(Rev. January 2021)

Department of the Treasury Internal Revenue Service

# IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.

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

OMB No. 1545-0074

Submission Identification Number (SID)		
Taxpayer's name	Social security	y number
ADVAITH GUNDAVAJHALA VENKATA	074-99-	4751
Spouse's name	Spouse's soci	al security number
Part I Tax Return Information — Tax Year Ending December 31, 2022	 (Enter year you ar	re authorizing.)
Enter whole dollars only on lines 1 through 5.	`	
Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.		
1 Adjusted gross income		<b>1</b> 41,998.
2 Total tax		<b>2</b> 3,278.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099		<b>3</b> 6,475.
4 Amount you want refunded to you		<b>4</b> 3,197.
5 Amount you owe		5
Part II Taxpayer Declaration and Signature Authorization (Be sure you get Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or am		
return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorized Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution accoupayment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial in authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terpayment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellatic business days prior to the payment (settlement) date. I also authorize the financial institutions involved taxes to receive confidential information necessary to answer inquiries and resolve issues related to personal identification number (PIN) below is my signature for the income tax return (original or amend Electronic Funds Withdrawal Consent.	for rejection of the tra- e the U.S. Treasury and the tra- curt indicated in the ta- institution to debit the rminate the authoriza on requests must be in the processing of the payment. I further	ansmission, (b) the reason of its designated Financial of the preparation software for entry to this account. This tion. To revoke (cancel) a received no later than 2 the electronic payment of the reacknowledge that the
Taxpayer's PIN: check one box only		
▼ I authorize GLOBAL TAXES LLC to enter or gen	erate my PIN	4 7 5 1 as my
ERO firm name signature on the income tax return (original or amended) I am now authorizing.		er five digits, but 't enter all zeros
I will enter my PIN as my signature on the income tax return (original or amended) I if you are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN below.		
Your signature ▶ Dat	re ▶	
Spouse's PIN: check one box only	- mate and DINI	
I authorize to enter or gen		er five digits, but
signature on the income tax return (original or amended) I am now authorizing.		't enter all zeros
I will enter my PIN as my signature on the income tax return (original or amended) I if you are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN below.		
Spouse's signature ▶ Dat	e ▶	
Practitioner PIN Method Returns Only—continue by	pelow	
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.	2 2 2 4 9 6  Don't ente	6 3 1 9 8 9 er all zeros
I certify that the above numeric entry is my PIN, which is my signature for the electronic individual inc authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am requirements of the Practitioner PIN method and <b>Pub. 1345</b> , Handbook for Authorized IRS e-file Provide	n submitting this retu	rn in accordance with the
ERO's signature ▶ Dat	re <b>&gt;</b>	
ERO Must Retain This Form — See Instruction		

Don't Submit This Form to the IRS Unless Requested To Do So

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



OMB No. 1545-007

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

Filing Status Check only	s X	Single Married filing jointly	Marrie	ed filing separately (M	(IFS)	☐ Head of	househ	old (HOH	)		ifying sur ıse (QSS)	
one box.	-	u checked the MFS box, enter the noon is a child but not your dependent		our spouse. If you cl	necke	ed the HOH or	r QSS b	ox, ente	the o		,	
Your first name	and mi	ddle initial	Last name							our so	cial securi	ity number
ADVAITH			GUND	AVAJHALA VEN	KAT	A			0	74-9	99-475	1
If joint return, s	pouse's	first name and middle initial	Last nai						-			curity number
Home address	(numbe	er and street). If you have a P.O. box, see	instruction	ons.			A	ot. no.	Pi	resider	ntial Electi	ion Campaign
11319 CF	Jape	CLANE ROAD									ere if you	
		ce. If you have a foreign address, also co	mplete s	paces below.	Stat	e	ZIP co	de				ntly, want \$3
CHARLOT					NC		282	78			this fund. ow will not	Checking a
Foreign country	y name		F	Foreign province/state/o	county	/		postal co			or refund	
											You	Spouse
Digital	At ar	ny time during 2022, did you: (a) rec	eive (as	a reward, award, or	paym	nent for prope	rty or s	ervices);	or (b)	sell,		
Assets	exch	ange, gift, or otherwise dispose of a	digital	asset (or a financial i	ntere	st in a digital	asset)?	(See ins	tructi	ons.)	Yes	⊠ No
Standard	Som	eone can claim:	pendent	Your spouse	e as a	a dependent						
Deduction		Spouse itemizes on a separate retur	n or you	were a dual-status a	alien							
Age/Blindness	s You:	☐ Were born before January 2, 1	958	Are blind Spo	use:	☐ Was bor	rn befoi	e Januar	y 2, 1	958	☐ Is b	lind
Dependent	s (see	instructions):		(2) Social security		(3) Relationsh	nip (4)	Check the	e box i	f qualif	ies for (see	e instructions):
If more		rst name Last name		number		to you	·	Child ta	k cred	it	Credit for o	ther dependents
than four									]			
dependents, see instruction	s								]			
and check									]			
here	]											
Income	1a	Total amount from Form(s) W-2, b	,	,						1a		43,288.
	b	Household employee wages not re	eported	on Form(s) W-2						1b		
Attach Form(s) W-2 here, Also	С	Tip income not reported on line 1a								1c		
attach Forms	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)								1d		
W-2G and 1099-R if tax	е	, , , ,								1e		
was withheld.	f	Employer-provided adoption benefits from Form 8839, line 29								1f		
If you did not	g	Wages from Form 8919, line 6 .								1g		
get a Form W-2, see	h	Other earned income (see instructi					· ·			1h		0.
instructions.	i	Nontaxable combat pay election (s	see instr	ructions)		<u>li</u>	i					
	Z	Add lines 1a through 1h	· ; ·							1z		43,288.
Attach Sch. B	2a	'	2a			axable interes				2b		
if required.	<u>3a</u>		3a			rdinary divide				3b		19.
	4a		4a			axable amoun				4b		
Standard Deduction for—	5a	_	5a			axable amoun				5b		
Single or	6a	,	6a			axable amoun			·	6b		
Married filing separately,	c	If you elect to use the lump-sum e			•	•				_		1 200
\$12,950	7	Capital gain or (loss). Attach Sche							Ш	7		<del>-1,309.</del>
Married filing jointly or	8	Other income from Schedule 1, lin		This is					•	8		41 000
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,		=					٠	9		41,998.
\$25,900	10	Adjustments to income from Sche							•	10	+	41 000
Head of household,	11 12	Subtract line 10 from line 9. This is <b>Standard deduction or itemized</b>	-	-					•	11		41,998.
\$19,400 If you checked	13	Qualified business income deducti				 5-Δ			•	13		12,950.
any box under	14								•	14	+	12,950.
Standard Deduction,	15	Subtract line 14 from line 11. If zer							•	15		29 <b>,</b> 048.
see instructions.		200.1001.11011.111011.111201	J 01 1000	c, c.n.c. o . 1111010 y	Ju: 46				•			<u> </u>

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	2	2	7	0	•	
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	6,	4	7	5		
	6	Δ	7	5		
	6, 3,	1	9	7		
	3,	1	9	7	<u>.</u>	
	- /					
▼ No						

Form 1040 (2022) **Tax** (see instructions). Check if any from Form(s): **1** 8814 **2** 4972 3 16 16 Tax and **Credits** 17 Amount from Schedule 2, line 3 . . . . . . 17 Add lines 16 and 17 . . . . . . . . . . . 18 18 19 Child tax credit or credit for other dependents from Schedule 8812 19 20 Amount from Schedule 3, line 8 . . . . . . . . 20 21 Add lines 19 and 20 . . . . . . . . . . . . . 21 22 Subtract line 21 from line 18. If zero or less, enter -0-22 23 Other taxes, including self-employment tax, from Schedule 2, line 21 23 Add lines 22 and 23. This is your total tax 24 24 **Payments** 25 Federal income tax withheld from: 6,475. Form(s) W-2 . 25a а Form(s) 1099 . . . . 25b b Other forms (see instructions) 25c С 25d d Add lines 25a through 25c 26 2022 estimated tax payments and amount applied from 2021 return 26 If you have a 27 Earned income credit (EIC) . . . . . . . . . . . . . 27 qualifying child, attach Sch. EIC. 28 Additional child tax credit from Schedule 8812 28 29 American opportunity credit from Form 8863, line 8. 29 30 30 31 Amount from Schedule 3, line 15 . . . . . . . . . . . . . . . 31 32 Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits 32 33 Add lines 25d, 26, and 32. These are your total payments 33 34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid 34 Refund Amount of line 34 you want refunded to you. If Form 8888 is attached, check here 35a 35a Routing number 1 2 2 1 0 1 7 0 6 Direct deposit? b **c** Type: X Checking Savings See instructions. Account number | 4 | 5 | 7 | 0 | 2 | 8 | 0 | 5 | 7 | 7 | 5 | 6 d 36 Amount of line 34 you want applied to your 2023 estimated tax . . . 36 Amount 37 Subtract line 33 from line 24. This is the amount you owe. You Owe For details on how to pay, go to www.irs.gov/Payments or see instructions . 37 Estimated tax penalty (see instructions) . . . . Third Party Do you want to allow another person to discuss this return with the IRS? See instructions Yes. Complete below. Designee Designee's Phone Personal identification number (PIN) Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and Sign belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Here If the IRS sent you an Identity Your signature Date Your occupation Protection PIN, enter it here (see inst.) DATA SCIENTIST Joint return? See instructions. If the IRS sent your spouse an Spouse's signature. If a joint return, both must sign. Date Spouse's occupation Keep a copy for Identity Protection PIN, enter it here your records. (see inst.) Phone no. (901) 411-4906 Email address ADVAITH2@GMAIL.COM Preparer's name Preparer's signature PTIN Check if: Date **Paid** Self-employed SYAM PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 04/18/2023 P02082703

Firm's name

Firm's address

GLOBAL TAXES LLC

245 ROONEY CT E BRUNSWICK NJ 08816

**Preparer** 

Use Only

Phone no. (678) 965-9522

Firm's EIN

## **SCHEDULE D** (Form 1040)

# **Capital Gains and Losses**

OMB No. 1545-0074

Attachment Sequence No. 12

Department of the Treasury Internal Revenue Service

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.

Name(s) shown on return Your social security number 074-99-4751

#### ADVAITH GUNDAVAJHALA VENKATA Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? If "Yes." attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss. Part I Short-Term Capital Gains and Losses - Generally Assets Held One Year or Less (see instructions) See instructions for how to figure the amounts to enter on the (h) Gain or (loss) (g) Adjustments Subtract column (e) lines below. Proceeds Cost to gain or loss from from column (d) and This form may be easier to complete if you round off cents to (sales price) (or other basis) Form(s) 8949, Part I, combine the result whole dollars. line 2. column (a) with column (a) 1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b . 1b Totals for all transactions reported on Form(s) 8949 with Box A checked 10,518. 12,682. 3. -2,161. Totals for all transactions reported on Form(s) 8949 with Box B checked . . . . . . . . . . . . . . 3 Totals for all transactions reported on Form(s) 8949 with Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 . . . 4 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from 5 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover 6 7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). If you have any longterm capital gains or losses, go to Part II below. Otherwise, go to Part III on the back . . . . . . . . . 7 -2,161. Part II Long-Term Capital Gains and Losses – Generally Assets Held More Than One Year (see instructions) See instructions for how to figure the amounts to enter on the (g) (h) Gain or (loss) Adjustments Subtract column (e) (d) (e) lines below Proceeds to gain or loss from from column (d) and Cost This form may be easier to complete if you round off cents to (sales price) (or other basis) Form(s) 8949, Part II, combine the result whole dollars. line 2, column (a) with column (a) 8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b . . 8b Totals for all transactions reported on Form(s) 8949 with Box D checked . . . . . . . . . . . . . . 6,597. 7,436. 13. 852. Totals for all transactions reported on Form(s) 8949 with Box E checked 10 Totals for all transactions reported on Form(s) 8949 with 11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) 11 12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 12 13 14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover 14 15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then, go to Part III

BAA

852.

15

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

# Part III Summary

16	Combine lines 7 and 15 and enter the result	16	-1,309.
	• 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.		
	• If line 16 is <b>zero</b> , skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22.		
17	Are lines 15 and 16 <b>both</b> gains?    Yes. Go to line 18.  No. Skip lines 18 through 21, and go to line 22.		
18	If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet	18	
19	If you are required to complete the <b>Unrecaptured Section 1250 Gain Worksheet</b> (see instructions), enter the amount, if any, from line 18 of that worksheet	19	
20	Are lines 18 and 19 both zero or blank and you are not filing Form 4952?  Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. Don't complete lines 21 and 22 below.		
	No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.		
21	If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the <b>smaller</b> of:		
	• The loss on line 16; or • (\$3,000), or if married filing separately, (\$1,500)	21	( 1,309.)
	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.		
	☐ <b>No.</b> Complete the rest of Form 1040, 1040-SR, or 1040-NR.		

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

Go to www.irs.gov/Form8949 for instructions and the latest information.

File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

OMB No. 1545-0074

2022

Attachment
Sequence No. 12A

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

Social security number or taxpayer identification number

074-99-4751

ADVAITH GUNDAVAJHALA VENKATA

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

Part I

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

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

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

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

(B) Short-term transactions (C) Short-term transactions		` '	•	sis <b>wasn't</b> report	ed to the IF	RS	,,
(a) Description of property	(b) Date acquired	(c) (d) Cost or other basis Date sold or Proceeds See the <b>Note</b> below	Adjustment, if any, to gain or loss If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		(e) If you enter an a content basis the Note below		(h) Gain or (loss) Subtract column (e)
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see Column (e) in the separate instructions.	(f) Code(s) from instructions	<b>(g)</b> Amount of adjustment	from column (d) and combine the result with column (g).
ACORNS SECURITIES LLC	01/01/22	12/31/22	1,502.	1,632.	W	3.	-127.
ROBINHOOD SECURITIES LLC	01/01/22	12/31/22	9,016.	11,050.			-2,034.
2 Totals. Add the amounts in columns negative amounts). Enter each total Schedule D, line 1b (if Box A above above is checked), or line 3 (if Box 6).	al here and inc is checked), <b>lir</b>	lude on your ne 2 (if Box B	10,518.	12,682.		3.	-2,161.

**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.

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

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side ADVAITH GUNDAVAJHALA VENKATA

Social security number or taxpayer identification number 074-99-4751

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

Part II

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

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

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

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

☐ (E) Long-term transactions☐ (F) Long-term transactions☐	•		-	is <b>wasn't</b> reporte	ed to the IR	S	,
1  (a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis See the <b>Note</b> below	Adjustment, if any, to gain or loss If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		(h) Gain or (loss) Subtract column (e)
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see Column (e) in the separate instructions.	(f) Code(s) from instructions	<b>(g)</b> Amount of adjustment	from column (d) and combine the result with column (g).
ACORNS SECURITIES LLC	01/01/22	12/31/22	5,085.	4,164.	W	13.	934.
ROBINHOOD SECURITIES LLC	01/01/22	12/31/22	2,351.	2,433.			-82.
Totals. Add the amounts in columns negative amounts). Enter each total Schedule D. line 8b (if Box D above)	al here and inc	lude on your					

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

7,436.

6,597.

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

**BAA** REV 03/22/23 PRO Form **8949** (2022)

**Health Savings Accounts (HSAs)** 

Department of the Treasury Internal Revenue Service

Attach to Form 1040, 1040-SR, or 1040-NR. Go to www.irs.gov/Form8889 for instructions and the latest information.

OMB No. 1545-0074

2022

Attachment
Sequence No. 52

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

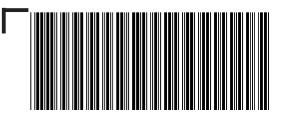
ADVAITH GUNDAVAJHALA VENKATA

Social security number of HSA beneficiary. If both spouses have HSAs, see instructions.

074-99-4751

Befo	re you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if	f requ	ired.
Part	HSA Contributions and Deduction. See the instructions before completing this part. If y and both you and your spouse each have separate HSAs, complete a separate Part I for		
1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2022. See instructions	X Se	lf-only $\square$ Family
2	HSA contributions you made for 2022 (or those made on your behalf), including those made by the unextended due date of your tax return that were for 2022. <b>Do not</b> include employer contributions, contributions through a cafeteria plan, or rollovers. See instructions	2	0.
3	If you were under age 55 at the end of 2022 and, on the first day of <b>every</b> month during 2022, you were, or were considered, an eligible individual with the <b>same</b> coverage, enter \$3,650 (\$7,300 for family coverage). <b>All others</b> , see the instructions for the amount to enter	3	3,650.
4	Enter the amount you and your employer contributed to your Archer MSAs for 2022 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2022, also include any amount contributed to your spouse's Archer MSAs	4	0.
5	Subtract line 4 from line 3. If zero or less, enter -0	5	3,650.
6	Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family		
	coverage under an HDHP at any time during 2022, see the instructions for the amount to enter	6	3,650.
7	If you were age 55 or older at the end of 2022, married, and you or your spouse had family coverage under an HDHP at any time during 2022, enter your additional contribution amount. See instructions.	7	0.
8	Add lines 6 and 7	8	3,650.
9	Employer contributions made to your HSAs for 2022		
10	Qualified HSA funding distributions		
11	Add lines 9 and 10	11	412.
12	Subtract line 11 from line 8. If zero or less, enter -0	12	3,238.
13	HSA deduction. Enter the smaller of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line 13	13	0.
Dort	Caution: If line 2 is more than line 13, you may have to pay an additional tax. See instructions.		10.4
Part	<b>HSA Distributions.</b> If you are filing jointly and both you and your spouse each have separate Part II for each spouse.	trate i	HSAS, complete
14a	Total distributions you received in 2022 from all HSAs (see instructions)	14a	
b	Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return. See instructions	14b	
С	Subtract line 14b from line 14a	14c	
15	Qualified medical expenses paid using HSA distributions (see instructions)	15	
16	<b>Taxable HSA distributions.</b> Subtract line 15 from line 14c. If zero or less, enter -0 Also, include this	13	
10	amount in the total on Schedule 1 (Form 1040), Part I, line 8f	16	
17a	If any of the distributions included on line 16 meet any of the <b>Exceptions to the Additional 20% Tax</b> (see instructions), check here		
b	<b>Additional 20% tax</b> (see instructions). Enter 20% (0.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also, include this amount in the total on Schedule 2 (Form 1040), Part II, line 17c	17b	
Part	Income and Additional Tax for Failure To Maintain HDHP Coverage. See the instruction completing this part. If you are filing jointly and both you and your spouse each have sep complete a separate Part III for each spouse.		
18	Last-month rule	18	
19	Qualified HSA funding distribution	19	
20	<b>Total income.</b> Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I, line 8f .	20	
21	<b>Additional tax.</b> Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2 (Form 1040), Part II, line 17d	21	

BAA





MA22001011555

Massachusetts Resident Income Tax Return

FOR FULL YEAR RESIDENTS ONLY

For the year January 1–December 31, 2022 or other taxable
Year beginning Ending

ADVAITH

GUNDAVAJHALA VENKATA 074994751

11319 CHAPECLANE ROAD

CHARLOTTE

NC 28278

Fill in if: Amended return Other jurisdiction change Enter date of change
Federal amendment Amended return due to IRS BBA Partnership Audit

State Election Campaign Fund: \$1 You \$1 Spouse TOTAL Fill in if veteran of Operations Enduring Freedom, Iraqi Freedom, Noble Eagle or Sinai Peninsula You Spouse You Spouse Taxpayer deceased Fill in if under age 18 You Spouse Fill in if name change You Spouse a. Total federal income 41998 Fill in if noncustodial parent b. Federal adjusted gross income 41998 Fill in if filing Schedule TDS

1. Felderal adjusted gross income 41998 Fill in if filing Schedule TDS

Arried filing jointly Fill in if filing Schedule FCI

Married filing jointly Fill in if reporting crypto currency

Married filing separate return

Head of household You are a custodial parent who has released claim to exemption for child(ren)

2. Exemptions

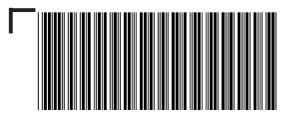
a. Personal exemptions 2a 4400 b. Number of dependents. (Do not include yourself or your spouse.) Enter number  $\times$  \$1,000 = **2b** c. Age 65 or over before 2023 Spouse =  $\times$  \$700 = **2c** You+ d. Blindness You+ Spouse =  $\times$  \$2,200 = **2d** e. Medical/dental 2e f. Adoption 2f g. Total exemptions. Add items 2a through 2f. Enter here and on line 18 2g 4400

SIGN HERE. Under penalties of perjury, I declare that to the best of my knowledge and belief this return and enclosures are true, correct and complete.

Your signature Date Spouse's signature Date

901-411-4906

PRIVACY ACT NOTICE AVAILABLE UPON REQUEST



# 

# 2022 Form 1, pg. 2

MA22001021555 Massachusetts Resident Income Tax Return 074994751

3.	Wages, salaries, tips	3	43288					
4.	Taxable pensions and annuities	4						
5.	Mass. bank interest: a. – b. exemption	= 5						
6a.	Business/profession income/loss	6a						
6b.	Farming income/loss	6b						
7.	Rental, royalty and REMIC, partnership, S corp., trust income/loss	7						
8a.	Unemployment	8a						
8b.	Mass. lottery winnings	8b						
9.	Other income from Schedule X, line 7	9						
10.	TOTAL 5.0% INCOME	10	43288					
11a.	Amount paid to Soc. Sec. Medicare, R.R., U.S. or Mass. Retirement	11a	2000					
11b.	Amount your spouse paid to Soc. Sec., Medicare, R.R., U.S. or Mass. Retirement	11b						
12.	Reserved for future use	12						
13.	Reserved for future use	13						
14.	Rental deduction. a.	÷ 2 = <b>14</b>						
15.	Other deductions from Schedule Y, line 19	15						
16.	<b>Total deductions.</b> Add lines 11 through 15	16	2000					
17.	5.0% INCOME AFTER DEDUCTIONS. Subtract line 16 from line 10. Not less than "0"	17	41288					
18.	Exemption amount	18	4400					
19.	5.0% INCOME AFTER EXEMPTIONS. Subtract line 18 from line 17. Not less than "0"	19	36888					
20.	INTEREST AND DIVIDEND INCOME	20						
21.	TOTAL TAXABLE 5.0% INCOME. Add lines 19 and 20	21	36888					
22.	TAX ON 5.0% INCOME. Note: If choosing the optional 5.85% tax rate, fill in and multiply line 21 and the							
	amount in Schedule D, line 21 by .0585	22	1844					
BE SURE TO INCLUDE THIS PAGE WITH FORM 1, PAGE 1								

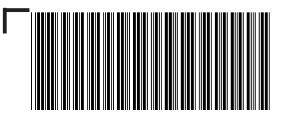




# 2022 Form 1, pg. 3

MA22001031555 Massachusetts Resident Income Tax Return 074994751

23.	12% INCOME. Not less than "0." a.		× .12 = <b>23</b>	
24.	TAX ON LONG-TERM CAPITAL GAINS. Not less than "0." Fill in if filing Sche	dule D-IS	24	
	Fill in if any excess exemptions were used in calculating lines 20, 23 or 24			
25.	Credit recapture amount (from Credit Recapture Schedule)		25	
26.	Additional tax on installment sale		26	
27.	If you qualify for No Tax Status, fill in and enter "0" on line 28			
28.	TOTAL INCOME TAX. Add lines 22 through 26		28	1844
29.	Limited Income Credit		29	
30.	Income tax due to another state or jurisdiction		30	
31.	Other credits from Credit Manager Schedule		31	
32.	INCOME TAX AFTER CREDITS. Subtract the total of lines 29 through 31 from l	ine 28. Not less than "O	)" 32	1844
33.	Voluntary Contributions			
	a. Endangered Wildlife Conservation		33a	
	b. Organ Transplant Fund		33b	
	c. Massachusetts Public Health HIV and Hepatitis Fund		33c	
	d. Massachusetts U.S. Olympic Fund		33d	
	e. Massachusetts Military Family Relief Fund		33e	
	f. Homeless Animal Prevention and Care		33f	
	Total. Add lines 33a through 33f		33	
34.	Use tax due on Internet, mail order and other out-of-state purchases		34	
35.	Health care penalty a. You + b. Spouse		35	
36.	Amended return only. Overpayment from original return		36	
37.	INCOME TAX AFTER CREDITS PLUS CONTRIBUTIONS AND USE TAX. Add	lines 32 through 36	37	1844
38.	(-)	38a	2063	
	b. Massachusetts income tax withheld from Form(s) 1099	38b		
		38c		
	Total. Add lines 38a through 38c		38	2063





# **2022 Form 1, pg. 4** MA22001041555

MA22001041555

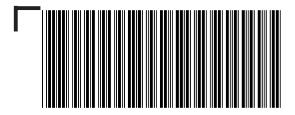
Massachusetts Resident Income Tax Return 074994751

39.	2021 overpayment applied to your 2022 estimated tax			39			
40.	2022 Massachusetts estimated tax payments			40			
41.	Payments made with extension			41			
42.	Amended return only. Payments made with original return. Not less than "0"			42			
43.	Earned Income Credit. a. Number of qualifying children b. Amount from U.	S. re	turn	$\times .30 = 43$			
	Note: You cannot claim the Earned Income Credit if your filing status is married f	filing	separately unless yo	u qualify			
	for an exception (see instructions). Fill in if you qualify for this exception						
44.	Senior Circuit Breaker Credit			44			
45.	Child under age 13, or disabled dependent/spouse credit			45			
46.	Dependent member(s) of household under age 12, or dependent(s) age 65 or ov	/er (n	not you or your spous	e)			
	as of December 31, 2022 credit.						
	Not more than two. a.			× \$180 = <b>46</b>			
47.	Other Refundable Credits			47			
48.	Total Refundable Credits. Add lines 43 through 47			48			
49.	Excess Paid Family Leave Withholding			49			
50.	TOTAL. Add lines 38 through 42 and lines 48 and 49			50	2063		
51.	Overpayment. Subtract line 37 from line 50			51	219		
52.	Amount of overpayment you want applied to your 2023 estimated tax			52			
53.	Refund. Subtract line 52 from line 51. Mail to: Massachusetts DOR, PO Box 700	00, B	oston, MA 02204	53	219		
	Direct deposit of refund. Type of account X checking savings						
	RTN# 122101706 account# 457028057756						
54.	Tax due. Pay online at www.mass.gov/dor/payonline. Mail to: Mass. DOR, PC	) Bo	x 7003, Boston, MA 0	)2204 <b>54</b>			
	Interest Penalty M-2210 amt.				EX enclose Form M-2210		
May t	he Department of Revenue discuss this return with the preparer shown here?						
	ot want preparer to file my return electronically	Χ	(this may delay your	r refund)	Paid preparer's		
	Print paid preparer's name Date Check if self-employed						
SYA	AM PRIYA RAM SAGAR GUPTA TALLAM		04182023		P02082703		
Paid p	preparer's signature		Paid preparer's pho	ne	Paid preparer's EIN		
			678-965-9	522	84-3171965		

BE SURE TO INCLUDE THIS PAGE WITH FORM 1, PAGE 1

04/18/2023 04:38 AM

SYAM PRIYA RAM SAGAR GUPTA TALLAM



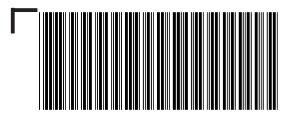


# **2022 Schedule B** MA22010011555

### ADVAITH

### GUNDAVAJHALA VENKATA 074994751

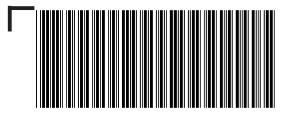
#### Part 1. Interest and Dividend Income 1. Total interest income 1 2. Total ordinary dividends 19 3. Other interest and dividends not included above 3 4. Total interest and dividends 4 19 5. Total interest from Massachusetts banks 5 6a. Other interest and dividends to be excluded 6a **6b.** Part-year/Nonresidents only 6b 7. Subtotal 7 19 8. Allowable deductions from your trade or business 8 19 9. Subtotal 9 Part 2. Short-Term Capital Gains/Losses and Long-Term Gains on Collectibles 10. Massachusetts short-term capital gains 10 11. Massachusetts long-term capital gains on collectibles and pre-1996 installment sales 11 12. Massachusetts gain on the sale, exchange or involuntary conversion of property used in a trade or business and held for one year or less 12 13a. Add lines 10 through 12 13a 13b. Part-year/Nonresidents only 13b 13c. Subtract line 13b from line 13a. Not less than 0 13c 14. Allowable deductions from your trade or business 14 15. Subtotal 15 -2161 16. Massachusetts short-term capital losses 17. Massachusetts loss on the sale, exchange or involuntary conversion of property used in a trade or business and held for one year or less 17 18. Prior short-term unused losses for years beginning after 1981 18





# **2022 Schedule B, pg. 2** 074994751 MA22010021555

19a.	Combine lines 15 through 18	19a	-2161
19b.	Part-year/Nonresidents only	19b	
19c.	Exclude line 19b losses from line 19a	19c	-2161
20.	Short-term losses applied against interest and dividends	20	19
21.	Available short-term losses	21	-2142
22.	Short-term losses applied against long-term gains	22	852
23.	Short-term losses available for carryover in 2023	23	-1290
24.	Short-term gains and long-term gains on collectibles	24	
25.	Long-term losses applied against short-term gain	25	
26.	Subtotal	26	
27.	Long-term gains deduction	27	
28.	Short-term gains after long-term gains deduction	28	
	3. Adjusted Gross Interest, Dividends, Short-Term Capital Gains and Long-Term Gains		
29.	Enter the amount from line 9	29	19
30.	Short-term losses applied against interest and dividends	30	19
31.	Subtotal interest and dividends	31	
32.	Long-term losses applied against interest and dividends	32	
33.	Adjusted interest and dividends	33	
34.	Enter the amount from line 28	34	
35.	Adjusted gross interest, dividends and certain capital gains	35	
36.	Excess exemptions	36	
37.	Subtract line 36 from line 35	37	
38.	Interest and dividends taxable at 5.0%	38	
39.	Taxable 12% capital gains	39	
40.	Available short-term losses for carryover in 2023	40	-1290





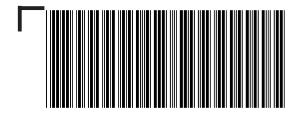
## 2022 Schedule D

MA22012011555 Long-Term Capital Gains and Losses Excluding Collectibles

### ADVAITH

## GUNDAVAJHALA VENKATA 074994751

#### Part 1. Long-Term Capital Gains and Losses, Excluding Collectibles 1. Enter amounts from U.S. Schedule D, lines 8a and 8b, col. h 852 1 2. Enter amounts from U.S. Schedule D, line 9, col. h 2 3. Enter amounts from U.S. Schedule D, line 10, col. h 3 4. Enter amounts from U.S. Schedule D, line 11, col. h 4 5. Enter amounts from U.S. Schedule D, line 12, col. h 5 6. Enter amounts from U.S. Schedule D, line 13, col. h. 6 7. Massachusetts long-term capital gains and losses included in U.S. Form 4797, Part II 7 8. Carryover losses from prior years 8 9. Combine lines 1 through 8 9 852 10a. Massachusetts adjustments 10a 10b. Part-year/Nonresidents only 10b 10c. Combine lines 10a and 10b 10c 11. Massachusetts capital gains and losses 11 852 12. Long-term gains on collectibles and pre-1996 installment sales 12 13. Subtotal 13 852 14. Capital losses applied against capital gains 14 852 15 15. Subtotal 16. Long-term capital losses applied against interest and dividends 16 17. Subtotal 17 18. Allowable deductions from your trade or business 18 19. Subtotal 19 20 20. Excess exemptions 21 21. Taxable long-term capital gains 22. Tax on long-term capital gains 22 23 23. Massachusetts available losses for carryover





**2022 Schedule INC** MA22INC011555

ADVAITH GUNDAVAJHALA VENKATA 074994751

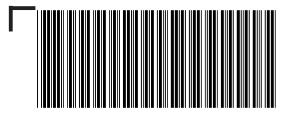
# Form W-2 and 1099 Information

A. FEDERAL ID NUMBER	B. STATE TAX WITHHELD	C. STATE WAGES/INCOME	D. TAXPAYER SS WITHHELD	E. SPOUSE SS WITHHELD	F. SOURCE OF WITHHOLDING
462016638	2063	43288	3425		W2

TOTALS 2063 43288 3425

04/18/2023 04:38 AM

REV 04/11/23 PRO





# 2022 Schedule HC

MA22029011555

Schedule HC, Health Care Information, must be completed by all full-year residents and certain part-year residents (see instructions). **Note:** Schedule HC must be enclosed with your Form 1 or Form 1-NR/PY. Failure to do so will delay the processing of your return.

ADVAITH

GUNDAVAJHALA VENKATA 074994751

ΛI	JVALIII		OUNDAVAUNON (	, 171,	NIVALA	0 / -	1 ) ) -	1751					
1a.	Date of birth	11081991	1b. Spouse's date of birth				1c.	Family size	1	L			
2.	Federal adjusted	I gross income							:	2		2	11998
3.	insurer will indica Veterans Adminis	ate whether your insustration and Tri-Care,	enrolled in a Minimum Credit rance met MCC requirements meet the MCC requirements. see the special section on MC	. Not If yo	e: MassHe u did not re	alth, M	edicar a Form	e, and health n MA 1099-HC	covera	ge for U.	S. Milita	ary, inclu	ıding
	were a part-year	if, during 2022, you to resident or a taxpaye full-year or part-year		3a	You: Spouse: d in No MC		Full-y	rear MCC rear MCC to line 6.		t-year M0 t-year M0			CC/None CC/None
4.	shown on Form I	MA 1099-HC (check a	hat met the Minimum Credital all that apply). If you did not re sHealth or Commonwealth Ca	ceive	this form,	fill in li	ne(s) 4	4f and/or 4g a	nd see	instruction	ons. Fill	in if you	were
	4a. Private insur	rance, including Conn . Fill in and go to line	ectorCare (completes line(s)	4f an	d/or 4g bel	ow)				X	You You		Spouse Spouse
	<ul><li>4c. Medicare (including a replacement or supplemental plan). Fill in and go to line 5</li><li>4d. U.S. Military (including Veterans Administration and Tri-Care). Fill in and go to line 5</li></ul>										You You		Spouse Spouse
	4e. Other progra	am (enter the program	n name(s) only in lines 4f and/ m creditable coverage.		U		alth S	afety Net			You		Spouse
4f.	Your Health Ir	nsurance. Complete	if you answered line(s) 4a or	4e a	nd go to lir	ne 5.							

Spouse Health Insurance. Complete if you answered line(s) 4a or 4e and go to line 5.

5. If you had health insurance that met MCC requirements for the full-year, including private insurance, MassHealth, Commonwealth Care or ConnectorCare, you are not subject to a penalty. Skip the remainder of this schedule and continue completing your tax return. Other wise, go to line 6.

If you had Medicare (including a replacement or supplemental plan), U.S. Military (including Veterans Administration and Tri-Care), or other government insurance at any point during 2022, you are not subject to a penalty. Skip the remainder of this schedule and continue completing your tax return. Otherwise, go to line 6.





**2022 Schedule HC, pg. 2** 074994751 MA22029021555

You might be eligible for low- or no-cost health insurance coverage.

If you (and/or your spouse, if married filing jointly) do not have health insurance coverage, you might be eligible for health insurance coverage programs made available by the Commonwealth of Massachusetts. By filling in the oval below, you authorize DOR to share information from your tax return and attached schedules with the Health Connector. If you are married filing jointly, both spouses must check the box for the Health Connector to receive all of your information. The Health Connector will assess your eligibility for those coverage options, including low- or no-cost coverage, and contact you with information. See instructions.

You: I authorize DOR to share this tax return including attached schedules with the Massachusetts Health Connector for the purpose of assessing my eligibility for insurance affordability programs and contacting me with information about the same.

Spouse: I authorize DOR to share this tax return including attached schedules with the Massachusetts Health Connector for the purpose of assessing my eligibility for insurance affordability programs and contacting me with information about the same.

## Your Health Insurance

- 6 Yes No If you answer Yes, you are not subject to a penalty in 2022. Skip the remainder of this schedule and complete your tax return. If you answer No and you were enrolled in a health insurance plan that met the MCC requirements for part, but not all, of 2022, go to line 7. If you answer No and you had no insurance or you were enrolled in a plan that did not meet the MCC requirements during the period that the mandate applied, go to line 8a.
  - 7. Complete this section only if you, and/or your spouse if married filing jointly, were enrolled in a health insurance plan(s) that met the Minimum Creditable Coverage (MCC) requirements for part, but not all of 2022. Fill in below the months that met the MCC requirements, as shown on Form MA 1099-HC. If you did not receive this form, fill in the months you were covered by a plan that met the MCC requirements at least 15 days or more. If, during 2022, you turned 18, you were a part-year resident or a taxpayer was deceased, fill in the oval(s) below for the month(s) that met the MCC requirements during the period that the mandate applied. See instructions.

You may only fill in the month(s) you had health insurance that met MCC requirements. If you had health insurance, but it did not meet MCC requirements, you must skip this section and go to line 8a.

## Months Covered By Health Insurance

	You:	Jan.	Feb.	March	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
	Spouse:	Jan.	Feb.	March	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
lf vou ha	d four or more	consecutive	monthe ai	thar with no in	neuranca or	incurance	that did not r	neet the Mi	C requirer	nante (four or	more hlank	months in	a row)

If you had four or more consecutive months either with no insurance or insurance that did not meet the MCC requirements (four or more blank months in a row), go to line 8a. Otherwise, a penalty does not apply to you in 2022. Skip the remainder of this schedule and complete your tax return.

## Religious Exemption and Certificate of Exemption

8a.	Religious exemption: Are you claiming an exemption from the requirement to purchase health insurance based	8a You	Yes	No
	on your sincerely held religious beliefs that cause you to object to substantially all forms of treatment covered by			
	health insurance?	Spouse	Yes	No
If you a	nswer Yes, go to line 8b. If you answer No, go to line 9.			
8b.	If you are claiming a religious exemption in line 8a, did you receive medical health care during the 2022 tax year?	8b You	Yes	No
		Spouse	Yes	No
If you a	nswer No to line 8b, skip the remainder of this schedule and continue completing your tax return. If you answer Yes to	line 8b, go to line 9		
9.	Certificate of exemption: Have you obtained a Certificate of Exemption issued by the Massachusetts Health	<b>9</b> You	Yes	No
	Connector for the 2022 tax year?	Spouse	Yes	No

If you answer Yes, enter the certificate number, skip the remainder of this schedule and continue completing your tax return. If you answer No to line 9, go to line 10.





2022 Schedule HC, pg. 3

MA22029031555

### ADVAITH

### GUNDAVAJHALA VENKATA 074994751

## Affordability as Determined By State Guidelines

**Note:** This section will require the use of worksheets and tables found in the instructions. You must complete the worksheet(s) to determine if health insurance was affordable to you during the 2022 tax year.

10. Did your employer offer affordable health insurance that met minimum creditable coverage requirements as determined by completing the Schedule HC Worksheet for Line 10 in the instructions?10 You Yes NoSpouse Yes No

Fill in No if your employer did not offer health insurance that met minimum creditable coverage requirements, you were not eligible for health insurance offered by your employer, you were self-employed or you were unemployed.

11. Were you eligible for government-subsidized health insurance as determined by completing the Schedule HC Now Worksheet for Line 11 in the instructions?
11 You Yes Now Worksheet for Line 11 in the instructions?

If you answer No, go to line 12. If you answer Yes, go to the Health Care Penalty Worksheet in the instructions to calculate your penalty amount.

**12.** Were you able to purchase affordable private health insurance that met minimum creditable coverage requirements as determined by completing the Schedule HC Worksheet for Line 12 in the instructions? Spouse Yes No

If you answer No, you are not subject to a penalty. Continue completing your tax return. If you answer Yes, go to the Health Care Penalty Worksheet in the instructions to calculate your penalty amount.

## Complete Only If You Are Filing An Appeal

## You must complete the Health Care Penalty Worksheet to determine your penalty amount before completing this section.

You may have grounds to appeal if you were unable to obtain affordable insurance that meets the minimum creditable coverage requirements in 2022 due to a hardship or other circumstances. The grounds for appeal are explained in more detail in the instructions. If you believe you have grounds for appealing the penalty, fill in the field(s) below. The appeal will be heard by the Massachusetts Health Connector. By filling in the field below, you (or your spouse if married filing jointly) are authorizing DOR to share information from your tax return, including this schedule, with the Massachusetts Health Connector for purposes of deciding your appeal.

You will receive a follow-up letter asking you to state your grounds for appeal in writing, and submit supporting documentation. Failure to respond to that letter within the time specified in the letter will lead to dismissal of your appeal and will result in a future assessment of a penalty. Once your documentation is received, it will be reviewed by the Massachusetts Health Connector and you may be required to attend a hearing on your case. You will be required to file your claims under the pains and penalties of perjury.

**Note:** If you are filing an appeal, make sure you have calculated the penalty amount that you are appealing, but do not assess yourself or enter a penalty amount on your Form 1 or Form 1-NR/PY. Also, do not include any hardship documentation with your original return. You will be required to submit substantiating hardship documentation at a later date during the appeal process.

You: I wish to appeal the penalty. I authorize DOR to share this tax return including this schedule with the Massachusetts Health Connector for purposes of deciding this appeal.

Spouse: I wish to appeal the penalty. I authorize DOR to share this tax return including this schedule with the Massachusetts Health Connector for purposes of deciding this appeal.