#### 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.

Submission Identification Number (SID)

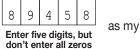
Taxpay	er's name	Social security n	umber
PRA	DEEP REDDY ROKKAM	887-18-9	458
Spouse	's name	Spouse's social	security number
Part	Tax Return Information – Tax Year Ending December 31, 2022 (En	ter year you are	authorizing.)
Enter	whole dollars only on lines 1 through 5.		
Note:	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.		
1	Adjusted gross income		<b>1</b> 85,510.
2	Total tax		<b>2</b> 11,572.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		<b>3</b> 15,256.
4	Amount you want refunded to you		<b>4</b> 3,684.
5	Amount you owe	[	5

#### Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return) Part II

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

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

	radinonizo		11111110	ERO firm name	to enter of generate my ring	Er
X	I authorize	GLOBAL	TAXES	T.T.C	to enter or generate my PIN	



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

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

# Your signature ► *R. Pradeep Reddy*

Spouse's PIN: check one box only

I authorize

to enter or generate my PIN

Date 🕨

as mv Enter five digits, but don't enter all zeros

02/08/2023

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

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

Spouse's signature D	ate 🖡						
Practitioner PIN Method Returns Only—continue	bel	ow					
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		6 1	8	9

I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature >			
	Retain This Form – See Form to the IRS Unless		
For Paperwork Reduction Act Notice, see your tax retu	urn instructions.	REV 01/28/23 PRO	Form 8879 (Rev. 01-2021)

BAA REV 01/28/23 PRO

Filing Status       Xi Single       Mended filing jointly       Mended filing separately (MFS)       Head of household (MOH)       Digital spatial (DS)         Check only       Typus checked the MFS bos, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name of the qualifying surviving person is a child but not your dependent:       Your social security number         Your fint care and middle initial       Last care       Your social security number         PRADESER RSDFY       ROKKAM       807-16-9458         Your fint care and middle initial       Last care       Your social security number         Protection of the rest on middle initial       Last care       Your social security number         Protection of the rest on middle initial       Last care       Aft no.       Presidential Election Campaign         12217_ENCANTO_DR       R       Aft no.       Presidential Election Campaign       Compose (Filing pilot), want 33 to box before values of the rest on rest on social security number       Presidential Election Campaign         Foreign country name       Foreign province/state/country       Foreign position to its fund. Checking a box before values on a departed time of the quality associal security       Prove Not	<b>1040</b>		artment of the Treasury-Internal Revenue Serv S. Individual Income Tax		urn	202	2	OMB No. 1545	-0074	IRS Use	Only–	-Do not w	rite or staple	in this space.
person is a child but not your dependent:         Your social security number           Yauf transmand middle initial         Last name         Your social security number           PRADEEZ REDDY         ROXXAM         887-18-9458           Fjoint num, spoce's first name and middle initial         Last name         Spoce's social security number           Home address number and stept. Hyou have a PO.box, see instructions.         Apt. no.         Presidential Election Campaign           City, town, or post office. Hyou have a foreign address, also complete spaces below.         State         2IP code           MARVLAND INELIGHTS         Foreign province/state/county         Foreign province/state/county         Foreign province/state/county         Foreign province/state/county         You         Spoces           Standard         Someone can claim:         Orou as a dependent:         You as a dependent:         You as a dependent:         You         Spoces           Deduction         Berous that see that one ways and adverses, also control province/state/county         Of Spoces transmitter         You         Spoce           Age/Bindness         You:         You as a dependent:         You spoce as adpendent         You         Spoces           Depondentitions:         In a set of province/spoce         In a set of province/spoce         In a set of province/spoces/spoces/spoce         In a set of province/spo	-			_	-			_				spou	use (QSS)	0
PRADEP         REDIV         ROKKAM         867-18-9458           If joint intum, seques's first name and middle initial         Lait name         Souce's social security number           Home address (number and stree). If you have a P.O. box, see instructions.         Act. no.         Presidential Election Campaign           City, torw, or pot office. If you have a forsign address, also complete spaces below.         State         ZP code         The Schwidt State (100, or your set State (100, or your se	one box.				our spou	use. If you cl	neck	ed the HOH or	QSS	box, ente	er the	child's	name if th	ie qualifying
If joint return, spoule's first name and middle initial       Last name       Spoule's social security number         Home address (number and street). If you have a P.O. box, see instructions.       Apt. no.       Presidential Election Campaign         12217_ENCANTO_DR       B       Check here if you, or your       spoule of fingi polity, wint 3b         MARYLAND       HEIGHTS       MO       63043       box below will not change         Foreign country name       Foreign province/state/country       Foreign postcool       go to this fund. Checking a box below will not change         Digital       At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell,       essets         Assets       schange, gift, or cherwise dispose of adigital asset (or a fanacial interest in a digital asset); (c) see instructions.)       Yes       Mo         Bage/Blindness You:       Were bom before January 2, 1958       he blind       Spouse:       (a) Flastionship       (b) Check the box if qualifies for foe instructions;         If more       1a       Total amount from Formig) W-2, box 1 (see instructions)       (a) Flastionship       (b) Check the box if qualifies for dee instructions;         If were born before lanuary 2, 1958       ta total amount from Formig) W-2, box 1 (see instructions)       (a) Plastionship       (b) Check the box if qualifies for dee instructions;         If more       1a	Your first name	and mi	ddle initial	Last nar	me							Your so	cial securit	y number
Home address frumber and streed, II you have a P.O. box, see instructions.       Apt. no.       Presidential Election Campaign apouse if tiling jointly, went 33 to box beforw all not change provide states.       Presidential Election Campaign apouse if tiling jointly, went 33 to box beforw all not change provide states.         Digital Assets       At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) ell exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.)       Yes No         Standard       Someone can claim:       You as a dependent       You groups as a dependent         Deduction       Spouse iterizations on a separate return or you were a claus-status allen         Age/Bindness       You as a dependent       You as a dependent         Deduction       Spouse iterizations;       (g) social security number       Yes born before January 2, 1958       Is blind         Dependents       Isee instructions;       (g) social security number       Ise instructions;       Ise instructions;         If more tation form and check       In Total amount from Form(s) W-2, box 1 (see instructions).       In Ise instructions;       In Ise instructions;       In Ise instructions;         If they and the state in a transe       In Ise instructions;       In Ise instructions;       In Ise instructions;       In Ise instructions;         If more tation form       In Total amount from Form(s) W-2,	PRADEEP	REDI	ру	ROKK	AM							887-2	18-945	8
12217     ENCANTO DR     B     Check here if you aryou?       City, town, or post office, if you have a foreign address, also complete spaces below.     State     ZIP code     to go to this fund. Checking a box optimized state state and the state optimized state state and the state and	lf joint return, sj	oouse's	first name and middle initial	Last nan	me							Spouse'	s social see	urity number
Chit, town, or post office, If you have a foreign address, also complete spaces below.       State       ZIP code       spouse if filing jointly, want 33         MARXLAND       HETGRTS       Foreign country name       Foreign province/state/county       Foreign post office, If you have a foreign address, also complete spaces below.       MO       Spouse if filing jointly, want 33         Digital       At any time during 2022, did you; (a) receive (as a reward, award, or payment for property or services), or (b) sell, exchange, gift, or otherwise dispose of a digital asset of (a financial asset)? (See instructions).       Yes       No         Standard       Someone can claim:       You as a dependent       You ropuse as a dependent       You       Spouse         Dependents       (See instructions):       (Pist name       (Pist address You:       (Pist address Y				instructio	ons.						-			
MARYLAND         HEIGHTS         MO         63043         bg ot 6 this fund. Checking a           Foreign country name         Foreign province/state/country         Foreign postal code         you         Spouse           Digital Assets         At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset); (See instructions).         Yee         No           Standard Deduction         Spouse itemizes on a separate return or you were a dual-status alien         Spouse itemizes on a separate return or you were a dual-status alien         Image: Checking to the fore the tox figualities for the instructions;           If more than four dependents, see instructions, and check         Image: Checking to the fore the pandent instructions;         Image: Checking to the chegendent instructions, and check         Image: Checking to the chegendent instructions;         Image: Checking the chegendent instructions;         Image: Checking						014/	Sto	to						
Foreign country name       Foreign province/state/country       Foreign postal code       your tax or refund.         Digital Assets       At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions).       Yes       Xe         Standard Deduction       Someone can claim:       You as a dependent.       Your spouse as a dependent.       Yes       Xe         Age/Bindness       You:       Were born bafore January 2, 1958       Are blind       Spouse:       Was born before January 2, 1958       Is blind         Dependents       (see instructions):       (2) Social security       (3) Relationship       (4) Check the box if qualifies (rese instructions)         If more than four dependents, see instructions				mpiere st	Daces Del	ow.						to go to	this fund.	Checking a
Digital Assets       At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions). Yes X No         Standard       Someone can claim: Spouse financisos on a separate return or you were a dual-status alien       Yes X No         Age/Bindness       You: Were born before January 2, 1958       Are blind       Spouse financisos on a separate return or you were a dual-status alien         Age/Bindness       You: Were born before January 2, 1958       Are blind       Spouse financisos on a separate return or you were a dual-status alien         Age/Bindness       You: Were born before January 2, 1958       Are blind       Spouse       Was born before January 2, 1958       Is blind         Dependents, see instructions; fmore dependents, see instructions; fmore dependents, see instructions; ft a total amount from Form(s) W-2, box 1 (see instructions) ft a 93, 472. b Household employee wages not reported on Form(s) W-2. tatab forms; W-2 aea instructions; ft a total amount from Form(s) W-2, box 1 (see instructions) ft a 1 a 93, 472. tatab forms; W-2 aea instructions; ft poulded adoption benefits from Form 2441, line 26 ft poulded mployee wages not reported on Form(s) W-2 (see instructions) ft a total amount from form S1 Mought b aca			IGHIS	F	oreign pr	ovince/state/o	-							0
Assets       exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.)       Yes       No         Standard Deduction       Someone can claim:       You as a dependent       Your spouse as a dependent         Age/Blindness       You:       Were born before January 2, 1958       Are blind       Spouse:       Was born before January 2, 1958       Is blind         Dependents       (9) Fist name       Last name       number       (9) Relationship       (4) Check the box if qualifies for (see instructions):         If more dependents, see instructions       1a       93, 472.       1a       93, 472.         Income       1a       03, 472.       1b       1c         Income       1a       93, 472.       1b       1c         W-26 and trateh Formis)       W-26 and trateh Formis)       1a       93, 472.       1b         V-26 and trateh Formis       W-26 and trateh Formis       1a       93, 472.       1b         W-26 and trateh Formis       W-26 and trateh Formis       1a       93, 472.       1b         W-26 and trateh Formis       W-26 and trateh Formis       1a       93, 472.       1b         W-26 and trateh Formis       W-26 and trateh Formis       1a       93, 472.       1b         W-26 and													You	Spouse
Deduction       Spouse itemizes on a separate return or you were a dual-status alien         Age/Blindness       You:       Were born before January 2, 1958       Are blind       Spouse:       Was born before January 2, 1958       Is blind         Dependents       (see instructions):       (1) First name       Last name       (2) Social security       (3) Relationship       (4) Check the box if qualifies for (see instructions):         If more       (1) First name       Last name       (2) Social security       (3) Relationship       (4) Check the box if qualifies for (see instructions):         Income       1a       Total amount from Form(s) W-2, box 1 (see instructions)	-								-				Yes	X No
Age/Bindness       You:       Were born before January 2, 1958       Are blind       Spouse:       Was born before January 2, 1958       Is blind         Dependents       (see instructions):       (1) First name       Last name       (2) Social security       (3) Relationship       (4) Check the box if qualifies for (see instructions):         If more       (1) First name       Last name       (1) First name       Check the box if qualifies for (see instructions):         Income       1<				•		•								
Dependents (see instructions):       (2) Social security number       (3) Relationship to you       (4) Check the box if qualifies for (see instructions): Child tax credit         if more than four dependents, see instructions and check here       1       Total amount from Form(s) W-2, box 1 (see instructions):       1       1         in the four dependents, and check here       1       Total amount from Form(s) W-2, box 1 (see instructions):       1       1       93, 472.         Income here       1       Total amount from Form(s) W-2, box 1 (see instructions):       1       1       93, 472.         Income here       1       Total amount from Form(s) W-2, box 1 (see instructions):       1       1       1         V=2 and tach Forms       0       Household employee wages not reported on Form(s) W-2 (see instructions):       1       1       1         W=2 are tach forms       6       Medicaid waiver payments not reported on Form(s) W-2 (see instructions):       1       1       1         W=2 are instructions       1       Employee-provided adoption benefits from Form 8839, line 29       1       1       1         Ye2, see instructions       1       1       1       1       1       1       0         get a Form were string instructions       1       1       1       1       1       1       1       1 </td <td></td> <td></td> <td></td> <td></td> <td>_</td> <td></td> <td></td> <td></td> <td>n hefr</td> <td>ore Janua</td> <td>arv 2</td> <td>1958</td> <td>🗌 ls bl</td> <td></td>					_				n hefr	ore Janua	arv 2	1958	🗌 ls bl	
Image: series of the structure in the structure in the structure in the series instructions in the series instructions in the series instructions in the series instructure instruc						•					-			
than four dependents, see instructions and check here (a first sport dependents, see instructions and check here (b first sport dependents, see instructions) (b first sport dependent care benefits from Form(s) W-2, box 1 (see instructions) (b first sport dependent care benefits from Form(s) W-2. (b first sport dependent care benefits from Form(s) W-2. (b first sport dependent care benefits from Form(s) W-2. (c first sport dependent care benefits from Form(s) W-2. (c first sport dependent care benefits from Form(s) W-2. (c first sport dependent care benefits from Form(s) W-2. (c first sport dependent care benefits from Form(s) W-2. (c first sport dependent care benefits from Form 8839, line 29 (c first sport dependent care benefits from Form 8839, line 29 (c first sport dependent care benefits from Form 8839, line 29 (c first sport dependent care benefits from Form 8839, line 29 (c first sport dependent care benefits from Form 8839, line 29 (c first sport dependent care benefits from Form 8839, line 29 (c first sport dependent care benefits from Form 8839, line 29 (c first sport dependent care benefits from Form 8839, line 29 (c first sport dependent care benefits from Form 8839, line 29 (c first sport dependent care benefits from Form 8839, line 29 (c first sport dependent care benefits from Form 8839, line 29 (c first sport dependent care benefits from Form 8839, line 29 (c first sport dependent care benefits from Form 8839, line 29 (c first sport dependent care benefits from Form 8839, line 29 (c first sport dependent care) (c first sport dependent care benefits from Form 8839, line 29 (c first sport dependent care) (c first sport dependent car	-				(2) 0	-		.,				1		
see instructions       Image: Im										[				
and check       here       i       i         here       i       i       i         Income       ia       Total amount from Form(s) W-2, box 1 (see instructions)       ia       93, 472.         Attach Form(s)       b       Household employee wages not reported on Form(s) W-2       ib       ia       93, 472.         Attach Forms       b       Medicaid waiver payments not reported on Form(s) W-2 (see instructions)       ic       ic       ic         W-26 and 109-R if tax       f       Employer-provided adoption benefits from Form 8839, line 29       id       id         W-2, see       in       Other earned income (see instructions)       if       id       gas, 472.         W-2, see       in Nontaxable combat pay election (see instructions)       in       id       id         W-2, see       in Nontaxable combat pay election (see instructions)       it       id       gas, 472.         Attach Sch. B       a       Qualified dividends       id       id       gas, 472.         Standard       Debduction for       Sa       ib       Taxable interest       2b       54.         Gas ocial security benefits       id       id       id       id       id       gas, 472.         Attach Sch. B       if required. </td <td>· · · ·</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>]</td> <td></td> <td></td> <td></td> <td></td>	· · · ·									]				
here       Image: Construction of the second o		s ——								]	7			Ξ
Ite of the second state of the seco										[				
Attach Form(s)       Household employee wages not reported on Form(s) W-2.       1b         W-2 here. Also attach Forms       Tip income not reported on line 1a (see instructions)       1c         W-2 here. Also attach Forms       Medicaid waiver payments not reported on Form(s) W-2 (see instructions)       1d         W-2 attach Forms       Taxable dependent care benefits from Form 2441, line 26       1d         Wages from Form 8919, line 6       1g         If you did not       Wages from Form 8919, line 6       1g         get a Form       Mottaxable combat pay election (see instructions)       1h       0.         W-2, see       isstructions.       1i       1h       0.         instructions.       Z       Add lines 1a through 1h       2a       1h       0.         Y-2, see       isstructions       1i       1a       2b       54.         if required.       3a       0ualified dividends       3b       1b       1b         Standard       Deduction for       6a       5a       1b       1axable amount       4b         Standard       Deduction for       6a       1b       1b       15b       15c         Standard       Deduction for       6a       1b       1b       1c       15c         St	Income	1a	Total amount from Form(s) W-2, b	ox 1 (see	e instruc	tions)						1a	(	93,472.
W-2 here. Also attach Forms       Image: Instruction of the reported on Form (s) W-2 (see instructions)       Image: Instructions)         W-2G and 1099-R if tax was withheld.       Medicaid waiver payments not reported on Form (s) W-2 (see instructions)       Image: Instructions)       Image: Instructions)         if you did not get a Form W-2, see instructions.       model and the reported on Form (see instructions)       Image: Instructions)       Image: Instructions)       Image: Instructions)         Z       Add lines 1a through 1h       Image: Instructions)       Image: Instructions)       Image: Instructions)       Image: Instructions)       Image: Instructions)         Z       Add lines 1a through 1h       Image: Instructions)	meome	b	Household employee wages not re	eported o	on Form	(s) W-2						1b		
attach Forms       d       Medicaid waiver payments not reported on Form(s) W-2 (see instructions)       1d         W-2G and       Taxable dependent care benefits from Form 2441, line 26       1e         1099-R if tax       may ages from Form 8919, line 6       1f         11       Wages from Form 8919, line 6       1g         11       0       1g         11       0       1h       0.         W-2, see       instructions)       1i       0         Instructions.       2a       Tax-exempt interest       2a       b       Tax-able amount       1k         V-2, see       if required.       3a       3a       b       Ordinary dividends       3b         11       Add lines 1a through 1h       1a       1a       0.       3b       3b         11       RA distributions       4a       b       Taxable amount       4b       3b         12       Pansions and annuities       5a       b       Taxable amount       5b       5b         13       Pensions and annuities       5a       b       Taxable amount       1a       6b       5b         14       IAd distributions       5a       5a       b       Taxable amount       1a       6b	.,	с	Tip income not reported on line 1a	a (see ins	structions	s)						1c		
1099-R if tax was withheld.       f       Employer-provided adoption benefits from Form 8839, line 29       11         If you did not get a Form W-2, see instructions.       g       Wages from Form 8919, line 6       1g         W-2, see instructions.       h       Other earned income (see instructions)       1i       0.         W-2, see instructions.       z       Add lines 1a through 1h       1z       93, 472.         Attach Sch. B       2a       b       Tax-exempt interest       2b       54.         If required.       3a       b       Ordinary dividends       3b         Getardinfor-       5a       b       Taxable amount       4b         Standard beduction for-       Social security benefits       6a       b       Taxable amount       6b         Standard beduction for-       if you elect to use the lump-sum election method, check here (see instructions)       1       7       152.         Standard beductin for-       Galital gain or (loss). Attach Schedule D if required. If not required, check here       7       152.         Standard beduction form       Galital gain or (loss). Attach Schedule D if required. If not required, check here       7       152.         Standard beduction form       Galital gain or (loss). Attach Schedule 1, line 26       10       152.         Standari		d	Medicaid waiver payments not rep	ported or	n Form(s)	) W-2 (see ir	nstru	ictions)				1d		
was withheld.       f       Employer-provided adoption benefits from Form 8839, line 29       11         If you did not get a Form       g       Wages from Form 8919, line 6       1g         w-2, see       i       Nottaxable combat pay election (see instructions)       1h       0.         w-2, see       i       Nontaxable combat pay election (see instructions)       1i       1z       93,472.         Attach Sch. B       2a       b       Tax-exempt interest       2b       54.         if required.       3a       Qualified dividends       3a       b       54.         4a       b       Taxable amount       4b       54.         5a       Pensions and annuities       5a       b       Taxable amount       5b         5a       Pensions and annuities       5a       b       Taxable amount       5b         5a       Pensions and annuities       5a       b       Taxable amount       5b         5a       Social security benefits       6a       b       Taxable amount       5b         5a       Other income from Schedule 1, line 10       7       152.       152.         512.950       7       Capital gain or (loss). Attach Schedule D if required. If not required, check here       7       152. <td></td> <td>е</td> <td>Taxable dependent care benefits f</td> <td>from Form</td> <td>m 2441,</td> <td>line 26 .</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>1e</td> <td></td> <td></td>		е	Taxable dependent care benefits f	from Form	m 2441,	line 26 .						1e		
If you did not g Wages from Form 8919, line 6 1g   get a Form h Other earned income (see instructions) 1i   W-2, see i Nontaxable combat pay election (see instructions) 1i   istructions. z Add lines 1a through 1h 1z   Attach Sch. B 2a Tax-exempt interest 2b   if required. 3a b Taxable interest   4a b Taxable amount 4b   Standard Deduction for- 6a   6a b Taxable amount   6a b Taxable amount   6a b Taxable amount   6a b Taxable amount   7 152.   8 Other income from Schedule D if required. If not required, check here   9 865,510.   9 Add lines 12, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income   9 865,510.   10 Standard dettines   9 865,510.   9 865,510.   11 Subtract line 10 from line 9. This is your adjusted gross income   11 80   12 12,950.   13 Qualified business income deduction from Schedule A   14 12,950.   15 Subtract line 14 from line 11 free or less enter -0. This is your table income   13 Qualified business income description from Seys or less enter -0. This is your table income		f	Employer-provided adoption bene	fits from	Form 88	839, line 29						1f		
W-2, see instructions.       i       1i       1i         Attach Sch. B       2a       Add lines 1a through 1h       1z       93, 472.         Attach Sch. B       2a       Tax-exempt interest       2a       b       54.         if required.       3a       b       Defaultions       3b       3b         4a       IRA distributions       4a       b       Taxable amount       4b         5a       Pensions and annuities       5a       b       Taxable amount       4b         6a       Social security benefits       6a       b       Taxable amount       6b         6a       Social security benefits       6a       b       Taxable amount       6b         6a       Social security benefits       6a       b       Taxable amount       6b         7       Capital gain or (loss). Attach Schedule D if required. If not required, check here       7       152.         8       Other income from Schedule 1, line 10       9       85,510.       9         9       Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your adjusted gross income       11       85,510.         10       Subtract line 10 from line 9. This is your adjusted gross income       12       12,950.         14       Add	lf you did not	g	Wages from Form 8919, line 6 .									1g		
Instructions.       Image: Comparison of the pay election (see instructions)       Image: Comparison of the pay election (see		h	Other earned income (see instruct	ions) .					· ·			1h		0.
z       Add lines 1a through 1h       1z       93,472.         Attach Sch, B       2a       Tax-exempt interest       2a       b       54.         if required.       3a       Qualified dividends       3a       b       2b       54.         4a       IRA distributions       4a       b       Doduction for       b       Taxable amount       3b       3b         5a       Pensions and annuities       5a       5a       b       Taxable amount       5b       5b         Married filing separately, \$12,950       Social security benefits       6a       5a       Other income from Schedule 1, line 10       5c       7       152.         Married filing separately, \$12,950       Other income from Schedule 1, line 10       5c       8       -8,168.       9       85,510.         9       Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9       85,510.       10         0ualifying surviving spouse, \$25,900       14       Add lines 12 and 13       12       12,950.       12       12       12,950.         14       Subtract line 10 from line 9. This is your adjusted gross income       11       85,510.       12       12,950.         14       Add lines 12 and 13       12       12,950.		i	Nontaxable combat pay election (	see instru	uctions)			<b>1</b> i						
if required.       3a       3a       b       Ordinary dividends       3b         4a       IRA distributions       4a       b       Taxable amount       4b         5a       Pensions and annuities       5a       b       Taxable amount       5b         6a       Social security benefits       6a       b       Taxable amount       5b         • Single or Married filing separately, \$12,950       6a       Social security benefits       6a       b       Taxable amount       6b         7       Capital gain or (loss). Attach Schedule D if required. If not required, check here       7       152.       7       152.         9       Add lines 12, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9       85, 510.       10         9       Add lines 12, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       11       85, 510.       10         9       Add lines 12, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your adjusted gross income       11       85, 510.       11         10       Subtract line 10 from line 9. This is your adjusted gross income       12       12, 950.       12       12, 950.         14       Add lines 12 and 13       14       12, 950.       13       14       12, 950.       15       72       560		z	Add lines 1a through 1h									1z		93,472.
4a       IRA distributions       4a       b       Taxable amount       4b         5a       Pensions and annuities       5a       b       Taxable amount       5b         6a       Social security benefits       6a       b       Taxable amount       5b         6a       Social security benefits       6a       b       Taxable amount       5b         6a       If you elect to use the lump-sum election method, check here (see instructions)       10       7       152.         • Married filing separately, 512,950       7       Capital gain or (loss). Attach Schedule D if required. If not required, check here       7       152.         • Married filing jointly or Qualifying surviving spouse, \$25,900       8       Other income from Schedule 1, line 10       8       -8,168.         9       85,510.       9       85,510.       10       10         • Head of household, \$19,400       11       Subtract line 10 from line 9. This is your adjusted gross income       11       85,510.         • If you checked any box under Standard deduction or itemized deductions (from Schedule A)       12       12,950.       13         • If you checked any box under Standard       14       Add lines 12 and 13       14       12,950.       14       12,950.         • If you checked any box under Stan	Attach Sch. B	2a	Tax-exempt interest	2a			b Ta	axable interest	t.			2b		54.
Standard Deduction for-       5a       Pensions and annuities	if required.	3a	Qualified dividends	3a			<b>b</b> O	rdinary divide	nds .			3b		
Deduction for-       6a       Social security benefits		4a	IRA distributions	4a			b Ta	axable amoun	t			4b		
Single or Married filing separately, \$12,950       Ga       Social security benefits       Ga       D Taxable amount       T       Go         7       If you elect to use the lump-sum election method, check here (see instructions)       T       Gapital gain or (loss). Attach Schedule D if required. If not required, check here       T       15         9       Add lines 12, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       T       15       7       152.         10       Adjustments to income from Schedule 1, line 26       10       11       85,510.       10         11       85,510.       10       11       85,510.       10       12       12,950.         14       12,950.       13       Qualified business income deduction from Form 8995 or Form 8995-A       13       14       12,950.         15       Subtract line 14 from line 11       15       72,560       15       72,560	Standard	5a		5a								5b		
Married filing separately, \$12,950       c       If you elect to use the lump-sum election method, check here (see instructions)       .		6a	Social security benefits	6a			b Ta	axable amoun	t			6b		
\$12,950       7       Capital gain of (loss). Attach Schedule D in required, in hot required, check here       1       15         Married filing jointly or Qualifying surviving spouse, \$25,900       8       Other income from Schedule 1, line 10       8       -8,168.         Married filing jointly or Qualifying surviving spouse, \$25,900       9       Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9       85,510.         10       Adjustments to income from Schedule 1, line 26       10       11       85,510.         11       Subtract line 10 from line 9. This is your adjusted gross income       11       85,510.         \$19,400       12       Standard deduction or itemized deductions (from Schedule A)       12       12,950.         13       Qualified business income deduction from Form 8995 or Form 8995-A       13       14       12,950.         14       12,950.       15       Subtract line 14 from line 11 If zero or less enter -0- This is your taxable income       15       72       560	Married filing	С	If you elect to use the lump-sum e	lection m	nethod, o	check here (	see	instructions)			. 🗆			
jointly or Qualifying surviving spouse, \$25,9009Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income985, 510.10Adjustments to income from Schedule 1, line 2610Head of household, \$19,40011Subtract line 10 from line 9. This is your adjusted gross income1185, 510.12Standard deduction or itemized deductions (from Schedule A)121212, 950.13Qualified business income deduction from Form 8995 or Form 8995-A131412, 950.1412, 950.1450, 510.1412, 950.15Subtract line 14 from line 1111 f zero or less enter -0-1572, 560.		7	Capital gain or (loss). Attach Sche	dule D if	required	I. If not requ	ired	, check here			. 🗆	7		152.
Qualifying surviving spouse, \$25,900       9       Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9       85,510.         10       Adjustments to income from Schedule 1, line 26       10       10         • Head of household, \$19,400       11       Subtract line 10 from line 9. This is your adjusted gross income       11       85,510.         • If you checked any box under Standard Deduction,       12       Standard deduction or itemized deductions (from Schedule A)       12       12,950.         14       12,950.       14       12,950.       14       12,950.         15       Subtract line 14 from line 11 If zero or less enter -0- This is your taxable income       15       72,560		8										8		-8,168.
\$25,900       10       Adjustments to income non-schedule 1, inte 20       11       10         • Head of household, \$19,400       11       Subtract line 10 from line 9. This is your adjusted gross income       11       85,510.         12       Standard deduction or itemized deductions (from Schedule A)       12       12,950.         13       Qualified business income deduction from Form 8995 or Form 8995-A       13         14       12,950.         15       Subtract line 14 from line 11 If zero or less enter -0- This is your taxable income	Qualifying	9				our <b>total inc</b>	ome	ə				9	8	35,510.
• Head of household, \$19,400       11       Subtract line 10 from line 9. This is your adjusted gross income       11       85,510.         • Head of household, \$19,400       12       Standard deduction or itemized deductions (from Schedule A)       12       12,950.         • If you checked any box under Standard Deduction, Deduction, Deduction,       13       Qualified business income deduction from Form 8995 or Form 8995-A       13         • If you checked any box under Standard Deduction,       14       12,950.       14         • If you checked any box under Standard       14       12,950.       14         • If you checked any box under Standard       14       12,950.       14         • Deduction,       15       72,560       15       72,560		10	Adjustments to income from Sche	dule 1, li	ine 26							10		
\$19,400       12       Standard deduction or itemized deductions (irom Schedule A)       12       12,950.         • If you checked any box under Standard       13       Qualified business income deduction from Form 8995 or Form 8995-A       13       13         14       Add lines 12 and 13       14       12,950.       14       12,950.         15       Subtract line 14 from line 11 If zero or less enter -0- This is your taxable income       15       72       560	<ul> <li>Head of</li> </ul>					-						11	8	35,510.
any box under Standard14Add lines 12 and 131412,950Deduction,15Subtract line 14 from line 11 If zero or less enter -0- This is your taxable income1572		12	Standard deduction or itemized	deducti	ons (fror	m Schedule	A)					12		12,950.
Standard         14         Add lines 12 and 13         14         12,950           Deduction,         15         Subtract line 14 from line 11 If zero or less enter -0- This is your taxable income         15         72         560		13		ion from	Form 89	995 or Form	899	5-A				13	_	
	Standard	14					•					14		
		15	Subtract line 14 from line 11. If zer	ro or less	s, enter -	0 This is y	our <b>t</b>	axable incom	ie .	• •		15		72,560.

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

Form **1040** (2022)

Form 1040 (2022	2)								Pa	ige <b>2</b>
Tax and	16	Tax (see instructions). Check in	f any from Form	(s): <b>1</b> 🗌 881	4 <b>2</b> 4972	3		16	11,57	2.
Credits	17	Amount from Schedule 2, line	3					17		
	18	Add lines 16 and 17						18	11,57	2.
	19	Child tax credit or credit for o	ther dependen	ts from Sched	ule 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	11,57	2.
	23	Other taxes, including self-en	nployment tax,	from Schedule	e 2, line 21 .			23		0.
	24	Add lines 22 and 23. This is y	our <b>total tax</b>					24	11,57	2.
Payments	25	Federal income tax withheld								
	а	Form(s) W-2				<b>25a</b> 15	,256.			
	b	Form(s) 1099				25b		1		
	с	Other forms (see instructions)				25c		1		
	d	Add lines 25a through 25c .						25d	15,25	6.
	26	2022 estimated tax payments						26		-
If you have a qualifying child,	27	Earned income credit (EIC) .				27				
attach Sch. EIC.	28	Additional child tax credit from				28		1		
	29	American opportunity credit f				29				
	30	Reserved for future use				30				
	31	Amount from Schedule 3, line	15			31		1		
	32	Add lines 27, 28, 29, and 31.				undable credits		32		
	33	Add lines 25d, 26, and 32. Th						33	15,25	6.
Defined	34	If line 33 is more than line 24,						34	3,68	
Refund	35a	Amount of line 34 you want r						35a	3,68	
Direct deposit?	b	Routing number 0 2 1					Savings			
See instructions.	d	Account number 3 8 1								
	36	Amount of line 34 you want a	· · · ·			36				
Amount	37	Subtract line 33 from line 24.								
You Owe	57	For details on how to pay, go						37		
	38	Estimated tax penalty (see ins	-	-		38				
Third Party		you want to allow another	,							_
Designee							omplete b	elow.	× No	
	De	signee's		Phone		Pers	onal identif	ication		
	nar	ne		no.		num	oer (PIN)			
Sign		der penalties of perjury, I declare th								
Here		ief, they are true, correct, and comp	lete. Declaration (			ased on all information	1	• •		ige.
	-	ur signature		Date	Your occupation				nt you an Identity IN, enter it here	
Joint return?	R	. Pradeep Reddy		02/08/2023	SOFTWARE 1	ENGINEER	(see			Т
See instructions.		ouse's signature. If a joint return, be	oth must sign.	Date	Spouse's occupat		If the	IRS sei	nt your spouse an	
Keep a copy for		·····;·					Ident	ity Prot	ection PIN, enter it	here
your records.							(see	inst.)		
	Pho	one no. (551) 998-6449		Email address	PRADEEPROKKA	M1792@GMAIL.CO				
Paid	Pre	eparer's name	Preparer's signat	ure		Date	PTIN		Check if:	
Preparer	SYAM	PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	02/08/2023	P02082	2703	Self-employ	ed
Use Only	Firr	m's name GLOBAL TAX	ES LLC				Phor	ne no.	678)965-95	22
	Firr	m's address 245 ROONEY	CT E BRU	NSWICK N	J 08816		Firm'	s EIN	84-31719	65
Go to www.irs.go	ov/Form	1040 for instructions and the lates	t information.		BAA	REV 01/28/23 PRO		_	Form <b>1040</b>	(2022)

SCHEDULE	E 1
(Form 1040)	

Department of the Treasury

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

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

OMB No. 1545-0074 2 22 (0)

Department of the Treasury Internal Revenue Service	Go to www.irs.gov/Form1040 for instructions and the latest information.		Attachment Sequence No. <b>01</b>			
Name(s) shown on Fo	rm 1040, 1040-SR, or 1040-NR	Your soc	ial security number			
PRADEEP REDDY ROKKAM 887-18-						

Par	t Additional Income				
1	Taxable refunds, credits, or offsets of state and local income taxes			1	
<b>2</b> 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. Att	Schedule E .	5	-8,168.	
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		_	
1	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		,		
	1040, line 1a or 1d	8s	(	)	
t	Pension or annuity from a nonqualifed deferred compensation plan or				
	a nongovernmental section 457 plan	8t		_	
u	Wages earned while incarcerated	8u		_	
Z	Other income. List type and amount:				
•		8z			4
9	Total other income. Add lines 8a through 8z			9	
10	Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SF	i, or 1	040-NR, line 8	10	-8,168.

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

Schedule 1 (Form 1040) 2022

Par	t II Adjustments to Income			
11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-b	basis government	: 🗌	
	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 8I 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			
_		24k	_	
Z	Other adjustments. List type and amount:			
0E		4z	05	
25	Total other adjustments. Add lines 24a through 24z		25	
26	Add lines 11 through 23 and 25. These are your <b>adjustments to income</b> . I			
			26	
	BAA	REV 01/28/23 PRO	Schedu	le 1 (Form 1040) 2022

### SCHEDULE D (Form 1040)

## **Capital Gains and Losses**

OMB No. 1545-0074

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

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

20 2 Attachment Sequence No. 12

Name(s) shown on return

Department of the Treasury

Internal Revenue Service

PRADEEP REDDY ROKKAM

Your social security number

887-18-9458

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? **Yes** × No If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

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

lines This	instructions for how to figure the amounts to enter on the below. form may be easier to complete if you round off cents to e dollars.	<b>(d)</b> Proceeds (sales price)	<b>(e)</b> Cost (or other basis)	(g) Adjustments to gain or loss f Form(s) 8949, P line 2, column	from Part I,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a	Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b .				-	
1b	Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked	80.	51.			29.
2	Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked	253.	268.			-15.
3	Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked					
4	Short-term gain from Form 6252 and short-term gain or (le	oss) from Forms 4	684, 6781, and 88	324	4	
5	Net short-term gain or (loss) from partnerships, Schedule(s) K-1	•		usts from	5	
6	Short-term capital loss carryover. Enter the amount, if an <b>Worksheet</b> in the instructions	-	6	( )		
7	Net short-term capital gain or (loss). Combine lines 1a term capital gains or losses, go to Part II below. Otherwise	-			7	14.

#### 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 lines below. This form may be easier to complete if you round off cents to whole dollars.		<b>(d)</b> Proceeds (sales price)	<b>(e)</b> Cost (or other basis)	(g) Adjustmer to gain or los Form(s) 8949, line 2, colun	s from Part II,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a	Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b.					
8b	Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked	500.	362.			138.
9	Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked					
10	Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked.					
11	Gain from Form 4797, Part I; long-term gain from Forms from Forms 4684, 6781, and 8824				11	
12	Net long-term gain or (loss) from partnerships, S corporat	ions, estates, and	trusts from Schee	dule(s) K-1	12	
13	Capital gain distributions. See the instructions				13	
14	Long-term capital loss carryover. Enter the amount, if any <b>Worksheet</b> in the instructions	14				
45					14	<u>(                                    </u>
15	Net long-term capital gain or (loss). Combine lines 8a on the back	-		o to Part III	15	138.
For F	Paperwork Reduction Act Notice, see your tax return instruction	ons. RAA	REV 01/28/23 PRO		Schedu	Ile D (Form 1040) 2022

Schedule D (Form 1040) 2022

Part	III Summary	
16	Combine lines 7 and 15 and enter the result	<b>16</b> 152.
	• 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?          X       Yes. Go to line 18.	
	$\square$ No. Skip lines 18 through 21, and go to line 22.	
18	If you are required to complete the <b>28% Rate Gain Worksheet</b> (see instructions), enter the amount, if any, from line 7 of that worksheet	18
19	If you are required to complete the <b>Unrecaptured Section 1250 Gain Worksheet</b> (see instructions), enter the amount, if any, from line 18 of that worksheet	19
20	<ul> <li>Are lines 18 and 19 both zero or blank and you are not filing Form 4952?</li> <li>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.</li> </ul>	
	□ No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.	
21	If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of:	
	The loss on line 16; or     (\$3,000), or if married filing separately, (\$1,500)	21 ()
	Note: When figuring which amount is smaller, treat both amounts as positive numbers.	
22	Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?	
	☐ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16.	
	□ No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.	

REV 01/28/23 PRO

Schedule D (Form 1040) 2022

Form **8949** 

# 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.



Internal Revenue Service Name(s) shown on return

Department of the Treasury

Name(s) shown on return	Social security number or taxpayer identification number
PRADEEP REDDY ROKKAM	887-18-9458

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

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

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

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

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

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

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

<b>1</b> (a) Description of property		Date sold or		<b>(e)</b> Cost or other basis See the <b>Note</b> below	If you enter an enter a co	f any, to gain or loss amount in column (g), ode in column (f). arate instructions.	<b>(h)</b> Gain or (loss) Subtract column (e)
(Example: 100 sh. XYZ Co.)	(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).
ROBINHOOD SECURITIES LLC	01/01/22	12/01/22	80.	51.			29.
2 Totals. Add the amounts in column negative amounts). Enter each tot Schedule D, line 1b (if Box A above above is checked), or line 3 (if Box	al here and inc e is checked), <b>lir</b>	lude on your ne 2 (if Box B	80.	51.			29.

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

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

Form 8949 (2022)	Attachment Sequence No. 124
------------------	-----------------------------

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side PRADEEP REDDY ROKKAM

side Social security number or taxpayer identification number 887-18-9458

Page 2

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

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

1 (a) Description of property	<b>(b)</b> Date acquired	<b>(c)</b> Date sold or	<b>(d)</b> Proceeds	<b>(e)</b> Cost or other basis See the <b>Note</b> below	Adjustment, i If you enter an enter a c See the sep	(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.	<b>(f)</b> Code(s) from instructions	<b>(g)</b> Amount of adjustment	from column (d) and combine the result with column (g).
ROBINHOOD SECURITIES LLC	01/01/22	12/01/22	500.	362.			138.
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).			500.	362.			138.

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.

Form **8949** 

# 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.



Internal Revenue Service Name(s) shown on return

Department of the Treasury

Name(s) shown on returnSocial security number or taxpayer identification numberPRADEEP REDDY ROKKAM887-18-9458

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

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

<b>1</b> (a) Description of property		<b>(b)</b> Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis See the <b>Note</b> below	If you enter an enter a co See the sep	f any, to gain or loss amount in column (g), ode in column (f). arate instructions.	<b>(h)</b> Gain or (loss) Subtract column (e)
(Examp	ole: 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).
Robinhood	Crypto LLC	01/01/22	12/01/22	253.	268.			-15.
negative amo	the amounts in column ounts). Enter each tota line 1b (if Box A above cked), or line 3 (if Box (	al here and inc is checked), <b>lir</b>	lude on your ne 2 (if Box B	253.	268.			-15.

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

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

SCHEDULE	Ε
(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.

OMB No. 1545-0074
2022
Attachment

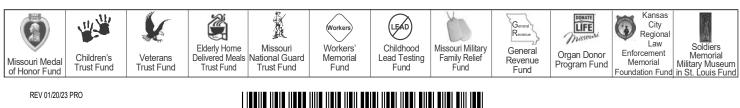
Go to www.irs.gov/ScheduleE for instructions and the latest information

nternal	Revenue Service	Go to www.irs.gov/schedulez for	instruc		ille la	lest in	onnauon.		· ·	
Name(s	) shown on return							Your socia	-	
	EEP REDDY ROK							887-18	-9458	
Part	Note: If you are	Loss From Rental Real Estate and e in the business of renting personal property or loss from Form 4835 on page 2, line 40.			. See	instruc	tions. If you a	ire an indivi	idual, rep	oort farm
	Did you make any pa	ayments in 2022 that would require you t		. ,			tructions .			
<u>-</u> . 1a		of each property (street, city, state, ZIP					<u> </u>	<u>· · · ·</u>		
-			,							
A B	14-4-05, SAG.	AR ROAD NALGONDA TELANGANA	ΞN							
C										
1b	Type of Property (from list below)	2 For each rental real estate proper above, report the number of fair re					r Rental Days	Persona Day		QJV
Α	3	personal use days. Check the QJ	V box	only	Α		365		0	
В		if you meet the requirements to fil		. –	B					
С		qualified joint venture. See instruc	ctions.		С					
ype	of Property:									
1	Single Family Reside Multi-Family Reside		al	5 Land 6 Royaltie	es		Self-Rental Other (descr	ribe)		
							Properti	es:		
ncon	ne:		F	Α			B			С
3	Rents received .		3		5	80.				
4	Royalties received		4							
Exper	ises:									
5	Advertising		5							
6	Auto and travel (se	e instructions)	6		2	95.				
7	Cleaning and main	tenance	7		8	60.				
8	Commissions .		8							
9	Insurance		9							
10	Legal and other pro	ofessional fees	10							
11	Management fees		11		1,12	28.				
12	Mortgage interest p	paid to banks, etc. (see instructions)	12							
13	Other interest .		13							
14	Repairs		14		1,8	60.				
15	Supplies		15		2,8	43.				
16	Taxes		16							
17	Utilities		17		1,7	62.				
18	Depreciation exper	nse or depletion ........	18							
19	Other (list)		19							
20	Total expenses. Ac	dd lines 5 through 19 ......	20		8,7	48.				
21		om line 3 (rents) and/or 4 (royalties). If								
		ee instructions to find out if you must			0 1					
			21	_	8,1	68.				
22		real estate loss after limitation, if any, e instructions)	22 (	8	3 <b>,</b> 16	8.)(		)(		
23a	Total of all amount	s reported on line 3 for all rental proper	ties			23a		580.		
b	Total of all amount	s reported on line 4 for all royalty prope	erties		.	23b				
С		s reported on line 12 for all properties				23c				
d	Total of all amounts	s reported on line 18 for all properties			. [	23d				
е						23e	8	,748.		
24		itive amounts shown on line 21. <b>Do not</b>		•				. 24		
25	Losses. Add royalt	y losses from line 21 and rental real estate	e losse	s from line	22. E	nter to	tal losses hei	re <b>25</b> (		8,168.
26		estate and royalty income or (loss). C I, IV, and line 40 on page 2 do not a								
		1040), line 5. Otherwise, include this arr						. 26		-8,168.

-8,168.

	Form 10-1040 For Calendar Year January 1 - December 31, 2022	
Print	t in BLACK ink only and DO NOT STAPLE.	DATE OF BAL
	Amended Return       Composite Return         (For use by S corporations or Partnerships)         Federal Extension - Select this box if you have an approved federal extension. Attach a copy Federal Extension (Form 48)	68).
	Vendor Code       Department Use Only         Al Year Beginning (MM/DD/YY)       Fiscal Year Ending (MM/DD/YY)         Image: Segure 1 and Image:	
Filing Status	X       Single       Claimed as a Dependent       Married Filing Married Filing Separately       Head of Household       Qualifying Widow(er)	
	Age 62 through 64       Age 65 or Older       Blind       100% Disabled       Non-Obligated S         urself       Spouse       Yourself       Spouse       Yourself       Spouse       Yourself       Spouse       Yourself       Spouse       Spouse       Yourself       Spouse       Spouse       Spouse       Yourself       Spouse       Spouse       Spouse       Spouse       Spouse       Yourself       Spouse	
Name	Social Security Number     in 2022     Spouse's Social Security Number     i       887     18     9458	eceased in 2022 Suffix Suffix Suffix
Address	Present Address (Include Apartment Number or Rural Route)         12217 ENCANTO DR APT B         City, Town, or Post Office       State       ZIP Code         MARYLAND HEIGHTS       MO       63043       –         County of Residence	
	STCH	

You may contribute to any one or all of the trust funds on Line 50. See pages 11-12 of the instructions for more trust fund information.



REV 01/20/23 PRO

IN



				Yourself (Y)		Spouse (S)						
	1.	Federal adjusted gross income from federal return (see worksheet on page 7 of the instructions)	1Y	85510	00 1S		. 00					
	2.	Total additions (from <u>Form MO-A</u> , Part 1, Line 7)	2Y		00 2S		. 00					
Je	3.	Total income - Add Lines 1 and 2	3Y	85510	00 3S		. 00					
Income	4.	Total subtractions (from Form MO-A, Part 1, Line 18)	4Y		00 4S		. 00					
	5.	Missouri adjusted gross income - Subtract Line 4 from Line 3	5Y	85510	00 5S		. 00					
	6.	Total Missouri adjusted gross income - Add columns 5Y and 5S	S	6	85510	. 00						
	7.	Income percentages - Divide columns 5Y and 5S by total on Line 6. (Must equal 100%)	7Y	100	% 7S		] %					
	8.	Pension, Social Security and Social Security Disability exempti Section D)	•		8, 8		00					
	0	,		9 11572								
	9.	Tax from federal return										
	10.	Other tax from federal return.		10								
	11.	Total tax from federal return. Do not enter federal income tax with	held.	11 11572	2 00							
	12.	Federal tax percentage – Enter the percentage based on your         Missouri Adjusted Gross Income, Line 6. Use the chart below to         find your percentage       12         Missouri Adjusted Gross Income Range, Line 6:       Federal Tax Percentage:         \$25,000 or less       35%										
su		\$25,001 to \$50,000										
Inctio												
		\$125,001 or more C	)%									
ons and	13.	Federal income tax deduction – Multiply Line 11 by the percent amount not to exceed \$5,000 for an individual or \$10,000 for co	-		13	1736	. 00					
mptic	14.	Missouri standard deduction or itemized deductions. (If itemizin • Single or Married Filing Separate-\$12,950 • Head of House	0.	, ,			] []					
Exer		Married Filing Combined or Qualifying Widow(er)-\$25,900			14	12950	. 00					
	15.	Additional Exemption for Head of Household and Qualified Wid	ow(er)	)	15		. 00					
	16.	Long-term care insurance deduction			16		. 00					
	17.	Health care sharing ministry deduction			17		. 00					
	18.	Active Duty Military income deduction			18		. 00					
	19.	Inactive Duty Military income deduction			19		. 00					
	20.	Bring jobs home deduction			20		. 00					
	21.	Transportation facilities deduction			21		. 00					
		A. Port Cargo Expansion B. International Trade Fa	cility	C. Qualified Trac	le Activities	IN I						

	223	322021	555		

(

nued	22.	First time home buyers deduction. A.	В.			22		. 00
	23.	Long term dignity savings account deduction				23		. 00
	24.	Foster parent tax deduction				24		. 00
Conti		Total deductions - Add Lines 8 and 13 through 24				25	14686	00
ctions		Subtotal - Subtract Line 25 from Line 6				26	70824	00
Dedu	27.	Multiply Line 26 by appropriate percentages (%) on						
		Lines 7Y and 7S	27Y	70824.	00	27S		. 00
<b>Deductions Continued</b>	28.	Enterprise zone or rural empowerment zone income modification	28Y		00	28S		. 00
	29.	Taxable income - Subtract Line 28 from Line 27	29Y	70824	00	29S		. 00
	30.	Tax (see tax chart on page 26 of the instructions)	30Y	3569.	00	30S		. 00
	31.	Resident credit - Attach Form MO-CR and other states' income tax return(s)	31Y		00	31S		. 00
	32.	Missouri income percentage - Enter 100% unless you are completing <b>Form MO-NRI</b> . Attach Form MO-NRI and a copy of your federal return if less than 100%	32Y	100	%	32S		%
Тах	33.	Balance - Subtract Line 31 from Line 30; OR multiply Line 30 by percentage on Line 32	33Y	3569.	00	33S		. 00
	34.	Other taxes - Select box and attach federal form indicated.						
		Lump sum distribution (Form 4972)				<b></b>		1
		Recapture of low income housing credit (Form 8611)	34Y		00	34S		. 00
	35.	Subtotal - Add Lines 33 and 34	35Y	3569.	00	35S		. 00
	36.	Total Tax - Add Lines 35Y and 35S				36	3569	. 00
	37.	MISSOURI tax withheld - Attach Forms W-2 and 1099				37	4085	. 00
	38.	8. 2022 Missouri estimated tax payments - Include overpayment from 2021 applied to 2022						. 00
Credits	39.	. Missouri tax payments for nonresident partners or S corporation shareholders - Attach Forms MO-2NR and MO-NRP				39		. 00
is and (	40.	. Missouri tax payments for nonresident entertainers - Attach Form MO-2ENT				40		. 00
ayment	41.	. Amount paid with Missouri extension of time to file (Form MO-60)				41		. 00
Ä	42.	Miscellaneous tax credits (from <u>Form MO-TC</u> , Line 13) - Attach Form MO-TC				42		. 00
	43.	Property tax credit - Attach Form MO-PTS				43		. 00
	44.	Total payments and credits - Add Lines 37 through 43				44	4085	. 00



	Sk	kip Lines 45 through 47 if you are not filing an amended return.					
	45.	Amount paid on original return					
	46.	Overpayment as shown (or adjusted) on original return					
		Indicate Reason for Amending					
_		Enter date of IRS report (M	M/DD/YY)				
eturn		A. Federal audit					
ded R		Enter year of loss (YY)					
		B. Net Operating Loss carryback					
4		Enter year of credit (YY)					
		C. Investment tax credit carryback	ded return, if filed. (MM/DD/YY)				
		D. Correction other than A, B, or C					
	47.	Amended return total payments and credits - Add Lines 44 and 45; subtract Li					
		Enter on Line 47					
	48.	If Line 44, or if amended return, Line 47, is larger than Line 36, enter the differen Amount of OVERPAYMENT					
	40						
	50.	Enter the amount of your donation in the trust fund boxes below. See instructi	ons for additional trust fund codes.				
	50a	Children's . 00 Veterans . 00 Elderly Home Delivered Meals . 00 50b. Trust Fund . 00 50c. Trust Fund	Missouri National Guard 50d. Trust Fund				
Refund	50	Workers' Ne. Memorial Fund . 00 Childhood Lead Solf. Testing Fund . 00 Missouri Military Family 50g. Relief Fund Soldiers	. 00 50h. General . 00				
	50i	Arasas City Memorial Regional Law Military Enforcement Good Wuseum in	MIssouri Medal of 501. Honor Fund				
	50	Additional Additional Additional Additional Fund Fund Amount .00 50n. Code Additional Additional Fund Amount	. 00				
		Total Donation - Add amounts from Boxes 50a through 50n and enter here					
	51.	Amount of Line 48 to be deposited into a Missouri 529 Education Plan (MOST					
		account. Enter the total deposit amount from Form 5632					
	52.	<b>REFUND</b> - Subtract Lines 49, 50, and 51 from Line 48 and enter here					
		a. Routing Number 021200339	c X Checking Savings				
		b. Account	c. 🛛 Checking 🛄 Savings				
		Number 581042378880					



lf ye	s, vis	erved on active duty in the United t <u>dor.mo.gov/military/</u> to see the services a s. A list of all state agency resources and be	nd benefits we offer to a					IN	
	il to:	Balance Due: Missouri Department of Revenue P.O. Box 3370 Jefferson City, MO 65105-3370 Phone: (573) 751-7200	Refund or No Am Missouri Departme P.O. Box 3222 Jefferson City, MC Phone: (573) 751	ent of Revenue 65105-3222 -3505	Fax: (573) Email: inco Submission Email: inco Inquiry and	ometaxproo n of Individ ome@dor.n	cessing@do ual Income no.gov	<sup>(Revised 12-2022)</sup> or.mo.gov Tax Returns	
	A	☐ FA	DE	F					
			Departmei	nt Use Only				[]	
			223220	)51555					
	Did an	any member of the preparer's firm you pay a tax return preparer to comple Internal Revenue Service preparer tax io parer's name, address, and phone num	ete your return, but th dentification number?	e preparer failed t If you marked ye sections of the sig	o sign the retur es, please inser nature block al	rn or provide rt the			
	la	uthorize the Director of Revenue or dele	egate to discuss my			preparer			
	24	15 ROONEY CT E BRUNSWI	СК			NJ	08816		
		parer's Address				State	ZIP Code		
	84-3171965					6789659522			
	SYAM PRIYA RAM SAGAR GUPTA TALLAM Preparer's FEIN, SSN, or PTIN					02 Preparer's Te	08	23	
0)						Date (MM/DD/YY)			
Signature	SYAM@GTAXFILE.COM					551998			
ture	E-n	nail Address			]	Daytime Tele	-		
		puse's Signature (If filing combined, BOTH mu	ust sign)			Date (MM/DE	)/YY)		
	k	2. Pradeep Reddy				02	08	2023	
		nature				Date (MM/DE	)/YY)		
	of n the bas imp una alie	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete. By signing or entering my name in the "Signature" field(s) below, I am providing the Department of Revenue with my signature as required under <u>Section 143.561, RSMo.</u> Declaration of preparer (other than taxpayer) is based on all information of which he or she has knowledge. As provided in <u>Chapter 143, RSMo.</u> , a penalty of up to \$500 shall be imposed on any individual who files a frivolous return. I also declare under penalties of perjury that I employ no illegal or unauthorized aliens as defined under federal law and that I am not eligible for any tax exemption, credit, or abatement if I employ such aliens. I am aware of any applicable reporting requirements of <u>Section 135.805, RSMo</u> , and the penalty provisions of <u>Section 135.810</u> , <b>RSMo</b> .							
		electronically. Any returned check may						. 00	
	55.	AMOUNT DUE - Add Lines 53 and 54 If you pay by check, you authorize the	Department of Reve	•					
Amount Due	Select this box if you are a farmer exempt from the underpayment of estimated tax pena								
nt Due	54.	Underpayment of estimated tax penalt	y - Attach <u>Form MO</u>	<u>-2210</u> . Enter pena	alty amount her	re 54		. 00	
		Amount of UNDERPAYMENT				53		. 00	
	53.	f Line 36 is larger than Line 44 or Line 47, enter the difference.							

Visit dor.mo.gov/taxation/individual/tax-types/income/ for additional information.

veteranbenefits.mo.gov/state-benefits/

5



REV 01/20/23 PR0 MO-1040 Page 5