### 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)

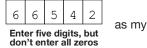
| Taxpayer's name   | Social security number          |  |  |  |  |  |  |
|---|---------------------------------|--|--|--|--|--|--|
| VENKATA PUVVADA   | 899-16-6542                     |  |  |  |  |  |  |
| Spouse's name   | Spouse's social security number |  |  |  |  |  |  |
| LAKSHMI NAGA SUSMITH ATMAKURI   | 756-83-2951                     |  |  |  |  |  |  |
| 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.                        |                                 |  |  |  |  |  |  |
| <b>1</b> Adjusted gross income  | <b>1</b> 90,521.                |  |  |  |  |  |  |
| <b>2</b> Total tax  | <b>2</b> 4,836.                 |  |  |  |  |  |  |
| 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099                                     | <b>3</b> 7,925.                 |  |  |  |  |  |  |
| 4 Amount you want refunded to you   | <b>4</b> 3,089.                 |  |  |  |  |  |  |
| 5 Amount you owe  | 5                               |  |  |  |  |  |  |

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

Under penalties of periury. 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

|              |                   |        |       | ERO firm name | _ 0 ,                        | Er |
|--------------|-------------------|--------|-------|---------------|------------------------------|----|
| X            | l authorize       | GLOBAL | TAXES | ГГС           | to enter or generate my PIN  |    |
| $\mathbf{N}$ | La subla a site a |        |       | TTO           | to out on an and out of DINI | 6  |



5 9

Enter five digits, but don't enter all zeros

1

as mv

3 2

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

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

X lauthorize GLOBAL TAXES LLC ERO firm name

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 🕨                                  | Da                                 | te 🕨 | • |  |     |     |        |         |    |   |   |   |
|---|------------------------------------|------|---|--|-----|-----|--------|---------|----|---|---|---|
| Practitioner PIN Method Returns Only—continue below   |                                    |      |   |  |     |     |        |         |    |   |   |   |
| Part III Certification and Authentication – P         | ractitioner PIN Method Only        |      |   |  |     |     |        |         |    |   |   |   |
| ERO's EFIN/PIN. Enter your six-digit EFIN followed by | your five-digit self-selected PIN. | 2    | 2 |  |     |     |        |         |    | 9 | 8 | 9 |
|   |                                    |      |   |  | Don | τen | iter a | ıll zer | os |   |   |   |

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 🕨  |
|---|---|
|   | in This Form — See Instructions<br>n to the IRS Unless Requested To Do So |
| Experies of Deductive Ast Matter second states of the | DEV/02/04/02 DDO  |

Date

to enter or generate my PIN

| Filing Statue       Single       Kil Married filing jointy       Married filing separately (MFS)       Head of household (HOH)       Couldifying surviving spontonic (HS)         One box       Tyou 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 survivors       Spontonic (HS)       Spontonic (HS)         Your the name and middle initial       Last name       Your spontonic seciel security number       Spontonic Seciel security number         LANSINT NAGA       Storage Seciel security number       Spontonic Seciel security number       Spontonic Seciel security number         LANSINT NAGA       Storage Seciel security number       Spontonic Seciel security number       Spontonic Seciel security number         LANSINT NAGA       Storage Seciel security number       Spontonic Seciel security number       Spontonic Seciel security number         LANSINT NAGA       Storage Seciel security number       Spontonic Seciel security number       Spontonic Seciel security number         LANSINT NAGA       Storage Seciel security number       Spontonic Seciel security number       Spontonic Seciel security number         LANSINT NAGA       Storage Seciel security number       Spontonic Seciel security number       Spontonic Seciel security number         LANSINT NAGA       Storage Seciel security number       Spontonic Seciel security number       Spontonic Seciel security number   | <b>1040</b>         |              | artment of the Treasury–Internal Revenue Servi<br><b>S. Individual Income Tax</b> |  | urn         | 202                 | 22    | OMB No. 1545    | -0074  | IRS Us    | e Only- | —Do not v    | rite or staple | in this space. |
|--|---------------------|--------------|---|--|-------------|---------------------|-------|-----------------|--------|-----------|---------|--------------|----------------|----------------|
| LVENKATA         PUVVADA         899-16-654.2           If joint return, spouse's first name and middle initial<br>LAKSHIN NACA SUSMITH         Ant name         Spouse's social security number<br>address (number not street), if you have a D.O. box, see instructions.         Apt. no.         Presidential Election Campaign<br>spouse if filing jointly, want 3b<br>to the funct. Checking a<br>province/strate/county         Presidential Election Campaign<br>spouse if filing jointly, want 3b<br>to the funct. Checking a<br>province/strate/county         Presidential Election Campaign<br>spouse if filing jointly, want 3b<br>to the funct. Checking a<br>province/strate/county         Presidential Election Campaign<br>spouse if filing jointly, want 3b<br>to the funct. Checking a<br>province/strate/county           Digital<br>Assets         At any time during 2022, did you: (a) receive (as a revard, avard, or payment for property or services); or (b) sell,<br>exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions)         Ves Zi No           Standard         Socues itemizes on a separate return or you were a dual-status allen         Socues:         Ves Som before January 2, 1958         Is blind           Dependents,<br>see instructions;         (f) First name         Law and<br>prove         (g) Palatoniat         (g) Check the box if qualifies for (see instructions)         Id           If and anount from Form(s) W-2, box 1 (see instructions)         Id         Id         Id         Id           If and anount from Form(s) W-2, box 1 (see instructions)         Id         Id         Id  | Check only          | lf yo        | u checked the MFS box, enter the n  | ame of y   | -           |                     |       |                 |        |           |         | spo          | use (QSS)      | -              |
| If joint etum, spouse's first nume and middle initial       Last nume       poses's social security number         LAKSHMI NAGA SUSMITE!       ATMAXURI       756-83-2951         Presidential Election Campaign       2014       Check here if you, or your         2515 JOHN EPEPES RD       20       Check here if you, or your works a foreign address, also complete spaces below.       State       20171       Check here if you, or your works a foreign address, also complete spaces below.       State       20171       Check here if you, or your works or foreign province/state/county       Foreign country name       Foreign province/state/county       Foreign province/state/county       Foreign country name       You       Spouse         Standard       Someone can claim:       You sa a dependent       You spouse as a dependent       You spouse as a dependent       You spouse as a dependent         Beduction       Spouse itemizes on a separate return or you were a dual-status alien       Age/Bindness       Yes       Ne       Ne         Age/Bindness       You is passe and province/state/county       (P Detectine box if qualities for fee instructions);       (P Detectine box if qualities for fee instructions);       If a 106, 385.         If more       If a total amount from Form(s) W-2, box 1 (see instructions).       If a 10, 385.       If a 0, 385.       If a 0, 385.         If or or alanount from Form(s) W-2, box 1 (see instructions). <td< td=""><td>Your first name</td><td>and mi</td><td>iddle initial</td><td>Last na</td><td>me</td><td></td><td></td><td></td><td></td><td></td><td></td><td>Your so</td><td>cial securi</td><td>ty number</td></td<>   | Your first name     | and mi       | iddle initial   | Last na  | me          |                     |       |                 |        |           |         | Your so      | cial securi    | ty number      |
| LARSHIT NAGA SUSMITH     ATMAKURI     756-83-2951       Home address (number and steed, If you have a P.O. box, sex instructions.     Apt. no.     Precidential Election Campaign       2115     JOINN, or post office. If you have a foreign address, also complete spaces below.     State     ZIP code     spouse if filing joinity, want 39       Foreign country name     Foreign province/state/county     Foreign province/state/county     Foreign postal code     you tax or infund.       Digital As any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell.     You     Spouse       Standard     Someone can claim:     You as a dependent     Yes     No       Deduction     Spouse itemizes on a separate return or you were a dual-status allen     Ape/Elindhess     Yes     No       Cale instructions):     Were born before January 2, 1958     Are blind     Spouse:     Was born before January 2, 1958     Is blind       Dependents     (see instructions):     (1) First name     nother     You     Spouse:     Rol addition of the dependents       In concore     In a Total amount from Form(s) W-2, box 1 (see instructions)     1a     Total amount from Form(s) W-2, soci 1 (see instructions)     1a     Total of (38.5, 1.5.)       In concore     1a     Total amount from Form(s) W-2, box 1 (see instructions)     1a     Total (38.5, 2.5.)     Total amount from Form(s) W-2,   | VENKATA             |              |   | PUVV   | ADA         |                     |       |                 |        |           |         | 899-         | 16-654         | 2              |
| Home address (number and street). If you have a P.O. box, see instructions.         Apt. no.         Prevalential Election Campaign 22:15         OPC         Prevalential Election Campaign 20:24         Chock hare if you or your concerts the Chock hare if you or your tax or reference.         Prevalential Election Campaign 20:25.         Prevalential Election Campaign 20:   | If joint return, sp | ouse's       | s first name and middle initial   | Last na  | me          |                     |       |                 |        |           |         | Spouse       | 's social se   | curity number  |
| 2515       JOEN       EPEES RD       204       Check here if You, or you       Check here if You, or you       Direck here if You, or you       Direck here if You, you have a foreign address, also complete spaces below.       Yu       ZD Check here if You, you have a foreign address, also complete spaces below.       Yu       ZD Check here if You, or you       Direck here if You, or you       Direck here if You, or you       To explore if filling ployte, want 35 or go to this fund. Checking a to below will not change your tax or refurd.         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)? (Be instructions).       Yes       No         Standard       Socies can cancer if you, or you were a dual-status allen       Dependents (see instructions):       Yes       No         Age/Bindness You:       Were born before January 2, 1958       I be bind       Dependents (see instructions):       (Pint market in the payments in a digital asset)?       Check here instructions):       Immoder       Immoder<  | LAKSHMI             | NAG          | A SUSMITH   | ATMA   | KURI        |                     |       |                 |        |           |         | 756-         | 83-295         | 1              |
| Dirty, town, or post office. If you have a foreign address, also complete spaces below.       State       ZIP code       spouse if filing jointly, want S3 tog to this fund. Checking a tog to this fund. Checking a box below will not change a box below will not the dependent change box box box box below below will not the dependent chan   | Home address (      | numbe        | er and street). If you have a P.O. box, see                                       | instructi  | ons.        |                     |       |                 | A      | Apt. no.  |         | Preside      | ntial Electi   | on Campaigr    |
| City, tow, or post office. If you have a foreign address, also complete spaces below.       Sate       ZP code       spouse if filing jointly, want S3 tog to this fund. Checking a box below will not change a box below will not change a box below will not change a box below will not change.         Foreign country name       Foreign province/state/country       Foreign province/   | 2515 ЈОН            | N EI         | PPES RD   |  |             |                     |       |                 | 2      | 204       |         |              |                |                |
| IEERNON       VA       2011       box below will not change <sup>-</sup> Foreign province/stativourity       Foreign province/stativourity       Foreign province/stativourity       box below will not change <sup>-</sup> Digital       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       No         Standard       Someone can claim:       \over you as a dependent       Your spouse as a dependent       Othors as a dependent         Deduction       Spouse itemizes on a separate return or you were a dual-status alien       Age/Bindness       Othors the box if qualifies for (see instructions);         If more       (1) First name       Last name       number       (a) Check the box if qualifies for (see instructions);         If more       (1) First name       Last name       number       (b) Daught e z       (a) Check the box if qualifies for (see instructions);         If more       (1) First name       Last name       number       (b) Daught e z       (c) Item comported on form(s) W-2, box 1 (see instructions);       Ia       10 (a, 235.)         Inter.       1       Total amount from Form(9, W-2, box 1 (see instructions);       Ia       10 (a, 235.)       Ia         V-2 see       Interverse       Ia   | -                   |              |   | mplete s   | paces belo  | ow.                 | Sta   | ite             |        |           |         |              |                |                |
| Foreign country name       Foreign province/state/county       Foreign postal code       your tax or refund.         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.)       Ives       No         Standard       Someone can calim:       You as a dependent       You as a dependent       Ives       No         Deduction       Someone can calim:       You as a dependent       You as a dependent       You as a dependent       You as a dependent         Dependents       (see instructions):       Ives born before January 2, 1958       Are blind       Spouse:       Was born before January 2, 1958       Is blind         Dependents       (see instructions):       (I) First name       Last name       Ives of the other dependent       You       Standard       Standard<  | HERNDON             |              |   |  |             |                     | V     | A               | 201    | 71        |         | •            |                | 0              |
| Assets       exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.)       ↓ Yes       ⊠ No         Standard       Someone can claim:       \operatorname       <  | Foreign country     | name         |   | 1  | Foreign pro | ovince/state        | coun  | ty              | Foreig | in postal | code    |              | k or refund    | `              |
| Standard<br>Deduction       Someone can claim:       You as a dependent       Your spouse as a dependent         Age/Blindness       You:       Were born before January 2, 1958       Are blind       Spouse:       Was born before January 2, 1958       Is blind         Age/Blindness       You:       You spouse as a dependent       Your spouse as a dependent       Your spouse as a dependent         Age/Blindness       You:       Were born before January 2, 1958       Are blind       Spouse:       Was born before January 2, 1958       Is blind         Dependents       (see instructions):       (1) First name       Last name       Immeter       (2) Relationship       (4) Check the box if qualifies tor (see instructions):       Child tax credit       Credit for other dependent:         Income       Inta Total amount from Form(s) W-2, box 1 (see instructions)       Inta 10 6, 385.       Ib       Into 0, 385.         Income       Ia       Total amount from Form(s) W-2, box 1 (see instructions)       Id       Id       Id         Ver2 here. Also       Household employee wages not reported on Form(s) W-2 (see instructions)       Id       Id       Id       Id         Ver2 here. Also       Green Form S019, line 6       Id       Id       Id       Id       Id         Ver2 here. Also       Green Form S019, line 6       Id  |                     |              |   |  |             |                     |       |                 | •      |           | ,       | . ,          | Yes            |                |
| Deduction       Spouse itemizes on a separate return or you were a dual-status alien         Age/Blindness       You:       Ware born before January 2, 1958       Are blind       Spouse:       Was born before January 2, 1958       Is blind         Dependents       (see instructions):       (f) First name       Last name       (f) Steatineship       (f) Chiet the box if qualifies for (see instructions):       Chiet the social security       (g) Relationship       (g) Relationship<   |                     |              |   |  |             |                     |       |                 | 40001) | . (0001   | notra   | 0110110.)    |                |                |
| Dependents<br>fmore<br>than four<br>dependents,<br>see instructions):       (2) Social security<br>number       (3) Relationship<br>to you       (4) Check the box if qualifies for (see instructions):<br>Child tax credit       Credit for other dependent<br>accent to you         HARATHI LAKSHMI PUVVADA       954-91-5004       Daughter       Image:<br>Child tax credit       Credit for other dependent<br>accent to you         BARATHI LAKSHMI PUVVADA       954-91-5004       Daughter       Image:<br>Child tax credit       Credit for other dependent<br>accent to you         Income<br>here       1a       Total amount from Form(s) W-2, box 1 (see instructions)       1a       106, 385.         Income<br>wex tribuled       1a       Total amount from Form(s) W-2, box 1 (see instructions)       1a       106, 385.         Match Form(s)       V-2 area, Also<br>attach Forms       Household employee wages not reported on Form(s) W-2 (see instructions)       1a       106, 385.         Medicald waiver payments not reported on Form(s) W-2 (see instructions)       1d       Image:<br>Medicald waiver payments not reported on Form S0 W-2 (see instructions)       1d         W-2, see<br>instructions.       Image:<br>Formation form S0H9 line 6       Image:<br>See instructions)       1d       Image:<br>See instructions)       1d         W-2, see<br>instructions.       Image:<br>Formation form Schedule 1, line 26       1d       Image:<br>See instructions)       1d         W-2, see<br>instructions.       Image:<br>Formation for  |                     |              |   | •  |             | •                   |       | •               |        |           |         |              |                |                |
| Dependent       (1) First name       Last name       Introduction       Child tax credit       Credit for other dependents         than four       HARAFHT LAKSHIT       PUVVADA       954-91-5004       Daughter       Image: Construction       Ima  | Age/Blindness       | You:         | : 🗌 Were born before January 2, 1   | 958  | Are bli     | nd Sp               | ouse  | : 🗌 Was bor     | n befo | ore Janu  | ary 2   | 2, 1958      | 🗌 ls b         | lind           |
| If more<br>than four<br>dependents,<br>see instructions<br>and check<br>here       Image Table Book Lasse<br>PUVVADA       954-91-5004       Daughter       Image Table<br>Book Lasse<br>PUVVADA       Image Table<br>PUVVADA         Income<br>here       Image Table Book Lasse<br>PUVVADA       423-71-1790       Daughter       Image Table<br>Pup Calce<br>Pup C | Dependents          | (see         | instructions):  |  | (2) S       | ocial securi        | ty    |                 | ip (4  | ) Check   | the bo  | ox if quali  | fies for (see  | instructions): |
| dependents, see instructions       BWT SIML BECR LASSEL PUVVADA       423-71-1790       Daughter       Image: second structure  | If more             | <b>(1)</b> F | irst name Last name   |  |             | number              |       | to you          |        | Child     | tax cr  | edit         | Credit for ot  | her dependent  |
| see instructions       Bala Bala Bala Alastin POVVADA       423-71-1790       Daughter       Image: Comparison of the compari  |                     | HAAR         | ATHI LAKSHMI PUVVADA  |  | 954-        | -91-50              | )4    | Daughter        |        |           |         |              |                | ×              |
| and check       here   |                     | BHAVY S      | SRISAI BHAGYA LAKSHMI PUVVADA   |  | 423-        | -71-17              | 90    | Daughter        |        |           | ×       |              |                |                |
| Income       1a       Total amount from Form(s) W-2, box 1 (see instructions)       1a       106, 385.         Attach Form(s)       b       Household employee wages not reported on Form(s) W-2.       1b         Attach Form(s)       C       Tip income not reported on line 1a (see instructions)       1c         W-2 Area, Asia       Medicaid waiver payments not reported on Form(s) W-2 (see instructions)       1d         W-2 Area       Medicaid waiver payments not reported on Form (S) W-2 (see instructions)       1d         W-2 Area       f       Employer-provided adoption benefits from Form 2441, line 26       1e         If you did not       get a Form       Wages from Form 8919, line 6       1g       1g         get a Form       h       Other eamed income (see instructions)       1h       0.         W-2, see       in Nontaxable combat pay election (see instructions)       1h       0.         W-2, see       in Radisributions       1a       106, 385.         ztach Sch. B       2a       Tax-exempt interest       1a       2b       37.         Add lines 1a through 1h       .       .       .       .       .       .         Beduction for       5a       Densions and annuities       .       .       .       .       .       . <t< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></t<>  |                     |              |   |  |             |                     |       |                 |        |           |         |              |                |                |
| Itechnic       b       Household employee wages not reported on Form(s) W-2       1b         Attach Forms       c       Tip income not reported on line 1a (see instructions)       1c         W-2 here.Also       d       Medicaid waiver payments not reported on Form(s) W-2 (see instructions)       1d         W-26 and       e       Taxable dependent care benefits from Form 2441, line 26       1d         Wages from Form 8919, line 6       1g       1g         get a Form       h       Other earned income (see instructions)       1h       0.         W-2, see       i       Nontaxable combat pay election (see instructions)       1i       1       1         get a Form       h       Other earned income (see instructions)       1i       1  | here                |              |   |  |             |                     |       |                 |        |           |         |              |                |                |
| b       Household employee wages not reported on Form(s) W-2.       1b         M2 here. Also<br>attach Forms       C       Tip income not reported on line 1a (see instructions)       1c         W-2 Rand       Medicaid waiver payments not reported on Form(s) W-2 (see instructions)       1d         W-2 Rand       e       Taxable dependent care benefits from Form 2441, line 26       1e         109-R if tax       f       Employer-provided adoption benefits from Form 8839, line 29       1f         was withheld.       g       Wages from Form 8919, line 6       1g         get a Form       h       Other earned income (see instructions)       1l         was withheld.       g       Wages from Form 8919, line 6       1g         get a Form       h       Other earned income (see instructions)       1l         w2-2, see       i       Nontaxable combat pay election (see instructions)       1t         w2-2, see       is Nontaxable combat pay election (see instructions)       1t       1d         M2-2, see       is Nontaxable combat pay election (see instructions)       1z       106, 385.         ztach Sch. B       za       Tax-exempt interest       2a       b       Dratable amount       4b         Standard       Gocial security benefits       Ga       Social security benefits <t< td=""><td>Income</td><td>1a</td><td>Total amount from Form(s) W-2, b</td><td>ox 1 (se</td><td>e instruct</td><td>ions) .</td><td></td><td></td><td></td><td></td><td></td><td>. 1a</td><td>1</td><td>06,385.</td></t<>   | Income              | 1a           | Total amount from Form(s) W-2, b  | ox 1 (se   | e instruct  | ions) .             |       |                 |        |           |         | . 1a         | 1              | 06,385.        |
| W-2 here. Also<br>attach Forms       Implification for regorded on mit algoed instructions)       Implification for the regorded on form(s)       Implification form(s)  |                     | b            | Household employee wages not re   | eported  | on Form     | (s) W-2 .           |       |                 |        |           |         | . 1b         | )              |                |
| attach Forms       d       Medicaid waiver payments not reported on Form(s) W-2 (see instructions)       11         W-2G and<br>1099-R if tax       e       Taxable dependent care benefits from Form 2441, line 26       1e         1099-R if tax       f       Employer-provided adoption benefits from Form 8839, line 29       11         Wages from Form 8919, line 6       .       1g         get a Form       h       Other earned income (see instructions)       11         W-2, see       i       Nontaxable combat pay election (see instructions)       1i         instructions.       z       Add lines 1a through 1h       12       106, 385.         Attach Sch. B       2a       Tax-exempt interest       2b       37.         Bedication for       6a       Na distributions       4a       b       5b         Standard       Social security benefits       6a       b       Taxable amount       5b         Social security benefits       6a       b       Taxable amount       5b         Married filing separately       6       C       Fequired. If not required, check here       7       -3,000.         Married filing separately       7       Capital gain or (loss). Attach Schedule D if required. If not required, check here       10       9       9,2,521.   |                     | С            | Tip income not reported on line 1a (see instructions)                             |  |             |                     |       |                 | . 10   | ;         |         |              |                |                |
| 1099-R if tax<br>was withheld.       f       Employer-provided adoption benefits from Form 8839, line 29       11         If you did not<br>get a Form<br>W-2, see<br>instructions.       g       Wages from Form 8919, line 6       11         W-2, see<br>instructions.       i       Nontaxable combat pay election (see instructions)       11       11         W-2, see<br>instructions.       i       Nontaxable combat pay election (see instructions)       11       12       106, 385.         Attach Sch. B       2a       Tax-exempt interest       2a       b       57.         4d       IRA distributions       4a       b       58.         5a       g       b       Taxable amount       4b         5a       social security benefits       6a       b       Taxable amount       6b         Standard Deduction for       a       Social security benefits       6a       b       Taxable amount       6b         Standard Deduction for       c       if you elect to use the lump-sum election method, check here (see instructions)       7       -3,000.         Standard Deduction for       c       if you elect to use the lump-sum election method, check here (see instructions)       10         Standard Deduction for       social security benefits       6a       -12,959.         Standard fling g   |                     | d            | Medicaid waiver payments not rep  | aid waiver payments not reported on Form(s) W-2 (see instructions) |             |                     |       |                 |        | . 10      | 1       |              |                |                |
| was withheld.       f       Employer-provided adoption benefits from Form 8839, line 29       11         If you did not get a form       m       Wages from Form 8919, line 6       1g         get a form       h       Other earned income (see instructions)       1h       0.         W-2, see       i       Nontaxable combat pay election (see instructions)       1i       1h       0.         W-2, see       i       Nontaxable combat pay election (see instructions)       1i       1z       106, 385.         Z       Add lines 1a through 1h       1       1z       106, 385.       2b       37.         Attach Sch. B       2a       Qualified dividends       3a       29.       b       Taxable interest       2b       37.         4a       IRA distributions       4a       b       Taxable amount       4b       5b         Deduction for-       6a       Social security benefits       6a       b       Taxable amount       7       -3,000.         Single or       If you elect to use the lump-sum election method, check here (see instructions)       7       -3,000.       8       -12,959.         * Maried fling jointly or Qualifying       Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9       90,521.       10       -25,900   |                     | е            | Taxable dependent care benefits f   | ndent care benefits from Form 2441, line 26                        |             |                     |       |                 |        | . 1e      | •       |              |                |                |
| In you of No. Image: a Form   W-2, see in Nontaxable combat pay election (see instructions)   instructions. Image: a Form   X W-2, see   instructions. Image: a Form   X Add lines 1a through 1h   X Y   X Add lines 1a through 1h   X Y   X Y   X Add lines 1a through 1h   X Y   X   |                     | f            | Employer-provided adoption bene   | fits fron  | n Form 88   | 339, line 2         | э.    |                 |        |           | • •     | . <b>1</b> f |                |                |
| W-2; see<br>instructions.       i       Nontaxable combat pay election (see instructions)       1i         Attach Sch. B       2a       Add lines 1 a through 1h       106, 385.         Attach Sch. B       2a       Tax-exempt interest       2b       37.         if required.       3a       Qualified dividends       3a       29.       b       Ordinary dividends       3b       58.         4a       IRA distributions       4a       b       Dotatable amount       4b       5b         5a       Pensions and annuities       5a       b       Taxable amount       5b       6b         5a       Pensions and annuities       5a       b       Taxable amount       5b       6b         5a       Social security benefits       6a       b       Taxable amount       5b       6b         512,950       r       Capital gain or (loss). Attach Schedule D if required. If not required, check here       7       -3,000.       8       -12,959.         9       90,521.       9       90,521.       10       25,900.       11       90,521.         14 you checked       13       Subtract line 10 from line 9. This is your adjusted gross income       11       90,521.       10         9       90,521.  | lf you did not      | g            | Wages from Form 8919, line 6 .  |  |             |                     |       |                 |        |           | • •     | . 10         | 1              |                |
| Instructions.       Image of the struction of the structure of the s   | -                   | h            | Other earned income (see instruct   | ions)  |             |                     |       |                 | · ·    |           | • •     | . <u>1</u> h | 1              | 0.             |
| Attach Sch. B       2a       Tax-exempt interest       2a       b       Taxable interest       2b       37.         if required.       3a       Qualified dividends       3a       29.       b       Ordinary dividends       3b       58.         4a       IRA distributions       4a       b       Taxable amount       4b       4b         Standard Deduction for-       5a       Pensions and annuities       5a       5a       b       Taxable amount       5b         6a       Social security benefits       6a       b       Taxable amount       5b         6a       Social security benefits       6a       b       Taxable amount       5b         7       Capital gain or (loss). Attach Schedule D if required. If not required, check here       7       7.3,000.         8       -12,959.       9       9.0,521.       9       9.0,521.         10       1       Subtract line 10 from line 9. This is your adjusted gross income       11       90,521.         11       90,521.       11       90,521.       12       25,900.         11       90,521.       11       90,521.       12       25,900.         11       90,521.       11       90,521.       12       25,   |                     | i            | Nontaxable combat pay election (s   | see insti  | ructions)   |                     |       | <b>1</b> i      |        |           |         |              |                |                |
| if required.       3a       Qualified dividends       3a       29.       b       Ordinary dividends       3b       58.         4a       IRA distributions       4a       b       Taxable amount       4b       4b         5a       Pensions and annuities       5a       b       Taxable amount       5b       5b         6a       Social security benefits       6a       b       Taxable amount       5b       5b         • Single or<br>Married filing<br>separately,<br>\$12,950       r       Capital gain or (loss). Attach Schedule D if required. If not required, check here       7       -3,000.         8       Other income from Schedule 1, line 10  |                     | z            | Add lines 1a through 1h   | • •  |             | · · ·               |       |                 |        |           | • •     | . 1z         | : 10           |                |
| 4a       IRA distributions       4a       b       Taxable amount       4b         Standard Deduction for-<br>Deduction for-<br>Single or<br>Married filing separately,<br>\$12,950       5a       b       Taxable amount       5b         6a       Social security benefits       6a       b       Taxable amount       5b         6b       Standard Deduction for-<br>Married filing separately,<br>\$12,950       6a       b       Taxable amount       5b         7       Capital gain or (loss). Attach Schedule D if required. If not required, check here       5       7       -3,000.         8       Other income from Schedule 1, line 10       6       8       -12,959.       9       90,521.         9       90,521.       10       Adjustments to income from Schedule 1, line 26       10       11       90,521.         10       Subtract line 10 from line 9. This is your adjusted gross income       11       90,521.       11       90,521.         11       Subtract line 10 from line 9. This is your adjusted gross income       12       25,900.       13       14       25,900.         14       Add lines 12 and 13       14       25,900.       15       14       25,900.       15       64,621  |                     | <b>2</b> a   | Tax-exempt interest   | 2a   |             |                     | bΤ    | axable interes  | t.     |           | • •     | . 2b         | )              |                |
| Standard Deduction for-       5a       Pensions and annuities  | if required.        | 3a           | Qualified dividends   | 3a   |             | 29.                 | b     | Ordinary divide | nds .  |           | • •     | . 3b         | )              | 58.            |
| Deduction for-       6a       Social security benefits       6a       b       Taxable amount       6b         • Single or<br>Married filing<br>separately,<br>\$12,950       r       Gapital gain or (loss). Attach Schedule D if required. If not required, check here       7       -3,000.         • Married filing<br>jointly or<br>Qualifying<br>surviving spouse,<br>\$25,900       8       Other income from Schedule 1, line 10       7       -3,000.         • Head of<br>household,<br>\$19,400       10       Adjustments to income from Schedule 1, line 26       9       90,521.         • If you checked<br>any box under<br>Standard       12       Standard deduction or itemized deductions (from Schedule A)       12       25,900.         • If you checked<br>any box under<br>Standard       13       Qualified business income deduction from Form 8995 or Form 8995-A       13         • Head of<br>household,<br>\$29,000.       13       Qualified business income deduction from Form 8995 or Form 8995-A       13         • If you checked<br>any box under<br>Standard       14       25,900.       14   |                     | 4a           |   | 4a   |             |                     |       |                 |        |           | • •     | . 4b         | )              |                |
| <ul> <li>Single or<br/>Married filing<br/>separately,<br/>\$12,950</li> <li>Married filing<br/>jointy or<br/>Qualifying<br/>surviving spouse.<br/>\$25,900</li> <li>Head of<br/>household,<br/>\$19,400</li> <li>Head of<br/>household,<br/>\$19,400</li> <li>Id Subtract line 10 from line 9. This is your adjusted gross income</li> <li>Id Subtract line 10 from line 9. This is your adjusted gross income</li> <li>Id Subtract line 10 from line 9. This is your adjusted gross income</li> <li>Id Subtract line 10 from line 9. This is your adjusted gross income</li> <li>Id Subtract line 10 from line 9. This is your adjusted gross income</li> <li>Id Subtract line 10 from line 9. This is your adjusted gross income</li> <li>Id Subtract line 10 from line 9. This is your adjusted gross income</li> <li>Id Subtract line 10 from line 9. This is your adjusted gross income</li> <li>Id Subtract line 10 from line 9. This is your adjusted gross income</li> <li>Id Subtract line 10 from line 9. This is your adjusted gross income</li> <li>Id Subtract line 10 from line 9. This is your adjusted gross income</li> <li>Id Subtract line 10 from line 9. This is your adjusted gross income</li> <li>Id Subtract line 10 from line 9. This is your adjusted gross income</li> <li>Id Subtract line 10 from line 9. This is your adjusted gross income</li> <li>Id Subtract line 10 from line 9. This is your adjusted gross income</li> <li>Id Subtract line 10 from line 9. This is your adjusted gross income</li> <li>Id Subtract line 10 from line 9. This is your adjusted gross income</li> <li>Id Subtract line 10 from line 9. This is your adjusted gross income</li> <li>Id Subtract line 10 from line 9. This is your adjusted gross income</li> <li>Id Subtract line 10 from line 9. This is your tatable income</li> <li>Id Subtract line 14 from line 11 If zero or less enter -0. This is your tatable income</li> <li>Id Subtract line 14 from line 11 If zero or less enter -0. This is your tatable income</li> </ul>   | Standard            | 5a           |   | 5a   |             |                     | bΤ    | axable amoun    | t      |           | • •     | . 5b         | )              |                |
| Married filing<br>separately,<br>\$12,950       c       If you elect to use the lump-sum election method, check here (see instructions)       .  |                     | 6a           |   |  |             |                     |       |                 | t      |           | • _     | . 6b         | •              |                |
| \$12,950       7       Capital gain or (loss). Attach Schedule D if required, theor required, check here       1       7       -3,000.         • Married filing jointly or Qualifying surviving spouse, \$25,900       9       Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9       90,521.         • Head of household, \$19,400       11       Subtract line 10 from line 9. This is your adjusted gross income       11       90,521.         • Head of household, \$19,400       12       Standard deduction or itemized deductions (from Schedule A)       12       25,900.         • If you checked any box under Standard       13       Qualified business income deduction from Form 8995 or Form 8995-A       13         • Add lines 12 and 13       11       12       25,900.       13         • If you checked any box under Standard       14       25,900.       14   | Married filing      | С            |   |  |             |                     |       |                 |        |           | . L     |              |                |                |
| Jointly or<br>Qualifying<br>surviving spouse,<br>\$25,9009Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income990, 521.10Adjustments to income from Schedule 1, line 2610• Head of<br>household,<br>\$19,40011Subtract line 10 from line 9. This is your adjusted gross income1190, 521.• Head of<br>household,<br>\$19,40012Standard deduction or itemized deductions (from Schedule A)1225,900.• If you checked<br>any box under<br>Standard13Qualified business income deduction from Form 8995 or Form 8995-A13• If you checked<br>any box under<br>Standard1425,900.141425,900.1425,900.15Subtract line 14 from line 11. If zero or less enter -0-<br>Deduction,1564   |                     | 7            | Capital gain or (loss). Attach Sche   |  |             |                     |       |                 |        |           | . L     | _ 7          |                |                |
| Qualifying<br>surviving spouse,<br>\$25,900       9       Add lines 12, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9       90, 521.         10       Adjustments to income from Schedule 1, line 26       10       10         Head of<br>household,<br>\$19,400       11       Subtract line 10 from line 9. This is your adjusted gross income       11       90, 521.         I 1       90, 521.       10         I 2       25,900.       11       90, 521.         I 3       Subtract line 10 from line 9. This is your adjusted gross income       11       90, 521.         I 4       25,900.       12       25,900.       13         I 4       25,900.       13       14       25,900.         I 4       25,900.       14       25,900.       14         Deduction,       15       54.621       54.621  |                     |              |   |  |             |                     |       |                 |        |           | • •     |              |                |                |
| \$25,900       10       Adjustments to income from schedule 1, inte 20       11       90,521.         • Head of<br>household,<br>\$19,400       12       Standard deduction or itemized deductions (from Schedule A)       12       25,900.         • If you checked<br>any box under<br>Standard       13       Qualified business income deduction from Form 8995 or Form 8995-A       13         • If you checked<br>any box under<br>Standard       14       25,900.       14         • Adjustments to income itemized deductions (from Schedule A)       13       14         • If you checked<br>any box under<br>Standard       14       25,900.       13         • If you checked<br>any box under<br>Standard       14       25,900.       14         • If you checked<br>any box under<br>Standard       14       25,900.       15         • If you checked<br>any box under<br>Standard       14       25,900.       15  | Qualifying          |              |   |  |             | our <b>total ir</b> | icom  | <b>e</b>        |        |           | • •     |              |                | 90,521.        |
| household,<br>\$19,400       12       Standard deduction or itemized deductions (from Schedule A)       12       25,900.         If you checked<br>any box under<br>Standard<br>Deduction,       13       Qualified business income deduction from Form 8995 or Form 8995-A       13       14       25,900.         14       25,900.       14       25,900.       14       25,900.         15       Subtract line 14 from line 11. If zero or less enter -0- This is your taxable income       15       64,621   |                     | 10           |   |  |             |                     |       |                 |        |           | • •     |              |                |                |
| \$19,400       12       Standard deduction or itemized deductions (from Schedule A)       12       25,900.         • If you checked any box under Standard       13       Qualified business income deduction from Form 8995 or Form 8995-A       13       13         • If you checked any box under Standard       14       Add lines 12 and 13       14       25,900.         • Deduction, Deduction,       15       Subtract line 14 from line 11. If zero or less enter -0- This is your taxable income       15       64  |                     |              |   | •  |             | -                   |       |                 |        |           | •       |              |                |                |
| any box under<br>Standard       14       Add lines 12 and 13       14       25,900         Deduction,       15       Subtract line 14 from line 11. If zero or less enter -0- This is your taxable income       15       64       621  | \$19,400            |              |   |  |             |                     |       |                 |        |           | •       |              |                | <u>25,900.</u> |
| Standard         14         Add lines 12 and 13         14         25,900.           Deduction,         15         Subtract line 14 from line 11. If zero or less enter -0- This is your taxable income         15         64         621  |                     |              |   | ion from   | Form 89     | 95 or Forr          | n 899 | 95-A            |        |           | • •     |              |                |                |
|  | Standard            |              |   |  |             |                     |       |                 |        |           | • •     |              |                |                |
|  |                     | 15           | Subtract line 14 from line 11. If zer   | o or les   | s, enter -  | 0 This is           | your  | taxable incom   | ie .   |           | •       | . 15         | <b>i</b>       | 64,621.        |

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

Form **1040** (2022)

| Form 1040 (2022                 | 2)         |  |                       |                      |                   |             |               |              |         |                           | Page <b>2</b>   |
|---------------------------------|------------|--|-----------------------|----------------------|-------------------|-------------|---------------|--------------|---------|---------------------------|-----------------|
| Tax and                         | 16         | Tax (see instructions). Check          | if any from Form      | n(s): <b>1</b> 🗌 881 | 4 <b>2</b> 4972   | 3           |               |              | 16      |                           | 7,338.          |
| Credits                         | 17         | Amount from Schedule 2, lir            | ne3                   |                      |                   |             |               |              | 17      |                           |                 |
|                                 | 18         | Add lines 16 and 17                    |                       |                      |                   |             |               |              | 18      |                           | 7,338.          |
|                                 | 19         | Child tax credit or credit for         | other dependen        | ts from Sched        | ule 8812          |             |               |              | 19      |                           | 2,500.          |
|                                 | 20         | Amount from Schedule 3, lir            | ne8                   |                      |                   |             |               |              | 20      |                           | 2.              |
|                                 | 21         | Add lines 19 and 20                    |                       |                      |                   |             |               |              | 21      |                           | 2,502.          |
|                                 | 22         | Subtract line 21 from line 18          | . If zero or less,    | enter -0             |                   |             |               |              | 22      |                           | 4,836.          |
|                                 | 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 <b>total tax</b> |                      |                   |             |               |              | 24      |                           | 4,836.          |
| Payments                        | 25         | Federal income tax withheld            |                       |                      |                   |             |               |              |         |                           |                 |
|                                 | а          | Form(s) W-2                            |                       |                      |                   | 25a         | 7,9           | 25.          |         |                           |                 |
|                                 | b          | Form(s) 1099                           |                       |                      |                   | 25b         |               |              |         |                           |                 |
|                                 | с          | Other forms (see instruction           |                       |                      |                   | 25c         |               |              |         |                           |                 |
|                                 | d          | Add lines 25a through 25c              | <i>.</i>              |                      |                   |             |               | . 1          | 25d     |                           | 7,925.          |
|                                 | 26         | 2022 estimated tax paymen              |                       |                      |                   |             |               | . [          | 26      |                           |                 |
| If you have a qualifying child, | 27         | Earned income credit (EIC)             |                       |                      |                   | 27          |               |              |         |                           |                 |
| attach Sch. EIC.                | 28         | Additional child tax credit from       |                       |                      |                   | 28          |               |              |         |                           |                 |
|                                 | 29         | American opportunity credit            |                       |                      |                   | 29          |               |              |         |                           |                 |
|                                 | 30         | Reserved for future use .              |                       | -                    |                   | 30          |               |              |         |                           |                 |
|                                 | 31         | Amount from Schedule 3, lir            |                       |                      |                   | 31          |               |              |         |                           |                 |
|                                 | 32         | Add lines 27, 28, 29, and 31           |                       |                      |                   |             | credits .     |              | 32      |                           |                 |
|                                 | 33         | Add lines 25d, 26, and 32. T           |                       | =                    | -                 |             |               | -            | 33      |                           | 7,925.          |
| Defended                        | 34         | If line 33 is more than line 24        | ,                     |                      |                   |             |               |              | 34      |                           | 3,089.          |
| Refund                          | 35a        | Amount of line 34 you want             |                       |                      |                   | •           | -             |              | 35a     |                           | 3,089.          |
| Direct deposit?                 | b          | Routing number 0 3 1                   |                       |                      |                   | Checkir     |               |              |         |                           |                 |
| See instructions.               |            | Account number 3 6 0                   |                       | 0 4 6 3              |                   |             | .g ca.        |              |         |                           |                 |
|                                 | 36         | Amount of line 34 you want             |                       |                      |                   | 36          | 1             |              |         |                           |                 |
| Amount                          | 37         | Subtract line 33 from line 24          |                       |                      |                   |             |               |              |         |                           |                 |
| You Owe                         | 57         | For details on how to pay, g           |                       |                      |                   |             |               |              | 37      |                           |                 |
|                                 | 38         | Estimated tax penalty (see in          |                       |                      |                   | 38          |               |              |         |                           |                 |
| Third Party                     | Do         | you want to allow another              | ,                     |                      |                   |             |               |              |         |                           |                 |
| Designee                        |            | structions                             |                       |                      |                   |             | ] Yes. Com    | plete bel    | ow.     | × No                      |                 |
| U                               | De         | signee's                               |                       | Phone                |                   |             |               | l identifica | ation r |                           |                 |
|                                 | na         | ne                                     |                       | no.                  |                   |             | number        | (PIN)        |         |                           |                 |
| Sign                            |            | der penalties of perjury, I declare    |                       |                      |                   |             |               |              |         |                           |                 |
| Here                            |            | ief, they are true, correct, and corr  | ipiete. Declaration ( |                      |                   | ased on all | information o |              |         |                           | 0               |
|                                 | Yo         | ur signature                           |                       | Date                 | Your occupation   |             |               | 1            |         | t you an l<br>N, enter it |                 |
| Joint return?                   |            |  |                       |                      | SR.SOFTWAR        | RE ENG      | INEER         | (see ins     |         |                           |                 |
| See instructions.               | Sp         | ouse's signature. If a joint return, I | both must sign.       | Date                 | Spouse's occupati |             |               | If the IR    | S sen   | t your spo                | use an          |
| Keep a copy for                 | •          |  | 0                     |                      |                   |             |               |              |         | ction PIN,                | , enter it here |
| your records.                   |            |  |                       |                      | HOME MAKEP        | ર           |               | (see ins     | t.)     |                           |                 |
|                                 |            | one no.                                | 1                     | Email address        | SIVAP33970        |             |               |              |         |                           |                 |
| Paid                            | Pre        | eparer's name                          | Preparer's signat     |                      |                   | Date        |               | TIN          |         | Check if:                 |                 |
| Preparer                        | SYAN       | I PRIYA RAM SAGAR GUPTA TALLAM         | SYAM PRIYA            | RAM SAGAR            | GUPTA TALLAM      | 03/02       | /2023 PC      | 20827        |         |                           | employed        |
| Use Only                        | Fir        | m's name GLOBAL TA                     |                       |                      |                   |             |               | Phone r      | ю. (    | 678)96                    | 5-9522          |
|                                 | Fin        | m's address 245 ROONE                  | Y CT E BRU            | NSWICK N             | J 08816           |             |               | Firm's E     | EIN     | 84-3                      | 8171965         |
| Cata ununu ira a                | a. // [a m | a 10.40 fax inaty vations and the late | at information        |                      |                   |             |               |              |         | <b>F</b>                  | 1040 (0000)     |

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

BAA REV 02/24/23 PRO

Form **1040** (2022)

| SCHEDULE    | 1 |
|-------------|---|
| (Form 1040) |   |

# Additional Income and Adjustments to Income

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

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

OMB No. 1545-0074 2022 Attachment Sequence No. **01** 

Your social security number

899-16-6542

Department of the Treasury Internal Revenue Service Name(s) shown on Form 1040, 1040-SR, or 1040-NR VENKATA PUVVADA & LAKSHMI NAGA SUSMITH ATMAKURI

| 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 |                    |                 | 5      | -12,994.               |
| 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   | <b>8</b> i         |                 |        |                        |
| j      | Activity not engaged in for profit income                                     | 8j                 |                 |        |                        |
| k      | Stock options   | 8k                 |                 |        |                        |
| 1      | 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                 |                 |        |                        |
| n      | Section 951(a) inclusion (see instructions)                                   | 8n                 |                 |        |                        |
| ο      | 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)                 | <b>8</b> q         |                 |        |                        |
| r      | Scholarship and fellowship grants not reported on Form W-2                    | 8r                 |                 |        |                        |
| S      | Nontaxable amount of Medicaid waiver payments included on Form                |                    |                 |        |                        |
|        | 1040, line 1a or 1d   | <b>8</b> s         | ( )             |        |                        |
| t      | Pension or annuity from a nonqualifed deferred compensation plan or           |                    |                 |        |                        |
|        | a nongovernmental section 457 plan  | 8t                 |                 |        |                        |
| u      | Wages earned while incarcerated   | 8u                 |                 |        |                        |
| z      | Other income. List type and amount:   |                    |                 |        |                        |
|        | Substitute Payment from 1099-Misc 35.   | 8z                 |                 |        |                        |
| 9      | Total other income. Add lines 8a through 8z                                   |                    |                 | 9      | 35.                    |
| 10     | Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SF         | ?, or <sup>-</sup> | 1040-NR, line 8 | 10     | -12,959.               |
| For Pa | perwork Reduction Act Notice, see your tax return instructions.               |                    |                 | Schedu | ile 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. Ente | er here    | e and on |        |                       |
|     | Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a             |         |            |          | 26     |                       |
|     | BAA  | REV     | 02/24/23 F | PRO      | Schedu | le 1 (Form 1040) 2022 |

Department of the Treasury

# **Additional Credits and Payments**

OMB No. 1545-0074

2

20

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

|        | Department of the Treasury<br>Internal Revenue Service Go to www.irs.gov/Form1040 for instructions and the latest information. |  |            |                |                         |        |  |
|--------|--|--|------------|----------------|-------------------------|--------|--|
|        | ( )  | rm 1040, 1040-SR, or 1040-NR<br>DA & LAKSHMI NAGA SUSMITH ATMAKURI |            |                | <b>'our so</b><br>899-1 | cial s | Sequence No. <b>03</b><br>Security number<br>542 |
| Pa     | rt I Nonre   | fundable Credits   |            |                |                         |        |  |
| 1      | Foreign tax  | credit. Attach Form 1116 if required                               |            |                |                         | 1      | 2.   |
| 2      | Credit for c<br>Form 2441  | child and dependent care expenses from Form 244                    | 1, lin<br> | e 11. At       | tach                    | 2      |  |
| 3      | Education c  | redits from Form 8863, line 19                                     |            |                |                         | 3      |  |
| 4      | Retirement   | savings contributions credit. Attach Form 8880                     |            |                |                         | 4      |  |
| 5      | Residential  | energy credits. Attach Form 5695                                   |            |                |                         | 5      |  |
| 6      | Other nonre  | fundable credits:  |            |                |                         |        |  |
| а      | General bus  | iness credit. Attach Form 3800                                     | 6a         |                |                         |        |  |
| b      | Credit for p   | rior year minimum tax. Attach Form 8801                            | 6b         |                |                         |        |  |
| С      | Adoption cr  | edit. Attach Form 8839   | 6c         |                |                         |        |  |
| d      | Credit for th  | e elderly or disabled. Attach Schedule R                           | 6d         |                |                         |        |  |
| е      | Alternative r  | notor vehicle credit. Attach Form 8910                             | 6e         |                |                         |        |  |
| f      | Qualified plu  | ug-in motor vehicle credit. Attach Form 8936                       | 6f         |                |                         |        |  |
| g      | Mortgage in  | terest credit. Attach Form 8396                                    | 6g         |                |                         |        |  |
| h      | District of Co   | olumbia first-time homebuyer credit. Attach Form 8859              | 6h         |                |                         |        |  |
| i      | Qualified ele  | ectric vehicle credit. Attach Form 8834                            | 6i         |                |                         |        |  |
| j      | Alternative f  | uel vehicle refueling property credit. Attach Form 8911            | 6j         |                |                         |        |  |
| k      | Credit to ho   | Iders of tax credit bonds. Attach Form 8912                        | 6k         |                |                         |        |  |
| I      | Amount on  | Form 8978, line 14. See instructions                               | 61         |                |                         |        |  |
| z      | Other nonre  | fundable credits. List type and amount:                            |            |                |                         |        |  |
|        |  |  | 6z         |                |                         |        |  |
| 7      | Total other  | nonrefundable credits. Add lines 6a through 6z                     |            |                |                         | 7      |  |
| 8      |  | through 5 and 7. Enter here and on Form 1040, 1040                 | )-SR,<br>  | or 1040-       | •NR,<br>                | 8      | 2.   |
|        |  |  |            |                | (co                     | ntinı  | ued on page 2)                                   |
| For Pa | aperwork Reduct  | ion Act Notice, see your tax return instructions. BAA              | R          | EV 02/24/23 PR | D 5                     | Schedu | ıle 3 (Form 1040) 2022                           |

Schedule 3 (Form 1040) 2022

| Par    | t II Other Payments and Refundable Credits  |                  |            |                 |
|--------|---|------------------|------------|-----------------|
| 9      | Net premium tax credit. Attach Form 8962  |                  | 9          |                 |
| 10     | Amount paid with request for extension to file (see instructions) .   |                  | 10         |                 |
| 11     | Excess social security and tier 1 RRTA tax withheld   |                  | 11         |                 |
| 12     | Credit for federal tax on fuels. Attach Form 4136   |                  | 12         |                 |
| 13     | Other payments or refundable credits:   |                  |            |                 |
| а      | Form 2439   | 13a              |            |                 |
| b      | Credit for qualified sick and family leave wages paid in 2022 from Schedule(s) H for leave taken before April 1, 2021 | 13b              |            |                 |
| С      | Reserved for future use   | 13c              |            |                 |
| d      | Credit for repayment of amounts included in income from earlier years   | 13d              |            |                 |
| е      | Reserved for future use   | 13e              |            |                 |
| f      | Deferred amount of net 965 tax liability (see instructions)   | 13f              |            |                 |
| g<br>h | Reserved for future use   | 13g<br>13h       |            |                 |
| z      | Other payments or refundable credits. List type and amount:   | 13z              |            |                 |
| 14     | Total other payments or refundable credits. Add lines 13a through   | 13z              | 14         |                 |
| 15     | Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040 line 31  | -SR, or 1040-NR, | 15         |                 |
|        | BAA REV   | 02/24/23 PRO     | Schedule 3 | (Form 1040) 202 |

### 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.

20Attachment Sequence No. 12 Your social security number

Internal Revenue Service Name(s) shown on return

Department of the Treasury

VENKATA PUVVADA & LAKSHMI NAGA SUSMITH ATMAKURI

899-16-6542

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? Yes × No If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

#### Part I Short-Term Capital Gains and Losses – Generally Assets Held One Year or Less (see instructions)

| lines<br>This | instructions for how to figure the amounts to enter on the<br>below.<br>form may be easier to complete if you round off cents to<br>le dollars.   | <b>(d)</b><br>Proceeds<br>(sales price) | <b>(e)</b><br>Cost<br>(or other basis) | <b>(g)</b><br>Adjustments<br>to gain or loss f<br>Form(s) 8949, P<br>line 2, column | from<br>Part I, | (h) Gain or (loss)<br>Subtract column (e)<br>from column (d) and<br>combine the result<br>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 <b>Box A</b> checked  | 85,431.                                 | 106,188.                               | 34  | 40.             | -20,417.  |
| 2             | Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked  |   |  |   |                 |   |
| 3             | Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked  |   |  |   |                 |   |
| 4             | Short-term gain from Form 6252 and short-term gain or (I  | oss) from Forms 4                       | 684, 6781, and 88                      | 24  | 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 <b>Worksheet</b> in the instructions   | Carryover                               | 6                                      | ( )   |                 |   |
| 7             | Net short-term capital gain or (loss). Combine lines 1a term capital gains or losses, go to Part II below. Otherwise  |   | 7                                      | -20,417.  |                 |   |
|               |   |   |  |   |                 |   |

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

| lines<br>This | e instructions for how to figure the amounts to enter on the es below.<br>Is form may be easier to complete if you round off cents to ole dollars.   |                    |                   |             |        | (h) Gain or (loss)<br>Subtract column (e)<br>from column (d) and<br>combine the result<br>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 <b>Box D</b> checked   | 9,538.             | 48,332.           |             |        | -38,794.  |
| 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 <b>Box F</b> 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   | ions, estates, and | trusts from Scheo | dule(s) K-1 | 12     |   |
| 13            | Capital gain distributions. See the instructions   |                    |                   |             | 13     |   |
| 14            | Long-term capital loss carryover. Enter the amount, if any <b>Worksheet</b> in the instructions  |                    | -                 | -           | 14     | ( )   |
| 15            | Net long-term capital gain or (loss). Combine lines 8a on the back .   | •                  | .,                |             | 15     | -38,794.  |
| For F         | Paperwork Reduction Act Notice, see your tax return instruction  |                    |                   |             | Schedu | le D (Form 1040) 2022   |

| Part | III Summary  |    |          |   |
|------|--|----|----------|---|
| 16   | Combine lines 7 and 15 and enter the result  | 16 | -59,211. |   |
|      | • If line 16 is a <b>gain</b> , 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 <b>loss</b> , skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22.   |    |          |   |
|      | • If line 16 is <b>zero</b> , 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 <b>both</b> gains?   |    |          |   |
|      | <b>No.</b> Skip lines 18 through 21, and go to line 22.  |    |          |   |
| 18   | If you are required to complete the <b>28% Rate Gain Worksheet</b> (see instructions), enter the amount, if any, from line 7 of that worksheet   | 18 |          | _ |
| 19   | If you are required to complete the <b>Unrecaptured Section 1250 Gain Worksheet</b> (see instructions), enter the amount, if any, from line 18 of that worksheet   | 19 |          |   |
| 20   | <ul> <li>Are lines 18 and 19 both zero or blank and you are not filing Form 4952?</li> <li>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.</li> </ul> |    |          |   |
|      | ☐ 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 | ( 3,000. | ) |
|      | 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<br>for Form 1040, line 16.  |    |          |   |
|      | □ No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.   |    |          |   |

REV 02/24/23 PRO

Schedule D (Form 1040) 2022

8949

Department of the Treasury

Internal Revenue Service

# Sales and Other Dispositions of Capital Assets

OMB No. 1545-0074

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.

Attachment Sequence No. 12A Social security number or taxpayer identification number

| Name(s) shown on return                         | Social security number or taxpayer identification |
|---|---|
| VENKATA PUVVADA & LAKSHMI NAGA SUSMITH ATMAKURI | 899-16-6542                                       |

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

| 1  | <b>(a)</b><br>Description of property | <b>(b)</b><br>Date acquired | <b>(c)</b><br>Date sold or     | <b>(d)</b><br>Proceeds              | Proceeds See the Note below See the separate instructions. Sub |  | (h)<br>Gain or (loss)<br>Subtract column (e) |   |
|--|---------------------------------------|-----------------------------|--------------------------------|-------------------------------------|--|--|--|---|
|  | (Example: 100 sh. XYZ Co.)            | (Mo., day, yr.)             | disposed of<br>(Mo., day, yr.) | (sales price)<br>(see instructions) | and see Column (e)<br>in the separate<br>instructions.         | <b>(f)</b><br>Code(s) from<br>instructions | <b>(g)</b><br>Amount of<br>adjustment        | from column (d) and<br>combine the result<br>with column (g). |
| APEX   | CLEARING                              | 01/01/22                    | 12/31/22                       | 85,431.                             | 106,188.   | W  | 340.   | -20,417.  |
|  |                                       |                             |                                |                                     |  |  |  |   |
|  |                                       |                             |                                |                                     |  |  |  |   |
|  |                                       |                             |                                |                                     |  |  |  |   |
|  |                                       |                             |                                |                                     |  |  |  |   |
|  |                                       |                             |                                |                                     |  |  |  |   |
|  |                                       |                             |                                |                                     |  |  |  |   |
|  |                                       |                             |                                |                                     |  |  |  |   |
|  |                                       |                             |                                |                                     |  |  |  |   |
|  |                                       |                             |                                |                                     |  |  |  |   |
|  |                                       |                             |                                |                                     |  |  |  |   |
|  |                                       |                             |                                |                                     |  |  |  |   |
|  |                                       |                             |                                |                                     |  |  |  |   |
|  |                                       |                             |                                |                                     |  |  |  |   |
| 2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked). |                                       |                             |                                | 85,431.                             | 106,188.   |  | 340.   | -20,417.  |

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.

| 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 VENKATA PUVVADA & LAKSHMI NAGA SUSMITH ATMAKURI

Social security number or taxpayer identification number 899-16-6542

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   | <b>(a)</b><br>Description of property | <b>(b)</b><br>Date acquired | <b>(c)</b><br>Date sold or     | <b>(d)</b><br>Proceeds              | <b>(e)</b><br>Cost or other basis<br>See the <b>Note</b> below                  | See the separate instructions. |  | <b>(h)</b><br>Gain or (loss)<br>Subtract column (e)           |  |
|---|---------------------------------------|-----------------------------|--------------------------------|-------------------------------------|---|--------------------------------|--|---|--|
|   | (Example: 100 sh. XYZ Co.)            | (Mo., day, yr.)             | disposed of<br>(Mo., day, yr.) | (sales price)<br>(see instructions) | e instructions) in the separate (f) (g)<br>instructions. Code(s) from Amount of |                                |  | from column (d) and<br>combine the result<br>with column (g). |  |
| APEX  | CLEARING                              | 01/01/22                    | 12/31/22                       | 9,538.                              | 48,332.   |                                |  | -38,794.  |  |
|   |                                       |                             |                                |                                     |   |                                |  |   |  |
|   |                                       |                             |                                |                                     |   |                                |  |   |  |
|   |                                       |                             |                                |                                     |   |                                |  |   |  |
|   |                                       |                             |                                |                                     |   |                                |  |   |  |
|   |                                       |                             |                                |                                     |   |                                |  |   |  |
|   |                                       |                             |                                |                                     |   |                                |  |   |  |
|   |                                       |                             |                                |                                     |   |                                |  |   |  |
|   |                                       |                             |                                |                                     |   |                                |  |   |  |
|   |                                       |                             |                                |                                     |   |                                |  |   |  |
|   |                                       |                             |                                |                                     |   |                                |  |   |  |
|   |                                       |                             |                                |                                     |   |                                |  |   |  |
|   |                                       |                             |                                |                                     |   |                                |  |   |  |
|   |                                       |                             |                                |                                     |   |                                |  |   |  |
| 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). |                                       |                             |                                | 9,538.                              | 48,332.   |                                |  | -38,794.  |  |

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.

|        | HEDULE E Supplemental Income and Loss  |   |  |   |           |            |                | OMB No. 1545-0074 |                   |           |             |                  |
|--------|--|---|--|---|-----------|------------|----------------|-------------------|-------------------|-----------|-------------|------------------|
| (Form  | 1040)  | , (···································· |  |   |           |            |                |                   | 20                | 2022      |             |                  |
|        | Department of the Treasury         Attach to Form 1040, 1040-SR, 1040-NR, or 1041.           Internal Revenue Service         Go to www.irs.gov/ScheduleE for instructions and the latest information. |   |  |   |           |            |                | Attachn           | nent 10           |           |             |                  |
|        | Revenue Service  |   | Go to www.irs.gov/3  |   | rinstru   | ictions an | ia the la      | itest in          |                   | Vauraasi  |             | ce No. <b>13</b> |
| .,     | shown on return  | 7 6                                     | TATZOUME NACA OUON   | <u>م</u> ــــــــــــــــــــــــــــــــــــ |           | F          |                |                   |                   |           | al security |                  |
| _      |  |   | LAKSHMI NAGA SUSN  |   |           |            |                |                   |                   | 899-1     | 6-6542      |                  |
| Part   |  |   | oss From Rental Real<br>in the business of renting pe        |   |           |            | C See          | instru            | ctions If you ar  | a an indi | vidual ren  | ort farm         |
|        | rental inco  | ome or                                  | loss from Form 4835 on page                                  | ge 2, line 40.                                | ty, use   | Schedule   | <b>0</b> . 000 | 1130.00           | ctions. If you ar |           | viduai, iep | ontiann          |
|        |  |   | ments in 2022 that would                                     |   |           |            |                |                   |                   |           |             | es 🛛 No          |
| B I    | f "Yes," did you   | ı or wi                                 | ll you file required Form(s                                  | ) 1099? .                                     |           |            |                |                   |                   |           | . 🗌 Ye      | es 🗌 No          |
| 1a     | Physical addr  | ress o                                  | f each property (street, ci                                  | ty, state, ZIF                                | code      | e)         |                |                   |                   |           |             |                  |
| Α      | 108, ANJAN   | Α ΤΟ                                    | WERS SATTENAPALI   | JI NARAS                                      | SARAC     | OPET,AN    | JDHRA          | PRA               | DESH IN 5         | 22601     |             |                  |
| В      |  |   |  |   |           |            |                |                   |                   |           |             |                  |
| С      |  |   |  |   |           |            |                |                   |                   |           |             |                  |
| 1b     | Type of Prope  | erty                                    | 2 For each rental real e                                     | estate prope                                  | erty list | ted        |                | Fa                | ir Rental         | Persor    | nal Use     |                  |
|        | (from list below   |   | above, report the nu   | mber of fair                                  | rental    | and        |                |                   | Days              | Da        | ays         | QJV              |
| Α      | 3  |   | personal use days. C   | heck the Q                                    | JV bo     | k only     | Α              |                   | 365               |           | 0           |                  |
| В      |  |   | if you meet the requi<br>qualified joint venture             |   |           |            | В              |                   |                   |           |             |                  |
| С      |  |   |  | 5. 000 motra                                  |           |            | С              |                   |                   |           |             |                  |
|        | of Property:   |   |  |   |           |            |                |                   |                   |           |             |                  |
|        | Single Family R  |   |  | rt-Term Ren                                   | tal       | 5 Lanc     | -              |                   | Self-Rental       |           |             |                  |
| 2      | Multi-Family Re  | esiden                                  | ce 4 Commercial  |   |           | 6 Roya     | alties         | 8                 | Other (descri     | be)       |             |                  |
|        |  |   |  |   |           |            |                |                   | Propertie         | es:       |             |                  |
| Incom  | ie:  |   |  |   |           |            | Α              |                   | . В               |           |             | С                |
| 3      | Rents received   | d                                       |  |   | 3         |            | 6              | 38.               |                   |           |             |                  |
| 4      | Royalties rece   | ived .                                  |  |   | 4         |            |                |                   |                   |           |             |                  |
| Expen  |  |   |  |   |           |            |                |                   |                   |           |             |                  |
| 5      | Advertising .  |   |  |   | 5         |            |                |                   |                   |           |             |                  |
| 6      | Auto and trave   | el (see                                 | instructions)  |   | 6         |            |                |                   |                   |           |             |                  |
| 7      | Cleaning and r   | mainte                                  | enance   |   | 7         |            | 2,6            | 96.               |                   |           |             |                  |
| 8      | Commissions  |   |  |   | 8         |            |                |                   |                   |           |             |                  |
| 9      | Insurance  |   |  |   | 9         |            |                |                   |                   |           |             |                  |
| 10     |  |   | fessional fees   |   | 10        |            |                |                   |                   |           |             |                  |
| 11     |  |   |  |   | 11        |            | 2,8            | 88.               |                   |           |             |                  |
| 12     | Mortgage inter   | rest p                                  | aid to banks, etc. (see ins                                  | structions)                                   | 12        |            |                |                   |                   |           |             |                  |
| 13     |  |   |  |   | 13        |            |                |                   |                   |           |             |                  |
| 14     |  |   |  |   | 14        |            |                | 98.               |                   |           |             |                  |
| 15     |  |   |  |   | 15        |            | 2,4            | 77.               |                   |           |             |                  |
| 16     |  |   |  |   | 16        |            |                |                   |                   |           |             |                  |
| 17     |  |   |  |   | 17        |            | 2,1            | 73.               |                   |           |             |                  |
| 18     |  | expens                                  | se or depletion  |   | 18        |            |                |                   |                   |           |             |                  |
| 19     | Other (list)   |   | lines C through 10   |   | 19        |            | 10 0           | 2.2               |                   |           |             |                  |
| 20     | •  |   | d lines 5 through 19   |   | 20        |            | 13,6           | 3८.               |                   |           |             |                  |
| 21     |  |   | n line 3 (rents) and/or 4 (r<br>e instructions to find out i |   |           |            |                |                   |                   |           |             |                  |
|        | •  |   |  |   | 21        |            | -12,9          | 94                |                   |           |             |                  |
| 22     |  |   | al estate loss after limitat                                 |   | 21        |            | 12/3           | <i>J</i> 1.       |                   |           |             |                  |
| 22     |  |   | instructions)  |   | 22        | (          | 12,99          | 34                | (                 | )         | (           | )                |
| 23a    |  |   | reported on line 3 for all                                   |   |           |            |                | 23a               | (                 | 638.      | (           | )                |
| b      |  |   | reported on line 4 for all                                   |   |           |            |                | 23b               |                   |           |             |                  |
| c      |  |   | reported on line 12 for al                                   |   |           |            |                | 23c               |                   |           |             |                  |
| d      |  |   | reported on line 18 for al                                   | · ·   |           |            |                | 23d               |                   |           |             |                  |
| e      |  |   | reported on line 20 for al                                   | · ·   |           |            |                | 23e               | 13.               | ,632.     |             |                  |
| 24     |  |   | ve amounts shown on lin                                      |   |           |            |                |                   |                   | 24        |             |                  |
| 25     |  |   | losses from line 21 and rer                                  |   |           | -          |                |                   |                   |           | (           | 12,994.)         |
| 26     |  |   | state and royalty income                                     |   |           |            |                |                   |                   |           |             | . /              |
| -      | here. If Parts   | II, III,                                | IV, and line 40 on page                                      | e 2 do not                                    | apply     | to you,    | also ei        | nter th           | is amount or      |           |             |                  |
|        |  |   | 040), line 5. Otherwise, in                                  |   |           |            |                |                   | on page 2 .       | 26        |             | -12,994.         |
| For Pa | perwork Reduct   | ion Ac                                  | t Notice, see the separate                                   | instructions.                                 |           | NE         | PA             |                   | -12,994           | · Sc      | hedule E (F | orm 1040) 2022   |

## SCHEDULE 8812 (Form 1040)

Department of the Treasury

Internal Revenue Service

## Credits for Qualifying Children and Other Dependents

OMB No. 1545-0074

| Attach to | Form | 1040. | 1040-SR.  | or  | 1040-NR. |
|-----------|------|-------|-----------|-----|----------|
| /         |      | ,     | 1010 011, | ••• | 10101111 |

Go to www.irs.gov/Schedule8812 for instructions and the latest information.

2022 Attachment Sequence No. 47

| Interna |   |        |          | •              |
|---------|---|--------|----------|----------------|
| Name(s  | s) shown on return  | Your   | social s | ecurity number |
| VENK    | ATA PUVVADA & LAKSHMI NAGA SUSMITH ATMAKURI   | 899    | -16-     | 6542           |
| Pa      | rt I Child Tax Credit and Credit for Other Dependents   |        |          |                |
| 1       | Enter the amount from line 11 of your Form 1040, 1040-SR, or 1040-NR  |        | 1        | 90,521.        |
| 2a      | Enter income from Puerto Rico that you excluded   |        |          |                |
| b       | Enter the amounts from lines 45 and 50 of your Form 2555  | 0.     |          |                |
| c       | Enter the amount from line 15 of your Form 4563   |        |          |                |
| d       | Add lines 2a through 2c   |        | 2d       | 0.             |
| 3       | Add lines 1 and 2d  |        | 3        | 90,521.        |
| 4       | Number of qualifying children under age 17 with the required social security number 4   | 1      |          |                |
| 5       | Multiply line 4 by \$2,000  |        | 5        | 2,000.         |
| 6       | Number of other dependents, including any qualifying children who are not under age   |        |          |                |
|         | 17 or who do not have the required social security number   | 1      |          |                |
|         | Caution: Do not include yourself, your spouse, or anyone who is not a U.S. citizen, U.S. national, or U.S. res                                      | ident  |          |                |
|         | alien. Also, do not include anyone you included on line 4.  |        |          |                |
| 7       | Multiply line 6 by \$500  |        | 7        | 500.           |
| 8       | Add lines 5 and 7   |        | 8        | 2,500.         |
| 9       | Enter the amount shown below for your filing status.  |        |          |                |
|         | • Married filing jointly—\$400,000  |        |          |                |
|         | • All other filing statuses— $$200,000 \int \dots $ |        | 9        | 400,000.       |
| 10      | Subtract line 9 from line 3.  |        |          |                |
|         | • If zero or less, enter -0   |        |          |                |
|         | • If more than zero and not a multiple of \$1,000, enter the next multiple of \$1,000. For  |        |          |                |
|         | example, if the result is \$425, enter \$1,000; if the result is \$1,025, enter \$2,000, etc.   |        | 10       | 0.             |
| 11      | Multiply line 10 by 5% (0.05)   |        | 11       | 0.             |
| 12      | Is the amount on line 8 more than the amount on line 11?  |        | 12       | 2,500.         |
|         | No. STOP. You cannot take the child tax credit, credit for other dependents, or additional child tax c  | redit. |          |                |
|         | Skip Parts II-A and II-B. Enter -0- on lines 14 and 27.   |        |          |                |
|         | Yes. Subtract line 11 from line 8. Enter the result.  |        |          |                |
| 13      | Enter the amount from the Credit Limit Worksheet A  |        | 13       | 7,336.         |
| 14      | Enter the smaller of line 12 or 13. This is your child tax credit and credit for other dependents   |        | 14       | 2,500.         |
|         | Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 19.   |        |          |                |
|         | If the amount on line 12 is more than the amount on line 14, you may be able to take the <b>addition</b>  |        |          |                |
|         | on Form 1040, 1040-SR, or 1040-NR, line 28. Complete your Form 1040, 1040-SR, or 1040-J   | NR thr | ough l   | ine 27         |

(also complete Schedule 3, line 11) before completing Part II-A.

For Paperwork Reduction Act Notice, see your tax return instructions. BAA REV 02/24/23 PRO Schedule 8812 (Form 1040) 2022

| Schedu                    | le 8812 (Form 1040) 2022   |           | Page <b>2</b>         |
|---------------------------|--|-----------|-----------------------|
| Part                      | II-A Additional Child Tax Credit for All Filers  |           |                       |
| Cautio                    | on: If you file Form 2555, you cannot claim the additional child tax credit.   |           |                       |
| 15                        | Check this box if you do not want to claim the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on lin   | e 27      | 🔲                     |
| 16a                       | Subtract line 14 from line 12. If zero, <b>stop here</b> ; you cannot take the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27   | 16a       | 0.                    |
| b<br>17<br>18a<br>b<br>19 | Number of qualifying children under 17 with the required social security number:       x \$1,500.         Enter the result. If zero, stop here; you cannot claim the additional child tax credit. Skip Parts II-A and II-B.       Enter -0- on line 27   | 16b<br>17 |                       |
| 20                        | <ul> <li>❑ Yes. Subtract \$2,500 from the amount on line 18a. Enter the result</li></ul>   | 20        | Puorto Pioo           |
| Part                      |  | IS OT I   | Juerto Rico           |
| 21                        | Withheld social security, Medicare, and Additional Medicare taxes from Form(s) W-2,         boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If         your employer withheld or you paid Additional Medicare Tax or tier 1 RRTA taxes, see         instructions.       21 |           |                       |
| 22                        | Enter the total of the amounts from Schedule 1 (Form 1040), line 15; Schedule 2 (Form<br>1040), line 5; Schedule 2 (Form 1040), line 6; and Schedule 2 (Form 1040), line 13 .22  |           |                       |
| 23                        | Add lines 21 and 22  |           |                       |
| 24                        | 1040 and1040-SR filers:Enter the total of the amounts from Form 1040 or 1040-SR, line 27,<br>and Schedule 3 (Form 1040), line 11.1040-NR filers:Enter the amount from Schedule 3 (Form 1040), line 11.24   |           |                       |
| 25                        | Subtract line 24 from line 23. If zero or less, enter -0   | 25        |                       |
| 26                        | Enter the <b>larger</b> of line 20 or line 25  | 26        |                       |
| Part                      | II-C Additional Child Tax Credit   |           |                       |
| 27                        | This is your additional child tax credit. Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 28   | 27        |                       |
|                           | BAA REV 02/24/23 PRO Sct   | nedule 8  | 3812 (Form 1040) 2022 |

Form 8889

# Health Savings Accounts (HSAs)

OMB No. 1545-0074

| Form     |                          |   |        | 2022  |
|----------|--------------------------|---|--------|---|
|          | ent of the Trea          |   |        | Attachment                                    |
|          | Revenue Servio           |   |        | Sequence No. <b>52</b>                        |
| iname(s) | SNOWN ON FOI             |   |        | of HSA beneficiary.<br>SAs, see instructions. |
| VENK     | ATA PUV                  | VADA 899-1  | 6-65   | 42  |
| Befor    | e you beg                | <i>in:</i> Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, i  | f requ | uired.  |
| Part     |                          | <b>Contributions and Deduction.</b> See the instructions before completing this part. If both you and your spouse each have separate HSAs, complete a separate Part I for   |        |   |
| 1        | Check the                | box to indicate your coverage under a high-deductible health plan (HDHP) during 2022.   |        |   |
|          | See instru               | ctions  |        | elf-only 🗵 Family                             |
|          | unextende                | ibutions you made for 2022 (or those made on your behalf), including those made by the d due date of your tax return that were for 2022. <b>Do not</b> include employer contributions, ons through a cafeteria plan, or rollovers. See instructions                       | 2      | 0.  |
|          | were, or w               | e under age 55 at the end of 2022 and, on the first day of <b>every</b> month during 2022, you vere considered, an eligible individual with the <b>same</b> coverage, enter \$3,650 (\$7,300 for erage). <b>All others</b> , see the instructions for the amount to enter | 3      | 7,300.  |
|          | lines 1 and              | amount you and your employer contributed to your Archer MSAs for 2022 from Form 8853, d 2. If you or your spouse had family coverage under an HDHP at any time during 2022, also y amount contributed to your spouse's Archer MSAs  | 4      | 0.  |
| 5        | Subtract li              | ne 4 from line 3. If zero or less, enter -0   | 5      | 7,300.  |
|          | coverage                 | amount from line 5. But if you and your spouse each have separate HSAs and had family under an HDHP at any time during 2022, see the instructions for the amount to enter   | 6      | 7,300.  |
|          |                          | e age 55 or older at the end of 2022, married, and you or your spouse had family coverage IDHP at any time during 2022, enter your additional contribution amount. See instructions.  | 7      |   |
| 8        |                          | 6 and 7   | 8      | 7,300.  |
|          |                          | g         6,900           HSA funding distributions         10  | -      |   |
|          |                          | 9 and 10  | 11     | 6,900.  |
|          |                          | ne 11 from line 8. If zero or less, enter -0  | 12     | 400.  |
|          |                          | ction. Enter the smaller of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line 13  | 13     | 0.  |
|          | Caution:                 | f line 2 is more than line 13, you may have to pay an additional tax. See instructions.   |        |   |
| Part     |                          | <b>Distributions.</b> If you are filing jointly and both you and your spouse each have separate Part II for each spouse.  | arate  | HSAs, complete                                |
| 14a      | Total distr              | butions you received in 2022 from all HSAs (see instructions)   | 14a    |   |
|          | contributio              | ns included on line 14a that you rolled over to another HSA. Also include any excess ons (and the earnings on those excess contributions) included on line 14a that were by the due date of your return. See instructions   | 14b    |   |
| С        | Subtract li              | ne 14b from line 14a  | 14c    |   |
| 15       | Qualified r              | nedical expenses paid using HSA distributions (see instructions)  | 15     |   |
|          |                          | <b>ISA distributions.</b> Subtract line 15 from line 14c. If zero or less, enter -0 Also, include this the total on Schedule 1 (Form 1040), Part I, line 8f   | 16     |   |
|          |                          | ne distributions included on line 16 meet any of the <b>Exceptions to the Additional 20%</b> instructions), check here  |        |   |
|          | are subjec<br>1040), Par | <b>I 20% tax</b> (see instructions). Enter 20% (0.20) of the distributions included on line 16 that<br>to the additional 20% tax. Also, include this amount in the total on Schedule 2 (Form t II, line 17c   | 17b    |   |
| Part I   | com                      | me and Additional Tax for Failure To Maintain HDHP Coverage. See the instruct pleting this part. If you are filing jointly and both you and your spouse each have see plete a separate Part III for each spouse.  |        |   |
| 18       |                          | hrule   | 18     |   |
| 19       | Qualified H              | ISA funding distribution  | 19     |   |
|          |                          | me. Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I, line 8f   | 20     |   |
|          |                          | I tax. Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2 (Form t II, line 17d  | 21     |   |

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

REV 02/24/23 PRO BAA

|         | <b>8867</b> Paid Preparer's Due Diligence Check  | list  | OMB               | No. 1545          | 5-0074          |
|---------|--|---|-------------------|-------------------|-----------------|
|         | Earned Income Credit (EIC), American Opportunity Tax Credit (A<br>Child Tax Credit (CTC) (including the Additional Child Tax Credit (AC  | OTC),<br>CTC) and   |                   | For tax y<br>20   | /ear            |
| Departm | overnoer 2022)         Credit for Other Dependents (ODČ)), and Head of Household (HOH) File           nent of the Treasury<br>Revenue Service         To be completed by preparer and filed with Form 1040, 1040-SR, 1040-NR, 10<br>Go to www.irs.gov/Form8867 for instructions and the latest info  | 040-PR, or 1040-SS.   | Attac<br>Sequ     | hment<br>ence No. | 70              |
| Taxpay  | er name(s) shown on return   | Taxpayer identification   | n number          |                   |                 |
| VEN     | KATA PUVVADA & LAKSHMI NAGA SUSMITH ATMAKURI   | 899-16-654  | 2                 |                   |                 |
| Prepare | er's name  | Preparer tax identific  | ation num         | ber               |                 |
| SYA     | M PRIYA RAM SAGAR GUPTA TALLAM   | P02082703   |                   |                   |                 |
| Part    | Due Diligence Requirements   |   |                   |                   |                 |
|         | e check the appropriate box for the credit(s) and/or HOH filing status claimed on the r<br>e benefit(s) claimed (check all that apply).  |   | e the rel<br>AOTC |                   | arts I–\<br>HOH |
| 1       | Did you complete the return based on information for the applicable tax year provide<br>or reasonably obtained by you? (See instructions if relying on prior year earned income  |   | Yes<br>X          | No                | N/A             |
| 2       | If credits are claimed on the return, did you complete the applicable EIC and/or worksheets found in the Form 1040, 1040-SR, 1040-NR, 1040-PR, 1040-SS, or Sch 1040) instructions, and/or the AOTC worksheet found in the Form 8863 instruction worksheet(s) that provides the same information, and all related forms and schedule claimed?   | edule 8812 (Form<br>ons, or your own  | X                 |                   |                 |
| 3       | Did you satisfy the knowledge requirement? To meet the knowledge requirement, you the following.   | u must do both of   |                   |                   |                 |
|         | • Interview the taxpayer, ask questions, and contemporaneously document the taxpay determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status.  | ver's responses to  |                   |                   |                 |
|         | • Review information to determine that the taxpayer is eligible to claim the credit(s) status and to figure the amount(s) of any credit(s)   |   | X                 |                   |                 |
| 4       | Did any information provided by the taxpayer or a third party for use in prepari information reasonably known to you, appear to be incorrect, incomplete, or incompany answer questions 4a and 4b. If " <b>No</b> ," go to question 5.)  | sistent? (If "Yes,"   |                   | X                 |                 |
| а       | Did you make reasonable inquiries to determine the correct, complete, and consistent   | information? .  |                   |                   |                 |
| b       | Did you contemporaneously document your inquiries? (Documentation should inclu<br>you asked, whom you asked, when you asked, the information that was provided, an<br>information had on your preparation of the return.)  | nd the impact the   |                   |                   |                 |
| 5       | Did you satisfy the record retention requirement? To meet the record retention requirement accepted by the record retention referenced in question 4b, a copy of this Form 88 applicable worksheet(s), a record of how, when, and from whom the information used 8867 and any applicable worksheet(s) was obtained, and a copy of any document(s taxpayer that you relied on to determine eligibility for the credit(s) and/or HOH filing a the amount(s) of the credit(s) | 667, a copy of any<br>d to prepare Form<br>) provided by the<br>status or to figure | X                 |                   |                 |
|         |  |   |                   |                   |                 |
| 6       | Did you ask the taxpayer whether he/she could provide documentation to substantiat credit(s) and/or HOH filing status and the amount(s) of any credit(s) claimed on the return is selected for audit?  | e return if his/her   | ×                 |                   |                 |
| 7       | Did you ask the taxpayer if any of these credits were disallowed or reduced in a previo  |   | ×                 |                   |                 |
|         | (If credits were disallowed or reduced, go to question 7a; if not, go to question 8.   |   |                   |                   |                 |
| а       | Did you complete the required recertification Form 8862?   |   |                   |                   |                 |
| 8       | If the taxpayer is reporting self-employment income, did you ask questions to prepar correct Schedule C (Form 1040)?   | e a complete and  |                   |                   |                 |

For Paperwork Reduction Act Notice, see separate instructions.

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Form 8867 (Rev. 11-2022)

| Form 8 | 367 (Rev. 11-2022)  |                      |                     | Page <b>2</b>    |
|--------|---|----------------------|---------------------|------------------|
| Part   | II Due Diligence Questions for Returns Claiming EIC (If the return does not claim EIC, go   | to Part              | III.)               |                  |
| 9a     | Have you determined that the taxpayer is eligible to claim the EIC for the number of qualifying children claimed, or is eligible to claim the EIC without a qualifying child? (If the taxpayer is claiming the EIC and does not have a qualifying child, go to question 10.)      | Yes                  | No                  | N/A              |
| b      | Did you ask the taxpayer if the child lived with the taxpayer for over half of the year, even if the taxpayer has supported the child the entire year?  |                      |                     |                  |
| С      | Did you explain to the taxpayer the rules about claiming the EIC when a child is the qualifying child of more than one person (tiebreaker rules)?   |                      |                     |                  |
| Part   | <b>Due Diligence Questions for Returns Claiming CTC/ACTC/ODC</b> (If the return does not or ODC, go to Part IV.)  | claim C              | CTC, A              | CTC,             |
| 10     | Have you determined that each qualifying person for the CTC/ACTC/ODC is the taxpayer's dependent who is a citizen, national, or resident of the United States?  | Yes<br>X             | No                  | N/A              |
| 11     | Did you explain to the taxpayer that he/she may not claim the CTC/ACTC if the child has not lived with the taxpayer for over half of the year, even if the taxpayer has supported the child, unless the child's custodial parent has released a claim to exemption for the child? | X                    |                     |                  |
| 12     | Did you explain to the taxpayer the rules about claiming the CTC/ACTC/ODC for a child of divorced or separated parents (or parents who live apart), including any requirement to attach a Form 8332 or similar statement to the return?   | X                    |                     |                  |
| Part   |   | , go tc              | Part \              | /.)              |
| 13     | Did the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the qu tuition and related expenses for the claimed AOTC?   | alified              | Yes                 | No               |
| Part   | V Due Diligence Questions for Claiming HOH (If the return does not claim HOH filing statu   | is, go te            | o Part              | VI.)             |
| 14     | Have you determined that the taxpayer was unmarried or considered unmarried on the last day of the ta and provided more than half of the cost of keeping up a home for the year for a qualifying person?  | x year               | Yes                 | No               |
| Part   | VI Eligibility Certification  |                      |                     |                  |
|        | You will have complied with all due diligence requirements for claiming the applicable credit(s) and on the return of the taxpayer identified above if you:   | /or HO               | H filing            | status           |
|        | A. Interview the taxpayer, ask adequate questions, contemporaneously document the taxpayer's responsion your notes, review adequate information to determine if the taxpayer is eligible to claim the credit(status and to figure the amount(s) of the credit(s);                 | nses or<br>(s) and/c | n the ret<br>or HOH | urn or<br>filing |
|        | B. Complete this Form 8867 truthfully and accurately and complete the actions described in this check<br>credit(s) claimed and HOH filing status, if claimed;   | list for a           | any app             | licable          |
|        | C. Submit Form 8867 in the manner required; and   |                      |                     |                  |
|        | D. Keep all five of the following records for 3 years from the latest of the dates specified in the Form 88<br>Document Retention.  | 67 instr             | uctions             | under            |
|        | 1. A copy of this Form 8867.  |                      |                     |                  |

- 2. The applicable worksheet(s) or your own worksheet(s) for any credit(s) claimed.
- 3. Copies of any documents provided by the taxpayer on which you relied to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).
- 4. A record of how, when, and from whom the information used to prepare this form and the applicable worksheet(s) was obtained.
- 5. A record of any additional information you relied upon, including questions you asked and the taxpayer's responses, to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).

# If you have not complied with all due diligence requirements, you may have to pay a penalty for each failure to comply related to a claim of an applicable credit or HOH filing status (see instructions for more information).

| 15 | Do you certify that all of the answers on this Form 8867 are, to the best of your knowledge, true, correct, and | Yes | No |
|----|---|-----|----|
|    | complete?   | X   |    |

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Form 8867 (Rev. 11-2022)



| VENKATA I       | PUVVADA    |
|-----------------|------------|
| LAKSHMI NAGA A  | ATMAKURI   |
| 2515 JOHN EPPES | rd apt 204 |

| HERNDON                  |                 | VA 20171  |   |       |                |
|--------------------------|-----------------|-----------|---|-------|----------------|
| SSN - You                | PUVV            | 899166542 | Vendor ID 1555                              |       | XXXXX <b>7</b> |
| SSN - Spouse             | ATMA            | 756832951 |   |       |                |
| Fed Adj Gross Income (F  | AGI) 1.         | 90521.    | Withholding (VA) - You                      | 19A.  | 5440.          |
| Additions                | 2.              |           | Withholding (VA) - Spouse                   | 19B.  |                |
| Subtotal                 | 3.              | 90521.    | Estimated Payments                          | 20.   |                |
| Age Deduction - You      | 4A.             |           | 2021 Overpayment                            | 21.   |                |
| Age Deduction - Spouse   | 4B.             |           | Extension Payments                          | 22.   |                |
| Soc Sec & Tier 1 Railroa | d 5.            |           | Credit - Low-Income or EIC                  | 23.   |                |
| State Income Tax Overp   | ayment 6.       |           | Credit - Schedule OSC                       | 24.   |                |
| Subtractions             | 7.              |           | Credits - Schedule CR                       | 25.   |                |
| Subtotal Subtractions    | 8.              |           | Total Payments / Credits                    | 26.   | 5440.          |
| Total VA Adj Gross Incor | ne (VAGI) 9.    | 90521.    | Tax You Owe                                 | 27.   |                |
| Itemized Deductions - V/ | A Sch A 10.     |           | Tax Overpayment                             | 28.   | 1626.          |
| Standard Deduction       | 11.             | 16000.    | Overpayment Credited to Next Year           | 29.   |                |
| Exemptions               | 12.             | 3720.     | VAC - Virginia 529 / ABLE                   | 30.   |                |
| Deductions               | 13.             |           | VAC - Other Contributions                   | 31.   |                |
| Subtotal (Deductions & I | Exemptions) 14. | 19720.    | Addition to Tax, Penalty & Interest         | 32.   |                |
| VA Taxable Income        | 15.             | 70801.    | Sales and Use Tax                           | 33.   |                |
| Amount of Tax            | 16.             | 3814.     | Amount You Owe                              |       |                |
| Spouse Tax Adjustment    | (STA) 17.       |           | Will Pay by Credit/Debit Card N Your Refund | Т     | 1626.          |
| VAGI - Spouse            | 17A.            |           | Pools Pourting #                            | C     | 031176110      |
| Net Amount of Tax        | 18.             | 3814.     | Bank Routing # Bank Account #               |       | 2290463        |
|                          | L               |           | Ballk Account #                             | 2002. | 2290403        |

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899166542





| nation             | Additional Filing Information        |   |
|--------------------|--------------------------------------|---|
| 2                  | Locality                             | 600   |
|                    | Uninsured & Authorize DMAS           |   |
| 08101986           | Name or Filing Status Change         |   |
| B60834029          | Address Change                       |   |
| 10192022           | VA Return Not Filed Last Year        |   |
|                    | Dependent on Another's Return        |   |
| 06281992           | Farmer / Fisherman / Merchant Seaman |   |
| 00201992           | Amended                              |   |
| 150                | Reason Code                          |   |
|                    | Overseas on Due Date                 |   |
|                    | Federal EIC & Amount                 |   |
| 65 & Over - Spouse | Deceased Indicator                   |   |
| Blind - You        | Form 760C or 760F                    |   |
| Blind - Spouse     | No Sales & Use Tax Due Indicator     | Х   |
| Total (B)          | Obtain Electronic 1099G              |   |
| tact Information   | ID Theft PIN                         |   |
|                    | 08101986<br>B60834029                | 2 Locality<br>Uninsured & Authorize DMAS<br>08101986 Name or Filing Status Change<br>B60834029 Address Change<br>10192022 VA Return Not Filed Last Year<br>Dependent on Another's Return<br>Anended<br>Amended<br>Amended<br>Meason Code<br>Sea<br>Sea<br>Sea<br>Sea<br>Sea<br>Sea<br>Sea<br>Sea<br>Sea<br>Se |

I (We), the undersigned, declare under penalty of law that I (we) have examined this return & to the best of my (our) knowledge, it is a true, correct & complete return. If you are requesting direct deposit of your refund by providing bank information on your return, you are certifying that the information provided is for a domestic account within the territorial jurisdiction of the United States.

| Signature - You [   | Date   |        | Phone - You                              |    |       |           |
|---|--------|--------|--|----|-------|-----------|
| Signature - Spouse [  | Date   |        | Phone - Spouse                           |    |       |           |
| Signature - Preparer <u>SYAM PRIYA RAM SAGAR GUPTA TALLAM</u> | Date   | 030223 | Phone - Preparer                         |    | 6789  | 9659522   |
| The Tax Department may discuss my/our return with my/our prep | oarer. | GLOBA  | ·<br>Preparer Information<br>L TAXES LLC | 7  | P02   | 2082703   |
| File by May 1, 2023   |        | GLODII |  |    |       | _         |
| Include Page 1, Page 2 and all                                |        |        | DONEY CT                                 |    | 00010 | D         |
| supporting 760CG documents.                                   |        | E BRUI | NSWICK                                   | NJ | 08816 | Page 2 of |

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## 2022 Schedule INC/CG

**CG** 899166542

Report all W-2s, 1099s & VK-1s with VA Withholding

VENKATA PUVVADA

LAKSHMI NAGA ATMAKURI



| Your/<br>Spouse SSN | Withholding<br>Type | VA<br>Withholding | Employer<br>FEIN | VA<br>Account Number | VA Wages, tips,<br>other comp. |
|---------------------|---------------------|-------------------|------------------|----------------------|--------------------------------|
| Г                   |                     |                   |                  |                      | Г                              |
| 899166542           | W                   | 5440.             | 541450219        | 30541450219F001      | 106385.                        |

| Total VA Withholding          | SSN       | VA Withholding |
|-------------------------------|-----------|----------------|
| You                           | 899166542 | 5440.          |
| Spouse                        |           |                |
| Total # of W-2s,1099s & VK-1s | 01        |                |

To avoid delays - be sure to enter all information, including the Employer's FEIN.

.

# Virginia Individual Income Tax e-File Signature Authorization

| Virginia Submission Identification Number (SID)  |                            |                     |  |  |  |
|--|----------------------------|---------------------|--|--|--|
|  |                            |                     |  |  |  |
| Your Name  | B Your Social Sec          | urity Number        |  |  |  |
| VENKATA PUVVADA  | 899-16-654                 | 2                   |  |  |  |
| Spouse's Name  | A Spouse's Social          |                     |  |  |  |
| LAKSHMI NAGA SUSMITH ATMAKURI  | 756-83-295                 | ,                   |  |  |  |
| Part I Tax Return Information  | A Spouse                   | B Yourself          |  |  |  |
| 1. Federal Adjusted Gross Income (Form 760CG, Line 1; 760PY, Line 1, columns A & B; Form 763, Line 1)  |                            | 90521.              |  |  |  |
| <ol> <li>Virginia Adjusted Gross Income (Form 760CG, Line 9; 760PY, Line 10, columns A &amp; B; Form 763, Line 9)</li> </ol>   |                            | 90521.              |  |  |  |
| 3. Taxable Income (Form 760CG, Line 15; 760PY, Line 16, columns A & B; Form 763, Line 17)  |                            | 70801.              |  |  |  |
| 4. Virginia Income Tax (Form 760CG, Line 18; 760PY, Line 17, columns A & B; Form 763 Line 18)  |                            | 3814.               |  |  |  |
| 5. Withholding (Form 760CG, Line 19a & 19b; 760PY, Lines 19a & 19b; Form 763, Lines 19a & 19b)   |                            | 5440.               |  |  |  |
| 6. Amount you Owe (Form 760CG, Line 35; Form 760PY, Line 35; Form 763, Line 35)  |                            |                     |  |  |  |
| 7. Refund (Form 760CG, Line 36; 760PY, Line 36; Form 763, Line 36)   |                            | 1626.               |  |  |  |
| Part II Declaration of Taxpayer and Signature Authorization  |                            | 1020.               |  |  |  |
| number) and the amount shown in Part I above agree with the information and amounts shown on the corresponding lines of my electronic income tax return. If I am filing a balance due return, I understand that if the Virginia Department of Taxation (Virginia Tax) does not receive full and timely payment of my tax liability, I remain liable for the tax liability and all applicable interest and penalties. I authorize my ERO, Transmitter or Intermediate Service Provider to transmit my complete return to Virginia Tax. I have selected a personal identification number (PIN) as my signature for my electronic income tax return and, if applicable, the direct deposit of my refund or direct debit of my tax due. In choosing either direct deposit or direct debit, I certify that the transaction does not directly involve a financial institution outside of the territorial jurisdiction of the United States at any point in the process. Taxpayers may sign the form using a rubber stamp, mechanical device, such as a signature pen, or computer software program. Taxpayer's e-File PIN: check one box only I authorize the ERO named below to enter my e-File PIN 6 6 5 4 2 as my signature on my 2022 e-filed Virginia individual income tax return. |                            |                     |  |  |  |
| GLOBAL TAXES LLC   |                            |                     |  |  |  |
| ERO Firm Name  |                            |                     |  |  |  |
| I will enter my e-File PIN as my signature on my 2022 e-filed Virginia individual income tax return. Check this bound your return is filed using the Practitioner PIN method. The ERO must complete Part III below.  | x only if you are entering | your own e-File PIN |  |  |  |
| Your Signature Date  |                            |                     |  |  |  |
| Spouse's e-File PIN: check one box only  |                            |                     |  |  |  |
| I authorize the ERO named below to enter my e-File PIN 3 2 9 5 1 as my signature on my 2022 e-filed Virginia individual income tax return.   |                            |                     |  |  |  |
| GLOBAL TAXES LLC   |                            |                     |  |  |  |
| ERO Firm Name I will enter my e-File PIN as my signature on my 2022 e-filed Virginia individual income tax return. Check this box only if you are entering your own e-File PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.   |                            |                     |  |  |  |
| Spouse's Signature Date  |                            |                     |  |  |  |
| 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.   |                            |                     |  |  |  |
| Do not enter all zeros<br>I certify that the above numeric entry is my ERO EFIN/PIN, which is my signature for the 2022 Virginia individual income tax return for the taxpayer(s)<br>indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Virginia's publication<br>Handbook for Electronic Filers of Individual Income Tax Returns (Tax Year 2022). EROs may sign the form using a rubber stamp, mechanical device, such as<br>a signature pen, or computer software program.   |                            |                     |  |  |  |
| ERO's Signature         Date         03-02-23  |                            |                     |  |  |  |

Tax Year

2022