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.

Social coourity number

Submission Identification Number (SID)

Taypayar'a nama

Taxpayer s name	Social security number
CHANDRAKANTH MULLELLA	842-83-3048
Spouse's name	Spouse's social security number
Part I Tax Return Information – Tax Year Ending December 31, 2022 (Enter	year you are 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 76,836.
2 Total tax	2 9,670.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3 4,979.
4 Amount you want refunded to you	4
5 Amount you owe	
Part II Taxpayer Declaration and Signature Authorization (Be sure you get and k	eep a copy of your return)

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

Taxpayer's PIN: check one box only

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

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

Your signature 🕨

Date

Spouse's PIN: check one box only

I authorize

to enter or generate my PIN

as mv Enter five digits, but don't enter all zeros

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

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

Spouse's signature >	D	ate								
Practitio	ner PIN Method Returns Only—continue	e bel	ow							
Part III Certification and Authenticat	tion – Practitioner PIN Method Only								 	
ERO's EFIN/PIN. Enter your six-digit EFIN foll	lowed by your five-digit self-selected PIN.			Dor	n't er	nter a	all zei	ros		

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

ERO's signature >		Date 🕨	
ERO Must Retain This Fo Don't Submit This Form to the II			
For Paperwork Reduction Act Notice, see your tax return instructions.	BAA	REV 03/18/23 PRO	Form 8879 (Rev. 01-2021)

Filing Statue Single Married filing pointy X Married filing separately (MFS) Head of household (HOH) Coultifying surviving some (HS) One box Tyou checked the MFS hox, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying surviving some file name and middle initial Year social security number You find name and middle initial Last name Year social security number Home address further and street, if you have a P.O. box, see instructors. Act no. Presidential Electron Campaign 115 – 55 – 84.87 Home address further and street, if you have a P.O. box, see instructors. Act no. Presidential Electron Campaign 116 – 65 – 84.87 CIS, town, or port office. If you have a foreign address, also complete space below. State ZP Orde Presidential Electron Campaign 12.6 Cist, town, or port office. If you have a foreign address, also complete space below. State ZP Orde process filling intriv, word 3 & No town word on the data securit in a digital assect/? (See instructions) Town bow word in addressing a town before January 2, 1958 No town worde address in a digital assect/? (See instructions) Year social camp If more it more it more it more intervent on a separate return or you are a disposed of a digital assect (or a financial interest in a digital assect)? (See instructions) Year is a disposed of the social securit you is a disposed of a digital assect (or a financial interest	1040		artment of the Treasury—Internal Revenue Servi S. Individual Income Tax		urn	202	2	OMB No. 1545	-0074	IRS Use	e Only	—Do not v	vrite or staple	in this space.
Tour time name and model initial Last name Your cooleit security number CHANDRAKANTH MULLELLA 842=83=30.48 Home address furnher and steeth, Hyou have a P.O. box, see instructions. Apt. no. Presidential Election Campaign 115 FROMENNDE FXWY 146 Presidential Election Campaign Chy, town, or poor diffice. Hyou have a foreign address, also complete spaces below. State 75.03 Foreign country name Foreign province/state/country Foreign province/state/country Presidential Election Campaign Foreign country name Foreign province/state/country Foreign province/state/country Presidential Election Campaign Standard Someone can claim: You as a dependent You as a dependent You Spouse itemizes on a separate return or you were a dual-states allen Appellandess You as a dependent You as a dependent You as a dependent Presidential Election for the instructions; If Intername Last name Spouse itemizes on a separate return or you were a dual-states allen Credit tax condit Gredit forein instructions; If Intername Last name Spouse itemizes on a separate return or you were a dual-states allen Gredit forein forein	Check only	lf yo	u checked the MFS box, enter the n	ame of y	our spou	ise. If you cl	heck	ed the HOH or				spo	use (QSS)	-
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Home address (number and street). If you have a P.O. box, see instructions. Att. Previdential Election Campaign 51S FROMENADE FXW 14.6 Check here if you or your 51S FROMENADE FXW 126 Check here if you or your 61CH, town, or post file. If you have a foreign address, also complete spaces below. State 75.03 post this fund, or your Foreign country name Foreign province/state/county Foreign postal coals you that xo refund. Digital At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services), or (b) sell. You Spouse Assets Someone can claim: You as a dependent You spouse as a dependent You Spouse Deduction Spouse itemizes on a separate return or you were a dual-status allen Acgelindness You: (P check the box if qualifies for (see instructions): (f) First name Last name (g) Acael social social (f) (f) check the box if qualifies for (see instructions) (h) check the box if qualifies for (see instructions) Check for dependent Medicaid waiver payments not reported on Form(s) W-2, box 1 (see instructions) (g) check the box if qualifies for (see instructions) 1c Total amount from Form(s) W-2,														
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TRX TSX TSX TS39 box below will not change ⁻ Foreign country name Foreign province/stattycountry Foreign province/stattycountry Foreign province/stattycountry pour tax or trainage ⁻ Digital At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions). Yes No Standard Someone can claim: \fraction vas a dependent Your spouse as a dependent Your spouse Deduction Spouse itemizes on a separate return or you were a dual-status alien Age/Bindness Yes Is bind Dependents (see instructions): (1) First name Last name number (a) Check the box if qualifies for (see instructions) If more than four dependents, see instructions; (1) First name Last name number (b) First name Is a train and there dependent care benefits from form (%) W-2, box 1 (see instructions) Ia R3, 485. Inter. 1a Total amount from Form(%) W-2, box 1 (see instructions) Ia Ia R3, 485. Ve2 texe .dso 4 1a Total amount from Form(%) W-2, box 1 (see instructions) Ia Ia R3				mplete s	paces belo	ow.	Sta	ite		-				
Foreign country name Foreign province/state/county Foreign postal code your tax or refund. Digital Assets At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell. Spouse Image: Spouse (amage: gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) Ves No Standard Someone can claim: You as a dependent Your spouse as a dependent Image: Spouse itemizes on a separate return or you were a dual-status alien Age/Blindness You: Wes born before January 2, 1958 Are blind Spouse: Image: Spouse itemizes on a separate return or you were a dual-status alien Age/Blindness You: Wes born before January 2, 1958 Are blind Spouse: Image: Spouse itemizes on a separate return or you were a dual-status alien Age/Blindness You: Wes born before January 2, 1958 Are blind Spouse: Image: Spouse itemizes on a separate return or you were a dual-status alien Age/Blindness You: Image: Spouse itemizes on a separate return or you were a dual-status alien Image: Spouse	IRVING							ζ	750	39		0		0
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Standard Deduction for- 5a Pensions and annuities	if required.	3a	Qualified dividends	3a		1.	bC	Ordinary divider	nds .		•	. 3t)	1.
Deduction for- 6a Social security benefits 6a b Taxable amount 6b • Single or Married filing separately, \$12,950 r If you elect to use the lump-sum election method, check here (see instructions) r 6b • Married filing jointly or Qualifying surviving spouse, \$25,900 7 Capital gain or (loss). Attach Schedule D if required. If not required, check here 7 -4. • Married filing jointly or Qualifying surviving spouse, \$25,900 8 Other income from Schedule 1, line 10 . 9 76,8366. • Adjustments to income from Schedule 1, line 26 . . 10 • Head of household, \$19,400 12 Standard deduction or itemized deductions (from Schedule A) 11 76,836. • If you checked any box under Standard 13 Qualified business income deduction from Form 8995 or Form 8995-A 13 14 12,950. • If you checked any box under Standard 14 12,950. 14 12,950. 15		4a	IRA distributions	4a			bΤ	axable amoun	t			. 4t)	
 Single or Married filing separately, \$12,950 Married filing jointy or Qualifying surviving spouse. \$25,900 Head of household, \$19,400 Head of household, \$19,400 Head of household, \$19,400 Standard deduction or itemized deductions (from Schedule A) Head of household, \$19,400 Standard deduction or itemized deductions (from Schedule A) Head of household, \$19,400 Standard deduction or itemized deductions (from Schedule A) Head of household, \$19,400 Standard deduction or itemized deductions (from Schedule A) Head of household, \$19,400 Standard deduction or itemized deductions (from Schedule A) Head of household, \$19,400 Standard deduction or itemized deductions (from Schedule A) Head of household, \$19,400 Standard deduction or itemized deductions (from Schedule A) Head of household, \$19,400 Standard deduction or itemized deductions (from Schedule A) Head of household, \$10 Head of household, \$12 12 12 12 12 12 12 12 12 12 13 14 12,950. 15 Subtract line 14 from line 11 14 12,950. 15 63 886 	Standard	5a	Pensions and annuities	5a			bΤ	axable amoun	t		•	. 5t)	
Married filing separately, \$12,950 c If you elect to use the lump-sum election method, check here (see instructions) .		6a	Social security benefits	6a			bΤ	axable amoun	t		•	. 6t)	
\$12,950 7 Capital gain of (loss). Attach Schedule D in required, in hot required, check here 1 7 -4. • Married filing jointly or Qualifying surviving spouse, \$25,900 9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 9 76,836. • Head of household, \$19,400 11 Subtract line 10 from line 9. This is your adjusted gross income 11 76,836. • If you checked any box under Standard 12 12,950. 13 14 12,950. • If you checked any box under Standard 14 12,950. 14 12,950. 15	Married filing	С	If you elect to use the lump-sum e	lection r	nethod, c	check here	(see	instructions)			. [
jointly or Qualifying surviving spouse, \$25,9009Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income976, 836.10Adjustments to income from Schedule 1, line 2610• Head of household, \$19,40011Subtract line 10 from line 9. This is your adjusted gross income1176, 836.12Standard deduction or itemized deductions (from Schedule A)1212, 950.• If you checked any box under Standard13Qualified business income deduction from Form 8995 or Form 8995-A131412, 950.15Subtract line 14 from line 11. If zero or less enter -0-This is your taxable income15		7	Capital gain or (loss). Attach Sche	dule D if	f required	. If not requ	iired	, check here			. [7	_	
Qualifying surviving spouse, \$25,900 9 Add lines 12, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 9 76, 836. 10 Adjustments to income from Schedule 1, line 26 10 10 Head of household, \$19,400 11 Subtract line 10 from line 9. This is your adjusted gross income 11 76, 836. 12 12, 250. 12 Standard deduction or itemized deductions (from Schedule A) 12 12, 950. 13 Qualified business income deduction from Form 8995 or Form 8995-A 13 14 12, 950. 14 12, 950. 15 Subtract line 14 from line 11. If zero or less enter -0- This is your taxable income 15 63, 886		8									•	. 8		
\$25,900 10 Adjustments to income nom obligation of the due 1, inte 20 11 76,836. • Head of household, \$19,400 12 Standard deduction or itemized deductions (from Schedule A) 12 12,950. • If you checked any box under standard 13 Qualified business income deduction from Form 8995 or Form 8995-A 13 14 12,950. • Add lines 12 and 13 14 12,950. 14 12,950. 15 63,886	Qualifying					our total inc	com	е			•	. 9		76,836.
household, \$19,400 12 Standard deduction or itemized deductions (from Schedule A) 12 12,950. If you checked any box under Standard Deduction, 13 Qualified business income deduction from Form 8995 or Form 8995-A 13 14 12,950. 14 12,950. 14 12,950. 14 12,950. 15 Subtract line 14 from line 11. If zero or less enter -0- This is your taxable income 15 63	\$25,900		•							• •	•	. 10		
\$19,400 12 Standard deduction or itemized deductions (from Schedule A) 12 12,950. • If you checked any box under Standard 13 Qualified business income deduction from Form 8995 or Form 8995-A 13 13 • If you checked any box under Standard 14 Add lines 12 and 13 14 12,950. • Deduction, Deduction, 15 Subtract line 14 from line 11. If zero or less enter -0- This is your taxable income 15 63 886				•		-				• •	•	. 11		
any box under Standard 14 Add lines 12 and 13 14 12,950 Deduction, 15 Subtract line 14 from line 11. If zero or less enter -0- This is your taxable income 15 63 886											•			12,950.
Standard 14 Add lines 12 and 13 14 12,950 Deduction, 15 Subtract line 14 from line 11. If zero or less enter -0- This is your taxable income 15 63.886				ion from	Form 89	95 or Form	899	5-A		• •	•	. 13	3	
	Standard									• •	•	. 14		
		15	Subtract line 14 from line 11. If zer	o or less	s, enter -	0 This is y	our	taxable incom	e.	• •	•	. 15	5	63,886.

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

Form 1040 (2022	2)									Page 2
Tax and	16	Tax (see instructions). Check	if any from Form	n(s): 1 🗌 881	4 2 4972	3		16	9,	670.
Credits	17	Amount from Schedule 2, line	e3					17		
	18	Add lines 16 and 17						18	9,	670.
	19	Child tax credit or credit for o	other dependen	ts from Sched	ule 8812			19		
	20	Amount from Schedule 3, line	e8					20		
	21	Add lines 19 and 20						21		
	22	Subtract line 21 from line 18.	If zero or less,	enter -0				22	9,	670.
	23	Other taxes, including self-er	nployment tax,	from Schedule	e 2, line 21 .			23		0.
	24	Add lines 22 and 23. This is y	our total tax					24	9,	670.
Payments	25	Federal income tax withheld								
	а	Form(s) W-2				25a 4	,979.			
	b	Form(s) 1099				25b				
	с	Other forms (see instructions				25c				
	d	Add lines 25a through 25c	· · · · ·					25d	4,	979.
If you have a	26	2022 estimated tax payment	s and amount a	pplied from 20	21 return .			26		
If you have a qualifying child,	27	Earned income credit (EIC) .				27				
attach Sch. EIC.	28	Additional child tax credit fron				28				
	29	American opportunity credit	from Form 8863	3, line 8		29				
	30	Reserved for future use				30				
	31	Amount from Schedule 3, line				31				
	32	Add lines 27, 28, 29, and 31.	These are your	total other pa	ayments and ref	undable credits		32		
	33	Add lines 25d, 26, and 32. Th	nese are your to	otal payments				33	4,	979.
Refund	34	If line 33 is more than line 24						34		
neiuna	35a	Amount of line 34 you want r	efunded to you	u. If Form 8888	3 is attached, che	ck here	. 🗆	35a		
Direct deposit?	b	Routing number X X X	X X X X	XX	c Type:	Checking	Savings			
See instructions.	d	Account number X X X	X X X X		X X X X X	XXX				
	36	Amount of line 34 you want a	pplied to your	2023 estimate	edtax	36				
Amount	37	Subtract line 33 from line 24.	This is the amo	ount you owe						
You Owe		For details on how to pay, go	o to <i>www.irs.go</i> v	v/Payments or	see instructions			37	4,	839.
	38	Estimated tax penalty (see in	structions) .			38	148.			
Third Party	Do	you want to allow another	person to disc	cuss this retu	rn with the IRS?	See				
Designee	ins	structions				🗌 Yes. Co	omplete b	elow.	X No	
	De nai	signee's		Phone no.			onal identifi oer (PIN)	cation [
<u></u>							. ,	L		
Sign		der penalties of perjury, I declare the ief, they are true, correct, and comp								
Here		ur signature		Date	Your occupation				t you an Iden	0
	10	al olghataro		Duto			Prote	ction PI	N, enter it her	,
Joint return?					SOFTWARE	ENGINEER	(see i	nst.)		
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, b	oth must sign.	Date	Spouse's occupat	tion			t your spouse	
your records.							(see i		ction PIN, ent	er it nere
	Dh	one no. (603) 858-6631	1	Email address			,			
		one no. (603) 858-6631 eparer's name	Preparer's signat	1	DUKGANEELAI	PALA@GMAIL.CC			Check if:	
Paid	110		. opardi o orgital			Juio			Self-emp	oloved
Preparer							Dhere			
Use Only		m's name GLOBAL TAX n's address 245 ROONEY		INIGMITOR N	J 08816		Phon Firm'			
				TIONICK N				s EIN	_ 10	40
Go to www.irs.go	ov/Forn	n1040 for instructions and the lates	st information.		BAA	REV 03/18/23 PRO			Form 10	40

SCHEDULE	1
(Form 1040)	

Department of the Treasury

Additional Income and Adjustments to Income

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

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

OMB No. 1545-0074 2 2

Attachment

Internal Revenue Service	Go to www.irs.gov/Form1040 for instructions and the latest information.		Sequence No. 01
Name(s) shown on Fo	rm 1040, 1040-SR, or 1040-NR	Your soc	ial security number
CHANDRAKANTH M	ULLELLA	842-83	-3048

Par	t I Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxes		1	
2a	Alimony received		2a	
b	Date of original divorce or separation agreement (see instructions):			
3	Business income or (loss). Attach Schedule C		3	
4	Other gains or (losses). Attach Form 4797		4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Atta	ach Schedule E .	5	-10,646.
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		
u	Wages earned while incarcerated	8u		
Z	Other income. List type and amount:			
		8z		
9	Total other income. Add lines 8a through 8z		9	10 010
10	Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR	, or 1040-NR, line 8	10	-10,646.

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

Schedule 1 (Form 1040) 2022

Par	t II Adjustments to Income					
11	Educator expenses				11	
12	Certain business expenses of reservists, performing artists, and fee	e-basi	s gov	ernment		
	officials. Attach Form 2106				12	
13	Health savings account deduction. Attach Form 8889				13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903				14	
15	Deductible part of self-employment tax. Attach Schedule SE				15	
16	Self-employed SEP, SIMPLE, and qualified plans				16	
17	Self-employed health insurance deduction				17	
18	Penalty on early withdrawal of savings				18	
19a	Alimony paid				19a	
b	Recipient's SSN	·				
С	Date of original divorce or separation agreement (see instructions):					
20	IRA deduction				20	
21	Student loan interest deduction				21	
22	Reserved for future use				22	
23	Archer MSA deduction				23	
24	Other adjustments:					
а	Jury duty pay (see instructions)	24a				
b	Deductible expenses related to income reported on line 8l from the					
	rental of personal property engaged in for profit	24b				
С	Nontaxable amount of the value of Olympic and Paralympic medals					
	and USOC prize money reported on line 8m	24c				
d	Reforestation amortization and expenses	24d				
е	Repayment of supplemental unemployment benefits under the Trade					
	Act of 1974	24e				
f	Contributions to section 501(c)(18)(D) pension plans	24f				
g	Contributions by certain chaplains to section 403(b) plans	24g				
h	Attorney fees and court costs for actions involving certain unlawful					
	discrimination claims (see instructions)	24h				
i	Attorney fees and court costs you paid in connection with an award					
	from the IRS for information you provided that helped the IRS detect					
	tax law violations	24i				
j	Housing deduction from Form 2555	24j				
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form					
	1041)	24k				
z	Other adjustments. List type and amount:					
		24z				
25	Total other adjustments. Add lines 24a through 24z				25	
26	Add lines 11 through 23 and 25. These are your adjustments to income	e. Ent	er here	e and on		
	Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a			<u> </u>	26	
	ВАА	REV	03/18/23 F	PRO	Schedu	le 1 (Form 1040) 2022

SCHEDULE D (Form 1040)

Capital Gains and Losses

OMB No. 1545-0074

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

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

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

CHANDRAKANTH MULLELLA

Your social security number 842-83-3048

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

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

lines This	instructions for how to figure the amounts to enter on the below. form may be easier to complete if you round off cents to le dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss fi Form(s) 8949, Pa line 2, column	rom art 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	37.	41.		0.	-4.
2	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					
4	Short-term gain from Form 6252 and short-term gain or (I	oss) from Forms 4	684, 6781, and 88	324	4	
5	Net short-term gain or (loss) from partnerships, Schedule(s) K-1				5	
6	Short-term capital loss carryover. Enter the amount, if an Worksheet in the instructions	Carryover	6	()		
7	Net short-term capital gain or (loss). Combine lines 1a term capital gains or losses, go to Part II below. Otherwise		7	-4.		

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

	instructions for how to figure the amounts to enter on the below.	(d) Proceeds	(e) Cost	(g) Adjustmen to gain or loss		(h) Gain or (loss) Subtract column (e)
This who	Part II, n (g)	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	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 Box F checked.					
11	11					
12	Net long-term gain or (loss) from partnerships, S corporat	12				
13	Capital gain distributions. See the instructions	13				
14	Long-term capital loss carryover. Enter the amount, if any Worksheet in the instructions	14	()			
15		14	()			
	Net long-term capital gain or (loss). Combine lines 8a on the back	•	.,		15	

Part III

Part	III Summary		
16	Combine lines 7 and 15 and enter the result	16	-4.
	• 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?		
	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 ((4.
	Note: When figuring which amount is smaller, treat both amounts as positive numbers.		
22	Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?		
	Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16.		
	□ No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.		
	REV 03/18/23 PRO	Sch	edule D (Form 1040) 202

Form **8949**

Department of the Treasury

Internal Revenue Service

Sales and Other Dispositions of Capital Assets

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

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



Name(s) shown on return

|--|

CHANDRAKANTH MULLELLA 842-83-3048

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

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

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

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

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

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

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

1 (a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	eds See the Note below See the separate instructions. Subtra		(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).
ACORNS SECURITIES LLC	01/01/22	12/31/22	37.	41.	W	0.	-4.
2 Totals. Add the amounts in columns negative amounts). Enter each tota Schedule D, line 1b (if Box A above above is checked), or line 3 (if Box C	al here and inc is checked), lir	lude on your ne 2 (if Box B	37.	41.		0.	-4.

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.

(Form	Form 1040) (From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)								20)99					
Departm	nent of the Treasury Revenue Service		Go	Attach to Form to www.irs.gov/Schedu						formation		Attachn	Attachment Sequence No. 13		
	shown on return		40			moure			itest ii		Vour co	cial security			
• •			T 7												
_	IDRAKANTH M										842-	83-3048			
Part	Note: If yo rental inco	ou are in ome or lo	the busi	m Rental Real Esta ness of renting personal Form 4835 on page 2, lin	propert ne 40.	ty, use	Schedule								
	•			2022 that would requir			. ,								
<u> </u>				required Form(s) 1099 operty (street, city, sta								. 🗆 16			
A				TMENT MOOSAPET,			,	LANGA	NA T	N 500018					
B															
1b	Type of Prope (from list below			each rental real estate ve, report the number of					Fa	ir Rental Days		onal Use Days	QJV		
A	3			onal use days. Check				Α		365		0			
В				u meet the requiremen				B		000					
			quali	fied joint venture. See	instru	ctions	6.	C							
	of Property:	I						Ŭ							
1	Single Family R Multi-Family Re			3 Vacation/Short-Terr 4 Commercial	n Rent	al	5 Land 6 Roya			Self-Rental Other (desc	ribe)				
										Propert	ies:				
Incom	ne:							Α		В			С		
3	Rents received	t				3		6	57.						
4	Royalties rece	ived.				4									
Exper															
5	Advertising					5									
6	-			ons)		6									
7						7		2.6	47.						
8	•					8		_, -							
9						9									
10				fees		10									
11						11		2 3	87.						
12				nks, etc. (see instruction		12		210							
13	00				,	13									
14	Repairs	• •			• •	14		1,9	ΛΛ						
15					• •	15			47.						
16						16		2,0	• • •						
17						17		1 6	78.						
18				letion		18		1,0	10.						
19		-				19									
20		e Δdd	lines 5 t	hrough 19		20		11,3	03						
	•					20		11,5	05.						
21		s), see	instructi	rents) and/or 4 (royaltie ions to find out if you	must	21		-10 , 6	46.						
22				loss after limitation, if				- , 0							
				ns)		22	(10,64	16.)	()()		
23a				on line 3 for all rental					23a		657.				
b				on line 4 for all royalty					23b						
С			•	on line 12 for all prop					23c						
d	Total of all am	ounts r	eported	on line 18 for all prop	erties				23d						
е	Total of all am	ounts r	eported	on line 20 for all prop	erties				23e	11	L , 303.				
24	Income. Add	positiv	e amour	nts shown on line 21. I	Do no	t inclu	ide any lo	osses			. 24				
25	Losses. Add re	oyalty lo	osses fro	om line 21 and rental rea	al estat	e loss	es from li	ne 22. E	Enter to	otal losses he	ere 25	(10,646.)		
26				I royalty income or (la line 40 on page 2 do											

Supplemental Income and Loss

SCHEDULE E

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

Schedule E (Form 1040) 2022

-10,646.

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OMB No. 1545-0074



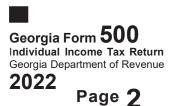


Georgia Form 500 (Rev. 06/22/22)

Individual Income Tax Return Georgia Department of Revenue

2022 (Approved software version)

Page 1 Fiscal Year Beginning STATE ТΧ ISSUED YOUR DRIVER'S Fiscal Year LICENSE/STATE ID 47779351 Ending YOUR FIRST NAME YOUR SOCIAL SECURITY NUMBER мі 1. CHANDRAKANTH 842-83-3048 LAST NAME (For Name Change See IT-511 Tax Booklet) SUFFIX MULLELLA SPOUSE'S FIRST NAME MI SPOUSE'S SOCIAL SECURITY NUMBER 118-65-8487 DEPARTMENT USE ONLY LAST NAME SUFFIX ADDRESS (NUMBER AND STREET or P.O. BOX) (Use 2nd address line for Apt, Suite or Building Number) CHECK IF ADDRESS HAS CHANGED 2.515 PROMENADE PKWY APT NO 146 **ZIP CODE** CITY (Please insert a space if the city has multiple names) STATE ТΧ 75039 3. IRVING (COUNTRY IF FOREIGN) **Residency Status** 4. Enter your Residency Status with the appropriate number **4**. 1 1. FULL- YEAR RESIDENT 2. PART- YEAR RESIDENT то 3. NONRESIDENT Omit Lines 9 thru 14 and use Form 500 Schedule 3 if you are a part-year or nonresident filer. Filing Status 5. Enter Filing Status with appropriate letter (See IT-511 Tax Booklet)..... 5. C A. Single B. Married filing joint C. Married filing separate (Spouse's social security number must be entered above) D. Head of Household or Qualifying Surviving Spouse 6. Number of exemptions (Check appropriate box(es) and enter total in 6c.) 6a. Yourself X 6b. Spouse 6c. 1





YOUR SOCIAL SECURITY NUMBER 842-83-3048

- 7b. Dependents (If you have more than 4 dependents, attach a list of additional dependents) First Name, MI. Last Name
 - **Social Security Number Relationship to You**

First Name, MI.

Social Security Number

First Name, MI.

Social Security Number

First Name, MI.

Social Security Number

Last Name

Last Name

Last Name

Relationship to You

Relationship to You

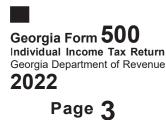
Relationship to You

INCOME COMPUTATIONS

If amount on line 8, 9, 10, 13 or 15 is negative, use the minus sign (-). Example -3456.

 Federal adjusted gross income (From Federal Form 1040)	76836 oss income is less than your
9. Adjustments from Form 500 Schedule 1 (See IT-511 Tax Booklet)	
10. Georgia adjusted gross income (Net total of Line 8 and Line 9) 10.	76836
11. Standard Deduction (Do not use FEDERAL STANDARD DEDUCTION) 11a. (See IT-511 Tax Booklet)	3550
b. Self: 65 or over? Blind? Total x 1,300= 11b.	
Spouse: 65 or over? Blind? c. Total Standard Deduction (Line 11a + Line 11b) 11c. Use EITHER Line 11c OR Line 12c (Do not write on both lines)	3550
12. Total Itemized Deductions used in computing Federal Taxable Income. If you use itemized deductions,	you must include Federal Schedule A.
a. Federal Itemized Deductions (Schedule A- Form 1040) 12a.	
b. Less adjustments: (See IT-511 Tax Booklet) 12b.	
c. Georgia Total Itemized Deductions	
13. Subtract either Line 11c or Line 12c from Line 10; enter balance 13.	73286

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YOUR SOCIAL SECURITY NUMBER

842-83-3048

14a. Enter the number from Line 6c. 1 Multiply by \$2,700 for filing status A or D or multiply by \$3,700 for filing status B or C	14a.	3700
14b. Enter the number from Line 7a. Multiply by \$3,000	14b.	
14c. Add Lines 14a. and 14b. Enter total	14c.	3700
15a. Income before GA NOL (Line 13 less Line 14c or Schedule 3, Line 14) 15b. Georgia NOL utilized (Cannot exceed Line 15a or the amount after	15a.	69586
applying the 80% limitation, see IT-511 Tax Booklet for more information).	15b.	
15c. Georgia Taxable Income (Line 15a less Line 15b)	15c.	69586
16. Tax (Use Tax Rate Schedule in the IT-511 Tax Booklet)	16.	3884
17. Low Income Credit 17a. 17b.	17c.	
18. Other State(s) Tax Credit (Include a copy of the other state(s) return)	18.	
19. Credits used from IND-CR Summary Worksheet	19.	
20. Total Credits Used from Schedule 2 Georgia Tax Credits (must be file electronically)	d 20.	
21. Total Credits Used (sum of Lines 17-20) cannot exceed Line 16	21.	0
22. Balance (Line 16 less Line 21) if zero or less than zero, enter zero	22.	3884

INCOME STATEMENT DETAILS Only enter income on which Georgia tax was withheld. Enter income from W-2s, 1099s, and G2-As on Line 4 GA Wages/Income. For other income statements complete Line 4 using the income reported from Form G2-RP Line 12 or 13; Form G2-LP Line 11, or for Form G2-FL enter zero.

	(INCOME STATEMENT A)	(INCOME STATEMENT B)	(INCOME STATEMENT C)
1. 2.	WITHHOLDING TYPE: X W-2 G2-A G2-LP 1099 G2-FL G2-RP EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) X SSN 823796247	 WITHHOLDING TYPE: W-2 G2-A G2-LP 1099 G2-FL G2-RP EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) SSN 	 WITHHOLDING TYPE: W-2 G2-A G2-LP 1099 G2-FL G2-RP EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) SSN
3.	EMPLOYER/PAYER STATE WITHHOLDING ID 3452529WC	3. EMPLOYER/PAYER STATE WITHHOLDING ID	3. EMPLOYER/PAYER STATE WITHHOLDING ID
4.	GA WAGES / INCOME 87485	4. GA WAGES / INCOME	4. GA WAGES / INCOME
5.	GA TAX WITHHELD 4709	5. GA TAX WITHHELD	5. GA TAX WITHHELD

PLEASE COMPLETE INCOME STATEMENT DETAILS ON PAGE 4.

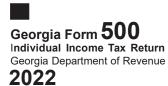
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YOUR SOCIAL SECURITY NUMBER 842 - 83 - 3048

1.	W-2 G2-A G2-LP 1099 G2-FL G2-RP	1.	1099 G	PE: 2-A 2-FL	G2-LP G2-RP	1.		-A -FL	G2-LP G2-RP
2.	EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) SSN	2.	EMPLOYER/PAYER ID NUMBER (FEIN)			2.	EMPLOYER/PAYER F ID NUMBER (FEIN)	EDERAL SSN	
3.	EMPLOYER/PAYER STATE WITHHOLDING ID	3.	EMPLOYER/PAYEI		THHOLDING ID	3.	EMPLOYER/PAYER	STATE WI	THHOLDING ID
4.	GA WAGES / INCOME	4.	GA WAGES / INCO	ME		4.	GA WAGES / INCOM	E	
5.	GA TAX WITHHELD	5.	GA TAX WITHHELI	D		5.	GA TAX WITHHELD		
23.	Georgia Income Tax Withheld on Wages (Enter Tax Withheld Only and include W-2s a				23.				4709
24.	Other Georgia Income Tax Withheld (Must include G2-A, G2-FL, G2-LP and/or G2				24.				
25.	Estimated Tax paid for 2022 and Form IT-	-560)		25.				
26.	Schedule 2B Refundable Tax Credits (Cannot be claimed unless filed electronic				. 26.				
27.	Total prepayment credits (Add Lines 23, 24	24, 25	5 and 26)		27.				4709
28.	If Line 22 exceeds Line 27, subtract Line 2 balance due				28.				
29.	If Line 27 exceeds Line 22, subtract Line 2 overpayment				. 29.				825
20									0
30.					30.				0
31.	Georgia Wildlife Conservation Fund (No g	gift c	of less than \$1.00))	31.				
32.	Georgia Fund for Children and Elderly (N	lo gi	ft of less than \$1	.00)	32.				
33.	Georgia Cancer Research Fund (No gift o	of le	ss than \$1.00)		33.				
34.	Georgia Land Conservation Program (No	gift	of less than \$1.0	0)	34.				
35.	Georgia National Guard Foundation (No g	gift o	of less than \$1.00)	35.				
36.	Dog & Cat Sterilization Fund (No gift of le	ess t	han \$1.00)		36.				
37.	Saving the Cure Fund (No gift of less that	an \$	1.00)		37.				
38.	Realizing Educational Achievement Can Happ (No gift of less than \$1.00)	pen (REACH) Program		38.				

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Georgia Form 500 Individual Income Tax Return Georgia Department of Revenue 2022		2300411554	YOUR SOCIAL SECURITY NUMBER 842-83-3048
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39. Public Safety Memorial Gra	nt (No gift of less than \$1.0	00)	
40. Form 500 UET (Estimated	tax penalty) 500 UET e	xception attached 40.	
41. Penalty: Late Payment and	l/or Late Filing	41.	
42. Interest			
	TO GEORGIA DEPARTMENT	Γ OF REVENUE,	
	GIA DEPARTMENT OF REVE		825
I/We declare under the penalties of per	and any applicable sche		
Taxpayer's Signature	(Check box if deceased)	Spouse's Signature	(Check box if deceased)
Taxpayer's Date of Death		Spouse's Date of Death	
Taxpayer's Signature Date		Phone Number 8-6631	Spouse's Signature Date
By providing my e-mail address I a my account(s).	n authorizing the Georgia Departn	nent of Revenue to electronically notify me a	at the below e-mail address regarding any updates to
Taxpayer's E-mail Address			I authorize DOR to discuss this return with the named preparer.
		Preparer	's Phone Number
Signature of Preparer Name of Preparer Other Tha	an Taxpayer	Preparer	's FEIN

Preparer's Firm Name GLOBAL TAXES LLC

Preparer's SSN/PTIN/SIDN

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