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

Submi	ssion Identification Number (SID)				
Taxpaye	r's name	Social secu	rity numb	er	
SHAF	RATH KUMAR ALURI	650-90	795	4	
Spouse's	s name	Spouse's so	cial secu	rity numbe	er
POOL	JA BAGAM	283-1	7-241	1	
Part	Tax Return Information — Tax Year Ending December 31, 2022 (Enter	year you	are aut	horizing	ı.)
Enter v	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	214	1,274.
2	Total tax		2	32	2,881.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	41	L,884.
4	Amount you want refunded to you		4		3,792.
5	Amount you owe		5		
Part	Taxpayer Declaration and Signature Authorization (Be sure you get and k	еер а со	py of y	our retu	ırn)
to send for any Agent to paymer authorize paymer business taxes to personal	original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmirmy return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejecteday in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution action is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate at, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requise days prior to the payment (settlement) date. I also authorize the financial institutions involved in the payment cancellation necessary to answer inquiries and resolve issues related to the payor identification number (PIN) below is my signature for the income tax return (original or amended) I and ic Funds Withdrawal Consent.	ction of the S. Treasury cated in the n to debit the the authoritests must be brocessing ayment. I further state that the the authoritests must be brocessing to ayment. I further state that the state t	transmis and its of tax prepule entry to zation. To be received the electric of the accordance.	ssion, (b) to design the control of this according to this according to the control of the contr	he reason I Financial Iftware for ount. This (cancel) a ter than 2 ayment of e that the
	yer's PIN: check one box only				
X		ov PINI	7 9	5 4	as my
	ERO firm name	ř E		digits, but r all zeros	ao my
	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 no if you are entering your own PIN and your return is filed using the Practitioner PIN method below.				
Your s	ignature ▶ Date ▶	03	3/05/20	23	
	9.44.4.				
Spous	e's PIN: check one box only				l
· 🔀		nv PIN	7 2 4	1 1 1	as my
	ERO firm name	_	nter five	digits, but	
	signature on the income tax return (original or amended) I am now authorizing.	d	on't ente	r all zeros	
	I will enter my PIN as my signature on the income tax return (original or amended) I am not if you are entering your own PIN and your return is filed using the Practitioner PIN method below.				
	13. Offer				
Spous	e's signature ▶ Date ▶	0	3/05/20)23	
	Practitioner PIN Method Returns Only—continue below				
Part I	Certification and Authentication — Practitioner PIN Method Only				
ERO's	EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 2 2	2 4 9 Don't er	6 6 nter all ze		8 9
authoriz	that the above numeric entry is my PIN, which is my signature for the electronic individual income taxed to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am subminents of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS e-file Providers of Income.	tting this re	turn in a	ccordanc	I am now e with the
FRO'∘	signature ▶ Date ▶				
<u> </u>	ERO Must Retain This Form — See Instructions				

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

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

2022)
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OMB No. 1545-0074

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

Filing Status	s 🗌 S	Single X Married filing jointly	Marrie	ed filing separate	ly (MFS)	Head of	househo	ld (HOF	H) [fying surv	iving	
Check only one box.	If vo	u checked the MFS box, enter the	name of v	our spouso. If we	ou chock	rad tha UOU as	. 088 ha	v onto	r tho	•	se (QSS)	o gualifying	
one box.	-	on is a child but not your depender		our spouse. If yo	ou criecr	ted the HOHO	Q33 DC	x, ente	i tile	Ciliu S	name ii tii	e qualityirig	
Your first name			Last na	me						our soc	ial security	v number	
			ALUR							650-90-7954			
SHARATH		s first name and middle initial	Last na						_	Spouse's social security number			
POOJA	pouse s	instrume and middle initial	BAGA							•	7-2411	•	
	(numbe	r and street). If you have a P.O. box, se	_				Ant	. no.				n Campaign	
515 PRON	•		o in loti dotiv	0110.			57		- 1		ere if you,		
		ce. If you have a foreign address, also c	omplete s	naces below	Sta	ate.	ZIP cod		- s	pouse i	f filing joint	tly, want \$3	
IRVING	ost offic	oc. If you have a foleight address, also c	omplete 3	paces below.	T		7503			0		Checking a	
Foreign country	/ name		F	Foreign province/st			Foreign				w will not or refund.	cnange	
r oreign country	y Harric			oreign province/st	.atc/couri	Ly	Torcigit	ostai oc	, ,	oui turt	You	Spouse	
Digital	At an	ny time during 2022, did you: (a) red	poivo (ac	a roward award	or pay	mont for propo	rty or so	nuicos):	or (h	y coll			
Digital Assets		ange, gift, or otherwise dispose of					-				Yes	⊠ No	
Standard		eone can claim: You as a d				a dependent	40001). (000 111	oti do l				
Deduction	_	Spouse itemizes on a separate retu											
		_		- were a daar sta	tuo unoi								
Age/Blindness	You:	Were born before January 2,	1958	_ Are blind	Spouse	: Was bor	n before				Is bli		
Dependents				(2) Social sec	urity	(3) Relationsh	ip (4) C	heck th	e box	if qualifi	es for (see	instructions):	
If more	(1) Fi	rst name Last name		number	to you Child tax cred				credit Credit for other dependent				
than four dependents,													
see instruction:	s ——												
and check	, —												
here]												
Income	1a	Total amount from Form(s) W-2, I	,	,						1a	22	2,035.	
A44	b	Household employee wages not		٠,						1b 1c			
Attach Form(s) W-2 here. Also	С	·	Fip income not reported on line 1a (see instructions)										
attach Forms	d	' '	payments not reported on Form(s) W-2 (see instructions)							1d			
W-2G and 1099-R if tax	е									1e			
was withheld.	f	Employer-provided adoption ben							1f				
If you did not	g	•								1g			
get a Form W-2, see	h	Other earned income (see instruc	,			1				1h		0.	
instructions.	i	Nontaxable combat pay election	(see instr	ructions)		<u>1</u> i							
		Add lines 1a through 1h	. i .		i					1z	22	2,035.	
Attach Sch. B	2a	Tax-exempt interest	2a		1	axable interes				2b		604.	
if required.	3a	Qualified dividends	3a		1	Ordinary divide				3b			
	4a	IRA distributions	4a		1	axable amoun				4b			
Standard Deduction for—	5a	Pensions and annuities	5a		1	axable amoun				5b			
Single or	6a	Social security benefits	6a		,	axable amoun	τ			6b			
Married filing separately,	c	If you elect to use the lump-sum							. 📙	_	1	2 000	
\$12,950	7	Capital gain or (loss). Attach School		•		,			. Ш	7		·3,000.	
Married filing jointly or	8	Other income from Schedule 1, li								8		·5,365.	
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7		-						9	21	4,274.	
\$25,900	10	Adjustments to income from Sch								10	0.1	4 054	
Head of household,	11	Subtract line 10 from line 9. This is your adjusted gross income								11		4,274.	
\$19,400	12	Standard deduction or itemized		•	,					12	1 2	25 , 900.	
If you checked any box under	13	Qualified business income deduc								13	 		
Standard Deduction,	14	Add lines 12 and 13								14		25 , 900.	
see instructions.	15	Subtract line 14 from line 11. If ze	or les	s, enter -U INIS	is your	taxable incom	i e .			15	1 18	88,374.	

Form 1040 (2022	2)							Page 2
Tax and	16	Tax (see instructions). Check if any from Fo	orm(s): 1 881	14 2 4972	3 🗌		16	32,881.
Credits	17	Amount from Schedule 2, line 3					17	
	18	Add lines 16 and 17					18	32,881.
	19	Child tax credit or credit for other depend	lents from Sched	dule 8812			19	
	20	Amount from Schedule 3, line 8					20	
	21	Add lines 19 and 20					21	
	22	Subtract line 21 from line 18. If zero or les	s, enter -0				22	32,881.
	23	Other taxes, including self-employment ta	ax, from Schedul	e 2, line 21			23	0.
	24	Add lines 22 and 23. This is your total tax	.				24	32,881.
Payments	25	Federal income tax withheld from:						
_	а	Form(s) W-2			25a 41	1,884.		
	b	Form(s) 1099			25b			
	С	Other forms (see instructions)			25c			
	d	Add lines 25a through 25c					25d	41,884.
If you have a	26	2022 estimated tax payments and amoun	t applied from 20	021 return			26	
qualifying child,	27	Earned income credit (EIC)		No .	27			
attach Sch. EIC.	28	Additional child tax credit from Schedule 88	312		28			
	29	American opportunity credit from Form 88	363, line 8		29			
	30	Reserved for future use			30			
	31	Amount from Schedule 3, line 15			31	1,789.		
	32	Add lines 27, 28, 29, and 31. These are yo	our total other p	ayments and refu	ndable credits		32	4,789.
	33	Add lines 25d, 26, and 32. These are your	total payments	3			33	46,673.
Refund	34	If line 33 is more than line 24, subtract line	e 24 from line 33	. This is the amour	nt you overpaid		34	13,792.
riciana	35a	Amount of line 34 you want refunded to		8 is attached, chec	k here		35a	13,792.
Direct deposit?	b	Routing number 1 2 1 0 0 0		c Type: 🔀	Checking	Savings		
See instructions.	d	Account number 3 2 5 0 4 9	9 6 6 0	6 8				
	36	Amount of line 34 you want applied to yo	ur 2023 estimat	ed tax	36			
Amount You Owe	37	Subtract line 33 from line 24. This is the a For details on how to pay, go to www.irs.	•				37	
	38	Estimated tax penalty (see instructions)			38			
Third Party Designee		you want to allow another person to contractions				omplete l	pelow.	X No
		signee's	Phone	e		onal identi	fication	
	naı		no.			ber (PIN)		
Sign Here		der penalties of perjury, I declare that I have exan ief, they are true, correct, and complete. Declaration						
11010	Yo	ur signature	Date	Your occupation				nt you an Identity
laint vatuus 0				SOFTWARE D	FVFI ODED		inst.)	N, enter it here
Joint return? See instructions.	Sn	ouse's signature. If a joint return, both must sign.	Date	Spouse's occupati		If the	IRS ser	nt your spouse an
Keep a copy for your records.				HOME MAKER		Identity Protection PIN,		
	Ph	one no. (510) 750-3626	Email address	TLS.SHARAT	'H@GMAIL.CO	M		
Doid	Pre	eparer's name Preparer's sig	nature		Date	PTIN		Check if:
Paid	SYAN	I PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIY	A RAM SAGAR	GUPTA TALLAM	03/05/2023	P0208	2703	Self-employed
Preparer	Fin	m's name GLOBAL TAXES LLC				Phor	ne no. (678) 965-9522
Use Only	Fin	m's address 245 ROONEY CT E B	RUNSWICK N	J 08816			's EIN	84-3171965
								4040

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2022
Attachment Sequence No. 01

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

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

Name(s) shown on Form 1040, 1040-SR, or 1040-NR
SHARATH KUMAR ALURI & POOJA BAGAM

Additional Incomes

Par	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 S	chedule E .	5	-10,800.
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			
ı	Income from the rental of personal property if you engaged in the rental				
	for profit but were not in the business of renting such property	81			
m	Olympic and Paralympic medals and USOC prize money (see				
	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	٥.			
	a nongovernmental section 457 plan	8t		-	
	Wages earned while incarcerated	8u			
Z		0-	E 42F		
0	Nonemployee compensation from 1099-NEC 5,435.	8z	5,435.		E 12E
9 10	Total other income. Add lines 8a through 8z			9	5,435. -5,365

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

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

SCHEDULE 3 (Form 1040)

Department of the Treasury Internal Revenue Service

Additional Credits and Payments

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

2022

Attachment
Sequence No. 03

Name(s) shown on Form 1040, 1040-SR, or 1040-NR SHARATH KUMAR ALURI & POOJA BAGAM

Your social security number 650-90-7954

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

(continued on page 2)

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

Par	Other Payments and Refundable Credits			
9	Net premium tax credit. Attach Form 8962		9	
10	Amount paid with request for extension to file (see instructions) .		10	
11	Excess social security and tier 1 RRTA tax withheld		11	4,789.
12	Credit for federal tax on fuels. Attach Form 4136		12	
13	Other payments or refundable credits:			
а	Form 2439	13a		
b	Credit for qualified sick and family leave wages paid in 2022 from Schedule(s) H for leave taken before April 1, 2021	13b		
С	Reserved for future use	13c		
d	Credit for repayment of amounts included in income from earlier years	13d		
е	Reserved for future use	13e		
f	Deferred amount of net 965 tax liability (see instructions)	13f		
g	Reserved for future use	13g		
h	from Schedule(s) H for leave taken after March 31, 2021, and	13h		
Z	Other payments or refundable credits. List type and amount:			
		13z		
14	Total other payments or refundable credits. Add lines 13a through	13z	14	
15	Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040 line 31		15	4,789.

SCHEDULE D (Form 1040)

Capital Gains and Losses

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

OMB No. 1545-0074

Attachment Sequence No. 12

Department of the Treasury Internal Revenue Service

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

Name(s) shown on return Your social security number 650-90-7954 SHARATH KUMAR ALURI & POOJA BAGAM Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss. Part I Short-Term Capital Gains and Losses – Generally Assets Held One Year or Less (see instructions) See instructions for how to figure the amounts to enter on the (h) Gain or (loss) (g) Adjustments Subtract column (e) lines below. Proceeds Cost to gain or loss from from column (d) and This form may be easier to complete if you round off cents to (sales price) (or other basis) Form(s) 8949, Part I, combine the result whole dollars. 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 10,245. 13,152. 1,010. -1,897. 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 6 33,377. 7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h), If you have any longterm capital gains or losses, go to Part II below. Otherwise, go to Part III on the back 7 -35,274. 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 (or other basis) Form(s) 8949, Part II, (sales price) combine the result whole dollars. line 2. column (a) with column (a) 8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b . 8b Totals for all transactions reported on Form(s) 8949 with Box D checked 33. -26. 9 Totals for all transactions reported on Form(s) 8949 with 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 -26.

BAA

Schedule D (Form 1040) 2022 Page 2

Part III Summary -35,300. 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 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 gualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a? 22 ☐ 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

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

OMB No. 1545-0074 Attachment

Social security number or taxpayer identification number

650-90-7954

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

SHARATH KUMAR ALURI & POOJA BAGAM

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

Sequence No. 12A

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 1						
Part I Short-Term. Transinstructions). For low Note: You may agg reported to the IRS Schedule D, line 1a	ng-term tra regate all s and for whi	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 becomplete a separate Form 8949, programmer or more of the boxes, com (A) Short-term transactions	page 1, for ea plete as mar	ach applicabl ny forms with	e box. If you have the same box of	ve more short-te checked as you r	rm transac need.	tions than will fit	on this page
☐ (B) Short-term transactions☐ (C) Short-term transactions			-	sis wasn't report	ed to the IF	RS	
(a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) If you enter an enter a content of the Note below See the se		if any, to gain or loss amount in column (g), ode in column (f). parate instructions.	(h) Gain or (loss) Subtract column (e)
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see Column (e) in the separate instructions.	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g).
ROBINHOOD SECURITIES LLC	01/01/22	12/31/22	10,245.	13,152.	W	1,010.	-1,897.
Totals. Add the amounts in columns negative amounts). Enter each total							

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

10,245.

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).

13,152.

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

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side SHARATH KUMAR ALURI & POOJA BAGAM

Social security number or taxpayer identification number 650-90-7954

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.

 ☐ (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 											
1 (a) Description of property	(b) Date acquired	(c) Date sold or	Proceeds	Cost or other basis See the Note 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.)	/7 Co.) (Mo. day, yr.) U	disposed of (Mo., day, yr.)		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).				
E*TRADE SECURITIES LLC	02/01/22	12/31/22	7.	33.			-26.				
2 Tabela Add the arraymta in calumna	2 (4) (2) (2) 222	d (b) (aulatus st									
2 Totals. Add the amounts in columns negative amounts). Enter each total Schedule D. line 8h (if Box D. above	al here and inc	lude on your									

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.

above is checked), or line 10 (if Box F above is checked) .

33.

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.

Department of the Treasury Internal Revenue Service

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					Y	our social	security	number
SHAR	ATH KUMAR ALURI & POOJA BAGAM					6	550-90	-7954	
Part	Note: If you are in the business of renting personal proper rental income or loss from Form 4835 on page 2, line 40.	rty, use	Schedule						
	Did you make any payments in 2022 that would require you								
B I	f "Yes," did you or will you file required Form(s) 1099? .							☐ Ye	s 🗌 No
1a	Physical address of each property (street, city, state, ZII	P code	e)						
A	H-NO 8-7-89/C/P-11, PHASE 3 CHAITANYA N			PET. A NI	ZNNA	TN 50007	a		
B	II NO 0 / 05/C/I II,IIIASE 3 CHAITANTA I	NAGAI	. , 111 D	грпчи	JANA	IN 30007			
C									
1b	Type of Property (from list below) 2 For each rental real estate properation above, report the number of fair				_	r Rental I Days	Persona Days		QJV
A	personal use days. Check the Q			Α		365		0	П
В	if you meet the requirements to	file as	а	В		300			П
	qualified joint venture. See instru	uctions	5.	C					П
	of Property:								
1	Single Family Residence 3 Vacation/Short-Term Ren Multi-Family Residence 4 Commercial	ntal	5 Land 6 Roya		-	Self-Rental Other (describ	e)		
						Properties	5 :		
Incom	ne:			Α		В			С
3	Rents received	3		6	50.				
4	Royalties received	4							
Exper									
5	Advertising	5							
6	Auto and travel (see instructions)	6							
7	Cleaning and maintenance	7		9	50.				
8	Commissions	8							
9	Insurance	9							
10	Legal and other professional fees	10							
11	Management fees	11		1,5	50.				
12	Mortgage interest paid to banks, etc. (see instructions)	12							
13	Other interest	13							
14	Repairs	14		3,8	50.				
15	Supplies	15			50.				
16	Taxes	16		, -					
17	Utilities	17		2,1	50.				
18	Depreciation expense or depletion	18							
19	Other (list)	19							
20	Total expenses. Add lines 5 through 19	20		11,4	50.				
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			-10 , 8	00.				
22	Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22		10,80)(
23a	Total of all amounts reported on line 3 for all rental prope			· .	23a	(650.		
b	Total of all amounts reported on line 4 for all royalty prop				23b				
C	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				
e	Total of all amounts reported on line 20 for all properties				23e	11.4	450.		
24	Income. Add positive amounts shown on line 21. Do no			sses			24		
25	Losses. Add royalty losses from line 21 and rental real esta		•		nter to	tal losses here	25 (10,800.
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 a	apply	to you,	also er	nter thi	s amount on	26		-10,800.

Health Savings Accounts (HSAs)

Department of the Treasury Internal Revenue Service

Attach to Form 1040, 1040-SR, or 1040-NR. Go to www.irs.gov/Form8889 for instructions and the latest information. OMB No. 1545-0074 Attachment Sequence No. **52**

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

SHARATH KUMAR ALURI

Social security number of HSA beneficiary. If both spouses have HSAs, see instructions.

650-90-7954

Befo	re you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, it	f requ	ired.
Part	HSA Contributions and Deduction. See the instructions before completing this part. If y and both you and your spouse each have separate HSAs, complete a separate Part I for		
1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2022. See instructions	☐ Se	elf-only 🗵 Family
2	HSA contributions you made for 2022 (or those made on your behalf), including those made by the unextended due date of your tax return that were for 2022. Do not include employer contributions, contributions through a cafeteria plan, or rollovers. See instructions	2	0.
3	If you were under age 55 at the end of 2022 and, on the first day of every month during 2022, you were, or were considered, an eligible individual with the same coverage, enter \$3,650 (\$7,300 for family coverage). All others , see the instructions for the amount to enter	3	7,300.
4	Enter the amount you and your employer contributed to your Archer MSAs for 2022 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2022, also include any amount contributed to your spouse's Archer MSAs	4	0.
5	Subtract line 4 from line 3. If zero or less, enter -0	5	7,300.
6	Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family		· · · · · · · · · · · · · · · · · · ·
	coverage under an HDHP at any time during 2022, see the instructions for the amount to enter	6	7 , 300.
7	If you were age 55 or older at the end of 2022, married, and you or your spouse had family coverage under an HDHP at any time during 2022, enter your additional contribution amount. See instructions.	7	
8	Add lines 6 and 7	8	7,300.
9	Employer contributions made to your HSAs for 2022		
10	Qualified HSA funding distributions		
11	Add lines 9 and 10	11	700.
12	Subtract line 11 from line 8. If zero or less, enter -0	12	6,600.
13	HSA deduction. Enter the smaller of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line 13 Caution: If line 2 is more than line 13, you may have to pay an additional tax. See instructions.	13	0.
Part	HSA Distributions. If you are filing jointly and both you and your spouse each have separate Part II for each spouse.	arate l	HSAs, complete
14a	Total distributions you received in 2022 from all HSAs (see instructions)	14a	
b	Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return. See instructions	14b	
С	Subtract line 14b from line 14a	14c	
15	Qualified medical expenses paid using HSA distributions (see instructions)	15	
16	Taxable HSA distributions. Subtract line 15 from line 14c. If zero or less, enter -0 Also, include this amount in the total on Schedule 1 (Form 1040), Part I, line 8f	16	
17a	If any of the distributions included on line 16 meet any of the Exceptions to the Additional 20% Tax (see instructions), check here		
b	Additional 20% tax (see instructions). Enter 20% (0.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also, include this amount in the total on Schedule 2 (Form 1040), Part II, line 17c	17b	
Part	Income and Additional Tax for Failure To Maintain HDHP Coverage. See the instruction completing this part. If you are filing jointly and both you and your spouse each have sep complete a separate Part III for each spouse.	ions b	
18	Last-month rule	18	
19	Qualified HSA funding distribution	19	
20	Total income. Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I, line 8f .	20	
21	Additional tax. Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2 (Form 1040), Part II, line 17d	21	

BAA