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

Submission Identification Number (SID)	internal nevertue Service	
Separate CHAITANYA VALTIKUNTA Separate social security number Part II Tax Return Information — Tax Year Ending December 31, 2022 (Enter year you are authorizing.) Enter whole dollars only on lines 1 through 5. Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank. 1 Adjusted gross income 1 1 84, 306. 2 Total tax 2 2 11, 320. 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 3 15, 955. 4 Amount you want refunded to you 5 Amount you want refunded to you 5 Amount you own refunded to you 10 Amount you own refunded to you on the seamment a copy of the income tax return (original or amended) I am now authorizing, and to the baset of require (original or amended) I am now authorizing. The processing the return original are refunded for your or authorizing in consent to allow my intermediate sensities, or electronic return originates (EFD) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of recept or reason for rejection of the transmission, (b) the reason for any delay in processing the return originate or left or or any delay in processing the return or refund. and (b) the date of any return to the IRS and to receive from the IRS (a) an acknowledgement of recept or reason for rejection of the transmission, (b) the reason for any delay in processing the return originate or left) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of recept or respons for the transmission, (b) the reason for any delay in processing the return originate or left) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of recept or respons for rejection of the transmission, (b) the reason for any delay in processing the return originate or return originate (a) the transmission, (b) the reason for rejection or the payment in originate (a) and the processing of the return originate (a) and the retu	Submission Identification Number (SID)	
Spouse's scriet Tax Return Information — Tax Year Ending December 31, 2022 (Enter year you are authorizing.) Enter whole dollars only on lines 1 through 5. Note: Form 1040-55 filter use line 4 only. Leave lines 1, 2, 3, and 5 blank. 1	Taxpayer's name	Social security number
Enter whole dollars only on lines 1 through 5. Note: Form 1040-SS filter use line 4 only, Leave lines 1, 2, 3, and 5 blank. 1	SHARATH CHAITANYA VATTIKUNTA	729-27-4330
Enter whole dollars only on lines 1 through 5. Note: Form 104-OSS files use line 4 only. Leave lines 1, 2, 3, and 5 blank. 1 Adjusted gross income 1 1 84, 306. 2 Total tax 2 11, 320. 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 . 3 15, 356. 4 Amount you want refunded to you 5 Amount you want refunded to you 6 Amount you want refunded to you 7 Amount you want refunded to you 8 Amount you want refunded to you 9 Amount you want refunded to the late of the least of the processing the refunded to the least of the processing the refunded refunded to the late of the least of the processing of the transmission (by the reason) to resolve from the income tax refunded to the processing and its designated financial Agent to related to the payment of the tax preparation refunded print of the processing and its designation requests must be received print of the processing to the late of the processing the refunded you have refunded to the processing the refunded you have	Spouse's name	Spouse's social security number
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1 Adjusted gross income 2 Total tax 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 4 Amount you want refunded to you 4 4 A, 636. 5 Amount you owe 9 Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return) Under penalties of perjury, Ideacher 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, consent to allow my intermediate service provider, transmitter, or election return original or amended in a mow authorizing, to consent to allow my intermediate service provider, transmitter, or election return original or amended in a mow authorizing, to consent to allow my return to the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission (b) the reason or any delay in processing the return or return, and (c) the date of any return of reginal or reason for rejection of the transmission (b) the reason or any delay in processing the return or return, and (c) the date of any return of reginal or reason for rejection of the transmission (b) the reason or any delay in processing the return or return, and (c) a payment of resilicated tax, and the financial institution to delet the constitution or revoke (and the payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution in odel the entry to this account. This payment of the processing for to the payment federal return delay the processing the return (and the processing and the processing the return (and the processing and the processing of the selection payment of taxes to receive confideratial information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the processin	,	- Karanda O. O. anad E blank
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Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return) Under penalties of perjun; 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. 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, consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and acknowledgement of receipts or reason for rejection or the transmission, (g) the reason consensus to the provider transmission of the transmission, (g) the reason acknowledgement of receipts or reason for rejection or determined the surface and the transmission, (g) the reason acknowledgement of receipts or reason for rejection or determined the payment of the transmission (g) the reason and the tax perparation software for payment of the return and/or a payment of estimated tax, and the financial institution account indicated in the tax preparation software for payment of the tax perparation software for payment of the tax preparation software for the income tax return formacial Agent to terminate the authorizates must be received not later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the particular to revoke (cancel) a payment, function of the payment (settlement) date. I also authorize the financial institutions involved in the payment of the electronic payment of tax set to receive from the income tax return (original or amended) I am now authorizing. I further acknowledge that the personal identification number (PIN) below is my signature on the income tax return (original or am	•	1,000.
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Spouse's PIN: check one box only	Under penalties of perjury, I declare that I have exammy knowledge and belief, it is true, correct, and coreturn (original or amended) I am now authorizing. I do send my return to the IRS and to receive from the for any delay in processing the return or refund, and Agent to initiate an ACH electronic funds withdrawal payment of my federal taxes owed on this return and authorization is to remain in full force and effect un payment, I must contact the U.S. Treasury Financi business days prior to the payment (settlement) date taxes to receive confidential information necessary personal identification number (PIN) below is my significationic Funds Withdrawal Consent. Taxpayer's PIN: check one box only I authorize GLOBAL TAXES LLC ERO for signature on the income tax return (or in I will enter my PIN as my signature on if you are entering your own PIN and	ned a copy of the income tax return (original or amended) I am now authorizing, and to the best of implete. I further declare that the amounts in Part I above are the amounts from the income tax onsent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial (direct debit) entry to the financial institution account indicated in the tax preparation software for or a payment of estimated tax, and the financial institution to debit the entry to this account. This il I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a al Agent at 1-888-353-4537. Payment cancellation requests must be received no later than 2. I also authorize the financial institutions involved in the processing of the electronic payment of to answer inquiries and resolve issues related to the payment. I further acknowledge that the nature for the income tax return (original or amended) I am now authorizing and, if applicable, my to enter or generate my PIN To enter or generate my PIN To enter five digits, but don't enter all zeros To enter or generate my PIN To enter or generate my PIN To enter five digits, but don't enter all zeros To enter or generate my PIN To enter all zeros
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Spouse's signature ► Practitioner PIN Method Returns Only—continue below Part III Certification and Authentication — Practitioner PIN Method Only ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 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 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. Part III Certification and Authentication — Practitioner PIN Method Only ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. Don't enter all zeros 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 ►		to out on the DIN
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 ▶ Practitioner PIN Method Returns Only—continue below Part III Certification and Authentication — Practitioner PIN Method Only ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 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 Form — See Instructions		
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Part III Certification and Authentication — Practitioner PIN Method Only ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. Don't enter all zeros 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 Form — See Instructions	Spouse's signature ▶	Date ►
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 2 2 2 4 9 6 3 1 9 8 9 Don't enter all zeros 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 Form — See Instructions	Practition	er PIN Method Returns Only—continue below
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ERO Must Retain This Form — See Instructions	authorized to file for tax year indicated above for the	e taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the
	ERO's signature ▶	Date ►

E1040 Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Return

2022

OMB No. 1545-007

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

Filing Status	s 🔀 S	Single Married filing jointly [Marrie	ed filing separately	(MFS)	☐ Head of	household (HOH)		ifying sur	
Check only one box.	•	u checked the MFS box, enter the roon is a child but not your dependen	,	our spouse. If you	ı check	ed the HOH or	QSS box, enter the		ise (QSS) name if t	
Your first name		· · · · · · · · · · · · · · · · · · ·	Last na	me				Your so	cial securi	ity number
SHARATH	CHAI	ITANYA	VATT	IKUNTA				729-2	27-433	0
		first name and middle initial	Last nai							curity number
Home address	(numbe	er and street). If you have a P.O. box, see	e instruction	ons.			Apt. no.	Preside	ntial Electi	ion Campaign
_1901 KN	IGHTS	SBRIDGE RD					7310	1	ere if you	,
City, town, or p	ost offic	ce. If you have a foreign address, also co	omplete s _l	paces below.	Sta	te	ZIP code			ntly, want \$3 Checking a
FARMERS	BRAN	NCH			TΣ	ζ	75234		ow will no	0
Foreign countr	y name		F	Foreign province/sta	te/count	ty	Foreign postal code	your tax	or refund	
District.	۸٠	ti di 0000 did (-)						. //-> !!	You	Spouse
Digital Assets		ny time during 2022, did you: (a) rec ange, gift, or otherwise dispose of	`				,	. ,	Yes	⊠ No
Standard		eone can claim: You as a de		<u></u>		a dependent	, ,			
Deduction		Spouse itemizes on a separate retu	rn or you	were a dual-statu	ıs alien	!				
Age/Blindnes	s You:	☐ Were born before January 2, 1	1958	Are blind S	pouse	: Was bor	n before January	2, 1958	☐ Is b	lind
Dependent	s (see	instructions):		(2) Social secu	rity	(3) Relationsh	ip (4) Check the b	ox if qualit	ies for (see	instructions):
If more		rst name Last name		number		to you	Child tax of	redit	Credit for o	ther dependents
than four										
dependents, see instruction	s ——									
and check										
here]									
Income	1a	Total amount from Form(s) W-2, b	oox 1 (see	e instructions) .				. 1a		84,116.
	b	Household employee wages not r	•	` '				. 1b		
Attach Form(s) W-2 here. Also	С	Tip income not reported on line 1:	a (see ins	structions)				. 1c		
attach Forms	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		•				. <u>1e</u>		
was withheld.	f	Employer-provided adoption bene	efits from	n Form 8839, line	29 .			. <u>1f</u>		
If you did not	g	Wages from Form 8919, line 6.						. 1g		
get a Form W-2, see	h	Other earned income (see instruction	,					. 1h		0.
instructions.	i	Nontaxable combat pay election ((see instr	ructions)		<u>1</u> i				04 116
	<u>z</u>	Add lines 1a through 1h	· · ·	_i				. 1z		84,116.
Attach Sch. B if required.	2a	Tax-exempt interest	2a	2.		axable interes		. 2b		
ii required.	3a	Qualified dividends	3a	۷.		ordinary divide		. 3b		118.
	4a	IRA distributions	4a			axable amoun		. 4b		
Standard Deduction for—	5a	Pensions and annuities	5a			axable amoun		. 5b		
Single or	6a	Social security benefits If you elect to use the lump-sum e	6a	mothed sheet ha		axable amoun		. 6b		
Married filing separately,	С 7	Capital gain or (loss). Attach Sche		,	`	,	[7		_ 1
\$12,950		Other income from Schedule 1, lir						. 8		<u>-4.</u>
Married filing jointly or	8 9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7						. 9		76. 84,306.
Qualifying surviving spouse,	10	Adjustments to income from Sche		-				. 10		04,000.
\$25,900	11	Subtract line 10 from line 9. This is						. 11		84,306.
Head of household,	12	Standard deduction or itemized						. 12		12,950.
\$19,400 If you checked	13	Qualified business income deduction		`	,	 5-Α		. 13		14,300.
any box under	14							. 14		12,950.
Standard Deduction,	15	Add lines 12 and 13								71,356.
see instructions.	1			.,	. ,		· · · ·	.0	1	,

Form 1040 (2022	2)						_		Page 2
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 881	4 2 🗌 4972	3 🗌		16	11,320.
Credits	17	Amount from Schedule 2, lin	e3					17	
	18	Add lines 16 and 17						18	11,320.
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812			19	
	20	Amount from Schedule 3, lin	e8					20	
	21	Add lines 19 and 20						21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	11,320.
	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	11,320.
Payments	25	Federal income tax withheld							
,	а	Form(s) W-2				25a 1	5,956.		
	b	Form(s) 1099				25b			
	С	Other forms (see instructions				25c			
	d	Add lines 25a through 25c	,					25d	15,956.
	26	2022 estimated tax payment						26	,
If you have a qualifying child,	27	Earned income credit (EIC)				27			
attach Sch. EIC.	28	Additional child tax credit from				28			
	29	American opportunity credit				29			
	30	Reserved for future use .		•		30			
	31	Amount from Schedule 3, lin				31			
	32	Add lines 27, 28, 29, and 31						32	
	33	Add lines 25d, 26, and 32. T	,	•	•			33	15,956.
	34	If line 33 is more than line 24						34	4,636.
Refund	35a	Amount of line 34 you want				•		35a	4,636.
Direct deposit?	b	Routing number 1 0 1			c Type:		1	55a	1,000.
See instructions.	d	Account number 5 3 7			C Type.	S Checking _	Javings		
	36	Amount of line 34 you want a			nd tay	36			
Amount						30			
You Owe	37	Subtract line 33 from line 24 For details on how to pay, g						37	
Tou Owc	38	Estimated tax penalty (see in	•	-		38		31	
Third Party		you want to allow another							
Designee		structions	•				Complete k	selow.	X No
200.9.100	De	signee's		Phone			sonal identi		
	naı	ne		no.		nur	mber (PIN)		
Sign		der penalties of perjury, I declare t ief, they are true, correct, and com			1 , 0		,		, ,
Here		ur signature		Date	Your occupation		If the	· · · · · · · · · · · · · · · · · · ·	nt you an Identity
								ection P inst.)	IN, enter it here
Joint return? See instructions.				TRODUCT SULLORI ENGINEER			,),		<u> </u>
Keep a copy for	Sp	ouse's signature. If a joint return, I	ooth must sign.	Date	Spouse's occupa	tion			nt your spouse an ection PIN, enter it here
your records.								inst.)	
	Ph	one no. (913) 548-692	 6	Email address	SHARATH VATT	IKUNTA@YAHOO.	~OM		
		eparer's name	Preparer's signat		011111111111111111111111111111111111111	Date	PTIN		Check if:
Paid		PRIYA RAM SAGAR GUPTA TALLAM			GUPTA TALLAN			2703 2703	Self-employed
Preparer		m's name GLOBAL TAX		1411 01101111	OOT 111 111111111.	1 0 1/12/2020			(678) 965-9522
Use Only			Y CT E BRU	INSWICK N.	J 08816			's EIN	84-3171965
Co to we will be				TANKE OF THE			· ·	O LIIV	
GO TO WWW.Irs.go	v/r-orn	n1040 for instructions and the late	st information.		BAA	REV 03/22/23 PRO			Form 1040 (2022)

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2022
Attachment Sequence 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.

Name	s) shown on Form 1040, 1040-SR, or 1040-NR		Your so	cial secu	rity number
SHAR	ATH CHAITANYA VATTIKUNTA		729-2	7-4330	
Par	t I Additional Income				
1	Taxable refunds, credits, or offsets of state and local income taxes			1	
2a	Alimony received			2a	
b	Date of original divorce or separation agreement (see instructions):				
3	Business income or (loss). Attach Schedule C			3	
4	Other gains or (losses). Attach Form 4797			4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Atta	ch Schedule	E .	5	
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			
I	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				
	,	8m			
n	Section 951(a) inclusion (see instructions)	8n			
0	·	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 ()		
t	Pension or annuity from a nonqualifed deferred compensation plan or				
	a nongovernmental section 457 plan	8t			
u	Wages earned while incarcerated	8u			
7	Other income. List type and amount:				

76.

8z

Substitute Payment from 1099-Misc

Total other income. Add lines 8a through 8z

Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8

76.

76.

76.

9

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

Par	t II Adjustments to Income		
11	Educator expenses	 11	
12	Certain business expenses of reservists, performing artists, and fee-basis gov		
	officials. Attach Form 2106	 12	
13	Health savings account deduction. Attach Form 8889	 13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903	 14	
15	Deductible part of self-employment tax. Attach Schedule SE	15	
16	Self-employed SEP, SIMPLE, and qualified plans	 16	
17	Self-employed health insurance deduction	 17	
18	Penalty on early withdrawal of savings	 18	
19a	Alimony paid	19a	
b	Recipient's SSN		
С	Date of original divorce or separation agreement (see instructions):		
20	IRA deduction	20	
21	Student loan interest deduction	21	
22	Reserved for future use	 22	
23	Archer MSA deduction	 23	
24	Other adjustments:		
а	Jury duty pay (see instructions)		
b	Deductible expenses related to income reported on line 8l from the		
	rental of personal property engaged in for profit		
С	Nontaxable amount of the value of Olympic and Paralympic medals		
	and USOC prize money reported on line 8m	-	
d	Reforestation amortization and expenses	-	
е	Repayment of supplemental unemployment benefits under the Trade		
	Act of 1974	-	
f	Contributions to section 501(c)(18)(D) pension plans	-	
g	Contributions by certain chaplains to section 403(b) plans	-	
h	Attorney fees and court costs for actions involving certain unlawful		
	discrimination claims (see instructions)	-	
- 1	Attorney fees and court costs you paid in connection with an award		
	from the IRS for information you provided that helped the IRS detect tax law violations		
		-	
J		-	
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)		
-	Other adjustments. List type and amount:	-	
Z	04-		
25	Total other adjustments. Add lines 24a through 24z	25	
25 26	Add lines 11 through 23 and 25. These are your adjustments to income . Enter here	23	
20	Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a	26	

SCHEDULE D (Form 1040)

Capital Gains and Losses

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

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

OMB No. 1545-0074

Attachment Sequence No. 12

Department of the Treasury Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10. Internal Revenue Service Name(s) shown on return Your social security number 729-27-4330 SHARATH CHAITANYA VATTIKUNTA 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) See instructions for how to figure the amounts to enter on the (h) Gain or (loss) (g) Adjustments Subtract column (e) lines below. Proceeds Cost to gain or loss from from column (d) and This form may be easier to complete if you round off cents to (sales price) (or other basis) Form(s) 8949, Part I, combine the result whole dollars. with column (g) line 2. column (a) 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 -3. Box A checked 608. 685. 74. Totals for all transactions reported on Form(s) 8949 with Box B checked 3 Totals for all transactions reported on Form(s) 8949 with Box C checked Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 4 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from 5 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover 6 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). If you have any longterm capital gains or losses, go to Part II below. Otherwise, go to Part III on the back 7 -3. 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 (h) Gain or (loss) (g) Adjustments Subtract column (e) (d) (e) lines below. Proceeds to gain or loss from from column (d) and Cost This form may be easier to complete if you round off cents to (or other basis) Form(s) 8949, Part II, (sales price) combine the result whole dollars. line 2. column (a) with column (a) 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 5. 1. Totals for all transactions reported on Form(s) 8949 with 10 Totals for all transactions reported on Form(s) 8949 with 11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) 11 12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 12 13 14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover 14 15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then, go to Part III

BAA

Schedule D (Form 1040) 2022 Page 2

Part III Summary 16 Combine lines 7 and 15 and enter the result 16 -4.• If line 16 is a gain, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below. • If line 16 is a loss, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete • If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22. 17 Are lines 15 and 16 both gains? ☐ **Yes.** Go to line 18. ■ No. Skip lines 18 through 21, and go to line 22. 18 If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the 18 19 If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet . 19 20 Are lines 18 and 19 both zero or blank and you are not filing Form 4952? ☐ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. Don't complete lines 21 and 22 below. □ No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below. If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of: 21 • The loss on line 16; or 21 4.) • (\$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 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.



2022 KANSAS INDIVIDUAL INCOME TAX

305

122822

SHARATH CHAI

VATTIKUNTA

9135486926

VATT

729274330

1901 KNIGHTSBRIDGE RD APT 7310 FARMERS BRANCH TX 75234

229 JO

Name or address has changed? Taxpayer or (spouse if filing joint) died during this tax year Taxpayer was engaged in commercial farming/fishing in 2022

Amended Return: Amended affects Kansas only Amended Federal tax return Adjustment by the IRS

Head of Household (Do not Filing Status: Single Married Filing Joint (Even if only one had income) Married Filing Separate X check if filing joint return)

Residency Status: Resident NonResident (Complete Sch S, Part B) TXState of Legal Residence

> Part-Year Resident (Complete Sch S, Part B) From 03012022 То 12312022 Χ

Enter the total exemptions for you, your spouse (if applicable), If filing status above is Head of 1 Total Kansas exemptions Exemptions: and each person you claim as a dependent. Household, add one exemption

In the following spaces, provide the requested information for all persons you claimed as dependents. **DO NOT include you or your spouse.**If additional space is needed, enclose a separate sheet, only after completing all nine lines below.

0

Dependent Name - First, Middle and Last Date of Birth - MMDDYYY SSN Relationship

Food Sales Tax Credit: You must have been a Kansas resident for ALL of 2022. Complete this section to determine your qualifications and credit.

A. Had a dependent child who lived with you all year and was under the age of 18 all of 2022?

B. Were you (or spouse) 55 years of age or older all of 2022 (born prior to January 1, 1967)?

C. Were you (or spouse) totally and permanently disabled or blind **all** of 2022, regardless of age? If you answered NO to A, B, and C, **STOP HERE**, you do

not qualify for this credit.

D. If you answered YES to A, B, or C, enter your FAGI from line 1 of this return.

If Line D is more than 30,615 STOP HERE, you do not qualify for this credit.

E. Number of exemptions claimed

F. Number of dependents that are 18 years of age or older (born on or before January 1, 2005

G. Total qualifying exemptions (subtract line F from line E)

H. Food Sales Tax Credit (multiply line G by \$125). Enter result here and on line 18 of this form.

REV 01/03/23 PRO

Page 1 of 2

For Office Use Only

2022 KANSAS INDIVIDUAL INCOME TAX

305

SHARATH CHAI VATTIKUN	TA	VATT 7	29274330
1. Federal adjusted gross income	84306	23. Refundable portion of earned income tax credit	0
2. Modifications	0	24. Refundable portion of tax credits	0
3. Kansas adjusted gross income	84306	25. Payments remitted with original return	0
Standard or itemized deductions. (If itemizing, complete KS Sch A)	3500	26. Credit for tax paid on the K-120S	0
5. Exemption allowance	2250	27. Overpayment from original return. This figure is a subtraction.	0
6. Total deductions	5750	28. Total refundable credits	3667
7. Taxable income	78556	29. Underpayment	0
8. Tax	4021	30. Interest	0
9. Nonresident percentage	89.8774	31. Penalty	0
10. Nonresident tax	3614	32. Estimated tax penalty	0
11. KS tax on lump sum distributions	0	33. AMOUNT YOU OWE	0
12. TOTAL INCOME TAX	3614	34. Overpayment	53
Credit for taxes paid to other states	0	35. CREDIT FORWARD	0
14. Credit for child and dependent care expenses	0	36. Chickadee Checkoff	0
15. Other credits	0	37. Senior Citizens Meals On Wheels Contribution Program	0
16. Subtotal	3614	38. Breast Cancer Research Fund	0
17. Earned Income Credit	0	39. Military Emergency Relief Fund	0
18. Food Sales Tax Credit	0	40. Kansas Hometown Heroes Fund	0
19. Total Tax Balance	3614	41. Kansas Creative Arts Industry Fund	0
20. KS income tax withheld from W-2, 1099 or K-19	3667	42. Local School District Contribution Fund. School District Number	0
21. Estimated tax paid	0	43. REFUND	53
22. Amount paid with Kansas extension	0		
I authorize the Director of Taxation or the Dire I declare under the penalties of perjury that to			
Taxpayer Signature	Date	Spouse Signature	Date
(Required) Preparer Signature SYAM PRIYA RAM SAGAR (Required)	Preparer	(Required) Preparer PTI 8 9 6 5 9 5 2 2	N, EIN or SSN (Required) P02082703

2022

SUPPLEMENTAL SCHEDULE

305

122622

SHARATH CHAI

VATTIKUNTA

VATT

729274330

PART A - MODIFICATIONS TO FEDERAL ADJUSTED GROSS INCOME

ADDITIONS TO FEDERAL ADJUSTED GROSS INCOME:

A1. State and municipal bond interest not specifically exempt from KS income tax (reduced by related expenses)

A5. Business interest expense carryforward deduction (I.R.C. § 163(J))

A2. Contributions to all KPERS (Kansas Public Employee's Retirement Systems)

A6. Unqualified withdrawals from First Time Home Buyer Savings Account

A3. Kansas Expensing Recapture (enclose applicable schedules)

A7. Other additions to FAGI (enclose list)

A4. Low income student scholarship contribution (enclose Sch K-70) A8. Total additions to FAGI (add lines A1 - A7)

SUBTRACTIONS FROM FEDERAL ADJUSTED GROSS INCOME:

A9. Social Security benefits

A17. Global Intangible Low-Taxed Income (GILTI) (I.R.C. § 951A)

A10. KPERS lump sum distributions exempt from income tax

A18. Disallowed business interest deduction (I.R.C. § 163(J))

A11. Interest on U.S. Government obligations (reduced by related expenses)

A19. Disallowed business meal expenses (I.R.C. § 274)

A12. State or local income tax refund (if included in line 1 of Form K-40)

A20. Contributions to an ABLE savings

A13. Retirement benefits specifically exempt from Kansas Income Tax

A21. Kansas Expensing Deduction (Enclose K-120EX)

A14. Military compensation of a nonresident servicemember (Non-Residents only)

A22. Qualified Contributions from First Time Home Buyer Savings Account

A15. Contributions to Learning Quest or other states' qualified tuition

A23. Other subtractions from FAGI

(enclose list)

A16. Armed forces recruitment, sign-up, or retention bonus

A24. Total subtractions from FAGI (add lines A9 - A23)

NET MODIFICATIONS:

A25. Net modifications to FAGI (subtract line A24 from line A8). Enter total here and on line 2, Form K-40.

SCH S 2022 KANSAS SUPPLEMENTAL SCHEDULE

305

122722

SHARATH CHAI VATTIKUNTA

VATT

	PART B - PART-YEAR RESI	DENT/NONRESIDENT ALLOCA	TION
INCOME:		Total From Federal Return:	mount From Kansas Sources:
	B1. Wages, salaries, tips, etc	84116	75772
	B2. Interest and dividend income	118	0
A dalish and Income	B3. Pensions, IRA distributions and annuities		
Additional Income (Lines B4 - B12)	B4. Refunds of state and local income taxes		
	B5. Alimony received		
	B6. Business income or loss		
	B7. Capital gain or loss	-4	0
	B8. Other gains or losses		
	B9. Rental real estate, royalties, partnerships, S corps, trusts, estates, REMICS, etc		
	B10. Farm income or loss		
	B11. Unemployment compensation, taxable social security benefits and other income	76	0
	B12. Total income from Kansas sources (Add lines B1 -	B11)	75772
ADJUSTMENTS AND	MODIFICATIONS TO KANSAS SOURCE INCO	DME: Total From Federal Return:	Amount From Kansas Sources:
B13. IRA Retirement Ded	luctions		
B14. Penalty on early with	ndrawal of savings		
B15. Alimony paid			
B16. Moving expenses fo	r members of the armed forces		
B17. Other federal adjust	ments		
B18. Total federal adjustr	nents to Kansas source income (Add lines B13 through	B17)	
B19. Kansas source inco	me after federal adjustments (Subtract line B18 from line	B12)	75772
B20. Net modifications fro	om Part A that are applicable to Kansas source income		
B21. Modified Kansas so	urce income (Line B19 plus or minus line B20)		75772
B22. Kansas adjusted gro	oss income (From line 3, Form K-40)		84306
B23. Nonresident allocati	on percentage (Divide line B21 by line B22 and round to to exceed 100.0000). Enter result here a		89.8774