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

	515.135 55.115				
Submis	ssion Identification Number (SID)				
Taxpaye	's name	Social securi	ty numl	per	
KRUT	I GUPTA ALLENKI	691-34	-607	4	
Spouse's	name	Spouse's soo	ial secu	urity number	
Part	Tax Return Information — Tax Year Ending December 31, 2022 (Enter	Vear Voll a	re au	thorizina	<u> </u>
	hole dollars only on lines 1 through 5.	year you a	ı e au	uionzing.)
	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.				
	Adjusted gross income		1	145	,785.
	Total tax		2		, 715.
	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3		,914.
	Amount you want refunded to you		4		,199.
5	Amount you owe		5		
Part		еер а сор	y of y	our retu	rn)
my knoreturn (of to send for any Agent to payment authorize payment business taxes to personal	renalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) 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, transming return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejected in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U. 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 to, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requisions days prior to the payment (settlement) date. I also authorize the financial institutions involved in the payment confidential information necessary to answer inquiries and resolve issues related to the publication number (PIN) below is my signature for the income tax return (original or amended) I are	e are the am tter, or electriction of the the second of the the second of the the the authoriziests must be processing of ayment. I fur	ounts formic references on the control of the contr	from the inc turn original ssion, (b) the designated paration soff to this accor- fo revoke (eved no late ectronic particularly	come tax tor (ERO) he reason Financial tware for bunt. This cancel) a er than 2 hyment of that the
	ic Funds Withdrawal Consent. yer's PIN: check one box only				
X	l authorize GLOBAL TAXES LLC to enter or generate	ny PINI 4	6 (7 4	as my
	ERO firm name signature on the income tax return (original or amended) I am now authorizing.	ř En		digits, but er 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 metholelow.				
Your si	gnature ▶ Date ▶				
Spous	e's PIN: check one box only				
Opous	I authorize to enter or generate	ny DINI			as my
	ERO firm name	_	ter five	digits, but	as my
	signature on the income tax return (original or amended) I am now authorizing.			er 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	I 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 ent	6 3	1 9 8	9
		Don tem	o. un 20		
authoriz	that the above numeric entry is my PIN, which is my signature for the electronic individual income ta ed to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am subments of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS e-file Providers of Inc.	tting this reti	urn in a	accordance	
ERO's	signature ► Date ►				
	ERO Must Retain This Form — See Instructions				
	Don't Submit This Form to the IRS Unless Requested To D	o So			

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

2022

OMB No. 1545-007

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

Age/Blindness You:	Filing Status Check only one box.	If yo	Single Married filing jointly unchecked the MFS box, enter the nonis a child but not your dependent	ame of y	ed filing separately (l	·	_		•	,	spou	fying surv se (QSS) name if th	Ü
If point return, spouse's first name and middle initial Last name Apt. no. 15 60 NE 40 TH ST Strate Apt. no. Check here set you, or your spouse's first name and street, if you have a P.O. box, see instructions. Apt. no. Apt.	Your first name	and mi	ddle initial	Last na	me					Y	our so	ial securit	y number
The me address (number and street), If you have a P.O. box, see instructions. Apt. no. N250 Check here if you, or your storage N250 Check here N250	KRUTI GU	JPTA		ALLE	NKI					6	91-3	84-6074	4
Check here if you, or your Spouse if Ring Indian Last name Foreign province/state/county Foreign postal code You Spouse Filing plantly, want \$3 to go to this fund. Checking a your tax or refund. You Spouse Filing plantly, want \$3 to go to this fund. Checking a your tax or refund. You Spouse Foreign postal code You Spouse Foreign postal code You Spouse Foreign postal code You Spouse Standard Someone can calcism: You as a dependent Your spouse as a your spouse	If joint return, s	pouse's	first name and middle initial	Last nai	me					Sp	ouse's	social sec	urity number
State Action Ac	Home address	(numbe	er and street). If you have a P.O. box, see	instructio	ons.			А	pt. no.	Pı	esider	tial Election	on Campaign
City, town, or post office. If you have a foreign address, also complete spaces below. State	15606 NE	E 401	TH ST					N	250				
REDMOND Foreign country name Foreign province/state/country Foreign postal code Proving province/state/country Foreign postal code Pvou Spouse Proving postal code Pvou Spouse Pvou Spouse Standard	City, town, or p	ost offic	ce. If you have a foreign address, also co	mplete s _l	paces below.	Stat	e						
Spouse Standard	REDMOND					WA		980	52				
Digital Assets	Foreign country	y name		F	oreign province/state/	count	у	Foreig	n postal co	de yo	our tax	_	
Assets exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.)		A.L					1		'	- (1-)	11	You	Spouse
Standard Deduction				,				•	,.	` '		☐ Yes	X No
Spouse itemizes on a separate return or you were a dual-status alien					<u>_</u>			abboty	(000 1110	iiiaoti	0110.)		
Capital part Capi	Deduction				•		a dopondont						
Capital part Capi	Age/Blindness	You:	☐ Were born before January 2, 1	958	Are blind Sp	ouse:	☐ Was bor	rn befo	re Januai	y 2, 1	958	☐ Is bli	ind
If more than four dependents, see instructions, see instructions, see instructions and check here	Dependents	s (see	instructions):		(2) Social security	,		(4)				es for (see	instructions):
dependents, see instructions and check here	If more	•	•				to you	. 1		x credi	t (Credit for other dependents	
Income	than four											[
Income Income Income Income		s ——											
Income 1a Total amount from Form(s) W-2, box 1 (see instructions) 1b Household employee wages not reported on Form(s) W-2 Attach Form(s) W-2 here. Also attach Forms W-2 are Also attach Sch. B of Children are Also atta	and check												<u> </u>
b Household employee wages not reported on Form(s) W-2 Attach Form(s) W-2 here, Also attach Forms W-2 here, Also attach Forms W-2G and Medicaid waiver payments not reported on Form(s) W-2 (see instructions) Medicaid waiver payments not reported on Form(s) W-2 (see instructions) Medicaid waiver payments not reported on Form(s) W-2 (see instructions) Taxable dependent care benefits from Form 8839, line 26 Employer-provided adoption benefits from Form 8839, line 29 Mages from Form 8919, line 6 Mother earned income (see instructions) Mother earned income (see instructions) Tax Add lines 1 a through 1h A	here]									\perp		
Attach Forms W-2 here. Also W-2 here. Also dedicaid waiver payments not reported on Form(s) W-2 (see instructions) W-2 and 1099-R if tax was withheld. If you did not get a Form W-2, see instructions. In the complex of the complex	Income	1a		,	,							15	55,768.
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W-2G and 1099-R if tax was withheld. If you did not get a Form W2-2 see instructions. If you did not get a Form W2-2, see instructions. Attach Sch. B if required. Atta	W-2 here. Also		·	`	,	٠							
1099-Rif tax was withheld. f Employer-provided adoption benefits from Form 8839, line 29 Wages from Form 8919, line 6 Dother earned income (see instructions) Nontaxable combat pay election (see instructions) Add lines 1a through 1h Attach Sch. B and I	attach Forms												
Wages from Form 8919, line 6 get a Form W-2, see instructions. Add lines 1a through 1h Attach Sch. B if required. Attach Sch. B Bardard Beduction for- Single or Married filing separately, \$12,950 Married filing surviving spouse, \$22,59,000 Head of household, \$13,400 Head of household, \$13,400 If you checked any box under standard peduction, \$13,400 Langularified business income deduction from Schedule A) Mary box under standard deduction, \$13,400 Langularified surviving spouse, \$14,500 Langu	1099-R if tax		·										
h Other earned income (see instructions) Ith O. W-2, see instructions. Ith O. Nontaxable combat pay election (see instructions) Ith O. Nontaxable combat pay election (see instructions) Ith O. Attach Sch. B If required. Attach Sch. B If required. Ith O. Attach Sch. B If required. Ith O. It	was withheld.		. ,	STITS from Form 8839, line 29									
W-2, see instructions. i Nontaxable combat pay election (see instructions) Add lines 1a through 1h Tax-exempt interest 2a	If you did not	_								•			
Add lines 1a through 1h Attach Sch. B B Taxable amount Attach Sch. B B Tax	W-2, see										10		
Attach Sch. B if required. 2a Tax-exempt interest	instructions.			see mstr	uctions)						4-	1 1 5	5 760
if required. 3a Qualified dividends 3a 7. b Ordinary dividends	A#			 20	<u>.</u>	 b T	· · · ·			•		1	73, 700.
4a IRA distributions . 4a b Taxable amount . 4b Standard deduction for—Single or Married filing separately, \$12,950 Married filing jointly or Qualifying surviving spouse, \$25,900 Head of household, \$19,400 If you checked any box under \$25,900 If you checked any box under \$25,900 Add lines 12 and 13 Add lines 12 and 13 Pensions and annuities . 5a b Taxable amount . 5b B Taxable amount . 6b Taxabl			' <u>-</u>		7					•	_		1 0
Standard Deduction for—Single or Married filing separately, \$12,950 Married filing jointly or Qualifying surviving spouse, \$25,900 Head of household, \$19,400 If you checked any box under Standard Deduction, \$200 and					, •		,			•			
Single or Married filing separately, \$12,950 Married filing jointly or Qualifying surviving spouse, \$25,900 Head of household, \$19,400 If you checked any box under Standard Deduction, Policy of Married filing solution, Deduction, Deduction, Deduction, Deduction, Deduction, 15 Subtract line 14 from line 11 If zero or less enter -0- This is your taxable income Social security benefits . 6a	Ptan dand		_										
Single or Married filing separately, \$12,950 7 Capital gain or (loss). Attach Schedule D if required. If not required, check here 8 Other income from Schedule 1, line 10 9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 10 Adjustments to income from Schedule 1, line 26 11 Subtract line 10 from line 9. This is your adjusted gross income 12 Standard deduction or itemized deductions (from Schedule A) 13 Qualified business income deduction from Form 8995 or Form 8995-A 14 Add lines 12 and 13 15 Subtract line 14 from line 11 If zero or less enter -0- This is your taxable income 15 Subtract line 14 from line 11 If zero or less enter -0- This is your taxable income	Deduction for—			_									
separately, \$12,950 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 10 Adjustments to income from Schedule 1, line 26 11 Subtract line 10 from line 9. This is your adjusted gross income 12 Standard deduction or itemized deductions (from Schedule A) 13 Qualified business income deduction from Form 8995 or Form 8995-A 15 Subtract line 14 from line 11 If zero or less enter -0- This is your taxable income 17 7. 7. 8 -10,000. 8 -10,000. 9 145,785. 10 11 145,785. 12 12,950.	Single or		,	_	method check here						OB		
Married filing jointly or Qualifying 9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income . 9 145, 785. Married filing jointly or Qualifying 9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income . 9 145, 785. Married filing jointly or Qualifying 9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income . 9 145, 785. Married filing jointly or Qualifying 9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income . 9 145, 785. Married filing jointly or Qualifying 9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income . 9 145, 785. Married filing jointly or Qualifying 9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income . 9 145, 785. Married filing jointly or Qualifying 1 1 145, 785. Ma	separately,		,		*	•	,			П	7		7
jointly or Qualifying Surviving spouse, \$25,900 Head of household, \$19,400 If you checked any box under Standard Deduction, Deduction, Deduction, Deduction, Deduction, Deduction, Deduction, Subtract line 14 from line 11 If zero or less enter -0- This is your total income			, ,							_		_1	
surviving spouse, \$25,900 Head of household, \$19,400 If you checked any box under Standard Deduction, Deduction, Deduction, 15 Subtract line 10 from line 9. This is your adjusted gross income	jointly or												
Head of household, \$19,400 If you checked any box under Standard Deduction, Deduction, Deduction, 15 Subtract line 10 from line 9. This is your adjusted gross income	surviving spouse,												
household, \$19,400 If you checked any box under Standard Deduction, Deduction, Deduction, 15 Number 12 Standard deduction or itemized deductions (from Schedule A)	\$25,900 • Head of		,	,							_	14	 15 , 785.
If you checked any box under Standard Deduction, Deduction, Deduction, Description,	household,			•	-								
any box under Standard Deduction, Deduction, Description: 14 Add lines 12 and 13	If you checked	_			,	,							
Deduction, 15 Subtract line 14 from line 11 If zero or less enter -0- This is your taxable income 15 132 835												1	 12 , 950.
	Deduction,	15								15			

Form 1040 (2022	2)								Page 2
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 881	4 2 🗌 4972	3 🗌		16	25,715.
Credits	17	Amount from Schedule 2, lin	ne 3					17	
	18	Add lines 16 and 17						18	25 , 715.
	19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812			19	
	20	Amount from Schedule 3, lin	ne 8					20	
	21	Add lines 19 and 20						21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	25,715.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21 .			23	0.
	24	Add lines 22 and 23. This is	your total tax					24	25,715.
Payments	25	Federal income tax withheld							
•	а	Form(s) W-2				25a 30	,914.		
	b	Form(s) 1099				25b			
	С	Other forms (see instructions	s)			25c			
	d	Add lines 25a through 25c						25d	30,914.
If you have a	26	2022 estimated tax payment	ts and amount a	pplied from 20	21 return			26	
qualifying child,	27	Earned income credit (EIC)			No .	27			
attach Sch. EIC.	28	Additional child tax credit from	m Schedule 8812	2		28			
	29	American opportunity credit	from Form 8863	3, line 8		29			
	30	Reserved for future use .				30			
	31	Amount from Schedule 3, lin	ne 15			31			
	32	Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits							
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments				33	30,914.
Refund	34	If line 33 is more than line 24						34	5,199.
neiulia	35a	Amount of line 34 you want	refunded to you	ی. If Form 8888	s is attached, che	ck here	. 🗆	35a	5,199.
Direct deposit?	b	Routing number 0 2 2	3 0 0 1	7 3	c Type:	Checking	Savings		
See instructions.	d	Account number 5 9 2	0 8 9 1	5 2					
	36	Amount of line 34 you want	applied to your	2023 estimate	ed tax	36			
Amount You Owe	37	Subtract line 33 from line 24 For details on how to pay, g						37	
	38	Estimated tax penalty (see in	nstructions) .			38			
Third Party Designee		you want to allow another	•				omplete b	elow.	X No
		signee's		Phone			onal identif	ication	
	nar			no.			ber (PIN)		
Sign Here		der penalties of perjury, I declare tief, they are true, correct, and com			, , ,		on of which	prepare	er has any knowledge.
11010	Yo	ur signature		F.			Prote	ction P	nt you an Identity IN, enter it here
Joint return?				5 .		DEV ENGINEE			<u> </u>
See instructions. Keep a copy for your records.	Sp	Spouse's signature. If a joint return, both must sign.		Date	' '				nt your spouse an ection PIN, enter it here
	———Ph	one no. (315) 403-520	5	Email address	ATTENKIKBIILI T	GUPTA@GMAIL.CO	L NM		
		eparer's name	Preparer's signat		**************************************	Date	PTIN		Check if:
Paid		PRIYA RAM SAGAR GUPTA TALLAM			GIIPTA TAT.T.AN		P02082	, ₇₀₃	Self-employed
Preparer		m's name GLOBAL TA		1411 0110111	OOT III IIIIIIAN	1 0 1/ 1 1 / 2 0 2 3			(678) 965 - 9522
Use Only			Y CT E BRU	INSWICK N.	J 08816		Firm's		84-3171965
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GO TO WWW.IIS.go	וווטאוענ	n1040 for instructions and the late	at illioillidiloll.		BAA	REV 03/22/23 PRO			Form 1040 (2022)

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.

Internal Revenue Service	Go to www.irs.gov/Form1040 for instructions and the latest information		Sequence No. 01
Name(s) shown on Fo	orm 1040, 1040-SR, or 1040-NR	Your soc	ial security number
KRUTI GUPTA AL	LENKI	691-34	-6074
Double Addition			

Par	t I Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxes		1	
2a	Alimony received		2a	
b	Date of original divorce or separation agreement (see instructions):			
3	Business income or (loss). Attach Schedule C		3	
4	Other gains or (losses). Attach Form 4797		4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Atta	ch Schedule E .	5	-10,000.
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			
		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		8u		
Z	Other income. List type and amount:			
_		8z		
9	Total other income. Add lines 8a through 8z		9	
10	Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR,	or 1040-NR, line 8	10	-10,000.

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

Par	t II Adjustments to Income		
11	Educator expenses	 11	
12	Certain business expenses of reservists, performing artists, and fee-basin		
	officials. Attach Form 2106	 12	
13	Health savings account deduction. Attach Form 8889	 13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903	 14	
15	Deductible part of self-employment tax. Attach Schedule SE	15	
16	Self-employed SEP, SIMPLE, and qualified plans	 16	
17	Self-employed health insurance deduction	 17	
18	Penalty on early withdrawal of savings	 18	
19a	Alimony paid	19a	
b	Recipient's SSN		
С	Date of original divorce or separation agreement (see instructions):		
20	IRA deduction	20	
21	Student loan interest deduction	21	
22	Reserved for future use	 22	
23	Archer MSA deduction	 23	
24	Other adjustments:		
а	Jury duty pay (see instructions)		
b	Deductible expenses related to income reported on line 8I from the		
	rental of personal property engaged in for profit		
С	Nontaxable amount of the value of Olympic and Paralympic medals		
	and USOC prize money reported on line 8m		
d	Reforestation amortization and expenses		
е	Repayment of supplemental unemployment benefits under the Trade		
	Act of 1974		
f	Contributions to section 501(c)(18)(D) pension plans		
g	Contributions by certain chaplains to section 403(b) plans 24g		
h	Attorney fees and court costs for actions involving certain unlawful		
	discrimination claims (see instructions)	-	
İ	Attorney fees and court costs you paid in connection with an award		
	from the IRS for information you provided that helped the IRS detect tax law violations		
	zan		
j	Housing deduction from Form 2555	-	
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form		
_	1041)	-	
Z	Other adjustments. List type and amount:		
25		25	
25 26	Total other adjustments. Add lines 24a through 24z	25	
26	Add lines 11 through 23 and 25. These are your adjustments to income . Ent	00	
	Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a	 26	

SCHEDULE D (Form 1040)

Capital Gains and Losses

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

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

OMB No. 1545-0074

Attachment Sequence No. 12

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

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

KRUTI GUPTA ALLENKI 691-34-6074 Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss. Part I Short-Term Capital Gains and Losses – Generally Assets Held One Year or Less (see instructions) See instructions for how to figure the amounts to enter on the (h) Gain or (loss) (g) Adjustments Subtract column (e) lines below. Proceeds Cost to gain or loss from from column (d) and This form may be easier to complete if you round off cents to (sales price) (or other basis) Form(s) 8949, Part I, combine the result whole dollars. with column (g) line 2. column (a) 1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b . **1b** Totals for all transactions reported on Form(s) 8949 with Box A checked 108. 101. 7. Totals for all transactions reported on Form(s) 8949 with Box B checked 3 Totals for all transactions reported on Form(s) 8949 with Box C checked Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 4 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from 5 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover 6 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 7. 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 (h) Gain or (loss) (g) Adjustments Subtract column (e) (d) (e) lines below. Proceeds to gain or loss from from column (d) and Cost This form may be easier to complete if you round off cents to (or other basis) Form(s) 8949, Part II, (sales price) combine the result whole dollars. line 2. column (a) with column (a) 8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b . 8b Totals for all transactions reported on Form(s) 8949 with 9 Totals for all transactions reported on Form(s) 8949 with **Box E** checked 10 Totals for all transactions reported on Form(s) 8949 with 11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) 11 12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 12 13 14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover 14 15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then, go to Part III 15

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

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

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

OMB No. 1545-0074 Attachment

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

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

Social security number or taxpayer identification number

Sequence No. 12A

KRUTI GUPTA ALLI	LENKI	691-34-6074
	, B, or C below, see whether you received any Form(s) 1099-B or came information as Form 1099-B. Either will show whether your	
	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

(onon-term transactions	nor reported	i to you on F	01111 1099-0					
1	(a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis See the Note below	Adjustment, it If you enter an enter a co 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.	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g).	
ROBINE	HOOD SECURITIES LLC	01/01/22	12/31/22	108.	101.			7.	
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), line 2 (if Box B above is checked).				108	101			7	

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.

SCHEDULE E (Form 1040)

Supplemental Income and Loss

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

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

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

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

Attachment Sequence No. 13

Your social security number

OMB No. 1545-0074

KRU	I GUPTA ALLENKI						691-3	4-6074	
Par									
	Note: If you are in the business of renting personal proper rental income or loss from Form 4835 on page 2, line 40.	ty, use	Schedule	C . See	instru	ctions. If you a	are an indi	vidual, rep	ort farm
		+ - C1 -		0000.0	\ !				- V
	Did you make any payments in 2022 that would require you								
В	f "Yes," did you or will you file required Form(s) 1099? .							. L Ye	es 🗌 No
1a	Physical address of each property (street, city, state, ZIF	ode	e)						
Α	8-5-329/A, RAGHAVENDRA NAGAR, KARIMNAGA	AR TE	LANGAN	IA IN	505	001			
В									
С									
1b	Type of Property 2 For each rental real estate prope	rty list	ed		Fa	ir Rental	Persor	nal Use	QJV
	(from list below) above, report the number of fair					Days	Da	ıys	QJV
Α	personal use days. Check the Qu			Α		365		0	
В	if you meet the requirements to f qualified joint venture. See instru			В					
С	qualified joint venture. See institu	Otionic	,.	С					
	of Property:								
1	Single Family Residence 3 Vacation/Short-Term Ren	tal	5 Land		-	Self-Rental			
2	Multi-Family Residence 4 Commercial		6 Roya	ılties	8	Other (desc	ribe)		
						Propert			
Incon	ne:			Α		В			С
3	Rents received	3			50.				
4	Royalties received	4							
Expe									
5	Advertising	5							
6	Auto and travel (see instructions)	6							
7	Cleaning and maintenance	7		9	50.				
8	Commissions	8							
9	Insurance	9							
10	Legal and other professional fees	10							
11	Management fees	11		1,5	50.				
12	Mortgage interest paid to banks, etc. (see instructions)	12							
13	Other interest	13							
14	Repairs	14		3,4	50.				
15	Supplies	15		2,550.					
16	Taxes	16							
17	Utilities	17		2,1	50.				
18	Depreciation expense or depletion	18							
19	Other (list)	19							
20	Total expenses. Add lines 5 through 19	20		10,6	50.				
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			10 -					
	file Form 6198	21	-	-10,0	υυ.				
22	Deductible rental real estate loss after limitation, if any,		,			,		,	,
	on Form 8582 (see instructions)	22		10,00		()	(
23a	Total of all amounts reported on line 3 for all rental prope				23a		650.		
b	Total of all amounts reported on line 4 for all royalty prop				23b				
С	Total of all amounts reported on line 12 for all properties				23c				
d	Total of all amounts reported on line 18 for all properties				23d				
e	Total of all amounts reported on line 20 for all properties				23e	10	,650.		
24	Income. Add positive amounts shown on line 21. Do no		-				. 24	,	10 000
25	Losses. Add royalty losses from line 21 and rental real estat							(10,000.
26	Total rental real estate and royalty income or (loss).								
	here. If Parts II, III, IV, and line 40 on page 2 do not a		•				חר		_10 000