

File by Mail Instructions for your 2022 Federal Tax Return

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



(If you prefer, you can still e-file. Go to the end of these instructions for more information.)

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

| | |
|--|--|
| Balance Due/Refund | Your federal tax return (Form 1040) shows you owe a balance due of \$4,902.00. |
| | You are paying by check. |
| <hr/> | |
| What You Need to Mail | Your tax return - The official return for mailing is included in this printout. Remember to sign and date the return. |
| | Your payment - Mail a check or money order for \$4,902.00, payable to "United States Treasury". Write your Social Security number and "2022 Form 1040" on the check. Mail the return and check together. |
| | Attach the first copy or Copy B of Form(s) W-2 to the front of your Form 1040. |
| | Mail your return, attachments and payment to: Internal Revenue Service P.O. Box 802501 Cincinnati, OH 45280-2501 |
| | Deadline: Postmarked by Tuesday, April 18, 2023 |
| | Note: Your state return may be due on a different date. Please review your state filing instructions. |
| | Don't forget correct postage on the envelope. |
| <hr/> | |
| What You Need to Keep | Keep these instructions and a copy of your return for your records. If you did not print one before closing TurboTax, go back to the program and select Print Center, then print a copy or save as PDF for your records. |
| <hr/> | |
| 2022 Federal Tax Return Summary | Adjusted Gross Income \$ 443,292.00 |
| | Taxable Income \$ 417,391.00 |
| | Total Tax \$ 95,693.00 |
| | Total Payments/Credits \$ 90,791.00 |
| | Payment Due \$ 4,902.00 |
| | Effective Tax Rate 21.14% |

File by Mail Instructions for your 2022 Federal Tax Return

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



(If you prefer, you can still e-file. Go to the end of these instructions for more information.)

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

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 | \$ 3,618.00 |
| 2 | 06/15/2023 | \$ 3,618.00 |
| 3 | 09/15/2023 | \$ 3,618.00 |
| 4 | 01/16/2024 | \$ 3,618.00 |

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

Changed Your Mind About e-filing?

You can still file electronically. Just go back to TurboTax, select the File tab, then select the E-file category. We'll walk you through the process. Once you file, we will let you know if your return is accepted (or rejected) by the Internal Revenue Service.

▼ 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.....▶ | 3,618. |
|--|--------|

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.....▶

3,618.

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.....▶ | 3,618. |
|--|--------|

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.....▶ | 3,618. |
|--|--------|

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

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

TO PAY YOUR TAXES DUE BY CHECK, MAIL THIS FORM TO THE ADDRESS LISTED BELOW.

▼ Detach Here and Mail With Your Payment and Return ▼

Department of the Treasury
Internal Revenue Service

2022

Form 1040-V Payment Voucher

- ▶ Use this voucher when making a payment with Form 1040.
- ▶ Do not staple this voucher or your payment to Form 1040.
- ▶ Make your check or money order payable to the 'United States Treasury.'
- ▶ Write your social security number (SSN) on your check or money order.

| | |
|--|---------------|
| Enter the amount of your payment ▶ | 4,902. |
|--|---------------|

REV 02/24/23 TTMAC 1555

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

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

655831015 PD SOMA 30 0 202212 610

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:

Personal information section including name, social security numbers, home address (19400 Sorenson Ave, Cupertino, CA 95014), and marital status 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... [] 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 with 5 columns: (1) First name, Last name, (2) Social security number, (3) Relationship to you, (4) Check the box if qualifies for (Child tax credit, Credit for other dependents). Includes dependents 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 (443,371), Adjustments to income (79), Adjusted gross income (443,292), Standard deduction (25,900), and Taxable income (417,391).

**SCHEDULE 1
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

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

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

OMB No. 1545-0074

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

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

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

Part II Adjustments to Income

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

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

Part II Other Taxes

| | | | |
|-----------|--|-----------|--------|
| 4 | Self-employment tax. Attach Schedule SE | 4 | |
| 5 | Social security and Medicare tax on unreported tip income. Attach Form 4137 | 5 | |
| 6 | Uncollected social security and Medicare tax on wages. Attach Form 8919 | 6 | |
| 7 | Total additional social security and Medicare tax. Add lines 5 and 6 | 7 | |
| 8 | Additional tax on IRAs or other tax-favored accounts. Attach Form 5329 if required. If not required, check here <input type="checkbox"/> | 8 | |
| 9 | Household employment taxes. Attach Schedule H | 9 | |
| 10 | Repayment of first-time homebuyer credit. Attach Form 5405 if required | 10 | |
| 11 | Additional Medicare Tax. Attach Form 8959 | 11 | 1,868. |
| 12 | Net investment income tax. Attach Form 8960 | 12 | 113. |
| 13 | Uncollected social security and Medicare or RRTA tax on tips or group-term life insurance from Form W-2, box 12 | 13 | |
| 14 | Interest on tax due on installment income from the sale of certain residential lots and timeshares | 14 | |
| 15 | Interest on the deferred tax on gain from certain installment sales with a sales price over \$150,000 | 15 | |
| 16 | Recapture of low-income housing credit. Attach Form 8611 | 16 | |

(continued on page 2)

Part II Other Taxes *(continued)*

| | | | |
|-----------|---|------------|--------|
| 17 | Other additional taxes: | | |
| a | Recapture of other credits. List type, form number, and amount: _____ | 17a | |
| b | Recapture of federal mortgage subsidy, if you sold your home see instructions | 17b | |
| c | Additional tax on HSA distributions. Attach Form 8889 | 17c | |
| d | Additional tax on an HSA because you didn't remain an eligible individual. Attach Form 8889 | 17d | |
| e | Additional tax on Archer MSA distributions. Attach Form 8853 | 17e | |
| f | Additional tax on Medicare Advantage MSA distributions. Attach Form 8853 | 17f | |
| g | Recapture of a charitable contribution deduction related to a fractional interest in tangible personal property | 17g | |
| h | Income you received from a nonqualified deferred compensation plan that fails to meet the requirements of section 409A | 17h | |
| i | Compensation you received from a nonqualified deferred compensation plan described in section 457A | 17i | |
| j | Section 72(m)(5) excess benefits tax | 17j | |
| k | Golden parachute payments | 17k | |
| l | Tax on accumulation distribution of trusts | 17l | |
| m | Excise tax on insider stock compensation from an expatriated corporation | 17m | |
| n | Look-back interest under section 167(g) or 460(b) from Form 8697 or 8866 | 17n | |
| o | Tax on non-effectively connected income for any part of the year you were a nonresident alien from Form 1040-NR | 17o | |
| p | Any interest from Form 8621, line 16f, relating to distributions from, and dispositions of, stock of a section 1291 fund | 17p | |
| q | Any interest from Form 8621, line 24 | 17q | |
| z | Any other taxes. List type and amount: _____ | 17z | |
| 18 | Total additional taxes. Add lines 17a through 17z | 18 | |
| 19 | Reserved for future use | 19 | |
| 20 | Section 965 net tax liability installment from Form 965-A | 20 | |
| 21 | Add lines 4, 7 through 16, and 18. These are your total other taxes . Enter here and on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b | 21 | 1,981. |

**SCHEDULE B
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Interest and Ordinary Dividends

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

OMB No. 1545-0074

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 |
|----------|--|---------------------------|
| 1 | 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 |
| 2 | Add the amounts on line 1 | 2,596.28 |
| 3 | Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815 | |
| 4 | 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 |
|----------|--|---------------------------------------|
| 5 | 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 |
| 6 | 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 |
|-----------|---|-----|----|
| 7a | At any time during 2022, did you have a financial interest in or signature authority over a financial account (such as a bank account, securities account, or brokerage account) located in a foreign country? See instructions | X | |
| | If "Yes," are you required to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), to report that financial interest or signature authority? See FinCEN Form 114 and its instructions for filing requirements and exceptions to those requirements | | X |
| 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: _____ | | |
| 8 | 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 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) |
|--|----------------------------------|---------------------------------|---|---|
| 1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b | | | | |
| 1b Totals for all transactions reported on Form(s) 8949 with Box A checked | 5,575. | 8,605. | | -3,030. |
| 2 Totals for all transactions reported on Form(s) 8949 with Box B checked | 105,536. | 107,150. | 289. | -1,325. |
| 3 Totals for all transactions reported on Form(s) 8949 with Box C checked | 3,306. | 2,906. | | 400. |
| 4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 | | | | 4 |
| 5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 | | | | 5 |
| 6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover Worksheet in the instructions | | | | 6 () |
| 7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on the back | | | | 7 -3,955. |

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) |
|---|----------------------------------|---------------------------------|--|---|
| 8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b | | | | |
| 8b Totals for all transactions reported on Form(s) 8949 with Box D checked | 1,396. | 1,643. | | -247. |
| 9 Totals for all transactions reported on Form(s) 8949 with Box E checked | 20,466. | 17,690. | | 2,776. |
| 10 Totals for all transactions reported on Form(s) 8949 with Box F checked | 20. | 27. | | -7. |
| 11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824 | | | | 11 |
| 12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 | | | | 12 |
| 13 Capital gain distributions. See the instructions | | | | 13 8. |
| 14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover Worksheet in the instructions | | | | 14 () |
| 15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then, go to Part III on the back | | | | 15 2,530. |

Part III Summary

| | | | |
|-----------|--|-----------|------------|
| 16 | Combine lines 7 and 15 and enter the result | 16 | -1,425. |
| | <ul style="list-style-type: none"> • If line 16 is a gain, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below. • If line 16 is a loss, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22. • If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22. | | |
| 17 | Are lines 15 and 16 both gains? <input type="checkbox"/> Yes. Go to line 18. <input type="checkbox"/> No. Skip lines 18 through 21, and go to line 22. | | |
| 18 | If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet | 18 | |
| 19 | If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet | 19 | |
| 20 | Are lines 18 and 19 both zero or blank and you are not filing Form 4952? <input type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. Don't complete lines 21 and 22 below. <input type="checkbox"/> No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below. | | |
| 21 | If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of: <ul style="list-style-type: none"> • The loss on line 16; or • (\$3,000), or if married filing separately, (\$1,500) } | 21 | (1,425.) |
| | Note: When figuring which amount is smaller, treat both amounts as positive numbers. | | |
| 22 | Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a? <input checked="" type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. <input type="checkbox"/> No. 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 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 Note 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). See the separate instructions. | | (h) Gain or (loss) 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 12 | 07/30/21 | 05/27/22 | 5,712. | 7,055. | | | -1,343. |
| | SERVICENOW INC COM USD0.001 8 | 05/07/22 | 05/27/22 | 3,808. | 3,654. | | | 154. |
| | SERVICENOW INC COM USD0.001 12 | 07/29/22 | 08/02/22 | 5,460. | 5,360. | | | 100. |
| | SERVICENOW INC COM USD0.001 10 | 01/31/22 | 08/05/22 | 5,000. | 5,899. | W | 11. | -888. |
| | 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. |
| 2 Totals. | Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked). | | | 93,191. | 94,800. | | 289. | -1,320. |

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 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 Note 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). See the separate instructions. | | (h) Gain or (loss) 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 8 | 11/07/22 | 11/11/22 | 3,306. | 2,906. | | | 400. |
| | | | | | | | | |
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| | | | | | | | | |
| 2 Totals. | Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked). | | | 3,306. | 2,906. | | | 400. |

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.

Foreign Tax Credit
 (Individual, Estate, or Trust)

Attach to Form 1040, 1040-SR, 1040-NR, 1041, or 990-T. COPY 1
 Go to www.irs.gov/Form1116 for instructions and the latest information.

Name **VAMSI KRISHNA & PUSHPAVATHI SOMA** Identifying number as shown on page 1 of your tax return **655-83-1015**

Use a separate Form 1116 for each category of income listed below. See *Categories of Income* in the instructions. Check only one box on each Form 1116. Report all amounts in U.S. dollars except where specified in Part II below.

- a** Section 951A category income **c** Passive category income **e** Section 901(j) income **g** Lump-sum distributions
b Foreign branch category income **d** General category income **f** Certain income re-sourced by treaty

h Resident of (name of country) **USA**

Note: If you paid taxes to only one foreign country or U.S. possession, use column A in Part I and line A in Part II. If you paid taxes to more than one foreign country or U.S. possession, use a separate column and line for each country or possession.

Part I Taxable Income or Loss From Sources Outside the United States (for category checked above)

| i | Enter the name of the foreign country or U.S. possession | Foreign Country or U.S. Possession | | | Total (Add cols. A, B, and C.) |
|--|--|------------------------------------|---|---|-----------------------------------|
| | | A | B | C | |
| 1a | Gross income from sources within country shown above and of the type checked above (see instructions): _____ | | | | 1a |
| b | Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is \$250,000 or more, and you used an alternative basis to determine its source. See instructions <input type="checkbox"/> | | | | |
| Deductions and losses (Caution: See instructions.): | | | | | |
| 2 | Expenses definitely related to the income on line 1a (attach statement) | | | | |
| 3 | Pro rata share of other deductions not definitely related: | | | | |
| a | Certain itemized deductions or standard deduction (see instructions) | | | | |
| b | Other deductions (attach statement) | | | | |
| c | Add lines 3a and 3b | | | | |
| d | Gross foreign source income (see instructions) | | | | |
| e | Gross income from all sources (see instructions) | | | | |
| f | Divide line 3d by line 3e (see instructions) | | | | |
| g | Multiply line 3c by line 3f | | | | |
| 4 | Pro rata share of interest expense (see instructions): | | | | |
| a | Home mortgage interest (use the Worksheet for Home Mortgage Interest in the instructions) | | | | |
| b | Other interest expense | | | | |
| 5 | Losses from foreign sources | | | | |
| 6 | Add lines 2, 3g, 4a, 4b, and 5 | | | | 6 |
| 7 | Subtract line 6 from line 1a. Enter the result here and on line 15, page 2 | | | | 7 |

Part II Foreign Taxes Paid or Accrued (see instructions)

| Country | Credit is claimed for taxes (you must check one) (j) <input type="checkbox"/> Paid (k) <input type="checkbox"/> Accrued | Foreign taxes paid or accrued | | | | | | | | |
|----------|---|-------------------------------|---------------|-------------------------|---|------------------------------|---------------|-------------------------|---|---|
| | | In foreign currency | | | | In U.S. dollars | | | | |
| | | Taxes withheld at source on: | | | (p) Other foreign taxes paid or accrued | Taxes withheld at source on: | | | (t) Other foreign taxes paid or accrued | (u) Total foreign taxes paid or accrued (add cols. (q) through (t)) |
| | | (l) Date paid or accrued | (m) Dividends | (n) Rents and royalties | | (o) Interest | (q) Dividends | (r) Rents and royalties | | |
| A | | | | | | | | | | |
| B | | | | | | | | | | |
| C | | | | | | | | | | |
| 8 | Add lines A through C, column (u). Enter the total here and on line 9, page 2 | | | | | | | | | 8 |

Part III Figuring the Credit

| | | | | |
|-----------|---|-----------|------|------|
| 9 | Enter the amount from line 8. These are your total foreign taxes paid or accrued for the category of income checked above Part I | 9 | | |
| 10 | Enter the sum of any carryover of foreign taxes (from Schedule B, line 3, column (xiv)) plus any carrybacks to the current tax year (If your income was section 951A category income (box a above Part I), leave line 10 blank.) | 10 | 26 . | |
| 11 | Add lines 9 and 10 | 11 | 26 . | |
| 12 | Reduction in foreign taxes (see instructions) | 12 | () | |
| 13 | Taxes reclassified under high tax kickout (see instructions) | 13 | | |
| 14 | Combine lines 11, 12, and 13. This is the total amount of foreign taxes available for credit | 14 | | 26 . |
| 15 | Enter the amount from line 7. This is your taxable income or (loss) from sources outside the United States (before adjustments) for the category of income checked above Part I. See instructions | 15 | | |
| 16 | Adjustments to line 15 (see instructions) | 16 | | |
| 17 | Combine the amounts on lines 15 and 16. This is your net foreign source taxable income. (If the result is zero or less, you have no foreign tax credit for the category of income you checked above Part I. Skip lines 18 through 24. However, if you are filing more than one Form 1116, you must complete line 20.) | 17 | | |
| 18 | Individuals: Enter the amount from line 15 of your Form 1040, 1040-SR, or 1040-NR. Estates and trusts: Enter your taxable income without the deduction for your exemption | 18 | | |
| | Caution: If you figured your tax using the lower rates on qualified dividends or capital gains, see instructions. | | | |
| 19 | Divide line 17 by line 18. If line 17 is more than line 18, enter "1" | 19 | | |
| 20 | Individuals: Enter the total of Form 1040, 1040-SR, or 1040-NR, line 16, and Schedule 2 (Form 1040), line 2. Estates and trusts: Enter the amount from Form 1041, Schedule G, line 1a; or the total of Form 990-T, Part II, lines 2, 3, 4, and 6. Foreign estates and trusts should enter the amount from Form 1040-NR, line 16. See instructions | 20 | | |
| | Caution: If you are completing line 20 for separate category g (lump-sum distributions), or, if you file Form 8978, Partner's Additional Reporting Year Tax, see instructions. | | | |
| 21 | Multiply line 20 by line 19 (maximum amount of credit) | 21 | | |
| 22 | Increase in limitation (section 960(c)) | 22 | | |
| 23 | Add lines 21 and 22 | 23 | | |
| 24 | Enter the smaller of line 14 or line 23. If this is the only Form 1116 you are filing, skip lines 25 through 32 and enter this amount on line 33. Otherwise, complete the appropriate line in Part IV. See instructions | 24 | | |

Part IV Summary of Credits From Separate Parts III (see instructions)

| | | | | |
|-----------|--|-----------|--|-----|
| 25 | Credit for taxes on section 951A category income | 25 | | |
| 26 | Credit for taxes on foreign branch category income | 26 | | |
| 27 | Credit for taxes on passive category income | 27 | | |
| 28 | Credit for taxes on general category income | 28 | | |
| 29 | Credit for taxes on section 901(j) income | 29 | | |
| 30 | Credit for taxes on certain income re-sourced by treaty | 30 | | |
| 31 | Credit for taxes on lump-sum distributions | 31 | | |
| 32 | Add lines 25 through 31 | 32 | | |
| 33 | Enter the smaller of line 20 or line 32 | 33 | | |
| 34 | Reduction of credit for international boycott operations. See instructions for line 12 | 34 | | |
| 35 | Subtract line 34 from line 33. This is your foreign tax credit . Enter here and on Schedule 3 (Form 1040), line 1; Form 1041, Schedule G, line 2a; or Form 990-T, Part III, line 1a | 35 | | 0 . |

**SCHEDULE B
(Form 1116)**

(Rev. December 2022)

Department of the Treasury
Internal Revenue Service

Foreign Tax Carryover Reconciliation Schedule

For calendar year 20____, or other tax year beginning _____, 20____, and ending _____, 20____.
See separate instructions. Attach to Form 1116.
COPY 1

OMB No. 1545-0121

Go to www.irs.gov/Form1116 for instructions and the latest information.

Name

VAMSI KRISHNA & PUSHPAVATHI SOMA

Identifying number as shown on page 1 of your tax return
655-83-1015

Use a separate Schedule B (Form 1116) for each applicable category of income listed below. See instructions. Check only one box on each schedule. Check the box for the same separate category code as that shown on the Form 1116 to which this Schedule B is attached.

- a** Reserved for future use
- b** Foreign branch category income
- c** Passive category income
- d** General category income
- e** Section 901(j) income
- f** Certain income re-sourced by treaty
- g** Lump-sum distributions
- h** If box e is checked, enter the country code for the sanctioned country. See instructions
- i** If box f is checked, enter the country code for the treaty country. See instructions

| | (i) 10th Preceding Tax Year | (ii) 9th Preceding Tax Year | (iii) 8th Preceding Tax Year | (iv) 7th Preceding Tax Year | (v) 6th Preceding Tax Year | (vi) 5th Preceding Tax Year | (vii) Subtotal (add columns (i) through (vi)) |
|---|-----------------------------------|-----------------------------------|------------------------------------|-----------------------------------|----------------------------------|-----------------------------------|--|
| 1 Foreign tax carryover from the prior tax year (enter amounts from the appropriate columns of line 8 of the prior year Schedule B (see instructions)) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| 2 Adjustments to line 1 (enter description — see instructions): | | | | | | | |
| a Carryback adjustment (see instructions) | | | | | | | |
| b Adjustments for section 905(c) redeterminations (see instructions) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| c | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| d | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| e | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| f | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| g | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| 3 Adjusted foreign tax carryover from prior tax year (combine lines 1 and 2) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| 4 Foreign tax carryover used in current tax year (enter as a negative number) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| 5 Foreign tax carryover expired unused in current tax year (enter as a negative number) | 0. | | | | | | 0. |
| 6 Foreign tax carryover generated in current tax year | | | | | | | |
| 7 Actual or estimated amount of line 6 to be carried back to prior tax year (enter as a negative number) | | | | | | | |
| 8 Foreign tax carryover to the following tax year. Combine lines 3 through 7. | -0- | 0. | 0. | 0. | 0. | 0. | 0. |

For Paperwork Reduction Act Notice, see the separate instructions.

BAA

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Schedule B (Form 1116) (Rev. 12-2022)

| Foreign Tax Carryover Reconciliation (continued) | (viii) Subtotal from page 1 (enter the amounts from column (vii) on page 1) | (ix) 4th Preceding Tax Year | (x) 3rd Preceding Tax Year | (xi) 2nd Preceding Tax Year | (xii) 1st Preceding Tax Year | (xiii) Current Tax Year | (xiv) Totals (add columns (vii) through (xiii)) |
|---|--|-----------------------------------|----------------------------------|-----------------------------------|------------------------------------|-------------------------------|--|
| 1 Foreign tax carryover from the prior tax year (enter amounts from the appropriate columns of line 8 of the prior year Schedule B (see instructions)) | 0. | 0. | 26. | 0. | 0. | | 26. |
| 2 Adjustments to line 1 (enter description — see instructions): | | | | | | | |
| a Carryback adjustment (see instructions) | | | | | | | 0. |
| b Adjustments for section 905(c) redeterminations (see instructions) | 0. | 0. | 0. | 0. | 0. | | 0. |
| c | 0. | 0. | 0. | 0. | 0. | | 0. |
| d | 0. | 0. | 0. | 0. | 0. | | 0. |
| e | 0. | 0. | 0. | 0. | 0. | | 0. |
| f | 0. | 0. | 0. | 0. | 0. | | 0. |
| g | 0. | 0. | 0. | 0. | 0. | | 0. |
| 3 Adjusted foreign tax carryover from prior tax year (combine lines 1 and 2). Include the column (xiv) total on the current year Form 1116, Part III, line 10. | 0. | 0. | 26. | 0. | 0. | | 26. |
| 4 Foreign tax carryover used in current tax year (enter as a negative number) | 0. | 0. | 0. | 0. | 0. | | 0. |
| 5 Foreign tax carryover expired unused in current tax year (enter as a negative number) | 0. | | | | | | 0. |
| 6 Foreign tax carryover generated in current tax year | | | | | | 0. | 0. |
| 7 Actual or estimated amount of line 6 to be carried back to prior tax year (enter as a negative number) | | | | | | 0. | 0. |
| 8 Foreign tax carryover to the following tax year. Combine lines 3 through 7. | 0. | 0. | 26. | 0. | 0. | 0. | 26. |

BAA

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Schedule B (Form 1116) (Rev. 12-2022)

**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 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

| | | | | |
|---|---|-----------|----------|----------|
| 1 | Enter the amount from line 11 of your Form 1040, 1040-SR, or 1040-NR | | 1 | 443,292. |
| 2a | Enter income from Puerto Rico that you excluded | 2a | | |
| b | Enter the amounts from lines 45 and 50 of your Form 2555 | 2b | 0. | |
| c | Enter the amount from line 15 of your Form 4563 | 2c | | |
| d | Add lines 2a through 2c | 2d | 0. | |
| 3 | Add lines 1 and 2d | 3 | 443,292. | |
| 4 | Number of qualifying children under age 17 with the required social security number | 4 | 0 | |
| 5 | Multiply line 4 by \$2,000 | 5 | | |
| 6 | Number of other dependents, including any qualifying children who are not under age 17 or who do not have the required social security number | 6 | 2 | |
| Caution: 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. | | | | |
| 7 | Multiply line 6 by \$500 | 7 | 1,000. | |
| 8 | Add lines 5 and 7 | 8 | 1,000. | |
| 9 | Enter the amount shown below for your filing status. • Married filing jointly—\$400,000 } • All other filing statuses—\$200,000 } | 9 | 400,000. | |
| 10 | Subtract line 9 from line 3. • If zero or less, enter -0-. • If more than zero and not a multiple of \$1,000, enter the next multiple of \$1,000. For example, if the result is \$425, enter \$1,000; if the result is \$1,025, enter \$2,000, etc. } | 10 | 44,000. | |
| 11 | Multiply line 10 by 5% (0.05) | 11 | 2,200. | |
| 12 | Is the amount on line 8 more than the amount on line 11? | 12 | 0. | |
| <input checked="" type="checkbox"/> No. STOP. You cannot take the child tax credit, credit for other dependents, or additional child tax credit. Skip Parts II-A and II-B. Enter -0- on lines 14 and 27. | | | | |
| <input type="checkbox"/> Yes. Subtract line 11 from line 8. Enter the result. | | | | |
| 13 | Enter the amount from the Credit Limit Worksheet A | 13 | | |
| 14 | Enter the smaller of line 12 or 13. This is your child tax credit and credit for other dependents | 14 | 0. | |

Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 19.

If the amount on line 12 is more than the amount on line 14, you may be able to take the **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.

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

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

| | | | |
|-----------|---|-----------|--|
| 21 | Withheld social security, Medicare, and Additional Medicare taxes from Form(s) W-2, boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If your employer withheld or you paid Additional Medicare Tax or tier 1 RRTA taxes, see instructions. | | |
| 22 | Enter the total of the amounts from Schedule 1 (Form 1040), line 15; Schedule 2 (Form 1040), line 5; Schedule 2 (Form 1040), line 6; and Schedule 2 (Form 1040), line 13 | 22 | |
| 23 | Add lines 21 and 22 | 23 | |
| 24 | 1040 and 1040-SR filers: Enter the total of the amounts from Form 1040 or 1040-SR, line 27, and Schedule 3 (Form 1040), line 11. } 1040-NR filers: Enter the amount from Schedule 3 (Form 1040), line 11. } | 24 | |
| 25 | Subtract line 24 from line 23. If zero or less, enter -0- | 25 | |
| 26 | Enter the larger of line 20 or line 25 Next, enter the smaller of line 17 or line 26 on line 27. | 26 | |

Part II-C Additional Child Tax Credit

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

Health Savings Accounts (HSAs)

Department of the Treasury
Internal Revenue Service

Attach to Form 1040, 1040-SR, or 1040-NR.
Go to www.irs.gov/Form8889 for instructions and the latest information.

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.

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

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

Part 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.

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

Qualified Business Income Deduction

Department of the Treasury
Internal Revenue Service

Attach to your tax return.

Go to 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 | 417,392. | | |
| 34 | Net capital gain. See instructions | 34 | 1,864. | | |
| 35 | Subtract line 34 from line 33. If zero or less, enter -0- | 35 | | | 415,528. |
| 36 | Income limitation. Multiply line 35 by 20% (0.20) | 36 | | | 83,106. |
| 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 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 Total Additional Medicare Tax withholding. Add lines 22 and 23. Also include this amount with federal income tax withholding on Form 1040, 1040-SR, or 1040-NR, line 25c (Form 1040-PR or 1040-SS filers, see instructions) | 24 | | | 2,183. |

Net Investment Income Tax— Individuals, Estates, and Trusts

Attach to your tax return.

Go to 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 | | |
| 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 | |
| 5a | Net gain or loss from disposition of property (see instructions) | 5a | -1,425. | |
| 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 | -1,425. |
| 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 | 3,055. |

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 | 2,976. |
| Individuals: | | | | |
| 13 | Modified adjusted gross income (see instructions) | 13 | 443,292. | |
| 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 | 193,292. | |
| 16 | Enter the smaller of line 12 or line 15 | | 16 | 2,976. |
| 17 | Net investment income tax for individuals. Multiply line 16 by 3.8% (0.038). Enter here and include on your tax return (see instructions) | | 17 | 113. |
| Estates and Trusts: | | | | |
| 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). Enter here and include on your tax return (see instructions) | | 21 | |

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. | 443,371. |
| Adjustments to income | | | 300. | | 79. |
| Adjusted gross income | 238,543. | 364,538. | 506,357. | 505,131. | 443,292. |
| Tax expense | 10,000. | 10,000. | 10,001. | 10,000. | 10,000. |
| Interest expense . . . | | | | | |
| Contributions | 450. | | 525. | | |
| 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. | 417,391. |
| Tax | 39,802. | 70,272. | 103,170. | 115,081. | 93,712. |
| Alternative min tax . . | | | | | |
| Total credits | 1,050. | 1,049. | 0. | 0. | 0. |
| Other taxes | | 1,433. | 4,752. | 3,048. | 1,981. |
| 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. | 4,902. |
| Applied to next year's estimated tax . | | | | | |
| Refund | | | | | |
| Effective tax rate % . . | 16.25 | 18.99 | 20.37 | 22.78 | 21.14 |
| **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

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

Line 7 - Other modifications to investment income

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

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: | | |
| 1 Reserved. | | |
| 2 State, local, and foreign income taxes. | x | = |
| Itemized Deductions Subject to Section 68 reportable on Form 8960, line 10: | | |
| 3 _____ | 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 VAMSI KRISHNA & PUSHPAVATHI SOMA | Social Security Number 655-83-1015 |
|--|--|

- 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. 417,392.
- 20** Net capital gains 1,864.
- 21** Taxable income minus net capital gains. If zero or less, enter -0- 415,528.
- 22** 20% of taxable income minus net capital gains 83,106.

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 VAMSI KRISHNA & PUSHPAVATHI SOMA | Social Security Number 655-83-1015 |
|--|--|

| | | | | |
|-----------|--|-----------|-----------------|--|
| 1 | Enter the amount from Form 1040 or 1040-SR, line 15. | 1 | <u>417,391.</u> | |
| 2 | Enter the amount from Form 1040 or 1040-SR, line 3a | 2 | <u>1,864.</u> | |
| 3 | Are you filing Schedule D? <input checked="" type="checkbox"/> Yes. Enter the smaller of line 15 or 16 of Schedule D. If either line 15 or 16 is blank or loss, enter -0- | 3 | <u>0.</u> | |
| | <input type="checkbox"/> No. Enter the amount from Form 1040 or 1040-SR, line 7. | | | |
| 4 | Add lines 2 and 3 | 4 | <u>1,864.</u> | |
| 5 | Subtract line 4 from line 1. If zero or less, enter -0- | 5 | <u>415,527.</u> | |
| 6 | Enter: \$41,675 if single or married filing separately, \$83,350 if mfj or qualifying surviving spouse, \$55,800 if head of household. | 6 | <u>83,350.</u> | |
| 7 | Enter the smaller of line 1 or line 6 | 7 | <u>83,350.</u> | |
| 8 | Enter the smaller of line 5 or line 7 | 8 | <u>83,350.</u> | |
| 9 | Subtract line 8 from line 7 (this amount taxed at 0%) | 9 | <u>0.</u> | |
| 10 | Enter the smaller of line 1 or line 4 | 10 | <u>1,864.</u> | |
| 11 | Enter the amount from line 9 | 11 | <u>0.</u> | |
| 12 | Subtract line 11 from line 10. | 12 | <u>1,864.</u> | |
| 13 | 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. | 13 | <u>517,200.</u> | |
| 14 | Enter the smaller of line 1 or line 13 | 14 | <u>417,391.</u> | |
| 15 | Add lines 5 and 9 | 15 | <u>415,527.</u> | |
| 16 | Subtract line 15 from line 14. If zero or less, enter -0- | 16 | <u>1,864.</u> | |
| 17 | Enter the smaller of line 12 or line 16 | 17 | <u>1,864.</u> | |
| 18 | Multiply line 17 by 15% (0.15) | 18 | <u>280.</u> | |
| 19 | Add lines 9 and 17 | 19 | <u>1,864.</u> | |
| 20 | Subtract line 19 from line 10 | 20 | <u>0.</u> | |
| 21 | Multiply line 20 by 20% (0.20) | 21 | <u>0.</u> | |
| 22 | 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. | 22 | <u>93,432.</u> | |
| 23 | Add lines 18, 21, and 22 | 23 | <u>93,712.</u> | |
| 24 | 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. | 24 | <u>94,028.</u> | |
| 25 | Tax on all taxable income. Enter the smaller of line 23 or line 24 here and on Form 1040 or 1040-SR, line 16. | 25 | <u>93,712.</u> | |

Form 1099-B 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 ▶ 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 | | |
|---|-----------------|-------------------|
| <i>Any transactions that are eligible to be reported directly on Schedule D, bypassing Form 8949, may be summarized here.</i> | | |
| | Proceeds | Cost Basis |
| Box A transactions to report directly on Sch D, Line 1a (short term) | | |
| Box D transactions to report directly on Sch D, Line 8a (long term) | | |
| <small>(Do not duplicate any transactions summarized above when making entries in the table below.)</small> | | |

| Brokerage Statement (Form 1099-B or substitute) Summary Table | | | | | | |
|--|----------|------------|-------------|----------------|-----------------|---------|
| <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 | | | | | | |
| Totals | 19.99 | 26.57 | -6.58 | | -6.58 | |

| Form 8949 and Schedule D Totals | | | | | | |
|---|----------|------------|----------------|---------|-----------------|--|
| <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 | |

Total Federal Backup Withholding _____

State ID _____

State Backup Withholding _____

Total State Backup Withholding _____

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

_____ _____

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 ▶ National Financial Services LLC
 Acct Number ▶ X90431630 Reporter's Tax ID . . . ▶ 04-3523567

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. | | |
| | Proceeds | Cost Basis |
| Box A transactions to report directly on Sch D, Line 1a (short term) | | |
| Box D transactions to report directly on Sch D, Line 8a (long term) | | |
| (Do not duplicate any transactions summarized above when making entries in the table below.) | | |

| 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. | | | | | | |
| 8949 Box | Proceeds | Cost Basis | Gain/(Loss) | Adjustment Amt | Adj Gain/(Loss) | Code(s) |
| Box A | 5,574.80 | 8,604.36 | -3,029.56 | 0.00 | -3,029.56 | |
| Short term sales with cost basis reported to the IRS | | | | | | |
| Box B | 105,534.32 | 107,150.57 | -1,616.25 | 290.45 | -1,325.80 | W |
| Short term sales with cost basis NOT reported to the IRS | | | | | | |
| Box C | 3,305.52 | 2,905.60 | 399.92 | | 399.92 | |
| Short term sales 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 | 20,465.46 | 17,689.36 | 2,776.10 | | 2,776.10 | |
| Long term sales with cost basis NOT reported to the IRS | | | | | | |
| | | | | | | |
| Totals | 136,276.00 | 137,992.60 | -1,716.60 | 290.45 | -1,426.15 | |

| 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) | | | | | |
| Location on tax return | Proceeds | Cost Basis | Adjustment Amt | Code(s) | Adj Gain/(Loss) |
| Sch D, Line 1a | | | | | |
| Form 8949, Box A | 5,575.00 | 8,605.00 | | | -3,030.00 |
| Form 8949, Box B | 105,536.00 | 107,150.00 | 289.00 | W | -1,325.00 |
| Form 8949, Box C | 3,306.00 | 2,906.00 | | | 400.00 |
| Sch D, Line 8a | | | | | |
| Form 8949, Box D | 1,396.00 | 1,643.00 | | | -247.00 |
| Form 8949, Box E | 20,466.00 | 17,690.00 | | | 2,776.00 |
| Form 8949, Box F | | | | | |

Total Federal Backup Withholding _____
 State Backup Withholding _____
 State ID _____

 Total State Backup Withholding _____

| Total Collectible Gain | Total Gain | Excluded Gain | Net Gain |
|--|------------|---------------|----------|
| Qualified Small Business (QSB) gain (Sec 1202) | | | |
| 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.

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

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.

Table with columns: 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?. Includes entry for Warner Bros. Discovery, Inc. stock.

Sale Results

Sale Results table with columns: #, Box, Description, Sale Proceeds, Cost Basis, Adj. Code(s), Adjustment Amount, Gain or (Loss), S/L. Shows a loss of 6.58 on the first sale.

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

| Brokerage Statement (Form 1099-B or substitute) Summary Table | | | | | | |
|--|----------|------------|-------------|----------------|-----------------|---------|
| <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 | | | | | | |
| Totals | 19.99 | 26.57 | -6.58 | | -6.58 | |

| Form 8949 and Schedule D Totals | | | | | |
|---|----------|------------|----------------|---------|-----------------|
| <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

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 | SERVICENOW INC COM USD0.001 1 | | Check here if this summarizes multiple sales. . . . ▶ | | | | | | | |
| B | 02/09/22 | 02/12/21 | 602.99 | 591.29 | Yes | X | No | Yes | X | No |
| Check to use worksheet (see help) ▶ 0 | | | | | | | | | | |
| 0.00 | | | | | | | | | | |
| | | S | | | Yes | X | No | Yes | X | No |
| 2 | SERVICENOW INC COM USD0.001 9 | | Check here if this summarizes multiple sales. . . . ▶ | | | | | | | |
| B | 02/09/22 | 02/12/21 | 5,426.97 | 5,321.61 | Yes | X | No | Yes | X | No |
| Check to use worksheet (see help) ▶ 0 | | | | | | | | | | |
| 0.00 | | | | | | | | | | |
| | | S | | | Yes | X | No | Yes | X | No |
| 3 | SERVICENOW INC COM USD0.001 2 | | Check here if this summarizes multiple sales. . . . ▶ | | | | | | | |
| E | 02/28/22 | 02/12/21 | 1,159.15 | 1,182.58 | Yes | X | No | Yes | X | No |
| Check to use worksheet (see help) ▶ 0 | | | | | | | | | | |
| 0.00 | | | | | | | | | | |
| | | L | | | Yes | X | No | Yes | X | No |
| 4 | SERVICENOW INC COM USD0.001 20 | | Check here if this summarizes multiple sales. . . . ▶ | | | | | | | |
| E | 02/28/22 | 02/17/21 | 11,591.50 | 11,618.80 | Yes | X | No | Yes | X | No |
| Check to use worksheet (see help) ▶ 0 | | | | | | | | | | |
| 0.00 | | | | | | | | | | |
| | | L | | | Yes | X | No | Yes | X | No |
| 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 | W | 53.31 | -5.32 | S |
| 6 | B | SERVICENOW INC COM USD0.001 17 | 9,852.77 | 9,923.24 | W | 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 | WFO 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 | B | SERVICENOW INC COM USD0.001 12 | 5,711.87 | 7,054.68 | | | -1,342.81 | S |
| 17 | B | SERVICENOW INC COM USD0.001 8 | 3,807.91 | 3,653.92 | | | 153.99 | S |
| 18 | B | SERVICENOW INC COM USD0.001 12 | 5,459.87 | 5,359.92 | | | 99.95 | S |
| 19 | B | SERVICENOW INC COM USD0.001 10 | 4,999.88 | 5,899.25 | W | 11.27 | -888.10 | S |
| | | See RQUICK | | | | | | |

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

| Brokerage Statement (Form 1099-B or substitute) Summary Table | | | | | | |
|--|------------|------------|-------------|----------------|-----------------|---------|
| <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 | 5,574.80 | 8,604.36 | -3,029.56 | 0.00 | -3,029.56 | |
| Short term sales with cost basis reported to the IRS | | | | | | |
| Box B | 105,534.32 | 107,150.57 | -1,616.25 | 290.45 | -1,325.80 | W |
| Short term sales with cost basis NOT reported to the IRS | | | | | | |
| Box C | 3,305.52 | 2,905.60 | 399.92 | | 399.92 | |
| Short term sales 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 | 20,465.46 | 17,689.36 | 2,776.10 | | 2,776.10 | |
| Long term sales with cost basis NOT reported to the IRS | | | | | | |
| | | | | | | |
| | | | | | | |
| Totals | 136,276.00 | 137,992.60 | -1,716.60 | 290.45 | -1,426.15 | |

| Form 8949 and Schedule D Totals | | | | | |
|---|------------|------------|----------------|---------|-----------------|
| <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 | 5,575.00 | 8,605.00 | | | -3,030.00 |
| Form 8949, Box B | 105,536.00 | 107,150.00 | 289.00 | W | -1,325.00 |
| Form 8949, Box C | 3,306.00 | 2,906.00 | | | 400.00 |
| Sch D, Line 8a | | | | | |
| Form 8949, Box D | 1,396.00 | 1,643.00 | | | -247.00 |
| Form 8949, Box E | 20,466.00 | 17,690.00 | | | 2,776.00 |
| 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.)

| | | | 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) |
| 1 | | 12.0000 | 02/01/21 | 587.8900 | 587.8900 | 07/30/21 | | 474.7800 | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
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| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

Tax Payments Worksheet

2022

▶ Keep for your records

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

Social Security Number
655-83-1015

Estimated Tax Payments for 2022 (If more than 4 payments for any state or locality, see Tax Help)

| Federal | | State | | | Local | | |
|-------------------------------------|--------|----------|--------|----|----------|--------|----|
| Date | Amount | Date | Amount | ID | Date | Amount | ID |
| 1 04/18/22 | | 04/18/22 | | | 04/18/22 | | |
| 2 06/15/22 | | 06/15/22 | | | 06/15/22 | | |
| 3 09/15/22 | | 09/15/22 | | | 09/15/22 | | |
| 4 01/17/23 | | 01/17/23 | | | 01/17/23 | | |
| 5 | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Tot Estimated Payments . . . | | | | | | | |

| Tax Payments Other Than Withholding (If multiple states, see Tax Help) | Federal | State | ID | Local | ID |
|---|---------|-------|----|-------|----|
| 6 Overpayments applied to 2022 | | | | | |
| 7 Credited by estates and trusts | | | | | |
| 8 Totals Lines 1 through 7 | | | | | |
| 9 2022 extensions | | | | | |

| Taxes Withheld From: | Federal | State | Local |
|--|---------|---------|-------|
| 10 Forms W-2 | 88,608. | 41,730. | |
| 11 Forms W-2G | | | |
| 12 Forms 1099-R | | | |
| 13 Forms 1099-MISC, 1099-NEC, 1099-K, 1099-G | | | |
| 14 Schedules K-1 | | | |
| 15 Forms 1099-INT, DIV and OID | | | |
| 16 Social Security and Railroad Benefits | | | |
| 17 Form 1099-B | | | |
| 18 a Other withholding | | | |
| b Other withholding | | | |
| c Other withholding | | | |
| d Positive Adjustment | | | |
| e Negative Adjustment | | | |
| f Additional Medicare Tax | 2,183. | | |
| 19 Total Withholding Lines 10 through 18f | 90,791. | 41,730. | |
| 20 Total Tax Payments for 2022 | 90,791. | 41,730. | |

| Prior Year Taxes Paid In 2022 (If multiple states or localities, see Tax Help) | State | ID | Local | ID |
|---|-------|----|-------|----|
| 21 Tax paid with 2021 extensions | | | | |
| 22 2021 estimated tax paid after 12/31/2021 | | | | |
| 23 Balance due paid with 2021 return | | | | |
| 24 Other (amended returns, installment payments, etc) | | | | |

Foreign Tax Credit Computation Worksheet

2022

COPY 1

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

- | | |
|---|--|
| <p>a <input type="checkbox"/> Section 951A income</p> <p>b <input type="checkbox"/> Foreign branch income</p> <p>c <input checked="" type="checkbox"/> Passive category income</p> <p>d <input type="checkbox"/> General category income</p> <p>Category name: <u>Passive category income</u></p> | <p>e <input type="checkbox"/> Section 901(j) income</p> <p>f <input type="checkbox"/> Certain income re-sourced by treaty</p> <p>g <input type="checkbox"/> Lump-sum distribution</p> |
|---|--|
- f** Resident of (country) USA

| Part I – Taxable Income (Loss) | Total | A | B | C |
|---|--------------|----------|----------|----------|
| g Name of country or U.S. possession ▶ | | | | |
| 1 Gross income: | | | | |
| a _____ | | | | |
| b _____ | | | | |
| c Interest and Dividends from Schedule B | | | | |
| d From Schedules K-1 | | | | |
| e From Form 2555 foreign earned income | | | | |
| f Unadjusted gross income this category | | | | |
| g Ordinary Income | | | | |
| h Qual. Dividends and LT Capital Gains | | | | |
| i Section 1250 (25%) Capital Gains | | | | |
| j Collectibles (28%) Capital Gains | | | | |
| k Adjustment required for QD/LTCG ▶ | | | | |
| l Net Qual. Dividends and LTCG | | | | |
| m Adjusted gross income this category ▶ | | | | |
| 2 Expense definitely related to gross income: | | | | |
| a (1) Deduction from K-1 worksheets | | | | |
| Codes for line 2b ▶ I/J ABCUO | | | | |
| b Other _____ | | | | |
| c _____ | | | | |
| d _____ | | | | |
| e _____ | | | | |
| Total expenses definitely related to gross income ▶ | | | | |
| 3 Deductions not definitely related: | | | | |
| a Standard/certain itemized deductions: | | | | |
| (1) Standard deduction | 25,900. | | | |
| or (2) Sales taxes (if deducted) and real estate taxes on personal residence | | | | |
| (3) Medical expenses | | | | |
| (4) Gifts to charity (See tax help) | | | | |
| (5) Other a Remaining itemized dedns . . | | | | |
| b _____ | | | | |
| c _____ | | | | |
| Total itemized deductions not definitely related ▶ | 25,900. | | | |

Part III – Foreign Tax Credit Computation

| | | | |
|-------------|---|--------------|------------|
| 10 | Carryback or carryover relating to this category | 10 | <u>26.</u> |
| 12 | Reduction in foreign taxes: | | |
| a | (1) Current year foreign earned income excluded less related deductions | 12a 1 | _____ |
| | (2) Total foreign earned income (FEI) less related deductions | 2 | _____ |
| | (3) Allocation ratio: (line 12a1 divided by line 12a2) | 3 | _____ |
| | (4) Total foreign taxes on Form 1116, line 8 minus line 12a6 | 4 | _____ |
| | (5) Total reduction for current year taxes (line 12a4 times 12a3) | 5 | _____ |
| | (6) Foreign tax paid in current year for this category related to prior year FEI | 6 | _____ |
| | (7) a Net FEI exclusion that previous year | 7 | _____ |
| | b Total net FEI that previous year | 7 | _____ |
| | (8) Total reduction for prior year FEI (line 12a6 times line 12a7) | 8 | _____ |
| | (9) Adjustment (explain) | | _____ |
| | Taxes allocable to excluded income (line 12a5 plus line 12a8) | 12a | _____ |
| b | From K-1s Desc | 12b | _____ |
| c | Reduction due to participation in international boycott operations | 12 c | _____ |
| | Total reduction in foreign taxes (line 12a plus line 12b plus line 12c) ▶ | 12 | _____ |
| 13 | Taxes reclassified under high tax kickout | 13 | _____ |
| 16 a | Allocation of foreign losses | | |
| | (1) Losses from other categories | 16a 1 | _____ |
| | (2) Foreign income this category/total foreign income | 2 | _____ |
| | Pro rata share of losses from other categories (limited to income this category) | 16a | _____ |
| b | Recapture prior year overall foreign loss | | |
| | (1) Overall foreign loss, this category, not recaptured from previous year | 16b 1 | _____ |
| | (2) 50% of tax income foreign sources, all categories | 2 | _____ |
| | (3) Amount from Form 1116, line 15, less any amount on line 16a above and line 16d below | 3 | _____ |
| | Smallest of 16b1, 2, 3 – recapture required | 16b | _____ |
| c | Recapture of separate limitation loss accounts | | |
| | (1) Pro rata share, this category, of loss from other categories, from prior year | 16c 1 | _____ |
| | (2) Total loss from other categories, from prior year | 2 | _____ |
| | (3) Current year income in prior year loss category | 3 | _____ |
| | (4) Allocation ratio: (line 16c1 divided by line 16c2) | 4 | _____ |
| | Recapture adjustment, this category | 16c | _____ |
| d | Allocation of current year U.S. source losses | | |
| | (1) Net loss from U.S. sources | 16d 1 | _____ |
| | (2) Allocation ratio | 2 | _____ |
| | U.S. losses allocable to this category (line 16d1 multiplied by line 16d2) | 16d | _____ |
| e | Recapture of overall domestic loss accounts | | |
| | (1) Total balance in overall domestic loss account for this category | 16e 1 | _____ |
| | (2) 50% of U.S. source taxable income for the tax year | 2 | _____ |
| | Smaller of 16e1 or 16e2, adjustment to line 15 | 16e | _____ |
| | Total adjustments to line 15 (minus line 16a minus line 16d minus line 16b plus line 16c plus line 16e) | 16 | _____ |

Foreign Tax Credit Carryovers

| Carryovers from 2021 | | | | |
|---------------------------------|----------------------|--------------------|-----------------|------------------|
| Regular Tax | Foreign Taxes | Adjustments | Utilized | Carryover |
| 2012 | _____ | _____ | _____ | _____ |
| 2013 | _____ | _____ | _____ | _____ |
| 2014 | _____ | _____ | _____ | _____ |
| 2015 | _____ | _____ | _____ | _____ |
| 2016 | _____ | _____ | _____ | _____ |
| 2017 | _____ | _____ | _____ | _____ |
| 2018 | _____ | _____ | _____ | _____ |
| 2019 | <u>75.</u> | _____ | <u>49.</u> | <u>26.</u> |
| 2020 | _____ | _____ | _____ | _____ |
| 2021 | _____ | _____ | _____ | _____ |
| Carryover to 2022 | | | | <u>26.</u> |
| Alternative Minimum Tax | Foreign Taxes | Adjustments | Utilized | Carryover |
| 2012 | _____ | _____ | _____ | _____ |
| 2013 | _____ | _____ | _____ | _____ |
| 2014 | _____ | _____ | _____ | _____ |
| 2015 | _____ | _____ | _____ | _____ |
| 2016 | _____ | _____ | _____ | _____ |
| 2017 | _____ | _____ | _____ | _____ |
| 2018 | _____ | _____ | _____ | _____ |
| 2019 | <u>75.</u> | _____ | <u>0.</u> | <u>75.</u> |
| 2020 | _____ | _____ | _____ | _____ |
| 2021 | _____ | _____ | _____ | _____ |
| AMT Carryover to 2022 | | | | <u>75.</u> |

| Foreign Tax Credit Carryover Adjustments | | | | | | |
|---|----------------|---|---|---|---|---|
| Enter any new* adjustments to foreign taxes carryover amounts here. Positive adjustments increase the available carryover amount, negative adjustments decrease it. Enter adjustments due to section 905(c) redeterminations in first column. All other adjustments require a description at the top of the column. *New adjustments are those not included on Sch B (Form 1116) of your 2021 return. | | | | | | |
| Regular | Section 905(c) | c | d | e | f | g |
| 2012 . . | | | | | | |
| 2013 . . | | | | | | |
| 2014 . . | | | | | | |
| 2015 . . | | | | | | |
| 2016 . . | | | | | | |
| 2017 . . | | | | | | |
| 2018 . . | | | | | | |
| 2019 . . | | | | | | |
| 2020 . . | | | | | | |
| 2021 . . | | | | | | |
| 2021 carryback adjustment | | | | | | |
| 2023 carryback to 2022 | | | | | | |

| AMT | Section 905(c) | c | d | e | f | g |
|-------------------------------------|----------------|---|---|---|---|---|
| 2012 . . | | | | | | |
| 2013 . . | | | | | | |
| 2014 . . | | | | | | |
| 2015 . . | | | | | | |
| 2016 . . | | | | | | |
| 2017 . . | | | | | | |
| 2018 . . | | | | | | |
| 2019 . . | | | | | | |
| 2020 . . | | | | | | |
| 2021 . . | | | | | | |
| 2021 carryback adjustment | | | | | | |
| 2023 carryback to 2022 | | | | | | |

Foreign Tax Credit Carryovers to 2023

| Regular Tax | Foreign Taxes | Adjustments | Utilized | Carryover |
|-----------------------------|---------------|-----------------------------|----------|-----------|
| 2013 | | | | |
| 2014 | | | | |
| 2015 | | | | |
| 2016 | | | | |
| 2017 | | | | |
| 2018 | | | | |
| 2019 | 75 . | | 49 . | 26 . |
| 2020 | | | | |
| 2021 | | | | |
| 2022 | | | | |
| | | Carryback to 2021 | | |
| Carryover to 2023 | | | | 26 . |

| Alternative Minimum Tax | Foreign Taxes | Adjustments | Utilized | Carryover |
|---------------------------------|---------------|-----------------------------|----------|-----------|
| 2013 | | | | |
| 2014 | | | | |
| 2015 | | | | |
| 2016 | | | | |
| 2017 | | | | |
| 2018 | | | | |
| 2019 | 75 . | | 0 . | 75 . |
| 2020 | | | | |
| 2021 | | | | |
| 2022 | | | | |
| | | Carryback to 2021 | | |
| AMT Carryover to 2023 | | | | 75 . |

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. | |
| | | | | | | |
| | | | | | | |
| Totals . . | | | 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. | 10,000. |
| 4 | Check box if required to itemize deductions | <input type="checkbox"/> | <input type="checkbox"/> |
| 5 | Adjusted gross income | 505,131. | 443,292. |
| 6 | Tax liability for Form 2210 or Form 2210-F | 118,129. | 95,693. |
| 7 | Alternative minimum tax. | | |
| 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 |
|------------------|--|--|-------------|----------|------|
| 24 | Section 179 expense deduction disallowed | | 24 | | |
| 25 | Excess foreign housing deduction: | a Taxpayer (Form 2555, line 46) | 25 a | | |
| | | b Taxpayer (Form 2555, line 48) | | b | |
| | | c Spouse (Form 2555, line 46) | | c | |
| | | d Spouse (Form 2555, line 48) | | d | |

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% |
| a | 2021 | | | | | |
| b | 2020 | | | | | |
| c | 2019 | | | | | |
| d | 2018 | | | | | |
| e | 2017 | | | | | |

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

28 Amount overpaid less earned income credit 0.

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

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 |
|----------|-----------------------------------|---------------------------------------|----------------------------------|--------------------------------------|-----------------------------------|---------------------------------------|
| | | | | | | |
| | | | | | | |
| | | | | | | |

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 | 0.00 | | | |
| | | 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

| | | | | | | | | | | | |
|-------------------------------------|--------------------------------|--|----------|----------|--------|-----|-----|----|----|----|--|
| 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) ▶ | | O | | | | | | | | | |
| 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) ▶ | | O | | | | | | | | | |
| 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) ▶ | | O | | | | | | | | | |
| 0.00 | | X | | | | | | | | | |
| 25 | SERVICENOW INC COM USD0.001 8 | Check here if this summarizes multiple sales . . . ▶ | | | | | | | | | |
| C | 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) ▶ | | O | | | | | | | | | |
| 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) ▶ | | O | | | | | | | | | |
| 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) ▶ | | O | | | | | | | | | |
| 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) ▶ | | O | | | | | | | | | |
| 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) ▶ | | O | | | | | | | | | |
| 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) ▶ | | O | | | | | | | | | |
| 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 . . . ▶ | | | | | | | | | |
| X | 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

| | | | | | | |
|-----|--------------------------------|----------|----------|---|----------|---|
| 20E | SERVICENOW INC COM USD0.001 7 | 3,604.91 | 1,069.68 | | 2,535.23 | L |
| 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 |
| 25C | 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 | 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 |

File by Mail Instructions for your 2022 California Tax Return

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



(If you prefer, you can still e-file. Go to the end of these instructions for more information.)

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

| | | | | | | | | | | | | | | | | |
|---|---|----------------|----|------------|-----------|----|-----------|------------------------|----|-----------|-----------------------|----|----------|--------------------|--|-------|
| Balance Due/Refund | Your California state tax return (Form 540) shows you are due a refund of \$9,110.00. | | | | | | | | | | | | | | | |
| What You Need to Mail | <p>Your tax return - The official return for mailing is included in this printout. Remember to sign and date the return.</p> <p>Attach the following to your California tax return:</p> <ul style="list-style-type: none">- a copy of your federal return- any Form(s) W-2G. Also attach any 592-B, 593, and 1099s that have California withholding to the front of your return. Do not attach any Forms(s) W-2. <p>Mail your return and attachments to:</p> <p>Franchise Tax Board PO Box 942840 Sacramento, CA 94240-0001</p> <p>Deadline: Postmarked by April 18, 2023</p> <p>Don't forget correct postage on the envelope.</p> | | | | | | | | | | | | | | | |
| What You Need to Keep | Keep these instructions and a copy of your return for your records. If you did not print one before closing TurboTax, go back to the program and select Print Center, then print a copy or save as PDF for your records. | | | | | | | | | | | | | | | |
| 2022 California Tax Return Summary | <table><tr><td>Taxable Income</td><td>\$</td><td>432,888.00</td></tr><tr><td>Total Tax</td><td>\$</td><td>32,620.00</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>9,110.00</td></tr><tr><td>Effective Tax Rate</td><td></td><td>7.36%</td></tr></table> | Taxable Income | \$ | 432,888.00 | Total Tax | \$ | 32,620.00 | Total Payments/Credits | \$ | 41,730.00 | Amount to be Refunded | \$ | 9,110.00 | Effective Tax Rate | | 7.36% |
| Taxable Income | \$ | 432,888.00 | | | | | | | | | | | | | | |
| Total Tax | \$ | 32,620.00 | | | | | | | | | | | | | | |
| Total Payments/Credits | \$ | 41,730.00 | | | | | | | | | | | | | | |
| Amount to be Refunded | \$ | 9,110.00 | | | | | | | | | | | | | | |
| Effective Tax Rate | | 7.36% | | | | | | | | | | | | | | |
| Special Formatting | Your printed state tax forms may have special formatting on them, such as bar codes or other symbols. This is to enable fast processing. Don't worry, these forms have been approved by your taxing authority and are acceptable for printing and mailing. | | | | | | | | | | | | | | | |
| Changed Your Mind About e-filing? | You can still file electronically. Just go back to TurboTax, select the File tab, then select the E-file category. We'll walk you through the process. Once you file, we will let you know if your return is accepted (or rejected) by the state taxing agency. | | | | | | | | | | | | | | | |

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)

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. 6

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 = \$

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 \$

12 State wages from your federal Form(s) W-2, box 16 ● 12 .00

13 Enter federal adjusted gross income from federal Form 1040 or 1040-SR, line 11 ● 13 .00

14 California adjustments – subtractions. Enter the amount from Schedule CA (540), Part I, line 27, column B. ● 14 .00

15 Subtract line 14 from line 13. If less than zero, enter the result in parentheses. See instructions 15 .00

16 California adjustments – additions. Enter the amount from Schedule CA (540), Part I, line 27, column C. ● 16 .00

17 California adjusted gross income. Combine line 15 and line 16 ● 17 .00

18 Enter the larger of {
 Your California **itemized deductions** from Schedule CA (540), Part II, line 30; **OR**
 Your California **standard deduction** 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, **STOP**. See instructions ● 18 .00

19 Subtract line 18 from line 17. This is your **taxable income**. If less than zero, enter -0- ● 19 .00

31 Tax. Check the box if from: Tax Table Tax Rate Schedule

● FTB 3800 ● FTB 3803 ● 31 .00

32 Exemption credits. Enter the amount from line 11. If your federal AGI is more than \$229,908, see instructions. ● 32 .00

33 Subtract line 32 from line 31. If less than zero, enter -0- ● 33 .00

34 Tax. See instructions. Check the box if from: ● Schedule G-1 ● FTB 5870A. . . ● 34 .00

35 Add line 33 and line 34. ● 35 .00

40 Nonrefundable Child and Dependent Care Expenses Credit. See instructions. ● 40 .00

43 Enter credit name code ● and amount. . . ● 43 .00

44 Enter credit name code ● and amount. . . ● 44 .00

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). | <input type="radio"/> | 45 | | .00 |
| | 46 | Nonrefundable Renter's Credit. See instructions | <input type="radio"/> | 46 | | .00 |
| | 47 | Add line 40 through line 46. These are your total credits | <input checked="" type="radio"/> | 47 | | .00 |
| | 48 | Subtract line 47 from line 35. If less than zero, enter -0- | <input checked="" type="radio"/> | 48 | 32620 | .00 |

| | | | | | | |
|--------------------|----|---|-----------------------|----|-------|-----|
| Other Taxes | 61 | Alternative Minimum Tax. Attach Schedule P (540) | <input type="radio"/> | 61 | | .00 |
| | 62 | Mental Health Services Tax. See instructions | <input type="radio"/> | 62 | | .00 |
| | 63 | Other taxes and credit recapture. See instructions | <input type="radio"/> | 63 | | .00 |
| | 64 | Add line 48, line 61, line 62, and line 63. This is your total tax. | <input type="radio"/> | 64 | 32620 | .00 |

| | | | | | | |
|-----------------|----|--|----------------------------------|----|-------|-----|
| Payments | 71 | California income tax withheld. See instructions | <input type="radio"/> | 71 | 41730 | .00 |
| | 72 | 2022 California estimated tax and other payments. See instructions | <input type="radio"/> | 72 | | .00 |
| | 73 | Withholding (Form 592-B and/or Form 593). See instructions | <input type="radio"/> | 73 | | .00 |
| | 74 | Excess SDI (or VPD) withheld. See instructions | <input type="radio"/> | 74 | | .00 |
| | 75 | Earned Income Tax Credit (EITC). See instructions | <input type="radio"/> | 75 | | .00 |
| | 76 | Young Child Tax Credit (YCTC). See instructions | <input type="radio"/> | 76 | | .00 |
| | 77 | Foster Youth Tax Credit (FYTC). See instructions | <input type="radio"/> | 77 | | .00 |
| | 78 | Add line 71 through line 77. These are your total payments. See instructions | <input checked="" type="radio"/> | 78 | 41730 | .00 |

| | | | | | | |
|----------------|--|---|-----------------------|----|---|-----|
| Use Tax | 91 | Use Tax. Do not leave blank. See instructions. | <input type="radio"/> | 91 | 0 | .00 |
| | If line 91 is zero, check if: <input checked="" type="radio"/> <input type="checkbox"/> No use tax is owed. <input type="radio"/> <input type="checkbox"/> 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. | <input type="radio"/> | 92 | <input checked="" type="checkbox"/> | |
| | 92 | Individual Shared Responsibility (ISR) Penalty. See instructions | <input type="radio"/> | 92 | | .00 |

| | | | | | | |
|-----------------------------|----|--|----------------------------------|----|-------|-----|
| Overpaid Tax/Tax Due | 93 | Payments balance. If line 78 is more than line 91, subtract line 91 from line 78 | <input checked="" type="radio"/> | 93 | 41730 | .00 |
| | 94 | Use Tax balance. If line 91 is more than line 78, subtract line 78 from line 91 | <input checked="" type="radio"/> | 94 | | .00 |
| | 95 | Payments after Individual Shared Responsibility Penalty. If line 93 is more than line 92, subtract line 92 from line 93. | <input checked="" type="radio"/> | 95 | 41730 | .00 |
| | 96 | Individual Shared Responsibility Penalty Balance. If line 92 is more than line 93, subtract line 93 from line 92. | <input checked="" type="radio"/> | 96 | | .00 |
| | 97 | Overpaid tax. If line 95 is more than line 64, subtract line 64 from line 95. | <input checked="" type="radio"/> | 97 | 9110 | .00 |

Your name: Your SSN or ITIN:

| | | |
|-----------------------------|---|-----|
| Overpaid Tax/Tax Due | 98 Amount of line 97 you want applied to your 2023 estimated tax ● 98 <input type="text"/> | .00 |
| | 99 Overpaid tax available this year. Subtract line 98 from line 97 ● 99 <input type="text" value="9110"/> | .00 |
| | 100 Tax due. If line 95 is less than line 64, subtract line 95 from line 64 ● 100 <input type="text"/> | .00 |

| Contributions | | Code | Amount | |
|---|------------|----------------------|---------------|--|
| 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 Checking Savings ● Account number ● 116 Direct deposit amount .00
The remaining amount of my refund (line 115) is authorized for direct deposit into the account shown below:
● Routing number ● Type Checking Savings ● Account number ● 117 Direct deposit amount .00

Voter Info.
For voter registration information, check the box and go to **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** to learn about our privacy policy statement, or go to **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

Wage and Tax Statement

W-2

Important: Attach this schedule to the back of your original or amended Form 540, Form 540 2EZ, or Form 540NR.

Caution: If this schedule is filled out, **do not** send your federal Form(s) W-2 to the Franchise Tax Board. If your federal Form(s) W-2 are from multiple states, **attach** copies showing California tax withheld to this schedule. If this schedule is blank, attach your federal Form(s) W-2 to the lower front of your tax return. **DO NOT ATTACH PAYMENT TO THIS SCHEDULE.**

*Employee's social security number, name, and address must be the same as the information on federal Form(s) W-2.

W-2 Information

a. Employee's social security number* 655831015

c. Employer's name SERVICENOW INC

b. Employer identification number (EIN) 202056195

Employer's address 2225 LAWSON LANE

City SANTA CLARA State CA ZIP code 95054

e. Employee's first name* VAMSI Initial* K Last name* SOMA Suffix*

f. Employee's address* 19400 SORENSON AVE

City* CUPERTINO State* CA ZIP code* 95014

1. Wages, tips, other compensation 425224

2. Federal income tax withheld 87982

3. Social security wages 147000

4. Social security tax withheld 9114

5. Medicare tax withheld 8599

6. Social security tips

7. Allocated tips (not included in box 1)

8. Dependent care benefits

9. Nonqualified plans

12. Codes and amounts

| | |
|--|---|
| 12a. <input type="radio"/> Code C Amount 673 | 12c. <input type="radio"/> Code DD Amount 21761 |
| 12b. <input type="radio"/> Code D Amount 20500 | 12d. <input type="radio"/> Code Amount |

13. Check the appropriate box for: Statutory employee, Retirement plan, or Third-party sick pay

Statutory employee Retirement plan Third-party sick pay

14. SDI, VPDI, or CA SDI (from federal Form W-2, box 14 or 19)

Type CAVPDI Amount 1602

16. State wages, tips, etc. 425224

15. State and employer's state ID number

State CA Employer's state ID number 249-5938 9

17. State income tax 41551

Franchise Tax Board Privacy Notice on Collection

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

2022

Wage and Tax Statement

W-2

Important: Attach this schedule to the back of your original or amended Form 540, Form 540 2EZ, or Form 540NR.

Caution: If this schedule is filled out, **do not** send your federal Form(s) W-2 to the Franchise Tax Board. If your federal Form(s) W-2 are from multiple states, **attach** copies showing California tax withheld to this schedule. If this schedule is blank, attach your federal Form(s) W-2 to the lower front of your tax return. **DO NOT ATTACH PAYMENT TO THIS SCHEDULE.**

*Employee's social security number, name, and address must be the same as the information on federal Form(s) W-2.

W-2 Information

a. Employee's social security number* 775319751

c. Employer's name BOOST UP KIDS LLC

b. Employer identification number (EIN) 272305609

Employer's address 743 S WOLFE RD

City SUNNYVALE State CA ZIP code 94086-8106

e. Employee's first name* PUSHPAVATHI Initial* Last name* SOMA Suffix*

f. Employee's address* 19400 SORENSON AVENUE

City* SUNNYVALE State* CA ZIP code* 94086

| | | |
|--|---|---|
| 1. <input type="radio"/> Wages, tips, other compensation <input type="radio"/> 15092 | 4. <input type="radio"/> Social security tax withheld <input type="radio"/> 936 | 8. <input type="radio"/> Allocated tips (not included in box 1) <input type="radio"/> |
| 2. <input type="radio"/> Federal income tax withheld <input type="radio"/> 626 | 6. <input type="radio"/> Medicare tax withheld <input type="radio"/> 219 | 10. <input type="radio"/> Dependent care benefits <input type="radio"/> |
| 3. <input type="radio"/> Social security wages <input type="radio"/> 15092 | 7. <input type="radio"/> Social security tips <input type="radio"/> | 11. <input type="radio"/> Nonqualified plans <input type="radio"/> |

12. Codes and amounts

| | |
|--|--|
| 12a. <input type="radio"/> Code <input type="radio"/> Amount <input type="radio"/> | 12c. <input type="radio"/> Code <input type="radio"/> Amount <input type="radio"/> |
| 12b. <input type="radio"/> Code <input type="radio"/> Amount <input type="radio"/> | 12d. <input type="radio"/> Code <input type="radio"/> Amount <input type="radio"/> |

13. Check the appropriate box for: Statutory employee, Retirement plan, or Third-party sick pay

Statutory employee Retirement plan Third-party sick pay

14. SDI, VPDI, or CA SDI (from federal Form W-2, box 14 or 19)

Type SDI Amount 166

16. State wages, tips, etc. 15092

15. State and employer's state ID number

State CA Employer's state ID number 002-4640 5

17. State income tax 179

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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

SSN or ITIN

VAMSI KRISHNA & PUSHPAVATHI SOMA

655831015

| Part I Income Adjustment Schedule | | A | B | C |
|--|---|---|------------------------------------|----------------------------------|
| Section A – Income from federal Form 1040 or 1040-SR | | Federal Amounts (taxable amounts from your federal tax return) | Subtractions See instructions | Additions See instructions |
| 1 a | Total amount from federal Form(s) W-2, box 1. See instructions 1a | <input checked="" type="radio"/> 440316 | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| b | Household employee wages not reported on federal Form(s) W-2 1b | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| c | Tip income not reported on line 1a 1c | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| d | Medicaid waiver payments not reported on federal Form(s) W-2. See instructions 1d | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| e | Taxable dependent care benefits from federal Form 2441, line 26 1e | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| f | Employer-provided adoption benefits from federal Form 8839, line 29 1f | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| g | Wages from federal Form 8919, line 6. 1g | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| h | Other earned income. See instructions 1h | <input checked="" type="radio"/> 0 | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| i | Nontaxable combat pay election. See instructions 1i | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| z | Add line 1a through line 1i. 1z | <input checked="" type="radio"/> 440316 | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| 2 | Taxable interest. a <input checked="" type="radio"/> 2b | <input checked="" type="radio"/> 2596 | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| 3 | Ordinary dividends. See instructions. a <input checked="" type="radio"/> 1864 3b | <input checked="" type="radio"/> 1884 | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| 4 | IRA distributions. See instructions. a <input checked="" type="radio"/> 4b | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| 5 | Pensions and annuities. See instructions. a <input checked="" type="radio"/> 5b | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| 6 | Social security benefits. a <input checked="" type="radio"/> 6b | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| 7 | Capital gain or (loss). See instructions 7 | <input checked="" type="radio"/> -1425 | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| Section B – Additional Income from federal Schedule 1 (Form 1040) | | | | |
| 1 | Taxable refunds, credits, or offsets of state and local income taxes 1 | <input checked="" type="radio"/> 0 | <input checked="" type="radio"/> 0 | <input checked="" type="radio"/> |
| 2 a | Alimony received. See instructions. 2a | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| 3 | Business income or (loss). See instructions. . . . 3 | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| 4 | Other gains or (losses) 4 | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| 5 | Rental real estate, royalties, partnerships, S corporations, trusts, etc. 5 | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| 6 | Farm income or (loss) 6 | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| 7 | Unemployment compensation 7 | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> |

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

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| Section B – Additional Income Continued | A Federal Amounts (taxable amounts from your federal tax return) | B Subtractions See instructions | C Additions See instructions |
|--|---|---|--|
| 9 a Total other income. Add lines 8a through 8z. 9a | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b1 Disaster loss deduction from form FTB 3805V.. 9b1 | | <input type="radio"/> | |
| b2 NOL deduction from form FTB 3805V 9b2 | | <input type="radio"/> | |
| b3 NOL from form FTB 3805Z, 3807, or 3809 . . 9b3 | | <input type="radio"/> | |
| 10 Total. Combine Section A, line 1z through line 7, and Section B, line 1 through line 7, and line 9a in column A and column C. Add Section A, line 1z through line 7, and Section B, line 1 through line 7, line 9a, and line 9b1 through line 9b3 in column B (as applicable). See instructions. 10 | <input type="radio"/> 443371 | <input type="radio"/> | <input type="radio"/> 0 |

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

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

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| Section C – Adjustments to Income Continued | | A Federal Amounts (taxable amounts from your federal tax return) | B Subtractions See instructions | C Additions See instructions |
|---|--|--|---|--|
| 24 | Other adjustments: | | | |
| a | Jury duty pay 24a | <input type="radio"/> | | |
| b | Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit. 24b | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c | Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m 24c | <input type="radio"/> | <input type="radio"/> | |
| d | Reforestation amortization and expenses. 24d | <input type="radio"/> | <input type="radio"/> | |
| e | Repayment of supplemental unemployment benefits under the federal Trade Act of 1974 24e | <input type="radio"/> | | |
| f | Contributions to IRC Section 501(c)(18)(D) pension plans 24f | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| g | Contributions by certain chaplains to IRC Section 403(b) plans 24g | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| h | Attorney fees and court costs for actions involving certain unlawful discrimination claims 24h | <input type="radio"/> | | |
| i | Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations. 24i | <input type="radio"/> | <input type="radio"/> | |
| j | Housing deduction from federal Form 2555 24j | <input type="radio"/> | <input type="radio"/> | |
| k | Excess deductions of IRC Section 67(e) expenses from federal Schedule K-1 (Form 1041) 24k | <input type="radio"/> | | |
| z | Other adjustments. List type and amount. <input type="radio"/> _____ 24z | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 25 | Total other adjustments. Add line 24a through line 24z 25 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 26 | Add line 11 through line 23 and line 25 in columns A, B, and C. See instructions 26 | <input type="radio"/> | 79 | <input type="radio"/> |
| 27 | Total. Subtract line 26 from line 10 in columns A, B, and C. See instructions 27 | <input type="radio"/> | 443292 | 0 |

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Part II Adjustments to Federal Itemized Deductions

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

| | A Federal Amounts (from federal Schedule A (Form 1040)) | B Subtractions See instructions | C Additions See instructions |
|---|--|---|---|
| Medical and Dental Expenses See instructions. | | | |
| 1 Medical and dental expenses <input checked="" type="radio"/> <u>0</u> 1 | | | |
| 2 Enter amount from federal Form 1040 or 1040-SR, line 11.. <input checked="" type="radio"/> <u>443292</u> 2 | | | |
| 3 Multiply line 2 by 7.5% (0.075) <input checked="" type="radio"/> <u>33247</u> 3 | | | |
| 4 Subtract line 3 from line 1. If line 3 is more than line 1, enter 0 <input checked="" type="radio"/> 4 | | | <input checked="" type="radio"/> 0 |
| Taxes You Paid | | | |
| 5 a State and local income tax or general sales taxes. .5a <input checked="" type="radio"/> <u>41896</u> <input checked="" type="radio"/> 41896 | | | |
| b State and local real estate taxes5b <input checked="" type="radio"/> | | | |
| c State and local personal property taxes5c <input checked="" type="radio"/> <u>0</u> | | | |
| d Add line 5a through line 5c.5d <input checked="" type="radio"/> <u>41896</u> | | | |
| e Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately) in column A. Enter the amount from line 5a, column B in line 5e, column B. Enter the difference from line 5d and line 5e, column A in line 5e, column C5e <input checked="" type="radio"/> <u>10000</u> <input checked="" type="radio"/> 41896 <input checked="" type="radio"/> 31896 | | | |
| 6 Other taxes. List type <input checked="" type="radio"/> 6 <input checked="" type="radio"/> | | | |
| 7 Add line 5e and line 6. 7 <input checked="" type="radio"/> <u>10000</u> <input checked="" type="radio"/> 41896 <input checked="" type="radio"/> 31896 | | | |
| Interest You Paid | | | |
| 8 a Home mortgage interest and points reported to you on federal Form 10988a <input checked="" type="radio"/> | | | <input checked="" type="radio"/> |
| b Home mortgage interest not reported to you on federal Form 10988b <input checked="" type="radio"/> | | | <input checked="" type="radio"/> |
| c Points not reported to you on federal Form 1098. .8c <input checked="" type="radio"/> | | | <input checked="" type="radio"/> |
| d Reserved for future use8d | | | |
| e Add line 8a through line 8c.8e <input checked="" type="radio"/> | | | <input checked="" type="radio"/> |
| 9 Investment interest. 9 <input checked="" type="radio"/> | | | <input checked="" type="radio"/> |
| 10 Add line 8e and line 9. 10 <input checked="" type="radio"/> | | | <input checked="" type="radio"/> |

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| 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 |
|--|---|------------------------------------|---------------------------------|
| Gifts to Charity | | | |
| 11 Gifts by cash or check. 11 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 12 Other than by cash or check. 12 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 13 Carryover from prior year. 13 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 14 Add line 11 through line 13 14 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Casualty and Theft Losses | | | |
| 15 Casualty or theft loss(es) (other than net qualified disaster losses). Attach federal Form 4684. See instructions . . 15 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Other Itemized Deductions | | | |
| 16 Other—from list in federal instructions. 16 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 17 Add lines 4, 7, 10, 14, 15, and 16 in columns A, B, and C. 17 | <input type="radio"/> 10000 | <input type="radio"/> 41896 | <input type="radio"/> 31896 |
| 18 Total. Combine line 17 column A less column B plus column C 18 | | | 0 |
| Job Expenses and Certain Miscellaneous Deductions | | | |
| 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 | <input type="radio"/> INVESTMENT | <input type="radio"/> | 0 |
| 22 Add line 19 through line 21 22 | | | 0 |
| 23 Enter amount from federal Form 1040 or 1040-SR, line 11 23 | <input type="radio"/> 443292 | | |
| 24 Multiply line 23 by 2% (0.02). If less than zero, enter 0. 24 | | 8866 | |
| 25 Subtract line 24 from line 22. If line 24 is more than line 22, enter 0. 25 | | | 0 |
| 26 Total Itemized Deductions. Add line 18 and line 25 26 | | | 0 |
| 27 Other adjustments. See instructions. Specify. <input type="radio"/> 27 | | | |
| 28 Combine line 26 and line 27. 28 | | | 0 |
| 29 Is your federal AGI (Form 540, line 13) more than the amount shown below for your filing status? | | | |
| 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 | | | 0 |
| 30 Enter the larger of the amount on line 29 or your standard deduction listed below: | | | |
| 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"/> SERVICENOW INC COM USD0.001 12 | <input checked="" type="radio"/> 5460 | <input checked="" type="radio"/> 5360 | <input checked="" type="radio"/> | <input checked="" type="radio"/> 100 |
| n | <input checked="" type="radio"/> SERVICENOW INC COM USD0.001 10 | <input checked="" type="radio"/> 5000 | <input checked="" type="radio"/> 5888 | <input checked="" type="radio"/> 888 | <input checked="" type="radio"/> |
| o | <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"/> |
| p | <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"/> |
| q | <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 |
| r | <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 |
| s | <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 |
| t | <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 |
| u | <input checked="" type="radio"/> SERVICENOW INC COM USD0.001 10 | <input checked="" type="radio"/> 4020 | <input checked="" type="radio"/> 4006 | <input checked="" type="radio"/> | <input checked="" type="radio"/> 14 |
| v | <input checked="" type="radio"/> SEE LINE 1A STATEMENT | <input checked="" type="radio"/> 34227 | <input checked="" type="radio"/> 31710 | <input checked="" type="radio"/> 389 | <input checked="" type="radio"/> 2906 |
| 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 (6065) | |
| 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 (6065) | |

REV 02/17/23 TTMAC



8 Net gain or (loss). Combine line 4 and line 7. If a loss, go to line 9. If a gain, go to line 10 8 -1425

9 If line 8 is a loss, enter the smaller of: a the loss on line 8.
b \$3,000 (\$1,500 if married/RDP filing separate). See instructions 9 (-1425)

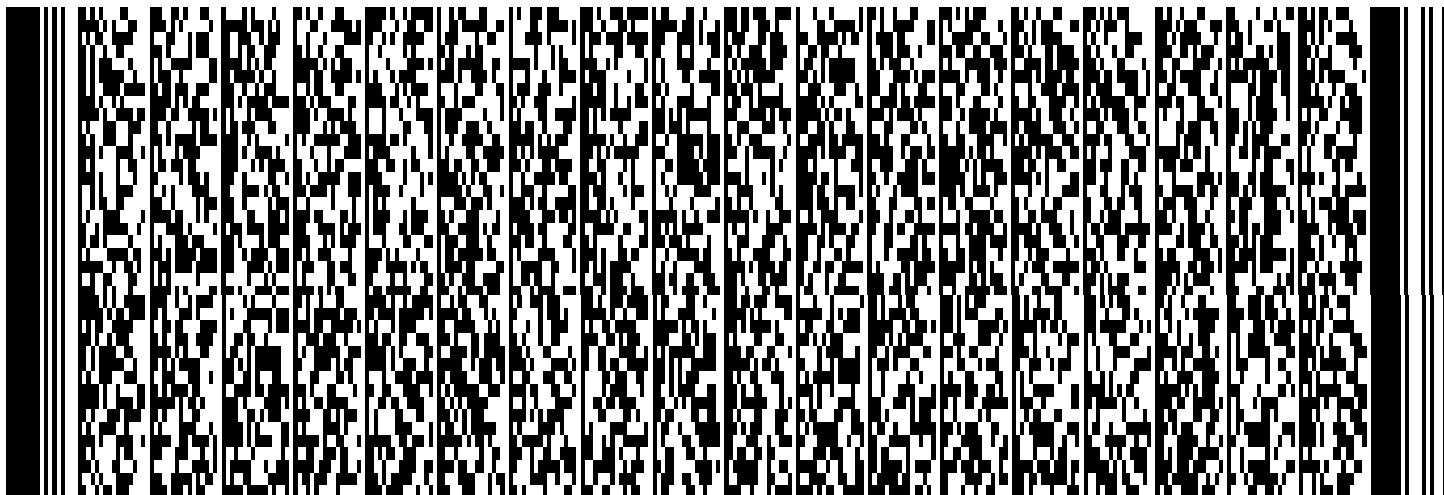
10 Enter the gain or (loss) from federal Form 1040 or 1040-SR, line 7 10 -1425

11 Enter the California gain from line 8 or (loss) from line 9 11 -1425

12 a If line 10 is **more** than line 11, enter the difference here and on Schedule CA (540), Part I, Section A, line 7, column B 12a _____

b If line 10 is **less** than line 11, enter the difference here and on Schedule CA (540), Part I, Section A, line 7, column C 12b 0

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**

| Property Description | Sales Price | Cost or Other Basis | Loss | Gain |
|---|--------------------|----------------------------|-------------|-------------|
| 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 |
| SERVICENOW INC COM USD0.001 7 | 3605 | 1070 | | 2535 |
| NETFLIX INC 5 | 1375 | 1620 | 245 | |
| SERVICENOW INC COM USD0.001 10 | 4110 | 3818 | | 292 |
| Total | 34227 | 31710 | 389 | 2906 |

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.

Two-Year Comparison

2022

VAMSI KRISHNA & PUSHPAVATHI SOMA

| Income | 2021 | 2022 | Difference | % |
|--|-----------------|-----------------|-----------------|---------------|
| Federal AGI and California Adjustments: | | | | |
| Federal adjusted gross income | 505,131. | 443,292. | -61,839. | -12.24 |
| California adjustments | | 0. | 0. | |
| Adjusted Gross Income | <u>505,131.</u> | <u>443,292.</u> | <u>-61,839.</u> | <u>-12.24</u> |
| Standard or Itemized Deduction . . . | <u>9,606.</u> | <u>10,404.</u> | <u>798.</u> | <u>8.31</u> |
| Taxable Income | <u>495,525.</u> | <u>432,888.</u> | <u>-62,637.</u> | <u>-12.64</u> |
| Tax | 40,088. | 33,766. | -6,322. | -15.77 |
| Exemption credits | 404. | 1,146. | 742. | 183.66 |
| Tax less exemption credits | 39,684. | 32,620. | -7,064. | -17.80 |
| Schedule G-1 and Form 5870A tax . . . | | | | |
| Tax before credits | 39,684. | 32,620. | -7,064. | -17.80 |
| Credits | | | | |
| Tax after credits | 39,684. | 32,620. | -7,064. | -17.80 |
| Alternative minimum tax | | | | |
| Other taxes and IRC interest | | | | |
| Total Tax After Credits | <u>39,684.</u> | <u>32,620.</u> | <u>-7,064.</u> | <u>-17.80</u> |
| Withholding | 47,335. | 41,730. | -5,605. | -11.84 |
| Estimated payments | | | | |
| Other payments | | | | |
| Total Payments | <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 . . . | | | | |
| Amount Refund | <u>7,651.</u> | <u>9,110.</u> | <u>1,459.</u> | <u>19.07</u> |
| Amount Due | | | | |
| Current year effective tax rate | | | | <u>7.36 %</u> |

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: (1) First name Last name, (2) Social security number, (3) Relationship to you, (4) Check the box if qualifies for (see instructions): Child tax credit, Credit for other dependents. Includes PRANAV KUMAR SOMA and SUDHEEP KRISHNA SOMA.

Main income table with columns: Description, 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), Taxable income (15).

Table with columns for line numbers (16-24), descriptions (Tax and Credits), and amounts. Total tax is 95,693.

Table for Payments (lines 25-33). Includes federal income tax withheld (88,608) and total payments (90,791).

If you have a qualifying child, attach Sch. EIC.

Table for Refund (lines 34-36). Includes amount overpaid (4,902) and amount applied to 2023 estimated tax.

Table for Amount You Owe (lines 37-38). Total amount owed is 4,902.

Third Party Designee section with checkboxes for Yes/No and fields for name, phone, and PIN.

Sign Here section with signature lines for taxpayer and spouse, including occupation (SOFTWARE ENGINEER, Teacher) and date fields.

Paid Preparer Use Only section with fields for preparer name, signature, date, PTIN, and firm information.

**SCHEDULE 1
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

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

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

OMB No. 1545-0074

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

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

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

Part II Adjustments to Income

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

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

Part II Other Taxes

| | | | |
|-----------|--|-----------|--------|
| 4 | Self-employment tax. Attach Schedule SE | 4 | |
| 5 | Social security and Medicare tax on unreported tip income. Attach Form 4137 | 5 | |
| 6 | Uncollected social security and Medicare tax on wages. Attach Form 8919 | 6 | |
| 7 | Total additional social security and Medicare tax. Add lines 5 and 6 | 7 | |
| 8 | Additional tax on IRAs or other tax-favored accounts. Attach Form 5329 if required. If not required, check here <input type="checkbox"/> | 8 | |
| 9 | Household employment taxes. Attach Schedule H | 9 | |
| 10 | Repayment of first-time homebuyer credit. Attach Form 5405 if required | 10 | |
| 11 | Additional Medicare Tax. Attach Form 8959 | 11 | 1,868. |
| 12 | Net investment income tax. Attach Form 8960 | 12 | 113. |
| 13 | Uncollected social security and Medicare or RRTA tax on tips or group-term life insurance from Form W-2, box 12 | 13 | |
| 14 | Interest on tax due on installment income from the sale of certain residential lots and timeshares | 14 | |
| 15 | Interest on the deferred tax on gain from certain installment sales with a sales price over \$150,000 | 15 | |
| 16 | Recapture of low-income housing credit. Attach Form 8611 | 16 | |

(continued on page 2)

Part II Other Taxes *(continued)*

| | | | |
|-----------|---|------------|-----------|
| 17 | Other additional taxes: | | |
| a | Recapture of other credits. List type, form number, and amount: _____ | 17a | |
| b | Recapture of federal mortgage subsidy, if you sold your home see instructions | 17b | |
| c | Additional tax on HSA distributions. Attach Form 8889 | 17c | |
| d | Additional tax on an HSA because you didn't remain an eligible individual. Attach Form 8889 | 17d | |
| e | Additional tax on Archer MSA distributions. Attach Form 8853 | 17e | |
| f | Additional tax on Medicare Advantage MSA distributions. Attach Form 8853 | 17f | |
| g | Recapture of a charitable contribution deduction related to a fractional interest in tangible personal property | 17g | |
| h | Income you received from a nonqualified deferred compensation plan that fails to meet the requirements of section 409A | 17h | |
| i | Compensation you received from a nonqualified deferred compensation plan described in section 457A | 17i | |
| j | Section 72(m)(5) excess benefits tax | 17j | |
| k | Golden parachute payments | 17k | |
| l | Tax on accumulation distribution of trusts | 17l | |
| m | Excise tax on insider stock compensation from an expatriated corporation | 17m | |
| n | Look-back interest under section 167(g) or 460(b) from Form 8697 or 8866 | 17n | |
| o | Tax on non-effectively connected income for any part of the year you were a nonresident alien from Form 1040-NR | 17o | |
| p | Any interest from Form 8621, line 16f, relating to distributions from, and dispositions of, stock of a section 1291 fund | 17p | |
| q | Any interest from Form 8621, line 24 | 17q | |
| z | Any other taxes. List type and amount: _____ | 17z | |
| 18 | Total additional taxes. Add lines 17a through 17z | | 18 |
| 19 | Reserved for future use | | 19 |
| 20 | Section 965 net tax liability installment from Form 965-A | 20 | |
| 21 | Add lines 4, 7 through 16, and 18. These are your total other taxes . Enter here and on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b | | 21 |
| | | | 1,981. |

**SCHEDULE B
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Interest and Ordinary Dividends

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

OMB No. 1545-0074

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 |
|----------|--|---------------------------|
| 1 | 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 |
| 2 | Add the amounts on line 1 | 2,596.28 |
| 3 | Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815 | |
| 4 | 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 |
|----------|--|---------------------------------------|
| 5 | 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 |
| 6 | 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 |
|-----------|---|-----|----|
| 7a | At any time during 2022, did you have a financial interest in or signature authority over a financial account (such as a bank account, securities account, or brokerage account) located in a foreign country? See instructions | X | |
| | If "Yes," are you required to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), to report that financial interest or signature authority? See FinCEN Form 114 and its instructions for filing requirements and exceptions to those requirements | | X |
| 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: _____ | | |
| 8 | 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 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) |
|--|----------------------------------|---------------------------------|---|---|
| 1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b | | | | |
| 1b Totals for all transactions reported on Form(s) 8949 with Box A checked | 5,575. | 8,605. | | -3,030. |
| 2 Totals for all transactions reported on Form(s) 8949 with Box B checked | 105,536. | 107,150. | 289. | -1,325. |
| 3 Totals for all transactions reported on Form(s) 8949 with Box C checked | 3,306. | 2,906. | | 400. |
| 4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 | | | | 4 |
| 5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 | | | | 5 |
| 6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover Worksheet in the instructions | | | | 6 () |
| 7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on the back | | | | 7 -3,955. |

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) |
|---|----------------------------------|---------------------------------|--|---|
| 8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b | | | | |
| 8b Totals for all transactions reported on Form(s) 8949 with Box D checked | 1,396. | 1,643. | | -247. |
| 9 Totals for all transactions reported on Form(s) 8949 with Box E checked | 20,466. | 17,690. | | 2,776. |
| 10 Totals for all transactions reported on Form(s) 8949 with Box F checked | 20. | 27. | | -7. |
| 11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824 | | | | 11 |
| 12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 | | | | 12 |
| 13 Capital gain distributions. See the instructions | | | | 13 8. |
| 14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover Worksheet in the instructions | | | | 14 () |
| 15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then, go to Part III on the back | | | | 15 2,530. |

Part III Summary

| | | | |
|-----------|--|-----------|------------|
| 16 | Combine lines 7 and 15 and enter the result | 16 | -1,425. |
| | <ul style="list-style-type: none"> • If line 16 is a gain, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below. • If line 16 is a loss, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22. • If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22. | | |
| 17 | Are lines 15 and 16 both gains? <input type="checkbox"/> Yes. Go to line 18. <input type="checkbox"/> No. Skip lines 18 through 21, and go to line 22. | | |
| 18 | If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet | 18 | |
| 19 | If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet | 19 | |
| 20 | Are lines 18 and 19 both zero or blank and you are not filing Form 4952? <input type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. Don't complete lines 21 and 22 below. <input type="checkbox"/> No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below. | | |
| 21 | If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of: <ul style="list-style-type: none"> • The loss on line 16; or • (\$3,000), or if married filing separately, (\$1,500) } | 21 | (1,425.) |
| | Note: When figuring which amount is smaller, treat both amounts as positive numbers. | | |
| 22 | Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a? <input checked="" type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. <input type="checkbox"/> No. 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 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 Note 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). See the separate instructions. | | (h) Gain or (loss) 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 12 | 07/30/21 | 05/27/22 | 5,712. | 7,055. | | | -1,343. | |
| | SERVICENOW INC COM USD0.001 8 | 05/07/22 | 05/27/22 | 3,808. | 3,654. | | | 154. | |
| | SERVICENOW INC COM USD0.001 12 | 07/29/22 | 08/02/22 | 5,460. | 5,360. | | | 100. | |
| | SERVICENOW INC COM USD0.001 10 | 01/31/22 | 08/05/22 | 5,000. | 5,899. | W | 11. | -888. | |
| | 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. | |
| 2 Totals. | Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked). | | | | 93,191. | 94,800. | | 289. | -1,320. |

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.

Foreign Tax Credit
 (Individual, Estate, or Trust)

Attach to Form 1040, 1040-SR, 1040-NR, 1041, or 990-T. COPY 1
 Go to www.irs.gov/Form1116 for instructions and the latest information.

Name **VAMSI KRISHNA & PUSHPAVATHI SOMA** Identifying number as shown on page 1 of your tax return **655-83-1015**

Use a separate Form 1116 for each category of income listed below. See *Categories of Income* in the instructions. Check only one box on each Form 1116. Report all amounts in U.S. dollars except where specified in Part II below.

- a** Section 951A category income **c** Passive category income **e** Section 901(j) income **g** Lump-sum distributions
b Foreign branch category income **d** General category income **f** Certain income re-sourced by treaty

h Resident of (name of country) **USA**

Note: If you paid taxes to only one foreign country or U.S. possession, use column A in Part I and line A in Part II. If you paid taxes to more than one foreign country or U.S. possession, use a separate column and line for each country or possession.

Part I Taxable Income or Loss From Sources Outside the United States (for category checked above)

| i | Enter the name of the foreign country or U.S. possession | Foreign Country or U.S. Possession | | | Total (Add cols. A, B, and C.) |
|--|--|------------------------------------|---|---|-----------------------------------|
| | | A | B | C | |
| 1a | Gross income from sources within country shown above and of the type checked above (see instructions): _____ | | | | 1a |
| b | Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is \$250,000 or more, and you used an alternative basis to determine its source. See instructions <input type="checkbox"/> | | | | |
| Deductions and losses (Caution: See instructions.): | | | | | |
| 2 | Expenses definitely related to the income on line 1a (attach statement) | | | | |
| 3 | Pro rata share of other deductions not definitely related: | | | | |
| a | Certain itemized deductions or standard deduction (see instructions) | | | | |
| b | Other deductions (attach statement) | | | | |
| c | Add lines 3a and 3b | | | | |
| d | Gross foreign source income (see instructions) | | | | |
| e | Gross income from all sources (see instructions) | | | | |
| f | Divide line 3d by line 3e (see instructions) | | | | |
| g | Multiply line 3c by line 3f | | | | |
| 4 | Pro rata share of interest expense (see instructions): | | | | |
| a | Home mortgage interest (use the Worksheet for Home Mortgage Interest in the instructions) | | | | |
| b | Other interest expense | | | | |
| 5 | Losses from foreign sources | | | | |
| 6 | Add lines 2, 3g, 4a, 4b, and 5 | | | | 6 |
| 7 | Subtract line 6 from line 1a. Enter the result here and on line 15, page 2 | | | | 7 |

Part II Foreign Taxes Paid or Accrued (see instructions)

| Country | Credit is claimed for taxes (you must check one) (j) <input type="checkbox"/> Paid (k) <input type="checkbox"/> Accrued | Foreign taxes paid or accrued | | | | | | | | |
|----------|---|-------------------------------|---------------|-------------------------|---|------------------------------|---------------|-------------------------|---|---|
| | | In foreign currency | | | | In U.S. dollars | | | | |
| | | Taxes withheld at source on: | | | (p) Other foreign taxes paid or accrued | Taxes withheld at source on: | | | (t) Other foreign taxes paid or accrued | (u) Total foreign taxes paid or accrued (add cols. (q) through (t)) |
| | | (l) Date paid or accrued | (m) Dividends | (n) Rents and royalties | | (o) Interest | (q) Dividends | (r) Rents and royalties | | |
| A | | | | | | | | | | |
| B | | | | | | | | | | |
| C | | | | | | | | | | |
| 8 | Add lines A through C, column (u). Enter the total here and on line 9, page 2 | | | | | | | | | 8 |

Part III Figuring the Credit

| | | | | |
|-----------|---|-----------|------|------|
| 9 | Enter the amount from line 8. These are your total foreign taxes paid or accrued for the category of income checked above Part I | 9 | | |
| 10 | Enter the sum of any carryover of foreign taxes (from Schedule B, line 3, column (xiv)) plus any carrybacks to the current tax year (If your income was section 951A category income (box a above Part I), leave line 10 blank.) | 10 | 26 . | |
| 11 | Add lines 9 and 10 | 11 | 26 . | |
| 12 | Reduction in foreign taxes (see instructions) | 12 | () | |
| 13 | Taxes reclassified under high tax kickout (see instructions) | 13 | | |
| 14 | Combine lines 11, 12, and 13. This is the total amount of foreign taxes available for credit | 14 | | 26 . |
| 15 | Enter the amount from line 7. This is your taxable income or (loss) from sources outside the United States (before adjustments) for the category of income checked above Part I. See instructions | 15 | | |
| 16 | Adjustments to line 15 (see instructions) | 16 | | |
| 17 | Combine the amounts on lines 15 and 16. This is your net foreign source taxable income. (If the result is zero or less, you have no foreign tax credit for the category of income you checked above Part I. Skip lines 18 through 24. However, if you are filing more than one Form 1116, you must complete line 20.) | 17 | | |
| 18 | Individuals: Enter the amount from line 15 of your Form 1040, 1040-SR, or 1040-NR. Estates and trusts: Enter your taxable income without the deduction for your exemption | 18 | | |
| | Caution: If you figured your tax using the lower rates on qualified dividends or capital gains, see instructions. | | | |
| 19 | Divide line 17 by line 18. If line 17 is more than line 18, enter "1" | 19 | | |
| 20 | Individuals: Enter the total of Form 1040, 1040-SR, or 1040-NR, line 16, and Schedule 2 (Form 1040), line 2. Estates and trusts: Enter the amount from Form 1041, Schedule G, line 1a; or the total of Form 990-T, Part II, lines 2, 3, 4, and 6. Foreign estates and trusts should enter the amount from Form 1040-NR, line 16. See instructions | 20 | | |
| | Caution: If you are completing line 20 for separate category g (lump-sum distributions), or, if you file Form 8978, Partner's Additional Reporting Year Tax, see instructions. | | | |
| 21 | Multiply line 20 by line 19 (maximum amount of credit) | 21 | | |
| 22 | Increase in limitation (section 960(c)) | 22 | | |
| 23 | Add lines 21 and 22 | 23 | | |
| 24 | Enter the smaller of line 14 or line 23. If this is the only Form 1116 you are filing, skip lines 25 through 32 and enter this amount on line 33. Otherwise, complete the appropriate line in Part IV. See instructions | 24 | | |

Part IV Summary of Credits From Separate Parts III (see instructions)

| | | | | |
|-----------|--|-----------|--|-----|
| 25 | Credit for taxes on section 951A category income | 25 | | |
| 26 | Credit for taxes on foreign branch category income | 26 | | |
| 27 | Credit for taxes on passive category income | 27 | | |
| 28 | Credit for taxes on general category income | 28 | | |
| 29 | Credit for taxes on section 901(j) income | 29 | | |
| 30 | Credit for taxes on certain income re-sourced by treaty | 30 | | |
| 31 | Credit for taxes on lump-sum distributions | 31 | | |
| 32 | Add lines 25 through 31 | 32 | | |
| 33 | Enter the smaller of line 20 or line 32 | 33 | | |
| 34 | Reduction of credit for international boycott operations. See instructions for line 12 | 34 | | |
| 35 | Subtract line 34 from line 33. This is your foreign tax credit . Enter here and on Schedule 3 (Form 1040), line 1; Form 1041, Schedule G, line 2a; or Form 990-T, Part III, line 1a | 35 | | 0 . |

**SCHEDULE B
(Form 1116)**

(Rev. December 2022)

Department of the Treasury
Internal Revenue Service

Foreign Tax Carryover Reconciliation Schedule

For calendar year 20____, or other tax year beginning _____, 20____, and ending _____, 20____.
See separate instructions. Attach to Form 1116.
COPY 1

OMB No. 1545-0121

Go to www.irs.gov/Form1116 for instructions and the latest information.

Name

VAMSI KRISHNA & PUSHPAVATHI SOMA

Identifying number as shown on page 1 of your tax return
655-83-1015

Use a separate Schedule B (Form 1116) for each applicable category of income listed below. See instructions. Check only one box on each schedule. Check the box for the same separate category code as that shown on the Form 1116 to which this Schedule B is attached.

- a** Reserved for future use
- b** Foreign branch category income
- c** Passive category income
- d** General category income
- e** Section 901(j) income
- f** Certain income re-sourced by treaty
- g** Lump-sum distributions
- h** If box e is checked, enter the country code for the sanctioned country. See instructions
- i** If box f is checked, enter the country code for the treaty country. See instructions

| | (i) 10th Preceding Tax Year | (ii) 9th Preceding Tax Year | (iii) 8th Preceding Tax Year | (iv) 7th Preceding Tax Year | (v) 6th Preceding Tax Year | (vi) 5th Preceding Tax Year | (vii) Subtotal (add columns (i) through (vi)) |
|---|-----------------------------------|-----------------------------------|------------------------------------|-----------------------------------|----------------------------------|-----------------------------------|--|
| 1 Foreign tax carryover from the prior tax year (enter amounts from the appropriate columns of line 8 of the prior year Schedule B (see instructions)) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| 2 Adjustments to line 1 (enter description — see instructions): | | | | | | | |
| a Carryback adjustment (see instructions) | | | | | | | |
| b Adjustments for section 905(c) redeterminations (see instructions) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| c | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| d | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| e | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| f | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| g | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| 3 Adjusted foreign tax carryover from prior tax year (combine lines 1 and 2) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| 4 Foreign tax carryover used in current tax year (enter as a negative number) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| 5 Foreign tax carryover expired unused in current tax year (enter as a negative number) | 0. | | | | | | 0. |
| 6 Foreign tax carryover generated in current tax year | | | | | | | |
| 7 Actual or estimated amount of line 6 to be carried back to prior tax year (enter as a negative number) | | | | | | | |
| 8 Foreign tax carryover to the following tax year. Combine lines 3 through 7. | -0- | 0. | 0. | 0. | 0. | 0. | 0. |

| Foreign Tax Carryover Reconciliation (continued) | (viii) Subtotal from page 1 (enter the amounts from column (vii) on page 1) | (ix) 4th Preceding Tax Year | (x) 3rd Preceding Tax Year | (xi) 2nd Preceding Tax Year | (xii) 1st Preceding Tax Year | (xiii) Current Tax Year | (xiv) Totals (add columns (vii) through (xiii)) |
|---|--|-----------------------------------|----------------------------------|-----------------------------------|------------------------------------|-------------------------------|--|
| 1 Foreign tax carryover from the prior tax year (enter amounts from the appropriate columns of line 8 of the prior year Schedule B (see instructions)) | 0. | 0. | 26. | 0. | 0. | | 26. |
| 2 Adjustments to line 1 (enter description — see instructions): | | | | | | | |
| a Carryback adjustment (see instructions) | | | | | | | 0. |
| b Adjustments for section 905(c) redeterminations (see instructions) | 0. | 0. | 0. | 0. | 0. | | 0. |
| c | 0. | 0. | 0. | 0. | 0. | | 0. |
| d | 0. | 0. | 0. | 0. | 0. | | 0. |
| e | 0. | 0. | 0. | 0. | 0. | | 0. |
| f | 0. | 0. | 0. | 0. | 0. | | 0. |
| g | 0. | 0. | 0. | 0. | 0. | | 0. |
| 3 Adjusted foreign tax carryover from prior tax year (combine lines 1 and 2). Include the column (xiv) total on the current year Form 1116, Part III, line 10. | 0. | 0. | 26. | 0. | 0. | | 26. |
| 4 Foreign tax carryover used in current tax year (enter as a negative number) | 0. | 0. | 0. | 0. | 0. | | 0. |
| 5 Foreign tax carryover expired unused in current tax year (enter as a negative number) | 0. | | | | | | 0. |
| 6 Foreign tax carryover generated in current tax year | | | | | | 0. | 0. |
| 7 Actual or estimated amount of line 6 to be carried back to prior tax year (enter as a negative number) | | | | | | 0. | 0. |
| 8 Foreign tax carryover to the following tax year. Combine lines 3 through 7. | 0. | 0. | 26. | 0. | 0. | 0. | 26. |

BAA

REV 02/24/23 TTM/acc

Schedule B (Form 1116) (Rev. 12-2022)

**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 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

| | | | | |
|---|---|-----------|----------|----------|
| 1 | Enter the amount from line 11 of your Form 1040, 1040-SR, or 1040-NR | | 1 | 443,292. |
| 2a | Enter income from Puerto Rico that you excluded | 2a | | |
| b | Enter the amounts from lines 45 and 50 of your Form 2555 | 2b | 0. | |
| c | Enter the amount from line 15 of your Form 4563 | 2c | | |
| d | Add lines 2a through 2c | 2d | 0. | |
| 3 | Add lines 1 and 2d | 3 | 443,292. | |
| 4 | Number of qualifying children under age 17 with the required social security number | 4 | 0 | |
| 5 | Multiply line 4 by \$2,000 | 5 | | |
| 6 | Number of other dependents, including any qualifying children who are not under age 17 or who do not have the required social security number | 6 | 2 | |
| Caution: 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. | | | | |
| 7 | Multiply line 6 by \$500 | 7 | 1,000. | |
| 8 | Add lines 5 and 7 | 8 | 1,000. | |
| 9 | Enter the amount shown below for your filing status. • Married filing jointly—\$400,000 } • All other filing statuses—\$200,000 } | 9 | 400,000. | |
| 10 | Subtract line 9 from line 3. • If zero or less, enter -0-. • If more than zero and not a multiple of \$1,000, enter the next multiple of \$1,000. For example, if the result is \$425, enter \$1,000; if the result is \$1,025, enter \$2,000, etc. } | 10 | 44,000. | |
| 11 | Multiply line 10 by 5% (0.05) | 11 | 2,200. | |
| 12 | Is the amount on line 8 more than the amount on line 11? | 12 | 0. | |
| <input checked="" type="checkbox"/> No. STOP. You cannot take the child tax credit, credit for other dependents, or additional child tax credit. Skip Parts II-A and II-B. Enter -0- on lines 14 and 27. | | | | |
| <input type="checkbox"/> Yes. Subtract line 11 from line 8. Enter the result. | | | | |
| 13 | Enter the amount from the Credit Limit Worksheet A | 13 | | |
| 14 | Enter the smaller of line 12 or 13. This is your child tax credit and credit for other dependents | 14 | 0. | |

Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 19.

If the amount on line 12 is more than the amount on line 14, you may be able to take the **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.

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

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

| | | | | |
|-----------|---|-----------|-----------|--|
| 21 | Withheld social security, Medicare, and Additional Medicare taxes from Form(s) W-2, boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If your employer withheld or you paid Additional Medicare Tax or tier 1 RRTA taxes, see instructions. | 21 | | |
| 22 | Enter the total of the amounts from Schedule 1 (Form 1040), line 15; Schedule 2 (Form 1040), line 5; Schedule 2 (Form 1040), line 6; and Schedule 2 (Form 1040), line 13 | 22 | | |
| 23 | Add lines 21 and 22 | 23 | | |
| 24 | 1040 and 1040-SR filers: Enter the total of the amounts from Form 1040 or 1040-SR, line 27, and Schedule 3 (Form 1040), line 11. } 1040-NR filers: Enter the amount from Schedule 3 (Form 1040), line 11. } | 24 | | |
| 25 | Subtract line 24 from line 23. If zero or less, enter -0- | | 25 | |
| 26 | Enter the larger of line 20 or line 25 Next, enter the smaller of line 17 or line 26 on line 27. | | 26 | |

Part II-C Additional Child Tax Credit

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

Health Savings Accounts (HSAs)

Department of the Treasury
Internal Revenue Service

Attach to Form 1040, 1040-SR, or 1040-NR.
Go to www.irs.gov/Form8889 for instructions and the latest information.

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.

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

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

Part 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.

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

Qualified Business Income Deduction

Department of the Treasury
Internal Revenue Service

Attach to your tax return.

Go to 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 | | | |
| 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 | | | |
| 4 Allocable share of W-2 wages from the trade, business, or aggregation | | | |
| 5 Multiply line 4 by 50% (0.50) | | | |
| 6 Multiply line 4 by 25% (0.25) | | | |
| 7 Allocable share of the unadjusted basis immediately after acquisition (UBIA) of all qualified property | | | |
| 8 Multiply line 7 by 2.5% (0.025) | | | |
| 9 Add lines 6 and 8 | | | |
| 10 Enter the greater of line 5 or line 9 | | | |
| 11 W-2 wage and UBIA of qualified property limitation. Enter the smaller of line 3 or line 10 | | | |
| 12 Phased-in reduction. Enter the amount from line 26, if any | | | |
| 13 Qualified business income deduction before patron reduction. Enter the greater of line 11 or line 12 | | | |
| 14 Patron reduction. Enter the amount from Schedule D (Form 8995-A), line 6, if any. See instructions | | | |
| 15 Qualified business income component. Subtract line 14 from line 13 | | | |
| 16 Total qualified business income component. Add all amounts reported on line 15 | | | |

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 | 417,392. | | |
| 34 | Net capital gain. See instructions | 34 | 1,864. | | |
| 35 | Subtract line 34 from line 33. If zero or less, enter -0- | 35 | | | 415,528. |
| 36 | Income limitation. Multiply line 35 by 20% (0.20) | 36 | | | 83,106. |
| 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 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 Total Additional Medicare Tax withholding. Add lines 22 and 23. Also include this amount with federal income tax withholding on Form 1040, 1040-SR, or 1040-NR, line 25c (Form 1040-PR or 1040-SS filers, see instructions) | 24 | | | 2,183. |

Net Investment Income Tax— Individuals, Estates, and Trusts

Attach to your tax return.

Go to 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 | | |
| 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 | |
| 5a | Net gain or loss from disposition of property (see instructions) | 5a | | -1,425. |
| 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 | -1,425. |
| 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 | 3,055. |

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 | 2,976. |
| Individuals: | | | | |
| 13 | Modified adjusted gross income (see instructions) | 13 | | 443,292. |
| 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 | | 193,292. |
| 16 | Enter the smaller of line 12 or line 15 | | 16 | 2,976. |
| 17 | Net investment income tax for individuals. Multiply line 16 by 3.8% (0.038). Enter here and include on your tax return (see instructions) | | 17 | 113. |
| Estates and Trusts: | | | | |
| 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). Enter here and include on your tax return (see instructions) | | 21 | |

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. | 443,371. |
| Adjustments to income | | | 300. | | 79. |
| Adjusted gross income | 238,543. | 364,538. | 506,357. | 505,131. | 443,292. |
| Tax expense | 10,000. | 10,000. | 10,001. | 10,000. | 10,000. |
| Interest expense . . . | | | | | |
| Contributions | 450. | | 525. | | |
| 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. | 417,391. |
| Tax | 39,802. | 70,272. | 103,170. | 115,081. | 93,712. |
| Alternative min tax . . | | | | | |
| Total credits | 1,050. | 1,049. | 0. | 0. | 0. |
| Other taxes | | 1,433. | 4,752. | 3,048. | 1,981. |
| 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. | 4,902. |
| Applied to next year's estimated tax . | | | | | |
| Refund | | | | | |
| Effective tax rate % . . | 16.25 | 18.99 | 20.37 | 22.78 | 21.14 |
| **Tax bracket % | 24.0 | 32.0 | 35.0 | 35.0 | 32.0 |

**Tax bracket % is based on Taxable income.