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

2022	2
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OMB No. 1545-0074

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

Filing Status Check only	s 🗌 S	Single X Married filing jointly	Marrie	ed filing separate	ly (MFS)	☐ Head of	household (H	OH)			ig surviv (QSS)	/ing
one box.	-	u checked the MFS box, enter the r on is a child but not your dependen	-	our spouse. If yo	ou check	ed the HOH or	QSS box, e	nter t	he child's	nam	ne if the	qualifying
Your first name	and mi	ddle initial	Last na	me					Your social security number			number
AJAY			MARK	ONDA					890-58-7182			
If joint return, spouse's first name and middle initial Last name Sp							Spouse	s soc	ial secu	rity number		
RAMYA			POKA	LA					APPL	APPLIED FOR		
Home address	(numbe	er and street). If you have a P.O. box, see	e instructio	ons.			Apt. no.		Preside	ntial	Election	Campaign
4722 BR	ITT F	RD									if you, o	
City, town, or p	ost offic	ce. If you have a foreign address, also co	omplete s _l	paces below.	Sta	te	ZIP code					y, want \$3 hecking a
NORCROSS	3			GA 3			30093				vill not cl	
Foreign country	y name		F	Foreign province/state/county			Foreign posta	l code	your tax	your tax or refund.		
											You	Spouse
Digital Assets		ny time during 2022, did you: (a) rec ange, gift, or otherwise dispose of					-				Yes	⊠ No
Standard		eone can claim: You as a de				a dependent						
Deduction		Spouse itemizes on a separate retu	•			•						
Age/Blindnes:	s You:	Were born before January 2, 1	1958	Are blind	Spouse	: Was bo	n before Jar] Is blin	
Dependent				(2) Social sec	urity	(3) Relationsh	"P		-			structions):
If more	(1) Fi	rst name Last name		number to you Child tax cr		redit	edit Credit for other depen		r dependents			
than four dependents,								<u>Ц</u>]
see instruction	s							<u> </u>			<u> </u>	
and check	, —							<u> </u>			<u> </u>	
here												
Income	1a	Total amount from Form(s) W-2, b	`	,					. 1a		86	6,000.
Attach Form(s)	b	Household employee wages not r							. 1b			
Attach Form(s) W-2 here. Also	С.	Tip income not reported on line 1a (see instructions)								:		
attach Forms	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)										
W-2G and 1099-R if tax	e	Taxable dependent care benefits from Form 2441, line 26							. 1e			
was withheld.	f	Employer-provided adoption benefits from Form 8839, line 29							. 1f			
If you did not	g	Wages from Form 8919, line 6.							. 19			
get a Form W-2, see	h	Other earned income (see instruct							. 1h			0.
instructions.	i -	Nontaxable combat pay election (see instructions)					-		0.0	5 000	
	<u>Z</u>	Add lines 1a through 1h			 _• -			•	. 1z			6,000.
Attach Sch. B if required.	2a	Tax-exempt interest Qualified dividends	2a		i	axable interes			. 2b			
	3a	_	3a		i	rdinary divide			. 3b			
M	4a 5a	IRA distributions Pensions and annuities	4a 5a		1	axable amoun axable amoun			. 4b			
Standard Deduction for—	6a	Social security benefits	6a		1	axable amoun			. 6b			
Single or	C	If you elect to use the lump-sum e		method check h				•	. 01			
Married filing separately,		,		,	`	,		•	7		^	2,149.
\$12,950 Married filing	Capital gain or (loss). Attach Schedule D if required, if not required, check here						•	. 8	+		<u>., 149.</u>	
jointly or	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7						•	. 9	+		3,851.
Qualifying surviving spouse,	10	Adjustments to income from Sche						•	. 10	+) , 001.
\$25,900 Head of	11	Adjustments to income from Schedule 1, line 26									Ω΄	3,851.
household,	12	Standard deduction or itemized deductions (from Schedule A)										5,900.
\$19,400 If you checked	13	Qualified business income deduction				5-A		•	. 12			<i>,,</i>
any box under	14							•	. 14		21	5,900.
Standard Deduction,	15	Add lines 12 and 13							\neg		7 , 951.	
see instructions.	1			.,	- ,			•	- 10			, , , , , , ,

Form 1040 (202	2)							Page 2	
Tax and	16	Tax (see instructions). Check if any from	orm(s): 1 881	4 2 4972	3 🗌		. 16	6,546.	
Credits	17	Amount from Schedule 2, line 3					. 17		
	18	Add lines 16 and 17	. 18	6,546.					
	19	Child tax credit or credit for other deper	ndents from Sched	lule 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 le	ess, enter -0				. 22	6,546.	
	23	Other taxes, including self-employment		0.					
	24	Add lines 22 and 23. This is your total t	ax				. 24	6,546.	
Payments	25	Federal income tax withheld from:							
	а	Form(s) W-2	34.						
	b	Form(s) 1099							
	С	Other forms (see instructions)			25c				
	d	Add lines 25a through 25c					. 25d	12,634.	
If you have a	26	2022 estimated tax payments and amou	unt applied from 20	021 return			. 26		
qualifying child,	27	Earned income credit (EIC)			27				
attach Sch. EIC.	28	Additional child tax credit from Schedule							
	29	American opportunity credit from Form	8863, line 8		29				
	30	Reserved for future use			30				
	31	Amount from Schedule 3, line 15			31				
	32	Add lines 27, 28, 29, and 31. These are	. 32						
	33	Add lines 25d, 26, and 32. These are yo	ur total payment s	.			. 33	12,634.	
Refund	34	If line 33 is more than line 24, subtract li	ne 24 from line 33	. This is the amou	ınt you overp	aid .	. 34	6,088.	
	35a	Amount of line 34 you want refunded to		8 is attached, che	eck here .		□ 35a	6,088.	
Direct deposit?	b	Routing number 0 1 1 4 0 0		c Type:	Checking	Savir	ngs		
See instructions.	d	Account number 3 8 8 0 0 5	0 9 0 1	9 3					
	36	Amount of line 34 you want applied to y	our 2023 estimat	ed tax	36				
Amount You Owe	37	Subtract line 33 from line 24. This is the For details on how to pay, go to www.ir.					. 37		
	38	Estimated tax penalty (see instructions)			38				
Third Party Designee		you want to allow another person to structions				s. Compl	ete below.	⊠ No	
		signee's	Phone)			dentification		
		me	no.			number (P			
Sign Here		der penalties of perjury, I declare that I have exief, they are true, correct, and complete. Declara							
Here	Yo	ur signature	Date	Your occupation				nt you an Identity	
							Protection F (see inst.)	PIN, enter it here	
Joint return? See instructions.		ouse's signature. If a joint return, both must sig	ın. Date	SOFTWARE DEVELOPER			· ,	nt vour enquee en	
Keep a copy for	Sp	ouse's signature. It a joint return, both must sig	III. Date	ate Spouse's occupation			If the IRS sent your spouse an Identity Protection PIN, enter it here		
your records.				HOME MAKER			(see inst.)		
	Ph	one no. (603) 233-6703	Email address	AJAYMARKON	NDA@GMAIL	.COM			
Doid	Pre	eparer's name Preparer's s	ignature		Date	PTI	N	Check if:	
Paid	SYAM	I PRIYA RAM SAGAR GUPTA TALLAM SYAM PRI	YA RAM SAGAR	GUPTA TALLAM	02/12/20	23 P02	2082703	Self-employed	
Preparer	Fir	m's name GLOBAL TAXES LLC					Phone no.	(678) 965-9522	
Use Only	Fir	m's address 245 ROONEY CT E	BRUNSWICK N	J 08816			Firm's EIN	84-3171965	
Co to ununu iro o	/F	a 10.40 few instructions and the latest information						F 1040 (2022)	

SCHEDULE D (Form 1040)

Capital Gains and Losses

OMB No. 1545-0074

Sequence No. **12**

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. Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.

Attachment

	Name(s) shown on return AJAY MARKONDA & RAMYA POKALA 890-							
Did y	ou dispose of any investment(s) in a qualified opportunity es," attach Form 8949 and see its instructions for addition			X No		7400		
Pa	Short-Term Capital Gains and Losses—Ge	enerally Assets I	Held One Year	or Less (se	e ins	tructions)		
See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.		(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustmer to gain or loss Form(s) 8949, line 2, colum	s from Part I,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)		
1a	Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b.							
1b	Totals for all transactions reported on Form(s) 8949 with Box A checked	0.	2,149.			-2,149.		
2	Totals for all transactions reported on Form(s) 8949 with $\textbf{Box}~\textbf{B}$ checked							
3	Totals for all transactions reported on Form(s) 8949 with Box C checked							
4	Short-term gain from Form 6252 and short-term gain or (-			4			
5	Net short-term gain or (loss) from partnerships, Schedule(s) K-1	S corporations,	estates, and the	rusts from	5			
6	Short-term capital loss carryover. Enter the amount, if ar Worksheet in the instructions	ny, from line 8 of y	our Capital Loss	Carryover	6	()		
7	Net short-term capital gain or (loss). Combine lines 1a term capital gains or losses, go to Part II below. Otherwis	7	-2,149.					
Pai	t II Long-Term Capital Gains and Losses—Ge	nerally Assets F	leld More Than	One Year	(see	instructions)		
See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars. (d) Proceeds (sales price) (e) Cost to gain or loss Form(s) 8949, F line 2, column					s from Part II,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)		
8a	Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b.							
8b	Totals for all transactions reported on Form(s) 8949 with 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 $\textbf{Box}\ \textbf{F}$ checked							
11	Gain from Form 4797, Part I; long-term gain from Form from Forms 4684, 6781, and 8824				11			
	Net long-term gain or (loss) from partnerships, S corpora	12						
	Capital gain distributions. See the instructions Long-term capital loss carryover. Enter the amount, if an				13			
	Worksheet in the instructions				14	()		
15	Net long-term capital gain or (loss). Combine lines 8	a through 14 in co	olumn (h). Then, g	o to Part III	4.5			

BAA

Schedule D (Form 1040) 2022 Page 2

Part III Summary -2,149. 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 2,149.) • (\$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

Social security number or taxpayer identification number

OMB No. 1545-0074

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

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

AJAY MARKONDA & RAMYA	POKALA			890-58	-7182		
Before you check Box A, B, or C bel statement will have the same informa- broker and may even tell you which is	ation as Form	er you receive 1099-B. Either	ed any Form(s) 10s r will show whethe	99-B or substitute er your basis (usua	statement(s, lly your cost) from your broke) was reported to	r. A substitute the IRS by your
Part I Short-Term. Transinstructions). For long to the IRS Schedule D, line 1a	ong-term tra gregate all s S and for wh	nsactions, s hort-term tr ich no adjus	see page 2. ansactions rep stments or coc	oorted on Form les are required	(s) 1099-B d. Enter the	showing basi totals directly	s was y on
You must check Box A, B, or C complete a separate Form 8949, for one or more of the boxes, cor	below. Chec page 1, for ea nplete as mar	ck only one kach applicable of the second of	box. If more than le box. If you han the same box of	n one box applies ve more short-te checked as you r	s for your sl rm transact need.	nort-term transa	ctions, on this page
☐ (B) Short-term transactions☐ (C) Short-term transactions	s reported on	Form(s) 1099	9-B showing bas	•			
1 (a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis See the Note below	Adjustment, if If you enter an enter a co See the sep	(h) Gain or (loss) Subtract column (e)	
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see Column (e) in the separate instructions.	(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.	2,149.			-2,149.
2 Totals. Add the amounts in column	s (d), (e), (g), and	d (h) (subtract					

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.

negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked).

2,149.



Application for IRS Individual Taxpayer Identification Number

► For use by individuals who are not U.S. citizens or permanent residents.

► See separate instructions.

An IRS individual taxpayer identification number (ITIN) is for U.S. federal tax purposes only.

OMB No. 1545-0074

Application type (check one box):

Apply for a new ITIN Before you begin: Renew an existing ITIN Don't submit this form if you have, or are eligible to get, a U.S. social security number (SSN). Reason you're submitting Form W-7. Read the instructions for the box you check. Caution: If you check box b, c, d, e, f, or g, you must file a U.S. federal tax return with Form W-7 unless you meet one of the exceptions (see instructions). a Nonresident alien required to get an ITIN to claim tax treaty benefit **b** Nonresident alien filing a U.S. federal tax return c U.S. resident alien (based on days present in the United States) filing a U.S. federal tax return If d, enter relationship to U.S. citizen/resident alien (see instructions) ▶ **d** Dependent of U.S. citizen/resident alien e X Spouse of U.S. citizen/resident alien If d or e, enter name and SSN/ITIN of U.S. citizen/resident alien (see instructions) ▶ 890-58-7182 AJAY MARKONDA f Nonresident alien student, professor, or researcher filing a U.S. federal tax return or claiming an exception g Dependent/spouse of a nonresident alien holding a U.S. visa h ☐ Other (see instructions) ▶ Additional information for a and f: Enter treaty country and treaty article number ▶ 1a First name Middle name Last name Name RAMYA POKALA (see instructions) 1b First name Middle name Last name Name at birth if different . . 2 Street address, apartment number, or rural route number. If you have a P.O. box, see separate instructions. Applicant's 4722 BRITT RD Mailing City or town, state or province, and country. Include ZIP code or postal code where appropriate. **Address** 30093 NORCROSS USA 3 Street address, apartment number, or rural route number. Don't use a P.O. box number. Foreign (non-**U.S.) Address** City or town, state or province, and country. Include postal code where appropriate. (see instructions) 4 Date of birth (month / day / year) Country of birth City and state or province (optional) Male Birth 07/21/1997 Information TNDTA ▼ Female 6a Country(ies) of citizenship **6b** Foreign tax I.D. number (if any) 6c Type of U.S. visa (if any), number, and expiration date Other ATOMT Information **6d** Identification document(s) submitted (see instructions) X Passport Driver's license/State I.D. Other ☐ USCIS documentation Date of entry into the United States No.: W8741148 Exp. date: 12/20/2032 Issued by: INDIA (MM/DD/YYYY): 6e Have you previously received an ITIN or an Internal Revenue Service Number (IRSN)? No/Don't know. Skip line 6f. Yes. Complete line 6f. If more than one, list on a sheet and attach to this form (see instructions). 6f Enter ITIN and/or IRSN ▶ ITIN **IRSN** and name under which it was issued ▶ First name Middle name Last name 6g Name of college/university or company (see instructions) ▶ City and state ▶ Length of stay ▶ Under penalties of perjury, I (applicant/delegate/acceptance agent) declare that I have examined this application, including accompanying Sign documentation and statements, and to the best of my knowledge and belief, it is true, correct, and complete. I authorize the IRS to share information with my acceptance agent in order to perfect this Form W-7, Application for IRS Individual Taxpayer Identification Number. Here Signature of applicant (if delegate, see instructions) Date (month / day / year) Phone number Keep a copy for your records. Name of delegate, if applicable (type or print) Delegate's relationship Parent Court-appointed guardian to applicant Power of attorney Date (month / day / year) Signature Phone **Acceptance** Agent's Name and title (type or print) Name of company EIN **Use ONLY** Office code