Form **8879**

(Rev. January 2021)

Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.

► Go to www.irs.gov/Form8879 for the latest information.

OMB No. 1545-0074

Submi	ission Identification Number (SID)		
Taxpaye	er's name	Social securit	y number
SRA	VAN MUPPAVARAPU	895-91-	-4386
Spouse'	's name	Spouse's soc	ial security number
DEV:	- •	821-69-	
Part	Tax Return Information — Tax Year Ending December 31, 202	2 (Enter year you a	re 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		1 139,940.
2	Total tax		2 16,311.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3 17,831.
4	Amount you want refunded to you		4 1,520.
5	Amount you owe		5
Part	II Taxpayer Declaration and Signature Authorization (Be sure you g	et and keep a cop	y of your return)
return (to send for any Agent t paymer authori paymer busines taxes t person	owledge and belief, it is true, correct, and complete. I further declare that the amounts in I (original or amended) I am now authorizing. I consent to allow my intermediate service provided my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reast of delay in processing the return or refund, and (c) the date of any refund. If applicable, I author to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution acent of my federal taxes owed on this return and/or a payment of estimated tax, and the financial ization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to the intermediate the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancel so days prior to the payment (settlement) date. I also authorize the financial institutions involute to receive confidential information necessary to answer inquiries and resolve issues relate that it is a supplication number (PIN) below is my signature for the income tax return (original or amounts of the payment Consent.	er, transmitter, or electroson for rejection of the trorize the U.S. Treasury are account indicated in the tall institution to debit the present the authorizal lation requests must be eved in the processing of d to the payment. I furt	onic return originator (ERO) ansmission, (b) the reason of its designated Financial ax preparation software for entry to this account. This ation. To revoke (cancel) as received no later than 2 the electronic payment of her acknowledge that the
	ayer's PIN: check one box only		
X		generate my PIN $\frac{1}{2}$	
	ERO firm name signature on the income tax return (original or amended) I am now authorizing.	ž Ent	er five digits, but n't enter all zeros
	I will enter my PIN as my signature on the income tax return (original or amende if you are entering your own PIN and your return is filed using the Practitioner below.		
Your s	signature ►Sravan Muppavarapu	Date ►03/01/	/2023
Spaus	no!a DINI ahaak ana hay ank		
. –	se's PIN: check one box only	DIN O	4 0 1 0
×	I authorize GLOBAL TAXES LLC to enter or o	generate my PIN 9	4 9 1 0 as my
	signature on the income tax return (original or amended) I am now authorizing.		n't enter all zeros
	I will enter my PIN as my signature on the income tax return (original or amende if you are entering your own PIN and your return is filed using the Practitioner below.		
Spous	se's signature ▶ Devi Ravaipati	Date > 03/01/202	3
	Practitioner PIN Method Returns Only—continu	e below	
Part	Certification and Authentication — Practitioner PIN Method Only		
ERO's	s EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.		6 6 1 9 8 9 er all zeros
authori	y that the above numeric entry is my PIN, which is my signature for the electronic individual ized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I ements of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS <i>e-file</i> Pro	am submitting this retu	rn in accordance with the
FRO's	s signature ►	Date ▶	
	ERO Must Retain This Form — See Instruc		
	=		

Don't Submit This Form to the IRS Unless Requested To Do So

E 1040 Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Return

2022

OMB No. 1545-007

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

Filing Status Check only	s 🗌 s	Single X Married filing jointly	Marrie	ed filing separately (MFS)	Head of	household (HOI	H) [fying survivse (QSS)	ving
one box.	-	u checked the MFS box, enter the noon is a child but not your dependent	-	our spouse. If you o	check	ed the HOH or	QSS box, ente	er the o	•	` ,	qualifying
Your first name	and mi	ddle initial	Last nar	me				Y	our soc	ial security	number
SRAVAN			MUPP.	AVARAPU				8	95-9	1-4386	
If joint return, s	pouse's	first name and middle initial	Last nar	me				s	pouse's	social secu	ırity number
DEVI (2		RAVI	PATI				8	21-6	9-4910	
Home address	(numbe	er and street). If you have a P.O. box, see	instructio	ons.			Apt. no.	P	residen	tial Election	n Campaign
1690 FM4	123						# 2311			ere if you, o	
City, town, or p	ost offic	ce. If you have a foreign address, also co	mplete sp	paces below.	Sta	te	ZIP code			f filing jointl this fund. C	
FRISCO					TX		75033			w will not c	
Foreign country	/ name		F	oreign province/state	/count	у	Foreign postal co	ode y	our tax	or refund.	
										You	Spouse
Digital Assets		ny time during 2022, did you: (a) rec ange, gift, or otherwise dispose of a	,				,			Yes	⊠ No
Standard	Som	eone can claim:	pendent	Your spous	se as	a dependent					
Deduction		Spouse itemizes on a separate retur	n or you	were a dual-status	alien						
Age/Blindness			958	Are blind Sp	ouse:	: Was bor	n before Janua			☐ Is blin	
Dependents				(2) Social securit	у	(3) Relationsh	۱۳		1	es for (see ir	
If more	(1) Fi	rst name Last name		number		to you	Child to	ax cred	it (Credit for othe	er dependents
than four dependents,										L	
see instruction:	s ——									L	
and check	, —									L	
here											
Income	1a	Total amount from Form(s) W-2, b	,	,					1a	15:	3,198.
Attack Farms(a)	b	Household employee wages not re	•	` '					1b 1c		
Attach Form(s) W-2 here. Also	C										
attach Forms	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)									
W-2G and 1099-R if tax	е	Taxable dependent care benefits from Form 2441, line 26									19.
was withheld.	f	Employer-provided adoption bene	fits from	1 Form 8839, line 29	9 .				1f		
If you did not	g	Wages from Form 8919, line 6 .							1g		
get a Form W-2, see	h	Other earned income (see instruct	,						1h		0.
instructions.	i	Nontaxable combat pay election (s	see instr	uctions)		<u>li</u>				1	0 01 11
		Add lines 1a through 1h							1z	15.	3,217.
Attach Sch. B	2a	· -	2a	170		axable interest			2b		100
if required.	3a		3a	172.		rdinary divider			3b		173.
	4a		4a			axable amoun			4b		
Standard Deduction for—	5a	-	5a				t		5b		
Single or	6a	,	6a	and the set of the set			t		6b		
Married filing separately,	c	If you elect to use the lump-sum e		·	`	,		. 📙	_	-	2 000
\$12,950	7	Capital gain or (loss). Attach Sche						. ⊔	7		3,000.
Married filing jointly or	8	Other income from Schedule 1, lin		This is your total in					8		0,450.
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7							9	13	9,940.
\$25,900	10	Adjustments to income from Sche							10	1 -	0 040
Head of household,	11	Subtract line 10 from line 9. This is	•	-					11		9 , 940.
\$19,400	12	Standard deduction or itemized		•	,				12	1 2.	5 , 900.
If you checked any box under	13	Qualified business income deduct							13	1	F 000
Standard Deduction,	14 15	Add lines 12 and 13									5 , 900.
see instructions.	10	Subtract line 14 from line 11. If Zer	o or iess	s, enter -u This is	your t	аларіе іпсот			15	1 11.	4,040.

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	16,311.
Credits	17	Amount from Schedule 2, lin	ne 3				[17	
	18	Add lines 16 and 17						18	16,311.
	19	Child tax credit or credit for	19						
	20	Amount from Schedule 3, lin	ie 8					20	
	21	Add lines 19 and 20					[21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	16,311.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21 .			23	0.
	24	Add lines 22 and 23. This is	your total tax				[24	16,311.
Payments	25	Federal income tax withheld							
-	а	Form(s) W-2							
	b	Form(s) 1099							
	С	Other forms (see instructions	s)			25c			
	d	Add lines 25a through 25c						25d	17,831.
If you have a	26	2022 estimated tax paymen	ts and amount a	pplied from 20	21 return		[26	
qualifying child,	27	Earned income credit (EIC)			No .	27	ĺ		
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, lin	ie 15			31			
	32	Add lines 27, 28, 29, and 31		32					
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments				33	17,831.
Refund	34	If line 33 is more than line 24						34	1,520.
neiuliu	35a	Amount of line 34 you want	refunded to you	ı. If Form 8888	is attached, che	ck here	. 🗆 İ	35a	1,520.
Direct deposit?	b	Routing number 0 6 4	0 0 0 0	2 0	c Type:	Checking :	Savings		
See instructions.	d	Account number 4 4 4	0 1 6 5	6 4 5 5	5 2		-		
	36	Amount of line 34 you want	applied to your	2023 estimate	ed tax	36			
Amount You Owe	37	Subtract line 33 from line 24 For details on how to pay, g						37	
	38	Estimated tax penalty (see in	•	-		38			
Third Party Designee		you want to allow another	person to disc	cuss this retu	n with the IRS?		omplete be	elow.	X No
Designee		signee's		Phone			onal identific		
		me me		no.		numl	oer (PIN)		
Sign		der penalties of perjury, I declare tief, they are true, correct, and com			1 , 0		,		, ,
Here	Yo	ur signature		Date	Your occupation		Protec	ction Pl	nt you an Identity N, enter it here
Joint return?					SOFTWARE	ENGINEER	(see ir	ıst.)	
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, I	ooth must sign.	Date	Spouse's occupa	tion			nt your spouse an
your records.					COEMINADE	(see in		ection PIN, enter it here	
		SOFTWAKE ENGINEER						,	
		one no. (559) 589-493 eparer's name	∠ Preparer's signat	Email address	SKAVANDKING	GDOM@GMAIL.CO Date	PTIN		Check if:
Paid		•	l		רווסחה החדד איי			702	Self-employed
Preparer		SYAM PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 02/28/2023 P02082							
Use Only	Firm's name GLOBAL TAXES LLC Phor Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816 Firm'								678) 965-9522
				MOMICK N			Firm's	EIIN	84-3171965
Go to www.irs.g	ov/Forn	n1040 for instructions and the late	st information.		BAA	REV 02/24/23 PRO			Form 1040 (2022)

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074 Attachment Sequence No. 01

Department of the Treasury Internal Revenue Service

Attach to Form 1040, 1040-SR, or 1040-NR. Go to www.irs.gov/Form1040 for instructions and the latest information.

Name	s) shown on Form 1040, 1040-SR, or 1040-NR		Your so	cial s	ecurity number
SRAV	AN MUPPAVARAPU & DEVI C RAVIPATI		895-9	1-43	86
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. Att	ach Schedule	E.	5	-10,450.
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			
k	Stock options	8k			
ı	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				
	instructions)	8m			
	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)	8q 8r			
r	Scholarship and fellowship grants not reported on Form W-2	or			
S	Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d	8s (١		
	Pension or annuity from a nonqualifed deferred compensation plan or	05 (,		
t	a nongovernmental section 457 plan	8t			
u	Wages earned while incarcerated	8u			
z	Other income. List type and amount:	00			
_	other meeting. List type and amount.	8z			
9	Total other income. Add lines 8a through 8z			9	

Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8

-10,450.

Schedule 1 (Form 1040) 2022 Page **2**

Par	II Adjustments to Income			
11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-ba			
	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)	a		
b	Deductible expenses related to income reported on line 8l from the			
	rental of personal property engaged in for profit	0		
С	Nontaxable amount of the value of Olympic and Paralympic medals			
	and USOC prize money reported on line 8m			
d	Reforestation amortization and expenses	d		
е	Repayment of supplemental unemployment benefits under the Trade			
	Act of 1974			
f	Contributions to section 501(c)(18)(D) pension plans			
g	Contributions by certain chaplains to section 403(b) plans 249	9		
h	Attorney fees and court costs for actions involving certain unlawful	_		
	discrimination claims (see instructions)	1		
- 1	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			
	Housing deduction from Form 2555	-		
l J	Excess deductions of section 67(e) expenses from Schedule K-1 (Form	J		
k	1041)			
z	Other adjustments. List type and amount:	`		
~	0.4	7		
25	Total other adjustments. Add lines 24a through 24z		25	
25 26	Add lines 11 through 23 and 25. These are your adjustments to income . Er		20	
20	Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a		26	
		<u> </u>		

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 Sequence No. 12

Department of the Treasury 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 895-91-4386 SRAVAN MUPPAVARAPU & DEVI C RAVIPATI 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 (sales price) (or other basis) Form(s) 8949, Part I, combine the result whole dollars. line 2, column (g) 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 17,751. 20,381. 658. -1,972.Totals for all transactions reported on Form(s) 8949 with Box B checked 3 Totals for all transactions reported on Form(s) 8949 with Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 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 -1,972.7

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

lines	instructions for how to figure the amounts to enter on the below.	(d) Proceeds			ts from	(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, I 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	4,115.	7 , 785.	34.		-3,636.	
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 13	Net long-term gain or (loss) from partnerships, S corporate Capital gain distributions. See the instructions	` '	12 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 88 on the back	15	-3,636.				

BAA

Schedule D (Form 1040) 2022 Page 2

Part III Summary 16 Combine lines 7 and 15 and enter the result 16 -5,608. • 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 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.) • (\$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 qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a? 22 X 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.

8949

Sales and Other Dispositions of Capital Assets

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

OMB No. 1545-0074

Social security number or taxpayer identification number

895-91-4386

Department of the Treasury Internal Revenue Service

SRAVAN MUPPAVARAPU & DEVI

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

C RAVIPATI

2022	
Attachment Sequence No. 12A	

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. Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see Part I 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). (d) Cost or other basis Gain or (loss) (c) (a) (b) See the separate instructions. Date sold or Proceeds See the **Note** below Subtract column (e) Description of property Date acquired disposed of and see Column (e) (sales price) from column (d) and (Example: 100 sh. XYZ Co.) (Mo., day, yr.) (Mo., day, yr.) combine the result (see instructions) in the separate (g) Code(s) from Amount of adjustment instructions. with column (a). instructions AMERITRADE 01/01/22 | 12/31/22 625. 911. -286. ROBINHOOD SECURITIES LLC 01/01/22 | 12/31/22 17,126. 19,470. 658 -1,686. 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 17,751. 20,381. 658. -1,972.

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.

above is checked), or line 3 (if Box C above is checked) .

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 SRAVAN MUPPAVARAPU & DEVI C RAVIPATI

Social security number or taxpayer identification number 895-91-4386

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★ (E) Long-term transactions★ (F) Long-term transactions	reported on I	Form(s) 1099	-B showing bas	•	•	•)
1 (a)	(b)	(c)	(d)	(e) Cost or other basis		

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 co	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 Column (e) in the separate instructions.			from column (d) and combine the result with column (g).	
AMERITRADE	01/01/22	12/31/22	4,035.	7,582.			-3,547.	
ROBINHOOD SECURITIES LLC	01/01/22	12/31/22	80.	203.	W	34.	-89.	
2 Totals. Add the amounts in columns negative amounts). Enter each tota Schedule D, line 8b (if Box D above	al here and inc	lude on your						
above is checked), or line 10 (if Box			4,115.	7,785.		34.	-3,636.	

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

SCHEDULE E (Form 1040)

Supplemental Income and Loss

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

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

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

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

2022	
Attachment Sequence No. 13	

Name(s)	shown on return						Your soci	al security	number
SRAV	AN MUPPAVARAPU & DEVI C RAVIPATI						895-9	1-4386	5
Part	Income or Loss From Rental Real Estate an Note: If you are in the business of renting personal proper rental income or loss from Form 4835 on page 2, line 40.			c . See	instru	ctions. If you a	re an indi	vidual, rep	oort farm
	Did you make any payments in 2022 that would require you								
	f "Yes," did you or will you file required Form(s) 1099? .			• •	• •			. <u> </u>	es No
1a	Physical address of each property (street, city, state, ZIF	ode	e)						
Α	JKC COLLEGE ROAD 3RD LINE, GUNTUR AND	IRA E	PRADESH	I IN	5220	06			
В									
С									
1b	Type of Property (from list below) 2 For each rental real estate proper above, report the number of fair				Fa	ir Rental Days		nal Use nys	QJV
A	personal use days. Check the Q			Α		365		0	
В	if you meet the requirements to f			В		303			
C	qualified joint venture. See instru	ictions	6.	C					
	of Property:								
1	Single Family Residence 3 Vacation/Short-Term Ren Multi-Family Residence 4 Commercial	tal	5 Land 6 Roya	-		Self-Rental Other (descr	ibe)		
						Properti			
Incom	ie:			Α		В			С
3	Rents received	3			50.				
4	Royalties received	4							
Exper									
5	Advertising	5							
6	Auto and travel (see instructions)	6							
7	Cleaning and maintenance	7		9	50.				
8	Commissions	8							
9	Insurance	9							
10	Legal and other professional fees	10							
11	Management fees	11		1,5	50				
12	Mortgage interest paid to banks, etc. (see instructions)	12		±, o	-				
13	Other interest	13							
14	Repairs	14		3.6	00.				
15	Supplies	15		2,8					
16	Taxes	16							
17	Utilities	17		2,1	50.				
18	Depreciation expense or depletion	18							
19	Other (list)	19							
20	Total expenses. Add lines 5 through 19	20		11,1	0.0				
21	Subtract line 20 from line 3 (rents) and/or 4 (royalties). If								
	result is a (loss), see instructions to find out if you must								
	file Form 6198	21		-10,4	50.				
22	Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22	(10,45	50.)	()	()
23a	Total of all amounts reported on line 3 for all rental prope				23a		650.		
b	Total of all amounts reported on line 4 for all royalty prop				23b				
С	Total of all amounts reported on line 12 for all properties				23c				
d	Total of all amounts reported on line 18 for all properties				23d				
e	Total of all amounts reported on line 20 for all properties				23e	11	,100.		
24	Income. Add positive amounts shown on line 21. Do no						. 24		
25	Losses. Add royalty losses from line 21 and rental real estat		•		nter to	otal losses her	-	(10,450.)
26	Total rental real estate and royalty income or (loss).							,	,,
	here. If Parts II, III, IV, and line 40 on page 2 do not Schedule 1 (Form 1040), line 5. Otherwise, include this ar	apply	to you,	also er	nter th	is amount o			-10,450.
	1 1 7, 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					1 - 3	1 20		,

Child and Dependent Care Expenses

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

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form2441 for instructions and the latest information.

Attachment Sequence No. 21

Name(s)) shown on returr	1						Your so	ocial se	curity number
SRAV		AVARAPU &		C RAVIE					91-4	
require	ements listed	in the instruc	tions unde	er Married Pe	ersons Filing Se _l	our filing status is a parately. If you me	et these requirer	nents, c	heck t	this box \square
						nd you're entering				
Form 2	2441 based or	n the income i	rules listed	in the instruc	ctions under <i>If Yo</i>	ou or Your Spouse	Was a Student or	Disable	ed, che	ck this box .
Part						re—You must o				
							(d) Was the care	provider	vour	
1 (a) Care provider's name			(b) Address (number, street, apt. no., city, state, and ZIP code)		te, and ZIP code)	(c) Identifying numbe (SSN or EIN)	household emple	oyee in 20 enerally in aycare cer	22? cludes	(e) Amount paid (see instructions)
						-	Yes	□ N	0	
							Yes	□ N	0	
						-	Yes	□N	0	
		Did ye	ou receive		No	Comple	te only Part II be	ow.		
		dependent	care bene	efits?	Yes	Comple	te Part III on pag	e 2 nex	t	
be pro	ovided in 202	3, don't includit for Chil	ide these o	expenses in pendent C	column (d) of li		e the instruction	s.		
_ 2	Information a	about your qu	alifying per	son(s) . If you	u have more thar	n three qualifying po	ersons, see the in	struction	s and	check this box
	First		ng person's n	ame Last		(b) Qualifying person' social security number		was over disabled.	you in 2	Qualified expenses incurred and paid 2022 for the person sted in column (a)
3						,000 if you had one t III, enter the amo		3		
4		arned incon						4		
5						you or your spou		t		
_		•		,,	•	ount from line 4		5		0.
6		nallest of line						6		
7					r 1040-NR, line		7			
8		e 8 the decim			w that applies t	to the amount on	ine 7.			
	If line 7 is: But	not Decir		ne 7 is: But no	ot Decimal	If line 7 is: But no	t Decimal			
	Over ove			er over	amount is	Over over	amount is			
	\$0 — 15,	.3	i i	5,000—27,000		\$37,000—39,000	.23			
	15,000—17,	.3	4 27	,000—29,000		39,000-41,000		8		Х
	17,000—19,		ı	,000—31,000		41,000-43,000				
	19,000—21,			,000—33,000		43,000 – No limi	t .20			
	21,000—23,		1	3,000—35,000						
_	23,000-25,			5,000 — 37,000				_		
9a		6 by the dec				41 14		9a		
b						the instructions. I				
_					enter -o- on line	e 9b and go to line		9b		
C	Add lines 9a					ا المانية المامية		9с		
10	-				nit Worksheet in t					
11	on Schedule	e 3 (Form 104	10), line 2	are expense	es. Enter the sn	naller of line 9c or	ine to here and	11		

Form 2441 (2022) Page **2**

Part	Dependent Care Benefits		
12	Enter the total amount of dependent care benefits you received in 2022. Amounts you received as an employee should be shown in box 10 of your Form(s) W-2. Don't include amounts reported as wages in box 1 of Form(s) W-2. If you were self-employed or a partner, include amounts you received under a dependent care assistance program from your sole proprietorship or partnership	12	19.
13 14	Enter the amount, if any, you carried over from 2020 and/or 2021 and used in 2022. See instructions If you forfeited or carried over to 2023 any of the amounts reported on line 12 or 13, enter the amount. See instructions	13	
15 16	Combine lines 12 through 14. See instructions	15	19.
17 18 19	Enter the smaller of line 15 or 16		
20	for line 5). • If married filing separately, see instructions. • All others, enter the amount from line 18. Enter the smallest of line 17, 18, or 19		
21	Enter \$5,000 (\$2,500 if married filing separately and you were required to enter your spouse's earned income on line 19). If you entered an amount on line 13, add it to the \$5,000 or \$2,500 amount you enter on line 21. However, don't enter more than the maximum amount allowed under your dependent care plan. If your dependent care plan uses a non-calendar plan year, see instructions		
22	Is any amount on line 12 or 13 from your sole proprietorship or partnership? No. Enter -0 Yes. Enter the amount here	22	0.
23 24	Subtract line 22 from line 15	24	0.
25	Excluded benefits. If you checked "No" on line 22, enter the smaller of line 20 or 21. Otherwise, subtract line 24 from the smaller of line 20 or line 21. If zero or less, enter -0	25	0.
26	Taxable benefits. Subtract line 25 from line 23. If zero or less, enter -0 Also, enter this amount on Form 1040, 1040-SR, or 1040-NR, line 1e	26	19.
	To claim the child and dependent care credit, complete lines 27 through 31 below.		
27 28 29	Enter \$3,000 (\$6,000 if two or more qualifying persons)	27 28 29	
30 31	Complete line 2 on page 1 of this form. Don't include in column (d) any benefits shown on line 28 above. Then, add the amounts in column (d) and enter the total here	30	
	complete lines 4 through 11	31	

Department of the Treasury

Internal Revenue Service

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Part III

Investment Interest Expense Deduction

Go to www.irs.gov/Form4952 for the latest information. Attach to your tax return.

OMB No. 1545-0191 Attachment Sequence No. 51

Name(s) shown on return Identifying number SRAVAN MUPPAVARAPU & DEVI 895-91-4386 C RAVIPATI Part I **Total Investment Interest Expense** 1 Investment interest expense paid or accrued in 2022 (see instructions) 1 1,116. 2 2 3 **Total investment interest expense.** Add lines 1 and 2 3 1,116. Part II **Net Investment Income** Gross income from property held for investment (excluding any net gain from 173. 4a 4b 172. 4c 1. Net gain from the disposition of property held for investment 4d Enter the smaller of line 4d or your net capital gain from the disposition of property held for investment. See instructions 4e 4f 0. Enter the amount from lines 4b and 4e that you elect to include in investment income. See instructions 4g 4h 5

For Paperwork Reduction Act Notice, see page 4.

Investment Interest Expense Deduction

Investment interest expense deduction. Enter the **smaller** of line 3 or line 6. See instructions BAA

Disallowed investment interest expense to be carried forward to 2023. Subtract line 6 from line

Net investment income. Subtract line 5 from line 4h. If zero or less, enter -0-

REV 02/24/23 PRO

Form **4952** (2022)

1.

1,115.

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