Department of the Treasury Calendar Year — Internal Revenue Service

Due 04/18/2023

2023 Form 1040-ES Payment Voucher 1

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the **'United States Treasury.'** Write your social security number and '2023 Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Amount of estimated tax you are paying by check or money order..... 1555 REV 03/22/23 PRO

577.

810-38-6397 ROHIT

KATTA

12216 NE 103RD LN KIRKLAND WA 98033

Department of the Treasury Calendar Year — Internal Revenue Service

Due 06/15/2023

2023 Form 1040-ES Payment Voucher 2

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the **'United States Treasury.'** Write your social security number and '2023 Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Amount of estimated tax you are paying by check or money order..... 1555 REV 03/22/23 PRO

577.

810-38-6397 ROHIT

KATTA

12216 NE 103RD LN KIRKLAND WA 98033

Department of the Treasury Calendar Year — Internal Revenue Service

Due 09/15/2023

2023 Form 1040-ES Payment Voucher 3

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the **'United States Treasury.'** Write your social security number and '2023 Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Amount of estimated tax you are paying by check or money order..... 1555 REV 03/22/23 PRO

577.

810-38-6397 ROHIT

KATTA

12216 NE 103RD LN KIRKLAND WA 98033

Department of the Treasury Calendar Year -Internal Revenue Service

Due 01/16/2024

2023 Form 1040-ES Payment Voucher 4

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the **'United States Treasury.'** Write your social security number and '2023 Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Amount of estimated tax you are paying by check or money order..... 1555 REV 03/22/23 PRO

577.

810-38-6397 ROHIT

KATTA

12216 NE 103RD LN KIRKLAND WA 98033

8879 Form

(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

Tappyor's name ### ROHLT ### KATTIA Social security number	Submission Identification Number (SID)	<u>_</u>
ROBLE ROBLE Tax Return Information — Tax Year Ending December 31, 2022 (Enter year you are authorizing.)		Social security number
Part Tax Return Information — Tax Year Ending December 31, 2022 (Enter 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 1 1 163, 385. 2 Total tax 2 2 29, 490. 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 3 3 0, 1733. 4 Amount you want refunded to you 5 Amount you owe Part III Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return) Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best or my knowledge and belief, it is true, correct, and complete 1 flurther declare that I the amounts in Part 1 above are the amounts from the income tax return (original or amended) I am now authorizing, I consent to allow my intermedate service provider, transmitter, or electrical return the amounts in Part 1 above are the amounts from the income tax return (original or amended) I am now authorizing, I consent to allow my intermedate service provider, transmitter, or electrical return the amounts from the income tax return (original or amended) I am now authorizing, I consent to allow my intermedate service provider, transmitter, or electronic return originator (EPO) to sent my return to the IRS and to receive from the IRS (a) an advonwedgement of received for reach for the transmission. (b) the reach of the provider is the service of the provider of the transmission. (b) the reach of the provider is the provider of the transmission. (b) the reach of the provider is the surface of the provider is the service of the control of the IRS (a) and convolvers to provider the transmission. (b) the reach of the IRS (a) and IRS (
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Amount you owe Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return) Londer 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 on 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, and to the best on my knowledge and belief, it is true, correct, and complete in 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, and to the best of my return to the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason or any delay in processing the return or return, and (g) the date of any return. I replace the U.S. Treasury and its designated Financia Agent to initiate an ACH electronic funds withdrawal (direct debit entry to the financial institution account indicated in the tax preparation software for any delay in orderal taxes over on this return and or a payment of estimated tax, and the francial institution account indicated in the tax preparation software for authorization is to remain in full flores and effect until 1 notify the U.S. Treasury Financial Agent to terminate the authorization. To reveal to the processing of the electronic payment of the early of the payment of the processing of the electronic payment of the proce		
Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return) Under penalties of perjun; I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best or you knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are mounts 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 to the transmission, (b) the reason for any delay in processing the return or returnd, and (c) the date of any returnd. If applicable, I authorize the U.S. Treasury and its designated financial Agent at laws owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account of the payment and the payment of the p		010:
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Taxpayer's PIN: check one box only I authorize GLOBAL TAXES LC 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 PIN: check one box only Date ERO firm name signature on the income tax return (original or amended) I am now authorizing. Check this box only I authorize 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 Date Practitioner PIN Method Returns Only—continue below Part III Certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of Individual income Tax Returns. ERO's signature Date ERO Must Retain This Form — See Instructions	return (original or amended) I am now authorizing. I consent to allow my intermed to send my return to the IRS and to receive from the IRS (a) an acknowledgemed for any delay in processing the return or refund, and (c) the date of any refund. Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the fip payment of my federal taxes owed on this return and/or a payment of estimated authorization is to remain in full force and effect until I notify the U.S. Treasur payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-453 business days prior to the payment (settlement) date. I also authorize the finance taxes to receive confidential information necessary to answer inquiries and repersonal identification number (PIN) below is my signature for the income tax re	ediate service provider, transmitter, or electronic return originator (ERC ent of receipt or reason for rejection of the transmission, (b) the reason if applicable, I authorize the U.S. Treasury and its designated Financia inancial institution account indicated in the tax preparation software for it ax, and the financial institution to debit the entry to this account. This y Financial Agent to terminate the authorization. To revoke (cancel) are 7. Payment cancellation requests must be received no later than a cial institutions involved in the processing of the electronic payment cancellation requests must be received no later than a cial institutions involved in the processing of the electronic payment cancellation requests must be received no later than a cial institutions involved in the payment. I further acknowledge that the
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I authorize	Your signature ▶	Date ▶
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Spouse's signature Practitioner PIN Method Returns Only—continue below Part III Certification and Authentication — Practitioner PIN Method Only ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 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 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 Practitioner PIN Method Returns Only—continue below Part III 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 2 4 9 6 3 1 9 8 9 Don't enter all zeros I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns. ERO's signature Date ERO Must Retain This Form — See Instructions	•	to enter or generate my PIN
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ERO Must Retain This Form — See Instructions	authorized to file for tax year indicated above for the taxpayer(s) indicated ab	ove. I confirm that I am submitting this return in accordance with the
ERO Must Retain This Form — See Instructions	ERO's signature ▶	Date ▶

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



OMB No. 1545-007

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

Filing Status	s 🔀 🤅	Single $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$	Marrie	ed filing separately (MFS)	Head of	household (HOH)			ifying survi	iving
Check only one box.	If vo	ou checked the MFS box, enter the I	nama of v	our angues If you	hook	od tha U∩U a	OSS have anton			ise (QSS)	o gualifying
one box.		son is a child but not your depender		our spouse. It you t	HICCK		QOO DOX, enter	tile Cili	iu s i	name ii uii	e qualifying
Your first name		· · ·	Last na	me				You	r soc	cial security	v number
ROHIT			KATT							38-6397	
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Home address	(numbe	er and street). If you have a P.O. box, se	e instruction	ons.			Apt. no.	Pres	siden	ntial Electio	n Campaigr
12216 NE	I 10:	3RD LN						+		ere if you,	
		ce. If you have a foreign address, also c	omplete s	paces below.	Stat	te	ZIP code				tly, want \$3
KIRKLANI)				WA	L	98033			tnis tuna. C ow will not a	Checking a change
Foreign country	y name		F	oreign province/state	count/	у	Foreign postal cod	_		or refund.	3
										You	Spouse
Digital	At ar	ny time during 2022, did you: (a) red	ceive (as	a reward, award, or	payn	nent for prope	erty or services);	or (b) s	ell,		
Assets	exch	ange, gift, or otherwise dispose of	a digital	asset (or a financial	intere	est in a digital	asset)? (See ins	truction	ıs.)	X Yes	☐ No
Standard	Som	eone can claim:	ependent	Your spous	se as	a dependent					
Deduction		Spouse itemizes on a separate retu	ırn or you	were a dual-status	alien						
Age/Blindness	s You	: Were born before January 2,	1958	Are blind Sp	ouse:	Was bo	rn before Januar	v 2 19!	58	☐ Is blii	nd
Dependent			.000	(2) Social securit		(3) Relationsh	1				
•		irst name Last name		number	,	to you	Child tax	credit	c	Credit for oth	ner dependents
If more than four	• •							1	+		7
dependents,								1	\top		≒
see instruction and check	s —							1	\top		
here]]	1		<u> </u>
Incomo	1a	Total amount from Form(s) W-2, I	box 1 (se	e instructions) .					1a	16	59 , 002.
Income	b	Household employee wages not	reported	on Form(s) W-2.					1b		
Attach Form(s)	С	Tip income not reported on line 1a (see instructions)							1c		
W-2 here. Also attach Forms	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)							1d		
W-2G and	е	Taxable dependent care benefits from Form 2441, line 26						1e			
1099-R if tax was withheld.	f	Employer-provided adoption ben	efits from	Form 8839, line 29					1f		
If you did not	g	Wages from Form 8919, line 6 .							1g		
get a Form	h	Other earned income (see instruc	tions) .					. [1h		0.
W-2, see instructions.	i	Nontaxable combat pay election	(see instr	ructions)		<u>1</u> i					
	Z	Add lines 1a through 1h							1z	16	9,002.
Attach Sch. B	2 a	Tax-exempt interest	2a	5.	b Ta	axable interes	t		2b		45.
if required.	3a	Qualified dividends	3a	710.	b 0	rdinary divide	nds		3b		829.
	4a	IRA distributions	4a		b Ta	axable amoun	t	.	4b		
Standard Deduction for—	5a	Pensions and annuities	5a			axable amoun			5b		
Single or	6a	Social security benefits	6a			axable amoun	t	\perp	6b		
Married filing separately.	С	If you elect to use the lump-sum			•	,		닐ㅣ		4	
\$12,950	7	Capital gain or (loss). Attach Scho						\sqcup	7		4,236.
Married filing jointly or	8	Other income from Schedule 1, li		 					8		0,727.
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7						.	9	16	3,385.
\$25,900	10	Adjustments to income from Sch						.	10	+	
Head of household,	11	Subtract line 10 from line 9. This	-	-				.	11		3,385.
\$19,400	12	Standard deduction or itemized						.	12	$+\frac{1}{}$	2,950.
If you checked any box under	13	Qualified business income deduc						.	13	1	0.
Standard Deduction,	14 15	Add lines 12 and 13 Subtract line 14 from line 11. If ze						.	14		2,950.
see instructions.	10	Subtract line 14 IfOH line 11. If 26	or les	5, CITTEL -O ITHS IS	your t	axabie ilicon	ne		15	T T2	0,435.

Form 1040 (2022	!)			Page
Tax and	16	Tax (see instructions). Check if any from Form(s): 1 8814 2 4972 3	16	29,495.
Credits	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	29 , 495.
	19	Child tax credit or credit for other dependents from Schedule 8812	19	
	20	Amount from Schedule 3, line 8	20	5.
	21	Add lines 19 and 20	21	5.
	22	Subtract line 21 from line 18. If zero or less, enter -0	22	29,490.
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	0.
	24	Add lines 22 and 23. This is your total tax	24	29,490.
Payments	25	Federal income tax withheld from:		
	а	Form(s) W-2		
	b	Form(s) 1099		
	С	Other forms (see instructions)		
	d	Add lines 25a through 25c	25d	30,133.
you have a	26	2022 estimated tax payments and amount applied from 2021 return	26	
qualifying child,	27	Earned income credit (EIC)		
ttach Sch. EIC.	28	Additional child tax credit from Schedule 8812		
	29	American opportunity credit from Form 8863, line 8		
	30	Reserved for future use		
	31	Amount from Schedule 3, line 15		
	32	Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits	32	
	33	Add lines 25d, 26, and 32. These are your total payments	33	30,133.
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	643.
lorana	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here	35a	643.
Direct deposit?	b	Routing number 1 1 1 9 0 0 6 5 9 c Type: X Checking Savings		
See instructions.	d	Account number 8 2 9 0 0 3 6 4 3 6		
	36	Amount of line 34 you want applied to your 2023 estimated tax		
Amount You Owe	37	Subtract line 33 from line 24. This is the amount you owe . For details on how to pay, go to <i>www.irs.gov/Payments</i> or see instructions	37	
	38	Estimated tax penalty (see instructions)		
hird Party Designee		you want to allow another person to discuss this return with the IRS? See tructions	elow.	X No
	De: nar	signee's Phone Personal identif ne no. number (PIN)	ication I	

Amount You Owe	37		ne 33 from line 24 on how to pay, g		•	see instructions .			37		
	38	Estimated	tax penalty (see i	nstructions) .			38				
Third Party Designee		o you want structions	to allow another	person to disc	cuss this retu	rn with the IRS?		omplete	e below.	X No	
		Designee's name			Phone no.				onal identification er (PIN)		
Sign Here						d accompanying scher than taxpayer) is ba					
пеге	Yo	Your signature			Date	Your occupation			If the IRS sent you an Identity Protection PIN, enter it here		
Joint return?					SOFTWARE ENGINEER			ee inst.)			
See instructions. Keep a copy for your records.	Sp	Spouse's signature. If a joint return, both must sign.			Date	Spouse's occupation				ent your spou tection PIN, e	
	Ph	none no. (682)256-604	7	Email address	SAIK1992@Y	AHOO.COM			_	
Daid	Pr	eparer's name		Preparer's signat	ture		Date	PTIN		Check if:	
Paid	SYA	M PRIYA RAM SA	AGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	04/08/2023	P020	82703	Self-er	mployed
Preparer	Fir	rm's name	GLOBAL TA	XES LLC				Ph	one no.	(678) 965	9522
Use Only	Fir	rm's address	245 ROONE	Y CT E BRU	NSWICK N	J 08816		Fir	m's EIN	84-31	71965
Go to www.irs.go	ov/Fori	m1040 for instr	uctions and the late	st information.		BAA	REV 03/22/23 PRO			Form 1	040 (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.

Name(s) shown on Fo	rm 1040, 1040-SR, or 1040-NR	Your social security number
ROHIT	KATTA	810-38-6397
		<u> </u>

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	-10,727.
6	Farm income or (loss). Attach Schedule F		6	
7	Unemployment compensation		7	
8	Other income:			
а	Net operating loss	8a ()		
b	5	8b		
С	-	8c		
d	5	8d ()		
е	⊢	8e		
f	Income from Form 8889	8f		
g		8g		
h	, , , ,	8h		
i	Prizes and awards	8i		
j	Activity not engaged in for profit income	8j		
k	'	8k		
ı	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		
		8n		
0	, , , , , , , , , , , , , , , , , , , ,	80		
р		8p		
q	· · · · · · · · · · · · · · · · · · ·	8q		
r	Scholarship and fellowship grants not reported on Form W-2	8r		
S	Nontaxable amount of Medicaid waiver payments included on Form	0- (
	· · · · · · · · · · · · · · · · · · ·	8s ()		
t	Pension or annuity from a nonqualifed deferred compensation plan or	0+		
	a nongovernmental section 457 plan	8t		
		8u		
Z	Other income. List type and amount:	8z		
9	Total other income. Add lines 8a through 8z		9	
9 10	Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR.		10	-10,727.

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

Par	Adjustments to Income			
11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-t			
	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)	24a		
b	Deductible expenses related to income reported on line 8I from the			
	rental of personal property engaged in for profit	24b		
С	Nontaxable amount of the value of Olympic and Paralympic medals			
		24c		
d		24d		
е	Repayment of supplemental unemployment benefits under the Trade			
		24e		
f		24f		
g	, , , , , , , , , , , , , , , , , , , ,	24g		
h	Attorney fees and court costs for actions involving certain unlawful			
	·	24h		
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	- 41		
	F	24i		
j	<u> </u>	24j		
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form	S.4.		
		24k		
Z	Other adjustments. List type and amount:			
05		24z	05	
25	Total other adjustments. Add lines 24a through 24z		25	
26	Add lines 11 through 23 and 25. These are your adjustments to income .		00	
	Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a		26	

SCHEDULE 3 (Form 1040)

Additional Credits and Payments

OMB No. 1545-0074

2022

Attachment Sequence No. 03

Department of the Treasury Internal Revenue Service

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

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

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

Your social security number
810-38-6397

Par	t I Nonrefundable Credits			
1	Foreign tax credit. Attach Form 1116 if required		1	5.
2	Credit for child and dependent care expenses from Form 244 Form 2441		2	
3	Education credits from Form 8863, line 19		3	
4	Retirement savings contributions credit. Attach Form 8880		4	
5	Residential energy credits. Attach Form 5695		5	
6	Other nonrefundable credits:			
а	General business credit. Attach Form 3800	6a		
b	Credit for prior year minimum tax. Attach Form 8801	6b		
С	Adoption credit. Attach Form 8839	6c		
d	Credit for the elderly or disabled. Attach Schedule R	6d		
е	Alternative motor vehicle credit. Attach Form 8910	6e		
f	Qualified plug-in motor vehicle credit. Attach Form 8936	6f		
g	Mortgage interest credit. Attach Form 8396	6g		
h	District of Columbia first-time homebuyer credit. Attach Form 8859	6h		
i	Qualified electric vehicle credit. Attach Form 8834	6i		
j	Alternative fuel vehicle refueling property credit. Attach Form 8911	6j		
k	Credit to holders of tax credit bonds. Attach Form 8912	6k		
-1	Amount on Form 8978, line 14. See instructions	61	_	
Z	Other nonrefundable credits. List type and amount:			
		6z		
7	Total other nonrefundable credits. Add lines 6a through 6z		7	
8	Add lines 1 through 5 and 7. Enter here and on Form 1040, 1040 line 20	-SR, or 1040-NR,	8	E
		· · · · · · · · · · · · · · · · · · ·		5. ed on page 2)

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

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

SCHEDULE D (Form 1040)

Capital Gains and Losses

OMB No. 1545-0074

2022

Attachment Sequence No. **12**

Department of the Treasury Internal Revenue Service Attach to Form 1040, 1040-SR, or 1040-NR.

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

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

Name(s) shown on return
ROHIT

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? If "Yes." attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss. Part I Short-Term Capital Gains and Losses - Generally Assets Held One Year or Less (see instructions) See instructions for how to figure the amounts to enter on the (h) Gain or (loss) (g) Adjustments Subtract column (e) lines below. Proceeds Cost to gain or loss from from column (d) and This form may be easier to complete if you round off cents to (sales price) (or other basis) Form(s) 8949, Part I, combine the result whole dollars. line 2. column (a) with column (a) 1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b . 1b Totals for all transactions reported on Form(s) 8949 with Box A checked -742. 2,028. -16. 1,302. Totals for all transactions reported on Form(s) 8949 with Box B checked 3 Totals for all transactions reported on Form(s) 8949 with -2. 13. Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 4 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from 5 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover 6 7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). If you have any longterm capital gains or losses, go to Part II below. Otherwise, go to Part III on the back 7 -744. Part II Long-Term Capital Gains and Losses – Generally Assets Held More Than One Year (see instructions) See instructions for how to figure the amounts to enter on the (g) (h) Gain or (loss) Adjustments Subtract column (e) (d) (e) lines below Proceeds to gain or loss from from column (d) and Cost This form may be easier to complete if you round off cents to (sales price) (or other basis) Form(s) 8949, Part II, combine the result whole dollars. line 2, column (a) with column (a) 8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b . . 8b Totals for all transactions reported on Form(s) 8949 with Box D checked 7,183. 2,203. 4,980. Totals for all transactions reported on Form(s) 8949 with Box E checked 10 Totals for all transactions reported on Form(s) 8949 with 11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) 11 12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 12 13 14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover 14 15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then, go to Part III

BAA

15

4,980.

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

Part III Summary

16	Combine lines 7 and 15 and enter the result	16	4,236.
	• 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 line 22.		
	• 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?		
18	If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet	18	
19	If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet	19	
20	Are lines 18 and 19 both zero or blank and you are not filing Form 4952? Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. Don't complete lines 21 and 22 below.		
	No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.		
21	If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the 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.		
	PEV 02/02/02 PPO	-	

Sales and Other Dispositions of Capital Assets

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

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

Name(s) shown on return Social security number or taxpayer identification number ROHIT 810-38-6397

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

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

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

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

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

	(B) Short-term transactions (C) Short-term transactions				sis wasn't report	ed to the IF	RS	,
1	(a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis See the Note below	Adjustment, if any, to gain or loss If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		(h) Gain or (loss) Subtract column (e)
	(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see Column (e) in the separate instructions.	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g).
APEX	CLEARING	01/01/22	12/31/22	606.	813.	W	6.	-201.
APEX	CLEARING	01/01/22	12/31/22	8.	6.	W	0.	2.
ROBI	NHOOD	01/01/22	12/31/22	688.	1,209.	Е	-22.	-543.
neg Sch	tals. Add the amounts in column pative amounts). Enter each tot nedule D, line 1b (if Box A above the checked), or line 3 (if Box A above the checked).	al here and inc e is checked), lir	lude on your ne 2 (if Box B	1.302	2.028		-16	- 742

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

Form 8949 (2022) Attachment Sequence No. **12A** Page **2**

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

ROHIT

KATTA

Social security number or taxpayer identification number

810-38-6397

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

Part II

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

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

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

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

☐ (E) Long-term transactions☐ (F) Long-term transactions	•		-	is wasn't reporte	ed to the IF	RS	
1 (a) Description of property	(b)	(c) Date sold or	(d) Cost or other ba		Adjustment, if any, to gain or loss If you enter an amount in column (g) enter a code in column (f). See the separate instructions.		(h) Gain or (loss) Subtract column (e)
(Example: 100 sh. XYZ Co.)	Date acquired (Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see Column (e) in the separate instructions.	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g).
ROBINHOOD	01/01/22	12/31/22	7,183.	2,203.			4,980.

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

7,183.

2,203.

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).

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

4,980.

Sales and Other Dispositions of Capital Assets

Department of the Treasury

Go to www.irs.gov/Form8949 for instructions and the latest information. File with your Schedule D to list your transactions for lines 1b. 2, 3, 8b, 9, and 10 of Schedule D. OMB No. 1545-0074 Attachment

nternal Revenue Service		Sequence No. 12A	
Name(s) shown on return		Social security number or taxpayer id	entification number
ROHTT	КАТТА	810-38-6397	

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute

statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check. Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see 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 							
1 (a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis See the Note below and see <i>Column</i> (e) in the separate instructions.			(h) Gain or (loss) Subtract column (e)
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)		(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g).
ROBINHOOD	01/01/22	12/31/22	13.	15.			-2.
2 Totals. Add the amounts in columns negative amounts). Enter each total							

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 D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked) .

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.

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

OMB No. 1545-0074

2022

Attachment Sequence No. 13

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

Your social security number

ROHIT KATTA 810-38-6397 Part I **Income or Loss From Rental Real Estate and Royalties** Note: If you are in the business of renting personal property, use Schedule C. See instructions. If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40. Did you make any payments in 2022 that would require you to file Form(s) 1099? See instructions В 1a Physical address of each property (street, city, state, ZIP code) PLOT NO 43, SRIPURAM COLONY MALAKPET, HYDERABAD TELANGANA IN 500036 Α В C 1b Type of Property **Fair Rental Personal Use** For each rental real estate property listed QJV (from list below) above, report the number of fair rental and **Davs Days** personal use days. Check the QJV box only Α Α 360 0 if you meet the requirements to file as a В В qualified joint venture. See instructions. C C Type of Property: 1 Single Family Residence 3 Vacation/Short-Term Rental 7 Self-Rental 5 Land 8 Other (describe) 2 Multi-Family Residence 4 Commercial 6 Royalties Properties: Α В C Income: 525. 3 Rents received . 4 Royalties received . **Expenses:** 5 5 Advertising 6 Auto and travel (see instructions) 6 995. 7 7 Cleaning and maintenance. 8 Commissions 8 9 9 Insurance . . . 10 10 Legal and other professional fees 11 Management fees 11 1,249. 12 12 Mortgage interest paid to banks, etc. (see instructions)

Income. Add positive amounts shown on line 21. **Do not** include any losses

Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here

Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result

here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2 .

24

25

26

24

25

10,727.

-10,727.

Form **8889**

Health Savings Accounts (HSAs)

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0074

2022

Attachment
Sequence No. 52

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

ROHIT KATTA

Social security number of HSA beneficiary. If both spouses have HSAs, see instructions. 810-38-6397

Betoi	<i>re you begin:</i> Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, it	t requ	ired.
Part	HSA Contributions and Deduction. See the instructions before completing this part. If y and both you and your spouse each have separate HSAs, complete a separate Part I for		
1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2022. See instructions	⊠ Se	lf-only ☐ Family
2	HSA contributions you made for 2022 (or those made on your behalf), including those made by the unextended due date of your tax return that were for 2022. Do not include employer contributions, contributions through a cafeteria plan, or rollovers. See instructions	2	0.
3	If you were under age 55 at the end of 2022 and, on the first day of every month during 2022, you were, or were considered, an eligible individual with the same coverage, enter \$3,650 (\$7,300 for family coverage). All others , see the instructions for the amount to enter	3	3,650.
4	Enter the amount you and your employer contributed to your Archer MSAs for 2022 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2022, also include any amount contributed to your spouse's Archer MSAs	4	0.
5	Subtract line 4 from line 3. If zero or less, enter -0	5	3,650.
6	Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family		
•	coverage under an HDHP at any time during 2022, see the instructions for the amount to enter	6	3,650.
7	If you were age 55 or older at the end of 2022, married, and you or your spouse had family coverage		3,030.
'	under an HDHP at any time during 2022, enter your additional contribution amount. See instructions.	7	0.
8	Add lines 6 and 7	8	3,650.
9	Employer contributions made to your HSAs for 2022	0	3,030.
10	Qualified HSA funding distributions	-	
11	Add lines 9 and 10	11	1,500.
12	Subtract line 11 from line 8. If zero or less, enter -0	12	2,150.
13	HSA deduction. Enter the smaller of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line 13	13	0.
13	Caution: If line 2 is more than line 13, you may have to pay an additional tax. See instructions.	13	<u> </u>
Part		rata k	JSAs complete
ı are	a separate Part II for each spouse.	alate i	10A3, complete
14a	Total distributions you received in 2022 from all HSAs (see instructions)	14a	
b	Distributions included on line 14a that you rolled over to another HSA. Also include any excess	1 10	
-	contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return. See instructions	14b	
С	Subtract line 14b from line 14a	14c	
15	Qualified medical expenses paid using HSA distributions (see instructions)	15	
16	Taxable HSA distributions. Subtract line 15 from line 14c. If zero or less, enter -0 Also, include this amount in the total on Schedule 1 (Form 1040), Part I, line 8f	16	
17a	If any of the distributions included on line 16 meet any of the Exceptions to the Additional 20% Tax (see instructions), check here		
b	Additional 20% tax (see instructions). Enter 20% (0.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also, include this amount in the total on Schedule 2 (Form 1040), Part II, line 17c	17b	
Part	Income and Additional Tax for Failure To Maintain HDHP Coverage. See the instruct completing this part. If you are filing jointly and both you and your spouse each have sep complete a separate Part III for each spouse.		
18	Last-month rule	18	
19	Qualified HSA funding distribution	19	
20	Total income. Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I, line 8f .	20	
21	Additional tax. Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2 (Form 1040). Part II, line 17d	21	

BAA

Form **8995**

Department of the Treasury Internal Revenue Service

Qualified Business Income Deduction Simplified Computation

Attach to your tax return.

Go to www.irs.gov/Form8995 for instructions and the latest information.

OMB No. 1545-2294

2022

Attachment
Sequence No. 55

me(s) shown on return		Your taxpayer identification number		
ROHIT	KATTA		810-38-6397	

Note. You can claim the qualified business income deduction **only** if you have qualified business income from a qualified trade or business, real estate investment trust dividends, publicly traded partnership income, or a domestic production activities deduction passed through from an agricultural or horticultural cooperative. See instructions.

Use this form if your taxable income, before your qualified business income deduction, is at or below \$170,050 (\$340,100 if married filing jointly), and you aren't a patron of an agricultural or horticultural cooperative.

1	(a) Trade, business, or aggregation name	(b) Taxpayer identification number	(c) Qualified business income or (loss)	
i				
ii				
iii				
iv				
v				
2	Total qualified business income or (loss). Combine lines 1i through 1v, column (c)	2		
3 4	Qualified business net (loss) carryforward from the prior year	3 ()		
5 6	Qualified business income component. Multiply line 4 by 20% (0.20)		5	
7	(see instructions)	6 1.		
	year	7 (
8	Total qualified REIT dividends and PTP income. Combine lines 6 and 7. If zero or less, enter -0-	8 1.		
9	REIT and PTP component. Multiply line 8 by 20% (0.20)		9	0.
10 11	Qualified business income deduction before the income limitation. Add lines 5 ar Taxable income before qualified business income deduction (see instructions)	11 150,435.	10	0.
12	Net capital gain (see instructions)	12 4,946.		
13	Subtract line 12 from line 11. If zero or less, enter -0	,		
14	Income limitation. Multiply line 13 by 20% (0.20)	· · · · · · · · · · · · · · · · · · ·	14	29,098.
15	Qualified business income deduction. Enter the smaller of line 10 or line 14. Also			
	the applicable line of your return (see instructions)		15	0.
16	Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater that		16 (0.)
17	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 azero, enter -0		17 (0.)