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

Submission Identification Number (SID)			
Taxpayer's name	Social security	number	
KAUSHAL RAO PRAYAKARAO	618-75-	1710	
Spouse's name	Spouse's socia	al security number	
RAJINI REDDY KUSUKUNTLA	671-46-	9721	
Part I Tax Return Information — Tax Year Ending December 31, 2022 (Enter	year you ar	e authorizing.))
Enter whole dollars only on lines 1 through 5.			
Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.	1	1	
1 Adjusted gross income	+		,082.
2 Total tax	4		,993.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	- t		<u>,537.</u>
4 Amount you want refunded to you	+	4 5 1	456
5 Amount you owe	en a conv		<u>,456.</u>
Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended)			
return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmit to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for reject for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indic payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requebusiness days prior to the payment (settlement) date. I also authorize the financial institutions involved in the payment confidential information necessary to answer inquiries and resolve issues related to the payersonal identification number (PIN) below is my signature for the income tax return (original or amended) I am Electronic Funds Withdrawal Consent.	ction of the tra S. Treasury an ated in the tan to debit the the authorizatests must be processing of syment. I furth	Insmission, (b) the distance of the designated of the preparation softentry to this accolion. To revoke (confirmed the electronic parties acknowledge)	e reason Financial tware for ount. This cancel) a er than 2 yment of that the
Taxpayer's PIN: check one box only			
▼ I authorize GLOBAL TAXES LLC to enter or generate m	DV PIN 5	1 7 1 0	as my
ERO firm name	Ente	er five digits, but 't enter all zeros	aomy
signature on the income tax return (original or amended) I am now authorizing.	4011	t ontor an zoroo	
I will enter my PIN as my signature on the income tax return (original or amended) I am no if you are entering your own PIN and your return is filed using the Practitioner PIN methodelow.			
Your signature ▶ Date ▶			
Spouse's PIN: check one box only	[c]		
▼ I authorize GLOBAL TAXES LLC to enter or generate n ■ ERO firm name	, –	9 7 2 1 er five digits, but	as my
signature on the income tax return (original or amended) I am now authorizing.		't enter all zeros	
I will enter my PIN as my signature on the income tax return (original or amended) I am no if you are entering your own PIN and your return is filed using the Practitioner PIN methodelow.			
Spouse's signature ▶ Date ▶			
Practitioner PIN Method Returns Only—continue below			
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. 5 1	8 9 5 2 Don't ente		9
I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submit requirements of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS <i>e-file</i> Providers of Indicated IRS <i>e-file</i> Providers of IRS <i>e-file</i> P	ting this retur	n in accordance	
ERO's signature ▶ Date ▶			
ERO Must Retain This Form — See Instructions			

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

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

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 separately	(MFS)	Head of	househo	old (HOH	H) [ifying su se (QSS		ing
one box.		u checked the MFS box, enter the n on is a child but not your dependen		our spouse. If you	check	red the HOH or	r QSS b	ox, ente	er the o	child's	name if	the o	qualifying
Your first name			Last na	me					Y	our soc	ial secu	ıritv r	number
KAUSHAL				AKARAO							5-17	-	
		first name and middle initial	Last na										ity number
RAJINI E	SEDD?	7	KUSU	KUNTLA							6-97		-
		er and street). If you have a P.O. box, see	•				Ap	t. no.					Campaign
8031 OU	INCY	DR									ere if yo		
		ce. If you have a foreign address, also co	omplete s	paces below.	Sta	ate	ZIP cod	de					, want \$3
WESTLANI)				M	I	4818	5		_	ms fund w will n		ecking a lange
Foreign country	y name		F	oreign province/state	e/coun	ty	Foreign	postal co			or refun		3.
											You	. [Spouse
Digital Assets		ny time during 2022, did you: (a) rec ange, gift, or otherwise dispose of a									☐ Yes	s []	⊠ No
Standard		eone can claim: You as a de				a dependent	4000171	(000 111	oti doti	0110.)			
Deduction		Spouse itemizes on a separate return	•										
Age/Blindness	s You:	☐ Were born before January 2, 1	958	Are blind S	pouse	: Was bo	rn befor	e Janua	ıry 2, 1	958	_ ls	blinc	k
Dependents	s (see	instructions):		(2) Social securi	ity	(3) Relationsh	nip (4)	Check th	ne box	f qualifi	es for (se	e ins	structions):
If more	(1) Fi	rst name Last name		number		to you		Child ta	ax cred	it (Credit for	other	dependents
than four	ARJUN	A SUDHANVA REDDY PRAYAKARAO	046-39-1603 Son				[X					
dependents, see instruction	s												
and check _	, —											ᆜ	
here]							L				Ш	
Income	1a	Total amount from Form(s) W-2, b	,	,						1a	-	<u> 220</u>	,063.
Attach Form(s)	b	Household employee wages not r		• •						1b			
W-2 here. Also	C	Tip income not reported on line 1a (see instructions)							1c		—		
attach Forms W-2G and	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)						1d					
1099-R if tax	e	Taxable dependent care benefits from Form 2441, line 26							1e		—		
was withheld.	f									1f			
If you did not get a Form	g	Wages from Form 8919, line 6 .								1g			0.
W-2, see	h i	Other earned income (see instruct Nontaxable combat pay election (,			1				1h			0.
instructions.	z	Add lines 1a through 1h	see msu	uctions)		!!				1z		220	,063.
Attach Sch. B	2 2a	1	2a		 h Т	axable interes	+			2b	<u> </u>	220	244.
if required.	3a	· -	3a	19.		Ordinary divide				3b			29.
	4a		4a			axable amoun				4b			
Standard	5a		5a			axable amoun				5b			
Deduction for —	6a	_	6a			axable amoun				6b			
Single or Married filing	С	If you elect to use the lump-sum e	election r	nethod, check her	e (see	instructions)							
separately, \$12,950	7	Capital gain or (loss). Attach Sche	dule D if	required. If not red	quired	, check here			. 🗆	7			1.
Married filing	8	Other income from Schedule 1, lir								8		-38	,255.
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7	, and 8.	This is your total i i	ncom	е				9			,082.
surviving spouse, \$25,900	10	Adjustments to income from Sche	edule 1, l	ine 26						10			
Head of	11	Subtract line 10 from line 9. This is	s your a c	djusted gross inco	ome					11		182	,082.
household, \$19,400	12	Standard deduction or itemized	deducti	ons (from Schedu	le A)					12		25	,900.
If you checked	13	Qualified business income deduct	tion from	Form 8995 or For	m 899	95-A				13			
any box under Standard	14	Add lines 12 and 13								14		25	,900.
Deduction, see instructions.	15	Subtract line 14 from line 11. If ze	ro or less	s, enter -0 This is	your	taxable incom	пе .			15	:	<u> 156</u>	,182.
	'												

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	25,593.
Credits	17	Amount from Schedule 2, lin	ne 3					17	
	18	Add lines 16 and 17						18	25,593.
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812			19	2,000.
	20	Amount from Schedule 3, lin	ne 8					20	600.
	21	Add lines 19 and 20						21	2,600.
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	22,993.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21 .			23	0.
	24	Add lines 22 and 23. This is	your total tax					24	22,993.
Payments	25	Federal income tax withheld							
-	а	Form(s) W-2				25a 23	L,537.		
	b	Form(s) 1099				25b			
	С	Other forms (see instructions	s)			25c			
	d	Add lines 25a through 25c						25d	21,537.
If	26	2022 estimated tax payment	ts and amount a	pplied from 20	21 return			26	
If you have a qualifying child,	27	Earned income credit (EIC)			No .	27			
attach Sch. EIC.	28	Additional child tax credit from				28			
	29	American opportunity credit	from Form 8863	3, line 8		29			
	30	Reserved for future use .				30		1	
	31	Amount from Schedule 3, lin	ne 15			31			
	32	Add lines 27, 28, 29, and 31				undable credits		32	
	33	Add lines 25d, 26, and 32. T	•	-	-			33	21,537.
Refund	34	If line 33 is more than line 24						34	
neiulia	35a	Amount of line 34 you want				•		35a	
Direct deposit?	b	Routing number X X X			c Type:		Savings		
See instructions.	d	Account number X X X					J		
	36	Amount of line 34 you want							
Amount You Owe	37	Subtract line 33 from line 24 For details on how to pay, g						37	1,456.
	38	Estimated tax penalty (see in	•	•		38		31	1,450.
Third Party		you want to allow another							
Designee		structions					omplete b	elow.	X No
200.900	De	signee's		Phone			onal identif		
	naı	me		no.		num	ber (PIN)		
Sign		der penalties of perjury, I declare t ief, they are true, correct, and com			, , ,		,		, ,
Here	Yo	ur signature		Date	Your occupation				nt you an Identity IN, enter it here
Joint return?					SUPPLIER DE	VELOPMENT MA	1 /		
See instructions.	Sp	ouse's signature. If a joint return, I	ooth must sign.	Date	Spouse's occupa	tion			nt your spouse an
Keep a copy for your records.							Ident (see	-	ection PIN, enter it here
you. 1000.uo.					EDI SPECI		(566	11151.)	
		one no. (224)532-721		Email address	KRAO.P5@G		DTIN		0, 1, 1
Paid		eparer's name	Preparer's signat			Date	PTIN		Check if:
Preparer	SYAM	I PRIYA RAM SAGAR GUPTA TALLAM		RAM SAGAR	GUPTA TALLAM	1 04/06/2023	P02082		Self-employed
Use Only		m's name GLOBAL TA							(678)965-9522
	Fir	m's address 245 ROONE	Y CT E BRU	NSWICK N	J 08816		Firm'	s EIN	84-3171965
Go to www.irs.g	ov/Forn	n1040 for instructions and the late	st information.		BAA	REV 03/22/23 PRO			Form 1040 (2022)

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2022
Attachment Sequence No. 01

Your social security number

Department of the Treasury Internal Revenue Service

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

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

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

KAUS	HAL RAO PRAYAKARAO & RAJINI REDDY KUSUKUNTLA		618-75	-171	10
Par	t I Additional Income				
1	Taxable refunds, credits, or offsets of state and local income taxes			1	
2a	Alimony received		2	2a	
b	Date of original divorce or separation agreement (see instructions):				
3	Business income or (loss). Attach Schedule C			3	-38,255.
4	Other gains or (losses). Attach Form 4797			4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Att	ach Schedule	E .	5	
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	

Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8

10

-38,255.

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

Educator expenses 11	Par	Adjustments to Income			
officials. Attach Form 2106 1 Health savings account deduction. Attach Form 8889 1 Health savings account deduction. Attach Form 8889 1 Deductible part of self-employment tax. Attach Schedule SE 1 Self-employed SEP, SIMPLE, and qualified plans 1 Self-employed SEP, SIMPLE, and qualified plans 1 Self-employed health insurance deduction 1 The Penalty on early withdrawal of savings 1 Ba Alimony paid 1 Ba Pecipient's SSN 1 C Date of original divorce or separation agreement (see instructions): 2 IFA deduction 2 IFA deduction 2 IFA deduction 2 IFA deduction 2 IFA desclustion 3 IFA desclustion 3 IFA desclustion 4 IFA desclustion 5 IFA descl	11			11	
officials. Attach Form 2106 1 Health savings account deduction. Attach Form 8889 1 Health savings account deduction. Attach Form 8889 1 Deductible part of self-employment tax. Attach Schedule SE 1 Self-employed SEP, SIMPLE, and qualified plans 1 Self-employed SEP, SIMPLE, and qualified plans 1 Self-employed health insurance deduction 1 The Penalty on early withdrawal of savings 1 Ba Alimony paid 1 Ba Pecipient's SSN 1 C Date of original divorce or separation agreement (see instructions): 2 IFA deduction 2 IFA deduction 2 IFA deduction 2 IFA deduction 2 IFA desclustion 3 IFA desclustion 3 IFA desclustion 4 IFA desclustion 5 IFA descl	12	Certain business expenses of reservists, performing artists, and fee-	basis government		
13 Health savings account deduction. Attach Form 8889		officials. Attach Form 2106		12	
15 Deductible part of self-employment tax. Attach Schedule SE 16 Self-employed SEP, SIMPLE, and qualified plans 17 Self-employed death insurance deduction 17 Penalty on early withdrawal of savings 18 Penalty on early withdrawal of savings 19a Alimony paid 19a Alimony paid 19a Recipient's SSN 19a Becipient's SSN 19a Becipient	13	Health savings account deduction. Attach Form 8889		13	
16 Self-employed SEP, SIMPLE, and qualified plans	14			14	
17 Self-employed health insurance deduction 18 Penalty on early withdrawal of savings 18 18 19 Alimony paid 19 Recipient's SSN 10 Date of original divorce or separation agreement (see instructions): 20 IRA deduction 21 Student loan interest deduction 22 Archer MSA deduction 23 Archer MSA deduction 24 Other adjustments: 25 Jury duty pay (see instructions) 26 Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit 24 Contributions of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m 24 Reforestation amortization and expenses 24 Repayment of supplemental unemployment benefits under the Trade Act of 1974 24 Contributions to section 501(c)(18)(D) pension plans 24 Contributions by certain chaplains to section 403(b) plans 24 Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions) 24 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 24 Jeli 25 Total other adjustments. Add lines 24a through 24z 26 Add lines 11 through 23 and 25. These are your adjustments to income. Enter here and on	15			_	
18	16			-	
19a Alimony paid b Recipient's SSN c Date of original divorce or separation agreement (see instructions): 20 IRA deduction		Self-employed health insurance deduction		-	
b Recipient's SSN c Date of original divorce or separation agreement (see instructions): 20 1RA deduction	18			-	
c Date of original divorce or separation agreement (see instructions): IRA deduction	19a			19a	
20 Student loan interest deduction 21 22 23 24 22 24 24 24 24	b	Recipient's SSN			
Student loan interest deduction Reserved for future use Archer MSA deduction Other adjustments: Jury duty pay (see instructions) Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m. Reforestation amortization and expenses Repayment of supplemental unemployment benefits under the Trade Act of 1974. Contributions to section 501(c)(18)(D) pension plans Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions). 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 Housing deduction from Form 2555. Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041). Total other adjustments. List type and amount: 25 Total other adjustments. Add lines 24a through 24z Add lines 11 through 23 and 25. These are your adjustments to income. Enter here and on	С	Date of original divorce or separation agreement (see instructions):			
22 Archer MSA deduction				-	
Archer MSA deduction Other adjustments: Jury duty pay (see instructions) Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m Reforestation amortization and expenses Repayment of supplemental unemployment benefits under the Trade Act of 1974 Contributions to section 501(c)(18)(D) pension plans Contributions by certain chaplains to section 403(b) plans Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions) 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 Jeuseph Housing deduction from Form 2555 Let Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041) Cother adjustments. List type and amount: Total other adjustments. Add lines 24a through 24z Add lines 11 through 23 and 25. These are your adjustments to income. Enter here and on				$\overline{}$	
24 Other adjustments: a Jury duty pay (see instructions) b Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit				-	
a Jury duty pay (see instructions) b Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit c Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m				23	
b Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit	24				
rental of personal property engaged in for profit			24a		
c Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m	b				
and USOC prize money reported on line 8m			24b	-	
d Reforestation amortization and expenses	С				
e Repayment of supplemental unemployment benefits under the Trade Act of 1974					
Act of 1974			24d		
f Contributions to section 501(c)(18)(D) pension plans	е		040		
g Contributions by certain chaplains to section 403(b) plans					
h Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions)				-	
discrimination claims (see instructions)	_		249		
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	"		24h		
from the IRS for information you provided that helped the IRS detect tax law violations	i	` <i>'</i>	2-711		
tax law violations	٠				
j Housing deduction from Form 2555			24i		
k Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)	i				
1041)	k		,		
z Other adjustments. List type and amount:	•••		24k		
Total other adjustments. Add lines 24a through 24z	z				
Total other adjustments. Add lines 24a through 24z	_		24z		
26 Add lines 11 through 23 and 25. These are your adjustments to income. Enter here and on	25			25	
	26	•			
				26	

SCHEDULE 3 (Form 1040)

Department of the Treasury Internal Revenue Service

Additional Credits and Payments

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

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

OMB No. 1545-0074

2022

Attachment
Sequence No. 03

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

KAUSHAL RAO PRAYAKARAO & RAJINI REDDY KUSUKUNTLA

Your social security number 618-75-1710

Par	Nonrefundable Credits				
1	Foreign tax credit. Attach Form 1116 if required			1	
2	Credit for child and dependent care expenses from Form 2441 Form 2441			2	600.
3	Education credits from Form 8863, line 19			3	
4	Retirement savings contributions credit. Attach Form 8880			4	
5	Residential energy credits. Attach Form 5695			5	
6	Other nonrefundable credits:				
а	General business credit. Attach Form 3800	6a			
b	Credit for prior year minimum tax. Attach Form 8801	6b			
С	Adoption credit. Attach Form 8839	6c			
d	Credit for the elderly or disabled. Attach Schedule R	6d			
е	Alternative motor vehicle credit. Attach Form 8910	6e			
f	Qualified plug-in motor vehicle credit. Attach Form 8936	6f			
g	Mortgage interest credit. Attach Form 8396	6g			
h	District of Columbia first-time homebuyer credit. Attach Form 8859	6h			
i	Qualified electric vehicle credit. Attach Form 8834	6i			
j	Alternative fuel vehicle refueling property credit. Attach Form 8911	6j			
k	Credit to holders of tax credit bonds. Attach Form 8912	6k			
-1	Amount on Form 8978, line 14. See instructions	6I			
Z	Other nonrefundable credits. List type and amount:				
		6z			
7	Total other nonrefundable credits. Add lines 6a through 6z $$. $$.			7	
8	Add lines 1 through 5 and 7. Enter here and on Form 1040, 1040 line 20	-SR, 	or 1040-NR,	8	600.

(continued on page 2)

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

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

SCHEDULE C (Form 1040)

Profit or Loss From Business (Sole Proprietorship)

OMB No. 1545-0074 Attachment

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/ScheduleC for instructions and the latest information. Attach to Form 1040, 1040-SR, 1040-NR, or 1041; partnerships must generally file Form 1065. Sequence No. 09

	of proprietor	73					security number (SSN)
	INI REDDY KUSUKUNTL		iding product or comics (o inct	uctions)		-46-9721
Α	Principal business or profession, including product or service (see instructions) SOFTWARE SERVICES						er code from instructions
С	Business name. If no separate	huging	an nama Janua blank			_	5 1 8 2 1 0
C	business name. If no separate	busine	ss name, leave plank.			D Emp	bloyer ID number (EIN) (see instr.)
E	Business address (including st	uite or ro	oom no.) 8031 QUI	NCY	DR		
	City, town or post office, state						
F	Accounting method: (1)	≺ Cash	(2) Accrual (3) 🗌	Other (specify)		
G	Did you "materially participate	" in the	operation of this business	during	2022? If "No," see instructions for	imit on l	osses . X Yes No
Н	If you started or acquired this	busines	ss during 2022, check here				\square
I	Did you make any payments in	n 2022 t	that would require you to fil	e Form	n(s) 1099? See instructions		🗌 Yes 🕱 No
J		e require	ed Form(s) 1099?				Yes . No
Par	t I Income						
1					this income was reported to you o		
2	Returns and allowances					. 2	
3	Subtract line 2 from line 1 .					. 3	
4	Cost of goods sold (from line	42) .				. 4	
5	Gross profit. Subtract line 4 f	rom line	3			. 5	
6	Other income, including federa	al and s	tate gasoline or fuel tax cre	edit or i	refund (see instructions)	. 6	
7	Gross income. Add lines 5 ar				<u> </u>	. 7	
Part	Expenses. Enter exp	penses	s for business use of yo	our ho	me only on line 30.		
8	Advertising	8		18	Office expense (see instructions)	. 18	
9	Car and truck expenses			19	Pension and profit-sharing plans	. 19	
	(see instructions)	9	7,414.	20	Rent or lease (see instructions):		
10	Commissions and fees .	10		а	Vehicles, machinery, and equipmen		
11	Contract labor (see instructions)	11		b	Other business property	. 20b	
12	Depletion	12		21	Repairs and maintenance	. 21	2,540.
13	Depreciation and section 179 expense deduction (not			22	Supplies (not included in Part III)		
	included in Part III) (see			23	Taxes and licenses	. 23	8,692.
	instructions)	13		24	Travel and meals:		
14	Employee benefit programs			а	Travel	. 24a	3,490.
	(other than on line 19) .	14		b	Deductible meals (see		
15	Insurance (other than health)	15			instructions)		2,400.
16	Interest (see instructions):			25	Utilities		1,800.
а	Mortgage (paid to banks, etc.)	16a	3,379.	26	Wages (less employment credits)	26	0.740
b	Other	16b		27a	Other expenses (from line 48) .	. 27a	8,540.
	Legal and professional services	17			Reserved for future use		20.055
28	Total expenses before expen				8 through 27a	. 28	38,255.
29	Tentative profit or (loss). Subtr					. 29	-38,255.
30	unless using the simplified me	thod. S	ee instructions.	·	nses elsewhere. Attach Form 882	9	
	Simplified method filers only	: Enter	the total square footage of	(a) you		_	
	and (b) the part of your home				Use the Simplified		
	Method Worksheet in the instr		o .	ter on l	ine 30	. 30	
31	Net profit or (loss). Subtract	line 30 f	rom line 29.)		
	 If a profit, enter on both Sch checked the box on line 1, see 		• • • • • • • • • • • • • • • • • • • •		, , ,	31	-38,255.
	• If a loss, you must go to line				J		
32	If you have a loss, check the b	ox that	describes your investment	in this	activity. See instructions.		
	• If you checked 32a, enter the	e loss o	n both Schedule 1 (Form	1040),	line 3, and on Schedule		
	SE, line 2. (If you checked the	box on l	line 1, see the line 31 instruc	tions.)	Estates and trusts, enter on		X All investment is at risk.
	Form 1041, line 3.				J	32b	Some investment is not at risk.
	 If you checked 32b, you mu 	ST affac	n Form 6198. Your loss ma	av ne li	miten		at Hon.

BAA

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

Part	Cost of Goods Sold (see instructions)						
33	Method(s) used to value closing inventory: a Cost b Lower of cost or market c Other (atta	ich ex	olana	tion)			
34	Was there any change in determining quantities, costs, or valuations between opening and closing invento If "Yes," attach explanation	ry?	. [_ ^	es		No
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35	<u> </u>				
36	Purchases less cost of items withdrawn for personal use	36					
37	Cost of labor. Do not include any amounts paid to yourself	37					
38	Materials and supplies	38					
39	Other costs	39					
40	Add lines 35 through 39	40					
41	Inventory at end of year	41					
42	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4	42					
Part		truck					
43	When did you place your vehicle in service for business purposes? (month/day/year) 05/12/2019						
44	Of the total number of miles you drove your vehicle during 2022, enter the number of miles you used your vehicle during 2022, enter the number of miles you used your vehicle during 2022, enter the number of miles you used your vehicle during 2022, enter the number of miles you used your vehicle during 2022, enter the number of miles you used your vehicle during 2022, enter the number of miles you used your vehicle during 2022, enter the number of miles you used your vehicle during 2022, enter the number of miles you used your vehicle during 2022, enter the number of miles you used your vehicle during 2022, enter the number of miles you used your vehicle during 2022, enter the number of miles you used your vehicle during 2022, enter the number of miles you used your vehicle during 2022, enter the number of miles you used your vehicle during 2022, enter the number of miles you used your vehicle during 2022, enter the number of miles you used your vehicle during 2022, enter the number of miles you used your vehicle during 2022, enter the number of miles you used your vehicle during 2022, enter the number of miles you used your vehicle during 2022, enter the number of miles you used your vehicle during 2022, enter the number of miles you used your vehicle during 2022, enter the number of miles you used your vehicle during 2022, enter the number of miles you used your vehicle during 2022 years and you were the number of miles you were the number o	/ehicle	for:				
а	Business 12,218 b Commuting (see instructions) c C	other					485
45	Was your vehicle available for personal use during off-duty hours?			X	Yes		No
46	Do you (or your spouse) have another vehicle available for personal use?				Yes	X	No
47a	Do you have evidence to support your deduction?				Yes	X	No
b	If "Yes," is the evidence written?				Yes		No
Part	Other Expenses. List below business expenses not included on lines 8–26 or lin	e 30.					
BA	CK OFFICE OPERATION EXPENSES					8,	540.
48	Total other expenses. Enter here and on line 27a	48				8,	540.

SCHEDULE D (Form 1040)

Department of the Treasury

Internal Revenue Service

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.

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

OMB No. 1545-0074

2022

Attachment Sequence No. **12**

Name(s) shown on return Your social security number 618-75-1710 KAUSHAL RAO PRAYAKARAO & RAJINI REDDY KUSUKUNTLA Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss. Part I Short-Term Capital Gains and Losses – Generally Assets Held One Year or Less (see instructions) See instructions for how to figure the amounts to enter on the (h) Gain or (loss) (g) Adjustments Subtract column (e) lines below. Proceeds Cost to gain or loss from from column (d) and This form may be easier to complete if you round off cents to Form(s) 8949, Part I, combine the result (sales price) (or other basis) whole dollars. line 2. column (a) with 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 Totals for all transactions reported on Form(s) 8949 with Box B checked 3 Totals for all transactions reported on Form(s) 8949 with Box C checked Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 4 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from 5 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover 6 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). If you have any longterm capital gains or losses, go to Part II below. Otherwise, go to Part III on the back 7 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 (g) (h) Gain or (loss) 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 (sales price) (or other basis) Form(s) 8949, Part II, 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 Totals for all transactions reported on Form(s) 8949 with 10 Totals for all transactions reported on Form(s) 8949 with 19. 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

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

Part III **Summary** 16 Combine lines 7 and 15 and enter the result 16 1. • 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? X 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? X 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.

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

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side KAUSHAL RAO PRAYAKARAO & RAJINI REDDY KUSUKUNTLA

Social security number or taxpayer identification number 618-75-1710

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

Part II

broker and may even tell you which box to check.

Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You *must* check Box D, E, *or* F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

☐ (D) Long-term transactions reported on Form(s)	1099-B showing basis was reported to the IRS (see Note above)
☐ (E) Long-term transactions reported on Form(s)	1099-B showing basis wasn't reported to the IRS

X (F) Long-term transactions not reported to you on Form 1099-B

_ (,		. ,						
(a) Description 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 los If you enter an amount in column (content a code in column (f). See the separate instructions.		(h) Gain or (loss) Subtract column (e)	
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see Column (e) in the separate instructions.	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g).	
ROBINHOOD SECURITIES LLC	01/01/22	12/31/22	19.	18.			1.	
2 Totals. Add the amounts in columns negative amounts). Enter each tota Schedule D, line 8b (if Box D above above is checked), or line 10 (if Box)	19.	18.			1.			
above is directedly, or line to (ii box	nouj	<u> </u>	10.			<u> </u>		

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

Child and Dependent Care Expenses

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

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form2441 for instructions and the latest information.

OMB No. 1545-0074
2022
Attachment Sequence No. 21

rvarric(5	y snown on retain								i oui se	Joidi Scoulity Hallibei
	SHAL RAO PI									75-1710
A You	u can't claim a	credit for child	d and depende	ent care e	xpenses if yo	our filing sta	atus is m	arried filing sepa	arately	unless you meet the
requir	ements listed in	n the instruction	ons under <i>Mar</i>	ried Perso	ns Filing Sep	oarately. If	you mee	t these requirem	ents, c	check this box
B If y	ou or your spo	use was a stu	dent or was d	isabled du	ıring 2022 an	nd you're er	ntering d	eemed income c	f \$250	or \$500 a month on
Form 2	2441 based on	the income rul	es listed in the	instruction	ns under <i>If Yo</i>	ou or Your S	Spouse V	Vas a Student or	Disable	ed, check this box.
Part	Persor	s or Organ	izations Wh	o Provid	ed the Car	re—You r	nust co	mplete this pa	rt.	
	,			-	,			(d) Was the care		
1 (a) Care provider's		(b) Ad	Idress		(c) Identifyin	g number	household emplo		
•	name	(numbe	r, street, apt. no.,		nd ZIP code)	(SSN or		For example, this ge nannies but not da	nerally in /care cer	nters. (see instructions)
								(see instruc		
		37703	JOY RD							
HABITOT N	MONTESSORI AND CHILDCARE		AND MI 481	.85		-		X Yes	∐ N	24,000.
						-		Yes	N	0
						-		Yes	N	0
	Г			1	N		`	and Dowl Had		
			receive		— No ——	(ompiete	only Part II belo	ow.	
	L	aepenaent c	are benefits?		— Yes ——	c	complete	Part III on page	2 nex	t.
Couti	on: If the core	providor is	vour housobo	ld omploy	voo vou ma	N OWO OM	nlovmor	at taxos. For de	taile e	see the Instructions for
										paid in 2022 for care to
								the instructions		Jaid III 2022 for care to
Part			and Depend						,. 	
2							ifying nor	cons soo the ins	truction	ns and check this box
	IIIIOIIIIalioii al	out your quan	iying person(s	j . 11 you 11a	ive more man	i iiiiee quaii	ilyilig pei	(c) Check here		(d) Qualified expenses
		(a) Qualifying	person's name			(b) Qualifying		qualifying person v	vas over	you incurred and paid
	First			Last		social securit	ty number	age 12 and was d		in 2022 for the person listed in column (a)
7 D.TI	INA SUDHAN	W DEDDA	PRAYAKARA			046-39	_1602	(see instruction	7113)	24,000.
ARUC	INA SUDHAN	/A KEDDI	PRATAKAKA	10		040-39	-1003	 		24,000.
								+ +		
3	Add the amou	nte in column	(d) of line 2. D o	n't ontor r	more than \$3	000 if you l	and one	ualifying person		
3			` '					int from line 31	3	2 000
4	-		-	-	•		no amoc		4	3,000.
4 5			. See instructi				· · ·	· · · · · · · · · · · · · · · · · · ·		130,317.
3		• •						· · · · ·		F1 401
•			-						5	51,491.
6			3, 4, or 5 .						6	3,000.
7			m 1040, 1040-					182,082.		
8		8 the decimal	amount show		nat applies t			ne 7.		
	If line 7 is:	not Decima	If line 7 is	: But not	Decimal	If line 7 is	: But not	Decimal		
	Over over			over	amount is	Over	over	amount is		
	\$0-15,00	.35	\$25,000-	-27,000	.29	\$37,000-	-39,000	.23		
	15,000-17,00	.34	27,000-	-29,000	.28	39,000-	-41,000	.22	8	X .20
	17,000-19,00	.33	29,000-	-31,000	.27	41,000-	-43,000	.21	0	A . 20
	19,000-21,00	.32	31,000-	-33,000	.26	43,000-	-No limit	.20		
	21,000-23,00	.31	33,000-	-35,000	.25					
	23,000-25,00	.30	35,000-	-37,000	.24					
				line 8					9a	600.
9a	Multiply line 6	by the decin	nai amount on						Ja	000.
9a b		•			ksheet A in	the instruc	tions. E	nter the amount		000.
_	If you paid 20	021 expenses	in 2022, com	plete Wo				nter the amount		
_	If you paid 20	021 expenses of the workshe	in 2022, comet here. Other	plete Wor rwise, ent						0.
b	If you paid 20 from line 13 o	021 expenses of the workshe and 9b and er	in 2022, comet here. Other	plete Worwise, ent	er -0- on line	9b and go	to line !	9c	9b 9c	0.
b	If you paid 20 from line 13 c Add lines 9a a Tax liability limi Credit for ch	021 expenses of the worksheand 9b and end t. Enter the amount ild and depe	in 2022, comet here. Other nter the result bunt from the Condent care ex	plete Wor rwise, ent redit Limit V	er -0- on line Vorksheet in the Enter the sn	e 9b and go he instructionaller of lin	to line !ns 10	9c	9b 9c	0.

SCHEDULE 8812 (Form 1040)

Credits for Qualifying Children and Other Dependents

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

2022

OMB No. 1545-0074

Attachment Sequence No. 47

Your social security number

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

11

13

Go to www.irs.gov/Schedule8812 for instructions and the latest information.

618-75-1710 KAUSHAL RAO PRAYAKARAO & RAJINI REDDY KUSUKUNTLA **Child Tax Credit and Credit for Other Dependents** 1 Enter the amount from line 11 of your Form 1040, 1040-SR, or 1040-NR . 1 182,082. Enter income from Puerto Rico that you excluded 2a Enter the amounts from lines 45 and 50 of your Form 2555 . . . b 2b 0 c Enter the amount from line 15 of your Form 4563 Add lines 2a through 2c 2d3 3 182,082. 4 Number of qualifying children under age 17 with the required social security number 5 5 2,000. 6 Number of other dependents, including any qualifying children who are not under age 17 or who do not have the required social security number Caution: Do not include yourself, your spouse, or anyone who is not a U.S. citizen, U.S. national, or U.S. resident alien. Also, do not include anyone you included on line 4. 7 7 Add lines 5 and 7 8 8 2,000. Enter the amount shown below for your filing status. • Married filing jointly—\$400,000 • All other filing statuses—\$200,000 9 400,000. Subtract line 9 from line 3. 10 • If zero or less, enter -0-. • If more than zero and not a multiple of \$1,000, enter the next multiple of \$1,000. For example, if the result is \$425, enter \$1,000; if the result is \$1,025, enter \$2,000, etc. 10 0.

If the amount on line 12 is more than the amount on line 14, you may be able to take the **additional child tax credit** on Form 1040, 1040-SR, or 1040-NR, line 28. Complete your Form 1040, 1040-SR, or 1040-NR through line 27 (also complete Schedule 3, line 11) before completing Part II-A.

No. STOP. You cannot take the child tax credit, credit for other dependents, or additional child tax credit.

Enter the smaller of line 12 or 13. This is your child tax credit and credit for other dependents . . .

Is the amount on line 8 more than the amount on line 11? . . .

Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 19.

Skip Parts II-A and II-B. Enter -0- on lines 14 and 27.

X Yes. Subtract line 11 from line 8. Enter the result.

Enter the amount from the Credit Limit Worksheet A

0.

2,000.

24,993.

2,000.

11

12

13

Schedule 8812 (Form 1040) 2022

Part	II-A Additional Child Tax Credit for All Filers		
Cautio	on: If you file Form 2555, you cannot claim the additional child tax credit.		
15	Check this box if you do not want to claim the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line	27 .	
16a	Subtract line 14 from line 12. If zero, stop here; you cannot take the additional child tax credit. Skip Parts II-A		
	and II-B. Enter -0- on line 27	16a	0.
b	Number of qualifying children under 17 with the required social security number: x \$1,500.		
	Enter the result. If zero, stop here ; you cannot claim the additional child tax credit. Skip Parts II-A and II-B.		
	Enter -0- on line 27	16b	
	TIP: The number of children you use for this line is the same as the number of children you used for line 4.		
17	Enter the smaller of line 16a or line 16b	17	
18a	Earned income (see instructions)		
b	Nontaxable combat pay (see instructions)		
19	Is the amount on line 18a more than \$2,500?		
	No. Leave line 19 blank and enter -0- on line 20.		
	Yes. Subtract \$2,500 from the amount on line 18a. Enter the result 19		
20	Multiply the amount on line 19 by 15% (0.15) and enter the result $\dots \dots \dots \dots \dots \dots \dots \dots \dots$	20	
	Next. On line 16b, is the amount \$4,500 or more?		
	No. If you are a bona fide resident of Puerto Rico, go to line 21. Otherwise, skip Part II-B and enter the		
	smaller of line 17 or line 20 on line 27.		
	☐ Yes. If line 20 is equal to or more than line 17, skip Part II-B and enter the amount from line 17 on line 27.		
	Otherwise, go to line 21.		
Part	II-B Certain Filers Who Have Three or More Qualifying Children and Bona Fide Resident	s of P	uerto Rico
21	Withheld social security, Medicare, and Additional Medicare taxes from Form(s) W-2,		
	boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If		
	your employer withheld or you paid Additional Medicare Tax or tier 1 RRTA taxes, see		
	instructions		
22	Enter the total of the amounts from Schedule 1 (Form 1040), line 15; Schedule 2 (Form		
	1040), line 5; Schedule 2 (Form 1040), line 6; and Schedule 2 (Form 1040), line 13 . 22		
23	Add lines 21 and 22		
24	1040 and		
	1040-SR filers: Enter the total of the amounts from Form 1040 or 1040-SR, line 27,		
	and Schedule 3 (Form 1040), line 11.		
	1040-NR filers: Enter the amount from Schedule 3 (Form 1040), line 11.		
25	Subtract line 24 from line 23. If zero or less, enter -0	25	
26	Enter the larger of line 20 or line 25	26	
- ·	Next, enter the smaller of line 17 or line 26 on line 27.		
	II-C Additional Child Tax Credit		
27	This is your additional child tax credit. Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 28	27	

Health Savings Accounts (HSAs)

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

Department of the Treasury Internal Revenue Service Name(s) shown on Form 1040, 1040-SR, or 1040-NR

KAUSHAL RAO PRAYAKARAO

Sequence No. **52** Social security number of HSA beneficiary. If both spouses have HSAs, see instructions.

618-75-1710

Befor	re you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, it	f requ	iired.
Part	HSA Contributions and Deduction. See the instructions before completing this part. If y and both you and your spouse each have separate HSAs, complete a separate Part I for		
1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2022. See instructions	☐ Se	elf-only \square Family
2	HSA contributions you made for 2022 (or those made on your behalf), including those made by the unextended due date of your tax return that were for 2022. Do not include employer contributions, contributions through a cafeteria plan, or rollovers. See instructions	2	0.
3	If you were under age 55 at the end of 2022 and, on the first day of every month during 2022, you were, or were considered, an eligible individual with the same coverage, enter \$3,650 (\$7,300 for family coverage). All others , see the instructions for the amount to enter	3	
4	Enter the amount you and your employer contributed to your Archer MSAs for 2022 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2022, also include any amount contributed to your spouse's Archer MSAs	4	
5	Subtract line 4 from line 3. If zero or less, enter -0	5	
6	Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family		
	coverage under an HDHP at any time during 2022, see the instructions for the amount to enter	6	
7	If you were age 55 or older at the end of 2022, married, and you or your spouse had family coverage under an HDHP at any time during 2022, enter your additional contribution amount. See instructions.	7	0.
8	Add lines 6 and 7	8	0.
9	Employer contributions made to your HSAs for 2022		
10	Qualified HSA funding distributions		
11	Add lines 9 and 10	11	
12	Subtract line 11 from line 8. If zero or less, enter -0	12	0.
13	HSA deduction. Enter the smaller of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line 13	13	0.
	Caution: If line 2 is more than line 13, you may have to pay an additional tax. See instructions.		
Part	HSA Distributions. If you are filing jointly and both you and your spouse each have separate Part II for each spouse.	arate	HSAs, complete
14a	Total distributions you received in 2022 from all HSAs (see instructions)	14a	222.
b	Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were	4.41-	
•	withdrawn by the due date of your return. See instructions	14b 14c	222
C 15	Qualified medical expenses paid using HSA distributions (see instructions)	15	222. 222.
15	·	15	222.
16	Taxable HSA distributions. Subtract line 15 from line 14c. If zero or less, enter -0 Also, include this amount in the total on Schedule 1 (Form 1040), Part I, line 8f	16	0.
17a	If any of the distributions included on line 16 meet any of the Exceptions to the Additional 20% Tax (see instructions), check here		
b	Additional 20% tax (see instructions). Enter 20% (0.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also, include this amount in the total on Schedule 2 (Form 1040), Part II, line 17c	17b	
Part			
18	Last-month rule	18	
19	Qualified HSA funding distribution	19	
20	Total income. Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I, line 8f .	20	
21	Additional tax. Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2 (Form		
	1040) Part II line 17d	21	1

(Rev. November 2022)

Department of the Treasury Internal Revenue Service

Taxpayer name(s) shown on return

Paid Preparer's Due Diligence Checklist

Earned Income Credit (EIC), American Opportunity Tax Credit (AOTC),
Child Tax Credit (CTC) (including the Additional Child Tax Credit (ACTC) and
Credit for Other Dependents (ODC)), and Head of Household (HOH) Filing Status

To be completed by preparer and filed with Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS. Go to www.irs.gov/Form8867 for instructions and the latest information.

OMB No. 1545-0074 For tax year 20 Attachment Sequence No. 70

Taxpayer identification number

KAUS	SHAL RAO PRAYAKARAO & RAJINI REDDY KUSUKUNTLA	618-75-171	. 0		
Prepare	's name	Preparer tax identific	ation numb	er	
SYAN	M PRIYA RAM SAGAR GUPTA TALLAM	P02082703			
Part					
	check the appropriate box for the credit(s) and/or HOH filing status claimed on the retubenefit(s) claimed (check all that apply). \square EIC \mathbf{X} CTC/AC		e the rela		arts I-V HOH
1	Did you complete the return based on information for the applicable tax year provided or reasonably obtained by you? (See instructions if relying on prior year earned income.)		Yes	No	N/A
2	If credits are claimed on the return, did you complete the applicable EIC and/or C worksheets found in the Form 1040, 1040-SR, 1040-NR, 1040-PR, 1040-SS, or Sched 1040) instructions, and/or the AOTC worksheet found in the Form 8863 instructions worksheet(s) that provides the same information, and all related forms and schedules claimed?	ule 8812 (Form s, or your own	X		
3	Did you satisfy the knowledge requirement? To meet the knowledge requirement, you rethe following. Interview the taxpayer, ask questions, and contemporaneously document the taxpayer determine that the taxpayer is eligible to claim the credit(s) and/or HOH filling status. Review information to determine that the taxpayer is eligible to claim the credit(s) and the credit(s) are credit(s) and the credit(s) and the credit(s) are credit(s) and	's responses to			
4	status and to figure the amount(s) of any credit(s)	the return, or tent? (If "Yes,"	X	×	
а	Did you make reasonable inquiries to determine the correct, complete, and consistent in	formation? .			
b	Did you contemporaneously document your inquiries? (Documentation should include you asked, whom you asked, when you asked, the information that was provided, and information had on your preparation of the return.)	the impact the			
5	Did you satisfy the record retention requirement? To meet the record retention requires keep a copy of your documentation referenced in question 4b, a copy of this Form 8867 applicable worksheet(s), a record of how, when, and from whom the information used to 8867 and any applicable worksheet(s) was obtained, and a copy of any document(s) proceeds that you relied on to determine eligibility for the credit(s) and/or HOH filling states the amount(s) of the credit(s)	r, a copy of any prepare Form provided by the tus or to figure	×		
6	Did you ask the taxpayer whether he/she could provide documentation to substantiate credit(s) and/or HOH filing status and the amount(s) of any credit(s) claimed on the return is selected for audit?	eturn if his/her	X		
7	Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous	year?	×		
	(If credits were disallowed or reduced, go to question 7a; if not, go to question 8.)				
а	Did you complete the required recertification Form 8862?				
8	If the taxpayer is reporting self-employment income, did you ask questions to prepare a correct Schedule C (Form 1040)?		X		
or Pa	perwork Reduction Act Notice, see separate instructions. REV 03/22/23 PRO		Form 886	37 (Rev.	11-2022)

Form 88	867 (Rev. 11-2022)			Page 2
Part	Due Diligence Questions for Returns Claiming EIC (If the return does not claim EIC, go	to Part	III.)	
9a		Yes	No	N/A
	claimed, or is eligible to claim the EIC without a qualifying child? (If the taxpayer is claiming the EIC			
	and does not have a qualifying child, go to question 10.)			
b	Did you ask the taxpayer if the child lived with the taxpayer for over half of the year, even if the taxpayer has supported the child the entire year?			
С	Did you explain to the taxpayer the rules about claiming the EIC when a child is the qualifying child of			
Ū	more than one person (tiebreaker rules)?			
Part		claim C	CTC, A	CTC,
	or ODC, go to Part IV.)			
10	Have you determined that each qualifying person for the CTC/ACTC/ODC is the taxpayer's dependent who is	Yes	No	N/A
	a citizen, national, or resident of the United States?	X		
11	Did you explain to the taxpayer that he/she may not claim the CTC/ACTC if the child has not lived with			
	the taxpayer for over half of the year, even if the taxpayer has supported the child, unless the child's custodial parent has released a claim to exemption for the child?	×		
12	Did you explain to the taxpayer the rules about claiming the CTC/ACTC/ODC for a child of divorced or			
	separated parents (or parents who live apart), including any requirement to attach a Form 8332 or similar			
	statement to the return?	×		
Part	The state of the s		Part \	
13	Did the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the qu	alified	Yes	No
Dout	tuition and related expenses for the claimed AOTC?		Dort.	\//\
Part 14	Have you determined that the taxpayer was unmarried or considered unmarried on the last day of the tax		Yes	No
14	and provided more than half of the cost of keeping up a home for the year for a qualifying person?	. year		
Part				
	You will have complied with all due diligence requirements for claiming the applicable credit(s) and on the return of the taxpayer identified above if you:	or HO	H filing	status
	A. Interview the taxpayer, ask adequate questions, contemporaneously document the taxpayer's respo in your notes, review adequate information to determine if the taxpayer is eligible to claim the credit(status and to figure the amount(s) of the credit(s);	nses on s) and/c	the ref or HOH	turn or filing
	 B. Complete this Form 8867 truthfully and accurately and complete the actions described in this check credit(s) claimed and HOH filing status, if claimed; 	list for a	ıny app	licable
	C. Submit Form 8867 in the manner required; and			
	D. Keep all five of the following records for 3 years from the latest of the dates specified in the Form 88 Document Retention.	67 instr	uctions	under
	1. A copy of this Form 8867.			
	2. The applicable worksheet(s) or your own worksheet(s) for any credit(s) claimed.			
	Copies of any documents provided by the taxpayer on which you relied to determine the taxpayer credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).	's eligib	ility for	the
	A record of how, when, and from whom the information used to prepare this form and the applica obtained.	ble wor	ksheet((s) was
	A record of any additional information you relied upon, including questions you asked and the tax determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount	payer's ınt(s) of	respon the cre	ises, to edit(s).
	If you have not complied with all due diligence requirements, you may have to pay a penalty for each related to a claim of an applicable credit or HOH filing status (see instructions for more information	h failur).	e to co	omply
15	Do you certify that all of the answers on this Form 8867 are, to the best of your knowledge, true, correct	t. and	Yes	No
	complete?		X	

Additional Information From 2022 Federal Tax Return

Schedule C (SOFTWARE SERVICES): Profit or Loss from Business

Line 25 Itemization Statement

Description	Amount
	1,200.
	600.
Total	1,800.