(Rev. January 2021)

Department of the Treasury Internal Revenue Service

# IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.

► Go to www.irs.gov/Form8879 for the latest information.

OMB No. 1545-0074

| Submi  | ssion Identification Number (SID)   |   |  |   |  |   |   |
|--|---|---|--|---|--|---|---|
| Taxpaye  | r's name  | Social s  | ecuri  | ty num  | per  |   |   |
| PRAS   | SHANTH ALURI  | 187   | -61  | -149  | 3  |   |   |
| Spouse'  | s name  | Spouse  | 's so  | cial sec  | urity n  | umber   |   |
| DIV  | YA AKULA  | 160   | -29  | -645  | 1  |   |   |
| Part   | Tax Return Information — Tax Year Ending December 31, 2022 (Enter   | year y  | ou a   | are au  | thori  | izing.)   | )   |
| 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   |  |   | ,587.   |
| 2  | Total tax   |   |  | 2   |  |   | ,385.   |
| 3  | Federal income tax withheld from Form(s) W-2 and Form(s) 1099   |   |  | 3   |  |   | ,336.   |
| 4  | Amount you want refunded to you   |   |  | 4   |  | 5   | <u>,951.</u>  |
| 5  | Amount you owe  |   |  | 5   |  |   | 1   |
| Part   | Taxpayer Declaration and Signature Authorization (Be sure you get and keep penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended)   |   |  |   |  |   |   |
| return ( to send for any Agent t paymer authoriz paymer busines taxes to persona | wledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmit my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejected easy in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U. or initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the function of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution action is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate and, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requise days prior to the payment (settlement) date. I also authorize the financial institutions involved in the part of the payment (PIN) below is my signature for the income tax return (original or amended) I are finite funds Withdrawal Consent. | tter, or ection of S. Treas cated in n to deb the autests muprocessiayment. | electr<br>the t<br>sury a<br>the t<br>bit the<br>horiz<br>st b<br>ing o<br>I fur | onic re ransmi and its ax pre e entry ation. e rece f the e ther ac | turn cossion, designoration this to this To reved rectro | originat<br>, <b>(b)</b> th<br>nated<br>on sof<br>s acco<br>voke (d<br>no late<br>nic pay<br>vledge | or (ERO)<br>e reason<br>Financial<br>tware for<br>unt. This<br>cancel) a<br>or than 2<br>yment of<br>that the |
|  | yer's PIN: check one box only   |   |  |   |  |   |   |
| X  |   | ny PIN  | 1  | 1   | 4 9  | 3   | as my   |
| <u> </u>   | Signature on the income tax return (original or amended) I am now authorizing.  | ily i ilv   |  | ter five<br>n't ente  |  |   | asiny   |
|  | I will enter my PIN as my signature on the income tax return (original or amended) I am notifyou are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN metholelow.   |   |  |   |  |   |   |
| Your s   | ignature ▶ Date ▶   |   |  |   |  |   |   |
| •  |   |   |  |   |  |   |   |
| · —  | e's PIN: check one box only   | D.I.  |  |   | <u>,                                    </u>             |   |   |
| X  | I authorize GLOBAL TAXES LLC to enter or generate r   | ny PIN  | 9  | 6 der five  | 4 5  | $\perp$   | as my   |
|  | signature on the income tax return (original or amended) I am now authorizing.  |   |  | n't ent   |  |   |   |
|  | I will enter my PIN as my signature on the income tax return (original or amended) I am notify you are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN methology.  |   |  |   |  |   |   |
| Spous  | e's signature ► Date ►  |   |  |   |  |   |   |
|  | Practitioner PIN Method Returns Only—continue below   |   |  |   |  |   |   |
| Part   | Certification and Authentication — Practitioner PIN Method Only   |   |  |   |  |   |   |
| ERO's  | <b>EFIN/PIN.</b> Enter your six-digit EFIN followed by your five-digit self-selected PIN. 2 2   | 2 4<br>Don  | 9<br>I't ent   | 6 6<br>ter all z  | 1<br>eros  | 9 8   | 9   |
| authoriz   | that the above numeric entry is my PIN, which is my signature for the electronic individual income taged to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am subments of the Practitioner PIN method and <b>Pub. 1345</b> , Handbook for Authorized IRS e-file Providers of Inc.  | itting thi  | s ret  | urn in  | accor  | dance   |   |
| ERO's  | signature ▶ Date ▶  |   |  |   |  |   |   |
|  | FRO Must Patain This Form — See Instructions  |   |  |   |  |   |   |

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

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

| 2022 |  |
|------|--|
|------|--|

OMB No. 1545-0074

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

| -  | s 🗌 S        | Single X Married filing jointly  | Marrie     | ed filing separately (    | (MFS)          | Head of                          | house  | ehold (HOH    | l)       |          | lifying surv            | viving             |
|--|--------------|--|------------|---------------------------|----------------|----------------------------------|--|---------------|----------|----------|-------------------------|--------------------|
| Check only one box.  | If vo        | ou checked the MFS box, enter the r  | name of v  | our spouse If you         | check          | ed the HOH o                     | r OSS  | Shox ente     | r the c  | •        | use (QSS)<br>name if th | ne qualifying      |
| 0.10 50%   | -            | son is a child but not your dependen   | -          | our opouco. Il you        | 5110010        |                                  | . QUU  | box, onto     |          | illa o   | Tiarrio II ti           | o quamying         |
| Your first name  | and m        | iddle initial  | Last na    | me                        |                |                                  |  |               | Yo       | our so   | cial securit            | y number           |
| PRASHAN'   | гн           |  | ALUR       | Т                         |                |                                  |  |               | 1        | 87-6     | 51-1493                 | 3                  |
|  |              |  |            |                           |                |                                  |  | curity number |          |          |                         |                    |
| DIVYA  |              |  | AKUL       | Α                         |                |                                  |  |               | '        |          | 29-6453                 | -                  |
|  | (numbe       | er and street). If you have a P.O. box, see  |            |                           |                |                                  |  | Apt. no.      |          |          |                         | on Campaign        |
| 18833 то   | ·<br>I MWC   | RIDGE LANE   |            |                           |                |                                  |  | 1302          | - 1      |          | nere if you,            |                    |
|  |              | ce. If you have a foreign address, also co   | omplete s  | paces below.              | Stat           | te                               |  | code          |          |          |                         | tly, want \$3      |
| to   |              |  |            |                           |                | •                                | this fund.<br>ow will not                        | Checking a    |          |          |                         |                    |
|  |              |  |            | oreign province/state     | /count         | у                                | <del>                                     </del> | ign postal co |          |          | or refund.              | U                  |
|  |              |  |            |                           |                |                                  |  |               |          | You      | Spouse                  |                    |
| Digital  | At ar        | ny time during 2022, did you: (a) rec  | eive (as   | a reward. award. o        | r pavn         | nent for prope                   | ertv or  | services):    | or (b)   | sell.    |                         |                    |
| Assets   |              | lange, gift, or otherwise dispose of   |            |                           |                |                                  |  |               |          |          | Yes                     | <b>X</b> No        |
| Standard   |              | eone can claim: You as a de  |            | <u></u>                   |                |                                  |  | , ,           |          |          |                         |                    |
| Deduction  |              | Spouse itemizes on a separate retu   | •          |                           |                | •                                |  |               |          |          |                         |                    |
|  |              | · ·  |            |                           |                |                                  |  |               |          | 050      |                         |                    |
|  |              | : Were born before January 2, 1  | 1958 _     |                           | ouse:          |                                  | - 1.   | fore Janua    | , ,      |          | Is bli                  |                    |
| Dependent  |              |  |            | (2) Social securit number | y              | (3) Relationsh<br>to you         | nip  |               |          | · 1      | •                       | instructions):     |
| If more  | <u>(1)</u> F | irst name Last name  |            | number                    |                | to you                           |  | Child ta      | x credi  | t        | Credit for oth          | ner dependents     |
| than four dependents,  |              |  |            |                           |                |                                  |  |               | <u> </u> |          | L                       | ┽──                |
| see instruction  | s            |  |            |                           |                |                                  |  |               | <u> </u> |          | L                       | ┽──                |
| and check here \[ \begin{array}{c} \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | , —          |  |            |                           |                |                                  |  |               | <u> </u> |          | L                       | ┽──                |
| <u> </u>   |              | T  | 4 (        |                           |                |                                  |  |               |          | $\Box$   |                         |                    |
| Income   | 1a           | Total amount from Form(s) W-2, b   | •          | ,                         |                |                                  |  |               |          | 1a       |                         | 92,840.            |
| Attach Form(s)   | b            | Household employee wages not r   |            |                           |                |                                  |  |               |          | 1b       |                         |                    |
| W-2 here. Also   | С            | Tip income not reported on line 1a (see instructions)  Medicaid waiver payments not reported on Form(s) W-2 (see instructions) |            |                           |                |                                  |  |               |          | 1c       |                         |                    |
| attach Forms<br>W-2G and   | d            |  |            | ` ,                       | ınstru         | ctions)                          |  |               |          | 1d       |                         |                    |
| 1099-R if tax  | e            | Taxable dependent care benefits  |            | ·                         |                |                                  |  |               |          | 1e       |                         |                    |
| was withheld.  | f            | Employer-provided adoption bene  |            | •                         |                |                                  |  |               |          | 1f       |                         |                    |
| If you did not get a Form  | g            | Wages from Form 8919, line 6 .   |            |                           |                |                                  |  |               |          | 1g       |                         |                    |
| W-2, see   | h<br>:       | Other earned income (see instruct  | ,          |                           |                |                                  | . 1  |               | •        | 1h       |                         | 0.                 |
| instructions.  | i            | Nontaxable combat pay election (   | see instr  | uctions)                  |                | <u>1</u> i                       |  |               |          | -        | 1.0                     | 92,840.            |
| AU   | <u>z</u>     | Add lines 1a through 1h  |            |                           | <br>L T        |                                  |  |               |          | 1z       |                         | 72,040.            |
| Attach Sch. B if required.   | 2a           | Tax-exempt interest  | 2a         | 7.                        |                | axable interes<br>rdinary divide |  |               | •        | 2b<br>3b |                         | 7.                 |
|  | 3a           | Qualified dividends  | 3a<br>4a   | 7 •                       |                | axable amoun                     |  |               | •        | 4b       |                         |                    |
| 24   | 4a           |  | 5a         |                           |                | axable amoun                     |  |               | •        | 5b       |                         |                    |
| Standard<br>Deduction for—   | 5a<br>6a     | Pensions and annuities Social security benefits  | 6a         |                           |                | axable amoun                     |  |               | •        | 6b       |                         |                    |
| Single or  |              | If you elect to use the lump-sum   |            | nothed shock hard         |                |                                  | ιι .   |               | Ė        | OD       |                         |                    |
| Married filing separately,   | 7            | Capital gain or (loss). Attach Sche  |            | ,                         | `              | ,                                | •  |               | H        | 7        |                         | -3,000.            |
| \$12,950 Married filing  | 8            | Other income from Schedule 1, lir  |            | · · · · · ·               |                |                                  | •  |               |          | 8        |                         | L3,260.            |
| jointly or   | 9            | Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7  |            |                           |                |                                  | •  |               | •        | 9        |                         | 76,587.            |
| Qualifying<br>surviving spouse,  | 10           | Add liftes 12, 25, 35, 45, 35, 65, 7 Adjustments to income from Sche   |            |                           |                | ,<br>                            |  |               | •        | 10       |                         | 0,301.             |
| \$25,900   | 11           | Subtract line 10 from line 9. This i   |            |                           |                |                                  | •  |               | •        | 11       |                         | 76 507             |
| Head of household,   | 12           | Standard deduction or itemized   | •          | -                         |                |                                  | •  |               | •        | 12       |                         | 76,587.<br>25,900. |
| \$19,400<br>If you checked   | 13           | Qualified business income deduction  |            | ,                         | ,              | <br>5-Δ                          |  |               | •        | 13       |                         | 10,500.            |
| any box under  | 14           | Add lines 12 and 13  |            |                           |                |                                  | •  |               |          | 14       | _                       | 25,900.            |
| Standard<br>Deduction,   | 15           | Subtract line 14 from line 11. If ze   |            |                           |                |                                  | ne.  |               |          | 15       |                         | 50,687.            |
| see instructions.  |              | Casador into 14 Hom into 11. Il 26   | . 5 61 163 | 5, 511151 5 . 1111515     | , our <b>t</b> | a 1110011                        |  |               | •        | 13       | 1 1:                    | , , , , , , ,      |

| Form 1040 (2022                    | 2)         |   |                         |                   |                  |                     |                  |                          | Page 2  |
|------------------------------------|------------|---|-------------------------|-------------------|------------------|---------------------|------------------|--------------------------|---|
| Tax and                            | 16         | Tax (see instructions). Check   | if any from Form        | (s): <b>1</b> 881 | 4 <b>2</b> 4972  | 3 🗌                 |                  | . 16                     | 24,385.                                       |
| Credits                            | 17         | Amount from Schedule 2, lin   | e3                      |                   |                  |                     |                  | . 17                     |   |
|                                    | 18         | Add lines 16 and 17   |                         |                   |                  |                     |                  | . 18                     | 24,385.                                       |
|                                    | 19         | Child tax credit or credit for  | other dependent         | s from Sched      | ule 8812         |                     |                  | . 19                     |   |
|                                    | 20         | Amount from Schedule 3, lin   | e8                      |                   |                  |                     |                  | . 20                     |   |
|                                    | 21         | Add lines 19 and 20   |                         |                   |                  |                     |                  | . 21                     |   |
|                                    | 22         | Subtract line 21 from line 18.  | . If zero or less, o    | enter -0          |                  |                     |                  | . 22                     | 24,385.                                       |
|                                    | 23         | Other taxes, including self-en  |                         |                   | ,                |                     |                  |                          | 0.  |
|                                    | 24         | Add lines 22 and 23. This is  | your <b>total tax</b>   |                   |                  |                     |                  | . 24                     | 24,385.                                       |
| <b>Payments</b>                    | 25         | Federal income tax withheld   |                         |                   |                  |                     |                  |                          |   |
|                                    | а          | Form(s) W-2   |                         |                   |                  | 25a                 | 30,3             | 36.                      |   |
|                                    | b          | Form(s) 1099  |                         |                   |                  | 25b                 |                  |                          |   |
|                                    | С          | Other forms (see instructions   | s)                      |                   |                  | 25c                 |                  |                          |   |
|                                    | d          | Add lines 25a through 25c   |                         |                   |                  |                     |                  | . 25d                    | 30,336.                                       |
| If you have a                      | 26         | 2022 estimated tax payment  | s and amount a          | oplied from 20    | 21 return        |                     |                  | . 26                     |   |
| qualifying child,                  | 27         | Earned income credit (EIC)  |                         |                   | No .             | 27                  |                  |                          |   |
| attach Sch. EIC.                   | 28         | Additional child tax credit from  | n Schedule 8812         |                   |                  | 28                  |                  |                          |   |
|                                    | 29         | American opportunity credit   | from Form 8863          | , line 8          |                  | 29                  |                  |                          |   |
|                                    | 30         | Reserved for future use .   |                         |                   |                  | 30                  |                  |                          |   |
|                                    | 31         | Amount from Schedule 3, lin   | e 15                    |                   |                  | 31                  |                  |                          |   |
|                                    | 32         | Add lines 27, 28, 29, and 31.   | . 32                    |                   |                  |                     |                  |                          |   |
|                                    | 33         | Add lines 25d, 26, and 32. To   | nese are your <b>to</b> | tal payments      |                  |                     |                  | . 33                     | 30,336.                                       |
| Refund                             | 34         | If line 33 is more than line 24   | , subtract line 24      | 4 from line 33.   | This is the amou | nt you <b>ove</b> ı | rpaid .          | . 34                     | 5,951.  |
|                                    | 35a        | Amount of line 34 you want  |                         |                   | is attached, che | ck here .           |                  | 35a                      | 5,951.  |
| Direct deposit?                    | b          | Routing number 1 2 5  |                         |                   | c Type: 🛛        | ] Checking          | Sav              | ings                     |   |
| See instructions.                  | d          | Account number 1 3 8  | 1 2 2 0                 | 7 3 6 5           | 7 0              |                     |                  |                          |   |
|                                    | 36         | Amount of line 34 you want a  | applied to your         | 2023 estimate     | ed tax           | 36                  |                  |                          |   |
| Amount<br>You Owe                  | 37         | Subtract line 33 from line 24. For details on how to pay, go                  |                         |                   |                  |                     |                  | . 37                     |   |
|                                    | 38         | Estimated tax penalty (see in   | structions) .           |                   |                  | 38                  |                  |                          |   |
| Third Party Designee               |            | you want to allow another structions  | •                       |                   |                  |                     | <b>'es.</b> Comp | olete below.             | <b>⊠</b> No                                   |
|                                    |            | signee's  |                         | Phone             |                  |                     |                  | identification           |   |
|                                    |            | me  |                         | no.               |                  |                     | number (         |                          |   |
| Sign                               |            | der penalties of perjury, I declare the lief, they are true, correct, and com |                         |                   | , , ,            |                     | ,                |                          | , ,   |
| Here                               | Yo         | ur signature  |                         | Date              | Your occupation  |                     |                  |                          | ent you an Identity                           |
|                                    |            |   |                         |                   |                  |                     | _                | Protection F (see inst.) | PIN, enter it here                            |
| Joint return?<br>See instructions. |            |   |                         | Dete              | SOFTWARE :       |                     | R                | , ,                      |   |
| Keep a copy for                    | Sp         | ouse's signature. If a joint return, b  | oth must sign.          | Date              | Spouse's occupat | ion                 |                  |                          | ent your spouse an tection PIN, enter it here |
| your records.                      |            |   |                         |                   | SOFTWARE SE      | CURITY E            | NGINEE           | (see inst.)              |   |
|                                    | Ph         | one no. (669)253-0692   | 2                       | Email address     | PRASHANTHALU     | RI525@GMA           | AIL.COM          |                          |   |
| Doid                               | Pre        | eparer's name   | Preparer's signat       | ure               |                  | Date                | PT               | ΊΝ                       | Check if:                                     |
| Paid                               | SYAM       | M PRIYA RAM SAGAR GUPTA TALLAM  | SYAM PRIYA              | RAM SAGAR         | GUPTA TALLAM     | 03/09/              | 2023 P0          | 2082703                  | Self-employed                                 |
| Preparer                           | Fir        | m's name GLOBAL TAX   | KES LLC                 |                   |                  |                     | '                |                          | (678)965-9522                                 |
| Use Only                           | Fir        | m's address 245 ROONE   | CT E BRU                | NSWICK N          | J 08816          |                     |                  | Firm's EIN               | 84-3171965                                    |
| Co to unusuimo m                   | 01.//C0.00 | n10.40 for instructions and the later   | at information          |                   | 544              |                     |                  |                          | 1040 (2002)                                   |

# SCHEDULE 1 (Form 1040)

# **Additional Income and Adjustments to Income**

OMB No. 1545-0074

2022

Attachment
Seguence No. 01

Department of the Treasury Internal Revenue Service

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

PRASHANTH ALURI & DIVYA AKULA

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

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

|          | Sequence No. <b>01</b> |
|----------|------------------------|
| Your soc | ial security number    |
| 187-61   | -1493                  |

| 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  | -13,260. |
| 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               |    |          |
| į      | Prizes and awards  | 8i               |    |          |
| j      | Activity not engaged in for profit income  | 8j               |    |          |
|        | Stock options  | 8k               |    |          |
| ı      | Income from the rental of personal property if you engaged in the rental   |                  |    |          |
|        | for profit but were not in the business of renting such property   | 81               |    |          |
| m      | Olympic and Paralympic medals and USOC prize money (see  |                  |    |          |
|        | instructions)  | 8m               |    |          |
|        | Section 951(a) inclusion (see instructions)  | 8n               |    |          |
| 0      | Section 951A(a) inclusion (see instructions)   | 80               |    |          |
| p      | Section 461(I) excess business loss adjustment   | 8p               |    |          |
| q      | Taxable distributions from an ABLE account (see instructions) Scholarship and fellowship grants not reported on Form W-2 | 8q 8r            |    |          |
| r      | Nontaxable amount of Medicaid waiver payments included on Form   | or               |    |          |
| S      | 1040, line 1a or 1d  | 8s (             |    |          |
|        | Pension or annuity from a nonqualifed deferred compensation plan or  | 05 (             | 4  |          |
| t      | a nongovernmental section 457 plan   | 8t               |    |          |
|        | Wages earned while incarcerated  | 8u               |    |          |
| u<br>z | Other income. List type and amount:  | - Gu             |    |          |
| _      |  | 8z               |    |          |
| 9      | Total other income. Add lines 8a through 8z  |                  | 9  |          |
| 10     | Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR  |                  | _  | -13 260  |

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

| Par      | t II Adjustments to Income   |   |      |   |
|----------|--|---|------|---|
| 11       | Educator expenses  |   | 11   |   |
| 12       | Certain business expenses of reservists, performing artists, and fee-basis governing   |   |      |   |
|          | officials. Attach Form 2106  | [ | 12   | 1 |
| 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)   |   |      |   |
| b        | Deductible expenses related to income reported on line 8l from the   |   |      |   |
|          | rental of personal property engaged in for profit  |   |      |   |
| С        | Nontaxable amount of the value of Olympic and Paralympic medals  |   |      |   |
|          | and USOC prize money reported on line 8m   |   |      |   |
| d        | Reforestation amortization and expenses  |   |      |   |
| е        | Repayment of supplemental unemployment benefits under the Trade  |   |      |   |
|          | Act of 1974  |   |      |   |
| f        | Contributions to section 501(c)(18)(D) pension plans   |   |      |   |
| 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)   |   |      |   |
| İ        | Attorney fees and court costs you paid in connection with an award   |   |      |   |
|          | from the IRS for information you provided that helped the IRS detect tax law violations  |   |      |   |
|          |  |   |      |   |
| j        | Housing deduction from Form 2555   |   |      |   |
| k        | Excess deductions of section 67(e) expenses from Schedule K-1 (Form  |   |      |   |
| _        | 1041)  |   |      |   |
| Z        | Other adjustments. List type and amount:   |   |      |   |
| 25       |  |   | O.F. |   |
| 25<br>26 | Total other adjustments. Add lines 24a through 24z   | - | 25   |   |
| 26       | Add lines 11 through 23 and 25. These are your <b>adjustments to income</b> . Enter here an Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a |   | 26   |   |
|          | Form 1040 of 1040-3n, lifte 10, of Form 1040-1nn, lifte 10a  |   | 20   |   |

## **SCHEDULE D** (Form 1040)

## **Capital Gains and Losses**

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

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

OMB No. 1545-0074

Attachment Sequence No. 12

Department of the Treasury Internal Revenue Service

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

Name(s) shown on return Your social security number PRASHANTH ALURI & DIVYA AKULA 187-61-1493 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 lines below.  This form may be easier to complete if you round off cents to whole dollars. |   | (d)<br>Proceeds<br>(sales price) | (e)<br>Cost<br>(or other basis) | (g) Adjustmento gain or loss Form(s) 8949, I line 2, column | from<br>Part I, | (h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g) |
|---|---|----------------------------------|---------------------------------|---|-----------------|---|
| 1a  | Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b. |                                  |                                 |   |                 |   |
| 1b  | Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked  | 186.                             | 278.                            |   |                 | -92.  |
| 2   | Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked  | 1,240.                           | 2,180.                          |   | -940.           |   |
| 3   |   |                                  |                                 |   |                 |   |
| 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   | 6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover Worksheet in the instructions   |                                  |                                 |   |                 |   |
| 7   | 7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on the back  |                                  |                                 |   |                 |   |

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

| lines    | instructions for how to figure the amounts to enter on the below.  | (d)<br>Proceeds |                  |  | ts<br>from | (h) Gain or (loss) Subtract column (e) from column (d) and |
|----------|--|-----------------|------------------|--|------------|--|
|          | form may be easier to complete if you round off cents to e dollars.  | (sales price)   | (or other basis) | Form(s) 8949, Part II,<br>line 2, column (g) |            | combine the result<br>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 <b>Box D</b> checked   | 4,837.          | 3,807.           | 137.   |            | 1,167.   |
| 9        | Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked   | 2,324.          | 8,106.           |  |            | -5,782.  |
| 10       | Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked   |                 |                  |  |            |  |
| 11       | Gain from Form 4797, Part I; long-term gain from Forms from Forms 4684, 6781, and 8824   |                 | 11               |  |            |  |
| 12<br>13 | Net long-term gain or (loss) from partnerships, S corporate Capital gain distributions. See the instructions   | 12<br>13        |                  |  |            |  |
| 14       | Long-term capital loss carryover. Enter the amount, if any <b>Worksheet</b> in the instructions  | 14              | ( )              |  |            |  |
| 15       | Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then, go to Part III on the back  |                 |                  |  |            |  |

Schedule D (Form 1040) 2022 Page 2

## Part III **Summary** 16 Combine lines 7 and 15 and enter the result 16 -5,647. • If line 16 is a gain, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below. • If line 16 is a loss, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete • If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22. 17 Are lines 15 and 16 both gains? ☐ **Yes.** Go to line 18. No. Skip lines 18 through 21, and go to line 22. 18 If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet . . . . . . . . . . . . . . . . . . 18 19 If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet . 19 20 Are lines 18 and 19 both zero or blank and you are not filing Form 4952? ☐ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. Don't complete lines 21 and 22 below. and 22 below. If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of: 21 • The loss on line 16; or 21 3,000.) • (\$3,000), or if married filing separately, (\$1,500) Note: When figuring which amount is smaller, treat both amounts as positive numbers. Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a? 22 X Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.

## Sales and Other Dispositions of Capital Assets

Go to www.irs.gov/Form8949 for instructions and the latest information. File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D. OMB No. 1545-0074

Attachment

Sequence No. 12A

Internal Revenue Service Name(s) shown on return

Department of the Treasury

PRASHANTH ALURI & DIVYA AKULA

Social security number or taxpayer identification number

187-61-1493

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 F                    | orm 1099-B         |   |  |  |                                     |
|---|--|--------------------------------|--------------------|---|--|--|-------------------------------------|
| (a) Description of property   | (b) Date acquired                          | acquired disposed of           | Proceeds           | (e) Cost or other basis See the <b>Note</b> below and see <i>Column</i> (e) | Adjustment, i<br>If you enter an<br>enter a c<br>See the sep | Gain or (loss) Subtract column (e) from column (d) and |                                     |
| (Example: 100 sh. XYZ Co.)  | (Mo., day, yr.)                            |                                | (see instructions) | in the separate instructions.   | (f)<br>Code(s) from<br>instructions                          | <b>(g)</b><br>Amount of<br>adjustment                  | combine the result with column (g). |
| Robinhood Securities LLC  | 01/01/22                                   | 12/31/22                       | 186.               | 278.  |  |  | -92.                                |
|   |  |                                |                    |   |  |  |                                     |
|   |  |                                |                    |   |  |  |                                     |
|   |  |                                |                    |   |  |  |                                     |
|   |  |                                |                    |   |  |  |                                     |
|   |  |                                |                    |   |  |  |                                     |
|   |  |                                |                    |   |  |  |                                     |
|   |  |                                |                    |   |  |  |                                     |
|   |  |                                |                    |   |  |  |                                     |
|   |  |                                |                    |   |  |  |                                     |
|   |  |                                |                    |   |  |  |                                     |
|   |  |                                |                    |   |  |  |                                     |
|   |  |                                |                    |   |  |  |                                     |
|   |  |                                |                    |   |  |  |                                     |
| 2 Totals. Add the amounts in columns negative amounts). Enter each total Schedule D, line 1b (if Box A above above is checked), or line 3 (if Box 6). | al here and inc<br>is checked), <b>lir</b> | lude on your<br>ne 2 (if Box B | 186.               | 278.  |  |  | -92.                                |

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 8949 (2022) Attachment Sequence No. **12A** Page

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side PRASHANTH ALURI & DIVYA AKULA

Social security number or taxpayer identification number 187-61-1493

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

### Part II

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

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

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

| <ul><li>✗ (D) Long-term transactions</li><li>☐ (E) Long-term transactions</li><li>☐ (F) Long-term transactions</li></ul> | reported on I     | Form(s) 1099                | -B showing bas                      |  |                                     |  | e)  |
|--|-------------------|-----------------------------|-------------------------------------|--|-------------------------------------|--|---|
| (a) Description of property  | (b) Date acquired | (c) Date sold or            | <b>(d)</b><br>Proceeds              | (e) Cost or other basis See the <b>Note</b> below      | If you enter an enter a co          | f any, to gain or loss<br>amount in column (g),<br>ode in column (f).<br>arate instructions. | (h)<br>Gain or (loss)<br>Subtract column (e)            |
| (Example: 100 sh. XYZ Co.)   | (Mo., day, yr.)   | disposed of (Mo., day, yr.) | (sales price)<br>(see instructions) | and see Column (e)<br>in the separate<br>instructions. | (f)<br>Code(s) from<br>instructions | <b>(g)</b><br>Amount of<br>adjustment  | from column (d) and combine the result with column (g). |
| Robinhood Securities LLC   | 01/01/21          | 12/31/22                    | 1,342.                              | 1,380.   | W                                   | 137.   | 99.   |
| Robinhood Securities LLC   | 01/01/21          | 12/31/22                    | 3,495.                              | 2,427.   |                                     |  | 1,068.  |
|  |                   |                             |                                     |  |                                     |  |   |
|  |                   |                             |                                     |  |                                     |  |   |
|  |                   |                             |                                     |  |                                     |  |   |
|  |                   |                             |                                     |  |                                     |  |   |
|  |                   |                             |                                     |  |                                     |  |   |
|  |                   |                             |                                     |  |                                     |  |   |
|  |                   |                             |                                     |  |                                     |  |   |
|  |                   |                             |                                     |  |                                     |  |   |
|  |                   |                             |                                     |  |                                     |  |   |
|  |                   |                             |                                     |  |                                     |  |   |
|  |                   |                             |                                     |  |                                     |  |   |
|  |                   |                             |                                     |  |                                     |  |   |
| Totals. Add the amounts in columns negative amounts). Enter each total Schedule D. line 8b (if Box D above)              | al here and incl  | lude on your                |                                     |  |                                     |  |   |

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

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

4,837.

3,807.

# 8949

## Sales and Other Dispositions of Capital Assets

Go to www.irs.gov/Form8949 for instructions and the latest information. File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D. OMB No. 1545-0074 Attachment Sequence No. 12A

Department of the Treasury Internal Revenue Service

Social security number or taxpayer identification number

PRASHANTH ALURI & DIVYA AKULA

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.

Name(s) shown on return 187-61-1493 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 Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see Part I instructions). For long-term transactions, see page 2. Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions). You must check Box A. B. or C below. Check only one box. If more than one box applies for your short-term transactions. complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need. (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above) 🔀 (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 Adjustment, if any, to gain or loss 1 If you enter an amount in column (a). (h) enter a code in column (f). Cost or other basis Gain or (loss) (d) (c) (a) (b) Date sold or Proceeds See the **Note** below See the separate instructions. Subtract column (e) Description of property Date acquired (sales price) from column (d) and disposed of and see Column (e) (Example: 100 sh. XYZ Co.) (Mo., day, yr.) combine the result (Mo., day, yr.) (see instructions) in the separate (g) Code(s) from Amount of adjustment instructions. with column (a). instructions Robinhood Crypto LLC 01/01/22 12/31/22 1,240. 2,180. -940.

2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked) .

1,240. 2,180. -940.

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

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side  $PRASHANTH \ ALURI \ \& \ DIVYA \ AKULA$ 

Social security number or taxpayer identification number 187-61-1493

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

### Part II

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

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

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

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

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

| (a) Description of property (Example: 100 sh. XYZ Co.)   | (b) Date acquired (Mo., day, yr.)         | (c) Date sold or disposed of (Mo., day, yr.) | (d) Proceeds (sales price) (see instructions) | (e) Cost or other basis See the <b>Note</b> below and see <i>Column</i> (e) in the separate instructions. | If you enter an enter a c | f any, to gain or loss<br>amount in column (g),<br>ode in column (f).<br>varate instructions.  (g)  Amount of<br>adjustment | (h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g). |
|--|---|--|---|---|---------------------------|---|--|
| Robinhood Crypto LLC   | 01/01/21                                  | 12/31/22                                     | 2,324.  | 8,106.  |                           |   | -5,782.  |
|  |   |  |   |   |                           |   |  |
|  |   |  |   |   |                           |   |  |
|  |   |  |   |   |                           |   |  |
|  |   |  |   |   |                           |   |  |
|  |   |  |   |   |                           |   |  |
|  |   |  |   |   |                           |   |  |
|  |   |  |   |   |                           |   |  |
|  |   |  |   |   |                           |   |  |
|  |   |  |   |   |                           |   |  |
|  |   |  |   |   |                           |   |  |
|  |   |  |   |   |                           |   |  |
|  |   |  |   |   |                           |   |  |
|  |   |  |   |   |                           |   |  |
| 2 Totals. Add the amounts in columns negative amounts). Enter each total Schedule D, line 8b (if Box D above above is checked), or line 10 (if Box | I here and inc<br>is checked), <b>lir</b> | lude on your<br>ne 9 (if Box E               | 2,324.  | 8,106.  |                           |   | -5,782.  |

**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.

### **SCHEDULE E** (Form 1040)

Department of the Treasury

Name(s) shown on return

## Supplemental Income and Loss

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

Attach to Form 1040, 1040-SR, 1040-NR, or 1041,

Your social security number

Internal Revenue Service Go to www.irs.gov/ScheduleE for instructions and the latest information. Attachment Sequence No. 13

OMB No. 1545-0074

PRASHANTH ALURI & DIVYA AKULA 187-61-1493 Part I **Income or Loss From Rental Real Estate and Royalties** Note: If you are in the business of renting personal property, use Schedule C. See instructions. If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40. Did you make any payments in 2022 that would require you to file Form(s) 1099? See instructions . 1a Physical address of each property (street, city, state, ZIP code) HANAMKONDA WARANGAL TELANGANA IN 506370 Α В C 1b Type of Property **Fair Rental Personal Use** For each rental real estate property listed QJV (from list below) above, report the number of fair rental and **Davs Davs** personal use days. Check the QJV box only Α Α 365 0 if you meet the requirements to file as a В В qualified joint venture. See instructions. С C Type of Property: 1 Single Family Residence 3 Vacation/Short-Term Rental 7 Self-Rental 5 Land 8 Other (describe) 2 Multi-Family Residence 4 Commercial 6 Royalties **Properties:** Α В C Income: 3 800. 4 Royalties received 4 **Expenses:** 5 5 Advertising 6 Auto and travel (see instructions) 6 7 Cleaning and maintenance. 7 1,500. 8 Commissions 8 9 9 Insurance . . 10 10 Legal and other professional fees 11 Management fees . . . . . . . . 11 1,200. 12 Mortgage interest paid to banks, etc. (see instructions) 12 13 13 3,650. 14 14 Repairs . . . 15 Supplies 15 3,210. 16 16 Taxes 17 17 4,500. 18 18 Depreciation expense or depletion . . . . . . . . 19 19 Other (list) 20 20 Total expenses. Add lines 5 through 19 . . . . . . 14,060. 21 Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198 . . . . . . . . . . . . . . . . . . 21 -13,260.22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) . . . . . . . . . 13,260.) 800. 23a Total of all amounts reported on line 3 for all rental properties Total of all amounts reported on line 4 for all royalty properties 23b Total of all amounts reported on line 12 for all properties 23c 23d Total of all amounts reported on line 18 for all properties 14,060. Total of all amounts reported on line 20 for all properties 23e 24 **Income.** Add positive amounts shown on line 21. **Do not** include any losses 24 25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here 25 13,260. Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result 26 here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2 ... -13,260.

# **Investment Interest Expense Deduction**

Go to www.irs.gov/Form4952 for the latest information. Attach to your tax return.

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

Attachment Sequence No. **51** 

Identifying number

OMB No. 1545-0191

| PRASHANTH ALURI & DIVYA AKULA 187 |  |                  | 187-61 | -1493                   |
|-----------------------------------|--|------------------|--------|-------------------------|
| Part                              | Total Investment Interest Expense  |                  |        |                         |
| 1                                 | Investment interest expense paid or accrued in 2022 (see instructions)                           |                  | . 1    | 151.                    |
| 2                                 | Disallowed investment interest expense from 2021 Form 4952, line 7                               |                  | . 2    |                         |
| 3                                 | <b>Total investment interest expense.</b> Add lines 1 and 2                                      |                  | . 3    | 151.                    |
| Part                              | II Net Investment Income   |                  |        |                         |
| 4a                                | Gross income from property held for investment (excluding any net gain from                      | 4a               | 7.     |                         |
| b                                 | the disposition of property held for investment)   | 4a 4b            | 7.     |                         |
| C                                 | Subtract line 4b from line 4a  |                  |        | 0.                      |
| -                                 | ı  | 4d               | . 40   | 0.                      |
| d                                 | Net gain from the disposition of property held for investment                                    | 40               |        |                         |
| е                                 | Enter the <b>smaller</b> of line 4d or your net capital gain from the disposition                | 40               |        |                         |
| ,                                 | of property held for investment. See instructions  | 4e               |        |                         |
| f                                 | Subtract line 4e from line 4d  |                  |        | 0.                      |
| g                                 | Enter the amount from lines 4b and 4e that you elect to include in investment income             |                  |        |                         |
| h                                 | Investment income. Add lines 4c, 4f, and 4g  |                  |        | 0.                      |
| 5                                 | Investment expenses (see instructions)   |                  | . 5    |                         |
| 6                                 | <b>Net investment income.</b> Subtract line 5 from line 4h. If zero or less, enter -0            |                  | . 6    | 0.                      |
| Part                              | III Investment Interest Expense Deduction  |                  |        |                         |
| 7                                 | Disallowed investment interest expense to be carried forward to 2023. Sub-                       | ract line 6 from | line   |                         |
|                                   | 3. If zero or less, enter -0   |                  |        | 151.                    |
| 8                                 | 8 Investment interest expense deduction. Enter the smaller of line 3 or line 6. See instructions |                  |        | 0.                      |
| For Pa                            | perwork Reduction Act Notice, see page 4. BAA REV 02/24  | 23 PRO           | ·      | Form <b>4952</b> (2022) |

# Form **8889**

Department of the Treasury

Internal Revenue Service

# **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

2022
Attachment
Sequence No. 52

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

PRASHANTH ALURI

Social security number of HSA beneficiary. If both spouses have HSAs, see instructions. 187-61-1493

| Befor | re you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if   | requ    | ired.            |
|-------|--|---------|------------------|
| Part  | <b>HSA Contributions and Deduction.</b> 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    | If-only   Family |
| 2     | HSA contributions you made for 2022 (or those made on your behalf), including those made by the unextended due date of your tax return that were for 2022. <b>Do not</b> 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 <b>every</b> month during 2022, you were, or were considered, an eligible individual with the <b>same</b> coverage, enter \$3,650 (\$7,300 for family coverage). <b>All others</b> , see the instructions for the amount to enter | 3       | 3,650.           |
| 4     | Enter the amount you and your employer contributed to your Archer MSAs for 2022 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2022, also include any amount contributed to your spouse's Archer MSAs                                       | 4       | 0.               |
| 5     | Subtract line 4 from line 3. If zero or less, enter -0   | 5       | 3,650.           |
| 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       | 3,650.           |
| 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       | 3,650.           |
| 9     | Employer contributions made to your HSAs for 2022  |         |                  |
| 10    | Qualified HSA funding distributions  |         |                  |
| 11    | Add lines 9 and 10   | 11      | 755.             |
| 12    | Subtract line 11 from line 8. If zero or less, enter -0  | 12      | 2,895.           |
| 13    | <b>HSA deduction.</b> Enter the <b>smaller</b> of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line 13   | 13      | 0.               |
| David | Caution: If line 2 is more than line 13, you may have to pay an additional tax. See instructions.  |         | 10.4             |
| Part  | HSA Distributions. If you are filing jointly and both you and your spouse each have sepa<br>a separate Part II for each spouse.  | arate I | HSAs, complete   |
| 14a   | Total distributions you received in 2022 from all HSAs (see instructions)  | 14a     |                  |
| b     | Distributions included on line 14a that you rolled over to another HSA. Also include any excess  |         |                  |
|       | contributions (and the earnings on those excess contributions) included on line 14a that were  |         |                  |
|       | withdrawn by the due date of your return. See instructions   | 14b     |                  |
| С     | Subtract line 14b from line 14a  | 14c     |                  |
| 15    | Qualified medical expenses paid using HSA distributions (see instructions)   | 15      |                  |
| 16    | Taxable HSA distributions. Subtract line 15 from line 14c. If zero or less, enter -0 Also, include this  |         |                  |
|       | amount in the total on Schedule 1 (Form 1040), Part I, line 8f   | 16      |                  |
| 17a   | If any of the distributions included on line 16 meet any of the <b>Exceptions to the Additional 20%</b> Tax (see instructions), check here   |         |                  |
| b     | <b>Additional 20% tax</b> (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  | , ,  | ions b  |                  |
| 18    | Last-month rule  | 18      |                  |
| 19    | Qualified HSA funding distribution   | 19      |                  |
| 20    | <b>Total income.</b> 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      |                  |

# **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.

Before you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if required.

OMB No. 1545-0074 Attachment Sequence No. **52** 

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

DIVYA AKULA

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

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

160-29-6451

| 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  | X Se                | lf-only 🗌 Famil |
| 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. <b>Do not</b> 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                   | 3,650.          |
| 4     | Enter the amount you and your employer contributed to your Archer MSAs for 2022 from Form 8853,   |                     |                 |
|       | lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2022, also include any amount contributed to your spouse's Archer MSAs  | 4                   | 0               |
| 5     | Subtract line 4 from line 3. If zero or less, enter -0  | 5                   | 0.<br>3,650.    |
| 6     | Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family   | 3                   | 3,030.          |
| O     | coverage under an HDHP at any time during 2022, see the instructions for the amount to enter  | 6                   | 3,650.          |
| 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                   | 3,650.          |
| 9     | Employer contributions made to your HSAs for 2022   | -                   |                 |
| 10    | Qualified HSA funding distributions   |                     | 1 000           |
| 11    | Add lines 9 and 10  | 11                  | 1,000.          |
| 12    | Subtract line 11 from line 8. If zero or less, enter -0   | 12                  | 2,650.          |
| 13    | <b>HSA deduction.</b> Enter the <b>smaller</b> of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line 13 <b>Caution:</b> If line 2 is more than line 13, you may have to pay an additional tax. See instructions. | 13                  | 0.              |
| Part  |   | rata L              | JSAs complete   |
| ı aıt | a separate Part II for each spouse.   | ııaı <del>c</del> r | 15A5, Complete  |
| 14a   | Total distributions you received in 2022 from all HSAs (see instructions)   | 14a                 |                 |
| b     | Distributions included on line 14a that you rolled over to another HSA. Also include any excess   | - 14                |                 |
| -     | contributions (and the earnings on those excess contributions) included on line 14a that were   |                     |                 |
|       | withdrawn by the due date of your return. See instructions  | 14b                 |                 |
| С     | Subtract line 14b from line 14a   | 14c                 |                 |
| 15    | Qualified medical expenses paid using HSA distributions (see instructions)  | 15                  |                 |
| 16    | <b>Taxable HSA distributions.</b> Subtract line 15 from line 14c. If zero or less, enter -0 Also, include this  |                     |                 |
|       | amount in the total on Schedule 1 (Form 1040), Part I, line 8f  | 16                  |                 |
| 17a   | If any of the distributions included on line 16 meet any of the Exceptions to the Additional 20%  |                     |                 |
|       | Tax (see instructions), check here  |                     |                 |
| b     | Additional 20% tax (see instructions). Enter 20% (0.20) of the distributions included on line 16 that   |                     |                 |
|       | are subject to the additional 20% tax. Also, include this amount in the total on Schedule 2 (Form   | 471                 |                 |
| Part  | 1040), Part II, line 17c  | 17b                 | -t              |
| rart  | Income and Additional Tax for Failure To Maintain HDHP Coverage. See the instruct completing this part. If you are filing jointly and both you and your spouse each have sep complete a separate Part III for each spouse.        |                     |                 |
| 18    | Last-month rule   | 18                  |                 |
| 19    | Qualified HSA funding distribution  | 19                  |                 |
| 20    | <b>Total income.</b> 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                  |                 |