

▼ 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<br>you are paying by check<br>or money order.....▶ | 480. |
|--|------|

REV 03/22/23 PRO 1555

825-89-8552  
DWARAKANADH KORAGANJI

3111 PEANUT BRITTLE DRIVE  
SAN JOSE CA 95148

INTERNAL REVENUE SERVICE  
PO BOX 802502  
CINCINNATI OH 45280-2502

825898552 JU KORA 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..... ▶

480.

REV 03/22/23 PRO 1555

825-89-8552  
DWARAKANADH KORAGANJI

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CINCINNATI OH 45280-2502

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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<br>you are paying by check<br>or money order.....▶ | 480. |
|--|------|

REV 03/22/23 PRO 1555

825-89-8552  
DWARAKANADH KORAGANJI

3111 PEANUT BRITTLE DRIVE  
SAN JOSE CA 95148

INTERNAL REVENUE SERVICE  
PO BOX 802502  
CINCINNATI OH 45280-2502

825898552 JU KORA 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<br>you are paying by check<br>or money order.....▶ | 480. |
|--|------|

REV 03/22/23 PRO 1555

825-89-8552  
DWARAKANADH KORAGANJI

3111 PEANUT BRITTLE DRIVE  
SAN JOSE CA 95148

INTERNAL REVENUE SERVICE  
PO BOX 802502  
CINCINNATI OH 45280-2502

825898552 JU KORA 30 0 202312 430

# IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.  
▶ Go to [www.irs.gov/Form8879](http://www.irs.gov/Form8879) for the latest information.

Submission Identification Number (SID) ▶

|  |                                       |
|--|---------------------------------------|
| Taxpayer's name<br>DWARAKANADH KORAGANJI | Social security number<br>825-89-8552 |
| Spouse's name                            | Spouse's social security number       |

## Part I Tax Return Information – Tax Year Ending December 31, 2022 (Enter year you are authorizing.)

Enter whole dollars only on lines 1 through 5.

**Note:** Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.

|   |   |   |         |
|---|---|---|---------|
| 1 | Adjusted gross income . . . . .   | 1 | 25,344. |
| 2 | Total tax . . . . .   | 2 | 2,622.  |
| 3 | Federal income tax withheld from Form(s) W-2 and Form(s) 1099 . . . . . | 3 | 705.    |
| 4 | Amount you want refunded to you . . . . .                               | 4 |         |
| 5 | Amount you owe . . . . .  | 5 | 1,983.  |

## Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

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.

### Taxpayer's PIN: check one box only

I authorize GLOBAL TAXES LLC to enter or generate my PIN 

|   |   |   |   |   |
|---|---|---|---|---|
| 9 | 8 | 5 | 5 | 2 |
|---|---|---|---|---|

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

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

Your signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

### Spouse's PIN: check one box only

I authorize \_\_\_\_\_ to enter or generate my PIN 

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

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

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

Spouse's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

### Practitioner PIN Method Returns Only—continue below

## Part III Certification and Authentication – Practitioner PIN Method Only

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 

|   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|
| 5 | 1 | 8 | 9 | 5 | 2 | 3 | 1 | 9 | 8 | 9 |
|---|---|---|---|---|---|---|---|---|---|---|

 Don't enter all zeros

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

ERO's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

**ERO Must Retain This Form – See Instructions**  
**Don't Submit This Form to the IRS Unless Requested To Do So**

| 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<br>P.O. Box 1214<br>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<br>P.O. Box 931000<br>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<br>P.O. Box 802501<br>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<br>P.O. Box 1303<br>Charlotte, NC 28201-1303    |

MAIL FORM 1040-V TO THE INTERNAL REVENUE SERVICE CENTER AT 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 . . . . . ▶ | <b>1,983.</b> |
|--|---------------|

REV 03/22/23 PRO 1555

DWARAKANADH KORAGANJI  
3111 PEANUT BRITTLE DRIVE  
SAN JOSE CA 95148

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

825898552 JU KORA 30 0 202212 610

Filing Status [X] Single [ ] 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 (DWARAKANADH KORAGANJI), social security number (825-89-8552), and home address (3111 PEANUT BRITTLE DRIVE, SAN JOSE, CA 95148).

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

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

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

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

Income section table with rows 1a through 1z, including Total amount from Form(s) W-2, Household employee wages, Tip income, Medicaid waiver payments, etc.

Table for Tax-exempt interest (2a), Qualified dividends (3a), IRA distributions (4a), Pensions and annuities (5a), and Social security benefits (6a).

Table for Taxable interest (2b), Ordinary dividends (3b), Taxable amount (4b, 5b, 6b), Capital gain or (loss) (7), Other income from Schedule 1 (8), Total income (9), Adjustments to income (10), Adjusted gross income (11), Standard deduction (12), Qualified business income deduction (13), and Taxable income (15).





**SCHEDULE 1  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Additional Income and Adjustments to Income**

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

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

OMB No. 1545-0074

**2022**

Attachment  
Sequence No. **01**

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

DWARAKANADH KORAGANJI

Your social security number

825-89-8552

**Part I Additional Income**

|           |   |           |        |
|-----------|---|-----------|--------|
| <b>1</b>  | Taxable refunds, credits, or offsets of state and local income taxes . . . . .  | <b>1</b>  |        |
| <b>2a</b> | Alimony received . . . . .  | <b>2a</b> |        |
| <b>b</b>  | Date of original divorce or separation agreement (see instructions): _____  |           |        |
| <b>3</b>  | Business income or (loss). Attach Schedule C . . . . .  | <b>3</b>  | 9,500. |
| <b>4</b>  | Other gains or (losses). Attach Form 4797 . . . . .   | <b>4</b>  |        |
| <b>5</b>  | Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E . . . . .   | <b>5</b>  |        |
| <b>6</b>  | Farm income or (loss). Attach Schedule F . . . . .  | <b>6</b>  |        |
| <b>7</b>  | Unemployment compensation . . . . .   | <b>7</b>  |        |
| <b>8</b>  | Other income:   |           |        |
| <b>a</b>  | Net operating loss . . . . .  | <b>8a</b> | ( )    |
| <b>b</b>  | Gambling . . . . .  | <b>8b</b> |        |
| <b>c</b>  | Cancellation of debt . . . . .  | <b>8c</b> |        |
| <b>d</b>  | Foreign earned income exclusion from Form 2555 . . . . .  | <b>8d</b> | ( )    |
| <b>e</b>  | Income from Form 8853 . . . . .   | <b>8e</b> |        |
| <b>f</b>  | Income from Form 8889 . . . . .   | <b>8f</b> |        |
| <b>g</b>  | Alaska Permanent Fund dividends . . . . .   | <b>8g</b> |        |
| <b>h</b>  | Jury duty pay . . . . .   | <b>8h</b> |        |
| <b>i</b>  | Prizes and awards . . . . .   | <b>8i</b> |        |
| <b>j</b>  | Activity not engaged in for profit income . . . . .   | <b>8j</b> |        |
| <b>k</b>  | Stock options . . . . .   | <b>8k</b> |        |
| <b>l</b>  | Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property . . . . . | <b>8l</b> |        |
| <b>m</b>  | Olympic and Paralympic medals and USOC prize money (see instructions) . . . . .   | <b>8m</b> |        |
| <b>n</b>  | Section 951(a) inclusion (see instructions) . . . . .   | <b>8n</b> |        |
| <b>o</b>  | Section 951A(a) inclusion (see instructions) . . . . .  | <b>8o</b> |        |
| <b>p</b>  | Section 461(l) excess business loss adjustment . . . . .  | <b>8p</b> |        |
| <b>q</b>  | Taxable distributions from an ABL account (see instructions) . . . . .  | <b>8q</b> |        |
| <b>r</b>  | Scholarship and fellowship grants not reported on Form W-2 . . . . .  | <b>8r</b> |        |
| <b>s</b>  | Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d . . . . .  | <b>8s</b> | ( )    |
| <b>t</b>  | Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan . . . . .                                   | <b>8t</b> |        |
| <b>u</b>  | Wages earned while incarcerated . . . . .   | <b>8u</b> |        |
| <b>z</b>  | Other income. List type and amount: _____   | <b>8z</b> |        |
| <b>9</b>  | Total other income. Add lines 8a through 8z . . . . .   | <b>9</b>  |        |
| <b>10</b> | Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8   | <b>10</b> | 9,500. |

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

**Part II Adjustments to Income**

|            |  |            |      |
|------------|--|------------|------|
| <b>11</b>  | Educator expenses . . . . .  | <b>11</b>  |      |
| <b>12</b>  | Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 . . . . .  | <b>12</b>  |      |
| <b>13</b>  | Health savings account deduction. Attach Form 8889 . . . . .   | <b>13</b>  |      |
| <b>14</b>  | Moving expenses for members of the Armed Forces. Attach Form 3903 . . . . .  | <b>14</b>  |      |
| <b>15</b>  | Deductible part of self-employment tax. Attach Schedule SE . . . . .   | <b>15</b>  | 671. |
| <b>16</b>  | Self-employed SEP, SIMPLE, and qualified plans . . . . .   | <b>16</b>  |      |
| <b>17</b>  | Self-employed health insurance deduction . . . . .   | <b>17</b>  |      |
| <b>18</b>  | Penalty on early withdrawal of savings . . . . .   | <b>18</b>  |      |
| <b>19a</b> | Alimony paid . . . . .   | <b>19a</b> |      |
| <b>b</b>   | Recipient's SSN . . . . .  |            |      |
| <b>c</b>   | Date of original divorce or separation agreement (see instructions): _____   |            |      |
| <b>20</b>  | IRA deduction . . . . .  | <b>20</b>  |      |
| <b>21</b>  | Student loan interest deduction . . . . .  | <b>21</b>  |      |
| <b>22</b>  | Reserved for future use . . . . .  | <b>22</b>  |      |
| <b>23</b>  | Archer MSA deduction . . . . .   | <b>23</b>  |      |
| <b>24</b>  | Other adjustments:   |            |      |
| <b>a</b>   | Jury duty pay (see instructions) . . . . .   | <b>24a</b> |      |
| <b>b</b>   | Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit . . . . .                                       | <b>24b</b> |      |
| <b>c</b>   | Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m . . . . .   | <b>24c</b> |      |
| <b>d</b>   | Reforestation amortization and expenses . . . . .  | <b>24d</b> |      |
| <b>e</b>   | Repayment of supplemental unemployment benefits under the Trade Act of 1974 . . . . .  | <b>24e</b> |      |
| <b>f</b>   | Contributions to section 501(c)(18)(D) pension plans . . . . .   | <b>24f</b> |      |
| <b>g</b>   | Contributions by certain chaplains to section 403(b) plans . . . . .   | <b>24g</b> |      |
| <b>h</b>   | Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions) . . . . .  | <b>24h</b> |      |
| <b>i</b>   | Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations . . . . . | <b>24i</b> |      |
| <b>j</b>   | Housing deduction from Form 2555 . . . . .   | <b>24j</b> |      |
| <b>k</b>   | Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041) . . . . .  | <b>24k</b> |      |
| <b>z</b>   | Other adjustments. List type and amount: _____   | <b>24z</b> |      |
| <b>25</b>  | Total other adjustments. Add lines 24a through 24z . . . . .   | <b>25</b>  |      |
| <b>26</b>  | Add lines 11 through 23 and 25. These are your <b>adjustments to income</b> . Enter here and on Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a . . . . .   | <b>26</b>  | 671. |

**SCHEDULE 2  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Additional Taxes**

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

OMB No. 1545-0074

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

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

Your social security number  
825-89-8552

**Part I Tax**

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

**Part II Other Taxes**

|           |  |           |        |
|-----------|--|-----------|--------|
| <b>4</b>  | Self-employment tax. Attach Schedule SE . . . . .  | <b>4</b>  | 1,342. |
| <b>5</b>  | Social security and Medicare tax on unreported tip income. Attach Form 4137 . . . . .  | <b>5</b>  |        |
| <b>6</b>  | Uncollected social security and Medicare tax on wages. Attach Form 8919 . . . . .  | <b>6</b>  |        |
| <b>7</b>  | Total additional social security and Medicare tax. Add lines 5 and 6 . . . . .   | <b>7</b>  |        |
| <b>8</b>  | Additional tax on IRAs or other tax-favored accounts. Attach Form 5329 if required. If not required, check here <input type="checkbox"/> . . . . . | <b>8</b>  |        |
| <b>9</b>  | Household employment taxes. Attach Schedule H . . . . .  | <b>9</b>  |        |
| <b>10</b> | Repayment of first-time homebuyer credit. Attach Form 5405 if required . . . . .   | <b>10</b> |        |
| <b>11</b> | Additional Medicare Tax. Attach Form 8959 . . . . .  | <b>11</b> |        |
| <b>12</b> | Net investment income tax. Attach Form 8960 . . . . .  | <b>12</b> |        |
| <b>13</b> | Uncollected social security and Medicare or RRTA tax on tips or group-term life insurance from Form W-2, box 12 . . . . .                          | <b>13</b> |        |
| <b>14</b> | Interest on tax due on installment income from the sale of certain residential lots and timeshares . . . . .                                       | <b>14</b> |        |
| <b>15</b> | Interest on the deferred tax on gain from certain installment sales with a sales price over \$150,000 . . . . .                                    | <b>15</b> |        |
| <b>16</b> | Recapture of low-income housing credit. Attach Form 8611 . . . . .   | <b>16</b> |        |

(continued on page 2)

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

|           |   |            |           |
|-----------|---|------------|-----------|
| <b>17</b> | Other additional taxes:   |            |           |
| <b>a</b>  | Recapture of other credits. List type, form number, and amount:<br>_____  | <b>17a</b> |           |
| <b>b</b>  | Recapture of federal mortgage subsidy, if you sold your home see instructions . . . . .   | <b>17b</b> |           |
| <b>c</b>  | Additional tax on HSA distributions. Attach Form 8889 . . . . .   | <b>17c</b> |           |
| <b>d</b>  | Additional tax on an HSA because you didn't remain an eligible individual. Attach Form 8889 . . . . .   | <b>17d</b> |           |
| <b>e</b>  | Additional tax on Archer MSA distributions. Attach Form 8853 . . . . .  | <b>17e</b> |           |
| <b>f</b>  | Additional tax on Medicare Advantage MSA distributions. Attach Form 8853 . . . . .  | <b>17f</b> |           |
| <b>g</b>  | Recapture of a charitable contribution deduction related to a fractional interest in tangible personal property . . . . .   | <b>17g</b> |           |
| <b>h</b>  | Income you received from a nonqualified deferred compensation plan that fails to meet the requirements of section 409A . . . . .                                  | <b>17h</b> |           |
| <b>i</b>  | Compensation you received from a nonqualified deferred compensation plan described in section 457A . . . . .  | <b>17i</b> |           |
| <b>j</b>  | Section 72(m)(5) excess benefits tax . . . . .  | <b>17j</b> |           |
| <b>k</b>  | Golden parachute payments . . . . .   | <b>17k</b> |           |
| <b>l</b>  | Tax on accumulation distribution of trusts . . . . .  | <b>17l</b> |           |
| <b>m</b>  | Excise tax on insider stock compensation from an expatriated corporation . . . . .  | <b>17m</b> |           |
| <b>n</b>  | Look-back interest under section 167(g) or 460(b) from Form 8697 or 8866 . . . . .  | <b>17n</b> |           |
| <b>o</b>  | Tax on non-effectively connected income for any part of the year you were a nonresident alien from Form 1040-NR . . . . .   | <b>17o</b> |           |
| <b>p</b>  | Any interest from Form 8621, line 16f, relating to distributions from, and dispositions of, stock of a section 1291 fund . . . . .                                | <b>17p</b> |           |
| <b>q</b>  | Any interest from Form 8621, line 24 . . . . .  | <b>17q</b> |           |
| <b>z</b>  | Any other taxes. List type and amount: _____<br>_____   | <b>17z</b> |           |
| <b>18</b> | Total additional taxes. Add lines 17a through 17z . . . . .   |            | <b>18</b> |
| <b>19</b> | Reserved for future use . . . . .   |            | <b>19</b> |
| <b>20</b> | Section 965 net tax liability installment from Form 965-A . . . . .   | <b>20</b>  |           |
| <b>21</b> | Add lines 4, 7 through 16, and 18. These are your <b>total other taxes</b> . Enter here and on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b . . . . . |            | <b>21</b> |
|           |   |            | 1,342.    |

**SCHEDULE C  
(Form 1040)**

**Profit or Loss From Business  
(Sole Proprietorship)**

OMB No. 1545-0074

**2022**

Attachment  
Sequence No. **09**

Department of the Treasury  
Internal Revenue Service

Go to [www.irs.gov/ScheduleC](http://www.irs.gov/ScheduleC) for instructions and the latest information.  
Attach to Form 1040, 1040-SR, 1040-NR, or 1041; partnerships must generally file Form 1065.

|  |  |   |
|--|--|---|
| Name of proprietor<br>DWARAKANADH KORAGANJI  |  | Social security number (SSN)<br>825-89-8552 |
| <b>A</b> Principal business or profession, including product or service (see instructions)<br>SOFTWARE SERVICES  | <b>B</b> Enter code from instructions<br>5 1 9 2 0 0 |   |
| <b>C</b> Business name. If no separate business name, leave blank.<br>KORAGANJI SOFTWARES  | <b>D</b> Employer ID number (EIN) (see instr.)       |   |
| <b>E</b> Business address (including suite or room no.) 3111 PEANUT BRITTLE DRIVE<br>City, town or post office, state, and ZIP code SAN JOSE, CA 95148   |  |   |
| <b>F</b> Accounting method: (1) <input checked="" type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) _____   |  |   |
| <b>G</b> Did you "materially participate" in the operation of this business during 2022? If "No," see instructions for limit on losses <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |   |
| <b>H</b> If you started or acquired this business during 2022, check here <input type="checkbox"/>   |  |   |
| <b>I</b> Did you make any payments in 2022 that would require you to file Form(s) 1099? See instructions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                               |  |   |
| <b>J</b> If "Yes," did you or will you file required Form(s) 1099? <input type="checkbox"/> Yes <input type="checkbox"/> No  |  |   |

**Part I Income**

|   |          |         |
|---|----------|---------|
| <b>1</b> Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked <input type="checkbox"/> | <b>1</b> | 15,312. |
| <b>2</b> Returns and allowances   | <b>2</b> |         |
| <b>3</b> Subtract line 2 from line 1  | <b>3</b> | 15,312. |
| <b>4</b> Cost of goods sold (from line 42)  | <b>4</b> |         |
| <b>5</b> <b>Gross profit.</b> Subtract line 4 from line 3   | <b>5</b> | 15,312. |
| <b>6</b> Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)   | <b>6</b> |         |
| <b>7</b> <b>Gross income.</b> Add lines 5 and 6   | <b>7</b> | 15,312. |

**Part II Expenses.** Enter expenses for business use of your home **only** on line 30.

|   |            |        |   |            |        |
|---|------------|--------|---|------------|--------|
| <b>8</b> Advertising  | <b>8</b>   |        | <b>18</b> Office expense (see instructions)                               | <b>18</b>  |        |
| <b>9</b> Car and truck expenses (see instructions)  | <b>9</b>   | 3,412. | <b>19</b> Pension and profit-sharing plans                                | <b>19</b>  |        |
| <b>10</b> Commissions and fees  | <b>10</b>  |        | <b>20</b> Rent or lease (see instructions):                               |            |        |
| <b>11</b> Contract labor (see instructions)   | <b>11</b>  |        | <b>a</b> Vehicles, machinery, and equipment                               | <b>20a</b> |        |
| <b>12</b> Depletion   | <b>12</b>  |        | <b>b</b> Other business property  | <b>20b</b> |        |
| <b>13</b> Depreciation and section 179 expense deduction (not included in Part III) (see instructions)  | <b>13</b>  |        | <b>21</b> Repairs and maintenance   | <b>21</b>  |        |
| <b>14</b> Employee benefit programs (other than on line 19)   | <b>14</b>  |        | <b>22</b> Supplies (not included in Part III)                             | <b>22</b>  |        |
| <b>15</b> Insurance (other than health)   | <b>15</b>  |        | <b>23</b> Taxes and licenses  | <b>23</b>  |        |
| <b>16</b> Interest (see instructions):  |            |        | <b>24</b> Travel and meals:   |            |        |
| <b>a</b> Mortgage (paid to banks, etc.)   | <b>16a</b> |        | <b>a</b> Travel   | <b>24a</b> |        |
| <b>b</b> Other  | <b>16b</b> |        | <b>b</b> Deductible meals (see instructions)                              | <b>24b</b> | 2,400. |
| <b>17</b> Legal and professional services   | <b>17</b>  |        | <b>25</b> Utilities   | <b>25</b>  |        |
| <b>28</b> <b>Total expenses</b> before expenses for business use of home. Add lines 8 through 27a   | <b>28</b>  |        | <b>26</b> Wages (less employment credits)                                 | <b>26</b>  |        |
| <b>29</b> Tentative profit or (loss). Subtract line 28 from line 7  | <b>29</b>  |        | <b>27a</b> Other expenses (from line 48)                                  | <b>27a</b> |        |
| <b>30</b> Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method. See instructions.<br><b>Simplified method filers only:</b> Enter the total square footage of (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30   | <b>30</b>  |        | <b>27b</b> <b>Reserved for future use</b>                                 | <b>27b</b> |        |
| <b>31</b> <b>Net profit or (loss).</b> Subtract line 30 from line 29.<br>• If a profit, enter on both <b>Schedule 1 (Form 1040), line 3</b> , and on <b>Schedule SE, line 2</b> . (If you checked the box on line 1, see instructions.) Estates and trusts, enter on <b>Form 1041, line 3</b> .<br>• If a loss, you <b>must</b> go to line 32.  | <b>31</b>  | 9,500. |   |            |        |
| <b>32</b> If you have a loss, check the box that describes your investment in this activity. See instructions.<br>• If you checked 32a, enter the loss on both <b>Schedule 1 (Form 1040), line 3</b> , and on <b>Schedule SE, line 2</b> . (If you checked the box on line 1, see the line 31 instructions.) Estates and trusts, enter on <b>Form 1041, line 3</b> .<br>• If you checked 32b, you <b>must</b> attach <b>Form 6198</b> . Your loss may be limited. |            |        | <b>32a</b> <input checked="" type="checkbox"/> All investment is at risk. |            |        |
|   |            |        | <b>32b</b> <input type="checkbox"/> Some investment is not at risk.       |            |        |

Part III Cost of Goods Sold (see instructions)

|    |   |  |
|----|---|--|
| 33 | Method(s) used to value closing inventory:     a <input type="checkbox"/> Cost     b <input type="checkbox"/> Lower of cost or market     c <input type="checkbox"/> Other (attach explanation) |  |
| 34 | Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation . . . . .  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 35 | Inventory at beginning of year. If different from last year's closing inventory, attach explanation . . . . .   | <b>35</b> _____  |
| 36 | Purchases less cost of items withdrawn for personal use . . . . .   | <b>36</b> _____  |
| 37 | Cost of labor. Do not include any amounts paid to yourself . . . . .  | <b>37</b> _____  |
| 38 | Materials and supplies . . . . .  | <b>38</b> _____  |
| 39 | Other costs . . . . .   | <b>39</b> _____  |
| 40 | Add lines 35 through 39 . . . . .   | <b>40</b> _____  |
| 41 | Inventory at end of year . . . . .  | <b>41</b> _____  |
| 42 | <b>Cost of goods sold.</b> Subtract line 41 from line 40. Enter the result here and on line 4 . . . . .   | <b>42</b> _____  |

Part IV Information on Your Vehicle. Complete this part only if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.

See Additional Vehicle Information

|     |  |
|-----|--|
| 43  | When did you place your vehicle in service for business purposes? (month/day/year) _____   |
| 44  | Of the total number of miles you drove your vehicle during 2022, enter the number of miles you used your vehicle for:<br>a Business _____     b Commuting (see instructions) _____     c Other _____ |
| 45  | Was your vehicle available for personal use during off-duty hours? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No  |
| 46  | Do you (or your spouse) have another vehicle available for personal use?. . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| 47a | Do you have evidence to support your deduction? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| b   | If "Yes," is the evidence written? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No  |

Part V Other Expenses. List below business expenses not included on lines 8–26 or line 30.

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|    |   |                 |
|----|---|-----------------|
| 48 | <b>Total other expenses.</b> Enter here and on line 27a . . . . . | <b>48</b> _____ |
|----|---|-----------------|

**SCHEDULE SE  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Self-Employment Tax**

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

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

OMB No. 1545-0074

**2022**  
Attachment  
Sequence No. **17**

Name of person with self-employment income (as shown on Form 1040, 1040-SR, or 1040-NR)

Social security number of person  
with **self-employment** income

DWARAKANADH KORAGANJI

825-89-8552

**Part I Self-Employment Tax**

**Note:** If your only income subject to self-employment tax is **church employee income**, see instructions for how to report your income and the definition of church employee income.

**A** If you are a minister, member of a religious order, or Christian Science practitioner **and** you filed Form 4361, but you had \$400 or more of **other** net earnings from self-employment, check here and continue with Part I

Skip lines 1a and 1b if you use the farm optional method in Part II. See instructions.

**1a** Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A **1a**

**b** If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code AH **1b** ( )

Skip line 2 if you use the nonfarm optional method in Part II. See instructions.

**2** Net profit or (loss) from Schedule C, line 31; and Schedule K-1 (Form 1065), box 14, code A (other than farming). See instructions for other income to report or if you are a minister or member of a religious order **2** 9,500.

**3** Combine lines 1a, 1b, and 2 **3** 9,500.

**4a** If line 3 is more than zero, multiply line 3 by 92.35% (0.9235). Otherwise, enter amount from line 3 **4a** 8,773.

**Note:** If line 4a is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions.

**b** If you elect one or both of the optional methods, enter the total of lines 15 and 17 here **4b**

**c** Combine lines 4a and 4b. If less than \$400, **stop**; you don't owe self-employment tax. **Exception:** If less than \$400 and you had **church employee income**, enter -0- and continue **4c** 8,773.

**5a** Enter your **church employee income** from Form W-2. See instructions for definition of church employee income **5a**

**b** Multiply line 5a by 92.35% (0.9235). If less than \$100, enter -0- **5b** 0.

**6** Add lines 4c and 5b **6** 8,773.

**7** Maximum amount of combined wages and self-employment earnings subject to social security tax or the 6.2% portion of the 7.65% railroad retirement (tier 1) tax for 2022 **7** 147,000

**8a** Total social security wages and tips (total of boxes 3 and 7 on Form(s) W-2) and railroad retirement (tier 1) compensation. If \$147,000 or more, skip lines 8b through 10, and go to line 11 **8a** 16,515.

**b** Unreported tips subject to social security tax from Form 4137, line 10 **8b**

**c** Wages subject to social security tax from Form 8919, line 10 **8c**

**d** Add lines 8a, 8b, and 8c **8d** 16,515.

**9** Subtract line 8d from line 7. If zero or less, enter -0- here and on line 10 and go to line 11 **9** 130,485.

**10** Multiply the **smaller** of line 6 or line 9 by 12.4% (0.124) **10** 1,088.

**11** Multiply line 6 by 2.9% (0.029) **11** 254.

**12** **Self-employment tax.** Add lines 10 and 11. Enter here and on **Schedule 2 (Form 1040), line 4** **12** 1,342.

**13** **Deduction for one-half of self-employment tax.**

Multiply line 12 by 50% (0.50). Enter here and on **Schedule 1 (Form 1040), line 15** **13** 671.

**Part II Optional Methods To Figure Net Earnings** (see instructions)

**Farm Optional Method.** You may use this method **only** if **(a)** your gross farm income<sup>1</sup> wasn't more than \$9,060, **or (b)** your net farm profits<sup>2</sup> were less than \$6,540.

**14** Maximum income for optional methods **14** 6,040

**15** Enter the **smaller** of: two-thirds (2/3) of gross farm income<sup>1</sup> (not less than zero) **or** \$6,040. Also, include this amount on line 4b above **15**

**Nonfarm Optional Method.** You may use this method **only** if **(a)** your net nonfarm profits<sup>3</sup> were less than \$6,540 and also less than 72.189% of your gross nonfarm income,<sup>4</sup> **and (b)** you had net earnings from self-employment of at least \$400 in 2 of the prior 3 years. **Caution:** You may use this method no more than five times.

**16** Subtract line 15 from line 14 **16**

**17** Enter the **smaller** of: two-thirds (2/3) of gross nonfarm income<sup>4</sup> (not less than zero) **or** the amount on line 16. Also, include this amount on line 4b above **17**

<sup>1</sup> From Sch. F, line 9; and Sch. K-1 (Form 1065), box 14, code B.

<sup>2</sup> From Sch. F, line 34; and Sch. K-1 (Form 1065), box 14, code A—minus the amount you would have entered on line 1b had you not used the optional method.

<sup>3</sup> From Sch. C, line 31; and Sch. K-1 (Form 1065), box 14, code A.

<sup>4</sup> From Sch. C, line 7; and Sch. K-1 (Form 1065), box 14, code C.

**Additional Information From 2022 Federal Tax Return****Schedule C (SOFTWARE SERVICES): Profit or Loss from Business****Additional Vehicle Info****Continuation Statement**

| <b>Date Placed in Service</b> | <b>Business Miles</b> | <b>Other Miles</b> | <b>Available for Off Duty Hours?</b> | <b>Other Vehicle Available?</b> | <b>Evidence to Support Dedn?</b> |
|-------------------------------|-----------------------|--------------------|--------------------------------------|---------------------------------|----------------------------------|
| 11/11/2022                    | 1,800                 | 1,000              | Yes                                  | No                              | No                               |
| 03/01/2022                    | 3,800                 | 1,200              | Yes                                  | No                              | No                               |