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

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OMB No. 1545-0074

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

Filing Status	s 🗌 s	Single X Married filing jointly	Marrie	ed filing separately	(MFS)	☐ Head of	household (	HOH)			fying survi se (QSS)	ving
Check only one box.		u checked the MFS box, enter the n on is a child but not your dependent		our spouse. If you	check	ed the HOH or	QSS box,	enter		•	` ,	qualifying
Your first name	ddle initial	ne					You	Your social security number				
SURENDRA		UBOYINA					79	797-59-0190				
If joint return, s	first name and middle initial	me					Spo	Spouse's social security number				
VENKATA	GAYA	ATHRI	AVUL.	A					AP	PLI	ED FOR	
Home address	(numbe	r and street). If you have a P.O. box, see	instructio	ons.			Apt. no		Pre	siden	tial Election	n Campaign
8100 ME	MORIA	AL LN					1030	6			ere if you, o	
City, town, or p	ost offic	ce. If you have a foreign address, also co	omplete sp	paces below.	Sta	te	ZIP code				filing jointl his fund. C	ly, want \$3
PLANO					TΣ	ζ	75024				w will not c	
Foreign country name			F	Foreign province/state/county			Foreign post	al cod			or refund.	· ·
											You	Spouse
Digital Assets		ny time during 2022, did you: (a) rec ange, gift, or otherwise dispose of a	•				•	, .	` '		☐ Yes	⊠ No
Standard	Som	eone can claim:	ependent	Your spor	use as	a dependent						
Deduction		Spouse itemizes on a separate retur	n or you	were a dual-statu	ıs alien							
Age/Blindnes	s You:	☐ Were born before January 2, 1	958	Are blind S	pouse	: Was bor	n before Ja	nuary	/ 2, 19	58	Is blir	nd
Dependent	s (see	instructions):		(2) Social secur	rity	(3) Relationsh	ip (4) Che	ck the	box if	qualifie	es for (see in	nstructions):
If more	<b>(1)</b> Fi	rst name Last name		number		to you	Ch	ld tax	credit	С	credit for other	er dependents
than four												]
dependents, see instruction	s ——											]
and check _	. —											]
here												]
Income	1a	Total amount from Form(s) W-2, b	ox 1 (see	e instructions) .						1a	9	6,248.
	b	Household employee wages not re	•	` '						1b		
Attach Form(s) W-2 here. Also attach Forms	С									1c		
	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)								1d		
W-2G and 1099-R if tax	е	Taxable dependent care benefits from Form 2441, line 26								1e		
was withheld.	f	Employer-provided adoption benefits from Form 8839, line 29								1f		
If you did not	g	Wages from Form 8919, line 6 .							-	1g		
get a Form W-2, see	h	Other earned income (see instruct	tions) .							1h		0.
instructions.	i	Nontaxable combat pay election (	see instr	uctions)		<u>1</u> i					l .	
	Z	Add lines 1a through 1h								1z	9	6,248.
Attach Sch. B	2a	Tax-exempt interest	2a			axable interes				2b		
if required.	<u>3a</u>	Qualified dividends	3a		<b>b</b> C	ordinary divide	nds			3b		1.
	4a	_	4a			axable amoun			- +	4b		
Standard	5a	_	5a			axable amoun				5b		
<b>Deduction for—</b> Single or	6a	,	6a			axable amoun	t		<u>.</u>	6b		
Married filing separately,	С	If you elect to use the lump-sum election method, check here (see instructions)							닏ㅣ			
\$12,950	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here							ЦΙ	7		-684.
Married filing jointly or	8	Other income from Schedule 1, line 10								8		
Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7		-						9	9	5 <b>,</b> 565.
surviving spouse, \$25,900	10	Adjustments to income from Schedule 1, line 26								10		
Head of household,	11	Subtract line 10 from line 9. This is								11		5 <b>,</b> 565.
\$19,400	12	Standard deduction or itemized								12	2	5 <b>,</b> 900.
If you checked any box under	13	Qualified business income deduct							.	13		
Standard	14	Add lines 12 and 13							.	14		5 <b>,</b> 900.
Deduction, see instructions.	15	Subtract line 14 from line 11. If zero or less, enter -0 This is your <b>taxable income</b>								15	6	9,665.

Form 1040 (2022	2)								Page <b>2</b>
Tax and	16	Tax (see instructions). Check	if any from Form	(s): <b>1</b> 881	4 <b>2</b> 3 4972	3 🗌		16	7,950.
Credits	17	Amount from Schedule 2, line 3							
0.000	18	Add lines 16 and 17	[	18	7,950.				
	19	Child tax credit or credit for other dependents from Schedule 8812							
	20	Amount from Schedule 3, lir	ne 8				[	20	
	21	Add lines 19 and 20					[	21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0			[	22	7,950.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21		[	23	0.
	24	Add lines 22 and 23. This is	your total tax				[	24	7,950.
Payments	25	Federal income tax withheld							
•	а	Form(s) W-2				<b>25a</b> 14	,627.		
	b	Form(s) 1099				25b			
	С	Other forms (see instructions	s)			25c			
	d	Add lines 25a through 25c						25d	14,627.
If you have a	26	2022 estimated tax paymen	ts and amount a	pplied from 20	)21 return			26	
qualifying child,	27	Earned income credit (EIC)				27			
attach Sch. EIC.	28	Additional child tax credit from	m Schedule 8812	2		28			
	29	American opportunity credit	from Form 8863	3, line 8		29			
	30	Reserved for future use							
	31	Amount from Schedule 3, lin	ne 15			31			
	32	Add lines 27, 28, 29, and 31	. These are your	total other pa	ayments and refu	indable credits		32	
	33	Add lines 25d, 26, and 32. T	hese are your <b>to</b>	tal payments				33	14,627.
Refund	34	If line 33 is more than line 24	4, subtract line 2	4 from line 33.	This is the amour	nt you <b>overpaid</b>		34	6 <b>,</b> 677.
riciana	35a	Amount of line 34 you want			is attached, chec	ck here	. 🗆 📗	35a	6 <b>,</b> 677.
Direct deposit? See instructions.	b	Routing number 0 7 1				Checking S	Savings		
	d	Account number 3 7 4	0 0 0 3	6 9 9 4	4 3				
-	36	Amount of line 34 you want	applied to your	2023 estimate	ed tax	36			
Amount You Owe	37	Subtract line 33 from line 24 For details on how to pay, g						37	
	38	Estimated tax penalty (see in	nstructions) .			38			
Third Party Designee		you want to allow another structions	•		rn with the IRS?		mplete be	low.	⊠ No
		signee's		Phone			nal identific	ation	
		me		no.			er (PIN)		
Sign Here		der penalties of perjury, I declare t lief, they are true, correct, and com							
TICIC	Yo	ur signature	Date Your occupation					nt you an Identity	
l=:t0				INFORMATION SECURITY ENGI			(aaa in		IN, enter it here
Joint return? See instructions.	Sn	Spouse's signature. If a joint return, <b>both</b> must sign.		Date Spouse's occupation			_		nt your spouse an
Keep a copy for	Op	opodoo o dignataro. Ir a joint return, <b>both</b> must sign.		Spouse 3 docupation			Identity	/ Prote	ection PIN, enter it here
your records.					HOME MAKEF	2	(see ins	st.)	
		one no. (205) 568-142		Email address	SKUTTUBOYI	NA@GMAIL.CO			
Paid	Pre	eparer's name	Preparer's signat	cure		Date	PTIN		Check if:
Preparer	SYAM	I PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	03/26/2023	P020827	703	Self-employed
Use Only	Fin							no. (	678) 965-9522
	Fin	m's address 245 ROONE	Y CT E BRU	NSWICK N	J 08816		Firm's	EIN	84-3171965
Go to www.irs.g	ov/Forn	n1040 for instructions and the late	est information.		BAA	REV 03/18/23 PRO			Form 1040 (2022)

# SCHEDULE D (Form 1040)

Department of the Treasury

Internal Revenue Service

Name(s) shown on return

# **Capital Gains and Losses**

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

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

OMB No. 1545-0074

2022

Attachment Sequence No. **12** 

Your social security number

SU	RENDRA KUTTUBOYINA & VENKATA GAYATHRI A	VULA		797-	-59-	0190
•	you dispose of any investment(s) in a qualified opportunity	•	•			
If "Ye	es," attach Form 8949 and see its instructions for additiona	al requirements for	r reporting your ga	ain or loss.		
Pa	Short-Term Capital Gains and Losses—Ge	nerally Assets I	Held One Year o	or Less (se	e ins	tructions)
See instructions for how to figure the amounts to enter on the lines below.  This form may be easier to complete if you round off cents to  (d)  Proceeds (Sales price)  (e)  Cost to gain or loss fit of som (or other basis) Form(s) 8949, Page 1						(h) Gain or (loss) Subtract column (e) from column (d) and combine the result
	e dollars.	(======================================	(0. 2.0.0. 2.0.2.)	line 2, colum		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	2,428.	5,262.	2,1	-684.	
2	Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked	2,420.	3,202.	2,1	.50.	004.
3	Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked					
4	Short-term gain from Form 6252 and short-term gain or (le				4	
5	Net short-term gain or (loss) from partnerships, Schedule(s) K-1	S corporations,	estates, and tr	usts from	5	
6	Short-term capital loss carryover. Enter the amount, if an <b>Worksheet</b> in the instructions	y, from line 8 of y	our Capital Loss	Carryover	6	(
7	Net short-term capital gain or (loss). Combine lines 1a term capital gains or losses, go to Part II below. Otherwise			e any long-	7	-684.
Par	<u></u>					
	instructions for how to figure the amounts to enter on the	,		(g)		(h) Gain or (loss)
lines below. (d) (e) Adjustment						Subtract column (e) from column (d) and
This whol	form may be easier to complete if you round off cents to e dollars.	(or other basis)			combine the result with column (g)	
8a	Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b.					
	Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked					
9	Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked					
10	Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked					
	Gain from Form 4797, Part I; long-term gain from Forms from Forms 4684, 6781, and 8824				11	
	Net long-term gain or (loss) from partnerships, S corporat		12 13			
13 14	Capital gain distributions. See the instructions Long-term capital loss carryover. Enter the amount, if any					
15	Worksheet in the instructions				14	(
13	on the back	t anough 14 III CO	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	o to rait III	15	

BAA

Schedule D (Form 1040) 2022 Page 2

### Part III Summary -684. 16 Combine lines 7 and 15 and enter the result 16 • If line 16 is a gain, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below. • If line 16 is a loss, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete • If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22. 17 Are lines 15 and 16 both gains? ☐ **Yes.** Go to line 18. ■ No. Skip lines 18 through 21, and go to line 22. 18 If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the 18 19 If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet . 19 20 Are lines 18 and 19 both zero or blank and you are not filing Form 4952? ☐ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. Don't complete lines 21 and 22 below. □ No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below. If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of: 21 • The loss on line 16; or 684.) 21 • (\$3,000), or if married filing separately, (\$1,500) Note: When figuring which amount is smaller, treat both amounts as positive numbers. Do you have gualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a? 22 ☐ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.

## **Sales and Other Dispositions of Capital Assets**

Social security number or taxpayer identification number

797-59-0190

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

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

OMB No. 1545-0074

SURENDRA KUTTUBOYINA &	VENKATA	GAYATHRI	AVULA	797-59	-0190		
Before you check Box A, B, or C belo statement will have the same informa broker and may even tell you which b	tion as Form						
Part I Short-Term. Trans instructions). For lo				eld 1 year or le	ss are ger	nerally short-te	rm (see
Note: You may agg reported to the IRS	regate all s and for wh	hort-term tr ich no adjus	ansactions rep stments or coo	les are required	d. Enter th	e totals directly	/ on
Schedule D, line 1a You must check Box A, B, or C	below. Chec	k only one b	oox. If more than	one box applies	s for your s	hort-term transa	ctions,
complete a separate Form 8949, p for one or more of the boxes, com						tions than will fit	on this page
(A) Short-term transactions			_	•		•	e)
<ul><li>☐ (B) Short-term transactions</li><li>☐ (C) Short-term transactions</li></ul>	•	٠,,	•	sis <b>wasn t</b> report	ea to trie ir	าง	
1 (a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis See the <b>Note</b> below	Adjustment, i If you enter an enter a c See the sep	(h) Gain or (loss) Subtract column (e)	
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see Column (e) in the separate instructions.	(f) Code(s) from instructions	<b>(g)</b> Amount of adjustment	from column (d) and combine the result with column (g).
ROBINHOOD SECURITIES LLC	01/01/22	12/31/22	2,428.	5,262.	W	2,150.	-684.

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.

2,428.

2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked).

5,262.



### Application for IRS Individual Taxpayer Identification Number

► For use by individuals who are not U.S. citizens or permanent residents.

► See separate instructions.

An IRS individual taxpayer identification number (ITIN) is for U.S. federal tax purposes only.

OMB No. 1545-0074

Application type (check one box):

Apply for a new ITIN Before you begin: Renew an existing ITIN Don't submit this form if you have, or are eligible to get, a U.S. social security number (SSN). Reason you're submitting Form W-7. Read the instructions for the box you check. Caution: If you check box b, c, d, e, f, or g, you must file a U.S. federal tax return with Form W-7 unless you meet one of the exceptions (see instructions). a Nonresident alien required to get an ITIN to claim tax treaty benefit **b** Nonresident alien filing a U.S. federal tax return c U.S. resident alien (based on days present in the United States) filing a U.S. federal tax return If d, enter relationship to U.S. citizen/resident alien (see instructions) ▶ **d** Dependent of U.S. citizen/resident alien e X Spouse of U.S. citizen/resident alien If d or e, enter name and SSN/ITIN of U.S. citizen/resident alien (see instructions) ▶ SURENDRA KUTTUBOYINA f Nonresident alien student, professor, or researcher filing a U.S. federal tax return or claiming an exception g Dependent/spouse of a nonresident alien holding a U.S. visa h ☐ Other (see instructions) ▶ Additional information for a and f: Enter treaty country ▶ and treaty article number ▶ 1a First name Middle name Last name Name VENKATA GAYATHRI AVULA (see instructions) Middle name 1b First name Last name Name at birth if different . . 2 Street address, apartment number, or rural route number. If you have a P.O. box, see separate instructions. Applicant's 8100 MEMORIAL LN Apt 10306 Mailing City or town, state or province, and country. Include ZIP code or postal code where appropriate. **Address** 75024 PLANC USA 3 Street address, apartment number, or rural route number. Don't use a P.O. box number. Foreign (non-**U.S.) Address** City or town, state or province, and country. Include postal code where appropriate. (see instructions) 4 Date of birth (month / day / year) Country of birth City and state or province (optional) Male **Birth** Information 05/28/1995 TNDTA ▼ Female 6a Country(ies) of citizenship **6b** Foreign tax I.D. number (if any) 6c Type of U.S. visa (if any), number, and expiration date Other INDIA Information **6d** Identification document(s) submitted (see instructions) X Passport ☐ Driver's license/State I.D. Other ☐ USCIS documentation Date of entry into the United States No.: W2687076 Exp. date: 07/04/2032 Issued by: INDIA (MM/DD/YYYY): 6e Have you previously received an ITIN or an Internal Revenue Service Number (IRSN)? No/Don't know. Skip line 6f. Yes. Complete line 6f. If more than one, list on a sheet and attach to this form (see instructions). 6f Enter ITIN and/or IRSN ▶ ITIN **IRSN** and name under which it was issued ▶ First name Middle name Last name 6g Name of college/university or company (see instructions) ▶ City and state ▶ Length of stay ▶ Under penalties of perjury, I (applicant/delegate/acceptance agent) declare that I have examined this application, including accompanying Sign documentation and statements, and to the best of my knowledge and belief, it is true, correct, and complete. I authorize the IRS to share information with my acceptance agent in order to perfect this Form W-7, Application for IRS Individual Taxpayer Identification Number. Here Signature of applicant (if delegate, see instructions) Date (month / day / year) Phone number Keep a copy for your records. Name of delegate, if applicable (type or print) Delegate's relationship Parent Court-appointed guardian to applicant Power of attorney Date (month / day / year) Signature Phone **Acceptance** Agent's Name and title (type or print) Name of company EIN **Use ONLY** Office code