

# Electronic Filing Instructions for your 2022 Federal Tax Return

Important: Your taxes are not finished until all required steps are completed.



VAMSI KRISHNA & PUSHPAVATHI SOMA  
19400 Sorenson Ave, Apt. 213  
Cupertino, CA 95014

**Balance Due/Refund** | Your federal tax return (Form 1040) shows a balance due of \$1,958.00.  
| Your return shows you have elected to pay your balance due of  
| \$1,958.00 by Direct Debit using the following information:  
| - Amount Withdrawn: \$1,958.00  
| - Account Number: 40125304  
| - Routing Transit Number: 211391825  
| - Date of Withdrawal: 04/15/2023

**What You Need to Keep** | Your Electronic Filing Instructions (this form)  
| A copy of your federal return

<b>2022 Federal Tax Return Summary</b>	Adjusted Gross Income	\$	434,446.00
	Taxable Income	\$	408,545.00
	Total Tax	\$	92,749.00
	Total Payments/Credits	\$	90,791.00
	Payment Due	\$	1,958.00
	Effective Tax Rate		20.92%

**Estimated Payments to Make for Next Year's Return** | Estimated Payments for 2023 - Do not mail these vouchers with your  
| 2022 income tax return. The estimated vouchers displayed below are  
| used to prepay your 2023 income taxes that will be filed next year.  
| If you expect to owe more than \$1,000 in 2023, you may incur  
| underpayment penalties if you do not make these four estimated tax  
| payments. This printout includes your estimated tax vouchers for your  
| federal estimated taxes (Form 1040-ES).

Mail payments according to the schedule below:

Voucher Number	Due Date	Amount
1	04/18/2023	\$ 2,809.00
2	06/15/2023	\$ 2,809.00
3	09/15/2023	\$ 2,809.00
4	01/16/2024	\$ 2,809.00

Include a separate check or money order for each payment, payable to  
"United States Treasury". Write your social security number and "Form  
1040-ES" on each check.

Mail payments to:  
Internal Revenue Service  
P.O. Box 802502  
Cincinnati, OH 45280-2502

▼ Detach Here and Mail With Your Payment ▼

Department of the Treasury  
Internal Revenue Service

Calendar Year —  
Due **04/18/2023**

# 2023 Form 1040-ES Payment Voucher 1

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the 'United States Treasury.' Write your social security number and '2023 Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Amount of estimated tax you are paying by check or money order.....▶	<b>2,809.</b>
--	---------------

REV 02/24/23 TTMAC 1555

655-83-1015                      775-31-9751  
VAMSI KRISHNA SOMA  
PUSHPAVATHI SOMA  
19400 SORENSON AVE APT 213  
CUPERTINO CA 95014

INTERNAL REVENUE SERVICE  
PO BOX 802502  
CINCINNATI OH 45280-2502

655831015 PD SOMA 30 0 202312 430

▼ Detach Here and Mail With Your Payment ▼

Department of the Treasury  
Internal Revenue Service

Calendar Year —  
Due **06/15/2023**

## 2023 Form 1040-ES Payment Voucher 2

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the 'United States Treasury.' Write your social security number and '2023 Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Amount of estimated tax you are paying by check or money order.....▶	<b>2,809.</b>
--	---------------

REV 02/24/23 TTMAC 1555

655-83-1015                      775-31-9751  
VAMSI KRISHNA SOMA  
PUSHPAVATHI SOMA  
19400 SORENSON AVE APT 213  
CUPERTINO CA 95014

INTERNAL REVENUE SERVICE  
PO BOX 802502  
CINCINNATI OH 45280-2502

655831015 PD SOMA 30 0 202312 430

▼ Detach Here and Mail With Your Payment ▼

Department of the Treasury  
Internal Revenue Service

Calendar Year —  
Due **09/15/2023**

# 2023 Form 1040-ES Payment Voucher 3

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the 'United States Treasury.' Write your social security number and '2023 Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Amount of estimated tax you are paying by check or money order.....▶	<b>2,809.</b>
--	---------------

REV 02/24/23 TTMAC 1555

655-83-1015                      775-31-9751  
VAMSI KRISHNA SOMA  
PUSHPAVATHI SOMA  
19400 SORENSON AVE APT 213  
CUPERTINO CA 95014

INTERNAL REVENUE SERVICE  
PO BOX 802502  
CINCINNATI OH 45280-2502

655831015 PD SOMA 30 0 202312 430

▼ Detach Here and Mail With Your Payment ▼

Department of the Treasury  
Internal Revenue Service

Calendar Year —  
Due **01/16/2024**

# 2023 Form 1040-ES Payment Voucher 4

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the 'United States Treasury.' Write your social security number and '2023 Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Amount of estimated tax you are paying by check or money order.....▶	<b>2,809.</b>
--	---------------

REV 02/24/23 TTMAC 1555

655-83-1015                      775-31-9751  
VAMSI KRISHNA SOMA  
PUSHPAVATHI SOMA  
19400 SORENSON AVE APT 213  
CUPERTINO CA 95014

INTERNAL REVENUE SERVICE  
PO BOX 802502  
CINCINNATI OH 45280-2502

655831015 PD SOMA 30 0 202312 430

Filing Status [ ] Single [X] Married filing jointly [ ] Married filing separately (MFS) [ ] Head of household (HOH) [ ] Qualifying surviving spouse (QSS)
Check only one box. 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:

Form fields for personal information: Your first name and middle initial (VAMSI KRISHNA), Last name (SOMA), Your social security number (655-83-1015), Spouse's social security number (775-31-9751), Home address (19400 Sorenson Ave, Cupertino, CA 95014), and Presidential Election Campaign options.

Digital Assets At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) [ ] Yes [X] No

Standard Deduction Someone can claim: [ ] You as a dependent [ ] Your spouse as a dependent [ ] Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness You: [ ] Were born before January 2, 1958 [ ] Are blind Spouse: [ ] Was born before January 2, 1958 [ ] Is blind

Table for Dependents with columns for (1) First name, Last name, (2) Social security number, (3) Relationship to you, (4) Child tax credit, and Credit for other dependents. Includes PRANAV KUMAR SOMA and SUDHEEP KRISHNA SOMA.

Main income table with columns for description and amount. Rows include Total amount from Form(s) W-2 (440,316), Tax-exempt interest (2a), Taxable interest (2b), Qualified dividends (3a), Ordinary dividends (3b), IRA distributions (4a), Pensions and annuities (5a), Social security benefits (6a), Capital gain or (loss) (7), Other income from Schedule 1 (8), Total income (9), Adjustments to income (10), Adjusted gross income (11), Standard deduction (12), Qualified business income deduction (13), and Taxable income (15) of 408,545.



**SCHEDULE 1  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Additional Income and Adjustments to Income**

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

Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.

OMB No. 1545-0074

**2022**  
Attachment  
Sequence No. **01**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR  
**VAMSI KRISHNA & PUSHPAVATHI SOMA**

Your social security number  
**655-83-1015**

**Part I Additional Income**

<b>1</b>	Taxable refunds, credits, or offsets of state and local income taxes . . . . .	<b>1</b>	0.
<b>2a</b>	Alimony received . . . . .	<b>2a</b>	
<b>b</b>	Date of original divorce or separation agreement (see instructions): _____		
<b>3</b>	Business income or (loss). Attach Schedule C . . . . .	<b>3</b>	
<b>4</b>	Other gains or (losses). Attach Form 4797 . . . . .	<b>4</b>	
<b>5</b>	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E . . . . .	<b>5</b>	-8,847.
<b>6</b>	Farm income or (loss). Attach Schedule F . . . . .	<b>6</b>	
<b>7</b>	Unemployment compensation . . . . .	<b>7</b>	
<b>8</b>	Other income:		
<b>a</b>	Net operating loss . . . . .	<b>8a</b>	( )
<b>b</b>	Gambling . . . . .	<b>8b</b>	
<b>c</b>	Cancellation of debt . . . . .	<b>8c</b>	
<b>d</b>	Foreign earned income exclusion from Form 2555 . . . . .	<b>8d</b>	( )
<b>e</b>	Income from Form 8853 . . . . .	<b>8e</b>	
<b>f</b>	Income from Form 8889 . . . . .	<b>8f</b>	
<b>g</b>	Alaska Permanent Fund dividends . . . . .	<b>8g</b>	
<b>h</b>	Jury duty pay . . . . .	<b>8h</b>	
<b>i</b>	Prizes and awards . . . . .	<b>8i</b>	
<b>j</b>	Activity not engaged in for profit income . . . . .	<b>8j</b>	
<b>k</b>	Stock options . . . . .	<b>8k</b>	
<b>l</b>	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 . . . . .	<b>8l</b>	
<b>m</b>	Olympic and Paralympic medals and USOC prize money (see instructions) . . . . .	<b>8m</b>	
<b>n</b>	Section 951(a) inclusion (see instructions) . . . . .	<b>8n</b>	
<b>o</b>	Section 951A(a) inclusion (see instructions) . . . . .	<b>8o</b>	
<b>p</b>	Section 461(l) excess business loss adjustment . . . . .	<b>8p</b>	
<b>q</b>	Taxable distributions from an ABL account (see instructions) . . . . .	<b>8q</b>	
<b>r</b>	Scholarship and fellowship grants not reported on Form W-2 . . . . .	<b>8r</b>	
<b>s</b>	Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d . . . . .	<b>8s</b>	( )
<b>t</b>	Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan . . . . .	<b>8t</b>	
<b>u</b>	Wages earned while incarcerated . . . . .	<b>8u</b>	
<b>z</b>	Other income. List type and amount: _____	<b>8z</b>	
<b>9</b>	Total other income. Add lines 8a through 8z . . . . .	<b>9</b>	
<b>10</b>	Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8	<b>10</b>	-8,847.

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

Schedule 1 (Form 1040) 2022



**Part II Adjustments to Income**

<b>11</b>	Educator expenses . . . . .		<b>11</b>	
<b>12</b>	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 . . . . .		<b>12</b>	
<b>13</b>	Health savings account deduction. Attach Form 8889 . . . . .		<b>13</b>	
<b>14</b>	Moving expenses for members of the Armed Forces. Attach Form 3903 . . . . .		<b>14</b>	
<b>15</b>	Deductible part of self-employment tax. Attach Schedule SE . . . . .		<b>15</b>	
<b>16</b>	Self-employed SEP, SIMPLE, and qualified plans . . . . .		<b>16</b>	
<b>17</b>	Self-employed health insurance deduction . . . . .		<b>17</b>	
<b>18</b>	Penalty on early withdrawal of savings . . . . .		<b>18</b>	79 .
<b>19a</b>	Alimony paid . . . . .		<b>19a</b>	
<b>b</b>	Recipient's SSN . . . . .			
<b>c</b>	Date of original divorce or separation agreement (see instructions): _____			
<b>20</b>	IRA deduction . . . . .		<b>20</b>	
<b>21</b>	Student loan interest deduction . . . . .		<b>21</b>	
<b>22</b>	Reserved for future use . . . . .		<b>22</b>	
<b>23</b>	Archer MSA deduction . . . . .		<b>23</b>	
<b>24</b>	Other adjustments:			
<b>a</b>	Jury duty pay (see instructions) . . . . .	<b>24a</b>		
<b>b</b>	Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit . . . . .	<b>24b</b>		
<b>c</b>	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m . . . . .	<b>24c</b>		
<b>d</b>	Reforestation amortization and expenses . . . . .	<b>24d</b>		
<b>e</b>	Repayment of supplemental unemployment benefits under the Trade Act of 1974 . . . . .	<b>24e</b>		
<b>f</b>	Contributions to section 501(c)(18)(D) pension plans . . . . .	<b>24f</b>		
<b>g</b>	Contributions by certain chaplains to section 403(b) plans . . . . .	<b>24g</b>		
<b>h</b>	Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions) . . . . .	<b>24h</b>		
<b>i</b>	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 . . . . .	<b>24i</b>		
<b>j</b>	Housing deduction from Form 2555 . . . . .	<b>24j</b>		
<b>k</b>	Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041) . . . . .	<b>24k</b>		
<b>z</b>	Other adjustments. List type and amount: _____	<b>24z</b>		
<b>25</b>	Total other adjustments. Add lines 24a through 24z . . . . .		<b>25</b>	
<b>26</b>	Add lines 11 through 23 and 25. These are your <b>adjustments to income</b> . Enter here and on Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a . . . . .		<b>26</b>	79 .

**SCHEDULE 2  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Additional Taxes**

Attach to Form 1040, 1040-SR, or 1040-NR.  
Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.

OMB No. 1545-0074

**2022**  
Attachment  
Sequence No. **02**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR  
VAMSI KRISHNA & PUSHPAVATHI SOMA

Your social security number  
655-83-1015

**Part I Tax**

<b>1</b>	Alternative minimum tax. Attach Form 6251 . . . . .	<b>1</b>	
<b>2</b>	Excess advance premium tax credit repayment. Attach Form 8962 . . . . .	<b>2</b>	
<b>3</b>	Add lines 1 and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 17 . . . . .	<b>3</b>	

**Part II Other Taxes**

<b>4</b>	Self-employment tax. Attach Schedule SE . . . . .	<b>4</b>	
<b>5</b>	Social security and Medicare tax on unreported tip income. Attach Form 4137 . . . . .	<b>5</b>	
<b>6</b>	Uncollected social security and Medicare tax on wages. Attach Form 8919 . . . . .	<b>6</b>	
<b>7</b>	Total additional social security and Medicare tax. Add lines 5 and 6 . . . . .	<b>7</b>	
<b>8</b>	Additional tax on IRAs or other tax-favored accounts. Attach Form 5329 if required. If not required, check here <input type="checkbox"/> . . . . .	<b>8</b>	
<b>9</b>	Household employment taxes. Attach Schedule H . . . . .	<b>9</b>	
<b>10</b>	Repayment of first-time homebuyer credit. Attach Form 5405 if required . . . . .	<b>10</b>	
<b>11</b>	Additional Medicare Tax. Attach Form 8959 . . . . .	<b>11</b>	1,868.
<b>12</b>	Net investment income tax. Attach Form 8960 . . . . .	<b>12</b>	
<b>13</b>	Uncollected social security and Medicare or RRTA tax on tips or group-term life insurance from Form W-2, box 12 . . . . .	<b>13</b>	
<b>14</b>	Interest on tax due on installment income from the sale of certain residential lots and timeshares . . . . .	<b>14</b>	
<b>15</b>	Interest on the deferred tax on gain from certain installment sales with a sales price over \$150,000 . . . . .	<b>15</b>	
<b>16</b>	Recapture of low-income housing credit. Attach Form 8611 . . . . .	<b>16</b>	

(continued on page 2)

**Part II Other Taxes** *(continued)*

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

**SCHEDULE B  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Interest and Ordinary Dividends**

Go to [www.irs.gov/ScheduleB](http://www.irs.gov/ScheduleB) for instructions and the latest information.  
Attach to Form 1040 or 1040-SR.

OMB No. 1545-0074

**2022**  
Attachment  
Sequence No. **08**

Name(s) shown on return

VAMSI KRISHNA & PUSHPAVATHI SOMA

Your social security number

655-83-1015

**Part I  
Interest**

(See instructions and the Instructions for Form 1040, line 2b.)

**Note:** If you received a Form 1099-INT, Form 1099-OID, or substitute statement from a brokerage firm, list the firm's name as the payer and enter the total interest shown on that form.

		Amount
<b>1</b>	List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see the instructions and list this interest first. Also, show that buyer's social security number and address: <u>DISCOVER BANK</u> <u>Digital Federal Credit Union</u> <u>Robinhood Markets Inc. as agent for Robinhood Securities</u>	2,526.94 69.05 0.29
<b>2</b>	Add the amounts on line 1 . . . . .	2,596.28
<b>3</b>	Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815 . . . . .	
<b>4</b>	Subtract line 3 from line 2. Enter the result here and on Form 1040 or 1040-SR, line 2b	2,596.28

**Note:** If line 4 is over \$1,500, you must complete Part III.

**Part II  
Ordinary Dividends**

(See instructions and the Instructions for Form 1040, line 3b.)

**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.

		Amount
<b>5</b>	List name of payer: <u>Apex Clearing Corporation</u> <u>Robinhood Markets Inc. as agent for Robinhood Securities</u> <u>NATIONAL FINANCIAL SERVICES LLC</u> <u>MORGAN STANLEY DOMESTIC HOLDINGS, INC.</u>	20.93 145.70 648.33 1,068.78
<b>6</b>	Add the amounts on line 5. Enter the total here and on Form 1040 or 1040-SR, line 3b	1,883.74

**Note:** If line 6 is over \$1,500, you must complete Part III.

**Part III  
Foreign Accounts and Trusts**

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.

**Caution:** If required, failure to file FinCEN Form 114 may result in substantial penalties. Additionally, you may be required to file Form 8938, Statement of Specified Foreign Financial Assets. See instructions.

		Yes	No
<b>7a</b>	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	
<b>b</b>	If you are required to file FinCEN Form 114, list the name(s) of the foreign country(-ies) where the financial account(s) are located: <u>IN India</u>		
<b>8</b>	During 2022, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? If "Yes," you may have to file Form 3520. See instructions . . . . .		X

**SCHEDULE D  
(Form 1040)**

**Capital Gains and Losses**

OMB No. 1545-0074

**2022**

Department of the Treasury  
Internal Revenue Service

Attach to Form 1040, 1040-SR, or 1040-NR.  
Go to [www.irs.gov/ScheduleD](http://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**

Name(s) shown on return

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?  Yes  No

If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

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

See instructions for how to figure the amounts to enter on the lines below.

This form may be easier to complete if you round off cents to whole dollars.

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
<b>1a</b> 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 . . . . .				
<b>1b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked . . . . .	25,352.	27,989.	12.	-2,625.
<b>2</b> Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked . . . . .	92,670.	91,742.	278.	1,206.
<b>3</b> Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked . . . . .				
<b>4</b> Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 . . . . .				<b>4</b>
<b>5</b> Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 . . . . .				<b>5</b>
<b>6</b> Short-term capital loss carryover. Enter the amount, if any, from line 8 of your <b>Capital Loss Carryover Worksheet</b> in the instructions . . . . .				<b>6</b> ( )
<b>7 Net short-term capital gain or (loss).</b> 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 . . . . .				<b>7</b> -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.

This form may be easier to complete if you round off cents to whole dollars.

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
<b>8a</b> 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 . . . . .				
<b>8b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked . . . . .	1,396.	1,643.		-247.
<b>9</b> Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked . . . . .	16,861.	16,620.		241.
<b>10</b> Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked . . . . .	20.	27.		-7.
<b>11</b> 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 . . . . .				<b>11</b>
<b>12</b> Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 . . . . .				<b>12</b>
<b>13</b> Capital gain distributions. See the instructions . . . . .				<b>13</b> 8.
<b>14</b> Long-term capital loss carryover. Enter the amount, if any, from line 13 of your <b>Capital Loss Carryover Worksheet</b> in the instructions . . . . .				<b>14</b> ( )
<b>15 Net long-term capital gain or (loss).</b> Combine lines 8a through 14 in column (h). Then, go to Part III on the back . . . . .				<b>15</b> -5.

**Part III Summary**

<b>16</b>	Combine lines 7 and 15 and enter the result . . . . .	<b>16</b>	-1,424.
	<ul style="list-style-type: none"> <li>• If line 16 is a <b>gain</b>, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below.</li> <li>• If line 16 is a <b>loss</b>, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22.</li> <li>• If line 16 is <b>zero</b>, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22.</li> </ul>		
<b>17</b>	Are lines 15 and 16 <b>both</b> gains? <input type="checkbox"/> <b>Yes.</b> Go to line 18. <input type="checkbox"/> <b>No.</b> Skip lines 18 through 21, and go to line 22.		
<b>18</b>	If you are required to complete the <b>28% Rate Gain Worksheet</b> (see instructions), enter the amount, if any, from line 7 of that worksheet . . . . .	<b>18</b>	
<b>19</b>	If you are required to complete the <b>Unrecaptured Section 1250 Gain Worksheet</b> (see instructions), enter the amount, if any, from line 18 of that worksheet . . . . .	<b>19</b>	
<b>20</b>	Are lines 18 and 19 both zero or blank and you are not filing Form 4952? <input type="checkbox"/> <b>Yes.</b> Complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> in the instructions for Form 1040, line 16. <b>Don't</b> complete lines 21 and 22 below.  <input type="checkbox"/> <b>No.</b> Complete the <b>Schedule D Tax Worksheet</b> in the instructions. <b>Don't</b> complete lines 21 and 22 below.		
<b>21</b>	If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the <b>smaller</b> of: <ul style="list-style-type: none"> <li>• The loss on line 16; or</li> <li>• (\$3,000), or if married filing separately, (\$1,500) } . . . . .</li> </ul>	<b>21</b>	( 1,424. )
	<b>Note:</b> When figuring which amount is smaller, treat both amounts as positive numbers.		
<b>22</b>	Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?  <input checked="" type="checkbox"/> <b>Yes.</b> Complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> in the instructions for Form 1040, line 16.  <input type="checkbox"/> <b>No.</b> Complete the rest of Form 1040, 1040-SR, or 1040-NR.		

**Sales and Other Dispositions of Capital Assets**

Department of the Treasury  
Internal Revenue Service

Go to [www.irs.gov/Form8949](http://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)
- (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 (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 <b>Note</b> below and see <i>Column (e)</i> in the separate instructions.	Adjustment, if any, to gain or loss If you enter an amount in column (g), enter a code in column (f). <b>See the separate instructions.</b>		(h) <b>Gain or (loss)</b> Subtract column (e) from column (d) and combine the result with column (g).
						(f) Code(s) from instructions	(g) Amount of adjustment	
	NIO INC SPON ADS EACH REP 1 ORD 100	03/23/21	03/14/22	1,445.	4,195.			-2,750.
	WARNER BROS DISCOVERY INC COM SE 0.103	10/26/21	04/13/22	3.	3.			0.
	WARNER BROS DISCOVERY INC COM SE 0.077	12/22/21	04/13/22	2.	2.			0.
	SERVICENOW INC COM USD0.001 12	07/30/21	05/27/22	5,712.	7,055.			-1,343.
	12.0000sh SERVICENOW INC	07/29/22	08/02/22	5,460.	5,360.	B	0.	100.
	10.0000sh SERVICENOW INC	08/05/22	08/05/22	5,000.	5,899.	BW	12.	-887.
	7.0000sh SERVICENOW INC	07/31/18	08/10/22	3,605.	1,070.	BT	0.	2,535.
	NETFLIX INC 5	03/02/22	10/19/22	1,375.	1,894.			-519.
	NETFLIX INC 2	03/04/22	10/19/22	550.	721.			-171.
	NETFLIX INC 8	04/20/22	10/19/22	2,200.	1,790.			410.
<b>2 Totals.</b>	Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, <b>line 1b</b> (if <b>Box A</b> above is checked), <b>line 2</b> (if <b>Box B</b> above is checked), or <b>line 3</b> (if <b>Box C</b> 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.







**Sales and Other Dispositions of Capital Assets**

Department of the Treasury  
Internal Revenue Service

Go to [www.irs.gov/Form8949](http://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)
- (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 (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 <b>Note</b> below and see <i>Column (e)</i> in the separate instructions.	Adjustment, if any, to gain or loss If you enter an amount in column (g), enter a code in column (f). <b>See the separate instructions.</b>		(h) <b>Gain or (loss)</b> Subtract column (e) from column (d) and combine the result with column (g).	
						(f) Code(s) from instructions	(g) Amount of adjustment		
	SERVICENOW INC COM USD0.001 1	02/12/21	02/09/22	603.	591.			12.	
	SERVICENOW INC COM USD0.001 9	02/12/21	02/09/22	5,427.	5,322.			105.	
	SERVICENOW INC COM USD0.001 22	08/17/21	02/28/22	12,751.	12,809.	W	53.	-5.	
	SERVICENOW INC COM USD0.001 17	02/12/22	02/28/22	9,853.	9,923.	W	70.	0.	
	SERVICENOW INC COM USD0.001 20	02/17/22	02/28/22	11,592.	11,315.			277.	
	SERVICENOW INC COM USD0.001 7	02/07/22	02/28/22	4,095.	4,012.			83.	
	SERVICENOW INC COM USD0.001 25	02/07/22	02/28/22	14,500.	14,330.			170.	
	SERVICENOW INC COM USD0.001 8	05/07/22	05/27/22	3,808.	3,654.			154.	
	SERVICENOW INC COM USD0.001 8	11/07/22	11/11/22	3,306.	2,906.			400.	
	SERVICENOW INC COM USD0.001 12	05/12/22	11/15/22	5,040.	5,195.	W	155.	0.	
	SERVICENOW INC COM USD0.001 13	11/12/22	11/23/22	5,330.	5,329.			1.	
	SERVICENOW INC COM USD0.001 10	11/17/22	11/29/22	4,020.	4,006.			14.	
	SERVICENOW INC COM USD0.001 2	05/12/22	11/30/22	831.	846.			-15.	
	SERVICENOW INC COM USD0.001 7	11/12/22	11/30/22	2,909.	2,869.			40.	
<b>2 Totals.</b>	Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, <b>line 1b</b> (if <b>Box A</b> above is checked), <b>line 2</b> (if <b>Box B</b> above is checked), or <b>line 3</b> (if <b>Box C</b> above is checked).				84,065.	83,107.		278.	1,236.

**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.

**Sales and Other Dispositions of Capital Assets**

Department of the Treasury  
Internal Revenue Service

Go to [www.irs.gov/Form8949](http://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)
- (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 (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 <b>Note</b> below and see <i>Column (e)</i> in the separate instructions.	Adjustment, if any, to gain or loss If you enter an amount in column (g), enter a code in column (f). <b>See the separate instructions.</b>		(h) <b>Gain or (loss)</b> Subtract column (e) from column (d) and combine the result with column (g).
						(f) Code(s) from instructions	(g) Amount of adjustment	
	SERVICENOW INC COM USD0.001 10	05/12/22	11/30/22	4,160.	4,229.			-69.
	SERVICENOW INC COM USD0.001 6	11/17/22	11/30/22	2,430.	2,403.			27.
	SERVICENOW INC COM USD0.001 5	11/17/22	11/30/22	2,015.	2,003.			12.
<b>2 Totals.</b>	Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, <b>line 1b</b> (if <b>Box A</b> above is checked), <b>line 2</b> (if <b>Box B</b> above is checked), or <b>line 3</b> (if <b>Box C</b> above is checked).			8,605.	8,635.			-30.

**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.



Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side

Social security number or taxpayer identification number

**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 (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 <b>Note</b> below and see <i>Column (e)</i> in the separate instructions.	Adjustment, if any, to gain or loss If you enter an amount in column (g), enter a code in column (f). <b>See the separate instructions.</b>		(h) <b>Gain or (loss)</b> Subtract column (e) from column (d) and combine the result with column (g).
						(f) Code(s) from instructions	(g) Amount of adjustment	
	0.04sh of 934423104 WARNER BROS. DISCOVERY, INC. S ERLES A COMMON STOCK	08/28/18	04/18/22	20.	27.			-7.
<b>2 Totals.</b>	Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, <b>line 8b</b> (if <b>Box D</b> above is checked), <b>line 9</b> (if <b>Box E</b> above is checked), or <b>line 10</b> (if <b>Box F</b> 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.

**SCHEDULE E  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Income and Loss**

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

Attach to Form 1040, 1040-SR, 1040-NR, or 1041.  
Go to [www.irs.gov/ScheduleE](http://www.irs.gov/ScheduleE) for instructions and the latest information.

OMB No. 1545-0074

**2022**  
Attachment  
Sequence No. **13**

Name(s) shown on return

VAMSI KRISHNA & PUSHPAVATHI SOMA

Your social security number

655-83-1015

**Part I Income or Loss From Rental Real Estate and Royalties**

**Note:** If you are in the business of renting personal property, use **Schedule C**. See instructions. If you are an individual, report farm rental income or loss from **Form 4835** on page 2, line 40.

- A** Did you make any payments in 2022 that would require you to file Form(s) 1099? See instructions . . . . .  Yes  No  
**B** If "Yes," did you or will you file required Form(s) 1099? . . . . .  Yes  No

**1a** Physical address of each property (street, city, state, ZIP code)

**A** Pappalaguda, Rajendra Naga Hyderabad Telangalna IN 50030

**B**  
**C**

1b Type of Property (from list below)	2 For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions.	Fair Rental Days		Personal Use Days	QJV
		A	B	C	
<b>A</b> 1		210		0	<input type="checkbox"/>
<b>B</b>					<input type="checkbox"/>
<b>C</b>					<input type="checkbox"/>

**Type of Property:**

- 1 Single Family Residence      3 Vacation/Short-Term Rental      5 Land      7 Self-Rental  
 2 Multi-Family Residence      4 Commercial      6 Royalties      8 Other (describe) \_\_\_\_\_

Income:		Properties:		
		A	B	C
<b>3</b>	Rents received . . . . .	2,600.		
<b>4</b>	Royalties received . . . . .			
<b>Expenses:</b>				
<b>5</b>	Advertising . . . . .			
<b>6</b>	Auto and travel (see instructions) . . . . .			
<b>7</b>	Cleaning and maintenance . . . . .			
<b>8</b>	Commissions . . . . .			
<b>9</b>	Insurance . . . . .			
<b>10</b>	Legal and other professional fees . . . . .			
<b>11</b>	Management fees . . . . .	800.		
<b>12</b>	Mortgage interest paid to banks, etc. (see instructions)			
<b>13</b>	Other interest . . . . .	5,019.		
<b>14</b>	Repairs . . . . .	1,100.		
<b>15</b>	Supplies . . . . .			
<b>16</b>	Taxes . . . . .	100.		
<b>17</b>	Utilities . . . . .			
<b>18</b>	Depreciation expense or depletion . . . . .	4,428.		
<b>19</b>	Other (list) _____			
<b>20</b>	Total expenses. Add lines 5 through 19 . . . . .	11,447.		
<b>21</b>	Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file <b>Form 6198</b> . . . . .	-8,847.		
<b>22</b>	Deductible rental real estate loss after limitation, if any, on <b>Form 8582</b> (see instructions) . . . . .	( 8,847. )	( )	( )
<b>23a</b>	Total of all amounts reported on line 3 for all rental properties . . . . .	2,600.		
<b>b</b>	Total of all amounts reported on line 4 for all royalty properties . . . . .			
<b>c</b>	Total of all amounts reported on line 12 for all properties . . . . .			
<b>d</b>	Total of all amounts reported on line 18 for all properties . . . . .	4,428.		
<b>e</b>	Total of all amounts reported on line 20 for all properties . . . . .	11,447.		
<b>24</b>	<b>Income.</b> Add positive amounts shown on line 21. <b>Do not</b> include any losses . . . . .			
<b>25</b>	<b>Losses.</b> Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here		( 8,847. )	
<b>26</b>	<b>Total rental real estate and royalty income or (loss).</b> Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2 . . . . .			-8,847.

For Paperwork Reduction Act Notice, see the separate instructions.

NPA

-8,847.

Schedule E (Form 1040) 2022

**SCHEDULE 8812  
(Form 1040)**

**Credits for Qualifying Children  
and Other Dependents**

OMB No. 1545-0074

**2022**

Attachment  
Sequence No. **47**

Department of the Treasury  
Internal Revenue Service

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

Go to [www.irs.gov/Schedule8812](http://www.irs.gov/Schedule8812) for instructions and the latest information.

Name(s) shown on return

Your social security number

VAMSI KRISHNA & PUSHPAVATHI SOMA

655-83-1015

**Part I Child Tax Credit and Credit for Other Dependents**

<b>1</b>	Enter the amount from line 11 of your Form 1040, 1040-SR, or 1040-NR . . . . .		<b>1</b>	434,446.
<b>2a</b>	Enter income from Puerto Rico that you excluded . . . . .	<b>2a</b>		
<b>b</b>	Enter the amounts from lines 45 and 50 of your Form 2555 . . . . .	<b>2b</b>	0.	
<b>c</b>	Enter the amount from line 15 of your Form 4563 . . . . .	<b>2c</b>		
<b>d</b>	Add lines 2a through 2c . . . . .	<b>2d</b>	0.	
<b>3</b>	Add lines 1 and 2d . . . . .	<b>3</b>	434,446.	
<b>4</b>	Number of qualifying children under age 17 with the required social security number . . . . .	<b>4</b>	0	
<b>5</b>	Multiply line 4 by \$2,000 . . . . .	<b>5</b>		
<b>6</b>	Number of other dependents, including any qualifying children who are not under age 17 or who do not have the required social security number . . . . .	<b>6</b>	2	
<b>Caution:</b> Do not include yourself, your spouse, or anyone who is not a U.S. citizen, U.S. national, or U.S. resident alien. Also, do not include anyone you included on line 4.				
<b>7</b>	Multiply line 6 by \$500 . . . . .	<b>7</b>	1,000.	
<b>8</b>	Add lines 5 and 7 . . . . .	<b>8</b>	1,000.	
<b>9</b>	Enter the amount shown below for your filing status. • Married filing jointly—\$400,000 } • All other filing statuses—\$200,000 }	<b>9</b>	400,000.	
<b>10</b>	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. }	<b>10</b>	35,000.	
<b>11</b>	Multiply line 10 by 5% (0.05) . . . . .	<b>11</b>	1,750.	
<b>12</b>	Is the amount on line 8 more than the amount on line 11? . . . . .	<b>12</b>	0.	
<input checked="" type="checkbox"/> <b>No. STOP.</b> You cannot take the child tax credit, credit for other dependents, or additional child tax credit. Skip Parts II-A and II-B. Enter -0- on lines 14 and 27.				
<input type="checkbox"/> <b>Yes.</b> Subtract line 11 from line 8. Enter the result.				
<b>13</b>	Enter the amount from the <b>Credit Limit Worksheet A</b> . . . . .	<b>13</b>		
<b>14</b>	Enter the smaller of line 12 or 13. <b>This is your child tax credit and credit for other dependents</b> . . . . .	<b>14</b>	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 **additional child tax credit** on Form 1040, 1040-SR, or 1040-NR, line 28. Complete your Form 1040, 1040-SR, or 1040-NR through line 27 (also complete Schedule 3, line 11) before completing Part II-A.

**Part II-A Additional Child Tax Credit for All Filers**

**Caution:** If you file Form 2555, you cannot claim the additional child tax credit.

<b>15</b>	Check this box if you <b>do not</b> want to claim the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27 . . . . .		<input type="checkbox"/>
<b>16a</b>	Subtract line 14 from line 12. If zero, <b>stop here</b> ; you cannot take the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27 . . . . .	<b>16a</b>	
<b>b</b>	Number of qualifying children under 17 with the required social security number: _____ x \$1,500. Enter the result. If zero, <b>stop here</b> ; you cannot claim the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27 . . . . .	<b>16b</b>	
<b>TIP:</b> The number of children you use for this line is the same as the number of children you used for line 4.			
<b>17</b>	Enter the <b>smaller</b> of line 16a or line 16b . . . . .	<b>17</b>	
<b>18a</b>	Earned income (see instructions) . . . . .	<b>18a</b>	
<b>b</b>	Nontaxable combat pay (see instructions) . . . . .	<b>18b</b>	
<b>19</b>	Is the amount on line 18a more than \$2,500? <input type="checkbox"/> <b>No.</b> Leave line 19 blank and enter -0- on line 20. <input type="checkbox"/> <b>Yes.</b> Subtract \$2,500 from the amount on line 18a. Enter the result . . . . .	<b>19</b>	
<b>20</b>	Multiply the amount on line 19 by 15% (0.15) and enter the result . . . . . <b>Next.</b> On line 16b, is the amount \$4,500 or more? <input type="checkbox"/> <b>No.</b> If you are a bona fide resident of Puerto Rico, go to line 21. Otherwise, skip Part II-B and enter the <b>smaller</b> of line 17 or line 20 on line 27. <input type="checkbox"/> <b>Yes.</b> 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.	<b>20</b>	

**Part II-B Certain Filers Who Have Three or More Qualifying Children and Bona Fide Residents of Puerto Rico**

<b>21</b>	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. . . . .	<b>21</b>	
<b>22</b>	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 . . . . .	<b>22</b>	
<b>23</b>	Add lines 21 and 22 . . . . .	<b>23</b>	
<b>24</b>	<b>1040 and 1040-SR filers:</b> Enter the total of the amounts from Form 1040 or 1040-SR, line 27, and Schedule 3 (Form 1040), line 11. } <b>1040-NR filers:</b> Enter the amount from Schedule 3 (Form 1040), line 11. }	<b>24</b>	
<b>25</b>	Subtract line 24 from line 23. If zero or less, enter -0- . . . . .	<b>25</b>	
<b>26</b>	Enter the <b>larger</b> of line 20 or line 25 . . . . . <b>Next,</b> enter the <b>smaller</b> of line 17 or line 26 on line 27.	<b>26</b>	

**Part II-C Additional Child Tax Credit**

<b>27</b>	This is your additional child tax credit. Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 28 . . . . .	<b>27</b>	0 .
-----------	--	-----------	-----



**Health Savings Accounts (HSAs)**

Department of the Treasury  
Internal Revenue Service

Attach to Form 1040, 1040-SR, or 1040-NR.  
Go to [www.irs.gov/Form8889](http://www.irs.gov/Form8889) for instructions and the latest information.

**2022**  
Attachment  
Sequence No. **52**

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

Social security number of HSA beneficiary.  
If both spouses have HSAs, see instructions.  
**655-83-1015**

**VAMSI KRISHNA SOMA**

**Before you begin:** Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if required.

**Part I HSA Contributions and Deduction.** See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part I for each spouse.

<b>1</b>	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2022. See instructions . . . . .	<input type="checkbox"/> Self-only <input type="checkbox"/> Family
<b>2</b>	HSA contributions you made for 2022 (or those made on your behalf), including those made by the unextended due date of your tax return that were for 2022. <b>Do not</b> include employer contributions, contributions through a cafeteria plan, or rollovers. See instructions . . . . .	<b>2</b> 0.
<b>3</b>	If you were under age 55 at the end of 2022 and, on the first day of <b>every</b> month during 2022, you were, or were considered, an eligible individual with the <b>same</b> coverage, enter \$3,650 (\$7,300 for family coverage). <b>All others</b> , see the instructions for the amount to enter . . . . .	<b>3</b>
<b>4</b>	Enter the amount you and your employer contributed to your Archer MSAs for 2022 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2022, also include any amount contributed to your spouse's Archer MSAs . . . . .	<b>4</b>
<b>5</b>	Subtract line 4 from line 3. If zero or less, enter -0- . . . . .	<b>5</b>
<b>6</b>	Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2022, see the instructions for the amount to enter . . . . .	<b>6</b>
<b>7</b>	If you were age 55 or older at the end of 2022, married, and you or your spouse had family coverage under an HDHP at any time during 2022, enter your additional contribution amount. See instructions . . . . .	<b>7</b> 0.
<b>8</b>	Add lines 6 and 7 . . . . .	<b>8</b> 0.
<b>9</b>	Employer contributions made to your HSAs for 2022 . . . . .	<b>9</b>
<b>10</b>	Qualified HSA funding distributions . . . . .	<b>10</b>
<b>11</b>	Add lines 9 and 10 . . . . .	<b>11</b>
<b>12</b>	Subtract line 11 from line 8. If zero or less, enter -0- . . . . .	<b>12</b> 0.
<b>13</b>	<b>HSA deduction.</b> Enter the <b>smaller</b> of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line 13 <b>Caution:</b> If line 2 is more than line 13, you may have to pay an additional tax. See instructions.	<b>13</b> 0.

**Part II HSA Distributions.** If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part II for each spouse.

<b>14a</b>	Total distributions you received in 2022 from all HSAs (see instructions) . . . . .	<b>14a</b> 1,189.
<b>b</b>	Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return. See instructions . . . . .	<b>14b</b>
<b>c</b>	Subtract line 14b from line 14a . . . . .	<b>14c</b> 1,189.
<b>15</b>	Qualified medical expenses paid using HSA distributions (see instructions) . . . . .	<b>15</b> 1,189.
<b>16</b>	<b>Taxable HSA distributions.</b> Subtract line 15 from line 14c. If zero or less, enter -0-. Also, include this amount in the total on Schedule 1 (Form 1040), Part I, line 8f . . . . .	<b>16</b> 0.
<b>17a</b>	If any of the distributions included on line 16 meet any of the <b>Exceptions to the Additional 20% Tax</b> (see instructions), check here . . . . . <input type="checkbox"/>	
<b>b</b>	<b>Additional 20% tax</b> (see instructions). Enter 20% (0.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also, include this amount in the total on Schedule 2 (Form 1040), Part II, line 17c . . . . .	<b>17b</b>

**Part III Income and Additional Tax for Failure To Maintain HDHP Coverage.** See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part III for each spouse.

<b>18</b>	Last-month rule . . . . .	<b>18</b>
<b>19</b>	Qualified HSA funding distribution . . . . .	<b>19</b>
<b>20</b>	<b>Total income.</b> Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I, line 8f . . . . .	<b>20</b>
<b>21</b>	<b>Additional tax.</b> Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2 (Form 1040), Part II, line 17d . . . . .	<b>21</b>



**Qualified Business Income Deduction**

Department of the Treasury  
Internal Revenue Service

Attach to your tax return.

Go to [www.irs.gov/Form8995A](http://www.irs.gov/Form8995A) for instructions and the latest information.

Name(s) shown on return

VAMSI KRISHNA & PUSHPAVATHI SOMA

Your taxpayer identification number

655-83-1015

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

Use this form if your taxable income, before your qualified business income deduction, is above \$170,050 (\$340,100 if married filing jointly), or you're a patron of an agricultural or horticultural cooperative.

**Part I Trade, Business, or Aggregation Information**

Complete Schedules A, B, and/or C (Form 8995-A), as applicable, before starting Part I. Attach additional worksheets when needed. See instructions.

1	(a) Trade, business, or aggregation name	(b) Check if specified service	(c) Check if aggregation	(d) Taxpayer identification number	(e) Check if patron
A		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
B		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
C		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>

**Part II Determine Your Adjusted Qualified Business Income**

	A	B	C
2 Qualified business income from the trade, business, or aggregation. See instructions . . . . .	2		
3 Multiply line 2 by 20% (0.20). If your taxable income is \$170,050 or less (\$340,100 if married filing jointly), skip lines 4 through 12 and enter the amount from line 3 on line 13 . . . . .	3		
4 Allocable share of W-2 wages from the trade, business, or aggregation . . . . .	4		
5 Multiply line 4 by 50% (0.50) . . . . .	5		
6 Multiply line 4 by 25% (0.25) . . . . .	6		
7 Allocable share of the unadjusted basis immediately after acquisition (UBIA) of all qualified property . . . . .	7		
8 Multiply line 7 by 2.5% (0.025) . . . . .	8		
9 Add lines 6 and 8 . . . . .	9		
10 Enter the greater of line 5 or line 9 . . . . .	10		
11 W-2 wage and UBIA of qualified property limitation. Enter the smaller of line 3 or line 10 . . . . .	11		
12 Phased-in reduction. Enter the amount from line 26, if any . . . . .	12		
13 Qualified business income deduction before patron reduction. Enter the greater of line 11 or line 12 . . . . .	13		
14 Patron reduction. Enter the amount from Schedule D (Form 8995-A), line 6, if any. See instructions . . . . .	14		
15 Qualified business income component. Subtract line 14 from line 13 . . . . .	15		
16 Total qualified business income component. Add all amounts reported on line 15 . . . . .	16		

**Part III Phased-in Reduction**

Complete Part III only if your taxable income is more than \$170,050 but not \$220,050 (\$340,100 and \$440,100 if married filing jointly) and line 10 is less than line 3. Otherwise, skip Part III.

		A	B	C
17	Enter the amounts from line 3 . . . . .	17		
18	Enter the amounts from line 10 . . . . .	18		
19	Subtract line 18 from line 17 . . . . .	19		
20	Taxable income before qualified business income deduction . . . . .	20		
21	Threshold. Enter \$170,050 (\$340,100 if married filing jointly) . . . . .	21		
22	Subtract line 21 from line 20 . . . . .	22		
23	Phase-in range. Enter \$50,000 (\$100,000 if married filing jointly) . . . . .	23		
24	Phase-in percentage. Divide line 22 by line 23 . . . . .	24	%	
25	Total phase-in reduction. Multiply line 19 by line 24 . . . . .	25		
26	Qualified business income after phase-in reduction. Subtract line 25 from line 17. Enter this amount here and on line 12, for the corresponding trade or business . . . . .	26		

**Part IV Determine Your Qualified Business Income Deduction**

27	Total qualified business income component from all qualified trades, businesses, or aggregations. Enter the amount from line 16 . . . . .	27			
28	Qualified REIT dividends and publicly traded partnership (PTP) income or (loss). See instructions . . . . .	28	4.		
29	Qualified REIT dividends and PTP (loss) carryforward from prior years . . . . .	29	( )		
30	Total qualified REIT dividends and PTP income. Combine lines 28 and 29. If less than zero, enter -0- . . . . .	30	4.		
31	REIT and PTP component. Multiply line 30 by 20% (0.20) . . . . .	31	1.		
32	Qualified business income deduction before the income limitation. Add lines 27 and 31 . . . . .	32			1.
33	Taxable income before qualified business income deduction . . . . .	33	408,546.		
34	Net capital gain. See instructions . . . . .	34	1,864.		
35	Subtract line 34 from line 33. If zero or less, enter -0- . . . . .	35			406,682.
36	Income limitation. Multiply line 35 by 20% (0.20) . . . . .	36			81,336.
37	Qualified business income deduction before the domestic production activities deduction (DPAD) under section 199A(g). Enter the smaller of line 32 or line 36 . . . . .	37			1.
38	DPAD under section 199A(g) allocated from an agricultural or horticultural cooperative. Don't enter more than line 33 minus line 37 . . . . .	38			
39	Total qualified business income deduction. Add lines 37 and 38 . . . . .	39			1.
40	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 28 and 29. If zero or greater, enter -0- . . . . .	40	(	0.)	

**Additional Medicare Tax**

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

Name(s) shown on return

VAMSI KRISHNA & PUSHPAVATHI SOMA

Your social security number

655-83-1015

**Part I Additional Medicare Tax on Medicare Wages**

<b>1</b>	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 . . . . .	<b>1</b>	457,607.	
<b>2</b>	Unreported tips from Form 4137, line 6 . . . . .	<b>2</b>		
<b>3</b>	Wages from Form 8919, line 6 . . . . .	<b>3</b>		
<b>4</b>	Add lines 1 through 3 . . . . .	<b>4</b>	457,607.	
<b>5</b>	Enter the following amount for your filing status: Married filing jointly . . . . . \$250,000 Married filing separately . . . . . \$125,000 Single, Head of household, or Qualifying surviving spouse . . . . . \$200,000	<b>5</b>	250,000.	
<b>6</b>	Subtract line 5 from line 4. If zero or less, enter -0- . . . . .	<b>6</b>		207,607.
<b>7</b>	Additional Medicare Tax on Medicare wages. Multiply line 6 by 0.9% (0.009). Enter here and go to Part II . . . . .	<b>7</b>		1,868.

**Part II Additional Medicare Tax on Self-Employment Income**

<b>8</b>	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.) . . . . .	<b>8</b>		
<b>9</b>	Enter the following amount for your filing status: Married filing jointly . . . . . \$250,000 Married filing separately . . . . . \$125,000 Single, Head of household, or Qualifying surviving spouse . . . . . \$200,000	<b>9</b>		
<b>10</b>	Enter the amount from line 4 . . . . .	<b>10</b>		
<b>11</b>	Subtract line 10 from line 9. If zero or less, enter -0- . . . . .	<b>11</b>		
<b>12</b>	Subtract line 11 from line 8. If zero or less, enter -0- . . . . .	<b>12</b>		
<b>13</b>	Additional Medicare Tax on self-employment income. Multiply line 12 by 0.9% (0.009). Enter here and go to Part III . . . . .	<b>13</b>		

**Part III Additional Medicare Tax on Railroad Retirement Tax Act (RRTA) Compensation**

<b>14</b>	Railroad retirement (RRTA) compensation and tips from Form(s) W-2, box 14 (see instructions) . . . . .	<b>14</b>		
<b>15</b>	Enter the following amount for your filing status: Married filing jointly . . . . . \$250,000 Married filing separately . . . . . \$125,000 Single, Head of household, or Qualifying surviving spouse . . . . . \$200,000	<b>15</b>		
<b>16</b>	Subtract line 15 from line 14. If zero or less, enter -0- . . . . .	<b>16</b>		
<b>17</b>	Additional Medicare Tax on railroad retirement (RRTA) compensation. Multiply line 16 by 0.9% (0.009). Enter here and go to Part IV . . . . .	<b>17</b>		

**Part IV Total Additional Medicare Tax**

<b>18</b>	Add lines 7, 13, and 17. Also include this amount on Schedule 2 (Form 1040), line 11 (Form 1040-PR or 1040-SS filers, see instructions), and go to Part V . . . . .	<b>18</b>		1,868.
-----------	---	-----------	--	--------

**Part V Withholding Reconciliation**

<b>19</b>	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 . . . . .	<b>19</b>	8,818.	
<b>20</b>	Enter the amount from line 1 . . . . .	<b>20</b>	457,607.	
<b>21</b>	Multiply line 20 by 1.45% (0.0145). This is your regular Medicare tax withholding on Medicare wages . . . . .	<b>21</b>	6,635.	
<b>22</b>	Subtract line 21 from line 19. If zero or less, enter -0-. This is your Additional Medicare Tax withholding on Medicare wages . . . . .	<b>22</b>		2,183.
<b>23</b>	Additional Medicare Tax withholding on railroad retirement (RRTA) compensation from Form W-2, box 14 (see instructions) . . . . .	<b>23</b>		
<b>24</b>	<b>Total Additional Medicare Tax withholding.</b> 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) . . . . .	<b>24</b>		2,183.

# Net Investment Income Tax— Individuals, Estates, and Trusts

Attach to your tax return.

Go to [www.irs.gov/Form8960](http://www.irs.gov/Form8960) for instructions and the latest information.

Name(s) shown on your tax return

VAMSI KRISHNA & PUSHPAVATHI SOMA

Your social security number or EIN  
655-83-1015

- Part I Investment Income**
- Section 6013(g) election (see instructions)
- Section 6013(h) election (see instructions)
- Regulations section 1.1411-10(g) election (see instructions)

1	Taxable interest (see instructions)		1	2,596.
2	Ordinary dividends (see instructions)		2	1,884.
3	Annuities (see instructions)		3	
4a	Rental real estate, royalties, partnerships, S corporations, trusts, etc. (see instructions)	4a		-8,847.
b	Adjustment for net income or loss derived in the ordinary course of a non-section 1411 trade or business (see instructions)	4b		
c	Combine lines 4a and 4b		4c	-8,847.
5a	Net gain or loss from disposition of property (see instructions)	5a		-1,424.
b	Net gain or loss from disposition of property that is not subject to net investment income tax (see instructions)	5b		
c	Adjustment from disposition of partnership interest or S corporation stock (see instructions)	5c		
d	Combine lines 5a through 5c		5d	-1,424.
6	Adjustments to investment income for certain CFCs and PFICs (see instructions)		6	
7	Other modifications to investment income (see instructions)		7	
8	Total investment income. Combine lines 1, 2, 3, 4c, 5d, 6, and 7		8	-5,791.

**Part II Investment Expenses Allocable to Investment Income and Modifications**

9a	Investment interest expenses (see instructions)	9a		
b	State, local, and foreign income tax (see instructions)	9b		
c	Miscellaneous investment expenses (see instructions)	9c		
d	Add lines 9a, 9b, and 9c		9d	
10	Additional modifications (see instructions)		10	79.
11	Total deductions and modifications. Add lines 9d and 10		11	79.

**Part III Tax Computation**

12	Net investment income. Subtract Part II, line 11, from Part I, line 8. Individuals, complete lines 13-17. Estates and trusts, complete lines 18a-21. If zero or less, enter -0-		12	0.
<b>Individuals:</b>				
13	Modified adjusted gross income (see instructions)	13		434,446.
14	Threshold based on filing status (see instructions)	14		250,000.
15	Subtract line 14 from line 13. If zero or less, enter -0-	15		184,446.
16	Enter the smaller of line 12 or line 15		16	0.
17	Net investment income tax for individuals. Multiply line 16 by 3.8% (0.038). <b>Enter here and include on your tax return</b> (see instructions)		17	0.
<b>Estates and Trusts:</b>				
18a	Net investment income (line 12 above)	18a		
b	Deductions for distributions of net investment income and deductions under section 642(c) (see instructions)	18b		
c	Undistributed net investment income. Subtract line 18b from line 18a (see instructions). If zero or less, enter -0-	18c		
19a	Adjusted gross income (see instructions)	19a		
b	Highest tax bracket for estates and trusts for the year (see instructions)	19b		
c	Subtract line 19b from line 19a. If zero or less, enter -0-	19c		
20	Enter the smaller of line 18c or line 19c		20	
21	Net investment income tax for estates and trusts. Multiply line 20 by 3.8% (0.038). <b>Enter here and include on your tax return</b> (see instructions)		21	

Name(s) shown on return  
VAMSI KRISHNA & PUSHPAVATHI SOMA

Your social security number  
655-83-1015

**Part I Short-Term Capital Gains and Losses – Assets Held One Year or Less**

**QuickZoom** to Form(s) 8949, Short-Term Gain (Loss) Transactions . . . . . ▶  
**QuickZoom** to Schedule D, Short-Term Gain (Loss) Regular Tax Totals . . . . . ▶

Short-Term Totals:	Sales Price	Adjstd Basis	Gn(Ls) Adjstmt	Gain (Loss)
<b>1 a</b> 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 . . . . .				
<b>b</b> Short-term totals from all Forms 8949 with box A checked . . . . .	25,352.	27,989.	11.	-2,626.
<b>2</b> Short-term totals from all Forms 8949 with box B checked . . . . .	92,670.	91,742.	278.	1,206.
<b>3</b> Short-term totals from all Forms 8949 with box C checked . . . . .				
<b>4</b> Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824: <b>A</b> Form(s) 6252, Installment Sale Income . . . . . <b>B</b> Form(s) 4684, Casualties and Thefts . . . . . <b>C</b> Form(s) 6781, Gains and Losses from Section 1256 Contracts and Straddles . . . . . <b>D</b> Form(s) 8824, Like-Kind Exchanges . . . . . <b>E</b> Sale of Incentive Stock Option stock (not entered elsewhere) . . . . . <b>F</b> Other . . . . . Total . . . . .			4	
<b>5</b> Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 . . . . .			5	
<b>6</b> Short-term capital loss carryover. Enter the amount, if any, from line 10 of your <b>Capital Loss Carryover Worksheet</b> . . . . .			6	
<b>7 Net short-term capital gain or (loss).</b> Combine lines 1 thru 6 in column (f) . . ▶			7	-1,420.

**Part II Long-Term Capital Gains and Losses – Assets Held More Than One Year**

**QuickZoom** to Form(s) 8949, Long-Term Gain (Loss) Transactions . . . . . ▶  
**QuickZoom** to Schedule D, Long-Term Gain (Loss) Regular Tax Totals . . . . . ▶

Long-Term Totals:	Sales Price	Adjstd Basis	Gn(Ls) Adjstmt	Gain (Loss)
<b>8 a</b> 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 . . . . .				
<b>b</b> Long-term totals from all Forms 8949 with box D checked . . . . .	1,396.	1,643.		-247.
<b>9</b> Long-term totals from all Forms 8949 with box E checked . . . . .	16,861.	16,620.		241.
<b>10</b> Long-term totals from all Forms 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: <b>A</b> Form 4797, Sales of Business Property (Gain from Pt I) . . . . . <b>B</b> Form(s) 6252, Installment Sale Income . . . . . <b>C</b> Form(s) 4684, Casualties and Thefts . . . . . <b>D</b> Form(s) 6781, Gains and Losses from Section 1256 Contracts and Straddles . . . . . <b>E</b> Form(s) 8824, Like-Kind Exchanges . . . . . <b>F</b> Form(s) 2439, Notice to Shareholder of Undistributed Long-Term Capital Gains . . . . . <b>G</b> Sale of Incentive Stock Option stock (not entered elsewhere) . . . . . <b>H</b> Other . . . . . Total . . . . .		
		11	
12	Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 . . . . .	12	
13	Capital gain distributions . . . . .	13	8.
14	Long-term capital loss carryover. Enter the amount, if any, from line 15 of your <b>Capital Loss Carryover Worksheet</b> . . . . .	14	
15	<b>Net long-term capital gain or (loss).</b> Combine lines 8 thru 14 in column (f) . . ▶	15	-5.

**Part III Summary**

16	Combine lines 7 and 15 and enter the result . . . . . If line 16 is: • A <b>gain</b> , enter the amount on line 22 below. Then go to line 17 below. • A <b>loss</b> , skip lines 17 through 20 below. Then go to line 21. • <b>Zero</b> , skip lines 17 through 21 below and enter -0- on line 22 below.	16	-1,425.
17	Are lines 15 and 16 <b>both</b> gains? <input type="checkbox"/> <b>Yes.</b> Go to line 18. <input type="checkbox"/> <b>No.</b> Skip lines 18 through 21, and go to line 22.		
18	Enter the amount, if any, from line 7 of the <b>28% Rate Gain Worksheet</b> . . . . .	18	0.
19	Enter the amount, if any, from line 18 of the <b>Unrecaptured Section 1250 Gain Worksheet</b> . . . . .	19	
20	Are lines 18 and 19 <b>both</b> zero or blank? <input type="checkbox"/> <b>Yes.</b> <input type="checkbox"/> <b>No.</b>		
21	If line 16 is a loss, enter here and on line 22 below, the <b>smaller</b> of: • The loss on line 16, or • (\$3,000), or, if married filing separately, (\$1,500) ] . . . . . <b>Note:</b> When figuring which amount is smaller, treat both amounts as positive numbers.	21	-1,425.
22	Do you have qualified dividends on Form 1040, line 9b? <input type="checkbox"/> <b>Yes.</b> <input type="checkbox"/> <b>No.</b>		
	<b>Capital gain (loss) as refigured for the Alternative Minimum Tax.</b> If line 16 is a gain or zero, enter line 16. If line 16 is a loss, enter line 21. . . . . ▶		-1,425.

- QuickZoom to the **Qualified Dividends and Capital Gain Tax Worksheet** . . . . . ▶
- QuickZoom to the **Schedule D Tax Worksheet** . . . . . ▶
- QuickZoom to the **Unrecaptured Section 1250 Gain Worksheet** . . . . . ▶
- QuickZoom to the **28% Rate Gain Worksheet** . . . . . ▶
- QuickZoom to the **Capital Loss Carryover Worksheet** . . . . . ▶
- QuickZoom to **Form 6251, Alternative Minimum Tax** . . . . . ▶

# Tax History Report

▶ Keep for your records

**2022**

Name(s) Shown on Return

VAMSI KRISHNA & PUSHPAVATHI SOMA

	Five Year Tax History:				
	2018	2019	2020	2021	2022
Filing status . . . . .	MFJ	MFJ	MFJ	MFJ	MFJ
Total income . . . . .	238,543.	364,538.	506,657.	505,131.	434,525.
Adjustments to income			300.		79.
Adjusted gross income	238,543.	364,538.	506,357.	505,131.	434,446.
Tax expense . . . . .	10,000.	10,000.	10,001.	10,000.	10,001.
Interest expense . . .					
Contributions . . . . .	450.		525.		600.
Misc. deductions . . .					
Other itemized ded'ns					
Total itemized/ standard deduction . .	24,000.	24,400.	24,800.	25,700.	25,900.
Exemption amount . .	0.	0.	0.	0.	0.
QBI deduction . . . . .	0.	0.	1.	1.	1.
Taxable income . . . .	214,543.	340,138.	481,556.	479,430.	408,545.
Tax . . . . .	39,802.	70,272.	103,170.	115,081.	90,881.
Alternative min tax . .					
Total credits . . . . .	1,050.	1,049.	0.	0.	
Other taxes . . . . .		1,433.	4,752.	3,048.	1,868.
Payments . . . . .	36,418.	67,655.	84,609.	105,107.	90,791.
Form 2210 penalty . .				25.	
Amount owed . . . . .	2,334.	3,001.	23,313.	13,047.	1,958.
Applied to next year's estimated tax .					
Refund . . . . .					
Effective tax rate % . .	16.25	18.99	20.37	22.78	20.92
**Tax bracket % . . . .	24.0	32.0	35.0	35.0	32.0

\*\*Tax bracket % is based on Taxable income.

Name(s) Shown on Return VAMSI KRISHNA & PUSHPAVATHI SOMA	Your SSN 655-83-1015
---	-------------------------

**Line 4b - Adjustment for trade or business income or loss**

(a) Activity name	(b) Gain or loss
Enter additional adjustments not included above:	
Adjustment for trade or business income not subject to net investment tax . . . . .	

**Line 5b - Adjustment for gain or loss on dispositions**

(a) Activity name	(b) Gain or loss
Capital loss carryover adjustment from 2021 for net investment tax purposes	
Enter additional adjustments not included above and check the box if a capital gain or loss:	
	<input type="checkbox"/>
	<input type="checkbox"/>
Net gain or loss from disposition of property not subject to net investment tax . . . . .	

**Capital gain/loss not included in net investment income**

(a) Activity name	(b) Capital Gain or Loss
Capital gain or loss from sale of property not subject to net investment income tax . . . . .	

**Calculation of line 5b adjustment due to capital loss carryforward**

<b>1</b> Net capital loss not included in net investment income . . . . .	<b>1</b>	0.
<b>2</b> Capital loss carryover to next year . . . . .	<b>2</b>	0.
<b>3</b> Lesser of line 1 or line 2 (Included as an adjustment on line 5b table above). . .	<b>3</b>	0.

**Line 7 - Other modifications to investment income**

<b>1</b> Casualty and theft losses reported on Schedule A, line 15. . . . .	<b>1</b>	
<b>2</b> Amounts reported on Form 8814, line 12 . . . . .	<b>2</b>	
<b>3</b> Adjustment for distributions from estates and trusts . . . . .	<b>3</b>	
<b>4</b> Schedule F income/loss included in net investment income . . . . .	<b>4</b>	
<b>5</b> Substitute interest and dividend payments . . . . .	<b>5</b>	
<b>6</b> Recovery of a prior year deduction . . . . .	<b>6</b>	
<b>7</b> . . . . .	<b>7</b>	
<b>8</b> Total other modifications to investment income . . . . .	<b>8</b>	



**Line 9b - State, local, and foreign income taxes allocable to net investment income**

1	State and local income taxes . . . . .	1	_____
2	Investment income. . . . .	2	_____
3	Total adjusted gross income . . . . .	3	_____
4	Divide line 2 by line 3. Enter result as a decimal amount. . . . .	4	_____
5	State and local income taxes allocable to investment income	5	_____
6	State and local taxes (Schedule A, line 5e) . . . . .	6	_____
7	Lesser of line 5 or line 6. . . . .	7	_____
8	Foreign income taxes . . . . .	8	_____
9	Foreign income taxes allocable to investment income. Line 8 times line 4. . . . .	9	_____
10	Add lines 7 and 9. State, local and foreign income taxes allocable to investment income . . . . .	10	_____

**Lines 9 and 10 - Application of Itemized Deduction Limitations Worksheet**

**Part III - Application of Section 68 to Deductions Properly Allocable to Investment Income**

1	Reserved	1	_____
2	Enter the amount of state, local, and foreign income taxes that are properly allocable to investment income . . . . .	2	_____
3	Enter the amount of other Itemized Deductions subject to the section 68 limitation and properly allocable to investment income before any itemized deduction limitation:  _____ _____ _____	3	_____
4	Enter the total deductions properly allocable to investment income subject to the section 68 limitation. Enter the sum of lines 1 through 3. . . . .	4	_____
5	Enter the amount of total itemized deductions allowed after the section 68 limitation. Form 1040, line 12 . . . . .	5	_____
6	Enter all other itemized deductions allowed but not subject to the section 68 deduction limitation: . . . . .	6	_____
7	Subtract line 6 from line 5. . . . .	7	_____
8	Enter the lesser of line 7 or line 4 . . . . .	8	_____

**Part IV - Reconciliation of Schedule A Deductions to Form 8960 plus additional expenses, lines 9 and 10**

(A)	(B)	(C)
Reenter the amounts and descriptions from Part III, lines 1-3	Fraction (see Help)	Column A times B
Miscellaneous Itemized Deductions properly allocable to Investment Income reportable on Form 8960, line 9c:		
<b>1</b> Reserved. . . . .		
<b>2</b> State, local, and foreign income taxes. . . . .	x	=
Itemized Deductions Subject to Section 68 reportable on Form 8960, line 10:		
<b>3</b> _____	x	=
_____	x	=
_____	x	=
_____	x	=
Penalty on early withdrawal of savings . . . . .		79.
Other modifications:		
_____		
_____		
Total additional modifications to Form 8960, line 10 . . . . .		79.

**Calculation of Former Passive Activity Suspended Losses Allowed as Deduction Against NII**

**1) Former Passive Activity Suspended Losses**

(a) Activity name	(b) Suspended 12/31/2021	(c) Suspended 12/31/2022	(d) Used against activity	(e) Used against other passive
_____				
_____				
_____				
_____				

**2) Former Passive Activity Suspended Losses - Schedule D**

(a) Activity name	(b) Suspended 12/31/2021	(c) Suspended 12/31/2022	(d) Used against activity	(e) Used against other passive
_____				
_____				
_____				
_____				

**3) Former Passive Activity Suspended Losses - Form 4797**

(a) Activity name	(b) Suspended 12/31/2021	(c) Suspended 12/31/2022	(d) Used against activity	(e) Used against other passive
_____				
_____				
_____				
_____				

# Qualified Business Income Deduction Summary

**2022**

▶ Keep for your records

Name(s) Shown on Return <b>VAMSI KRISHNA &amp; PUSHPAVATHI SOMA</b>	Social Security Number <b>655-83-1015</b>
--	--

**QuickZoom** to QBI Component Worksheet . . . . . ▶ \_\_\_\_\_

**QuickZoom** to Form 8995. . . . . ▶ \_\_\_\_\_

**QuickZoom** to Form 8995-A . . . . . ▶ \_\_\_\_\_

**1** Trade or business name Net QBI

---

**2** Net qualified business income (QBI) from qualified trades or businesses . . . . . \_\_\_\_\_

**3** Loss from previous year . . . . . \_\_\_\_\_

**4** Sum of activities with gains (only positive amounts from table on line 1) . . . . . \_\_\_\_\_

**5** Sum of activities with losses (only negative amounts from table on line 1) . . . . . \_\_\_\_\_

**6** Check if using Simplified Computation (Form 8995)

**7** QBI component from Form 8995 line 5 or Form 8995A line 16 . . . . . \_\_\_\_\_

**8** QBI loss carryover from Form 8895 line 16 or Form 8995A Schedule C line 6 . . . . . \_\_\_\_\_

**9** Total REIT dividends . . . . . 4.

**10** PTP Income from non-SSTBs . . . . . \_\_\_\_\_

**11** PTP Income from SSTBs . . . . . \_\_\_\_\_

**12** Allowed PTP Income from SSTBs . . . . . \_\_\_\_\_

**13** Total Allowed PTP income (sum of line 10 and line 12) . . . . . \_\_\_\_\_

**14** Carryover REIT/PTP losses from prior year . . . . . \_\_\_\_\_

**15** Total REIT/PTP income . . . . . 4.

**16** 20% of total REIT/PTP income . . . . . 1.

**17** Disallowed REIT/PTP loss . . . . . 0.

**18** Combined QBI Amount (QBI component plus 20% of REIT/PTP income) . . . . . 1.

**19** Taxable income before qualified business income deduction. . . . . 408,546.

**20** Net capital gains . . . . . 1,864.

**21** Taxable income minus net capital gains. If zero or less, enter -0- . . . . . 406,682.

**22** 20% of taxable income minus net capital gains . . . . . 81,336.

**23** QBI deduction before DPAD. . . . . 1.  
*Lesser of Combined QBI Amount or 20% of taxable income minus cap gains*

**24** Section 199A(g) deduction for domestic production activities \_\_\_\_\_

**25 Total 199A (QBI) deduction** (sum of lines 23 and 24) . . . . . 1.

**Form 1040 Qualified Dividends and Capital Gain Tax Worksheet**

**2022**

**Line 16**

► Keep for your records

Name(s) Shown on Return <b>VAMSI KRISHNA &amp; PUSHPAVATHI SOMA</b>	Social Security Number <b>655-83-1015</b>
--	--

<b>1</b>	Enter the amount from Form 1040 or 1040-SR, line 15. . . . .	<b>1</b>	<u>408,545.</u>
<b>2</b>	Enter the amount from Form 1040 or 1040-SR, line 3a . . . . .	<b>2</b>	<u>1,864.</u>
<b>3</b>	Are you filing Schedule D? <input checked="" type="checkbox"/> <b>Yes.</b> Enter the smaller of line 15 or 16 of Schedule D. If either line 15 or 16 is blank or loss, enter -0- . . . . .	<b>3</b>	<u>0.</u>
	<input type="checkbox"/> <b>No.</b> Enter the amount from Form 1040 or 1040-SR, line 7.		
<b>4</b>	Add lines 2 and 3 . . . . .	<b>4</b>	<u>1,864.</u>
<b>5</b>	Subtract line 4 from line 1. If zero or less, enter -0- . . . . .	<b>5</b>	<u>406,681.</u>
<b>6</b>	Enter: \$41,675 if single or married filing separately, \$83,350 if mfj or qualifying surviving spouse, \$55,800 if head of household.	<b>6</b>	<u>83,350.</u>
<b>7</b>	Enter the smaller of line 1 or line 6 . . . . .	<b>7</b>	<u>83,350.</u>
<b>8</b>	Enter the smaller of line 5 or line 7 . . . . .	<b>8</b>	<u>83,350.</u>
<b>9</b>	Subtract line 8 from line 7 (this amount taxed at 0%) . . . . .	<b>9</b>	<u>0.</u>
<b>10</b>	Enter the smaller of line 1 or line 4 . . . . .	<b>10</b>	<u>1,864.</u>
<b>11</b>	Enter the amount from line 9 . . . . .	<b>11</b>	<u>0.</u>
<b>12</b>	Subtract line 11 from line 10. . . . .	<b>12</b>	<u>1,864.</u>
<b>13</b>	Enter: \$459,750 if single, \$258,600 if married filing separately, \$517,200 if mfj or qualifying surviving spouse, \$488,500 if head of household.	<b>13</b>	<u>517,200.</u>
<b>14</b>	Enter the smaller of line 1 or line 13 . . . . .	<b>14</b>	<u>408,545.</u>
<b>15</b>	Add lines 5 and 9 . . . . .	<b>15</b>	<u>406,681.</u>
<b>16</b>	Subtract line 15 from line 14. If zero or less, enter -0- . . . . .	<b>16</b>	<u>1,864.</u>
<b>17</b>	Enter the smaller of line 12 or line 16 . . . . .	<b>17</b>	<u>1,864.</u>
<b>18</b>	Multiply line 17 by 15% (0.15) . . . . .	<b>18</b>	<u>280.</u>
<b>19</b>	Add lines 9 and 17 . . . . .	<b>19</b>	<u>1,864.</u>
<b>20</b>	Subtract line 19 from line 10 . . . . .	<b>20</b>	<u>0.</u>
<b>21</b>	Multiply line 20 by 20% (0.20) . . . . .	<b>21</b>	<u>0.</u>
<b>22</b>	Figure the tax on the amount on line 5. If the amount on line 5 is less than \$100,000, use the Tax Table to figure the tax. If the amount on line 5 is \$100,000 or more, use the Tax Computation Worksheet. . . . .	<b>22</b>	<u>90,601.</u>
<b>23</b>	Add lines 18, 21, and 22 . . . . .	<b>23</b>	<u>90,881.</u>
<b>24</b>	Figure the tax on the amount on line 1. If the amount on line 1 is less than \$100,000, use the Tax Table to figure this tax. If the amount on line 1 is \$100,000 or more, use the Tax Computation Worksheet. . . . .	<b>24</b>	<u>91,197.</u>
<b>25</b>	<b>Tax on all taxable income.</b> Enter the <b>smaller</b> of line 23 or line 24 here and on Form 1040 or 1040-SR, line 16. . . . .	<b>25</b>	<u>90,881.</u>

Form 1099-B Worksheet

2022

Keep for your records

Name(s) Shown on Return: VAMSI KRISHNA & PUSHPAVATHI SOMA; Social Security No.: 655-83-1015

Name of reporting financial institution: Robinhood Markets Inc. as; Acct Number: 114333842; Reporter's Tax ID: [ ]

Owner of account: [ ]; Transactions were not reported to IRS: [ ]

Form 8949 Reporting Exception Transactions. Any transactions that are eligible to be reported directly on Schedule D, bypassing Form 8949, may be summarized here. Table with columns: Proceeds, Cost Basis. Rows for Box A and Box D transactions.

Brokerage Statement (Form 1099-B or substitute) Summary Table. Gains and losses by "8949 Box" (i.e. the Box to be checked on Form 8949) to assist in reconciling the transactions in the Quick Entry Table with a brokerage statement. Table with columns: 8949 Box, Proceeds, Cost Basis, Gain/(Loss), Adjustment Amt, Adj Gain/(Loss), Code(s). Includes a Totals row.

Form 8949 and Schedule D Totals. Totals gains/losses as they will appear on Form 8949 and Schedule D. Note that these totals may differ from your statement to comply with IRS rounding instructions. (See help) Table with columns: Location on tax return, Proceeds, Cost Basis, Adjustment Amt, Code(s), Adj Gain/(Loss). Rows include Sch D, Line 1a, Form 8949, Box A-F, and Sch D, Line 8a.

Total Federal Backup Withholding: [ ]; State Backup Withholding: [ ]; Total State Backup Withholding: [ ]; State ID: [ ]

Total Collectible Gain: [ ]; Qualified Small Business (QSB) gain (Sec 1202). Table with columns: Total Gain, Excluded Gain, Net Gain. Rows for Maximum 50%, 60%, 75%, and 100% exclusion gain.

PDF Attachment. Taxpayer must mail in a statement with more details? [ ] Yes [X] No. If yes, you'll need to submit a copy of your 1099-B to the IRS to provide documentation for some of the transactions on your sales summary.

Footer area with a small box and a shaded bar.

**Form 1099-B Worksheet**

▶ Keep for your records

**2022**

Name(s) Shown on Return <b>VAMSI KRISHNA &amp; PUSHPAVATHI SOMA</b>	Social Security No. <b>655-83-1015</b>
--	---

**Name of reporting financial institution** ▶ National Financial Services LLC  
**Acct Number** . . . . . ▶ X90431630      **Reporter's Tax ID** . . . ▶ 04-3523567

Owner of account . . . . . ▶   
 Transactions were not reported to IRS . . . . . ▶

<b>Form 8949 Reporting Exception Transactions</b>		
<i>Any transactions that are eligible to be reported directly on Schedule D, bypassing Form 8949, may be summarized here.</i>		
	Proceeds	Cost Basis
<b>Box A transactions to report directly on Sch D, Line 1a (short term)</b>		
<b>Box D transactions to report directly on Sch D, Line 8a (long term)</b>		
<i>(Do not duplicate any transactions summarized above when making entries in the table below.)</i>		

<b>Brokerage Statement (Form 1099-B or substitute) Summary Table</b>						
<i>Gains and losses by "8949 Box" (i.e. the Box to be checked on Form 8949) to assist in reconciling the transactions in the Quick Entry Table with a brokerage statement.</i>						
8949 Box	Proceeds	Cost Basis	Gain/(Loss)	Adjustment Amt	Adj Gain/(Loss)	Code(s)
Box A	25,351.33	27,987.87	-2,636.54	11.12	-2,625.42	BTW
Short term sales with cost basis reported to the IRS						
Box B	92,668.22	91,742.32	925.90	279.18	1,205.08	W
Short term sales with cost basis NOT reported to the IRS						
Box D	1,395.90	1,642.71	-246.81	0.00	-246.81	
Long term sales with cost basis reported to the IRS						
Box E	16,860.55	16,619.68	240.87		240.87	
Long term sales with cost basis NOT reported to the IRS						
<b>Totals</b>	<b>136,276.00</b>	<b>137,992.58</b>	<b>-1,716.58</b>	<b>290.30</b>	<b>-1,426.28</b>	

<b>Form 8949 and Schedule D Totals</b>						
<i>Totals gains/losses as they will appear on Form 8949 and Schedule D.</i>						
<i>Note that these totals may differ from your statement to comply with IRS rounding instructions. (See help)</i>						
Location on tax return	Proceeds	Cost Basis	Adjustment Amt	Code(s)	Adj Gain/(Loss)	
Sch D, Line 1a						
Form 8949, Box A	25,352.00	27,989.00	12.00	BTW	-2,625.00	
Form 8949, Box B	92,670.00	91,742.00	278.00	W	1,206.00	
Form 8949, Box C						
Sch D, Line 8a						
Form 8949, Box D	1,396.00	1,643.00			-247.00	
Form 8949, Box E	16,861.00	16,620.00			241.00	
Form 8949, Box F						

Total Federal Backup Withholding . . . . . \_\_\_\_\_  
**State ID**  
 State Backup Withholding . . . . . \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Total State Backup Withholding . . . . . \_\_\_\_\_

Total Collectible Gain . . . . . _____			
Qualified Small Business (QSB) gain (Sec 1202)	Total Gain	Excluded Gain	Net Gain
Maximum 50% exclusion gain . . . . . ▶			
Maximum 60% exclusion gain . . . . . ▶			
Maximum 75% exclusion gain . . . . . ▶			
Maximum 100% exclusion gain . . . . . ▶			

**PDF Attachment**  
 Taxpayer must mail in a statement with more details? . . . . .  Yes  No  
*If yes, you'll need to submit a copy of your 1099-B to the IRS to provide documentation for some of the transactions on your sales summary.*

\_\_\_\_\_

# Capital Gain (Loss) Adjustments Worksheet

**2022**

▶ Keep for your records

Name(s) Shown on Return <b>VAMSI KRISHNA &amp; PUSHPAVATHI SOMA</b>	Social Security No. <b>655-83-1015</b>
--	---

## Part I Values for Form 8949

Click on any field in Part I to QuickZoom to its corresponding entry on the Form 1099-B Worksheet.

<b>Form 8949 Box*</b> . . . <u>A</u>	<b>Description</b> . . . <u>12.0000sh SERVICENOW INC</u>	
<b>Date Sold</b> . . . . . <u>08/02/22</u>	<b>Date Acquired</b> . . . . . <u>07/29/22</u>	
<b>Sales Price/Proceeds</b> . . . . . <u>5,459.87</u>	<b>Cost Basis</b> . . . . . <u>5,359.92</u>	
<b>Adjustment Code(s)</b> . . . <u>B</u>	<b>Adjustment Amount</b> . . . . . <u>-0.08</u>	
<b>Gain/(Loss)</b> . . . . . <u>99.87</u>	<b>Holding Period</b> . . . . . <u>S</u>	

\*The fields above, other than **Adjustment Code(s)** and **Adjustment Amount**, will typically match their corresponding fields on the Form 1099-B Worksheet. See **Part I** in the help for this form for exceptions. (Form help can be accessed by right-clicking on any field above.)

## Part II Manual Adjustments

For adjustments not entered in Part III, the adjustment code(s) and amount may be entered here. Do **not** duplicate code(s) or amounts entered elsewhere. Adjustments requiring entries on forms other than Form 8949 will require manual entries in Part IV, or in some cases, on the specific form.

Adjustment Code(s) . . . . . \_\_\_\_\_ Adjustment Amount . . . . . \_\_\_\_\_

- The cost basis and proceeds are totals from **multiple sales** (code **M**).
- RESERVED

## Part III Specific Adjustments

- Form 1099-B reports an **incorrect basis** (code **B**). Corrected basis . . . . . ▶ 5,360.00
- Check this box for **employee stock** sales requiring adjustments.  
**QuickZoom to Employee Stock Transaction Worksheet** if basis is incorrect, compensation income should be reported, or for **all** Incentive Stock Option (ISO) sales . . . . . ▶ \_\_\_\_\_

Allocated amounts from **Employer Stock Transaction Worksheet**

<b>a</b> Number of shares . . . . .			
<b>b</b> Date acquired . . . . .	<u>07/29/2022</u>		<u>07/29/2022</u>
<b>c</b> Date sold . . . . .	<u>08/02/2022</u>		<u>08/02/2022</u>
<b>d</b> Sales price . . . . .	<u>5,460.00</u>		<u>5,460.00</u>
<b>e</b> Cost or other basis . . . . .	<u>5,360.00</u>		<u>5,360.00</u>
<b>f</b> Adjustment amount . . . . .			

Short-Term	Long-Term	Total

**Note:** For employee stock sales with both short-term and long-term components, any adjustments will be ratably allocated on a per share basis. If this is not an accurate allocation for this sale, then report the short- and long-term components separately.

- This is NOT a sale of employee stock requiring adjustments.  
 RESERVED
- This is a sale of a **collectible** item (code **C**).  
 RESERVED
- Sale includes an **accrued market discount** (code **D**). Amount . . . . . ▶ 0.00
- Amounts reported on Form 1099-B do not reflect **sales fees/expenses** that were charged (code **E**).  
Amount of sales fees/expenses . . . . . ▶ \_\_\_\_\_
- This sale cannot generate a loss for the following reason (code **L**):
  - This is a vacation home or other **personal use property** with no business or rental activity.
  - This is a sale to a **related party**.
  - This sale is **nondeductible for another reason** (except wash sale).
  - RESERVED
- Any gain/loss from sale should not be included because asset held by a **nominee** (code **N**).  
If only part of the gain (loss) is nominee, enter offsetting adjustment here . . . . . ▶ \_\_\_\_\_

Name(s) Shown on Return  
VAMSI KRISHNA & PUSHPAVATHI SOMA

Social Security No.  
655-83-1015

**Part III Specific Adjustments (cont.)**

- Other adjustments** are required (code **O**).  
Amount (positive to increase gain, negative to reduce) . . . . . ▶ \_\_\_\_\_

---

- Loss from this sale is **ordinary loss** from a section 1242 small business (code **O**).  
Ordinary loss amount (leave blank if entire loss is ordinary) . . . . . ▶ \_\_\_\_\_
- RESERVED

---

- Gain from this **Qualified Small Business (QSB)** stock is excludable under IRC section 1202 (code **Q**).
  - This QSB stock is eligible for **50%** exclusion under section 1202.
  - This is empowerment zone stock eligible for **60%** exclusion under section 1202.  
For 60% exclusion, enter gain as of 12/31/2018 . . . . . ▶ \_\_\_\_\_
  - This QSB stock is eligible for **75%** exclusion under section 1202.
  - This QSB stock is eligible for **100%** exclusion under section 1202.

Amount of gain eligible for exclusion . . . . . ▶ \_\_\_\_\_  
Amount of gain excluded . . . . . ▶ \_\_\_\_\_
- RESERVED

---

- All or part of the gain is deferred due to a **rollover** (code **R**). This includes rollovers of gain from Qualified Small Business stock and certain stock sold to ESOP plans.  
Amount reinvested in qualified stock (leave blank if sold to ESOP/co-op) . . . . ▶ \_\_\_\_\_  
Amount of gain deferred . . . . . ▶ \_\_\_\_\_
- RESERVED

---

- Loss from this sale is **ordinary loss** from a section 1244 small business (code **S**).  
Ordinary loss amount (leave blank if entire loss is ordinary) . . . . . ▶ \_\_\_\_\_
- RESERVED

---

- Form 1099-B reports an **incorrect holding period** (code **T**).  
 RESERVED

---

- Sale includes a disallowed **wash sale** loss (code **W**). Amount (leave blank if all) . . ▶ \_\_\_\_\_

---

- Part or all of the gain is from **DC Zone/qualified community assets** eligible for exclusion (code **X**).  
Amount of exclusion (leave blank if entire gain should be excluded) . . . . . ▶ \_\_\_\_\_

**Part IV Amounts That Will Be Reported on Forms Other Than Form 8949**

- Check if ordinary gain/loss
- FATCA requirement
- Federal tax withheld . . . . . \_\_\_\_\_ Collectible gain/loss . . . . . ▶ \_\_\_\_\_
- State name . . . . . \_\_\_\_\_ Accrued interest to Sch B . . . ▶ \_\_\_\_\_
- State tax withheld . . . . . \_\_\_\_\_ Sec. 1242 loss on Form 4797 . ▶ \_\_\_\_\_
- State identification number . . . . . \_\_\_\_\_ Sec. 1244 loss on Form 4797 . ▶ \_\_\_\_\_



# Capital Gain (Loss) Adjustments Worksheet

**2022**

▶ Keep for your records

Name(s) Shown on Return <b>VAMSI KRISHNA &amp; PUSHPAVATHI SOMA</b>	Social Security No. <b>655-83-1015</b>
--	---

## Part I Values for Form 8949

Click on any field in Part I to QuickZoom to its corresponding entry on the Form 1099-B Worksheet.

<b>Form 8949 Box*</b> . . . <u>A</u>	<b>Description</b> . . . <u>10.0000sh SERVICENOW INC</u>	
<b>Date Sold</b> . . . . . <u>08/05/22</u>	<b>Date Acquired</b> . . . . . <u>08/05/22</u>	
<b>Sales Price/Proceeds</b> . . . . . <u>4,999.88</u>	<b>Cost Basis</b> . . . . . <u>5,899.25</u>	
<b>Adjustment Code(s)</b> . . . . . <u>BW</u>	<b>Adjustment Amount</b> . . . . . <u>11.52</u>	
<b>Gain/(Loss)</b> . . . . . <u>-887.85</u>	<b>Holding Period</b> . . . . . <u>S</u>	

\*The fields above, other than **Adjustment Code(s)** and **Adjustment Amount**, will typically match their corresponding fields on the Form 1099-B Worksheet. See **Part I** in the help for this form for exceptions. (Form help can be accessed by right-clicking on any field above.)

## Part II Manual Adjustments

For adjustments not entered in Part III, the adjustment code(s) and amount may be entered here. Do **not** duplicate code(s) or amounts entered elsewhere. Adjustments requiring entries on forms other than Form 8949 will require manual entries in Part IV, or in some cases, on the specific form.

Adjustment Code(s) . . . . . \_\_\_\_\_ Adjustment Amount . . . . . \_\_\_\_\_

- The cost basis and proceeds are totals from **multiple sales** (code **M**).
- RESERVED

## Part III Specific Adjustments

- Form 1099-B reports an **incorrect basis** (code **B**). Corrected basis . . . . . ▶ 5,899.00
- Check this box for **employee stock** sales requiring adjustments.  
**QuickZoom to Employee Stock Transaction Worksheet** if basis is incorrect, compensation income should be reported, or for **all** Incentive Stock Option (ISO) sales . . . . . ▶ \_\_\_\_\_

Allocated amounts from **Employer Stock Transaction Worksheet**

<b>a</b> Number of shares . . . . .		
<b>b</b> Date acquired . . . . .	<u>08/05/2022</u>	<u>08/05/2022</u>
<b>c</b> Date sold . . . . .	<u>08/05/2022</u>	<u>08/05/2022</u>
<b>d</b> Sales price . . . . .	<u>5,000.00</u>	<u>5,000.00</u>
<b>e</b> Cost or other basis . . . . .	<u>5,899.00</u>	<u>5,899.00</u>
<b>f</b> Adjustment amount . . . . .		

Short-Term	Long-Term	Total

**Note:** For employee stock sales with both short-term and long-term components, any adjustments will be ratably allocated on a per share basis. If this is not an accurate allocation for this sale, then report the short- and long-term components separately.

- This is **NOT** a sale of employee stock requiring adjustments.  
 RESERVED
- This is a sale of a **collectible** item (code **C**).  
 RESERVED
- Sale includes an **accrued market discount** (code **D**). Amount . . . . . ▶ 0.00
- Amounts reported on Form 1099-B do not reflect **sales fees/expenses** that were charged (code **E**).  
Amount of sales fees/expenses . . . . . ▶ \_\_\_\_\_
- This sale cannot generate a loss for the following reason (code **L**):
  - This is a vacation home or other **personal use property** with no business or rental activity.
  - This is a sale to a **related party**.
  - This sale is **nondeductible for another reason** (except wash sale).
  - RESERVED
- Any gain/loss from sale should not be included because asset held by a **nominee** (code **N**).  
If only part of the gain (loss) is nominee, enter offsetting adjustment here . . . . . ▶ \_\_\_\_\_

Name(s) Shown on Return  
VAMSI KRISHNA & PUSHPAVATHI SOMA

Social Security No.  
655-83-1015

**Part III Specific Adjustments (cont.)**

**Other adjustments** are required (code **O**).  
Amount (positive to increase gain, negative to reduce) . . . . . ▶ \_\_\_\_\_

Loss from this sale is **ordinary loss** from a section 1242 small business (code **O**).  
Ordinary loss amount (leave blank if entire loss is ordinary) . . . . . ▶ \_\_\_\_\_

RESERVED

Gain from this **Qualified Small Business (QSB)** stock is excludable under IRC section 1202 (code **Q**).  
 This QSB stock is eligible for **50%** exclusion under section 1202.  
 This is empowerment zone stock eligible for **60%** exclusion under section 1202.  
For 60% exclusion, enter gain as of 12/31/2018 . . . . . ▶ \_\_\_\_\_  
 This QSB stock is eligible for **75%** exclusion under section 1202.  
 This QSB stock is eligible for **100%** exclusion under section 1202.

Amount of gain eligible for exclusion . . . . . ▶ \_\_\_\_\_  
Amount of gain excluded . . . . . ▶ \_\_\_\_\_

RESERVED

All or part of the gain is deferred due to a **rollover** (code **R**). This includes rollovers of gain from  
Qualified Small Business stock and certain stock sold to ESOP plans.  
Amount reinvested in qualified stock (leave blank if sold to ESOP/co-op) . . . . ▶ \_\_\_\_\_  
Amount of gain deferred . . . . . ▶ \_\_\_\_\_

RESERVED

Loss from this sale is **ordinary loss** from a section 1244 small business (code **S**).  
Ordinary loss amount (leave blank if entire loss is ordinary) . . . . . ▶ \_\_\_\_\_

RESERVED

Form 1099-B reports an **incorrect holding period** (code **T**).  
 RESERVED

Sale includes a disallowed **wash sale** loss (code **W**). Amount (leave blank if all) . . ▶ 11.27

Part or all of the gain is from **DC Zone/qualified community assets** eligible for exclusion (code **X**).  
Amount of exclusion (leave blank if entire gain should be excluded) . . . . . ▶ \_\_\_\_\_

**Part IV Amounts That Will Be Reported on Forms Other Than Form 8949**

Check if ordinary gain/loss  
 FATCA requirement

Federal tax withheld . . . . .	_____	Collectible gain/loss . . . . .	▶ _____
State name . . . . .	_____	Accrued interest to Sch B . . . . .	▶ _____
State tax withheld . . . . .	_____	Sec. 1242 loss on Form 4797 . . . . .	▶ _____
State identification number . . . . .	_____	Sec. 1244 loss on Form 4797 . . . . .	▶ _____

# Capital Gain (Loss) Adjustments Worksheet

**2022**

▶ Keep for your records

Name(s) Shown on Return <b>VAMSI KRISHNA &amp; PUSHPAVATHI SOMA</b>	Social Security No. <b>655-83-1015</b>
--	---

## Part I Values for Form 8949

Click on any field in Part I to QuickZoom to its corresponding entry on the Form 1099-B Worksheet.

<b>Form 8949 Box*</b> . . . <u>A</u>	<b>Description</b> . 7.0000sh <u>SERVICENOW INC</u>	
<b>Date Sold</b> . . . . . <u>08/10/22</u>	<b>Date Acquired</b> . . . . . <u>07/31/18</u>	
<b>Sales Price/Proceeds</b> . . . . . <u>3,604.91</u>	<b>Cost Basis</b> . . . . . <u>1,069.68</u>	
<b>Adjustment Code(s)</b> . . . <u>BT</u>	<b>Adjustment Amount</b> . . . . . <u>-0.32</u>	
<b>Gain/(Loss)</b> . . . . . <u>2,534.91</u>	<b>Holding Period</b> . . . . . <u>S</u>	

\*The fields above, other than **Adjustment Code(s)** and **Adjustment Amount**, will typically match their corresponding fields on the Form 1099-B Worksheet. See **Part I** in the help for this form for exceptions. (Form help can be accessed by right-clicking on any field above.)

## Part II Manual Adjustments

For adjustments not entered in Part III, the adjustment code(s) and amount may be entered here. Do **not** duplicate code(s) or amounts entered elsewhere. Adjustments requiring entries on forms other than Form 8949 will require manual entries in Part IV, or in some cases, on the specific form.

Adjustment Code(s) . . . . . \_\_\_\_\_ Adjustment Amount . . . . . \_\_\_\_\_

- The cost basis and proceeds are totals from **multiple sales** (code **M**).
- RESERVED

## Part III Specific Adjustments

- Form 1099-B reports an **incorrect basis** (code **B**). Corrected basis . . . . . ▶ 1,070.00
- Check this box for **employee stock** sales requiring adjustments.  
**QuickZoom to Employee Stock Transaction Worksheet** if basis is incorrect, compensation income should be reported, or for **all** Incentive Stock Option (ISO) sales . . . . . ▶ \_\_\_\_\_

Allocated amounts from **Employer Stock Transaction Worksheet**

<b>a</b> Number of shares . . . . .		
<b>b</b> Date acquired . . . . .	<u>07/31/2018</u>	<u>07/31/2018</u>
<b>c</b> Date sold . . . . .	<u>08/10/2022</u>	<u>08/10/2022</u>
<b>d</b> Sales price . . . . .	<u>3,605.00</u>	<u>3,605.00</u>
<b>e</b> Cost or other basis . . . . .	<u>1,070.00</u>	<u>1,070.00</u>
<b>f</b> Adjustment amount . . . . .		

Short-Term	Long-Term	Total

**Note:** For employee stock sales with both short-term and long-term components, any adjustments will be ratably allocated on a per share basis. If this is not an accurate allocation for this sale, then report the short- and long-term components separately.

- This is **NOT** a sale of employee stock requiring adjustments.  
 RESERVED
- This is a sale of a **collectible** item (code **C**).  
 RESERVED
- Sale includes an **accrued market discount** (code **D**). Amount . . . . . ▶ 0.00
- Amounts reported on Form 1099-B do not reflect **sales fees/expenses** that were charged (code **E**).  
Amount of sales fees/expenses . . . . . ▶ \_\_\_\_\_
- This sale cannot generate a loss for the following reason (code **L**):
  - This is a vacation home or other **personal use property** with no business or rental activity.
  - This is a sale to a **related party**.
  - This sale is **nondeductible for another reason** (except wash sale).
  - RESERVED
- Any gain/loss from sale should not be included because asset held by a **nominee** (code **N**).  
If only part of the gain (loss) is nominee, enter offsetting adjustment here . . . . . ▶ \_\_\_\_\_

Name(s) Shown on Return  
VAMSI KRISHNA & PUSHPAVATHI SOMA

Social Security No.  
655-83-1015

**Part III Specific Adjustments (cont.)**

- Other adjustments** are required (code **O**).  
Amount (positive to increase gain, negative to reduce) . . . . . ▶ \_\_\_\_\_

---

- Loss from this sale is **ordinary loss** from a section 1242 small business (code **O**).  
Ordinary loss amount (leave blank if entire loss is ordinary) . . . . . ▶ \_\_\_\_\_
- RESERVED

---

- Gain from this **Qualified Small Business (QSB)** stock is excludable under IRC section 1202 (code **Q**).
  - This QSB stock is eligible for **50%** exclusion under section 1202.
  - This is empowerment zone stock eligible for **60%** exclusion under section 1202.  
For 60% exclusion, enter gain as of 12/31/2018 . . . . . ▶ \_\_\_\_\_
  - This QSB stock is eligible for **75%** exclusion under section 1202.
  - This QSB stock is eligible for **100%** exclusion under section 1202.

Amount of gain eligible for exclusion . . . . . ▶ \_\_\_\_\_  
Amount of gain excluded . . . . . ▶ \_\_\_\_\_
- RESERVED

---

- All or part of the gain is deferred due to a **rollover** (code **R**). This includes rollovers of gain from Qualified Small Business stock and certain stock sold to ESOP plans.  
Amount reinvested in qualified stock (leave blank if sold to ESOP/co-op) . . . . ▶ \_\_\_\_\_  
Amount of gain deferred . . . . . ▶ \_\_\_\_\_
- RESERVED

---

- Loss from this sale is **ordinary loss** from a section 1244 small business (code **S**).  
Ordinary loss amount (leave blank if entire loss is ordinary) . . . . . ▶ \_\_\_\_\_
- RESERVED

---

- Form 1099-B reports an **incorrect holding period** (code **T**).  
 RESERVED

---

- Sale includes a disallowed **wash sale** loss (code **W**). Amount (leave blank if all) . . ▶ \_\_\_\_\_

---

- Part or all of the gain is from **DC Zone/qualified community assets** eligible for exclusion (code **X**).  
Amount of exclusion (leave blank if entire gain should be excluded) . . . . . ▶ \_\_\_\_\_

**Part IV Amounts That Will Be Reported on Forms Other Than Form 8949**

- Check if ordinary gain/loss
- FATCA requirement
- Federal tax withheld . . . . . \_\_\_\_\_ Collectible gain/loss . . . . . ▶ \_\_\_\_\_
- State name . . . . . \_\_\_\_\_ Accrued interest to Sch B . . . ▶ \_\_\_\_\_
- State tax withheld . . . . . \_\_\_\_\_ Sec. 1242 loss on Form 4797 . ▶ \_\_\_\_\_
- State identification number . . . . . \_\_\_\_\_ Sec. 1244 loss on Form 4797 . ▶ \_\_\_\_\_



Name(s) Shown on Return VAMSI KRISHNA & PUSHPAVATHI SOMA	Social Security No. 655-83-1015
---	------------------------------------

<b>Brokerage Statement (Form 1099-B or substitute) Summary Table</b>						
<i>Gains and losses by "8949 Box" (i.e. the Box to be checked on Form 8949) to assist in reconciling the transactions in the Quick Entry Table with a brokerage statement.</i>						
8949 Box	Proceeds	Cost Basis	Gain/(Loss)	Adjustment Amt	Adj Gain/(Loss)	Code(s)
Box F	19.99	26.57	-6.58		-6.58	
Long term sales not reported to the IRS						
<b>Totals</b>	19.99	26.57	-6.58		-6.58	

<b>Form 8949 and Schedule D Totals</b>					
<i>Totals gains/losses as they will appear on Form 8949 and Schedule D.</i>					
<i>Note that these totals may differ from your statement to comply with IRS rounding instructions. (See help)</i>					
Location on tax return	Proceeds	Cost Basis	Adjustment Amt	Code(s)	Adj Gain/(Loss)
Sch D, Line 1a					
Form 8949, Box A					
Form 8949, Box B					
Form 8949, Box C					
Sch D, Line 8a					
Form 8949, Box D					
Form 8949, Box E					
Form 8949, Box F	20.00	27.00			-7.00

**PDF Attachment**

Taxpayer must mail in a statement with more details? . . . . .  Yes  No

Copy #1

# Capital Asset Sales Worksheet

► Keep for your records

2022

Name(s) Shown on Return  
VAMSI KRISHNA & PUSHPAVATHI SOMA

Social Security No.  
655-83-1015

Name of reporting financial institution ► National Financial Services LLC  
Acct Number . . . . . ► X90431630 Reporter's Tax ID . . . ► 04-3523567

Owner of account . . . . . ►  
Transactions were not reported to IRS . . . . . ►

Quick Entry Table										
If you have additional sale info to enter for a sale, double-click on any field in the table to QuickZoom to the associated Capital Gain (Loss) Adjustments Worksheet. (See field help for more details.)										
Sale#	Property Description		Date Sold	Date Acquired	Sales Price (Proceeds)	Cost or Other Basis	Disallowed Wash Sale			
Adjustment Amount	Adjustment Code(s)	Holding Period	Basis Reported to IRS?		Reported on Form 1099B?					
Additional fields for use by Step-by-Step and Import only (See help)										
1	8949 Box	SERVICENOW INC COM USD0.001 1	02/09/22	02/12/21	602.99	591.29	Check here if this summarizes multiple sales. . . . ►			
					Yes	X	No	Yes	X	No
Check to use worksheet (see help) ►		0								
0.00										
2	8949 Box	SERVICENOW INC COM USD0.001 9	02/09/22	02/12/21	5,426.97	5,321.61	Check here if this summarizes multiple sales. . . . ►			
					Yes	X	No	Yes	X	No
Check to use worksheet (see help) ►		0								
0.00										
3	8949 Box	SERVICENOW INC COM USD0.001 2	02/28/22	02/12/21	1,159.15	1,182.58	Check here if this summarizes multiple sales. . . . ►			
					Yes	X	No	Yes	X	No
Check to use worksheet (see help) ►		0								
0.00										
4	8949 Box	SERVICENOW INC COM USD0.001 20	02/28/22	02/17/21	11,591.50	11,618.80	Check here if this summarizes multiple sales. . . . ►			
					Yes	X	No	Yes	X	No
Check to use worksheet (see help) ►		0								
0.00										
See TQUICK		Check here if this summarizes multiple sales. . . . ►								
				Yes		No		Yes		No
Check to use worksheet (see help) ►										
Sale(s) missing info?										

Sale Results								
#	8949 Box	Description	Sale Proceeds	Cost Basis	Adj. Code(s)	Adjustment Amount	Gain or (Loss)	S/L
1	B	SERVICENOW INC COM USD0.001 1	602.99	591.29			11.70	S
2	B	SERVICENOW INC COM USD0.001 9	5,426.97	5,321.61			105.36	S
3	E	SERVICENOW INC COM USD0.001 2	1,159.15	1,182.58			-23.43	L
4	E	SERVICENOW INC COM USD0.001 20	11,591.50	11,618.80			-27.30	L
5	B	SERVICENOW INC COM USD0.001 22	12,750.65	12,809.28		53.31	-5.32	S
6	B	SERVICENOW INC COM USD0.001 17	9,852.77	9,923.24		70.47	0.00	S
7	B	SERVICENOW INC COM USD0.001 20	11,591.50	11,315.00			276.50	S
8	B	SERVICENOW INC COM USD0.001 7	4,094.97	4,012.40			82.57	S
9	B	SERVICENOW INC COM USD0.001 25	14,499.92	14,330.00			169.92	S
10	A	WIO INC SPON ADS EACH REP 1 ORD 100	1,445.01	4,195.00			-2,749.99	S
11	D	WARNER BROS DISCOVERY INC COM SE 0.257	6.98	7.98			-1.00	L
12	D	WARNER BROS DISCOVERY INC COM SE 0.257	6.98	8.16			-1.18	L
13	D	WARNER BROS DISCOVERY INC COM SE 0.257	6.98	6.65			0.33	L
14	A	WARNER BROS DISCOVERY INC COM SE 0.103	2.79	2.54			0.25	S
15	A	WARNER BROS DISCOVERY INC COM SE 0.077	2.09	1.85			0.24	S
16	A	SERVICENOW INC COM USD0.001 12	5,711.87	7,054.66			-1,342.79	S
17	B	SERVICENOW INC COM USD0.001 8	3,807.91	3,653.92			153.99	S
18	A	12.0000sh SERVICENOW INC	5,459.87	5,359.92	B	-0.08	99.87	S
19	A	10.0000sh SERVICENOW INC	4,999.88	5,899.25	BW	11.52	-887.85	S
		See RQUICK						

Name(s) Shown on Return VAMSI KRISHNA & PUSHPAVATHI SOMA	Social Security No. 655-83-1015
---	------------------------------------

<b>Brokerage Statement (Form 1099-B or substitute) Summary Table</b>						
<i>Gains and losses by "8949 Box" (i.e. the Box to be checked on Form 8949) to assist in reconciling the transactions in the Quick Entry Table with a brokerage statement.</i>						
8949 Box	Proceeds	Cost Basis	Gain/(Loss)	Adjustment Amt	Adj Gain/(Loss)	Code(s)
Box A	25,351.33	27,987.87	-2,636.54	11.12	-2,625.42	BTW
Short term sales with cost basis reported to the IRS						
Box B	92,668.22	91,742.32	925.90	279.18	1,205.08	W
Short term sales with cost basis NOT reported to the IRS						
Box D	1,395.90	1,642.71	-246.81	0.00	-246.81	
Long term sales with cost basis reported to the IRS						
Box E	16,860.55	16,619.68	240.87		240.87	
Long term sales with cost basis NOT reported to the IRS						
<b>Totals</b>	136,276.00	137,992.58	-1,716.58	290.30	-1,426.28	

<b>Form 8949 and Schedule D Totals</b>						
<i>Totals gains/losses as they will appear on Form 8949 and Schedule D.</i>						
<i>Note that these totals may differ from your statement to comply with IRS rounding instructions. (See help)</i>						
Location on tax return	Proceeds	Cost Basis	Adjustment Amt	Code(s)	Adj Gain/(Loss)	
Sch D, Line 1a						
Form 8949, Box A	25,352.00	27,989.00	12.00	BTW	-2,625.00	
Form 8949, Box B	92,670.00	91,742.00	278.00	W	1,206.00	
Form 8949, Box C						
Sch D, Line 8a						
Form 8949, Box D	1,396.00	1,643.00			-247.00	
Form 8949, Box E	16,861.00	16,620.00			241.00	
Form 8949, Box F						

**PDF Attachment**

Taxpayer must mail in a statement with more details? . . . . .  Yes  No



**Employee Stock  
Transaction Worksheet**  
For ESPP, ISO, NQSO, RSU, or Restricted Stock  
▶ Keep for your records

**2022**

Name(s) Shown on Return  
VAMSI KRISHNA & PUSHPAVATHI SOMA

Social Security No.  
655-83-1015

**Part I Stock Information From Capital Gain (Loss) Adjustment Worksheet**

- 1 Company name. . . Not employer stock
- 2 Date shares sold . . . . . \_\_\_\_\_
- 3 Selling price (per share) . . . . . \_\_\_\_\_
- 4 Number of shares sold . . . . . 12.0000
- 5 Net sales price . . . . . \_\_\_\_\_
- 6-8 Reserved

**Part II Employee and Stock Plan Information**

- 9 Employee is (check one): Taxpayer . . . . .  Spouse . . . . .
- 10 Type of stock plan. Check one:
- a  Employee Stock Purchase Plan (ESPP) Complete Part III . . . . . ▶
- b  Stock Options (NQSO or ISO) Complete Part IV . . . . . ▶
- c  Restricted Stock Complete Part V . . . . . ▶
- d  Restricted Stock Units (RSU) Complete Part VI . . . . . ▶

**Part III Employee Stock Purchase Plans (ESPPs)**

- 11 Check one:
- a  Compensation income, capital gain (loss) amounts **not** already determined (complete lines 12 through 14)
- b  Compensation income, capital gain (loss) amounts already determined (leave lines 12 through 14 blank and complete Part VII). **QuickZoom** to Part VII . . . . . ▶
- 12 Plan discount percent (if none, enter zero) . . . . . ▶ \_\_\_\_\_ %
- 13 How acquired stock. Check one:
- a  Single purchase, same price per share paid for all shares
- b  Single purchase, different prices per share paid for shares
- c  Multiple purchases
- 14 For each ESPP purchase lot from which shares on line 4 above were sold, enter grant and acquisition information in columns (b) through (j). (Box numbers refer to Form 3922; see Tax Help.)

(a) Lot #	Grant Information					Acquisition Information			
	(b) Rprtd on Form 3922?	(c) Number of Shares (Box 6)	(d) Date Option Granted (Box 1)	(e) FMV/Share on Grant Date (Box 3)	(f) Price/Share as if Exercise on Grant Date (Box 8)	(g) Date Option Exercised (Box 2)	(h) FMV/Share on Exercise Date (Box 4)	(i) Exercise Price Paid Per Share (Box 5)	(j) Fees Paid (if any)
1		12.0000	02/01/21	587.8900	587.8900	07/30/21	587.8900	474.7800	

**Employee Stock  
Transaction Worksheet**  
For ESPP, ISO, NQSO, RSU, or Restricted Stock  
▶ Keep for your records

**2022**

Name(s) Shown on Return  
VAMSI KRISHNA & PUSHPAVATHI SOMA

Social Security No.  
655-83-1015

**Part I Stock Information From Capital Gain (Loss) Adjustment Worksheet**

1 Company name . . .SERVICENOW INC  
 2 Date shares sold . . . . . 08/02/22  
 3 Selling price (per share) . . . . . 455.0000  
 4 Number of shares sold . . . . . 12.0000  
 5 Net sales price . . . . . 5,460.  
 6-8 Reserved

**Part II Employee and Stock Plan Information**

9 Employee is (check one): Taxpayer . . . . .  Spouse . . . . .   
 10 Type of stock plan. Check one:  
 a  Employee Stock Purchase Plan (ESPP) Complete Part III . . . . . ▶  
 b  Stock Options (NQSO or ISO) Complete Part IV . . . . . ▶  
 c  Restricted Stock Complete Part V . . . . . ▶  
 d  Restricted Stock Units (RSU) Complete Part VI . . . . . ▶

**Part III Employee Stock Purchase Plans (ESPPs)**

11 Check one:  
 a  Compensation income, capital gain (loss) amounts **not** already determined (complete lines 12 through 14)  
 b  Compensation income, capital gain (loss) amounts already determined (leave lines 12 through 14 blank and complete Part VII). **QuickZoom** to Part VII . . . . . ▶  
 12 Plan discount percent (if none, enter zero) . . . . . ▶ \_\_\_\_\_ %  
 13 How acquired stock. Check one:  
 a  Single purchase, same price per share paid for all shares  
 b  Single purchase, different prices per share paid for shares  
 c  Multiple purchases  
 14 For each ESPP purchase lot from which shares on line 4 above were sold, enter grant and acquisition information in columns (b) through (j). (Box numbers refer to Form 3922; see Tax Help.)

			Grant Information			Acquisition Information			
(a) Lot #	(b) Rprtd on Form 3922?	(c) Number of Shares (Box 6)	(d) Date Option Granted (Box 1)	(e) FMV/Share on Grant Date (Box 3)	(f) Price/Share as if Exercise on Grant Date (Box 8)	(g) Date Option Exercised (Box 2)	(h) FMV/Share on Exercise Date (Box 4)	(i) Exercise Price Paid Per Share (Box 5)	(j) Fees Paid (if any)
	<input type="checkbox"/>								
	<input type="checkbox"/>								
	<input type="checkbox"/>								
	<input type="checkbox"/>								
	<input type="checkbox"/>								
	<input type="checkbox"/>								
	<input type="checkbox"/>								
	<input type="checkbox"/>								
	<input type="checkbox"/>								
	<input type="checkbox"/>								

---

**Part VII Summary**

---

28 Amount reported as compensation income for 2022 . . . . . 0.00  
29 **Capital Gain or (Loss)**

	<b>Short-Term</b>	<b>Long-Term</b>	<b>Total</b>
a Number of shares . . . . .			
b Date acquired . . . . .	<u>07/29/2022</u>		<u>07/29/2022</u>
c Date sold . . . . .	<u>08/02/2022</u>	<u>08/02/2022</u>	<u>08/02/2022</u>
d Sales price . . . . .	<u>5,460.</u>		<u>5,460.</u>
e Cost or other basis . . . . .	<u>5,360.</u>		<u>5,360.</u>
f Gain or (loss) . . . . .	<u>100.</u>		<u>100.</u>

---

**Employee Stock  
Transaction Worksheet**  
For ESPP, ISO, NQSO, RSU, or Restricted Stock  
▶ Keep for your records

**2022**

Name(s) Shown on Return  
VAMSI KRISHNA & PUSHPAVATHI SOMA

Social Security No.  
655-83-1015

**Part I Stock Information From Capital Gain (Loss) Adjustment Worksheet**

1 Company name . . .SERVICENOW INC  
 2 Date shares sold . . . . . 08/05/22  
 3 Selling price (per share) . . . . . 500.0000  
 4 Number of shares sold . . . . . 10.0000  
 5 Net sales price . . . . . 5,000.  
 6-8 Reserved

**Part II Employee and Stock Plan Information**

9 Employee is (check one): Taxpayer . . . . .  Spouse . . . . .   
 10 Type of stock plan. Check one:  
 a  Employee Stock Purchase Plan (ESPP) Complete Part III . . . . . ▶  
 b  Stock Options (NQSO or ISO) Complete Part IV . . . . . ▶  
 c  Restricted Stock Complete Part V . . . . . ▶  
 d  Restricted Stock Units (RSU) Complete Part VI . . . . . ▶

**Part III Employee Stock Purchase Plans (ESPPs)**

11 Check one:  
 a  Compensation income, capital gain (loss) amounts **not** already determined (complete lines 12 through 14)  
 b  Compensation income, capital gain (loss) amounts already determined (leave lines 12 through 14 blank and complete Part VII). **QuickZoom** to Part VII . . . . . ▶  
 12 Plan discount percent (if none, enter zero) . . . . . ▶ \_\_\_\_\_ %  
 13 How acquired stock. Check one:  
 a  Single purchase, same price per share paid for all shares  
 b  Single purchase, different prices per share paid for shares  
 c  Multiple purchases  
 14 For each ESPP purchase lot from which shares on line 4 above were sold, enter grant and acquisition information in columns (b) through (j). (Box numbers refer to Form 3922; see Tax Help.)

			Grant Information			Acquisition Information			
(a) Lot #	(b) Rprtd on Form 3922?	(c) Number of Shares (Box 6)	(d) Date Option Granted (Box 1)	(e) FMV/Share on Grant Date (Box 3)	(f) Price/Share as if Exercise on Grant Date (Box 8)	(g) Date Option Exercised (Box 2)	(h) FMV/Share on Exercise Date (Box 4)	(i) Exercise Price Paid Per Share (Box 5)	(j) Fees Paid (if any)
	<input type="checkbox"/>								
	<input type="checkbox"/>								
	<input type="checkbox"/>								
	<input type="checkbox"/>								
	<input type="checkbox"/>								
	<input type="checkbox"/>								
	<input type="checkbox"/>								
	<input type="checkbox"/>								
	<input type="checkbox"/>								
	<input type="checkbox"/>								

---

**Part VII Summary**

---

28 Amount reported as compensation income for 2022 . . . . . 0.00  
29 **Capital Gain or (Loss)**

	<b>Short-Term</b>	<b>Long-Term</b>	<b>Total</b>
a Number of shares . . . . .			
b Date acquired . . . . .	<u>08/05/2022</u>		<u>08/05/2022</u>
c Date sold . . . . .	<u>08/05/2022</u>	<u>08/05/2022</u>	<u>08/05/2022</u>
d Sales price . . . . .	<u>5,000.</u>		<u>5,000.</u>
e Cost or other basis . . . . .	<u>5,899.</u>		<u>5,899.</u>
f Gain or (loss) . . . . .	<u>-899.</u>		<u>-899.</u>

---

**Employee Stock  
Transaction Worksheet**  
For ESPP, ISO, NQSO, RSU, or Restricted Stock  
▶ Keep for your records

**2022**

Name(s) Shown on Return  
VAMSI KRISHNA & PUSHPAVATHI SOMA

Social Security No.  
655-83-1015

**Part I Stock Information From Capital Gain (Loss) Adjustment Worksheet**

1 Company name . . .SERVICENOW INC  
 2 Date shares sold . . . . . 08/10/22  
 3 Selling price (per share) . . . . . 515.0000  
 4 Number of shares sold . . . . . 7.0000  
 5 Net sales price . . . . . 3,605.  
 6-8 Reserved

**Part II Employee and Stock Plan Information**

9 Employee is (check one): Taxpayer . . . . .  Spouse . . . . .   
 10 Type of stock plan. Check one:  
 a  Employee Stock Purchase Plan (ESPP) Complete Part III . . . . . ▶  
 b  Stock Options (NQSO or ISO) Complete Part IV . . . . . ▶  
 c  Restricted Stock Complete Part V . . . . . ▶  
 d  Restricted Stock Units (RSU) Complete Part VI . . . . . ▶

**Part III Employee Stock Purchase Plans (ESPPs)**

11 Check one:  
 a  Compensation income, capital gain (loss) amounts **not** already determined (complete lines 12 through 14)  
 b  Compensation income, capital gain (loss) amounts already determined (leave lines 12 through 14 blank and complete Part VII). **QuickZoom** to Part VII . . . . . ▶  
 12 Plan discount percent (if none, enter zero) . . . . . ▶ \_\_\_\_\_ %  
 13 How acquired stock. Check one:  
 a  Single purchase, same price per share paid for all shares  
 b  Single purchase, different prices per share paid for shares  
 c  Multiple purchases  
 14 For each ESPP purchase lot from which shares on line 4 above were sold, enter grant and acquisition information in columns (b) through (j). (Box numbers refer to Form 3922; see Tax Help.)

			Grant Information			Acquisition Information			
(a) Lot #	(b) Rprtd on Form 3922?	(c) Number of Shares (Box 6)	(d) Date Option Granted (Box 1)	(e) FMV/Share on Grant Date (Box 3)	(f) Price/Share as if Exercise on Grant Date (Box 8)	(g) Date Option Exercised (Box 2)	(h) FMV/Share on Exercise Date (Box 4)	(i) Exercise Price Paid Per Share (Box 5)	(j) Fees Paid (if any)
	<input type="checkbox"/>								
	<input type="checkbox"/>								
	<input type="checkbox"/>								
	<input type="checkbox"/>								
	<input type="checkbox"/>								
	<input type="checkbox"/>								
	<input type="checkbox"/>								
	<input type="checkbox"/>								
	<input type="checkbox"/>								
	<input type="checkbox"/>								

---

**Part VII Summary**

---

28 Amount reported as compensation income for 2022 . . . . . 0.00  
29 **Capital Gain or (Loss)**

	<b>Short-Term</b>	<b>Long-Term</b>	<b>Total</b>
a Number of shares . . . . .			
b Date acquired . . . . .	07/31/2018		07/31/2018
c Date sold . . . . .	08/10/2022	08/10/2022	08/10/2022
d Sales price . . . . .	3,605.		3,605.
e Cost or other basis . . . . .	1,070.		1,070.
f Gain or (loss) . . . . .	2,535.		2,535.

---





Keep for your records

Name(s) shown on return

VAMSI KRISHNA & PUSHPAVATHI SOMA

Social Security No.

655-83-1015

General Information:

Property description . . . . . Pappalaguda, Rajendra Nagar
Property type . . 1 Single Family Residence If type is other, enter a description . .
Location (street address) . . . . . Pappalaguda, Rajendra Naga
City . . . . . Hyderabad State . . . . . ZIP code . . . . .
If a foreign address: Foreign province or state . . . . . Telangalna
Foreign postal code . . . . . 50030 Foreign country . . . . . India

Complete For All Properties:

Did you make any payments that would require you to file Form(s) 1099? . . . . . Yes No X
If yes, did you or will you file all required Form(s) 1099? . . . . . Yes No

Complete For All Rental Properties:

Days rented at fair rental value . . . . . 210 Days of personal use . . . . . 0

Check All That Apply:

- A Owned by spouse
B Owned jointly
C Active participation
D Material participation
E Qualified joint venture
F Some investment is not at risk
G Other passive exceptions
H Complete taxable disposition - See Help
I Treat all MACRS assets for this activity as qualified Indian reservation property?
J Treat all assets acquired after August 27, 2005 as qualified GO Zone property?
K Treat all assets acquired after May 4, 2007 as qualified Kansas Disaster Zone property?
L Was this activity located in a Qualified Disaster Area?
M Reserved for future use

Ownership Percentage:

- N Check to allocate income and expenses using ownership percentage
O Enter ownership percentage %

Owner-Occupied Rentals:

- P Check to allocate personal use items to Schedule A
Q Percentage of rental use %

Vacation Home or Property with Personal Use Days:

- R Check to allocate interest and taxes using the Tax Court Method
S Number of days property owned if less than the entire year

Income		% if Different	Total
<b>3 Enter</b> rental income (not reported elsewhere) . . . .	2,600.		
Rental income from Form 1099-MISC . . . . .			
Rental income from Form 1099-K . . . . .			
Rental Income from Cancellation of Debt Wks . . . .			
Total rents received . . . . .	2,600.	100.000000	2,600.
<b>4 Enter</b> royalties received (not reported elsewhere) .			
Royalty income from Form 1099-MISC . . . . .			
Royalty income from Form 1099-K . . . . .			
Royalty Income from Cancellation of Debt Wks . . . .			
Royalty Income from Schedule K-1 . . . . .			
Total royalties received . . . . .			

Expenses	(a) Total	(b) Enter % if not 100.00	(c) Reported On Schedule E	(d) Vacation Home Loss Limitation	(e) Allocated to Personal use
<b>5</b> Advertising . . . . .					
<b>6 a</b> Auto . . . . .					
<b>b</b> Travel . . . . .					
<b>7</b> Cleaning and maint . .	0.		0.		
<b>8</b> Commissions . . . . .					
<b>9 a</b> Mort insur qualified . .					
From Form 1098 import					
Total mort insur qual .					
<b>b</b> Other Insurance . . . .					
<b>10</b> Legal & other prof fees					
<b>11</b> Management fees . . .	800.		800.		
<b>12 a</b> Mortgage int qualified .					
From Form 1098 import					
Total mort int qualified					
<b>b</b> Mort int other . . . . .					
From Form 1098 import					
Total mort int other . .					
<b>13</b> Other interest . . . . .	5,019.		5,019.		
<b>14</b> Repairs . . . . .	1,100.		1,100.		
<b>15</b> Supplies . . . . .	0.		0.		
<b>16 a</b> Real estate taxes . . .	100.				
From Form 1098 import					
Total real estate taxes	100.		100.		
<b>b</b> Other taxes . . . . .					
<b>17</b> Utilities . . . . .					
<b>18 a</b> Depreciation . . . . .	4,428.		4,428.		
<b>b</b> Depletion . . . . .					
<b>c</b> Depreciation carryover					
<b>19</b> Other expenses . . . .					
<b>a</b>					
<b>b</b>					
<b>c</b>					
<b>d</b>					
<b>e</b> Indirect operating exp .					
<b>f</b> Operating exp carryover					
<b>g</b> Vehicle rental . . . . .					
<b>h</b> Amortization . . . . .					
<b>20</b> Add lines 5 through 19	11,447.		11,447.		
<b>21</b> Income or (loss) . . . . .			-8,847.		
<b>22</b> Deductible rental real estate loss . . . . .			-8,847.		



# Federal Carryover Worksheet

**2022**

▶ Keep for your records

Name(s) Shown on Return VAMSI KRISHNA & PUSHPAVATHI SOMA	Social Security Number 655-83-1015
---	---------------------------------------

**2021 State and Local Income Tax Information**

(a) State or Local ID	(b) Paid With Extension	(c) Estimates Pd After 12/31	(d) Total With- held/Pmts	(e) Paid With Return	(f) Total Over- payment	(g) Applied Amount
CA			47,335.		7,585.	
<b>Totals . .</b>			47,335.		7,585.	

**2021 State Extension Information**

(a) State	(b) Paid With Extension

**2021 Locality Extension Information**

(a) Locality	(b) Paid With Extension

**2021 State Estimates Information**

(a) State	(c) Estimates Paid After 12/31

**2021 Locality Estimates Information**

(a) Locality	(c) Estimates Paid After 12/31

**2021 State Taxes Due Information**

(a) State	(e) Paid With Return

**2021 Locality Taxes Due Information**

(a) Locality	(e) Paid With Return

**2021 State Refund Applied Information**

(a) State	(g) Applied Amount

**2021 Locality Refund Applied Information**

(a) Locality	(g) Applied Amount

**2021 State Tax Refund Information**

(a) State	(d) Total Withheld/Pmts	(f) Total Overpayment
CA	47,335.	7,585.

**2021 Locality Tax Refund Information**

(a) Locality	(d) Total Withheld/Pmts	(f) Total Overpayment

Other Tax and Income Information		2021	2022
1	Filing status . . . . .	2 MFJ	2 MFJ
2	Number of exemptions for blind or over 65 (0 - 4) . . . . .		
3	Itemized deductions . . . . .	10,000.	10,601.
4	Check box if required to itemize deductions . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
5	Adjusted gross income . . . . .	505,131.	434,446.
6	Tax liability for Form 2210 or Form 2210-F . . . . .	118,129.	92,749.
7	Alternative minimum tax . . . . .		0.
8	Federal overpayment applied to next year estimated tax . . . . .		

QuickZoom to the IRA Information Worksheet for IRA information . . . . . ▶

Excess Contributions		2021	2022
9 a	Taxpayer's excess Archer MSA contributions as of 12/31 . . . . .		
b	Spouse's excess Archer MSA contributions as of 12/31 . . . . .		
10 a	Taxpayer's excess Coverdell ESA contributions as of 12/31 . . . . .		
b	Spouse's excess Coverdell ESA contributions as of 12/31 . . . . .		
11 a	Taxpayer's excess HSA contributions as of 12/31 . . . . .		
b	Spouse's excess HSA contributions as of 12/31 . . . . .		

Loss and Expense Carryovers		2021	2022
Note: Enter all entries as a positive amount			
12 a	Short-term capital loss . . . . .		
b	AMT Short-term capital loss . . . . .		
13 a	Long-term capital loss . . . . .		
b	AMT Long-term capital loss . . . . .		
14 a	Net operating loss available to carry forward . . . . .		
b	AMT Net operating loss available to carry forward . . . . .		
15 a	Investment interest expense disallowed . . . . .		
b	AMT Investment interest expense disallowed . . . . .		
16	Nonrecaptured net Section 1231 losses from:	a 2022 . . . . .	
		b 2021 . . . . .	
		c 2020 . . . . .	
		d 2019 . . . . .	
		e 2018 . . . . .	
		f 2017 . . . . .	
17	AMT Nonrecap'd net Sec 1231 losses from:	a 2022 . . . . .	
		b 2021 . . . . .	
		c 2020 . . . . .	
		d 2019 . . . . .	
		e 2018 . . . . .	
		f 2017 . . . . .	

Credit Carryovers		2021	2022
18	General business credit . . . . .		
19	Adoption credit from:	a 2022 . . . . .	
		b 2021 . . . . .	
		c 2020 . . . . .	
		d 2019 . . . . .	
		e 2018 . . . . .	
		f 2017 . . . . .	
20	Mortgage interest credit from:	a 2022 . . . . .	
		b 2021 . . . . .	
		c 2020 . . . . .	
		d 2019 . . . . .	
21	Credit for prior year minimum tax . . . . .		
22	District of Columbia first-time homebuyer credit . . . . .		
23	Residential Clean Energy Credit (Previously the Residential energy efficient property credit . . . . .		

Other Carryovers				2021	2022
<b>24</b>	Section 179 expense deduction disallowed . . . . .			<b>24</b>	
<b>25</b>	Excess foreign housing deduction:	<b>a</b>	Taxpayer (Form 2555, line 46) . . . . .	<b>25 a</b>	
		<b>b</b>	Taxpayer (Form 2555, line 48) . . . . .	<b>b</b>	
		<b>c</b>	Spouse (Form 2555, line 46) . . . . .	<b>c</b>	
		<b>d</b>	Spouse (Form 2555, line 48) . . . . .	<b>d</b>	

**Charitable Contribution Carryovers**

26	2021 Carryover of charitable contributions from:	Other Property		Capital Gain		Cash
		(a) 50%	(b) 30%	(c) 30%	(d) 20%	(e) 60%
<b>a</b>	2021 . . . . .					
<b>b</b>	2020 . . . . .					
<b>c</b>	2019 . . . . .					
<b>d</b>	2018 . . . . .					
<b>e</b>	2017 . . . . .					

  

27	2022 Carryover of charitable contributions from:	Other Property		Capital Gain		Cash
		(a) 50%	(b) 30%	(c) 30%	(d) 20%	(e) 60%
<b>a</b>	2022 . . . . .					0.
<b>b</b>	2021 . . . . .					
<b>c</b>	2020 . . . . .					
<b>d</b>	2019 . . . . .					
<b>e</b>	2018 . . . . .					

**28** Amount overpaid less earned income credit . . . . . 0.

Qualified Business Income Deduction (Section 199A) carryovers				2021	2022	
<b>29</b>	Qualified business loss carryforward . . . . .			<b>29</b>		
<b>30</b>	Qualified PTP loss carryforward . . . . .			<b>30</b>		
<b>31</b>	Applicable percentage	2018 . . . . .	<b>31 a</b>			
		2019 . . . . .		<b>b</b>		
		2020 . . . . .		<b>c</b>		
		2021 . . . . .		<b>d</b>		

**2021 State Capital Loss Carryovers** (For users not transferring from the prior year)

State ID	Short-term Capital Loss for State	AMT Short-term Capital Loss for State	Long-term Capital Loss for State	AMT Long-term Capital Loss for State	Capital Loss (combined) for State	AMT Capital Loss (combined) for State

Depreciation and Amortization Report

Tax Year 2022
Keep for your records

VAMSI KRISHNA & PUSHPAVATHI SOMA
Sch E - Pappalaguda, Rajendra Naga

655-83-1015

Table with columns: \*Code, Asset Description, Date In Service, Cost (Net of Land), Land, Bus Use %, Section 179, Special Depreciation Allowance, Depreciable Basis, Life, Method/Convention, Prior Depreciation, Current Depreciation. Rows include DEPRECIATION, Pappalaguda, Rajendra Nagar, SUBTOTAL PRIOR YEAR, and TOTALS.

\* Code: S = Sold, A = Auto, L = Listed, V = Vine with SDA in Year Planted/Grafted, X = Non-depreciated asset, H = Home Office





### Additional Information From 2022 Federal Tax Return

#### Form 1099-B Worksheet (National Financial Services LLC) -- Capital Asset Sales Wksht (1)

TQUICK

Continuation Statement

5	SERVICENOW INC COM USD0.001 22	Check here if this summarizes multiple sales . . . ▶						
B	02/28/22	08/17/21	12,750.65	12,809.28	53.31			
		S	Yes	<input checked="" type="checkbox"/> No	Yes	<input checked="" type="checkbox"/> No		
Check to use worksheet (see help) ▶		O						
0.00						<input checked="" type="checkbox"/>		
6	SERVICENOW INC COM USD0.001 17	Check here if this summarizes multiple sales . . . ▶						
B	02/28/22	02/12/22	9,852.77	9,923.24	70.47			
		S	Yes	<input checked="" type="checkbox"/> No	Yes	<input checked="" type="checkbox"/> No		
Check to use worksheet (see help) ▶		O						
0.00						<input checked="" type="checkbox"/>		
7	SERVICENOW INC COM USD0.001 20	Check here if this summarizes multiple sales . . . ▶						
B	02/28/22	02/17/22	11,591.50	11,315.00				
		S	Yes	<input checked="" type="checkbox"/> No	Yes	<input checked="" type="checkbox"/> No		
Check to use worksheet (see help) ▶		O						
0.00						<input checked="" type="checkbox"/>		
8	SERVICENOW INC COM USD0.001 7	Check here if this summarizes multiple sales . . . ▶						
B	02/28/22	02/07/22	4,094.97	4,012.40				
		S	Yes	<input checked="" type="checkbox"/> No	Yes	<input checked="" type="checkbox"/> No		
Check to use worksheet (see help) ▶		O						
0.00						<input checked="" type="checkbox"/>		
9	SERVICENOW INC COM USD0.001 25	Check here if this summarizes multiple sales . . . ▶						
B	02/28/22	02/07/22	14,499.92	14,330.00				
		S	Yes	<input checked="" type="checkbox"/> No	Yes	<input checked="" type="checkbox"/> No		
Check to use worksheet (see help) ▶		O						
0.00						<input checked="" type="checkbox"/>		
10	NIO INC SPON ADS EACH REP 1 ORD 100	Check here if this summarizes multiple sales . . . ▶						
A	03/14/22	03/23/21	1,445.01	4,195.00				
		S	Yes	<input checked="" type="checkbox"/> No	Yes	<input checked="" type="checkbox"/> No		
Check to use worksheet (see help) ▶		O						
0.00						<input checked="" type="checkbox"/>		
11	WARNER BROS DISCOVERY INC COM SE 0.257	Check here if this summarizes multiple sales . . . ▶						
D	04/13/22	05/08/18	6.98	7.98	0.00			
		L	Yes	<input checked="" type="checkbox"/> No	Yes	<input checked="" type="checkbox"/> No		
Check to use worksheet (see help) ▶		O						
0.00						<input checked="" type="checkbox"/>		
12	WARNER BROS DISCOVERY INC COM SE 0.257	Check here if this summarizes multiple sales . . . ▶						
D	04/13/22	08/15/18	6.98	8.16	0.00			
		L	Yes	<input checked="" type="checkbox"/> No	Yes	<input checked="" type="checkbox"/> No		
Check to use worksheet (see help) ▶		O						
0.00						<input checked="" type="checkbox"/>		

**Form 1099-B Worksheet (National Financial Services LLC) -- Capital Asset Sales Wksht (1)**

**TQUICK**

**Continuation Statement**

13	WARNER BROS DISCOVERY INC COM SE 0.257	Check here if this summarizes multiple sales . . . ▶										
D	04/13/22	10/29/20	6.98	6.65	0.00							
		L	Yes	X	No	Yes	X	No				
Check to use worksheet (see help) ▶		O										
0.00											X	
14	WARNER BROS DISCOVERY INC COM SE 0.103	Check here if this summarizes multiple sales . . . ▶										
A	04/13/22	10/26/21	2.79	2.54	0.00							
		S	Yes	X	No	Yes	X	No				
Check to use worksheet (see help) ▶		O										
0.00											X	
15	WARNER BROS DISCOVERY INC COM SE 0.077	Check here if this summarizes multiple sales . . . ▶										
A	04/13/22	12/22/21	2.09	1.85	0.00							
		S	Yes	X	No	Yes	X	No				
Check to use worksheet (see help) ▶		O										
0.00											X	
16	SERVICENOW INC COM USD0.001 12	Check here if this summarizes multiple sales . . . ▶										
A	05/27/22	07/30/21	5,711.87	7,054.66								
		S	Yes	X	No	Yes	X	No				
Check to use worksheet (see help) ▶		O										
0.00											X	
17	SERVICENOW INC COM USD0.001 8	Check here if this summarizes multiple sales . . . ▶										
B	05/27/22	05/07/22	3,807.91	3,653.92								
		S	Yes		X	No	Yes	X	No			
Check to use worksheet (see help) ▶		O										
0.00											X	
18	SERVICENOW INC COM USD0.001 12	Check here if this summarizes multiple sales . . . ▶										
A	08/02/22	07/29/22	5,459.87	5,359.92								
		S	Yes	X	No	Yes	X	No				
Check to use worksheet (see help) ▶		O										
0.00											X	
19	SERVICENOW INC COM USD0.001 10	Check here if this summarizes multiple sales . . . ▶										
A	08/05/22	01/31/22	4,999.88	5,899.25	11.27							
		S	Yes	X	No	Yes	X	No				
Check to use worksheet (see help) ▶		O										
0.00											X	
20	SERVICENOW INC COM USD0.001 7	Check here if this summarizes multiple sales . . . ▶										
D	08/10/22	07/31/18	3,604.91	1,069.68								
		L	Yes	X	No	Yes	X	No				
Check to use worksheet (see help) ▶		O										
0.00											X	
21	NETFLIX INC 5	Check here if this summarizes multiple sales . . . ▶										
D	10/19/22	08/15/18	1,374.96	1,619.92	0.00							
		L	Yes	X	No	Yes	X	No				
Check to use worksheet (see help) ▶		O										
0.00											X	

Form 1099-B Worksheet (National Financial Services LLC) -- Capital Asset Sales Wksht (1)

TQUICK

Continuation Statement

22	NETFLIX INC 5	Check here if this summarizes multiple sales . . . ▶									
A	10/19/22	03/02/22	1,374.97	1,893.78	0.00						
		S	Yes	X	No	Yes	X	No			
Check to use worksheet (see help) ▶		0									
0.00		X									
23	NETFLIX INC 2	Check here if this summarizes multiple sales . . . ▶									
A	10/19/22	03/04/22	549.99	721.19	0.00						
		S	Yes	X	No	Yes	X	No			
Check to use worksheet (see help) ▶		0									
0.00		X									
24	NETFLIX INC 8	Check here if this summarizes multiple sales . . . ▶									
A	10/19/22	04/20/22	2,199.95	1,790.00	0.00						
		S	Yes	X	No	Yes	X	No			
Check to use worksheet (see help) ▶		0									
0.00		X									
25	SERVICENOW INC COM USD0.001 8	Check here if this summarizes multiple sales . . . ▶									
B	11/11/22	11/07/22	3,305.52	2,905.60							
		S	Yes		X	No	Yes	X	No		
Check to use worksheet (see help) ▶		0									
0.00		X									
26	SERVICENOW INC COM USD0.001 12	Check here if this summarizes multiple sales . . . ▶									
B	11/15/22	05/12/22	5,039.88	5,195.28	155.40						
		S	Yes		X	No	Yes	X	No		
Check to use worksheet (see help) ▶		0									
0.00		X									
27	SERVICENOW INC COM USD0.001 13	Check here if this summarizes multiple sales . . . ▶									
B	11/23/22	11/12/22	5,329.87	5,328.83							
		S	Yes		X	No	Yes	X	No		
Check to use worksheet (see help) ▶		0									
0.00		X									
28	SERVICENOW INC COM USD0.001 10	Check here if this summarizes multiple sales . . . ▶									
B	11/29/22	11/17/22	4,019.90	4,005.80							
		S	Yes		X	No	Yes	X	No		
Check to use worksheet (see help) ▶		0									
0.00		X									
29	SERVICENOW INC COM USD0.001 2	Check here if this summarizes multiple sales . . . ▶									
B	11/30/22	05/12/22	831.24	845.72							
		S	Yes		X	No	Yes	X	No		
Check to use worksheet (see help) ▶		0									
0.00		X									
30	SERVICENOW INC COM USD0.001 7	Check here if this summarizes multiple sales . . . ▶									
B	11/30/22	11/12/22	2,909.34	2,869.37							
		S	Yes		X	No	Yes	X	No		
Check to use worksheet (see help) ▶		0									
0.00		X									

**Form 1099-B Worksheet (National Financial Services LLC) -- Capital Asset Sales Wksht (1)**

**TQUICK**

**Continuation Statement**

31	SERVICENOW INC COM USD0.001 10	Check here if this summarizes multiple sales . . . ▶										
B	11/30/22	05/12/22	4,159.90	4,228.60								
		S	Yes	<input checked="" type="checkbox"/>	No	Yes	<input checked="" type="checkbox"/>	No				
Check to use worksheet (see help) ▶		O										
0.00		<input checked="" type="checkbox"/>										
32	SERVICENOW INC COM USD0.001 10	Check here if this summarizes multiple sales . . . ▶										
E	11/30/22	05/07/20	4,109.90	3,818.30								
		L	Yes	<input checked="" type="checkbox"/>	No	Yes	<input checked="" type="checkbox"/>	No				
Check to use worksheet (see help) ▶		O										
0.00		<input checked="" type="checkbox"/>										
33	SERVICENOW INC COM USD0.001 6	Check here if this summarizes multiple sales . . . ▶										
B	11/30/22	11/17/22	2,429.94	2,403.48								
		S	Yes	<input checked="" type="checkbox"/>	No	Yes	<input checked="" type="checkbox"/>	No				
Check to use worksheet (see help) ▶		O										
0.00		<input checked="" type="checkbox"/>										
34	SERVICENOW INC COM USD0.001 5	Check here if this summarizes multiple sales . . . ▶										
B	11/30/22	11/17/22	2,014.95	2,002.90								
		S	Yes	<input checked="" type="checkbox"/>	No	Yes	<input checked="" type="checkbox"/>	No				
Check to use worksheet (see help) ▶		O										
0.00		<input checked="" type="checkbox"/>										

**Form 1099-B Worksheet (National Financial Services LLC) -- Capital Asset Sales Wksht (1)**

**RQUICK**

**Continuation Statement**

20A	7.0000sh SERVICENOW INC	3,604.91	1,069.68	BT	-0.32	2,534.91	S
21D	NETFLIX INC 5	1,374.96	1,619.92			-244.96	L
22A	NETFLIX INC 5	1,374.97	1,893.78			-518.81	S
23A	NETFLIX INC 2	549.99	721.19			-171.20	S
24A	NETFLIX INC 8	2,199.95	1,790.00			409.95	S
25B	SERVICENOW INC COM USD0.001 8	3,305.52	2,905.60			399.92	S
26B	SERVICENOW INC COM USD0.001 12	5,039.88	5,195.28	W	155.40	0.00	S
27B	SERVICENOW INC COM USD0.001 13	5,329.87	5,328.83			1.04	S
28B	SERVICENOW INC COM USD0.001 10	4,019.90	4,005.80			14.10	S
29B	SERVICENOW INC COM USD0.001 2	831.24	845.72			-14.48	S
30B	SERVICENOW INC COM USD0.001 7	2,909.34	2,869.37			39.97	S
31B	SERVICENOW INC COM USD0.001 10	4,159.90	4,228.60			-68.70	S
32E	SERVICENOW INC COM USD0.001 10	4,109.90	3,818.30			291.60	L
33B	SERVICENOW INC COM USD0.001 6	2,429.94	2,403.48			26.46	S
34B	SERVICENOW INC COM USD0.001 5	2,014.95	2,002.90			12.05	S

# Electronic Filing Instructions for your 2022 California Tax Return

Important: Your taxes are not finished until all required steps are completed.



VAMSI KRISHNA & PUSHPAVATHI SOMA  
19400 Sorenson Ave APT 213  
Cupertino, CA 95014

<b>Balance Due/Refund</b>	Your California state tax return (Form 540) shows a refund due to you in the amount of \$9,830.00. Your tax refund will be direct deposited into your account. The account information you entered - Account Number: 40125304 Routing Transit Number: 211391825.															
<b>Where's My Refund?</b>	Before you call the Franchise Tax Board with questions about your refund, give them 21 days processing time from the date your return is accepted. If then you have not received your refund, or the amount is not what you expected, contact the Franchise Tax Board directly at 1-800-338-0505. From outside of California use 1-916-845-6500. You can also visit the Franchise Tax Board web site at <a href="http://www.ftb.ca.gov/online/refund/">http://www.ftb.ca.gov/online/refund/</a> .															
<b>What You Need to Sign</b>	Sign and date Form 8453-OL within 1 day of acceptance. Since you are married filing jointly, your spouse must also sign and date the form.															
<b>Do Not Mail</b>	Do not mail a paper copy of your tax return. Since you filed electronically, the Franchise Tax Board already has your return.															
<b>What You Need to Keep</b>	Your Electronic Filing Instructions (this form) - Form 8453-OL and attachment(s) A copy of your state and federal returns															
<b>2022 California Tax Return Summary</b>	<table><tr><td>Taxable Income</td><td>\$</td><td>425,149.00</td></tr><tr><td>Total Tax</td><td>\$</td><td>31,900.00</td></tr><tr><td>Total Payments/Credits</td><td>\$</td><td>41,730.00</td></tr><tr><td>Amount to be Refunded</td><td>\$</td><td>9,830.00</td></tr><tr><td>Effective Tax Rate</td><td></td><td>7.32%</td></tr></table>	Taxable Income	\$	425,149.00	Total Tax	\$	31,900.00	Total Payments/Credits	\$	41,730.00	Amount to be Refunded	\$	9,830.00	Effective Tax Rate		7.32%
Taxable Income	\$	425,149.00														
Total Tax	\$	31,900.00														
Total Payments/Credits	\$	41,730.00														
Amount to be Refunded	\$	9,830.00														
Effective Tax Rate		7.32%														

TAXABLE YEAR **2022** **California Online e-file Return Authorization** for Individuals FORM **8453-OL**

Your first name and initial Last name Suffix Your SSN or ITIN  
VAMSI KRISHNA SOMA 655-83-1015  
If filing jointly, spouse's/RDP's first name and initial Last name Suffix Spouse's/RDP's SSN or ITIN  
PUSHPAVATHI SOMA 775-31-9751  
Street address (number and street) or PO box Apt. no./ste. no. PMB/private mailbox Daytime telephone number  
19400 SORENSON AVE APT 213 (408) 594-5071  
City State ZIP code  
CUPERTINO CA 95014  
Foreign country name Foreign province/state/county Foreign postal code

Part I Tax Return Information (whole dollars only)

1 California adjusted gross income. See instructions	1	435553
2 Refund or no amount due. See instructions	2	9830
3 Amount you owe. See instructions	3	

Part II Settle Your Account Electronically for Taxable Year 2022 (Pay by 4/18/2023)

4  Direct deposit of refund  
5  Electronic funds withdrawal 5a Amount \_\_\_\_\_ 5b Withdrawal date (mm/dd/yyyy) \_\_\_\_\_

Part III Make Estimated Tax Payments for Taxable Year 2023 These are NOT installment payments for the current amount you owe.

	First Payment 4/18/2023	Second Payment 6/15/2023	Third Payment 9/15/2023	Fourth Payment 1/16/2024
6 Amount				
7 Withdrawal date				

Part IV Banking Information (Have you verified your banking information?)

8 Amount of refund to be directly deposited to account below \_\_\_\_\_ 9830  
9 Routing number 211391825  
10 Account number 40125304  
11 Type of account:  Checking  Savings  
12 The remaining amount of my refund for direct deposit \_\_\_\_\_  
13 Routing number \_\_\_\_\_  
14 Account number \_\_\_\_\_  
15 Type of account:  Checking  Savings

Part V Declaration of Taxpayer(s)  
I authorize my account to be settled as designated in Part II. If I check Part II, box 4, I declare that the direct deposit refund information in Part IV agrees with the authorization stated on my return. If I check Part II, box 5, I authorize an electronic funds withdrawal for the amount listed on line 5a and any estimated payment amounts listed on line 6 from the bank account listed on lines 9, 10, and 11. If I have filed a joint return, this is an irrevocable appointment of the other spouse/registered domestic partner (RDP) as an agent to receive the refund or authorize an electronic funds withdrawal.

Under penalties of perjury, I declare that the information I provided to the Franchise Tax Board (FTB), either directly or through e-file software, including my name, address, and social security number (SSN) or individual taxpayer identification number (ITIN), and the amounts shown in Part I above, agrees with the information and amounts shown on the corresponding lines of my 2022 California income tax return. To the best of my knowledge and belief, my return is true, correct, and complete. If I am filing a balance due return, I understand that if the FTB does not receive full and timely payment of my tax liability, I remain liable for the tax liability and all applicable interest and penalties. I authorize my return and accompanying schedules and statements to be transmitted to the FTB directly or through the e-file software. **If the processing of my return or refund is delayed, I authorize the FTB to disclose to me, either directly or through the e-file software, the reason(s) for the delay or the date when the refund was sent.**

Sign Here  
Your signature \_\_\_\_\_ Date \_\_\_\_\_  
Spouse's/RDP's signature. If filing jointly, both must sign. \_\_\_\_\_ Date \_\_\_\_\_  
*It is unlawful to forge a spouse's/RDP's signature.*

# 2022 California Resident Income Tax Return

# 540

APE

ATTACH FEDERAL RETURN

655-83-1015 SOMA 775-31-9751  
VAMSIKRISHN SOMA  
PUSHPAVATHI SOMA

22

19400 SORENSON AVE APT 213  
CUPERTINO CA 95014

04-24-1977 06-07-1982

Principal Residence

Enter your county at time of filing (see instructions)

SANTA CLARA

If your address above is the same as your principal/physical residence address at the time of filing, check this box

If not, enter below your principal/physical residence address at the time of filing.

Street address (number and street) (If foreign address, see instructions.)

Apt. no./ste. no.

City

State

ZIP code

If your California filing status is different from your federal filing status, check the box here

Filing Status

1  Single

4  Head of household (with qualifying person). See instructions.

2  Married/RDP filing jointly. See instr.

5  Qualifying surviving spouse/RDP. Enter year spouse/RDP died.

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.

Exemptions

For 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

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.  7  2 X \$140 =  \$ 280

8 **Blind:** If you (or your spouse/RDP) are visually impaired, enter 1; if both are visually impaired, enter 2.  8  X \$140 =  \$

9 **Senior:** If you (or your spouse/RDP) are 65 or older, enter 1; if both are 65 or older, enter 2. See instructions.  9  X \$140 =  \$

REV 02/17/23 TTMAC

Your name:  Your SSN or ITIN:

**10 Dependents: Do not include yourself or your spouse/RDP.**

	Dependent 1	Dependent 2	Dependent 3
First Name	<input type="radio"/> PRANAV KUMA	<input type="radio"/> SUDHEEP KRI	<input type="radio"/>
Last Name	<input type="radio"/> SOMA	<input type="radio"/> SOMA	<input type="radio"/>
SSN. See instructions.	<input type="radio"/> 956903128	<input type="radio"/> 956903130	<input type="radio"/>
Dependent's relationship to you	<input type="radio"/> SON	<input type="radio"/> SON	<input type="radio"/>

Total dependent exemptions ..... ● 10  X \$433 = ● \$

**11 Exemption amount:** Add line 7 through line 10. Transfer this amount to line 32 ..... ● 11 \$

<b>12</b>	State wages from your federal Form(s) W-2, box 16 ..... ● 12	<input type="text" value="440316"/>	<input type="text" value="00"/>
<b>13</b>	Enter federal adjusted gross income from federal Form 1040 or 1040-SR, line 11 ..... ● 13	<input type="text" value="434446"/>	<input type="text" value="00"/>
<b>14</b>	California adjustments – subtractions. Enter the amount from Schedule CA (540), Part I, line 27, column B. .... ● 14	<input type="text" value="0"/>	<input type="text" value="00"/>
<b>15</b>	Subtract line 14 from line 13. If less than zero, enter the result in parentheses. See instructions ..... 15	<input type="text" value="434446"/>	<input type="text" value="00"/>
<b>16</b>	California adjustments – additions. Enter the amount from Schedule CA (540), Part I, line 27, column C. .... ● 16	<input type="text" value="1107"/>	<input type="text" value="00"/>
<b>17</b>	California adjusted gross income. Combine line 15 and line 16 ..... ● 17	<input type="text" value="435553"/>	<input type="text" value="00"/>
<b>18</b>	Enter the larger of { Your California <b>itemized deductions</b> from Schedule CA (540), Part II, line 30; <b>OR</b> Your California <b>standard deduction</b> shown below for your filing status: • Single or Married/RDP filing separately. .... \$5,202 • Married/RDP filing jointly, Head of household, or Qualifying surviving spouse/RDP. \$10,404 If Married/RDP filing separately or the box on line 6 is checked, <b>STOP</b> . See instructions ..... ● 18	<input type="text" value="10404"/>	<input type="text" value="00"/>
<b>19</b>	Subtract line 18 from line 17. This is your <b>taxable income</b> . If less than zero, enter -0- ..... ● 19	<input type="text" value="425149"/>	<input type="text" value="00"/>

<b>31</b>	Tax. Check the box if from: <input type="checkbox"/> Tax Table <input checked="" type="checkbox"/> Tax Rate Schedule ● <input type="checkbox"/> FTB 3800 ● <input type="checkbox"/> FTB 3803 ..... ● 31	<input type="text" value="33046"/>	<input type="text" value="00"/>
<b>32</b>	Exemption credits. Enter the amount from line 11. If your federal AGI is more than \$229,908, see instructions. .... ● 32	<input type="text" value="1146"/>	<input type="text" value="00"/>
<b>33</b>	Subtract line 32 from line 31. If less than zero, enter -0- ..... ● 33	<input type="text" value="31900"/>	<input type="text" value="00"/>
<b>34</b>	Tax. See instructions. Check the box if from: ● <input type="checkbox"/> Schedule G-1 ● <input type="checkbox"/> FTB 5870A. . . ● 34	<input type="text" value=""/>	<input type="text" value="00"/>
<b>35</b>	Add line 33 and line 34. .... ● 35	<input type="text" value="31900"/>	<input type="text" value="00"/>

<b>40</b>	Nonrefundable Child and Dependent Care Expenses Credit. See instructions. .... ● 40	<input type="text" value=""/>	<input type="text" value="00"/>
<b>43</b>	Enter credit name <input type="text"/> code ● <input type="text"/> and amount. . . ● 43	<input type="text" value=""/>	<input type="text" value="00"/>
<b>44</b>	Enter credit name <input type="text"/> code ● <input type="text"/> and amount. . . ● 44	<input type="text" value=""/>	<input type="text" value="00"/>

REV 02/17/23 TTMAC



Your name: **SOMA** Your SSN or ITIN: **655-83-1015**

**Special Credits**

45 To claim more than two credits. See instructions. Attach Schedule P (540).  45  .00

46 Nonrefundable Renter's Credit. See instructions  46  .00

47 Add line 40 through line 46. These are your total credits  47  .00

48 Subtract line 47 from line 35. If less than zero, enter -0-  48  .00

**Other Taxes**

61 Alternative Minimum Tax. Attach Schedule P (540)  61  .00

62 Mental Health Services Tax. See instructions  62  .00

63 Other taxes and credit recapture. See instructions  63  .00

64 Add line 48, line 61, line 62, and line 63. This is your total tax.  64  .00

**Payments**

71 California income tax withheld. See instructions  71  .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

74 Excess SDI (or VPD) withheld. See instructions  74  .00

75 Earned Income Tax Credit (EITC). See instructions  75  .00

76 Young Child Tax Credit (YCTC). See instructions  76  .00

77 Foster Youth Tax Credit (FYTC). See instructions  77  .00

78 Add line 71 through line 77. These are your total payments. See instructions  78  .00

**Use Tax**

91 **Use Tax.** Do not leave blank. See instructions.  91  .00

If line 91 is zero, check if:   No use tax is owed.   You paid your use tax obligation directly to CDTFA.

**ISR Penalty**

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.   If you did not check the box, see instructions.

Individual Shared Responsibility (ISR) Penalty. See instructions  92  .00

**Overpaid Tax/Tax Due**

93 Payments balance. If line 78 is more than line 91, subtract line 91 from line 78  93  .00

94 **Use Tax balance.** If line 91 is more than line 78, subtract line 78 from line 91  94  .00

95 Payments after Individual Shared Responsibility Penalty. If line 93 is more than line 92, subtract line 92 from line 93.  95  .00

96 Individual Shared Responsibility Penalty Balance. If line 92 is more than line 93, subtract line 93 from line 92.  96  .00

97 Overpaid tax. If line 95 is more than line 64, subtract line 64 from line 95.  97  .00

Your name:

Your SSN or ITIN:

<b>Overpaid Tax/Tax Due</b>	98	Amount of line 97 you want applied to your <b>2023</b> estimated tax . . . . .	●	98	<input type="text" value="0"/>	.00
	99	Overpaid tax available this year. Subtract line 98 from line 97 . . . . .	●	99	<input type="text" value="9830"/>	.00
	100	Tax due. If line 95 is less than line 64, subtract line 95 from line 64 . . . . .	●	100	<input type="text"/>	.00

		<b>Code</b>	<b>Amount</b>		
<b>Contributions</b>	California Seniors Special Fund. See instructions . . . . .	●	400	<input type="text"/>	.00
	Alzheimer's Disease and Related Dementia Voluntary Tax Contribution Fund . . . . .	●	401	<input type="text"/>	.00
	Rare and Endangered Species Preservation Voluntary Tax Contribution Program . . . . .	●	403	<input type="text"/>	.00
	California Breast Cancer Research Voluntary Tax Contribution Fund . . . . .	●	405	<input type="text"/>	.00
	California Firefighters' Memorial Voluntary Tax Contribution Fund . . . . .	●	406	<input type="text"/>	.00
	Emergency Food for Families Voluntary Tax Contribution Fund . . . . .	●	407	<input type="text"/>	.00
	California Peace Officer Memorial Foundation Voluntary Tax Contribution Fund . . . . .	●	408	<input type="text"/>	.00
	California Sea Otter Voluntary Tax Contribution Fund . . . . .	●	410	<input type="text"/>	.00
	California Cancer Research Voluntary Tax Contribution Fund . . . . .	●	413	<input type="text"/>	.00
	School Supplies for Homeless Children Voluntary Tax Contribution Fund . . . . .	●	422	<input type="text"/>	.00
	State Parks Protection Fund/Parks Pass Purchase . . . . .	●	423	<input type="text"/>	.00
	Protect Our Coast and Oceans Voluntary Tax Contribution Fund . . . . .	●	424	<input type="text"/>	.00
	Keep Arts in Schools Voluntary Tax Contribution Fund . . . . .	●	425	<input type="text"/>	.00
	Prevention of Animal Homelessness and Cruelty Voluntary Tax Contribution Fund . . . . .	●	431	<input type="text"/>	.00
	California Senior Citizen Advocacy Voluntary Tax Contribution Fund . . . . .	●	438	<input type="text"/>	.00
	Native California Wildlife Rehabilitation Voluntary Tax Contribution Fund . . . . .	●	439	<input type="text"/>	.00
	Rape Kit Backlog Voluntary Tax Contribution Fund . . . . .	●	440	<input type="text"/>	.00
	Suicide Prevention Voluntary Tax Contribution Fund . . . . .	●	444	<input type="text"/>	.00
Mental Health Crisis Prevention Voluntary Tax Contribution Fund . . . . .	●	445	<input type="text"/>	.00	
California Community and Neighborhood Tree Voluntary Tax Contribution Fund . . . . .	●	446	<input type="text"/>	.00	
110	Add amounts in code 400 through code 446. This is your total contribution . . . . .	●	110	<input type="text"/>	.00

**Amount You Owe** 111 **AMOUNT YOU OWE.** If you do not have an amount on line 99, add line 94, line 96, line 100, and line 110. See instructions. **Do not send cash.**  
 Mail to: **FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0001** . . . . . ● 111  .00  
 Pay Online – Go to **ftb.ca.gov/pay** for more information.

REV 02/17/23 TTMAC

Your name:  Your SSN or ITIN:

**Interest and Penalties**

112 Interest, late return penalties, and late payment penalties ..... 112  .00

113 Underpayment of estimated tax.

Check the box:  FTB 5805 attached  FTB 5805F attached ..... 113  .00

114 Total amount due. See instructions. Enclose, but **do not** staple, any payment ..... 114  .00

115 **REFUND OR NO AMOUNT DUE.** Subtract the sum of line 110, line 112, and line 113 from line 99. See instructions.

Mail to: **FRANCHISE TAX BOARD, PO BOX 942840, SACRAMENTO CA 94240-0001**..... 115  .00

**Refund and Direct Deposit**

Fill 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. See instructions. **Have you verified the routing and account numbers?** Use whole dollars only.

All or the following amount of my refund (line 115) is authorized for direct deposit into the account shown below:

Routing number  Type  Account number  116 Direct deposit amount  
  Checking   .00  
 Savings

The remaining amount of my refund (line 115) is authorized for direct deposit into the account shown below:

Routing number  Type  Account number  117 Direct deposit amount  
  Checking   .00  
 Savings

**Voter Info.**

For voter registration information, check the box and go to [sos.ca.gov/elections](https://sos.ca.gov/elections). See instructions .....

**IMPORTANT:** See the instructions to find out if you should attach a copy of your complete federal tax return.

Our privacy notice can be found in annual tax booklets or online. Go to [ftb.ca.gov/privacy](https://ftb.ca.gov/privacy) to learn about our privacy policy statement, or go to [ftb.ca.gov/forms](https://ftb.ca.gov/forms) and search for 1131 to locate FTB 1131 EN-SP, Franchise Tax Board Privacy Notice on Collection. To request this notice by mail, call 800.338.0505 and enter form code 948 when instructed.

Under penalties of perjury, I declare that I have examined this tax return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Your signature  Date  Spouse's/RDP's signature (if a joint tax return, both must sign)

Your email address. Enter only one email address.

Preferred phone number

**Sign Here**

It is unlawful to forge a spouse's/RDP's signature.

Joint tax return? See instructions.

Paid preparer's signature (**declaration of preparer is based on all information of which preparer has any knowledge**)

Firm's name (or yours, if self-employed)   PTIN

Firm's address   Firm's FEIN

Do you want to allow another person to discuss this tax return with us? See instructions. ....  Yes  No

Print Third Party Designee's Name  Telephone Number

# 2022 California Adjustments — Residents

# CA (540)

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

Name(s) as shown on tax return **VAMSI KRISHNA & PUSHPAVATHI SOMA** SSN or ITIN **655831015**

<b>Part I Income Adjustment Schedule</b>		<b>A Federal Amounts</b> (taxable amounts from your federal tax return)	<b>B Subtractions</b> See instructions	<b>C Additions</b> See instructions
<b>Section A – Income</b> from federal Form 1040 or 1040-SR				
<b>1 a</b>	Total amount from federal Form(s) W-2, box 1. See instructions . . . . . <b>1a</b>	<input checked="" type="radio"/> 440316	<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>b</b>	Household employee wages not reported on federal Form(s) W-2 . . . . . <b>1b</b>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>c</b>	Tip income not reported on line 1a . . . . . <b>1c</b>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>d</b>	Medicaid waiver payments not reported on federal Form(s) W-2. See instructions . . . . <b>1d</b>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>e</b>	Taxable dependent care benefits from federal Form 2441, line 26 . . . . . <b>1e</b>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>f</b>	Employer-provided adoption benefits from federal Form 8839, line 29 . . . . . <b>1f</b>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>g</b>	Wages from federal Form 8919, line 6. . . . . <b>1g</b>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>h</b>	Other earned income. See instructions . . . . . <b>1h</b>	<input checked="" type="radio"/> 0	<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>i</b>	Nontaxable combat pay election. See instructions . . . . . <b>1i</b>			<input checked="" type="radio"/>
<b>z</b>	Add line 1a through line 1i. . . . . <b>1z</b>	<input checked="" type="radio"/> 440316	<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>2</b>	Taxable interest. <b>a</b> <input checked="" type="radio"/> <b>2b</b> <input checked="" type="radio"/>	<input checked="" type="radio"/> 2596	<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>3</b>	Ordinary dividends. See instructions. <b>a</b> <input checked="" type="radio"/> 1864 <b>3b</b> <input checked="" type="radio"/>	<input checked="" type="radio"/> 1884	<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>4</b>	IRA distributions. See instructions. <b>a</b> <input checked="" type="radio"/> <b>4b</b> <input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>5</b>	Pensions and annuities. See instructions. <b>a</b> <input checked="" type="radio"/> <b>5b</b> <input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>6</b>	Social security benefits. <b>a</b> <input checked="" type="radio"/> <b>6b</b> <input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	
<b>7</b>	Capital gain or (loss). See instructions . . . . . <b>7</b>	<input checked="" type="radio"/> -1424	<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>Section B – Additional Income</b> from federal Schedule 1 (Form 1040)				
<b>1</b>	Taxable refunds, credits, or offsets of state and local income taxes . . . . . <b>1</b>	<input checked="" type="radio"/> 0	<input checked="" type="radio"/> 0	
<b>2 a</b>	Alimony received. See instructions. . . . . <b>2a</b>	<input checked="" type="radio"/>		<input checked="" type="radio"/>
<b>3</b>	Business income or (loss). See instructions. . . . <b>3</b>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>4</b>	Other gains or (losses) . . . . . <b>4</b>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>5</b>	Rental real estate, royalties, partnerships, S corporations, trusts, etc. . . . . <b>5</b>	<input checked="" type="radio"/> -8847	<input checked="" type="radio"/>	<input checked="" type="radio"/> 1107
<b>6</b>	Farm income or (loss) . . . . . <b>6</b>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>7</b>	Unemployment compensation . . . . . <b>7</b>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	

Section B – Additional Income Continued	<b>A</b> Federal Amounts (taxable amounts from your federal tax return)	<b>B</b> Subtractions See instructions	<b>C</b> Additions See instructions
<b>8</b> Other income:			
<b>a</b> Federal net operating loss . . . . . <b>8a</b>	<input type="radio"/> ( )		<input type="radio"/>
<b>b</b> Gambling . . . . . <b>8b</b>	<input type="radio"/>	<input type="radio"/>	
<b>c</b> Cancellation of debt . . . . . <b>8c</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>d</b> Foreign earned income exclusion from federal Form 2555 . . . . . <b>8d</b>	<input type="radio"/> ( )		<input type="radio"/>
<b>e</b> Income from federal Form 8853 . . . . . <b>8e</b>	<input type="radio"/>		<input type="radio"/>
<b>f</b> Income from federal Form 8889 . . . . . <b>8f</b>	<input type="radio"/>	<input type="radio"/>	
<b>g</b> Alaska Permanent Fund dividends . . . . . <b>8g</b>	<input type="radio"/>		
<b>h</b> Jury duty pay . . . . . <b>8h</b>	<input type="radio"/>		
<b>i</b> Prizes and awards . . . . . <b>8i</b>	<input type="radio"/>		
<b>j</b> Activity not engaged in for profit income . . . . . <b>8j</b>	<input type="radio"/>		
<b>k</b> Stock options . . . . . <b>8k</b>	<input type="radio"/>		<input type="radio"/>
<b>l</b> 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 . . <b>8l</b>	<input type="radio"/>		
<b>m</b> Olympic and Paralympic medals and USOC prize money . . . . . <b>8m</b>	<input type="radio"/>		
<b>n</b> IRC Section 951(a) inclusion . . . . . <b>8n</b>	<input type="radio"/>	<input type="radio"/>	
<b>o</b> IRC Section 951A(a) inclusion . . . . . <b>8o</b>	<input type="radio"/>	<input type="radio"/>	
<b>p</b> IRC Section 461(l) excess business loss adjustment <b>8p</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>q</b> Taxable distributions from an ABLE account . . <b>8q</b>	<input type="radio"/>		
<b>r</b> Scholarship and fellowship grants not reported on federal Form(s) W-2 . . . . . <b>8r</b>	<input type="radio"/>		
<b>s</b> Nontaxable amount of Medicaid waiver payments included on federal Form 1040, line 1a or line 1d. . <b>8s</b>	<input type="radio"/> ( )		
<b>t</b> Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental IRC Section 457 plan . . . . . <b>8t</b>	<input type="radio"/>		
<b>u</b> Wages earned while incarcerated. . . . . <b>8u</b>	<input type="radio"/>		
<b>z</b> Other income. List type and amount.  <input type="radio"/> _____ <b>8z</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

REV 02/17/23 TTMAC

Section B – Additional Income Continued	<b>A</b> Federal Amounts (taxable amounts from your federal tax return)	<b>B</b> Subtractions See instructions	<b>C</b> Additions See instructions
<b>9 a</b> Total other income. Add lines 8a through 8z. <b>9a</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>b1</b> Disaster loss deduction from form FTB 3805V.. <b>9b1</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>b2</b> NOL deduction from form FTB 3805V . . . . . <b>9b2</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>b3</b> NOL from form FTB 3805Z, 3807, or 3809 . . <b>9b3</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>10 Total.</b> 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. . . . . <b>10</b>	<input type="radio"/> 434525	<input type="radio"/> 0	<input type="radio"/> 1107

Section C – Adjustments to Income  
from federal Schedule 1 (Form 1040)

<b>11</b> Educator expenses . . . . . <b>11</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>12</b> Certain business expenses of reservists, performing artists, and fee-basis government officials. . . . . <b>12</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>13</b> Health savings account deduction . . . . . <b>13</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>14</b> Moving expenses. Attach form FTB 3913. See instructions . . . . . <b>14</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>15</b> Deductible part of self-employment tax. See instructions. . . . . <b>15</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>16</b> Self-employed SEP, SIMPLE, and qualified plans. . <b>16</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>17</b> Self-employed health insurance deduction. See instructions. . . . . <b>17</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>18</b> Penalty on early withdrawal of savings . . . . . <b>18</b>	<input type="radio"/> 79	<input type="radio"/>	<input type="radio"/>
<b>19 a</b> Alimony paid. . . . . <b>19a</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>b</b> Recipient's: SSN <input type="radio"/> _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Last Name <input type="radio"/> _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>20</b> IRA deduction . . . . . <b>20</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>21</b> Student loan interest deduction . . . . . <b>21</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>22</b> Reserved for future use . . . . . <b>22</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>23</b> Archer MSA deduction. . . . . <b>23</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

REV 02/17/23 TTMAC

<b>Section C – Adjustments to Income</b> Continued		<b>A Federal Amounts</b> (taxable amounts from your federal tax return)	<b>B Subtractions</b> See instructions	<b>C Additions</b> See instructions
<b>24</b>	Other adjustments:			
<b>a</b>	Jury duty pay . . . . . <b>24a</b>	<input type="radio"/>		
<b>b</b>	Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit. . . . . <b>24b</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>c</b>	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m . . . . . <b>24c</b>	<input type="radio"/>	<input type="radio"/>	
<b>d</b>	Reforestation amortization and expenses. . . . . <b>24d</b>	<input type="radio"/>	<input type="radio"/>	
<b>e</b>	Repayment of supplemental unemployment benefits under the federal Trade Act of 1974 . . . . <b>24e</b>	<input type="radio"/>		
<b>f</b>	Contributions to IRC Section 501(c)(18)(D) pension plans . . . . . <b>24f</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>g</b>	Contributions by certain chaplains to IRC Section 403(b) plans . . . . . <b>24g</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>h</b>	Attorney fees and court costs for actions involving certain unlawful discrimination claims . . . . . <b>24h</b>	<input type="radio"/>		
<b>i</b>	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. . . . . <b>24i</b>	<input type="radio"/>	<input type="radio"/>	
<b>j</b>	Housing deduction from federal Form 2555 . . . . <b>24j</b>	<input type="radio"/>	<input type="radio"/>	
<b>k</b>	Excess deductions of IRC Section 67(e) expenses from federal Schedule K-1 (Form 1041) . . . . . <b>24k</b>	<input type="radio"/>		
<b>z</b>	Other adjustments. List type and amount.			
<input type="radio"/>	_____ <b>24z</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>25</b>	Total other adjustments. Add line 24a through line 24z . . . . . <b>25</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>26</b>	Add line 11 through line 23 and line 25 in columns A, B, and C. See instructions . . . . . <b>26</b>	<input type="radio"/>	79	<input type="radio"/>
<b>27</b>	<b>Total.</b> Subtract line 26 from line 10 in columns A, B, and C. See instructions . . . . . <b>27</b>	<input type="radio"/>	434446	<input type="radio"/>
			0	<input type="radio"/>
				1107

REV 02/17/23 TTMAC

**Part II Adjustments to Federal Itemized Deductions**

Check the box if you did NOT itemize for federal but will itemize for California

	<b>A Federal Amounts</b> (from federal Schedule A (Form 1040))	<b>B Subtractions</b> See instructions	<b>C Additions</b> See instructions
<b>Medical and Dental Expenses</b> See instructions.			
<b>1</b> Medical and dental expenses . . . . <input checked="" type="radio"/> <u>0</u> <b>1</b>			
<b>2</b> Enter amount from federal Form 1040 or 1040-SR, line 11.. <input checked="" type="radio"/> <u>434446</u> <b>2</b>			
<b>3</b> Multiply line 2 by 7.5% (0.075) . . . . <input checked="" type="radio"/> <u>32583</u> <b>3</b>			
<b>4</b> Subtract line 3 from line 1. If line 3 is more than line 1, enter 0 . . . . . <input checked="" type="radio"/> <b>4</b>			<input checked="" type="radio"/> <b>0</b>
<b>Taxes You Paid</b>			
<b>5 a</b> State and local income tax or general sales taxes. <b>.5a</b> <input checked="" type="radio"/> <u>41896</u> <input checked="" type="radio"/> <b>41896</b>			
<b>b</b> State and local real estate taxes . . . . . <b>.5b</b> <input checked="" type="radio"/>			
<b>c</b> State and local personal property taxes . . . . . <b>.5c</b> <input checked="" type="radio"/> <u>0</u>			
<b>d</b> Add line 5a through line 5c. . . . . <b>.5d</b> <input checked="" type="radio"/> <u>41896</u>			
<b>e</b> 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 . . . . . <b>.5e</b> <input checked="" type="radio"/> <u>10000</u> <input checked="" type="radio"/> <b>41896</b> <input checked="" type="radio"/> <b>31896</b>			
<b>6</b> Other taxes. List type <input checked="" type="radio"/> <u>OTHER TAXES</u> <b>6</b> <input checked="" type="radio"/> <u>1</u> <input checked="" type="radio"/> <b>1</b>			
<b>7</b> Add line 5e and line 6. . . . . <b>7</b> <input checked="" type="radio"/> <u>10001</u> <input checked="" type="radio"/> <b>41897</b> <input checked="" type="radio"/> <b>31896</b>			
<b>Interest You Paid</b>			
<b>8 a</b> Home mortgage interest and points reported to you on federal Form 1098 . . . . . <b>.8a</b> <input checked="" type="radio"/>			<input checked="" type="radio"/>
<b>b</b> Home mortgage interest not reported to you on federal Form 1098 . . . . . <b>.8b</b> <input checked="" type="radio"/>			<input checked="" type="radio"/>
<b>c</b> Points not reported to you on federal Form 1098. <b>.8c</b> <input checked="" type="radio"/>			<input checked="" type="radio"/>
<b>d</b> Reserved for future use . . . . . <b>.8d</b>			
<b>e</b> Add line 8a through line 8c. . . . . <b>.8e</b> <input checked="" type="radio"/>		<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>9</b> Investment interest. . . . . <b>9</b> <input checked="" type="radio"/>		<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>10</b> Add line 8e and line 9. . . . . <b>10</b> <input checked="" type="radio"/>		<input checked="" type="radio"/>	<input checked="" type="radio"/>

REV 02/17/23 TTMAC



Part II Adjustments to Federal Itemized Deductions Continued	A Federal Amounts (from federal Schedule A (Form 1040))	B Subtractions See instructions	C Additions See instructions
<b>Gifts to Charity</b>			
11 Gifts by cash or check. . . . . 11	600		
12 Other than by cash or check. . . . . 12			
13 Carryover from prior year. . . . . 13			
14 Add line 11 through line 13 . . . . . 14	600		
<b>Casualty and Theft Losses</b>			
15 Casualty or theft loss(es) (other than net qualified disaster losses). Attach federal Form 4684. See instructions . . 15			
<b>Other Itemized Deductions</b>			
16 Other—from list in federal instructions. . . . . 16			
17 Add lines 4, 7, 10, 14, 15, and 16 in columns A, B, and C. . . . . 17	10601	41897	31896
18 Total. Combine line 17 column A less column B plus column C . . . . . 18			600
<b>Job Expenses and Certain Miscellaneous Deductions</b>			
19 Unreimbursed employee expenses: job travel, union dues, job education, etc. Attach federal Form 2106 if required. See instructions . . . . . 19			
20 Tax preparation fees . . . . . 20			
21 Other expenses: investment, safe deposit box, etc. List type. . . . . 21	INVESTMENT		0
22 Add line 19 through line 21 . . . . . 22			0
23 Enter amount from federal Form 1040 or 1040-SR, line 11 . . . . . 23	434446		
24 Multiply line 23 by 2% (0.02). If less than zero, enter 0. . . . . 24		8689	
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			600
27 Other adjustments. See instructions. Specify. . . . . 27			
28 Combine line 26 and line 27. . . . . 28			600
<b>29 Is your federal AGI (Form 540, line 13) more than the amount shown below for your filing status?</b>			
Single or married/RDP filing separately . . . . .		\$229,908	
Head of household . . . . .		\$344,867	
Married/RDP filing jointly or qualifying surviving spouse/RDP. . . . .		\$459,821	
No. Transfer the amount on line 28 to line 29.			
Yes. Complete the Itemized Deductions Worksheet in the instructions for Schedule CA (540), line 29. . . . . 29			600
<b>30 Enter the larger of the amount on line 29 or your standard deduction listed below:</b>			
Single or married/RDP filing separately. See instructions . . . . .		\$5,202	
Married/RDP filing jointly, head of household, or qualifying surviving spouse/RDP . . . . .		\$10,404	
Transfer the amount on line 30 to Form 540, line 18. . . . . 30			10404

# California Capital Gain or Loss Adjustment

Do not complete this schedule if all of your California gains (losses) are the same as your federal gains (losses).

Name(s) as shown on return

VAMSI KRISHNA & PUSHPAVATHI SOMA

SSN or ITIN

655831015

	(a) Description of property Example: 100 shares of "Z" Co.	(b) Sales price	(c) Cost or other basis	(d) Loss If (c) is more than (b), subtract (b) from (c)	(e) Gain If (b) is more than (c), subtract (c) from (b)
1					
a	<input checked="" type="radio"/> SERVICENOW INC COM USD0.001 1	<input checked="" type="radio"/> 603	<input checked="" type="radio"/> 591	<input checked="" type="radio"/>	<input checked="" type="radio"/> 12
b	<input checked="" type="radio"/> SERVICENOW INC COM USD0.001 9	<input checked="" type="radio"/> 5427	<input checked="" type="radio"/> 5322	<input checked="" type="radio"/>	<input checked="" type="radio"/> 105
c	<input checked="" type="radio"/> SERVICENOW INC COM USD0.001 22	<input checked="" type="radio"/> 12751	<input checked="" type="radio"/> 12756	<input checked="" type="radio"/> 5	<input checked="" type="radio"/>
d	<input checked="" type="radio"/> SERVICENOW INC COM USD0.001 17	<input checked="" type="radio"/> 9853	<input checked="" type="radio"/> 9853	<input checked="" type="radio"/>	<input checked="" type="radio"/> 0
e	<input checked="" type="radio"/> SERVICENOW INC COM USD0.001 20	<input checked="" type="radio"/> 11592	<input checked="" type="radio"/> 11315	<input checked="" type="radio"/>	<input checked="" type="radio"/> 277
f	<input checked="" type="radio"/> SERVICENOW INC COM USD0.001 7	<input checked="" type="radio"/> 4095	<input checked="" type="radio"/> 4012	<input checked="" type="radio"/>	<input checked="" type="radio"/> 83
g	<input checked="" type="radio"/> SERVICENOW INC COM USD0.001 25	<input checked="" type="radio"/> 14500	<input checked="" type="radio"/> 14330	<input checked="" type="radio"/>	<input checked="" type="radio"/> 170
h	<input checked="" type="radio"/> NIO INC SPON ADS EACH REP 1 ORD 100	<input checked="" type="radio"/> 1445	<input checked="" type="radio"/> 4195	<input checked="" type="radio"/> 2750	<input checked="" type="radio"/>
i	<input checked="" type="radio"/> WARNER BROS DISCOVERY INC COM SE 0.103	<input checked="" type="radio"/> 3	<input checked="" type="radio"/> 3	<input checked="" type="radio"/>	<input checked="" type="radio"/> 0
j	<input checked="" type="radio"/> WARNER BROS DISCOVERY INC COM SE 0.077	<input checked="" type="radio"/> 2	<input checked="" type="radio"/> 2	<input checked="" type="radio"/>	<input checked="" type="radio"/> 0
k	<input checked="" type="radio"/> SERVICENOW INC COM USD0.001 12	<input checked="" type="radio"/> 5712	<input checked="" type="radio"/> 7055	<input checked="" type="radio"/> 1343	<input checked="" type="radio"/>
l	<input checked="" type="radio"/> SERVICENOW INC COM USD0.001 8	<input checked="" type="radio"/> 3808	<input checked="" type="radio"/> 3654	<input checked="" type="radio"/>	<input checked="" type="radio"/> 154
m	<input checked="" type="radio"/> 12.0000SH SERVICENOW INC	<input checked="" type="radio"/> 5460	<input checked="" type="radio"/> 5360	<input checked="" type="radio"/>	<input checked="" type="radio"/> 100
n	<input checked="" type="radio"/> 10.0000SH SERVICENOW INC	<input checked="" type="radio"/> 5000	<input checked="" type="radio"/> 5887	<input checked="" type="radio"/> 887	<input checked="" type="radio"/>
o	<input checked="" type="radio"/> 7.0000SH SERVICENOW INC	<input checked="" type="radio"/> 3605	<input checked="" type="radio"/> 1070	<input checked="" type="radio"/>	<input checked="" type="radio"/> 2535
p	<input checked="" type="radio"/> NETFLIX INC 5	<input checked="" type="radio"/> 1375	<input checked="" type="radio"/> 1894	<input checked="" type="radio"/> 519	<input checked="" type="radio"/>
q	<input checked="" type="radio"/> NETFLIX INC 2	<input checked="" type="radio"/> 550	<input checked="" type="radio"/> 721	<input checked="" type="radio"/> 171	<input checked="" type="radio"/>
r	<input checked="" type="radio"/> NETFLIX INC 8	<input checked="" type="radio"/> 2200	<input checked="" type="radio"/> 1790	<input checked="" type="radio"/>	<input checked="" type="radio"/> 410
s	<input checked="" type="radio"/> SERVICENOW INC COM USD0.001 8	<input checked="" type="radio"/> 3306	<input checked="" type="radio"/> 2906	<input checked="" type="radio"/>	<input checked="" type="radio"/> 400
t	<input checked="" type="radio"/> SERVICENOW INC COM USD0.001 12	<input checked="" type="radio"/> 5040	<input checked="" type="radio"/> 5040	<input checked="" type="radio"/>	<input checked="" type="radio"/> 0
u	<input checked="" type="radio"/> SERVICENOW INC COM USD0.001 13	<input checked="" type="radio"/> 5330	<input checked="" type="radio"/> 5329	<input checked="" type="radio"/>	<input checked="" type="radio"/> 1
v	<input checked="" type="radio"/> SEE LINE 1A STATEMENT	<input checked="" type="radio"/> 34642	<input checked="" type="radio"/> 34646	<input checked="" type="radio"/> 389	<input checked="" type="radio"/> 385
2	Net gain or (loss) shown on California Schedule(s) K-1 (100S, 541, 565, and 568).....			<input checked="" type="radio"/> 2	<input checked="" type="radio"/>
3	Capital gain distributions (federal Form 1099-DIV, box 2a) .....			<input checked="" type="radio"/> 3	<input checked="" type="radio"/> 8
4	Total 2022 gains from all sources. Add column (e) amounts of line 1, line 2, and line 3 .....			<input checked="" type="radio"/> 4	<input checked="" type="radio"/> 4640
5	2022 loss. Add column (d) amounts of line 1 and line 2. ....			<input checked="" type="radio"/> 5 ( 6064 )	
6	California capital loss carryover from 2021, if any. See instructions. ....			<input checked="" type="radio"/> 6 ( )	
7	Total 2022 loss. Add line 5 and line 6 .....			<input checked="" type="radio"/> 7 ( 6064 )	

REV 02/17/23 TTMAC



**Additional Information From Schedule D (540): California Capital Gain or Loss Adjustment****Schedule D (540): California Capital Gain or Loss Adjustment  
Gain/Loss Adjustment****Continuation Statement**

<b>Property Description</b>	<b>Sales Price</b>	<b>Cost or Other Basis</b>	<b>Loss</b>	<b>Gain</b>
SERVICENOW INC COM USD0.001 10	4020	4006		14
SERVICENOW INC COM USD0.001 2	831	846	15	
SERVICENOW INC COM USD0.001 7	2909	2869		40
SERVICENOW INC COM USD0.001 10	4160	4229	69	
SERVICENOW INC COM USD0.001 6	2430	2403		27
SERVICENOW INC COM USD0.001 5	2015	2003		12
0.84SH OF 934423104 WARNER BROS. DISCOVERY, INC. S ERIES A COMMON STOCK	20	27	7	
SERVICENOW INC COM USD0.001 2	1159	1183	24	
SERVICENOW INC COM USD0.001 20	11592	11619	27	
WARNER BROS DISCOVERY INC COM SE 0.257	7	8	1	
WARNER BROS DISCOVERY INC COM SE 0.257	7	8	1	
WARNER BROS DISCOVERY INC COM SE 0.257	7	7		0
NETFLIX INC 5	1375	1620	245	
SERVICENOW INC COM USD0.001 10	4110	3818		292
<b>Total</b>	<b>34642</b>	<b>34646</b>	<b>389</b>	<b>385</b>

**2022**

# Depreciation and Amortization Adjustments

**3885A**

Do not complete this form if your California depreciation amounts are the same as federal amounts.

Name(s) as shown on tax return <b>VAMSI KRISHNA &amp; PUSHPAVATHI SOMA</b>	SSN or ITIN <b>655831015</b>
---	---------------------------------

**Part I Identify the Activity as Passive or Nonpassive. (See instructions.)**

- 1  This form is being completed for a passive activity.  
 This form is being completed for a nonpassive activity.

Business or activity to which form FTB 3885A relates  
**PAPPALAGUDA, RAJENDRA NAGA**

**Part II Election to Expense Certain Tangible Property (IRC Section 179).**

2 Enter the amount from line 12 of the Tangible Property Expense Worksheet in the instructions .....  **2** \_\_\_\_\_

<b>Part III Depreciation</b>	(a) Description of property placed in service	(b) Date placed in service mm/dd/yyyy	(c) California basis for depreciation	(d) Method	(e) Life or rate	(f) California depreciation deduction
<b>3</b>						

**4** Add the amounts on line 3, column (f) ..... **4** \_\_\_\_\_

**5** California depreciation for assets placed in service prior to 2022 ..... **5** \_\_\_\_\_ **3321**

**6** Total California depreciation from this activity. Add the amounts on line 2, line 4, and line 5 ..... **6** \_\_\_\_\_ **3321**

**7** Total federal depreciation from this activity. Enter depreciation from federal Form 4562, line 22 ..... **7** \_\_\_\_\_ **4428**

**8 a** If line 6 is **more** than line 7, enter the difference here and see instructions ..... **8a** \_\_\_\_\_

**b** If line 6 is **less** than line 7, enter the difference here and see instructions ..... **8b** \_\_\_\_\_ **1107**

<b>Part IV Amortization</b>	(a) Description of cost	(b) Date amortization begins mm/dd/yyyy	(c) California basis for amortization	(d) Code section	(e) Period or percentage	(f) California amortization deduction
<b>9</b>						

**10** Total California amortization from this activity. Add the amounts on line 9, column (f) ..... **10** \_\_\_\_\_

**11** California amortization of costs that began before 2022 ..... **11** \_\_\_\_\_

**12** Total California amortization from this activity. Add the amounts on line 10 and line 11 ..... **12** \_\_\_\_\_

**13** Total federal amortization from this activity. Enter amortization from federal Form 4562, line 44 ..... **13** \_\_\_\_\_

**14 a** If line 12 is **more** than line 13, enter the difference here and see instructions ..... **14a** \_\_\_\_\_

**b** If line 12 is **less** than line 13, enter the difference here and see instructions ..... **14b** \_\_\_\_\_



# Healthcare Entry Sheet

**2022**

▶ Keep for your records

The forms associated with healthcare (3853 and this Healthcare Entry Sheet) both interact with information from the information worksheet. Be sure to enter all personal information including dependents listed on the return **before** using this sheet to track health insurance coverage.

**Yes No/Partial**

Everyone on the tax return was covered by health insurance all year.  
 If everyone on the return was covered then check the YES box above - no other action is required.

**Health Insurance Coverage for Individuals:** Use this form to report healthcare coverage for individuals for months:

- not reported on 1095-A, 1095-B or 1095-C
- not covered by employer
- months not covered by an exemption

**Note:** The FTB is not requiring the 1095-B or 1095-C be filed with the returns. Keep these forms for your records and track the the months using the checkboxes below.

If applicable enter Market Place exemptions (ECNs) or Request exemptions on form 3853

a. Name of covered individual(s)			Covered all												
b. SSN	c. DOB	12 months	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	
1	VAMSI KRISHNA SOMA		*Oct 2021		*Nov 2021		*Dec 2021								
	655-83-1015	04/24/77	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	T
2	PUSHPAVATHI SOMA		*Oct 2021		*Nov 2021		*Dec 2021								
	775-31-9751	06/07/82	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	S
3	PRANAV KUMAR SOMA		*Oct 2021		*Nov 2021		*Dec 2021								
	956-90-3128	11/28/05	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	1
4	SUDHEEP KRISHNA SOMA		*Oct 2021		*Nov 2021		*Dec 2021								
	956-90-3130	03/05/12	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	2
5			*Oct 2021		*Nov 2021		*Dec 2021								
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6			*Oct 2021		*Nov 2021		*Dec 2021								
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

\*Coverage for October, November or December of 2021 may be needed in order to calculate the short gap coverage exemption if there was no coverage or exemptions in January or February of 2022. If an individual had an exemption in October, November or December of 2021, count that as coverage for that month above. (Note this is only for October, November or December of 2021.)

To review the detail of each person listed on the return (covered, not covered, exempt) and to see any penalty calculation go to the **Health Care Individual Responsibility Smart Worksheet** on Form 3853. . . . . ▶ \_\_\_\_\_

**Completion checkbox:**  
 Check this box once you are finished with all the healthcare related entries.

California  
Schedule E Worksheet

2022

► Keep for your records

Name(s) Shown on Return VAMSI KRISHNA & PUSHPAVATHI SOMA	Social Security No. 655-83-1015
---	------------------------------------

1 Property description . . . . . Pappalaguda, Rajendra Nagar  
Property type. . . 1 Single Family Residence If type is other, enter a description . . .  
Location (street address) . . . . . Pappalaguda, Rajendra Naga  
City . . . . . Hyderabad State . . . . .      ZIP code . . . . .       
Foreign country . . . India  
Link to single member LLC return, Form 568 . . . . .     

2 Days rented at fair rental value . . . . . 210 Days of personal use . . . . . 0

**Check all that apply**

- |  |  |
|--|--|
| A Owned by spouse . . . . . <input type="checkbox"/>                     | B Owned jointly . . . . . <input type="checkbox"/>                 |
| C Active participation . . . . . <input type="checkbox"/>                | D Material participation . . . . . <input type="checkbox"/>        |
| E Other passive exceptions . . . . . <input checked="" type="checkbox"/> | F Some investment is not at risk. . . . . <input type="checkbox"/> |
| G Complete taxable disposition . . . . . <input type="checkbox"/>        |  |

**Ownership Percentage**

- H Check to allocate income and expenses using ownership percentage . . . . .
- I Enter ownership percentage \_\_\_\_\_ %

**Owner rents part of a property**

- J Check to allocate personal use items to Schedule A . . . . .
- K Percentage of rental use . . . . . \_\_\_\_\_ %

**Vacation home or property with personal use days**

- L Check to allocate interest and taxes using Tax Court Method . . . . .
- M Number of days property owned if less than the entire year . . . . . \_\_\_\_\_



Income		% if Different	Total
<b>3 Enter</b> rental income (not reported elsewhere) . . . .	2,600.		
Rental income from Form 1099-MISC . . . . .			
Rental income from Form 1099-K . . . . .			
Rental Income from Cancellation of Debt Wks . . . .			
Total rents received . . . . .	2,600.	100.000000	2,600.
<b>4 Enter</b> royalties received (not reported elsewhere) . .			
Royalty income from Form 1099-MISC . . . . .			
Royalty income from Form 1099-K . . . . .			
Royalty Income from Cancellation of Debt Wks . . . .			
Royalty Income from Schedule K-1 . . . . .			
Total royalties received . . . . .			

Expenses	(a) Total	(b) Enter % if Not 100.00	(c) Reported on Schedule E	(d) Vacation Home Loss Limitation	(e) Allocated to Personal Use
<b>5</b> Advertising . . . . .					
<b>6 a</b> Auto . . . . .					
<b>b</b> Travel . . . . .					
<b>7</b> Cleaning and maint . . . . .	0.		0.		
<b>8</b> Commissions . . . . .					
<b>9 a</b> Mort insur qualified . . . . .					
From Form 1098 wks . . . . .					
Total mort insur qual . . . . .					
<b>9 b</b> Insurance . . . . .					
<b>10</b> Legal and other professional fees . . . . .					
<b>11</b> Management fees . . . . .	800.		800.		
<b>12 a</b> Mortgage int qualified . . . . .					
From Form 1098 wks . . . . .					
Total mort int qualified . . . . .					
<b>b</b> Mort int other . . . . .					
From Form 1098 wks . . . . .					
Total mort int other . . . . .					
<b>13</b> Other interest . . . . .	5,019.		5,019.		
<b>14</b> Repairs . . . . .	1,100.		1,100.		
<b>15</b> Supplies . . . . .	0.		0.		
<b>16 a</b> Real estate taxes . . . . .	100.				
From Form 1098 wks . . . . .					
Total real estate taxes . . . . .	100.		100.		
<b>b</b> Other taxes . . . . .					
<b>17</b> Utilities . . . . .	0.		0.		
<b>18 a</b> Depreciation . . . . .	3,321.		3,321.		
<b>b</b> Depletion . . . . .					
<b>c</b> Depreciation carryover . . . . .					
<b>19</b> Other expenses . . . . .					
<b>a</b> . . . . .					
<b>b</b> . . . . .					
<b>c</b> . . . . .					
<b>d</b> . . . . .					
<b>e</b> Indirect operating exp . . . . .					
<b>f</b> Operating exp carryover . . . . .					
<b>g</b> Vehicle rental . . . . .					
<b>h</b> Amortization . . . . .					
<b>20</b> Add lines 5 through 19 . . . . .	10,340.		10,340.		
<b>21</b> Income or (loss) . . . . .			-7,740.		
<b>22</b> Deductible rental real estate loss . . . . .			-7,740.		





**Two-Year Comparison**

**2022**

VAMSI KRISHNA & PUSHPAVATHI SOMA

Income	2021	2022	Difference	%
<b>Federal AGI and California Adjustments:</b>				
Federal adjusted gross income . . . . .	505,131.	434,446.	-70,685.	-13.99
California adjustments . . . . .	_____	1,107.	1,107.	_____
<b>Adjusted Gross Income . . . . .</b>	<u>505,131.</u>	<u>435,553.</u>	<u>-69,578.</u>	<u>-13.77</u>
<b>Standard or Itemized Deduction . . .</b>	<u>9,606.</u>	<u>10,404.</u>	<u>798.</u>	<u>8.31</u>
<b>Taxable Income . . . . .</b>	<u>495,525.</u>	<u>425,149.</u>	<u>-70,376.</u>	<u>-14.20</u>
Tax . . . . .	40,088.	33,046.	-7,042.	-17.57
Exemption credits . . . . .	404.	1,146.	742.	183.66
Tax less exemption credits . . . . .	39,684.	31,900.	-7,784.	-19.61
Schedule G-1 and Form 5870A tax . . .	_____	_____	_____	_____
Tax before credits . . . . .	39,684.	31,900.	-7,784.	-19.61
Credits . . . . .	_____	_____	_____	_____
Tax after credits . . . . .	39,684.	31,900.	-7,784.	-19.61
Alternative minimum tax . . . . .	_____	_____	_____	_____
Other taxes and IRC interest . . . . .	_____	_____	_____	_____
<b>Total Tax After Credits . . . . .</b>	<u>39,684.</u>	<u>31,900.</u>	<u>-7,784.</u>	<u>-19.61</u>
Withholding . . . . .	47,335.	41,730.	-5,605.	-11.84
Estimated payments . . . . .	_____	_____	_____	_____
Other payments . . . . .	_____	_____	_____	_____
<b>Total Payments . . . . .</b>	<u>47,335.</u>	<u>41,730.</u>	<u>-5,605.</u>	<u>-11.84</u>
Use tax . . . . .	_____	0.	0.	_____
Contributions . . . . .	_____	_____	_____	_____
Form 5805/5805F penalty . . . . .	_____	_____	_____	_____
Other penalties and interest . . . . .	_____	_____	_____	_____
Applied to next year's estimated tax . . .	_____	0.	0.	_____
<b>Amount Refund . . . . .</b>	<u>7,651.</u>	<u>9,830.</u>	<u>2,179.</u>	<u>28.48</u>
<b>Amount Due . . . . .</b>	_____	_____	_____	_____

Current year effective tax rate . . . . . 7.32 %

# California Electronic Filing Information Worksheet

**2022**

▶ Keep for your records

Name as Shown on Return <b>VAMSI KRISHNA &amp; PUSHPAVATHI SOMA</b>	Social Security Number <b>655-83-1015</b>
--	--

## Electronic Return Originator Information

The program calculates this information based on the preparer code entered on the federal information worksheet (or the ERO code entered on the federal electronic filing information worksheet if you are an intermediate service provider).

Firm Name	Social Security Number/Preparer Tax ID Number	
Name	Phone Number	Fax Number
Address	Employer Identification Number	
City	State	Zip Code
Country	E-mail Address	
	EFIN	

## Paid Preparer Information

Firm Name	Social Security Number/Preparer Tax ID Number	
Name	Employer Identification Number	
Address	Phone Number	Fax Number
City	State	Zip Code
Country	E-mail Address	

## Electronic Filing Review Check

If any of the questions below are checked yes, the return may not be filed electronically		Yes	No
<b>1</b>	Are there more than fifty W-2s, or twenty 1099-Rs? . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>2</b>	Are there more than ten copies of Form 3803 or ten copies of Form 3805E? . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>3</b>	Are there more than twenty five copies of Schedule S? . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>4</b>	Is there an amended Form 3805P attached? . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>5</b>	Were any entries made for Form 3503, 3507, 3546, 3553, 3807, 3808, 3809, or 5870A? . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>6</b>	Is there withholding from a form other than W-2, W-2G, 1099R, 1099G, 1099B, 1099INT 1099DIV, 1099MISC, 592-B, and 593? . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>7</b>	Are any invalid entries made on Form 3805V page 3, part III? (See help) . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>8</b>	Are there more than 97 detail lines on forms to be filed? (See help) . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>9</b>	Is this a fiscal year filer? . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>10</b>	Is Form 3506 being filed to claim credit for prior year expenses or the taxpayer or spouse is claimed as a qualifying person? . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>11</b>	Is the Federal filing status married filing joint and the California filing status married filing separate? . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>12</b>	Is Federal Form 4852 (substitute W2) being used? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>13</b>	Check that you have the correct selections for the RDP return? . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>14</b>	On the 3506, are there any foreign care providers? . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>15</b>	Is Direct Debit selected and no balance due on the return? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>

Filing Status [ ] Single [X] Married filing jointly [ ] Married filing separately (MFS) [ ] Head of household (HOH) [ ] Qualifying surviving spouse (QSS)
Check only one box. 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:

Form fields for personal information: Your first name and middle initial (VAMSI KRISHNA), Last name (SOMA), Your social security number (655-83-1015), Spouse's social security number (775-31-9751), Home address (19400 Sorenson Ave, Cupertino, CA 95014), and Presidential Election Campaign checkbox.

Digital Assets At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) [ ] Yes [X] No

Standard Deduction Someone can claim: [ ] You as a dependent [ ] Your spouse as a dependent [ ] Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness You: [ ] Were born before January 2, 1958 [ ] Are blind Spouse: [ ] Was born before January 2, 1958 [ ] Is blind

Table for Dependents with columns for (1) First name, Last name, (2) Social security number, (3) Relationship to you, (4) Child tax credit, and Credit for other dependents. Includes PRANAV KUMAR SOMA and SUDHEEP KRISHNA SOMA.

Main income table with columns for description and amount. Rows include Total amount from Form(s) W-2 (440,316), Taxable interest (2,596), Qualified dividends (1,864), Total income (434,525), Adjustments to income (79), Adjusted gross income (434,446), Standard deduction (25,900), and Taxable income (408,545).



**SCHEDULE 1  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Additional Income and Adjustments to Income**

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

Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.

OMB No. 1545-0074

**2022**

Attachment  
Sequence No. **01**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR  
VAMSI KRISHNA & PUSHPAVATHI SOMA

Your social security number  
655-83-1015

**Part I Additional Income**

<b>1</b>	Taxable refunds, credits, or offsets of state and local income taxes . . . . .	<b>1</b>	0.
<b>2a</b>	Alimony received . . . . .	<b>2a</b>	
<b>b</b>	Date of original divorce or separation agreement (see instructions): _____		
<b>3</b>	Business income or (loss). Attach Schedule C . . . . .	<b>3</b>	
<b>4</b>	Other gains or (losses). Attach Form 4797 . . . . .	<b>4</b>	
<b>5</b>	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E . . . . .	<b>5</b>	-8,847.
<b>6</b>	Farm income or (loss). Attach Schedule F . . . . .	<b>6</b>	
<b>7</b>	Unemployment compensation . . . . .	<b>7</b>	
<b>8</b>	Other income:		
<b>a</b>	Net operating loss . . . . .	<b>8a</b>	( )
<b>b</b>	Gambling . . . . .	<b>8b</b>	
<b>c</b>	Cancellation of debt . . . . .	<b>8c</b>	
<b>d</b>	Foreign earned income exclusion from Form 2555 . . . . .	<b>8d</b>	( )
<b>e</b>	Income from Form 8853 . . . . .	<b>8e</b>	
<b>f</b>	Income from Form 8889 . . . . .	<b>8f</b>	
<b>g</b>	Alaska Permanent Fund dividends . . . . .	<b>8g</b>	
<b>h</b>	Jury duty pay . . . . .	<b>8h</b>	
<b>i</b>	Prizes and awards . . . . .	<b>8i</b>	
<b>j</b>	Activity not engaged in for profit income . . . . .	<b>8j</b>	
<b>k</b>	Stock options . . . . .	<b>8k</b>	
<b>l</b>	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 . . . . .	<b>8l</b>	
<b>m</b>	Olympic and Paralympic medals and USOC prize money (see instructions) . . . . .	<b>8m</b>	
<b>n</b>	Section 951(a) inclusion (see instructions) . . . . .	<b>8n</b>	
<b>o</b>	Section 951A(a) inclusion (see instructions) . . . . .	<b>8o</b>	
<b>p</b>	Section 461(l) excess business loss adjustment . . . . .	<b>8p</b>	
<b>q</b>	Taxable distributions from an ABL account (see instructions) . . . . .	<b>8q</b>	
<b>r</b>	Scholarship and fellowship grants not reported on Form W-2 . . . . .	<b>8r</b>	
<b>s</b>	Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d . . . . .	<b>8s</b>	( )
<b>t</b>	Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan . . . . .	<b>8t</b>	
<b>u</b>	Wages earned while incarcerated . . . . .	<b>8u</b>	
<b>z</b>	Other income. List type and amount: _____	<b>8z</b>	
<b>9</b>	Total other income. Add lines 8a through 8z . . . . .	<b>9</b>	
<b>10</b>	Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8	<b>10</b>	-8,847.

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

Schedule 1 (Form 1040) 2022



**Part II Adjustments to Income**

<b>11</b>	Educator expenses . . . . .		<b>11</b>	
<b>12</b>	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 . . . . .		<b>12</b>	
<b>13</b>	Health savings account deduction. Attach Form 8889 . . . . .		<b>13</b>	
<b>14</b>	Moving expenses for members of the Armed Forces. Attach Form 3903 . . . . .		<b>14</b>	
<b>15</b>	Deductible part of self-employment tax. Attach Schedule SE . . . . .		<b>15</b>	
<b>16</b>	Self-employed SEP, SIMPLE, and qualified plans . . . . .		<b>16</b>	
<b>17</b>	Self-employed health insurance deduction . . . . .		<b>17</b>	
<b>18</b>	Penalty on early withdrawal of savings . . . . .		<b>18</b>	79 .
<b>19a</b>	Alimony paid . . . . .		<b>19a</b>	
<b>b</b>	Recipient's SSN . . . . .			
<b>c</b>	Date of original divorce or separation agreement (see instructions): _____			
<b>20</b>	IRA deduction . . . . .		<b>20</b>	
<b>21</b>	Student loan interest deduction . . . . .		<b>21</b>	
<b>22</b>	Reserved for future use . . . . .		<b>22</b>	
<b>23</b>	Archer MSA deduction . . . . .		<b>23</b>	
<b>24</b>	Other adjustments:			
<b>a</b>	Jury duty pay (see instructions) . . . . .	<b>24a</b>		
<b>b</b>	Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit . . . . .	<b>24b</b>		
<b>c</b>	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m . . . . .	<b>24c</b>		
<b>d</b>	Reforestation amortization and expenses . . . . .	<b>24d</b>		
<b>e</b>	Repayment of supplemental unemployment benefits under the Trade Act of 1974 . . . . .	<b>24e</b>		
<b>f</b>	Contributions to section 501(c)(18)(D) pension plans . . . . .	<b>24f</b>		
<b>g</b>	Contributions by certain chaplains to section 403(b) plans . . . . .	<b>24g</b>		
<b>h</b>	Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions) . . . . .	<b>24h</b>		
<b>i</b>	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 . . . . .	<b>24i</b>		
<b>j</b>	Housing deduction from Form 2555 . . . . .	<b>24j</b>		
<b>k</b>	Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041) . . . . .	<b>24k</b>		
<b>z</b>	Other adjustments. List type and amount: _____	<b>24z</b>		
<b>25</b>	Total other adjustments. Add lines 24a through 24z . . . . .		<b>25</b>	
<b>26</b>	Add lines 11 through 23 and 25. These are your <b>adjustments to income</b> . Enter here and on Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a . . . . .		<b>26</b>	79 .

**SCHEDULE 2  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Additional Taxes**

Attach to Form 1040, 1040-SR, or 1040-NR.  
Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.

OMB No. 1545-0074

**2022**  
Attachment  
Sequence No. **02**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR  
VAMSI KRISHNA & PUSHPAVATHI SOMA

Your social security number  
655-83-1015

**Part I Tax**

<b>1</b>	Alternative minimum tax. Attach Form 6251 . . . . .	<b>1</b>	
<b>2</b>	Excess advance premium tax credit repayment. Attach Form 8962 . . . . .	<b>2</b>	
<b>3</b>	Add lines 1 and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 17 . . . . .	<b>3</b>	

**Part II Other Taxes**

<b>4</b>	Self-employment tax. Attach Schedule SE . . . . .	<b>4</b>	
<b>5</b>	Social security and Medicare tax on unreported tip income. Attach Form 4137 . . . . .	<b>5</b>	
<b>6</b>	Uncollected social security and Medicare tax on wages. Attach Form 8919 . . . . .	<b>6</b>	
<b>7</b>	Total additional social security and Medicare tax. Add lines 5 and 6 . . . . .	<b>7</b>	
<b>8</b>	Additional tax on IRAs or other tax-favored accounts. Attach Form 5329 if required. If not required, check here . . . . . <input type="checkbox"/>	<b>8</b>	
<b>9</b>	Household employment taxes. Attach Schedule H . . . . .	<b>9</b>	
<b>10</b>	Repayment of first-time homebuyer credit. Attach Form 5405 if required . . . . .	<b>10</b>	
<b>11</b>	Additional Medicare Tax. Attach Form 8959 . . . . .	<b>11</b>	1,868.
<b>12</b>	Net investment income tax. Attach Form 8960 . . . . .	<b>12</b>	
<b>13</b>	Uncollected social security and Medicare or RRTA tax on tips or group-term life insurance from Form W-2, box 12 . . . . .	<b>13</b>	
<b>14</b>	Interest on tax due on installment income from the sale of certain residential lots and timeshares . . . . .	<b>14</b>	
<b>15</b>	Interest on the deferred tax on gain from certain installment sales with a sales price over \$150,000 . . . . .	<b>15</b>	
<b>16</b>	Recapture of low-income housing credit. Attach Form 8611 . . . . .	<b>16</b>	

(continued on page 2)

**Part II Other Taxes** *(continued)*

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

**SCHEDULE B  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Interest and Ordinary Dividends**

Go to [www.irs.gov/ScheduleB](http://www.irs.gov/ScheduleB) for instructions and the latest information.  
Attach to Form 1040 or 1040-SR.

OMB No. 1545-0074

**2022**  
Attachment  
Sequence No. **08**

Name(s) shown on return

VAMSI KRISHNA & PUSHPAVATHI SOMA

Your social security number

655-83-1015

**Part I  
Interest**

(See instructions and the Instructions for Form 1040, line 2b.)

**Note:** If you received a Form 1099-INT, Form 1099-OID, or substitute statement from a brokerage firm, list the firm's name as the payer and enter the total interest shown on that form.

		Amount
<b>1</b>	List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see the instructions and list this interest first. Also, show that buyer's social security number and address: <u>DISCOVER BANK</u> <u>Digital Federal Credit Union</u> <u>Robinhood Markets Inc. as agent for Robinhood Securities</u>	2,526.94 69.05 0.29
<b>2</b>	Add the amounts on line 1 . . . . .	2,596.28
<b>3</b>	Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815 . . . . .	
<b>4</b>	Subtract line 3 from line 2. Enter the result here and on Form 1040 or 1040-SR, line 2b	2,596.28

**Note:** If line 4 is over \$1,500, you must complete Part III.

**Part II  
Ordinary Dividends**

(See instructions and the Instructions for Form 1040, line 3b.)

**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.

		Amount
<b>5</b>	List name of payer: <u>Apex Clearing Corporation</u> <u>Robinhood Markets Inc. as agent for Robinhood Securities</u> <u>NATIONAL FINANCIAL SERVICES LLC</u> <u>MORGAN STANLEY DOMESTIC HOLDINGS, INC.</u>	20.93 145.70 648.33 1,068.78
<b>6</b>	Add the amounts on line 5. Enter the total here and on Form 1040 or 1040-SR, line 3b	1,883.74

**Note:** If line 6 is over \$1,500, you must complete Part III.

**Part III  
Foreign Accounts and Trusts**

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.

**Caution:** If required, failure to file FinCEN Form 114 may result in substantial penalties. Additionally, you may be required to file Form 8938, Statement of Specified Foreign Financial Assets. See instructions.

		Yes	No
<b>7a</b>	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	
<b>b</b>	If you are required to file FinCEN Form 114, list the name(s) of the foreign country(-ies) where the financial account(s) are located: IN <u>India</u>		
<b>8</b>	During 2022, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? If "Yes," you may have to file Form 3520. See instructions . . . . .		X

**SCHEDULE D  
(Form 1040)**

**Capital Gains and Losses**

OMB No. 1545-0074

**2022**

Department of the Treasury  
Internal Revenue Service

Attach to Form 1040, 1040-SR, or 1040-NR.  
Go to [www.irs.gov/ScheduleD](http://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**

Name(s) shown on return

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?  Yes  No

If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

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

See instructions for how to figure the amounts to enter on the lines below.

This form may be easier to complete if you round off cents to whole dollars.

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
<b>1a</b> 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 . . . . .				
<b>1b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked . . . . .	25,352.	27,989.	12.	-2,625.
<b>2</b> Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked . . . . .	92,670.	91,742.	278.	1,206.
<b>3</b> Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked . . . . .				
<b>4</b> Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 . . . . .				<b>4</b>
<b>5</b> Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 . . . . .				<b>5</b>
<b>6</b> Short-term capital loss carryover. Enter the amount, if any, from line 8 of your <b>Capital Loss Carryover Worksheet</b> in the instructions . . . . .				<b>6</b> ( )
<b>7 Net short-term capital gain or (loss).</b> 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 . . . . .				<b>7</b> -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.

This form may be easier to complete if you round off cents to whole dollars.

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
<b>8a</b> 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 . . . . .				
<b>8b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked . . . . .	1,396.	1,643.		-247.
<b>9</b> Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked . . . . .	16,861.	16,620.		241.
<b>10</b> Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked . . . . .	20.	27.		-7.
<b>11</b> 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 . . . . .				<b>11</b>
<b>12</b> Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 . . . . .				<b>12</b>
<b>13</b> Capital gain distributions. See the instructions . . . . .				<b>13</b> 8.
<b>14</b> Long-term capital loss carryover. Enter the amount, if any, from line 13 of your <b>Capital Loss Carryover Worksheet</b> in the instructions . . . . .				<b>14</b> ( )
<b>15 Net long-term capital gain or (loss).</b> Combine lines 8a through 14 in column (h). Then, go to Part III on the back . . . . .				<b>15</b> -5.

**Part III Summary**

<b>16</b>	Combine lines 7 and 15 and enter the result . . . . .	<b>16</b>	-1,424.
	<ul style="list-style-type: none"> <li>• If line 16 is a <b>gain</b>, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below.</li> <li>• If line 16 is a <b>loss</b>, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22.</li> <li>• If line 16 is <b>zero</b>, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22.</li> </ul>		
<b>17</b>	Are lines 15 and 16 <b>both</b> gains? <input type="checkbox"/> <b>Yes.</b> Go to line 18. <input type="checkbox"/> <b>No.</b> Skip lines 18 through 21, and go to line 22.		
<b>18</b>	If you are required to complete the <b>28% Rate Gain Worksheet</b> (see instructions), enter the amount, if any, from line 7 of that worksheet . . . . .	<b>18</b>	
<b>19</b>	If you are required to complete the <b>Unrecaptured Section 1250 Gain Worksheet</b> (see instructions), enter the amount, if any, from line 18 of that worksheet . . . . .	<b>19</b>	
<b>20</b>	Are lines 18 and 19 both zero or blank and you are not filing Form 4952? <input type="checkbox"/> <b>Yes.</b> Complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> in the instructions for Form 1040, line 16. <b>Don't</b> complete lines 21 and 22 below.  <input type="checkbox"/> <b>No.</b> Complete the <b>Schedule D Tax Worksheet</b> in the instructions. <b>Don't</b> complete lines 21 and 22 below.		
<b>21</b>	If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the <b>smaller</b> of: <ul style="list-style-type: none"> <li>• The loss on line 16; or</li> <li>• (\$3,000), or if married filing separately, (\$1,500) } . . . . .</li> </ul>	<b>21</b>	( 1,424. )
	<b>Note:</b> When figuring which amount is smaller, treat both amounts as positive numbers.		
<b>22</b>	Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?  <input checked="" type="checkbox"/> <b>Yes.</b> Complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> in the instructions for Form 1040, line 16.  <input type="checkbox"/> <b>No.</b> Complete the rest of Form 1040, 1040-SR, or 1040-NR.		

**Sales and Other Dispositions of Capital Assets**

Department of the Treasury  
Internal Revenue Service

Go to [www.irs.gov/Form8949](http://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)
- (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 (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 <b>Note</b> below and see <i>Column (e)</i> in the separate instructions.	Adjustment, if any, to gain or loss If you enter an amount in column (g), enter a code in column (f). <b>See the separate instructions.</b>		(h) <b>Gain or (loss)</b> Subtract column (e) from column (d) and combine the result with column (g).
						(f) Code(s) from instructions	(g) Amount of adjustment	
	NIO INC SPON ADS EACH REP 1 ORD 100	03/23/21	03/14/22	1,445.	4,195.			-2,750.
	WARNER BROS DISCOVERY INC COM SE 0.103	10/26/21	04/13/22	3.	3.			0.
	WARNER BROS DISCOVERY INC COM SE 0.077	12/22/21	04/13/22	2.	2.			0.
	SERVICENOW INC COM USD0.001 12	07/30/21	05/27/22	5,712.	7,055.			-1,343.
	12.0000sh SERVICENOW INC	07/29/22	08/02/22	5,460.	5,360.	B	0.	100.
	10.0000sh SERVICENOW INC	08/05/22	08/05/22	5,000.	5,899.	BW	12.	-887.
	7.0000sh SERVICENOW INC	07/31/18	08/10/22	3,605.	1,070.	BT	0.	2,535.
	NETFLIX INC 5	03/02/22	10/19/22	1,375.	1,894.			-519.
	NETFLIX INC 2	03/04/22	10/19/22	550.	721.			-171.
	NETFLIX INC 8	04/20/22	10/19/22	2,200.	1,790.			410.
<b>2 Totals.</b>	Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, <b>line 1b</b> (if <b>Box A</b> above is checked), <b>line 2</b> (if <b>Box B</b> above is checked), or <b>line 3</b> (if <b>Box C</b> 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.







**Sales and Other Dispositions of Capital Assets**

Department of the Treasury  
Internal Revenue Service

Go to [www.irs.gov/Form8949](http://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)
- (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 (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 <b>Note</b> below and see <i>Column (e)</i> in the separate instructions.	Adjustment, if any, to gain or loss If you enter an amount in column (g), enter a code in column (f). <b>See the separate instructions.</b>		(h) <b>Gain or (loss)</b> Subtract column (e) from column (d) and combine the result with column (g).	
						(f) Code(s) from instructions	(g) Amount of adjustment		
	SERVICENOW INC COM USD0.001 1	02/12/21	02/09/22	603.	591.			12.	
	SERVICENOW INC COM USD0.001 9	02/12/21	02/09/22	5,427.	5,322.			105.	
	SERVICENOW INC COM USD0.001 22	08/17/21	02/28/22	12,751.	12,809.	W	53.	-5.	
	SERVICENOW INC COM USD0.001 17	02/12/22	02/28/22	9,853.	9,923.	W	70.	0.	
	SERVICENOW INC COM USD0.001 20	02/17/22	02/28/22	11,592.	11,315.			277.	
	SERVICENOW INC COM USD0.001 7	02/07/22	02/28/22	4,095.	4,012.			83.	
	SERVICENOW INC COM USD0.001 25	02/07/22	02/28/22	14,500.	14,330.			170.	
	SERVICENOW INC COM USD0.001 8	05/07/22	05/27/22	3,808.	3,654.			154.	
	SERVICENOW INC COM USD0.001 8	11/07/22	11/11/22	3,306.	2,906.			400.	
	SERVICENOW INC COM USD0.001 12	05/12/22	11/15/22	5,040.	5,195.	W	155.	0.	
	SERVICENOW INC COM USD0.001 13	11/12/22	11/23/22	5,330.	5,329.			1.	
	SERVICENOW INC COM USD0.001 10	11/17/22	11/29/22	4,020.	4,006.			14.	
	SERVICENOW INC COM USD0.001 2	05/12/22	11/30/22	831.	846.			-15.	
	SERVICENOW INC COM USD0.001 7	11/12/22	11/30/22	2,909.	2,869.			40.	
<b>2 Totals.</b>	Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, <b>line 1b</b> (if <b>Box A</b> above is checked), <b>line 2</b> (if <b>Box B</b> above is checked), or <b>line 3</b> (if <b>Box C</b> above is checked).				84,065.	83,107.		278.	1,236.

**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.







**SCHEDULE E  
(Form 1040)**

**Supplemental Income and Loss**

OMB No. 1545-0074

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

**2022**  
Attachment  
Sequence No. **13**

Department of the Treasury  
Internal Revenue Service

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

Go to [www.irs.gov/ScheduleE](http://www.irs.gov/ScheduleE) for instructions and the latest information.

Name(s) shown on return

VAMSI KRISHNA & PUSHPAVATHI SOMA

Your social security number

655-83-1015

**Part I Income or Loss From Rental Real Estate and Royalties**

**Note:** If you are in the business of renting personal property, use **Schedule C**. See instructions. If you are an individual, report farm rental income or loss from **Form 4835** on page 2, line 40.

- A** Did you make any payments in 2022 that would require you to file Form(s) 1099? See instructions . . . . .  Yes  No  
**B** If "Yes," did you or will you file required Form(s) 1099? . . . . .  Yes  No

**1a** Physical address of each property (street, city, state, ZIP code)

**A** Pappalaguda, Rajendra Naga Hyderabad Telangalna IN 50030

**B**  
**C**

1b Type of Property (from list below)	2 For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions.	Fair Rental Days		Personal Use Days	QJV
		A	B	C	
<b>A</b> 1		210		0	<input type="checkbox"/>
<b>B</b>					<input type="checkbox"/>
<b>C</b>					<input type="checkbox"/>

**Type of Property:**

- 1 Single Family Residence      3 Vacation/Short-Term Rental      5 Land      7 Self-Rental  
 2 Multi-Family Residence      4 Commercial      6 Royalties      8 Other (describe) \_\_\_\_\_

Income:		Properties:		
		A	B	C
<b>3</b> Rents received . . . . .	<b>3</b>	2,600.		
<b>4</b> Royalties received . . . . .	<b>4</b>			
<b>Expenses:</b>				
<b>5</b> Advertising . . . . .	<b>5</b>			
<b>6</b> Auto and travel (see instructions) . . . . .	<b>6</b>			
<b>7</b> Cleaning and maintenance . . . . .	<b>7</b>			
<b>8</b> Commissions . . . . .	<b>8</b>			
<b>9</b> Insurance . . . . .	<b>9</b>			
<b>10</b> Legal and other professional fees . . . . .	<b>10</b>			
<b>11</b> Management fees . . . . .	<b>11</b>	800.		
<b>12</b> Mortgage interest paid to banks, etc. (see instructions)	<b>12</b>			
<b>13</b> Other interest . . . . .	<b>13</b>	5,019.		
<b>14</b> Repairs . . . . .	<b>14</b>	1,100.		
<b>15</b> Supplies . . . . .	<b>15</b>			
<b>16</b> Taxes . . . . .	<b>16</b>	100.		
<b>17</b> Utilities . . . . .	<b>17</b>			
<b>18</b> Depreciation expense or depletion . . . . .	<b>18</b>	4,428.		
<b>19</b> Other (list) _____	<b>19</b>			
<b>20</b> Total expenses. Add lines 5 through 19 . . . . .	<b>20</b>	11,447.		
<b>21</b> Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file <b>Form 6198</b> . . . . .	<b>21</b>	-8,847.		
<b>22</b> Deductible rental real estate loss after limitation, if any, on <b>Form 8582</b> (see instructions) . . . . .	<b>22</b>	( 8,847. )	( )	( )
<b>23a</b> Total of all amounts reported on line 3 for all rental properties . . . . .	<b>23a</b>	2,600.		
<b>b</b> Total of all amounts reported on line 4 for all royalty properties . . . . .	<b>23b</b>			
<b>c</b> Total of all amounts reported on line 12 for all properties . . . . .	<b>23c</b>			
<b>d</b> Total of all amounts reported on line 18 for all properties . . . . .	<b>23d</b>	4,428.		
<b>e</b> Total of all amounts reported on line 20 for all properties . . . . .	<b>23e</b>	11,447.		
<b>24</b> <b>Income.</b> Add positive amounts shown on line 21. <b>Do not</b> include any losses . . . . .	<b>24</b>			
<b>25</b> <b>Losses.</b> Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here . . . . .	<b>25</b>	( 8,847. )		
<b>26</b> <b>Total rental real estate and royalty income or (loss).</b> Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2 . . . . .	<b>26</b>			-8,847.

For Paperwork Reduction Act Notice, see the separate instructions.

NPA

-8,847.

Schedule E (Form 1040) 2022

**SCHEDULE 8812  
(Form 1040)**

**Credits for Qualifying Children  
and Other Dependents**

OMB No. 1545-0074

**2022**

Attachment  
Sequence No. **47**

Department of the Treasury  
Internal Revenue Service

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

Go to [www.irs.gov/Schedule8812](http://www.irs.gov/Schedule8812) for instructions and the latest information.

Name(s) shown on return

Your social security number

VAMSI KRISHNA & PUSHPAVATHI SOMA

655-83-1015

**Part I Child Tax Credit and Credit for Other Dependents**

<b>1</b>	Enter the amount from line 11 of your Form 1040, 1040-SR, or 1040-NR . . . . .		<b>1</b>	434,446.
<b>2a</b>	Enter income from Puerto Rico that you excluded . . . . .	<b>2a</b>		
<b>b</b>	Enter the amounts from lines 45 and 50 of your Form 2555 . . . . .	<b>2b</b>	0.	
<b>c</b>	Enter the amount from line 15 of your Form 4563 . . . . .	<b>2c</b>		
<b>d</b>	Add lines 2a through 2c . . . . .	<b>2d</b>	0.	
<b>3</b>	Add lines 1 and 2d . . . . .	<b>3</b>	434,446.	
<b>4</b>	Number of qualifying children under age 17 with the required social security number . . . . .	<b>4</b>	0	
<b>5</b>	Multiply line 4 by \$2,000 . . . . .	<b>5</b>		
<b>6</b>	Number of other dependents, including any qualifying children who are not under age 17 or who do not have the required social security number . . . . .	<b>6</b>	2	
<b>Caution:</b> Do not include yourself, your spouse, or anyone who is not a U.S. citizen, U.S. national, or U.S. resident alien. Also, do not include anyone you included on line 4.				
<b>7</b>	Multiply line 6 by \$500 . . . . .	<b>7</b>	1,000.	
<b>8</b>	Add lines 5 and 7 . . . . .	<b>8</b>	1,000.	
<b>9</b>	Enter the amount shown below for your filing status. • Married filing jointly—\$400,000 } • All other filing statuses—\$200,000 }	<b>9</b>	400,000.	
<b>10</b>	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. }	<b>10</b>	35,000.	
<b>11</b>	Multiply line 10 by 5% (0.05) . . . . .	<b>11</b>	1,750.	
<b>12</b>	Is the amount on line 8 more than the amount on line 11? . . . . .	<b>12</b>	0.	
<input checked="" type="checkbox"/> <b>No. STOP.</b> You cannot take the child tax credit, credit for other dependents, or additional child tax credit. Skip Parts II-A and II-B. Enter -0- on lines 14 and 27.				
<input type="checkbox"/> <b>Yes.</b> Subtract line 11 from line 8. Enter the result.				
<b>13</b>	Enter the amount from the <b>Credit Limit Worksheet A</b> . . . . .	<b>13</b>		
<b>14</b>	Enter the smaller of line 12 or 13. <b>This is your child tax credit and credit for other dependents</b> . . . . .	<b>14</b>	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 **additional child tax credit** on Form 1040, 1040-SR, or 1040-NR, line 28. Complete your Form 1040, 1040-SR, or 1040-NR through line 27 (also complete Schedule 3, line 11) before completing Part II-A.

**Part II-A Additional Child Tax Credit for All Filers**

**Caution:** If you file Form 2555, you cannot claim the additional child tax credit.

<b>15</b>	Check this box if you <b>do not</b> want to claim the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27 . . . . . <input type="checkbox"/>		
<b>16a</b>	Subtract line 14 from line 12. If zero, <b>stop here</b> ; you cannot take the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27 . . . . .	<b>16a</b>	
<b>b</b>	Number of qualifying children under 17 with the required social security number: _____ x \$1,500. Enter the result. If zero, <b>stop here</b> ; you cannot claim the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27 . . . . .	<b>16b</b>	
	<b>TIP:</b> The number of children you use for this line is the same as the number of children you used for line 4.		
<b>17</b>	Enter the <b>smaller</b> of line 16a or line 16b . . . . .	<b>17</b>	
<b>18a</b>	Earned income (see instructions) . . . . .	<b>18a</b>	
<b>b</b>	Nontaxable combat pay (see instructions) . . . . .	<b>18b</b>	
<b>19</b>	Is the amount on line 18a more than \$2,500? <input type="checkbox"/> <b>No.</b> Leave line 19 blank and enter -0- on line 20. <input type="checkbox"/> <b>Yes.</b> Subtract \$2,500 from the amount on line 18a. Enter the result . . . . .	<b>19</b>	
<b>20</b>	Multiply the amount on line 19 by 15% (0.15) and enter the result . . . . . <b>Next.</b> On line 16b, is the amount \$4,500 or more? <input type="checkbox"/> <b>No.</b> If you are a bona fide resident of Puerto Rico, go to line 21. Otherwise, skip Part II-B and enter the <b>smaller</b> of line 17 or line 20 on line 27. <input type="checkbox"/> <b>Yes.</b> 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.	<b>20</b>	

**Part II-B Certain Filers Who Have Three or More Qualifying Children and Bona Fide Residents of Puerto Rico**

<b>21</b>	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. . . . .	<b>21</b>	
<b>22</b>	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 . . . . .	<b>22</b>	
<b>23</b>	Add lines 21 and 22 . . . . .	<b>23</b>	
<b>24</b>	<b>1040 and 1040-SR filers:</b> Enter the total of the amounts from Form 1040 or 1040-SR, line 27, and Schedule 3 (Form 1040), line 11. } <b>1040-NR filers:</b> Enter the amount from Schedule 3 (Form 1040), line 11. }	<b>24</b>	
<b>25</b>	Subtract line 24 from line 23. If zero or less, enter -0- . . . . .	<b>25</b>	
<b>26</b>	Enter the <b>larger</b> of line 20 or line 25 . . . . . <b>Next,</b> enter the <b>smaller</b> of line 17 or line 26 on line 27.	<b>26</b>	

**Part II-C Additional Child Tax Credit**

<b>27</b>	This is your additional child tax credit. Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 28 . . . . .	<b>27</b>	0 .
-----------	--	-----------	-----



**Health Savings Accounts (HSAs)**

Department of the Treasury  
Internal Revenue Service

Attach to Form 1040, 1040-SR, or 1040-NR.  
Go to [www.irs.gov/Form8889](http://www.irs.gov/Form8889) for instructions and the latest information.

**2022**  
Attachment  
Sequence No. **52**

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

Social security number of HSA beneficiary.  
If both spouses have HSAs, see instructions.  
**655-83-1015**

**VAMSI KRISHNA SOMA**

**Before you begin:** Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if required.

**Part I HSA Contributions and Deduction.** See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part I for each spouse.

<b>1</b>	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2022. See instructions . . . . .	<input type="checkbox"/> Self-only <input type="checkbox"/> Family
<b>2</b>	HSA contributions you made for 2022 (or those made on your behalf), including those made by the unextended due date of your tax return that were for 2022. <b>Do not</b> include employer contributions, contributions through a cafeteria plan, or rollovers. See instructions . . . . .	<b>2</b> 0.
<b>3</b>	If you were under age 55 at the end of 2022 and, on the first day of <b>every</b> month during 2022, you were, or were considered, an eligible individual with the <b>same</b> coverage, enter \$3,650 (\$7,300 for family coverage). <b>All others</b> , see the instructions for the amount to enter . . . . .	<b>3</b>
<b>4</b>	Enter the amount you and your employer contributed to your Archer MSAs for 2022 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2022, also include any amount contributed to your spouse's Archer MSAs . . . . .	<b>4</b>
<b>5</b>	Subtract line 4 from line 3. If zero or less, enter -0- . . . . .	<b>5</b>
<b>6</b>	Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2022, see the instructions for the amount to enter . . . . .	<b>6</b>
<b>7</b>	If you were age 55 or older at the end of 2022, married, and you or your spouse had family coverage under an HDHP at any time during 2022, enter your additional contribution amount. See instructions . . . . .	<b>7</b> 0.
<b>8</b>	Add lines 6 and 7 . . . . .	<b>8</b> 0.
<b>9</b>	Employer contributions made to your HSAs for 2022 . . . . .	<b>9</b>
<b>10</b>	Qualified HSA funding distributions . . . . .	<b>10</b>
<b>11</b>	Add lines 9 and 10 . . . . .	<b>11</b>
<b>12</b>	Subtract line 11 from line 8. If zero or less, enter -0- . . . . .	<b>12</b> 0.
<b>13</b>	<b>HSA deduction.</b> Enter the <b>smaller</b> of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line 13 <b>Caution:</b> If line 2 is more than line 13, you may have to pay an additional tax. See instructions.	<b>13</b> 0.

**Part II HSA Distributions.** If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part II for each spouse.

<b>14a</b>	Total distributions you received in 2022 from all HSAs (see instructions) . . . . .	<b>14a</b> 1,189.
<b>b</b>	Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return. See instructions . . . . .	<b>14b</b>
<b>c</b>	Subtract line 14b from line 14a . . . . .	<b>14c</b> 1,189.
<b>15</b>	Qualified medical expenses paid using HSA distributions (see instructions) . . . . .	<b>15</b> 1,189.
<b>16</b>	<b>Taxable HSA distributions.</b> Subtract line 15 from line 14c. If zero or less, enter -0-. Also, include this amount in the total on Schedule 1 (Form 1040), Part I, line 8f . . . . .	<b>16</b> 0.
<b>17a</b>	If any of the distributions included on line 16 meet any of the <b>Exceptions to the Additional 20% Tax</b> (see instructions), check here . . . . . <input type="checkbox"/>	
<b>b</b>	<b>Additional 20% tax</b> (see instructions). Enter 20% (0.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also, include this amount in the total on Schedule 2 (Form 1040), Part II, line 17c . . . . .	<b>17b</b>

**Part III Income and Additional Tax for Failure To Maintain HDHP Coverage.** See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part III for each spouse.

<b>18</b>	Last-month rule . . . . .	<b>18</b>
<b>19</b>	Qualified HSA funding distribution . . . . .	<b>19</b>
<b>20</b>	<b>Total income.</b> Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I, line 8f . . . . .	<b>20</b>
<b>21</b>	<b>Additional tax.</b> Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2 (Form 1040), Part II, line 17d . . . . .	<b>21</b>



**Qualified Business Income Deduction**

Department of the Treasury  
Internal Revenue Service

Attach to your tax return.

Go to [www.irs.gov/Form8995A](http://www.irs.gov/Form8995A) for instructions and the latest information.

**2022**  
Attachment  
Sequence No. **55A**

Name(s) shown on return

VAMSI KRISHNA & PUSHPAVATHI SOMA

Your taxpayer identification number

655-83-1015

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

Use this form if your taxable income, before your qualified business income deduction, is above \$170,050 (\$340,100 if married filing jointly), or you're a patron of an agricultural or horticultural cooperative.

**Part I Trade, Business, or Aggregation Information**

Complete Schedules A, B, and/or C (Form 8995-A), as applicable, before starting Part I. Attach additional worksheets when needed. See instructions.

1	(a) Trade, business, or aggregation name	(b) Check if specified service	(c) Check if aggregation	(d) Taxpayer identification number	(e) Check if patron
A		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
B		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
C		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>

**Part II Determine Your Adjusted Qualified Business Income**

	A	B	C
2 Qualified business income from the trade, business, or aggregation. See instructions . . . . .	2		
3 Multiply line 2 by 20% (0.20). If your taxable income is \$170,050 or less (\$340,100 if married filing jointly), skip lines 4 through 12 and enter the amount from line 3 on line 13 . . . . .	3		
4 Allocable share of W-2 wages from the trade, business, or aggregation . . . . .	4		
5 Multiply line 4 by 50% (0.50) . . . . .	5		
6 Multiply line 4 by 25% (0.25) . . . . .	6		
7 Allocable share of the unadjusted basis immediately after acquisition (UBIA) of all qualified property . . . . .	7		
8 Multiply line 7 by 2.5% (0.025) . . . . .	8		
9 Add lines 6 and 8 . . . . .	9		
10 Enter the greater of line 5 or line 9 . . . . .	10		
11 W-2 wage and UBIA of qualified property limitation. Enter the smaller of line 3 or line 10 . . . . .	11		
12 Phased-in reduction. Enter the amount from line 26, if any . . . . .	12		
13 Qualified business income deduction before patron reduction. Enter the greater of line 11 or line 12 . . . . .	13		
14 Patron reduction. Enter the amount from Schedule D (Form 8995-A), line 6, if any. See instructions . . . . .	14		
15 Qualified business income component. Subtract line 14 from line 13 . . . . .	15		
16 Total qualified business income component. Add all amounts reported on line 15 . . . . .	16		

**Part III Phased-in Reduction**

Complete Part III only if your taxable income is more than \$170,050 but not \$220,050 (\$340,100 and \$440,100 if married filing jointly) and line 10 is less than line 3. Otherwise, skip Part III.

		A	B	C
17	Enter the amounts from line 3 . . . . .	17		
18	Enter the amounts from line 10 . . . . .	18		
19	Subtract line 18 from line 17 . . . . .	19		
20	Taxable income before qualified business income deduction . . . . .	20		
21	Threshold. Enter \$170,050 (\$340,100 if married filing jointly) . . . . .	21		
22	Subtract line 21 from line 20 . . . . .	22		
23	Phase-in range. Enter \$50,000 (\$100,000 if married filing jointly) . . . . .	23		
24	Phase-in percentage. Divide line 22 by line 23 . . . . .	24	%	
25	Total phase-in reduction. Multiply line 19 by line 24 . . . . .	25		
26	Qualified business income after phase-in reduction. Subtract line 25 from line 17. Enter this amount here and on line 12, for the corresponding trade or business . . . . .	26		

**Part IV Determine Your Qualified Business Income Deduction**

27	Total qualified business income component from all qualified trades, businesses, or aggregations. Enter the amount from line 16 . . . . .	27			
28	Qualified REIT dividends and publicly traded partnership (PTP) income or (loss). See instructions . . . . .	28	4.		
29	Qualified REIT dividends and PTP (loss) carryforward from prior years . . . . .	29	( )		
30	Total qualified REIT dividends and PTP income. Combine lines 28 and 29. If less than zero, enter -0- . . . . .	30	4.		
31	REIT and PTP component. Multiply line 30 by 20% (0.20) . . . . .	31	1.		
32	Qualified business income deduction before the income limitation. Add lines 27 and 31 . . . . .	32			1.
33	Taxable income before qualified business income deduction . . . . .	33	408,546.		
34	Net capital gain. See instructions . . . . .	34	1,864.		
35	Subtract line 34 from line 33. If zero or less, enter -0- . . . . .	35			406,682.
36	Income limitation. Multiply line 35 by 20% (0.20) . . . . .	36			81,336.
37	Qualified business income deduction before the domestic production activities deduction (DPAD) under section 199A(g). Enter the smaller of line 32 or line 36 . . . . .	37			1.
38	DPAD under section 199A(g) allocated from an agricultural or horticultural cooperative. Don't enter more than line 33 minus line 37 . . . . .	38			
39	Total qualified business income deduction. Add lines 37 and 38 . . . . .	39			1.
40	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 28 and 29. If zero or greater, enter -0- . . . . .	40	(	0.)	

### Additional Medicare Tax

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

Name(s) shown on return

Your social security number

VAMSI KRISHNA & PUSHPAVATHI SOMA

655-83-1015

**Part I Additional Medicare Tax on Medicare Wages**

1 Medicare wages and tips from Form W-2, box 5. If you have more than one Form W-2, enter the total of the amounts from box 5 . . . . .	1	457,607.		
2 Unreported tips from Form 4137, line 6 . . . . .	2			
3 Wages from Form 8919, line 6 . . . . .	3			
4 Add lines 1 through 3 . . . . .	4	457,607.		
5 Enter the following amount for your filing status:				
Married filing jointly . . . . . \$250,000				
Married filing separately . . . . . \$125,000				
Single, Head of household, or Qualifying surviving spouse . . . . . \$200,000	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 here and go to Part II . . . . .	7			1,868.

**Part II Additional Medicare Tax on Self-Employment Income**

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 . . . . . \$250,000				
Married filing separately . . . . . \$125,000				
Single, Head of household, or Qualifying surviving spouse . . . . . \$200,000	9			
10 Enter the amount from line 4 . . . . .	10			
11 Subtract line 10 from line 9. If zero or less, enter -0- . . . . .	11			
12 Subtract line 11 from line 8. If zero or less, enter -0- . . . . .	12			
13 Additional Medicare Tax on self-employment income. Multiply line 12 by 0.9% (0.009). Enter here and go to Part III . . . . .	13			

**Part III Additional Medicare Tax on Railroad Retirement Tax Act (RRTA) Compensation**

14 Railroad retirement (RRTA) compensation and tips from Form(s) W-2, box 14 (see instructions) . . . . .	14			
15 Enter the following amount for your filing status:				
Married filing jointly . . . . . \$250,000				
Married filing separately . . . . . \$125,000				
Single, Head of household, or Qualifying surviving spouse . . . . . \$200,000	15			
16 Subtract line 15 from line 14. If zero or less, enter -0- . . . . .	16			
17 Additional Medicare Tax on railroad retirement (RRTA) compensation. Multiply line 16 by 0.9% (0.009). Enter here and go to Part IV . . . . .	17			

**Part IV Total Additional Medicare Tax**

18 Add lines 7, 13, and 17. Also include this amount on Schedule 2 (Form 1040), line 11 (Form 1040-PR or 1040-SS filers, see instructions), and go to Part V . . . . .	18			1,868.
--	----	--	--	--------

**Part V Withholding Reconciliation**

19 Medicare tax withheld from Form W-2, box 6. If you have more than one Form W-2, enter the total of the amounts from box 6 . . . . .	19	8,818.		
20 Enter the amount from line 1 . . . . .	20	457,607.		
21 Multiply line 20 by 1.45% (0.0145). This is your regular Medicare tax withholding on Medicare wages . . . . .	21	6,635.		
22 Subtract line 21 from line 19. If zero or less, enter -0-. This is your Additional Medicare Tax withholding on Medicare wages . . . . .	22			2,183.
23 Additional Medicare Tax withholding on railroad retirement (RRTA) compensation from Form W-2, box 14 (see instructions) . . . . .	23			
24 <b>Total Additional Medicare Tax withholding.</b> 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.

# Net Investment Income Tax— Individuals, Estates, and Trusts

Attach to your tax return.

Go to [www.irs.gov/Form8960](http://www.irs.gov/Form8960) for instructions and the latest information.

Name(s) shown on your tax return

VAMSI KRISHNA & PUSHPAVATHI SOMA

Your social security number or EIN  
655-83-1015

- Part I Investment Income**     Section 6013(g) election (see instructions)  
 Section 6013(h) election (see instructions)  
 Regulations section 1.1411-10(g) election (see instructions)

1	Taxable interest (see instructions)		<b>1</b>	2,596.
2	Ordinary dividends (see instructions)		<b>2</b>	1,884.
3	Annuities (see instructions)		<b>3</b>	
4a	Rental real estate, royalties, partnerships, S corporations, trusts, etc. (see instructions)	4a		-8,847.
b	Adjustment for net income or loss derived in the ordinary course of a non-section 1411 trade or business (see instructions)	4b		
c	Combine lines 4a and 4b		<b>4c</b>	-8,847.
5a	Net gain or loss from disposition of property (see instructions)	5a		-1,424.
b	Net gain or loss from disposition of property that is not subject to net investment income tax (see instructions)	5b		
c	Adjustment from disposition of partnership interest or S corporation stock (see instructions)	5c		
d	Combine lines 5a through 5c		<b>5d</b>	-1,424.
6	Adjustments to investment income for certain CFCs and PFICs (see instructions)		<b>6</b>	
7	Other modifications to investment income (see instructions)		<b>7</b>	
8	Total investment income. Combine lines 1, 2, 3, 4c, 5d, 6, and 7		<b>8</b>	-5,791.

**Part II Investment Expenses Allocable to Investment Income and Modifications**

9a	Investment interest expenses (see instructions)	9a		
b	State, local, and foreign income tax (see instructions)	9b		
c	Miscellaneous investment expenses (see instructions)	9c		
d	Add lines 9a, 9b, and 9c		<b>9d</b>	
10	Additional modifications (see instructions)		<b>10</b>	79.
11	Total deductions and modifications. Add lines 9d and 10		<b>11</b>	79.

**Part III Tax Computation**

12	Net investment income. Subtract Part II, line 11, from Part I, line 8. Individuals, complete lines 13-17. Estates and trusts, complete lines 18a-21. If zero or less, enter -0-		<b>12</b>	0.
<b>Individuals:</b>				
13	Modified adjusted gross income (see instructions)	13		434,446.
14	Threshold based on filing status (see instructions)	14		250,000.
15	Subtract line 14 from line 13. If zero or less, enter -0-	15		184,446.
16	Enter the smaller of line 12 or line 15		<b>16</b>	0.
17	Net investment income tax for individuals. Multiply line 16 by 3.8% (0.038). <b>Enter here and include on your tax return</b> (see instructions)		<b>17</b>	0.
<b>Estates and Trusts:</b>				
18a	Net investment income (line 12 above)	18a		
b	Deductions for distributions of net investment income and deductions under section 642(c) (see instructions)	18b		
c	Undistributed net investment income. Subtract line 18b from line 18a (see instructions). If zero or less, enter -0-	18c		
19a	Adjusted gross income (see instructions)	19a		
b	Highest tax bracket for estates and trusts for the year (see instructions)	19b		
c	Subtract line 19b from line 19a. If zero or less, enter -0-	19c		
20	Enter the smaller of line 18c or line 19c		<b>20</b>	
21	Net investment income tax for estates and trusts. Multiply line 20 by 3.8% (0.038). <b>Enter here and include on your tax return</b> (see instructions)		<b>21</b>	

Name(s) shown on return  
VAMSI KRISHNA & PUSHPAVATHI SOMA

Your social security number  
655-83-1015

**Part I Short-Term Capital Gains and Losses – Assets Held One Year or Less**

**QuickZoom** to Form(s) 8949, Short-Term Gain (Loss) Transactions . . . . . ▶  
**QuickZoom** to Schedule D, Short-Term Gain (Loss) Regular Tax Totals . . . . . ▶

Short-Term Totals:	Sales Price	Adjstd Basis	Gn(Ls) Adjstmt	Gain (Loss)
<b>1 a</b> 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 . . . . .				
<b>b</b> Short-term totals from all Forms 8949 with box A checked . . . . .	25,352.	27,989.	11.	-2,626.
<b>2</b> Short-term totals from all Forms 8949 with box B checked . . . . .	92,670.	91,742.	278.	1,206.
<b>3</b> Short-term totals from all Forms 8949 with box C checked . . . . .				
<b>4</b> Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824: <b>A</b> Form(s) 6252, Installment Sale Income . . . . . <b>B</b> Form(s) 4684, Casualties and Thefts . . . . . <b>C</b> Form(s) 6781, Gains and Losses from Section 1256 Contracts and Straddles . . . . . <b>D</b> Form(s) 8824, Like-Kind Exchanges . . . . . <b>E</b> Sale of Incentive Stock Option stock (not entered elsewhere) . . . . . <b>F</b> Other . . . . . Total . . . . .			4	
<b>5</b> Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 . . . . .			5	
<b>6</b> Short-term capital loss carryover. Enter the amount, if any, from line 10 of your <b>Capital Loss Carryover Worksheet</b> . . . . .			6	
<b>7</b> <b>Net short-term capital gain or (loss).</b> Combine lines 1 thru 6 in column (f) . . ▶			7	-1,420.

**Part II Long-Term Capital Gains and Losses – Assets Held More Than One Year**

**QuickZoom** to Form(s) 8949, Long-Term Gain (Loss) Transactions . . . . . ▶  
**QuickZoom** to Schedule D, Long-Term Gain (Loss) Regular Tax Totals . . . . . ▶

Long-Term Totals:	Sales Price	Adjstd Basis	Gn(Ls) Adjstmt	Gain (Loss)
<b>8 a</b> 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 . . . . .				
<b>b</b> Long-term totals from all Forms 8949 with box D checked . . . . .	1,396.	1,643.		-247.
<b>9</b> Long-term totals from all Forms 8949 with box E checked . . . . .	16,861.	16,620.		241.
<b>10</b> Long-term totals from all Forms 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: <b>A</b> Form 4797, Sales of Business Property (Gain from Pt I) . . . . . <b>B</b> Form(s) 6252, Installment Sale Income . . . . . <b>C</b> Form(s) 4684, Casualties and Thefts . . . . . <b>D</b> Form(s) 6781, Gains and Losses from Section 1256 Contracts and Straddles . . . . . <b>E</b> Form(s) 8824, Like-Kind Exchanges . . . . . <b>F</b> Form(s) 2439, Notice to Shareholder of Undistributed Long-Term Capital Gains . . . . . <b>G</b> Sale of Incentive Stock Option stock (not entered elsewhere) . . . . . <b>H</b> Other . . . . . Total . . . . .		
		11	
12	Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 . . . . .	12	
13	Capital gain distributions . . . . .	13	8.
14	Long-term capital loss carryover. Enter the amount, if any, from line 15 of your <b>Capital Loss Carryover Worksheet</b> . . . . .	14	
15	<b>Net long-term capital gain or (loss).</b> Combine lines 8 thru 14 in column (f) . . ▶	15	-5.

**Part III Summary**

16	Combine lines 7 and 15 and enter the result . . . . . If line 16 is: • A <b>gain</b> , enter the amount on line 22 below. Then go to line 17 below. • A <b>loss</b> , skip lines 17 through 20 below. Then go to line 21. • <b>Zero</b> , skip lines 17 through 21 below and enter -0- on line 22 below.	16	-1,425.
17	Are lines 15 and 16 <b>both</b> gains? <input type="checkbox"/> <b>Yes.</b> Go to line 18. <input type="checkbox"/> <b>No.</b> Skip lines 18 through 21, and go to line 22.		
18	Enter the amount, if any, from line 7 of the <b>28% Rate Gain Worksheet</b> . . . . .	18	0.
19	Enter the amount, if any, from line 18 of the <b>Unrecaptured Section 1250 Gain Worksheet</b> . . . . .	19	
20	Are lines 18 and 19 <b>both</b> zero or blank? <input type="checkbox"/> <b>Yes.</b> <input type="checkbox"/> <b>No.</b>		
21	If line 16 is a loss, enter here and on line 22 below, the <b>smaller</b> of: • The loss on line 16, or • (\$3,000), or, if married filing separately, (\$1,500) ] . . . . . <b>Note:</b> When figuring which amount is smaller, treat both amounts as positive numbers.	21	-1,425.
22	Do you have qualified dividends on Form 1040, line 9b? <input type="checkbox"/> <b>Yes.</b> <input type="checkbox"/> <b>No.</b>		
	<b>Capital gain (loss) as refigured for the Alternative Minimum Tax.</b> If line 16 is a gain or zero, enter line 16. If line 16 is a loss, enter line 21. . . . . ▶		-1,425.

- QuickZoom to the **Qualified Dividends and Capital Gain Tax Worksheet** . . . . . ▶
- QuickZoom to the **Schedule D Tax Worksheet** . . . . . ▶
- QuickZoom to the **Unrecaptured Section 1250 Gain Worksheet** . . . . . ▶
- QuickZoom to the **28% Rate Gain Worksheet** . . . . . ▶
- QuickZoom to the **Capital Loss Carryover Worksheet** . . . . . ▶
- QuickZoom to **Form 6251, Alternative Minimum Tax** . . . . . ▶

# Tax History Report

▶ Keep for your records

**2022**

Name(s) Shown on Return

VAMSI KRISHNA & PUSHPAVATHI SOMA

	Five Year Tax History:				
	2018	2019	2020	2021	2022
Filing status . . . . .	MFJ	MFJ	MFJ	MFJ	MFJ
Total income . . . . .	238,543.	364,538.	506,657.	505,131.	434,525.
Adjustments to income			300.		79.
Adjusted gross income	238,543.	364,538.	506,357.	505,131.	434,446.
Tax expense . . . . .	10,000.	10,000.	10,001.	10,000.	10,001.
Interest expense . . .					
Contributions . . . . .	450.		525.		600.
Misc. deductions . . .					
Other itemized ded'ns					
Total itemized/ standard deduction . .	24,000.	24,400.	24,800.	25,700.	25,900.
Exemption amount . .	0.	0.	0.	0.	0.
QBI deduction . . . . .	0.	0.	1.	1.	1.
Taxable income . . . .	214,543.	340,138.	481,556.	479,430.	408,545.
Tax . . . . .	39,802.	70,272.	103,170.	115,081.	90,881.
Alternative min tax . .					
Total credits . . . . .	1,050.	1,049.	0.	0.	
Other taxes . . . . .		1,433.	4,752.	3,048.	1,868.
Payments . . . . .	36,418.	67,655.	84,609.	105,107.	90,791.
Form 2210 penalty . .				25.	
Amount owed . . . . .	2,334.	3,001.	23,313.	13,047.	1,958.
Applied to next year's estimated tax .					
Refund . . . . .					
Effective tax rate % . .	16.25	18.99	20.37	22.78	20.92
**Tax bracket % . . . .	24.0	32.0	35.0	35.0	32.0

\*\*Tax bracket % is based on Taxable income.