Internal Revenue Service

### IRS e-file Signature Authorization

OMB No. 1545-0074

Coold coourity number

ERO must obtain and retain completed Form 8879.
 Go to www.irs.gov/Form8879 for the latest information.

Submission Identification Number (SID)

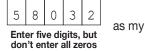
Taxpayer's name

l axpayer s name	Social security number				
RAMANA BABU POLAMARASETTI 442-75-8032					
Spouse's name	Spouse's social security number				
VIJAYALAKSHMI KOILADA	327-08-1922				
Part I Tax Return Information – Tax Year Ending December 31, 2022 (Ente	r 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.					
<b>1</b> Adjusted gross income	<b>1</b> 314,426.				
<b>2</b> Total tax	<b>2</b> 57,465.				
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	<b>3</b> 47,131.				
4 Amount you want refunded to you	4				
5 Amount you owe	<b>5</b> 10,518.				
Part II Taxpayer Declaration and Signature Authorization (Be sure you get and	keep a copy of your return)				

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

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

X	I authorize	GLOBAL	TAXES	ERO firm name	_ to enter or generate my PIN	E
$\mathbf{\nabla}$	م الديم الحريق			TTO	to enter an exercise on DIN	



as mv

8 1 9 2 2

Enter five digits, but don't enter all zeros

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

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

Your signature

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

X I authorize GLOBAL TAXES LLC to enter or generate my PIN

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—continu	le be	elov	N							
Part III Certification and Authentication – Practitioner PIN Method Only										
<b>ERO's EFIN/PIN.</b> Enter your six-digit EFIN followed by your five-digit self-selected PIN.				Do	n't e	nter	all ze	eros		

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 - Don't Submit This Form to the IRS Ur				
	A		-	0070 /=	

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

Date

IF you live in	THEN use this address to send in your payment
Alabama, Florida, Georgia, Louisiana, Mississippi, North Carolina, South Carolina, Tennessee, Texas	Internal Revenue Service P.O. Box 1214 Charlotte, NC 28201-1214
Arkansas, Connecticut, Delaware, District of Columbia, Illinois, Indiana, Iowa, Kentucky, Maine, Maryland, Massachusetts, Minnesota, Missouri, New Hampshire, New Jersey, New York, Oklahoma, Rhode Island, Vermont, Virginia, West Virginia, Wisconsin	Internal Revenue Service P.O. Box 931000 Louisville, KY 40293-1000
Alaska, Arizona, California, Colorado, Hawaii, Idaho, Kansas, Michigan, Montana, Nebraska, Nevada, New Mexico, North Dakota, Ohio, Oregon, Pennsylvania, South Dakota, Utah, Washington, Wyoming	Internal Revenue Service P.O. Box 802501 Cincinnati, OH 45280-2501
A foreign country, American Samoa, or Puerto Rico (or are excluding income under Internal Revenue Code section 933), or use an APO or FPO address, or file Form 2555 or 4563, or are a dual-status alien or nonpermanent resident of Guam or the U.S. Virgin Islands	Internal Revenue Service P.O. Box 1303 Charlotte, NC 28201-1303

MAIL FORM 1040-V TO THE INTERNAL REVENUE SERVICE CENTER AT THE ADDRESS LISTED BELOW.

Form 1040-V 2022

Detach Here and Mail With Your Payment and Return

Department of the Treasury Internal Revenue Service



## Form 1040-V Payment Voucher

Use this voucher when making a payment with Form 1040. Do not staple this voucher or your payment to Form 1040.

Make your check or money order payable to the 'United States Treasury.'

► Write your social security number (SSN) on your check or money order.

#### Enter the amount of your payment. ► REV 03/22/23 PRO 1555

10,518.

INTERNAL REVENUE SERVICE P.O. BOX 802501 CINCINNATI, OH 45280-2501

RAMANA BABU POLAMARASETTI VIJAYALAKSHMI KOILADA 34 E FROST DR MOUNTAIN HOUSE CA 95391

Filing Status       Single       Married filing jointy       I Amarried filing separately (MFS)       I Head of household (HOH)       Clauditying surviving sponse (MS)         Chock only       Tyou checked the MFS box, enter the name of your spouse. If you checked the HOH or OSS box, enter the child name if the qualifying surviving sponse in a child but not your dependent.       Your field team sources (MS)       Your social security number (MS)         Your field team and middle initial       Last name       Spoces's social security number (MS)       Spoces's social security number (MS)         YAVALAKSENIT       KOTLADA       Spoces's social security number (MS)       Spoces's social security number (MS)       Spoces's social security number (MS)         34       E. FROSTIDE       R       Spoces's social security number (MS)       CA       Spoces's social security number (MS)         Advance       Provide and middle initial       Last name       Spoces's social security number (MS)       Spoces's social security number (MS)         34       E. FROSTIDE       R       Advance       Provide social security number (MS)       Spoces's social security number (MS)         Advance       Provide social security number (MS)       Advance       Provide social security number (MS)       Provide social security number (MS)         Advance       Provide social security number (MS)       Advance       Provide social security number (MS)       Provide social secur	<b>1040</b>		artment of the Treasury–Internal Revenue Servi S. Individual Income Tax		turn	202	2	OMB No. 1545	-0074	IRS Use Or	ly—Do not	write or staple	in this space.
RAMANA BABU         POLAMARASETTI         442-75-8032           If joint term, spouse's first name and middle initial         Last name         Spouse's social security number           VITANYALAKSIMT         KOITADA         327-06-1922           Home address (number and street), Hyou have a P.O. box, see instructors.         At. no.         Precidential Election Campaign (Chy, town, or post office. Hyou have a foreign address, also complete spaces below.         State         ZIP code         togs to this fund. Checking a WoulkTATN HOUSE           Foreign country name         Foreign province/state/county         Foreign country state office.         you tax or refund.         you tax or refund.           Digital         At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services), or (b) sell, ackstet         ackarage, gift, or otherwise dispose of a digital asset (an inancial interest in a digital asset)? (See instructions).         Vex IM No           Standard         Someone can claim:         You sa a dependent         Your spouse as a dependent         Vex IM No           Deduction         Spouse itemizes on a separate return or you were a dual-status alien         Acy Bindies         Vex IM No           At any time during Vox JN Was a dependent in name         for bindies or feer instructions)         Vex IM No           Dependents, see instructions).         IM Someone         (a) Gastascochi (adita for ther dependent instructions)      <	Check only	lf yo	u checked the MFS box, enter the n	ame of	-			_			sp	ouse (QSS)	Ū.
I pint turn, spouse's first name and middle initial       Lat name       Spouse's social security number variable social security number and struct, if you have a P-0.bx, see instructions.       Apt. no.       Presidential Beckton Campaign 34 E FROST DR         Chy, town, or port office. If you have a foreign address, also complete spaces below.       State       Z/P code       spouse's fifting pinthy, want 35 MU and the or your as pouse fifting pinthy, want 35 MU and the or your as pouse fifting pinthy, want 35 MU and the or spouse fifting pinthy, want 35 MU and the or spouse fifting pinthy, want 35 MU and the or spouse fifting pinthy, want 35 MU and the or spouse fifting pinthy, want 35 MU and the or spouse fifting pinthy, want 35 MU and the or spouse fifting pinthy, want 35 MU and 3	Your first name	and mi	iddle initial	Last n	ame						Your s	ocial securi	ty number
I pint turn, spouse's first name and middle initial       Lat name       Spouse's social security number variable social security number and struct, if you have a P-0.bx, see instructions.       Apt. no.       Presidential Beckton Campaign 34 E FROST DR         Chy, town, or port office. If you have a foreign address, also complete spaces below.       State       Z/P code       spouse's fifting pinthy, want 35 MU and the or your as pouse fifting pinthy, want 35 MU and the or your as pouse fifting pinthy, want 35 MU and the or spouse fifting pinthy, want 35 MU and the or spouse fifting pinthy, want 35 MU and the or spouse fifting pinthy, want 35 MU and the or spouse fifting pinthy, want 35 MU and the or spouse fifting pinthy, want 35 MU and the or spouse fifting pinthy, want 35 MU and 3	RAMANA B	ABU		POL	AMARAS	ETTI					442-	-75-803	2
Home address (number and street). If you have a P.O. box, see instructions.         Apr. no.         Presidential Election Companya           34 E FROST DR         CA         95.391         results there if you or your spouse of filing jointly, want 35 before if you approximate filing jointly, want 35 before if you approximate filing jointly, want 35 before instructions.         Presidential Election Companya           Foreign country name         Foreign province/state/country         Foreign province/state/country         Foreign province/state/country			s first name and middle initial										
Home address (number and street). If you have a P.O. box, see instructions.         Apr. no.         Presidential Election Companya           34 E FROST DR         CA         95.391         results there if you or your spouse of filing jointly, want 35 before if you approximate filing jointly, want 35 before if you approximate filing jointly, want 35 before instructions.         Presidential Election Companya           Foreign country name         Foreign province/state/country         Foreign province/state/country         Foreign province/state/country	VIJAYALA	KSHN	IM	KOI	LADA						327-	-08-192	2
OF 11004       Pinot 11004       pose of filing jointy, want 35         OUNTAIN HOUSE       CA       95391       box beforw will not change         Foreign country name       Foreign province/state/county       Foreign country or services); or (b) sell, acx that result and goal as a transmit of property or services; or (b) sell, acx change, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions).       Yes       No         Assets       Someone can claim:       You as a dependent       You spouse as a dependent       Yes       No         Definitions       Someone can claim:       You as a dependent       You spouse as a dependent       Yes       No         Dependents, (see instructions):       (P) Social socurity       (P) Relationship       (P) Check the box if qualifies tor (see instructions);         If more       (I) First name       Las name       (P) Social socurity       (P) Relationship       (P) Check the box if qualifies tor (see instructions);         If more       (I) First name       Las name       (P) Social socurity       (P) Relationship       (P) Check the box if qualifies tor (see instructions);         If more       (I) First name       Del And	Home address (	numbe	er and street). If you have a P.O. box, see						A	Apt. no.	Presid	lential Electi	on Campaigr
Corp. Mark of post unker.       Top of the a breggin abdress, also compare spaces below.       Sale       211 Corp.       Log to this fund. Checking a Month Andersy.         MUINT AT MA COSE       CA       95.391       to go to this fund. Checking a Month Andersy.       You       Spouse         Digital At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions).       Yes       No         Standard Deduction       Someone can claim:       You as a dependent       You response as a dependent       Yes       No         Deduction       Spouse itemizes on a separate return or you were a dual-status alion       Age/Bindness       You       Yes       No         Age/Bindness       You:       Were bom before January 2, 1958       Are blind       Spouse:       Was bom before January 2, 1958       Is blind         Dependents       (see instructions):       (p) First name       Last name       (p) Restornely       (P) Rektornely	34 E FRO	ST I	OR										
MOUNTAIN HOUSE       CA       95391       box below will not change         Foreign country name       Foreign province/state/county       Foreign postal code       pour tax or refund.         Digital       At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or service); or (b) sell,       You       Spouse         Assets       Someone can claim:       You as a dependent       You as a dependent       Yes       No         Standard       Spouse itemizes on a separate return or you were a dual-status alien       Age/Blindness       You (C) sell,       Yes       No         Age/Blindness       You:       Verse       Was born before January 2, 1958       Is blind         Dependents       (see instructions):       (Q) Secial security       (Q) Activity (C) Check the box if qualifies for gene instructions in and check       Is blind         If more       Informed       Interne       Last name       Interne       Is         Values About than POLAMARASETTI       963-95-0728       Daught er       Is       Is         In Contal amount from Form(s) W-2, box 1 (see instructions)       Ia       357, 374.       Is         Household employee wages not reported on Form(s) W-2.       Ib       Is       Is         Values Abid dependent care benefits from Form 2441, line 26       Ia       Ia	City, town, or po	ost offi	ce. If you have a foreign address, also co	mplete	spaces bel	ow.	Sta	ate	ZIP c	ode			
Foreign country name       Foreign province/statu/country       Foreign postal code       your tax or refund.         Digital Assets       At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.)       Yes       No         Standard       Someone can claim:       You as a dependent       Your spouse as a dependent       Yes       No         Age/Bindness       You:       Were born before January 2, 1958       Are blind       Spouse:       Was born before January 2, 1958       Is blind         Dependents       (see instructions):       (Pirst name       12 Social security       (Pirstonesh)       (Pirst name       Check the box if qualifies for (see instructions)         If more       (Dirst name       Last name       number       10 You       Spouse       Was born before January 2, 1958       Is blind         If a Total amount from Form(s) W-2, box 1 (see instructions)       Immetrial       Immetrial </td <td>MOUNTAIN</td> <td>HOU</td> <td>JSE</td> <td></td> <td></td> <td></td> <td>CZ</td> <td>Ą</td> <td>953</td> <td>91</td> <td></td> <td></td> <td></td>	MOUNTAIN	HOU	JSE				CZ	Ą	953	91			
Assets       exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions). □ Yes ☑ No         Standard       Someone can claim::       ○ You as a dependent:       ○ You so a dependent:         Age/Blindness       Yes ☑ No       Spouse temizes on a separate return or you were a dual-status alien         Age/Blindness       Yes ☑ Were bom before January 2, 1958       Are blind       Spouse:       Was bom before January 2, 1958       Is blind         Dependents       (see instructions):       (at rame       (another instructions):       (at rame       (at rame       (b)       (c)       (c) <td>Foreign country</td> <td>name</td> <td></td> <td></td> <td>Foreign pr</td> <td>ovince/state</td> <td>coun</td> <td>ty</td> <td>Foreig</td> <td>n postal code</td> <td></td> <td>ax or refund</td> <td>0</td>	Foreign country	name			Foreign pr	ovince/state	coun	ty	Foreig	n postal code		ax or refund	0
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Deduction       Spouse itemizes on a separate return or you were a dual-status alien         Age/Blindness       You:       Were bom before January 2, 1958       Are blind       Spouse:       Was bom before January 2, 1958       Is blind         Dependents       (see instructions):       (1) First name       Last name       number       (3) Relations/p       (4) Check the box if qualifies for (see instructions):       Child tax credit       Credit for other dependent         Meendents, see instructions:       (1) First name       Last name       number       Credit for other dependent         Meendents, see instructions:       MEDHASUKTHA POLAMARASETTI       963-95-0760       Daughter       Image: Credit for other dependent         Income       1a       Total amount from Form(s) W-2, box 1 (see instructions)       1a       357, 374.         Hatch Formis       V       To pionem not reported on form(s) W-2, see instructions)       1d       Image: Credit for other dependent         V-20 and for attach formis       V-20 and for attach form Semmes)       1d       Image: Credit for other dependent         V-20 and for attach formis       V-2, see instructions)       1d       Image: Credit for other dependent         V-20 and for attach formis       V-2, see instructions)       1d       Image: Credit for other dependent         V-20 and for attach form Form 8919, line 6	Standard			-				-				,	
Dependents (see instructions):       (2) Social security number       (3) Relationship (4) Check the box if qualifies for (see instructions); Child tax credit       Credit for other dependents; Child tax credit       Credit for other dependents; Child tax credit       Credit for other dependent; Child tax credit       Credit for other depe						•		•					
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If more dependents, see instructions       Instruction       Instruction       Instruction       Instruction         Income here       Inaction       Instructions       Instructions       Instructions       Instructions         Income here       Instructions       Instructions       Instructions       Instructions       Instructions         Attach Form(s)       V=2 Area, Also attach Form(s)       Instructions       Instructions       Instructions       Instructions         V=2 Area, Also attach Form(s)       Instructions       Instructions       Instructions       Instructions       Instructions         If you did not get a Form was withheld.       Instructions       Instructions       Instructions       Instructions       Instructions         If required.       3a       Qualified dividends       3a       Instructions       Instructions       Instructions         If required.       3a       Qualified dividends       3a       Instructions       Instruction	Dependents	s (see	instructions):		(2) S	Social security	/	(3) Relationsh	ip (4	) Check the	box if qua	alifies for (see	e instructions):
dependents, see instructions       MEDHASUKTHA POLAMARASETTI       963-95-0760       Daughter       Image: see instructions         Income       1a       Total amount from Form(s) W-2, box 1 (see instructions)       1a       357, 374.         Hatch Form(s)       Household employee wages not reported on Form(s) W-2.       1b       1a       357, 374.         V:2 hore Also       Medicaid waiver payments not reported on Form(s) W-2 (see instructions)       1c       1c         W:2 hore Also       Medicaid waiver payments not reported on Form 2441, line 26       1d       1d         If you did not       g Wages from Form 8919, line 6       1f       1f         If you did not       g Wages from Form 8919, line 6       1g       1d         get a Form       h       Other earned income (see instructions)       1i       1z       357, 374.         W-2, see       in Nontaxable combat pay election (see instructions)       1i       1z       357, 374.         Za       Add lines 1a through 1h       2a       2a       b       b       Taxable interest       2b         if required.       3a       Qualified dividends       3a       b       Taxable amount       6b         Standard       Deduction for       Sa       b       Taxable amount       6b       6b </td <td>If more</td> <td><b>(1)</b> Fi</td> <td>irst name Last name</td> <td></td> <td></td> <td>number</td> <td></td> <td>to you</td> <td></td> <td>Child tax</td> <td>credit</td> <td>Credit for of</td> <td>ther dependents</td>	If more	<b>(1)</b> Fi	irst name Last name			number		to you		Child tax	credit	Credit for of	ther dependents
see instructions       MEDHASOKTHA POLAMARASETTI       963-95-0760       Daughter       Image: Construction in the image: Constructin in the image: Construction in the image: Constructin in the ima		BHA	AVANA POLAMARASETT	I	963	-95-072	8	Daughter					
and check		MEI	DHASUKTHA POLAMARASETT	I	963	-95-076	0	Daughter					×
Income       1a       Total amount from Form(s) W-2, box 1 (see instructions)       1a       357, 374.         Attach Form(s)       b       Household employee wages not reported on Form(s) W-2.       1b       1c         W-2 here. Also       d       Medicaid waiver payments not reported on Form(s) W-2 (see instructions)       1c       1d         UP3P-Ri It ax       medicaid waiver payments not reported on Form(s) W-2 (see instructions)       1d       1d         UP3P-Ri It ax       f       Employer-provided adoption benefits from Form 2441, line 26       1e       1g         get a Form       f       Uther earned income (see instructions)       1f       1g         get a Form       h       Other earned income (see instructions)       1h       0.         w2.s see       instructions.       1i       1z       357, 374.         instructions.       z       Add lines 1a through 1h       1z       357, 374.         Attach Sch. B       a       Tax-exempt interest       2a       b       b       ab         standard       gearately.       f       Gaa       b       Ordinary dividends       b       3b         frequired.       a       IRA distributions       4a       b       b       Taxable amount       6b       6b		·											
Ite of the second of the se	here 🗌												
Match Form(s)       Household employee wages not reported on Form(s) W-2	Income	1a	Total amount from Form(s) W-2, b	ox 1 (se	ee instruc	tions) .					. 1	<b>a</b> 3	57,374.
W-2 here. Also attach Forms       Implication for reported on films raise instructions)       Implication for reported on Form(s) W-2 (see instructions)       Implication for form form and the form form 2441, line 26       Implication forms         W-26 and 1099-R if tax was withheld.       f       Employer-provided adoption benefits from Form 2441, line 26       Implication forms       Implication forms         get a Form W-2, see instructions.       h       Other earned income (see instructions)       Implication forms       Implication forms       Implication forms         get a form W-2, see instructions.       z       Add lines 1a through 1h       Implication forms       Implication forms       Implication forms         z       Add lines 1a through 1h       implication forms       Sa       Qualified dividends       3a       b       Taxable interest       2b         separately, strugtor       f       Pensions and annuities       Sa       b       Taxable amount       4b         Standard Deduction for- Single or Maried filing pointly or Maried filing pointly or Maried filing pointly or Maried filing separately, strugtor       f       Gapital gain or (loss). Attach Schedule D if required. If not required, check here       f       7       9,978.         4       Hard of those household, strugtor       f       Gapital gain or (loss). Attach Schedule D if required. If not required, check here       f       7       9,978.		b	Household employee wages not re	eportec	l on Form	(s) W-2 .					. 1	b	
attach Forms       d       Medicaid waiver payments not reported on Form(s) W-2 (see instructions)       1d         W-2G and       e       Taxable dependent care benefits from Form 2441, line 26       1e         1099-R if tax       max withheld.       f       Employer-provided adoption benefits from Form 8839, line 29       1f         If you did not       g       Wages from Form 8919, line 6       1g       1g         get a Form       h       Other earned income (see instructions)       1i       1g         W-2, see       instructions       1i       1       0.         instructions       z       Add lines 1a through 1h       1z       357, 374.         Attach Sch. B       2a       Tax-exempt interest       2a       b       b       Taxable interest       2b         if required.       3a       Qualified dividends       3a       b       D       D       D         4a       IPA distributions       4a       b       Taxable amount       4b       Sb         Deduction for-       6a       Social security benefits       6a       b       Taxable amount       6b         * Single or       f       If you elect to use the lump-sum election method, check here (see instructions)       1d       Adjustria functin (see instructions		С	Tip income not reported on line 1a	(see ir	nstruction	s)							
1099-R if tax was withheld.       f       Employer-provided adoption benefits from Form 8839, line 29       11         If you did not get a Form W-2, see       i       Mages from Form 8919, line 6       11         W-2, see       i       Nontaxable combat pay election (see instructions)       11         W-2, see       i       Nontaxable combat pay election (see instructions)       11         Attach Sch. B       2a       Tax-exempt interest       2a         if required.       3a       3a       b       Ordinary dividends         4a       b       Taxable interest       2b         Standard       5a       b       Deduction for         6a       Social security benefits       6a       b       Taxable amount         512,950       F       Capital gain or (loss). Attach Schedule 1 if required. If not required, check here       7       9,978.         8       -52,926.       0       Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9       314,426.         10       Subtract line 10 from line 9. This is your adjusted gross income       11       314,426.         10       Subtract line 10 from line 9. This is your adjusted gross income       11       314,426.         10       Subtract line 10 from line 9. This is your adjusted gross income <td>attach Forms</td> <td>d</td> <td></td> <td></td> <td></td> <td></td> <td>nstrı</td> <td>uctions)</td> <td></td> <td></td> <td>. 1</td> <td>d</td> <td></td>	attach Forms	d					nstrı	uctions)			. 1	d	
was withheld.       I       Employer-provided adoption benefits from Form 8839, line 29       Inf         If you did not get a Form       g       Wages from Form 8919, line 6       1g         get a Form       h       Other earned income (see instructions)       1i         w2-2, see       i       Nontaxable combat pay election (see instructions)       1i         attach Sch. B       2a       b       Tax-exempt interest       2b         attach Sch. B       2a       b       Taxable interest       2b         dd lines 1a through 1h       1z       357, 374.         Attach Sch. B       2a       b       Taxable amount       2b         dd lines 1a through 1h       3a       b       Ordinary dividends       3b         dd lines 1a through 1h       3a       b       Ordinary dividends       3b         dd lines 1a through 1h       3a       b       Ordinary dividends       3b         dd lines 1a through 1h       1a       b       Taxable amount       4b         frequired       3a       b       Taxable amount       5b         Standard       Deduction for-       6a       Social security benefits       6a       5a       5a       5b         Standard       Deduction for		е	•										
In your do note       Image: a Form       Image: box of the construction of the constructin of the constructin of the construction of the construction of the		f	Employer-provided adoption bene	fits fro	m Form 8	839, line 29	•				. 1	lf	
W-2, see instructions.       i       Nontaxable combat pay election (see instructions)       1i         Attach Sch. B       2a       Add lines 1a through 1h       1z       357, 374.         Attach Sch. B       2a       Tax-exempt interest       2b       2b         if required.       3a       Deduction for       b       Taxable interest       2b         4a       IRA distributions       4a       b       Taxable amount       4b         5a       Pensions and annuities       5a       b       Taxable amount       5b         6a       Social security benefits       6a       b       Taxable amount       6b         • Single or Married filing separately, \$12,950       r       Capital gain or (loss). Attach Schedule D if required. If not required, check here       7       9,978.         • Married filing jointly or Qualifying surviving spouse, \$25,900       8       Other income from Schedule 1, line 10       8       -52,926.         10       Adjustments to income from Schedule 1, line 26       10       11       314,426.         10a       Subtract line 10 from line 9. This is your adjusted gross income       11       314,426.         11       Subtract line 10 from line 9. This is your adjusted gross income       13       13         11       Subtra		g	0										
Instructions.       I       Nontaxable combat pay election (see instructions)       II         Attach Sch. B       2a       Tax-exempt interest       1z       357, 374.         Attach Sch. B       2a       Tax-exempt interest       2b       2b         if required.       3a       b       Ordinary dividends       3b         4a       IRA distributions       4a       b       Taxable amount       4b         5a       Pensions and annuities       5a       b       Taxable amount       4b         Standard       5a       Pensions and annuities       5a       b       Taxable amount       5b         6a       Social security benefits       6a       b       Taxable amount       5b         6a       Social security benefits       6a       b       Taxable amount       5b         7       Capital gain or (loss). Attach Schedule D if required. If not required, check here       7       9, 978.         8       Other income from Schedule 1, line 10       9       314, 426.       9         9       Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       10       11         9       314, 426.       10       12       25, 900.         14       Add lines 12 and 13 </td <td></td> <td>h</td> <td>Other earned income (see instruct</td> <td>ons)</td> <td></td> <td></td> <td></td> <td>· · · ·</td> <td>· ·</td> <td></td> <td>. 1</td> <td>h</td> <td>0.</td>		h	Other earned income (see instruct	ons)				· · · ·	· ·		. 1	h	0.
Attach Sch. B       2a       Tax-exempt interest       2a       b       Taxable interest       2b         if required.       3a       Qualified dividends       3a       b       Ordinary dividends       3b         4a       IRA distributions       4a       b       Taxable amount       4b         5a       b       Taxable amount       4b       5b         9       Social security benefits       6a       b       Taxable amount       5b         • Single or Married filing separately, \$12,950       F       Capital gain or (loss). Attach Schedule D if required. If not required, check here       6b       6b         • Married filing jointly or Qualifying surviving spouse, \$25,900       8       Other income from Schedule 1, line 10       7       9,978.         9       Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9       314, 426.         10       Adjustments to income from Schedule 1, line 26       10       11       314, 426.         11       314, 426.       11       314, 426.       12       25, 900.         14       Add lines 12 and 13       14       25, 900.       12       25, 900.         14       Add lines 12 and 13       14       25, 900.       13       14       25, 900.		i		see ins	tructions)			<u>1</u> i			_		
if required.       3a       3a       b       Ordinary dividends       3b         4a       IRA distributions       4a       b       Taxable amount       4b         5a       Pensions and annuities       5a       b       Taxable amount       5b         6a       Social security benefits       6a       b       Taxable amount       5b         • Single or Married filing separately, \$12,950       6a       b       Taxable amount       5b         7       Capital gain or (loss). Attach Schedule D if required. If not required, check here       7       9,978.         8       Other income from Schedule 1, line 10       8       -52,926.       9         9       Add lines 12, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9       314,426.         10       Subtract line 10 from line 9. This is your adjusted gross income       11       314,426.         11       Subtract line 10 from line 9. This is your adjusted gross income       12       25,900.         14       Add lines 12 and 13       14       25,900.       13         14       25,900.       15       Subtract line 14 from line 11. If zero or less enter -0. This is your taxable income       12       28,9,526.			Ŭ	· ;		· · ·			• •				57,374.
4a       IRA distributions       4a       b       b       Taxable amount       4b         5a       Pensions and annuities       5a       b       Taxable amount       5b         6a       Social security benefits       6a       b       Taxable amount       5b         6a       Social security benefits       6a       b       Taxable amount       5b         6a       Social security benefits       6a       b       Taxable amount       5b         7       Capital gain or (loss). Attach Schedule D if required. If not required, check here       7       9, 978.         8       Other income from Schedule 1, line 10       10       8       -52, 926.         9       Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9       314, 426.         9       314, 426.       10       10       11       314, 426.         10       Standard deduction or itemized deductions (from Schedule A)       12       25, 900.       11       314, 426.         11       314, 426.       12       Standard deduction or itemized deductions (from Schedule A)       12       25, 900.       13         12       Standard deduction or itemized deductions (from Schedule A)       12       25, 900.       13       14 <t< td=""><td></td><td></td><td>· · ·</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></t<>			· · ·										
Standard Deduction for- Obsciele or Married filing jointly or Qualifying surviving spouse, \$25,900       5a       b       Taxable amount	if required.		-					-					
Deduction for-       6a       Social security benefits       6a       b Taxable amount       6b         • Single or Married filing separately, \$12,950       6a       Social security benefits       6a       b Taxable amount       6b         7       Opport       6a       Social security benefits       6a       6a       6a         8       -52,926       7       Capital gain or (loss). Attach Schedule D if required. If not required, check here       7       9,978.         9       Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9       314,426.         9       314,426.       10         9       314,426.       10         9       314,426.       10         9       314,426.       10         9       314,426.       10         9       314,426.       10         9       314,426.       10         9       14,426.       10         9       11       314,426.         10       11       314,426.         11       314,426.       10         12       25,900.       12       25,900.         13       Qualified business income deduction from Form 8995 or Form 8995-A       13												-	
<ul> <li>Single or Married filing separately, \$12,950</li> <li>Married filing jointly or Qualifying spouse, \$25,900</li> <li>Married filing 10 Adjustments to income from Schedule 1, line 10</li></ul>													
separately, \$12,950       7       Capital gain or (loss). Attach Schedule D if required. If not required, check here       7       9,978.         • Married filing jointy or Qualifying surviving spouse, \$25,900       9       Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9       314,426.         • Head of household, \$19,400       11       Subtract line 10 from line 9. This is your adjusted gross income       11       314,426.         • If you checked any box under Standard Deduction, Deduction,       13       Qualified business income deduction from Form 8995 or Form 8995-A       13         • If you checked any box under Standard       14       25,900.       14       25,900.         • If you checked any box under Standard       13									t		. 6	ib	
\$12,950       7       Capital gain of (loss). Attach Schedule D in required, in hot required, check here       1       9,978.         • Married filing jointly or Qualifying surviving spouse, \$25,900       9       Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9       314,426.         • Married filing jointly or Qualifying surviving spouse, \$25,900       10       9       314,426.         • Head of household, \$19,400       11       Subtract line 10 from line 9. This is your adjusted gross income       11       314,426.         • Head of household, \$19,400       12       Standard deduction or itemized deductions (from Schedule A)       12       25,900.         • If you checked any box under Standard       13       Qualified business income deduction from Form 8995 or Form 8995-A       13       14       25,900.         • If you checked any box under Standard       15       Subtract line 14 from line 11. If zero or less enter -0- This is your taxable income       15       2888, 526			, ,				`	,	• •				
ointhy or Qualifying surviving spouse, \$25,9009Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income9314, 426.10Adjustments to income from Schedule 1, line 2610• Head of household, \$19,40011Subtract line 10 from line 9. This is your adjusted gross income11314, 426.11314, 426.12Standard deduction or itemized deductions (from Schedule A)1225, 900.• If you checked any box under Standard Deduction,13Qualified business income deduction from Form 8995 or Form 8995-A1314Add lines 12 and 13111225, 900.15Subtract line 14 from line 11. If zero or less enter -0-This is your taxable income15	\$12,950								• •				
Qualifying surviving spouse, \$25,900       9       314,426.         10       Adjustments to income from Schedule 1, line 26       10         Head of household, \$19,400       11       Subtract line 10 from line 9. This is your adjusted gross income       11       314,426.         12       Standard deduction or itemized deductions (from Schedule A)       12       25,900.         If you checked any box under Standard Deduction,       13       Qualified business income deduction from Form 8995 or Form 8995-A       13         14       25,900.       14       25,900.       14         14       25,900.       12       288,526									• •	· · ·			
\$25,900       10       Adjustments to income nom schedule 1, ine 20       11       11       314,426.         • Head of household, \$19,400       12       Standard deduction or itemized deductions (from Schedule A)       12       25,900.         • If you checked any box under Standard Deduction,       13       Qualified business income deduction from Form 8995 or Form 8995-A       13       12       25,900.         14       Add lines 12 and 13       13       14       25,900.       13         Deduction,       15       Subtract line 14 from line 11. If zero or less enter -0- This is your taxable income       15       288       526	Qualifying				-				• •				14,426.
household, \$19,400       12       Standard deduction or itemized deductions (from Schedule A)       12       25,900.         If you checked any box under Standard Deduction,       13       Qualified business income deduction from Form 8995 or Form 8995-A       13       13         14       Add lines 12 and 13       14       25,900.       14       25,900.         15       Subtract line 14 from line 11. If zero or less enter -0- This is your taxable income       15       288,526	\$25,900								• •	· · ·			
\$19,400       12       Standard deduction or itemized deductions (from Schedule A)       12       25,900.         • If you checked any box under Standard       13       Qualified business income deduction from Form 8995 or Form 8995-A       13       13         • If you checked any box under Standard       14       Add lines 12 and 13       14       25,900.         • If you checked any box under Standard       14       Subtract line 14 from line 11       11       25,900.         • If you checked any box under Standard       15       Subtract line 14 from line 11       11       288,526				-		-							
any box under Standard14Add lines 12 and 13131425,900.Deduction,15Subtract line 14 from line 11 If zero or less enter -0- This is your taxable income15288,526	\$19,400						,		• •				25,900.
Standard         14         Add lines 12 and 13         11         25,900.           Deduction,         15         Subtract line 14 from line 11. If zero or less enter -0 This is your taxable income         15         288.526									• •				0 - 0 0 0
	Standard												
		15	Subtract line 14 from line 11. If zer	o or les	ss, enter -	-u This is y	our	taxable incom	ie .	· · ·	. 1	<b>5</b> 2	88,526.

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Form **1040** (2022)

Form 1040 (2022	2)									Page <b>2</b>
Tax and	16	Tax (see instructions). Check	if any from Form	n(s): <b>1</b> 🗌 881	4 <b>2</b> 4972	3		16	56,	917.
Credits	17	Amount from Schedule 2, lin	e3					17		
	18	Add lines 16 and 17						18	56,	917.
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812			19	1,	000.
	20	Amount from Schedule 3, lin	e8					20		
	21	Add lines 19 and 20						21	1,	000.
	22	Subtract line 21 from line 18	If zero or less,	enter -0				22	55,	917.
	23	Other taxes, including self-er	mployment tax,	from Schedule	e 2, line 21 .			23	1,	548.
	24	Add lines 22 and 23. This is	your <b>total tax</b>					24	57,	465.
Payments	25	Federal income tax withheld								
-	а	Form(s) W-2				<b>25a</b> 46	5,538.			
	b	Form(s) 1099				25b				
	с	Other forms (see instructions	s)			25c	593.			
	d	Add lines 25a through 25c						25d	47,	131.
If you have a	26	2022 estimated tax payment	s and amount a	pplied from 20	21 return .			26		
If you have a <sup>L</sup> 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	e15			31				
	32	Add lines 27, 28, 29, and 31.				undable credits		32		
	33	Add lines 25d, 26, and 32. The						33	47,	131.
Refund	34	If line 33 is more than line 24	, subtract line 2	4 from line 33.	This is the amou	nt you overpaid		34		
Relund	35a	Amount of line 34 you want						35a		
Direct deposit?	b	Routing number X X X					Savings			
See instructions.	d	Account number X X X					0			
	36	Amount of line 34 you want a	· · · ·		_ · _ · _ ·	36				
Amount	37	Subtract line 33 from line 24				-11				
You Owe	01	For details on how to pay, go						37	10,	518.
	38	Estimated tax penalty (see in	-	-		38	184.	-	,	
Third Party	Do	you want to allow another	-							
Designee			•			· · ·	omplete	below.	X No	
U		signee's		Phone			onal ident	fication		<del></del>
	nar	ne		no.		num	ber (PIN)			
Sign		der penalties of perjury, I declare the								
Here		ief, they are true, correct, and com	plete. Declaration		,	ased on all informati	1			0
	Yo	ur signature		Date	Your occupation				nt you an Ider IN, enter it he	
Joint return?					SOFTWARE :	ENGINEER		inst.)		Ť T
See instructions.	Sp	ouse's signature. If a joint return, <b>k</b>	oth must sign.	Date	Spouse's occupat		If th	e IRS ser	nt your spouse	e an
Keep a copy for	- 1-	, , , , , , , , , , , , , , , , , , ,					Ider	tity Prote	ection PIN, en	
your records.					SOFTWARE 3	ENGINEER	(see	inst.)		
	Ph	one no. (949) 558-6673	3	Email address	RAMANA.BA	BU@GMAIL.CO	M			
Paid	Pre	eparer's name	Preparer's signat	ture		Date	PTIN		Check if:	
Preparer									Self-em	ployed
Use Only	Firi	m's name GLOBAL TAX	KES LLC				Pho	ne no.		
	Firi	m's address 245 ROONE	CT E BRU	NSWICK N	J 08816		Firm	's EIN		
Go to www.irs.go	ov/Forn	n1040 for instructions and the lates	st information.		BAA	REV 03/22/23 PRO			Form <b>10</b>	40 (2022)

SCHEDULE	1
(Form 1040)	

Department of the Treasury

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

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. **01** Internal Revenue Service Name(s) shown on Form 1040, 1040-SR, or 1040-NR Your social security number R POLAMARASETTI & V KOILADA 442-75-8032

Par	t I Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxes		1	
2a	Alimony received		<b>2</b> a	
b	Date of original divorce or separation agreement (see instructions):			
3	Business income or (loss). Attach Schedule C		3	-54,998.
4	Other gains or (losses). Attach Form 4797		4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Atta	ach Schedule E .	5	2,072.
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	-	
-	Stock options	8k	-	
	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	-	
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) Scholarzhin and followshin grante net reported on Form $W_{i,2}$	8q 8r	-	
r	Scholarship and fellowship grants not reported on Form W-2 Nontaxable amount of Medicaid waiver payments included on Form	or	-	
S	1040, line 1a or 1d	8s (		
t	Pension or annuity from a nonqualifed deferred compensation plan or	05 (	<u>/</u>	
L	a nongovernmental section 457 plan	8t		
u	Wages earned while incarcerated	8u		
u Z	Other income. List type and amount:	00		
2	Other moorne. List type and amount.	8z		
9	Total other income. Add lines 8a through 8z		9	
10	Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR		10	-52,926.
	company and c. Enter here and on torm here, tore of	, 61 10 10 10 10 10 10		52,520.

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

Schedule 1 (Form 1040) 2022

Par	t II Adjustments to Income				
11	Educator expenses			11	
12	Certain business expenses of reservists, performing artists, and fee-b	asis gove	rnment		
	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)	1a			
b	Deductible expenses related to income reported on line 8I from the				
		4b			
С	Nontaxable amount of the value of Olympic and Paralympic medals				
		1c			
d		4d			
е	Repayment of supplemental unemployment benefits under the Trade				
		1e		_	
f		4f			
g	, , , , , , , , , , , , , , , , , , , ,	1g			
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				
		4i		-	
1	•	4j		-	
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form				
		1k		-	
Z	Other adjustments. List type and amount:				
05		4z		05	
25	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			06	
				26	
	BAA	REV 03/22/23 PR	0	Schedul	e 1 (Form 1040) 2022

SCHE	DULE	2
(Form	1040)	

## **Additional Taxes**

OMB No. 1545-0074

(Forr	n 1040)	Auditional Taxes		G	
Depart	ment of the Treasury	Attach to Form 1040, 1040-SR, or 1040-NR.			
	l Revenue Service	Go to www.irs.gov/Form1040 for instructions and the latest information.		Sec	achment quence No. <b>02</b>
	()	rm 1040, 1040-SR, or 1040-NR			curity number
		I & V KOILADA	442-75	5-803	2
Pa	rt I Tax				
1	Alternative r	ninimum tax. Attach Form 6251		1	
2	Excess adv	ance 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	7	3	
Pa	rt II Other	Taxes			
4	Self-employ	ment tax. Attach Schedule SE		4	
5		rity and Medicare tax on unreported tip income.			
	Attach Forn	1 4137			
6	Uncollected Form 8919	social security and Medicare tax on wages. Attach       6			
7	Total addition	onal social security and Medicare tax. Add lines 5 and 6		7	
8	Additional ta	ax on IRAs or other tax-favored accounts. Attach Form 5329 if requ	uired.		
	If not require	ed, 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 N	Nedicare Tax. Attach Form 8959		11	1,090.
12	Net investm	ent income tax. Attach Form 8960		12	458.
13		l social security and Medicare or RRTA tax on tips or group-ten om Form W-2, box 12		13	
1/	Interest on	tax due on installment income from the sale of certain residentia			

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		
16	Recapture of low-income housing credit. Attach Form 8611	16	
	(cc	ontinu	ued on page 2

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

2)

Schedule 2 (Form 1040) 2022

\_\_\_\_ \_\_\_\_

Par	t II Other Taxes (continued)			
17	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		
С	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 fractional interest in tangible personal property	17g	_	
h	Income you received from a nonqualified deferred compensation 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		
Т	Tax on accumulation distribution of trusts	171		
m	Excise tax on insider stock compensation from an expatriated corporation	17m		
n	Look-back interest under section 167(g) or 460(b) from Form 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 from, and dispositions of, stock of a section 1291 fund	17p		
q	Any interest from Form 8621, line 24	17q		
z	Any other taxes. List type and amount:			
		17z		
18	Total additional taxes. Add lines 17a through 17z		18	
19	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 BAA		21 Schedu	1,548. ule 2 (Form 1040) 2022

#### SCHEDULE C (Form 1040)

Е

F G Н I. J

## Profit or Loss From Business (Sole Proprietorship)

Departr	ment of the Treasury	io to v	/ww.irs.gov/ScheduleC for	r instru	uctions and the latest information.		Attachment
		orm 1	040, 1040-SR, 1040-NR, or	1041;	partnerships must generally file Fo	orm 1065.	Sequence No. 09
Name	of proprietor					Social se	curity number (SSN)
VIJA	AYALAKSHMI KOILADA					327-0	8-1922
Α	Principal business or profession	on, incl	uding product or service (se	e instr	uctions)	B Enter c	ode from instructions
	SOFTWARE SERVICES					5	1 9 2 0 0
С	Business name. If no separate	busin	ess name, leave blank.			D Employ	er ID number (EIN) (see instr.)
E	Business address (including s	uite or	room no.) 34 E FRC	)ST I	DR		
	City, town or post office, state				USE, CA 95391		
F	Accounting method: (1)	K Cas	h (2) 🗌 Accrual (3	3) 🗌 (	Other (specify)		
G	Did you "materially participate	" in th	e operation of this business	during	2022? If "No," see instructions for lin	mit on loss	es . 🗙 Yes 🗌 No
н	If you started or acquired this	busine	ess during 2022, check here				🗆
I	Did you make any payments i	n 2022	that would require you to fil	le Form	n(s) 1099? See instructions		🗌 Yes 🔀 No
J		e requi	red Form(s) 1099?				🗌 Yes 🗌 No
Part	I Income						
1					f this income was reported to you on	1	
2						2	
3							
4	Cost of goods sold (from line	42) .				4	
5	Gross profit. Subtract line 4 f	rom lir	1e3			5	
6	Other income, including feder	al and	state gasoline or fuel tax cre	edit or i	refund (see instructions)	6	
7	Gross income. Add lines 5 ar	nd 6.				7	
Part	II Expenses. Enter ex	pense	es for business use of yo	our ho	ome <b>only</b> on line 30.		
8	Advertising	8		18	Office expense (see instructions) .	18	
9	Car and truck expenses			19	Pension and profit-sharing plans .	19	
	(see instructions)	9	12,068.	20	Rent or lease (see instructions):		
10	Commissions and fees .	10		a	Vehicles, machinery, and equipment	20a	
11	Contract labor (see instructions)	11		b	Other business property	20b	
12	Depletion	12		21	Repairs and maintenance	21	1,500.
13	Depreciation and section 179 expense deduction (not			22	Supplies (not included in Part III) .	22	
	included in Part III) (see			23	Taxes and licenses	23	
	instructions)	13		24	Travel and meals:		
14	Employee benefit programs			a	Travel	24a	
	(other than on line 19) .	14		b	Deductible meals (see		
15	Insurance (other than health)	15		-	instructions)		4,800.
16	Interest (see instructions):			25	Utilities	-	5,800.
а	Mortgage (paid to banks, etc.)	16a		26	Wages (less employment credits)	26	
b	Other	16b		27a	Other expenses (from line 48)		30,830.
17	Legal and professional services	17		b	Reserved for future use		E4 000
28	•				8 through 27a		54,998.
29	,						-54,998.
30	unless using the simplified me	thod.	See instructions.	·	enses elsewhere. Attach Form 8829		
	Simplified method filers only			.,,			
	and (b) the part of your home Method Worksheet in the inst				Use the Simplified	30	
31	Net profit or (loss). Subtract	line 30	from line 29.				
	• If a profit, enter on both <b>Sch</b> checked the box on line 1, see		•			31	-54,998.
	• If a loss, you must go to lin					L	·
32	If you have a loss, check the b		t describes your investment	in this	activity. See instructions.		
	<ul> <li>If you checked 32a, enter th SE, line 2. (If you checked the Form 1041, line 3.</li> <li>If you checked 32b, you mu</li> </ul>	box or	n line 1, see the line 31 instruc	tions.)	Estates and trusts, enter on		All investment is at risk. Some investment is not at risk.

• If you checked 32b, you must attach Form 6198. Your loss may be limited.

For Paperwork Reduction Act Notice, see the separate instructions.

REV 03/22/23 PRO



Schedu Part	le C (Form 1040) 2022 Cost of Goods Sold (see instructions)			Page <b>2</b>
Fait				
33	Method(s) used to value closing inventory: <b>a</b> Cost <b>b</b> Lower of cost or market <b>c</b> Other (atta	ch ex	planation)	
34	Was there any change in determining quantities, costs, or valuations between opening and closing inventor If "Yes," attach explanation		. 🗌 Yes	🗌 No
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35		
36	Purchases less cost of items withdrawn for personal use	36		
37	Cost of labor. Do not include any amounts paid to yourself	37		
38	Materials and supplies	38		
39	Other costs	39		
40	Add lines 35 through 39	40		
41	Inventory at end of year	41		
42	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4	42		
Part	Information on Your Vehicle. Complete this part only if you are claiming car or are not required to file Form 4562 for this business. See the instructions for line 1 Form 4562.			
43	When did you place your vehicle in service for business purposes? (month/day/year) 09/05/2021			
44	Of the total number of miles you drove your vehicle during 2022, enter the number of miles you used your v	ehicle	e for:	
а	Business 20,000 b Commuting (see instructions) c C	ther		8,000
45	Was your vehicle available for personal use during off-duty hours?		🗙 Yes	🗌 No
46	Do you (or your spouse) have another vehicle available for personal use?		🗌 Yes	X No
47a	Do you have evidence to support your deduction?		🗌 Yes	🗙 No
₀ Part	If "Yes," is the evidence written?		🗌 Yes	No
Fart	Other Expenses. List below business expenses not included on lines 0-20 of line	00	•	
BA	CK OFFICE EXPENSES			30,830.
48	Total other expenses. Enter here and on line 27a	48		30,830.

#### SCHEDULE D (Form 1040)

## **Capital Gains and Losses**

OMB No. 1545-0074

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

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

2022 Attachment Sequence No. 12

Your social security number

442-75-8032

Internal Revenue Service Name(s) shown on return

Department of the Treasury

R POLAMARASETTI & V KOILADA

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? **Yes No** 

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

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

lines 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 e dollars.	<b>(d)</b> Proceeds (sales price)	<b>(e)</b> Cost (or other basis)	(g) Adjustment to gain or loss Form(s) 8949, F line 2, column	from Part I,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
<b>1</b> a	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	69,861.	59,883.			9,978.
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 (li	oss) from Forms 4	684, 6781, and 88	24	4	
5	Net short-term gain or (loss) from partnerships, Schedule(s) K-1				5	
6						
7	Net short-term capital gain or (loss). Combine lines 1a term capital gains or losses, go to Part II below. Otherwise	7	9,978.			

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

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.	<b>(d)</b> Proceeds (sales price)	<b>(e)</b> Cost (or other basis)	(g) Adjustmen to gain or loss Form(s) 8949, I line 2, colum	from Part II,	(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.					
11	Gain from Form 4797, Part I; long-term gain from Forms from Forms 4684, 6781, and 8824		11			
12	Net long-term gain or (loss) from partnerships, S corporat	dule(s) K-1	12			
13	Capital gain distributions. See the instructions		13			
14	Long-term capital loss carryover. Enter the amount, if any <b>Worksheet</b> in the instructions	14	( )			
15	Net long-term capital gain or (loss). Combine lines 8a on the back		15			

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

Schedule D (Form 1040) 2022

BAA REV 03/22/23 PRO

Part	III Summary	
16	Combine lines 7 and 15 and enter the result	<b>16</b> 9,978.
	• If line 16 is a <b>gain</b> , enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below.	
	• If line 16 is a <b>loss</b> , skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22.	
	<ul> <li>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.</li> </ul>	
17	Are lines 15 and 16 <b>both</b> gains? <b>Yes.</b> Go to line 18. <b>No.</b> Skip lines 18 through 21, and go to line 22.	
18	If you are required to complete the <b>28% Rate Gain Worksheet</b> (see instructions), enter the amount, if any, from line 7 of that worksheet	18
19	If you are required to complete the <b>Unrecaptured Section 1250 Gain Worksheet</b> (see instructions), enter the amount, if any, from line 18 of that worksheet	19
20	<ul> <li>Are lines 18 and 19 both zero or blank and you are not filing Form 4952?</li> <li>Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. Don't complete lines 21 and 22 below.</li> </ul>	
	□ No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.	
21	If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of:	
	The loss on line 16; or     (\$3,000), or if married filing separately, (\$1,500)	21 ( )
	Note: When figuring which amount is smaller, treat both amounts as positive numbers.	
22	Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?	
	☐ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16.	
	X No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.	

REV 03/22/23 PRO

Schedule D (Form 1040) 2022

Department of the Treasury

Internal Revenue Service

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

OMB No. 1545-0074

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.

2022 Attachment Sequence No. 12A

Name(s) shown on return	Social security number or taxpayer identification number				
R POLAMARASETTI & V KOILADA	442-75-8032				

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

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

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

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

X (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)

(B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS

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

<b>1</b> (a) Description of property	<b>(b)</b> Date acquired	<b>(c)</b> Date sold or	<b>(d)</b> Proceeds	<b>(e)</b> 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) (g) Code(s) from instructions adjustment		from column (d) and combine the result with column (g).	
MORGAN STANLEY	02/10/22	03/03/22	69,861.	59,883.			9,978.	
<b>2</b> Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked).			69,861.	59,883.			9,978.	

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.

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

	SCHEDULE E Supplemental Income and Loss						OMB No	. 1545-0074			
(Form	(Form 1040) (From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)								୭୯	<b>199</b>	
Department of the Treasury Attach to Form 1040, 1040-SR, 1040-NR, or 1041.								Attachm	nent		
Internal Revenue Service Go to www.irs.gov/ScheduleE for instructions and the latest information.									Sequen	ce No. <b>13</b>	
Name(s) shown on return Your social se										number	
	LAMARASETT				112				442-7	5-8032	
Part			From Rental Real Estate a ne business of renting personal prop			C Sec	inetru	ctions If you a	aro an indi	vidual rep	ort farm
			s from <b>Form 4835</b> on page 2, line 40		e Scheuule	0.000	5 111511 0			viuuai, iep	
Α	Did you make ar	iy payme	nts in 2022 that would require yo	u to file	e Form(s) 1	099? \$	See in	structions .		. 🗌 Ye	s 🛛 No
Bİ	f "Yes," did you	or will yo	ou file required Form(s) 1099?							. 🗌 Ye	s 🗌 No
<b>1</b> a	Physical addr	ess of ea	nch property (street, city, state, Z	ZIP cod	de)						
Α	-		CT E PUYALLUP WA 9837		,						
B	19000 100			. 1							
C											
1b	Type of Prope	rtv 2	For each rental real estate prop	pertv lis	sted		Fa	air Rental	Persor	nal Use	0.11/
	(from list below		above, report the number of fai					Days		iys	QJV
Α	1		personal use days. Check the C			Α		365		0	
В			if you meet the requirements to qualified joint venture. See inst			В					
С			quained joint venture. See inst	luction	15.	С					
Туре	of Property:										
1	Single Family R	esidence	3 Vacation/Short-Term Re	ental	5 Land	l		Self-Rental			
2	Multi-Family Re	sidence	4 Commercial		6 Roya	alties	8	Other (desci	ribe)		
								Properti	es:		
Incom	ne:					Α		B			С
3	Rents received	t		. 3		7,2	00.				
4	Royalties rece	ived		. 4		-					
Exper											
5	Advertising			. 5							
6			tructions)								
7			nce			7	48.				
8	Commissions			. 8							
9	Insurance .			. 9							
10	Legal and othe	er profess	sional fees	. 10			41.				
11	Management f	ees		. 11							
12	Mortgage inter	rest paid	to banks, etc. (see instructions)	12							
13	Other interest			. 13							
14					_		85.				
15											
16					_	3,4	98.				
17					_						
18	•	•	br depletion								
19	( - )		EXPENSES				56.				
20			es 5 through 19			5,1	28.				
21			ne 3 (rents) and/or 4 (royalties). I								
	•		structions to find out if you mus			2 0	72.				
22			state loss after limitation, if any			2,0	12.				
22			ructions)		(		١	(	١	(	١
23a		•	ported on line 3 for all rental prop		P		23a	1	,200.	(	)
20a							23b	,	12001		
c											
d											
	e Total of all amounts reported on line 20 for all properties							,128.			
24		•	amounts shown on line 21. <b>Do n</b>						. 24		2,072.
25		•	ses from line 21 and rental real est				Enter to	otal losses he		(	)
26		• •	e and royalty income or (loss)								/
			and line 40 on page 2 do no								
			), line 5. Otherwise, include this						· 26		2,072.

For Paperwork Reduction Act Notice, see the separate instructions.

2,072.

SCHEDULE 8812 (Form 1040)

### Credits for Qualifying Children and Other Dependents

OMB No. 1545-0074

Attach to	Form	1040.	1040-SR	or	1040-NR
Allaon to	1 01111	1040,	1040-011,	<b>U</b> 1	1040-1416

Department of the Treasury Internal Revenue Service

2022 Attachment Sequence No. 47

Name(s	) shown on return	Your	social s	ecurity number
R PO	LAMARASETTI & V KOILADA	442-	-75-	8032
Par	t I Child Tax Credit and Credit for Other Dependents			
1	Enter the amount from line 11 of your Form 1040, 1040-SR, or 1040-NR		1	314,426.
2a	Enter income from Puerto Rico that you excluded			
b	Enter the amounts from lines 45 and 50 of your Form 2555	0.		
c	Enter the amount from line 15 of your Form 4563			
d	Add lines 2a through 2c		2d	0.
3	Add lines 1 and 2d		3	314,426.
4	Number of qualifying children under age 17 with the required social security number 4	0		
5	Multiply line 4 by \$2,000		5	
6	Number of other dependents, including any qualifying children who are not under age			
	17 or who do not have the required social security number	2		
	Caution: Do not include yourself, your spouse, or anyone who is not a U.S. citizen, U.S. national, or U.S. resid	ent		
	alien. Also, do not include anyone you included on line 4.			
7	Multiply line 6 by \$500		7	1,000.
8	Add lines 5 and 7		8	1,000.
9	Enter the amount shown below for your filing status.			
	• Married filing jointly—\$400,000			
	• All other filing statuses— $$200,000 \int \dots $		9	400,000.
10	Subtract line 9 from line 3.			
	• If zero or less, enter -0			
	• If more than zero and not a multiple of \$1,000, enter the next multiple of \$1,000. For			
	example, if the result is \$425, enter \$1,000; if the result is $1,025$ , enter \$2,000, etc.		10	0.
11	Multiply line 10 by 5% (0.05)	+	11	0.
12	Is the amount on line 8 more than the amount on line 11?		12	1,000.
	No. STOP. You cannot take the child tax credit, credit for other dependents, or additional child tax credit	edit.		
	Skip Parts II-A and II-B. Enter -0- on lines 14 and 27.			
	Yes. Subtract line 11 from line 8. Enter the result.			
13	Enter the amount from the Credit Limit Worksheet A		13	56,917.
14	Enter the smaller of line 12 or 13. This is your child tax credit and credit for other dependents		14	1,000.
	Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 19.			
	If the amount on line 12 is more than the amount on line 14, you may be able to take the <b>addition</b>			
	an Earna 1040, 1040, CD, an 1040, ND, line 29, Commission range 1040, 1040, CD, an 1040, ND	D 41.		in a 07

on Form 1040, 1040-SR, or 1040-NR, line 28. Complete your Form 1040, 1040-SR, or 1040-NR through line 27 (also complete Schedule 3, line 11) before completing Part II-A.

For Paperwork Reduction Act Notice, see your tax return instructions. BAA REV 03/22/23 PRO Schedule 8812 (Form 1040) 2022

Schedu	le 8812 (Form 1040) 2022			Page 2
Part	II-A Additional Child Tax Credit for All Filers			
Cautio	on: If you file Form 2555, you cannot claim the additional child tax credit.			
15	Check this box if you do not want to claim the additional child tax credit. Skip Parts II-A	and II-B. Enter -0- on line	e 27	🔲
16a	Subtract line 14 from line 12. If zero, stop here; you cannot take the additional child ta	x credit. Skip Parts II-A		
	and II-B. Enter -0- on line 27		16a	0.
b	Number of qualifying children under 17 with the required social security number:	x \$1,500.		
	Enter the result. If zero, stop here; you cannot claim the additional child tax credit. S	kip Parts II-A and II-B.		
	Enter -0- on line 27		16b	
	TIP: The number of children you use for this line is the same as the number of children you			
17	Enter the smaller of line 16a or line 16b		17	
18a	Earned income (see instructions)	18a		
b	Nontaxable combat pay (see instructions)			
19	Is the amount on line 18a more than \$2,500?			
	<b>No.</b> Leave line 19 blank and enter -0- on line 20.			
	$\Box$ Yes. Subtract \$2,500 from the amount on line 18a. Enter the result $\ldots$	19		
20	Multiply the amount on line 19 by 15% (0.15) and enter the result $\ldots \ldots \ldots \ldots$		20	
	Next. On line 16b, is the amount \$4,500 or more?			
	<b>No.</b> If you are a bona fide resident of Puerto Rico, go to line 21. Otherwise, skip	Part II-B and enter the		
	smaller of line 17 or line 20 on line 27.			
	Yes. If line 20 is equal to or more than line 17, skip Part II-B and enter the amount	from line 17 on line 27.		
<b>D</b> 1	Otherwise, go to line 21.	<u> </u>		
Part		Bona Fide Resident	IS OT I	
21	Withheld social security, Medicare, and Additional Medicare taxes from Form(s) W-2,			
	boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If			
	your employer withheld or you paid Additional Medicare Tax or tier 1 RRTA taxes, see instructions.	21		
		21	-	
22	Enter the total of the amounts from Schedule 1 (Form 1040), line 15; Schedule 2 (Form 1040), line 5; Schedule 2 (Form 1040), line 6; and Schedule 2 (Form 1040), line 13.	22		
23	Add lines 21 and 22	22 23	-	
23 24	1040 and	25	-	
24	<b>1040-SR filers:</b> Enter the total of the amounts from Form 1040 or 1040-SR, line 27,			
	and Schedule 3 (Form 1040), line 11.			
	<b>1040-NR filers:</b> Enter the amount from Schedule 3 (Form 1040), line 11.	24		
25	Subtract line 24 from line 23. If zero or less, enter -0		25	
26	Enter the <b>larger</b> of line 20 or line 25		26	
	Next, enter the smaller of line 17 or line 26 on line 27.			
Part	II-C Additional Child Tax Credit			
27	This is your additional child tax credit. Enter this amount on Form 1040, 1040-SR, or	: 1040-NR, line 28	27	
	BAA REV 03/22/2	3 PRO Sch	edule 8	3812 (Form 1040) 2022

Internal Revenue Service

## Health Savings Accounts (HSAs)

OMB No. 1545-0074

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

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

2022 Attachment Sequence No. 52

Name(s)	) shown on Form 1040, 1040-SR, or 1040-NR Social set	ecurity number	r of HSA beneficiary. ISAs, see instructions.
RAMA		42-75-80	
Befor	re you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contra	acts, if req	uired.
Part	<b>HSA Contributions and Deduction.</b> See the instructions before completing this para and both you and your spouse each have separate HSAs, complete a separate Par		
1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2 See instructions		Self-only 🗵 Family
2	HSA contributions you made for 2022 (or those made on your behalf), including those made b unextended due date of your tax return that were for 2022. <b>Do not</b> include employer contribut contributions through a cafeteria plan, or rollovers. See instructions	y the tions,	0.
3	If you were under age 55 at the end of 2022 and, on the first day of <b>every</b> month during 2022 were, or were considered, an eligible individual with the <b>same</b> coverage, enter \$3,650 (\$7,30 family coverage). <b>All others</b> , see the instructions for the amount to enter		7,300.
4	Enter the amount you and your employer contributed to your Archer MSAs for 2022 from Form 8 lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2022, include any amount contributed to your spouse's Archer MSAs	, also	0.
5	Subtract line 4 from line 3. If zero or less, enter -0	5	7,300.
6	Enter the amount from line 5. But if you and your spouse each have separate HSAs and had fa	amily	
	coverage under an HDHP at any time during 2022, see the instructions for the amount to enter	6	1,900.
7	If you were age 55 or older at the end of 2022, married, and you or your spouse had family cove under an HDHP at any time during 2022, enter your additional contribution amount. See instruction		
8	Add lines 6 and 7	8	1,900.
9		900.	
10	Qualified HSA funding distributions         10		
11	Add lines 9 and 10	11	1,900.
12	Subtract line 11 from line 8. If zero or less, enter -0		
13	<b>HSA deduction.</b> Enter the <b>smaller</b> of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, lin <b>Caution:</b> If line 2 is more than line 13, you may have to pay an additional tax. See instructions.	ne 13 13	0.
Part		e separate	HSAs, complete
14a	Total distributions you received in 2022 from all HSAs (see instructions)	<b>14</b> a	1
b	Distributions included on line 14a that you rolled over to another HSA. Also include any excontributions (and the earnings on those excess contributions) included on line 14a that withdrawn by the due date of your return. See instructions		
С	Subtract line 14b from line 14a	140	>
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 amount in the total on Schedule 1 (Form 1040), Part I, line 8f		
17a	If any of the distributions included on line 16 meet any of the <b>Exceptions to the Additional 20%</b> <b>Tax</b> (see instructions), check here		
b	Additional 20% tax (see instructions). Enter 20% (0.20) of the distributions included on line 16 are subject to the additional 20% tax. Also, include this amount in the total on Schedule 2 (1040), Part II, line 17c	Form	
Part			
- art	completing this part. If you are filing jointly and both you and your spouse each have complete a separate Part III for each spouse.		
18	Last-month rule		
19	Qualified HSA funding distribution		
20	Total income. Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I, line 84		
01	Additional tax Multiply line 20 by 10% (0.10) Include this amount in the total on Schedule 2 (	Form	

Form 8889 (2022)

Internal Revenue Service

## Health Savings Accounts (HSAs)

OMB No. 1545-0074

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

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

2022 Attachment Sequence No. 52 mber of HSA beneficiary.

Name(s	) shown on Form 1040, 1040-SR, or 1040-NR	cial security number	er of HSA beneficiary. HSAs, see instructions.
VIJ	AYALAKSHMI KOILADA	327-08-1	
Befo	<b>re you begin:</b> Complete Form 8853, Archer MSAs and Long-Term Care Insurance Co	ontracts, if re	quired.
Part	<b>HSA Contributions and Deduction.</b> See the instructions before completing the and both you and your spouse each have separate HSAs, complete a separate		
1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) dur		
0	See instructions		Self-only 🛛 Family
2	unextended due date of your tax return that were for 2022. <b>Do not</b> include employer cont		
	contributions through a cafeteria plan, or rollovers. See instructions		0.
3	If you were under age 55 at the end of 2022 and, on the first day of every month during 2	2022, you	
	were, or were considered, an eligible individual with the same coverage, enter \$3,650 (\$		
_	family coverage). All others, see the instructions for the amount to enter		7,300.
4	Enter the amount you and your employer contributed to your Archer MSAs for 2022 from Fo lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2		
	include any amount contributed to your spouse's Archer MSAs		0.
5	Subtract line 4 from line 3. If zero or less, enter -0		
6	Enter the amount from line 5. But if you and your spouse each have separate HSAs and h	ad family	
	coverage under an HDHP at any time during 2022, see the instructions for the amount to enter		5,400.
7	If you were age 55 or older at the end of 2022, married, and you or your spouse had family		
8	under an HDHP at any time during 2022, enter your additional contribution amount. See instru Add lines 6 and 7	uctions. 7	
9	Employer contributions made to your HSAs for 2022	93.	5,400.
10	Qualified HSA funding distributions   1   1   10		
11	Add lines 9 and 10	1	93.
12	Subtract line 11 from line 8. If zero or less, enter -0	12	<b>2</b> 5,307.
13	HSA deduction. Enter the smaller of line 2 or line 12 here and on Schedule 1 (Form 1040), Part		<b>3</b> 0.
Dort	<b>Caution:</b> If line 2 is more than line 13, you may have to pay an additional tax. See instructions		
Part	<b>HSA Distributions.</b> If you are filing jointly and both you and your spouse each a separate Part II for each spouse.	have separate	e HSAS, complete
14a	Total distributions you received in 2022 from all HSAs (see instructions)	14	a
b	Distributions included on line 14a that you rolled over to another HSA. Also include an		
	contributions (and the earnings on those excess contributions) included on line 14a t		
	withdrawn by the due date of your return. See instructions		
C	Subtract line 14b from line 14a		
15 16	Qualified medical expenses paid using HSA distributions (see instructions)		0
10	amount in the total on Schedule 1 (Form 1040), Part I, line 8f		6
17a	If any of the distributions included on line 16 meet any of the <b>Exceptions to the Additional</b>		
	Tax (see instructions), check here		
b	Additional 20% tax (see instructions). Enter 20% (0.20) of the distributions included on lin		
	are subject to the additional 20% tax. Also, include this amount in the total on Schedule	· ·	
Dort	1040), Part II, line 17c		
Part	III Income and Additional Tax for Failure To Maintain HDHP Coverage. See th completing this part. If you are filing jointly and both you and your spouse each complete a separate Part III for each spouse.		
18	Last-month rule	18	3
19	Qualified HSA funding distribution		
20	Total income. Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I, lin		0

Form **8889** (2022)

8959 Form Department of the Treasury

Internal Revenue Service

Name(s) shown on return

## **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 Your social security number

R PC	)LAMARASETTI & V KOILADA		442-7	5-80	32
Part	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		71,071.		
2	Unreported tips from Form 4137, line 6	2			
3	Wages from Form 8919, line 6	3			
4	Add lines 1 through 3	<b>4</b> 3	71,071.		
5	Enter the following amount for your filing status:				
	Married filing jointly				
	Married filing separately				
	Single, Head of household, or Qualifying surviving spouse \$200,000		50,000.		
6	Subtract line 5 from line 4. If zero or less, enter -0			6	121,071.
7	Additional Medicare Tax on Medicare wages. Multiply line 6 by 0.9% (0.009).				
	Part II			7	1,090.
Part					
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	9			
10	Enter the amount from line 4	10			
11	Subtract line 10 from line 9. If zero or less, enter -0	11			
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.				
Dout	go to Part III	· · · ·	· · ·	13	
Part		Compens	alion		
14	Railroad retirement (RRTA) compensation and tips from Form(s) W-2, box 14 (see instructions)	14			
15	Enter the following amount for your filing status:				
	Married filing jointly				
	Married filing separately				
		15			
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	e 16 by 0.9%	% (0.009).		
	Enter here and go to Part IV			17	
Part	IV Total Additional Medicare Tax				
18	Add lines 7, 13, and 17. Also include this amount on Schedule 2 (Form 1040), lin				
	or 1040-SS filers, see instructions), and go to Part V			18	1,090.
Part	V Withholding Reconciliation				
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	19	5,974.		
20	Enter the amount from line 1	<b>20</b> 3	71,071.		
21	Multiply line 20 by 1.45% (0.0145). This is your regular Medicare tax withholding on Medicare wages	21	5,381.		
22	Subtract line 21 from line 19. If zero or less, enter -0 This is your Addir withholding on Medicare wages			22	593.
23	Additional Medicare Tax withholding on railroad retirement (RRTA) compensation 14 (see instructions)			23	
24	Total Additional Medicare Tax withholding. Add lines 22 and 23. Also inclu				
	federal income tax withholding on Form 1040, 1040-SR, or 1040-NR, line 250				
	1040-SS filers, see instructions)			24	593.
For Pa	perwork Reduction Act Notice, see your tax return instructions. BAA		03/22/23 PRO	I	Form <b>8959</b> (2022)

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

OMB No. 1545-2227

2

2 ((

Attach to your tax return.

	nent of the Treasury Revenue Service	Attach to your tax return. Go to <i>www.irs.gov/Form8960</i> for instructions and the latest	t info	rmation.		A	Attachment Bequence No. 72
	) shown on your tax				Your so	_	curity number or EIN
	, ,	'I & V KOILADA				-75-8	
	I Investme						
i di t		Section 6013(h) election (see instructions)					
		Regulations section 1.1411-10(g) election (see ins	truct	tions)			
1	Taxable intere	st (see instructions)				1	
2		ends (see instructions)				2	
3	•	instructions)				3	
4a		state, royalties, partnerships, S corporations, trusts, etc. (see				_	
			4a	-52,	926.		
b		r net income or loss derived in the ordinary course of a non-					
			4b	54,	998.		
с	Combine lines	4a and 4b				4c	2,072.
5a	Net gain or los	s from disposition of property (see instructions)	5a	9,	978.		
b	Net gain or I	oss from disposition of property that is not subject to net					
	investment inc	come tax (see instructions)	5b				
С		om disposition of partnership interest or S corporation stock (see					
	,		5c				
d		5a through 5c				5d	9,978.
6		o investment income for certain CFCs and PFICs (see instructions)				6	
7		ations to investment income (see instructions)				7	
8		nt income. Combine lines 1, 2, 3, 4c, 5d, 6, and 7				8	12,050.
Part		ent Expenses Allocable to Investment Income and Modific		ons			
9a			9a				
b		5	9b				
C			9c			0.1	
d		)b, and 9c				9d	
10 11		difications (see instructions)				10 11	
	Tax Com	ns and modifications. Add lines 9d and 10	• •				
12		t income. Subtract Part II, line 11, from Part I, line 8. Individuals, co	h	lata linas 1'	2_17		
12		usts, complete lines 18a–21. If zero or less, enter -0	•			12	12,050.
	Individuals:		• •		• •		12,000.
13		sted gross income (see instructions)	13	314,	426.		
14	-		14	250,			
15			15		426.		
16		ler of line 12 or line 15				16	12,050.
17	Net investmen	t income tax for individuals. Multiply line 16 by 3.8% (0.038). Ente	er he	ere and inc	lude		
		eturn (see instructions)				17	458.
	Estates and	Trusts:					
18a	Net investmen	t income (line 12 above)	18a				
b		r distributions of net investment income and deductions under (see instructions)	18b				
с		net investment income. Subtract line 18b from line 18a (see	18c				
19a			19a				
b			19b				
С	Subtract line 1	9b from line 19a. If zero or less, enter -0	19c				
20	Enter the smal	ler of line 18c or line 19c				20	
21		t income tax for estates and trusts. Multiply line 20 by 3.8% (0.03					
		ur tax return (see instructions)				21	
For Pa	perwork Reducti	ion Act Notice, see your tax return instructions.	RE\	V 03/22/23 PRO			Form 8960 (2022)

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

BAA

Form 8960 (2022)

## Additional Information From 2022 Federal Tax Return

# Schedule C (SOFTWARE SERVICES): Profit or Loss from Business Line 25

#### **Itemization Statement**

Description	Amount
PHONE (100*12)	1,200.
INTERNET (100*12)	1,200.
ELECTRICITY (150*12)	1,800.
WATER	800.
GAS	800.
Total	5,800.