#### Department of the Treasury Internal Revenue Service

## **IRS e-file Signature Authorization**

ERO must obtain and retain completed Form 8879.
 Go to www.irs.gov/Form8879 for the latest information.

Submission Identification Number (SID)

Taxpaver's name

Taxpay	er's name	Social security num	ber
SRI	YAKAR REDDY BADDAM	331-37-865	3
Spouse	s's name	Spouse's social sec	urity number
Part	t I Tax Return Information – Tax Year Ending December 31, 2022 (Ent	er year you are au	ithorizing.)
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	71,578.
2	Total tax	2	8,515.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	12,818.
4	Amount you want refunded to you	4	4,303.
5		5	

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

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

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

×	I authorize	GLOBAL	TAXES		to enter or generate my PIN	Er
				ERO firm name		

Ent	as my				
-	0	6	F	2	

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

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

Your signature 🕨

Date 🕨

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

I authorize

	to ente	r or gene	rate my PIN
--	---------	-----------	-------------

Enter five digits, but don't enter all zeros

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

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

Spouse's signature E	ate					 			
Practitioner PIN Method Returns Only—continue	e bel	ow							
Part III Certification and Authentication – Practitioner PIN Method Only									
<b>ERO's EFIN/PIN.</b> Enter your six-digit EFIN followed by your five-digit self-selected PIN.	2	2	2	 _	6 nter a	 	9	8 9	)

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

ERO's signature >			
ERO Must Retain This Fo Don't Submit This Form to the II			
For Paperwork Reduction Act Notice, see your tax return instructions.	BAA	REV 03/09/23 PRO	Form 8879 (Rev. 01-2021)

<b>1040</b>		artment of the Treasury—Internal Revenue Servi S. Individual Income Tax		202	2	OMB No. 1545	-0074	IRS Use (	Only—	Do not w	rite or staple	in this space.
Filing Status Check only one box.		Single D Married filing jointly D warried filing jointly D warried the MFS box, enter the na		ling separately (N spouse. If you ch	,			,	, <u> </u>	spou	lifying sun use (QSS) name if th	0
	pers	on is a child but not your dependent	:	. ,				-				
Your first name	and mi	ddle initial	Last name						1	Your so	cial securit	ly number
SRIYAKAR	REI	DDY	BADDAM							331-3	37-865	3
lf joint return, sp	ouse's	first name and middle initial	Last name						\$	Spouse'	s social see	curity numbe
Home address	(numbe	er and street). If you have a P.O. box, see	instructions.				A	Apt. no.				on Campaigr
712 NEWS											iere if you,	or your tly, want \$3
City, town, or po CARY	ost offi	ce. If you have a foreign address, also co	mplete space	es below.	Sta NC	-	ZIP c		t	to go to		Checking a
Foreign country	name		Forei	ign province/state/c		-		in postal co			or refund.	`
Digital	At ar	ny time during 2022, did you: (a) rece	eive (as a re	ward, award, or r	Savr	ment for prope	rtv or	services):	or (h	o) sell.	You	Spouse
Assets		ange, gift, or otherwise dispose of a			-		•			,	Yes	🗙 No
Standard		eone can claim: 🗌 You as a de		Vour spouse		•						
Deduction		Spouse itemizes on a separate return										
		Were born before January 2, 1	958 🗌 A	re blind <b>Spo</b>	use			ore Janua			Is bl	ind instructions):
Dependents		instructions): irst name Last name		(2) Social security number		(3) Relationsh to you	ip (*	Child ta		· · ·	`	her dependents
lf more than four	(1) 1	Lasthane										
dependents,								C			[	
see instructions	;							C			[	
and check here								L	-		[	
	1a	Total amount from Form(s) W-2, be	ox 1 (see ins	structions)						1a		<u> </u>
Income	b	Household employee wages not re		,						1b		<u>,,,,,,,</u>
Attach Form(s)	с	Tip income not reported on line 1a								1c		
W-2 here. Also attach Forms	d	Medicaid waiver payments not rep								1d		
W-2G and	е	Taxable dependent care benefits f								1e		
1099-R if tax was withheld.	f	Employer-provided adoption bene		-						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 instructi	ions)		1i						
	z	Add lines 1a through 1h		·						1z	8	82,538.
Attach Sch. B	2a		2a		bТ	axable interest				2b		12.
if required.	3a	Qualified dividends	3a		bС	rdinary divider	nds .			3b		
	4a	IRA distributions	4a			axable amount				4b		
Standard	5a	Pensions and annuities	5a		bТ	axable amount	t			5b		
Deduction for –	6a	Social security benefits	6a		bТ	axable amount	t			6b		
<ul> <li>Single or Married filing</li> </ul>	с	If you elect to use the lump-sum elect	lection meth	nod, check here (	see	instructions)			. 🗆			
separately, \$12,950	7	Capital gain or (loss). Attach Schee							. 🗆	7	· .	-2,972.
Married filing	8	Other income from Schedule 1, line								8		-8,000.
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,								9		71,578.
surviving spouse, \$25,900	10	Adjustments to income from Sche		-						10		
\$25,900 • Head of	11	Subtract line 10 from line 9. This is								11	-	71,578.
household, \$19,400	12	Standard deduction or itemized	-							12		12,950.
<ul> <li>If you checked</li> </ul>	13	Qualified business income deducti				5-A				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					е.			15		58,628.

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

Form **1040** (2022)

Form 1040 (2022	2)								Page <b>2</b>
Tax and	16	Tax (see instructions). Check	if any from Form	(s): <b>1</b> 🗌 881	4 <b>2</b> 4972	3		16	8,515.
Credits	17	Amount from Schedule 2, lir	ne3					17	
	18	Add lines 16 and 17						18	8,515.
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812			19	
	20	Amount from Schedule 3, lir	ne8					20	
	21	Add lines 19 and 20						21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	8,515.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21			23	0.
	24	Add lines 22 and 23. This is	your total tax					24	8,515.
Payments	25	Federal income tax withheld							,
i aj incluio	а	Form(s) W-2				<b>25a</b> 12	,818.		
	b	Form(s) 1099				25b	,		
	с	Other forms (see instruction				25c			
	d	Add lines 25a through 25c	,					25d	12,818.
	26	2022 estimated tax payment						26	, •_••
If you have a l qualifying child,	27	Earned income credit (EIC)				27			
attach Sch. EIC.	28	Additional child tax credit from				28		-	
	29	American opportunity credit				29		-	
	30	Reserved for future use .		-		30			
	31	Amount from Schedule 3, lir				31		-	
	32	Add lines 27, 28, 29, and 31						32	
	33	Add lines 25d, 26, and 32. T		-	•			33	12,818.
	34	If line 33 is more than line 24	,					34	4,303.
Refund	35a	Amount of line 34 you want				•		35a	4,303.
Direct deposit?	b	Routing number 0 8 1					Savings		,
See instructions.		Account number 0 0 2					ouvingo		
	36	Amount of line 34 you want				36			
Amount	37	,							
You Owe	31	Subtract line 33 from line 24 For details on how to pay, g						37	
	38	Estimated tax penalty (see in				38		07	
Third Party		you want to allow another	,						
Designee			•				omplete b	elow.	× No
200.9.100	De	signee's		Phone			onal identif		
	nar			no.		numl	oer (PIN)		
Sign		der penalties of perjury, I declare t							
Here	bel	ief, they are true, correct, and com	plete. Declaration	of preparer (othe	r than taxpayer) is ba	ised on all information			, ,
	Yo	ur signature		Date	Your occupation				nt you an Identity
Joint return?					SOFTWARE E	NGINEER	(see		IN, enter it here
See instructions.	Sp	ouse's signature. If a joint return, I	<b>both</b> must sian.	Date	Spouse's occupati		If the	IRS ser	nt your spouse an
Keep a copy for	op	o doo o olgitata of it a joint fotarri, i	e in maer eign	Duto			Ident	ity Prote	ection PIN, enter it here
your records.							(see	nst.)	
	Ph	one no. (708)289-289	0	Email address	SRIYAKAR.1	3B@GMAIL.CC	M		
Daid	Pre	eparer's name	Preparer's signat	ure		Date	PTIN		Check if:
Paid	SYAM	I PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	03/16/2023	P02082	2703	Self-employed
Preparer	Fir	m's name GLOBAL TA	XES LLC				Phor	e no. (	678)965-9522
Use Only	Fir	m's address 245 ROONE	Y CT E BRU	NSWICK N	J 08816			s EIN	84-3171965
Go to www.ire.or	ov/Eorn	a1040 for instructions and the late	et information		DAA				Form 1040 (2022)

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

BAA REV 03/09/23 PRO

Form **1040** (2022)

SCHEDULE	1
(Form 1040)	

Department of the Treasury

## Additional Income and Adjustments to Income

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

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

OMB No. 1545-0074 20 22

Attachment Sequence No. **01** Internal Revenue Service Name(s) shown on Form 1040, 1040-SR, or 1040-NR Your social security number SRIYAKAR REDDY BADDAM 331-37-8653

Par	t I Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxes		1	
2a	Alimony received		2a	
b	Date of original divorce or separation agreement (see instructions):			
3	Business income or (loss). Attach Schedule C		3	
4	Other gains or (losses). Attach Form 4797		4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Atta	ach Schedule E .	5	-8,000.
6	Farm income or (loss). Attach Schedule F.		6	
7	Unemployment compensation		7	
8	Other income:			
а	Net operating loss	8a (		
b	Gambling	8b		
С	Cancellation of debt	8c		
d	Foreign earned income exclusion from Form 2555	8d (		
е	Income from Form 8853	8e		
f	Income from Form 8889	8f		
g	Alaska Permanent Fund dividends	8g		
h	Jury duty pay	8h		
i	Prizes and awards	8i		
j	Activity not engaged in for profit income	8j	-	
-	Stock options	8k	-	
	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		8n	-	
0	Section 951A(a) inclusion (see instructions)	80	-	
р	Section 461(I) excess business loss adjustment	8p	-	
q	Taxable distributions from an ABLE account (see instructions)	8q	-	
r	Scholarship and fellowship grants not reported on Form W-2	8r	-	
S	Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d	8s (		
			4	
t	Pension or annuity from a nonqualifed deferred compensation plan or a nongovernmental section 457 plan	8t		
	Wages earned while incarcerated	8u		
u z	Other income. List type and amount:	ou		
2		8z		
9	Total other income. Add lines 8a through 8z		9	
9 10	Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR		10	-8,000.
-	Combine lines 1 through 7 and 5. Enter here and on 1 onn 1040, 1040-on			0,000.

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

Schedule 1 (Form 1040) 2022

Par	t II Adjustments to Income					
11	Educator expenses				11	
12	Certain business expenses of reservists, performing artists, and fee	e-basi	s gov	ernment		
	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					
	and USOC prize money reported on line 8m	24c				
d	Reforestation amortization and expenses	24d				
е	Repayment of supplemental unemployment benefits under the Trade					
	Act of 1974	24e				
f	Contributions to section 501(c)(18)(D) pension plans	24f				
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)	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					
	tax law violations	24i				
j	Housing deduction from Form 2555	24j				
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form					
	1041)	24k				
z	Other adjustments. List type and amount:					
		24z				
25	Total other adjustments. Add lines 24a through 24z				25	
26	Add lines 11 through 23 and 25. These are your adjustments to income	e. Ente	er here	and on		
	Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a				26	
	BAA	REV	03/09/23 P	RO	Schedu	ile 1 (Form 1040) 2022

#### SCHEDULE D (Form 1040)

## **Capital Gains and Losses**

OMB No. 1545-0074

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

Go to *www.irs.gov/ScheduleD* for instructions and the latest information. Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10. 2022 Attachment Sequence No. 12

Internal Revenue Service Name(s) shown on return

Department of the Treasury

SRIYAKAR REDDY BADDAM

Your social security number

331-37-8653

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

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

lines This	instructions for how to figure the amounts to enter on the below. form may be easier to complete if you round off cents to e dollars.	<b>(d)</b> Proceeds (sales price)	<b>(e)</b> Cost (or other basis)	(g) Adjustment to gain or loss Form(s) 8949, F line 2, columr	from Part I,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a	Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b.					
1b	Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked	2,250.	2,518.			-268.
2	Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked					
3	Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked					
4	Short-term gain from Form 6252 and short-term gain or (I	oss) from Forms 4	684, 6781, and 88	324	4	
5	Net short-term gain or (loss) from partnerships, Schedule(s) K-1	S corporations,	estates, and tr	ſ	5	
6	Short-term capital loss carryover. Enter the amount, if an <b>Worksheet</b> in the instructions		•	-	6	( )
7	Net short-term capital gain or (loss). Combine lines 1a term capital gains or losses, go to Part II below. Otherwise				7	-268.

### Part II Long-Term Capital Gains and Losses—Generally Assets Held More Than One Year (see instructions)

See instructions for how to figure the amounts to enter on the lines below.		<b>(d)</b> Proceeds	(e) Cost	(g) Adjustmen to gain or loss		(h) Gain or (loss) Subtract column (e) from column (d) and
	form may be easier to complete if you round off cents to le dollars.	(sales price)	(or other basis)	Form(s) 8949, I line 2, colum	Part II,	combine the result with column (g)
8a	Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b.					
8b	Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked	77.	2,781.			-2,704.
9	Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked					
10	Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked.					
11	Gain from Form 4797, Part I; long-term gain from Forms from Forms 4684, 6781, and 8824		11			
12	Net long-term gain or (loss) from partnerships, S corporat	dule(s) K-1	12			
13	Capital gain distributions. See the instructions		13			
14	Long-term capital loss carryover. Enter the amount, if any <b>Worksheet</b> in the instructions	-	14	( )		
15	Net long-term capital gain or (loss). Combine lines 8a on the back	•	.,		15	-2,704.

Part	III Summary	
16	Combine lines 7 and 15 and enter the result	<b>16</b> -2,972.
	• If line 16 is a <b>gain</b> , enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below.	
	• If line 16 is a <b>loss</b> , skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22.	
	• If line 16 is <b>zero</b> , skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22.	
17	Are lines 15 and 16 <b>both</b> gains?	
	<ul> <li>☐ No. Skip lines 18 through 21, and go to line 22.</li> </ul>	
18	If you are required to complete the <b>28% Rate Gain Worksheet</b> (see instructions), enter the amount, if any, from line 7 of that worksheet	18
19	If you are required to complete the <b>Unrecaptured Section 1250 Gain Worksheet</b> (see instructions), enter the amount, if any, from line 18 of that worksheet	19
20	<ul> <li>Are lines 18 and 19 both zero or blank and you are not filing Form 4952?</li> <li>Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. Don't complete lines 21 and 22 below.</li> </ul>	
	□ No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.	
21	If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of:	
	<ul> <li>The loss on line 16; or</li> <li>(\$3,000), or if married filing separately, (\$1,500)</li> </ul>	<b>21</b> ( 2,972.)
	Note: When figuring which amount is smaller, treat both amounts as positive numbers.	
22	Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?	
	☐ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16.	
	No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.	

REV 03/09/23 PRO

Schedule D (Form 1040) 2022

Form **8949** 

Department of the Treasury

Internal Revenue Service

# Sales and Other Dispositions of Capital Assets

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

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



 Name(s) shown on return
 Social security number or taxpayer identification number

 SRIYAKAR REDDY BADDAM
 331-37-8653

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

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

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

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

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

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

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

<b>1</b> (a) Description of property	<b>(b)</b> Date acquired	<b>(c)</b> Date sold or	<b>(d)</b> Proceeds	(e) Cost or other basis See the <b>Note</b> below	If you enter an enter a co	f any, to gain or loss amount in column (g), ode in column (f). arate instructions.	<b>(h)</b> Gain or (loss) Subtract column (e)	
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see Column (e) in the separate instructions.	(f) (g) Code(s) from instructions Amount of adjustment		from column (d) and combine the result with column (g).	
ROBINHOOD SECURITIES LL	c 01/01/22	12/31/22	2,250.	2,518.			-268.	
2 Totals. Add the amounts in colum negative amounts). Enter each to Schedule D, line 1b (if Box A abo above is checked), or line 3 (if Bo	otal here and inc ve is checked), <b>li</b>	lude on your ne 2 (if Box B	2,250.	2,518.			-268.	

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

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

Form 8949 (2022)	Attachment Sequence No. 12A	Page <b>2</b>
------------------	-----------------------------	---------------

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

Social security number or taxpayer identification number 331-37-8653

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

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

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

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

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

[] (E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS

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

<b>1</b> (a) Description of property	<b>(b)</b> Date acquired	(c) Date sold or	<b>(d)</b> Proceeds	<b>(e)</b> Cost or other basis See the <b>Note</b> below	Adjustment, i If you enter an enter a c See the sep	(h) Gain or (loss) Subtract column (e)		
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see Column (e) in the separate instructions.	<b>(f)</b> Code(s) from instructions	<b>(g)</b> Amount of adjustment	from column (d) and combine the result with column (g).	
ROBINHOOD SECURITIES LLC	01/01/22	12/31/22	77.	2,781.			-2,704.	
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	lude on your ne 9 (if Box E	77.	2,781.			-2,704.		

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.

		<b>Supplemental Income and Loss</b> (From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)													OMB No. 1545-0074		
(Form	1040)	(Fr	om r	ental rea				• •	•			, trusts, REM	ICs, etc.)	20	)22		
	ent of the Treasury			Gote		ttach to For						nformation.		Attachn	nent 12		
	Revenue Service shown on return			60 10	5 00 00 00	s.gov/Schet		insuu			lest		Your soci	al security	ce No. 13		
	AKAR REDDY	R۵	מחם	M										7-8653			
Part					Renta	I Real Est	tate an	d Roy	valties				1 3 3 1 3	1 0000			
	Note: If yo	ou are	e in t	he busin	ess of rer		al propert			<b>e C</b> . See	e instru	uctions. If you	are an indi	vidual, rep	ort farm		
Α	Did you make an	iy pa	ayme	ents in 2	022 that	would requ	uire you t	to file	Form(s) 1	1099? 8	See in	structions .		. 🗌 Ye	es 🛛 No		
B	f "Yes," did you	or v	vill y	ou file r	equired l	Form(s) 109	99? .							. 🗌 Ye	es 🗌 No		
1a	Physical addr	ess	of ea	ach pro	perty (sti	reet, city, s	tate, ZIP	, code	e)								
Α	5-313, вног	NGI	R R	ROAD, Y	ADADR	I MOTHKU	JR MAN	DAL,	TELAN	IGANA	IN	508277					
В																	
С																	
1b	Type of Prope (from list below		2			al real estat the number					Fa	air Rental Days		nal Use ays	QJV		
Α	3					days. Checl				Α		365		0			
В						e requireme venture. Se				В							
С				quam						С							
	of Property:			_			_				_						
	Single Family R					on/Short-Te	erm Rent	al	5 Land			Self-Rental					
2	Multi-Family Re	side	nce	4	Comme	ercial			6 Roya	aities	8	Other (desc	cribe)				
												Propert	ies:				
Incom										Α		В			C		
3	Rents received							3		4	50.						
4	Royalties recei	vea	• •					4									
Expen 5								5									
6	Auto and trave							6									
7	Cleaning and r							7		c	50.						
8	Commissions							8									
9	Insurance							9									
10	Legal and othe							10									
11	Management f							11		1,2	50.						
12	Mortgage inter	est p	paid	to bank	ks, etc. (	see instruct	tions)	12									
13	Other interest							13									
14	Repairs							14			50.						
15	Supplies							15		1,9	50.						
16	Taxes							16									
17	Utilities							17		1,5	50.						
18	Depreciation e	xper	nse	or deple	etion .			18									
19								19		0 /	FO						
20	Total expenses				•			20		8,4	50.						
21	Subtract line 2 result is a (loss																
	file <b>Form 6198</b>							21		-8,0	00.						
22	Deductible ren	tal r	eal e	estate lo	oss after	· limitation.	if anv.			,							
	on Form 8582							22	(	8,00	))))	)(	)	(			
23a	Total of all amo										23a		450.				
b	Total of all amo							erties			23b						
С	Total of all amo										23c						
d	Total of all amo			-							23d						
е	Total of all amo										23e		8,450.				
24	Income. Add												. 24		0.000		
25	Losses. Add ro	-	-											(	8,000.		
26	Total rental re here. If Parts																

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

Schedule E (Form 1040) 2022

26

-8,000.

<b>D-40</b> < Stap	ole All	Pages	of Yo	our	2022			<u>li</u> na D	epartmer	nt of R	Return evenue	DOR Use Only		
		<u>nd W-2</u>			orbogionin	~			ended Return and ending					Yes 🗌 No 🗵
SRIYAKAR REDD BADDAM Is your spouse a veteran? Yes No														
712 NEWSTEAD WAY Your SSN: 331378653 Were you granted an automatic extension to file your														
CAR: Filing			27519 1. Sing	<u>) MECKL</u>		2 Marri	ed Filing	lointly	Spouse's S		Separately	2022 federal		n, e.g., Form 1040?
1 ming	Slatu			ad of House	hold	5. Quali				neu Filing	Separately	Year spou		
					ntire year?		Yes X				or deceased t		Date of deat	
					entire year		Yes				or deceased s		Date of deat	h: ating some or all of
					-						ment of \$	0.	-	your overpayment
											r information			
		-							-		15, 2023, an ersonal Repr		zen or residen	t.
FS	1	PP	Y		DT	Ν	OC	Ν	TPRES	Y	SPRES	Ν	VT N	SVT N
BADD	)	712		27519	) DS	Ν	ΕA	Ν	TD			SD		FDEXT N
SRIY	AKA	R RI	EDD		BADD	MA				331	378653		MECKL	
												NC	27519	
712	NEW	ISTE	AD V	VAY						CA	RY			
06			715	578		16			0		26C		0	
07				0		18	Y		0		26E		0	
09				0		20A			3551		EU			
10A				0		20B			0		27		0	
10B				0		21A			0		29		0	
11	S	Y	I	Ν		21B			0		30		0	
11			127	750		21C			0		31		0	
13			000	000		21D			0		32		0	
14			588	328		26A			0		34		615	
15			29	936		26B			0					
TN		0828				PN	6		59522		PP	P02	082703	
I declare	and cer	tify that I h	nave exa	mined this ret	Refund D	panying scl	nedules ar	615 nd stateme		yment		uthorize the N	0 Jorth Carolina De	epartment of Revenue
the best	of my kn	iowledge a	and belie	f, they are tru	e, correct, and	complete.				to dis	scuss this retur	n and attachn	nents with the pa	id preparer below.
Vour Sim	nature					Data	0	1100'0 Cia-	atura (If filing :-	int roture -	oth must size \	Data	<u>708289</u>	
Your Sign PAID PR		R USE ON	ILY If	prepared by a	a person other t	Date han taxpay			ature (If filing jo s based on all in		oth must sign.) f which the prepai	Date rer has any kno		e No. (Include area code)
		IYA R Signature	AM S	SAGAR (	GUPT 0	3 16 Date			659522 Itact Phone Num	ber (Includ	e area code)		P0208 Preparer's FE	2703 IN, SSN, or PTIN

If REFUND, mail return to: N.C. DEPT. OF REVENUE, P.O. BOX R, RALEIGH, NC 27634-0001 If you ARE NOT due a refund, mail return, any payment, and D-400V to: N.C. DEPT. OF REVENUE, P.O. BOX 25000, RALEIGH, NC 27640-0640

REV 01/26/23 PRO

## D-400 2022 Page 2 (50)

Last Name (First 10 Characters)	BADDAM

331378653

	D-400 Line-by-Line Information		
			-1
6.	Federal Adjusted Gross Income	6.	71578
7.	Additions to Federal Adjusted Gross Income	7.	0
8.	Add Lines 6 and 7	8.	71578
9.	Deductions From Federal Adjusted Gross Income	9.	0
10.	Child Deduction	100	0
	a. Enter the number of qualifying children for whom you were allowed a federal child tax credit	10a.	0
11.	b. Enter the amount of the child deduction	10b. 11.	0
	N.C. Standard Deduction	11.	Y
11. 11.	N.C. Itemized Deduction Deduction amount	11.	N 10760
12.	a. Add Lines 9, 10b, and 11	12a.	12750 12750
12.	b. Subtract Line 12a from Line 8	12a. 12b.	58828
13.	Part-year Residents and Nonresidents Taxable Percentage	120.	0.0000
14.	N.C. Taxable Income	13.	58828
15.	N.C. Income Tax	14.	2936
16.	Tax Credits	15. 16.	2930
17.	Subtract Line 16 from Line 15	10.	2936
18.	Consumer Use Tax	18.	2550
10.	You certify that no Consumer Use Tax is due	10.	Y
19.	Add Lines 17 and 18	19.	2936
10.		10.	2950
North	Carolina Income Tax Withheld		
20a.	Your tax withheld	20a.	3551
20b.	Spouse's tax withheld	20b.	0
21a.	2022 estimated tax	21a.	0
21b.	Paid with extension	21b.	0
21c.	Partnership	21c.	0
21d.	S Corporation	21d.	0
22.	Additional Payments	22.	0
23.	Add Lines 20a through 22	23.	3551
24.	Previous Refunds	24.	0
25.	Subtract Line 24 from Line 23	25.	3551
26a.	Tax Due	26a.	0
26b.	Penalties	26b.	0
26c.	Interest	26c.	0
26d.	Add Lines 26b and 26c and enter the total on 26d	26d.	0
EU	Exception to Underpayment of Estimated Tax	EU	
26e.	Interest on the Underpayment of Estimated Income Tax	26e.	0
27.	Pay this Amount	27.	0
28.	Overpayment	28.	615
<u>Αmoι</u>	int of Refund to Apply to:		
29.	Amount of Line 28 to be applied to 2023 Estimated Income Tax	29.	0
30.	N.C. Nongame and Endangered Wildlife Fund	30.	0
31.	N.C. Education Endowment Fund	31.	0
32.	N.C. Breast and Cervical Cancer Control Program	32.	0
33.	Add Lines 29 through 32	33.	0

D-400 Line-by-Line Information

615

34.