8879 **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

| Submission Identification Number (SID) | |
|--|---|
| Taxpayer's name | Social security number |
| VENKAT RAJEEV REDDY MALIPEDDI | 690-11-8751 |
| Spouse's name | Spouse's social security number |
| KEERTHANA CHIT REDDY | 839-67-0231 |
| Part I Tax Return Information — Tax Year Ending December 31, 202 | (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 77,459. |
| 2 Total tax | . 2 3,778. |
| 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 | 3 10,493. |
| 4 Amount you want refunded to you | |
| 5 Amount you owe | |
| Part II Taxpayer Declaration and Signature Authorization (Be sure you g | get and keep a copy of your return) |
| return (original or amended) I am now authorizing. I consent to allow my intermediate service provide to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reast for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I autho Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution ac payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financia authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancell business days prior to the payment (settlement) date. I also authorize the financial institutions involved taxes to receive confidential information necessary to answer inquiries and resolve issues related personal identification number (PIN) below is my signature for the income tax return (original or ame Electronic Funds Withdrawal Consent. | son for rejection of the transmission, (b) the reason prize the U.S. Treasury and its designated Financial account indicated in the tax preparation software for all institution to debit the entry to this account. This a terminate the authorization. To revoke (cancel) a llation requests must be received no later than 2 yed in the processing of the electronic payment of d to the payment. I further acknowledge that the |
| Taxpayer's PIN: check one box only | 1 8 7 5 1 |
| | generate my PIN Enter five digits, but |
| ERO firm name signature on the income tax return (original or amended) I am now authorizing. | don't enter all zeros |
| I will enter my PIN as my signature on the income tax return (original or amende if you are entering your own PIN and your return is filed using the Practitioner F below. | |
| Your signature ► | Date ► |
| Spouse's PIN: check one box only | |
| X I authorize GLOBAL TAXES LLC to enter or generating signature on the income tax return (original or amended) I am now authorizing. | generate my PIN 7 0 2 3 1 as my Enter five digits, but don't enter all zeros |
| I will enter my PIN as my signature on the income tax return (original or amende if you are entering your own PIN and your return is filed using the Practitioner F below. | |
| Spouse's signature ► | Date ► |
| Practitioner PIN Method Returns Only—continu | ie 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. | 5 1 8 9 5 2 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 authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I requirements of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS <i>e-file</i> Prov | am submitting this return in accordance with the |

ERO's signature ▶

ERO Must Retain This Form — See Instructions
Don't Submit This Form to the IRS Unless Requested To Do So

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 Check only | _ | Single Married filing jointly | _ | ed filing separately (N | , | _ | | • | , – | spou | ifying surv ise (QSS) | Ü |
|----------------------------------|---------------|---|------------|-------------------------|-------------|----------------|-----------|----------|--------|-----------|---------------------------|-------------------|
| one box. | - | u checked the MFS box, enter the na on is a child but not your dependent | - | our spouse. If you c | hecke | ed the HOH or | r QSS bo | x, ente | r the | child's | name if th | ne qualifying |
| Your first name | and mi | ddle initial | Last nar | me | | | | | Y | our so | cial securit | ty number |
| VENKAT F | RAJEE | EV REDDY | MALI | PEDDI | | | | | 6 | 590-1 | 1-875 | 1 |
| If joint return, s | pouse's | first name and middle initial | Last nar | me | | | | | S | pouse's | s social sec | curity number |
| KEERTHAN | ΙA | | CHIT | REDDY | | | | | 8 | 39-6 | 57-023 | 1 |
| Home address | (numbe | er and street). If you have a P.O. box, see | instructio | ons. | | | Apt | . no. | Р | resider | ntial Election | on Campaign |
| 336 WOOI | SIDE | ECT | | | | | 89 | | | | ere if you, | |
| City, town, or p | ost offic | ce. If you have a foreign address, also co | mplete s | paces below. | Stat | е | ZIP code | Э | | | | ntly, want \$3 |
| ROCHESTE | IR. | | | | MI | | 4830 | 7 | | | tnis tuna. ow will not | Checking a change |
| Foreign country | / name | | F | oreign province/state/ | county | / | Foreign p | ostal co | _ | | or refund. | 0 |
| | | | | | | | | | | | You | Spouse |
| Digital | | ny time during 2022, did you: (a) rece | | | | | - | | | | | V |
| Assets | | ange, gift, or otherwise dispose of a | | | | | asset)? (| See in | struct | ions.) | Yes | ⊠ No |
| Standard Deduction | _ | eone can claim: | | • | | a dependent | | | | | | |
| Age/Blindness | You: | Were born before January 2, 19 | 958 | Are blind Spo | ouse: | ☐ Was bor | n before | Janua | ry 2, | 1958 | ☐ Is bl | ind |
| Dependents | s (see i | instructions): | | (2) Social security | , | (3) Relationsh | nip (4) C | heck th | e box | if qualif | ies for (see | instructions): |
| If more | (1) Fi | rst name Last name | | number | | to you | | Child ta | x crec | lit | Credit for ot | her dependents |
| than four | | | | | | | | | | | | |
| dependents, see instructions | | | | | | | | | | | | |
| and check | · | | | | | | | | | | | |
| here | | | | | | | | | | | [| |
| Income | 1a | Total amount from Form(s) W-2, be | ox 1 (see | e instructions) . | | | | | | 1a | 3 | 81,295. |
| | b | Household employee wages not re | eported | on Form(s) W-2. | | | | | | 1b | | |
| Attach Form(s) W-2 here. Also | С | Tip income not reported on line 1a (see instructions) | | | | | | | 1c | | | |
| attach Forms | d | Medicaid waiver payments not reported on Form(s) W-2 (see instructions) | | | | | | 1d | | | | |
| W-2G and 1099-R if tax | е | Taxable dependent care benefits from Form 2441, line 26 | | | | | | | 1e | | | |
| was withheld. | f | Employer-provided adoption benefits from Form 8839, line 29 | | | | | | | | 1f | | |
| If you did not | g | Wages from Form 8919, line 6 . | | | | | | | | 1g | | |
| get a Form | h | Other earned income (see instructi | ons) . | | | | · | | | 1h | | 0. |
| W-2, see instructions. | i | Nontaxable combat pay election (s | see instr | ructions) | | <u>1i</u> | | | | | | |
| | Z | Add lines 1a through 1h | | | | | | | | 1z | 3 | 81,295. |
| Attach Sch. B | 2 a | Tax-exempt interest | 2a | | b Ta | xable interest | t., | | | 2b | | 3,988. |
| if required. | 3a | Qualified dividends | 3a | | b Or | dinary divider | nds . | | | 3b | | |
| | 4a | IRA distributions | 4a | | | xable amoun | | | | 4b | | |
| Standard | 5a | Pensions and annuities | 5a | 904. | | xable amoun | | | | 5b | | 0. |
| Deduction for — Single or | 6a | Social security benefits | ба | | b Ta | xable amoun | t | | | 6b | | |
| Married filing | С | If you elect to use the lump-sum el | | | | , | | | . 🖳 | | | |
| separately, \$12,950 | 7 | Capital gain or (loss). Attach Scheo | | | | | | | . 📙 | 7 | | 212. |
| Married filing jointly or | 8 | Other income from Schedule 1, line | | | | | | | | 8 | | -8 , 036. |
| Qualifying | 9 | Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, | | | come | | | | | 9 | | 77,459. |
| surviving spouse, \$25,900 | 10 | Adjustments to income from Schee | | | | | | | | 10 | 1 | |
| Head of | 11 | Subtract line 10 from line 9. This is | | | | | | | | 11 | | 77,459. |
| household, \$19,400 | 12 | Standard deduction or itemized | | | | | | | | 12 | | 25,900. |
| If you checked any box under | 13 | Qualified business income deducti | | | | | | | | 13 | | |
| Standard | 14 | Add lines 12 and 13 | | | | | | | | 14 | | 25 , 900. |
| Deduction, see instructions. | 15 | Subtract line 14 from line 11. If zero or less, enter -0 This is your taxable income | | | | | | | 15 | | 51,559. | |

| | | Pa | age | e 2 | |
|-----------------|----|----|-----|------------|---|
| 5, | 7 | 7 | 8 | | |
| | | | | | |
| 5, | 7 | 7 | 8 | | |
| | | | | | |
| 2, 2, 3, | 0 | 0 | 0 | • | |
| 2, | 0 | 0 | 0 | • | |
| 3, | / | / | 8 | • | |
| 3, | _ | _ | 0 | • | |
| 3, | | / | 8 | • | |
| | | | | | |
| | | | | | |
| | | | | | |
| 10, | 4 | 9 | 3 | | |
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| 10, 6, 6, | 4 | 9 | 3 | • | |
| 6, | -7 | 1 | 5 | • | |
| 6, | 1 | 1 | 5 | • | |
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| | | | | | i |
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Form 1040 (2022) **Tax** (see instructions). Check if any from Form(s): **1** 8814 **2** 4972 3 16 16 Tax and **Credits** 17 Amount from Schedule 2, line 3 17 Add lines 16 and 17 18 18 19 Child tax credit or credit for other dependents from Schedule 8812 19 20 Amount from Schedule 3, line 8 20 21 Add lines 19 and 20 21 22 Subtract line 21 from line 18. If zero or less, enter -0-22 23 Other taxes, including self-employment tax, from Schedule 2, line 21 23 Add lines 22 and 23. This is your total tax 24 24 **Payments** 25 Federal income tax withheld from: 10,493. Form(s) W-2 . 25a а Form(s) 1099 25b b Other forms (see instructions) 25c С 25d d Add lines 25a through 25c 26 2022 estimated tax payments and amount applied from 2021 return 26 If you have a 27 Earned income credit (EIC) 27 qualifying child, attach Sch. EIC. 28 Additional child tax credit from Schedule 8812 28 29 American opportunity credit from Form 8863, line 8. 29 30 30 31 Amount from Schedule 3, line 15 31 32 Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits 32 33 Add lines 25d, 26, and 32. These are your total payments 33 34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid 34 Refund Amount of line 34 you want refunded to you. If Form 8888 is attached, check here 35a 35a Routing number 0 4 1 2 1 5 6 6 3 Direct deposit? b **c** Type: X Checking Savings See instructions. Account number 2 0 7 6 2 0 7 4 4 7 6 1 4 d 36 Amount of line 34 you want applied to your 2023 estimated tax . . . 36 Amount 37 Subtract line 33 from line 24. This is the amount you owe. You Owe For details on how to pay, go to www.irs.gov/Payments or see instructions . 37 Estimated tax penalty (see instructions) Third Party Do you want to allow another person to discuss this return with the IRS? See X No instructions Yes. Complete below. Designee Designee's Phone Personal identification number (PIN) Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and Sign belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Here If the IRS sent you an Identity Your signature Date Your occupation Protection PIN, enter it here (see inst.) PROGRAMMER ANALYST Joint return? See instructions. If the IRS sent your spouse an Spouse's signature. If a joint return, both must sign. Date Spouse's occupation Keep a copy for Identity Protection PIN, enter it here your records. (see inst.) STUDENT (937) 979-7829 Phone no. Email address VENKATRAJEEVREDDY@GMAIL.COM Preparer's name Preparer's signature PTIN Check if: Date **Paid** Self-employed SYAM PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 03/31/2023 P02082703

Firm's name

Firm's address

GLOBAL TAXES LLC

245 ROONEY CT E BRUNSWICK NJ 08816

Preparer

Use Only

Phone no. (678) 965-9522

Firm's EIN

SCHEDULE 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 Form 1040, 1040-SR, or 1040-NR | | Your so | cial s | ecurity number |
|------|--|--------------|---------|--------|----------------|
| V MA | LIPEDDI & K CHIT REDDY | 690-1 | 1-87 | 51 | |
| 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. Att | ach Schedule | Ε. | 5 | -8,136. |
| 6 | Farm income or (loss). Attach Schedule F | | | 6 | |
| 7 | Unemployment compensation | | | 7 | |
| 8 | Other income: | | | | |
| а | Net operating loss | 8a (|) | | |
| b | Gambling | 8b | | | |
| С | Cancellation of debt | 8c | | | |
| d | Foreign earned income exclusion from Form 2555 | 8d (|) | | |
| е | Income from Form 8853 | 8e | | | |
| f | Income from Form 8889 | 8f | | | |
| g | Alaska Permanent Fund dividends | 8g | | | |
| h | Jury duty pay | 8h | | | |
| i | Prizes and awards | 8i | | | |
| j | Activity not engaged in for profit income | 8j | | | |
| k | Stock options | 8k | | | |
| I | Income from the rental of personal property if you engaged in the rental | | | | |
| | for profit but were not in the business of renting such property | 81 | | | |
| m | Olympic and Paralympic medals and USOC prize money (see | | | | |
| | instructions) | 8m | | | |
| n | Section 951(a) inclusion (see instructions) | 8n | | | |
| 0 | Section 951A(a) inclusion (see instructions) | 80 | | | |
| р | Section 461(I) excess business loss adjustment | 8p | | | |
| q | Taxable distributions from an ABLE account (see instructions) | 8q | | | |
| r | Scholarship and fellowship grants not reported on Form W-2 | 8r | 0. | | |
| S | Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d | 8s (|) | | |
| + | Pension or annuity from a nonqualifed deferred compensation plan or | | , | | |
| • | a nongovernmental section 457 plan | 8t | | | |
| u | Wages earned while incarcerated | 8u | | | |
| | Other income. List type and amount: | - | | | |
| | Other Income from box 3 of 1099-Misc 100. | 8z | 100. | | |
| 9 | Total other income. Add lines 8a through 8z | | | 9 | 100. |

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

10

-8,036.

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

V MALIPEDDI & K CHIT REDDY

Your social security number 690-11-8751

| Par | t I Nonrefundable Credits | | | |
|-----|---|-------------|---|--------|
| 1 | Foreign tax credit. Attach Form 1116 if required | | 1 | |
| 2 | Credit for child and dependent care expenses from Form 2441, line Form 2441 | | 2 | |
| 3 | Education credits from Form 8863, line 19 | | 3 | 2,000. |
| 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-SR, line 20 | or 1040-NR, | 8 | 2,000. |

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 B (Form 1040)

Interest and Ordinary Dividends

Department of the Treasury Internal Revenue Service Go to www.irs.gov/ScheduleB for instructions and the latest information.

Attach to Form 1040 or 1040-SR.

OMB No. 1545-0074

2022

Attachment
Sequence No. 08

Your social security number Name(s) shown on return 690-11-8751 V MALIPEDDI & K CHIT REDDY **Amount** Part I List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see the instructions and list this Interest interest first. Also, show that buyer's social security number and address: (See instructions DIGITAL FEDERAL CREDIT UNION 67. and the FIFTH THIRD BANK, N.A 375. Instructions for 300. WELLS FARGO BANK, N.A. Form 1040, line 2b.) AMERICAN EXPRESS NATIONAL BANK 135. Note: If you CAPITAL J INC (DBA JUNO) 2,640. received a GOLDMAN SACHS BANK USA 471. Form 1099-INT, Form 1099-OID, or substitute statement from a brokerage firm, list the firm's name as the payer and enter the total interest shown on that form. 2 2 3,988. 3 Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815 3 Subtract line 3 from line 2. Enter the result here and on Form 1040 or 1040-SR, line 2b 4 3,988 Note: If line 4 is over \$1,500, you must complete Part III. **Amount** List name of payer: Part II **Ordinary Dividends** (See instructions and the Instructions for Form 1040. 5 line 3b.) Note: If you received a Form 1099-DIV or substitute statement from a brokerage firm, list the firm's name as the payer and enter the ordinary Add the amounts on line 5. Enter the total here and on Form 1040 or 1040-SR, line 3b dividends shown on that form. Note: If line 6 is over \$1,500, you must complete Part III.

Part III Foreign Accounts and Trusts

You must complete this part if you (a) had over \$1,500 of taxable interest or ordinary dividends; (b) had a foreign account; or (c) received a distribution from, or were a grantor of, or a transferor to, a foreign trust.

| and Trusts | 7a | At any time during 2022, did you have a financial interest in or signature authority over a financial |
|--|----|---|
| Caution: If required, failure to file FinCEN Form | | account (such as a bank account, securities account, or brokerage account) located in a foreign country? See instructions |
| 114 may result in substantial penalties. Additionally, you | | If "Yes," are you required to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), to report that financial interest or signature authority? See FinCEN Form 114 and its instructions for filing requirements and exceptions to those requirements |
| may be required to file Form 8938, Statement of Specified Foreign | b | If you are required to file FinCEN Form 114, list the name(s) of the foreign country(-ies) where the financial account(s) are located: |
| Financial Assets. See instructions. | 8 | During 2022, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? If "Yes," you may have to file Form 3520. See instructions |

Yes No

X

X

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 Your social security number V MALIPEDDI & K CHIT REDDY 690-11-8751 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 1,187. 215. 1,402. Totals for all transactions reported on Form(s) 8949 with Box B checked 3 Totals for all transactions reported on Form(s) 8949 with Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 . . . 4 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from 5 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover 6 7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). If you have any longterm capital gains or losses, go to Part II below. Otherwise, go to Part III on the back 7 215. 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

15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then, go to Part III

Totals for all transactions reported on Form(s) 8949 with

BAA

15

-3.

-3.

Page 2 Schedule D (Form 1040) 2022 Part III Summary Combine lines 7 and 15 and enter the result 212

| 10 | Combine lines 7 and 15 and enter the result | 10 | | 212. |
|----|--|----|---|------|
| | • 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? Yes. Go to line 18. | | | |
| | No. Skip lines 18 through 21, and go to line 22. | | | |
| 18 | If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet | 18 | | |
| 19 | If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see | | | |
| | instructions), enter the amount, if any, from line 18 of that worksheet | 19 | | |
| 20 | Are lines 18 and 19 both zero or blank and you are not filing Form 4952? 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. | | | |

Sales and Other Dispositions of Capital Assets

Attachment

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

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

Name(s) shown on return

V MALIPEDDI & K CHIT REDDY

Social security number or taxpayer identification number

690-11-8751

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 B) Short-term transactions | • | | - | • | | • | e) |
|-------------|--|--|--------------------------------|----------------------------------|---|-------------------------------------|--------------------------------|--|
| | C) Short-term transactions | not reported | to you on F | orm 1099-B | <u> </u> | | | |
| 1 | (a) Description of property | (b) Date acquired | (c) Date sold or disposed of | (d) Proceeds (sales price) | (e) Cost or other basis See the Note below and see <i>Column</i> (e) | N See the separate instructions. | | (h) Gain or (loss) Subtract column (e) from column (d) and |
| | (Example: 100 sh. XYZ Co.) | (Mo., day, yr.) | (Mo., day, yr.) | (see instructions) | in the separate instructions. | (f) Code(s) from instructions | (g) Amount of adjustment | combine the result with column (g). |
| ROBIN | HOOD SECURITIES LLC | 02/26/21 | 01/21/22 | 1,402. | 1,187. | | | 215. |
| | | | | , | , | | | |
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| nega Sch | als. Add the amounts in columns ative amounts). Enter each totaledule D, line 1b (if Box A above we is checked), or line 3 (if Box 6). | al here and inc is checked), lir | lude on your ne 2 (if Box B | 1,402. | 1,187. | | | 215. |

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

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side V MALIPEDDI & K CHIT REDDY

Social security number or taxpayer identification number 690-11-8751

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☐ (E) Long-term transactions☐ (F) Long-term transactions | reported on l | Form(s) 1099 | -B showing bas | | | | 9) |
|--|---|--------------------------------|-------------------------------------|--|-------------------------------------|--------------------------------|---|
| 1 (a) Description of property | (b) Date acquired | (c) Date sold or | (d) Proceeds | (e) Cost or other basis See the Note below | 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). |
| ROBINHOOD SECURITIES LLC | 01/04/21 | 06/21/22 | 3. | 6. | | | -3. |
| | | | | | | | |
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| | | | | | | | |
| 2 Totals. Add the amounts in columns negative amounts). Enter each total Schedule D, line 8b (if Box D above above is checked), or line 10 (if Box | I here and inc is checked), lir | lude on your ne 9 (if Box E | 3. | 6. | | | -3. |

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.

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

| V MA | LIPEDDI & K CHIT REDDY | | | | | | 690-1 | 1-8751 | |
|--------|--|--------|------------------|----------|--------|----------------------------|--------------|-------------|----------------|
| Part | Income or Loss From Rental Real Estate an Note: If you are in the business of renting personal proper rental income or loss from Form 4835 on page 2, line 40. | | | e C. See | instru | ctions. If you | are an indiv | vidual, rep | ort farm |
| | Did you make any payments in 2022 that would require you f "Yes," did you or will you file required Form(s) 1099? | | | | | | | | |
| 1a | Physical address of each property (street, city, state, ZIF | | | | | | | . 🗀 16 | 5 <u> </u> 140 |
| | | | • | 7 | | | | | |
| A B | HABSIGUDA ST NO 8 HYDERABAD TELANGANA | A IN | 50000 | / | | | | | |
| С | | | | | | | | | |
| 1b | Type of Property (from list below) 2 For each rental real estate proper above, report the number of fair | rental | and | | Fa | ir Rental Days | Person Da | | QJV |
| Α | personal use days. Check the Q | | | Α | | 185 | | 0 | |
| В | if you meet the requirements to find qualified joint venture. See instru | | | В | | | | | |
| С | | | | С | | | | | |
| | of Property: | | | | | | | | |
| | Single Family Residence 3 Vacation/Short-Term Ren Multi-Family Residence 4 Commercial | ital | 5 Land 6 Roya | | | Self-Rental Other (desc | ribe) | | |
| | | | | | | Propert | ies: | | |
| Incon | | | | Α | | В | | | С |
| 3 | Rents received | 3 | | 5 | 40. | | | | |
| 4 | Royalties received | 4 | | | | | | | |
| Exper | | _ | | | | | | | |
| 5 | Advertising | 5 6 | | | | | | | |
| 6 7 | Auto and travel (see instructions) | 7 | | | 82. | | | | |
| 8 | Commissions | 8 | | | 02. | | | | |
| 9 | Insurance | 9 | | | | | | | |
| 10 | Legal and other professional fees | 10 | | | | | | | |
| 11 | Management fees | 11 | | 6 | 54. | | | | |
| 12 | Mortgage interest paid to banks, etc. (see instructions) | 12 | | | | | | | |
| 13 | Other interest | 13 | | | | | | | |
| 14 | Repairs | 14 | | 2,8 | 00. | | | | |
| 15 | Supplies | 15 | | 2,5 | 40. | | | | |
| 16 | Taxes | 16 | | | | | | | |
| 17 | Utilities | 17 | | 1,7 | 00. | | | | |
| 18 | Depreciation expense or depletion | 18 | | | | | | | |
| 19 | Other (list) | 19 | | | | | | | |
| 20 | Total expenses. Add lines 5 through 19 | 20 | | 8,6 | 76. | | | | |
| 21 | Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198 | 21 | | -8,1 | 36. | | | | |
| 22 | Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) | 22 | (| 8,13 | 36.) | (|) | (|) |
| 23a | Total of all amounts reported on line 3 for all rental prope | erties | | | 23a | | 540. | | |
| 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 | | | | |
| е | Total of all amounts reported on line 20 for all properties | | | | 23e | { | 3,676. | | |
| 24 | Income. Add positive amounts shown on line 21. Do no | | - | | | | . 24 | , | |
| 25 | Losses. Add royalty losses from line 21 and rental real estate | | | | | | | (| 8,136.) |
| 26 | Total rental real estate and royalty income or (loss). here. If Parts II, III, IV, and line 40 on page 2 do not | | | | | | | | |

-8,136.

26

Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2

8863

Department of the Treasury Internal Revenue Service

Education Credits (American Opportunity and Lifetime Learning Credits)

OMB No. 1545-0074

2022

Attachment Sequence No. 50

Attach to Form 1040 or 1040-SR.

Go to www.irs.gov/Form8863 for instructions and the latest information.

Name(s) shown on return

V MALIPEDDI & K CHIT REDDY

Your social security number

690-11-8751



Complete a separate Part III on page 2 for each student for whom you're claiming either credit before you complete Parts I and II.

| Part | Refundable American Opportunity Credit | | | | | |
|----------|--|---------|---------|--------------|----------|---------|
| 1 | After completing Part III for each student, enter the total of all amounts from all P | arts II | I, line | 30 | 1 | |
| 2 | Enter: \$180,000 if married filing jointly; \$90,000 if single, head of household, or qualifying surviving spouse | 2 | | | | |
| 3 | Enter the amount from Form 1040 or 1040-SR, line 11. But if you're filing Form 2555 or 4563, or you're excluding income from Puerto Rico, see Pub. 970 for the amount to enter instead | 3 | | | | |
| 4 | Subtract line 3 from line 2. If zero or less, stop ; you can't take any education credit | 4 | | | | |
| 5 | Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or qualifying surviving spouse | 5 | | | | |
| 6 | If line 4 is: • Equal to or more than line 5, enter 1.000 on line 6 | | | | | |
| | • Less than line 5, divide line 4 by line 5. Enter the result as a decimal (rou at least three places) | | | } | 6 | |
| 7 | Multiply line 1 by line 6. Caution: If you were under age 24 at the end of the conditions described in the instructions, you can't take the refundable America skip line 8, enter the amount from line 7 on line 9, and check this box | an op | portu | nity credit; | 7 | |
| 8 | Refundable American opportunity credit. Multiply line 7 by 40% (0.40). Enter on Form 1040 or 1040-SR, line 29. Then go to line 9 below. | | | | 8 | |
| Part | II Nonrefundable Education Credits | | | | | |
| 9 | Subtract line 8 from line 7. Enter here and on line 2 of the Credit Limit Worksheet (see instructions) . | | | | | |
| 10 | After completing Part III for each student, enter the total of all amounts from all Parts III, line 31. If zero, skip lines 11 through 17, enter -0- on line 18, and go to line 19 | | | | 10 | 28,210. |
| 11 12 | Enter the smaller of line 10 or \$10,000 | | | | 11 12 | 10,000. |
| 13 | Enter: \$180,000 if married filing jointly; \$90,000 if single, head of household, or qualifying surviving spouse | 13 | | 180,000. | | |
| 14 | Enter the amount from Form 1040 or 1040-SR, line 11. But if you're filing Form 2555 or 4563, or you're excluding income from Puerto Rico, see Pub. 970 for the amount to enter instead | 14 | | 77,459. | | |
| 15 | Subtract line 14 from line 13. If zero or less, skip lines 16 and 17, enter -0- on line 18, and go to line 19 | 15 | | 102,541. | | |
| 16 | Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or qualifying surviving spouse | 16 | | 20,000. | | |
| 17 | If line 15 is: • Equal to or more than line 16, enter 1.000 on line 17 and go to line 18 | | |) | | |
| | • Less than line 16, divide line 15 by line 16. Enter the result as a decimal (roun least three places) | | | } | 17 | 1.000 |
| 18 | Multiply line 12 by line 17. Enter here and on line 1 of the Credit Limit Worksheet (see instructions) . | | | | | 2,000. |
| 19 | Nonrefundable education credits. Enter the amount from line 7 of the Credit instructions) here and on Schedule 3 (Form 1040), line 3 | Limit | Work | sheet (see | 19 | 2,000. |

Name(s) shown on return

V MALIPEDDI & K CHIT REDDY

Your social security number
690-11-8751



Complete Part III for each student for whom you're claiming either the American opportunity credit or lifetime learning credit. Use additional copies of page 2 as needed for each student.

| _ | | | | | | |
|------|--|---|---------------|----------------------------|-------------------------------------|--|
| Par | | | | | | |
| 20 | Student name (as shown on page 1 of your tax return) | 21 Student social security number (as shown on page 1 of | | | | |
| | VENKAT RAJEEV REDDY | your tax return) | | | | |
| | MALIPEDDI | 690-11-8751 | | | | |
| | Educational institution information (see instructions) | | | | | |
| a | . Name of first educational institution | b. Name of second educati | onal institut | ion (if a | ny) | |
| | CAMPSBELLSVILLE UNIVERSIY INC | | | | | |
| (| Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions. | (1) Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions. | | | | |
| | 1 UNIVERSITY DRIVE | | | | | |
| | CAMPBELLSVILLE KY 42718 | | | | | |
| (| 2) Did the student receive Form 1098-T from this institution for 2022? ✓ Yes ☐ No | (2) Did the student receive from this institution for | | B-T | Yes No | |
| (| Did the student receive Form 1098-T from this institution for 2021 with box ☐ Yes ☒ No 7 checked? | (3) Did the student receive from this institution for 7 checked? | | | Yes 🗌 No | |
| (| 4) Enter the institution's employer identification number (EIN) if you're claiming the American opportunity credit or if you checked "Yes" in (2) or (3). You can get the EIN from Form 1098-T or from the institution. | if you're claiming the American opportunity credit or | | y credit or if you | | |
| | 61-0469267 | | | | | |
| 23 | Has the American opportunity credit been claimed for this student for any 4 prior tax years? | Yes — Stop! Go to line 31 for this stude | ent. X No | — Go t | o line 24. | |
| 24 | Was the student enrolled at least half-time for at least one academic period that began or is treated as having begun in 2022 at an eligible educational institution in a program leading towards a postsecondary degree, certificate, or other recognized postsecondary educational credential? See instructions. | X Yes — Go to line 25. | | — Stop this stud | o! Go to line 31 dent. | |
| 25 | Did the student complete the first 4 years of postsecondary education before 2022? See instructions. | Yes — Stop! Go to line 31 for this stude | ent. No | — Go t | o line 26. | |
| 26 | Was the student convicted, before the end of 2022, of a felony for possession or distribution of a controlled substance? | Yes — Stop! Go to line 31 for this stude | | | plete lines 27 for this student. | |
| CAUT | You can't take the American opportunity credit and the lifetime learning credit for the same student in the same year. If you complete lines 27 through 30 for this student, don't complete line 31. | | | | | |
| | American Opportunity Credit | | | | | |
| 27 | Adjusted qualified education expenses (see instructions). Dor | t enter more than \$4,000 | | 27 | | |
| 28 | Subtract \$2,000 from line 27. If zero or less, enter -0 | | | 28 | | |
| 29 | Multiply line 28 by 25% (0.25) | | | 29 | | |
| 30 | If line 28 is zero, enter the amount from line 27. Otherwise, a enter the result. Skip line 31. Include the total of all amounts f | | | 30 | | |
| | Lifetime Learning Credit | | , | , 50 | | |
| 31 | Adjusted qualified education expenses (see instructions). Incl | de the total of all amounts from | n all Parts | | | |
| ٠. | III line 31 on Part II line 10 | and total of all allifounds from | | 21 | 5 475 | |

Name(s) shown on return

V MALIPEDDI & K CHIT REDDY

Your social security number
690-11-8751



Complete Part III for each student for whom you're claiming either the American opportunity credit or lifetime learning credit. Use additional copies of page 2 as needed for each student.

| | Part III Student and Educational Institution Information. See instructions. | | | | | | |
|------|--|---|--|--|--|--|--|
| 20 | Student name (as shown on page 1 of your tax return) | 21 Student social security number (as shown on page 1 of | | | | | |
| | KEERTHANA | your tax return) | | | | | |
| | CHIT REDDY | 839-67-0231 | | | | | |
| | Educational institution information (see instructions) | 1 | | | | | |
| a | . Name of first educational institution | b. Name of second educational institution | on (if any) | | | | |
| | DEPAUL UNIVERSITY | | | | | | |
| (| Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions. | (1) Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions. | | | | | |
| | 1 E. JACKSON BLVD Suite 9900-STUDENT ACCOUNTS | | | | | | |
| | CHICAGO IL 60604 | | | | | | |
| (| 2) Did the student receive Form 1098-T from this institution for 2022? ☐ Yes ☒ No | (2) Did the student receive Form 1098- from this institution for 2022? | T Yes No | | | | |
| (| j Did the student receive Form 1098-T from this institution for 2021 with box ☒ Yes ☐ No 7 checked? | (3) Did the student receive Form 1098- from this institution for 2021 with be 7 checked? | | | | | |
| (| 4) Enter the institution's employer identification number (EIN) if you're claiming the American opportunity credit or if you checked "Yes" in (2) or (3). You can get the EIN from Form 1098-T or from the institution. | if you're claiming the American opportunity credit or | | | | | |
| | 36-2167048 | | | | | | |
| 23 | Has the American opportunity credit been claimed for this student for any 4 prior tax years? | Yes — Stop! Go to line 31 for this student. No - | - Go to line 24. | | | | |
| 24 | Was the student enrolled at least half-time for at least one academic period that began or is treated as having begun in 2022 at an eligible educational institution in a program leading towards a postsecondary degree, certificate, or other recognized postsecondary educational credential? See instructions. | | – Stop! Go to line 31 nis student. | | | | |
| 25 | Did the student complete the first 4 years of postsecondary education before 2022? See instructions. | ▼ Yes — Stop! Go to line 31 for this student. □ No - | - Go to line 26. | | | | |
| 26 | Was the student convicted, before the end of 2022, of a felony for possession or distribution of a controlled substance? | | - Complete lines 27 ugh 30 for this student. | | | | |
| CAUT | You can't take the American opportunity credit and the lifetime learning credit for the same student in the same year. If you complete lines 27 through 30 for this student, don't complete line 31. | | | | | | |
| | American Opportunity Credit | | | | | | |
| 27 | Adjusted qualified education expenses (see instructions). Dor | n't enter more than \$4,000 | 27 | | | | |
| 28 | Subtract \$2,000 from line 27. If zero or less, enter -0 | | 28 | | | | |
| 29 | Multiply line 28 by 25% (0.25) | | 29 | | | | |
| 30 | If line 28 is zero, enter the amount from line 27. Otherwise, a enter the result. Skip line 31. Include the total of all amounts f | | 30 | | | | |
| | Lifetime Learning Credit | , | | | | | |
| 31 | Adjusted qualified education expenses (see instructions). Incl | ude the total of all amounts from all Parts | 21 22 735 | | | | |