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

milental Herende Corrido		
Submission Identification Number (SID)		
Taxpayer's name	Social se	curity number
VINEETH CHINTHIRLA VISHNU SR	644-	79-0895
Spouse's name		social security number
Part I Tax Return Information — Tax Yea	ar Ending December 31, 2022 (Enter year yo	u are authorizing.)
Enter whole dollars only on lines 1 through 5.		
Note: Form 1040-SS filers use line 4 only. Leave lines		110 004
		. 1 112,834.
2 Total tax		
* ,		
, , , , , , , , , , , , , , , , , , ,		. 4 3,943.
Part II Taxpayer Declaration and Signatu	re Authorization (Be sure you get and keep a c	
	copy of the income tax return (original or amended) I am now	
return (original or amended) I am now authorizing. I consent to send my return to the IRS and to receive from the IRS (a for any delay in processing the return or refund, and (c) the Agent to initiate an ACH electronic funds withdrawal (direct payment of my federal taxes owed on this return and/or a pauthorization is to remain in full force and effect until I no payment, I must contact the U.S. Treasury Financial Age business days prior to the payment (settlement) date. I also taxes to receive confidential information necessary to an personal identification number (PIN) below is my signature	e. I further declare that the amounts in Part I above are the at to allow my intermediate service provider, transmitter, or electal an acknowledgement of receipt or reason for rejection of the edate of any refund. If applicable, I authorize the U.S. Treasure to debit) entry to the financial institution account indicated in the payment of estimated tax, and the financial institution to debit outify the U.S. Treasury Financial Agent to terminate the authority at 1-888-353-4537. Payment cancellation requests must be authorized the financial institutions involved in the processing swer inquiries and resolve issues related to the payment. I for the income tax return (original or amended) I am now authorize the financial institutions involved.	ectronic return originator (ERO) ne transmission, (b) the reason ry and its designated Financial ne tax preparation software for the entry to this account. This orization. To revoke (cancel) at be received no later than 2 g of the electronic payment of further acknowledge that the
Electronic Funds Withdrawal Consent.		
Taxpayer's PIN: check one box only	to autorior argumento and DIN	9 0 8 9 5
X I authorize GLOBAL TAXES LLC ERO firm nar	to enter or generate my PIN	Enter five digits, but
signature on the income tax return (original		don't enter all zeros
	ncome tax return (original or amended) I am now autho return is filed using the Practitioner PIN method. The E	ERO must complete Part III
Your signature ▶	Date ► 04/12/202	3
Spouse's PIN: check one box only		
☐ I authorize	to enter or generate my PIN	as my
ERO firm nar		Enter five digits, but
signature on the income tax return (original	or amended) I am now authorizing.	don't enter all zeros
	ncome tax return (original or amended) I am now autho return is filed using the Practitioner PIN method. The E	
Spouse's signature ▶	Date ►	
	N Method Returns Only—continue below	
Part III Certification and Authentication -	- Practitioner PIN Method Only	
ERO's EFIN/PIN. Enter your six-digit EFIN followed I		9 6 3 1 9 8 9
	Don't	enter all zeros
authorized to file for tax year indicated above for the taxp	my signature for the electronic individual income tax return (coayer(s) indicated above. I confirm that I am submitting this because of Individual Ir and submitting this e-file Providers of Individual Ir	return in accordance with the
ERO's signature ▶	Date ▶	
ERO Must F	Retain This Form — See Instructions	
Don't Submit This F	Form to the IRS Unless Requested To 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	Marrie	ed filing separatel	y (MFS)	☐ Head of	household (HOH)		lifying su		ıg	
Check only one box.	-	u checked the MFS box, enter the nonis a child but not your dependen	-	our spouse. If yo	u check	ed the HOH or	QSS box, enter th		use (QSS name if	,	ualifying	
Your first name	and mi	ddle initial	Last nar	me				Your so	cial secu	urity nu	ımber	
VINEETH			CHIN	THIRLA VIS	HNU S	SR		644-	79-08	95		
	pouse's	first name and middle initial	Last nar			-		Spouse'	s social s	securit	y number	
Home address	(numbe	er and street). If you have a P.O. box, see	instruction	ons.			Apt. no.	Preside	ntial Elec	ction C	ampaign	
2651 15	6TH <i>A</i>	AVE NE						1	Check here if you, or your			
City, town, or p	ost offic	ce. If you have a foreign address, also co	omplete sp	paces below.	Sta	te	ZIP code		if filing jo this fund			
REDMOND					WZ	A	98052		ow will n		0	
Foreign countr	y name		F	oreign province/sta	ate/coun	ty	Foreign postal code	your tax	or refun	ıd.		
									You	_ ــــــــــــــــــــــــــــــــــــ	Spouse	
Digital Assets		ny time during 2022, did you: (a) rec ange, gift, or otherwise dispose of a	•				, , , , , , , , , , , , , , , , , , , ,	. ,	☐ Ye:	s 🗵	No	
Standard		eone can claim: You as a de		<u>_</u>		a dependent	, (
Deduction		Spouse itemizes on a separate retu	•			•						
Age/Blindnes	s You:	Were born before January 2, 1	958	Are blind	Spouse	: Was bor	n before January			blind		
Dependent	s (see	instructions):		(2) Social seco	urity	(3) Relationsh			•		,	
If more	(1) Fi	rst name Last name		number		to you	Child tax c	redit	Credit for	other d	lependents	
than four												
dependents, see instruction	s ——									Ш		
and check	, —									Щ		
here L]											
Income	1a	Total amount from Form(s) W-2, b	ox 1 (see	e instructions)				. 1a		<u>126,</u>	332.	
A44(-)	b	Household employee wages not r						. 1b				
Attach Form(s) W-2 here. Also	С	Tip income not reported on line 1a (see instructions)										
attach Forms	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)										
W-2G and 1099-R if tax	е	Taxable dependent care benefits from Form 2441, line 26										
was withheld.	f	Employer-provided adoption benefits from Form 8839, line 29										
If you did not	9	Wages from Form 8919, line 6.						. 1g				
get a Form W-2, see	h	,	her earned income (see instructions)								0.	
instructions.	i	Nontaxable combat pay election (see instructions)								100	222	
	<u>z</u>	Add lines 1a through 1h						. 1z		120,	332.	
Attach Sch. B if required.	2a	Tax-exempt interest	2a			axable interes		. 2b				
	3a	Qualified dividends	3a			ordinary divide		. 3b				
24	4a 5a	IRA distributions Pensions and annuities	4a 5a			axable amoun axable amoun		. 4b				
Standard Deduction for—	6a		6a			axable amoun		. 6b				
Single or	C	If you elect to use the lump-sum e		nethod check he				. 05				
Married filing separately,	7	,		*	,	,	[7	7	-3	000.	
\$12,950 Married filing	8	Other income from Schedule 1, lir	in or (loss). Attach Schedule D if required. If not required, check here								498.	
jointly or	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7						. 8			834.	
Qualifying surviving spouse,	10	Adjustments to income from Sche		-				. 10		<u> </u>	054.	
\$25,900 • Head of	11	Subtract line 10 from line 9. This is						. 11		 112	834.	
household,	12	Standard deduction or itemized						. 12			950.	
\$19,400 If you checked	13	Qualified business income deduct		`	,			. 13		<u> </u>		
any box under Standard	14							. 14		12 -	950.	
Deduction,	15	Subtract line 14 from line 11. If ze									884.	
see instructions.					•				_	/		

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	17 , 806.
Credits	17	Amount from Schedule 2, lin	ne 3				[17	
	18	Add lines 16 and 17					[18	17,806.
	19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812		[19	
	20	Amount from Schedule 3, lin	ie 8				[20	
	21	Add lines 19 and 20					[21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	17,806.
	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	17,806.
Payments	25	Federal income tax withheld							
-	а	Form(s) W-2				25a 21	749.		
	b	Form(s) 1099				25b			
	С	Other forms (see instruction	s)			25c			
	d	Add lines 25a through 25c						25d	21,749.
If	26	2022 estimated tax paymen	ts and amount a	pplied from 20	21 return			26	
If you have a qualifying child,	27	Earned income credit (EIC)			No	27			
attach Sch. EIC.	28	Additional child tax credit from				28			
	29	American opportunity credit	from Form 8863	3, line 8		29			
	30	Reserved for future use .				30			
	31	Amount from Schedule 3, lin	ie 15			31			
	32	Add lines 27, 28, 29, and 31				undable credits		32	
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments				33	21,749.
Refund	34	If line 33 is more than line 24						34	3,943.
neiulia	35a	Amount of line 34 you want				•	†	35a	3,943.
Direct deposit?	b	Routing number 1 2 5			c Type:		Savings		
See instructions.	d	Account number 7 4 2					ı		
	36	Amount of line 34 you want			ed tax	36			
Amount You Owe	37	Subtract line 33 from line 24 For details on how to pay, g							
rou owe	38		•	-		38		37	
The level December		Estimated tax penalty (see in							
Third Party Designee		you want to allow another structions	•				omplete be	alow	X No
Designee		signee's		Phone			onal identific		
		ne		no.			ber (PIN)	Jacion	
Sign		der penalties of perjury, I declare tief, they are true, correct, and com			, , ,		,		, ,
Here		ur signature		Date	Your occupation		If the I	 IRS sen	nt you an Identity
Joint return?					DEVOPS EN	GINEER	(see in		N, enter it here
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, I	ooth must sign.	Date	Spouse's occupa	tion			it your spouse an ection PIN, enter it here
your records.								nst.)	
	Ph	one no. (951) 907-238	 5	Email address	CVSVINEET	H1@GMAIL.CC)M		
		eparer's name	Preparer's signat			Date	PTIN		Check if:
Paid	SYAM	I PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALIAM	04/11/2023	P02082	703	Self-employed
Preparer		m's name GLOBAL TA				101/11/2020	Phone		678) 965-9522
Use Only			Y CT E BRU	NSWICK N	J 08816		Firm's		84-3171965
Go to wave in a		n1040 for instructions and the late		22021		DEV 02/02/02 DEC	1		Form 1040 (2022)
GO TO WWW.IIS.G	OV/I OIII	TOTO TO THE MICHOLIS AND THE MILE	or information.		BAA	REV 03/22/23 PRO			101111 1070 (2022)

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074 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	ocial security number				
VINE	ETH CHINTHIRLA VISHNU SR	644-7	79-08	395	
Par	t I Additional Income				
1	Taxable refunds, credits, or offsets of state and local income taxes			1	
2a	Alimony received			2a	
b	Date of original divorce or separation agreement (see instructions):				
3	Business income or (loss). Attach Schedule C			3	
4	Other gains or (losses). Attach Form 4797			4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Att	ach Schedule	Ε.	5	-10,498.
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			
ı	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			
	Section 951(a) inclusion (see instructions)	8n			
	Section 951A(a) inclusion (see instructions)	80			
р	Section 461(I) excess business loss adjustment	8p			
-	Taxable distributions from an ABLE account (see instructions) Scholarship and fellowship grants not reported on Form W-2	8q 8r			
r	Nontaxable amount of Medicaid waiver payments included on Form	OI			
S	1040, line 1a or 1d	8s (١		
+	Pension or annuity from a nonqualifed deferred compensation plan or	03 (,		
	a nongovernmental section 457 plan	8t			
u	Wages earned while incarcerated	8u			
	Other income. List type and amount:	34			
_	outer mooner bet type and amount	8z			

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

-10,498.

9

10

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-basin		
	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 8I from the		
	rental of personal property engaged in for profit		
С	Nontaxable amount of the value of Olympic and Paralympic medals		
	and USOC prize money reported on line 8m		
d	Reforestation amortization and expenses		
е	Repayment of supplemental unemployment benefits under the Trade		
	Act of 1974		
f	Contributions to section 501(c)(18)(D) pension plans		
g	Contributions by certain chaplains to section 403(b) plans 24g		
h	Attorney fees and court costs for actions involving certain unlawful		
	discrimination claims (see instructions)	-	
İ	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		
	En En		
j	Housing deduction from Form 2555	-	
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form		
_	1041)	-	
Z	Other adjustments. List type and amount:		
25		25	
25 26	Total other adjustments. Add lines 24a through 24z	25	
26	Add lines 11 through 23 and 25. These are your adjustments to income . Ent	00	
	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

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

Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.

Attachment Sequence No. **12**

Your social security number

VI	NEETH CHINTHIRLA VISHNU SR			644	-79-	0895	
	ou dispose of any investment(s) in a qualified opportunity es," attach Form 8949 and see its instructions for additiona						
Pai					e ins	tructions)	
See i lines This whol	nts s from Part I, in (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)					
1a	Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b.						
1b	Totals for all transactions reported on Form(s) 8949 with Box A checked	002 025	050 202	66.6	. <i>6</i> 1	1 11/	
2	Box A checked	892,835.	958,382.	66,6	υ υ Ι.	1,114.	
3	Totals for all transactions reported on Form(s) 8949 with Box C checked						
4 5	Short-term gain from Form 6252 and short-term gain or (IN Net short-term gain or (IOSS) from partnerships, Schedule(s) K-1	*			5		
6	Carryover	6	()				
7	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						
Par					(see	1,114. instructions)	
See i	nts s from	(h) Gain or (loss) Subtract column (e) from column (d) and					
	form may be easier to complete if you round off cents to e dollars.	Proceeds (sales price)	Cost (or other basis)	Form(s) 8949, line 2, colum	Part II,	combine the result with column (g)	
8a	Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b.						
	Totals for all transactions reported on Form(s) 8949 with Box D checked	11,469.	19,822.			-8,353.	
9	Totals for all transactions reported on Form(s) 8949 with Box E checked						
10	Totals for all transactions reported on Form(s) 8949 with Box F checked						
	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 Capital gain distributions. See the instructions				12 13		
	Long-term capital loss carryover. Enter the amount, if any	-	our Capital Loss	Carryover	14	(
15	Net long-term capital gain or (loss). Combine lines 8a on the back	through 14 in co			15	_8 353	

BAA

Schedule D (Form 1040) 2022 Page 2

Part III Summary -7,239. 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 21 3,000.) • (\$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

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

VINEETH CHINTHIRLA VISI	HNU SR			644-79	-0895		
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	ess are ger	nerally short-te	erm (see
Note: You may agg reported to the IRS Schedule D, line 1a	and for wh	ich no adjus	stments or coc	les are required	d. Enter th	e totals directly	y on
You must check Box A, B, or C I complete a separate Form 8949, p for one or more of the boxes, com	below. Chec bage 1, for ea	k only one k ach applicab	oox. If more than e box. If you ha	n one box applies	s for your s	` hort-term transa	ictions,
★ (A) Short-term transactions★ (B) Short-term transactions★ (C) Short-term transactions	reported on	Form(s) 1099	9-B showing bas				e)
1 (a)	(b)	(c) Date sold or	(d) Proceeds	(e) Cost or other basis See the Note below	If you enter an enter a c	f any, to gain or loss amount in column (g), ode in column (f). arate instructions.	(h) Gain or (loss) Subtract column (e)
Description of property (Example: 100 sh. XYZ Co.)	Date acquired (Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see Column (e) in the separate instructions.	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g).
ROBINHOOD SECURITIES LLC	01/01/22	12/31/22	892,835.	958,382.	W	66,661.	1,114.
2 Totals. Add the amounts in columns	s (d), (e), (g), and	d (h) (subtract					

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.

892,835.

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).

958,382.

Form 8949 (2022) Attachment Sequence No. **12A** Page **2**

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side $\mbox{VINEETH} \ \ \mbox{CHINTHIRLA} \ \ \mbox{VISHNU} \ \ \mbox{SR}$

Social security number or taxpayer identification number 644-79-0895

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

Part II

Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You *must* check Box D, E, *or* F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

★ (D) Long-term transactions★ (E) Long-term transactions★ (F) Long-term transactions	reported on	Form(s) 1099	-B showing bas				e)			
(a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis See the Note below	Adjustment, if any, to gain or loss If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		If you enter an amount in column (g), enter a code in column (f).		(h) Gain or (loss) Subtract column (e)	
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see Column (e) in the separate instructions.	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g).			
ROBINHOOD SECURITIES LLC	01/01/22	12/31/22	11,469.	19,822.			-8,353.			
2 Totals. Add the amounts in columns	s (d), (e), (g), and	d (h) (subtract								
negative amounts). Enter each total Schedule D. line 8b (if Box D above										

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column* (g) in the separate instructions for how to figure the amount of the adjustment.

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

-8,353.

11,469.

19,822.

SCHEDULE E (Form 1040)

Supplemental Income and Loss

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

Department of the Treasury Internal Revenue Service

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

Name(s) shown on return Your social security number 644-79-0895 VINEETH CHINTHIRLA VISHNU SR Part I Income or Loss From Rental Real Estate and Royalties **Note:** If you are in the business of renting personal property, use **Schedule C**. See instructions. If you are an individual, report farm rental income or loss from **Form 4835** on page 2, line 40. Did you make any payments in 2022 that would require you to file Form(s) 1099? See instructions 1a Physical address of each property (street, city, state, ZIP code) 506 SRI RADHE SHYAM RESID VINAYAKASAGAR ROAD REDDIGUNTA, TIRUPATI Α В C 1b Type of Property **Fair Rental Personal Use** For each rental real estate property listed QJV (from list below) above, report the number of fair rental and **Davs Davs** personal use days. Check the QJV box only Α Α 365 0 if you meet the requirements to file as a В В qualified joint venture. See instructions. С C Type of Property: 3 Vacation/Short-Term Rental 1 Single Family Residence 5 Land 7 Self-Rental 8 Other (describe) 2 Multi-Family Residence 4 Commercial 6 Royalties **Properties:** Α В C Income: 3 645. 4 Royalties received 4 **Expenses:** 5 5 Advertising 6 Auto and travel (see instructions) 6 7 Cleaning and maintenance. 7 2,678. 8 Commissions 8 9 9 Insurance . . 10 10 Legal and other professional fees 11 Management fees 11 1,850. 12 Mortgage interest paid to banks, etc. (see instructions) 12 13 13 2,163. 14 14 Repairs . . . 15 Supplies 15 1,954. 16 16 Taxes 17 Utilities 17 2,498. 18 18 Depreciation expense or depletion Other (list) 19 19 20 20 Total expenses. Add lines 5 through 19 11,143. 21 Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198 21 -10,498.22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) 10,498.) 645. Total of all amounts reported on line 3 for all rental properties Total of all amounts reported on line 4 for all royalty properties 23b Total of all amounts reported on line 12 for all properties 23c 23d Total of all amounts reported on line 18 for all properties Total of all amounts reported on line 20 for all properties 23e 11,143. 24 **Income.** Add positive amounts shown on line 21. **Do not** include any losses 25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here 25 10,498. Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result 26 here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on

Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2 .

-10,498.

Form **8889**

Department of the Treasury

Internal Revenue Service

Health Savings Accounts (HSAs)

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

Go to www.irs.gov/Form8889 for instructions and the latest information.

OMB No. 1545-0074

2022
Attachment
Sequence No. 52

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

VINEETH CHINTHIRLA VISHNU SR

Social security number of HSA beneficiary. If both spouses have HSAs, see instructions. 644-79-0895

Befor	Before you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if required.						
Part	HSA Contributions and Deduction. See the instructions before completing this part. If y and both you and your spouse each have separate HSAs, complete a separate Part I for						
1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2022. See instructions	X Se	elf-only \square Family				
2	HSA contributions you made for 2022 (or those made on your behalf), including those made by the unextended due date of your tax return that were for 2022. Do not include employer contributions, contributions through a cafeteria plan, or rollovers. See instructions	2	0.				
3	If you were under age 55 at the end of 2022 and, on the first day of every month during 2022, you were, or were considered, an eligible individual with the same coverage, enter \$3,650 (\$7,300 for family coverage). All others , see the instructions for the amount to enter	3	3,650.				
4	Enter the amount you and your employer contributed to your Archer MSAs for 2022 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2022, also include any amount contributed to your spouse's Archer MSAs	4	0.				
5	Subtract line 4 from line 3. If zero or less, enter -0	5	3 , 650.				
6	Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family						
	coverage under an HDHP at any time during 2022, see the instructions for the amount to enter	6	3,650.				
7	If you were age 55 or older at the end of 2022, married, and you or your spouse had family coverage under an HDHP at any time during 2022, enter your additional contribution amount. See instructions.	7	0.				
8	Add lines 6 and 7	8	3,650.				
9	Employer contributions made to your HSAs for 2022						
10	Qualified HSA funding distributions						
11	Add lines 9 and 10	11	1,500.				
12	Subtract line 11 from line 8. If zero or less, enter -0	12	2,150.				
13	HSA deduction. Enter the smaller of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line 13	13	0.				
Dout	Caution: If line 2 is more than line 13, you may have to pay an additional tax. See instructions.		10.4				
Part	a separate Part II for each spouse.	irate i	HSAS, complete				
14a	Total distributions you received in 2022 from all HSAs (see instructions)	14a					
b	Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return. See instructions	14b					
С	Subtract line 14b from line 14a	14c					
15	Qualified medical expenses paid using HSA distributions (see instructions)	15					
16	Taxable HSA distributions. Subtract line 15 from line 14c. If zero or less, enter -0 Also, include this amount in the total on Schedule 1 (Form 1040), Part I, line 8f	16					
17a	If any of the distributions included on line 16 meet any of the Exceptions to the Additional 20% Tax (see instructions), check here						
b	Additional 20% tax (see instructions). Enter 20% (0.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also, include this amount in the total on Schedule 2 (Form 1040), Part II, line 17c	17b					
Part	Income and Additional Tax for Failure To Maintain HDHP Coverage. See the instructi completing this part. If you are filing jointly and both you and your spouse each have sep complete a separate Part III for each spouse.	ons b					
18	Last-month rule	18					
19	Qualified HSA funding distribution	19					
20	Total income. Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I, line 8f .	20					
21	Additional tax. Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2 (Form 1040), Part II, line 17d	21					