Form 8879
(Rev. January 2021)

Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization

OMB No. 1545-0074

ERO must obtain and retain completed Form 8879. ▶ Go to www.irs.gov/Form8879 for the latest information.

Submission Identification Number (SID)

Taxpay	ver's	name	

Taxpayer's name	Social security number
SREE VINEETH REDDY BURRI	661-19-7202 Spouse's social security number
Spouse's name	Spouse a social scould, manual
Part I Tax Return Information – Tax Year Ending December 31, 2022 (Enter	r year you are authorizing.)
Enter whole dollars only on lines 1 through 5.	
Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.	1 106,662.
1 Adjusted gross income	1 100,002

2	Total tax	2	10,330.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	20,632.
4	Amount you want refunded to you	4	4,302.
5		5	
Part		of your r	eturn)

Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpay	er's PIN: che	ck one bo	x only					9	7	2 0	2	
X	I authorize	GLOBAL	TAXES	LLC	to enter or g	enerate	e my Pll		ter five	digits 1		as my
				ERO firm name					n't ente			
				urn (original or amended) I am now a								
	if you are er	ny PIN as n ntering you	ny signat r own Pll	ture on the income tax return (origina N and your return is filed using the I	al or amended Practitioner P	d) I am PIN met	now au thod. Th	thoriz ne ER	ing. Ch O mus	ieck th t comp	iis bo olete	x only Part III
Your sig	below. nature ►	du			C	Date 🕨	02-	-29	-21	027	,)	
Spouse	's PIN: checl	cone box	only						TT	ТТ		
	l authorize				to enter or g	enerate	e my Pll	N		i3	- Aller	as my
				ERO firm name					ter five			
	signature on	the incom	e tax retu	urn (original or amended) I am now a	uthorizing.			do	on't ente	r all zer	os	
	I will enter m	y PIN as n	ny signat	ture on the income tax return (origina	al or amended	d) I am	now au	thoriz	ing. Ch	neck th	is bo	
		itering you	r own Pli	N and your return is filed using the I	Practitioner P	-in me	inoa. Ir		0 mus	r com	Jiere	Part III
	below.											
Spouse'	s signature 🕨					Date 🕨						
			Prac	ctitioner PIN Method Returns On	ly—continue	e belo	w					
Part III	Certific	ation and	Auther	ntication - Practitioner PIN Me	thod Only	12.15					19.1	
				IN followed by your five-digit self-sel		2	2 2 4	1 9	6 6	1 9	8	9
							D	on't en	ter all ze	eros		
I certify the	hat the above i	numeric enti	ry is my P	IN, which is my signature for the electro	onic individual	income	tax retu	m (orig	inal or	amend	ed) I	am now

authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature	and the second	Date 🕨	×
	ERO Must Retain This Form — Submit This Form to the IRS Unl		
		DEL 02/17/02 DDO	F 9970 (Day 01 0001)

1040		rtment of the Treasury-Internal Revenue Servi S. Individual Income Ta		urn	202	2	OMB No. 1545	-0074	IRS Use C	inly—Do	o not wr	ite or staple	in this space.
Filing Status Check only one box.	-	Single [] Married filing jointly [u checked the MFS box, enter the n		-	eparately (f se. If you c				ehold (HOH		spou	ifying sun se (QSS) name if th	
one box.	pers	on is a child but not your dependent	: ,										
Your first name	and mi	ddle initial	Last na	me									ty number
SREE VIN			BURR	I								9-720	
lf joint return, s	pouse's	first name and middle initial	Last na	me									curity numbe
Home address	(numbe	r and street). If you have a P.O. box, see	instructio	ons.					Apt. no.				on Campaig
		R RIVER TRAIL								Ch	neck h	ere if you,	or your tly, want \$3
		ce. If you have a foreign address, also co	mplete s	paces belo	ow.	Sta	te	ZIP	ode	to	ao to	this fund.	Checking a
FRISCO						ΤX		750)35	bo	x belo	w will not	change
Foreign country	y name		F	Foreign pro	ovince/state/	count	у	Forei	gn postal coo	le yo	ur tax	or refund.	Spouse
Digital Assets	At ar exch	ny time during 2022, did you: (a) rec ange, gift, or otherwise dispose of a	eive (as a digital	a reward asset (or	, award, or a financial	payn intere	nent for prope est in a digital	rty or asset	services);)? (See ins	or (b) tructio	sell, ons.)	🗌 Yes	🛛 No
Standard	Som	eone can claim: 🗌 You as a de	pendent	t 🗆 '	Your spous	e as	a dependent						
Deduction	<u> </u>	Spouse itemizes on a separate retur	n or you	were a c	lual-status	alien							
Age/Blindnes	s You:	Were born before January 2, 1	958	Are bli	nd Spe	ouse	🗌 Was bor	n bef	ore Januar	y 2, 19	958	🗌 ls bļ	ind
Dependent	s (see	instructions):		(2) S	ocial security		(3) Relationsh	ip (4) Check the	box if	qualifi	es for (see	instructions):
If more	(1) F	irst name Last name			number		to you)	Child tax	credit	t (Credit for ot	ner dependents
than four							and the second se]		[
dependents, see instruction	s]		and the second	and the second sec
and check													
here]		14	1 Carrier			A serie-barren and a series					1	
Income	1 a	Total amount from Form(s) W-2, b			1.00	•	$\cdot \cdot \cdot$	• •	• • •		1 a	11	18,793.
	ь	Household employee wages not r				• •	• • • ·	• •	•••	·	1b		
Attach Form(s) W-2 here. Also	C	Tip income not reported on line 1a	1 (C.)					• •		·	10	-	
attach Forms	d	Medicaid waiver payments not rep				nstru	ctions)	• •	• • •	•	1d		
W-2G and 1099-R if tax	e	Taxable dependent care benefits				•	• • • •	• •			1e		
was withheld.	f	Employer-provided adoption bene				•		• •	• • •	·	1f	2.0	
If you did not get a Form	g	Wages from Form 8919, line 6.		• • •				• •	• • •	·	1g		
W-2, see	h :	Other earned income (see instruct Nontaxable combat pay election (· · ·	•••	•	· · · · ·	· ·			1h		0.
instructions.	z	Add lines 1a through 1h	300 1130	uctions	• • •	• •	· · []					1 1-	0 702
Attach Sch. B	2a	-	2a		··i	 ЬТ	axable interes	• •	• • •	·	1z 2b	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	L8,793.
if required.	3a		3a		12.		rdinary divide		• • •	·	20 3b	-	12
	4a		4a				axable amoun		• • •	•	4b		13.
Standard	5a		5a				axable amoun		• • •		-40 5b		
Deduction for-	6a		6a	1997 - 1998 - 19 97 - 1997 -			axable amoun		• • • •	•	6b		
 Single or Married filing 	C	If you elect to use the lump-sum e		nethod.	check here			••••		П	05		1.1
separately, \$12,950	7	Capital gain or (loss). Attach Sche								П	7		-1,634.
Married filing	8	Other income from Schedule 1, lin						÷ ;			8		10,510.
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7									9		06,662.
surviving spouse,	10	Adjustments to income from Sche								•	10	+ 1	00,002.
\$25,900 • Head of	11	Subtract line 10 from line 9. This is	•							•	11	1	06 662
household, \$19,400	12	Standard deduction or itemized								- • •	12		<u>06,662.</u> 12,950.
 If you checked 	13	Qualified business income deduct					5-A			•	13		12,9 <u>50.</u> 0.
any box under Standard	14	Add lines 12 and 13								•	14		12,950.
Deduction, see instructions.	15	Subtract line 14 from line 11. If zer	ro or les	s, enter -	0 This is v	our	axable incon	ne			15		<u>12,950.</u> 93,712.
coc moracuons.							Contraction of the second		÷ 18 4			a post of the second	55,112.

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

Form 1040 (2022)

Form 1040 (2022	2)								Page 2
Tax and	16	Tax (see instructions). Check if	any from Form	(s): 1 🗌 881	4 2 4972	3		16	16,330.
Credits	17	Amount from Schedule 2, line	3					17	
	18	Add lines 16 and 17						18	16,330.
	19	Child tax credit or credit for of	ther dependent	ts from Sched	ule 8812			19	
	20	Amount from Schedule 3, line	8					20	
	21	Add lines 19 and 20						21	
	22	Subtract line 21 from line 18. I	If zero or less, e	enter -0				22	16,330.
	23	Other taxes, including self-em	ployment tax, t	from Schedule	e 2, line 21			23	0.
	24	Add lines 22 and 23. This is yo	our total tax					24	16,330.
Payments	25	Federal income tax withheld f							
-	а	Form(s) W-2				25a 2	0,632.		
	b	Form(s) 1099				25b			
	с	Other forms (see instructions)				25c			
	d	Add lines 25a through 25c .						25d	20,632.
If you have a	26	2022 estimated tax payments	and amount a	pplied from 20	21 return			26	
qualifying child,	27	Earned income credit (EIC) .			No	27			
attach Sch. EIC.	28	Additional child tax credit from	Schedule 8812			28			
	29	American opportunity credit fr	rom Form 8863	, line 8		29			
	30	Reserved for future use				30			
	31	Amount from Schedule 3, line	15			31			
	32	Add lines 27, 28, 29, and 31.	These are your	total other pa	ayments and refu	undable credits		32	
	33	Add lines 25d, 26, and 32. The	ese are your to	tal payments				33	20,632.
Refund	34	If line 33 is more than line 24,	subtract line 24	4 from line 33.	This is the amou	nt you overpaid		34	4,302.
noruna	35a	Amount of line 34 you want re			is attached, che	ck here	🗆	35a	4,302.
Direct deposit?	b	Routing number 1 1 1				Checking	Savings		
See instructions.	d	Account number 4 8 8	0 6 0 3	3 3 2 3	3 2				
	36	Amount of line 34 you want ap	oplied to your 2	2023 estimate	edtax	36			
Amount You Owe	37	Subtract line 33 from line 24. For details on how to pay, go						37	
	38	Estimated tax penalty (see ins				38		01	
Third Party Designee		you want to allow another p tructions	person to disc	uss this retur	rn with the IRS?	See	Complete	below	No
Designee		signee's		Phone			sonal ident		
	nai			no.			nber (PIN)	moution	
Sign		der penalties of perjury, I declare that ief, they are true, correct, and compl							
Here	Yo	ur signature		Date	Your occupation		If th	e IRS se	nt you an Identity
		0							IN, enter it here
Joint return?					SOFTWARE B	-		inst.)	
See instructions. Keep a copy for your records.	Sp	ouse's signature. If a joint return, bo	o th must sign.	Date	Spouse's occupat	ion	Ider		nt your spouse an ection PIN, enter it here
	Ph	one no. (512) 945-7604		Email address	SREEVINEETH	H71@GMAIL.C	OM		
Deid	Pre		Preparer's signati	ure		Date	PTIN		Check if:
Paid	SYAM	PRIYA RAM SAGAR GUPTA TALLAM S	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	02/25/2023	P0208	2703	Self-employed
Preparer		n's name GLOBAL TAXI							(678)965-9522
Use Only	Fin	n's address 245 ROONEY		NSWICK N	J 08816			ı's EIN	84-3171965
Co to ununu iro a	ov/Eor	1040 for instructions and the latest	information		DAA	DEV 00/47/00 DD0			Form 1040 (2022)

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

BAA REV 02/17/23 PRO

Form **1040** (2022)

SCHEDULE	1
(Form 1040)	

Department of the Treasury

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 20 2

Attachment Sequence No. **01** Internal Revenue Service Name(s) shown on Form 1040, 1040-SR, or 1040-NR Your social security number SREE VINEETH REDDY BURRI 661-19-7202

Par	t I Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxes		1	
2a	Alimony received		2a	
b	Date of original divorce or separation agreement (see instructions):			
3	Business income or (loss). Attach Schedule C		3	
4	Other gains or (losses). Attach Form 4797		4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Atta	ach Schedule E .	5	-10,510.
6	Farm income or (loss). Attach Schedule F		6	
7	Unemployment compensation		7	
8	Other income:			
а	Net operating loss	8a ()	
b	Gambling	8b		
С	Cancellation of debt	8c		
d	Foreign earned income exclusion from Form 2555	8d ()	
е	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	-	
	Stock options	8k	-	
I	Income from the rental of personal property if you engaged in the rental			
	for profit but were not in the business of renting such property	81	-	
m	Olympic and Paralympic medals and USOC prize money (see	0		
	instructions)	8m	-	
n	Section 951(a) inclusion (see instructions)	8n	-	
0	Section 951A(a) inclusion (see instructions)	80	-	
р	Section 461(I) excess business loss adjustment	8p	-	
q	Taxable distributions from an ABLE account (see instructions) Scholarship and fellowship grants not reported on Form W-2	8q 8r	-	
r	Nontaxable amount of Medicaid waiver payments included on Form	or	-	
S	1040, line 1a or 1d	8s (
t	Pension or annuity from a nonqualifed deferred compensation plan or	05 (4	
Ľ	a nongovernmental section 457 plan	8t		
u	Wages earned while incarcerated	8u		
z	Other income. List type and amount:			
2		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		10	-10,510.
-		, <u> </u>		.,

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

Schedule 1 (Form 1040) 2022

Par	t II Adjustments to Income					
11	Educator expenses				11	
12	Certain business expenses of reservists, performing artists, and fee	e-basi	s gov	ernment		
	officials. Attach Form 2106				12	
13	Health savings account deduction. Attach Form 8889				13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903				14	
15	Deductible part of self-employment tax. Attach Schedule SE				15	
16	Self-employed SEP, SIMPLE, and qualified plans				16	
17	Self-employed health insurance deduction				17	
18	Penalty on early withdrawal of savings				18	
19a	Alimony paid				19a	
b	Recipient's SSN	·				
С	Date of original divorce or separation agreement (see instructions):					
20	IRA deduction				20	
21	Student loan interest deduction				21	
22	Reserved for future use				22	
23	Archer MSA deduction				23	
24	Other adjustments:					
а	Jury duty pay (see instructions)	24a				
b	Deductible expenses related to income reported on line 8I from the					
	rental of personal property engaged in for profit	24b				
С	Nontaxable amount of the value of Olympic and Paralympic medals					
	and USOC prize money reported on line 8m	24c				
d	Reforestation amortization and expenses	24d				
е	Repayment of supplemental unemployment benefits under the Trade					
	Act of 1974	24e				
f	Contributions to section 501(c)(18)(D) pension plans	24f				
g	Contributions by certain chaplains to section 403(b) plans	24g				
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	e. Ent	er here	and on		
	Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a				26	
	BAA	REV	02/17/23 P	RO	Schedu	le 1 (Form 1040) 2022

SCHEDULE D (Form 1040)

Capital Gains and Losses

OMB No. 1545-0074

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

Go to *www.irs.gov/ScheduleD* for instructions and the latest information. Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10. 2022 Attachment Sequence No. 12

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

SREE VINEETH REDDY BURRI

Your social security number 661-19-7202

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year?
Yes X 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)

	instructions for how to figure the amounts to enter on the below.	(d) Proceeds	(e) Cost	(g) Adjustments to gain or loss fro	m	(h) Gain or (loss) Subtract column (e) from column (d) and
	form may be easier to complete if you round off cents to e dollars.	(sales price)	(or other basis)	Form(s) 8949, Par line 2, column (g	t I,	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	1,019.	1,321.			-302.
2	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					
4	Short-term gain from Form 6252 and short-term gain or (I	oss) from Forms 4	684, 6781, and 88	324	4	
5	Net short-term gain or (loss) from partnerships, Schedule(s) K-1				5	
6	Short-term capital loss carryover. Enter the amount, if an Worksheet in the instructions			-	6	()
7	Net short-term capital gain or (loss). Combine lines 1a term capital gains or losses, go to Part II below. Otherwise				7	-302.

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

	instructions for how to figure the amounts to enter on the below.	(d) Proceeds	(e) Cost	(g) Adjustmen to gain or loss		(h) Gain or (loss) Subtract column (e) from column (d) and
	form may be easier to complete if you round off cents to le dollars.	(sales price)	(or other basis)	Form(s) 8949, F line 2, colum	Part II,	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	3,008.	4,340.			-1,332.
9	Totals for all transactions reported on Form(s) 8949 with Box E checked					
10	Totals for all transactions reported on Form(s) 8949 with Box F checked.					
11	Gain from Form 4797, Part I; long-term gain from Forms from Forms 4684, 6781, and 8824		11			
12	Net long-term gain or (loss) from partnerships, S corporat	. ,	12			
13	Capital gain distributions. See the instructions		13			
14	Long-term capital loss carryover. Enter the amount, if any Worksheet in the instructions	14	()			
15	Net long-term capital gain or (loss). Combine lines 8a on the back	15	-1,332.			

Part	III Summary	
16	Combine lines 7 and 15 and enter the result	16 -1,634.
	• If line 16 is a gain , enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below.	
	• If line 16 is a loss , skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22.	
	• If line 16 is zero , skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22.	
17	Are lines 15 and 16 both gains?	
	No. Skip lines 18 through 21, and go to line 22.	
18	If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet	18
19	If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet	19
20	Are lines 18 and 19 both zero or blank and you are not filing Form 4952? Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. Don't complete lines 21 and 22 below.	
	□ No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.	
21	If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of:	
	The loss on line 16; or (\$3,000), or if married filing separately, (\$1,500)	21 (1,634.)
	Note: When figuring which amount is smaller, treat both amounts as positive numbers.	
22	Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?	
	Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16.	
	No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.	

REV 02/17/23 PRO

Schedule D (Form 1040) 2022

Form **8949**

Department of the Treasury

Internal Revenue Service

Sales and Other Dispositions of Capital Assets

Go to www.irs.gov/Form8949 for instructions and the latest information.

File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.



Name(s) shown on return Social	Social security number or taxpayer identification number					
SREE VINEETH REDDY BURRI 66	561-19-7202					

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

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

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

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

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

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

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

1 (a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis See the Note below			(h) Gain or (loss) Subtract column (e)	
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (sales price) (Mo., day, yr.) (see instruction		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 LL	c 01/01/22	12/31/22	1,019.	1,321.			-302.	
2 Totals. Add the amounts in colum negative amounts). Enter each tu Schedule D, line 1b (if Box A abo above is checked), or line 3 (if Bo	otal here and inc ve is checked), li	lude on your ne 2 (if Box B	1,019.	1,321.			-302.	

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

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

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

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

Social security number or taxpayer identification number 661-19-7202

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

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

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

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

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

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

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

1 (a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis See the Note below	If you enter an enter a c	f any, to gain or loss amount in column (g), ode in column (f). arate instructions.	(h) Gain or (loss) Subtract column (e)
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.) disposed of (Mo., day, yr.)		(sales price) (see instructions)	and see <i>Column (e)</i> 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	01/01/22	12/31/22	3,008.	4,340.			-1,332.
2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if Box F above is checked).			3,008.	4,340.			-1,332.

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.

	CHEDULE E Supplemental Income and Loss orm 1040) (From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)								b. 1545-0074			
Departm	Attach to Form 1040, 1040-SR, 1040-NR, or 1041. Go to www.irs.gov/ScheduleE for instructions and the latest information.									00, 010.	Attachn	
	shown on return		GU	to www.irs.gov/Scheduler				atest in	normation.	Vour soci	Sequen al security	ce No. 13
	VINEETH R	EDDY B	IIRRT								9-7202	
Part				m Rental Real Estate a	and Ro	valties				001 1	5 7202	
i di t	Note: If you are in the business of renting personal property, use Schedule C. See instructions. If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40.											
A D	Did you make ar	y payme	nts in	2022 that would require yo	ou to file	Form(s) 1	099? 8	See ins	structions .		. 🗌 Ye	s 🛛 No
B If	f "Yes," did you	or will yo	ou file	required Form(s) 1099?							. 🗌 Ye	es 🗌 No
1a				operty (street, city, state, 2								
Α	40.3 SAMRU	I SARO	VAR	MANSOORABABD RI	R DTS'	TRTCT.T	FLAN	GANA	IN 5000	68		
B												
С												
1b	Type of Prope (from list below			each rental real estate prop ve, report the number of fa				Fa	ir Rental Days	Persor Da		QJV
Α	3	.,		onal use days. Check the			Α		365		0	
B				u meet the requirements to			B		000		0	
C			quali	fied joint venture. See inst	ructions	5.	C					
Type of	of Property:						_					
1 :	Single Family R	esidence		3 Vacation/Short-Term Re	ental	5 Land	1	7	Self-Rental			
2	Multi-Family Re	sidence		4 Commercial		6 Roya	alties	8	Other (desc	ribe)		
									Propert			
Incom	e:						Α		В			С
3		Ι			. 3			81.				•
4												
Expen												
5	Advertising .				. 5							
6	Auto and trave	l (see ins	truction	ons)	. 6							
7	Cleaning and r	naintena	nce .		. 7		2,4	98.				
8	Commissions											
9												
10	•	•		fees								
11	-						2,3	61.				
12	00	est paid	to bai	nks, etc. (see instructions)	12							
13 14	Other interest	• • •	• •		. <u>13</u> . 14		1 0	374.				
15								207.				
16							212					
17							2,5	51.				
18				letion								
19	Other (list)	-	-		19							
20	Total expense			hrough 19			11,4	91.				
21				rents) and/or 4 (royalties).								
				ions to find out if you mus								
	file Form 6198				· 21	-	-10,5	10.				
22				loss after limitation, if any ns)		(10,51	LO.)	()	(
23a				on line 3 for all rental prop				23a		981.		
b												
c												
d												
e 24								23e		L,491.		
24 25		-		nts shown on line 21. Do r om line 21 and rental real es		-		 Entor to		. 24 ere 25	(10,510.
25 26				I royalty income or (loss)							(10 , JIU.
20				line 40 on page 2 do no								

For Paperwork Reduction Act Notice, see the separate instructions.

-10,510.

26

Form **8889**

Health Savings Accounts (HSAs)

OMB No. 1545-0074

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

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

2022 Attachment Sequence No. 52 mber of HSA beneficiary.

Internal	Revenue Service Go to www.iis.gov/Formoody for instructions and the latest information.		Sequer	nce No. 52
Name(s)				beneficiary. e instructions.
SREE		-19-7		
Befor	re you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contrac	ts, if re	quired.	
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			
•			Self-on	ly 🗌 Family
2	HSA contributions you made for 2022 (or those made on your behalf), including those made by to unextended due date of your tax return that were for 2022. Do not include employer contribution contributions through a cafeteria plan, or rollovers. See instructions	ns,	2	0.
3	If you were under age 55 at the end of 2022 and, on the first day of every month during 2022, y were, or were considered, an eligible individual with the same coverage, enter \$3,650 (\$7,300 family coverage). All others , see the instructions for the amount to enter	for	3	3,650.
4	Enter the amount you and your employer contributed to your Archer MSAs for 2022 from Form 888 lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2022, a include any amount contributed to your spouse's Archer MSAs	lso	4	0.
5	Subtract line 4 from line 3. If zero or less, enter -0		5	3,650.
6	Enter the amount from line 5. But if you and your spouse each have separate HSAs and had fan	-		
7	coverage under an HDHP at any time during 2022, see the instructions for the amount to enter . If you were age 55 or older at the end of 2022, married, and you or your spouse had family covera		6	3,650.
1	under an HDHP at any time during 2022, enter your additional contribution amount. See instructions		7	0.
8	Add lines 6 and 7	. {	3	3,650.
9	Employer contributions made to your HSAs for 2022)0.		
10	Qualified HSA funding distributions			1 400
11	Add lines 9 and 10		1	1,490.
12 13	Subtract line 11 from line 8. If zero or less, enter -0		3	2,160.
10	Caution: If line 2 is more than line 13, you may have to pay an additional tax. See instructions.			0.
Part		epara	te HSA	s, complete
14a	Total distributions you received in 2022 from all HSAs (see instructions)	. 14	4a	
b	Distributions included on line 14a that you rolled over to another HSA. Also include any excercontributions (and the earnings on those excess contributions) included on line 14a that we withdrawn by the due date of your return. See instructions	ere	414	
c			4b 4c	
15	Qualified medical expenses paid using HSA distributions (see instructions)		5	
16	Taxable HSA distributions. Subtract line 15 from line 14c. If zero or less, enter -0 Also, include t amount in the total on Schedule 1 (Form 1040), Part I, line 8f	his	6	
17a	If any of the distributions included on line 16 meet any of the Exceptions to the Additional 20% Tax (see instructions), check here			
	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	orm . 17	7b	
Part	completing this part. If you are filing jointly and both you and your spouse each have complete a separate Part III for each spouse.	separa		
18	Last-month rule		8	
19	Qualified HSA funding distribution		9	
20 21	Total income. Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I, line 8f Additional tax. Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2 (Fo		0	
21		. 2	·1	

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

Qualified Business Income Deduction Simplified Computation

Attach to your tax return.

Department of the Treasury Internal Revenue Service

Co	to warner	ire any/E	orm 2005 1	for instructi	ione and th	a latact i	nformation.
GU	10 000000.	115.007/F	01110335		ons anu ui	e latest i	

OMB No. 1545-2294

Name(s) shown	on	return
---------------	----	--------

SREE VINEETH REDDY BURRI

Your taxpayer identification number

661-19-7202

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 at or below \$170,050 (\$340,100 if married filing jointly), and you aren't a patron of an agricultural or horticultural cooperative.

1	(a) Trade, business, or aggregation name	(b) Taxpayer identification number	(c) Qualified business income or (loss)	
i				
ii				
iii				
iv				
v				
2	Total qualified business income or (loss). Combine lines 1i through 1v,			
		2		
3		3 ()		
4		4		
5	Qualified business income component. Multiply line 4 by 20% (0.20)		5	
6	Qualified REIT dividends and publicly traded partnership (PTP) income or (loss)			
		6 1.		
7	Qualified REIT dividends and qualified PTP (loss) carryforward from the prior	7 (
•		7 ()		
8	Total qualified REIT dividends and PTP income. Combine lines 6 and 7. If zero or less, enter -0-	8 1.		
9	REIT and PTP component. Multiply line 8 by 20% (0.20)		9	0.
10	Qualified business income deduction before the income limitation. Add lines 5 and		10	0.
11		11 93,712.		
12		12 12.		
13	Subtract line 12 from line 11. If zero or less, enter -0-			
14	Income limitation. Multiply line 13 by 20% (0.20)		14	18,740.
15	Qualified business income deduction. Enter the smaller of line 10 or line 14. Also e			
	the applicable line of your return (see instructions)		15	0.
16	Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than		16	(0.)
17	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 an			
	zero, enter -0		17	(0.)
For Pri	vacy Act and Paperwork Reduction Act Notice, see instructions. REV 02/17	7/23 PRO		Form 8995 (2022)