### 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.

Submission Identification Number (SID)

| Taxpaye | er's name                                                                                           | Social security number          |         |  |  |  |  |  |  |  |
|---------|-----------------------------------------------------------------------------------------------------|---------------------------------|---------|--|--|--|--|--|--|--|
| PUNI    | EETH PAVAN DESINENI                                                                                 | 633-61-0962                     |         |  |  |  |  |  |  |  |
| Spouse' | 's name                                                                                             | Spouse's social security number |         |  |  |  |  |  |  |  |
|         |                                                                                                     |                                 |         |  |  |  |  |  |  |  |
| Part    | Part I Tax Return Information – Tax Year Ending December 31, 2022 (Enter year you are authorizing.) |                                 |         |  |  |  |  |  |  |  |
| Enter   | Enter whole dollars only on lines 1 through 5.                                                      |                                 |         |  |  |  |  |  |  |  |
| Note:   | Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.                              |                                 |         |  |  |  |  |  |  |  |
| 1       | Adjusted gross income                                                                               | 1                               | 90,700. |  |  |  |  |  |  |  |
| 2       | Total tax                                                                                           | 2                               | 12,728. |  |  |  |  |  |  |  |
| 3       | Federal income tax withheld from Form(s) W-2 and Form(s) 1099                                       | 3                               | 14,046. |  |  |  |  |  |  |  |
| 4       | Amount you want refunded to you                                                                     | 4                               | 1,318.  |  |  |  |  |  |  |  |
| 5       | Amount you owe                                                                                      | 5                               |         |  |  |  |  |  |  |  |

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

Under penalties of periury. I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

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

|   |             |        |       | FBO firm name |                             | Ē        | ſ |
|---|-------------|--------|-------|---------------|-----------------------------|----------|---|
| X | l authorize | GLOBAL | TAXES | LLC           | to enter or generate my PIN | <u> </u> |   |
| _ |             |        | -     |               |                             | 11       | _ |

| 1          | 0     | 9 | 6 | 2 | as my |
|------------|-------|---|---|---|-------|
| Ent<br>don | ao my |   |   |   |       |

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

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

Your signature

Date 🕨

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

I authorize

| to | enter | or  | generate | mv   | PIN    |
|----|-------|-----|----------|------|--------|
| ιO | CITCI | UI. | yenerale | iiiy | 1 11 1 |

as mv Enter five digits, but don't enter all zeros

ERO firm name signature on the income tax return (original or amended) I am now authorizing.

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

| Spouse's signature >                                                                            | Date I |   |   |  |   | <br>             | <br>  |    |  |
|-------------------------------------------------------------------------------------------------|--------|---|---|--|---|------------------|-------|----|--|
| Practitioner PIN Method Returns Only—continue below                                             |        |   |   |  |   |                  |       |    |  |
| Part III Certification and Authentication – Practitioner PIN Method Only                        |        |   |   |  |   |                  |       |    |  |
| <b>ERO's EFIN/PIN.</b> Enter your six-digit EFIN followed by your five-digit self-selected PIN. | 2      | 2 | 2 |  | _ | <br>6<br>all zei | <br>9 | 89 |  |

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

| ERO's signature ► Date ►                                              |     |                  |                          |  |  |  |  |  |
|-----------------------------------------------------------------------|-----|------------------|--------------------------|--|--|--|--|--|
| ERO Must Retain This F<br>Don't Submit This Form to the I             |     |                  |                          |  |  |  |  |  |
| For Paperwork Reduction Act Notice, see your tax return instructions. | BAA | REV 03/08/23 PRO | Form 8879 (Rev. 01-2021) |  |  |  |  |  |

| <b>104</b>                          | )-[         | Department of the Treasury-Inte<br>U.S. Nonresident Al                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | rnal Rever              | nue Service<br>Come Tax R                | eturn                  | 2022                                      | OMB No. 1                            | 545-0074          | IRS U<br>or : | se Only—Do not write<br>staple in this space. |
|-------------------------------------|-------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|------------------------------------------|------------------------|-------------------------------------------|--------------------------------------|-------------------|---------------|-----------------------------------------------|
| For the year Ja                     | ın. 1–E     | Dec. 31, 2022, or other tax year begin                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | ning                    |                                          | , 2022, e              | nding                                     |                                      | , 20              | -             | See separate<br>instructions.                 |
| Filing<br>Status                    |             | Single Married filing sep                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                         | ,                                        | , ,                    | surviving spouse                          | ` '                                  |                   | state         | Trust                                         |
| Check only one box.                 |             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                         |                                          |                        |                                           |                                      |                   |               |                                               |
| Your first name                     | e and       | middle initial                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Last na                 | ame                                      |                        |                                           |                                      | Your i<br>(see in |               | fying number                                  |
|                                     | 77770       | N NT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | DEGT                    |                                          |                        |                                           |                                      |                   |               | ,                                             |
| PUNEETH<br>Home address             |             | ber and street). If you have a P.O. bo                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | DESI<br>x see ins       |                                          |                        |                                           |                                      | 033               | -01           | -0962<br>Apt. no.                             |
| 9807 N F                            | •           | · •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | x, 300 ma               |                                          |                        |                                           |                                      |                   |               | др. но.                                       |
|                                     |             | ffice. If you have a foreign address, a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | lso comp                | lete spaces belov                        | v.                     |                                           | State                                |                   | ZIP           | code                                          |
| AUSTIN                              |             | ,,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                         |                                          |                        |                                           | TX                                   |                   |               | 726                                           |
| Foreign countr                      | y nam       | ne                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Foreig                  | n province/state/o                       | county                 |                                           | _                                    | postal c          | -             |                                               |
| -                                   | -           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                         |                                          | -                      |                                           |                                      |                   |               |                                               |
| Digital Asset                       | s At a othe | ny time during 2022, did you: (a) rece<br>erwise dispose of a digital asset (or a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | eive (as a<br>financial | reward, award, o<br>interest in a digita | r paymer<br>al asset)? | nt for property or<br>? (See instructions | services);<br>s.)                    | or (b) sell       | , excł        | nange, gift, or<br><b>Yes 🔀 No</b>            |
| Dependent                           | S           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                         |                                          |                        |                                           | <b>(4)</b> C                         | heck the b        | ox if qu      | ualifies for (see inst.):                     |
| (see instructions                   |             | (1) First name Last name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                         | (2) Dependen<br>identifying num          |                        | (3) Relationship to                       | CI                                   | nild tax cre      | dit           | Credit for other<br>dependents                |
|                                     |             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                         |                                          |                        |                                           | you                                  |                   |               |                                               |
| If more than fou                    |             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                         |                                          |                        |                                           |                                      |                   |               |                                               |
| dependents, see<br>instructions and |             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                         |                                          |                        |                                           |                                      |                   |               |                                               |
| check here                          |             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                         |                                          |                        |                                           |                                      |                   |               |                                               |
| Income                              | 1a          | Total amount from Form(s) W-2, bo                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | x 1 (see i              | nstructions) .                           |                        |                                           |                                      | . 1               | a             | 90,181.                                       |
| Effectively                         | b           | Household employee wages not rep                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | oorted or               | Form(s) W-2 .                            |                        |                                           |                                      | . 1               | b             |                                               |
| Connected                           | с           | Tip income not reported on line 1a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | (see instr              | uctions)                                 |                        |                                           |                                      | . 10              | c             |                                               |
| With U.S.                           | d           | Medicaid waiver payments not repo                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | orted on F              | Form(s) W-2 (see                         | instructio             | ons)                                      |                                      | . 10              | d             |                                               |
| Trade or                            | е           | Taxable dependent care benefits from                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | om Form                 | 2441, line 26 .                          |                        |                                           |                                      | . 10              | e             |                                               |
| Business                            | f           | Employer-provided adoption benefits from Form 8839, line 29                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                         |                                          |                        |                                           |                                      |                   |               |                                               |
| Attach                              | g           | Wages from Form 8919, line 6                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                         |                                          |                        |                                           |                                      |                   |               |                                               |
| Form(s) W-2,                        | h           | Other earned income (see instructions)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                         |                                          |                        |                                           |                                      |                   |               |                                               |
| 1042-S,                             | i           | Reserved for future use                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                         |                                          |                        |                                           |                                      |                   |               |                                               |
| SSA-1042-S,<br>RRB-1042-S,          | 1           | Reserved for future use                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                         |                                          |                        |                                           |                                      |                   | j             |                                               |
| and 8288-A                          | k           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                         |                                          |                        |                                           |                                      |                   |               |                                               |
| here. Also<br>attach                | 7           | line 1(e)       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       . |                         |                                          |                        |                                           |                                      | . 1               | -             | 90,181.                                       |
| Form(s)                             | z<br>2a     | -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | a                       |                                          |                        | ble interest .                            |                                      |                   |               | 50,101.                                       |
| 1099-R if tax was                   | 3a          | · · ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | a                       |                                          |                        | nary dividends .                          |                                      |                   | -             |                                               |
| withheld.                           | 4a          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | a                       |                                          |                        | ble amount                                |                                      |                   | -             |                                               |
| If you did not                      | 5a          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | a                       |                                          |                        | ble amount                                |                                      |                   | -             |                                               |
| get a Form                          | 6           | Reserved for future use                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                         |                                          |                        |                                           |                                      | . 6               | ;             |                                               |
| W-2, see<br>instructions.           | 7           | Capital gain or (loss). Attach Sched                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ule D (Fo               | rm 1040) if requir                       | ed. If not             | required, check l                         | nere                                 |                   | ,             | 519.                                          |
|                                     | 8           | Other income from Schedule 1 (For                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | m 1040),                | line 10                                  |                        |                                           |                                      | . 8               | •             |                                               |
|                                     | 9           | Add lines 1z, 2b, 3b, 4b, 5b, 7, and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 8. This is              | s your <b>total effec</b> t              | tively co              | nnected income                            |                                      | . 9               |               | 90,700.                                       |
|                                     | 10          | Adjustments to income:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                         |                                          |                        |                                           |                                      |                   |               |                                               |
|                                     | a           | From Schedule 1 (Form 1040), line                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                         |                                          |                        |                                           |                                      |                   |               |                                               |
|                                     | b           | Reserved for future use                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                         |                                          |                        |                                           |                                      |                   |               |                                               |
|                                     | C           | Reserved for future use                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                         |                                          |                        |                                           |                                      |                   |               |                                               |
|                                     | d           | Enter the amount from line 10a. The                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | -                       |                                          |                        |                                           |                                      |                   |               | 00 700                                        |
|                                     | 11<br>12    | Subtract line 10d from line 9. This is                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | -                       |                                          |                        |                                           |                                      |                   | -             | 90,700.                                       |
|                                     | 12          | Itemized deductions (from Scheduction (see instructions).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                         |                                          |                        |                                           | i <b>cia, stanc</b><br>in US/India T |                   | ,             | 12,950.                                       |
|                                     | 13a         | Qualified business income deduction                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                         |                                          |                        | 1 1                                       |                                      |                   | -             | IZ, JJU.                                      |
|                                     | b           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                         |                                          |                        |                                           |                                      |                   |               |                                               |
|                                     | c           | Add lines 13a and 13b                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                         | ,                                        |                        |                                           |                                      | . 13              | c             |                                               |
|                                     | 14          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                         |                                          |                        |                                           |                                      |                   | 4             | 12,950.                                       |
|                                     | 15          | Subtract line 14 from line 11. If zero                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | or less,                | enter -0 This is                         | our taxa               | able income                               | <u></u> .                            | . 1               | 5             | 77,750.                                       |
| E                                   | D :         | av Act and Danamuark Deduction Ac                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | A MI - 41               |                                          |                        |                                           |                                      |                   | _             | - 1040 ND (0000)                              |

BAA REV 03/08/23 PRO

Form **1040-NR** (2022)

| Form 1040-NR (    | 2022)                                                                                 |                                                                                                    |                                       |              |             |          |            |                      | Page <b>2</b>      |
|-------------------|---------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|---------------------------------------|--------------|-------------|----------|------------|----------------------|--------------------|
| Tax and           | 16                                                                                    | Tax (see instructions). Check if any from                                                          | Form(s): <b>1</b> 🗌 8814              | 2 497        | '2 <b>3</b> | ;        |            | 16                   | 12,728.            |
| Credits           | 17                                                                                    | Amount from Schedule 2 (Form 1040),                                                                | line 3                                |              |             |          |            | 17                   | 0.                 |
|                   | 18                                                                                    | Add lines 16 and 17                                                                                |                                       |              |             |          |            | 18                   | 12,728.            |
|                   | 19                                                                                    | Child tax credit or credit for other depe                                                          | ndents from Schedule 881              | 2 (Form 10   | 40) .       |          |            | 19                   |                    |
|                   | 20                                                                                    | Amount from Schedule 3 (Form 1040),                                                                | line 8                                |              |             |          |            | 20                   |                    |
|                   | 21                                                                                    | Add lines 19 and 20                                                                                |                                       |              |             |          |            | 21                   |                    |
|                   | 22                                                                                    | Subtract line 21 from line 18. If zero or                                                          | less, enter -0                        |              | · · ·       |          |            | 22                   | 12,728.            |
|                   | 23a                                                                                   | Tax on income not effectively connected                                                            | d with a U.S. trade or busi           | ness from    |             |          |            |                      |                    |
|                   |                                                                                       | Schedule NEC (Form 1040-NR), line 15                                                               |                                       |              | 23a         |          |            | -                    |                    |
|                   | b                                                                                     | Other taxes, including self-employment                                                             |                                       |              |             |          |            |                      |                    |
|                   |                                                                                       | line 21                                                                                            |                                       |              | 23b         |          |            | - 1                  |                    |
|                   | С                                                                                     | Transportation tax (see instructions)                                                              |                                       |              | 23c         |          |            |                      |                    |
|                   | d                                                                                     | Add lines 23a through 23c                                                                          |                                       |              |             |          |            | 23d                  |                    |
|                   | 24                                                                                    | Add lines 22 and 23d. This is your tota                                                            | tax                                   |              |             |          |            | 24                   | 12,728.            |
| Payments          | 25                                                                                    | Federal income tax withheld from:                                                                  |                                       |              |             |          |            |                      |                    |
|                   | a                                                                                     | Form(s) W-2                                                                                        |                                       |              | 25a         | 14       | ,046.      | - 1                  |                    |
|                   | b                                                                                     | Form(s) 1099                                                                                       |                                       |              | 25b         |          |            | -                    |                    |
|                   | C<br>L                                                                                | Other forms (see instructions)                                                                     |                                       |              | 25c         |          |            | 054                  | 14,046.            |
|                   | d                                                                                     | Add lines 25a through 25c                                                                          |                                       |              |             |          |            | 25d<br>25e           | 14,040.            |
|                   | e<br>f                                                                                | Form(s) 8288-A                                                                                     |                                       |              |             |          |            | 25e                  |                    |
|                   |                                                                                       | Form(s) 1042-S                                                                                     |                                       |              |             |          |            | 25g                  |                    |
|                   | g<br>26                                                                               | 2022 estimated tax payments and amo                                                                |                                       |              |             |          |            | 259                  |                    |
|                   | 20                                                                                    | Reserved for future use                                                                            |                                       |              | 27          |          |            | 20                   |                    |
|                   | 28                                                                                    | Additional child tax credit from Schedu                                                            |                                       |              | 28          |          |            |                      |                    |
|                   | 29                                                                                    | Credit for amount paid with Form 1040                                                              | , ,                                   |              | 29          |          |            | 1                    |                    |
|                   | 30                                                                                    | Reserved for future use                                                                            |                                       |              | 30          |          |            |                      |                    |
|                   | 31                                                                                    | Amount from Schedule 3 (Form 1040),                                                                |                                       |              | 31          |          |            | 1                    |                    |
|                   | 32                                                                                    | Add lines 28, 29, and 31. These are you                                                            |                                       |              | -           | edits    |            | 32                   |                    |
|                   | 33                                                                                    | Add lines 25d, 25e, 25f, 25g, 26, and 3                                                            |                                       |              |             |          |            | 33                   | 14,046.            |
| Refund            | 34                                                                                    | If line 33 is more than line 24, subtract                                                          | · · · · · · · · · · · · · · · · · · · |              |             |          |            | 34                   | 1,318.             |
|                   | 35a                                                                                   | Amount of line 34 you want refunded t                                                              | o you. If Form 8888 is atta           | ched, chec   | k here      |          | . 🗆        | 35a                  | 1,318.             |
| Direct deposit?   | b                                                                                     | Routing number 1 1 1 0 0                                                                           | 0 0 2 5 <b>c</b> 7                    | уре: 🛛       | Check       | ing 🗌 :  | Savings    |                      |                    |
| See instructions. | d                                                                                     | Account number 5 8 6 0 3                                                                           | 8 5 4 0 9 1 7                         | Ĩ I I        |             |          |            |                      |                    |
|                   | е                                                                                     | If you want your refund check mailed t                                                             | o an address outside the l            | Jnited State | es not s    | shown on | page 1,    |                      |                    |
|                   |                                                                                       | enter it here.                                                                                     |                                       |              |             |          |            |                      |                    |
|                   | 36                                                                                    | Amount of line 34 you want applied to                                                              | your 2023 estimated tax               |              | 36          |          |            |                      |                    |
| Amount            | 37                                                                                    | Subtract line 33 from line 24. This is the                                                         |                                       |              |             |          |            |                      |                    |
| You Owe           |                                                                                       | For details on how to pay, go to www.i                                                             | rs.gov/Payments or see ins            | structions . | · · ·       |          |            | 37                   |                    |
|                   | 38                                                                                    | Estimated tax penalty (see instructions                                                            |                                       |              | 38          |          |            |                      |                    |
| Third             | Do yo                                                                                 | ou want to allow another person to discu-                                                          | ss this return with the IRS?          | See instru   | ctions.     | Ye       | s. Comp    | lete belo            | ow. 🛛 No           |
| Party             | Desig                                                                                 |                                                                                                    | Phone                                 |              |             |          | al identif | ication <sub>[</sub> |                    |
| Designee          | name                                                                                  |                                                                                                    |                                       |              | <u></u>     | numbe    | · · /      | L                    |                    |
|                   |                                                                                       | penalties of perjury, I declare that I have exam<br>they are true, correct, and complete. Declarat |                                       |              |             |          |            |                      |                    |
| Sign              |                                                                                       | signature                                                                                          |                                       | occupation   |             |          |            |                      | nt you an Identity |
| Here              | Tour                                                                                  | Signature                                                                                          |                                       | occupation   |             |          |            |                      | PIN, enter it here |
|                   |                                                                                       |                                                                                                    | SOF                                   | TWARE D      | EVEL        | OPER     | (see       | inst.)               |                    |
|                   | Phon                                                                                  |                                                                                                    | Email address                         |              |             |          |            |                      |                    |
| Paid              | Prepa                                                                                 | arer's name Prepa                                                                                  | irer's signature                      |              | Date        |          | PTIN       |                      | Check if:          |
| Preparer          | SYAM PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 03/17/2023 P02082 |                                                                                                    |                                       |              |             |          | 2703       | Self-employed        |                    |
| Use Only          | Firm's name GLOBAL TAXES LLC Phone not                                                |                                                                                                    |                                       |              |             |          |            | <b>io.</b> (67       | 8)965-9522         |
|                   | Firm's                                                                                | address 245 ROONEY CT E                                                                            | BRUNSWICK NJ 088                      | 316          |             |          | Firm's E   | IN 84                | 1-3171965          |
| Go to www.irs.    | gov/Foi                                                                               | Fo                                                                                                 | rm 1040-NR (2022)                     |              |             |          |            |                      |                    |

### SCHEDULE NEC (Form 1040-NR)

## Tax on Income Not Effectively Connected With a U.S. Trade or Business Go to www.irs.gov/Form1040NR for instructions and the latest information.

Attach to Form 1040-NR.

OMB No. 1545-0074

Sequence No. 7B

2

Attachment

Department of the Treasury Internal Revenue Service

Name shown on Form 1040-NB

Your identifying number

633-61-0962

| Name shown of | 1 FOITH 1040 | חאו-ע    |
|---------------|--------------|----------|
| PUNEETH       | PAVAN        | DESINENI |

| Enter a                        | amount of income und                                                                                         | er the a               | opropriate rate of tax. See instructions.                                                                          |                          |            |                                    |                     |                         |                                                                |                                                                |  |
|--------------------------------|--------------------------------------------------------------------------------------------------------------|------------------------|--------------------------------------------------------------------------------------------------------------------|--------------------------|------------|------------------------------------|---------------------|-------------------------|----------------------------------------------------------------|----------------------------------------------------------------|--|
|                                |                                                                                                              |                        | Nature of Income                                                                                                   |                          |            | <b>(a)</b> 10%                     | <b>(b)</b> 15%      | (c) 30%                 | (d) Othe                                                       | er (specify)                                                   |  |
|                                |                                                                                                              |                        |                                                                                                                    |                          |            | (4) 1070                           | (5) 1070            | (0) 0070                | %                                                              | %                                                              |  |
| 1                              | Dividends and divide                                                                                         |                        |                                                                                                                    |                          |            |                                    |                     |                         |                                                                |                                                                |  |
| а                              | Dividends paid by U.                                                                                         |                        |                                                                                                                    |                          | <b>1</b> a |                                    |                     |                         |                                                                |                                                                |  |
| b                              |                                                                                                              | -                      | prporations                                                                                                        |                          | 1b         |                                    |                     |                         |                                                                |                                                                |  |
| С                              | Dividend equivalent p                                                                                        | ayment                 | s received with respect to section 871(m) t                                                                        | ransactions              | 1c         |                                    |                     |                         |                                                                |                                                                |  |
| 2                              | Interest:                                                                                                    |                        |                                                                                                                    |                          |            |                                    |                     |                         |                                                                |                                                                |  |
| а                              | Mortgage                                                                                                     |                        |                                                                                                                    |                          | 2a         |                                    |                     |                         |                                                                |                                                                |  |
| b                              | Paid by foreign corpo                                                                                        | orations               | 8                                                                                                                  |                          | 2b         |                                    |                     |                         |                                                                |                                                                |  |
| с                              | Other                                                                                                        |                        |                                                                                                                    |                          | 2c         |                                    |                     |                         |                                                                |                                                                |  |
| 3                              | Industrial royalties (patents, trademarks, etc.)                                                             |                        |                                                                                                                    |                          |            |                                    |                     |                         |                                                                |                                                                |  |
| 4                              | Motion picture or TV                                                                                         | copyri                 | ght royalties                                                                                                      |                          | 4          |                                    |                     |                         |                                                                |                                                                |  |
| 5                              | Other royalties (copyrights, recording, publishing, etc.)                                                    |                        |                                                                                                                    |                          |            |                                    |                     |                         |                                                                |                                                                |  |
| 6                              | Real property income and natural resources royalties                                                         |                        |                                                                                                                    |                          |            |                                    |                     |                         |                                                                |                                                                |  |
| 7                              | Pensions and annuiti                                                                                         | es                     |                                                                                                                    |                          | 7          |                                    |                     |                         |                                                                |                                                                |  |
| 8                              | Social security benefits                                                                                     |                        |                                                                                                                    |                          |            |                                    |                     |                         |                                                                |                                                                |  |
| 9                              | Capital gain from line                                                                                       | e 18 be                | ow                                                                                                                 |                          | 9          |                                    |                     |                         |                                                                |                                                                |  |
| 10                             | Gambling-Resident                                                                                            | s of Ca<br><b>r -0</b> | nada only. Enter net income in column (c                                                                           | ).                       |            |                                    |                     |                         |                                                                |                                                                |  |
| а                              | Winnings                                                                                                     |                        |                                                                                                                    |                          |            |                                    |                     |                         |                                                                |                                                                |  |
| b                              | Losses                                                                                                       |                        |                                                                                                                    |                          | 10c        |                                    |                     |                         |                                                                |                                                                |  |
| 11                             |                                                                                                              |                        | ents of countries other than Canada.                                                                               |                          | 11         |                                    |                     |                         |                                                                |                                                                |  |
| 12                             | Other (specify):                                                                                             |                        |                                                                                                                    |                          |            |                                    |                     |                         |                                                                |                                                                |  |
|                                |                                                                                                              |                        |                                                                                                                    |                          | 12         |                                    |                     |                         |                                                                |                                                                |  |
| 13                             | •                                                                                                            |                        | olumns (a) through (d)                                                                                             |                          | 13         |                                    |                     |                         |                                                                |                                                                |  |
| 14                             |                                                                                                              |                        | ax at top of each column                                                                                           |                          | 14         |                                    |                     |                         |                                                                |                                                                |  |
| 15                             | Tax on income not e                                                                                          | ffective               | ly connected with a U.S. trade or busines                                                                          |                          |            |                                    |                     |                         | -NR, line 23a <b>15</b>                                        |                                                                |  |
|                                |                                                                                                              |                        | Capital Gains and                                                                                                  | d Losses I               | -rom       | Sales or Excha                     | anges of Proper     | ty                      |                                                                |                                                                |  |
| losses f<br>exchan<br>within t | nly the capital gains and<br>from property sales or<br>ges that are from sources<br>he United States and not | 16                     | (a) Kind of property and description<br>(if necessary, attach statement of<br>descriptive details not shown below) | (b) Date acq<br>mm/dd/yy |            | <b>(c)</b> Date sold<br>mm/dd/yyyy | (d) Sales price     | (e) Cost or other basis | (f) LOSS<br>If (e) is more than (d),<br>subtract (d) from (e). | (g) GAIN<br>If (d) is more than (e),<br>subtract (e) from (d). |  |
|                                | ely connected with a U.S.                                                                                    |                        |                                                                                                                    |                          |            |                                    |                     |                         |                                                                |                                                                |  |
| or loss                        | on disposing of a U.S. real<br>y interest; report these                                                      |                        |                                                                                                                    |                          |            |                                    |                     |                         |                                                                |                                                                |  |
| gains a<br>(Form 1             | nd losses on Schedule D                                                                                      |                        |                                                                                                                    |                          |            |                                    |                     |                         |                                                                |                                                                |  |
| Report                         | property sales or                                                                                            |                        |                                                                                                                    |                          |            |                                    |                     |                         |                                                                |                                                                |  |
|                                | ges that are effectively ted with a U.S. business                                                            | 17 ^                   | dd columns (f) and (g) of line 16 .                                                                                |                          |            |                                    |                     | 17                      | (                                                              |                                                                |  |
| on Sch                         | edule D (Form 1040),<br>797, or both.                                                                        |                        | capital gain. Combine columns (f) and                                                                              | <br>(a) of line 17       | <br>7 Ente | · · · · · · · ·                    | re and on line 9 ab |                         |                                                                | +                                                              |  |
|                                |                                                                                                              |                        | e. see the Instructions for Form 1040-NR                                                                           |                          | . בוונפ    | -                                  | 03/08/23 PRO        |                         |                                                                | │<br>C (Form 1040-NR) 2022                                     |  |
| 101 6                          |                                                                                                              |                        | , see the manuchons for Form 1040-Nn                                                                               |                          |            |                                    | 00,00/201100        |                         | Schedule NEC                                                   | 2022 (FUTH 1040-INR)                                           |  |

| SCHE  | DUL  | .Е  | ΟΙ |
|-------|------|-----|----|
| (Form | 1040 | )-N | R) |

T

### Other Information

OMB No. 1545-0074

| (Form | 1040-NR)                               | Go t                                | o www.irs.gov/Form1040N                                     |                                         |                              | .              | 202                      | 22             |
|-------|----------------------------------------|-------------------------------------|-------------------------------------------------------------|-----------------------------------------|------------------------------|----------------|--------------------------|----------------|
|       | ent of the Treasury<br>Revenue Service |                                     |                                                             | h to Form 1040-NI<br>wer all questions. |                              |                | Attachment<br>Sequence N |                |
|       | Nevenue Service                        |                                     | Alls                                                        | wer all questions.                      |                              | Your identifyi |                          | i0. <b>/</b> C |
|       | ETH PAVAN                              |                                     |                                                             |                                         |                              | 633-61-        | •                        |                |
| A     |                                        |                                     | vere you a citizen or nation                                | al during the tax w                     | and TNDIA                    |                |                          |                |
| В     |                                        |                                     | residence for tax purpose                                   |                                         |                              |                |                          |                |
| C     |                                        |                                     | green card holder (lawful p                                 |                                         |                              |                |                          |                |
| D     | Were you ever:                         |                                     | green card holder (lawidi p                                 | Jermanent residen                       | in or the ornited otates: .  |                |                          |                |
| _     | A U.S. citizen?                        |                                     |                                                             |                                         |                              |                | Yes                      | 🛛 No           |
|       |                                        |                                     | rmanent resident) of the Ur                                 |                                         |                              |                |                          |                |
|       |                                        | · ·                                 | ?), see Pub. 519, chapter 4,                                |                                         |                              |                |                          |                |
| Е     | -                                      |                                     | day of the tax year, enter                                  |                                         |                              | iter vour U.S  |                          |                |
| -     |                                        |                                     | day of the tax year. $F1$                                   |                                         |                              | -              |                          |                |
| F     | Have you ever                          | changed your v                      | /isa type (nonimmigrant sta                                 | tus) or U.S. immig                      | gration status?              |                | Yes                      | 🛛 No           |
|       | If you answered                        | d "Yes," indicat                    | e the date and nature of th                                 | e change:                               |                              |                |                          |                |
| G     | List all dates yo                      | ou entered and                      | left the United States durin                                | g 2022. See instru                      | uctions.                     |                |                          |                |
|       |                                        |                                     | Canada or Mexico AND cor                                    |                                         |                              | lent intervals | ,                        |                |
|       | check the box                          | for Canada o                        | r Mexico and skip to item I                                 | <u> </u>                                | 🗌 Canada                     | Mexico         | )                        |                |
|       |                                        | United States                       | Date departed United Stat                                   | es                                      | Date entered United State    | s Date de      | parted Unite             | d States       |
|       | mm/o                                   | dd/yy                               | mm/dd/yy                                                    |                                         | mm/dd/yy                     |                | mm/dd/yy                 |                |
|       |                                        |                                     |                                                             |                                         |                              |                |                          |                |
|       |                                        |                                     |                                                             |                                         |                              |                |                          |                |
|       |                                        |                                     |                                                             |                                         |                              |                |                          |                |
| н     |                                        |                                     | vacation, nonworkdays, and                                  |                                         |                              |                | :                        |                |
|       | 2020                                   |                                     | , 2021                                                      | , an                                    | d 2022 365                   | · · ·          | $\mathbf{N}$             |                |
| I     | Did you file a U                       | .S. income tax<br>ne latest vear ar | return for any prior year? .<br>nd form number you filed:   |                                         |                              |                | X Yes                    | ∐ No           |
| J     | Are vou filing a                       | return for a tru                    | st?                                                         |                                         |                              |                | Yes                      | X No           |
|       | If "Yes," did th                       | e trust have a                      | U.S. or foreign owner under ribution from a U.S. person     | er the grantor trus                     | t rules, make a distribution | n or loan to a | 1                        | No             |
| к     | -                                      |                                     | sation of \$250,000 or more                                 |                                         |                              |                |                          | × No           |
|       | If "Yes," did yo                       | u use an altern                     | ative method to determine                                   | the source of this                      | compensation?                |                | <b>Yes</b>               | No             |
| L     |                                        |                                     | f you are claiming exempt<br>/. See Pub. 901 for more in    |                                         |                              | tax treaty wi  | th a foreign             | 1 country      |
| 1.    |                                        |                                     | the applicable tax treaty an<br>ne columns below. Attach Fo |                                         |                              | claimed the    | treaty benefi            | it, and the    |
|       |                                        | (a) Cou                             | intry                                                       | (b) Tax treaty art                      | icle (c) Number of mont      | ns (d) A       | mount of exe             | empt           |
|       |                                        |                                     |                                                             |                                         | claimed in prior tax ye      | ars income     | e in current ta          | ax year        |
|       |                                        |                                     |                                                             |                                         |                              |                |                          |                |
|       |                                        |                                     |                                                             |                                         |                              |                |                          |                |
|       |                                        |                                     |                                                             |                                         |                              |                |                          |                |
|       |                                        |                                     |                                                             |                                         |                              |                |                          |                |
|       |                                        |                                     |                                                             |                                         |                              |                |                          |                |
|       | (e) Total. Ente                        | r this amount o                     | n Form 1040-NR, line 1k. D                                  | l<br>Do not enter it anv                | where else on line 1         |                |                          |                |
| 2.    |                                        |                                     | preign country on any of the                                |                                         |                              |                | 2 Yes                    | No             |
|       |                                        |                                     | ts pursuant to a Competen                                   |                                         |                              |                |                          |                |
| -     | -                                      |                                     | Competent Authority deterr                                  | -                                       |                              |                |                          |                |
| М     | Check the appl                         |                                     | -                                                           | -                                       |                              |                |                          |                |

1. This is the first year you are making an election to treat income from real property located in the United States as effectively connected 

2. You have made an election in a previous year that has not been revoked, to treat income from real property located in the United States as effectively connected with a U.S. trade or business under section 871(d). See instructions . . . . . . . . . .

For Paperwork Reduction Act Notice, see the Instructions for Form 1040-NR.

REV 03/08/23 PRO Schedule OI (Form 1040-NR) 2022

### SCHEDULE D (Form 1040)

# **Capital Gains and Losses**

OMB No. 1545-0074

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

Go to *www.irs.gov/ScheduleD* for instructions and the latest information. Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10. 2022 Attachment Sequence No. 12

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

PUNEETH PAVAN DESINENI

Your social security number 633-61-0962

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year?

If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

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

| lines<br>This | instructions for how to figure the amounts to enter on the<br>below.<br>form may be easier to complete if you round off cents to<br>e dollars.                                                                                                                                  | <b>(d)</b><br>Proceeds<br>(sales price) | <b>(e)</b><br>Cost<br>(or other basis) | (g)<br>Adjustments<br>to gain or loss from<br>Form(s) 8949, Part I,<br>line 2, column (g) |    | (h) Gain or (loss)<br>Subtract column (e)<br>from column (d) and<br>combine the result<br>with column (g) |
|---------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|----------------------------------------|-------------------------------------------------------------------------------------------|----|-----------------------------------------------------------------------------------------------------------|
| 1a            | Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b. |                                         |                                        |                                                                                           |    |                                                                                                           |
| 1b            | Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked                                                                                                                                                                                                  | 3,990.                                  | 3,728.                                 |                                                                                           | 4. | 266.                                                                                                      |
| 2             | Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked                                                                                                                                                                                                  |                                         |                                        |                                                                                           |    |                                                                                                           |
| 3             | Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked                                                                                                                                                                                                  | 1,882.                                  | 1,629.                                 |                                                                                           |    | 253.                                                                                                      |
| 4             | Short-term gain from Form 6252 and short-term gain or (I                                                                                                                                                                                                                        |                                         | 4                                      |                                                                                           |    |                                                                                                           |
| 5             | Net short-term gain or (loss) from partnerships, Schedule(s) K-1                                                                                                                                                                                                                |                                         |                                        | usts from                                                                                 | 5  |                                                                                                           |
| 6             | Short-term capital loss carryover. Enter the amount, if an <b>Worksheet</b> in the instructions                                                                                                                                                                                 |                                         |                                        | -                                                                                         | 6  | ( )                                                                                                       |
| 7             | Net short-term capital gain or (loss). Combine lines 1a term capital gains or losses, go to Part II below. Otherwise                                                                                                                                                            |                                         | 7                                      | 519.                                                                                      |    |                                                                                                           |

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

| See instructions for how to figure the amounts to enter on the lines below.<br>This form may be easier to complete if you round off cents to whole dollars. |                                                                                                                                                                                                                                                                                | <b>(d)</b><br>Proceeds<br>(sales price) | <b>(e)</b><br>Cost<br>(or other basis) | - J J |    | (h) Gain or (loss)<br>Subtract column (e)<br>from column (d) and<br>combine the result<br>with column (g) |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|----------------------------------------|-------|----|-----------------------------------------------------------------------------------------------------------|
| 8a                                                                                                                                                          | Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b. |                                         |                                        |       |    |                                                                                                           |
| 8b                                                                                                                                                          | Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked                                                                                                                                                                                                 |                                         |                                        |       |    |                                                                                                           |
| 9                                                                                                                                                           | 9 Totals for all transactions reported on Form(s) 8949 with<br>Box E checked                                                                                                                                                                                                   |                                         |                                        |       |    |                                                                                                           |
| 10                                                                                                                                                          | <b>10</b> Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked.                                                                                                                                                                                      |                                         |                                        |       |    |                                                                                                           |
| 11                                                                                                                                                          | Gain from Form 4797, Part I; long-term gain from Forms from Forms 4684, 6781, and 8824                                                                                                                                                                                         |                                         | <b>v v</b>                             | . ,   | 11 |                                                                                                           |
| 12                                                                                                                                                          | 12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1                                                                                                                                                                    |                                         |                                        |       |    |                                                                                                           |
| 13                                                                                                                                                          |                                                                                                                                                                                                                                                                                |                                         |                                        |       |    |                                                                                                           |
| 14                                                                                                                                                          | 14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover                                                                                                                                                                     |                                         |                                        |       |    |                                                                                                           |
| Worksheet in the instructions                                                                                                                               |                                                                                                                                                                                                                                                                                |                                         |                                        |       |    | ( )                                                                                                       |
| <b>15 Net long-term capital gain or (loss).</b> Combine lines 8a through 14 in column (h). Then, go to Part III                                             |                                                                                                                                                                                                                                                                                |                                         |                                        |       |    | · · · · · ·                                                                                               |
|                                                                                                                                                             | on the back                                                                                                                                                                                                                                                                    | 15                                      |                                        |       |    |                                                                                                           |

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

| Part | III Summary                                                                                                                                                                                                                                                  |                             |
|------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|
| 16   | Combine lines 7 and 15 and enter the result                                                                                                                                                                                                                  | <b>16</b> 519.              |
|      | • If line 16 is a <b>gain</b> , enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below.                                                                                                                          |                             |
|      | • If line 16 is a <b>loss</b> , skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22.                                                                                                                                       |                             |
|      | • If line 16 is <b>zero</b> , skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22.                                                                                                                   |                             |
| 17   | Are lines 15 and 16 <b>both</b> gains?                                                                                                                                                                                                                       |                             |
|      | X No. Skip lines 18 through 21, and go to line 22.                                                                                                                                                                                                           |                             |
| 18   | If you are required to complete the <b>28% Rate Gain Worksheet</b> (see instructions), enter the amount, if any, from line 7 of that worksheet                                                                                                               | 18                          |
| 19   | If you are required to complete the <b>Unrecaptured Section 1250 Gain Worksheet</b> (see instructions), enter the amount, if any, from line 18 of that worksheet                                                                                             | 19                          |
| 20   | <ul> <li>Are lines 18 and 19 both zero or blank and you are not filing Form 4952?</li> <li>Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. Don't complete lines 21 and 22 below.</li> </ul> |                             |
|      | □ No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.                                                                                                                                                       |                             |
| 21   | If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of:                                                                                                                                                              |                             |
|      | The loss on line 16; or     (\$3,000), or if married filing separately, (\$1,500)                                                                                                                                                                            | 21 ()                       |
|      | Note: When figuring which amount is smaller, treat both amounts as positive numbers.                                                                                                                                                                         |                             |
| 22   | Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?                                                                                                                                                                                  |                             |
|      | ☐ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16.                                                                                                                                           |                             |
|      | No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.                                                                                                                                                                                                     |                             |
|      | REV 03/08/23 PRO                                                                                                                                                                                                                                             | Schedule D (Form 1040) 2022 |

Form **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.



Social socurity number or taxpayor identification number

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

| Name(s) shown on return | Social security number of taxpayer identification number |
|-------------------------|----------------------------------------------------------|
| PUNEETH PAVAN DESINENI  | 633-61-0962                                              |
|                         |                                                          |

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.

Part I 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

| 1          | <b>(a)</b><br>Description of property                                                                      | <b>(b)</b><br>Date acquired                | <b>(c)</b><br>Date sold or     | <b>(d)</b><br>Proceeds              | <b>(e)</b><br>Cost or other basis<br>See the <b>Note</b> below | Adjustment, if any, to gain or loss<br>If you enter an amount in column (g),<br>enter a code in column (f).<br>See the separate instructions. |                                       | (h)<br>Gain or (loss)<br>Subtract column (e)                  |  |
|------------|------------------------------------------------------------------------------------------------------------|--------------------------------------------|--------------------------------|-------------------------------------|----------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|---------------------------------------------------------------|--|
|            | (Example: 100 sh. XYZ Co.)                                                                                 | (Ma day, w) alsposed of                    | disposed of<br>(Mo., day, yr.) | (sales price)<br>(see instructions) | and see <i>Column (e)</i><br>in the separate<br>instructions.  | (f)<br>Code(s) from<br>instructions                                                                                                           | <b>(g)</b><br>Amount of<br>adjustment | from column (d) and<br>combine the result<br>with column (g). |  |
| APEX       | CLEARING                                                                                                   | 01/01/22                                   | 12/31/22                       | 3,990.                              | 3,728.                                                         | W                                                                                                                                             | 4.                                    | 266.                                                          |  |
|            |                                                                                                            |                                            |                                |                                     |                                                                |                                                                                                                                               |                                       |                                                               |  |
|            |                                                                                                            |                                            |                                |                                     |                                                                |                                                                                                                                               |                                       |                                                               |  |
|            |                                                                                                            |                                            |                                |                                     |                                                                |                                                                                                                                               |                                       |                                                               |  |
|            |                                                                                                            |                                            |                                |                                     |                                                                |                                                                                                                                               |                                       |                                                               |  |
|            |                                                                                                            |                                            |                                |                                     |                                                                |                                                                                                                                               |                                       |                                                               |  |
|            |                                                                                                            |                                            |                                |                                     |                                                                |                                                                                                                                               |                                       |                                                               |  |
|            |                                                                                                            |                                            |                                |                                     |                                                                |                                                                                                                                               |                                       |                                                               |  |
|            |                                                                                                            |                                            |                                |                                     |                                                                |                                                                                                                                               |                                       |                                                               |  |
|            |                                                                                                            |                                            |                                |                                     |                                                                |                                                                                                                                               |                                       |                                                               |  |
|            |                                                                                                            |                                            |                                |                                     |                                                                |                                                                                                                                               |                                       |                                                               |  |
|            |                                                                                                            |                                            |                                |                                     |                                                                |                                                                                                                                               |                                       |                                                               |  |
|            |                                                                                                            |                                            |                                |                                     |                                                                |                                                                                                                                               |                                       |                                                               |  |
| 2 Tot      | als. Add the amounts in columns                                                                            | (d) (e) (d) and                            | h (h) (subtract                |                                     |                                                                |                                                                                                                                               |                                       |                                                               |  |
| neg<br>Sch | ative amounts). Enter each tota<br>edule D, line 1b (if Box A above<br>ve is checked), or line 3 (if Box ( | al here and inc<br>is checked), <b>lir</b> | lude on your<br>ne 2 (if Box B | 3,990.                              | 3,728.                                                         |                                                                                                                                               | 4.                                    | 266.                                                          |  |

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.

8949

Department of the Treasury

Internal Revenue Service

# 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.



| Name(s) snowr | n on return |          |  |
|---------------|-------------|----------|--|
| PUNEETH       | PAVAN       | DESINENI |  |

Social security number or taxpayer identification number

| EETH PAVAN DESINENI 633-61-0962 |  |
|---------------------------------|--|

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see Part I instructions). For long-term transactions, see page 2.

Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box A. B. or C below. Check only one box. If more than one box applies for your short-term transactions. complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

(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

X (C) Short-term transactions not reported to you on Form 1099-B

| <b>1</b><br>(a)<br>Description of property                                                                                                                  | <b>(b)</b><br>Date acquired                | (c)<br>Date sold or            | (d)<br>Proceeds                     | (e)<br>Cost or other basis<br>See the <b>Note</b> below       | Adjustment, if any, to gain or loss<br>If you enter an amount in column (g),<br>enter a code in column (f).<br>See the separate instructions. |                                       | (h)<br>Gain or (loss)<br>Subtract column (e)                  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|--------------------------------|-------------------------------------|---------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|---------------------------------------------------------------|
| (Example: 100 sh. XYZ Co.)                                                                                                                                  |                                            | disposed of<br>(Mo., day, yr.) | (sales price)<br>(see instructions) | and see <i>Column (e)</i><br>in the separate<br>instructions. | <b>(f)</b><br>Code(s) from<br>instructions                                                                                                    | <b>(g)</b><br>Amount of<br>adjustment | from column (d) and<br>combine the result<br>with column (g). |
| APEX CRYPTO                                                                                                                                                 | 01/01/22                                   | 12/31/22                       | 1,882.                              | 1,629.                                                        |                                                                                                                                               |                                       | 253.                                                          |
|                                                                                                                                                             |                                            |                                |                                     |                                                               |                                                                                                                                               |                                       |                                                               |
|                                                                                                                                                             |                                            |                                |                                     |                                                               |                                                                                                                                               |                                       |                                                               |
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|                                                                                                                                                             |                                            |                                |                                     |                                                               |                                                                                                                                               |                                       |                                                               |
|                                                                                                                                                             |                                            |                                |                                     |                                                               |                                                                                                                                               |                                       |                                                               |
|                                                                                                                                                             |                                            |                                |                                     |                                                               |                                                                                                                                               |                                       |                                                               |
|                                                                                                                                                             |                                            |                                |                                     |                                                               |                                                                                                                                               |                                       |                                                               |
|                                                                                                                                                             |                                            |                                |                                     |                                                               |                                                                                                                                               |                                       |                                                               |
|                                                                                                                                                             |                                            |                                |                                     |                                                               |                                                                                                                                               |                                       |                                                               |
|                                                                                                                                                             |                                            |                                |                                     |                                                               |                                                                                                                                               |                                       |                                                               |
|                                                                                                                                                             |                                            |                                |                                     |                                                               |                                                                                                                                               |                                       |                                                               |
| 2 Totals. Add the amounts in columns<br>negative amounts). Enter each tota<br>Schedule D, line 1b (if Box A above<br>above is checked), or line 3 (if Box 6 | al here and inc<br>is checked), <b>lir</b> | lude on your<br>ne 2 (if Box B | 1,882.                              | 1,629.                                                        |                                                                                                                                               |                                       | 253.                                                          |

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.