### 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)

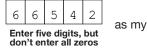
Taxpayer's name	Social security number						
VENKATA PUVVADA	899-16-6542						
Spouse's name	Spouse's social security number						
LAKSHMI NAGA SUSMITH ATMAKURI	756-83-2951						
Part I Tax Return Information – Tax Year Ending December 31, 2022 (Enter year you are authorizing.)							
Enter whole dollars 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 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 <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 LAKSHIN NACA SUSMITH         Ant name         Spouse's social security number address (number not street), if you have a D.O. box, see instructions.         Apt. no.         Presidential Election Campaign spouse if filing jointly, want 3b to the funct. Checking a province/strate/county         Presidential Election Campaign spouse if filing jointly, want 3b to the funct. Checking a province/strate/county         Presidential Election Campaign spouse if filing jointly, want 3b to the funct. Checking a province/strate/county         Presidential Election Campaign spouse if filing jointly, want 3b to the funct. Checking a province/strate/county           Digital Assets         At any time during 2022, did you: (a) receive (as a revard, avard, 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)         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, see instructions;         (f) First name         Law and 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 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 fmore than four dependents, see instructions):       (2) Social security number       (3) Relationship to you       (4) Check the box if qualifies for (see instructions): Child tax credit       Credit for other dependent accent to you         HARATHI LAKSHMI PUVVADA       954-91-5004       Daughter       Image: Child tax credit       Credit for other dependent accent to you         BARATHI LAKSHMI PUVVADA       954-91-5004       Daughter       Image: Child tax credit       Credit for other dependent accent to you         Income here       1a       Total amount from Form(s) W-2, box 1 (see instructions)       1a       106, 385.         Income wex tribuled       1a       Total amount from Form(s) W-2, box 1 (see instructions)       1a       106, 385.         Match Form(s)       V-2 area, Also 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: Medicald waiver payments not reported on Form S0 W-2 (see instructions)       1d         W-2, see instructions.       Image: Formation form S0H9 line 6       Image: See instructions)       1d       Image: See instructions)       1d         W-2, see instructions.       Image: Formation form Schedule 1, line 26       1d       Image: See instructions)       1d         W-2, see instructions.       Image: 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 than four dependents, see instructions and check here       Image Table Book Lasse PUVVADA       954-91-5004       Daughter       Image Table Book Lasse PUVVADA       Image Table PUVVADA         Income here       Image Table Book Lasse PUVVADA       423-71-1790       Daughter       Image Table Pup Calce 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 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 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 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 was withheld.       f       Employer-provided adoption benefits from Form 8839, line 29       11         If you did not get a Form W-2, see instructions.       g       Wages from Form 8919, line 6       11         W-2, see instructions.       i       Nontaxable combat pay election (see instructions)       11       11         W-2, see 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 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 Married filing separately, \$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- Deduction for- Single or Married filing separately, \$12,950       5a       b       Taxable amount       5b         6a       Social security benefits       6a       b       Taxable amount       5b         6b       Standard Deduction for- Married filing separately, \$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 Married filing separately, \$12,950       r       Gapital gain or (loss). Attach Schedule D if required. If not required, check here       7       -3,000.         • Married filing jointly or Qualifying surviving spouse, \$25,900       8       Other income from Schedule 1, line 10       7       -3,000.         • Head of household, \$19,400       10       Adjustments to income from Schedule 1, line 26       9       90,521.         • If you checked any box under Standard       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         • Head of household, \$29,000.       13       Qualified business income deduction from Form 8995 or Form 8995-A       13         • If you checked any box under Standard       14       25,900.       14		4a		4a							• •	. 4b	)	
<ul> <li>Single or Married filing separately, \$12,950</li> <li>Married filing jointy or Qualifying surviving spouse. \$25,900</li> <li>Head of household, \$19,400</li> <li>Head of household, \$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 separately, \$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 Qualifying surviving spouse, \$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 household, \$19,40011Subtract line 10 from line 9. This is your adjusted gross income1190, 521.• Head of household, \$19,40012Standard deduction or itemized deductions (from Schedule A)1225,900.• If you checked any box under Standard13Qualified business income deduction from Form 8995 or Form 8995-A13• If you checked any box under Standard1425,900.141425,900.1425,900.15Subtract line 14 from line 11. If zero or less enter -0- Deduction,1564		7	Capital gain or (loss). Attach Sche								. L	_ 7		
Qualifying surviving spouse, \$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 household, \$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 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         • If you checked any box under Standard       14       25,900.       14         • Adjustments to income itemized deductions (from Schedule A)       13       14         • If you checked any box under Standard       14       25,900.       13         • If you checked any box under Standard       14       25,900.       14         • If you checked any box under Standard       14       25,900.       15         • If you checked any box under Standard       14       25,900.       15	Qualifying					our <b>total ir</b>	icom	<b>e</b>			• •			90,521.
household, \$19,400       12       Standard deduction or itemized deductions (from Schedule A)       12       25,900.         If you checked any box under Standard 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 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 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 Internal Revenue Service Go to www.irs.gov/Form1040 for instructions and the latest information.						
	( )	rm 1040, 1040-SR, or 1040-NR DA & LAKSHMI NAGA SUSMITH ATMAKURI			<b>'our so</b> 899-1	cial s	Sequence No. <b>03</b> Security number 542
Pa	rt I Nonre	fundable Credits					
1	Foreign tax	credit. Attach Form 1116 if required				1	2.
2	Credit for c Form 2441	child and dependent care expenses from Form 244	1, lin 	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, 	or 1040-	•NR, 	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 h	Reserved for future use	13g 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 This	instructions for how to figure the amounts to enter on the below. form may be easier to complete if you round off cents to le dollars.	<b>(d)</b> Proceeds (sales price)	<b>(e)</b> Cost (or other basis)	<b>(g)</b> Adjustments to gain or loss f Form(s) 8949, P line 2, column	from Part I,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a	Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b.					
1b	Totals for all transactions reported on Form(s) 8949 with <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 This	e instructions for how to figure the amounts to enter on the es below. Is form may be easier to complete if you round off cents to ole dollars.					(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a	Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b.					
8b	Totals for all transactions reported on Form(s) 8949 with <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 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> Description of property	<b>(b)</b> Date acquired	<b>(c)</b> Date sold or	<b>(d)</b> Proceeds	Proceeds See the Note below See the separate instructions. Sub		(h) Gain or (loss) Subtract column (e)	
	(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see Column (e) in the separate instructions.	<b>(f)</b> Code(s) from instructions	<b>(g)</b> Amount of adjustment	from column (d) and combine the result 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> Description of property	<b>(b)</b> Date acquired	<b>(c)</b> Date sold or	<b>(d)</b> Proceeds	<b>(e)</b> Cost or other basis See the <b>Note</b> below	See the separate instructions.		<b>(h)</b> Gain or (loss) Subtract column (e)	
	(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	e instructions) in the separate (f) (g) instructions. Code(s) from Amount of			from column (d) and combine the result 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 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 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 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 17 18a b 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 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 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, 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. 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 1040), Par	<b>I 20% tax</b> (see instructions). Enter 20% (0.20) of the distributions included on line 16 that 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 Child Tax Credit (CTC) (including the Additional Child Tax Credit (AC	OTC), CTC) and		For tax y 20	/ear
Departm	overnoer 2022)         Credit for Other Dependents (ODČ)), and Head of Household (HOH) File           nent of the Treasury Revenue Service         To be completed by preparer and filed with Form 1040, 1040-SR, 1040-NR, 10 Go to www.irs.gov/Form8867 for instructions and the latest info	040-PR, or 1040-SS.	Attac Sequ	hment 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 e benefit(s) claimed (check all that apply).		e the rel AOTC		arts I–\ HOH
1	Did you complete the return based on information for the applicable tax year provide or reasonably obtained by you? (See instructions if relying on prior year earned income		Yes 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 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 you asked, whom you asked, when you asked, the information that was provided, an 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 d to prepare Form ) provided by the 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 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 (s) and/c	n the ret or HOH	urn or filing
	B. Complete this Form 8867 truthfully and accurately and complete the actions described in this check 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 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 B60834029	2 Locality Uninsured & Authorize DMAS 08101986 Name or Filing Status Change B60834029 Address Change 10192022 VA Return Not Filed Last Year Dependent on Another's Return Anended Amended Amended Meason Code Sea Sea Sea Sea Sea Sea Sea Sea Sea 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	· Preparer Information 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/ Spouse SSN	Withholding Type	VA Withholding	Employer FEIN	VA Account Number	VA Wages, tips, 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.

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# 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 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) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Virginia's publication 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 a signature pen, or computer software program.					
ERO's Signature         Date         03-02-23					

Tax Year

2022