 1040, 1040-SR, or 1040-NR, 8 line 20 8 . .

(continued on page 2)

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

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REV 01/24/23 PRO

Schedule 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	12,662.
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	12,662.
	BAA REV	01/24/23 PRO	Schedu	le 3 (Form 1040) 2022

Department of the Treasury

Internal Revenue Service

Child and Dependent Care Expenses

OMB No. 1545-0074

Attach	to	Form	1040	1040-SR,	or	1040-NR
Allacii	w	I UIIII	1040,	1040-30,	UI.	IUTU-INI.

Go to www.irs.gov/Form2441 for instructions and the latest information.

	2022					
	Attachment Sequence No. 21					
Your social security number						

Name(s) shown on return

DAMODHAR MACHERLA & SWETHA KASHA

		· · · · · ,	
495	5-23	-7059	

A You can't claim a credit for child and dependent care expenses if your filing status is married filing separately unless you meet the requirements listed in the instructions under Married Persons Filing Separately. If you meet these requirements, check this box . . B If you or your spouse was a student or was disabled during 2022 and you're entering deemed income of \$250 or \$500 a month on

Form 2441 based on the income rules listed in the instructions under If You or Your Spouse Was a Student or Disabled, check this box. Part I

Persons or Organizations Who Provided the Care-You must complete this part. If you have more than three care providers, see the instructions and check this box .

		,		,				
1 (a) Care prov name		(b) Add (number, street, apt. no., c		(c) Identifying number (SSN or EIN)	household emp For example, this nannies but not	re provider your ployee in 2022? generally includes daycare centers. tructions)	(e) Amount paid (see instructions)
			7745 EAST BRAIN	ERED ROAD		Yes	X No	
EAST	BRAINERD	PRESCHOOL	CHATTANOOGA TN	37421	62-1133578			8,000.
						Yes	🗌 No	
						🗌 Yes	🗌 No	
Did you receive		No	Complete	e only Part II b	elow.			
dependent care benefits?			Ves	Complete	Part III on na	aa 2 nevt		

- Yes ------ Complete Part III on page 2 next.

Caution: If the care provider is your household employee, you may owe employment taxes. For details, see the Instructions for Schedule H (Form 1040). If you incurred care expenses in 2022 but didn't pay them until 2023, or if you prepaid in 2022 for care to be provided in 2023, don't include these expenses in column (d) of line 2 for 2022. See the instructions.

Part	Credit fo	or Child and	d Depend	ent Car	e Expense	S					
2	Information about	your qualifyin	g person(s)). If you h	ave more tha	n three qua	lifying pers	ons, see the inst	ruction	s and check this b	oox 🗌
	(a) First	Qualifying pers	son's name	Last		(b) Qualifyin social secur		(c) Check here qualifying person w age 12 and was di (see instructio	as over sabled.	(d) Qualified expe you incurred and in 2022 for the pe listed in column	paid erson
VIVA	AN	MZ	ACHERLA			876-55	-7789			8,	000.
3	Add the amounts in	n column (d) (of line 2. Do	n't enter	more than \$3	,000 if you	had one q	ualifying person			
	or \$6,000 if you ha	ad two or mo	ore persons.	. If you co	ompleted Pa	rt III, enter	the amour	nt from line 31	3		
4	Enter your earned	d income. Se	ee instructio	ons .					4		
5	If married filing jo	intly, enter y	our spouse	's earne	d income (if	you or you	ur spouse	was a student			
	or was disabled, s	see the instru	uctions); all	others,	enter the am	ount from	line 4 .		5		0.
6	Enter the smalles	t of line 3, 4	, or 5						6		
7	Enter the amount	from Form 1	040, 1040-	SR, or 10	040-NR, line	11	. 7				
8	Enter on line 8 the	e decimal am	nount show	n below t	that applies t	to the amo	unt on line	e 7.			
	If line 7 is:		If line 7 is:			If line 7 is	s:				
	But not Over over	Decimal amount is		But not over	Decimal amount is	Over	But not over	Decimal amount is			
	\$0-15,000	.35	\$25,000-	27,000	.29	\$37,000-	-39,000	.23			
	15,000-17,000	.34	27,000-	29,000	.28	39,000-	-41,000	.22	0	N N	
	17,000-19,000	.33	29,000-	31,000	.27	41,000-	-43,000	.21	8	X	
	19,000-21,000	.32	31,000-	33,000	.26	43,000-	–No limit	.20			
	21,000-23,000	.31	33,000-	35,000	.25						
	23,000-25,000	.30	35,000-	,	.24						
9a	Multiply line 6 by								9a		
b	If you paid 2021 e										
	from line 13 of the	e worksheet	here. Other	wise, ent	ter -0- on line	e 9b and g	o to line 9	с	9b		
С	Add lines 9a and								9c		
10	Tax liability limit. En										
11	Credit for child a										
	on Schedule 3 (Fo								11		
For Pa	aperwork Reducti	on Act Notic	ce, see you	ur tax ret	turn instruct	tions.	BAA	REV	01/24/23	PRO Form 244	1 (2022)

Form 2	441 (2022)		Page 2
Part	III Dependent Care Benefits		
12	Enter the total amount of dependent care benefits you received in 2022. Amounts you received as an employee should be shown in box 10 of your Form(s) W-2. Don't include amounts reported as wages in box 1 of Form(s) W-2. If you were self-employed or a partner, include amounts you received under a dependent care assistance program from your sole proprietorship or partnership	12	5,000.
13 14	Enter the amount, if any, you carried over from 2020 and/or 2021 and used in 2022. See instructions If you forfeited or carried over to 2023 any of the amounts reported on line 12 or 13, enter the amount. See instructions	13 14	()
15 16	Combine lines 12 through 14. See instructions	15	5,000.
17 18 19	Enter the smaller of line 15 or 16175,000.Enter your earned income. See instructions18330,478.Enter the amount shown below that applies to you.18330,478.• If married filing jointly, enter your spouse's1		
	earned income (if you or your spouse was a student or was disabled, see the instructions for line 5).		
20	 If married filing separately, see instructions. All others, enter the amount from line 18. Enter the smallest of line 17, 18, or 19		
21	Enter \$5,000 (\$2,500 if married filing separately and you were required to enter your spouse's earned income on line 19). If you entered an amount on line 13, add it to the \$5,000 or \$2,500 amount you enter on line 21. However, don't enter more than the maximum amount allowed under your dependent care plan. If your dependent care plan uses a non-calendar plan year, see instructions		
22	Is any amount on line 12 or 13 from your sole proprietorship or partnership? Image: No. Enter -0 Image: Provide the amount here	22	0.
23 24	Subtract line 22 from line 15 5,000. Deductible benefits. Enter the smallest of line 20, 21, or 22. Also, include this amount on the appropriate line(s) of your return. See instructions	24	0.
25	Excluded benefits. If you checked "No" on line 22, enter the smaller of line 20 or 21. Otherwise, subtract line 24 from the smaller of line 20 or line 21. If zero or less, enter -0-	24	5,000.
26	Taxable benefits. Subtract line 25 from line 23. If zero or less, enter -0 Also, enter this amount on Form 1040, 1040-SR, or 1040-NR, line 1e	26	0.
	To claim the child and dependent care credit, complete lines 27 through 31 below.		
27	Enter \$3,000 (\$6,000 if two or more qualifying persons)	27	3,000.
28 29	Add lines 24 and 25	28	5,000.
30	Complete line 2 on page 1 of this form. Don't include in column (d) any benefits shown on line 28 above. Then, add the amounts in column (d) and enter the total here	29 30	-2,000.
31	Enter the smaller of line 29 or 30. Also, enter this amount on line 3 on page 1 of this form and complete lines 4 through 11	31	

REV 01/24/23 PRO Form **2441** (2022)