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

Internal Revenue Service Go to www.irs.gov/Form8879 for the latest information	n.	
Submission Identification Number (SID)		
Taxpayer's name	Social security	y number
SAI CHARAN MUNIPALLY	221-31-	-5935
Spouse's name	Spouse's soci	ial security number
Part I Tax Return Information — Tax Year Ending December 31, 2022 (Enter year you ar	re authorizing)
Enter whole dollars only on lines 1 through 5.	Enter year you ar	re dathonzing.)
Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.		
1 Adjusted gross income		1 78,605.
2 Total tax		2 10,066.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3 12,285.
4 Amount you want refunded to you		4 2,219.
5 Amount you owe		5
Part II Taxpayer Declaration and Signature Authorization (Be sure you get a		y of your return)
to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason to for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution accoupayment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial in authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to ten payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation business days prior to the payment (settlement) date. I also authorize the financial institutions involved taxes to receive confidential information necessary to answer inquiries and resolve issues related to personal identification number (PIN) below is my signature for the income tax return (original or amendate Electronic Funds Withdrawal Consent. Taxpayer's PIN: check one box only I authorize GLOBAL TAXES LLC to enter or general signature on the income tax return (original or amendate) I am now authorizing.	the U.S. Treasury ar nt indicated in the ta stitution to debit the minate the authorizan requests must be in the processing of the payment. I furtled) I am now authorizate arate my PIN	nd its designated Financia ax preparation software fo entry to this account. This ation. To revoke (cancel) a e received no later than 2 the electronic payment o her acknowledge that the zing and, if applicable, my
I will enter my PIN as my signature on the income tax return (original or amended) I if you are entering your own PIN and your return is filed using the Practitioner PIN below.	method. The ERO	
Your signature ▶ Date	●▶	
Spouse's PIN: check one box only		
I authorize to enter or general signature on the income tax return (original or amended) I am now authorizing.	Ent	er five digits, but n't enter all zeros
I will enter my PIN as my signature on the income tax return (original or amended) I if you are entering your own PIN and your return is filed using the Practitioner PIN below.		-
Spouse's signature ▶ Date	e▶	
Practitioner PIN Method Returns Only—continue b	elow	
Part III Certification and Authentication — Practitioner PIN Method Only		
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.		6 6 1 9 8 9 er all zeros
I certify that the above numeric entry is my PIN, which is my signature for the electronic individual incommunicated to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am requirements of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS e-file Provider	submitting this retu	rn in accordance with the
ERO's signature ▶ Date	e ▶	
ERO Must Retain This Form — See Instruction		
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

OMB No. 1545-007

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

Filing Status	s 🗙 S	Single Married filing jointly	Marrie	ed filing separately (N	/IFS)	Head of	household (HO	H) [ifying sun	viving
Check only one box.	If yo	u checked the MFS box, enter the na	ame of y	our spouse. If you cl	necke	ed the HOH or	QSS box, ente	er the		ıse (QSS) name if th	ne qualifying
	pers	on is a child but not your dependent	:								
Your first name	and mi	ddle initial	Last nar	me				Y	our so	cial securi	ty number
SAI CHAI	RAN		MUNI	PALLY				2	21-3	31-593	5
If joint return, s	pouse's	first name and middle initial	Last nar	me				s	Spouse's social security number		
Home address	(numbe	er and street). If you have a P.O. box, see	instructio	ons.			Apt. no.	P	resider	ntial Election	on Campaign
11845 HARVEST LANE							22			ere if you,	
City, town, or post office. If you have a foreign address, also co				paces below.	Stat	e	ZIP code				ntly, want \$3
EDEN PRAIRIE					$ _{MN}$		55347		0	tnis funa. ow will not	Checking a
Foreign countr	y name		F	Foreign province/state/o	county	y	Foreign postal of	_		or refund.	0
_										You	Spouse
Digital	At ar	ny time during 2022, did you: (a) rec	eive (as	a reward, award, or	paym	nent for prope	rty or services)	; or (b	sell,		
Assets	exch	ange, gift, or otherwise dispose of a	digital a	asset (or a financial i	ntere	st in a digital	asset)? (See in	struct	ons.)	☐ Yes	⊠ No
Standard	Som	eone can claim:	pendent	t Your spouse	e as a	a dependent					
Deduction		Spouse itemizes on a separate retur	n or you	were a dual-status	alien						
Age/Blindnes	s You:	☐ Were born before January 2, 1	958	Are blind Spo	use:	☐ Was bor	n before Janua	ıry 2, ⁻	958	☐ Is bl	lind
Dependent	s (see	instructions):		(2) Social security		(3) Relationsh	ip (4) Check to	ne box	if qualif	ies for (see	instructions):
If more	(1) F	rst name Last name		number		to you	Child to	ax cred	it	Credit for ot	her dependents
than four											
dependents, see instruction	s ——										
and check	, —										
here L											
Income	1a	Total amount from Form(s) W-2, b	,	,					1a		88 , 712.
A44(-)	b	Household employee wages not re	•	, ,					1b		
Attach Form(s) W-2 here. Also	С	Tip income not reported on line 1a							1c 1d		
attach Forms	d										
W-2G and 1099-R if tax	е	, , , , ,									
was withheld.	f	Employer-provided adoption bene							1f		
If you did not	g	Wages from Form 8919, line 6 .							1g		
get a Form W-2, see	h	Other earned income (see instruct	,						1h		0.
instructions.	i	Nontaxable combat pay election (s	see instr	ructions)		<u>1i</u>					00 710
	<u>z</u>	Add lines 1a through 1h							1z		88,712.
Attach Sch. B if required.	2a	'	2a			axable interest			2b		
	3a		3a			rdinary divide			3b		
	4a		4a 5a			axable amoun axable amoun			4b 5b		
Standard Deduction for—	5a 6a		6a			axable amoun			6b		
Single or	C	If you elect to use the lump-sum e	_						OD		
Married filing separately,	7	Capital gain or (loss). Attach Sche		•	•	,		. 📙	7		41.
\$12,950 Married filing	8	Other income from Schedule 1, lin						. ⊔	8		10,148.
jointly or	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,							9		78,605.
Qualifying surviving spouse,	10	Adjustments to income from Sche							10	+	, o , o o o .
\$25,900 • Head of	11	Subtract line 10 from line 9. This is	-						11	 .	78 , 605.
household,	12	Standard deduction or itemized	-						12		12 , 950.
\$19,400 If you checked	13	Qualified business income deducti		,	,	5-A			13	+	<u> </u>
any box under Standard	14								14	1 .	12,950.
Deduction,	15	Subtract line 14 from line 11. If zer							15		65,655.
see instructions.											

Form 1040 (2022	2)								Page 2
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 881	4 2 🗌 4972	3 🗌		16	10,066.
Credits	17	Amount from Schedule 2, lin	ne 3					17	
	18	Add lines 16 and 17						18	10,066.
	19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812			19	
	20	Amount from Schedule 3, lin	ne 8					20	
	21	Add lines 19 and 20						21	
	22	Subtract line 21 from line 18	B. If zero or less,	enter -0				22	10,066.
	23	Other taxes, including self-e	employment tax,	from Schedule	e 2, line 21			23	0.
	24	Add lines 22 and 23. This is	your total tax					24	10,066.
Payments	25	Federal income tax withheld	from:						
	а	Form(s) W-2				25a 12	2,285.		
	b	Form(s) 1099				25b			
	С	Other forms (see instruction	s)			25c			
	d	Add lines 25a through 25c						25d	12,285.
If you have a	26	2022 estimated tax paymen	ts and amount a	pplied from 20	21 return			26	
qualifying child,	27	Earned income credit (EIC)			No .	27			
attach Sch. EIC.	28	Additional child tax credit fro	m Schedule 8812			28			
	29	American opportunity credit	from Form 8863	3, line 8		29			
	30	Reserved for future use .				30			
	31	Amount from Schedule 3, lin	ne 15			31			
	32	Add lines 27, 28, 29, and 31	32						
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments				33	12,285.
Refund	34	If line 33 is more than line 24	4, subtract line 2	4 from line 33.	This is the amou	nt you overpaid		34	2,219.
	35a	Amount of line 34 you want			is attached, che	ck here	🗌	35a	2,219.
Direct deposit?	b	Routing number 0 2 1			c Type: 🔀	Checking	Savings		
See instructions.	d	Account number 3 8 1	0 4 2 1	6 3 5 3	3 0				
	36	Amount of line 34 you want	applied to your	2023 estimate	ed tax	36			
Amount You Owe	37	Subtract line 33 from line 24 For details on how to pay, g						37	
	38	Estimated tax penalty (see i	nstructions) .			38			
Third Party		you want to allow another							
Designee									⊠ No
		esignee's me		Phone no.			onal identi ber (PIN)	fication	
Sign		ider penalties of perjury, I declare lief, they are true, correct, and com							
Here	Yo	ur signature		Date	Your occupation				nt you an Identity
									IN, enter it here
Joint return?					PROGRAMME			inst.)	
See instructions. Keep a copy for your records.		ouse's signature. If a joint return,	both must sign.	Date	Spouse's occupat	ion	Iden		nt your spouse an ection PIN, enter it here
	Ph	one no. (302) 256-405	9	Email address	CHARAN.329	990GMAIL.C	MC		
Paid	Pre	eparer's name	Preparer's signat	ure		Date	PTIN		Check if:
	SYAN	M PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	03/23/2023	P0208	2703	Self-employed
Preparer Use Only	Fir	m's name GLOBAL TA	XES LLC				Phor	ne no. ((678) 965-9522
————	Fir	m's address 245 ROONE	Y CT E BRU	NSWICK N	J 08816		Firm	's EIN	84-3171965

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
SAI CHARAN MUNIPALLY

Your social security number
221-31-5935

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		5	-10,148.
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			
	, , , , , , , , , , , , , , , , , , ,	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:	0-		
0	Total ather income. Add lines On three On	8z		
9 10	Total other income. Add lines 8a through 8z		9	-10,148.
IU	Combine lines i unioudii / and 5. chief hefe and on form 1040. 1040-5K.	UI TU4U-INTI. IIIIE 8	I I U	-IU, 148.

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

Par	t II Adjustments to Income			
11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-ba	asis 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)	a	_	
b	Deductible expenses related to income reported on line 8l from the			
	rental of personal property engaged in for profit	łb		
С	Nontaxable amount of the value of Olympic and Paralympic medals			
	and USOC prize money reported on line 8m		-	
d	Reforestation amortization and expenses	ła	-	
е	Repayment of supplemental unemployment benefits under the Trade Act of 1974	le		
f	Contributions to section 501(c)(18)(D) pension plans			
g	Contributions by certain chaplains to section 403(b) plans 24	łq		
_	Attorney fees and court costs for actions involving certain unlawful			
	discrimination claims (see instructions)	h		
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			
j	Housing deduction from Form 2555	1j		
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form			
	1041)	łk		
Z	Other adjustments. List type and amount:			
	24			
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			
	Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a		26	

SCHEDULE D (Form 1040)

Capital Gains and Losses

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

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

OMB No. 1545-0074

Attachment Sequence No. 12

Department of the Treasury Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10. Internal Revenue Service Name(s) shown on return Your social security number 221-31-5935 SAI CHARAN MUNIPALLY 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 26. -26. 0. Totals for all transactions reported on Form(s) 8949 with Box B checked 9,636. 9,569. 67. 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 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 41. 7 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 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

BAA

Schedule D (Form 1040) 2022 Page 2

Part III Summary 16 Combine lines 7 and 15 and enter the result 16 41. • If line 16 is a gain, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below. • If line 16 is a loss, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete • If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22. 17 Are lines 15 and 16 both gains? ☐ **Yes.** Go to line 18. No. Skip lines 18 through 21, and go to line 22. 18 If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet 18 19 If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet . 19 20 Are lines 18 and 19 both zero or blank and you are not filing Form 4952? ☐ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. Don't complete lines 21 and 22 below. □ No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below. If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of: 21 • The loss on line 16; or 21 • (\$3,000), 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

221-31-5935

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

SAI CHARAN MUNIPALLY

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 bek statement will have the same informa broker and may even tell you which b	tion as Form						
Part I Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term instructions). For long-term transactions, see page 2. Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis w			erm (see				
Note: You may agg reported to the IRS Schedule D, line 1a	and for wh	ich no adjus	stments or cod	les are required	d. Enter th	e totals directly	y on
You must check Box A, B, or C complete a separate Form 8949, p for one or more of the boxes, com	page 1, for ea	ach applicabl	e box. If you have	ve more short-te	rm transac	hort-term transa tions than will fit	ctions, on this page
(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	Proceeds Se	(e) Cost or other basis See the Note below	If you enter an enter a c	Adjustment, if any, to gain or loss you enter an amount in column (g), enter a code in column (f). See the separate instructions.	
(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	0.	26.			-26.
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.

-26.

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).

26.

Form **8949**

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.

OMB No. 1545-0074

2022

Attachment
Sequence No. 12A

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

Social security number or taxpayer identification number

221-31-5935

SAI CHARAN MUNIPALLY

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.

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

-	-			reported on not reported		-	sis wasn't report	ed to the IF	RS	
1		(a)	(a) tion of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis See the Note below	Adjustment, if any, to gain or lo If you enter an amount in column (enter a code in column (f). See the separate instructions.		(h) Gain or (loss) Subtract column (e)
		le: 100 sh. X		(Mo., day, yr.)	(xr.) (Mo., day, yr.) (see instructions) and see Column in the separat	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).	
ROBIN	HOOD	CRYPTO	LLC	01/01/22	12/31/22	9,636.	9,569.			67.
nega Sche	tive amo dule D, li	ounts). Enter ine 1b (if Bo	each tota x A above	s (d), (e), (g), and al here and inc is checked), lir C above is chec	lude on your ne 2 (if Box B	9,636.	9,569.			67.

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 221-31-5935 SAI CHARAN MUNIPALLY Part I Income or Loss From Rental Real Estate and Royalties Note: If you are in the business of renting personal property, use Schedule C. See instructions. If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40. Did you make any payments in 2022 that would require you to file Form(s) 1099? See instructions 1a Physical address of each property (street, city, state, ZIP code) LIG-302 15-65 APHB COLONY SANGAREDDY TELANGANA IN 502295 Α В C 1b Type of Property **Fair Rental Personal Use** For each rental real estate property listed QJV (from list below) above, report the number of fair rental and **Davs Davs** personal use days. Check the QJV box only Α Α 365 0 if you meet the requirements to file as a В В qualified joint venture. See instructions. С C Type of Property: 3 Vacation/Short-Term Rental 1 Single Family Residence 5 Land 7 Self-Rental 8 Other (describe) 2 Multi-Family Residence 4 Commercial 6 Royalties **Properties:** Α В C Income: 3 624. 4 Royalties received 4 **Expenses:** 5 5 Advertising 6 Auto and travel (see instructions) 6 7 Cleaning and maintenance. 7 2,451. 8 Commissions 8 9 9 Insurance . . 10 10 Legal and other professional fees 11 Management fees 11 2,104. 12 Mortgage interest paid to banks, etc. (see instructions) 12 13 13 1,958. 14 14 Repairs 15 Supplies 15 1,863. 16 16 Taxes 17 Utilities 17 2,396. 18 18 Depreciation expense or depletion Other (list) 19 19 20 20 10,772. Total expenses. Add lines 5 through 19 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 21 -10,148. 22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) 10,148.) 624. Total of all amounts reported on line 3 for all rental properties Total of all amounts reported on line 4 for all royalty properties 23b Total of all amounts reported on line 12 for all properties 23c 23d Total of all amounts reported on line 18 for all properties 10,772. Total of all amounts reported on line 20 for all properties 23e 24 **Income.** Add positive amounts shown on line 21. **Do not** include any losses 24 25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here 25 10,148. Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result 26 here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2 . -10,148.





2022 Form M1, Individual Income Tax Do not use staples on anything you submit.

	MUNIPALLY Last Name	221315935 Your Social Security Number		1994 of Birth (MM/DD/YYYY
If a Joint Return, Spouse's First Name and Initial	Spouse's Last Name	Spouse's Social Security Num	nber Spouse's I	Date of Birth
11845 HARVEST LANE Current Home Address	APT #22	Check if Address is:	Nev	v Foreign
EDEN PRAIRIE City		MN State		7
2022 Federal Filing Status (pl	lace an X in one box):			
(2) Married Filing Joint Dependents (see instructions	Spouse NameSpouse SSN	(4) Head of House	hold (5)	Qualifying Widow(er
Dependent 1 First Name	Dependent 1 Last Name	Dependent 1 SSN	Dependent 1	Relationship to You
Dependent 2 First Name	Dependent 2 Last Name	Dependent 2 SSN	Dependent 2	Relationship to You
Dependent 3 First Name	Dependent 3 Last Name	Dependent 3 SSN	Dependent 3	Relationship to You
e v e				
88712	0	0 Unemployment D	656. Federal taxable	
88712 A. Wages, salaries, tips, etc. B. I	O RA, pensions, and annuities C. O C.	Unemployment D	. Federal taxable	
88712 A. Wages, salaries, tips, etc. B. I	IRA, pensions, and annuities C.	Unemployment D	. Federal taxable	income
88712 A. Wages, salaries, tips, etc. 1 Federal adjusted gross income 2 Additions to income from line 1 3 Add lines 1 and 2	O RA, pensions, and annuities C. O C.	Unemployment D 040-SR)	. Federal taxable 1	78605 78605
A. Wages, salaries, tips, etc. B. I Federal adjusted gross income Additions to income from line 1 Add lines 1 and 2	O IRA, pensions, and annuities C. If the following of the second of the	Unemployment D 040-SR)	. Federal taxable 1 2 3 4	78605 78605
88712 A. Wages, salaries, tips, etc. 1 Federal adjusted gross income 2 Additions to income from line 1 3 Add lines 1 and 2	O IRA, pensions, and annuities c (from line 11 of federal Form 1040 and 1010 of Schedule M1M and line 9 of Schedu	Unemployment D 040-SR)	. Federal taxable 1 2 3 4 5	78605 78605 12900
A. Wages, salaries, tips, etc. 1 Federal adjusted gross income 2 Additions to income from line 1 3 Add lines 1 and 2	IRA, pensions, and annuities c (from line 11 of federal Form 1040 and 1010 of Schedule M1M and line 9 of Schedule M1SA) or your standard deduction estructions)	Unemployment D 040-SR)	. Federal taxable 1	78605 78605 12900
A. Wages, salaries, tips, etc. 1 Federal adjusted gross income 2 Additions to income from line 1 3 Add lines 1 and 2	IRA, pensions, and annuities c (from line 11 of federal Form 1040 and 1010 of Schedule M1M and line 9 of Schedule M1SA) or your standard deduction instructions)	Unemployment D 040-SR)	. Federal taxable 1	78605 78605 12900

2022 M1, page 2



11	Alternative minimum tax (enclose Schedule M1MT)		1 🔳 _	
12 13	Full-year residents: Enter the amount from line 12 on line 13. Skip lines 13a and	13b.	2 _	4064
	Part-year residents and nonresidents: From Schedule M1NR, enter the amount fr line 13, from line 28 on line 13a, and from line 29 on line 13b <i>(enclose Schedule I</i>		3 _	4064
	13a ■0 13b ■0			
14	Other taxes, such as recapture amounts and the tax on lump-sum distributions (check appropriate boxes)		
	(a) Schedule M1HOME (b) Schedule M1529 (c) Schedule N	И1LS 1	.4 ■ _	
15	Tax before credits. Add lines 13 and 14	1	.5 _	4064
16	Amount from line 19 of Schedule M1C, Nonrefundable Credits (enclose Schedule	<i>M1C</i>) 1	.6 ■ _	
17 18	Subtract line 16 from line 15 (if result is zero or less, leave blank)	1	.7 _	4064
	This will reduce your refund or increase the amount you owe	1	8 🔳 _	
19	Add lines 17 and 18		.9 _	4064
20	Minnesota income tax withheld. Complete and enclose Schedule M1W to report Minnesota withholding from Forms W-2, 1099, and W-2G and Schedules KPI, KS, and		.0 ■ _	4748
21	Minnesota estimated tax and extension payments made for 2022	2	1 ■ _	
22	Amount from line 12 of Schedule M1REF, Refundable Credits (see instructions; en	nclose Schedule M1REF) 2	2 ■ _	
23 24	Total payments. Add lines 20 through 22		3 _	4748
25	For direct deposit, complete line 25		4 ■ _	684
26 27	AMOUNT YOU OWE . If line 19 is more than line 23, subtract line 23 from line 19 Penalty amount from Schedule M15 (see instructions). Also subtract	(see instructions) 2	.6 ■ _	
	this amount from line 24 or add it to line 26 (enclose Schedule M15)		7 🔳 _	
	OU PAY ESTIMATED TAX and want part of your refund credited to estimated tax, co Amount from line 24 you want sent to you		.8 ■ _	
	Amount from line 24 you want applied to your 2023 estimated tax		9 ■ _	
⁄our	Signature Spouse's Signature	e (If Filing Jointly)	Date (MM/DD/YYYY)
30.		99@GMAIL.COM		,
SY.	AM PRIYA RAM SAGAR GUPTA TALLAM 03232023 Preparer's Signature Date (MM/DD/YYY	<u>Y)</u>		082703 or VITA/TCE # (required)
67	89659522 SYAM@GTAX Preparer's Email Ac	FILE.COM		. , , -1: -20/
	I do not want my paid preparer to file my return electronically.	Minnesota Department of Revenue to o	discuss thi	s tax return
	Include a copy of your 2022 federal return and schedules. with the preparation	arer or the third-party designee indicated	d on my fe	deral return.

Mail to: Minnesota Individual Income Tax, Mail Station 0010, 600 N. Robert St., St. Paul, MN 55145-0010
REV 02/28/23 PRO 1031





2022 Schedule M1W, Minnesota Income Tax Withheld

Complete this schedule to report Minnesota income tax withheld. Include this schedule when you file your return.

SAI CHA		_	MUNIPALLY				221315935			
our First Name	e and Initial	Last Name		Your Social Security Number						
f a Joint Return	, Spouse's First Name and Initial	Spouse's La	st Name			Spouse's S	Social Security Number			
complete thi amounts to t W-2G; keep t 1 Minnesota	ed a federal Form W-2, 1099 s schedule to determine lin the nearest whole dollar. Yo them with your tax records. a wages and Minnesota tax v	e 20 of Form Nou must include . All instruction	11. List only the formal this schedule when sare included on the sare	ms that rep n you file yo nis schedule	ort Minnesota incompur return. DO NOT see.	e tax withh send in your	eld. Round dollar Forms W-2, 1099, c			
complete A	line 5 on the bac B—Box 13	C—Box 15		D—Вох	16	E—Box 1	17			
If the Form			seven-digit Minnesota		ages, tips, etc.		ota tax withheld			
• you, e		Tax ID Numb	_		to nearest whole dollar)		o nearest whole dollar)			
a1 <u>1</u>	_ b1	c1 MN	4646317	d1	88712	e1	4748			
a2	b2	c2 MN		d2		e2				
a3	b3	c3 MN		d3		e3				
a4	b4	c4 MN		d4		e4				
a5	b5	c5 MN		d5		e5				
Subtotal fo	or additional Forms W-2 (fro	m line 5 on page	e 2)							
Total Min	nesota tax withheld on all Fo	orms W-2 (add o	amounts in line 1, co	lumn E)		1■	4748			
Α		B Payer's seve	142-S. If you have monday. n-digit Minnesota Tax ID unknown, contact the pa	C Income	r forms, complete line amount (see the table on k for amounts to include)	D Minne	ck. esota tax withheld d to nearest whole dollar)			
a1	-	b1 MN		c1		d1				
a2	-	b2 MN		c2		d2				
a3	_	ьз ММ		c3		d3				
a4	-	b4 MN		c4		d4				
Subtotal fo	or additional 1099, W-2G, an	d 1042-S (from	line 6 on page 2)							
Total Min	nesota tax withheld on all 1	099, W-2G, and	1042-S (add amoun	ts in line 2,	column D)	2■				
3 Total Min	nesota tax withheld by parti	nerships, S corp	orations, and fiduci	aries						
	7 on page 2)					3■				
	total here and on line 20 of F					4 ■	4748			