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.

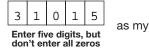
Submission Identification Number (SID)

Taxpayer's name	Social security number					
VAMSI KRISHNA SOMA	655-83-1015					
Spouse's name	Spouse's social security number					
PUSHPAVATHI SOMA	775-31-9751					
Part I Tax Return Information – Tax Year Ending December 31, 2022 (Ent	er year you are authorizing.)					
Enter whole dollars only on lines 1 through 5.						
Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.						
1 Adjusted gross income	1 434,043.					
2 Total tax	2 92,620.					
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3 90,791.					
4 Amount you want refunded to you	4					
5 Amount you owe	5 1,829.					
Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)						

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

	1 ddthonze			ERO firm name	to enter or generate my r m	Ę
X	l authorize	GLOBAL	TAXES	LLC	to enter or generate my PIN	-



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

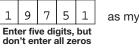
I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature

Spouse's PIN: check one box only

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

Date



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

below.

Spouse's signature 🕨 🛛 🛛 🖸													
	Practitioner PIN Method Returns Only—continue	e bel	ow										
Part III	Certification and Authentication – Practitioner PIN Method Only												
ERO's EF	IN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.	2	2	2	4	9	6	6	1	9	8	9	
					Don	't en	nter a	all ze	ros				

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

ERO's signature >	Date 🕨								
ERO Must Retain This Don't Submit This Form to the									
For Paperwork Reduction Act Notice, see your tax return instructions	· BAA	REV 03/18/23 PRO	Form 8879 (Rev. 01-2021)						

IF you live in	THEN use this address to send in your payment					
Alabama, Florida, Georgia, Louisiana, Mississippi, North Carolina, South Carolina, Tennessee, Texas	Internal Revenue Service P.O. Box 1214 Charlotte, NC 28201-1214					
Arkansas, Connecticut, Delaware, District of Columbia, Illinois, Indiana, Iowa, Kentucky, Maine, Maryland, Massachusetts, Minnesota, Missouri, New Hampshire, New Jersey, New York, Oklahoma, Rhode Island, Vermont, Virginia, West Virginia, Wisconsin	Internal Revenue Service P.O. Box 931000 Louisville, KY 40293-1000					
Alaska, Arizona, California, Colorado, Hawaii, Idaho, Kansas, Michigan, Montana, Nebraska, Nevada, New Mexico, North Dakota, Ohio, Oregon, Pennsylvania, South Dakota, Utah, Washington, Wyoming	Internal Revenue Service P.O. Box 802501 Cincinnati, OH 45280-2501					
A foreign country, American Samoa, or Puerto Rico (or are excluding income under Internal Revenue Code section 933), or use an APO or FPO address, or file Form 2555 or 4563, or are a dual-status alien or nonpermanent resident of Guam or the U.S. Virgin Islands	Internal Revenue Service P.O. Box 1303 Charlotte, NC 28201-1303					

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

Form **1040-V** 2022

▼ Detach Here and Mail With Your Payment and Return ▼

Department of the Treasury Internal Revenue Service



Form 1040-V Payment Voucher

Use this voucher when making a payment with Form 1040.

Do not staple this voucher or your payment to Form 1040.

Make your check or money order payable to the 'United States Treasury.' ► Write your social security number (SSN) on your check or money order.

Enter the amount of your payment. REV 03/18/23 PRO

1,829.

1555

INTERNAL REVENUE SERVICE P.O. BOX 802501 CINCINNATI, OH 45280-2501

VAMSI KRISHNA AMOZ PUSHPAVATHI AMOZ 19400 SORENSON AVE 213 CUPERTINO CA 95014

E1040		artment of the Treasury—Internal Revenue Servi S. Individual Income Tax		urn 202	22	OMB No. 1545	-0074	IRS Use Only	/—Do not v	vrite or staple in this space.
Filing Status Check only one box.	lf yo	Single X Married filing jointly unchecked the MFS box, enter the nation is a child but not your dependent	ame of y	ed filing separately vour spouse. If you					spo	llifying surviving use (QSS) s name if the qualifying
Your first name	and mi	iddle initial	Last na	me					Your so	ocial security number
VAMSI KR	ISH	NA	SOMA	L					655-	83-1015
lf joint return, sp	ouse's	s first name and middle initial	Last na	me					Spouse	's social security number
PUSHPAVA	THI		SOMA						775-	31-9751
Home address (numbe	er and street). If you have a P.O. box, see	instructio	ons.			A	Apt. no.	1	ential Election Campaigr
<u>19400 SO</u>	RENS	SON AVE					2	213		here if you, or your
City, town, or po	ost offi	ce. If you have a foreign address, also co	mplete s	paces below.	Sta	ate	ZIP c	ode		if filing jointly, want \$3 this fund. Checking a
CUPERTIN	0				C	A	950	14	box bel	ow will not change
Foreign country	name		F	oreign province/sta	te/coun	ty	Foreig	n postal code	your ta:	x or refund.
										You Spouse
Digital Assets		ny time during 2022, did you: (a) rece ange, gift, or otherwise dispose of a								Yes X No
Standard	Som	eone can claim: 🗌 You as a de	pendent	t 🗌 Your spo	use as	a dependent				
Deduction		Spouse itemizes on a separate return	n or you	were a dual-stat	us alier	ו				
Age/Blindness	You:	Were born before January 2, 1	958 [Are blind	Spouse	: 🗌 Was bor	n befo	ore January	2, 1958	Is blind
Dependents				(2) Social secu	·	(3) Relationsh		,		fies for (see instructions):
-		irst name Last name		number	inty	to you		Child tax c	redit	Credit for other dependents
lf more than four	<u> </u>	NAV KUMAR SOMA		956-90-3	128	Son				×
dependents,	QUIDL	HEEP KRISHNA SOMA		956-90-31		Son				×
see instructions and check	0021			200 20 01						
here										
Income	1a	Total amount from Form(s) W-2, be	ox 1 (se	e instructions) .					. 1a	440,316.
moome	b	Household employee wages not re	ported	on Form(s) W-2 .					. 1b	
Attach Form(s) W-2 here. Also	С	Tip income not reported on line 1a	(see ins	structions)					. 10	;
attach Forms	d	Medicaid waiver payments not rep	orted o	n Form(s) W-2 (se	e instru	uctions)			. 10	1
W-2G and 1099-R if tax	е	Taxable dependent care benefits f	rom For	m 2441, line 26					. 1e	•
was withheld.	f	Employer-provided adoption bene	fits from	n Form 8839, line	29.				. 1f	
lf you did not	g	Wages from Form 8919, line 6 .							. 1g	
get a Form W-2, see	h	Other earned income (see instructi	ons) .				· ·		. 1 h	0.
instructions.	i	Nontaxable combat pay election (s		,						
	Z	Add lines 1a through 1h	1				• •		. 1z	
Attach Sch. B	2a	· –	2a	1.065		axable interes				
if required.	<u>3a</u>		3a	1,865.		Ordinary divide				
	4a		4a			axable amoun				
Standard Deduction for –	5a		5a			axable amoun				
Single or	6a	Social security benefits	Sa			axable amoun	ι	· · ·	. 6b	
Married filing separately,	с 7			-	•	,	• •	· · · [7	-1,424.
\$12,950 Married filing	8	Capital gain or (loss). Attach Scher Other income from Schedule 1, line					• •		. 8	
 Married filing jointly or 	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,					• •		. 0	-9,250. 434,122.
Qualifying spouse,	9 10	Add lines 12, 20, 30, 40, 50, 60, 7, Adjustments to income from Sche				e	• •		· 9	
\$25,900 • Head of	11	Subtract line 10 from line 9. This is					• •		. 11	
household,	12	Standard deduction or itemized	•						. 12	
\$19,400 • If you checked	13	Qualified business income deducti							. 13	
any box under	14	Add lines 12 and 13							. 14	
Standard Deduction,	15	Subtract line 14 from line 11. If zer					ie .		. 15	
see instructions.				.,	, , , , , , , , , , , , , , , , , , , ,					100,110.

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

Form **1040** (2022)

Form 1040 (2022	2)									Page 2
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 🗌 881	4 2 4972	3 🗌		16	90	,752.
Credits	17	Amount from Schedule 2, lin	ie3					17		
	18	Add lines 16 and 17						18	90	,752.
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812			19		
	20	Amount from Schedule 3, lin	ie8					20		
	21	Add lines 19 and 20						21		
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	90	,752.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21 .			23	1	,868.
	24	Add lines 22 and 23. This is	your total tax					24	92	,620.
Payments	25	Federal income tax withheld								
-	а	Form(s) W-2				25a 88	3,608.			
	b	Form(s) 1099				25b				
	с	Other forms (see instructions	s)			25c	2,183.			
	d	Add lines 25a through 25c						25d	90	,791.
If you have a	26	2022 estimated tax payment	ts and amount a	pplied from 20	21 return			26		
qualifying child,	27	Earned income credit (EIC)			No .	27				
attach Sch. EIC.	28	Additional child tax credit from	n Schedule 8812			28				
	29	American opportunity credit	from Form 8863	8, line 8		29				
	30	Reserved for future use .				30				
	31	Amount from Schedule 3, lin	ie 15			31				
	32	Add lines 27, 28, 29, and 31	. These are your	total other pa	ayments and ref	undable credits		32		
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments				33	90	,791.
Refund	34	If line 33 is more than line 24	l, subtract line 2	4 from line 33.	This is the amou	nt you overpaid		34		
neruna	35a	Amount of line 34 you want			3 is attached, che	ck here	🗆	35a		
Direct deposit?	b	Routing number X X X	X X X X	XX	c Type:	Checking	Savings			
See instructions.	d	Account number X X X	X X X X		x x x x x	XX				
	36	Amount of line 34 you want a	applied to your	2023 estimate	edtax	36				
Amount	37	Subtract line 33 from line 24	. This is the amo	ount you owe						
You Owe		For details on how to pay, g	o to <i>www.irs.go</i> u	//Payments or	see instructions			37	1	,829.
	38	Estimated tax penalty (see in	nstructions) .			38				
Third Party	Do	you want to allow another	person to disc	cuss this retu	rn with the IRS?				_	
Designee	ins	structions				🗌 Yes. C	omplete l	below.	X No	
	De nai	signee's		Phone no.			onal identi ber (PIN)	fication		
0:		der penalties of perjury, I declare t	hat I have avancing				. ,	* * * * * * *		
Sign		ief, they are true, correct, and com			1 2 0		,			0
Here	Yo	ur signature		Date	Your occupation		If the	RS se	nt you an Ide	entity
									IN, enter it he	ere
Joint return?					SR QE MAN			inst.)		
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, t	ooth must sign.	Date	Spouse's occupat	tion			nt your spous ection PIN, e	
your records.					TEACHER			inst.)		
	Ph	one no. (408)594-507	1	Email address		MATT COM	`	,		
		eparer's name	⊥ Preparer's signat		VSOMA77@G	Date	PTIN		Check if:	
Paid		ATA SAI PAVAN KUMAR DUDIPALLI			IAR DUDIPALLI			0833		mployed
Preparer				PAVAN KUP	IAK DUDIPALLI	03/24/2023	· · · · ·			
Use Only		m's name GLOBAL TAX n's address 245 ROONE	Y CT E BRU	NGWICK N	J 08816			ie no. ('s EIN	678)965	
				TIONICIC IN				o ∟íIN		45487
GO TO WWW.Irs.go	uv/rorn	n1040 for instructions and the late	si information.		BAA	REV 03/18/23 PRO			Form	040 (2022)

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

Attachment Sequence No. 01 Your social security number

Department of the Treasury Internal Revenue Service	
--	--

Name(s) shown on Fo	orm 1040, 1040-SR, or 1040-NR	Your soc	ial s	ecu
VAMSI KRISHNA	& PUSHPAVATHI SOMA	655-83	3-10)15
Part I Additio	onal Income			
d Taxable refu	ada avadita av offasta of state and lagal income towar			

1	Taxable refunds, credits, or offsets of state and local income taxes	🗠	1	
2a	Alimony received	2	a	
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	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E		5	-9,250.
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 8d ()		
е	Income from Form 8853			
f	Income from Form 8889			
g	Alaska Permanent Fund dividends			
ĥ	Jury duty pay			
i	Prizes and awards			
j	Activity not engaged in for profit income			
k	Stock options			
I.	Income from the rental of personal property if you engaged in the rental			
	for profit but were not in the business of renting such property 81			
m	Olympic and Paralympic medals and USOC prize money (see			
	instructions)			
n	Section 951(a) inclusion (see instructions)			
ο	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			
S	Nontaxable amount of Medicaid waiver payments included on Form			
	1040, line 1a or 1d)		
t				
	a nongovernmental section 457 plan			
u	Wages earned while incarcerated			
Z				
	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, or 1040-NR, li	ne 8 1	0	-9,250.

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

Schedule 1 (Form 1040) 2022

Par	II Adjustments to Income						
11	Educator expenses				11		
12	Certain business expenses of reservists, performing artists, and fee	-basis	s gov	vernmer	nt		
	officials. Attach Form 2106				12		
13	Health savings account deduction. Attach Form 8889						
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						
18	Penalty on early withdrawal of savings				18		79.
19a	Alimony paid				19a	1	
b	Recipient's SSN	•					
С	Date of original divorce or separation agreement (see instructions):						
20	IRA deduction						
21	Student loan interest deduction				21		
22	Reserved for future use				22		
23	Archer MSA deduction				23		
24	Other adjustments:						
а	Jury duty pay (see instructions)	24a					
b	Deductible expenses related to income reported on line 8I from the						
		24b					
С	Nontaxable amount of the value of Olympic and Paralympic medals						
	and USOC prize money reported on line 8m	24c					
d	Reforestation amortization and expenses	24d					
е	Repayment of supplemental unemployment benefits under the Trade						
	Act of 1974	24e					
f	Contributions to section 501(c)(18)(D) pension plans	24f					
g	Contributions by certain chaplains to section 403(b) plans	24g					
ĥ	Attorney fees and court costs for actions involving certain unlawful						
	discrimination claims (see instructions)	24h					
i	Attorney fees and court costs you paid in connection with an award						
	from the IRS for information you provided that helped the IRS detect						
	tax law violations	24i					
j	Housing deduction from Form 2555	24j					
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form	-					
	1041)	24k					
z	Other adjustments. List type and amount:						
		24z					
25	Total other adjustments. Add lines 24a through 24z				25		
26	Add lines 11 through 23 and 25. These are your adjustments to income						
	Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a						79.
	ВАА	REV (03/18/23	PRO	Sched	lule 1 (Fo	orm 1040) 202

SCHEDULI	Ξ2
(Form 1040)	

16

Additional Taxes

OMB No. 1545-0074

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

20 Department of the Treasury Attachment Go to www.irs.gov/Form1040 for instructions and the latest information. Internal Revenue Service Sequence No. 02 Name(s) shown on Form 1040, 1040-SR, or 1040-NR Your social security number VAMSI KRISHNA & PUSHPAVATHI SOMA 655-83-1015 Part I Tax 1 Alternative minimum tax. Attach Form 6251 1 2 2 Excess advance premium tax credit repayment. Attach Form 8962 3 Add lines 1 and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 17 . . 3 Part II **Other Taxes** 4 4 5 Social security and Medicare tax on unreported tip income. Attach Form 4137 5 Uncollected social security and Medicare tax on wages. Attach 6 6 Form 8919 7 Total additional social security and Medicare tax. Add lines 5 and 6 7 Additional tax on IRAs or other tax-favored accounts. Attach Form 5329 if required. 8 8 9 9 Repayment of first-time homebuyer credit. Attach Form 5405 if required 10 10 Additional Medicare Tax, Attach Form 8959 11 11 1,868. 12 12 13 Uncollected social security and Medicare or RRTA tax on tips or group-term life 13 Interest on tax due on installment income from the sale of certain residential lots 14 14 Interest on the deferred tax on gain from certain installment sales with a sales price 15 15

Recapture of low-income housing credit. Attach Form 8611

(continued on page 2)

16

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

Schedule 2 (Form 1040) 2022

Par	t II Other Taxes (continued)			
17	Other additional taxes:			
а	Recapture of other credits. List type, form number, and amount:			
		17a		
b	Recapture of federal mortgage subsidy, if you sold your home			
		17b	-	
	Additional tax on HSA distributions. Attach Form 8889	17c	-	
d	Additional tax on an HSA because you didn't remain an eligible individual. Attach Form 8889	17d		
е	Additional tax on Archer MSA distributions. Attach Form 8853.	17e		
f	Additional tax on Medicare Advantage MSA distributions. Attach Form 8853	17f		
g	Recapture of a charitable contribution deduction related to a fractional interest in tangible personal property	17g		
h	Income you received from a nonqualified deferred compensation plan that fails to meet the requirements of section 409A	17h		
i	Compensation you received from a nonqualified deferred compensation plan described in section 457A	17i		
j	Section 72(m)(5) excess benefits tax	17j		
k	Golden parachute payments	17k		
Т	Tax on accumulation distribution of trusts	171		
m	Excise tax on insider stock compensation from an expatriated			
		17m	-	
n	Look-back interest under section 167(g) or 460(b) from Form 8697 or 8866	17n	_	
0	Tax on non-effectively connected income for any part of the year you were a nonresident alien from Form 1040-NR	170		
р	Any interest from Form 8621, line 16f, relating to distributions from, and dispositions of, stock of a section 1291 fund	17p		
q	Any interest from Form 8621, line 24	17q		
z	Any other taxes. List type and amount:			
		17z		
18	Total additional taxes. Add lines 17a through 17z		18	
19	Reserved for future use		19	
20	Section 965 net tax liability installment from Form 965-A	20		
21	Add lines 4, 7 through 16, and 18. These are your total other taxe on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b.		01	1 000
	BAA		21 Schedu	1 , 868 . Ile 2 (Form 1040) 2022

SCHEDULE	В
(Form 1040)	

Department of the Treasury Internal Revenue Service

Interest and Ordinary Dividends

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

OMB No. 1545-0074 20 Attachment Sequence No. 08

VAMST_KRISINN & PUSHPAVATHI SOM 655-83-1015 Part I 1 List neme of payer, if any interest is from a selerifinanced mortgage and the instructions and list this interest first. Also, show that buyer's social security number and address: Amount (See instructions for Form 1040, Form 104, Form 104	Name(s) shown on re	eturn		Your	social secur	ity numb	ber
Part II 1 Del name of payer. If any integets is not in a semantimation of age and into age	VAMSI KRIS	HNA a	& PUSHPAVATHI SOMA	655	5-83-101	⊾5	
Interest first. Also, show that buyer's social security number and address: (See instructions for Form 1040, Interest first. Also, show that buyer's social security number and address: (See instructions for Form 1040, Interest first. Also, show that buyer's social security number and address: (See instructions for Form 1040, Interest first. Also, show that buyer's social security number and address: (See instructions for Form 1040, Interest first. Also, show that buyer's social security number and address: (See instructions for Form 1040, Interest first. Also, show that buyer's social security number and address: (See instructions for Form 1040, Interest first. Also, show that buyer's social security number and address: (See instructions for Form 1040, Interest first. Also, show that buyer's social security number and address: (See instructions for Form 1040, Interest first. Also, show that buyer's social security number and address: (See instructions for Form 1040, Interest first. Also, show that buyer's social security number and address: (See instructions for Form 1040, Interest first. Also, show that buyer's social security number and address: (See instructions for Form 1040, Interest first. Also, show that buyer's social security number and address: (See instructions for Form 1040, Interest first. Also, show that buyer's social security number and address: (See instructions for Form 1040, Interest first. Also, show that buyer's social security number and address: (See instructions for Form 1040, Inter first actions for Form 1040, Interest first. Also, show that buyer's social security and the social security a	Part I	1			Am	ount	
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Yes No Accounts 7a At any time during 2022, did you have a financial interest in or signature authority over a financial interest in or signature authority over a financial account (such as a bank account, securities account, or brokerage account) located in a foreign country? See instructions Yes No 7a At any time during 2022, did you have a financial interest in or signature authority over a financial account (such as a bank account, securities account, or brokerage account) located in a foreign country? See instructions X If "Yes," are you required to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), to report that financial interest or signature authority? See FinCEN Form 114, and its instructions for filing requirements and exceptions to those requirements X						a fore	ign
and Trusts 7a At any time during 2022, did you have a financial interest in or signature authority over a financial account (such as a bank account, securities account, or brokerage account) located in a foreign country? See instructions	Foreign	accou	int; or (c) received a distribution from, or were a grantor of, or a transferor to, a foreigr	n trust			
Caution: If required, failure to file FinCEN Form 114 may result in substantial penalties. Additionally, you At any time during 2022, did you have a infancial interest in or signature authority over a infancial account (such as a bank account, securities account, or brokerage account) located in a foreign country? See instructions X If "Yes," are you required to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), to report that financial interest or signature authority? See FinCEN Form 114 and its instructions for filing requirements and exceptions to those requirements						Yes	No
Caution: If required, failure to required, failure to file FinCEN Form 114 may result in substantial penalties. Additionally, you	and Trusts	7a	At any time during 2022, did you have a financial interest in or signature authority	over a	a financial		
file FinCEN Form 114 may result in substantial If "Yes," are you required to file FinCEN Form 114, Report of Foreign Bank and Financial penalties. Additionally, you							
114 may result in substantial penalties. Additionally, youIf "Yes," are you required to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), to report that financial interest or signature authority? See FinCEN Form 114 and its instructions for filing requirements and exceptions to those requirements)	country? See instructions				<u>×</u>
Additionally, you and its instructions for filing requirements and exceptions to those requirements							
Additionally, you							
f = 1 is the second	Additionally, you	_					
	may be required	b	If you are required to file FinCEN Form 114, list the name(s) of the foreign country(
to file Form 8938, financial account(s) are located:	,						
Specified Foreign Financial Assets. 8 During 2022, did you receive a distribution from, or were you the grantor of, or transferor to, a		-					
	required, failure to file FinCEN Form 114 may result in substantial penalties. Additionally, you		country? See instructions	and CEN F	Financial Form 114		×

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

foreign trust? If "Yes," you may have to file Form 3520. See instructions .

See instructions.

. Schedule B (Form 1040) 2022

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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.

Attachment Sequence No. 12

20

Internal Revenue Service Name(s) shown on return

Department of the Treasury

VAMSI KRISHNA & PUSHPAVATHI SOMA

Your social security number

655-83-1015

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

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

lines This	instructions for how to figure the amounts to enter on the below. form may be easier to complete if you round off cents to le dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss froi Form(s) 8949, Part line 2, column (g)	I, combine the result	
1a	Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b.					
1b	Totals for all transactions reported on Form(s) 8949 with Box A checked	25,352.	27,989.	12	2,625.	
2	Totals for all transactions reported on Form(s) 8949 with Box B checked	92,670.	91,742.	278	. 1,206.	
3	Totals for all transactions reported on Form(s) 8949 with Box C checked					
4	Short-term gain from Form 6252 and short-term gain or (oss) from Forms 4	684, 6781, and 88	324 4		
5	5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1					
6						
7	e any long-	-1,419.				

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

See instructions for how to figure the amounts to enter on the lines below.		(d)	(e)	(g) Adjustmer		(h) Gain or (loss) Subtract column (e)
	form may be easier to complete if you round off cents to e dollars.	Proceeds (sales price)	Cost (or other basis)	to gain or loss 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 Box D checked	1,396.	1,643.			-247.
9	Totals for all transactions reported on Form(s) 8949 with Box E checked	16,861.	16,620.			241.
10	Totals for all transactions reported on Form(s) 8949 with Box F checked.	20.	27.			-7.
11	Gain from Form 4797, Part I; long-term gain from Forms from Forms 4684, 6781, and 8824		• •	. ,	11	
 12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 13 Capital gain distributions. See the instructions 						8.
14	Long-term capital loss carryover. Enter the amount, if any Worksheet in the instructions	14	()			
15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then, go to Part III on the back						-5.
For F	Schedu	le D (Form 1040) 2022				

Part	III Summary		
16	Combine lines 7 and 15 and enter the result	16 -1,424	<u>4.</u>
	• If line 16 is a gain , enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below.		
	• If line 16 is a loss , skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22.		
	• If line 16 is zero , skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22.		
17	Are lines 15 and 16 both gains?		
	No. Skip lines 18 through 21, and go to line 22.		
18	If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet	18	
19	If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet	19	
20	 Are lines 18 and 19 both zero or blank and you are not filing Form 4952? Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. Don't complete lines 21 and 22 below. 		
	□ No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.		
21	If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of:		
	The loss on line 16; or (\$3,000), or if married filing separately, (\$1,500)	21 (1,424	.)
	Note: When figuring which amount is smaller, treat both amounts as positive numbers.		
22	Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?		
	Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16.		
	□ No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.		

REV 03/18/23 PRO

Schedule D (Form 1040) 2022

Form **8949**

Department of the Treasury

Internal Revenue Service

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.



Name(s) shown on return	Social security number or taxpayer identification number
VAMSI KRISHNA & PUSHPAVATHI SOMA	655-83-1015

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

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

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

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

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

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

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

1 (a) Description of property		(c) Date sold or	Proceeds (sales price)	(e) Cost or other basis See the Note below	See the separate instructions.		g), (h) Gain or (loss) Subtract column (e)	
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)		and see Column (e) in the separate instructions.	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g).	
STOCKS	01/01/21	12/31/22	25,352.	27,989.	W	12.	-2,625.	
2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked).		25,352.	27,989.		12.	-2,625.		

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

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

Form 8949 (2022)	Attachment Sequence No. 12A	Page 2
Name(s) shown on return. Name and SSN or taxpaver identification no. not required if shown on other side	Social security number or taxpayer identification num	ber

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side VAMSI KRISHNA & PUSHPAVATHI SOMA

655-83-1015

Before you check Box D, E, or F 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 II Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

Note: You may aggregate all long-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 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You *must* check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-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.

(D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)

[] (E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS

(F) Long-term transactions not reported to you on Form 1099-B

1 (a) Description of property	(b) Date acquired	(c) Date sold or	ate sold or Proceeds See th	(e) If you enter an amount Cost or other basis See the Note below See the separate in		ode in column (f).	(h) Gain or (loss) Subtract column (e)
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see Column (e) in the separate instructions.	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g).
STOCKS	01/01/21	12/31/22	1,396.	1,643.			-247.
2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if Box F above is checked).			1,396.	1,643.			-247.

Note: If you checked Box D 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.

REV 03/18/23 PRO

Form **8949**

Department of the Treasury

Internal Revenue Service

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.



Name(s) shown on return	Social security number or taxpayer identification number
VAMSI KRISHNA & PUSHPAVATHI SOMA	655-83-1015

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.

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

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

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

1 (a) Description of property	(b) Date acquired (Mo., day, yr.) (C) Date sold or disposed of (Mo., day, yr.)	Date sold or	Proceeds S	(e) Cost or other basis See the Note below	Adjustment, if any, to gain or lo If you enter an amount in column enter a code in column (f). See the separate instructions		g), (h) Gain or (loss) Subtract column (e)	
(Example: 100 sh. XYZ Co.)		(sales price) (see instructions)	and see <i>Column</i> (e) in the separate instructions.	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g).		
STOCKS	04/18/22	08/28/18	92,670.	91,742.	W	278.	1,206.	
2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked).		92,670.	91,742.		278.	1,206.		

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.

Form 8949 (2022)	Attachment Sequence No. 12A	Page 2
Name(s) shown on return. Name and SSN or taxpaver identification no. not required if shown on other side	Social security number or taxpayer identification num	ber

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side VAMSI KRISHNA & PUSHPAVATHI SOMA

655-83-1015

Before you check Box D, E, or F 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 II Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

Note: You may aggregate all long-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 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You *must* check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-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.

(D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)

- X (E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS
- (F) Long-term transactions not reported to you on Form 1099-B

1 (a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of	(d) Proceeds (sales price)	(e) Cost or other basis See the Note below and see <i>Column (e)</i>			(h) Gain or (loss) Subtract column (e) from column (d) and
	(110., ddy, yl.)	(Mo., day, yr.)	(see instructions)	in the separate instructions.	(f) Code(s) from instructions	(g) Amount of adjustment	combine the result with column (g).
STOCKS	01/01/21	12/31/22	16,861.	16,620.			241.
2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if Box F above is checked).		16,861.	16,620.			241.	

Note: If you checked Box D 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.

Form 8949 (2022)	Attachment Sequence No. 12A	Page 2
Name(s) shown on return. Name and SSN or taxpaver identification no, not required if shown on other side	Social security number or taxpayer identification number	ber

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side VAMSI KRISHNA & PUSHPAVATHI SOMA

655-83-1015

Before you check Box D, E, or F 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 II Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

Note: You may aggregate all long-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 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You *must* check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-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.

(D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)

[] (E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS

K (F) Long-term transactions not reported to you on Form 1099-B

(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis See the Note below and see Column (e) in the separate instructions.	(f) (g) Code(s) from Amount of		(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g).
					instructions	adjustment	
STOCKS	08/28/18	04/18/22	20.	27.			-7.
2 Totals. Add the amounts in columns negative amounts). Enter each tota Schedule D, line 8b (if Box D above above is checked), or line 10 (if Box	I here and inc	lude on your 1e 9 (if Box E	20.	27.			-7.

Note: If you checked Box D 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.

REV 03/18/23 PRO

SCHE (Form	DULE E 1040)	(From rei	S ntal real estate, ro	upplementa					trusts BEMIC	s etc.)	OMB No	0. 1545-0074
•	ent of the Treasury			ch to Form 1040,		-				5, 610.7	20) 22
	Revenue Service		Go to www.irs.go						formation.		Attachm Sequen	^{nent} ce No. 13
Name(s)	shown on return								١	Your soci	al security	number
_		& PUSHP	AVATHI SOMA							655-8	3-1015	
Part			From Rental R				•				1.1	
	rental inco	ou are in the	e business of renting from Form 4835 or	g personal proper 1 page 2, line 40.	τy, use	Schedule	C. See	Instru	ctions. If you are	e an Indiv	/idual, rep	ort farm
Α			ts in 2022 that wo		to file	Form(s) 1	099? 5	See ins	structions		. 🗌 Ye	s 🛛 No
B li	"Yes," did you	ı or will you	u file required For	m(s) 1099? .							. 🗌 Ye	s 🗌 No
1 a	Physical addr	ress of eac	ch property (stree	t, city, state, ZIF	code	e)						
Α	PUPPALAGU	DA RAJE	NDRANAGAR H	YDERABAD TE	LANG	JANA IN	1 500	030				
B												
С												
1b	Type of Prope	erty 2	For each rental re	eal estate prope	rty list	ted		Fa	ir Rental	Person	al Use	QJV
	(from list below		above, report the						Days	Da	ys	QJV
Α	3		personal use day if you meet the re				Α		210		0	
B			qualified joint ver				В					
							С					
	of Property:						1	-				
	Single Family R			Short-Term Ren	tal	5 Land			Self-Rental			
2	Multi-Family Re	sidence	4 Commerci	a		6 Roya	lities	8	Other (descril	oe)		
									Propertie	s:		
Incom							Α		В			С
3					3		2,6	00.				
_4		ived			4							
Expen					-							
5	•		· · · · · · ·		5 6							
6 7			ructions) ce		7							
8	•				8							
9					9							
10			onal fees		10							
11					11		8	00.				
12	•		o banks, etc. (see		12							
13	Other interest				13		5,0	19.				
14	Repairs				14		1,1	00.				
15					15							
16					16		1	00.				
17					17		4 0	2.1				
18	-	expense or	depletion		18 19		4,8	31.				
19 20			es 5 through 19		20		11 0	50				
20 21	•		e 3 (rents) and/or		20		11,8	50.				
21			tructions to find of									
					21		-9,2	50.				
22	Deductible rer	ntal real es	state loss after lin	nitation, if any,								
			uctions)		22	(9,25	50.))	()
23a		-	orted on line 3 for					23a	2,	600.		
b			orted on line 4 for					23b				
С			orted on line 12 fo					23c				
d			orted on line 18 fo					23d		831.		
e 24			orted on line 20 fo					23e		850.		
24 25			mounts shown or es from line 21 and						· · · · · ·		(0 250 \
25 26			and royalty inc								(9,250.)
26			and line 40 on p									
			line 5. Otherwise							26		-9,250.
For Pa		,.	tice, see the separ			NF			-9,250.		nedule E (Fe	orm 1040) 2022

Schedule E (Form 1040) 2022

SCHEDULE 8812 (

Credits for Qualifying Children and Other Dependents

OMB No. 1545-0074

Attach to	Form 10	40. 1040-SR	, or 1040-NR.
		,	,

rmation.

20 22

Attachment Sequence No. 47

Form 1040)	

Go to <i>www.irs.gov/</i>	Schedule8812 for	instructions and	d the latest info

Internal Revenue Service Name(s) shown on return

7

Department of the Treasury

Name(s)	shown on return	Your s	ocial s	ecurity number
VAMSI		655-	83-2	1015
Par	Child Tax Credit and Credit for Other Dependents			
1	Enter the amount from line 11 of your Form 1040, 1040-SR, or 1040-NR		1	434,043.
2a	Enter income from Puerto Rico that you excluded			
b	Enter the amounts from lines 45 and 50 of your Form 2555	0.		
c	Enter the amount from line 15 of your Form 4563			
d	Add lines 2a through 2c		2d	0.
3	Add lines 1 and 2d	. [3	434,043.
4	Number of qualifying children under age 17 with the required social security number 4	0		
5	Multiply line 4 by \$2,000		5	
6	Number of other dependents, including any qualifying children who are not under age			
	17 or who do not have the required social security number	2		
	Caution: Do not include yourself, your spouse, or anyone who is not a U.S. citizen, U.S. national, or U.S. residu	ent		
	alien. Also, do not include anyone you included on line 4.			
7	Multiply line 6 by \$500		7	1,000.
8	Add lines 5 and 7		8	1,000.
9	Enter the amount shown below for your filing status.			
	• Married filing jointly—\$400,000			
	• All other filing statuses— $\$200,000 \int \dots $		9	400,000.
10	Subtract line 9 from line 3.			
	• If zero or less, enter -0			
	• If more than zero and not a multiple of \$1,000, enter the next multiple of \$1,000. For			
	example, if the result is \$425, enter \$1,000; if the result is $1,025$, enter $2,000$, etc.	· _	10	35,000.
11	Multiply line 10 by 5% (0.05)		11	1,750.
12	Is the amount on line 8 more than the amount on line 11?	•	12	0.
	No. STOP. You cannot take the child tax credit, credit for other dependents, or additional child tax credit	dit.		
	Skip Parts II-A and II-B. Enter -0- on lines 14 and 27.			
	Yes. Subtract line 11 from line 8. Enter the result.			
13	Enter the amount from the Credit Limit Worksheet A	· –	13	
14	Enter the smaller of line 12 or 13. This is your child tax credit and credit for other dependents	•	14	0.
	Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 19.			
	If the amount on line 12 is more than the amount on line 14, you may be able to take the addition			
	on Form 1040, 1040-SR, or 1040-NR, line 28. Complete your Form 1040, 1040-SR, or 1040-NI	R thro	ugh l	ine 27
	(also complete Schedule 3, line 11) before completing Part II-A.			

For Paperwork Reduction Act Notice, see your tax return instructions. REV 03/18/23 PRO Schedule 8812 (Form 1040) 2022 BAA

Schedu	e 8812 (Form 1040) 2022			Page 2
Part	I-A Additional Child Tax Credit for All Filers			
Cautio	n: If you file Form 2555, you cannot claim the additional child tax credit.			
15	Check this box if you do not want to claim the additional child tax credit. Skip Parts II-A a	nd II-B. Enter -0- on line	e 27	🔲
16a	Subtract line 14 from line 12. If zero, stop here; you cannot take the additional child tax	credit. Skip Parts II-A		
	and II-B. Enter -0- on line 27		16a	
b	Number of qualifying children under 17 with the required social security number:	x \$1,500.		
	Enter the result. If zero, stop here; you cannot claim the additional child tax credit. Sk	ip Parts II-A and II-B.		
	Enter -0- on line 27		16b	
	TIP: The number of children you use for this line is the same as the number of children you	used for line 4.		
17	Enter the smaller of line 16a or line 16b		17	
18a		18a		
b	Nontaxable combat pay (see instructions)			
19	Is the amount on line 18a more than \$2,500?			
	No. Leave line 19 blank and enter -0- on line 20.			
	Yes. Subtract \$2,500 from the amount on line 18a. Enter the result	19		
20	Multiply the amount on line 19 by 15% (0.15) and enter the result $\ldots \ldots \ldots \ldots$		20	
	Next. On line 16b, is the amount \$4,500 or more?			
	No. If you are a bona fide resident of Puerto Rico, go to line 21. Otherwise, skip	Part II-B and enter the		
	smaller of line 17 or line 20 on line 27.			
	Yes. If line 20 is equal to or more than line 17, skip Part II-B and enter the amount f	rom line 17 on line 27.		
Devt	Otherwise, go to line 21.	Dono Fido Docidord		Duarte Dias
Part		sona Fide Resident	S OT I	uerto Rico
21	Withheld social security, Medicare, and Additional Medicare taxes from Form(s) W-2,			
	boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If			
	your employer withheld or you paid Additional Medicare Tax or tier 1 RRTA taxes, see	21		
		21	-	
22	Enter the total of the amounts from Schedule 1 (Form 1040), line 15; Schedule 2 (Form 1040), line 5; Schedule 2 (Form 1040), line 6; and Schedule 2 (Form 1040), line 13 .	22		
23	Add lines 21 and 22	22	-	
23 24	1040 and	23	-	
24	1040-SR filers: Enter the total of the amounts from Form 1040 or 1040-SR, line 27,)			
	and Schedule 3 (Form 1040), line 11.			
	1040-NR filers: Enter the amount from Schedule 3 (Form 1040), line 11.	24		
25	Subtract line 24 from line 23. If zero or less, enter -0		25	
26	Enter the larger of line 20 or line 25		26	
	Next, enter the smaller of line 17 or line 26 on line 27.			
Part	I-C Additional Child Tax Credit			
27	This is your additional child tax credit. Enter this amount on Form 1040, 1040-SR, or	1040-NR, line 28	27	0.
	BAA REV 03/18/23		edule 8	812 (Form 1040) 2022

88 Form Department of the Treasury Internal Revenue Service

Health Savings Accounts (HSAs)

OMB No. 1545-0074

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

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

Attachment 52

2

			3	
	If	ooth spouses hav	ve HS	f HSA beneficiary. As, see instructions.
	SI KRISHNA SOMA	655-83-		
	re you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance Co			
Part	HSA Contributions and Deduction. See the instructions before completing the and both you and your spouse each have separate HSAs, complete a separate			
1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) dur	ing 2022.		
	See instructions	[Se	lf-only 🗌 Family
2	HSA contributions you made for 2022 (or those made on your behalf), including those ma unextended due date of your tax return that were for 2022. Do not include employer com			
	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 every month during a			
	were, or were considered, an eligible individual with the same coverage, enter \$3,650 (\$			
	family coverage). All others, see the instructions for the amount to enter		3	
4	Enter the amount you and your employer contributed to your Archer MSAs for 2022 from Fo			
	lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2 include any amount contributed to your spouse's Archer MSAs		4	
5	Subtract line 4 from line 3. If zero or less, enter -0		4 5	
5 6	Enter the amount from line 5. But if you and your spouse each have separate HSAs and h		5	
0	coverage under an HDHP at any time during 2022, see the instructions for the amount to ent		6	
7	If you were age 55 or older at the end of 2022, married, and you or your spouse had family		-	
•	under an HDHP at any time during 2022, enter your additional contribution amount. See instr		7	0.
8	Add lines 6 and 7	[8	0.
9	Employer contributions made to your HSAs for 2022 9			
10	Qualified HSA funding distributions 10			
11	Add lines 9 and 10		11	
12	Subtract line 11 from line 8. If zero or less, enter -0	[12	0.
13	HSA deduction. Enter the smaller of line 2 or line 12 here and on Schedule 1 (Form 1040), Par		13	0.
	Caution: If line 2 is more than line 13, you may have to pay an additional tax. See instruction			
Part	HSA Distributions. If you are filing jointly and both you and your spouse each a separate Part II for each spouse.	have separa	ate F	ISAs, complete
14a	Total distributions you received in 2022 from all HSAs (see instructions)	1	14a	1,189.
b	Distributions included on line 14a that you rolled over to another HSA. Also include ar	y excess		
	contributions (and the earnings on those excess contributions) included on line 14a t	hat were		
	withdrawn by the due date of your return. See instructions		14b	
С	Subtract line 14b from line 14a		14c	1,189.
15	Qualified medical expenses paid using HSA distributions (see instructions)		15	1,189.
16	Taxable HSA distributions. Subtract line 15 from line 14c. If zero or less, enter -0 Also, in amount in the total on Schedule 1 (Form 1040), Part I, line 8f		16	0.
17a	If any of the distributions included on line 16 meet any of the Exceptions to the Additiona			
	Tax (see instructions), check here . . .			
b	Additional 20% tax (see instructions). Enter 20% (0.20) of the distributions included on lir			
	are subject to the additional 20% tax. Also, include this amount in the total on Schedule		176	
Part	1040), Part II, line 17c		17b	oforio
Fart	Income and Additional Tax for Failure To Maintain HDHP Coverage. See the completing this part. If you are filing jointly and both you and your spouse each complete a separate Part III for each spouse.			
18	Last-month rule		18	
19	Qualified HSA funding distribution		19	
20	Total income. Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I, li		20	
21	Additional tax. Multiply line 20 by 10% (0.10). Include this amount in the total on Schedul	e 2 (Form		
	1040), Part II, line 17d		21	

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

REV 03/18/23 PRO BAA

8959 Form Department of the Treasury

Additional Medicare Tax

If any line does not apply to you, leave it blank. See separate instructions. Attach to Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS.

OMB No. 1545-0074 2022

Internal Revenue Service Name(s) shown on return

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

Attachment Sequence No. 71 Your social security number

655-83-1015

	I KRISHNA & PUSHPAVATHI SOMA	655-	83-10)15
Part	Additional Medicare Tax on Medicare Wages			
1	Medicare wages and tips from Form W-2, box 5. If you have more than one			
	Form W-2, enter the total of the amounts from box 5	457,607		
2	Unreported tips from Form 4137, line 6			
3	Wages from Form 8919, line 6			
4	Add lines 1 through 3	457,607		
5	Enter the following amount for your filing status:			
	Married filing jointly			
	Married filing separately			
	Single, Head of household, or Qualifying surviving spouse \$200,000 5	250,000		
6	Subtract line 5 from line 4. If zero or less, enter -0		6	207,607.
7	Additional Medicare Tax on Medicare wages. Multiply line 6 by 0.9% (0.009). Enter	er here and go to		
	Part II		7	1,868.
Part				
8	Self-employment income from Schedule SE (Form 1040), Part I, line 6. If you			
	had a loss, enter -0- (Form 1040-PR or 1040-SS filers, see instructions.) 8			
9	Enter the following amount for your filing status:			
	Married filing jointly			
	Married filing separately			
	Single, Head of household, or Qualifying surviving spouse \$200,000 9			
10	Enter the amount from line 4			
11	Subtract line 10 from line 9. If zero or less, enter -0			
12	Subtract line 11 from line 8. If zero or less, enter -0		12	
13	Additional Medicare Tax on self-employment income. Multiply line 12 by 0.9% (0.005			
	go to Part III		13	
Part	II Additional Medicare Tax on Railroad Retirement Tax Act (RRTA) Co	mpensation		
14	Railroad retirement (RRTA) compensation and tips from Form(s) W-2, box 14			
	(see instructions)			
15	Enter the following amount for your filing status:			
	Married filing jointly			
	Married filing separately			
	Single, Head of household, or Qualifying surviving spouse \$200,000 15			
16	Subtract line 15 from line 14. If zero or less, enter -0		16	
17	Additional Medicare Tax on railroad retirement (RRTA) compensation. Multiply line 16			
	Enter here and go to Part IV		17	
Part				
18	Add lines 7, 13, and 17. Also include this amount on Schedule 2 (Form 1040), line 1			
	or 1040-SS filers, see instructions), and go to Part V		18	1,868.
Part				
19	Medicare tax withheld from Form W-2, box 6. If you have more than one Form	_		
	W-2, enter the total of the amounts from box 6	-,		
20	Enter the amount from line 1	457,607	•	
21	Multiply line 20 by 1.45% (0.0145). This is your regular Medicare tax			
	withholding on Medicare wages			
22	Subtract line 21 from line 19. If zero or less, enter -0 This is your Addition			
	withholding on Medicare wages		22	2,183.
23	Additional Medicare Tax withholding on railroad retirement (RRTA) compensation from			
	14 (see instructions)		23	
24	Total Additional Medicare Tax withholding. Add lines 22 and 23. Also include			
	federal income tax withholding on Form 1040, 1040-SR, or 1040-NR, line 25c (F			0.105
Est D	1040-SS filers, see instructions)		24	2,183.
For Pa	perwork Reduction Act Notice, see your tax return instructions. BAA	REV 03/18/23 PR0)	Form 8959 (2022)

Form **896**

Net Investment Income Tax— Individuals, Estates, and Trusts

OMB No. 1545-2227 20

2

Attach to your tax return.

	Attach to your tax return. ernal Revenue Service Go to www.irs.gov/Form8960 for instructions and the latest information.							
		-	st information.	X		equence No. 72		
. ,) shown on your tax	& PUSHPAVATHI SOMA		655-8		curity number or EIN		
Part		ent Income Section 6013(g) election (see instructions)		000-0				
Faru	investme	Section 6013(h) election (see instructions)						
		Regulations section $1.1411-10(g)$ election (see in	etructione)					
1	Taxabla intera		/		1	2 506		
2		ends (see instructions)			2	2,596. 1,884.		
3	-				2 3	1,004.		
		· ·	0					
4a	instructions) .	state, royalties, partnerships, S corporations, trusts, etc. (see	4a -9	,250.				
b	section 1411 t							
С		4a and 4b			4c	-9,250.		
5a		s from disposition of property (see instructions)	5a -1	,424.				
b		loss from disposition of property that is not subject to net come tax (see instructions)	5b					
с	Adjustment fro	om disposition of partnership interest or S corporation stock (see						
	instructions) .		5c					
d	Combine lines	5a through 5c			5d	-1,424.		
6	•	o investment income for certain CFCs and PFICs (see instructions)			6			
7		ations to investment income (see instructions)			7			
8	Total investme	ent income. Combine lines 1, 2, 3, 4c, 5d, 6, and 7			8	-6,194.		
Part		ent Expenses Allocable to Investment Income and Modifi	cations					
9a		erest expenses (see instructions)	9a					
b		nd foreign income tax (see instructions)	9b					
С		investment expenses (see instructions)	9c					
d		9b, and 9c			9d			
10		difications (see instructions)			10	79.		
11		ns and modifications. Add lines 9d and 10			11	79.		
_	III Tax Com	•						
12		t income. Subtract Part II, line 11, from Part I, line 8. Individuals, o						
		usts, complete lines 18a–21. If zero or less, enter -0		· ·	12	0.		
40	Individuals:			0.4.0				
13		sted gross income (see instructions)		,043.				
14		ed on filing status (see instructions)		,000.				
15		4 from line 13. If zero or less, enter -0		,043.	10	0		
16		ler of line 12 or line 15			16	0.		
17	on your tax re	It income tax for individuals. Multiply line 16 by 3.8% (0.038). Entertaint (see instructions)			17	0.		
10-	Estates and		100					
18a		t income (line 12 above)	18a					
b	section 642(c)	r distributions of net investment income and deductions under (see instructions)	18b					
С		net investment income. Subtract line 18b from line 18a (see If zero or less, enter -0-	18c	_				
19a	Adjusted gross	s income (see instructions)	19a					
b	Highest tax bra	acket for estates and trusts for the year (see instructions)	19b					
С	Subtract line 1	9b from line 19a. If zero or less, enter -0	19c					
20	Enter the smal	ler of line 18c or line 19c		🗋	20			
21		t income tax for estates and trusts. Multiply line 20 by 3.8% (0.0						
		ur tax return (see instructions)			21			
For Pa	perwork Reducti	ion Act Notice, see your tax return instructions.	REV 03/18/23 PRO)		Form 8960 (2022)		

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

BAA

FORM

TAXABLE YEAR **California e-file Signature Authorization for Individuals** 2022

2022	California e-file Signature Au	thorization for Individ	duals	8879
Your name			Your SSN or ITIN	
VAMSI KRISH			655-83-1015	
Spouse's/RDP's name			Spouse's/RDP's SSN	l or ITIN
PUSHPAVATHI			775-31-9751	
	n Information (whole dollars only)			
	ed gross income (AGI). See instructions			
	e. See instructions			
	Declaration and Signature Authorization (Be sure you obta			
electronic return orig identification numbe income tax return. If and on form FTB 844 agrees with the direc domestic partner (RI provider to transmit to my ERO , interme return, I understand penalties. I acknowle	I, 2022, and to the best of my knowledge and belief, it is true ginator (ERO), transmitter, or intermediate service provider, in the applicable, I authorize an electronic funds withdrawal of the 55, California e-file Payment Record for Individuals, or a complete the authorization stated on my return. If I have filed a j DP) as an agent to authorize an electronic funds withdrawal of my complete return to the Franchise Tax Board (FTB). If the diate service provider, and/or transmitter the reason(s) for that if the FTB does not receive full and timely payment of my edge that I have read and consent to the Electronic Funds Withdrawal of the service provider.	Including my name, address, and social secu- te information and amounts shown on the of amount on line 2 and/or the estimated tax p parable form. If applicable, I declare that di pint return, this is an irrevocable appointme r direct deposit. I authorize my ERO, transr processing of my return or refund is delay the delay or the date when the refund was y tax liability, I remain liable for the tax liabil ndrawal Consent included on the copy of m	urity number (SSN) corresponding lines bayments as shown rect deposit refund a ent of the other spou mitter, or intermedia ed, I authorize the I s sent. If I am filing lity and all applicable by electronic income	or individual tax of my electronic on my return amount on line 3 ise/registered te service FTB to disclose a balance due e interest and tax return. I have
selected a personal i Taxpayer's PIN: che	identification number (PIN) as my signature for my electronic ck one box only	income tax return and, if applicable, my Ele	ectronic Funds With	drawal Consent.
		to ente	r my PIN 3 1	0 1 5
	ERO firm name			enter all zeros
as my signatur	e on my 2022 e-filed California individual income tax return.			
	PIN as my signature on my 2022 e-filed California individual Ising the Practitioner PIN method. The ERO must complete P		u are entering your (own PIN and your
Your signature		Date		
	I: check one box only			
-	OBAL TAXES LLC	to opto	r my PIN 1 9	0 7 5 1
	ERO firm name e on my 2022 e-filed California individual income tax return.	t0 ente		enter all zeros
•	PIN as my signature on my 2022 e-filed California individ n is filed using the Practitioner PIN method. The ERO must co		ly if you are enterin	ng your own PIN
Spouse's/RDP's sign	nature	Date		
	Practitioner PIN Method Ret	urns Only continue below		
Part III Certifica	ation and Authentication — Practitioner PIN Method Only			
	er Identification Number (EFIN)/PIN. EFIN followed by your five-digit self-selected PIN.	222496Do not enter all z	6 1 9 8	9
	ve numeric entry is my PIN, which is my signature for the 2 ubmitting this return in accordance with the requirements of			
ERO's signature		Date Date 03/24/2	023	

540

2022 California Resident Income Tax Return

		APE			ATTACH	FEDERAL	RETURN	
655-83-1015 VAMSIKRISHN PUSHPAVATHI	SOMA SOMA SOMA	775-31-9751			22			
19400 SORENSO CUPERTINO	ON AVE CA	95014	APT	21	3			
04-24-1977	06-07-198	2						

		Enter your county at time of filing (see instructions)
e	ullet	SANTA CLARA
lenc		If your address above is the same as your principal/physical residence address at the time of filing, check this box • 💌 🗙
esid		If not, enter below your principal/physical residence address at the time of filing.
ž		Street address (number and street) (If foreign address, see instructions.) Apt. no/ste. no.
Principal Residence	۲	
Prir		City State ZIP code
	۲	
		If your California filing status is different from your federal filing status, check the box here
S	1	Single 4 Head of household (with qualifying person). See instructions.
atu	'	
Filing Status	2	X Married/RDP filing jointly. See instr. 5 Qualifying surviving spouse/RDP. Enter year spouse/RDP died.
E		See instructions.
	3	Married/RDP filing separately. Enter spouse's/RDP's SSN or ITIN above and full name here.
	6	If someone can claim you (or your spouse/RDP) as a dependent, check the box here. See instr
	Fo	r line 7, line 8, line 9, and line 10: Multiply the number you enter in the box by the pre-printed dollar amount for that line. Whole dollars only
suc	7	Personal: If you checked box 1, 3, or 4 above, enter 1 in the box. If you checked box 2 or 5, enter 2 in the box. If you checked the box on line 6, see instructions. (a) 7 2 X \$140 = (a) \$ 280
ptic	8	Blind: If you (or your spouse/RDP) are visually impaired, enter 1;
Exemptions		if both are visually impaired, enter 2
ш	9	Senior: If you (or your spouse/RDP) are 65 or older, enter 1;
		if both are 65 or older, enter 2. See instructions
		REV 03/18/23 PRO
		175 3101224 Form 540 2022 Side 1

You	ır nai	me:	SOM	A		Your SSN	or IT	IN:	655-8	33-1015					
	10	Depen	dents:		ot include yourself or yo Dependent 1	ur spouse/R	DP.	Depen	dent 2				Dependent 3		
		First	Name	۲	PRANAV KUMA		۲	SUI	OHEEI	P KRI		۲			
suo		Last	Name	۲	SOMA		۲	SON	٩A			۲			
Exemptions			. See uctions.	•	956903128		•	956	59031	L30		•			
EX			endent's ionship	۲	SON		۲	SOI	1			۲			
	Tota			xemp	otions				•	10 2	X \$433	8 = 🖲	\$	86	6
	11	Exem	ption a	amou	Int: Add line 7 through lin	ie 10. Transf	er thi	s amoi	unt to lin	e 32	'	• 11	1\$	114	6
	12	State Form	wages (s) W-	from 2. bo	n your federal x 16		12			44031	.6 _00				
	12				usted gross income from			0 or 10	10 00	lina 11		12	4340	43	. 00
	13 14	Califo	ornia ac	ljustr	ments – subtractions. En	er the amou	nt fro	m Sch	edule CA	A (540),					
	15				lumn B						· · · · • •	14			• 00
ome	16				ments – additions Enter						····· ·	15	4340	43	<u> 00 </u>
e Inc	10	16 California adjustments – additions. Enter the amount from Schedule CA (540), Part I, line 27, column C.									• ·	16			. 00
Taxable Income	17	California adjusted gross income. Combine line 15 and line 16										. 00			
Ë	18	Enter			r California itemized ded						30; 0R				
		large			r California standard ded ngle or Married/RDP filin					-	\$5,202	2			
			l		arried/RDP filing jointly, Hea			-	-				104	04	. 00
	19	Subtract line 18 from line 17. This is your taxable income .													
		If les	s than z	zero,	enter -0						🖲 ·	19	1250	57	. 00
		- <i>,</i>			Tax	Table	×	Tax	Rate Sch	nedule					
	31	lax. (Sheck t	he bo	ox if from:	3800	• FTB 3803 • :						329	05	. 00
	32		•		s. Enter the amount from	line 11. If yo		deral /	AGI is m	ore than	•			46	
Тах		\$229	,908, s	ee in:	structions						🔘	32			• 00
	33	Subti	ract line	e 32 f	from line 31. If less than	zero, enter -()			· · · · · · · · · · · · · · · · · · ·	🖲 🕯	33	317	59	. 00
	34	Tax. S	See ins [.]	tructi	ions. Check the box if fro	m: • S	Sched	ule G-	1 •	FTB 5870	DA • 3	34			00
	35	Add I	ine 33	and I	ine 34							35	317	59	. 00
dits	40	Nonr	efundal	ble C	hild and Dependent Care	Expenses Cr	edit.	See in:	struction	S	• 4	40			. 00
I Cre	43	Enter	credit	name	e		Со	de ●		and amoun	nt • 4	43			. 00
Special Credits	44		· credit				7	de		and amour					. 00
		Side 2	Form	540	2022	175		3102	2224				REV 03/18/23 PRO		

You	r nar	me: SOMA Your SSN or ITIN: 655-83-1015				
S	45	To claim more than two credits. See instructions. Attach Schedule P (540)	45			. 00
Special Credits	46	Nonrefundable Renter's Credit. See instructions	46			. 00
ecial (47	Add line 40 through line 46. These are your total credits	9 47			. 00
Spe	48	Subtract line 47 from line 35. If less than zero, enter -0	9 48		31759	. 00
Xes	61	Alternative Minimum Tax. Attach Schedule P (540)	Γ]	. 00
Other Taxes	62	Mental Health Services Tax. See instructions	[• 00
đ	63	Other taxes and credit recapture. See instructions	[21750	<u>00</u>
	64	Add line 48, line 61, line 62, and line 63. This is your total tax	64		31759	. 00
	71	California income tax withheld. See instructions	71		41730	. 00
	72	2022 California estimated tax and other payments. See instructions	72			- 00
	73	Withholding (Form 592-B and/or Form 593). See instructions	73			. 00
Payments	74	Excess SDI (or VPDI) withheld. See instructions	74			. 00
Payn	75	Earned Income Tax Credit (EITC). See instructions	75			. 00
	76	Young Child Tax Credit (YCTC). See instructions	76			. 00
	77 78	Foster Youth Tax Credit (FYTC). See instructions	Γ		41730	• 00 • 00
Тах	91	Use Tax. Do not leave blank. See instructions		0.00		
Use Tax		If line 91 is zero, check if: X No use tax is owed. You paid your use tax	obligatio	n directly to CDTFA.		
ISR Penaltv	92	If you and your household had full-year health care coverage, check the box. See instructions. Medicare Part A or C coverage is qualifying health care coverage	×			
		Individual Shared Responsibility (ISR) Penalty. See instructions • 92		. 00		
Je	93	Payments balance. If line 78 is more than line 91, subtract line 91 from line 78	93		41730	. 00
Overpaid Tax/Tax Due	94	Use Tax balance. If line 91 is more than line 78, subtract line 78 from line 91	94			. 00
Тах/Л	95	Payments after Individual Shared Responsibility Penalty. If line 93 is more than line 92, subtract line 92 from line 93	95		41730	. 00
srpaid	96	Individual Shared Responsibility Penalty Balance. If line 92 is more than line 93, subtract line 93 from line 92	96			. 00
Ove	97	Overpaid tax. If line 95 is more than line 64, subtract line 64 from line 95	97		9971	. 00
		175 3103224		Form 540 202	2 Side 3	

Yo	ur nar	ne:	SOMA	Your SSN or ITIN:	655-83-1015			
	<u>98</u>	Amo	unt of line 97 you want applied to you	ur 2023 estimated tax		• 98	0	. 00
Overpaid	ב 99 ק	Over	paid tax available this year. Subtract I	ine 98 from line 97		• 99	9971	. 00
0) F	- 100	Tax c	lue. If line 95 is less than line 64, sub	tract line 95 from line 64	1	🖲 100		. 00
						<u>Code</u>	Amount	
		Califo	ornia Seniors Special Fund. See instru	ıctions		• 400		. 00
		Alzhe	imer's Disease and Related Dementia	a Voluntary Tax Contribut	tion Fund	● 401		00
		Rare	and Endangered Species Preservatio	n Voluntary Tax Contribu	ition Program	• 403		. 00
		Califo	ornia Breast Cancer Research Volunta	ry Tax Contribution Func	1	• 405		<u> 00 </u>
		Califo	ornia Firefighters' Memorial Voluntary	r Tax Contribution Fund .		• 406		00
		Emer	gency Food for Families Voluntary Ta	x Contribution Fund		• 407		. 00
		Califo	ornia Peace Officer Memorial Foundat	ion Voluntary Tax Contri	bution Fund	• 408		. 00
		Califo	ornia Sea Otter Voluntary Tax Contrib	ution Fund		• 410		. 00
		Califo	ornia Cancer Research Voluntary Tax	Contribution Fund		• 413		. 00
itions		Scho	ol Supplies for Homeless Children Vo	oluntary Tax Contribution	Fund	• 422		- 00
Contributions		State	Parks Protection Fund/Parks Pass P	urchase		• 423		. 00
ပိ		Prote	ct Our Coast and Oceans Voluntary T	ax Contribution Fund		• 424		. 00
		Кеер	Arts in Schools Voluntary Tax Contri	bution Fund		• 425		00
		Preve	ention of Animal Homelessness and C	Cruelty Voluntary Tax Cor	ntribution Fund	• 431		. 00
		Califo	ornia Senior Citizen Advocacy Volunta	ary Tax Contribution Fund	d	• 438		. 00
		Nativ	e California Wildlife Rehabilitation Vo	luntary Tax Contribution	Fund	• 439		. 00
		Rape	Kit Backlog Voluntary Tax Contributi	on Fund		• 440		. 00
		Suici	de Prevention Voluntary Tax Contribu	tion Fund		• 444		. 00
		Ment	al Health Crisis Prevention Voluntary	Tax Contribution Fund		• 445		. 00
		Califo	ornia Community and Neighborhood ⁻	Tree Voluntary Tax Contr	ibution Fund	• 446		. 00
	110	Add	amounts in code 400 through code 4	46. This is your total cor	ntribution	• 110		. 00
unt	ž 111	АМО	UNT YOU OWE. If you do not have an	amount on line 99, add lin	ie 94, line 96, line 100,	and line 110. S	See instructions. Do not send cash.	
Amount			to: FRANCHISE TAX BOARD, PO B Online – Go to ftb.ca.gov/pay for mo		TO CA 94267-0001	• 111		- 00

Pay Online – Go to **ftb.ca.gov/pay** for more information.

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You	r nar	ne:	SOMA		Your SSN o	r ITIN: 65	5-83-10	15					
Interest and Penalties	113	Unde Chec		305 attache	ed •	TB 5805F att	ached	• 113	3		.00		
			amount due. See instructio				-						
	115	REFL	JND OR NO AMOUNT DUE.	. Subtract 1	the sum of line	e 110, line 112	, and line 1	13 from line 99. S	ee instruct	ions.			
		Mail	to: FRANCHISE TAX BOARI	D, PO BOX	942840, SAC	RAMENTO CA	94240-000	01 • 118	j		9971 _{.00}		
Refund and Direct Deposit		See i	I in the information to authorize direct deposit of your refund into one or two accounts. Do not attach a voided check or a deposit slip. The instructions. Have you verified the routing and account numbers? Use whole dollars only. I or the following amount of my refund (line 115) is authorized for direct deposit into the account shown below: Type										
Dire		• F	outing number	ecking	Account nu	mber			• 116	Direct de	oosit amount		
l and		21	L1391825	vings	4012530	4					9971 _{.00}		
efunc		The i	remaining amount of my ref	•	115) is authori	ized for direct	denosit into	the account show	vn helow:				
ä			<u>● Ty</u> pe		_								
			Routing number Ch	lecking	Account nu	mber			• 11/	Direct dep	posit amount		
			Sa	vings									
Our p to loc Unde is tru	ORTA privacy cate FT er pena	ANT: S / notice TB 113 ⁻ alties c rect, a	voter registration informatio See the instructions to find of e can be found in annual tax bool 1 EN-SP, Franchise Tax Board Pri of perjury, I declare that I have nd complete.	out if you s klets or onlin ivacy Notice	hould attach a ne. Go to ftb.ca.g on Collection. To nis tax return, in	copy of your o	complete fea rn about our i ice by mail, ca	deral tax return. privacy policy statem all 800.338.0505 and	ent, or go to enter form o , and to the	ftb.ca.gov/f code 948 who best of my	knowledge and belief, it		
•			Your email address. Enter	r only one e	mail address.					Pretern	ed phone number		
He	gn ere		Paid preparer's signature (de VENKATA SAI					hich preparer has a	ny knowled	dge)			
to fo	unlaw rge a ɹse's/		Firm's name (or yours, if self	f-employed)							PTIN		
RDF			GLOBAL TAXES	LLC							P02470833		
•	t tax		Firm's address								● Firm's FEIN		
retui See			245 ROONEY C	TEB	RUNSWIC	K NJ 08	816				882145487		
instr	uctior	ns.	Do you want to allow and	other perso	on to discuss th	nis tax return v	vith us? See	e instructions		Yes	× No		
			Print Third Party Designee's	Name]	Telephone	Number		
					1.7.5					REV 03/18/2			
					175	310522	24		Fc	orm 540 2	022 Side 5		

CA (540

2022 California Adjustments — Residents

Important: Attach this schedule behind Form 540, Side 5 as a supporting California schedule.

Name(s) as shown on tax return SSN or ITIN VAMSI KRISHNA & PUSHPAVATHI SOMA 655831015 **Federal Amounts** Subtractions Additions Part I Income Adjustment Schedule B C A (taxable amounts from your federal tax return) See instructions See instructions Section A - Income from federal Form 1040 or 1040-SR a Total amount from federal 1 440316 Form(s) W-2, box 1. See instructions 1a ()lacksquare**b** Household employee wages not reported \bigcirc on federal Form(s) W-2.....1b \bigcirc \bigcirc \bigcirc **c** Tip income not reported on line 1a **1c** d Medicaid waiver payments not reported on federal Form(s) W-2. See instructions 1d \bigcirc Taxable dependent care benefits e ۲ from federal Form 2441, line 26 1e ()Employer-provided adoption benefits f (\bullet) from federal Form 8839, line 29 1f \bigcirc g Wages from federal Form 8919, line 6. 1g 0 () \bigcirc h Other earned income. See instructions 1h i Nontaxable combat ۲ pay election. See instructions 1i $| \bigcirc$ ۲ 440316 \bigcirc ۲ $oldsymbol{0}$ 2596 Taxable interest. a 🔍 2b 2 Ordinary dividends. 3 See instructions. a 🔍 $oldsymbol{0}$ 1884 \bigcirc 1865 3b IRA distributions. 4 \bigcirc \bigcirc ۲ See instructions. a 🔍 4b Pensions and 5 annuities. See a 🖲 \odot (\bullet) instructions. 5b ۲ 6 Social security a 🔘 lacksquarebenefits. 6b \bigcirc ۲ \odot -1424Section B – Additional Income from federal Schedule 1 (Form 1040) Taxable refunds, credits, or offsets of state 1 (\bullet) \bigcirc a Alimony received. See instructions. 2a \mathbf{O} \bigcirc 2 \bigcirc Business income or (loss). See instructions. . . . **3** 3 Other gains or (losses).....4 \bigcirc \bigcirc (\bullet) 4 Rental real estate, royalties, partnerships, 5 ()-9250 \bigcirc ۲ \bigcirc (\bullet) Farm income or (loss)6 6 ۲

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Section B – Additional Income Continued	A Federal Amounts (taxable amounts from your federal tax return)	B Subtractions See instructions	C Additions See instructions
8 Other income: a Federal net operating loss8a	• ()		۲
b Gambling	۲	۲	
c Cancellation of debt 8c	\odot	۲	\odot
d Foreign earned income exclusion from federal Form 2555	• ()		۲
e Income from federal Form 8853 8e	۲		۲
f Income from federal Form 8889	۲	۲	
g Alaska Permanent Fund dividends	۲		
h Jury duty pay8h	۲		
i Prizes and awards8i	۲		
j Activity not engaged in for profit income 8j	۲		
k Stock options8k	$\textcircled{\textbf{0}}$		\odot
I Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property 81	۲		
m Olympic and Paralympic medals and USOC prize money	\odot		
n IRC Section 951(a) inclusion 8 n	۲	۲	
o IRC Section 951A(a) inclusion	۲	۲	
p IRC Section 461(I) excess business loss adjustment 8p	۲	۲	۲
q Taxable distributions from an ABLE account 8q	\odot		
r Scholarship and fellowship grants not reported on federal Form(s) W-2 8r	۲		
s Nontaxable amount of Medicaid waiver payments included on federal Form 1040, line 1a or line 1d 8s	• ()		
t Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental IRC Section 457 plan 8t	۲		
u Wages earned while incarcerated 8 u	\odot		
z Other income. List type and amount.			
		\odot	\bullet

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Se	tion B – Additional Income Continued	A	Federal Amounts (taxable amounts from your federal tax return)		B Subtractions See instructions	C Additions See instructions
9	a Total other income. Add lines 8a through 8z. 9a			۲		۲
	b1 Disaster loss deduction from form FTB 3805V. 9b1			۲		
	b2 NOL deduction from form FTB 3805V 9b2			۲		
	b3 NOL from form FTB 3805Z, 3807, or 3809 9b3			ullet		
10	Total. Combine Section A, line 1z through line 7, and Section B, line 1 through line 7, and line 9a in column A and column C. Add Section A, line 1z through line 7, and Section B, line 1 through line 7, line 9a, and line 9b1 through line 9b3 in column B (as applicable). See instructions	۲	434122	۲		۲
	ction C – Adjustments to Income n federal Schedule 1 (Form 1040)					
11	Educator expenses					
12	Certain business expenses of reservists, performing artists, and fee-basis government officials 12			۲		۲
13	Health savings account deduction	ullet		ullet		
						۲
15	Deductible part of self-employment tax. See instructions	ullet		ullet		
16	Self-employed SEP, SIMPLE, and qualified plans16	۲				
17	Self-employed health insurance deduction. See instructions			۲		
18	Penalty on early withdrawal of savings 18	$oldsymbol{ightarrow}$	79			
19	a Alimony paid19a					۲
	b Recipient's: SSN •					
	Last Name 🖲					
20	IRA deduction	۲		۲		۲
21	Student loan interest deduction					۲
22	Reserved for future use					
23	Archer MSA deduction	$oldsymbol{O}$				

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Section C – Adjustments to Income Continued	A Federal Amounts (taxable amounts from your federal tax return)	B Subtractions See instructions	C Additions See instructions
24 Other adjustments: a Jury duty pay	۲		
 b Deductible expenses related to income reported on line 8I from the rental of personal property engaged in for profit	۲	۲	۲
c Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m	۲	۲	
d Reforestation amortization and expenses24d			
e Repayment of supplemental unemployment benefits under the federal Trade Act of 1974 24e	•		
f Contributions to IRC Section 501(c)(18)(D) pension plans	•	۲	۲
g Contributions by certain chaplains to IRC Section 403(b) plans	\odot	۲	•
h Attorney fees and court costs for actions involving certain unlawful discrimination claims	\odot		
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 violations24i	۲	۲	
j Housing deduction from federal Form 2555 24 j	\odot		
k Excess deductions of IRC Section 67(e) expenses from federal Schedule K-1 (Form 1041)24k	•		
z Other adjustments. List type and amount.			
۰ 24z	۲	\odot	
25 Total other adjustments. Add line 24a through line 24z 25	۲	۲	۲
26 Add line 11 through line 23 and line 25 in columns A, B, and C. See instructions	• 79	۲	۲
27 Total. Subtract line 26 from line 10 in columns A, B, and C. See instructions27	• 434043	۲	۲

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Part II Adjustments to Federal Itemized Deductions

01	- -						
Che	ck the box if you did NOT itemize for federal but will itemize	A A	Alifornia (Federal Amounts (from federal Schedule A (Form 1040))		B Subtractions See instructions	C	Additions See instructions
Me	dical and Dental Expenses See instructions.						
1	Medical and dental expenses • 1						
2	Enter amount from federal Form 1040 or 1040-SR, line 11 (•) 434043 2						
3	Multiply line 2 by 7.5% (0.075) (•) 32553 3						
4	Subtract line 3 from line 1. If line 3 is more than line 1, enter 0					•	0
	es You Paid a State and local income tax or general sales taxes5a		41896	$ \overline{} $	41896		
	b State and local real estate taxes						
	c State and local personal property taxes50						
	d Add line 5a through line 5c		41896				
	e Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately) in column A. Enter the amount from line 5a, column B in line 5e, column B. Enter the difference from line 5d and line 5e, column A in line 5e, column C		10000		41896		31896
6	Other taxes. List type • 6					۲	
7	Add line 5e and line 67		10000	۲	41896	۲	31896
	 rest You Paid a Home mortgage interest and points reported to you on federal Form 1098						
	b Home mortgage interest not reported to you on federal Form 1098					۲	
	c Points not reported to you on federal Form 109880					۲	
	d Reserved for future use80						
	e Add line 8a through line 8c			۲		۲	
9	Investment interest			۲		۲	
10	Add line 8e and line 9 10	۲		۲		۲	

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Pa	rt II Adjustments to Federal Itemized Deductions Continued	A	Federal Amounts (from federal Schedule A (Form 1040))		B Subtractions See instructions		C Additions See instructions
Gif	ts to Charity		· · · · · ·				
	Gifts by cash or check11						
12	Other than by cash or check			•			
13	Carryover from prior year			۲			
14	Add line 11 through line 1314			۲		$ \mathbf{O} $	
	ualty and Theft Losses Casualty or theft loss(es) (other than net qualified disaster losses). Attach federal Form 4684. See instructions15			۲		۲	
Oth	er Itemized Deductions						
16	Other—from list in federal instructions 16			۲			
17	Add lines 4, 7, 10, 14, 15, and 16 in columns A, B, and C		10000		41896		31896
18	Total. Combine line 17 column A less column B plus col	lumn	С			0 18	0
Job	Expenses and Certain Miscellaneous Deductions						
19	Unreimbursed employee expenses: job travel, union due Attach federal Form 2106 if required. See instructions .	es, jo 	b education, etc.	9 19		-	
20	Tax preparation fees			20			
	Other expenses: investment, safe deposit box, etc. List type				0	-	
22	Add line 19 through line 21			22	0		
23	Enter amount from federal Form 1040 or 1040-SR, line 11		434043				
24	Multiply line 23 by 2% (0.02). If less than zero, enter 0.			24	8681	-	
25	Subtract line 24 from line 22. If line 24 is more than line	22,	enter 0			25	0
26	Total Itemized Deductions. Add line 18 and line 25					26	0
27	Other adjustments. See instructions. Specify. •					27_	
28	Combine line 26 and line 27					28_	0
29	Is your federal AGI (Form 540, line 13) more than the solution of household and the solution of household and the solution of household and the solution of th			. \$229	908		
	Yes. Complete the Itemized Deductions Worksheet in th	e ins	tructions for Schedule CA	A (540),	line 29	29	0
30	Enter the larger of the amount on line 29 or your stand Single or married/RDP filing separately. See instru Married/RDP filing jointly, head of household, or qu	ictior ialifyi	ng surviving spouse/RDP	\$10	404	N	
	Transfer the amount on line 30 to Form 540, line 18 $_{\cdot}$.				•••••••••••••••••••••••••••••••••••••••	30	10404
					REV 03/18/23 PRC	,	
		1			NE V 03/10/23 PRC	,	
	Side 6 Schedule CA (540) 2022 175	1	7736224				

E1040		artment of the Treasury—Internal Revenue Servi S. Individual Income Tax		urn 202	22	OMB No. 1545	-0074	IRS Use Only	/—Do not v	vrite or staple in this space.		
Filing Status Check only one box.	Single X Married filing jointly Married filing separately (MFS) Head of household (HOH) Qualifying surviving spouse (QSS) 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 person is a child but not your dependent:											
Your first name	and mi	iddle initial	nitial Last name Y						Your so	Your social security number		
VAMSI KRISHNA				L					655-83-1015			
If joint return, spouse's first name and middle initial			Last name						Spouse's social security number			
PUSHPAVA	THI		SOMA						775-	31-9751		
Home address ((numbe	er and street). If you have a P.O. box, see	instructio	ons.			A	Apt. no.	1	ential Election Campaigr		
<u>19400 SC</u>	RENS	SON AVE						213	Check here if you, or your			
City, town, or po	ost offi	ce. If you have a foreign address, also co	mplete s	e spaces below. State				ode	spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change			
CUPERTIN	0		CA			950	14					
Foreign country	name		Foreign province/state/county				n postal code					
										You Spouse		
Digital Assets		ny time during 2022, did you: (a) rece ange, gift, or otherwise dispose of a								🗌 Yes 🛛 No		
Standard	Som	eone can claim: 🗌 You as a de	pendent	t 🗌 Your spo	ouse as	a dependent						
Deduction		Spouse itemizes on a separate retur	n or you	were a dual-stat	us alier	ו						
Age/Blindness	You	Were born before January 2, 1	958 [Are blind	Spouse	: 🗌 Was bor	n befo	ore January	2, 1958	Is blind		
Dependents					· · ·	(3) Relationsh		,		fies for (see instructions):		
-		irst name Last name		(2) Social security number		to you		Child tax o		Credit for other dependent		
lf more than four		NAV KUMAR SOMA		956-90-3	Son				X			
dependents,	SIIDF	HEEP KRISHNA SOMA			956-90-3130 Son					×		
see instructions and check	<u>5001</u>			<u> </u>								
here												
Incomo	1a	Total amount from Form(s) W-2, be	ox 1 (se	e instructions) .					. 1a	440,316.		
Income	b	Household employee wages not re		,								
Attach Form(s)	с	Tip income not reported on line 1a	,						. 10	;		
W-2 here. Also attach Forms	d	Medicaid waiver payments not rep			. 10	1						
W-2G and	е	Taxable dependent care benefits f	from Form 2441, line 26						. 16	•		
1099-R if tax 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 .							. 19	1		
get a Form	h	Other earned income (see instructi	ons) .						. 1h	0.		
W-2, see instructions.	i	Nontaxable combat pay election (s	ee instr	ructions)	ns)							
	z	dd lines 1a through 1h								440,316.		
Attach Sch. B	2 a	Tax-exempt interest	2a		bΤ	axable interest	t.		. 2b			
if required.	3a	Qualified dividends	3a	1,865.		Ordinary divide			. 3b	1,884.		
	4a		4a		bΤ	axable amoun	t		. 4b)		
Standard Deduction for –	5a		5a			axable amoun						
Single or	6a	,	6a						. 6b			
Married filing separately,	С		rou elect to use the lump-sum election method, check here (see instructions)									
\$12,950	7	Capital gain or (loss). Attach Scheo					• •	l	7 . 8	-1,424.		
 Married filing jointly or 	8	Other income from Schedule 1, line	7, and 8. This is your total income							-9,250.		
Qualifying spouse,	9									434,122.		
\$25,900	10	•	ents to income from Schedule 1, line 26									
 Head of household, 	11		his is your adjusted gross income							434,043.		
\$19,400	12		d deductions (from Schedule A)							25,900.		
 If you checked any box under 	13 14	Qualified business income deducti Add lines 12 and 13						· · ·	. 13			
Standard Deduction,	14 15	Add lines 12 and 13 13 14 Subtract line 14 from line 11. If zero or less, enter -0 This is your taxable income 15										
see instructions.	15		. 10	408,143.								

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

Form **1040** (2022)

Form 1040 (2022	2)									Page 2
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 🗌 881	4 2 4972	3		16	90	,752.
Credits	17	Amount from Schedule 2, lin	ie3					17		
	18	Add lines 16 and 17								,752.
	19	Child tax credit or credit for other dependents from Schedule 8812								
	20	Amount from Schedule 3, lin	ie8					20		
	21	Add lines 19 and 20						21		
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	90	,752.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21 .			23	1	,868.
	24	Add lines 22 and 23. This is	your total tax					24	92	,620.
Payments	25	Federal income tax withheld								
-	а	Form(s) W-2				25a 88	3,608.			
	b	Form(s) 1099				25b				
	с	Other forms (see instructions	s)			25c	2,183.			
	d	Add lines 25a through 25c						25d	90	,791.
If you have a	26	2022 estimated tax payment	ts and amount a	pplied from 20	21 return			26		
qualifying child,	27	Earned income credit (EIC)			No .	27				
attach Sch. EIC.	28	Additional child tax credit from	n Schedule 8812			28				
	29	American opportunity credit	from Form 8863	8, line 8		29				
	30	Reserved for future use								
	31	Amount from Schedule 3, lin	ie 15			31				
	32	Add lines 27, 28, 29, and 31	. These are your	total other pa	ayments and ref	undable credits		32		
	33 Add lines 25d, 26, and 32. These are your total payments							33	90	,791.
Refund	34	34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid								
neruna	35a	Amount of line 34 you want			3 is attached, che	ck here	🗆	35a		
Direct deposit?	b									
See instructions.	d	Account number X X X X X X X X X X X X X X X X X X X								
	36	Amount of line 34 you want a								
Amount	37	Subtract line 33 from line 24. This is the amount you owe .								
You Owe		For details on how to pay, go to www.irs.gov/Payments or see instructions						37	1	,829.
	38	Estimated tax penalty (see instructions)								
Third Party	Do	you want to allow another	person to disc	cuss this retu	rn with the IRS?				_	
Designee	ins	instructions						below.	X No	
		Designee's Phone Personal ide name no. number (PIN								
0:		der penalties of perjury, I declare t	hat I have evening				. ,	* * * * * * *		
Sign		ief, they are true, correct, and com			1 2 0		,			0
Here	Yo	ur signature		Date	Your occupation		If the	RS se	nt you an Ide	entity
		ů – – – – – – – – – – – – – – – – – – –							IN, enter it he	ere
Joint return?					SK QE MANAGER			inst.)		
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, t						nt your spous ection PIN, e		
your records.	TEACHER							inst.)		
	Ph	one no. (408)594-507	1	Email address		MATT COM	`	,		
		eparer's name	⊥ Preparer's signat				PTIN		Check if:	
Paid		ATA SAI PAVAN KUMAR DUDIPALLI			דיזגסימות אמ			0833		mployed
Preparer										
Use Only		Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816 Firm							678)965	
				TIONICIC IN				o ∟íIN		45487
GO TO WWW.Irs.go	uv/rorn	n1040 for instructions and the late	si information.		BAA	REV 03/18/23 PRO			Form	040 (2022)

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

Attachment Sequence No. 01 Your social security number

Department of the Treasury Internal Revenue Service	
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Name(s) shown on Fo	orm 1040, 1040-SR, or 1040-NR	Your soc	ial s	ecu
VAMSI KRISHNA	& PUSHPAVATHI SOMA	655-83	3-10)15
Part I Additio	onal Income			
d Taxable refu	ada avadita av offasta of state and lagal income towar			

1	Taxable refunds, credits, or offsets of state and local income taxes	🗠	1	
2a	Alimony received	2	a	
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	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E		5	-9,250.
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 8d ()		
е	Income from Form 8853			
f	Income from Form 8889			
g	Alaska Permanent Fund dividends			
ĥ	Jury duty pay			
i	Prizes and awards			
j	Activity not engaged in for profit income			
k	Stock options			
I.	Income from the rental of personal property if you engaged in the rental			
	for profit but were not in the business of renting such property 81			
m	Olympic and Paralympic medals and USOC prize money (see			
	instructions)			
n	Section 951(a) inclusion (see instructions)			
ο	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			
S	Nontaxable amount of Medicaid waiver payments included on Form			
	1040, line 1a or 1d)		
t				
	a nongovernmental section 457 plan			
u	Wages earned while incarcerated			
Z				
	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, or 1040-NR, li	ne 8 1	0	-9,250.

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

Schedule 1 (Form 1040) 2022

Par	II Adjustments to Income						
11	Educator expenses				11		
12	Certain business expenses of reservists, performing artists, and fee	-basis	s gov	vernmer	nt		
	officials. Attach Form 2106				12		
13	Health savings account deduction. Attach Form 8889						
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						
18	Penalty on early withdrawal of savings				18		79.
19a	Alimony paid				19a	1	
b	Recipient's SSN	•					
С	Date of original divorce or separation agreement (see instructions):						
20	IRA deduction						
21	Student loan interest deduction				21		
22	Reserved for future use				22		
23	Archer MSA deduction				23		
24	Other adjustments:						
а	Jury duty pay (see instructions)	24a					
b	Deductible expenses related to income reported on line 8I from the						
		24b					
С	Nontaxable amount of the value of Olympic and Paralympic medals						
	and USOC prize money reported on line 8m	24c					
d	Reforestation amortization and expenses	24d					
е	Repayment of supplemental unemployment benefits under the Trade						
	Act of 1974	24e					
f	Contributions to section 501(c)(18)(D) pension plans	24f					
g	Contributions by certain chaplains to section 403(b) plans	24g					
ĥ	Attorney fees and court costs for actions involving certain unlawful						
	discrimination claims (see instructions)	24h					
i	Attorney fees and court costs you paid in connection with an award						
	from the IRS for information you provided that helped the IRS detect						
	tax law violations	24i					
j	Housing deduction from Form 2555	24j					
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form	-					
	1041)	24k					
z	Other adjustments. List type and amount:						
		24z					
25	Total other adjustments. Add lines 24a through 24z				25		
26	Add lines 11 through 23 and 25. These are your adjustments to income						
	Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a						79.
	ВАА	REV (03/18/23	PRO	Sched	lule 1 (Fo	orm 1040) 202

SCHEDULI	Ξ2
(Form 1040)	

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Additional Taxes

OMB No. 1545-0074

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

20 Department of the Treasury Attachment Go to www.irs.gov/Form1040 for instructions and the latest information. Internal Revenue Service Sequence No. 02 Name(s) shown on Form 1040, 1040-SR, or 1040-NR Your social security number VAMSI KRISHNA & PUSHPAVATHI SOMA 655-83-1015 Part I Tax 1 Alternative minimum tax. Attach Form 6251 1 2 2 Excess advance premium tax credit repayment. Attach Form 8962 3 Add lines 1 and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 17 . . 3 Part II **Other Taxes** 4 4 5 Social security and Medicare tax on unreported tip income. Attach Form 4137 5 Uncollected social security and Medicare tax on wages. Attach 6 6 Form 8919 7 Total additional social security and Medicare tax. Add lines 5 and 6 7 Additional tax on IRAs or other tax-favored accounts. Attach Form 5329 if required. 8 8 9 9 Repayment of first-time homebuyer credit. Attach Form 5405 if required 10 10 Additional Medicare Tax, Attach Form 8959 11 11 1,868. 12 12 13 Uncollected social security and Medicare or RRTA tax on tips or group-term life 13 Interest on tax due on installment income from the sale of certain residential lots 14 14 Interest on the deferred tax on gain from certain installment sales with a sales price 15 15

Recapture of low-income housing credit. Attach Form 8611

(continued on page 2)

16

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

Schedule 2 (Form 1040) 2022

Par	t II Other Taxes (continued)			
17	Other additional taxes:			
а	Recapture of other credits. List type, form number, and amount:			
		17a		
b	Recapture of federal mortgage subsidy, if you sold your home			
		17b	-	
	Additional tax on HSA distributions. Attach Form 8889	17c	-	
d	Additional tax on an HSA because you didn't remain an eligible individual. Attach Form 8889	17d		
е	Additional tax on Archer MSA distributions. Attach Form 8853.	17e		
f	Additional tax on Medicare Advantage MSA distributions. Attach Form 8853	17f		
g	Recapture of a charitable contribution deduction related to a fractional interest in tangible personal property	17g		
h	Income you received from a nonqualified deferred compensation plan that fails to meet the requirements of section 409A	17h		
i	Compensation you received from a nonqualified deferred compensation plan described in section 457A	17i		
j	Section 72(m)(5) excess benefits tax	17j		
k	Golden parachute payments	17k		
Т	Tax on accumulation distribution of trusts	171		
m	Excise tax on insider stock compensation from an expatriated			
		17m	-	
n	Look-back interest under section 167(g) or 460(b) from Form 8697 or 8866	17n	_	
0	Tax on non-effectively connected income for any part of the year you were a nonresident alien from Form 1040-NR	170		
р	Any interest from Form 8621, line 16f, relating to distributions from, and dispositions of, stock of a section 1291 fund	17p		
q	Any interest from Form 8621, line 24	17q		
z	Any other taxes. List type and amount:			
		17z		
18	Total additional taxes. Add lines 17a through 17z		18	
19	Reserved for future use		19	
20	Section 965 net tax liability installment from Form 965-A	20		
21	Add lines 4, 7 through 16, and 18. These are your total other taxe on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b.		01	1 000
	BAA		21 Schedu	1 , 868 . Ile 2 (Form 1040) 2022

SCHEDULE	В
(Form 1040)	

Department of the Treasury Internal Revenue Service

Interest and Ordinary Dividends

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

OMB No. 1545-0074 20 Attachment Sequence No. 08

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Part II 5 List name of payer: FIDELITY_BROKERAGE SERVICES_LLC 648. Ordinary Dividends MORGAN_STANLEY_AT_WORK 1,069. 146. (See instructions and the Instructions for Form 1040, line 3b.) MORGAN_STANLEY_AT_WORK 146. 146. Note: If you received a Form 109-DIV or substitute statement from a brokerage firm, list the firm's and the ordinary dividends shown on that form. 6 Add the amounts on line 5. Enter the total here and on Form 1040 or 1040-SR, line 3b 6 1,884. Part III You must complete this part if you (a) had over \$1,500 of taxable interest or ordinary dividends; (b) had a foreign account; or (c) received a distribution from, or were a grantor of, or a transferor to, a foreign trust. Yes No Accounts and Trusts Caution: if required, failure to file FinCEN Form 114 may result in substartial penalities. 7a At any time during 2022, did you have a financial interest or signature authority over a financial account (EBAR), to report that financial interest or signature authority? See FinCEN Form 114, and its instructions for filing requirements and exceptions to those requirements		4				2,59	96.
APEX CLEARING 21. Ordinary Dividends MORGAN STANLEY AT WORK 1,069. (See instructions and the Instructions for Form 1040, line 3b.) Note: if you received a Form 109-DIV or substitute statement from a brokerage firm, list the firm's 5 146. 6 Add the amounts on line 5. Enter the total here and on Form 1040 or 1040-SR, line 3b 6 1,884. name as the payer and enter the ordinary dividends shown on that form. 6 1,884. 1 Part III Foreign Accounts You must complete this part if you (a) had over \$1,500 of taxable interest or ordinary dividends; (b) had a foreign account; or (c) received a distribution from, or were a grantor of, or a transferor to, a foreign trust. Yes No account; See instructions Yes No Accounts 7a At any time during 2022, did you have a financial interest or signature authority over a financial account (such as a bank account, securities account, or brokerage account) located in a foreign country? See instructions X If "Yes," are you required to file FinCEN Form 114, Report of Foreign Bank and Financial and its instructions for filing requirements and exceptions to those requirements X		Note:	If line 4 is over \$1,500, you must complete Part III.		Am	ount	
Ordinary Dividends MORGAN STANLEY AT WORK 1,069. (See instructions and the Instructions for Form 1040, line 3b.) ROBINHOOD SECURITIES LLC 146. Note: If you received a Form 1099-DIV or substitute statement from a brokerage firm, list the firm's name as the payer and enter the ordinary dividends shown on that form. 5 5 Add the amounts on line 5. Enter the total here and on Form 1040 or 1040-SR, line 3b 6 1,884. Part III Foreign Accounts and Trusts Caution: If required, failure to file FinCEN Form 114 may result in substantial penalties. Ya At any time during 2022, did you have a financial interest in or signature authority over a financial account, securities account, or brokerage account) located in a foreign rountry? See instructions Yes Note: Yes," are you required to file FinCEN Form 114, Report of Foreign Bank and Financial and its instructions for filing requirements and exceptions to those requirements . X	Part II	5	List name of payer: FIDELITY BROKERAGE SERVICES LLC			64	48.
Dividends Instructions ROBINHOOD SECURITIES LLC 146. ROBINHOOD SECURITIES LLC 146. Instructions for Form 1040, Form 1040, 5 Note: If you 5 received a 6 Form 109-DIV 6 or substitute 5 statement from 6 Add the amounts on line 5. Enter the total here and on Form 1040 or 1040-SR, line 3b 6 1, 884. Note: If line 6 is over \$1,500, you must complete Part III. Part III You must complete this part if you (a) had over \$1,500 of taxable interest or ordinary dividends; (b) had a foreign account; or (c) received a distribution from, or were a grantor of, or a transferor to, a foreign trust. Accounts 7a At any time during 2022, did you have a financial interest in or signature authority over a financial account (such as a bank account, securities account, or brokerage account) located in a foreign country? See instructions	Ordinany		APEX CLEARING				
(See instructions and the instructions for Form 1040, line 3b.) Image: Second 11125 million 1125 milli							
and the Instructions for Form 1040, line 3b.) 5 Note: If you received a Form 1099-DIV or substitute statement from a brokerage firm, list the firm's name as the payer and enter the ordinary dividends shown on that form. 6 Add the amounts on line 5. Enter the total here and on Form 1040 or 1040-SR, line 3b 6 1,884. Part III Foreign Accounts and Trusts and Trusts Caution: If required, failure to file FinCEN Form 114 may result in substantial penalties. Additionally, you 7a At any time during 2022, did you have a financial interest in or signature authority over a financial account (such as a bank account, securities account, or brokerage account) located in a foreign country? See instructions . Yes No 14 may result in substantial penalties. 7a At any time during 2022, did you have a financial interest in or signature authority over a financial account (such as a bank account, securities account, or brokerage account) located in a foreign country? See instructions . Yes No If "Yes," are you required to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), to report that financial interest or signature authority? See FinCEN Form 114, and its instructions for filing requirements and exceptions to those requirements . X			ROBINHOOD SECURITIES LLC			14	46.
Form 1040, line 3b.) 5 Note: If you received a Form 1099-DIV or substitute statement from a brokerage firm, list the firm's name as the payer and enter the ordinary dividends shown on that form. 6 Add the amounts on line 5. Enter the total here and on Form 1040 or 1040-SR, line 3b 6 1,884. Part III Foreign Accounts and Trusts Caution: If required, failure to file FinCEN Form 114 may result in substantial penalties. 7a At any time during 2022, did you have a financial interest in or signature authority over a financial account (such as a bank account, securities account, or brokerage account) located in a foreign country? See instructions for filing requirements and exceptions to those requirements							
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dividends shown on that form. 6 Add the amounts on line 5. Enter the total here and on Form 1040 or 1040-SR, line 3b 6 1,884. Note: If line 6 is over \$1,500, you must complete Part III. Part III You must complete this part if you (a) had over \$1,500 of taxable interest or ordinary dividends; (b) had a foreign account; or (c) received a distribution from, or were a grantor of, or a transferor to, a foreign trust. Accounts and Trusts 7a At any time during 2022, did you have a financial interest in or signature authority over a financial account (such as a bank account, securities account, or brokerage account) located in a foreign country? See instructions							
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Foreign Accounts and Trusts 7a At any time during 2022, did you have a financial interest in or signature authority over a financial required, failure to file FinCEN Form 114 may result in substantial penalties. Additionally, you At any time during 2022, did you have a financial interest in or signature authority over a financial account (such as a bank account, securities account, or brokerage account) located in a foreign the fine FinCEN Form 114 may result in substantial penalties. Yes No If "Yes," are you required to file FinCEN Form 114, Report of Foreign Bank and Financial and its instructions for filing requirements and exceptions to those requirements		Note:	If line 6 is over \$1,500, you must complete Part III.				
Yes No Accounts 7a At any time during 2022, did you have a financial interest in or signature authority over a financial interest in or signature authority over a financial account (such as a bank account, securities account, or brokerage account) located in a foreign country? See instructions Yes No 7a At any time during 2022, did you have a financial interest in or signature authority over a financial account (such as a bank account, securities account, or brokerage account) located in a foreign country? See instructions X If "Yes," are you required to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), to report that financial interest or signature authority? See FinCEN Form 114, and its instructions for filing requirements and exceptions to those requirements X						a fore	ign
and Trusts 7a At any time during 2022, did you have a financial interest in or signature authority over a financial account (such as a bank account, securities account, or brokerage account) located in a foreign country? See instructions	Foreign	accou	int; or (c) received a distribution from, or were a grantor of, or a transferor to, a foreigr	n trust			
Caution: If required, failure to file FinCEN Form 114 may result in substantial penalties. Additionally, you At any time during 2022, did you have a infancial interest in or signature authority over a infancial account (such as a bank account, securities account, or brokerage account) located in a foreign country? See instructions X If "Yes," are you required to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), to report that financial interest or signature authority? See FinCEN Form 114 and its instructions for filing requirements and exceptions to those requirements						Yes	No
Caution: If required, failure to required, failure to file FinCEN Form 114 may result in substantial penalties. Additionally, you	and Trusts	7a	At any time during 2022, did you have a financial interest in or signature authority	over a	a financial		
file FinCEN Form 114 may result in substantial If "Yes," are you required to file FinCEN Form 114, Report of Foreign Bank and Financial penalties. Additionally, you							
114 may result in substantial penalties. Additionally, youIf "Yes," are you required to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), to report that financial interest or signature authority? See FinCEN Form 114 and its instructions for filing requirements and exceptions to those requirements)	country? See instructions				<u>×</u>
Additionally, you and its instructions for filing requirements and exceptions to those requirements							
Additionally, you							
f = 1 is the second	Additionally, you	_					
	may be required	b	If you are required to file FinCEN Form 114, list the name(s) of the foreign country(
to file Form 8938, financial account(s) are located:	,						
Specified Foreign Financial Assets. 8 During 2022, did you receive a distribution from, or were you the grantor of, or transferor to, a		-					
	required, failure to file FinCEN Form 114 may result in substantial penalties. Additionally, you		country? See instructions	and CEN F	Financial Form 114		×

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

foreign trust? If "Yes," you may have to file Form 3520. See instructions .

See instructions.

. Schedule B (Form 1040) 2022

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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.

Attachment Sequence No. 12

20

Internal Revenue Service Name(s) shown on return

Department of the Treasury

VAMSI KRISHNA & PUSHPAVATHI SOMA

Your social security number

655-83-1015

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

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

lines This	instructions for how to figure the amounts to enter on the below. form may be easier to complete if you round off cents to le dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss froi Form(s) 8949, Part line 2, column (g)	I, combine the result	
1a	Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b.					
1b	Totals for all transactions reported on Form(s) 8949 with Box A checked	25,352.	27,989.	12	2,625.	
2	Totals for all transactions reported on Form(s) 8949 with Box B checked	92,670.	91,742.	278	. 1,206.	
3	Totals for all transactions reported on Form(s) 8949 with Box C checked					
4	Short-term gain from Form 6252 and short-term gain or (oss) from Forms 4	684, 6781, and 88	324 4		
5	Net short-term gain or (loss) from partnerships, Schedule(s) K-1				;	
6						
7	7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on the back					

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

See instructions for how to figure the amounts to enter on the lines below.		(d)	(e)	(g) Adjustmer		(h) Gain or (loss) Subtract column (e)
	form may be easier to complete if you round off cents to e dollars.	Proceeds (sales price)	Cost (or other basis)	to gain or loss Form(s) 8949, line 2, colum	Part II,	from column (d) and combine the result with column (g)
8a	Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b.					
8b	Totals for all transactions reported on Form(s) 8949 with Box D checked	1,396.	1,643.			-247.
9	Totals for all transactions reported on Form(s) 8949 with Box E checked	16,861.	16,620.			241.
10	Totals for all transactions reported on Form(s) 8949 with Box F checked.	20.	27.			-7.
11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824					11	
 12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 13 Capital gain distributions. See the instructions 					12 13	8.
14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover Worksheet in the instructions					14	()
15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then, go to Part III on the back . Image: column capital gain or (loss). Image: column capital gain gain gain or (loss).					15	-5.
For F	Paperwork Reduction Act Notice, see your tax return instruction			;	Schedu	le D (Form 1040) 2022

Part	III Summary		
16	Combine lines 7 and 15 and enter the result	16 -1,424	<u>4.</u>
	• If line 16 is a gain , enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below.		
	• If line 16 is a loss , skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22.		
	• If line 16 is zero , skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22.		
17	Are lines 15 and 16 both gains?		
	No. Skip lines 18 through 21, and go to line 22.		
18	If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet	18	
19	If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet	19	
20	 Are lines 18 and 19 both zero or blank and you are not filing Form 4952? Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. Don't complete lines 21 and 22 below. 		
	□ No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.		
21	If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of:		
	The loss on line 16; or (\$3,000), or if married filing separately, (\$1,500)	21 (1,424	.)
	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.		

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Schedule D (Form 1040) 2022

Form **8949**

Department of the Treasury

Internal Revenue Service

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.



Name(s) shown on return	Social security number or taxpayer identification number
VAMSI KRISHNA & PUSHPAVATHI SOMA	655-83-1015

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

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

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

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

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

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

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

1 (a) Description of property	(b) Date acquired	(c) Date sold or	e sold or Proceeds See the Note belo		If you enter an enter a co	f any, to gain or loss amount in column (g), ode in column (f). arate instructions.	(h) Gain or (loss) Subtract column (e)	
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see Column (e) in the separate instructions.	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g).	
STOCKS	01/01/21	12/31/22	25,352.	27,989.	W	12.	-2,625.	
2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked).			25,352.	27,989.		12.	-2,625.	

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

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

Form 8949 (2022)	Attachment Sequence No. 12A	Page 2
Name(s) shown on return. Name and SSN or taxpaver identification no. not required if shown on other side	Social security number or taxpayer identification num	ber

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side VAMSI KRISHNA & PUSHPAVATHI SOMA

655-83-1015

Before you check Box D, E, or F 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 II Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

Note: You may aggregate all long-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 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You *must* check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-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.

(D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)

[] (E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS

(F) Long-term transactions not reported to you on Form 1099-B

1 (a) Description of property	(D) Date sold or Proceeds See the Note be		Cost or other basis See the Note below	Adjustment, i If you enter an enter a c See the sep), (h) Gain or (loss) Subtract column (e)		
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see Column (e) in the separate instructions.	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g).
STOCKS	01/01/21	12/31/22	1,396.	1,643.			-247.
2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if Box F above is checked).			1,396.	1,643.			-247.

Note: If you checked Box D 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.

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Form **8949**

Department of the Treasury

Internal Revenue Service

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.



Name(s) shown on return	Social security number or taxpayer identification number
VAMSI KRISHNA & PUSHPAVATHI SOMA	655-83-1015

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.

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

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

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

1 (a) Description of property	tion of property Date sold or Proceeds See the Note b		Cost or other basis See the Note below	Adjustment, i If you enter an enter a co See the sep	(h) Gain or (loss) Subtract column (e)			
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see Column (e) in the separate instructions.	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g).	
STOCKS	04/18/22	08/28/18	92,670.	91,742.	W	278.	1,206.	
2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked).			92,670.	91,742.		278.	1,206.	

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.

Form 8949 (2022)	Attachment Sequence No. 12A	Page 2
Name(s) shown on return. Name and SSN or taxpaver identification no. not required if shown on other side	Social security number or taxpayer identification num	ber

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side VAMSI KRISHNA & PUSHPAVATHI SOMA

655-83-1015

Before you check Box D, E, or F 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 II Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

Note: You may aggregate all long-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 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You *must* check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-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.

(D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)

- X (E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS
- (F) Long-term transactions not reported to you on Form 1099-B

1 (a) Description of property (Example: 100 sh. XYZ Co.)	(a) Description of property (Me, day, yr) Date acquired (Me, day, yr) Date sold or disposed of (sales price) See the Note b and see <i>Colum</i>		Cost or other basis See the Note below and see <i>Column (e)</i>	Adjustment, i If you enter an enter a c See the sep	(h) Gain or (loss) Subtract column (e) from column (d) and		
	(110., ddy, yl.)	(Mo., day, yr.)	(see instructions)	in the separate instructions.	(f) Code(s) from instructions	(g) Amount of adjustment	combine the result with column (g).
STOCKS	01/01/21	12/31/22	16,861.	16,620.			241.
2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if Box F above is checked).			16,861.	16,620.			241.

Note: If you checked Box D 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.

Form 8949 (2022)	Attachment Sequence No. 12A	Page 2
Name(s) shown on return. Name and SSN or taxpaver identification no, not required if shown on other side	Social security number or taxpayer identification number	ber

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side VAMSI KRISHNA & PUSHPAVATHI SOMA

655-83-1015

Before you check Box D, E, or F 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 II Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

Note: You may aggregate all long-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 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You *must* check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-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.

(D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)

[] (E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS

K (F) Long-term transactions not reported to you on Form 1099-B

(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis See the Note below and see Column (e) in the separate instructions.	If you enter an enter a c See the sep (f) Code(s) from	if any, to gain or loss amount in column (g), ode in column (f). parate instructions. (g) Amount of	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g).
					instructions	adjustment	
STOCKS	08/28/18	04/18/22	20.	27.			-7.
2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if Box F above is checked).			20.	27.			-7.

Note: If you checked Box D 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.

REV 03/18/23 PRO

SCHE (Form	DULE E 1040)	(From rei	S ntal real estate, ro	upplementa					trusts BEMIC	s etc.)	OMB No	0. 1545-0074
•	ent of the Treasury			ch to Form 1040,		-				5, 610.7	20) 22
	Revenue Service		Go to www.irs.go						formation.		Attachm Sequen	^{nent} ce No. 13
Name(s)	shown on return								١	Your soci	al security	number
_		& PUSHP	AVATHI SOMA							655-8	3-1015	
Part			From Rental R				•					
	rental inco	ou are in the	e business of renting from Form 4835 or	g personal proper 1 page 2, line 40.	τy, use	Schedule	C. See	Instru	ctions. If you are	e an Indiv	/idual, rep	ort farm
Α			ts in 2022 that wo		to file	Form(s) 1	099? 5	See ins	structions		. 🗌 Ye	s 🛛 No
B li	"Yes," did you	ı or will you	u file required For	m(s) 1099? .							. 🗌 Ye	s 🗌 No
1 a	Physical addr	ress of eac	ch property (stree	t, city, state, ZIF	code	e)						
A	PUPPALAGU	DA RAJE	NDRANAGAR H	YDERABAD TE	LANG	JANA IN	1 500	030				
B												
С												
1b	Type of Prope	erty 2	For each rental re	eal estate prope	rty list	ted		Fa	ir Rental	Person	al Use	QJV
	(from list below		above, report the						Days	Da	ys	QJV
Α	3		personal use day if you meet the re				Α		210		0	
B			qualified joint ver				В					
							С					
	of Property:						1	-				
	Single Family R			Short-Term Ren	tal	5 Land			Self-Rental			
2	Multi-Family Re	sidence	4 Commerci	a		6 Roya	lities	8	Other (descril	oe)		
									Propertie	s:		
Incom							Α		В			С
3					3		2,6	00.				
_4		ived			4							
Expen					-							
5	•		· · · · · · ·		5 6							
6 7			ructions) ce		7							
8	•				8							
9					9							
10			onal fees		10							
11					11		8	00.				
12	•		o banks, etc. (see		12							
13	Other interest				13		5,0	19.				
14	Repairs				14		1,1	00.				
15					15							
16					16		1	00.				
17					17		4 0	2.1				
18	-	expense or	depletion		18 19		4,8	31.				
19 20			es 5 through 19		20		11 0	50				
20 21	•		e 3 (rents) and/or		20		11,8	50.				
21			tructions to find of									
					21		-9,2	50.				
22	Deductible rer	ntal real es	state loss after lin	nitation, if any,								
			uctions)		22	(9,25	50.))	()
23a		-	orted on line 3 for					23a	2,	600.		
b			orted on line 4 for					23b				
С			orted on line 12 fo					23c				
d			orted on line 18 fo					23d		831.		
e 24			orted on line 20 fo					23e		850.		
24 25			mounts shown or es from line 21 and						· · · · · ·		(0 250 \
25 26			and royalty inc								(9,250.)
26			and line 40 on p									
			line 5. Otherwise							26		-9,250.
For Pa		,.	tice, see the separ			NF			-9,250.		nedule E (Fe	orm 1040) 2022

Schedule E (Form 1040) 2022

SCHEDULE 8812 (

Credits for Qualifying Children and Other Dependents

OMB No. 1545-0074

Attach to	Form 10	40. 1040-SR	, or 1040-NR.
		,	,

ormation.

2022

Attachment Sequence No. 47

Form 1040)	

Go to www.irs.gov/Schedule8812 for instructions and the late	st info
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Department of the Treasury Internal Revenue Service Name(s) shown on return

7

Name(s)	Name(s) shown on return Your s			curity number			
VAMS1	VAMSI KRISHNA & PUSHPAVATHI SOMA 655-						
Par	Part I Child Tax Credit and Credit for Other Dependents						
1	Enter the amount from line 11 of your Form 1040, 1040-SR, or 1040-NR		1	434,043.			
2a	Enter income from Puerto Rico that you excluded						
b	Enter the amounts from lines 45 and 50 of your Form 2555	0.					
с	Enter the amount from line 15 of your Form 4563						
d	Add lines 2a through 2c	. 2	2d	0.			
3	Add lines 1 and 2d	. []	3	434,043.			
4	Number of qualifying children under age 17 with the required social security number 4	0					
5	Multiply line 4 by \$2,000		5				
6	Number of other dependents, including any qualifying children who are not under age						
	17 or who do not have the required social security number	2					
	Caution: Do not include yourself, your spouse, or anyone who is not a U.S. citizen, U.S. national, or U.S. residu	ent					
	alien. Also, do not include anyone you included on line 4.						
7	Multiply line 6 by \$500	. '	7	1,000.			
8	Add lines 5 and 7		8	1,000.			
9	Enter the amount shown below for your filing status.						
	• Married filing jointly—\$400,000						
	• All other filing statuses— $\$200,000 \int \dots $		9	400,000.			
10	Subtract line 9 from line 3.						
	• If zero or less, enter -0						
	• If more than zero and not a multiple of \$1,000, enter the next multiple of \$1,000. For						
	example, if the result is \$425, enter $1,000$; if the result is $1,025$, enter $2,000$, etc.	. 1	10	35,000.			
11	Multiply line 10 by 5% (0.05)		11	1,750.			
12	Is the amount on line 8 more than the amount on line 11?	. 1	12	0.			
	No. STOP. You cannot take the child tax credit, credit for other dependents, or additional child tax credit	dit.					
	Skip Parts II-A and II-B. Enter -0- on lines 14 and 27.						
	Yes. Subtract line 11 from line 8. Enter the result.						
13	Enter the amount from the Credit Limit Worksheet A		13				
14	Enter the smaller of line 12 or 13. This is your child tax credit and credit for other dependents	. 1	14	0.			
	Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 19.						
	If the amount on line 12 is more than the amount on line 14, you may be able to take the addition						
	on Form 1040, 1040-SR, or 1040-NR, line 28. Complete your Form 1040, 1040-SR, or 1040-NR through line 27						
	(also complete Schedule 3, line 11) before completing Part II-A.						

For Paperwork Reduction Act Notice, see your tax return instructions.	BAA	REV 03/18/23 PRO	Schedule 8812 (Form 1040) 2022

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

88 Form Department of the Treasury Internal Revenue Service

Health Savings Accounts (HSAs)

OMB No. 1545-0074

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

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

Attachment 52

2

			3	
	If	both spouses ha	ave HS	of HSA beneficiary. As, see instructions.
	SI KRISHNA SOMA	655-83-		
	re you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance C			
Part	HSA Contributions and Deduction. See the instructions before completing the and both you and your spouse each have separate HSAs, complete a separate			
1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) due	ring 2022.		
	See instructions		Se	lf-only 🗌 Family
2	HSA contributions you made for 2022 (or those made on your behalf), including those ma unextended due date of your tax return that were for 2022. Do not include employer con			
	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 every month during			
	were, or were considered, an eligible individual with the same coverage, enter \$3,650 (\$			
	family coverage). All others, see the instructions for the amount to enter		3	
4	Enter the amount you and your employer contributed to your Archer MSAs for 2022 from Fo			
	lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2 include any amount contributed to your approace Areber MSAc			
_	include any amount contributed to your spouse's Archer MSAs	-	4	
5	Subtract line 4 from line 3. If zero or less, enter -0		5	
6	Enter the amount from line 5. But if you and your spouse each have separate HSAs and h coverage under an HDHP at any time during 2022, see the instructions for the amount to ent		6	
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 inst	ructions .	7	0.
8	Add lines 6 and 7		8	0.
9	Employer contributions made to your HSAs for 2022			
10	Qualified HSA funding distributions 10			
11	Add lines 9 and 10	[11	
12	Subtract line 11 from line 8. If zero or less, enter -0	[12	0.
13	HSA deduction. Enter the smaller of line 2 or line 12 here and on Schedule 1 (Form 1040), Par		13	0.
	Caution: If line 2 is more than line 13, you may have to pay an additional tax. See instruction	IS.		
Part	II HSA Distributions. If you are filing jointly and both you and your spouse each a separate Part II for each spouse.	have separ	ate I	-ISAs, complete
14a	Total distributions you received in 2022 from all HSAs (see instructions)		14a	1,189.
b	Distributions included on line 14a that you rolled over to another HSA. Also include ar			
	contributions (and the earnings on those excess contributions) included on line 14a	-		
	withdrawn by the due date of your return. See instructions		14b	
С	Subtract line 14b from line 14a	[14c	1,189.
15	Qualified medical expenses paid using HSA distributions (see instructions)	[15	1,189.
16	Taxable HSA distributions. Subtract line 15 from line 14c. If zero or less, enter -0 Also, in	clude this		
	amount in the total on Schedule 1 (Form 1040), Part I, line 8f		16	0.
17a	If any of the distributions included on line 16 meet any of the Exceptions to the Additiona Tax (see instructions), check here			
b	Additional 20% tax (see instructions). Enter 20% (0.20) of the distributions included on lin			
-	are subject to the additional 20% tax. Also, include this amount in the total on Schedule	e 2 (Form		
	1040), Part II, line 17c		17b	
Part	Income and Additional Tax for Failure To Maintain HDHP Coverage. See the completing this part. If you are filing jointly and both you and your spouse each complete a separate Part III for each spouse.			
18			18	
19	Qualified HSA funding distribution		19	
20	Total income. Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I, li	-	20	
21	Additional tax. Multiply line 20 by 10% (0.10). Include this amount in the total on Schedul			
	1040), Part II, line 17d		21	

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

REV 03/18/23 PRO BAA

8959 Form Department of the Treasury

Additional Medicare Tax

If any line does not apply to you, leave it blank. See separate instructions. Attach to Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS.

OMB No. 1545-0074 2022

Internal Revenue Service Name(s) shown on return

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

Attachment Sequence No. 71 Your social security number

655-83-1015

7 Additional Medicare Tax on Medicare wages. Multiply line 6 by 0.9% (0.009). Enter here and go to Part II. 7 1,868. Part II. Additional Medicare Tax on Self-Employment Income 8 8 8 8 Self-employment income from Schedule SE (Form 1040). Part I, line 6. If you had a loss, enter -0. Form 1040-PR files, see instructions.) 8 8 9 Enter the following amount for your filing status: Married filing jointly. \$250,000 9 10 10 Enter the amount from line 9. If zero or less, enter -0. 10 11 12 12 Additional Medicare Tax on self-employment income. Multiply line 12 by 0.9% (0.009). Enter here and go to Part III. 12 13 9 11 12 14 11 12 15 Enter the following amount for your filing status: Married filing separately \$250,000 Married filing separately \$250,000 15 16 16 14 14 14 14 16 17 Additional Medicare Tax on relify surviving spouse \$200,000 15 16 17 Additional Medicare Tax on ralinoad retirement (RTA) compensation. Multiply line 16 by 0.9% (0.09). Enter here and go to Part IV 16 <t< th=""><th>VAMS</th><th>I KRISHNA & PUSHPAVATHI SOMA</th><th></th><th>655-8</th><th>83-10</th><th>15</th></t<>	VAMS	I KRISHNA & PUSHPAVATHI SOMA		655-8	83-10	15
Form W-2, enter the total of the amounts from box 5 1 457,607. 2 Uuregorted tips from Form 8919, line 6 3 4 Add lines 1 through 3 4 5 Enter the following amount for your filing status: 4 457,607. 6 207,607. 5 250,000. 6 7 Additional Medicare Tax on Medicare wages. Multiply line 6 by 0.9% (0.009). Enter here and go to Part II 6 207,607. 7 Additional Medicare Tax on Medicare wages. Multiply line 6 by 0.9% (0.009). Enter here and go to Part II 6 207,607. 7 Additional Medicare Tax on Self-Employment Income 8 8 6 207,607. 7 Additional Medicare Tax on Self-Employment Income 8 8 7 1,868. 9 Enter the following amount for your filing status: \$250,000 9 10 11 10 11 11 11 11 12 11 Subtract line 11 from line 4 11 12 13 14 16 11 Subtract line 11 form line 8. If zero or less, enter -0 11 11 12 13 12 Subtract li	Part	Additional Medicare Tax on Medicare Wages				
2 Unreported tips from Form 4137, line 6 2 3 Wages from Form 8191, line 6 3 4 Add lines 1 through 3 4 5 Enter the following amount for your filing status: 4 Married filing jointly \$1250,000 5 2 Subtract line 5 from line 4. If zero or less, enter -0 6 2 Additional Medicare Tax on Self-Employment Income 8 8 Self-employment income from Schedule SE (Form 1040), Part I, line 6. If you had a loss, enter -0+ (Form 1040-PR for 1040-S6 lines, see instructions) 8 9 Single, Head of household, or Qualifying surviving spouse \$220,000 9 Single, Head of household, or Qualifying surviving spouse \$220,000 10 Enter the following amount for your filing status: 10 11 Subtract line 11 from line 8. If zero or less, enter -0. 11 12 Subtract line 11 from line 8. If zero or less, enter -0. 11 13 Subtract line 11 from line 8. If zero or less, enter -0. 11 14 <th>1</th> <th></th> <th></th> <th></th> <th></th> <th></th>	1					
3 Wages from Form 819, line 6 3 4 Add lines 1 through 3 4 5 Enter the following amount for your filing status: Married filing separately \$250,000 5 Subtract line 5 from line 4. If zero or less, enter -0- 6 7 Additional Medicare Tax on Self-Employment Income 6 8 Self-employment income from Schedule SE (Form 1040), Part I, line 6. If you had a loss, enter -0- (Form 1040-PR for 1040-SS files, see instructions) 8 9 Enter the following amount for your filing status: Married filing jointy \$250,000 9 Enter the following amount for your filing status: Married filing jointy \$250,000 9 Enter the following amount for your filing status: Married filing jointy \$250,000 9 Enter the following amount for your filing status: Married filing jointy \$250,000 10 Enter the amount from line 4. If zero or less, enter -0- 10 11 Subtract line 11 form line 8. If zero or less, enter -0- 11 12 Subtract line 11 form line 8. If zero or less, enter -0- 12 13 Zent III 14 14 Railroad retirement (RIRTA) compensation and tips from Form(S) W-2, box 14 14 14 Rel			1	457,607.		
4 Add lines 1 through 3 4 457,607. 5 Enter the following amount for your filing status: Married filing jointly \$250,000 5 6 207,607. 5 250,000. 6 7 Additional Medicare Tax on Medicare wages. Multiply line 6 by 0.9% (0.009). Enter here and go to Part II 6 207,607. 7 Additional Medicare Tax on Self-Employment Income had a loss, enter -0. (Form 1040-PR or 1040-SS filers, see instructions.) 8 8 9 Enter the following amount for your fling status: Married fling sparately \$125,000 9 10 Enter the following amount for your fling status: Married fling sparately \$125,000 9 Enter the following amount for your fling status: Married fling sparately \$125,000 10 Enter the amount from line 8. If zero or less, enter -0. 11 11 Subtract line 10 from line 9. If zero or less, enter -0. 11 12 Additional Medicare Tax on self-employment income. Multiply line 12 by 0.9% (0.009). Enter here and go to Part III. 12 13 Additional Medicare Tax on self-employment income. Multiply line 12 by 0.9% (0.009). Enter here and go to Part IV. 13 14 Enter the following amount for your filing status: Maried filing sparately \$125,000	2					
5 Enter the following amount for your filing status: \$250,000 Married filing separately \$125,000 Single, Head of household, or Qualifying surviving spouse \$250,000 6 207,607. 7 Additional Medicare Tax on Medicare wages. Multiply line 6 by 0.9% (0.009). Enter here and go to Part II 7 1 Self-employment income from Schedule SE (Form 1040). Part I, line 6. If you had a loss, enter -0. Form 1040-PS ners, see instructions) 8 9 Enter the following amount for your filing status: \$250,000 Married filing separately \$125,000 9 Enter the amount from line 4. \$250,000 9 Enter the following amount for your filing status: \$250,000 Married filing separately \$125,000 9 11 Subtract line 11 form line 8. If zero or less, enter -0. 11 12 Subtract line 11 form line 8. If zero or less, enter -0. 11 13 Additional Medicare Tax on Relirced Retirement Tax Act (RRTA) Compensation 13 14 Ise instructions) 14 14 15 Enter the following amount for your filing status: Married filing iopinty 12 16 Additional Medicare Tax on ra	3		3			
Married filing joinly \$250,000 5 250,000 Single, Head of household, or Qualifying surviving spouse \$200,000 5 250,000 6 2ntll Additional Medicare Tax on Medicare wages. Multiply line 6 by 0,9% (0.009). Enter here and go to Part II. 7 1,868. 2ntll Additional Medicare Tax on Self-Employment Income 8 8 8 9 1,868. 2ntll Additional Medicare Tax on Self-Employment Income 8 8 9 1,868. 2ntll Additional Medicare Tax on Self-Employment Income 8 8 9 1,868. 2ntll Fart III Subtract Ine 10 from 104 0-R or 1040-S5 filers, see instructions.) 8 8 9 10 Enter the following amount for your ling status: Married filing separately \$125,000 9 10 11 Subtract line 10 from line 8. If zero or less, enter -0 11 12 13 14 2ndtitional Medicare Tax on self-employment income. Multiply line 12 by 0.9% (0.009). Enter here and go to Part III. 14 14 14 12 Additional Medicare Tax on railroad Retirement Tax Act (RFTA) compensation 13 14 14 14 14	4	Add lines 1 through 3	4	457,607.		
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 withholding on Medicare wages	22					
23 Additional Medicare Tax withholding on railroad retirement (RRTA) compensation from Form W-2, box 14 (see instructions) 23 24 Total Additional Medicare Tax withholding. Add lines 22 and 23. Also include this amount with federal income tax withholding on Form 1040, 1040-SR, or 1040-NR, line 25c (Form 1040-PR or 1040-SS filers, see instructions) 24 2,183.		· · · · · · · · · · · · · · · · · · ·			22	2,183
14 (see instructions) 23 24 Total Additional Medicare Tax withholding. Add lines 22 and 23. Also include this amount with federal income tax withholding on Form 1040, 1040-SR, or 1040-NR, line 25c (Form 1040-PR or 1040-SS filers, see instructions) 24 2,183. For Parement's Paduetian Act Nation and Medicare Tax withholding. Add lines 22 and 23. Also include this amount with federal income tax withholding on Form 1040, 1040-SR, or 1040-NR, line 25c (Form 1040-PR or 1040-SS filers, see instructions) 24 2,183.	23					2,103.
24 Total Additional Medicare Tax withholding. Add lines 22 and 23. Also include this amount with federal income tax withholding on Form 1040, 1040-SR, or 1040-NR, line 25c (Form 1040-PR or 1040-SS filers, see instructions) 24 2,183. See Property of Reduction Act Nation on Source tax network instructions		5 () 1		,	23	
federal income tax withholding on Form 1040, 1040-SR, or 1040-NR, line 25c (Form 1040-PR or 1040-SS filers, see instructions)	24					
1040-SS filers, see instructions)						
For Panamuark Paduation Act Nation and your tay return instructions					24	2,183.
BAA REV 03/18/23 PRO FOR COOC (2022	For Pa	perwork Reduction Act Notice, see your tax return instructions.		REV 03/18/23 PRO		Form 8959 (2022)

Form **896**

Net Investment Income Tax— Individuals, Estates, and Trusts

OMB No. 1545-2227 20

2

Attach to your tax return.

	nent of the Treasury	Attach to your tax return. Go to <i>www.irs.gov/Form8960</i> for instructions and the late	at information		A	ttachment 70
	Revenue Service	-	st information.	X		equence No. 72
. ,) shown on your tax	& PUSHPAVATHI SOMA		655-8		curity number or EIN
Part		ent Income Section 6013(g) election (see instructions)		000-0		
Faru	investme	Section 6013(h) election (see instructions)				
		Regulations section $1.1411-10(g)$ election (see in	etructione)			
1	Taxabla intera		/		1	2,596.
2		ends (see instructions)			2	1,884.
3	-				2 3	1,004.
		state, royalties, partnerships, S corporations, trusts, etc. (see		· ·	0	
4a	instructions) .		4a -9	,250.		
b	section 1411 t	r net income or loss derived in the ordinary course of a non-rade or business (see instructions)	4b			
С		4a and 4b			4c	-9,250.
5a		s from disposition of property (see instructions)	5a -1	,424.		
b		loss from disposition of property that is not subject to net come tax (see instructions)	5b			
с	Adjustment fro	om disposition of partnership interest or S corporation stock (see				
	instructions) .		5c			
d	Combine lines	5a through 5c			5d	-1,424.
6	•	o investment income for certain CFCs and PFICs (see instructions)			6	
7		ations to investment income (see instructions)			7	
8	Total investme	ent income. Combine lines 1, 2, 3, 4c, 5d, 6, and 7			8	-6,194.
Part		ent Expenses Allocable to Investment Income and Modifi	cations			
9a		erest expenses (see instructions)	9a			
b		nd foreign income tax (see instructions)	9b			
С		investment expenses (see instructions)	9c			
d		9b, and 9c			9d	
10		difications (see instructions)			10	79.
11		ns and modifications. Add lines 9d and 10			11	79.
_	III Tax Com	-				
12		t income. Subtract Part II, line 11, from Part I, line 8. Individuals, o				
		usts, complete lines 18a–21. If zero or less, enter -0		· ·	12	0.
40	Individuals:			0.4.0		
13		sted gross income (see instructions)		,043.		
14		ed on filing status (see instructions)		,000.		
15		4 from line 13. If zero or less, enter -0		,043.	10	0
16		ler of line 12 or line 15			16	0.
17	on your tax re	It income tax for individuals. Multiply line 16 by 3.8% (0.038). Enterturn (see instructions)			17	0.
10-	Estates and		100			
18a		t income (line 12 above)	18a			
b	section 642(c)	r distributions of net investment income and deductions under (see instructions)	18b			
С		net investment income. Subtract line 18b from line 18a (see If zero or less, enter -0-	18c	_		
19a	Adjusted gross	s income (see instructions)	19a			
b	Highest tax bra	acket for estates and trusts for the year (see instructions)	19b			
С	Subtract line 1	9b from line 19a. If zero or less, enter -0	19c			
20	Enter the smal	ler of line 18c or line 19c		🗋	20	
21		t income tax for estates and trusts. Multiply line 20 by 3.8% (0.0				
		ur tax return (see instructions)			21	
For Pa	perwork Reducti	ion Act Notice, see your tax return instructions.	REV 03/18/23 PRC)		Form 8960 (2022)

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