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

2022

OMB No. 1545-0074

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

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person is a child but not your dependent: Your first name and middle initial KARTHIK MOTHE Satisfar name and middle initial If joint return, spouse's first name and middle initial Last name CHELIMELA Apt. no. PR MOUNIKA CHELIMELA Apt. no. PR Apt. no. PR MOUNIKA CHELIMELA Apt. no. PR Apt. no. PR MOUNIKA CHELIMELA Apt. no. PR MOUNIKA CHELIMELA Apt. no. PR MOUNIKA CHELIMELA Apt. no. PR MOUNIKA Apt. no. Apt. no.	child's	ise (QSS)	aualifyina
Your first name and middle initial Last name MOTHE MOTHE MOTHE Age MOUNIKA Home address (number and street). If you have a P.O. box, see instructions. Apt. no. CHELIMELA AI Apt. no. CHELIMELA AI Apt. no. Apt. no. CHELIMELA AI TX 77479 Sp. Sp. TX 77479 Sp. TX 77479 Sp. TX TX TY479 Sp. Sp. Sp. TX TY479 Sp. Sp. Sp. TX TY479 Sp. Sp. Sp. TX TY479 Sp. Sp. Sp. Sp. Sp. Sp. Sp. Sp	Gillia 3 i	name ii tiic	qualifying
MOTHE Set If joint return, spouse's first name and middle initial Last name Last name Sp MOUNIKA CHELIMELA All Apt. no. Proceedings (number and street). If you have a foreign address, also complete spaces below. State ZIP code 100 TX 77479 100 10	our soc	cial security	number
If joint return, spouse's first name and middle initial Last name CHELIMELA Apt. no. Proceedings of the process (number and street). If you have a P.O. box, see instructions. Apt. no. Proceedings of the process (number and street). If you have a foreign address, also complete spaces below. State ZIP code Proceedings of the process of the proces	860-30-5778		
MOUNTKA	Spouse's social security number		
Home address (number and street). If you have a P.O. box, see instructions.	APPLIED FOR		
Attach Form(s) Attach Son Bet Form (son) Atta		ntial Election	
City, town, or post office. If you have a foreign address, also complete spaces below. SUGAR LAND Foreign country name Assets At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instruction Standard Deduction Spouse itemizes on a separate return or you were a dual-status allien Age/Blindness You: Were born before January 2, 1958 Are blind Spouse: Was born before January 2, 118 See instructions (1) First name Last name number (2) Social security (3) Relationship (4) Check the box if child tax credit than four dependents, see instructions and check here		ere if you, o	
SUGAR LAND Foreign country name Foreign province/state/county Foreign postal code Foreign province/state/county At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions) 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 (g) Social security If more (1) First name Last name (1) First name Last name (2) Social security (3) Relationship (4) Check the box if to you were a dual-status alien Spouse: Was born before January 2, 1958 (g) Relationship (h) Chied the box if to you were a dual-status alien Spouse: Was born before January 2, 1958 (g) Relationship (h) Chied the box if to you were a dual-status alien Spouse: Was born before January 2, 1958 (g) Relationship (h) Chied the box if to you were a dual-status alien Spouse: Was born before January 2, 1958 (g) Relationship (h) Chied the box if to you were a dual-status alien Spouse: Was born before January 2, 1958 (g) Relationship (h) Chied the box if to you were a dual-status alien Spouse: Was born before January 2, 1958 (g) Relationship (h) Chied the box if to you were a dual-status alien Spouse: Was born before January 2, 1958 (g) Relationship (h) Check the box if to you were a dual-status alien Spouse: Was born before January 2, 1958 (g) Relationship (h) Check the box if to you were a dual-status alien Spouse: Was born before January 2, 1958 (g) Relationship (h) Check the box if to you were a dual-status alien Spouse: Was born before January 2, 1958 (g) Relationship (h) Check the box if to you were a dual-status alien Spouse: Was born before January 2, 1958 (g) Relationship (h) Check the box if to you were a dual-status alien Spouse: Was born before January 2, 1958	spouse it	if filing jointl	y, want \$3
Foreign country name	•	this fund. C ow will not c	•
Digital Assets At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instruction Deduction Source and claim: You as a dependent Your spouse as a dependent Source termizes 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, 15 Dependents (see instructions): (2) Social security (3) Relationship (4) Check the box if Child tax credit than four dependents, see instructions and check here . Income 1a Total amount from Form(s) W-2, box 1 (see instructions) b Household employee wages not reported on Form(s) W-2 Attach Form(s) W-2 and 199-8 if tax was withheld. It you did not get a Form W-2 and 199-8 if tax was withheld. It you did not get a Form B919, line 6 1you can be combat pay election (see instructions) 2 Add lines 1a through 1h Attach Sch. B 1 Are Exempt interest 2a		or refund.	nange
Assets exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions	1' <u> </u>		Spouse
Assets exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions) soll		-
Standard Deduction 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 Are blind S		Yes	⊠ No
Spouse itemizes on a separate return or you were a dual-status alien Age/Blindness You:			
Age/Blindness You: Were born before January 2, 1958 Are blind Spouse: Was born before January 2, 1958			
Dependents (see instructions): (1) First name Last name (2) Social security number (3) Relationship to you (4) Check the box if Child tax credit child tax			
Child tax credit Child tax c		Is blin	
Income		`	,
dependents, see instructions see instruc	dit C	Credit for othe	r dependents
Income	\longrightarrow	L	
Income Attach Form(s) W-2 here. Also attach Forms W-2G and 1999-R if tax was withheld. If you did not get a Form W-2, see instructions. Attach Sch. B if required. Attach Sch. B 2a	\longrightarrow	L	
Income 1a Total amount from Form(s) W-2, box 1 (see instructions) b Household employee wages not reported on Form(s) W-2 Attach Form(s) W-2 here. Also attach Forms d Medicaid waiver payments not reported on Form(s) W-2 (see instructions) Medicaid waiver payments not reported on Form(s) W-2 (see instructions) Medicaid waiver payments not reported on Form(s) W-2 (see instructions) Taxable dependent care benefits from Form 2441, line 26 Employer-provided adoption benefits from Form 8839, line 29 Wages from Form 8919, line 6 Other earned income (see instructions) I Nontaxable combat pay election (see instructions) Z Add lines 1a through 1h Tax-exempt interest Z a	\longrightarrow	L	
Household employee wages not reported on Form(s) W-2 Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld. If you did not get a Form W-2, see instructions. Attach Sch. B if required. B if Tax-exempt interest Attach Sch. B if required. B if Tax-exempt interest Attach Sch. B if required. B if Tax-exempt interest Attach Sch. B if required. B if Tax-exempt interest Attach Sch. B if required. B if Tax-exempt interest Attach Sch. B if required. B if Tax-exempt interest Attach Sch. B if required. B if Tax-exempt interest Attach Sch. B if required. B if Tax-exempt interest Attach Sch. B if required. B if Tax-exempt interest Attach Sch. B if required. B if Tax-exempt interest B if required. B if Tax-exempt interest B if Tax-exempt interest B if Tax-exempt interes	\bot		
Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld. If you did not get a Form W-2, see instructions. Attach Sch. B if required. Attach Sch. B if you elect to use the lump-sum election method, check here (see instructions) Attach Sch. B if you elect to use the lump-sum election method, check here (see instructions) Attach Sch. B if you elect to use the lump-sum election method, check here (see instructions) Attach Sch. B if you elect to use the lump-sum election method, check here (see instructions) Attach Sch. B if you elect to use the lump-sum election method, check here (see instructions) Attach Sch. B if you elect to use the lump-sum election method, check here (see instructions) Attach Sch. B if you elect to use the lump-sum election method, check here (see instru	1a	82	2,996.
W-2 here. Also attach Forms d Medicaid waiver payments not reported on Form(s) W-2 (see instructions) W-2G and 1099-R if tax was withheld. e Taxable dependent care benefits from Form 2441, line 26 If you did not get a Form W-2, see instructions. g Wages from Form 8919, line 6 W-2, see instructions. i Nontaxable combat pay election (see instructions) W-2, see instructions. i Nontaxable combat pay election (see instructions) Add lines 1a through 1h	1b		
W-2G and 1099-R if tax was withheld. If you did not get a Form W-2, see instructions. W-2, see instructions. If a dl lines 1a through 1h Attach Sch. B if required. Base occlude to not see instructions occurred to the proper occurr	1c		
f Employer-provided adoption benefits from Form 8839, line 29 Wages from Form 8919, line 6 Wages from Form 8919, line 6 Nother earned income (see instructions) Nontaxable combat pay election (see instructions) Add lines 1a through 1h Attach Sch. B if required. Attach Sch. B a Qualified dividends IRA distributions Pensions and annuities Social security benefits C apital gain or (loss). Attach Schedule D if required. If not required, check here Wages from Form 8919, line 6 Nother earned income (see instructions) Nontaxable combat pay election (see instructions) II Add lines 1a through 1h Tax-exempt interest B D Taxable amount B Taxable amount B Taxable amount C Social security benefits G Taxable amount If you elect to use the lump-sum election method, check here (see instructions) C Capital gain or (loss). Attach Schedule D if required. If not required, check here Outlifying Surviving spouse, \$25,900 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income Adjustments to income from Schedule 1, line 26	1d		
was withheld. If you did not get a Form W-2, see instructions. Attach Sch. B if required. B if required. Attach Sch. B if required. Attach Sch. B if required. B D Taxable interest in b Taxable amount in b Taxable	1e		
h Other earned income (see instructions) W-2, see instructions. Add lines 1a through 1h Attach Sch. B if required. 2a	1f		
i Nontaxable combat pay election (see instructions) Add lines 1a through 1h Attach Sch. B if required. 2a Tax-exempt interest . 2a b Taxable interest	1g		
Add lines 1a through 1h Attach Sch. B if required. 2a	1h	-	0.
Attach Sch. B if required. 2a Tax-exempt interest			0 006
Standard Standard Single or Married filing separately, \$12,950 Married filing single or Qualifying spouse, \$25,900 \$25,900 \$100 Adjustments to income from Schedule 1, line 26 \$100 Adjustments to income from Schedule 1, line 26 \$100 Capital quindents \$100 Capital quindents \$100 Capital quindents Capital qu	1z	82	2,996.
4a IRA distributions	2b		
Standard Deduction for—Single or Married filing separately, \$12,950 Married filing jointly or Qualifying spouse, \$25,900 Social security benefits .	3b		
Deduction for—Single or Married filing separately, \$12,950 Married filing jointly or Qualifying spouse, \$25,900 6a Social security benefits . 6a	4b		
Single or Married filing separately, 512,950 Married filing jointly or Qualifying spouse, \$25,900 Social secturity beriefits	5b		
separately, \$12,950 Married filing jointly or Qualifying surviving spouse, \$25,900 To Capital gain or (loss). Attach Schedule D if required. If not required, check here Other income from Schedule 1, line 10 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income Adjustments to income from Schedule 1, line 26 Adjustments to income from Schedule 1, line 26	6b		
### Capital gain of (loss). Attach Schedule Diffrequired, in not required, check here ### Capital gain of (loss). Attach Schedule Diffrequired, in not required, check here ### Other income from Schedule 1, line 10 ### Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ### Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ### Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ### Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ### Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ### Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ### Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ### Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ### Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income			0.0
jointly or Qualifying spouse, \$25,900 9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income	7		20.
surviving spouse, \$25,900 Adjustments to income from Schedule 1, line 26	8	-	
\$25,900 Adjustments to income from schedule 1, line 20	9	8.	3,016.
	10	-	
Head of household, Subtract line 10 from line 9. This is your adjusted gross income	11		3,016.
\$19,400 Tandard deduction or itemized deductions (from Schedule A)	12	2!	5,900.
If you checked any box under a	13		
Standard 14 Add lines 12 and 13	14		<u>5,900.</u>
Deduction, see instructions. 15 Subtract line 14 from line 11. If zero or less, enter -0 This is your taxable income	15		7,116.

Form 1040 (2022	2)								Page 2
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 881	4 2 4972	3 🔲		. 16	6,444.
Credits	17	Amount from Schedule 2, line	e3					. 17	
	18	Add lines 16 and 17						. 18	6,444.
	19	Child tax credit or credit for o	other dependent	ts from Sched	ule 8812			. 19	
	20	Amount from Schedule 3, line	e8					. 20	
	21	Add lines 19 and 20						. 21	
	22	Subtract line 21 from line 18.	If zero or less, o	enter -0				. 22	6,444.
	23	Other taxes, including self-er			,				0.
	24	Add lines 22 and 23. This is	your total tax					. 24	6,444.
Payments	25	Federal income tax withheld							
	а	Form(s) W-2				25a	11,5	03.	
	b	Form(s) 1099				25b			
	С	Other forms (see instructions	s)			25c			
	d	Add lines 25a through 25c						. 25d	11,503.
If you have a	26	2022 estimated tax payment	s and amount a	pplied from 20	21 return			. 26	
qualifying child,	27	Earned income credit (EIC)				27			
attach Sch. EIC.	28	Additional child tax credit from	n Schedule 8812			28			
	29	American opportunity credit	from Form 8863	8, line 8		29			
	30	Reserved for future use				30			
	31	Amount from Schedule 3, line	e 15			31			
	32	Add lines 27, 28, 29, and 31.	•		-			. 32	
	33	Add lines 25d, 26, and 32. The	nese are your to	tal payments				. 33	11,503.
Refund	34	If line 33 is more than line 24	, subtract line 24	4 from line 33.	This is the amou	nt you ov e	erpaid .	. 34	5,059.
	35a	Amount of line 34 you want r			is attached, che	ck here		□ 35a	5,059.
Direct deposit?	b	Routing number 1 2 1			c Type: 🛛] Checking	g 🗌 Savi	ings	
See instructions.	d	Account number 3 2 5	0 6 4 8	3 0 3 2	2 8				
	36	Amount of line 34 you want a	pplied to your	2023 estimate	ed tax	36			
Amount You Owe	37	Subtract line 33 from line 24. For details on how to pay, go						. 37	
	38	Estimated tax penalty (see in	structions) .			38			
Third Party Designee		you want to allow another structions	•				Yes. Comp	olete below.	X No
		signee's		Phone				identification	
		me		no.			number (
Sign		der penalties of perjury, I declare the lief, they are true, correct, and comp							
Here		ur signature	ļ	Date	Your occupation				ent you an Identity
		, our orginature		Pate Todi occupation					PIN, enter it here
Joint return?					SOFTWARE :	ENGINE:	ER	(see inst.)	
See instructions. Keep a copy for	Sp	Spouse's signature. If a joint return, both must sign.		Date	Spouse's occupat	ion			ent your spouse an ection PIN, enter it here
your records.				HOME MAKER				(see inst.)	
	Ph	one no. (806)410-694()	Email address	MKREDDY07	8@GMAI:	L.COM		
Doid	Pre	eparer's name	Preparer's signat	ure		Date	PT	IN	Check if:
Paid	SYAM	M PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	02/17/	/2023 P0	2082703	Self-employed
Preparer	Firm's name GLOBAL TAXES LLC Phone						Phone no.	(678)965-9522	
Use Only	Fir	m's address 245 ROONE	CT E BRU	NSWICK N	J 08816			Firm's EIN	84-3171965
Co to ununu ima m	/F	n1040 for instructions and the lates	at information						F 1040 (2000)

SCHEDULE D (Form 1040)

Capital Gains and Losses

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

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

OMB No. 1545-0074

Attachment

Department of the Treasury Sequence No. 12 Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10. Internal Revenue Service Name(s) shown on return Your social security number 860-30-5778 KARTHIK MOTHE & MOUNIKA CHELIMELA Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? 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 (h) Gain or (loss) (g) Adjustments Subtract column (e) lines below. Proceeds Cost to gain or loss from from column (d) and This form may be easier to complete if you round off cents to Form(s) 8949, Part I, combine the result (sales price) (or other basis) whole dollars. line 2. column (a) with column (a) 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 24. 5,221. 5,748. 551. Totals for all transactions reported on Form(s) 8949 with Box B checked 3 Totals for all transactions reported on Form(s) 8949 with Box C checked Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 4 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from 5 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover 6 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). If you have any longterm capital gains or losses, go to Part II below. Otherwise, go to Part III on the back 7 24. 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 (h) Gain or (loss) (g) Adjustments Subtract column (e) (d) (e) lines below. Proceeds to gain or loss from from column (d) and Cost This form may be easier to complete if you round off cents to (sales price) (or other basis) Form(s) 8949, Part II, combine the result whole dollars. line 2. column (a) with column (a) 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 0. Totals for all transactions reported on Form(s) 8949 with Box E checked 10 Totals for all transactions reported on Form(s) 8949 with 11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) 11 12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 12 13

14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover

15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then, go to Part III

BAA

-4.

14

15

Schedule D (Form 1040) 2022 Page 2

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

Form **8949**

Sales and Other Dispositions of Capital Assets

atest information.

Social security number or taxpayer identification number

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

2022	
Attachment Sequence No. 12A	

OMB No. 1545-0074

860-30-5778 KARTHIK MOTHE & MOUNIKA CHELIMELA Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check. Part I Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2. Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions). You must check Box A. B. or C below. Check only one box. If more than one box applies for your short-term transactions. complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need. X (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above) (B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS (C) Short-term transactions not reported to you on Form 1099-B Adjustment, if any, to gain or loss 1 If you enter an amount in column (a). (h) enter a code in column (f). Cost or other basis Gain or (loss) (d) (c) (a) (b) Date sold or Proceeds See the **Note** below See the separate instructions. Subtract column (e) Description of property Date acquired (sales price) from column (d) and disposed of and see Column (e) (Example: 100 sh. XYZ Co.) (Mo., day, yr.) combine the result (Mo., day, yr.) (see instructions) in the separate (g) Code(s) from Amount of adjustment instructions. with column (g). instructions Robinhood Securities LLC | 01/01/22 | 12/31/22 5,221. 5,748. W 551 24.

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.

5,221.

24.

551.

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) .

5,748.

Form 8949 (2022) Attachment Sequence No. **12A** Page **2**

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side KARTHIK MOTHE & MOUNIKA CHELIMELA

Social security number or taxpayer identification number 860-30-5778

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

Part II

Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You *must* check Box D, E, *or* F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

(E) Long-term transactions	reported on l	Form(s) 1099	-B showing bas	'		`	:)
(a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis See the Note below	Adjustment, i If you enter an enter a c See the sep	(h) Gain or (loss) Subtract column (e)	
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see Column (e) in the separate instructions.	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g).
Robinhood Securities LLC	05/23/21	10/27/22	0.	4.			-4.
2 Totals. Add the amounts in columns negative amounts). Enter each tota Schedule D. line 8b (if Box D above	I here and inc	lude on your					

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

above is checked), or line 10 (if Box F above is checked) .

0.

4.

Form **8889**

Health Savings Accounts (HSAs)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0074

2022
Attachment
Sequence No. 52

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

KARTHIK MOTHE

Social security number of HSA beneficiary. If both spouses have HSAs, see instructions. 860-30-5778

Betoi	<i>re you begin:</i> Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contract:	s, it req	uired.
Part	HSA Contributions and Deduction. See the instructions before completing this part. and both you and your spouse each have separate HSAs, complete a separate Part I		
1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 202 See instructions		self-only 🗵 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	ne s,	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	or	7,300.
4	Enter the amount you and your employer contributed to your Archer MSAs for 2022 from Form 885 lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2022, als include any amount contributed to your spouse's Archer MSAs	80	0.
5	Subtract line 4 from line 3. If zero or less, enter -0		7,300.
6	Enter the amount from line 5. But if you and your spouse each have separate HSAs and had fami		,
	coverage under an HDHP at any time during 2022, see the instructions for the amount to enter .		7,300.
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	ge	
8	Add lines 6 and 7		7,300.
9	Employer contributions made to your HSAs for 2022		
10	Qualified HSA funding distributions		
11	Add lines 9 and 10	. 11	450.
12	Subtract line 11 from line 8. If zero or less, enter -0		6,850.
13	HSA deduction. Enter the smaller of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line	13 13	0.
	Caution: If line 2 is more than line 13, you may have to pay an additional tax. See instructions.		
Part	HSA Distributions. If you are filing jointly and both you and your spouse each have so a separate Part II for each spouse.	parate	HSAs, complete
14a	Total distributions you received in 2022 from all HSAs (see instructions)	. 14a	1
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 we withdrawn by the due date of your return. See instructions	re	
С	Subtract line 14b from line 14a		+
15	Qualified medical expenses paid using HSA distributions (see instructions)		
16	Taxable HSA distributions. Subtract line 15 from line 14c. If zero or less, enter -0 Also, include the amount in the total on Schedule 1 (Form 1040), Part I, line 8f	is	
17a	If any of the distributions included on line 16 meet any of the Exceptions to the Additional 20% Tax (see instructions), check here		
b	Additional 20% tax (see instructions). Enter 20% (0.20) of the distributions included on line 16 th are subject to the additional 20% tax. Also, include this amount in the total on Schedule 2 (For 1040), Part II, line 17c	m 📗	
Part		uctions	
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 (For	m	



Application for IRS Individual Taxpayer Identification Number

An IRS individual taxpayer identification number (ITIN) is for U.S. federal tax purposes only.

OMB No. 1545-0074

Application type (check one box):

Before you begin • Don't submit th	ı: is form if you have, or are eligib	ole to get, a U.S.	social sec	urity number (S	SN).		ply for a new ITIN new an existing ITIN		
	ubmitting Form W-7. Read the ederal tax return with Form W								
a Nonresident	alien required to get an ITIN to cla	im tax treaty bene	efit						
b Nonresident	alien filing a U.S. federal tax return	1							
	t alien (based on days present in		_						
d Dependent of	of U.S. citizen/resident alien	d, enter relationsh	ip to U.S. cit	tizen/resident alier	n (see instr	uctions) >			
e X Spouse of U		d or e , enter name				•	·		
	,	ARTHIK MOTE					860-30-5778		
_	alien student, professor, or research		ederal tax re	turn or claiming a	n exceptio	n			
_	spouse of a nonresident alien holdi	ng a U.S. visa							
h U Other (see in	nstructions) ► on for a and f : Enter treaty country l			and treaty ar	ticle numb	or •			
Name	1a First name		lle name	and treaty ar	Last na				
(see instructions)	MOUNIKA	1				LIMELA			
Name at birth if	1b First name	Mido	lle name		Last na	ame			
different ►									
Applicant's Mailing	2 Street address, apartment nur 4434 TUMBLING LEA		e number. If	you have a P.O.	box, see s	separate ir	structions.		
Address	City or town, state or province, and country. Include ZIP code or postal code where appropriate. SUGAR LAND TX USA 77479								
Foreign (non- U.S.) Address	3 Street address, apartment number, or rural route number. Don't use a P.O. box number.								
(see instructions)	City or town, state or province, and country. Include postal code where appropriate.								
Birth Information	4 Date of birth (month / day / year) 03/05/1995	Country of birth INDIA		City and state or	province	(optional)			
iniormation	6a Country(ies) of citizenship	6b Foreign tax I.I	D. number (it	fany) 60 Tyno	of II S vic	o (if any) n	★ Female umber, and expiration date		
Other Information	INDIA	OD TOTEIGHT (ax 1.1	`	.,	- OI O.O. VIS	a (ii ariy), ric	amber, and expiration date		
	6d Identification document(s) submitted (see instructions)								
	USCIS documentation Other Date of entry into								
		NTO 1 0 2 7 0 4	_	02/25	12026	the United			
	·	o.: N8123784		p. date: 02/25		(MM/DD/Y	YYY):		
	6e Have you previously received No/Don't know. Skip lin		mai kevenue	e Service Number	(IRON)?				
	Yes. Complete line 6f. If		st on a sheet	and attach to this	s form (see	instruction	lel		
	6f Enter ITIN and/or IRSN ▶ IT		or on a one or		RSN	111011 401101	and		
	name under which it was issu	ied 🕨		••	.5		and		
	name ander windirit was 1550	First	t name	Middle	name		Last name		
	6g Name of college/university or company (see instructions) ▶								
	City and state ►			Length o	f stay ▶				
Sign Here	Under penalties of perjury, I (applicant/delegate/acceptance agent) declare that I have examined this application, including accompany documentation and statements, and to the best of my knowledge and belief, it is true, correct, and complete. I authorize the IRS to sh information with my acceptance agent in order to perfect this Form W-7, Application for IRS Individual Taxpayer Identification Number.								
Keep a copy for your records.	Signature of applicant (if dele	Date (month / day	/ year)	Phone num	ber				
your records.	Name of delegate, if applicab		Delegate's relationship to applicant		Parent Court-appointed guardiar Power of attorney				
A	Signature			Date (month / day	/ year)	Phone			
Acceptance					· · · -	-ax			
Agent's	Name and title (type or print)		Name of co	ompany	EIN		PTIN		
Use ONLY	Office code								