# Form **8879**

(Rev. January 2021)

Department of the Treasury Internal Revenue Service

## IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.

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

OMB No. 1545-0074

- Intellial	nevertue service				
Subm	ission Identification Number (SID)				
Taxpaye	er's name	Social securit	y numb	er	
ARA'	VIND BABU JERIPOTHULA	744-13-	-4306	6	
Spouse	's name	Spouse's soc	ial secu	ırity numbeı	r
					,
Part	, ,	r year you a	re aut	horizing.	.)
	whole dollars only on lines 1 through 5.				
note:	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.  Adjusted gross income		1 1	0.1	,042.
2	Total tax		2		<del>,042.</del> ,792.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3		
4	Amount you want refunded to you		4		,043. ,251.
5	Amount you owe		5	0	, 201.
Part		кеер а сор		our retu	rn)
my know return to send for any Agent to payme authori payme business taxes to person	penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended owledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I abore (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmand my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejudely in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indict of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requires adays prior to the payment (settlement) date. I also authorize the financial institutions involved in the or receive confidential information necessary to answer inquiries and resolve issues related to the particle funds Withdrawal Consent.	ve are the amounter, or electro- ection of the trans. Treasury and icated in the trans on to debit the entry that the entry that the processing of payment. I further that the processing of payment. I further that the transfer transfer that the transfer transfer that the transfer transfer transfer that the transfer tr	ounts for the cansmission of its cans prepared to the cans of the can of the cans of the c	rom the incurn original sion, (b) the designated paration soft to this according to the designation of the d	come tax tor (ERO) ne reason Financial ftware for bunt. This cancel) a er than 2 ayment of that the
	nic Funds Withdrawai Consent.  Nyer's PIN: check one box only				
×		mv PIN 3	4 3	0 6	as my
	ERO firm name signature on the income tax return (original or amended) I am now authorizing.	En		digits, but r all zeros	ao my
	I will enter my PIN as my signature on the income tax return (original or amended) I am r if you are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN metholow.				
Your s	signature ► Date ► _				
Snous	se's PIN: check one box only				
	I authorize to enter or generate	mv PIN			as my
	ERO firm name	-	ter five	digits, but	ao my
	signature on the income tax return (original or amended) I am now authorizing.	do	n't ente	r all zeros	
	I will enter my PIN as my signature on the income tax return (original or amended) I am r if you are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN metholow.				
Spous	e's signature ▶ Date ▶				
	Practitioner PIN Method Returns Only—continue below				
Part	Certification and Authentication — Practitioner PIN Method Only				
ERO's	<b>EFIN/PIN.</b> Enter your six-digit EFIN followed by your five-digit self-selected PIN.	2 4 9 Don't ent	6 6 er all ze	1 9 8	9
authori	that the above numeric entry is my PIN, which is my signature for the electronic individual income t zed to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am subments of the Practitioner PIN method and <b>Pub. 1345</b> , Handbook for Authorized IRS e-file Providers of I	nitting this retu	ırn in a	ccordance	
ERO's	s signature ▶ Date ▶				
	ERO Must Retain This Form — See Instructions				
	Don't Submit This Form to the IRS Unless Requested To	Do So			

# E 1040 Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Return

2022
------

OMB No. 1545-0074

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

Filing Status	s X	Single Married filing jointly	Marrie	ed filing separately (M	/IFS)	Head of	household (HO	H) [		ifying sun	viving	
Check only one box.	•	u checked the MFS box, enter the nation is a child but not your dependent	,	our spouse. If you ch	necke	ed the HOH or	QSS box, ent	er the		ise (QSS) name if th	ne qualifying	
Your first name	and mi	iddle initial	Last nar	me				Y	our so	cial securit	ty number	
ARAVIND	BABU	J	JERI	POTHULA				7	744-13-4306			
If joint return, s	pouse's	s first name and middle initial	Last nar					S	pouse's	s social sec	curity number	
Home address	(numbe	er and street). If you have a P.O. box, see	instructio	ons.			Apt. no.	F	resider	ntial Election	on Campaign	
11100 NE	` ខ 11។	TH ST					D204			ere if you,		
		ce. If you have a foreign address, also co	mplete s	paces below.	Stat	е	ZIP code			0,	ntly, want \$3	
BELLEVUI					WA		98004			tnıs tuna. ow will not	Checking a	
Foreign country			F	Foreign province/state/o			Foreign postal of			or refund.	0	
										You	Spouse	
Digital Assets		ny time during 2022, did you: (a) rece lange, gift, or otherwise dispose of a	,		. ,		•	,	,	Yes	⊠ No	
Standard		eone can claim:  You as a de		<u>_</u>			40001). (000 11	iotraot	10110.)			
<b>Deduction</b>	_	Spouse itemizes on a separate retur		•		а асрепасті						
Age/Blindness	S You:	Were born before January 2, 1	958	Are blind Spo	use:	☐ Was bor	n before Janu			☐ Is bl		
Dependent				(2) Social security		(3) Relationsh	ib I.,			•	instructions):	
If more	(1) Fi	irst name Last name		number		to you	Child t	ax cred	dit	Credit for ot	her dependents	
than four dependents,										<u> </u>		
see instruction	s ——									<u> </u>		
and check	, —							<u> </u>				
here	]											
Income	1a	Total amount from Form(s) W-2, b	,	,					1a	9	93,696.	
Attack Forms(s)	b	Household employee wages not re	•	, ,					1b			
Attach Form(s) W-2 here. Also	С	Tip income not reported on line 1a							1c			
attach Forms	d	Medicaid waiver payments not rep		` '	nstru	ctions)			1d			
W-2G and 1099-R if tax	е	Taxable dependent care benefits f		· ·					1e			
was withheld.	f	Employer-provided adoption bene	fits from	n Form 8839, line 29					1f			
If you did not	g	Wages from Form 8919, line 6 .							1g			
get a Form W-2, see	h	Other earned income (see instruct	,						1h		0.	
instructions.	i	Nontaxable combat pay election (s	see instr	ructions)		<u>l 1i</u>						
	<b>Z</b>	Add lines 1a through 1h							1z		93,696.	
Attach Sch. B	2a	'	2a			axable interest			2b			
if required.	3a_	Qualified dividends	3a			rdinary divide			3b			
	4a		4a			axable amoun			4b			
Standard Deduction for—	5a		5a			axable amoun			5b			
Single or	6a	,	6a			axable amoun	t		6b	-		
Married filing separately,	С	If you elect to use the lump-sum e		•	•	,		. 📙				
\$12,950	7	Capital gain or (loss). Attach Sche						. Ц	7	+		
<ul> <li>Married filing jointly or</li> </ul>	8	Other income from Schedule 1, lin							8		<u>-9,654.</u>	
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,		•					9	+ 8	84,042.	
\$25,900	10	Adjustments to income from Sche	-						10	+		
Head of household,	11	Subtract line 10 from line 9. This is	-						11		84,042.	
\$19,400	12	Standard deduction or itemized		•	,				12	+	12,950.	
If you checked any box under	13	Qualified business income deducti							13	+		
Standard Deduction,	14								14		12 <b>,</b> 950.	
see instructions.	15	Subtract line 14 from line 11. If zer	o or less	s, enter -U This is y	our <b>t</b> a	axable incom	ie		15		71,092.	

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	11,254.
Credits	17	Amount from Schedule 2, lin	e3					[	17	
	18	Add lines 16 and 17							18	11,254.
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812				19	
	20	Amount from Schedule 3, lin	e8						20	462.
	21	Add lines 19 and 20						[	21	462.
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				[	22	10,792.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21 .			[	23	0.
	24	Add lines 22 and 23. This is	your <b>total tax</b>					[	24	10,792.
Payments	25	Federal income tax withheld								
•	а	Form(s) W-2				25a	17,	,043.		
	b	Form(s) 1099				25b				
	С	Other forms (see instructions	s)			25c				
	d	Add lines 25a through 25c							25d	17,043.
16	26	2022 estimated tax payment	s and amount a	pplied from 20	21 return				26	
If you have a qualifying child,	27	Earned income credit (EIC)				27		Ì		
attach Sch. EIC.	28	Additional child tax credit from								
	29	American opportunity credit	from Form 8863	3, line 8		29				
	30	Reserved for future use .				30				
	31	Amount from Schedule 3, lin								
	32	Add lines 27, 28, 29, and 31	. These are your	total other pa	ayments and re	efundab	le credits		32	
	33	Add lines 25d, 26, and 32. T	,	-	-				33	17,043.
Refund	34	If line 33 is more than line 24							34	6,251.
neiulia	35a	Amount of line 34 you want	refunded to you	J. If Form 8888	is attached, cl	heck her	e	. 🗆 İ	35a	6,251.
Direct deposit?	b	Routing number 1 1 1				X Chec		avings		
See instructions.	d	Account number 6 9 5				_	Ĭ			
	36	Amount of line 34 you want a			ed tax	36	T			
Amount You Owe	37	Subtract line 33 from line 24 For details on how to pay, g				s			37	
	38	Estimated tax penalty (see in	•	-		1	1			
Third Party Designee		you want to allow another	person to disc	cuss this retu	n with the IR	S? See	Yes. Co	mplete be	elow.	
	De	signee's		Phone			Perso	nal identifi	cation	
	nar	me		no.			numb	er (PIN)		
Sign Here		der penalties of perjury, I declare t ief, they are true, correct, and com								
Here	Yo	ur signature		Date	Your occupation	n		Protec	ction P	nt you an Identity IN, enter it here
Joint return?					SOFTWARE I	DEVELO	PMENT ENG	I (see ir	ıst.)	
See instructions. Keep a copy for your records.	Sp	ouse's signature. If a joint return, <b>l</b>	ooth must sign.	Date	Spouse's occup	oation			ty Prote	nt your spouse an ection PIN, enter it here
	- Dh	200 no	0	Email address	 	. D\U.	A G C M A T T C C C		,	
		one no. (512) 665-886 parer's name	9 Preparer's signat	Email address	ARAVINDJERI	POTHULA Date		M PTIN		Check if:
Paid		•			CIIDMA MATT?				702	Self-employed
Preparer		PRIYA RAM SAGAR GUPTA TALLAM		KAM SAGAR	GUPTA TALLA	71/1   UZ/	05/2023	P02082		
Use Only		m's name GLOBAL TAX		INICIAT OF AT	T 00016			Phone		(678) 965-9522
			Y CT E BRU	MOMICK N				Firm's	EIIN	88-2145487
Go to www.irs.go	ov/Forn	11040 for instructions and the late	st information.		BAA	REV (	1/28/23 PRO			Form <b>1040</b> (2022)

# SCHEDULE 1 (Form 1040)

## Additional Income and Adjustments to Income

OMB No. 1545-0074

2022
Attachment Sequence No. 01

Department of the Treasury Internal Revenue Service Attach to Form 1040, 1040-SR, or 1040-NR.

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

Name	(s) shown on Form 1040, 1040-SR, or 1040-NR	cial s	ecurity number		
ARAV	IND BABU JERIPOTHULA	744-1	3-43	306	
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. Attach Sche			5	-9,654.
6	Farm income or (loss). Attach Schedule F			6	
7	Unemployment compensation			7	
8	Other income:				
а	Net operating loss		)		
b	Gambling				
С	Cancellation of debt		,		
d	Foreign earned income exclusion from Form 2555		)		
е	Income from Form 8853				
f	Income from Form 8889				
g	Alaska Permanent Fund dividends				
h	Jury duty pay				
į	Prizes and awards				
J	Activity not engaged in for profit income				
k	Stock options				
ı	Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property 81				
	Olympic and Paralympic medals and USOC prize money (see				
Ш	instructions)				
n	Section 951(a) inclusion (see instructions)				
0	Section 951A(a) inclusion (see instructions)				
р	Section 461(I) excess business loss adjustment				
q	Taxable distributions from an ABLE account (see instructions) 8q				
r	Scholarship and fellowship grants not reported on Form W-2 8r				
	Nontaxable amount of Medicaid waiver payments included on Form				
	1040, line 1a or 1d		)		
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				

Total other income. Add lines 8a through 8z . . . . . . . . . . . . . . .

Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8

-9,654.

9

10

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

Par	II Adjustments to Income			
11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-b			
	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	, ,, ,, , , , , , , , , , , , , , , ,	4a		
b	Deductible expenses related to income reported on line 8l from the			
		4b		
С	Nontaxable amount of the value of Olympic and Paralympic medals			
	·	4c		
d		4d		
е	Repayment of supplemental unemployment benefits under the Trade			
		4e		
f		24f		
g	, , , , , , , , , , , , , , , , , , , ,	4g		
h	Attorney fees and court costs for actions involving certain unlawful			
	,	4h		
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	41-		
_	,	4k	_	
Z	Other adjustments. List type and amount:	4z		
25			05	
25 26	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> . E		26	
	Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a	<u> </u>		

# SCHEDULE 3 (Form 1040)

Department of the Treasury Internal Revenue Service

### **Additional Credits and Payments**

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

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

OMB No. 1545-0074

2022

Attachment Sequence No. 03

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

Your social security number 744-13-4306

Par	Nonrelundable Credits					
1	Foreign tax credit. Attach Form 1116 if required				1	
2	Credit for child and dependent care expenses from Form 2441 Form 2441	-			2	
3	Education credits from Form 8863, line 19				3	462.
4	Retirement savings contributions credit. Attach Form 8880				4	
5	Residential energy credits. Attach Form 5695				5	
6	Other nonrefundable credits:					
а	General business credit. Attach Form 3800	6a				
b	Credit for prior year minimum tax. Attach Form 8801	6b				
С	Adoption credit. Attach Form 8839	6с				
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				
1	Amount on Form 8978, line 14. See instructions	6I				
Z	Other nonrefundable credits. List type and amount:					
		6z				
7	Total other nonrefundable credits. Add lines 6a through 6z				7	
8	Add lines 1 through 5 and 7. Enter here and on Form 1040, 1040-line 20	-SR, (	or 1040	)-NR, 	8	462.

(continued on page 2)

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

Par	Other Payments and Refundable Credits			·
9	Net premium tax credit. Attach Form 8962		9	
10	Amount paid with request for extension to file (see instructions) .		10	
11	Excess social security and tier 1 RRTA tax withheld		11	
12	Credit for federal tax on fuels. Attach Form 4136		12	
13	Other payments or refundable credits:			
а	Form 2439	13a		
b	Credit for qualified sick and family leave wages paid in 2022 from Schedule(s) H for leave taken before April 1, 2021	13b		
С	Reserved for future use	13c		
d	Credit for repayment of amounts included in income from earlier years	13d		
е	Reserved for future use	13e		
f	Deferred amount of net 965 tax liability (see instructions)	13f		
g	Reserved for future use	13g		
h	Credit for qualified sick and family leave wages paid in 2022 from Schedule(s) H for leave taken after March 31, 2021, and before October 1, 2021	13h		
Z	Other payments or refundable credits. List type and amount:	13z		
14	Total other payments or refundable credits. Add lines 13a through		14	
1 <del>4</del> 15	Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040-		14	
10	line 31		15	

#### **SCHEDULE E** (Form 1040)

### **Supplemental Income and Loss**

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

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

OMB No. 1545-0074

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

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

<b>2022</b>
Attachment Sequence No. <b>13</b>

Your social security number

ARAV	/IND BABU JER	IPOT	HULA						744	-13-4306	)
Part	Note: If you a	are in tl	s From Rental Real Estate and the business of renting personal propers from Form 4835 on page 2, line 40.	ertv. use	yalties Schedule	e C. See	instru	ctions. If you a	re an i	ndividual, rep	oort farm
			nts in 2022 that would require you								
В	f "Yes," did you or	will y	ou file required Form(s) 1099?	<u> </u>						<u> </u>	es No
1a	Physical address	s of ea	ach property (street, city, state, Zl	IP cod	e)						
Α	C1-18, STAF	F CO	LONY BASANTHNAGAR, PEDD	APAL	TELANO	GANA	IN 5	05187			
В											
С											
1b	Type of Property (from list below)	2	above, report the number of fair	rental	and		Fa	ir Rental Days		sonal Use Days	QJV
Α	3		personal use days. Check the Q			Α		365		0	
В			if you meet the requirements to qualified joint venture. See instru			В					
С			quamica jemi remaier decimen			С					
1	of Property: Single Family Resid Multi-Family Resid		<ul><li>3 Vacation/Short-Term Rer</li><li>4 Commercial</li></ul>	ntal	5 Land 6 Roya			Self-Rental Other (descr			
								Properti	es:		
Incon							C 1	В			С
3						/	61.				
4 Exper		a		4							
Expei 5				5							
6	-		structions)								
7			nce			2.5	53.				
8						2,5	55.				
9											
10			sional fees								
11						1 . 7	72.				
12			to banks, etc. (see instructions)	12		<b>±</b> / /	72.				
13	~ ~	•		_							
14						2,4	15.				
15							64.				
16											
17				17		2,3	11.				
18			or depletion	18							
19											
20	Total expenses. A	Add Iir	nes 5 through 19	20		10,4	15.				
21	result is a (loss), s	see in	ne 3 (rents) and/or 4 (royalties). If structions to find out if you must			0 6	ΕΛ				
00						<b>-9,</b> 6	J4.				
22	on <b>Form 8582</b> (se	ee ins	estate loss after limitation, if any, tructions)	22	(	9,65	54.)	(		)(	)
23a			ported on line 3 for all rental prop				23a		761	•	
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	1 ^	/11 -		
e			ported on line 20 for all properties				23e	10	,415		
24	•		amounts shown on line 21. <b>Do no</b>		•		ntent		_	4	0 (
25	•	•	ses from line 21 and rental real esta							5 (	9,654.)
26	here. If Parts II,	III, IV	te and royalty income or (loss).  The and line 40 on page 2 do not to the and line 5. Otherwise, include this a	apply	to you,	also er	nter th	is amount o		6	-9.654

### **Education Credits** (American Opportunity and Lifetime Learning Credits)

Attach to Form 1040 or 1040-SR. Go to www.irs.gov/Form8863 for instructions and the latest information. OMB No. 1545-0074 Attachment Sequence No. **50** 

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

ARAVIND BABU JERIPOTHULA

Your social security number 744-13-4306



Complete a separate Part III on page 2 for each student for whom you're claiming either credit before you complete Parts I and II.

Part	Refundable American Opportunity Credit					
1	After completing Part III for each student, enter the total of all amounts from all P	arts II	II, line	30	1	
2	Enter: \$180,000 if married filing jointly; \$90,000 if single, head of household, or qualifying surviving spouse	2				
3	Enter the amount from Form 1040 or 1040-SR, line 11. But if you're filing Form 2555 or 4563, or you're excluding income from Puerto Rico, see Pub. 970 for the amount to enter instead	3				
4	Subtract line 3 from line 2. If zero or less, <b>stop</b> ; you can't take any education credit	4				
5	Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or qualifying surviving spouse	5				
6	If line 4 is:  • Equal to or more than line 5, enter 1.000 on line 6				6	
	at least three places)					
7	Multiply line 1 by line 6. <b>Caution:</b> If you were under age 24 at the end of the conditions described in the instructions, you <b>can't</b> take the refundable America skip line 8, enter the amount from line 7 on line 9, and check this box	an op	portu	nity credit;	7	
8	<b>Refundable American opportunity credit.</b> Multiply line 7 by 40% (0.40). Enter on Form 1040 or 1040-SR, line 29. Then go to line 9 below.				8	
Part	II Nonrefundable Education Credits					
9	Subtract line 8 from line 7. Enter here and on line 2 of the Credit Limit Worksheet	(see	instru	ctions) .	9	
10	After completing Part III for each student, enter the total of all amounts from a zero, skip lines 11 through 17, enter -0- on line 18, and go to line 19				10	3,876.
11 12	Enter the smaller of line 10 or \$10,000				11 12	3,876. 775.
13	Enter: \$180,000 if married filing jointly; \$90,000 if single, head of household, or qualifying surviving spouse	13		90,000.		
14	Enter the amount from Form 1040 or 1040-SR, line 11. But if you're filing Form 2555 or 4563, or you're excluding income from Puerto Rico, see Pub. 970 for the amount to enter instead	14		84,042.		
15	Subtract line 14 from line 13. If zero or less, skip lines 16 and 17, enter -0- on line 18, and go to line 19	15		5,958.		
16	Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or qualifying surviving spouse	16		10,000.		
17	If line 15 is:			١		
	<ul> <li>Equal to or more than line 16, enter 1.000 on line 17 and go to line 18</li> <li>Less than line 16, divide line 15 by line 16. Enter the result as a decimal (roun</li> </ul>				17	0.596
	least three places)			]	17	
18	Multiply line 12 by line 17. Enter here and on line 1 of the Credit Limit Worksheet	•		,	18	462.
19	<b>Nonrefundable education credits.</b> Enter the amount from line 7 of the Credit instructions) here and on Schedule 3 (Form 1040), line 3				19	462.

REV 01/28/23 PRO

Name(s) shown on return	Your social security number
ARAVIND BABU JERIPOTHULA	744-13-4306



Complete Part III for each student for whom you're claiming either the American opportunity credit or lifetime learning credit. Use additional copies of page 2 as needed for each student.

Part	Student and Educational Institution Information	n. See instructions.			
20	Student name (as shown on page 1 of your tax return)	21 Student social security number (as shown on page 1 of			
	ARAVIND BABU	your tax return)			
	JERIPOTHULA	744-13-4306			
	Educational institution information (see instructions)				
a	. Name of first educational institution	b. Name of second educational institution (if any)			
	Texas State University				
(-	<ol> <li>Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions.</li> </ol>	(1) Address. Number and street (or P.O. box). City, town o post office, state, and ZIP code. If a foreign address, so instructions.			
	601 University Drive				
	SAN MARCOS TX 78666				
(2	Did the student receive Form 1098-T from this institution for 2022? X Yes □ No	(2) Did the student receive Form 1098-T  Yes  Yes  Yes	10		
(;	B) Did the student receive Form 1098-T from this institution for 2021 with box ☒ Yes ☐ No 7 checked?	(3) Did the student receive Form 1098-T from this institution for 2021 with box Yes 7 checked?	No.		
(4	Enter the institution's employer identification number (EIN) if you're claiming the American opportunity credit or if you checked "Yes" in (2) or (3). You can get the EIN from Form 1098-T or from the institution.	(4) Enter the institution's employer identification number (E if you're claiming the American opportunity credit or if y checked "Yes" in (2) or (3). You can get the EIN from Fo 1098-T or from the institution.	oú		
	74-6002248				
23	Has the American opportunity credit been claimed for this student for any 4 prior tax years?	$\square$ Yes — <b>Stop!</b> So to line 31 for this student. $\bowtie$ No — Go to line 24.			
24	Was the student enrolled at least half-time for at least one academic period that began or is treated as having begun in 2022 at an eligible educational institution in a program leading towards a postsecondary degree, certificate, or other recognized postsecondary educational credential? See instructions.	$\boxed{\mathbf{X}}$ Yes — Go to line 25. $\boxed{}$ No — <b>Stop!</b> Go to line 3 for this student.	1		
25	Did the student complete the first 4 years of postsecondary education before 2022? See instructions.	▼ Yes - <b>Stop!</b> Go to line 31 for this student. □ No - Go to line 26.			
26	Was the student convicted, before the end of 2022, of a felony for possession or distribution of a controlled substance?	Yes — <b>Stop!</b> Go to line 31 for this student.  No — Complete lines 27 through 30 for this stude			
You can't take the American opportunity credit and the lifetime learning credit for the same student in the same year. If you complete lines 27 through 30 for this student, don't complete line 31.					
	American Opportunity Credit				
27	Adjusted qualified education expenses (see instructions). Dor				
28	Subtract \$2,000 from line 27. If zero or less, enter -0				
29	. ,				
30	If line 28 is zero, enter the amount from line 27. Otherwise, a				
	enter the result. Skip line 31. Include the total of all amounts f	rom all Parts III, line 30, on Part I, line 1 .   30	_		
	Lifetime Learning Credit	and the Astal of all accounts from 11 D. 1	—		
31	Adjusted qualified education expenses (see instructions). Incl III, line 31, on Part II, line 10		6.		

### **Health Savings Accounts (HSAs)**

Department of the Treasury Internal Revenue Service

Attach to Form 1040, 1040-SR, or 1040-NR. Go to www.irs.gov/Form8889 for instructions and the latest information. OMB No. 1545-0074 Attachment Sequence No. **52** 

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

ARAVIND BABU JERIPOTHULA

Social security number of HSA beneficiary. If both spouses have HSAs, see instructions.

744-13-4306

Befor	re you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if	requ	ired.		
Part	<b>HSA Contributions and Deduction.</b> See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part I for each spouse.				
1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2022.  See instructions				
2	HSA contributions you made for 2022 (or those made on your behalf), including those made by the unextended due date of your tax return that were for 2022. <b>Do not</b> include employer contributions, contributions through a cafeteria plan, or rollovers. See instructions	2	0.		
3	If you were under age 55 at the end of 2022 and, on the first day of <b>every</b> month during 2022, you were, or were considered, an eligible individual with the <b>same</b> coverage, enter \$3,650 (\$7,300 for family coverage). <b>All others</b> , see the instructions for the amount to enter	3	3,650.		
4	Enter the amount you and your employer contributed to your Archer MSAs for 2022 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2022, also include any amount contributed to your spouse's Archer MSAs	4	0.		
5	Subtract line 4 from line 3. If zero or less, enter -0		3,650.		
6	Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family				
	coverage under an HDHP at any time during 2022, see the instructions for the amount to enter	6	3,650.		
7	If you were age 55 or older at the end of 2022, married, and you or your spouse had family coverage under an HDHP at any time during 2022, enter your additional contribution amount. See instructions.	7	0.		
8	Add lines 6 and 7	8	3,650.		
9	Employer contributions made to your HSAs for 2022				
10	Qualified HSA funding distributions				
11	Add lines 9 and 10	11	208.		
12	Subtract line 11 from line 8. If zero or less, enter -0	12	3,442.		
13	<b>HSA deduction.</b> Enter the <b>smaller</b> of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line 13	13	0.		
	Caution: If line 2 is more than line 13, you may have to pay an additional tax. See instructions.				
<b>Part II HSA Distributions.</b> If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part II for each spouse.					
14a	Total distributions you received in 2022 from all HSAs (see instructions)	14a			
b	Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return. See instructions	14b			
С	Subtract line 14b from line 14a	14c			
15	Qualified medical expenses paid using HSA distributions (see instructions)	15			
16	<b>Taxable HSA distributions.</b> Subtract line 15 from line 14c. If zero or less, enter -0 Also, include this amount in the total on Schedule 1 (Form 1040), Part I, line 8f	16			
17a	If any of the distributions included on line 16 meet any of the <b>Exceptions to the Additional 20% Tax</b> (see instructions), check here				
b	<b>Additional 20% tax</b> (see instructions). Enter 20% (0.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also, include this amount in the total on Schedule 2 (Form 1040), Part II, line 17c	17b			
Part	Income and Additional Tax for Failure To Maintain HDHP Coverage. See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part III for each spouse.				
18	Last-month rule	18			
19	Qualified HSA funding distribution	19			
20	<b>Total income.</b> Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I, line 8f .	20			
21	Additional tax. Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2 (Form				
	1040), Part II, line 17d	21			