Form <b>8879</b>
(Rev. January 2021)
Department of the Treesury

#### 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)

Taxpayer's name	Social security number
KRISHNA REDDY GAVVA	630-08-2525
Spouse's name	Spouse's social security number
Part I Tax Return Information – Tax Year Ending December 31, 2022 (Enter	year you are authorizing.)
Enter whole dollars only on lines 1 through 5.	
Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.	
<b>1</b> Adjusted gross income	<b>1</b> 7,224.
<b>2</b> Total tax	<b>2</b> 0.
<b>3</b> Federal income tax withheld from Form(s) W-2 and Form(s) 1099	<b>3</b> 2,790.
4 Amount you want refunded to you	<b>4</b> 2,790.
5 Amount you owe	5

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

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

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

X	I authorize	GLOBAL	TAXES	LLC	to enter or generate my PIN
				ERO firm name	

8		5	_	-	as my
	er fiv i't er				

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 Krishna Gavva

Spouse's PIN: check one box only

I authorize

to enter or generate my PIN

Date ► 2/26/2023

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

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

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

Spouse's signa	ature 🕨 🛛 Da	ate 🕨	•				 		
	Practitioner PIN Method Returns Only—continue	bel	ow						
Part III Ce	ertification and Authentication – Practitioner PIN Method Only								
ERO's EFIN/P	<b>IN.</b> Enter your six-digit EFIN followed by your five-digit self-selected PIN.	2	2			6 all ze	 9	8	9

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

ERO's signature >		Date 🕨	
—	RO Must Retain This Form — Se mit This Form to the IRS Unless		
For Demonstral, Deduction Act Nation and			Farm 8870 (Day, 01 0001)

For Paperwork Reduction Act Notice, see your tax return instructions. BAA REV 02/17/23 PRO

Digital Assets       At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.)       Yes         Standard Deduction       Someone can claim:       You as a dependent       You receive (as a reward, award, or payment for property or services); or (b) sell, exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions).       Yes       No         Standard Deduction       Spouse itemizes on a separate return or you were a dual-status alien       Spouse:       Was born before January 2, 1958       Is blind         Age/Blindness       You:       Were born before January 2, 1958       Are blind       Spouse:       (4) Check the box if qualifies for (see instructions); (1) First name       Is blind         If more than four dependents, see instructions       Is at name       Immber	<b>1040</b>		Internat of the Treasury-Internal Revenue Servi		n 20 <b>2</b>	2	OMB No. 1545	-0074	IRS Use C	nly—D	o not w	rite or staple i	in this space.
One Eox. <sup>3</sup> If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying periods is a child built on try your dispendent.       Your social security number (SRTSINA REDDY)         Your there and mode initial       Last name       Your social security number (SRTSINA REDDY)       QAVVA         Home address (number and afree). If you have a PO. box, see instructions.       Apt. no.       Presidential Election Campaign (SRT), town, part of the you have a foreign address, also complete spaces below.       State       ZP code       typous the initial initial initial (SRT), town, part of the your have a the finance of the space below.       State       ZP code       typous the initial (SRT), the part of the your have a the try out and the space below.       State       ZP code       typous the initial (SRT), the part of the your have a the try out and the space below.       State       ZP code       typous the initial (SRT), the part of the your of your of the your of the initial (SRT), the part of the your of the initial (SRT), the part of the your of the your of the initial (SRT), the part of the your of the yo	Filing Status	s 🗙 S	Single	Married f	filing separately (N	/IFS)	Head of	house	hold (HOH	)			/iving
KRISHNA REDDY       GAVVA       630-08-2525         If joint etum, spoade's first name and middle initial       Lash name       Spouse's social security number         Home address (number and street). If you have a toreign address, also complete spaces below.       State       2P code         1325       CORKS COURT       Presidential Election Campaign       Checkhore if you, or your spouse filling jointly, want 35         BERNTYROD       TYN       37.02.7       State       2P code         Foreign country name       Foreign province/state/county       Foreign postal code       You       Spouse         Standard       Someone can calledin:       You as dependent       You       Spouse       No         Dependents       Seconse con a separate return or you were a dual-status alien       Age/Bindness       You:       Spouse       No       Spouse       No         Dependents       Seconse con a legendent       You some as dependent       Postal       Po				,	r spouse. If you cł	neck	ed the HOH or	QSS	box, enter	the c	•	· · ·	ie qualifying
If joint return, spouse's first name and middle initial       Last name       Spouse's social security number         Home address (number and street). If you have a P.O. box, see instructions.       Apt. no.       Presidential Election Campaign         1325 COOKS_COURT       Check here if you, or your       State       ZIP code         City, town, or post office. If you have a foreign address, also complete spaces below.       State       ZIP code         Presidential       Environment of the state state of the sta	Your first name	and mi	ddle initial	Last name						Yo	our so	cial securit	y number
Home address (number and street). If you have a P.0. box, see instructions.       Apt. no.       Predidential Election Campaign Check here if you, or your sponse if thing jointly, want 38         BERNTWOD       The Value a toreign address, also complete spaces below.       State       ZIP code.       State	KRISHNA	REDI	DY	GAVVA						6	30-0	)8-252!	5
1325 COOKS       COURT       Check here if you, or you       Check here if you       You       Spouse if filing plotty, want 33 to go to this fund. Checking a STO 27         Foreign country name       Foreign powine/state/county       Foreign postal code       You       Spouse         Digital Assets       At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, assets       No       Standard         Standard       Someone can climic       You as a dependent       You       Spouse         Dependents       See instructions):       (Press instructions):       Yes       No         Standard       Social security       (Press instructions):	lf joint return, s	pouse's	first name and middle initial	Last name						Sp	oouse'	s social sec	urity number
Bit Dependents, see instructions):       (1) Even: or post office. If you have a foreign address, also complete spaces below.       State       ZP code       spouse: if Mino jointly, want \$3 tog to this fund. Checking a tog	Home address	(numbe	r and street). If you have a P.O. box, see	instructions.				A	Apt. no.				
Cury, torp, or base unice, upon target a (breight adultess), asso complete spaces device.       Same       27 002e       to go to this fund. Checking a box below will not change you tax or refund.         BRENTWOD       Foreign province/state/county       Foreign province/state/county       Foreign province/state/county       Foreign province/state/county       Foreign province/state/county       You       Spouse         Digital Asset or a financial interest in a digital asset/ (see instructions).       To as a dependent       You as a dependent       You       Spouse       No         Standard       Someone can calm:       You as a dependent       You was a dependent       You       Spouse itemizes on a separate return or you ware a dual-status alien         Age/Bindness You:       Were born before January 2, 1958       Are blind       Spouse:       (9) Relationship       (4) Check the box if qualifies for (see instructions);         If more than four dependents, see instructions;       (1) First name       Last name       (2) Social security       (9) Relationship       (1) Check the box if qualifies for (see instructions);         In cotal amount from Form(s) W-2, box 1 (see instructions)       1a       1a 22, 938.       1b       (1)         W-2 see       In bioashold employee wages not reported on Form(s) W-2.       1b       (1)       (1)       (1)         W-2 see instructions, instructions, instructions, instructions, instructio													
Foreign country name       Foreign province/state/county       Foreign positic code       your tax or refund.         Digital Asset or a financial interest in a digital asset (or a financial interest in a digital asset)? (See instructions.)       You       Spouse         Standard Generation (Interest in a digital asset)? (See instructions.)       You       Spouse instructions.)       Yes       No         Age/Bindness       You       Spouse instructions.)       You       Spouse instructions.)       Yes       No         Age/Bindness       You       Were born before January 2, 1958       Are blind       Spouse:       Was born before January 2, 1958       Is blind         Dependents       (see instructions):       (i) First name       Las name       Interest (interest in a digital asset)? (See instructions);       Child ta credit       Child ta credit       Child ta credit       Child ta credit       Interest in a digital asset (or a financial interest in a digital asset)?       Spouse instructions, interest in a digital asset (or a financial interest in a digital asset)?       Spouse instructions, interest in a digital asset (or a financial interest in a digital asset)?       Spouse instructions, interest in a digital asset (or a financial interest in a digital asset)?       Spouse instructions, interest in a digital asset (or a financial interest in a digital asset)?       Spouse instructions, interest in a digital asset (or a financial interest in a digital asset)?       Spouse instructions, interest in a digital asset (or a financial i			ce. If you have a foreign address, also co	mplete spac	es below.								
Digital Assets       At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.)       Ves       No         Standard Deduction       Someone can claim:       You as a dependent       Your spouse as a dependent       Ves       No         Age/Blindness       You:       Wes born before January 2, 1958       A re blind       Spouse:       Was born before January 2, 1958       Is blind         Dependents, see instructions):       (1) First name       Last name       (2) Social security       (3) Relationship       (4) Check the box if qualifies for (see instructions):         If more dependents, see instructions;       (1) First name       Last name       (2) Social security       (3) Relationship       (4) Check the box if qualifies for (see instructions);         If more dependents, see instructions;       (1) First name       Last name       (2) Social security       (3) Relationship         Match Form(S)       (2) Top income or teported on ine far (see instructions)       1a       42, 938.         Medicaid waiver payments not reported on Form(SW-2 (see instructions)       1d       1d       1d         Match Form(S)       1a       42, 938.       1b       1d       1d         Medicaid waiver payments not reported on Form (S83, line 29<	-						-						0
Assets       exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.)       Yes       No         Standard       Someone can claim:       \overline vou as a dependent       \overline vou spouse as a dependent       \overline vou spouse as a dependent         Age/Blindness       You:       Were born before January 2, 1958       Are blind       Spouse instructions;       (a) Spouse instructions;       (a) Spouse instructions;       (b) Check the box if qualifies for (see instructions;         If more than four dependents, see instructions       (1) First name       Last name       number       (a) Check the box if qualifies for (see instructions;         If more than four dependents, see instructions       (1) First name       Last name       (a) Check the box if qualifies for (see instructions;         If a Total amount from Form(s) W-2, box 1 (see instructions)       1a       42, 938.         Inter Forms       attach forms       1a       42, 938.         Ve2 abre, Alia       f       Employer provided adoption benefits from Form(s) W-2, box 1 (see instructions)       1a         We2, see in structions       1a       42, 938.       1a         If g       medicaid waiver payments not reported on Form(s) W-2 (see instructions)       1a       42, 938.         If subratic forms       g       Wages from Form 8919, line 6 .       1a <td>Foreign country</td> <td>/ name</td> <td></td> <td>Fore</td> <td>eign province/state/c</td> <td>count</td> <td>ÿ</td> <td>Foreig</td> <td>in postal coo</td> <td></td> <td>our tax</td> <td>_</td> <td>_</td>	Foreign country	/ name		Fore	eign province/state/c	count	ÿ	Foreig	in postal coo		our tax	_	_
Deduction       Spouse itemizes on a separate return or you were a dual-status alien         Age/Blindness       You:       Ware born before January 2, 1958       Are blind       Spouse:       Was born before January 2, 1958       Is blind         Dependents       (see instructions):       (1) First name       Last name       (2) Social security       (3) Relationship       (4) Check the box if qualifies for Gees instructions):         If more       (1) First name       Last name       (2) Social security       (3) Relationship       (4) Check the box if qualifies for Gees instructions):         dependents,												Yes	X No
Dependents (i) First name       Last name       (2) Social security number       (3) Relationship to you       (4) Check the box if qualifies for (see instructions): Child tax credit       Credit for other dependents is you         if more than four dependents, see instructions       1       Total amount from Form(s) W-2, box 1 (see instructions)       1       1         in Comment here       1       Total amount from Form(s) W-2, box 1 (see instructions)       1       1       4       4, 2, 938.         Attach Form(s) W-2 street, Also attach Forms W-2 street, Also attach Forms       1       Total amount from Form(s) W-2, box 1 (see instructions)       1       1       4       4, 2, 938.         I get a Form W-2, see instructions.       1       Medicaid waiver payments not reported on Form(s) W-2 (see instructions)       1       1       0         W-2, see instructions.       1       0       1       0       1       0         W-2, see instructions.       2       2       1       1       0       1       0         W-2, see instructions.       2       3       3       0       1       0       1       0       0         Standard Debduction for set apoint       3       3       0       1       0       1       0       1       0         W-2, see instructions.		_		•	— •								
Dependents       (b) First name       (b) runmber       (b) runmber       (c) Redit for other dependents         than four dependents, see instructions, and check here       Image: Standard dependents       Image: Standard dependent dependents       Image: Standard dependent dependents       Image: Standard dependent dependent dependents       Image: Standard dependent dependent dependents       Image: Standard dependent dependen	Age/Blindness	You:	Were born before January 2, 1	958 🗌 A	Are blind Spo	use	: 🗌 Was bor	n befo	ore Januar	y 2, 1	958	🗌 ls bl	ind
If more       If it with alloc       If	Dependents	s (see	instructions):		., ,			ip <b>(4</b>	) Check the	e box i	f qualif	ies for (see	instructions):
dependents, see instructions       Image: see instructions       Image: see instructions         and check here       Image: see instructions       Image: see instructions       Image: see instructions         attach Form(s)       thousehold employee wages not reported on Form(s) W-2.       Image: see instructions       Image: see instructions         Attach Form(s)       thousehold employee wages not reported on Form(s) W-2.       Image: see instructions       Image: see instructions       Image: see instructions         V-2 Stere. Also       Medicaid waiver payments not reported on Form(s) W-2 (see instructions)       Image: see instructions       Image: see instructions       Image: see instructions         was withheld.       f       Employer-provided adoption benefits from Form 2441, line 26       Image: see instructions       Image: see instructions         a was withheld.       get a Form       W Other earned income (see instructions)       Image: see instructions)       Imagee: see instructions) <t< td=""><td></td><td><b>(1)</b> Fi</td><td>rst name Last name</td><td></td><td>number</td><td></td><td>to you</td><td></td><td>Child ta</td><td>&lt; credi</td><td>t</td><td>Credit for oth</td><td>ner dependents</td></t<>		<b>(1)</b> Fi	rst name Last name		number		to you		Child ta	< credi	t	Credit for oth	ner dependents
see instructions       Image: Im													
here       Image: state is a state state is a state is a state is a state is a st	•	s ——								<u> </u>		[	
Income       1a       Total amount from Form(s) W-2, box 1 (see instructions)       1a       42,938.         Attach Form(s)       b       Household employee wages not reported on Form(s) W-2.       1b         Attach Form(s)       c       Tip income not reported on Iine 1a (see instructions)       1c         W-2 Arer, Also       d       Medicaid waiver payments not reported on Form(s) W-2 (see instructions)       1c         W-2 Arer, Also       d       Medicaid waiver payments not reported on Form (s) W-2 (see instructions)       1d         W-2 Arer, Also       d       Medicaid waiver payments not reported on Form 839. Jine 29       1d         W-2 Arer, Also       f       Employer-provided adoption benefits from Form 839. Jine 29       1f         If you did not       g       Wages from Form 8919, Jine 6       1g         get a Form       h       Other earned income (see instructions)       1l       1g         we2, see       instructions.       1i       1z       42,938.         Attach Sch. B       2a       Tax-exempt interest       2a       b       5d         Bediction for-       5a       b       Taxable amount       4b       5b         Deduction for-       5a       b       Taxable amount       5b       5b         Deduction for-		. ——								<u> </u>		[	<u> </u>
Iteor       Household employee wages not reported on Form(s) W-2.       1b         Attach Form(s) w-2 here. Also       tip income not reported on line 1a (see instructions)       1c         W-2 here. Also       d       Medicaid waiver payments not reported on Form(s) W-2 (see instructions)       1d         W-23 and       e       Taxable dependent care benefits from Form 2441, line 26       1d         109- Ri tax       max       f       Employer-provided adoption benefits from Form 8839, line 29       1f         11       get a Form       h       Other earned income (see instructions)       1h       0.         11       yages from Form 8919, line 6       1i       1       1       1         11       Other earned income (see instructions)       1       1       1       1         11       Add lines 1a through 1h       1       1       1       1       2       9       6													
Attach Form(s) W-2 here. Also d       c       Tip income not reported on line 1a (see instructions)       1c         W-2 here. Also d       Medicaid waiver payments not reported on Form(s) W-2 (see instructions)       1d         W-2 here. Also d       Medicaid waiver payments not reported on Form(s) W-2 (see instructions)       1d         W-2 here. Also d       Medicaid waiver payments not reported on Form(s) W-2 (see instructions)       1e         Uoge first was withheld.       f       Employer-provided adoption benefits from Form 8439, line 29       1e         If you did not get a Form       g       Wages from Form 8919, line 6       1g         W-2, see instructions.       i       nontaxable combat pay election (see instructions)       1i         V-2, see instructions.       a       tax -exempt interest       2a       2b       66.         3a       a       b       Taxable amount       4b       5a         Standard       Sa       b       Taxable amount       6b       5b         C       If you elect to use the lump-sum election method, check here (see instructions)       7       -3,000.         Standard filing separately.       8       Other income from Schedule 1, line 10       7       -3,000.         Standard filing separately.       8       Other income from Schedule 1, line 26       10	Income			•	,			• •				4	12,938.
W-2 here. Also attach Forms       Implification for legical minimum (see instructions)       Implification for legical minimum (see instructions)       Implification for legical minimum (see instructions)         W-26 and 1099-8 if tax was withheld.       f       Employer-provided adoption benefits from Form 2441, line 26       Implification (see instructions)       Implification (see instructions)         was withheld.       f       Employer-provided adoption benefits from Form 8839, line 29       Implification (see instructions)       Implification (see instructions)         was withheld.       f       Other earned income (see instructions)       Implification (see instructions)       Implification (see instructions)       Implification (see instructions)         was withheld.       get a form       h       Other earned income (see instructions)       Implification (see instructions)       Implification (see instructions)       Implification (see instructions)         was withheld.       get a form       h       Other earned income (see instructions)       Implification (see instructions)	Attach Form(s)			•	.,			• •		·	-		
attach forms       Taxable dependent care benefits from Form 2441, line 26       1e         1099-Ri ftax       f       Employer-provided adoption benefits from Form 8839, line 29       1f         was withheld,       g       Wages from Form 8919, line 6       1g         get a Form       h       Other earned income (see instructions)       1l       0.         w2.2, see       i       Nontaxable combat pay election (see instructions)       1i       1p         wdd lines 1a through 1h       2a       b       Taxable interest       2b       66.         if required.       3a       b       Ordinary dividends       3b       2b       66.         standard       5a       Pensions and annuities       5a       b       Taxable amount       4b       5b         Standard       5a       Pensions and annuities       5a       b       Taxable amount       5b       66.         Social security benefits       6a       b       Taxable amount       5b       6b       5b         Maried fling pointly or gain or (loss). Attach Schedule D if required. If not required, check here       7       -3,000.       7       -3,000.       7       -3,000.       7       -3,000.       11       7,224.       10       225.900       10	W-2 here. Also							• •		•		-	
1099-Rif tax was withheld.       f       Employer-provided adoption benefits from Form 8839, line 29       1f         was withheld.       f       Wages from Form 8919, line 6       1g         get a Form       h       Other earned income (see instructions)       1h       0.         W-2, see       i       Nontaxable combat pay election (see instructions)       1i       1z       42, 938.         W-2, see       i       Nontaxable combat pay election (see instructions)       1i       1z       42, 938.         Attach Sch. B       2a       Tax-exempt interest       2a       b       Taxable interest       2b       66.         3a       b       Ordinary dividends       3b       3b       3b       3b       3b       3b       3b       3b       5b       5b<						13110		• •		•	-		
was withined.       get a Form       Wages from Form 8919, line 6			•			•		• •		•			
In you do not       Image: a Form       Image: b form<					-								
W-2, see instructions.       i       Nontaxable combat pay election (see instructions)       1i         Attach Sch. B if required.       2       Add lines 1 a through 1h       1z       42,938.         Attach Sch. B if required.       2a       b       Tax-exempt interest       2b       66.         3a       3a       b       Ordinary dividends       3b       3b         4a       IRA distributions       4a       b       Taxable amount       4b         5a       Pensions and annuities       5a       b       Taxable amount       5b         6a       Social security benefits       6a       b       Taxable amount       6b         Single or       If you elect to use the lump-sum election method, check here (see instructions)       7       -3,000.         8       Other income from Schedule 1, line 10       6       7       -3,000.         9       7,224.       9       7,224.       10         9       7,224.       10       2       12,950.         11       7,224.       10       12       12,950.         13       Qualified business income deduction from Form Schedule 1, line 26       13       11         14       Add lines 12 and 13       12       12,950.		-	<b>u</b>										0.
Instructions.       z       Add lines 1a through 1h       1z       42,938.         Attach Sch. B       2a       Tax-exempt interest       2a       b       Taxable interest       2b       66.         if required.       3a       Qualified dividends       3a       b       Definition of the providends       3b         4a       IRA distributions       4a       b       Taxable amount       4b         5a       Pensions and annuities       5a       b       Taxable amount       5b         6a       Social security benefits       6a       b       Taxable amount       6b         Narried filing separately, \$12,950       r       Capital gain or (loss). Attach Schedule D if required. If not required, check here       7       7.3,000.         8       Other income from Schedule 1, line 10       8       -32,780.       9       7,224.         You elect to use the lump-sum election method, check here       9       7,224.       10         Numired filing jointly or       9       Add lines 12, b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       10       10         Haride filing jointly or       9       Add lines 12, b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       11       7,224.         10       Subtract line 10 from line 9. This is y		i	· ·	,			11			-			
Attach Sch. B       2a       Tax-exempt interest       2a       b       Taxable interest       2b       66.         if required.       3a       Qualified dividends       3a       b       Definition       3b       3b         4a       IRA distributions       4a       b       Datable amount       4b       3b         5a       Pensions and annuities       5a       b       Taxable amount       5b         6a       Social security benefits       6a       b       Taxable amount       6b         Single or Married filing separately, \$12,950       Found (lines)	instructions.	z									1z	4	12,938.
if required.       3a       3a       b       Ordinary dividends       3b         4a       IRA distributions       4a       b       Taxable amount       4b         5a       5a       5a       b       Taxable amount       5b         6a       Social security benefits       6a       b       Taxable amount       5b         • Single or Married filing separately, \$12,950       6a       b       Taxable amount       5b         7       Capital gain or (loss). Attach Schedule D if required. If not required, check here       7       7       7         9       7, 224.       7       Capital gain or (loss). Attach Schedule 1, line 10       9       7, 224.         0ualifying surviving spouse, \$25,900       Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9       7, 224.         10       11       7, 224.       10       11       7, 224.         10       12       12, 950.       13       14       12, 950.         14       Add lines 12 and 13       14       12, 950.       14       12, 950.         15       Subtract line 14 from line 11 if zero or less enter -0-       This is your taxable income       15       14	Attach Sch. B	2a	Tax-exempt interest	2a		ьΤ	axable interest	: .			2b		
Standard Deduction for-       5a       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       • If you elect to use the lump-sum election method, check here (see instructions)       •		4a	IRA distributions	4a		bТ	axable amoun	t			4b		
<ul> <li>Single or Married filing separately, \$12,950</li> <li>Married filing jointly or Qualifying spouse, \$25,900</li> <li>Married filing 10</li> <li>Married filing jointly or Qualifying spouse, \$25,900</li> <li>Married filing 10</li> <li>Married filing jointly or Qualifying spouse, \$25,900</li> <li>Married filing 10</li> <li>Married filing jointly or Qualifying spouse, \$25,900</li> <li>Married filing 11</li> <li>Married filing jointly or Qualified business income from Schedule 1, line 26</li> <li>Married filing 12</li> <li>Standard deduction or itemized deductions (from Schedule A)</li> <li>Married filing 13</li> <li>Married filing jointly or Qualified business income deduction from Form 8995 or Form 8995-A</li> <li>Married filing 14</li> <li>Married filing 15</li> <li>Married filing 15</li> </ul>	Standard	5a	Pensions and annuities	5a		bТ	axable amoun	t			5b		
Married filing separately, \$12,950       c       If you elect to use the lump-sum election method, check here (see instructions)       .	Deduction for –	6a	Social security benefits	6a		bТ	axable amoun	t			6b		
\$12,950       7       Capital gain of (loss). Attach Schedule D in required, theoremend, check here       7       -3,000.         Married filing jointly or Qualifying surviving spouse, \$25,900       9       Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9       7, 224.         10       4d justments to income from Schedule 1, line 26       10       11       11       7, 224.         11       Subtract line 10 from line 9. This is your adjusted gross income       11       11       7, 224.         \$19,400       12       Standard deduction or itemized deductions (from Schedule A)       12       12, 950.         If you checked any box under standard       14       12, 950.       13       14       12, 950.         15       Subtract line 14 from line 11. If zero or less enter -0- This is your taxable income       15       0	Married filing	с	If you elect to use the lump-sum e	lection met	thod, check here (	(see	instructions)						
<ul> <li>Married filing jointly or Qualifying spouse, \$25,900</li> <li>Head of household, \$12 standard deduction or itemized deductions (from Schedule A)</li> <li>Standard deduction or itemized deductions (from Schedule A)</li> <li>Qualified business income deduction from Form 8995 or Form 8995-A</li> <li>Subtract line 12 and 13</li> <li>Subtract line 14 from line 11. If zero or less enter -0- This is your taxable income</li> <li>Subtract line 14 from line 11. If zero or less enter -0- This is your taxable income</li> <li>Married filing jointly or Qualifying spouse, \$25,900</li> <li>Subtract line 14 from line 11. If zero or less enter -0- This is your taxable income</li> <li>Subtract line 14 from line 11. If zero or less enter -0- This is your taxable income</li> </ul>		7	Capital gain or (loss). Attach Schee	dule D if red	quired. If not requ	ired	, check here				7	-	-3,000.
Qualifying surviving spouse, \$25,900       9       7,224.         10       Adjustments to income from Schedule 1, line 26       10         Head of household, \$19,400       Subtract line 10 from line 9. This is your adjusted gross income       11       7,224.         12       Standard deduction or itemized deductions (from Schedule A)       12       12,950.         If you checked any box under Standard       13       Qualified business income deduction from Form 8995 or Form 8995-A       13         14       12,950.       14       12,950.       14       12,950.         15       Subtract line 14 from line 11. If zero or less enter -0- This is your taxable income       15       0	<ul> <li>Married filing</li> </ul>	8	Other income from Schedule 1, lin	e10 .							8	-3	32,780.
\$25,900       10       Adjustments to income nom outedule 1, inte 20       11       10         • Head of household, \$19,400       11       Subtract line 10 from line 9. This is your adjusted gross income       11       7,224.         • Head of household, \$19,400       12       Standard deduction or itemized deductions (from Schedule A)       12       12,950.         • If you checked any box under Standard       13       Qualified business income deduction from Form 8995 or Form 8995-A       13         • Id       12,950.       13       14       12,950.         • Deduction,       15       Subtract line 14 from line 11. If zero or less enter -0- This is your taxable income       15	Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7	, and 8. Thi	s is your <b>total inc</b>	ome	ə				9		7,224.
• Head of household, \$11       Subtract line 10 from line 9. This is your adjusted gross income       11       7,224.         • Head of household, \$19,400       12       Standard deduction or itemized deductions (from Schedule A)       12       12       12,950.         • If you checked any box under Standard       13       Qualified business income deduction from Form 8995 or Form 8995-A       13       14       12,950.         • If you checked any box under Standard       14       12,950.       13       14       12,950.         • If you checked any box under Standard       14       12,950.       13       14       12,950.         • If you checked any box under Standard       14       12,950.       14       12,950.       14         • Deduction,       15       Subtract line 14 from line 11. If zero or less enter -0- This is your taxable income       15       0		10	Adjustments to income from Sche	dule 1, line	26						10		
\$19,400       12       Standard deduction or itemized deductions (from Schedule A)       12       12,950.         • If you checked any box under Standard       13       Qualified business income deduction from Form 8995 or Form 8995-A       13       13         • If you checked any box under Standard       14       Add lines 12 and 13       14       12,950.         • Deduction,       15       Subtract line 14 from line 11. If zero or less enter -0- This is your taxable income       15       0	Head of	11	Subtract line 10 from line 9. This is	s your <b>adju</b> s	sted gross incon	ne					11		7,224.
any box under Standard14Add lines 12 and 131412,950Deduction,15Subtract line 14 from line 11. If zero or less enter -0- This is your taxable income150		12	Standard deduction or itemized	deduction	s (from Schedule	A)					12	1	L2,950.
Standard       14       Add lines 12 and 13       14       12,950         Deduction,       15       Subtract line 14 from line 11. If zero or less enter -0- This is your taxable income       15       0			Qualified business income deduct	ion from Fo	orm 8995 or Form	899	5-A				13		
	Standard												
		15	Subtract line 14 from line 11. If zer	o or less, e	enter -0 This is ye	ourt	taxable incom	е.		•	15		0.

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

Form **1040** (2022)

Form 1040 (2022	2)							Page <b>2</b>
Tax and	16	Tax (see instructions). Check if any from	Form(s): <b>1</b> 🗌 881	4 <b>2</b> 4972	3 🗌		16	0.
Credits	17	Amount from Schedule 2, line 3					17	
	18	Add lines 16 and 17					18	0.
	19	Child tax credit or credit for other deper	ndents from Sched	ule 8812			19	
	20	Amount from Schedule 3, line 8					20	
	21	Add lines 19 and 20					21	
	22	Subtract line 21 from line 18. If zero or le	ess, enter -0				22	0.
	23	Other taxes, including self-employment	tax, from Schedule	e 2, line 21			23	0.
	24	Add lines 22 and 23. This is your total t	ax				24	0.
Payments	25	Federal income tax withheld from:						
	а	Form(s) W-2			<b>25</b> a 2	,790.		
	b	Form(s) 1099			25b			
	с	Other forms (see instructions)			25c			
	d	Add lines 25a through 25c					25d	2,790.
K	26	2022 estimated tax payments and amou	unt applied from 20	021 return			26	
If you have a <sup>1</sup> qualifying child,	27	Earned income credit (EIC)		No .	27			
attach Sch. EIC.	28	Additional child tax credit from Schedule			28			
	29	American opportunity credit from Form	8863, line 8		29			
	30	Reserved for future use			30			
	31	Amount from Schedule 3, line 15			31			
	32	Add lines 27, 28, 29, and 31. These are			undable credits		32	
	33	Add lines 25d, 26, and 32. These are yo	our total payments				33	2,790.
Refund	34	If line 33 is more than line 24, subtract li	ine 24 from line 33.	. This is the amour	nt you <b>overpaid</b>		34	2,790.
neiuliu	35a	Amount of line 34 you want refunded to	<b>o you</b> . If Form 8888	3 is attached, cheo	ck here		35a	2,790.
Direct deposit?	b	Routing number 2 1 1 3 9 1				Savings		
See instructions.	d	Account number 1 3 9 7 3 2				-		
	36	Amount of line 34 you want applied to y	our 2023 estimate	ed tax	36			
Amount	37	Subtract line 33 from line 24. This is the	amount vou owe					
You Owe		For details on how to pay, go to www.ir	s.gov/Payments or	see instructions .			37	
	38	Estimated tax penalty (see instructions)			38			
Third Party	Do	you want to allow another person to	discuss this retu	rn with the IRS?	See			
Designee	ins	tructions			. 🗌 Yes. Co	omplete b	elow.	X No
		signee's	Phone			onal identif ber (PIN)	cation	
	nai		no.			. ,		
Sign		der penalties of perjury, I declare that I have exact, they are true, correct, and complete. Declara						
Here		ur signature	Date	Your occupation			· ·	nt you an Identity
	10	a oightetero	Duto					IN, enter it here
Joint return?				SOFTWARE E	ENGINEER	(see i	nst.)	
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, <b>both</b> must sig	gn. Date	Spouse's occupati	ion			nt your spouse an
your records.						(see i		ection PIN, enter it here
	Dh	220 20 (400) 850 5201	Email address				,	
		pne no. (408)859-5301 parer's name Preparer's s	Email address	KRISHNA.GA	/VA@GMAIL.CC			Check if:
Paid			IYA RAM SAGAR	מעדדעיים איים איי		P02082	202	Self-employed
Preparer				GUPIA IALLAM	04/23/2023			
Use Only		n's name GLOBAL TAXES LLC n's address 245 ROONEY CT E		J 08816				678)965-9522
		n's address 245 ROONEY CT E		00010		Firm'		84-3171965

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

BAA REV 02/17/23 PRO

Form **1040** (2022)

SCHEDUL	.E 1
(Form 1040	))

Department of the Treasury

## Additional Income and Adjustments to Income

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

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

OMB No. 1545-0074 2

Attachment

Internal Revenue Service	Go to www.irs.gov/Form1040 for instructions and the latest information.		Sequence No. 01
Name(s) shown on Fo	orm 1040, 1040-SR, or 1040-NR	Your soci	ial security number
KRISHNA REDDY	GAVVA	630-08	-2525

Par	t Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxes		1	
<b>2</b> a	Alimony received		<b>2</b> a	
b	Date of original divorce or separation agreement (see instructions):			
3	Business income or (loss). Attach Schedule C		3	0.
4	Other gains or (losses). Attach Form 4797		4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Att		5	-32,780.
6	Farm income or (loss). Attach Schedule F.		6	
7	Unemployment compensation		7	
8	Other income:			
а	Net operating loss	8a (	)	
b	Gambling	8b		
С	Cancellation of debt	8c		
d	Foreign earned income exclusion from Form 2555	8d (	)	
е	Income from Form 8853	8e		
f	Income from Form 8889	8f		
g	Alaska Permanent Fund dividends	8g		
h	Jury duty pay	8h		
i	Prizes and awards	8i		
j	Activity not engaged in for profit income	8j		
k	Stock options	8k		
1	Income from the rental of personal property if you engaged in the rental			
	for profit but were not in the business of renting such property	81		
m	Olympic and Paralympic medals and USOC prize money (see			
	instructions)	8m		
n	Section 951(a) inclusion (see instructions)	8n		
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	<b>8s</b> (	)	
t	Pension or annuity from a nonqualifed deferred compensation plan or			
	a nongovernmental section 457 plan	8t		
u	Wages earned while incarcerated	8u		
z	Other income. List type and amount:			
		8z		
9	Total other income. Add lines 8a through 8z		9	
10	Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR	l, or 1040-NR, line 8	10	-32,780.

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

Schedule 1 (Form 1040) 2022

Par	t II Adjustments to Income	
11	Educator expenses	11
12	Certain business expenses of reservists, performing artists, and fee-basis government	
	officials. Attach Form 2106	12
13	Health savings account deduction. Attach Form 8889	13
14	Moving expenses for members of the Armed Forces. Attach Form 3903	14
15	Deductible part of self-employment tax. Attach Schedule SE	15
16	Self-employed SEP, SIMPLE, and qualified plans	16
17	Self-employed health insurance deduction	17
18	Penalty on early withdrawal of savings	18
19a	Alimony paid	19a
b	Recipient's SSN	
С	Date of original divorce or separation agreement (see instructions):	
20	IRA deduction	20
21	Student loan interest deduction	21
22	Reserved for future use	22
23	Archer MSA deduction	23
24	Other adjustments:	
а	Jury duty pay (see instructions)	
b		
	rental of personal property engaged in for profit	
С	Nontaxable amount of the value of Olympic and Paralympic medals	
	and USOC prize money reported on line 8m	
d	Reforestation amortization and expenses	
е	Repayment of supplemental unemployment benefits under the Trade	
	Act of 1974	
f	Contributions to section 501(c)(18)(D) pension plans	
g	Contributions by certain chaplains to section 403(b) plans 24g	
h	Attorney fees and court costs for actions involving certain unlawful	
	discrimination claims (see instructions)	_
i	Attorney fees and court costs you paid in connection with an award	
	from the IRS for information you provided that helped the IRS detect	
_	tax law violations	_
j	Housing deduction from Form 2555         .         .         .         24j	
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form	
	1041)	
Z	Other adjustments. List type and amount:	
05	Tatal ath an a divisition and a fairline of the such off	05
25	Total other adjustments. Add lines 24a through 24z	25
26	Add lines 11 through 23 and 25. These are your <b>adjustments to income</b> . Enter here and on	
	Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a	26
	BAA REV 02/17/23 PRO	Schedule 1 (Form 1040) 2022

# SCHEDULE C (Form 1040)

# Profit or Loss From Business (Sole Proprietorship)

OMB No. 1545-0074 20 2

Go to www.irs.gov/ScheduleC for instructions and the latest information.
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	henror the freasury	-			ctions and the latest information. partnerships must generally file Fo	orm 106	5. Attachment Sequence No. <b>09</b>				
Name	of proprietor					Social security number (SSN)					
	SHNA REDDY GAVVA					630-08-2525					
A	Principal business or profession	on, including pro	duct or service (see i	instru	uctions)		code from instructions				
	SOFTWARE SERVICES					5	19200				
С	Business name. If no separate	business name	, leave blank.			D Empl	oyer ID number (EIN) (see instr.)				
	GAVVA SOFTWARE SER	VIES				-					
E	Business address (including su	uite or room no.)	1325 COOK	SC	COURT		,				
	City, town or post office, state	, and ZIP code	BRENTWOOD	, Т	IN 37027						
F	• • • •				Other (specify)						
G	Did you "materially participate	" in the operation	on of this business du	iring	2022? If "No," see instructions for lir	nit on lo	sses . 🗙 Yes 🗌 No				
н	If you started or acquired this	business during	2022, check here .								
I					n(s) 1099? See instructions						
J		e required Form	(s) 1099?				Yes No				
Par											
1	·				this income was reported to you on	1 1	25 000				
					1	1	35,000.				
2						2	25.000				
3						3	35,000.				
4	-						25.000				
5	•						35,000.				
6	, 0	0			refund (see instructions)		25.000				
7 Dout					<u> </u>	7	35,000.				
Part					-						
8	Advertising	8		18	Office expense (see instructions) .	18					
9	Car and truck expenses	9		19	Pension and profit-sharing plans .	19					
10	(see instructions)			20	Rent or lease (see instructions):	000					
10	Commissions and fees .	10		a h	Vehicles, machinery, and equipment Other business property	20a 20b	12,000.				
11 12	Contract labor (see instructions)	12		b 21	Repairs and maintenance	200	12,000.				
13	Depreciation and section 179	12		22	Supplies (not included in Part III) .	21					
	expense deduction (not			23	Taxes and licenses	22					
	included in Part III) (see instructions)	13		23 24	Travel and meals:	23					
44	,			a		24a	1,300.				
14	Employee benefit programs (other than on line 19)	14		b	Deductible meals (see	2-10					
15	Insurance (other than health)	15			instructions)	24b					
16	Interest (see instructions):		2	25	Útilities	25	1,520.				
а	Mortgage (paid to banks, etc.)	16a	2	26	Wages (less employment credits)	26					
b	Other	16b	2	27a	Other expenses (from line 48)	27a	20,180.				
17	Legal and professional services	17		b	Reserved for future use	27b					
28	Total expenses before expen	ses for busines	s use of home. Add lir	nes 8	3 through 27a	28	35,000.				
29	Tentative profit or (loss). Subtr	ract line 28 from	line 7			29	0.				
30	Expenses for business use o	of your home. D	o not report these e	expe	nses elsewhere. Attach Form 8829						
	unless using the simplified me	thod. See instru	ictions.								
	Simplified method filers only	: Enter the total	square footage of (a)	) you	r home:						
	and (b) the part of your home	used for busine	ss:		. Use the Simplified						
	Method Worksheet in the instr	ructions to figure	e the amount to enter	on l	ine 30	30					
31	Net profit or (loss). Subtract	line 30 from line	29.		)						
	• If a profit, enter on both <b>Sch</b> checked the box on line 1, see	•				31	0.				
	• If a loss, you <b>must</b> go to line	e 32.			J						
32	If you have a loss, check the b	oox that describ	es your investment in	this	activity. See instructions.						
	<ul> <li>If you checked 32a, enter the SE, line 2. (If you checked the Form 1041, line 3.</li> <li>If you checked 32b, you mu</li> </ul>	box on line 1, se	e the line 31 instructio	ons.)	Estates and trusts, enter on	32a [ 32b [	<ul> <li>All investment is at risk.</li> <li>Some investment is not at risk.</li> </ul>				

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	e C (Form 1040) 2022			Page <b>2</b>
Part	Cost of Goods Sold (see instructions)			
33	Method(s) used to value closing inventory: <b>a</b> Cost <b>b</b> Lower of cost or market <b>c</b> Other (atta	ich ex	planation)	
34	Was there any change in determining quantities, costs, or valuations between opening and closing inventor If "Yes," attach explanation	-	Yes	🗌 No
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35		
36	Purchases less cost of items withdrawn for personal use	36		
37	Cost of labor. Do not include any amounts paid to yourself	37		
38	Materials and supplies	38		
39	Other costs	39		
40	Add lines 35 through 39	40		
41	Inventory at end of year	41		
42	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4	42		
Part				
43 44	When did you place your vehicle in service for business purposes? (month/day/year)		o for:	
а	Business <b>b</b> Commuting (see instructions) <b>c</b> C	Other		
45	Was your vehicle available for personal use during off-duty hours?		🗌 Yes	🗌 No
46	Do you (or your spouse) have another vehicle available for personal use?		🗌 Yes	🗌 No
47a	Do you have evidence to support your deduction?		🗌 Yes	🗌 No
ه Part	If "Yes," is the evidence written?	 	🗌 Yes	No No
Tart	Curer Expenses. Elst below business expenses not included on intes of 20 of int	00		
BAG	K OFFICE OPERATION EXPENSES			20,180.
		-		
48	Total other expenses. Enter here and on line 27a	48		20,180.

#### SCHEDULE D (Form 1040)

## **Capital Gains and Losses**

OMB No. 1545-0074

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

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

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

KRISHNA REDDY GAVVA

Your social security number

630-08-2525

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? 
Yes X No
If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

#### Part I Short-Term Capital Gains and Losses – Generally Assets Held One Year or Less (see instructions)

	instructions for how to figure the amounts to enter on the below.	<b>(d)</b> Proceeds	<b>(g)</b> Adjustments to gain or loss from		(h) Gain or (loss) Subtract column (e) from column (d) and	
	form may be easier to complete if you round off cents to e dollars.	(sales price)	Cost (or other basis)	Form(s) 8949, P line 2, column	art I,	combine the result with column (g)
1a	Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b.					
1b	Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked	22,971.	32,052.			-9,081.
2	Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked					
3	Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked					
4	Short-term gain from Form 6252 and short-term gain or (I	oss) from Forms 4	684, 6781, and 88	324	4	
5	Net short-term gain or (loss) from partnerships, Schedule(s) K-1	usts from	5			
6	Short-term capital loss carryover. Enter the amount, if an <b>Worksheet</b> in the instructions	-	6	( )		
7	Net short-term capital gain or (loss). Combine lines 1a term capital gains or losses, go to Part II below. Otherwise				7	-9,081.

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

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

Part	III Summary		
16	Combine lines 7 and 15 and enter the result	16	-9,081.
	• If line 16 is a <b>gain</b> , enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below.		
	• If line 16 is a <b>loss</b> , skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22.		
	• If line 16 is <b>zero</b> , skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22.		
17	Are lines 15 and 16 <b>both</b> gains?		
	<ul> <li>☐ No. Skip lines 18 through 21, and go to line 22.</li> </ul>		
18	If you are required to complete the <b>28% Rate Gain Worksheet</b> (see instructions), enter the amount, if any, from line 7 of that worksheet	18	
19	If you are required to complete the <b>Unrecaptured Section 1250 Gain Worksheet</b> (see instructions), enter the amount, if any, from line 18 of that worksheet	19	
20	<ul> <li>Are lines 18 and 19 both zero or blank and you are not filing Form 4952?</li> <li>Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. Don't complete lines 21 and 22 below.</li> </ul>		
	□ No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.		
21	If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of:		
	<ul> <li>The loss on line 16; or</li> <li>(\$3,000), or if married filing separately, (\$1,500)</li> </ul>	21	(3,000.)
	Note: When figuring which amount is smaller, treat both amounts as positive numbers.		
22	Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?		
	☐ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16.		
	☑ No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.		

REV 02/17/23 PRO

Schedule D (Form 1040) 2022

Form **8949** 

## Sales and Other Dispositions of Capital Assets

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

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



Internal Revenue Service Name(s) shown on return

Department of the Treasury

KRISHNA REDDY GAVVA 630-08-25	25

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

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

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

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

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

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

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

<b>1</b> (a) Description of property	(b) (c) Date acquired		<b>(d)</b> Proceeds	<b>(e)</b> Cost or other basis See the <b>Note</b> below	Adjustment, if If you enter an enter a co See the sep	(h) Gain or (loss) Subtract column (e)		
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see Column (e) in the separate instructions.	(f) Code(s) from instructions	<b>(g)</b> Amount of adjustment	from column (d) and combine the result with column (g).	
ROBINHOOD SECURITIES LLC	01/01/22	12/31/22	3,107.	5,082.			-1,975.	
ROBINHOOD CRYPTO LLC	01/01/22	12/31/22	19,864.	26,970.			-7,106.	
2 Totals. Add the amounts in columns negative amounts). Enter each tota Schedule D, line 1b (if Box A above above is checked), or line 3 (if Box C	al here and inc is checked), <b>lir</b>	lude on your ne 2 (if Box B	22,971.	32,052.			-9,081.	

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column* (g) in the separate instructions for how to figure the amount of the adjustment.

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

Schedul	edule E (Form 1040) 2022 Attachment Sequence No. <b>13</b>									Page <b>2</b>					
. ,		n return. Do not enter name an	d social secu	urity number							Your social security number				
		EDDY GAVVA										8-2525			
		IRS compares amounts	-					s show	n on S	Schedule(s) K-	1.				
Part	N th	ncome or Loss From ote: If you report a loss, ru ne box in column (e) on line mount is not at risk, you m	eceive a dis 28 and att	stribution, d	lispose quired	e of stock, basis corr	or recenputatio	n. If you	report	a loss from an a	at-risk ac				
27	passive	u reporting any loss no e activity (if that loss w structions before comple	as not rep	orted on	Form	8582), o	r unrei	mburse	d par		nses? If	you ans	wered	d "Yes,"	
28		<b>(a)</b> Name	<b>(a)</b> Name		(b) Enter P for partnership; S for S corporation partnership (d) Employer identification num			<b>1)</b> Employer	(e) ( basis co	Check if Check if Computation	(f) ( any a	Check if amount is t at risk			
Α	DIGITAL TRANSFORMERS INC			S [			88-3622324								
В															
														<u> </u>	
D		Passive Incom	andlaa			1				sive Income a					
	(0	a) Passive loss allowed		sive income	Э	(i) Nonpa	assive lo	ss allowed	_	(j) Section 179 exp		(k) Nonp	assive	income	
	(atta	ich Form 8582 if required)	from \$	Schedule K-	1	(see	Schedu	,	-	eduction from For		from S	chedu	le K-1	
							3	2,780	•						
<u>В</u> С															
29a	Totals														
b	Totals						3	2,780							
30	Add co	olumns (h) and (k) of line	29a .								30				
31								31	(		780.)				
32 Dorth		partnership and S corp				. Combii	ne lines	s 30 and	d 31		32	-	-32,	780.	
Part 33	ll Ir	ncome or Loss From	Estates									(b) Emp	olover		
				(a) Ւ	lame							identificatio		ber	
В		Dessive													
	(c)	Passive deduction or loss all	Income a		(d) Passive income (e) Deduction of					lonpassive In ction or loss		(f) Other inc		rom	
		(attach Form 8582 if required	d)	fron	from Schedule K-1 from Sched				hedule K-1		Schedu	le K-1			
<u>A</u>															
<u>В</u> 34а	Totals						-								
b	Totals										-				
35		blumns (d) and (f) of line	34a .								35				
36		olumns (c) and (e) of line									36	(		)	
37		estate and trust incom									37				
Part	V Ir	ncome or Loss From	Real Es	tate Mo	rtgag							al Holde	r		
38					mployer tion number (c) Excess inclusion from Schedules Q, line 2c (see instructions)			e 2c (net loss) from			come f les Q,	from line 3b			
39	Combi	ne columns (d) and (e) o	nly Enter	the result	here	and inclu	Ide in 1	he tota	l on lir	l le 41 helow	39				
Part		Summary									00	1			
40		m rental income or (loss	s) from <b>Fo</b>	rm 4835. /	Also,	complete	e line 4	2 below	/		40				
41		<b>ncome or (loss).</b> Comb n 1040), line 5	ine lines 2	6, 32, 37,		nd 40. En		result h	iere ar	nd on Schedule	e 41		-32,	780.	
42	Recon farming (Form 1	ciliation of farming a g and fishing income rep 1065), box 14, code B; S d Schedule K-1 (Form 1	orted on l Schedule k	Form 4835 K-1 (Form	5, line 1120-	7; Scheo S), box 1	dule K- 7, cod	1							
43	profess reporte from al	ciliation for real estate sional (see instructions ed anywhere on Form Il rental real estate activ the passive activity loss	s), enter 1040, For vities in w	the net i m 1040-S	ncom SR, or	e or (lo: Form 1	ss) yo 040-Nl	u R							

## Additional Information From 2022 Federal Tax Return

## Schedule C (SOFTWARE SERVICES): Profit or Loss from Business

# Line 25Itemization StatementDescriptionAmount0760.760.760.Total1,520.