## Form **8879**

(Rev. January 2021)

Department of the Treasury Internal Revenue Service

### IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.

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

OMB No. 1545-0074

- Internal	nevenue dervice				
Subm	ission Identification Number (SID)				
Taxpay	er's name	Social secu	rity numb	er	
IND	IRA SUNKARA	165-79	9-8701	1	
Spouse	's name	Spouse's so			•
Par	, ,	year you	are aut	thorizing.	)
	whole dollars only on lines 1 through 5.				
	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.			1.00	<b>504</b>
1	Adjusted gross income		1		<u>,721.</u>
2	Total tax		2		<u>,712.</u>
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3		<u>,561.</u>
4 5	Amount you want refunded to you		5	3	,849.
Part				our retu	rn)
	penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended)				
to send for any Agent payme author payme busine taxes persor	(original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmed my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for reject delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indient of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the Industry of the payment (settlement) date. I also authorize the financial institutions involved in the to receive confidential information necessary to answer inquiries and resolve issues related to the pala identification number (PIN) below is my signature for the income tax return (original or amended) I and the Withdrauel Consent.	ection of the .S. Treasury cated in the on to debit the the authoriuests must be processing anyment. I further than the control of the contro	transmis and its c tax prep e entry t zation. T be receiv of the elerther ac	ssion, (b) the designated paration soft to this according to revoke (eved no late ectronic parknowledge	ne reason Financial tware for bunt. This cancel) a er than 2 syment of that the
	onic Funds Withdrawal Consent.  Bayer's PIN: check one box only				
		my DIN	8 7	7 0 1	00 my
	ERO firm name	· E		digits, but r all zeros	as 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 n if you are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN meth below.	od. The ER	O must	t complete	
Your	signature ► Date ►	04/03/	2023	3	
Spou	se's PIN: check one box only				
Г	I authorize to enter or generate	my PIN			as my
_	ERO firm name	, _	nter five	digits, but	ao my
	signature on the income tax return (original or amended) I am now authorizing.	d	on't ente	r all zeros	
	I will enter my PIN as my signature on the income tax return (original or amended) I am n if you are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN meth below.				
Spous	se's signature ▶ Date ▶				
	Practitioner PIN Method Returns Only—continue below				
Part	III Certification and Authentication — Practitioner PIN Method Only				
ERO'	s <b>EFIN/PIN.</b> Enter your six-digit EFIN followed by your five-digit self-selected PIN. 5 1	8 9 5	2 3	1 9 8	9
author	y that the above numeric entry is my PIN, which is my signature for the electronic individual income to ized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submements of the Practitioner PIN method and <b>Pub. 1345</b> , Handbook for Authorized IRS e-file Providers of Ir	itting this re	turn in a	ccordance	
FRO'	s signature ► Date ►				
	ERO Must Retain This Form — See Instructions				
	Don't Submit This Form to the IRS Unless Requested To I	Do So			

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

|--|

OMB No. 1545-0074

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

Filing Status	s 🗌 S	Single Married filing jointly	X Marri	ed filing separatel	y (MFS)	Head of	hous	ehold (HOF	l)		ifying surv	iving	
Check only one box.	If vo	u checked the MFS box, enter the r	name of	vour spouse If vo	u check	red the HOH or	r OSS	Shox ente	r the c		ise (QSS) name if th	e qualifying	
0110 00%		on is a child but not your depender		AKSHMAN RAJU			go.	box, onto		4111G C	namo n tri	o quality ii 19	
Your first name	and mi	ddle initial	Last na		DIII.D.				Y	our soc	cial security	y number	
INDIRA			SUNE	KARA					1	165-79-8701			
	pouse's	first name and middle initial	Last na						_			urity number	
									'		5-33-2741		
Home address	(numbe	er and street). If you have a P.O. box, se	e instructi	ons.				Apt. no.				n Campaigr	
505 CHI	P STF	REET						•			ere if you,		
		ce. If you have a foreign address, also c	omplete s	spaces below.	Sta	ate	ZIP	code			0,	tly, want \$3	
LITTLE E	ELM					X	75	068			this fund. ( ow will not	Checking a	
Foreign country	y name			Foreign province/state/county Foreign province/state/county			Fore				or refund.	o.iai.go	
											You	Spouse	
Digital	At ar	ny time during 2022, did you: (a) red	ceive (as	a reward, award,	or payı	ment for prope	erty o	r services);	or (b)	sell,			
Assets		ange, gift, or otherwise dispose of					-				Yes	⊠ No	
Standard	Som	eone can claim:	ependen	t Your spo	ouse as	a dependent							
Deduction		Spouse itemizes on a separate retu	ırn or yol										
Ago/Plindnoo	. Va	Ware born before January 2	1050 [	Ara blind	Spouse	w	rn ha	foro lonuo	n, O 1	050	☐ Is bli	nd	
	_	Were born before January 2,	1936	Ī	•			fore Janua	•				
•	•	e instructions):  (2) Social security number  to you				nip	Child tax cred			ox if qualifies for (see instructions): redit Credit for other dependents			
If more than four	(1) [	rst name Last name		Tidilliboi		to you	_	Child ta	x crea				
dependents,							$\rightarrow$	<u>L</u>	<u> </u>	-+	L		
see instruction	s —								<u> </u> 	$\rightarrow$	L	┽──	
and check here	1 —								<u> </u>			┪	
	1a	Total amount from Form(s) W-2, b	hov 1 (se	e inetructions)						1a	17		
Income	b	Household employee wages not	,	,			•		•	1b	+ - 1	0,073.	
Attach Form(s)	C	Tip income not reported on line 1					•		•	1c	+		
W-2 here. Also	d	Tip income not reported on line 1a (see instructions)							1d	+			
attach Forms W-2G and	e	Taxable dependent care benefits from Form 2441, line 26							1e	+			
1099-R if tax	f	Employer-provided adoption benefits from Form 8839, line 29							1f	+			
was withheld.	g								1g	1			
If you did not get a Form	h	Other earned income (see instruc					•			1h		0.	
W-2, see	i	,	y election (see instructions)										
instructions.	z	Add lines 1a through 1h	(000 11101							1z	17	0,873.	
Attach Sch. B		Tax-exempt interest	2a		 b Т	axable interes	t .			2b	<del>                                     </del>		
if required.	3a	Qualified dividends	3a	25.		Ordinary divide				3b	1	25.	
	4a	IRA distributions	4a			axable amoun				4b	1		
Standard	5a	Pensions and annuities	5a			axable amoun				5b	1		
Deduction for—	6a	Social security benefits	6a			axable amoun				6b			
Single or Married filing	С	If you elect to use the lump-sum	election	method, check he	ere (see	instructions)							
separately, \$12,950	7	Capital gain or (loss). Attach Sche	edule D i	f required. If not r	equired	l, check here				7	7	408.	
Married filing	8	Other income from Schedule 1, lii	ne 10							8	-1	.0,585.	
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7	7, and 8.	This is your total	incom	е				9		50,721.	
surviving spouse, \$25,900	10	Adjustments to income from Scho		-						10			
Head of	11	Subtract line 10 from line 9. This	is your <b>a</b>	djusted gross in	come					11	16	50,721.	
household, \$19,400	12	Standard deduction or itemized	-							12		2,950.	
If you checked	13	Qualified business income deduc	tion fron	n Form 8995 or Fo	orm 899	95-A				13			
any box under Standard	14	Add lines 12 and 13								14	1	2,950.	
Deduction, see instructions.	15	Subtract line 14 from line 11. If ze	ero or les	s, enter -0 This	is your	taxable incon	ne			15		7,771.	

Form 1040 (2022	2)								Page 2
Tax and	16	Tax (see instructions). Check	if any from Form	(s): <b>1</b> 881	4 <b>2</b> 🗌 4972	3 🗌		16	29,299.
Credits	17	Amount from Schedule 2, lin	ne 3					. 17	
	18	Add lines 16 and 17						. 18	29,299.
	19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812			. 19	
	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	29,299.
	23	Other taxes, including self-e							413.
	24	Add lines 22 and 23. This is			•				29,712.
Payments	25	Federal income tax withheld							,
· uyoo	а	Form(s) W-2				25a	33,561	ı.	
	b	Form(s) 1099				25b			
	С	Other forms (see instruction:				25c	(	).	
	d	Add lines 25a through 25c	,					. 25d	33,561.
	26	2022 estimated tax paymen							,
If you have a qualifying child,	27	Earned income credit (EIC)				27			
attach Sch. EIC.	28	Additional child tax credit from				28			
	29	American opportunity credit				29			
	30	Reserved for future use .		-		30			
	31	Amount from Schedule 3, lin				31			
	32	Add lines 27, 28, 29, and 31					ts	. 32	
	33	Add lines 25d, 26, and 32. T	,	•	•				33,561.
Dafamal	34	If line 33 is more than line 24							3,849.
Refund	35a	Amount of line 34 you want				•		_	3,849.
Direct deposit?	b	Routing number 1 2 1				Checking			
See instructions.		Account number 3 2 5						,-	
	36	Amount of line 34 you want				36			
Amount	37	Subtract line 33 from line 24							
You Owe	0,	For details on how to pay, g						. 37	
	38	Estimated tax penalty (see in	nstructions) .			38			
Third Party	Do	you want to allow another				? See			
Designee		structions				🗌 Yes	. Complet	te below.	<b>X</b> No
		signee's		Phone			ersonal ide		
		me		no.			umber (PIN	,	
Sign		der penalties of perjury, I declare t lief, they are true, correct, and com							
Here		ur signature	protor Boolaration	Date	Your occupation				nt you an Identity
	10	ui signature		Date	Tour occupation				PIN, enter it here
Joint return?					BI DEVELO	PER		see inst.)	
See instructions.	Sp	ouse's signature. If a joint return, I	<b>both</b> must sign.	Date	Spouse's occupat	tion			nt your spouse an
Keep a copy for your records.							I	dentity Prot see inst.)	ection PIN, enter it here
		(001) 546 760	0	Farall addisses		TITO O O ON CONTRACT			
		one no. (281) 546-762 eparer's name	8 Preparer's signat	Email address	LAKSHMANRA	JU22@GMAIL Date	COM PTIN		Check if:
Paid		'			מידדיי מחתוות			100702	
Preparer		I PRIYA RAM SAGAR GUPTA TALLAM		KAM SAGAR	GUPTA TALLAM	1 04/04/202		082703	Self-employed
Use Only		m's name GLOBAL TA			T 00016				(678) 965-9522
	Fin	m's address 245 ROONE	Y CT E BRU	NSWICK N	J 08816		F	irm's EIN	84-3171965

# SCHEDULE 1 (Form 1040)

### **Additional Income and Adjustments to Income**

OMB No. 1545-0074

2022

Attachment
Seguence No. 01

Department of the Treasury Internal Revenue Service Attach to Form 1040, 1040-SR, or 1040-NR.

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

internal Revenue Service			Sequence No. <b>U</b> I				
Name(s) shown on Fo	Name(s) shown on Form 1040, 1040-SR, or 1040-NR						
INDIRA SUNKARA	165-79	-8701					
Part I Addition	onal Income						

Par	Additional income			
1	Taxable refunds, credits, or offsets of state and local income taxes		1	
2a	Alimony received		2a	
b	Date of original divorce or separation agreement (see instructions):			
3	Business income or (loss). Attach Schedule C		3	
4	Other gains or (losses). Attach Form 4797		4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Atta	ach Schedule E .	5	-10,585.
6	Farm income or (loss). Attach Schedule F		6	
7	Unemployment compensation		7	
8	Other income:			
а	Net operating loss	8a (	)	
b	Gambling	8b		
С	Cancellation of debt	8c		
d	Foreign earned income exclusion from Form 2555	8d (	)	
е	Income from Form 8853	8e		
f	Income from Form 8889	8f		
g	Alaska Permanent Fund dividends	8g		
h	Jury duty pay	8h		
i	Prizes and awards	8i		
j	Activity not engaged in for profit income	8j		
k	Stock options	8k		
- 1	Income from the rental of personal property if you engaged in the rental			
	for profit but were not in the business of renting such property	81		
m	Olympic and Paralympic medals and USOC prize money (see			
	instructions)	8m		
n	Section 951(a) inclusion (see instructions)	8n		
0	Section 951A(a) inclusion (see instructions)	80		
р	Section 461(I) excess business loss adjustment	8p		
q	Taxable distributions from an ABLE account (see instructions)	8q		
r	Scholarship and fellowship grants not reported on Form W-2	8r		
S	Nontaxable amount of Medicaid waiver payments included on Form			
	1040, line 1a or 1d	8s (	<u>)</u>	
t	Pension or annuity from a nonqualifed deferred compensation plan or			
	a nongovernmental section 457 plan	8t		
u	Wages earned while incarcerated	8u		
Z	Other income. List type and amount:			
_		8z		
9	Total other income. Add lines 8a through 8z		9	10.505
10	Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR	or 1040-NB line 8	10	-10.585

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

Par	II Adjustments to Income			
11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-b			
	officials. Attach Form 2106		12	
13	Health savings account deduction. Attach Form 8889		13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903 .		14	
15	Deductible part of self-employment tax. Attach Schedule SE		15	
16	Self-employed SEP, SIMPLE, and qualified plans		16	
17	Self-employed health insurance deduction		17	
18	Penalty on early withdrawal of savings		18	
19a	Alimony paid		19a	
b	Recipient's SSN			
С	Date of original divorce or separation agreement (see instructions):			
20	IRA deduction		20	
21	Student loan interest deduction		21	
22	Reserved for future use		22	
23	Archer MSA deduction		23	
24	Other adjustments:			
а	, ,, ,, , , , , , , , , , , , , , , ,	4a		
b	Deductible expenses related to income reported on line 8l from the			
		4b		
С	Nontaxable amount of the value of Olympic and Paralympic medals			
	·	4c		
d		4d		
е	Repayment of supplemental unemployment benefits under the Trade			
		4e		
f		24f		
g	, , , , , , , , , , , , , , , , , , , ,	4g		
h	Attorney fees and court costs for actions involving certain unlawful			
	,	4h		
i	Attorney fees and court costs you paid in connection with an award			
	from the IRS for information you provided that helped the IRS detect			
		24i	_	
J		24j		
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form	41-		
_	,	4k	_	
Z	Other adjustments. List type and amount:	4z		
25			05	
25 26	Total other adjustments. Add lines 24a through 24z		25	
26	Add lines 11 through 23 and 25. These are your <b>adjustments to income</b> . E		26	
	Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a	<u> </u>		

#### SCHEDULE 2 (Form 1040)

Department of the Treasury Internal Revenue Service

#### **Additional Taxes**

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

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

OMB No. 1545-0074

2022

Attachment
Sequence No. 02

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

Your social security number

<u> </u>		0	<u> </u>
Pa	tl Tax		
1	Alternative minimum tax. Attach Form 6251	1	
2	Excess advance premium tax credit repayment. Attach Form 8962	2	
3	Add lines 1 and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 17	3	
Par	t II Other Taxes		
4	Self-employment tax. Attach Schedule SE	4	
5	Social security and Medicare tax on unreported tip income.  Attach Form 4137		
6	Uncollected social security and Medicare tax on wages. Attach Form 8919		
7	Total additional social security and Medicare tax. Add lines 5 and 6	7	
8	Additional tax on IRAs or other tax-favored accounts. Attach Form 5329 if required.		
	If not required, check here	8	
9	Household employment taxes. Attach Schedule H	9	
10	Repayment of first-time homebuyer credit. Attach Form 5405 if required	10	
11	Additional Medicare Tax. Attach Form 8959	11	413.
12	Net investment income tax. Attach Form 8960	12	
13	Uncollected social security and Medicare or RRTA tax on tips or group-term life insurance from Form W-2, box 12	13	
14	Interest on tax due on installment income from the sale of certain residential lots and timeshares	14	
15	Interest on the deferred tax on gain from certain installment sales with a sales price over \$150,000	15	
16	Recapture of low-income housing credit. Attach Form 8611	16	
	(co	ontinu	ed on page 2)

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

### Part II Other Taxes (continued)

					_
7	Other additional taxes:				
а	Recapture of other credits. List type, form number, and amount:				
		17a			
b	Recapture of federal mortgage subsidy, if you sold your home				
	see instructions	17b	-		
	Additional tax on HSA distributions. Attach Form 8889	17c	-		
d	Additional tax on an HSA because you didn't remain an eligible individual. Attach Form 8889	17d			
е	Additional tax on Archer MSA distributions. Attach Form 8853.	17e			
f	Additional tax on Medicare Advantage MSA distributions. Attach				
	Form 8853	17f			
g	Recapture of a charitable contribution deduction related to a	170			
h	fractional interest in tangible personal property	17g			
"	plan that fails to meet the requirements of section 409A	17h			
i	Compensation you received from a nonqualified deferred				
	compensation plan described in section 457A	17i			
j	Section 72(m)(5) excess benefits tax	17j			
k	Golden parachute payments	17k			
I	Tax on accumulation distribution of trusts	171			
m	Excise tax on insider stock compensation from an expatriated	17m			
n	corporation	17m	-		
	8697 or 8866	17n			
0	Tax on non-effectively connected income for any part of the				
	year you were a nonresident alien from Form 1040-NR	170			
р	Any interest from Form 8621, line 16f, relating to distributions	170			
_	from, and dispositions of, stock of a section 1291 fund	17p	-		
4	Any other taxes. List type and amounts	17q	-		
Z	Any other taxes. List type and amount:	17z			
8	Total additional taxes. Add lines 17a through 17z		18		
9	Reserved for future use		19		
20	Section 965 net tax liability installment from Form 965-A	20			
21	Add lines 4, 7 through 16, and 18. These are your <b>total other taxe</b>				
	on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b		21	413	

# SCHEDULE D (Form 1040)

Department of the Treasury

Internal Revenue Service

### **Capital Gains and Losses**

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

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

OMB No. 1545-0074

2022

Attachment Sequence No. **12** 

Name	s(s) shown on return			Your so	ocial se	curity number
	DIRA SUNKARA				-79-	8701
	you dispose of any investment(s) in a qualified opportunity es," attach Form 8949 and see its instructions for additiona			_		
Pa	rt I Short-Term Capital Gains and Losses—Ger	nerally Assets I	Held One Year	or Less (se	e ins	tructions)
lines This	instructions for how to figure the amounts to enter on the below.  form may be easier to complete if you round off cents to le dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustmen to gain or loss Form(s) 8949, line 2, colum	from Part I,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a	Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b.					
1b	Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked	28,528.	28,267.	1	47.	408.
2	Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked					
3	Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked					
4	Short-term gain from Form 6252 and short-term gain or (lo	oss) from Forms 4	684, 6781, and 88	324	4	
5	Net short-term gain or (loss) from partnerships, Schedule(s) K-1	S corporations,	estates, and tr	rusts from	5	
6	Short-term capital loss carryover. Enter the amount, if an <b>Worksheet</b> in the instructions	y, from line 8 of y	our <b>Capital Loss</b>	Carryover	6	(
7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on the back						
Pa	t II Long-Term Capital Gains and Losses—Ger	nerally Assets H	leld More Than	One Year	(see	instructions)
lines This	See instructions for how to figure the amounts to enter on the lines below.  (d)  Proceeds		(e) Cost (or other basis)	(g) Adjustmen to gain or loss Form(s) 8949, I line 2, colum	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)	
8a	Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b.					
8b	Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked					
9	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 12	
	Capital gain distributions. See the instructions				13	
	Long-term capital loss carryover. Enter the amount, if any				14	

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

BAA

15

Schedule D (Form 1040) 2022 Page 2

#### Part III Summary 16 Combine lines 7 and 15 and enter the result 16 408. • 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 amount, if any, from line 7 of that worksheet . . . . . . . . . . . . . . . . . . 18 19 If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet . 19 20 Are lines 18 and 19 both zero or blank and you are not filing Form 4952? ☐ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. Don't complete lines 21 and 22 below. □ No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below. If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of: 21 • The loss on line 16; or 21 • (\$3,000), or if married filing separately, (\$1,500) **Note:** When figuring which amount is smaller, treat both amounts as positive numbers. Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a? 22 X Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.

### 8949

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

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

Attachment

Sequence No. 12A

Name(s) shown on return INDIRA SUNKARA

Department of the Treasury

Internal Revenue Service

Social security number or taxpayer identification number 165-79-8701

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.

(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 (a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis See the <b>Note</b> below	If you enter an enter a co	f any, to gain or loss amount in column (g), ode in column (f). arate instructions.	(h) Gain or (loss) Subtract column (e)			
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see Column (e) in the separate instructions.	(f) Code(s) from instructions	<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	28,528.	28,267.	W	147.	408.			
2 Totals. Add the amounts in columns negative amounts). Enter each total Schedule D, line 1b (if Box A above above is checked), or line 3 (if Box C)	al here and inc is checked), <b>lir</b>	lude on your ne 2 (if Box B	28.528.	28.267.		147.	408.			

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.

#### **SCHEDULE E** (Form 1040)

#### **Supplemental Income and Loss**

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

Attach to Form 1040, 1040-SR, 1040-NR, or 1041. Go to www.irs.gov/ScheduleE for instructions and the latest information.

Attachment Sequence No. 13

OMB No. 1545-0074

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

Your social security number 165-79-8701

INDI	RA SUNKARA								165-7	9-8701	
Part	Note: If you a	re in tl	s From Rental Real Estate an ne business of renting personal proper s from Form 4835 on page 2, line 40.	d Ro	yalties e Schedule	<b>c</b> . See	instru	ctions. If you a			
	Did you make any p	ayme	nts in 2022 that would require you bu file required Form(s) 1099?								
						· ·	· ·		<u> </u>	. 🗀 16	5   NU
1a			ach property (street, city, state, ZIF								
A	76-14-243/A NEAR SIVALAYAM 2ND LANE, BHAVANIPURAM VIJAYAWADA, ANDHRA PRADESH IN 520012										
В											
C 1b	Type of Property (from list below)									QJV	
Α	3	1	personal use days. Check the QJV box only  A 365							1 <b>y3</b>	
B	3	1	if you meet the requirements to f	a	В		303		U		
C		1	qualified joint venture. See instru	S.	C						
Type	of Property:	1									
	Single Family Resid	dence	<ul> <li>3 Vacation/Short-Term Ren</li> </ul>	tal	5 Lanc	d	7	Self-Rental			
	Multi-Family Resid		4 Commercial		6 Roya	alties	8	Other (desci	ribe)		
								Properti	es:		
Incon				_		Α		В			С
3				3		6	32.				
_ 4		d		4							
Exper				_							
5	-			6							
6 7			structions)	7		2,5	15				
8		Cleaning and maintenance					40.				
9				8							
10			sional fees	10							
11				11		1,9	68				
12			to banks, etc. (see instructions)	12		-, -	•••				
13				13							
14				14		2,6	14.				
15				15		1,7					
16				16							
17				17		2,3	36.				
18	Depreciation expe	ense (	or depletion	18							
19				19							
20	Total expenses. A	Add Iir	nes 5 through 19	20		11,2	17.				
21			ne 3 (rents) and/or 4 (royalties). If								
	result is a (loss), s		structions to find out if you must	64		10 -	0 =				
00				21		<del>-</del> 10,5	85.				
22			estate loss after limitation, if any, tructions)	00	,	10 50	, E \	(	\	,	`
23a	· ·		ported on line 3 for all rental prope	22	l(	10,58	23a	(	632.	(	)
zsa b			ported on line 3 for all rental prope ported on line 4 for all royalty prop				23b		032.	-	
C			ported on line 12 for all properties				23c				
d			ported on line 18 for all properties				23d				
e			ported on line 20 for all properties				23e	11	,217.		
24			amounts shown on line 21. <b>Do no</b>		ude anv lo	sses			. 24		
25	-		ses from line 21 and rental real estat		-			otal losses he		(	10,585.)
26	-	-	e and royalty income or (loss).								, - , - , )
			and line 40 on page 2 do not								
			) line 5 Otherwise include this a						06		_10 505

# 8959 Form

Department of the Treasury Internal Revenue Service

#### **Additional Medicare Tax**

If any line does not apply to you, leave it blank. See separate instructions.

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

Go to www.irs.gov/Form8959 for instructions and the latest information.

OMB No. 1545-0074

2022

Attachment Sequence No. 71

Name(s) shown on return

INDIRA SUNKARA

Your social security number 165-79-8701

	RA SUNRARA	5 01	<u> </u>
Part I Additional Medicare Tax on Medicare Wages			
1	Medicare wages and tips from Form W-2, box 5. If you have more than one		
	Form W-2, enter the total of the amounts from box 5		
2	Unreported tips from Form 4137, line 6		
3	Wages from Form 8919, line 6		
4	Add lines 1 through 3		
5	Enter the following amount for your filing status:		
	Married filing jointly \$250,000		
	Married filing separately		
	Single, Head of household, or Qualifying surviving spouse \$200,000 5 125,000.		
6	Subtract line 5 from line 4. If zero or less, enter -0	6	45 <b>,</b> 873.
7	Additional Medicare Tax on Medicare wages. Multiply line 6 by 0.9% (0.009). Enter here and go to		
	Part II	7	413.
Part II Additional Medicare Tax on Self-Employment Income			
8	Self-employment income from Schedule SE (Form 1040), Part I, line 6. If you		
	had a loss, enter -0- (Form 1040-PR or 1040-SS filers, see instructions.) 8		
9	Enter the following amount for your filing status:		
	Married filing jointly		
	Married filing separately		
	Single, Head of household, or Qualifying surviving spouse \$200,000 <b>9</b>		
10	Enter the amount from line 4		
11	Subtract line 10 from line 9. If zero or less, enter -0	-	
12	Subtract line 11 from line 8. If zero or less, enter -0	12	
13	Additional Medicare Tax on self-employment income. Multiply line 12 by 0.9% (0.009). Enter here and		
10	go to Part III	13	
Part	Additional Medicare Tax on Railroad Retirement Tax Act (RRTA) Compensation		
14	Railroad retirement (RRTA) compensation and tips from Form(s) W-2, box 14		
17	(see instructions)		
15	Enter the following amount for your filing status:		
	Married filing jointly \$250,000		
	Married filing separately		
	Single, Head of household, or Qualifying surviving spouse \$200,000		
16	Subtract line 15 from line 14. If zero or less, enter -0-	16	
17	Additional Medicare Tax on railroad retirement (RRTA) compensation. Multiply line 16 by 0.9% (0.009).	10	
17		17	
Part	Enter here and go to Part IV	17	
18	Add lines 7, 13, and 17. Also include this amount on Schedule 2 (Form 1040), line 11 (Form 1040-PR or 1040-SS filers, see instructions), and go to Part V	18	413.
Part		10	413.
19	Medicare tax withheld from Form W-2, box 6. If you have more than one Form W-2, enter the total of the amounts from box 6		
20			
21	Multiply line 20 by 1.45% (0.0145). This is your regular Medicare tax		
00	withholding on Medicare wages		
22	Subtract line 21 from line 19. If zero or less, enter -0 This is your Additional Medicare Tax withhelding on Medicare wages	20	^
00	withholding on Medicare wages	22	0.
23	Additional Medicare Tax withholding on railroad retirement (RRTA) compensation from Form W-2, box		
	14 (see instructions)	23	
24	Total Additional Medicare Tax withholding. Add lines 22 and 23. Also include this amount with		
	federal income tax withholding on Form 1040, 1040-SR, or 1040-NR, line 25c (Form 1040-PR or		_
	1040-SS filers, see instructions)	24	0.

BAA

### Form **8960**

#### Net Investment Income Tax— Individuals, Estates, and Trusts

Department of the Treasury Internal Revenue Service Attach to your tax return.

Go to www.irs.gov/Form8960 for instructions and the latest information.

2022 Attachment Sequence No. 72

OMB No. 1545-2227

Name(s) shown on your tax return Your social security number or EIN INDIRA SUNKARA 165-79-8701 Part I Investment Income ☐ Section 6013(g) election (see instructions) ☐ Section 6013(h) election (see instructions) ☐ Regulations section 1.1411-10(g) election (see instructions) 1 2 2 25. 3 3 Rental real estate, royalties, partnerships, S corporations, trusts, etc. (see 4a -10,585. Adjustment for net income or loss derived in the ordinary course of a nonsection 1411 trade or business (see instructions) . . . . . . . . . . . . . . . 4b 4c -10,585. 5a Net gain or loss from disposition of property (see instructions) . . . . . 5a 408. Net gain or loss from disposition of property that is not subject to net investment income tax (see instructions) . . . . . . . . . . . . . . . . . 5b Adjustment from disposition of partnership interest or S corporation stock (see 5d 408. 6 Adjustments to investment income for certain CFCs and PFICs (see instructions) 6 7 7 Other modifications to investment income (see instructions) . . . . . . . . Total investment income. Combine lines 1, 2, 3, 4c, 5d, 6, and 7. . . . . 8 -10,152.Part II Investment Expenses Allocable to Investment Income and Modifications State, local, and foreign income tax (see instructions) . . . . . . 9b Miscellaneous investment expenses (see instructions) . . 9c 9d 10 10 Total deductions and modifications. Add lines 9d and 10 . . . . . 11 11 Part III Tax Computation Net investment income. Subtract Part II, line 11, from Part I, line 8. Individuals, complete lines 13-17. 12 12 0. Individuals: Modified adjusted gross income (see instructions) . . . . . . . . . . 13 160,721. 125,000. 14 15 Subtract line 14 from line 13. If zero or less, enter -0- . . . . . 15 35,721. 16 16 0. Net investment income tax for individuals. Multiply line 16 by 3.8% (0.038). Enter here and include 17 17 0. **Estates and Trusts:** Deductions for distributions of net investment income and deductions under 18b Undistributed net investment income. Subtract line 18b from line 18a (see 18c 19a Highest tax bracket for estates and trusts for the year (see instructions) . . . 19b Subtract line 19b from line 19a. If zero or less, enter -0- . . . . . . . 19c 20 20 Net investment income tax for estates and trusts. Multiply line 20 by 3.8% (0.038). Enter here and 21 21

BAA