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

The man have had believed		
Submission Identification Number (SID)		
Taxpayer's name	Social security	number
KRISHNAKANTH REDDY NAWAPET	100-79-	
Spouse's name		al security number
ARONI KYAMA	830-54-	7974
Part I Tax Return Information — Tax Year Ending December 31,	2022 (Enter year you ar	e 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		1 150,628.
2 Total tax		2 18,674.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3 31,881.
4 Amount you want refunded to you		<u>4</u> 13,207.
5 Amount you owe		5
Part II Taxpayer Declaration and Signature Authorization (Be sure you Under penalties of perjury, I declare that I have examined a copy of the income tax return (origin		
to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I applied to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution payment of my federal taxes owed on this return and/or a payment of estimated tax, and the finauthorization is to remain in full force and effect until I notify the U.S. Treasury Financial Age payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment contact the payment (settlement) date. I also authorize the financial institutions taxes to receive confidential information necessary to answer inquiries and resolve issues repersonal identification number (PIN) below is my signature for the income tax return (original or the inc	authorize the Ü.S. Treasury and account indicated in the taxtancial institution to debit the earnt to terminate the authorizat ancellation requests must be involved in the processing of elated to the payment. I further	d its designated Financial c preparation software for entry to this account. This cion. To revoke (cancel) a received no later than 2 the electronic payment of the racknowledge that the
Electronic Funds Withdrawal Consent.		
Taxpayer's PIN: check one box only	. 511 9	2 1 0 1
X I authorize GLOBAL TAXES LLC to enter		er five digits, but
signature on the income tax return (original or amended) I am now authorizin	doni ng.	t enter all zeros
I will enter my PIN as my signature on the income tax return (original or ame if you are entering your own PIN and your return is filed using the Practitio below.		
Your signature > Prish rel.	Date ▶ 03/27/2	023
- I our digitaturo P		
Spouse's PIN: check one box only		
	r or generate my PIN 4	7 9 7 4 as my
ERO firm name signature on the income tax return (original or amended) I am now authorizir		er five digits, but 't enter all zeros
I will enter my PIN as my signature on the income tax return (original or amended) I am now authorized and the income tax return (original or amended).	19.	
if you are entering your own PIN and your return is filed using the Practitio below.		-
Spouse's signature ► aroni kyama	Date ▶ 03/2	27/2023
Practitioner PIN Method Returns Only—con	tinue below	
Part III Certification and Authentication — Practitioner PIN Method C	Only	
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected P	IN. 5 1 8 9 5 2 Don't enter	r all zeros
I certify that the above numeric entry is my PIN, which is my signature for the electronic indivauthorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm trequirements of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS <i>e-file</i>	hat I am submitting this retur	n in accordance with the
ERO's signature ▶	Date ►	

ERO Must Retain This Form — See Instructions

Don't Submit This Form to the IRS Unless Requested To Do So

E1040 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.

_		Single X Married filing jointly	Marrie	ed filing separate	ly (MFS)	☐ Head of	household (НОН) [lifying sur				
Check only one box.	If yo	u checked the MFS box, enter the na	ama of v	our enouge. If we	u obook	od tha UOU a	OSS hov	ontor the	,	use (QSS)				
one box.	•	on is a child but not your dependent	•	our spouse. If yo	u check		QOO DOX,	enter the	o iliu s	name ii u	ie qualifying			
Your first name			Last nar	me					Your so	cial securi	tv number			
KRISHNAK			NAWA							79 – 210	=			
		first name and middle initial	Last nar						Spouse's social security number					
	Jouse 3	Thist hame and middle initial	KYAM						830-54-7974					
ARONI Home address	(numbo	r and street). If you have a P.O. box, see					Apt. no	,						
2315 ESF	•		mon done	7101			201	"	Presidential Election Campa Check here if you, or your					
		ce. If you have a foreign address, also co	mnlete sr	naces helow	Sta	ıto.	ZIP code		spouse	if filing joir	ntly, want \$3			
LITTLETO		oc. If you have a foreign address, also ed	inplote sp	baces below.	CC		80129		-		Checking a			
Foreign country			Te	oreign province/st				tal code		ow will not or refund.				
Foreign country name Foreign province/state/county Foreign postal code you									your tan	You	Spouse			
Digital	Λ+ on	y time during 2022, did you: (a) rec	oivo (oo (a roward award	or nove	mont for prope	rtu or oomi	200): or /	b) coll					
Digital Assets		ange, gift, or otherwise dispose of a	,				•	* * * * * * * * * * * * * * * * * * * *		Yes	⊠ No			
Standard		eone can claim: You as a de				a dependent	asset): (OC	e instruc	, tions.					
Deduction	_	Spouse itemizes on a separate retur	'											
Deddetion			11 OI you	- Word a duar sta	tus alloi									
Age/Blindness	You:	Were born before January 2, 1	958 _	Are blind	Spouse	: Was bo	n before Ja	ınuary 2	, 1958	∐ Is bl	ind			
Dependents	s (see i	instructions):		(2) Social sec	urity	(3) Relationsh	nip (4) Che	ck the bo	x if qualit	fies for (see	instructions):			
If more	(1) Fi	rst name Last name		number		to you	Ch	ild tax cre	edit	Credit for ot	her dependents			
than four											<u> </u>			
dependents, see instructions	s ——										<u></u>			
and check														
here L														
Income	1a	Total amount from Form(s) W-2, b	ox 1 (see	e instructions)					1a	1	61 , 989.			
	b	Household employee wages not re		• ,					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 rep		. ,	ee instru	uctions)			1d					
W-2G and 1099-R if tax	е	Taxable dependent care benefits f							1e					
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.	İ	Nontaxable combat pay election (s	see instr	uctions)		<u>1</u> i								
		1			<u>.</u>				1z		61 , 989.			
Attach Sch. B	2a	· —	2a			axable interes			2b		1.			
if required.	3a		3a			Ordinary divide			3b					
	4a -		4a			axable amoun			4b					
Standard Deduction for—	5a	_	5a			axable amoun			5b					
• Single or	6a	,	6a			axable amoun	t		6b					
Married filing separately,	c	If you elect to use the lump-sum e			•] 		1.40			
\$12,950	7	Capital gain or (loss). Attach Sche		•	•			L	7		<u>-140.</u>			
 Married filing jointly or 	8	Other income from Schedule 1, lin							8		11,222. 50,628.			
Qualifying surviving spouse,	9		Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income											
\$25,900	10	Adjustments to income from Sche							10					
 Head of household, 	11	Subtract line 10 from line 9. This is	•	-					11		50,628.			
\$19,400	12	Standard deduction or itemized							12		25 , 900.			
 If you checked any box under 	13	Qualified business income deducti							13					
Standard Deduction,	14								14		25 , 900.			
see instructions.	15	Subtract line 14 from line 11. If zer	o or less	s, enter -U TNIS	is your	laxable incom	ie		15	1 17	24,728.			

Form 1040 (2022	2)										Pa	age 🛭
Tax and	16	Tax (see instructions). Check	if any from Form	n(s): 1	4 2 🗌 4972	3 🗌		16		18	, 67	4.
Credits	17	Amount from Schedule 2, lin	ne 3					17				
	18	Add lines 16 and 17						18		18	,67	4.
	19	Child tax credit or credit for	other dependen	nts 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		18	,67	4.
	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		18	,67	4.
Payments	25	Federal income tax withheld										
•	а	Form(s) W-2				25a 31	,881					
	b	Form(s) 1099				25b						
	С	Other forms (see instructions	s)			25c						
	d	Add lines 25a through 25c						25d		31	,88	1.
и	26	2022 estimated tax payment	ts and amount a	applied from 20	021 return			26				
If you have a qualifying child,	27	Earned income credit (EIC)			No .	27						
attach Sch. EIC.	28	Additional child tax credit from				28						
	29	American opportunity credit	from Form 8863	3, line 8		29						
	30	Reserved for future use .				30						
	31	Amount from Schedule 3, lin				31						
	32	Add lines 27, 28, 29, and 31,	. These are your	r total other pa	ayments and refu	ndable credits		32				
	33	Add lines 25d, 26, and 32. T	hese are your to	otal payments				33		31	,88	1.
Refund	34	If line 33 is more than line 24	1, subtract line 2	24 from line 33.	This is the amoun	nt you overpaid		34		13	, 20	7.
neiuliu	35a	Amount of line 34 you want	refunded to yo	u . If Form 8888	3 is attached, chec	k here	. 🗆	35a		13	, 20	7.
Direct deposit?	b	Routing number 0 5 3	0 0 0 1	9 6	c Type: 🕱	Checking	Savings					
See instructions.	d	Account number 2 3 7	0 3 7 7	8 1 6	7 3		_					
	36	Amount of line 34 you want a	applied to your	2023 estimate	ed tax	36						
Amount	37	Subtract line 33 from line 24	. This is the am	ount vou owe								
You Owe		For details on how to pay, g						37				
	38	Estimated tax penalty (see in	nstructions) .			38						
Third Party	Do	you want to allow another	person to disc	cuss this retu	rn with the IRS?	See						
Designee [*]	ins	structions				. 🗌 Yes. C	omplete	below.	XN	10		
		signee's		Phone			onal iden	tification		$\overline{}$	$\overline{}$	Т
	naı			no.			ber (PIN)			<u> </u>		<u>—</u>
Sign		der penalties of perjury, I declare t lief, they are true, correct, and com										
Here		ur signature	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Date	Your occupation		1	ne IRS se		•		-5
	10	_			'			tection P	•			
Joint return?		@ prish red.	1	φ3/27/2023	SOFTWARE E	NGINEER	(se	e inst.)			\perp	\Box
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, t	both must sign.	Date	Spouse's occupation	on		ne IRS se				
your records.		aroni kyama		03/27/2023	 HOME MAKER			ntity Prot e inst.)	ection F	IIN, e	nterit	nere
		one no. (302) 276-590		Email address			I .			ш		
		one no. (302) 276-590 eparer's name	Preparer's signa		KRISHREDDY!	Date	PTIN		Check	k if		
Paid		M PRIYA RAM SAGAR GUPTA TALLAM	'		СПРТА ТАТ.Т.АМ		P0208	32703	_		volam	ed
Preparer		m's name GLOBAL TAX		TOTAL DAGAR	R GUPTA TALLAM 03/28/2023 P02)82703 Self-employed hone no. (678) 965-9522				
Use Only		m's address 245 ROONEY		INSWICK N	J 08816			m's FIN			719	

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

K NAWAPET & A KYAMA

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.

Your social security number 100-79-2101

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 E .	5	-11 , 222.
6	Farm income or (loss). Attach Schedule F		6	
7	Unemployment compensation		7	
8	Other income:			
а	Net operating loss	8a (
b	Gambling	8b		
С	Cancellation of debt	8c		
d	Foreign earned income exclusion from Form 2555	8d (
е	Income from Form 8853	8e		
f	Income from Form 8889	8f		
g	Alaska Permanent Fund dividends	8g		
h	Jury duty pay	8h		
i	Prizes and awards	8i		
j	Activity not engaged in for profit income	8j		
k	Stock options	8k		
- 1	Income from the rental of personal property if you engaged in the rental			
	for profit but were not in the business of renting such property	81		
m	Olympic and Paralympic medals and USOC prize money (see			
	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	-	
S	Nontaxable amount of Medicaid waiver payments included on Form			
	1040, line 1a or 1d	8s ()	
t	Pension or annuity from a nonqualifed deferred compensation plan or			
	a nongovernmental section 457 plan	8t	-	
	Wages earned while incarcerated	8u		
Z	Other income. List type and amount:			
•	Takal akhan in asusa Aslal lin as Oa khususuk Oa	8z		
9	Total other income. Add lines 8a through 8z		9	11 000
10	Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR	1, or 1040-NH, line 8	10	-11 , 222.

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-basis government		
	officials. Attach Form 2106	12	
13	Health savings account deduction. Attach Form 8889	13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903	14	
15	Deductible part of self-employment tax. Attach Schedule SE	15	
16	Self-employed SEP, SIMPLE, and qualified plans	16	
17	Self-employed health insurance deduction	17	
18	Penalty on early withdrawal of savings	18	
19a	Alimony paid	19a	
b	Recipient's SSN		
С	Date of original divorce or separation agreement (see instructions):		
20	IRA deduction	20	
21	Student loan interest deduction	21	
22	Reserved for future use	22	
23	Archer MSA deduction	23	
24	Other adjustments:		
а	Jury duty pay (see instructions)		
b	Deductible expenses related to income reported on line 8I from the		
	rental of personal property engaged in for profit		
С	Nontaxable amount of the value of Olympic and Paralympic medals		
	and USOC prize money reported on line 8m	_	
d	Reforestation amortization and expenses	_	
е	Repayment of supplemental unemployment benefits under the Trade		
	Act of 1974	-	
f	Contributions to section 501(c)(18)(D) pension plans	-	
g	Contributions by certain chaplains to section 403(b) plans	-	
h	Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions)		
	,	+	
- 1	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 Ie	Housing deduction from Form 2555	+	
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)		
7		+	
Z	Other adjustments. List type and amount:		
25	Total other adjustments. Add lines 24a through 24z	25	
25 26	Add lines 11 through 23 and 25. These are your adjustments to income . Enter here and on	25	
20	Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a	26	
	1 om 1040 of 1040 off, line 10, of 1 om 1040-1011, line 10a	20	

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SCHEDULE D (Form 1040)

Capital Gains and Losses

OMB No. 1545-0074

Attachment

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.

Sequence No. 12 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 100-79-2101 K NAWAPET & A KYAMA 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 Form(s) 8949, Part I, (sales price) (or other basis) combine the result whole dollars. line 2, column (a) 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 Box A checked 2 Totals for all transactions reported on Form(s) 8949 with Box B checked 14,428. 14,568. -140.3 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 5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from 5 6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover 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 -140.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) (a) (d) Adjustments Subtract column (e) (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 II, combine the result whole dollars. line 2, column (g) 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 Box D checked 9 Totals for all transactions reported on Form(s) 8949 with Box E checked 10 Totals for all transactions reported on Form(s) 8949 with 11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) 11 12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 12 13 14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover 14

on the back

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

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15

Schedule D (Form 1040) 2022

Part	Summary		
16	Combine lines 7 and 15 and enter the result	16	-140.
	• 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 (140.
	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.		

Form **8949**

Sales and Other Dispositions of Capital Assets

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.

OMB No. 1545-0074

2022

Attachment
Sequence No. 12A

Name(s) shown on return

K NAWAPET & A KYAMA

Social security number or taxpayer identification number

100-79-2101

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.

⋈ (E	A) Short-term transactions B) Short-term transactions C) Short-term transactions	reported on	Form(s) 1099	9-B showing bas	•			e)
1	(a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis See the Note below	If you enter an enter a co	f any, to gain or loss amount in column (g), ode in column (f). arate 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).
CHARLE	ES SCHWAB & CO., INC	01/01/22	12/31/22	11,080.	11,225.			-145.
CHARLE	ES SCHWAB & CO., INC	12/05/22	11/15/22	3,348.	3,343.			5.
nega Sche	ils. Add the amounts in columns tive amounts). Enter each tota edule D, line 1b (if Box A above re is checked), or line 3 (if Box 0	al here and inc e is checked), li i	lude on your ne 2 (if Box B	14,428.	14,568.			-140.

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

SCHEDULE E (Form 1040)

Supplemental Income and Loss

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

Department of the Treasury Internal Revenue Service

Attach to Form 1040, 1040-SR, 1040-NR, or 1041. Go to www.irs.gov/ScheduleE for instructions and the latest information. Attachment Sequence No. 13

OMB No. 1545-0074

Name(s) shown on return Your social security number K NAWAPET & A KYAMA 100-79-2101

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	idual, repo	ort farm
	oid 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								
Α	NO 4-2-879/13, NEAR SIDDHARTHA COLLEGE		<u> </u>	D. TELZ	ANGA	NA TN 50	1101		
В	NO 12 0/3/10 North Old British College			0,100	111011	1111 111 00	1101		
C									
1b	Type of Property (from list below) 2 For each rental real estate properabove, report the number of fair				Fa	ir Rental Days	Person Day		QJV
Α	personal use days. Check the Q	JV box	x only	Α		320		0	П
В	if you meet the requirements to f			В				-	$\overline{\Box}$
С	qualified joint venture. See instru	ictions	3.	С					
Гуре	of Property:			1			I.		
1	Single Family Residence 3 Vacation/Short-Term Ren Multi-Family Residence 4 Commercial	tal	5 Land 6 Roy			Self-Rental Other (desc	ribe)		
						Propert	ies:		
ncon	ne:			Α		В			С
3	Rents received	3		5	20.				
4	Royalties received	4							
Exper									
5	Advertising	5							
6	Auto and travel (see instructions)	6							
7	Cleaning and maintenance	7		9	95.				
8	Commissions	8							
9	Insurance	9							
10	Legal and other professional fees	10							
11	Management fees	11		1,2	43.				
12	Mortgage interest paid to banks, etc. (see instructions)	12							
13	Other interest	13							
14	Repairs	14		3,4					
15	Supplies	15		4,1	76.				
16	Taxes	16							
17	Utilities	17		1,8	43.				
18	Depreciation expense or depletion	18							
19	Other (list)	19			4.0				
20	Total expenses. Add lines 5 through 19	20		11,7	42.				
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 , 2	22.				
22	Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22	(11,22		()(,)
2 3a	Total of all amounts reported on line 3 for all rental prope	rties			23a		520.		
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	11	,742.		
24	Income. Add positive amounts shown on line 21. Do no	t inclu	ıde any l	osses			. 24		
25	Losses. Add royalty losses from line 21 and rental real esta-	te loss	es from li	ne 22. E	nter to	otal losses he	re 25 (11,222.)
26	Total rental real estate and royalty income or (loss).								
	here. If Parts II, III, IV, and line 40 on page 2 do not Schedule 1 (Form 1040), line 5. Otherwise, include this at						on 26	-	-11,222.



228454 11555 DR 8454 (01/26/23) COLORADO DEPARTMENT OF REVENUE Denver CO 80261-0005

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State of Colorado Income Tax Declaration for Online Electronic Filing

		s form to th				For Tax Yea	ar (MM/DD/YY)			or Fisca	l Yea	ar begin	ning (N	IM/DD/YY)	
Depar	tment of	Revenue. R	Retain	with your	records	12/31/	22								
Tax Ty	ре														
Σ	Individu (DR 010	al Income 04)		Corporate (DR 0112)			nership/S- 0106)	-Corp Ind	come)		Fiduc (DR 0		ncome	
Тахрау	er Last Nam	ne or Business I	Name		First Na	ame or Busine	ess DBA if d	lifferent fro	m Bu	siness N	ame			Middle	Initial
NAWA	APET				KRIS	HNAKANTH	REDDY								
Spous	e's Last Nan	ne (if applicable	e)		First Na	ame								Middle	Initial
KYAM	ſA				ARON	I									
Taxpay	er SSN or IT	IN			Spouse	SSN or ITIN	(if applicable	e)			FE	IN			
100-	-79-2101				830-	54-7974									
Taxpay	yer or Busine	ess Address					City					State	ZIP		
2315	5 ESPINC	SA PL APT	201				LITTLE	TON				CO	80	129	
				Pa	art I — Tax	x Return lı	nformatio	n							
1. Tota	al Income	from your fe	deral r	eturn (see i	instruction	s for more	informatio	on)	1	\$				1506	528
2. Tax		ne (or allowa												1247	728
3. Col	orado Tax	from your C	olorad	o return (se	ee instruct	ions for mo	ore informa	ation)	3	\$				54	188
4. Col	orado Tax	Withheld or							_					71	.53
or r	nore infor	mation)		Pai	rt II — Dec	claration o	of Tay Pay	/or	4	\$					
Federal/0 I underst	Colorado incor tand that I (or	jury, I declare tha me tax returns, an my Electronic Re ments upon reque	id that said turn Origii	mation I have placed tax returns, standar (ERO) if a	provided for el atements, sche applicable) ma	ectronic filing a edules and attac y be required to	nd the amour chments are troping provide paper	nts shown in rue, correct, a er copies of	and co	mplete to eclaration,	the b	est of my eturns, v	y knowl vithholo	ledge and ding stater	belief.
Signatu		nonte apon reque	ot by the	oojoraao Bopar	unone of reco	nae at any time	during the pe	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		e (MM/DD/)		tato or m	madon		
	E	· Lands in							3/2	27/2023	3				
Spouse	e's Signature	(If Joint Return	n, Both M	lust Sign)					Date	e (MM/DD/\	(Y)				
	ar	oni kyama							3/2	27/2023	3				
			Р	art III — D	eclaration	n of ERO/F	reparer/	Fransmit	ter						
	If the trar	nsmitter did r	not prep	pare the tax	x return, cl	heck here									
the prepa taxpayer correct, a have pro of limitati	arer, under per and the amou and complete wided the taxp ions, and to pr	r, I declare only the natties of perjury I into the best of my wayer with copies or ovide paper copie uring this period.	declare th I above a knowledg of all form	nat I have reviev gree with the an e and belief. As is and informati	wed the above mounts shown preparer, I fur on filed. I also	taxpayer's Fede on said tax retu ther declare that agree to mainta	eral/Colorado rns, and that s at I have obtai ain this signed	income tax retur said tax retur ined the taxp d Form (DR	eturns ns, sta payer's 8454)	and that t tements, s signature for the per	he in sched on t riod o	formation dules, an his form covered l	n provion d attacl at the topy the (ded to me hments ar ime of filir Colorado s	by the e true, ng and statute
ERO's	Signature						Prep	arer Identi	ficatio	n Numbe	er, Y	our SSI	۱, or ۱٦	ΓΙΝ	
SYAM	M PRIYA	RAM SAGAR	GUPT	A TALLAM	1		P02	2082703	3						
	01	J. W. J D					Date	(MM/DD/YY)						
	Chec	k if also Pre	parer	X			03,	/28/23							





DR 0104 (11/18/22)
COLORADO DEPARTMENT OF REVENUE
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(0013)

2022 Colorado Individual Income Tax Return

	r or Nonresident (or reside ident combination) *Mus			0104	4PN		Mark it		ad on due o	late –	
Your Last Name		Your Fir	rst Nam	е						Middl	e Initial
NAWAPET		KRIS	HNAK	ANT:	H REI	DDY					
Date of Birth (MM/DD/YYYY)	SSN or ITIN	Deceas	ed	_							
04/14/1995	100-79-2101								refund, you ertificate wit		
Enter the following information	n from vour current	State of	f Issue		Last 4	characte	rs of ID	number	Date of Issua	ınce	
driver license or state identific		CO			1281	L			01/24/2	.2	
If Joint, Spouse's Last Name		Spouse'	's First I	Name	е					Middle	e Initial
KYAMA		ARON	I								
Spouse's Date of Birth (MM/DD/YYYY)	Spouse's SSN or ITIN	Deceas	ed	_							
03/27/1995	830-54-7974			_	the DF	₹ 0102	and de	eath ce	refund, you ertificate wit	h your r	
Enter the following information	n from vour enquee's	State of	f Issue		Last 4	characte	rs of ID	number	Date of Issua	ınce	
current driver license or state	identification card.										
Mailing Address								Pho	ne Number		
2315 ESPINOSA PL APT 2	201							(3)	02)276-5	3 07	
City			State	ZIP	Code		F	oreign (Country (if app	olicable)	
LITTLETON			CO	80)129						
To see if you or member	s of your household qua	lify for f	ree or	red	uced-	cost he	ealth co	verage	e, check thi	s box if	
You are a Colorado re AND	esident and at least one	person	in you	ır ho	ouseho	old doe	s not h	nave he	ealth cover	age	
You give permission for	the Colorado Department e Colorado Health Benefit										
ion near a colonado (ano	o colorado i locale i portone		90, a. i.	u u 10	Борол				ound To The		
1. Enter Federal Taxable Inco	ome from your federal in	come ta	ax forr	n:						12472	
1040, 1040 SR, or 1040 S							• 1			12472	° 00
Include W-2s and 1099s with											
	Additions to										
2. State Addback, enter the s				rede	rai tor		· _				0.0
1040 SR, or 1040 SP sche	suule A, IIIIe 3a (See IIISt	uctions))				• 2				
3. Qualified Business Income	Deduction Addback (se	ee instru	uctions	s)			• 3				0 0



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COLORADO DEPARTMENT OF REVENUE
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Name		SSN or ITIN	
K NAWAPET & A KYAMA		100-79-2101	
I NAWALLI & A KIAPA		100 /3 2101	
4. Itemized Deduction addback (see instruction			0 0
5. CollegeInvest Recapture Prior Year - Non-qu	ualifying Tuition Program		
Contribution (see instructions)	• 5		0 0
6. Other Additions, explain (see instructions)	• 6		0 0
Explain:			
7 Outstatel access of Europe 4 there exists C	7	124728	0 0
7. Subtotal, sum of lines 1 through 6	7		00
	Colorado Subtractions		
8. Subtractions from the DR 0104AD Schedule	· · · · · · · · · · · · · · · · · · ·		
DR 0104AD schedule with your return.	● 8		0.0
		124728	
9. Colorado Taxable Income, subtract line 8 fro			0 0
Tax, Prepayments and Credits: see 104	Book for full-year tax table and part-	year DR 0104PN Schedule	
10. Colorado Tax from tax table or the DR 01041	PN line 36, you must submit the	5488	
DR 0104PN with your return if applicable.	• 1	0	0 0
11. Alternative Minimum Tax from the DR 0104A	MT line 8, you must submit the		
DR 0104AMT with your return.	• 1	1	0 0
12. Recapture of prior year credits	• 1:	2	0 0
12: Neoaptare of prior year oreate	- 10		
13. Subtotal, sum of lines 10 through 12	1:	5488	0 0
14. Nonrefundable Credits from the DR 0104CR			
			0 0
cannot exceed line 13, you must submit the		4	00
15. Total Nonrefundable Enterprise Zone credits			
DR 1366 line 85, the sum of lines 14, 15, and		_	
submit the DR 1366 with your return.	• 1	5	0.0
16. Strategic Capital Tax Credit from DR 1330, t			
exceed line 13, you must submit the DR 133	0 with your return. • 1	6	0.0
		_ 5488	
17. Net Income Tax, sum of lines 14, 15, and 16	Subtract that sum from line 13. 1	7	0 0
18. Use Tax reported on the DR 0104US schedu	le line 7, you must submit the		
DR 0104US with your return.	• 1	8	0 0
,			
19. Net Colorado Tax, sum of lines 17 and 18	1:	5488	0 0
20. CO Income Tax Withheld from W-2s and 109			T
	· ·	7153	0 0
1099s claiming Colorado withholding with yo	our return. • 2	<u> </u>	0 0
04 Discours Father (1) T = 0 = 5	_		
21. Prior-year Estimated Tax Carryforward	• 2	1	0.0
22. Estimated Tax Payments, enter the sum of the			
this tax year	• 2	2	0.0
23. Extension Payment remitted with the DR 015	58-I • 2	3	0 0
		,	



31555

DR 0104 (11/18/22)
COLORADO DEPARTMENT OF REVENUE
Tax. Colorado.gov
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Name					SSN or I	TIN
K NAWAPET & A KYA	.MA				100-7	79-2101
24. Other Prepayments:	□ • DR 01	04BEP .	DR 0108	• DR 1079 • 24		
25. Gross Conservation	Easament Cred	lit from the DD 1	205C line 22 vo	u must submit		0 0
the DR 1305G with			303G IIIIe 33, yo	• 25		0 0
26. Innovative Motor Ve		tive Truck Credit	t from form DR 0			
submit each DR 061				• 26		0 0 0
27. Refundable Credits	from the DR 010	14CR line 14, you	u must submit th	e DR 0104CR		
with your return.				• 27		0 0
28. Subtotal, sum of line	es 20 through 27			28		7153 00
Lines 20 through 3	2 are only used t		AGI for TABOI		t vour Colorada	tov liability
Lines 30 through 33 29. Federal Adjusted Gr					t your Colorado	
1040 SR line 11, or		Tryour rederar in	Come tax form. 1	• 29		150628 00
30. Nontaxable Social S	Security Income			• 30		0 0
31. Nontaxable interest	income from sta	te and local bon	ds	• 31		0 0
32. Sum of lines 29 thro	ugh 31: Modifios	NACL for TARAGE)	32		150628
32. Sum of lines 29 time			for State Sales			
If line 32 is:	\$48,000 or less	\$48,001 – \$95,000	\$95,001 – \$151,000	\$151,001 – \$209,000	\$209,001 – \$268,000	\$268,001 – or more
Single Filers Enter	\$153	\$208	\$234	\$285	\$300	\$486
Joint Filers Enter	\$306	\$416	\$468	\$570	\$600	\$972
33. State Sales Tax Ref full-year Colorado re to file a return. Use to instructions if you ar	esidents who are the amount on li	under the age one 32 and refere	of eighteen but a	re required		468
34. Sum of lines 28 and	33			34		⁷⁶²¹ 00
35. Overpayment, if line		an lina 10 than s	ubtract line 10 fr			2133 00
Jos. Overpayment, ir line	34 is greater th		abtract line 19 ii	OIII IIII		
36. Estimated Tax Cred	it Carryforward t	o 2023 first quar	ter, if any.	• 36		0 0
If you have an overpayr Colorado charity, includ				ll or a portion of y	your overpayme	nt to a qualified
37. Refund, subtract line	e 36 from line 35	(see instruction	s)	• 37		2133 00
Direct Routing Nur	mber 0 5 3 0	0 0 0 1 9	6 Type: X	Checking	Savings	CollegeInvest 529
Deposit Account Nur	mber 2 3 7 (0 3 7 7 8 :	1 6 7 3			
For questions rega	rding CollegeInves	st direct deposit or	to open an accour	nt, visit <i>CollegeInv</i> e	est.org or call 800	-448-2424.



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DR 0104 (11/18/22) COLORADO DEPARTMENT OF REVENUE Tax.Colorado.gov

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ZZUIU4 41333					
Name				SSN or ITIN	
K NAWAPET & A KYAMA				100-79-2101	-
38. Net Tax Due, subtract line 34 from line 19					0 0
39. Delinquent Payment Penalty (see instructions) • 39					0 0
40. Delinquent Payment Interest (see instructions) • 40					0 0
41. Estimated Tax Penalty, you must submit the DR 0204 with your return. (see instructions) ● 41				0 0	
42. Amount You Owe, sum of lines 38 through 41 • 42					
The State may convert your check to a one-time electron by the State. If converted, your check will not be returned Revenue may collect the payment amount directly from y	I. If your check is rejected due to in				
	Third Party Designee				
Do you want to allow another person to discuss this return and any related information with the Colorac Department of Revenue? See the instructions.		Yes. Complet	te the fo	llowing:	
Designee's Name	Phone I			umber	
•			•		
Sign Below Under penalties of perjury, I declare that t	o the best of my knowledge and be	elief, this return is true	e, correct	and complete.	
Your Signature Your Signature				Date (MM/DD/YY)	
On shoet.			3/27/2023		
Spouse's Signature. If joint return, BOTH must sign.				Date (MM/DD/YY)	
aroni kyama			3/27/2023		
Paid Preparer's Name Paid Pre			Paid Prep	arer's Phone	
GLOBAL TAXES LLC (678)			965-9522		
Paid Preparer's Address	City		State	ZIP Code	
245 ROONEY CT	E BRUNSWICK		NJ	08816	

REV 02/09/23 PRO

File and pay at: Colorado.gov/RevenueOnline

If you are filing this return **with** a check or payment, please mail the return to:

COLORADO DEPARTMENT OF REVENUE Denver, CO 80261-000**6**

If you are filing this return **without** a check or payment, please mail the return to:

COLORADO DEPARTMENT OF REVENUE Denver, CO 80261-000**5**

These addresses and zip codes are exclusive to the Colorado Department of Revenue, so a street address is not required.