## Form **8879**

(Rev. January 2021)

Department of the Treasury Internal Revenue Service

## IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.

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

OMB No. 1545-0074

Submission Identification Number (SID)					
Taxpayer's name		Social securit	y numbe	er	
PRADEEP KUMAR MAKKENA		195-89-	-2897		
Spouse's name		Spouse's soci	al secui	rity number	
Part I Tax Return Information — Tax Year Ending December 31,	2022 (Enter	vear vou ai	re autl	horizina.`	)
Enter whole dollars only on lines 1 through 5.	2022 (2:::0:	<i>y</i>	0.0.0.		<u> </u>
Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.					
1 Adjusted gross income			1	92	,593.
<b>2</b> Total tax			2	13	,135.
<b>3</b> Federal income tax withheld from Form(s) W-2 and Form(s) 1099			3	13	,697.
4 Amount you want refunded to you			4		562.
5 Amount you owe			5 of v	our retui	rn)
Under penalties of perjury, I declare that I have examined a copy of the income tax return (or my knowledge and belief, it is true, correct, and complete. I further declare that the amounteturn (original or amended) I am now authorizing. I consent to allow my intermediate service to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receip for any delay in processing the return or refund, and (c) the date of any refund. If applicable	unts in Part I above e provider, transmit t or reason for rejec	e are the amo ter, or electro ction of the tra	ounts fronts in the contract of the contract o	om the incurn originat sion, <b>(b)</b> the	ome tax or (ERO) e reason
Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial instite payment of my federal taxes owed on this return and/or a payment of estimated tax, and the authorization is to remain in full force and effect until I notify the U.S. Treasury Financial payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment business days prior to the payment (settlement) date. I also authorize the financial institutio taxes to receive confidential information necessary to answer inquiries and resolve issue personal identification number (PIN) below is my signature for the income tax return (origina Electronic Funds Withdrawal Consent.	tution account indice financial institution Agent to terminate t cancellation requences involved in the parallel res related to the parallel to the parallel to the parallel to the p	ated in the tand to debit the the authorizates at must be brocessing of anyment. I further	entry to tion. To receiv the ele her ack	aration soft this acco revoke (or ed no late ectronic pay knowledge	tware for unt. This cancel) a r than 2 yment of that the
Taxpayer's PIN: check one box only					
▼ I authorize GLOBAL TAXES LLC to er	nter or generate m	ny PIN	2 8		as my
ERO firm name signature on the income tax return (original or amended) I am now author	izing.			ligits, but all zeros	
I will enter my PIN as my signature on the income tax return (original or a if you are entering your own PIN <b>and</b> your return is filed using the Practibelow.					
Your signature ▶	Date ▶				
Spouse's PIN: check one box only					
· <u> </u>	nter or generate m	nv PIN			as my
ERO firm name	J	Ent		ligits, but	,
signature on the income tax return (original or amended) I am now author	_			all zeros	
I will enter my PIN as my signature on the income tax return (original or a if you are entering your own PIN <b>and</b> your return is filed using the Practibelow.					
Spouse's signature ▶	Date ►				
Practitioner PIN Method Returns Only—c					
Part III Certification and Authentication — Practitioner PIN Method	d Only				
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected	d PIN. 2 2	2 4 9 6	5 6 er all zer	1 9 8	9
I certify that the above numeric entry is my PIN, which is my signature for the electronic in		return (origir	nal or a	ımended) l	
authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confir requirements of the Practitioner PIN method and <b>Pub. 1345,</b> Handbook for Authorized IRS e					with the
ERO's signature ▶	Date ►				
ERO Must Retain This Form — See I Don't Submit This Form to the IRS Unless R		o So			

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

OMB No. 1545-0074

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

Filing Status Check only	s 🗙 🤄	Single Married filing jointly	Marrie	ed filing separately (	MFS)	☐ Head of	household (HOH)		lifying su use (QSS				
one box.	•	u checked the MFS box, enter the n on is a child but not your dependent	•	our spouse. If you o	heck	ed the HOH or	QSS box, enter th	ne child's	name if	the qualifying			
Your first name	and mi	ddle initial Last name You								Your social security number			
PRADEEP	KUMA	AR	MAKK	ENA				195-8	195-89-2897				
If joint return, s	pouse's	first name and middle initial	Last nai	me				Spouse'	s social s	ecurity number			
Home address	(numbe	r and street). If you have a P.O. box, see	instruction	ons.			Apt. no.	1		tion Campaign			
_6017 E	75TH	STREET					#B3	1		u, or your intly, want \$3			
		ce. If you have a foreign address, also co	mplete s	paces below.	Stat	te	ZIP code			I. Checking a			
INDIANA		5			IN		46250			ot change			
Foreign country	y name		F	Foreign province/state/	count	у	Foreign postal code	your tax	or refund				
Digital		ny time during 2022, did you: (a) rec	,				• /-	. ,					
Assets		ange, gift, or otherwise dispose of a					asset)? (See instru	uctions.)	∐ Yes	⊠ No			
Standard Deduction	_	eone can claim:	•			a dependent							
Age/Blindness	You:	Were born before January 2, 1	958	Are blind Sp	ouse:	: Was bor	n before January	2, 1958	☐ Is I	olind			
Dependents	s (see	instructions):		(2) Social security	y	(3) Relationsh	ip (4) Check the b	ox if quali	ies for (se	e instructions):			
If more	<b>(1)</b> Fi	rst name Last name		number		to you	Child tax c	redit	Credit for o	other dependents			
than four													
dependents, see instruction	s ——												
and check													
here													
Income	1a	Total amount from Form(s) W-2, b	ox 1 (see	e instructions) .				. 1a	1	_06,589.			
	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)											
attach Forms	d												
W-2G and 1099-R if tax	е												
was withheld.	f	Employer-provided adoption bene	. 1f										
If you did not	g	Wages from Form 8919, line 6.						. 1g					
get a Form W-2, see	h	Other earned income (see instruct	,					. 1h		0.			
instructions.	i	Nontaxable combat pay election (s	see instr	fuctions)		<u>1i</u>			1	06 500			
	<u>z</u>	Add lines 1a through 1h		<u>.</u>				. 1z		106,589.			
Attach Sch. B if required.	2a	' <u>-</u>	2a	4.		axable interest		. 2b					
	3a_		3a			rdinary dividei axable amoun		. 3b		4.			
Standard	4a 5a	_	4a 5a			axable amoun		. 4b					
Standard Deduction for—	6a	_	6a			axable amoun		. 6b					
Single or	C	If you elect to use the lump-sum e		method check here				.   00					
Married filing separately,	7	Capital gain or (loss). Attach Sche		,	`	,	[	7		-3,000.			
\$12,950 Married filing	8	Other income from Schedule 1, lin						. 8	<u> </u>	-11,000.			
jointly or	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7						. 9	+	92,593.			
Qualifying surviving spouse,	10	Adjustments to income from Sche						. 10					
\$25,900 • Head of	11	Subtract line 10 from line 9. This is						. 11		92,593.			
household, \$19,400	12	Standard deduction or itemized	,					. 12	1	12,950.			
If you checked	13	Qualified business income deduct		•	,			. 13		,_,,,,,,,,			
any box under Standard	14	Add lines 12 and 13						. 14		12,950.			
Deduction, see instructions.	15	Subtract line 14 from line 11. If zer						. 15		79,643.			
JUE INSTRUCTIONS.									•				

Form 1040 (2022	2)								Page <b>2</b>
Tax and	16	Tax (see instructions). Check	if any from Form	n(s): <b>1</b> 881	4 <b>2</b> 🗌 4972	3 🗌		16	13,135.
Credits	17	Amount from Schedule 2, lin	ne 3				[	17	
	18	Add lines 16 and 17					[	18	13,135.
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812		[	19	
	20	Amount from Schedule 3, lin	ne 8				[	20	
	21	Add lines 19 and 20					[	21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0			[	22	13,135.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21		[	23	0.
	24	Add lines 22 and 23. This is	your <b>total tax</b>				[	24	13,135.
Payments	25	Federal income tax withheld							
,	а	Form(s) W-2				<b>25a</b> 13	,697.		
	b	Form(s) 1099				25b			
	С	Other forms (see instructions	s)			25c			
	d	Add lines 25a through 25c	,					25d	13,697.
	26	2022 estimated tax payment					[	26	
If you have a qualifying child,	27	Earned income credit (EIC)			No .	27			
attach Sch. EIC.	28	Additional child tax credit from	m Schedule 8812	2		28			
	29	American opportunity credit	from Form 8863	3, line 8		29			
	30	Reserved for future use .				30			
	31	Amount from Schedule 3, lin	ne 15			31			
	32	Add lines 27, 28, 29, and 31				ındable credits		32	
	33	Add lines 25d, 26, and 32. T	hese are your <b>to</b>	tal payments			[	33	13,697.
Refund	34	If line 33 is more than line 24	1, subtract line 2	4 from line 33.	This is the amour	nt you <b>overpaid</b>		34	562.
neiuliu	35a	Amount of line 34 you want	refunded to you	u. If Form 8888	is attached, chec	ck here	. 🗆 🛚	35a	562.
Direct deposit?	b	Routing number 0 5 3					Savings		
See instructions.	d	Account number 2 3 7	0 4 4 2	7 8 0	5   9				
	36	Amount of line 34 you want a	applied to your	2023 estimate	ed tax	36	- 1		
Amount You Owe	37	Subtract line 33 from line 24						07	
rou Owe	00	For details on how to pay, g				1 1		37	
	38	Estimated tax penalty (see in				38			
Third Party Designee		you want to allow another	•		n with the IRS?		mnlete he	low	X No
Designee		signee's		Phone			nal identific		
		me		no.			er (PIN)		
Sign		der penalties of perjury, I declare tief, they are true, correct, and com							
Here	Yo	ur signature		Date	Your occupation		If the II	RS sei	nt you an Identity
							I		IN, enter it here
Joint return?					SOFTWARE E		(see in:	•	
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, I	ooth must sign.	Date	Spouse's occupati	ion			nt your spouse an ection PIN, enter it here
your records.							(see in:	,	Scholl III, enter it here
	———Ph	one no. (618)406-906	3	Email address	DRADEEDMAKKEI	NA864@GMAIL.CO	L M		
		eparer's name	Preparer's signat		I WANTE NAWA	Date	PTIN		Check if:
Paid		I PRIYA RAM SAGAR GUPTA TALLAM	, ,		GUPTA TALLAM		P02082	703	Self-employed
Preparer		m's name GLOBAL TA			COLIN INDIAN	102/20/2025			678)965-9522
Use Only			Y CT E BRU	INSWICK N	J 08816		Firm's		84-3171965
Go to www.irs.a		n1040 for instructions and the late			BAA	REV 02/24/23 PRO	1		Form <b>1040</b> (2022)
						v 04/4-7/40 1 110			

# SCHEDULE 1 (Form 1040)

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

OMB No. 1545-0074

2022

Attachment
Seguence No. 01

Department of the Treasury Internal Revenue Service

PRADEEP KUMAR MAKKENA

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

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

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

	Sequence No. <b>01</b>
Your soc	ial security number
195-89	-2897

1 Taxable refunds, credits, or offsets of state and local income taxes		
2a Alimony received	Za	
<b>b</b> Date of original divorce or separation agreement (see instructions):		
3 Business income or (loss). Attach Schedule C		
4 Other gains or (losses). Attach Form 4797		
5 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule	E . 5	-11,000.
<b>6</b> Farm income or (loss). Attach Schedule F	6	
7 Unemployment compensation	7	
8 Other income:		
<b>a</b> Net operating loss	)	
<b>b</b> Gambling		
c Cancellation of debt		
d Foreign earned income exclusion from Form 2555	)	
e Income from Form 8853		
f Income from Form 8889		
g Alaska Permanent Fund dividends 8g		
h Jury duty pay		
i Prizes and awards		
j Activity not engaged in for profit income		
k Stock options		
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 8I		
m Olympic and Paralympic medals and USOC prize money (see		
instructions)		
n Section 951(a) inclusion (see instructions) 8n		
o Section 951A(a) inclusion (see instructions)		
p Section 461(I) excess business loss adjustment		
q Taxable distributions from an ABLE account (see instructions) 8q		
r Scholarship and fellowship grants not reported on Form W-2 8r		
s Nontaxable amount of Medicaid waiver payments included on Form		
1040, line 1a or 1d		
t Pension or annuity from a nonqualifed deferred compensation plan or		
a nongovernmental section 457 plan		
u Wages earned while incarcerated		
z Other income. List type and amount: 8z		
9 Total other income. Add lines 8a through 8z	9	
10 Combine lines 1 through 7 and 9. Enter here and on Form 1040. 1040-SR. or 1040-NR.		-11,000.

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

Par	t II Adjustments to Income			
11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-basis governing			
	officials. Attach Form 2106	[	12	1
13	Health savings account deduction. Attach Form 8889	[	13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903	[	14	
15	Deductible part of self-employment tax. Attach Schedule SE		15	
16	Self-employed SEP, SIMPLE, and qualified plans		16	
17	Self-employed health insurance deduction	[	17	
18	Penalty on early withdrawal of savings	[	18	
19a	Alimony paid		19a	
b	Recipient's SSN			
С	Date of original divorce or separation agreement (see instructions):			
20	IRA deduction		20	
21	Student loan interest deduction		21	
22	Reserved for future use	[	22	
23	Archer MSA deduction	[	23	
24	Other adjustments:			
а	Jury duty pay (see instructions)			
b	Deductible expenses related to income reported on line 8l from the			
	rental of personal property engaged in for profit			
С	Nontaxable amount of the value of Olympic and Paralympic medals			
	and USOC prize money reported on line 8m			
d	Reforestation amortization and expenses			
е	Repayment of supplemental unemployment benefits under the Trade			
	Act of 1974			
f	Contributions to section 501(c)(18)(D) pension plans			
g	Contributions by certain chaplains to section 403(b) plans 24g			
h	Attorney fees and court costs for actions involving certain unlawful			
	discrimination claims (see instructions)			
İ	Attorney fees and court costs you paid in connection with an award			
	from the IRS for information you provided that helped the IRS detect tax law violations			
j	Housing deduction from Form 2555			
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form			
_	1041)			
Z	Other adjustments. List type and amount:			
25			O.F.	
25 26	Total other adjustments. Add lines 24a through 24z	-	25	
26	Add lines 11 through 23 and 25. These are your <b>adjustments to income</b> . Enter here an Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a		26	
	Form 1040 of 1040-3n, lifte 10, of Form 1040-1nn, lifte 10a		20	

#### SCHEDULE D (Form 1040)

Department of the Treasury

## **Capital Gains and Losses**

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

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

OMB No. 1545-0074

2022

Attachment Sequence No. **12** 

Internal Revenue Service Name(s) shown on return Your social security number 195-89-2897 PRADEEP KUMAR MAKKENA 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. Short-Term Capital Gains and Losses - Generally Assets Held One Year or Less (see instructions) Part I 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) Form(s) 8949, Part I, combine the result (or other basis) whole dollars. with column (g) line 2. column (a) 1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b . **1b** Totals for all transactions reported on Form(s) 8949 with . . . . . . . . . . . . . . Box A checked 5,870. 6,007. 9. -128. Totals for all transactions reported on Form(s) 8949 with Box B checked . . . . . . . . . . . . . . 3 Totals for all transactions reported on Form(s) 8949 with Box C checked . . . . . . . . . . . . . . . . . . Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 4 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from 5 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover 2,759. 6 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h), If you have any longterm capital gains or losses, go to Part II below. Otherwise, go to Part III on the back . . . . . . . . 7 -2,887. Part II Long-Term Capital Gains and Losses—Generally Assets Held More Than One Year (see instructions) See instructions for how to figure the amounts to enter on the (h) Gain or (loss) (g) Adjustments Subtract column (e) (d) (e) lines below. Proceeds to gain or loss from from column (d) and Cost This form may be easier to complete if you round off cents to Form(s) 8949, Part II, (sales price) (or other basis) 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 Totals for all transactions reported on Form(s) 8949 with Box E checked . . . . . . . . . . . . . . . . . . 2,683. 8,578. -5,895. 10 Totals for all transactions reported on Form(s) 8949 with 11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) 11 12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 12 13 14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover 14 15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then, go to Part III 15 -5,895.

Schedule D (Form 1040) 2022 Page 2

### Part III **Summary** -8,782. 16 Combine lines 7 and 15 and enter the result 16 • If line 16 is a gain, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below. • If line 16 is a loss, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete • If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22. 17 Are lines 15 and 16 both gains? ☐ **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. If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of: 21 • The loss on line 16; or 21 3,000.) • (\$3,000), or if married filing separately, (\$1,500) Note: When figuring which amount is smaller, treat both amounts as positive numbers. Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a? 22 X Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.

## **Sales and Other Dispositions of Capital Assets**

Social security number or taxpayer identification number

195-89-2897

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

PRADEEP KUMAR MAKKENA

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

OMB No. 1545-0074

Before you check Box A, B, or C belo statement will have the same informa broker and may even tell you which b	tion as Form						
Part I Short-Term. Trans instructions). For lo Note: You may agg reported to the IRS Schedule D, line 1a	ng-term tra regate all s and for wh	nsactions, s hort-term tr ich no adjus	see page 2. ansactions rep stments or cod	oorted on Form les are required	(s) 1099-E d. Enter th	showing basi e totals directly	s was y on
You must check Box A, B, or C I complete a separate Form 8949, p for one or more of the boxes, com  (A) Short-term transactions (B) Short-term transactions (C) Short-term transactions	below. Checo page 1, for ea aplete as mar reported on reported on	k only one bach applicable by forms with Form(s) 1099	box. If more than le box. If you ha the same box of 9-B showing bas 9-B showing bas	n one box applies ve more short-te checked as you r sis was reported	s for your s rm transac need. to the IRS red to the IF	hort-term transa tions than will fit (see <b>Note</b> above	on this page
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 <b>Note</b> below and see <i>Column</i> (e)	If you enter an enter a c	f any, to gain or loss amount in column (g), ode in column (f). parate instructions.	(h) Gain or (loss) Subtract column (e) 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).
Robinhood Securities LLC	01/01/22	12/31/22	5,870.	6,007.	W	9.	-128.

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.

5,870.

-128.

2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked) .

6,007.

REV 02/24/23 PRO

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 PRADEEP KUMAR MAKKENA

Social security number or taxpayer identification number 195-89-2897

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.

☐ <b>(</b> D)	Long-term transactions reported on Form(s)	1099-B showing basis was reported to the IRS (see Note above)
X (E)	Long-term transactions reported on Form(s)	1099-B showing basis wasn't reported to the IBS

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

(i ) Long tomi transactions i	iot roportoa	to you on i	ПП 1000 В					
1 (a) Description of property	(b) Date acquired	(c) Date sold or disposed of	Proceeds (sales price)	(e) Cost or other basis See the <b>Note</b> below	Adjustment, i If you enter an enter a c See the sep	(h) Gain or (loss) Subtract column (e) from column (d) and		
(Example: 100 sh. XYZ Ćo.)	(Mo., day, yr.)	(Mo., day, yr.)	(see instructions)	and see Column (e) in the separate instructions.	(f) Code(s) from instructions	(g) Amount of adjustment	combine the result with column (g).	
Robinhood Crypto LLC	01/01/21	12/31/22	2,683.	8,578.			-5,895.	
2 Totals. Add the amounts in columns negative amounts). Enter each tota Schedule D, line 8b (if Box D above above is checked), or line 10 (if Box I	I here and inc is checked), <b>lir</b>	lude on your ne 9 (if Box E	2.683.	8.578.			-5.895.	

**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, Attachment

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

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

Sequence No. 13

Your social security number

OMB No. 1545-0074

PRADEEP KUMAR MAKKENA 195-89-2897 Part I Income or Loss From Rental Real Estate and Royalties Note: If you are in the business of renting personal property, use Schedule C. See instructions. If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40. Did you make any payments in 2022 that would require you to file Form(s) 1099? See instructions . 1a Physical address of each property (street, city, state, ZIP code) BYPASS ROAD KHAMMAM TELANGANA IN 507002 Α В C 1b Type of Property **Fair Rental Personal Use** For each rental real estate property listed QJV (from list below) above, report the number of fair rental and **Davs Davs** personal use days. Check the QJV box only Α Α 365 0 if you meet the requirements to file as a В В qualified joint venture. See instructions. С C Type of Property: 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: 3 600. 4 Royalties received 4 **Expenses:** 5 5 Advertising 6 Auto and travel (see instructions) 6 7 Cleaning and maintenance. 7 1,000. 8 Commissions 8 9 9 Insurance . . 10 10 Legal and other professional fees 11 Management fees . . . . . . . . 11 800. 12 Mortgage interest paid to banks, etc. (see instructions) 12 13 13 3,150. 14 14 Repairs . . . 15 Supplies 15 2,450. 16 16 Taxes 17 17 4,200. 18 18 Depreciation expense or depletion . . . . . . . . 19 19 Other (list) 20 20 Total expenses. Add lines 5 through 19 . . . . . . 11,600. 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 -11,000. 22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) . . . . . . . . . 11,000.) 600. 23a Total of all amounts reported on line 3 for all rental properties Total of all amounts reported on line 4 for all royalty properties 23b Total of all amounts reported on line 12 for all properties 23c 23d Total of all amounts reported on line 18 for all properties 11,600. Total of all amounts reported on line 20 for all properties 23e 24 **Income.** Add positive amounts shown on line 21. **Do not** include any losses 24 25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here 25 11,000. Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result 26 here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on

-11,000.

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

**Passive Activity Loss Limitations** 

See separate instructions.

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

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

OMB No. 1545-1008 Attachment Sequence No. **858** 

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

Identifying number

PRA	DEEP KUMAR MAKKENA				195	5-89-	-2897
Pa	rt I 2022 Passive Activity Los						
	Caution: Complete Parts IV ar	nd V before compl	eting Part I.				
	al Real Estate Activities With Active Parance for Rental Real Estate Activities			ive participation, s	ee <b>Special</b>		
1a	Activities with net income (enter the a	mount from Part IV	/, column (a)) .	1a	0.		
b	Activities with net loss (enter the amo						
С	Prior years' unallowed losses (enter the				)		
d	Combine lines 1a, 1b, and 1c					1d	-11,000.
All O	ther Passive Activities						
2a	Activities with net income (enter the a	mount from Part V	, column (a)) .	2a			
b	Activities with net loss (enter the amo				)		
С	Prior years' unallowed losses (enter the	ne amount from Pa	art V, column (c))	2c (	)		
d	Combine lines 2a, 2b, and 2c					2d	
3	Combine lines 1d and 2d. If this line i						
	all losses are allowed, including any		ed losses entered	on line 1c or 2c.	Report the		
	losses on the forms and schedules no	ormally used .				3	-11,000.
	If line 3 is a loss and: • Line 1d is a	loss, go to Part II.					
		loss (and line 1d is	zero or more), sk	ip Part II and go to	line 10.		
Court	on: If your filing status is married filing	congrately and ve	an lived with your	anauga at any tim	o during the	Woor	do not complete
	I. Instead, go to line 10.	separately and yo	bu livea with your	spouse at any tin	ie during the	year,	do not complete
	t II Special Allowance for Rei	ntal Real Estate	Activities With	Active Participa	ation		
	Note: Enter all numbers in Par						
4	Enter the <b>smaller</b> of the loss on line 1					4	11,000.
5	Enter \$150,000. If married filing separ	ately, see instructi	ons	5   1	50,000.		•
6	Enter modified adjusted gross income	e, but not less thar	n zero. See instruc	tions 6 1	03,593.		
	Note: If line 6 is greater than or equal	to line 5, skip line	s 7 and 8 and ent	er -0-			
	on line 9. Otherwise, go to line 7.						
7	Subtract line 6 from line 5			7	46,407.		
8	Multiply line 7 by 50% (0.50). <b>Do not</b> e			• .		8	23,204.
9	Enter the <b>smaller</b> of line 4 or line 8					9	11,000.
Par		-1.0				40	
10	Add the income, if any, on lines 1a an					10	0.
11	Total losses allowed from all passiv out how to report the losses on your t					11	11,000.
Par	t IV Complete This Part Before		a. 1b. and 1c. S	ee instructions			11,000.
					_		
		Currer	nt year	Prior years	Ove	rall ga	in or loss
	Name of activity	(a) Net income	(b) Net loss	(c) Unallowed	(-I) O - :-		(-) I
		(line 1a)	(line 1b)	loss (line 1c)	(d) Gair	1	(e) Loss
ВҮР	ASS ROAD	0.	11,000.				11,000.
		I .	l .	l .	1		

11,000.

0.

BAA

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

Form 8582 (2022) Page **2** 

Part V Complete This Part Befor	e P	art I, Lines 2	a, 2b,	<b>and 2c.</b> S	ee instruc	tions.			•	
Name of activity		Currer	nt year		Prior years		Overall gain or loss		ain or loss	
Name of activity	(a) Net income (line 2a)		(b) Net loss (line 2b)		(c) Unallowed loss (line 2c)		(d) Gain		(e) Loss	
Total. Enter on Part I, lines 2a, 2b, and 2c										
Part VI Use This Part if an Amour	nt Is	Shown on F	Part II,	<b>Line 9.</b> S	ee instruc	tions.				
Name of activity	For ar to	rm or schedule ad line number be reported on the instructions)		) Loss	<b>(b)</b> Ra		(c) Special allowance		(d) Subtract column (c) from column (a).	
BYPASS ROAD		E Ln 22		11,000.	1.0000	0000	11,00	0.	0.	
Total Allocation of Unallowed L				11,000.	1.00	)	11,00	0.	0.	
Allocation of Orlanowed L	.05			5.						
Name of activity		Form or sche and line num to be reporte (see instructi		ımber ted on (a) Le			(b) Ratio		(c) Unallowed loss	
Total							1.00			
Part VIII Allowed Losses. See instru				1				1		
Name of activity		Form or sche and line nun to be reporte (see instruct	nber ed on	(a) l	_oss	<b>(b)</b> Ur	nallowed loss	(	c) Allowed loss	
								_		
Total										

IT-40ES 12 31 2023 Tax year ending: PRADEEP KUMAR M Taxpayer Name: **INDIVIDUAL ESTIMATED INCOME TAX** Taxpayer Name: Ε 208.00 State Income Tax 1. **Voucher Number Due Date** 04 18 2023 <u>49</u> <u> 134.00</u> County Tax 2. **Your County** Your Taxpayer ID Number Spouse's Taxpayer ID Number 195 89 2897 County Tax 3. Spouse's County \_\_\_\_\_ Total Estimated Payment <u>342.00</u> 1030 REV 02/17/23 PRO INDIANA DEPARTMENT OF REVENUE P.O. BOX 7225 081958928970000020100000110301231202308 **INDIANAPOLIS, IN 46207-7225** 

**INDIANAPOLIS, IN 46207-7225** 

IT-40ES 12 31 2023 Tax year ending: PRADEEP KUMAR M Taxpayer Name: **INDIVIDUAL ESTIMATED INCOME TAX** Taxpayer Name: Ε 208.00 State Income Tax 1. **Voucher Number Due Date** 06 15 2023 <u>49</u> <u>134.00</u> County Tax 2. **Your County** Your Taxpayer ID Number Spouse's Taxpayer ID Number 195 89 2897 County Tax 3. Spouse's County \_\_\_\_\_ Total Estimated Payment <u>342.00</u> 1030 REV 02/17/23 PRO INDIANA DEPARTMENT OF REVENUE P.O. BOX 7225

IT-40ES 12 31 2023 Tax year ending: PRADEEP KUMAR M Taxpayer Name: **INDIVIDUAL ESTIMATED INCOME TAX** Taxpayer Name: Ε 208.00 State Income Tax 1. **Voucher Number Due Date** 09 15 2023 3 <u> 134.00</u> <u>49</u> County Tax 2. **Your County** Your Taxpayer ID Number Spouse's Taxpayer ID Number 195 89 2897 County Tax 3. Spouse's County \_\_\_\_\_ Total Estimated Payment <u>342.00</u> 1030 REV 02/17/23 PRO

INDIANA DEPARTMENT OF REVENUE P.O. BOX 7225 **INDIANAPOLIS, IN 46207-7225** 

IT-40ES 12 31 2023 Tax year ending: PRADEEP KUMAR M Taxpayer Name: **INDIVIDUAL ESTIMATED INCOME TAX** Taxpayer Name: Ε 208.00 State Income Tax 1. **Voucher Number Due Date** 01 16 2024 <u>49</u> <u> 134.00</u> County Tax 2. **Your County** Your Taxpayer ID Number Spouse's Taxpayer ID Number 195 89 2897 County Tax 3. Spouse's County \_\_\_\_\_ Total Estimated Payment <u>342.00</u> 1030 REV 02/17/23 PRO INDIANA DEPARTMENT OF REVENUE

P.O. BOX 7225 **INDIANAPOLIS, IN 46207-7225** 

Cut	on	lina	hafora	mailing
Cut	OH	me	pelole	mailing

POST FILING COUPON

PFC

0912

and remains liable for payment of the correct amount of tax."

The taxpayer remains responsible for providing accurate information

"Electronic calculation and processing of state tax liabilities serve as a convenience for Indiana taxpayers.

1030

REV 02/17/23 PRO

\*SSN 1 195 89 2897 \*SSN 2 Period End Date 12 31 2022 Date Due 04 18 2023 Tax Type IND

Mail and make check payable to INDIANA DEPARTMENT OF REVENUE P.O. BOX 1674 INDIANAPOLIS, IN 46206-1674

PRADEEP KUMAR MAKKENA

6017 E 75TH STREET B3

INDIANAPOLIS IN 46250

Amount Due:

1365.00



Your Social

## 2022

from

89

2897

195

## **Indiana Full-Year Resident Individual Income Tax Return**

If filing for a fiscal year, enter the dates (see instructions) (MM/DD/YYYY):

to:

Spouse's Social

Due A

April 18, 2023	
Place "X" i if amendin	
plying for ITIN	N Suffix
	Suffix
"X" in box if your deal of the second	

;	Security Number 195 89 2897	Security Nur	mber _						
	Diago "V" in how if applying for ITI	NI.		Diago "N	V" in ha	v if applyin	ag for ITII	NI.	
,	□□□ Place "X" in box if applying for ITII Your first name	name			N III DO	x if applyir	ig ioi i i ii	Suffix	
[									
Į.		MAKKENA						C	
l T	f filing a joint return, spouse's first name Initial Last	name						Suffix	
I	Present address (number and street or rural route)								
	6017 E 75TH STREET #B3	2				Place "X" i	-		
L	City	Stat	te			married fili stal code	ng separ	atery.	
[	<u> </u>							7	
	INDIANAPOLIS		IN		46	250			
ا	Foreign country 2-character code (see instructions)								
	Enter below the <b>2-digit county code</b> numbers (found on th	ne back of Sche	dule CT-4	40) for the o	ounty v	where you	lived and	d	
	vorked on Jan. 1, 2022.							_	
	County where 49 County where you worked 00	County spouse	where	1	County	where worked			
	you worked	spouse	e liveu		spouse	Worked		_	
						Roun	d all ent	tries	
1.	Enter your federal adjusted gross income from your feder			Es de vel 4		4	9.3	2593.	
	income tax return, Form 1040 or Form 1040-SR, line 11 _			_ Federal A	AGI _	1	92	3393	
2.	Enter amount from Schedule 1, line 7, and enclose Sched	dule 1	India	na Add-Bad	cks	2			00
			_						
3.	Add line 1 and line 2					3	92	2593.	0.0
4	Enter amount from Schedule 2, line 12, and enclose Sche	edule 2	Indian	a Deductio	ne	4			00
٦.	Effect amount from Concade 2, line 12, and choice Conc			ia Deadelie	/II3			•	
5.	Subtract line 4 from line 3					5	92	2593.	00
•		_			_				
6.	Complete Schedule 3. Enter amount from Schedule 3, lin and enclose Schedule 3		Indian	a Evemntic	ne	6	1	000.	
	and cholose deficult o			a Exemplic	/II3				
	Subtract line 6 from line 5		djusted (	Gross Inco	me	7	91	593.	00
8.	State adjusted gross income tax: multiply line 7 by 3.23%			205					
0	(if answer is less than zero, leave blank) County tax. Enter county tax due from Schedule CT-40			295	8.00				
9.	(if answer is less than zero, leave blank)	9		185	0.00				
	( 4.101101 10 1000 41411 2010; 10410 514111)								
10.	Other taxes. Enter amount from Schedule 4, line 4 (enclos	e schedule) 10			.00				
11	Add lines 9. 0 and 40. Entantatal horse and an line 45.	the heal		Indiana T		14	/	1808.	
11.	Add lines 8, 9 and 10. Enter total here and on line 15 on t	ine back	I	indiana ia)	ces ∟1	1		.000	UU





12.	Enter credits from Schedule 5, line 12 (enclose schedule)	12	3443.00		
13.	Enter offset credits from Schedule 6, line 8 (enclose schedule)	13	.00		
14.	Add lines 12 and 13		Indiana Credits	14	3443.00
15.	Enter amount from line 11		Indiana Taxes	15	4808.00
16.	If line 14 is equal to or more than line 15, subtract line 15 from li	line 14	(if smaller, skip to line 23)	16	.00
17.	Enter donations from Schedule IN-DONATE (enclose schedule)	e); canno	ot be greater than line16	17	.00
18.	Subtract line 17 from line 16		Overpayment	18	.00
19.	Amount from line 18 to be applied to your 2023 estimated tax a	account	(see instructions).		
	Enter your county code county tax to be applied _\$	а	.00		
	Spouse's county code county tax to be applied _\$	b	.00		
	Indiana adjusted gross income tax to be applied\$	С	.00		
	Total to be applied to your estimated tax account (a + b + c; can	nnot be	more than line 18)	19d	.00
20.	Penalty for underpayment of estimated tax from Schedule IT-22	210 or l	T-2210A	20	.00
21.	Refund: Line 18 minus lines 19d and 20. Note: If less than zero	o, see li	ne 23 Your Refund	21	.00
22.	a. Routing Number  b. Account Number  c. Type: Checking Savings Hoosier Works M.  d. Place an "X" in the box if refund will go to an account outside		nited States		
23.	If line 15 is more than line 14, subtract line 14 from line 15. Add (see instructions)	-		23	1365.00
24.	Penalty if filed after due date (see instructions)			24	.00
25.	Interest if filed after due date (see instructions)			25	.00
	Amount Due: Add lines 23, 24 and 25	n a cred		26	1365.00
Sigr	n and date this return after reading the Authorization stateme	ent on	Scriedule 7. Remember to	enciose So	medule /.
 Sign	ature Date	Spo	ouse's Signature		Date

- Mail payments to: Indiana Department of Revenue, P.O. Box 7224, Indianapolis, IN 46207-7224.
- Mail all other returns to: Indiana Department of Revenue, P.O. Box 40, Indianapolis, IN 46206-0040.





## **Schedule 3: Exemptions**

2022

Enclosure Sequence No. **03** 

Name(s) shown on Form IT-40 Your Social		ocial Security	/ Number	
PRADEEP KUMAR MAKKENA	195	89	2897	
Complete and enclose Schedule IN-DEP: Dependent Information and Addition dependents on lines 2 and/or 3 below. Complete and enclose Schedule IN-DE claiming dependents on line 6 below.	-		-	u are
1. Enter \$2000 if you are married filing jointly; otherwise, enter \$1000			Τ(	000.00
Enter the number of dependents listed on Schedule IN-DEP, Box 6     You <b>MUST</b> enclose Schedule IN-DEP.	x \$1000	2		.00
<ul> <li>3. You may claim an additional exemption for each qualifying dependent child:</li> <li>who is a son, stepson, daughter, stepdaughter, foster child and/or child legal guardian;</li> <li>who was under the age of 19 by Dec. 31, 2022; or</li> <li>who is a full-time student who was under the age of 24 by Dec. 31, 2022;</li> <li>who you are eligible to claim as a dependent on line 2 above.</li> </ul>	•	а		
Enter the number of additional dependents listed on Schedule IN-DEP, Box 7. x \$1500		3		.00
4. Place "X" in box(es) below if, by Dec. 31, 2022				
You were age 65 or older and/or blind				
Spouse was 65 or older and/or blind				
Total number of boxes with Xs x \$1000		4		.00
<ul> <li>5. If age 65 or older, enter amount from Form IT-40, line 1.</li> <li>If filing as married filing separately and this amount is less than \$20,000 the "You were age 65 or older" box below.</li> <li>For all other filers age 65 or older, if this amount is less than \$40,000, p appropriate box(es) below.</li> </ul>				
You were age 65 or older				
Spouse was 65 or older				
Total number of boxes with Xs x \$500		5		.00
6. Enter the number of additional adopted child exemptions listed on Schedule IN-DEP-A, Box 6 x \$3000		6		.00
7. Add lines 1, 2, 3, 4, 5 and 6. Enter here and on Form IT-40, line 6	Total Exempti	ons 7	10	000.00

#### Schedule 5: Credits

2022

Enclosure Sequence No. **04** 

00

Name(s) shown on Form IT-40 Your Social Security Number 89 195 2897 PRADEEP KUMAR MAKKENA Round all entries 3443 . 00 1. Indiana state tax withheld: See instructions 2. Indiana county tax withheld: See instructions \_\_\_ 3. Estimated tax paid for 2022: include any extension payment made with Form IT-9 0 0 4. Unified tax credit for the elderly 5. Earned income credit: enclose Schedule IN-EIC and enter amount from line A-3 5 6. Lake County residential income tax credit 7. Economic development for a growing economy credit. Enter amount from Schedule IN-EDGE, 00 line 19 (enclose schedule) 8. Economic development for a growing economy retention credit. Enter amount from 0 0 Schedule IN-EDGE-R, line 19 (enclose schedule) 8 Headquarters relocation credit (refundable portion - see instructions) 10 10. Adoption Credit 11. 2022 Additional Automatic Taxpayer Refund: See instructions 11 3443 12. Add lines 1 through 11. Enter total here and on Form IT-40, line 12 \_\_\_\_\_ Total Credits Schedule IN-DONATE Important: The amount on line 2 cannot exceed the amount on Form IT-40/IT-40PNR, line 16. 1. Donations: List fund name, 3-digit code and amount to be donated (see instructions) a. Enter fund name code no. 1a b. Enter fund name code no. 1b



2. Add lines 1a through 1c. Enter total here and on Form IT-40/IT-40PNR, line 17 **Total Donations** 

code no.

1c

c. Enter fund name

#### Schedule 7 Form IT-40, State Form 54000 (R13 / 9-22)

## **Schedule 7: Additional Required Information**

2022

Enclosure Sequence No. **06** 

Name(s) shown on Fo	orm IT-40	Your Social	Your Social Security Number					
PRADEEP KUMAR	MAKKENA		195	89 2897				
<b>1. Federal filing inforn</b> Are you filing a federal	nation income tax return for 2022? Pla	ce "X" in appropriate	box. Yes X No					
income from Illinois, Ke	e: Complete if you and/or your ntucky, Michigan, Ohio, Pennsyl l/or your spouse worked.							
State where you worke	d Your income	State	where spouse worked	Spouse's income				
	\$ .0	0		\$	0.0			
3. Extension of time to			1000	,				
a. Place "X" in box if	you have filed a federal extension	on of time to file, For	m 4868, or made an online	extension payment.				
b. Place "X" in box if	you have filed an Indiana exten	sion of time to file, F	orm IT-9, or made an Indian	a extension payment online	ə			
	ne ast two-thirds of your gross inco I an "X" in the box, you MUST a							
	ers. If you are eligible to file fed PA, enclose Schedule IN-40PA		uest for Innocent Spouse R	elief, and are completing				
Taxpayer's date  Authorization: Sign For  Under penalty of perjure  plete and correct. I und  taxes due under this re  Revenue (DOR) to furne  ensure my refund is pro  Social Security number  7. Your daytime	e of death 2  porm IT-40 after reading the follow, I have examined this return a derstand that if this is a joint return. Also, my request for direct ish my financial institution with a perly deposited. I grant permiss (s) used on this return is correct.	Spouse's data lowing statement. nd all attachments arn, any refund will be deposit of my refund my routing number, a sion to DOR to conta	e of death  Ind to the best of my knowled made payable to us jointly includes my authorization account number, account type	and each of us is liable for to the Indiana Department of the and Social Security num	all of ber to			
telephone number	6184069063	email address	PRADEEPMA	AKKENA864@GMAI				
personal representati Yes No If y	ment to discuss my return wive. es, complete the information ive's Name (please print)	-		reparer if not filing electroni	cally			
		PT	INP02082	2703				
Telephone number		Ad	dress 245 ROONEY C	CT				
Address		Cit	y E BRUNSWI	ICK				
City		Sta		ZIP Code 08816				
State	ZIP Code		eparer's Inature <u>SYAM PRIY</u>	A RAM SAGAR GUPT	<u>ΓΑ</u>			





# County Tax Schedule for Full-Year Indiana Residents

2022

Enclosure Sequence No. **07** 

1	Name(s) shown on Form IT-40  Your Sc		Securit	ty Number
Ρl	RADEEP KUMAR MAKKENA	195	89	2897
1.	Enter the amount from IT-40, line 7. <b>Note:</b> If both you and your spouse lived in the same county on January 1, enter the entire amount from Form IT-40, line 7 on line 1A (do not complete Column B). See instructions	Column A - Yourself  1A 91593.00	1B	Column B - Spouse's
2.	Enter the county tax rate from the chart on the back of this schedule for the county where you lived on Jan. 1, 2022	2A . 0202000	2B	
3.	Multiply line 1 by the rate on line 2 (leave blank if less than zero)	3A 1850.00	3B	.00
4.	Add lines 3A and 3B. Enter the total here. Perry County residen County and worked in the Kentucky counties of Breckinridge complete lines 5 and 6. Otherwise, enter the total here and on li	e, Hancock or Meade, you must	4	1850.00
5.	Enter the amount of income that was taxed by certain Kentucky k	ocalities (see instructions)	5	.00
6.	Multiply line 5 by .0181 and enter total here		6	.00
7.	Enter total of line 4 minus line 6. Enter this amount on line 9 of Fo	orm IT-40	7	1850.00

#### Indiana Department of Revenue

### Enclosure Sequence No. 13

# 2022 Underpayment of Estimated Tax By Individuals Enclose with Form IT-40 or Form IT-40PNR

	n on Form IT-40/IT-40F KUMAR MAKKE		Enclose with Fo		You	r Social curity Number	195	89	2897	
Ann	Farmers and in ual Gross Income om All Sources	ishern	nen Only - See Two-Thirds of Gross Income			ome from	Sec Ear Chec		<b>rs</b> you filed	
2021		X 66.7% = X 66.7% =	=	00		00	and p	2022 tax paid the b by Feb. 1	total tax ┌	
Section C -	Required Ann						R	ound al	l entries	
1.2022 tax _							1		4808	00
2. 2022 credi	ts (not including with	holding cr	edits or estimated tax	payments)			2			00
3. Subtract lin	ne 2 from line 1						3		4808	00
4. Multiply lin	e 3 by 90% (.90) (far	mers/fishe	ermen multiply by .66	7, see instru	ctions)		4		4327	0.0
5. 2022 withh	olding tax credit						5		3443	00
6. Subtract lin	ne 5 from line 3 - <b>If l</b> e	ss than \$	\$1,000, STOP HERE!	You do not	owe a per	nalty	6		1365	_
7. Prior year'	s tax (see instruction	s)					7		1915	00
			er the lesser of line 4 You do not owe a pe				8		1915	00
Section D -	Short Method	- Read	the instruction	s to dete	rmine if	you can	use th	e sho	rt metho	od
9. Enter the v	vithholding tax credit	amount fi	rom line 5 above				9			00
10. Enter the to	otal amount, if any, o	estimated	d tax payments you m	ade for tax y	ear 2022 _		10			00
11. Add lines 9	9 and 10						11			00
			m line 8. If zero or les ur tax return				12			00
13. Multiply lin	e 12 by 10% (.10). E	nter this a	amount on line 20 on l	Form IT-40 c	r Form IT-4	10PNR	13			00
O 41 -	Dec le Melle		^	Installr	nent Pe	riod Due	Dates		D	
	Regular Metho	oa	1st Installment April 18, 2022	2nd Instal June 15,		3rd Instal September			Installment ary 17, 202	
payment: o	equired installment divide amount on	14	00		0.0		00	14		0.0
15. 2022 withh	olding-Divide line 5 by	4 15	00		00		0.0	15		00
STOP!	Complete lines 16 th	nrough 19	9 for each column b	efore going	to the nex	t one.				
16. 2022 estim	ated taxes paid per pe	eriod 16	00		00		0.0	16		00
	llment payments 15 and 16)	17	00		0.0		00	17		0.0
18. Installmen	t period overpaymen	t 18	0.0		0.0		0.0	18		00
19. Installmen	t period underpayme	nt_ 19	0 0		00		0.0	19		00
20. Total unde	rpayment - Add line	19, Colum	ins A + B + C + D and	enter total h	iere			20		00
21. Underpayr	ment penalty - Multip	y line 20 l	by 10%. Enter this am	ount on line	20 on Forr	n IT-40 or IT	-40PNR	21		00

#### Form IT-8879 State Form 53399 (R18 / 9-22)

## Indiana Individual Income Tax

## **DECLARATION OF ELECTRONIC FILING**

Income Tax for the Tax Year January 1 - December 31, 2022

Do Not Mail This Form To DOR

Submiss	ion ID			_	
First Name and Middle Initial PRADEEP KUMAR	Last Name MAKKENA			our Social Secur	ity Number 897
Spouse's First Name and Middle Initial	Spouse's Last Name			Spouse's Social S	
Street Address City 6017 E 75TH STREET #B3 INI	DIANAPOLIS	State IN	ZIP Code 46250		elephone Number 6 9063
Part I. Tax Re	turn Information (See in	structions or	n next page	)	
Federal Adjusted Gross Income	······································	1		,	92593.
Indiana Adjusted Gross Income		2			91593.
3. Total Indiana Tax		3			4808.
4. Total State Tax Withheld		4			3443.
5. Total County Tax Withheld		5			
6. Total Indiana Tax Credits		6			3443.
7. Refund		7			
8. Amount You Owe		8			1365.
	Part II. Electronic Set	tlement			
9. Type of settlement:			$\neg$	_	
☐ Direct Debit of Amo	unt Owed Amount		Date	of Withdrawal	
10. Routing number:	Note: The firs	st two digits of	the routing n	number must be	01 - 12 or 21 - 32.
11. Account number:					Do Not Mail
	s				This Form
13. Place an "X" in the box if refund will go to an		States			To DOR
Under penalties of perjury, I declare that the information corresponding lines of the electronic portion of my in complete. I consent to my ERO sending my return, using a computer system and software to prepare a pertaining to my use of the system and software and and/or transmitter an acknowledgement of receipt of reason(s) for the rejection. If the processing of my reason(s) for the delay of when the refund was sent	come tax return. To the best of this declaration, and accomp nd transmit my return electror d to the transmission of my ret f transmission and an indication eturn or refund is delayed, I au	nd the amounts of my knowledg anying schedu nically, I conser turn electronica on of whether of	ge and belief, lules and state nt to the disclouding I also con ally. I also con or not my retur	my 2022 return in the DC ements to the DC osure to the DOR sent to the DOR on is accepted, a	is true, correct and DR. In addition, by R of all information R sending my ERO and, if rejected, the
Your PIN: Check one box only					
☑ I authorize GLOBAL TAXES LLC to enter filed income tax return.	er my PIN 9 2 8 9 7 Do not enter all zeros		ature on my t	ax year 2022 el	ectronically
☐ I will enter my PIN as my signature on my tax entering your own PIN and your return is filed	year 2022 electronically file using the Practitioner PIN n	d income tax เ nethod. The E	eturn. Check	this box <b>only</b> i	if you are N
Your signature ▶					
Spouse's PIN: Check one box only					- 1
I authorize to ente	er my PIN Do not enter all zeros		ature on my t	ax year 2022 el	lectronically A
☐ I will enter my PIN as my signature on my tax entering your own PIN and your return is filed					if you are
Your signature ▶				1 barrer	A
Part IV. Practitioner Certif				Method ONLY	
ERO's EFIN/PIN. Enter your six-digit EFIN follow					6 1 9 8 9
I certify that the above numeric entry is my PIN, wh	nich is my signature for the ta	x year 2022 e	lectronically f	Do not enter a	Il zeros return for the
taxpayer(s) indicated above. I confirm that I am sul	•		·	of the Practition	er PIN method.
ERO's signature ▶		Date			