Form **8879**

(Rev. January 2021)

Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.

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

OMB No. 1545-0074

Submis	ssion Identification Number (SID)					
Taxpaye	r's name	Social securit	y numb	er		
SAND	EEP REDDY UDUMALA	727-48-	-7336	ō		
Spouse's	name	Spouse's soc	ial secu	rity number		
THEJ	ASWI CHINNA GOLAMARI	194-49	-3382			
Part	Tax Return Information — Tax Year Ending December 31, 2022 (Enter	year you a	re aut	horizing.)	
Enter v	whole dollars only on lines 1 through 5.	-				
Note:	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.					
1	Adjusted gross income		1	151	,210.	
2	Total tax		2	16	, 795.	
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	31	,084.	
4	Amount you want refunded to you		4	14	,966.	
5	Amount you owe		5			
Part	Taxpayer Declaration and Signature Authorization (Be sure you get and k	eep a cop	y of y	our retu	rn)	
return (or to send for any Agent to payment authorize payment business taxes to personal	wledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmirmy return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejected delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indict of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution ation is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate t, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requised agys prior to the payment (settlement) date. I also authorize the financial institutions involved in the processor of the payment (PIN) below is my signature for the income tax return (original or amended) I and it is further and consent.	tter, or electroction of the tr S. Treasury and the transport of transport of the transport of transpor	onic reto ansmise and its do ax prepentry to tion. To receive the elector	urn origina sion, (b) the lesignated aration sofo this according to revoke (ored no late ectronic paknowledge	tor (ERO) e reason Financial tware for unt. This cancel) a er than 2 yment of that the	
	yer's PIN: check one box only					
X	•	ov DINI 8	7 3	3 6	as my	
	ERO firm name signature on the income tax return (original or amended) I am now authorizing.	ř Ent		digits, but r all zeros	as my	
	I will enter my PIN as my signature on the income tax return (original or amended) I am not if you are entering your own PIN and your return is filed using the Practitioner PIN methodelow.					
Your si	gnature ▶ Date ▶					
Spaus	e's PIN: check one box only					
· —	-	nv PIN 9	3 3	8 2	00 001	
×	I authorize GLOBAL TAXES LLC to enter or generate r		-	digits, but	as my	
	signature on the income tax return (original or amended) I am now authorizing.			r all zeros		
	I will enter my PIN as my signature on the income tax return (original or amended) I am not if you are entering your own PIN and your return is filed using the Practitioner PIN methodelow.					
Spouse	e's signature ▶ Date ▶					
	Practitioner PIN Method Returns Only—continue below					
Part I	II Certification and Authentication — Practitioner PIN Method Only					
ERO's	EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 2 2	2 4 9 Don't ente	6 6 er all ze	1 9 8 ros	9	
authoriz	that the above numeric entry is my PIN, which is my signature for the electronic individual income taxed to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am subminents of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS e-file Providers of In	tting this retu	rn in a	ccordance		
EBO's	signature ▶ Date ▶					
ENU S	signature ► Date ► ERO Must Retain This Form — See Instructions					

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

2022)
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OMB No. 1545-0074

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

Filing Status Check only	S 🗌 S	Single X Married filing jointly	Marrie	ed filing separate	ly (MFS)	Head of	household (HOI	H)		fying surv se (QSS)	iving	
one box.	If yo	u checked the MFS box, enter the r	name of y	our spouse. If yo	u check	ed the HOH or	QSS box, ente	er the c		` ,	e qualifying	
	pers	on is a child but not your dependen	t:									
Your first name	and mi	ddle initial	Last na	me				Y	our soc	ial security	y number	
SANDEEP	REDI	Ϋ́	UDUM	ALA				7	27-4	8-7336	<u> </u>	
If joint return, s	oouse's	first name and middle initial	Last na	me				Sp	Spouse's social security number			
THEJASWI	CHI	INNA	GOLA	MARI				1	94-4	9-3382	2	
Home address	(numbe	r and street). If you have a P.O. box, see	e instructio	ons.			Apt. no.	Pı	esiden	tial Electio	n Campaign	
8408 MEN	10RI	AL LN					5203			ere if you,	,	
City, town, or p	ost offic	ce. If you have a foreign address, also c	omplete s _l	paces below.	Sta	ite	ZIP code		spouse if filing jointly, want \$3 to go to this fund. Checking a			
PLANO					TΣ	ζ	75024				change	
Foreign country	name		F	oreign province/st	Foreign postal co	ode yo	our tax	or refund.	_			
										You	Spouse	
Digital Assets		ny time during 2022, did you: (a) rec ange, gift, or otherwise dispose of					-			Yes	⊠ No	
Standard		eone can claim: You as a de				a dependent	<u></u>	01.001.	01.01,			
Deduction		Spouse itemizes on a separate retu	•			•						
Age/Blindness	You:	Were born before January 2,	1958	Are blind	Spouse	: Was bor	rn before Janua			☐ Is bli		
Dependents	s (see	instructions):		(2) Social sec	urity	(3) Relationsh	nip (4) Check th	ne box i	f qualifi	es for (see i	instructions):	
If more	(1) Fi	rst name Last name		number to			Child to	ax credi	t C	Credit for oth	er dependents	
than four	<u>JES</u>	SICA MARY UDUMALA		717-71-6	806	Daughter	. [×				
dependents, see instructions	3 ——											
and check												
here									\perp		<u> </u>	
Income	1a	Total amount from Form(s) W-2, b	oox 1 (see	e instructions)					1a	16	51,017.	
	b	Household employee wages not r							1b			
Attach Form(s) W-2 here. Also	С	Tip income not reported on line 1	1c									
attach Forms	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)										
W-2G and 1099-R if tax	е	Taxable dependent care benefits from Form 2441, line 26										
was withheld.	f	Employer-provided adoption bene		1f								
If you did not	g	Wages from Form 8919, line 6 .							1g			
get a Form W-2, see	h	Other earned income (see instruc-	,			1			1h		0.	
instructions.	i	Nontaxable combat pay election	(see instr	ructions)		<u>li</u>				1.0		
	Z	Add lines 1a through 1h							1z	16	51,017.	
Attach Sch. B	2a	Tax-exempt interest	2a			axable interes			2b			
if required.	<u>3a</u>	Qualified dividends	3a			Ordinary divide			3b			
	4a	IRA distributions	4a		l	axable amoun			4b			
Standard Deduction for—	5a	Pensions and annuities	5a				t		5b			
Single or	6a	Social security benefits	6a				t		6b			
Married filing separately,	c	If you elect to use the lump-sum e		·	`	,		. 📙	-		2 011	
\$12,950	7	Capital gain or (loss). Attach Sche		•	•			. Ш	7	1	3,211.	
Married filing jointly or	8	Other income from Schedule 1, lin							8		3,018.	
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7							9	15	51,210.	
\$25,900	10	Adjustments to income from Sche	-						10	1 -	1 010	
Head of household,	11	Subtract line 10 from line 9. This i	•	-					11		51,210.	
\$19,400	12	Standard deduction or itemized		,	,				12	1 2	25,900.	
If you checked any box under	13	Qualified business income deduct							13	+		
Standard Deduction,	14 15	Add lines 12 and 13 Subtract line 14 from line 11. If ze							14		25 , 900.	
see instructions.	10	Subtract line 14 from line 11. If Ze	o or less	o, enter -u IIIIS	is your	iaxable iffcoff	i c		15	1 12	25,310.	

Form 1040 (202:	2)							Page 2
Tax and	16	Tax (see instructions). Check if any from For	rm(s): 1 881	4 2 4972	3 🗌		. 16	18,795.
Credits	17	Amount from Schedule 2, line 3					. 17	
	18	Add lines 16 and 17					. 18	18,795.
	19	Child tax credit or credit for other depende	ents from Sched	lule 8812			. 19	2,000.
	20	Amount from Schedule 3, line 8					. 20	
	21	Add lines 19 and 20					. 21	2,000.
	22	Subtract line 21 from line 18. If zero or less	s, enter -0				. 22	16,795.
	23	Other taxes, including self-employment ta	x, from Schedul	e 2, line 21 .			. 23	0.
	24	Add lines 22 and 23. This is your total tax					. 24	16,795.
Payments	25	Federal income tax withheld from:						
-	а	Form(s) W-2			25a	31,08	34.	
	b	Form(s) 1099			25b			
	С	Other forms (see instructions)			25c			
	d	Add lines 25a through 25c					. 25d	31,084.
If you have a	26	2022 estimated tax payments and amount	applied from 20	021 return			. 26	
qualifying child,	27	Earned income credit (EIC)			27			
attach Sch. EIC.	28	Additional child tax credit from Schedule 88	12		28			
	29	American opportunity credit from Form 88	63, line 8		29			
	30	Reserved for future use			30			
	31	Amount from Schedule 3, line 15			31	67	77.	
	32	Add lines 27, 28, 29, and 31. These are yo	ur total other p	ayments and ref	undable cred	dits .	. 32	677.
	33	Add lines 25d, 26, and 32. These are your	total payments	·			. 33	31,761.
Refund	34	If line 33 is more than line 24, subtract line						14,966.
neiuliu	35a	Amount of line 34 you want refunded to y	ou. If Form 888	8 is attached, che	eck here .		35a	14,966.
Direct deposit?	b	Routing number 1 1 1 0 0 0 0	0 2 5	c Type:	Checking	☐ Savir	ngs	
See instructions.	d	Account number 4 8 8 0 7 1 :						
	36	Amount of line 34 you want applied to you	ır 2023 estimat	ed tax	36			
Amount You Owe	37	Subtract line 33 from line 24. This is the ar					. 37	
	38	Estimated tax penalty (see instructions)	-		38		0.	
Third Party Designee	Do	you want to allow another person to distructions	iscuss this retu	rn with the IRS	? See	s. Compl	ete below.	⊠ No
•		signee's	Phone	•			dentification	
		ne	no.			number (P		
Sign Here		der penalties of perjury, I declare that I have exam ief, they are true, correct, and complete. Declaration						
TICIC	Yo	ur signature	Date	Your occupation				nt you an Identity
				CECUDINA	7 N T 7 T V C III		(see inst.)	IN, enter it here
Joint return? See instructions.	Sn	ouse's signature. If a joint return, both must sign.	Date	SECURITY Spouse's occupa			· ,	t your spouse an
Keep a copy for	Sμ	ouse's signature. If a joint return, both must sign.	Date	Spouse's occupa	LIOIT			ection PIN, enter it here
your records.				HOME MAKE	R		(see inst.)	
	Ph	one no. (551) 998-8811	Email address	SANDEEPREDDYU	JDUMALA@GMAI	IL.COM		
Paid	Pre	eparer's name Preparer's sign	nature		Date	PTII	N	Check if:
	SYAN	I PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIY	A RAM SAGAR	GUPTA TALLAM	1 02/04/20)23 P02	2082703	Self-employed
Preparer	Fir	m's name GLOBAL TAXES LLC					Phone no.	(678) 965-9522
Use Only	Fir	m's address 245 ROONEY CT E BE	RUNSWICK N	J 08816			Firm's EIN	88-2145487
Co to unusuimo m	01//F0/W	a 10.40 for instructions and the latest information						F 1040 (0000)

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2022

Attachment Sequence No. 01

Department of the Treasury Internal Revenue Service

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

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

Name	ocial se	ecurity number			
SAND	EEP REDDY UDUMALA & THEJASWI CHINNA GOLAMARI		727-4	18-73	36
Par	t I Additional Income				
1	Taxable refunds, credits, or offsets of state and local income taxes			1	
2 a	Alimony received			2a	
b	Date of original divorce or separation agreement (see instructions):				
3	Business income or (loss). Attach Schedule C		3		
4	Other gains or (losses). Attach Form 4797			4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Atta	ach Schedule	эE .	5	-13,019.
6	Farm income or (loss). Attach Schedule F			6	
7	Unemployment compensation			7	
8	Other income:				
а	Net operating loss	8a (
b	Gambling	8b			
С	Cancellation of debt	8c			
d	Foreign earned income exclusion from Form 2555	8d (
е	Income from Form 8853	8e			
f	Income from Form 8889	8f			
g	Alaska Permanent Fund dividends	8g			
h	Jury duty pay	8h			
i	Prizes and awards	8i			
j	Activity not engaged in for profit income	8j			
k	Stock options	8k			
I	Income from the rental of personal property if you engaged in the rental				
	for profit but were not in the business of renting such property	81			
m	Olympic and Paralympic medals and USOC prize money (see				
	instructions)	8m			
n	Section 951(a) inclusion (see instructions)	8n			
0	Section 951A(a) inclusion (see instructions)	80			
р	Section 461(I) excess business loss adjustment	8p			
q	Taxable distributions from an ABLE account (see instructions)	8q			
r	Scholarship and fellowship grants not reported on Form W-2	8r			
S	Nontaxable amount of Medicaid waiver payments included on Form				

8s

8t

8u

8z

Other Income from box 3 of 1099-Misc

u Wages earned while incarcerated

z Other income. List type and amount:

Total other income. Add lines 8a through 8z

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

-13,018.

9

10

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

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

SCHEDULE 3 (Form 1040)

Department of the Treasury Internal Revenue Service

Additional Credits and Payments

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. 03

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

SANDEEP REDDY UDUMALA & THEJASWI CHINNA GOLAMARI

Your social security number 727-48-7336

Par	Nonretundable Credits			
1	Foreign tax credit. Attach Form 1116 if required		1	
2	Credit for child and dependent care expenses from Form 2447 Form 2441		2	
3	Education credits from Form 8863, line 19		3	
4	Retirement savings contributions credit. Attach Form 8880		4	
5	Residential energy credits. Attach Form 5695		5	
6	Other nonrefundable credits:			
а	General business credit. Attach Form 3800	6a		
b	Credit for prior year minimum tax. Attach Form 8801	6b		
С	Adoption credit. Attach Form 8839	6c		
d	Credit for the elderly or disabled. Attach Schedule R			
е	Alternative motor vehicle credit. Attach Form 8910			
f	Qualified plug-in motor vehicle credit. Attach Form 8936			
g	Mortgage interest credit. Attach Form 8396	6g		
h	District of Columbia first-time homebuyer credit. Attach Form 8859	6h		
i	Qualified electric vehicle credit. Attach Form 8834	6i		
j	Alternative fuel vehicle refueling property credit. Attach Form 8911	6j		
k	Credit to holders of tax credit bonds. Attach Form 8912	6k		
-1	Amount on Form 8978, line 14. See instructions	6I		
Z	Other nonrefundable credits. List type and amount:			
		6z		
7	Total other nonrefundable credits. Add lines 6a through 6z	7		
8	8			

(continued on page 2)

Schedule 3 (Form 1040) 2022 Page **2**

Par	Other Payments and Refundable Credits			
9	Net premium tax credit. Attach Form 8962		9	
10	Amount paid with request for extension to file (see instructions) .		10	
11	Excess social security and tier 1 RRTA tax withheld		11	677.
12	Credit for federal tax on fuels. Attach Form 4136		12	
13	Other payments or refundable credits:			
а	Form 2439	13a		
b	Credit for qualified sick and family leave wages paid in 2022 from Schedule(s) H for leave taken before April 1, 2021	13b		
С	Reserved for future use	13c		
d	Credit for repayment of amounts included in income from earlier years	13d		
е	Reserved for future use	13e		
f	Deferred amount of net 965 tax liability (see instructions)	13f		
g	Reserved for future use	13g		
h	Credit for qualified sick and family leave wages paid in 2022 from Schedule(s) H for leave taken after March 31, 2021, and before October 1, 2021	13h		
Z	Other payments or refundable credits. List type and amount:	13z		
14	Total other payments or refundable credits. Add lines 13a through	_	14	
15	Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040 line 31		15	677.

SCHEDULE D (Form 1040)

Capital Gains and Losses

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

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

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

OMB No. 1545-0074

Attachment Sequence No. 12

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

SANDEEP REDDY UDUMALA & THEJASWI CHINNA GOLAMARI

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year?

Your social security number 727-48-7336

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 (g) with column (g) 1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b 1b Totals for all transactions reported on Form(s) 8949 with Box A checked 5. 5. 0. Totals for all transactions reported on Form(s) 8949 with -940. Box B checked 23,333. 24,273. 3 Totals for all transactions reported on Form(s) 8949 with 324,924. 319,323. 5,601. 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 1,556.) 6 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). If you have any longterm capital gains or losses, go to Part II below. Otherwise, go to Part III on the back 7 3,105. Part II Long-Term Capital Gains and Losses - Generally Assets Held More Than One Year (see instructions)

lines This	below. form may be easier to complete if you round off cents to le dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	Adjustmento gain or loss Form(s) 8949, F line 2, column	from Part II,	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 Box D checked					
9	Totals for all transactions reported on Form(s) 8949 with Box E checked	106.	0.			106.
10	Totals for all transactions reported on Form(s) 8949 with Box F 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	ions, estates, and	trusts from Sched	dule(s) K-1	12	
13	Capital gain distributions. See the instructions				13	
14	Long-term capital loss carryover. Enter the amount, if any Worksheet in the instructions	-	14	()		
15	Net long-term capital gain or (loss). Combine lines 88 on the back	•	. ,		15	106.

See instructions for how to figure the amounts to enter on the

BAA

(h) Gain or (loss)

Schedule D (Form 1040) 2022 Page 2

Part III Summary 3,211. 16 Combine lines 7 and 15 and enter the result 16 • If line 16 is a gain, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below. • If line 16 is a loss, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete • If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22. 17 Are lines 15 and 16 both gains? X Yes. Go to line 18. No. Skip lines 18 through 21, and go to line 22. 18 If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet 18 19 If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet . 19 20 Are lines 18 and 19 both zero or blank and you are not filing Form 4952? X Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. Don't complete lines 21 and 22 below. □ No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below. If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of: 21 • The loss on line 16; or 21 • (\$3,000), or if married filing separately, (\$1,500) **Note:** When figuring which amount is smaller, treat both amounts as positive numbers. Do you have gualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a? 22 ☐ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.

Sales and Other Dispositions of Capital Assets

Attachment

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

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. Sequence No. 12A

Name(s) shown on return	-			Social security number or taxpayer identification number	
SANDEEP REDDY	UDUMALA &	THEJASWI	CHINNA	GOLAMARI	727-48-7336
Before you check Box	A. B. or C belov	v. see whether	vou receive	d anv Form(s) 1099-B	or substitute statement(s) from your broker. A substitute

statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part I Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2. Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions). You must check Box A. B. or C below. Check only one box. If more than one box applies for your short-term transactions. complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need. (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above) (B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS (C) Short-term transactions not reported to you on Form 1099-B Adjustment, if any, to gain or loss

1 (a) Description of property	(b) Date acquired	(c) Date sold or	Proceeds	(e) Cost or other basis See 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	(g) Amount of adjustment	from column (d) and combine the result with column (g).
ROBINHOOD SECURITIES LLC	01/01/22	12/31/22	5.	5.			0.
2 Totals. Add the amounts in column negative amounts). Enter each total Schedule D, line 1b (if Box A above above is checked), or line 3 (if Box A above above is checked).	al here and inc e is checked), lir	lude on your ne 2 (if Box B	5.	5.			0.

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.

Attachment Sequence No. 12A Form 8949 (2022)

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side SANDEEP REDDY UDUMALA & THEJASWI CHINNA GOLAMARI

Social security number or taxpayer identification number 727-48-7336

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-t	erm	transa	ctions	reporte	d on	Form(s)	1099-	3 showing	g basis	was	reporte	ed to	the IF	RS (see	Note	above)
 / -\							_ /\	4000 1							IDO		

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

(F) Long-term	transactions i	not reported	to you on	Form 1099-B

(F) Long-term transactions	not reported	to you on Fo	rm 1099-B				
1 (a) Description of property	(b) Date acquired	(c) Date sold or disposed of	e sold or Proceeds See the Note belo		Adjustment, i If you enter an enter a co See the sep	(h) Gain or (loss) Subtract column (e) from column (d) and	
(Example: 100 sh. XYZ Ćo.)	(Mo., day, yr.)	(Mo., day, yr.)	(see instructions)	in the separate instructions.	(f) Code(s) from instructions	(g) Amount of adjustment	combine the result with column (g).
ROBINHOOD CRYPTO LLC	01/01/22	12/31/22	106.	0.			106.
2 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 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if Box F above is checked).			106.	0.			106.

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.

Sales and Other Dispositions of Capital Assets

Social security number or taxpayer identification number

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

Go to www.irs.gov/Form8949 for instructions and the latest information. File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D. Attachment Sequence No. 12A

OMB No. 1545-0074

SANDEEP REDDY UDUMALA 8	THEJASW	I CHINNA	GOLAMARI	727-48	-7336		
Before you check Box A, B, or C belo statement will have the same informa broker and may even tell you which b	tion as Form 1	er you receive 1099-B. Either	ed any Form(s) 109 will show whether	99-B or substitute er your basis (usua	statement(s lly your cost) from your broke t) was reported to	r. A substitute the IRS by your
Part I Short-Term. Transa instructions). For low Note: You may agg reported to the IRS Schedule D, line 1a	ng-term tra regate all s and for whi	nsactions, s hort-term tr ich no adjus	see page 2. ansactions rep stments or cod	oorted on Form les are required	(s) 1099-E d. Enter th	showing basi e totals directly	s was / on
You must check Box A, B, or C to complete a separate Form 8949, profer one or more of the boxes, com	page 1, for ea plete as mar	ach applicabl ny forms with	e box. If you have the same box of	ve more short-te checked as you r	rm transac need.	tions than will fit	on this page
(A) Short-term transactions							e)
☒ (B) Short-term transactions			-	sis wasn't report	ed to the If	RS	
(a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis See the Note below	If you enter an enter a c	f any, to gain or loss amount in column (g), ode in column (f). parate 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	(g) Amount of adjustment	from column (d) and combine the result with column (g).
ROBINHOOD CRYPTO LLC	01/01/22	12/31/22	23,333.	24,273.			-940.

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.

23,333.

-940.

2 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).

8949

Sales and Other Dispositions of Capital Assets

Social security number or taxpayer identification number

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form8949 for instructions and the latest information. File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D. Attachment Sequence No. 12A

OMB No. 1545-0074

727-48-7336 SANDEEP REDDY UDUMALA & THEJASWI CHINNA GOLAMARI 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. Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see Part I instructions). For long-term transactions, see page 2. Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions). You must check Box A. B. or C below. Check only one box. If more than one box applies for your short-term transactions. complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need. (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above) (B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS X (C) Short-term transactions not reported to you on Form 1099-B Adjustment, if any, to gain or loss 1 If you enter an amount in column (a). (h) enter a code in column (f). (d) Cost or other basis Gain or (loss) (c) (a) (b) See the separate instructions. Date sold or Proceeds See the **Note** below Subtract column (e) Description of property Date acquired disposed of and see Column (e) (sales price) from column (d) and (Example: 100 sh. XYZ Co.) (Mo., day, yr.) (Mo., day, yr.) combine the result (see instructions) in the separate (g) Code(s) from Amount of adjustment instructions. with column (a). instructions COINBASE 01/01/22 12/31/22 324,924. 319,323. 5,601.

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.

324,924.

5,601.

2 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) .

319,323.

SCHEDULE E (Form 1040)

Supplemental Income and Loss

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

Department of the Treasury Internal Revenue Service

Attach to Form 1040, 1040-SR, 1040-NR, or 1041, Go to www.irs.gov/ScheduleE for instructions and the latest information. Attachment Sequence No. 13

OMB No. 1545-0074

Name(s) shown on return Your social security number SANDEEP REDDY UDUMALA & THEJASWI CHINNA GOLAMARI 727-48-7336 Part I Income or Loss From Rental Real Estate and Royalties **Note:** If you are in the business of renting personal property, use **Schedule C**. See instructions. If you are an individual, report farm rental income or loss from **Form 4835** on page 2, line 40. Did you make any payments in 2022 that would require you to file Form(s) 1099? See instructions . 1a Physical address of each property (street, city, state, ZIP code) H.NO:7-21 MARIAPURAM(V) PUDUR(M) VIKARABAD, TELANGANA IN 501501 Α В C 1b Type of Property **Fair Rental Personal Use** For each rental real estate property listed QJV (from list below) above, report the number of fair rental and **Davs Davs** personal use days. Check the QJV box only Α Α 365 0 if you meet the requirements to file as a В В qualified joint venture. See instructions. С C Type of Property: 3 Vacation/Short-Term Rental 1 Single Family Residence 5 Land 7 Self-Rental 8 Other (describe) 2 Multi-Family Residence 4 Commercial 6 Royalties **Properties:** В C Income: 3 1,058. 4 Royalties received 4 **Expenses:** 5 5 Advertising 6 Auto and travel (see instructions) 6 2,795. 7 Cleaning and maintenance. 7 8 Commissions 8 9 9 Insurance . . 10 10 Legal and other professional fees 11 Management fees 11 2,841. 12 Mortgage interest paid to banks, etc. (see instructions) 12 13 13 14 2,469. 14 Repairs . . . 2,984. 15 Supplies 15 16 16 Taxes 17 Utilities 17 2,988. 18 18 Depreciation expense or depletion Other (list) 19 19 20 20 14,077. Total expenses. Add lines 5 through 19 21 Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198 21 -13,019. 22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) 13,019.) 1,058. Total of all amounts reported on line 3 for all rental properties Total of all amounts reported on line 4 for all royalty properties 23b Total of all amounts reported on line 12 for all properties 23c 23d Total of all amounts reported on line 18 for all properties 14,077. Total of all amounts reported on line 20 for all properties 23e 24 **Income.** Add positive amounts shown on line 21. **Do not** include any losses 24 25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here 25 13,019. Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result 26 here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2 .

-13,019.

SCHEDULE 8812 (Form 1040)

Credits for Qualifying Children and Other Dependents

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

OMB No. 1545-0074

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

Go to www.irs.gov/Schedule8812 for instructions and the latest information.

Attachment Sequence No. **47**

Your social security number

SAND.	EEP REDDY UDUMALA & THEJASWI CHINNA GOLAMARI	/2/-48	-48-/336			
Par						
1	Enter the amount from line 11 of your Form 1040, 1040-SR, or 1040-NR	. 1	151,210.			
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	151,210.			
4	Number of qualifying children under age 17 with the required social security number 4	1				
5	Multiply line 4 by \$2,000	. 5	2,000.			
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	0				
	Caution: Do not include yourself, your spouse, or anyone who is not a U.S. citizen, U.S. national, or U.S. residents.	ent				
	alien. Also, do not include anyone you included on line 4.					
7	Multiply line 6 by \$500					
8	Add lines 5 and 7	. 8	2,000.			
9	Enter the amount shown below for your filing status.					
	• Married filing jointly—\$400,000					
	• All other filing statuses—\$200,000 \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	. 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.		<u> </u>			
11	Multiply line 10 by 5% (0.05)		<u> </u>			
12	Is the amount on line 8 more than the amount on line 11?		2,000.			
	No. STOP. You cannot take the child tax credit, credit for other dependents, or additional child tax cre	dit.				
	Skip Parts II-A and II-B. Enter -0- on lines 14 and 27.					
	Yes. Subtract line 11 from line 8. Enter the result.	10				
13	Enter the amount from the Credit Limit Worksheet A		10/100:			
14	Enter the smaller of line 12 or 13. This is your child tax credit and credit for other dependents	. 14	2,000.			
	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 addition					
	on Form 1040, 1040-SR, or 1040-NR, line 28. Complete your Form 1040, 1040-SR, or 1040-NI	₹ through	n line 27			
	(also complete Schedule 3, line 11) before completing Part II-A.					

BAA

Schedule 8812 (Form 1040) 2022

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	27 .						
16a	16a Subtract line 14 from line 12. If zero, stop here; you cannot take the additional child tax 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. Skip 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 used for line 4.							
17	Enter the smaller of line 16a or line 16b	17						
18a	Earned income (see instructions)							
b	Nontaxable combat pay (see instructions)							
19	Is the amount on line 18a more than \$2,500?							
	No. Leave line 19 blank and enter -0- on line 20.							
	Yes. Subtract \$2,500 from the amount on line 18a. Enter the result 19							
20	Multiply the amount on line 19 by 15% (0.15) and enter the result $\dots \dots \dots \dots \dots \dots \dots \dots \dots$	20						
	Next. On line 16b, is the amount \$4,500 or more?							
	No. 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.							
_	Otherwise, go to line 21.							
Part	II-B Certain Filers Who Have Three or More Qualifying Children and Bona Fide Resident	s of P	uerto Rico					
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							
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							
24	1040 and							
	1040-SR filers: Enter the total of the amounts from Form 1040 or 1040-SR, line 27,							
	and Schedule 3 (Form 1040), line 11.							
	1040-NR filers: Enter the amount from Schedule 3 (Form 1040), line 11.							
25	Subtract line 24 from line 23. If zero or less, enter -0	25						
26	Enter the larger of line 20 or line 25	26						
	Next, enter the smaller of line 17 or line 26 on line 27.							
	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						

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 Attachment Sequence No. **52**

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

SANDEEP REDDY UDUMALA

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

727-48-7336

		requ	oui
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	☐ Se	If-only 🗵 Family
2	HSA contributions you made for 2022 (or those made on your behalf), including those made by the unextended due date of your tax return that were for 2022. Do not include employer contributions, contributions through a cafeteria plan, or rollovers. See instructions	2	0.
3	If you were under age 55 at the end of 2022 and, on the first day of every month during 2022, you were, or were considered, an eligible individual with the same coverage, enter \$3,650 (\$7,300 for family coverage). All others , see the instructions for the amount to enter	3	7,300.
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	7,300.
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	7,300.
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	
8	Add lines 6 and 7	8	7,300.
9	Employer contributions made to your HSAs for 2022		
10	Qualified HSA funding distributions		
11	Add lines 9 and 10	11	1,500.
12	Subtract line 11 from line 8. If zero or less, enter -0	12	5,800.
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.
	Caution: If line 2 is more than line 13, you may have to pay an additional tax. See instructions.		
Part	a separate Part II for each spouse.	rate l	HSAs, complete
14a			
b	Total distributions you received in 2022 from all HSAs (see instructions)	14a	
	Total distributions you received in 2022 from all HSAs (see instructions)	14a	
С	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		
c 15	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	
	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 14c	
15 16	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 14c 15	
15 16 17a 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 14c 15 16	
15 16 17a 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 14c 15 16	
15 16 17a	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 14c 15 16	
15 16 17a 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 14c 15 16	
15 16 17a b Part	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 14c 15 16 17b ons b arate	
15 16 17a b Part	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 14c 15 16 17b ons b arate	

(Rev. November 2022)

Department of the Treasury Internal Revenue Service

Taxpayer name(s) shown on return

Paid Preparer's Due Diligence Checklist

Earned Income Credit (EIC), American Opportunity Tax Credit (AOTC),
Child Tax Credit (CTC) (including the Additional Child Tax Credit (ACTC) and
Credit for Other Dependents (ODC)), and Head of Household (HOH) Filing Status

To be completed by preparer and filed with Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS. Go to www.irs.gov/Form8867 for instructions and the latest information.

OMB No. 1545-0074 For tax year 20 Attachment Sequence No. 70

Taxpayer identification number

SANI	DEEP REDDY UDUMALA & THEJASWI CHINNA GOLAMARI	727-48-733	6				
Prepare	's name	Preparer tax identifica	ation numb	oer			
	M PRIYA RAM SAGAR GUPTA TALLAM	P02082703					
Part	Due Diligence Requirements						
	check the appropriate box for the credit(s) and/or HOH filing status claimed on the retibenefit(s) claimed (check all that apply). \square EIC \square CTC/AC		the rela		arts I-V HOH		
1	and you complete the retain bacca on internation for the applicable tax you provided by the taxpayor						
	or reasonably obtained by you? (See instructions if relying on prior year earned income.)	×					
2	If credits are claimed on the return, did you complete the applicable EIC and/or C worksheets found in the Form 1040, 1040-SR, 1040-NR, 1040-PR, 1040-SS, or Scheol 1040) instructions, and/or the AOTC worksheet found in the Form 8863 instruction worksheet(s) that provides the same information, and all related forms and schedules claimed?	lule 8812 (Form s, or your own	X				
3	Did you satisfy the knowledge requirement? To meet the knowledge requirement, you rathe following.	must do both of					
	 Interview the taxpayer, ask questions, and contemporaneously document the taxpayer determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status. 	's responses to					
	• Review information to determine that the taxpayer is eligible to claim the credit(s) are status and to figure the amount(s) of any credit(s)		X				
4	Did any information provided by the taxpayer or a third party for use in preparing information reasonably known to you, appear to be incorrect, incomplete, or inconsist answer questions 4a and 4b. If " No ," go to question 5.)	stent? (If "Yes,"		×			
а	Did you make reasonable inquiries to determine the correct, complete, and consistent in	formation? .					
b	Did you contemporaneously document your inquiries? (Documentation should include you asked, whom you asked, when you asked, the information that was provided, and information had on your preparation of the return.)	e the questions I the impact the					
5	Did you satisfy the record retention requirement? To meet the record retention require keep a copy of your documentation referenced in question 4b, a copy of this Form 886 applicable worksheet(s), a record of how, when, and from whom the information used t 8867 and any applicable worksheet(s) was obtained, and a copy of any document(s) taxpayer that you relied on to determine eligibility for the credit(s) and/or HOH filing state the amount(s) of the credit(s)	7, a copy of any o prepare Form orovided by the atus or to figure	×				
	List those documents provided by the taxpayer, if any, that you relied on:						
6	Did you ask the taxpayer whether he/she could provide documentation to substantiate credit(s) and/or HOH filing status and the amount(s) of any credit(s) claimed on the return is selected for audit?	return if his/her	X				
7	Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous (If credits were disallowed or reduced, go to question 7a; if not, go to question 8.)		X				
а	Did you complete the required recertification Form 8862?						
8	If the taxpayer is reporting self-employment income, did you ask questions to prepare correct Schedule C (Form 1040)?	a complete and					

orm 88	367 (Rev. 11-2022)			Page 2
Part	Due Diligence Questions for Returns Claiming EIC (If the return does not claim EIC, go	to Part	III.)	
9a	Have you determined that the taxpayer is eligible to claim the EIC for the number of qualifying children claimed, or is eligible to claim the EIC without a qualifying child? (If the taxpayer is claiming the EIC and does not have a qualifying child, go to question 10.)	Yes	No	N/A
b	Did you ask the taxpayer if the child lived with the taxpayer for over half of the year, even if the taxpayer has supported the child the entire year?			
С	Did you explain to the taxpayer the rules about claiming the EIC when a child is the qualifying child of more than one person (tiebreaker rules)?			
Part	Due Diligence Questions for Returns Claiming CTC/ACTC/ODC (If the return does not or ODC, go to Part IV.)	claim C	CTC, A	CTC,
10	Have you determined that each qualifying person for the CTC/ACTC/ODC is the taxpayer's dependent who is a citizen, national, or resident of the United States?	Yes	No	N/A
11	Did you explain to the taxpayer that he/she may not claim the CTC/ACTC if the child has not lived with the taxpayer for over half of the year, even if the taxpayer has supported the child, unless the child's custodial parent has released a claim to exemption for the child?	X		
12	Did you explain to the taxpayer the rules about claiming the CTC/ACTC/ODC for a child of divorced or separated parents (or parents who live apart), including any requirement to attach a Form 8332 or similar			
Part	statement to the return?	X \	Dort \	/\ /\
13	Did the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the qua		Yes	No
	tuition and related expenses for the claimed AOTC?			
Part	The state of the s			
14	Have you determined that the taxpayer was unmarried or considered unmarried on the last day of the tax and provided more than half of the cost of keeping up a home for the year for a qualifying person?	x year	Yes	No
Part	VI Eligibility Certification			
	You will have complied with all due diligence requirements for claiming the applicable credit(s) and on the return of the taxpayer identified above if you:	or HO	H filing	status
	A. Interview the taxpayer, ask adequate questions, contemporaneously document the taxpayer's respo in your notes, review adequate information to determine if the taxpayer is eligible to claim the credit(status and to figure the amount(s) of the credit(s);	nses on s) and/o	the retor HOH	urn or filing
	 B. Complete this Form 8867 truthfully and accurately and complete the actions described in this checkled credit(s) claimed and HOH filing status, if claimed; 	list for a	iny app	licable
	C. Submit Form 8867 in the manner required; and			
	D. Keep all five of the following records for 3 years from the latest of the dates specified in the Form 88 Document Retention.	67 instr	uctions	under
	1. A copy of this Form 8867.			
	2. The applicable worksheet(s) or your own worksheet(s) for any credit(s) claimed.			
	Copies of any documents provided by the taxpayer on which you relied to determine the taxpayer credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).	's eligib	oility for	the
	A record of how, when, and from whom the information used to prepare this form and the applica obtained.	ble wor	ksheet(s) was
	A record of any additional information you relied upon, including questions you asked and the tax determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount	payer's ınt(s) of	respon the cre	ses, to dit(s).
	If you have not complied with all due diligence requirements, you may have to pay a penalty for each related to a claim of an applicable credit or HOH filing status (see instructions for more information	h failur).	e to co	mply
15	Do you certify that all of the answers on this Form 8867 are, to the best of your knowledge, true, correct complete?	t, and	Yes	No
	1	Form 88		11-2022

Department of the Treasury

Passive Activity Loss Limitations

See separate instructions.

Attach to Form 1040, 1040-SR, or 1041,

Go to www.irs.gov/Form8582 for instructions and the latest information.

OMB No. 1545-1008 Attachment Sequence No. 858

Internal Revenue Service Name(s) shown on return Identifying number SANDEEP REDDY UDUMALA & THEJASWI CHINNA GOLAMARI 727-48-7336 Part I 2022 Passive Activity Loss Caution: Complete Parts IV and V before completing Part I. Rental Real Estate Activities With Active Participation (For the definition of active participation, see Special Allowance for Rental Real Estate Activities in the instructions.) **1a** Activities with net income (enter the amount from Part IV, column (a)) . . . **b** Activities with net loss (enter the amount from Part IV, column (b)) 1b c Prior years' unallowed losses (enter the amount from Part IV, column (c)) . . . **d** Combine lines 1a, 1b, and 1c 1d **All Other Passive Activities** 2a Activities with net income (enter the amount from Part V, column (a)) **b** Activities with net loss (enter the amount from Part V, column (b)) . . . 2b 0.) **c** Prior years' unallowed losses (enter the amount from Part V, column (c)) . 2c (-1,656.2d Combine lines 1d and 2d. If this line is zero or more, stop here and include this form with your return; all losses are allowed, including any prior year unallowed losses entered on line 1c or 2c. Report the losses on the forms and schedules normally used 3 -1,656. If line 3 is a loss and: • Line 1d is a loss, go to Part II. • Line 2d is a loss (and line 1d is zero or more), skip Part II and go to line 10. Caution: If your filing status is married filing separately and you lived with your spouse at any time during the year, do not complete Part II. Instead, go to line 10. Part II Special Allowance for Rental Real Estate Activities With Active Participation Note: Enter all numbers in Part II as positive amounts. See instructions for an example. Enter the **smaller** of the loss on line 1d or the loss on line 3 4 4 5 Enter \$150,000. If married filing separately, see instructions Enter modified adjusted gross income, but not less than zero. See instructions 6 6 Note: If line 6 is greater than or equal to line 5, skip lines 7 and 8 and enter -0on line 9. Otherwise, go to line 7. 7 Multiply line 7 by 50% (0.50). **Do not** enter more than \$25,000. If married filing separately, see instructions 8 Enter the **smaller** of line 4 or line 8 9 9 0. **Total Losses Allowed** Part III 10 10 0. Total losses allowed from all passive activities for 2022. Add lines 9 and 10. See instructions to find 0. 11 Complete This Part Before Part I, Lines 1a, 1b, and 1c. See instructions. Part IV Current year Prior years Overall gain or loss Name of activity (a) Net income (b) Net loss (c) Unallowed (d) Gain (e) Loss (line 1a) (line 1b) loss (line 1c)

Total. Enter on Part I, lines 1a, 1b, and 1c

Form 8582 (2022)

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Part V Complete This Part Befo	re P	art I, Lines 2	a, 2b,	and 2c. S	ee instruc	tions.			•	
Name of activity		Currer	nt year		Prior ye	ears	Overall g		gain or loss	
Name of activity	(a) Net income (line 2a)		(b) Net loss (line 2b)		(c) Unallowed loss (line 2c)				(e) Loss	
H.NO:7-21 MARIAPURAM(V)		0.	0.		1,	656.			1,656.	
	-									
Total. Enter on Part I, lines 2a, 2b, and 2c		0.		0.	1,	656.				
Part VI Use This Part if an Amou	ınt İs		Part II,							
Name of activity	ar to	rm or schedule nd line number be reported on	(a) Loss	(b) Ra	ıtio	(a) Special		(d) Subtract column (c) from column (a).	
	(se	ee instructions)							Colariir (a).	
	_									
Total					1.00)				
Part VII Allocation of Unallowed			uction	S.					ı	
Name of activity		Form or sche and line nun to be reporte (see instruct	nber ed on	(a) l	_oss	(b) Ratio	(c) Unallowed loss	
H.NO:7-21 MARIAPURAM(V)		E Ln 2	·		1,656. 1.0		00000000		1,656.	
II.NO. /-ZI MAKIAFOKAM(V)		<u> </u>			1,000.	1.0	000000		1,000.	
					1,656.		1.00		1,656.	
Part VIII Allowed Losses. See inst	ructi									
Name of activity		Form or sche and line nun to be reporte (see instruct	ne number reported on		(a) Loss		allowed loss	(c) Allowed loss	
H.NO:7-21 MARIAPURAM(V)		E Ln 22	2		1,656.		1,656.		0.	
		1								
Total					1.656.		1,656.		0 -	