Form **8879**

(Rev. January 2021)

Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.

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

OMB No. 1545-0074

- Internal n	evenue del vice					
Submis	ssion Identification Number (SID)					
Taxpayer	's name	Social secu	rity numl	ber		
TARA	KARAMA RAVI TEJA GODAVARTHI	196-83	- 1-225	7		
Spouse's		Spouse's so	cial sec	urity nu	mber	
Part		year you	are au	thoriz	<u>:ing.)</u>	
	hole dollars only on lines 1 through 5.					
	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.		1.	Ι.	110	255
	Adjusted gross income		1			355.
	Total tax		2	-		373.
	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3			984.
	Amount you want refunded to you		5		2,	611.
Part	,		-	/our r	eturi	<u></u>
	enalties of perjury, I declare that I have examined a copy of the income tax return (original or amended)					
to send for any of Agent to payment authorize payment business taxes to personal	original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmismy return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejected providers in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U. in initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indiction from the financial institution account indication is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the I. I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requisited adays prior to the payment (settlement) date. I also authorize the financial institutions involved in the payment cancellation necessary to answer inquiries and resolve issues related to the payment (PIN) below is my signature for the income tax return (original or amended) I are a financial for the payment (PIN) below is my signature for the income tax return (original or amended) I are a financial financial institutions involved in the payment (PIN) below is my signature for the income tax return (original or amended) I are a financial institutions.	ction of the S. Treasury cated in the n to debit the the authoriests must processing ayment. If the stream of the the the authoriests must be processing ayment. If the stream of the st	transminand its cand	ssion, (designation to this To revolved no lectronic knowle	(b) the ated Fin softwaccouloke (cap later iic payiedge t	reason inancial vare for nt. This ancel) a than 2 ment of that the
	ic Funds Withdrawal Consent.					
	yer's PIN: check one box only	:	L 2 :	2 5	7	
X	I authorize GLOBAL TAXES LLC to enter or generate r	Ė	nter five		but	as my
	signature on the income tax return (original or amended) I am now authorizing.	d	on't ente	r all ze	ros	
Your si	I will enter my PIN as my signature on the income tax return (original or amended) I am no if you are entering your own PIN and your return is filed using the Practitioner PIN methodelow. gnature ▶					
Spous	e's PIN: check one box only					
Opous	I authorize to enter or generate r	nv PINI				as my
	ERO firm name	, _	nter five	digits,		as my
	signature on the income tax return (original or amended) I am now authorizing.	d	on't ente	r all ze	ros	
	I will enter my PIN as my signature on the income tax return (original or amended) I am notifyou are entering your own PIN and your return is filed using the Practitioner PIN metholelow.		_			_
Spouse	e's signature ▶ Date ▶					
<u> </u>	Practitioner PIN Method Returns Only—continue below					
Part I	Certification and Authentication — Practitioner PIN Method Only					
EDO's	EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 2 2	2 4 9	6 6	1 9	9 8	9
ENO 5	EFIN/FIN: Litter your six-digit Er in followed by your live-digit self-selected Fin.		nter all z	-	7101	
authoriz	that the above numeric entry is my PIN, which is my signature for the electronic individual income ta ed to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submenents of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS e-file Providers of In	x return (ori tting this re	ginal or turn in a	amend	lanće v	
ERO's	signature ▶ Date ▶					
	ERO Must Retain This Form — See Instructions					
	Don't Submit This Form to the IRS Unless Requested To D	o So				

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

2022

OMB No. 1545-0074

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

Filing Status Check only one box.	If yo	ou checked the MFS box, enter the n	ame of y	ed filing separately (Noor spouse. If you cl					spo	ouse (Q	(SS)	_
		son is a child but not your dependent							1			
Your first name			Last nar								curity n	umber
		RAVI TEJA		VARTHI					_	-81-2		
If joint return, s	spouse's	s first name and middle initial	Last nar	me					Spous	e's socia	al securi	ity numbe
Home address	(numbe	er and street). If you have a P.O. box, see	instruction	ons.				Apt. no.	Presid	ential E	lection	Campaigr
1673 FA	IRWA	Y GLENS DR									you, or	
City, town, or p	ost offi	ce. If you have a foreign address, also co	mplete s	paces below.	Sta	te	ZIP	code				, want \$3 ecking a
YPSILAN	ΓI				MI		483	198	_		I not ch	•
Foreign countr	y name		F	Foreign province/state/o	count	у	Forei	gn postal code	your ta	ax or ref	und.	_
										Y	′ou _	Spouse
Digital Assets		ny time during 2022, did you: (a) rec lange, gift, or otherwise dispose of a	,				•	, ,	` '		res D	X No
Standard		eone can claim: You as a de						, (
Deduction		Spouse itemizes on a separate retur	•			а абропаотт						
Age/Blindness	s You:	: Were born before January 2, 1	958	Are blind Spo	ouse:	: Was boi	rn bef	ore January	2, 1958		Is blind	ı
Dependent	s (see	instructions):		(2) Social security	,	(3) Relationsh	ain (4) Check the b	oox if qua	lifies for	(see ins	tructions):
If more		irst name Last name		number		to you		Child tax of	credit	Credit	for other	dependents
than four												
dependents,	_											
see instruction and check	s ——											
here												
Income	1a	Total amount from Form(s) W-2, b	ox 1 (see	e instructions)					. 1	а	129	,820.
	b	Household employee wages not re	eported	on Form(s) W-2 .					. 1	b		
Attach Form(s) W-2 here. Also	С	Tip income not reported on line 1a	a (see ins	structions)					. 1	С		
attach Forms	d	Medicaid waiver payments not rep		, ,	nstru	ctions)			. 1	d		
W-2G and 1099-R if tax	е	Taxable dependent care benefits t		•					. 1	е		
was withheld.	f	Employer-provided adoption bene	fits from	Form 8839, line 29					. 1	f		
If you did not	g	Wages from Form 8919, line 6.							. 1	g		
get a Form W-2, see	h	Other earned income (see instruct	,				· .		. 1	h		0.
instructions.	i	Nontaxable combat pay election (see instr	uctions)		<u>1i</u>	<u> </u>					
	Z	Add lines 1a through 1h								Z	_129	,820.
Attach Sch. B	2a		2a			axable interes				b		
if required.	3a		3a			rdinary divide			. 3	_		
	4a	_	4a			axable amoun			. 4			
Standard Deduction for—	5a	-	5a			axable amoun			. 5			
Single or	6a	,	6a			axable amoun	π		. 6	D		
Married filing separately,	C	If you elect to use the lump-sum e Capital gain or (loss). Attach Sche		,	`	,			H F.	,		005
\$12,950	7	1 0 ()			,							895.
Married filing jointly or	8	Other income from Schedule 1, lin Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7		This is your total inc						3		,360.
Qualifying surviving spouse,	9 10								. 1			,355.
\$25,900		Adjustments to income from Sche	•						. 1		110	255
 Head of household, 	11 12	Subtract line 10 from line 9. This is Standard deduction or itemized	•							2		,355.
\$19,400 If you checked	13	Qualified business income deduct				 5-Δ				3		,950.
any box under	14	Add lines 12 and 13								4	1 2	0 E O
Standard Deduction,	15	Subtract line 14 from line 11. If zer								5		<u>,950.</u> ,405.
see instructions.	.5		0 01 1033	5, onto 0 IIII5 15 y	Jui t	azabie ilicoli			'	<u> </u>	T 0 0	, 400.

Form 1040 (2022	2)									Page 2
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 881	4 2 🗌 4972	3 🗌		16	19,	373.
Credits	17	Amount from Schedule 2, lin	ie 3					17		
	18	Add lines 16 and 17						18	19,	373.
	19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812			19		
	20	Amount from Schedule 3, lin	ie 8					20		
	21	Add lines 19 and 20						21		
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	19,	373.
	23	Other taxes, including self-e	mployment tax,	from Schedule	2, line 21 .			23		0.
	24	Add lines 22 and 23. This is	your total tax					24	19,	373.
Payments	25	Federal income tax withheld								
-	а	Form(s) W-2				25a 23	L,984.			
	b	Form(s) 1099				25b				
	С	Other forms (see instruction	s)			25c				
	d	Add lines 25a through 25c						25d	21,	984.
If you have a	26	2022 estimated tax paymen	ts and amount a	pplied from 20	21 return			26		
If you have a qualifying child,	27	Earned income credit (EIC)	'		No .	27				
attach Sch. EIC.	28	Additional child tax credit from				28				
	29	American opportunity credit	from Form 8863	8, line 8		29				
	30	Reserved for future use .				30				
	31	Amount from Schedule 3, lir				31		1		
	32	Add lines 27, 28, 29, and 31	. These are your	total other pa	ayments and ref	undable credits		32		
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments				33	21,	984.
Refund	34	If line 33 is more than line 24	1, subtract line 2	4 from line 33.	This is the amou	nt you overpaid		34	2,	611.
neiuliu	35a	Amount of line 34 you want	refunded to you	ı. If Form 8888	s is attached, che	ck here	🗆	35a	2,	611.
Direct deposit?	b	Routing number 0 6 1	0 0 0 0	5 2	c Type:	Checking	Savings			
See instructions.	d	Account number 3 3 4	0 4 4 6	7 7 0 5	5 2		_			
	36	Amount of line 34 you want	applied to your	2023 estimate	ed tax	36				
Amount	37	Subtract line 33 from line 24		•						
You Owe	38	For details on how to pay, g Estimated tax penalty (see in	_			38		37		
Third Party		you want to allow another								
Designee		tructions	•				omplete b	oelow.	X No	
3	De	signee's		Phone		Pers	onal identi	fication		
	naı	ne		no.		num	ber (PIN)			
Sign		der penalties of perjury, I declare t ief, they are true, correct, and com			, , ,				,	0
Here		ur signature	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Date	Your occupation				nt you an Ident	•
	10	ui signature		Date	Tour occupation				IN, enter it her	
Joint return?					SOFTWARE	DEVELOPER	(see	inst.)		
See instructions.	Sp	ouse's signature. If a joint return, I	oth must sign.	Date	Spouse's occupat	tion			nt your spouse	
Keep a copy for your records.							I	tity Prot inst.)	ection PIN, ent	er it here
,		(201) 501 256		Farall adduses	D.111100011	000000000				
		one no. (321)501-356 eparer's name	Preparer's signat	Email address	KAVITEJA.0	207@GMAIL.CO Date	DM PTIN		Check if:	
Paid		•			יייים חוום חוי			0022	Self-emp	aloved
Preparer				PAVAN KUM	AR DUDIPALLI	03/13/2023	P0247			
Use Only		m's name GLOBAL TA		NICELE CIT	T 00016				(678)965-	
			Y CT E BRU	NSWICK No			Firm	's EIN	88-214	
Go to www.irs.go	ov/Forn	n1040 for instructions and the late	st information.		BAA	REV 03/02/23 PRO			Form 10 4	40 (2022)

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2022

Attachment
Seguence No. 01

Department of the Treasury Internal Revenue Service

Name(s) shown on Form 1040, 1040-SR, or 1040-NR TARAKARAMA RAVI TEJA GODAVARTHI

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

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

	Sequence No. U1
Your soc	ial security number
196-81	-2257

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	-11,360.
6	Farm income or (loss). Attach Schedule F		6	
7	Unemployment compensation		7	
8	Other income:			
а	Net operating loss	8a ()	
b	Gambling	8b		
С	Cancellation of debt	8c		
d	Foreign earned income exclusion from Form 2555	8d ()	
е	Income from Form 8853	8e		
f	Income from Form 8889	8f		
g	Alaska Permanent Fund dividends	8g		
h	Jury duty pay	8h		
i	Prizes and awards	8i		
j	Activity not engaged in for profit income	8j		
k	Stock options	8k		
- 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		
0	Section 951A(a) inclusion (see instructions)	80		
р	Section 461(I) excess business loss adjustment	8p		
q	Taxable distributions from an ABLE account (see instructions)	8q		
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	8s (4	
t	Pension or annuity from a nonqualifed deferred compensation plan or			
	a nongovernmental section 457 plan	8t		
	Wages earned while incarcerated	8u		
Z	Other income. List type and amount:	0-		
0	Total other income. Add lines to three to	8z		
9	Total other income. Add lines 8a through 8z		9	-11,360.
10	Combine lines i unrough / and 5. chief here and on Form 1040, 1040-5F	1, UI 1U4U-NH, IIIIE 8	10	-11,300.

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

Par	t II Adjustments to Income					
11	Educator expenses				11	
12	Certain business expenses of reservists, performing artists, and fee-	-basis	governr	nent		
	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	,	24a			_	
b	Deductible expenses related to income reported on line 8l from the					
	, , , , , , , , , , , , , , , , , , , ,	24b			_	
С	Nontaxable amount of the value of Olympic and Paralympic medals					
	· · · · · · · · · · · · · · · · · · ·	24c			-	
d	· · · · · · · · · · · · · · · · · · ·	24d			-	
е	Repayment of supplemental unemployment benefits under the Trade Act of 1974	24e				
f		24f				
g		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					
	-	24i				
j		24j				
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form					
	,	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 .					
	Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a				26	

SCHEDULE D (Form 1040)

Department of the Treasury

Internal Revenue Service

Capital Gains and Losses

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

Go to www.irs.gov/ScheduleD for instructions and the latest information. Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.

OMB No. 1545-0074

2022

Attachment Sequence No. **12**

Name	Name(s) shown on return Your social security number											
TA	RAKARAMA RAVI TEJA GODAVARTHI			196	-81-	2257						
	you dispose of any investment(s) in a qualified opportunity es," attach Form 8949 and see its instructions for additiona	•	•									
Pa	rt I Short-Term Capital Gains and Losses—Ge	nerally Assets I	Held One Year	or Less (s	ee ins	structions)						
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.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustme to gain or los Form(s) 8949 line 2, colur	s from , Part I,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)						
	Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b .											
1b	Totals for all transactions reported on Form(s) 8949 with Box A checked	4,224.	3,183.			1,041.						
2	Totals for all transactions reported on Form(s) 8949 with Box B checked	4,224.	3,103.			1,041.						
3	Totals for all transactions reported on Form(s) 8949 with Box C checked											
4	Short-term gain from Form 6252 and short-term gain or (lo	oss) from Forms 4	684, 6781, and 88	324	4							
5	Net short-term gain or (loss) from partnerships, Schedule(s) K-1		estates, and tr	usts from	5							
6	Short-term capital loss carryover. Enter the amount, if an Worksheet in the instructions	y, from line 8 of y	-		6	(
7	Net short-term capital gain or (loss). Combine lines 1a term capital gains or losses, go to Part II below. Otherwise				7	1,041.						
Pa	rt II Long-Term Capital Gains and Losses—Ger	nerally Assets H	leld More Than	One Year	(see	instructions)						
lines	instructions for how to figure the amounts to enter on the s below.	(d) Proceeds	(e) Cost	(g) Adjustme to gain or los	s from	(h) Gain or (loss) Subtract column (e) from column (d) and						
	form may be easier to complete if you round off cents to le dollars.	(sales price)	(or other basis)	Form(s) 8949, line 2, colur		combine the result with column (g)						
8a	Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b.											
8b	Totals for all transactions reported on Form(s) 8949 with Box D checked	17,298.	24,290.	6,	846.	-146.						
9	Totals for all transactions reported on Form(s) 8949 with Box E checked											
10 Totals for all transactions reported on Form(s) 8949 with Box F checked												
11	Gain from Form 4797, Part I; long-term gain from Forms from Forms 4684, 6781, and 8824				11							
	Net long-term gain or (loss) from partnerships, S corporat	ions, estates, and	trusts from Scheo	dule(s) K-1	12							
	Capital gain distributions. See the instructions				13							
14	Long-term capital loss carryover. Enter the amount, if any Worksheet in the instructions	•	•	-	14	(

15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then, go to Part III

-146.

15

Schedule D (Form 1040) 2022 Page 2

Part III **Summary** 16 Combine lines 7 and 15 and enter the result 16 895. • If line 16 is a gain, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below. • If line 16 is a loss, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete • If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22. 17 Are lines 15 and 16 both gains? ☐ **Yes.** Go to line 18. No. Skip lines 18 through 21, and go to line 22. 18 If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the 18 19 If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet . 19 20 Are lines 18 and 19 both zero or blank and you are not filing Form 4952? ☐ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. Don't complete lines 21 and 22 below. □ No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below. If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of: 21 • The loss on line 16; or 21 • (\$3,000), or if married filing separately, (\$1,500) Note: When figuring which amount is smaller, treat both amounts as positive numbers. Do you have gualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a? 22 ☐ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.

8949

Sales and Other Dispositions of Capital Assets

Go to www.irs.gov/Form8949 for instructions and the latest information. File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D. OMB No. 1545-0074 Attachment Sequence No. 12A

Department of the Treasury Internal Revenue Service

Social security number or taxpayer identification number

196-81-2257

TARAKARAMA RAVI TEJA GODAVARTHI

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 instructions). For long-term transactions, see page 2. Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions). You must check Box A. B. or C below. Check only one box. If more than one box applies for your short-term transactions. complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need. X (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above) (B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS (C) Short-term transactions not reported to you on Form 1099-B Adjustment, if any, to gain or loss 1 If you enter an amount in column (a). (h) enter a code in column (f). Cost or other basis Gain or (loss) (d) (c) (a) (b) Date sold or Proceeds See the **Note** below See the separate instructions. Subtract column (e) Description of property Date acquired disposed of from column (d) and (sales price) and see Column (e) (Example: 100 sh. XYZ Co.) (Mo., day, yr.) combine the result (Mo., day, yr.) (see instructions) in the separate (a) Code(s) from Amount of adjustment instructions. with column (a). instructions ROBINHOOD SECURITIES LLC 01/01/22 12/31/22 4,224. 3,183. 1,041.

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.

4,224.

1,041.

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) .

3,183.

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

Social security number or taxpayer identification number

TARAKARAMA RAVI TEJA GODAVARTHI

above is checked), or line 10 (if Box F above is checked) .

196-81-2257

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.

(E) Long-term transactions	reported on	Form(s) 1099	-B showing bas	•		•	·)
(a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis See the Note below	If you enter an enter a c	f any, to gain or loss amount in column (g), ode in column (f). varate instructions.	(h) Gain or (loss) Subtract column (e)
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see Column (e) in the separate instructions.	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g).
ROBINHOOD SECURITIES LLC	01/01/21	12/31/22	17,298.	24,290.	W	6,846.	-146.
2 Totals. Add the amounts in columns negative amounts). Enter each total Schedule D. line 8h (if Box D. ahous	al here and inc	lude on your					

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.

6,846.

17,298.

24,290.

SCHEDULE E (Form 1040)

Supplemental Income and Loss

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

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

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

OMB No. 1545-0074

2022

Attachment Sequence No. 13

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

·

Your social security number

TAR	AKARAMA RAVI TEJA GODAVARTHI						196-81	L-2257		
Par	Income or Loss From Rental Real Estate an Note: If you are in the business of renting personal proper rental income or loss from Form 4835 on page 2, line 40.			e C. See	instru	ctions. If you ar	e an indiv	idual, rep	ort farm	
Α	Did you make any payments in 2022 that would require you	to file	Form(s)	1099? S	See ins	tructions		. 🗌 Ye	s 🛚 No	
В	If "Yes," did you or will you file required Form(s) 1099? .							. 🗌 Y e	s 🗌 No	
1a	Physical address of each property (street, city, state, ZIF									
Α	SRINIVASA COLONY EAST SR N HYDERABAD T	ELAI	NGANA I	IN 500	0038					_
В										_
С										_
1b	Type of Property (from list below) 2 For each rental real estate prope above, report the number of fair	rental	and		Fa	ir Rental Days	Persona Day		QJV	_
Α	personal use days. Check the Qu			Α		365		0		
В	if you meet the requirements to f qualified joint venture. See instru			В						
С	quaimed joint venture. Gee instru	CLIOII	J.	С						
1	of Property: Single Family Residence 3 Vacation/Short-Term Rent Multi-Family Residence 4 Commercial	tal	5 Land 6 Roya	-		Self-Rental Other (descri				
						Propertie	es:			_
Incor				Α		В			С	_
3	Rents received	3		5	10.					_
_ 4	Royalties received	4								_
	nses:	_								
5	Advertising	5								_
6	Auto and travel (see instructions)	7		1,2	ΕO					_
7 8	Cleaning and maintenance	8		1,2	50.					_
9	Commissions	9								_
10	Insurance	10								_
11	Management fees	11		1 0	<u> </u>					_
12	Mortgage interest paid to banks, etc. (see instructions)	12		1,0	50.					_
13	Other interest	13								_
14	Repairs	14		3 5	60.					_
15	Supplies	15		3,1						_
16	Taxes	16		3,1	20.					_
17	Utilities	17		2,8	90.					_
18	Depreciation expense or depletion	18								_
19	Other (list)	19								_
20	Total expenses. Add lines 5 through 19	20		11,8	70.					_
21	Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198	21		-11,3						
22	Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22		11,36		()(,)
23a	Total of all amounts reported on line 3 for all rental prope	rties			23a		510.			
b	Total of all amounts reported on line 4 for all royalty properties.	erties			23b					
С	Total of all amounts reported on line 12 for all properties				23c					
d	Total of all amounts reported on line 18 for all properties				23d					
е	Total of all amounts reported on line 20 for all properties				23e	11,	,870.			
24	Income. Add positive amounts shown on line 21. Do no	t inclu	ude any lo	osses			24			
25	Losses. Add royalty losses from line 21 and rental real estat	te loss	ses from li	ne 22. E	nter to	otal losses here	e 25 (11,360.)
26	Total rental real estate and royalty income or (loss).									
	here. If Parts II, III, IV, and line 40 on page 2 do not a Schedule 1 (Form 1040), line 5. Otherwise, include this ar						1 26		-11,360.	

VA-8453 Virginia Department of Taxation

Virginia Individual Income Tax Declaration for Electronic Filing

Tax Year 2022

DO NOT SEND THIS VA-8453 TO THE VIRGINIA DEPARTMENT OF TAXATION OR THE IRS. IT MUST BE MAINTAINED IN YOUR FILES!

Virg	jinia Su	bmissic	n Iden	tification	n Nun	nber	(SID)		1								1		-		_						
First I	Name &	Middle	Initial (i	f joint o	r comb	ined	return	, enter	both)	Las	st Nan	ne									В `	Your S	Social	Secu	ırity Nur	mber	
TAR	AKAR	AMA 1	RAVI	TEJ	A					GC	DAV	ART:	ΉI									196	-81	-22	57		
Pres	ent Hon	ne Addr	ess																		Α :	Spous	e's S	ocial S	Security	/ Numbe	er
		IRWA		ENS	DR																						
		nd Zip (Code																				Or	nline <u>F</u>	Filed Re	eturn	
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						orm	7600	2 Lino	1. 760	NDV I	ina 1	oolun	nno	A 9 D). Ear	m 76	2 Lin	no 1)				A Sp	ouse	,	-		
1.	 Federal Adjusted Gross Income (Form 760CG, Line 1; 760PY, Line 1, columns A & B; Form 763, L Virginia Adjusted Gross Income (Form 760CG, Line 9; 760PY, Line 10, columns A & B; Form 763, L 													,									,355.				
3.	•												16 3	,								,355.					
			•													•									1	/	,398.
4.	_	nia Incor		•																							240.
5.		nolding (19a	& 19	0)						_	_			415.
6.		unt you	,									763, L	ine	35)													
7.		nd (Forr				OPY,	Line	36; For	m 763,	Line :	36)																175.
Part	II D	eclara)			_																						
8a.	X		tment o	of the of	her sp	ouse	as an	agent	to rece	ive the	e refui	nd. I c	certi													irrevoca ution out	
8b.		l do no	t want	direct d	eposit	of my	refur	id or I a	am not	receiv	ing a	refunc	d. I	choos	se to	have	a ch	eck	mail	ed to	me.						
8c.	clare und	the fina	ancial ir ted tax sary to a e of the	nstitutio I also answer territori	n accor author inquirie al juris	unt in ize th es an dictio	dicate ne fina d reso on of th	ed on m ncial in olve iss ne Unit	ny 2022 estitutio eues rel ed Stat	Virgirns inverted to the second to the secon	nia incolored the position of	ome to in the payme oint in	ax r pro ent. the	return ocessi I cert proce	for pa ng of tify the ess.	ayme the e at the	ent of electro e tran	my s onic sact	pay ion (taxe ment does	es owe of tax not d	ed on t kes to irectly	this re receining involves	eturn a ve coi ve a fi	and/or a nfidenti inancial	rawal en a payme al inform I instituti ator and	ent of nation on
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1555	i										RE\	/ 02/17/	/23 F	PRO													

763Page 1



Enclose a complete copy of your federal tax return and all other required Virginia enclosu

	Enclose a comp	icic copy o	i your icaci	ui tu	x return and	an other require	u v 9	,u c	o.ooui	00.						
First N				MI Last Name SODAVARTHI				ix	Your Soc		•				Check decea	
	AKARAMA RAVI se's First Name (Filing		v)	MI	GODAVAR'.	I.H.T	Suffi	ix	196-			rity Numl	ber		Check	
															decea	
	nt Home Address (Nu		eet or Rural Ro	oute)					Birth Date	1 () 7	- 0 2	2 -	1 9 9	9 0	
	3 FAIRWAY GI own or Post Office	LENS DR			State	ZIP Code	-	•	n-dd-yyyy)							
	ILANTI				MI	48198	Spo		Birth Date n-dd-yyyy)			-	-			
State	of Residence			Name	e of Virginia City	or County in which	princip	al plac	e of busin	ness, e	mployn	nent, or ir	ncom	e source	Locality Co	de
MI			is located. ALLEGHA	YNA								City o	RX	County	005	
			nded Return	Γ		Name(s) or				ian		Ove	ersea	as on Du	====== e Date	
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1	Adjusted Gross In	come from	federal returr	1 - N	ot federal tax	able income							1		119355	00
2	Additions from Sc	hedule 763	ADJ, Line 3.									:	2			00
3	Add Lines 1 and	2										;	3		119355	00
4	Age Deduction (S										You	4:	a			00
	Enter Birth Dates and Your Spouse's	above. Ente	er Your Age E ction on Line	edu 4b	ction on Line	4a				ç	Spouse	e 4	b			00
5	Social Security Ac												- 5			00
6	State income tax							-					6			00
	Subtractions from		. ,		•	,							7			00
7													_			
8	Add Lines 4a, 4b												8			00
9	Virginia Adjusted	d Gross Inc	ome (VAGI).	. Sul	otract Line 8	from Line 3						!	9		119355	00
10	Itemized Deduction	ons from Vir	ginia Schedu	le A,	if applicable.	See instructions.						10	0			00
11	If you do not claim	n itemized d	eductions on	Line	e 10, enter sta	andard deduction.	See	instru	ctions			1	1		8000	00
12	Exemption amour	nt. Enter the	total amoun	t fror	n the Exempt	ion Sections 1 and	d 2 ab	ove				1	2		930	00
13	Deductions from S	Schedule 76	3 ADJ, Line	9								1	3			00
14	Add Lines 10, 11	, 12 and 13										1	4		8930	00
15	Virginia Taxable Ir	ncome com	outed as a re	side	nt. Subtract L	ine 14 from Line 9	١					1	5		110425	00
16	Percentage from I														6.7	%
17	Nonresident Taxal					•			• /						7398	
					, ,	,										
18	Income Tax from														240	+
19a	Your Virginia inco	me tax withl	neld. Enclose	For	ms W-2, W-2	G, 1099, and VK-	1					19	a		415	00
	Dept. of Taxation F 1044 Rev. 07/22	or Local Use	LTD		□ \$									YY.	YYY	



2022 FORM 763 Page 2

2022 FORM 763 Page 2							
Your Name Your TARAKARAMA RAVI TEJA GODAVARTHI 196							
19b Spouse's Virginia income tax withheld. Enclose For		and VK-1		19b			00
20 2022 Estimated Tax Payments							00
21 2021 overpayment credited to 2022 estimated tax							00
• •							00
22 Extension Payment - submitted using Form 760IP							-
23 Credit for Low-Income Individuals or Virginia Earned							00
Total credits from Schedule OSC.							00
25 Credits from Schedule CR, Section 5, Line 1A				25			00
26 Total payments and credits. Add Lines 19a thro	ugh 25			26		415	00
27 If Line 18 is larger than Line 26, enter the difference	. This is the INCOME	TAX YOU O	WE	27			00
28 If Line 26 is larger than Line 18, enter the difference	. This is the OVERPA	YMENT AMO	OUNT	28		175	00
29 Amount of overpayment on Line 28 to be CREDITED	TO 2023 ESTIMATED	O INCOME TA	AX	29			00
30 Virginia529 and ABLE Contributions from Schedule	VAC, Part I, Line 6			30			00
31 Other Voluntary Contributions from Schedule VAC,	Section II, Line 14			31			00
32 Addition to Tax, Penalty, and Interest from enclosed	Schedule 763 ADJ,	Line 21.	Г	¬			
See instructions Enclose 76	0C or 760F and chec	k here		32			00
33 Sales and Use Tax is due on Internet, mail order, and See instructions				X 33			00
34 Add Lines 29 through 33							00
35 If you owe tax on Line 27, add Lines 27 and 34 - OF							
Line 34 is larger than Line 28, enter the difference. www.tax.virginia.govCheck here if paying by	AMOUNT YOU OWE	. Enclose pa	yment or pay at	35			00
	Line 28. This is the an	nount to be RI	EFUNDED TO YOU.	36		175	00
36 If Line 28 is larger than Line 34, subtract Line 34 from							
	afund will be issued b	w check					
If the Direct Deposit section below is not completed, your re			a a count Nounch an	Chooking		in an	1
If the Direct Deposit section below is not completed, your red			ccount Number	Checking	X S	avings]
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If the Direct Deposit section below is not completed, your reduced in the Direct Bank Deposits Your Bank Routing Transit	Number 0 5 2 3 orations, etc	Your Bank Ad 3 4 0 1 2 3 4 5 6 7 8 9 10 11 12 12 13 14 14 14 15 14 15 14 17 15 17 15 16 16 17 17 17 17 18	A - All Source 12982 -1136 11935 agree to obtain my Formula to be best of my (our) knowled imber 501-3563	7 0 s 20 00 00 00 00 00 00 00 00 00 00 00 00 0	5 2 B - Virg	inia Sources 7968 0 0 7968 6.7% virginia.gov. nd complete retu	00 00 00 00 00 00 00 00 00 00
If the Direct Deposit section below is not completed, your reduced in the Direct Bank Deposits Your Bank Routing Transit	Number 0 5 2 3 orations, etc	Your Bank Ad 3 4 0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 14 15 14 15 14 15 14 15 14 15 17 18 19 10 11 12 13 14 15 14 15 16 17 17 17 18 19 10 11 12 13 14 15 15 16 17 17 17 18 19	A - All Source 12982 -1136 11935 agree to obtain my Fore best of my (our) knowled umber 501-3563 ne Number	7 0 s 20 00 00 00 00 00 00 00 00 00 00 00 00 0	5 2 B - Virg	inia Sources 7968 0 0 7968 6.7% .virginia.gov.	00 00 00 00 00 00 00 00 00 00

2022 Schedule INC/CG

196812257

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

TARAKARAMA R GODAVARTHI



Your/ Spouse SSN	Withholding Type	VA Withholding	Employer FEIN	VA Account Number	VA Wages, tips, other comp.
Γ					コ
196812257	W	415.	811194657	30811194657F001	7968.

Total VA Withholding

You

196812257

Spouse

Total # of W-2s,1099s & VK-1s

01

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

2022

OMB No. 1545-0074

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

Filing Status Check only one box.	If yo	ou checked the MFS box, enter the n	ame of y	ed filing separately (Noor spouse. If you cl					spo	ouse (Q	(SS)	_
		son is a child but not your dependent							1			
Your first name			Last nar								curity n	umber
		RAVI TEJA		VARTHI					_	-81-2		
If joint return, s	spouse's	s first name and middle initial	Last nar	me					Spous	e's socia	al securi	ity numbe
Home address	(numbe	er and street). If you have a P.O. box, see	instruction	ons.				Apt. no.	Presid	ential E	lection	Campaigr
1673 FA	IRWA	Y GLENS DR									you, or	
City, town, or p	ost offi	ce. If you have a foreign address, also co	mplete s	paces below.	Sta	te	ZIP	code				, want \$3 ecking a
YPSILAN	ΓI				MI		483	198	_		I not ch	•
Foreign countr	y name		F	Foreign province/state/o	count	у	Forei	gn postal code	your ta	ax or ref	und.	_
										Y	′ou _	Spouse
Digital Assets		ny time during 2022, did you: (a) rec lange, gift, or otherwise dispose of a	,				•	, ,	` '		res D	X No
Standard		eone can claim: You as a de						, (
Deduction		Spouse itemizes on a separate retur	•			а абропаотт						
Age/Blindness	s You:	: Were born before January 2, 1	958	Are blind Spo	ouse:	: Was boi	rn bef	ore January	2, 1958		Is blind	ı
Dependent	s (see	instructions):		(2) Social security	,	(3) Relationsh	ain (4) Check the b	oox if qua	lifies for	(see ins	tructions):
If more		irst name Last name		number		to you		Child tax of	credit	Credit	for other	dependents
than four												
dependents,	_											
see instruction and check	s ——											
here												
Income	1a	Total amount from Form(s) W-2, b	ox 1 (see	e instructions)					. 1	а	129	,820.
	b	Household employee wages not re	eported	on Form(s) W-2 .					. 1	b		
Attach Form(s) W-2 here. Also	С	Tip income not reported on line 1a	a (see ins	structions)					. 1	С		
attach Forms	d	Medicaid waiver payments not rep		, ,	nstru	ctions)			. 1	d		
W-2G and 1099-R if tax	е	Taxable dependent care benefits t		•					. 1	е		
was withheld.	f	Employer-provided adoption bene	fits from	Form 8839, line 29					. 1	f		
If you did not	g	Wages from Form 8919, line 6.							. 1	g		
get a Form W-2, see	h	Other earned income (see instruct	,				· .		. 1	h		0.
instructions.	i	Nontaxable combat pay election (see instr	uctions)		<u>1i</u>	<u> </u>					
	Z	Add lines 1a through 1h								Z	_129	,820.
Attach Sch. B	2a		2a			axable interes				b		
if required.	3a		3a			rdinary divide			. 3	_		
	4a	_	4a			axable amoun			. 4			
Standard Deduction for—	5a	-	5a			axable amoun			. 5			
Single or	6a	,	6a			axable amoun	π		. 6	D		
Married filing separately,	C	If you elect to use the lump-sum e Capital gain or (loss). Attach Sche		,	`	,			H F.	,		005
\$12,950	7	1 0 ()			,							895.
Married filing jointly or	8	Other income from Schedule 1, lin Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7		This is your total inc						3		,360.
Qualifying surviving spouse,	9 10								. 1			,355.
\$25,900		Adjustments to income from Sche	•						. 1		110	255
 Head of household, 	11 12	Subtract line 10 from line 9. This is Standard deduction or itemized	•							2		,355.
\$19,400 If you checked	13	Qualified business income deduct				 5-Δ				3		,950.
any box under	14	Add lines 12 and 13								4	1 2	0 E O
Standard Deduction,	15	Subtract line 14 from line 11. If zer								5		<u>,950.</u> ,405.
see instructions.	.5		0 01 1033	5, onto 0 IIII5 15 y	Jui t	azabie ilicoli			'	<u> </u>	T 0 0	, 400.

Form 1040 (2022	2)									Page 2
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 881	4 2 🗌 4972	3 🗌		16	19,	373.
Credits	17	Amount from Schedule 2, lin	ie 3					17		
	18	Add lines 16 and 17						18	19,	373.
	19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812			19		
	20	Amount from Schedule 3, lin	ie 8					20		
	21	Add lines 19 and 20						21		
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	19,	373.
	23	Other taxes, including self-e	mployment tax,	from Schedule	2, line 21 .			23		0.
	24	Add lines 22 and 23. This is	your total tax					24	19,	373.
Payments	25	Federal income tax withheld								
-	а	Form(s) W-2				25a 23	L,984.			
	b	Form(s) 1099				25b				
	С	Other forms (see instruction	s)			25c				
	d	Add lines 25a through 25c						25d	21,	984.
If you have a	26	2022 estimated tax paymen	ts and amount a	pplied from 20	21 return			26		
If you have a qualifying child,	27	Earned income credit (EIC)	'		No .	27				
attach Sch. EIC.	28	Additional child tax credit from				28				
	29	American opportunity credit	from Form 8863	8, line 8		29				
	30	Reserved for future use .				30				
	31	Amount from Schedule 3, lir				31		1		
	32	Add lines 27, 28, 29, and 31	. These are your	total other pa	ayments and ref	undable credits		32		
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments				33	21,	984.
Refund	34	If line 33 is more than line 24	1, subtract line 2	4 from line 33.	This is the amou	nt you overpaid		34	2,	611.
neiuliu	35a	Amount of line 34 you want	refunded to you	ı. If Form 8888	s is attached, che	ck here	🗆	35a	2,	611.
Direct deposit?	b	Routing number 0 6 1	0 0 0 0	5 2	c Type: 🛛	Checking	Savings			
See instructions.	d	Account number 3 3 4	0 4 4 6	7 7 0 5	5 2		_			
	36	Amount of line 34 you want	applied to your	2023 estimate	ed tax	36				
Amount	37	Subtract line 33 from line 24		•						
You Owe	38	For details on how to pay, g Estimated tax penalty (see in	_			38		37		
Third Party		you want to allow another								
Designee		tructions	•				omplete b	oelow.	X No	
3	De	signee's		Phone		Pers	onal identi	fication		
	naı	ne		no.		num	ber (PIN)			
Sign		der penalties of perjury, I declare t ief, they are true, correct, and com			, , ,				,	0
Here		ur signature	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Date	Your occupation				nt you an Ident	•
	10	ui signature		Date	Tour occupation				IN, enter it her	
Joint return?					SOFTWARE	DEVELOPER	(see	inst.)		
See instructions.	Sp	ouse's signature. If a joint return, I	oth must sign.	Date	Spouse's occupat	tion			nt your spouse	
Keep a copy for your records.								tity Prot inst.)	ection PIN, ent	er it here
,		(201) 501 256		Farall adduses	D.111100011	000000000				
		one no. (321)501-356 eparer's name	Preparer's signat	Email address	KAVITEJA.0	207@GMAIL.CO Date	DM PTIN		Check if:	
Paid		•			יייים חוום חו			0022	Self-emp	aloved
Preparer				PAVAN KUM	AR DUDIPALLI	03/13/2023	P0247			
Use Only		m's name GLOBAL TA		NICELE CIT	T 00016				(678)965-	
			Y CT E BRU	NSWICK No			Firm	's EIN	88-214	
Go to www.irs.go	ov/Forn	n1040 for instructions and the late	st information.		BAA	REV 03/02/23 PRO			Form 10 4	40 (2022)

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2022

Attachment
Seguence No. 01

Department of the Treasury Internal Revenue Service

Name(s) shown on Form 1040, 1040-SR, or 1040-NR TARAKARAMA RAVI TEJA GODAVARTHI

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

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

	Sequence No. U
Your soc	ial security number
106-91	_2257

Par	Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxes		1	
2a	Alimony received		2a	
b	Date of original divorce or separation agreement (see instructions):			
3	Business income or (loss). Attach Schedule C		3	
4	Other gains or (losses). Attach Form 4797		4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Atta	ach Schedule E .	5	-11,360.
6	Farm income or (loss). Attach Schedule F		6	
7	Unemployment compensation		7	
8	Other income:			
а	Net operating loss	8a ()	
b	Gambling	8b		
С	Cancellation of debt	8c		
d	Foreign earned income exclusion from Form 2555	8d ()	
е	Income from Form 8853	8e		
f	Income from Form 8889	8f		
g	Alaska Permanent Fund dividends	8g		
h	Jury duty pay	8h		
i	Prizes and awards	8i		
j	Activity not engaged in for profit income	8j		
k	Stock options	8k		
- 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		
0	Section 951A(a) inclusion (see instructions)	80		
р	Section 461(I) excess business loss adjustment	8p		
q	Taxable distributions from an ABLE account (see instructions)	8q		
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	8s (<u>)</u>	
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:			
		8z		
9	Total other income. Add lines 8a through 8z		9	
10	Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR	. or 1040-NR. line 8	10	-11,360.

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

Par	t II Adjustments to Income			
11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-basis govern			
	officials. Attach Form 2106		12	1
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	1
16	Self-employed SEP, SIMPLE, and qualified plans		16	1
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)			
b	Deductible expenses related to income reported on line 8l from the			
	rental of personal property engaged in for profit			
С	Nontaxable amount of the value of Olympic and Paralympic medals			
	and USOC prize money reported on line 8m			
d	Reforestation amortization and expenses			
е	Repayment of supplemental unemployment benefits under the Trade			
	Act of 1974			
f	Contributions to section 501(c)(18)(D) pension plans			
g	Contributions by certain chaplains to section 403(b) plans 24g			
h	Attorney fees and court costs for actions involving certain unlawful			
	discrimination claims (see instructions)			
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			
j	Housing deduction from Form 2555			
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form			
_	1041)			
Z	Other adjustments. List type and amount:			
25			25	
25 26	Total other adjustments. Add lines 24a through 24z		25	
26	Add lines 11 through 23 and 25. These are your adjustments to income . Enter here are Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a		26	
	FOITH 1040 OF 1040-30, IIIIE 10, OF FOITH 1040-1ND, IIIIE 10a		20	

SCHEDULE D (Form 1040)

Capital Gains and Losses

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

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

OMB No. 1545-0074

Attachment Sequence No. **12**

Department of the Treasury Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10. Internal Revenue Service Name(s) shown on return Your social security number 196-81-2257 TARAKARAMA RAVI TEJA GODAVARTHI

					_	-
	you dispose of any investment(s) in a qualified opportunity es," attach Form 8949 and see its instructions for additiona	•	•			
Pa	rt I Short-Term Capital Gains and Losses—Ge	nerally Assets I	Held One Year	or Less (se	e ins	tructions)
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 e dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustmen to gain or loss Form(s) 8949, line 2, colum	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 Box A checked	4,224.	3,183.			1,041.
2	Totals for all transactions reported on Form(s) 8949 with Box B checked					
3	Totals for all transactions reported on Form(s) 8949 with Box C checked					
4	Short-term gain from Form 6252 and short-term gain or (le	oss) from Forms 4	684, 6781, and 88	324	4	
5	Net short-term gain or (loss) from partnerships, Schedule(s) K-1	S corporations,	estates, and tr	rusts from	5	
6	Short-term capital loss carryover. Enter the amount, if an Worksheet in the instructions	y, from line 8 of y	our Capital Loss	Carryover	6	(
7	Net short-term capital gain or (loss). Combine lines 1a term capital gains or losses, go to Part II below. Otherwise			e any long-	7	1,041.
Pai				One Year	_	
	instructions for how to figure the amounts to enter on the below.	(d) Proceeds	(e) Cost	(g) Adjustmen to gain or loss	ts	(h) Gain or (loss) Subtract column (e) from column (d) and
	form may be easier to complete if you round off cents to e dollars.	(sales price)	(or other basis)	Form(s) 8949, I line 2, colum	Part II,	combine the result with column (g)
8a	Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b.					
8b	Totals for all transactions reported on Form(s) 8949 with Box D checked	17,298.	24,290.	6,8	346.	-146.
9	Totals for all transactions reported on Form(s) 8949 with Box E checked					
10	Totals for all transactions reported on Form(s) 8949 with Box F checked					
11	Gain from Form 4797, Part I; long-term gain from Forms from Forms 4684, 6781, and 8824				11	
12	Net long-term gain or (loss) from partnerships, S corporat				12	
13	Capital gain distributions. See the instructions			. ,	13	
14	Long-term capital loss carryover. Enter the amount, if any Worksheet in the instructions	-	-		14	(
15	Net long-term capital gain or (loss). Combine lines 8a	through 14 in co	lumn (h). Then, go	o to Part III	45	1.4.6

Schedule D (Form 1040) 2022 Page 2

Part III **Summary** 16 Combine lines 7 and 15 and enter the result 16 895. • If line 16 is a gain, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below. • If line 16 is a loss, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete • If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22. 17 Are lines 15 and 16 both gains? ☐ **Yes.** Go to line 18. No. Skip lines 18 through 21, and go to line 22. 18 If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the 18 19 If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet . 19 20 Are lines 18 and 19 both zero or blank and you are not filing Form 4952? ☐ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. Don't complete lines 21 and 22 below. □ No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below. If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of: 21 • The loss on line 16; or 21 • (\$3,000), or if married filing separately, (\$1,500) Note: When figuring which amount is smaller, treat both amounts as positive numbers. Do you have gualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a? 22 ☐ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.

8949

Sales and Other Dispositions of Capital Assets

Go to www.irs.gov/Form8949 for instructions and the latest information. File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D. OMB No. 1545-0074 Attachment Sequence No. 12A

Department of the Treasury Internal Revenue Service

Social security number or taxpayer identification number

196-81-2257

TARAKARAMA RAVI TEJA GODAVARTHI

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 instructions). For long-term transactions, see page 2. Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions). You must check Box A. B. or C below. Check only one box. If more than one box applies for your short-term transactions. complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need. X (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above) (B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS (C) Short-term transactions not reported to you on Form 1099-B Adjustment, if any, to gain or loss 1 If you enter an amount in column (a). (h) enter a code in column (f). Cost or other basis Gain or (loss) (d) (c) (a) (b) Date sold or Proceeds See the **Note** below See the separate instructions. Subtract column (e) Description of property Date acquired disposed of from column (d) and (sales price) and see Column (e) (Example: 100 sh. XYZ Co.) (Mo., day, yr.) combine the result (Mo., day, yr.) (see instructions) in the separate (a) Code(s) from Amount of adjustment instructions. with column (a). instructions ROBINHOOD SECURITIES LLC 01/01/22 12/31/22 4,224. 3,183. 1,041.

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.

4,224.

1,041.

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) .

3,183.

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

Social security number or taxpayer identification number

TARAKARAMA RAVI TEJA GODAVARTHI

above is checked), or line 10 (if Box F above is checked) .

196-81-2257

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.

(E) Long-term transactions	reported on	Form(s) 1099	-B showing bas	•		•	·)
(a) Description of property	(b) Date acquired	(c) Date sold or disposed of	(d) Proceeds	(e) Cost or other basis See the Note below	If you enter an enter a c	f any, to gain or loss amount in column (g), ode in column (f). varate instructions.	(h) Gain or (loss) Subtract column (e)
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	(Mo., day, yr.)	(sales price) (see instructions)	and see Column (e) in the separate instructions.	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g).
ROBINHOOD SECURITIES LLC	01/01/21	12/31/22	17,298.	24,290.	W	6,846.	-146.
2 Totals. Add the amounts in columns negative amounts). Enter each total Schedule D. line 8h (if Box D. ahous	al here and inc	lude on your					

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.

6,846.

17,298.

24,290.

SCHEDULE E (Form 1040)

Supplemental Income and Loss

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

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

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

OMB No. 1545-0074

2022

Attachment Sequence No. 13

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

·

Your social security number

TAR	AKARAMA RAVI TEJA GODAVARTHI						196-81	L-2257		
Par	Income or Loss From Rental Real Estate an Note: If you are in the business of renting personal proper rental income or loss from Form 4835 on page 2, line 40.			e C. See	instru	ctions. If you ar	e an indiv	idual, rep	ort farm	
Α	Did you make any payments in 2022 that would require you	to file	Form(s)	1099? S	See ins	tructions		. 🗌 Ye	s 🛚 No	
В	If "Yes," did you or will you file required Form(s) 1099? .							. 🗌 Y e	s 🗌 No	
1a	Physical address of each property (street, city, state, ZIF									
Α	SRINIVASA COLONY EAST SR N HYDERABAD T	ELAI	NGANA I	IN 500	0038					_
В										_
С										_
1b	Type of Property (from list below) 2 For each rental real estate prope above, report the number of fair	rental	and			ir Rental Days	Personal Use Days		QJV	
Α	personal use days. Check the Qu			Α		365		0		
В	if you meet the requirements to f qualified joint venture. See instru			В						
С	quaimed joint venture. Gee instru	CLIOII	J.	С						
1	of Property: Single Family Residence 3 Vacation/Short-Term Rent Multi-Family Residence 4 Commercial	tal	5 Land 6 Roya	-		Self-Rental Other (descri				
						Propertie	es:			_
Incor				Α		В			С	_
3	Rents received	3		5	10.					_
_ 4	Royalties received	4								_
	nses:	_								
5	Advertising	5								_
6	Auto and travel (see instructions)	7		1,2	ΕO					_
7 8	Cleaning and maintenance	8		1,2	50.					_
9	Commissions	9								_
10	Insurance	10								_
11	Management fees	11		1 0	<u> </u>					_
12	Mortgage interest paid to banks, etc. (see instructions)	12		1,0	50.					_
13	Other interest	13								_
14	Repairs	14		3 5	60.					_
15	Supplies	15		3,1						_
16	Taxes	16		3,1	20.					_
17	Utilities	17		2,8	90.					_
18	Depreciation expense or depletion	18								_
19	Other (list)	19								_
20	Total expenses. Add lines 5 through 19	20		11,8	70.					_
21	Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198	21		-11,3						
22	Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22		11,36		()(,)
23a	Total of all amounts reported on line 3 for all rental prope	rties			23a		510.			
b	Total of all amounts reported on line 4 for all royalty properties.	erties			23b					
С	Total of all amounts reported on line 12 for all properties				23c					
d	Total of all amounts reported on line 18 for all properties				23d					
е	Total of all amounts reported on line 20 for all properties				23e	11,	,870.			
24	Income. Add positive amounts shown on line 21. Do no	t inclu	ude any lo	osses			24			
25	Losses. Add royalty losses from line 21 and rental real estat	te loss	ses from li	ne 22. E	nter to	otal losses here	e 25 (11,360.)
26	Total rental real estate and royalty income or (loss).									
	here. If Parts II, III, IV, and line 40 on page 2 do not a Schedule 1 (Form 1040), line 5. Otherwise, include this ar						1 26		-11,360.	

Amended Return

2022 MICHIGAN Individual Income Tax Return MI-1040

Return is du	e April 18, 2023. ⊺	уре о	print in blue o	r black	ink.							(Inclu	ude Schedule AMD)	
1. Filer's First Na		M.I. Last Name							. Filer's	Full	Social Sec	curity	No. (Example: 123-45-6789	9)
	AMA RAVI TE Spouse's First Name	M.I.	GODAVAR'	THI					1	96		81		
								3	. Spous	se's F	Full Social :	Secur	ity No. (Example: 123-45-6	789)
	umber, Street, or P.O. Box													
City or Town	LRWAI GLENS	DR	1	Ctata	ZIP Code				Cabaa	I Dia	triat Cada	/E dia	ita ana nama 60)	
YPSILAN	ΓΙ			State MI	481			4	. School		1020	(5 dig	its – see page 60)	
Check if y filing a joir to go to th	MPAIGN FUND ou (and/or your spouse, t return) want \$3 of you s fund. This will not inci reduce your refund.	ır taxes		iler Spouse			6. FAI	Chec		box	if 2/3 of ye		AFARERS ncome is from farming,	
a. X Sing b. Mar c. Mar	ied filing jointly	* If y line 3 below		se's full	name		a. X b	Resi	ident reside -Year I	nt * Resi	dent *		k all that apply. * If you check box "b" or "c," you must complete and include Schedule NR.	
9. EXEMP1	IONS. NOTE: If some	one els	e can claim you a	as a dep	endent, d	check	box 9e	, enter	0 on li	ne 9	a and ent	'ter \$	1,500 on line 9e (see ins	str.).
a. Numb	er of exemptions (see ir	nstructi	ons)				9)a.	1	x	\$5,000	9a.	5000	00
b. Numb	er of individuals who qua nemiplegic, paraplegic,	alify for	one of the followi	ing spec	ial exemp	ptions	: deaf,)b		х	\$2,900	9b.		00
c. Numb	er of qualified disabled	veterar	ıs				9	c		Х	\$400	9c.		00
d. Numb	er of Certificates of Still	birth fro	om MDHHS (see	instructi	ons)		9	d		х	\$5,000	9d.		00
e. Claim	ed as dependent, see lii	ne 9 No	OTE above				9	e				9e.		00
f. Add li	nes 9a, 9b, 9c, 9d and 9	e. Ent	er here and on li	ne 15							г	9f.	5000	00
10. Adjusted	Gross Income from ye	our U.S	6. Form <i>1040</i> (se	e instruc	ctions)						10.		119355	00
11. Additions	from Schedule 1, line 9	9. Incl u	de Schedule 1 .								11.			00
12. Total. Ad	d lines 10 and 11										12.		119355	00
13. Subtracti	ons from Schedule 1, lir	ne 30.	Include Schedu	le 1							13.			00
14. Income	subject to tax. Subtract	t line 1	3 from line 12. If	line 13 i	s greater	r than	line 12,	, enter '	"0"		14.		119355	00
15. Exempti	on allowance. Enter an	nount f	rom line 9f or Sch	nedule N	IR, line 1	9					15.		5000	00
16. Taxable	ncome. Subtract line 1	5 from	line 14. If line 15	ō is grea	ter than I	line 1	4, enter	"0"			16.		114355	00
	iply line 16 by 4.25% (0	0.0425)									17.		4860	00
	ABLE CREDITS						AMO	ONI		\neg	Г		CREDIT	abla
	ax Imposed by governn copy of the return (see				8a.			2	240	00	18b.		240	00
19. Michigan	Historic Preservation Ta	ax Cre	dit (see instructio	ns). 1	9a					00	19b.			00
	ax. Subtract the sum on of lines 18b and 19b is										20.		4620	00

2022 N	II-1040, Page 2 of 2									
		File	er's Full Social S	ecurity Number	1	96 –	– 8	31 — 2257		
21.	Enter amount of Income Tax from li	ne 20					21.	46	2 n I	00
22.	Voluntary Contributions from Form						22.	10	_	00
	•									00
23.	USE TAX. Use tax due on Internet, Worksheet 1 (see instructions)						23.		0	00
24	Total Tax Liability. Add lines 21, 22	2 and 23				24		46	20	00
	INDABLE CREDITS AND PAYN									
25.	Property Tax Credit. Include MI-1	040CR or MI-1040C	R-2				25.			00
										-
26.	Farmland Preservation Tax Credi	t. Include MI-1040Cl	R-5		DERAL		26.	MICHIGAN		00
27.	Earned Income Tax Credit. Multiply	line 27a bv 6% (0.06	S) and				Г	-		
21.	enter result on line 27b.		27a.			00	27b.			00
28.	Michigan Historic Preservation Tax	Credit (refundable). I	Include Form	3581			28.		_	00
29.	Credit for allocated share of tax pai	d by an electing flow-	-through entity	(see instruct	ions)		29.			00
20	Michigan toy withhold from Cohodu	do M. lino G. Includo	Cabadula W	do not oubm	ni4 \\\ 20\		30.	52	55	00
30.	Michigan tax withheld from Schedu	ie vv, iiile o. iiiciuue	Scriedule W	(do not subn	III VV-25)		30.			00
31.	Estimated tax, extension payments		31.			00				
32.	2022 AMENDED RETURNS ONLY	line 33.								
	Amended returns must include Sch	hedule AMD (see ins	structions).							
	32a. If you had a refund and/or negative number on line 3.		iginal return, che	eck box 32a an	d enter this amo	ount as a				
	32b. If you paid with the origina any additional tax paid after						32c.			00
33.	Total refundable credits and payme	ents Add lines 25 26	27h 28 29 3	30, 31 and 32	'c	33.		52	55 	00
	IND OR TAX DUE	1113. 7 (dd 111103 20, 20,	, 275, 20, 20, (50, 01 and 02		00.				00
	If line 33 is less than line 24, subtra	ct line 33 from line 2	4. If applicable	e, see instruct	ions.	Г				
	Include interest 00 a	and penalty	00	\	OU OWE	34.			_	00
35.	Overpayment. If line 33 is greater	than line 24, subtract	line 24 from li	ine 33		35.		6	35	00
36.	Credit Forward. Amount of line 35	to be credited to you	r 2023 estima	ted tax for yo	ur 2023 tax re	turn	36.		\dashv	00
37.	Subtract line 36 from line 35				REFUND	37.		6	35	00
	ECT DEPOSIT	a. Routing Trans	sit Number	b. A	ccount Numbe	er		c. Type of Account		
	it your refund directly to your financial ion! See instructions and complete a, b	061000052		33404/	1677052		1. Z	Checking 2.	Saving	js
and c.	and Townson KEI K 0		04 0004 4	' ,		4161	• • • • •			
	eased Taxpayer. If Filer and/or Spouser DATE OF DEATH ONLY. Example							eclare under penalty of perj ion of which I have any know		
Filer		Spouse		.] [Preparer's PTI		r SSN			
		'			Preparer's Nam		r tyne)			
	ayer Certification. I declare under tachments is true and complete to the bes		he information in	this return	•			VAN KUMAR DU	DII	
Filer's	Signature		Date		Preparer's Sign			VAN KUMAR DU	דדת	
Spous	se's Signature		Date					ess and Telephone Number	<u>- 1 </u>	-
					GLOBAL			•		
					245 ROC					
	By checking this box, I authorize Tro	easury to discuss mv	return with m	y preparer.	E BRUNS			08816		
╵┸	J,	,		, , , , , , , , , , , , , , , , , , , ,	678-965			-		

Refund, credit, or zero returns. Mail your return to:

Michigan Department of Treasury, Lansing, MI 48956

Pay amount on line 34 (see instructions). Mail your check and return to: Michigan Department of Treasury, Lansing, MI 48929

2022 MICHIGAN Withholding Tax Schedule

Issued under authority of Public Act 281 of 1967, as amended.

Type or print in blue or black ink.

Attachment 13

INSTRUCTIONS: If you had Michigan income tax withheld in 2022, you must complete a *Withholding Tax Schedule* (Schedule W) to claim the withholding on your *Individual Income Tax Return* (MI-1040, line 30). Report military pay in Table 1 and military retirement benefits and taxable railroad retirement benefits (both Tier 1 and Tier 2) in Table 2 even if no Michigan tax was withheld. Include your completed Schedule W with Form MI-1040. See complete instructions on page 2 of this form. If you need additional space, include another Schedule W.

1. Filer's First Name	M.I.	Last Name	2. Filer's Full Social Security No. (Example: 123-45-6789)
TARAKARAMA RAVI TE		GODAVARTHI	196 — 81 — 2257
If a Joint Return, Spouse's First Name	M.I.	Last Name	3. Spouse's Full Social Security No. (Example: 123-45-6789)

TABLE 1: MICHIGAN TAX WITHHELD OR MILITARY PAY REPORTED ON W-2, W-2G or CORRECTED W-2 FORMS

		_		· -			-
*	۱ ۴	В	С	D		E	
	"X" for: Spouse	Employer's identification number (Example: 38-1234567)				Box 17 — Michigan income tax withheld	
X		81-1194657	CORPORATE SOLUTI	129820	00	5255	00
					00		00
							00
					00		00
					00		00
Enter	Table	1 Subtotal from additional Sche	dule W forms (if applicable)				00
			olumn E		4.	5255	00

TABLE 2: MICHIGAN TAX WITHHELD OR MILITARY RETIREMENT BENEFITS AND RAILROAD RETIREMENT BENEFITS (BOTH TIER 1 AND TIER 2) REPORTED ON 1099 FORMS

Α	В	С	l D	E	\neg
Enter "X" for Filer or Spous	Payer's federal identification	Payer's name	Taxable pension distribution, misc. income, etc. (see inst.)	Michigan income tax withheld	
			00	00	00
			00	00	00
			00	00	00
		00		00	00
			00	00	00
Enter Tab	le 2 Subtotal from additional Sche	dule W forms (if applicable)		00	00
5. SU	BTOTAL. Enter total of Table 2, c	5.	00	00	
6. TO	TAL. Add lines 4 and 5. Enter her	e and carry to MI-1040, line 30	6.	5255 0	00

REV 02/21/23 PRO

MI-1040 Line 18

Credit for Income Tax Paid to Another State

 $\begin{array}{c} \textbf{2022} \\ \textbf{Statement} \ \ \underline{\text{VA}} \end{array}$

	e as Shown on Return AKARAMA RAVI TEJA GODAVARTHI	Social Security Number 196-81-2257								
• Q	• QuickZoom to another copy of this worksheet									
	 Part-year residents: You can claim this credit only when your income from another state was earned while you were a Michigan resident. 									
	urisdiction code · · · · · · ▶ <u>VA</u> urisdiction name · · · · · · <u>Virginia</u>									
1	Income earned in another state or locality subject to Michigan tax	1	7,398.							
2	Enter the amount from Form MI-1040, line 14	2	119,355.							
3	Divide line 1 by line 2	з	0.0620							
4	Enter the amount from Form MI-1040, line 17	4	4,860.							
5	Multiply line 4 by line 3	5	301.							
6	Enter the amount of tax imposed by another state or locality	6	240.							
7	Credit. Enter line 6 or the smaller of line 5 or line 6	7	240.							

MIIW1801.SCR 04/30/15

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2022

Attachment
Seguence No. 01

Department of the Treasury Internal Revenue Service

Name(s) shown on Form 1040, 1040-SR, or 1040-NR TARAKARAMA RAVI TEJA GODAVARTHI

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

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

	Sequence No. U
Your soc	ial security number
106-91	_2257

Par	Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxes		1	
2a	Alimony received		2a	
b	Date of original divorce or separation agreement (see instructions):			
3	Business income or (loss). Attach Schedule C		3	
4	Other gains or (losses). Attach Form 4797		4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Atta	ach Schedule E .	5	-11,360.
6	Farm income or (loss). Attach Schedule F		6	
7	Unemployment compensation		7	
8	Other income:			
а	Net operating loss	8a ()	
b	Gambling	8b		
С	Cancellation of debt	8c		
d	Foreign earned income exclusion from Form 2555	8d ()	
е	Income from Form 8853	8e		
f	Income from Form 8889	8f		
g	Alaska Permanent Fund dividends	8g		
h	Jury duty pay	8h		
i	Prizes and awards	8i		
j	Activity not engaged in for profit income	8j		
k	Stock options	8k		
- 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		
0	Section 951A(a) inclusion (see instructions)	80		
р	Section 461(I) excess business loss adjustment	8p		
q	Taxable distributions from an ABLE account (see instructions)	8q		
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	8s (<u>)</u>	
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:			
		8z		
9	Total other income. Add lines 8a through 8z		9	
10	Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR	. or 1040-NR. line 8	10	-11,360.

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

Par	t II Adjustments to Income			
11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-basis govern			
	officials. Attach Form 2106		12	1
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	1
16	Self-employed SEP, SIMPLE, and qualified plans		16	1
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)			
b	Deductible expenses related to income reported on line 8l from the			
	rental of personal property engaged in for profit			
С	Nontaxable amount of the value of Olympic and Paralympic medals			
	and USOC prize money reported on line 8m			
d	Reforestation amortization and expenses			
е	Repayment of supplemental unemployment benefits under the Trade			
	Act of 1974			
f	Contributions to section 501(c)(18)(D) pension plans			
g	Contributions by certain chaplains to section 403(b) plans 24g			
h	Attorney fees and court costs for actions involving certain unlawful			
	discrimination claims (see instructions)			
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			
j	Housing deduction from Form 2555			
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form			
_	1041)			
Z	Other adjustments. List type and amount:			
25			25	
25 26	Total other adjustments. Add lines 24a through 24z		25	
26	Add lines 11 through 23 and 25. These are your adjustments to income . Enter here are Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a		26	
	FOITH 1040 OF 1040-30, IIIIE 10, OF FOITH 1040-1ND, IIIIE 10a		20	

SCHEDULE D (Form 1040)

Capital Gains and Losses

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

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

OMB No. 1545-0074

Attachment Sequence No. **12**

Department of the Treasury Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10. Internal Revenue Service Name(s) shown on return Your social security number 196-81-2257 TARAKARAMA RAVI TEJA GODAVARTHI

					_	-
	you dispose of any investment(s) in a qualified opportunity es," attach Form 8949 and see its instructions for additiona	•	•			
Pa	rt I Short-Term Capital Gains and Losses—Ge	nerally Assets I	Held One Year	or Less (se	e ins	tructions)
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 e dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustmen to gain or loss Form(s) 8949, line 2, colum	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 Box A checked	4,224.	3,183.			1,041.
2	Totals for all transactions reported on Form(s) 8949 with Box B checked					
3	Totals for all transactions reported on Form(s) 8949 with Box C checked					
4	Short-term gain from Form 6252 and short-term gain or (le	oss) from Forms 4	684, 6781, and 88	324	4	
5	Net short-term gain or (loss) from partnerships, Schedule(s) K-1	S corporations,	estates, and tr	rusts from	5	
6	Short-term capital loss carryover. Enter the amount, if an Worksheet 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			e any long-	7	1,041.
Pai				One Year	_	
	instructions for how to figure the amounts to enter on the below.	(d) Proceeds	(e) Cost	(g) Adjustmen	ts	(h) Gain or (loss) Subtract column (e) from column (d) and
	form may be easier to complete if you round off cents to e dollars.	(sales price)	(or other basis)	to gain or loss from Form(s) 8949, Part II, line 2, column (g)		combine the result with column (g)
8a	Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b.					
8b	Totals for all transactions reported on Form(s) 8949 with Box D checked	17,298.	24,290.	6,8	346.	-146.
9	Totals for all transactions reported on Form(s) 8949 with Box E checked					
10	Totals for all transactions reported on Form(s) 8949 with Box F checked					
11	Gain from Form 4797, Part I; long-term gain from Forms from Forms 4684, 6781, and 8824				11	
12	Net long-term gain or (loss) from partnerships, S corporat				12	
13	Capital gain distributions. See the instructions			. ,	13	
14	Long-term capital loss carryover. Enter the amount, if any Worksheet in the instructions	-	-		14	(
15	Net long-term capital gain or (loss). Combine lines 8a	through 14 in co	lumn (h). Then, go	o to Part III	45	1.4.6

Schedule D (Form 1040) 2022 Page 2

Part III **Summary** 16 Combine lines 7 and 15 and enter the result 16 895. • If line 16 is a gain, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below. • If line 16 is a loss, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete • If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22. 17 Are lines 15 and 16 both gains? ☐ **Yes.** Go to line 18. No. Skip lines 18 through 21, and go to line 22. 18 If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the 18 19 If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet . 19 20 Are lines 18 and 19 both zero or blank and you are not filing Form 4952? ☐ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. Don't complete lines 21 and 22 below. □ No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below. If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of: 21 • The loss on line 16; or 21 • (\$3,000), or if married filing separately, (\$1,500) Note: When figuring which amount is smaller, treat both amounts as positive numbers. Do you have gualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a? 22 ☐ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.

8949

Sales and Other Dispositions of Capital Assets

Go to www.irs.gov/Form8949 for instructions and the latest information. File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D. OMB No. 1545-0074 Attachment Sequence No. 12A

Department of the Treasury Internal Revenue Service

Social security number or taxpayer identification number

196-81-2257

TARAKARAMA RAVI TEJA GODAVARTHI

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 instructions). For long-term transactions, see page 2. Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions). You must check Box A. B. or C below. Check only one box. If more than one box applies for your short-term transactions. complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need. X (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above) (B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS (C) Short-term transactions not reported to you on Form 1099-B Adjustment, if any, to gain or loss 1 If you enter an amount in column (a). (h) enter a code in column (f). Cost or other basis Gain or (loss) (d) (c) (a) (b) Date sold or Proceeds See the **Note** below See the separate instructions. Subtract column (e) Description of property Date acquired disposed of from column (d) and (sales price) and see Column (e. (Example: 100 sh. XYZ Co.) (Mo., day, yr.) combine the result (Mo., day, yr.) (see instructions) in the separate (a) Code(s) from Amount of adjustment instructions. with column (a). instructions ROBINHOOD SECURITIES LLC 01/01/22 12/31/22 4,224. 3,183. 1,041.

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.

4,224.

1,041.

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) .

3,183.

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

Social security number or taxpayer identification number

TARAKARAMA RAVI TEJA GODAVARTHI

above is checked), or line 10 (if Box F above is checked) .

196-81-2257

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.

(E) Long-term transactions	reported on	Form(s) 1099	-B showing bas	•		•	·)
(a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis See the Note below and see <i>Column</i> (e) in the separate instructions.	Adjustment, i If you enter an enter a co See the sep	(h) Gain or (loss) Subtract column (e)	
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)		(sales price) (see instructions)		(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g).
ROBINHOOD SECURITIES LLC	01/01/21	12/31/22	17,298.	24,290.	W	6,846.	-146.
2 Totals. Add the amounts in columns negative amounts). Enter each total Schedule D. line 8h (if Box D. ahous	al here and inc	lude on your					

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.

6,846.

17,298.

24,290.

SCHEDULE E (Form 1040)

Supplemental Income and Loss

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

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

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

OMB No. 1545-0074

2022

Attachment Sequence No. 13

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

·

Your social security number

TAR	RAKARAMA RAVI TEJA GODAVARTHI						196-81-2257				
Par	Income or Loss From Rental Real Estate an Note: If you are in the business of renting personal proper rental income or loss from Form 4835 on page 2, line 40.			e C. See	instru	ctions. If you ar	e an indiv	idual, rep	ort farm		
Α	Did you make any payments in 2022 that would require you	to file	Form(s)	1099? S	See ins	tructions		. 🗌 Ye	s 🛚 No		
В	If "Yes," did you or will you file required Form(s) 1099? .							. 🗌 Y e	s 🗌 No		
1a	Physical address of each property (street, city, state, ZIF										
Α	SRINIVASA COLONY EAST SR N HYDERABAD T	ELAI	NGANA I	IN 500	0038					_	
В										_	
С										_	
1b	Type of Property (from list below) 2 For each rental real estate prope above, report the number of fair	rental	and		Fa	ir Rental Days	Persona Day	(J.IV			
Α	personal use days. Check the Qu			Α		365		0			
В	if you meet the requirements to f qualified joint venture. See instru			В							
С	quaimed joint venture. Gee instru	CLIOI	J.	С							
1	of Property: Single Family Residence 3 Vacation/Short-Term Rent Multi-Family Residence 4 Commercial	tal	5 Land 6 Roya	-		Self-Rental Other (descri					
						Propertie	es:			_	
Incor				Α		В			С	_	
3	Rents received	3		5	10.					_	
_ 4	Royalties received	4								_	
	nses:	_									
5	Advertising	5								_	
6	Auto and travel (see instructions)	7		1,2	ΕO					_	
7 8	Cleaning and maintenance	8		1,2	50.					_	
9	Commissions	9								_	
10	Insurance	10								_	
11	Management fees	11		1 0	50					_	
12	Mortgage interest paid to banks, etc. (see instructions)	12		1,0	50.					_	
13	Other interest	13								_	
14	Repairs	14		3 5	60.					_	
15	Supplies	15		3,1						_	
16	Taxes	16		3,1	20.					_	
17	Utilities	17		2,8	90.					_	
18	Depreciation expense or depletion	18								_	
19	Other (list)	19								_	
20	Total expenses. Add lines 5 through 19	20		11,8	70.					_	
21	Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198	21		-11,3							
22	Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22		11,36		()(,)	
23a	Total of all amounts reported on line 3 for all rental prope	rties			23a		510.				
b	Total of all amounts reported on line 4 for all royalty properties.	erties			23b						
С	Total of all amounts reported on line 12 for all properties				23c						
d	Total of all amounts reported on line 18 for all properties				23d						
е	Total of all amounts reported on line 20 for all properties				23e	11,	,870.				
24	Income. Add positive amounts shown on line 21. Do no	t inclu	ude any lo	osses			24				
25	Losses. Add royalty losses from line 21 and rental real estat	te loss	ses from li	ne 22. E	nter to	otal losses here	e 25 (11,360.)	
26	Total rental real estate and royalty income or (loss).										
	here. If Parts II, III, IV, and line 40 on page 2 do not a Schedule 1 (Form 1040), line 5. Otherwise, include this ar						1 26		-11,360.		

763Page 1



Enclose a complete copy of your federal tax return and all other required Virginia enclosu

	Enclose a comp	icic copy o	i your icaci	ui tu	x return and	an other require	u v 9	,u c	o.ooui	00.						
First N				МІ	Last Name		Suffi	ix	Your Soc		•				Check decea	
	AKARAMA RAVI se's First Name (Filing		v)	MI	GODAVART	I.H.T	Suffi	ix	196-			rity Numl	ber		Check	
															decea	
	nt Home Address (Nu		eet or Rural Ro	oute)					Birth Date	1 () 7	- 0 2	2 -	1 9 9	9 0	
	3 FAIRWAY GI own or Post Office	LENS DR			State	ZIP Code	-	•	n-dd-yyyy)							
	ILANTI				MI	48198	Spo		Birth Date n-dd-yyyy)			-	-			
State	of Residence			Name	e of Virginia City	or County in which	princip	al plac	e of busin	ness, e	mployn	nent, or ir	ncom	e source	Locality Co	de
MI			is located. ALLEGHA	YNA								City o	RX	County	005	
			nded Return	Γ		Name(s) or				ian		Ove	ersea	as on Du	====== e Date	
Ch	eck Applicable		Reason Cod	e L		Shown on 2	021 V	'A Ret	urn							
	Boxes	r's Return	Qualifying F			erman, d	or		EIC Cla	aime	d on fede	eral return				
	Filing Status Ente	r Filing Stat	us Code in h	ov h	elow	Werchant S			ntions A	dd Se	ections	\$	2 Fn	iter the si	00 um on Line	12
			ead of house				'		Spor	use if			2. LII	itei tile st	JIII OII LIIIC	; 1Z.
	2 = Marrie	ed, Filing Jo	int Return - b	oth i	must have Vir			You	Filing 2 c	Status or 3	Depen	dents			Total Secti	ion 1
1					rom Any Sou	rce		1	+	+		=	1	X \$930	= 93	0
If Eilin	4 = Marrie ng Status 3 or 4, en	•	parate Retur		ico's Social S	Cocurity Number		You 6	5 Spouse er or ove	— e 65 Y er Bl		pouse Blind			Total Sec	tion 2
	t top of form and en					-			+	+	+	= [X \$800	=	
	'	'														
1	Adjusted Gross In	come from	federal returr	1 - N	ot federal tax	able income							1		119355	00
2	Additions from Sc	hedule 763	ADJ, Line 3.									:	2			00
3	Add Lines 1 and	2										;	3		119355	00
4	Age Deduction (S										You	4:	a			00
	Enter Birth Dates and Your Spouse's	above. Ente	er Your Age E ction on Line	edu 4b	ction on Line	4a				ç	Spouse	e 4	b			00
5	Social Security Ac												- 5			00
6	State income tax							-					6			00
	Subtractions from		. ,		•	,							7			00
7													_			
8	Add Lines 4a, 4b												8			00
9	Virginia Adjusted	d Gross Inc	ome (VAGI).	. Sul	otract Line 8	from Line 3						!	9		119355	00
10	Itemized Deduction	ons from Vir	ginia Schedu	le A,	if applicable.	See instructions.						10	0			00
11	If you do not claim	n itemized d	eductions on	Line	e 10, enter sta	andard deduction.	See	instru	ctions			1	1		8000	00
12	Exemption amour	nt. Enter the	total amoun	t fror	n the Exempt	ion Sections 1 and	d 2 ab	ove				1	2		930	00
13	Deductions from S	Schedule 76	3 ADJ, Line	9								1	3			00
14	Add Lines 10, 11	, 12 and 13										1	4		8930	00
15	Virginia Taxable Ir	ncome com	outed as a re	side	nt. Subtract L	ine 14 from Line 9	١					1	5		110425	00
16	Percentage from I														6.7	%
17	Nonresident Taxal					•			• /						7398	
					, ,	,										
	18 Income Tax from Tax Table or Tax Rate Schedule19a Your Virginia income tax withheld. Enclose Forms W-2, W-2G, 1099, and VK-1														240	+
19a	Your Virginia inco	me tax withl	neld. Enclose	For	ms W-2, W-2	G, 1099, and VK-	1					19	a		415	00
	Dept. of Taxation F 1044 Rev. 07/22	or Local Use	LTD		□ \$									YY.	YYY	



2022 FORM 763 Page 2

2022	FORM 763 Page 2							
Your N	ame KARAMA RAVI TEJA GODAVARTHI	Your SSN 196-81-2257						
19b	Spouse's Virginia income tax withheld. Enclose		and VK-1		19b			00
20	2022 Estimated Tax Payments				00			
21	2021 overpayment credited to 2022 estimated				00			
	• •				00			
22	Extension Payment - submitted using Form 70				-			
23	Credit for Low-Income Individuals or Virginia I				00			
24	Total credits from Schedule OSC				00			
25	Credits from Schedule CR, Section 5, Line 1A	25			00			
26	Total payments and credits. Add Lines 19a	26		415	00			
27	If Line 18 is larger than Line 26, enter the diffe	erence. This is the INCOME	E TAX YOU	OWE	27			00
28	If Line 26 is larger than Line 18, enter the diffe	erence. This is the OVERP	AYMENT AM	IOUNT	28		175	00
29	Amount of overpayment on Line 28 to be CRED	ITED TO 2023 ESTIMATE	D INCOME 1	ΓΑΧ	29			00
30	Virginia529 and ABLE Contributions from Sch	edule VAC, Part I, Line 6			30			00
31	Other Voluntary Contributions from Schedule	VAC, Section II, Line 14			31			00
32	Addition to Tax, Penalty, and Interest from en	closed Schedule 763 ADJ,	Line 21.	_	7 00			
	See instructions Enclo	se 760C or 760F and chec	k here		32			00
33	Sales and Use Tax is due on Internet, mail orders instructions				33			00
34	Add Lines 29 through 33							00
35	If you owe tax on Line 27, add Lines 27 and 3							
	Line 34 is larger than Line 28, enter the difference www.tax.virginia.govCheck here if pay	ence. AMOUNT YOU OWE	. Enclose pa	ayment or pay at	35			00
36	If Line 28 is larger than Line 34, subtract Line 34	from Line 28. This is the ar	nount to be R	REFUNDED TO YOU.	36		175	00
If the I	Direct Deposit section below is not completed,	your refund will be issued b	w obook					
	T DANIE DEDOOIT		by check.					
D111C			Varin Danis A	Account Number	hooking	₹ C	a. da a a	7
Domes	tic Accounts Only Your Bank Routing To	ransit Number	Your Bank A	Account Number C	hecking	X S	avings]
	tic Accounts Only	0 0 5 2 3				X S 5 2	avings	
No Inte	tic Accounts Only				7 0	5 2	avings inia Sources]
No Inte	ernational Deposits 0 6 1 0 0	0 0 5 2	3 4 (0 4 4 6 7	7 0	5 2		00
No Inte	tic Accounts Only ernational Deposits 0 6 1 0 0 eresident Allocation Percentage	0 0 5 2 3	1	0 4 4 6 7 A - All Sources	7 0	5 2	inia Sources	
No Inte	tic Accounts Only prinational Deposits 0 6 1 0 0 resident Allocation Percentage Wages, salaries, tips, etc	0 0 5 2 3	1	0 4 4 6 7 A - All Sources	7 0	5 2	inia Sources	00
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No Intel Noni 1. 2. 3.	resident Allocation Percentage Wages, salaries, tips, etc	0 0 5 2 3	1 1 2 3 4	0 4 4 6 7 A - All Sources	7 0	5 2	inia Sources	00 00 00
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2022 Schedule INC/CG

196812257

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

TARAKARAMA R GODAVARTHI



Your/ Spouse SSN	Withholding Type	VA Withholding	Employer FEIN	VA Account Number	VA Wages, tips, other comp.
Г					コ
196812257	W	415.	811194657	30811194657F001	7968.

Total VA Withholding

You

196812257

Spouse

Total # of W-2s,1099s & VK-1s

01