Form 8879
(Rev. January 2021)
Department of the Treesure

Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization

OMB No. 1545-0074

ERO must obtain and retain completed Form 8879. ► Go to www.irs.gov/Form8879 for the latest information.

Submission Identification Number (SID)

T.....

Taxpayer's name	Social securi	ty number
CHANDRAGIRI YASHWANT REDDY	710-48	-8021
Spouse's name	Spouse's soc	cial security number
Part I Tax Return Information – Tax Year Ending December 31, 2022 (Enter year you a	re authorizing.)
Enter whole dollars only on lines 1 through 5.		
Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.		
1 Adjusted gross income		1 117,827.
2 Total tax		2 19,006.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3 22,913.
4 Amount you want refunded to you		4 3,907.
5 Amount you owe		5

Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

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

Taxpayer's PIN: check one box only

X	I authorize	GLOBAL	TAXES	LLC	to enter or generate my PIN	Ľ
				ERO firm name		5

8	8	0	2	1	
Ent don	er fiv n't er	/e di nter a	gits, all ze	but ros	as my

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

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

Your signature

Date

Spouse's PIN: check one box only

I authorize

to enter or generate my PIN

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

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

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

Spouse's signature >	Da	te 🕨					 		
Practitioner PIN Method Returns Only—con	tinue	bel	ow						
Part III Certification and Authentication – Practitioner PIN Method O	nly								
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected Pl	N.	2	2	2		6 all zei	 9	8 9	Э

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

ERO's signature >	Date 🕨	
-	Must Retain This Form — See Instructions t This Form to the IRS Unless Requested To Do So	
For Denergy and Deduction Act Nation and your		Earm 8879 (Bay, 01 2021)

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

REV 03/09/23 PRO

Filing Status Single Married filing jointly Married filing separately (MFS) Head of household (HOH) Qualifying surviving guided (CSS) Order Crity Tyou checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying surviving guided (CSS) Your finature and middle initial Last name Your social security number T10 - 48 - 8021 Tip on them, spoore's fint name and middle initial Last name Social security number Home address furthers and middle initial Last name Social security number Tip 0.4 - 48 - 802.1 Kit, twork, or Date Rice. Hyou have a PO. box, see instructions. Apt. no. Presidential Election Campaign 6501 WEET 1.38 TH TEREACE 10.29 Oreach pres Hyou, or Your OVERLIAND PARK At any time during 2022, did you: (a) an evenal, wered, or page province state/county Fereign positions filling lipointy, ward Social security number Digital At any time during 2022, did you: (b) neolive (as a reveral, wered, or page province state/county Fereign positions filling lipointy, ward Social security number Digital At any time during 2022, did you: (b) neolive (as a reveral, wered, or your ere during social security or service); or (c) social security number You You Social security Digital At	E1040		rtment of the Treasury—Internal Revenue Servi 5. Individual Income Ta		202	2	OMB No. 1545	-0074	IRS Use C	Dnly—D	o not wi	ite or staple i	n this space.
Your ten name and model initial Last name Your secolal security number CHANDDAGIRI YABWANT REDDY 710-48-8021 Home address (number and street). If you have a P.O. box, see instructions. Apt. no. 1029 City, town, or post office. If you have a foreign address, also complete spaces below. State 20 code City, town, or post office. If you have a foreign address, also complete spaces below. State 22 code Foreign country name Foreign province/state/county Foreign country or services) Check here if you, or your Digital At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services) (role isil. Check here if you, or your Assets Someone can claim: You as a dependent: Your spouse as a dependent: Dependents Greg instructions): (P) status asing (P) foreid for the dependent: Assets scolar before January 2, 1958 I s blind I a 133, 627. If the name (P) fram name (P) fram name I a 133, 627. If the name (P) fram name (P) status asing (P) fram name I a 133, 627. If the noreid (P) status asing (P	Check only	If yo	u checked the MFS box, enter the n	ame of your s							spou	ise (QSS)	Ũ
CHANDRAGIRI YASHWANT REDDY 710-48-8021 If joint frum, spoose's first name and middle initial Last name Spouse's social security number Home address (number and stree), If you have a PO. box, see instructions. Apt. no. Presidential Election Campaign City, town, or post office, If you have a foreign address, also complete spaces below. State Apt. no. City, town, or post office, If you have a foreign address, also complete spaces below. State Presidential Election Campaign Foreign country name Foreign province/state/country Foreign postal cools you tax or iffund. Standard Someone can allow a dependent Your space as a dependent You You You No Standard Someone can allow a dependent Your space as a dependent Your space as a dependent You You You You You You You No Standard Social security (9) First name Last name Social security (9) First name Last name Industry Industry Industry Industry Industry Industry Industry Industry Industry Industry <td>Vour first porce</td> <td></td> <td></td> <td>1</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>V</td> <td></td> <td>sial as surit</td> <td></td>	Vour first porce			1						V		sial as surit	
If joint return, spouse's first name and middle initial Last name Spouse's social security number Home address (number and street). If you have a P.O. box, see instructions. Apt. no. 1000000000000000000000000000000000000													-
Home address (number and street). If you have a P.O. box, see instructions. Apl. no. Presidential Election Campaign Other, Know, or post office. If you have a foreign address, also complete spaces below. State ZIP code Presidential Election Campaign Other, Know, or post office. If you have a foreign address, also complete spaces below. State ZIP code Presidential Election Campaign Other, Know, or post office. If you have a foreign address, also complete spaces below. State ZIP code Presidential Election Campaign Other, Know, or post office. If you have a foreign address, also complete spaces below. State ZIP code Presidential Election Campaign Other, Know, or post office. If you have a foreign address, also complete spaces below. State ZIP code Presidential Election Campaign Other, Know, or you was a foreign address, also complete spaces below. State ZIP code Presidential Election Campaign Other, Know, or you was a foreign address, also complete spaces a dependent Digital Assets At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, Assets Someone can close did on digital asset (or a financial interest in a digital asset)? (See instructions). Vou Someone can close did on dime space as a dependent in You was a dependent in You was a dependent in You was a dependent in You four as a dependent in You four as a dependent in You four as a dependent in You four address and you was a dependent in You four address and you was as a dependent in You was a dependent in You four address and you was a dependent in You four address and you was a										-			
6501 WEST 13BTH TERRACE 10.2 Check here if you, or your Chy, town, or pot office. If you have a foreign address, also complete spaces below. State ZIP code CVERLAND PARK Foreign province/state/county Foreign province/state/county Foreign province/state/county Foreign province/state/county Digital Assets At any time during 2022, did you; (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) Ves No Standard Someone can calmit: Vou as a dependent You as a dependent Vou Spouse Dependents See instructions): (I) First name Las name (Q) Social accurry (Q) Relationship (H) Check the box if qualifies for 6ee instructions) If more than one targot de dependent to reported on Form(s) W-2, box 1 (see instructions) In In In Is to tai amount from Form(s) W-2, box 1 (see instructions) In In In In Via target if tax way way thinked in other set in the see instructions) In In In In If conservices Total amount from Form(s) W-2, box 1 (see instructions) In In In If a total amount from Form		Jouse s		Last hame						3	Jouse	5 500101 500	unity number
6501 WEST 13BTH TERRACE 10.2 Check here if you, or your Chy, town, or pot office. If you have a foreign address, also complete spaces below. State ZIP code CVERLAND PARK Foreign province/state/county Foreign province/state/county Foreign province/state/county Foreign province/state/county Digital Assets At any time during 2022, did you; (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) Ves No Standard Someone can calmit: Vou as a dependent You as a dependent Vou Spouse Dependents See instructions): (I) First name Las name (Q) Social accurry (Q) Relationship (H) Check the box if qualifies for 6ee instructions) If more than one targot de dependent to reported on Form(s) W-2, box 1 (see instructions) In In In Is to tai amount from Form(s) W-2, box 1 (see instructions) In In In In Via target if tax way way thinked in other set in the see instructions) In In In In If conservices Total amount from Form(s) W-2, box 1 (see instructions) In In In If a total amount from Form	Home address	(numbe	r and street) If you have a P.O. box see	instructions					not. no.	D	asidar	tial Electio	n Campaign
Construction Construction State 2P odde spouse filling jointly, wart \$3 to go to this func. Checking a total asset (r a financial interest in a digital asset (r) or services); or (b) sell. Spouse filling jointly, wart \$3 to go to this func. Checking a total asset (r) a financial interest in a digital asset (r) or services); or (b) sell. You Spouse intervices Digital At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell. Yeu New Sone can claim: Yeu <td></td> <td>•</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>•</td> <td></td> <td></td> <td></td> <td></td>		•							•				
OVERLAND PARK KS 66223 to go to this fund. Checking a box below will not change your tax or refund. Foreign country name Foreign province/state/county Foreign postilated your tax or refund. Digital Assets At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or senvices); or (b) sell, exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions) Ves No Standard Deduction Someone can claim: \foreign province/state/status allen Age/Bindness You as a dependent You set as dependent Dependents (see instructions): Wes born before January 2, 1958 Is blind Great for each reductions): If more than four dependents, see instructions): (U Finst name Last name Image: Control of the structions); Child tax credit Credit or other dependents, here				mplete spaces	below.	Sta	te			sp	ouse	if filing joint	tly, want \$3
Foreign country name Foreign province/state/county Foreign postal code your tax or refund. Digital Assets At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell.				P P							0		0
Digital Assets At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, gift, or otherwise dispose of a cligital asset (or a financial interest in a digital asset); (See instructions). Yes No Standard Deduction Someone can claim: You as a dependent Your spouse as a dependent Yes No Age/Blindness Your: Were born before January 2, 1958 A re blind Spouse: Was born before January 2, 1958 Is blind Dependents (see instructions): (I) First name Last name (I) Social security (I) Relationship (I) Check the box if qualifies for (see instructions): If more there. In Total amount from Form(s) W-2, box 1 (see instructions) In In <td< td=""><td></td><td></td><td></td><td>Foreigr</td><td>n province/state/o</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>change</td></td<>				Foreigr	n province/state/o								change
Assets exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions). ↓ Yes No Standard Someone can claim: ↓ You as a dependent ↓ Your spouse as a dependent ↓ Spouse	, j						, ,					You	Spouse
Assets exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions). ↓ Yes No Standard Someone can claim: ↓ You as a dependent ↓ Your spouse as a dependent ↓ Spouse	Digital	At an	v time during 2022, did vou: (a) rec	eive (as a rew	ard. award. or	pavn	nent for prope	rtv or	services):	or (b)	sell.		
Deduction Spouse itemizes on a separate return or you were a dual-status alien Age/Blindness You: Were born before January 2, 1958 Are blind Spouse: Was born before January 2, 1958 Is blind Dependents (see instructions): (1) First name Last name (2) Social security (3) Relationship (4) Check the box it qualifies for (see instructions): If more than four (1) First name Last name (2) Social security (3) Relationship (4) Check the box it qualifies for (see instructions): dependents, see instructions												Yes	X No
Deduction Spouse itemizes on a separate return or you were a dual-status alien Age/Blindness You: Were born before January 2, 1958 Are blind Spouse: Was born before January 2, 1958 Is blind Dependents (see instructions): (1) First name Last name (2) Social security (3) Relationship (4) Check the box if qualifies for (see instructions): If more Last name (1) First name Last name (1) First name Child tax credit Credit for other dependents; see instructions	Standard	Som	eone can claim: 🗌 You as a de	pendent	Your spouse	e as	a dependent						
Dependents than four dependents, see instructions): (2) Social security number (3) Relationship to you (4) Check the box if qualifies for (see instructions): Child tax credit Credit for other dependents child tax credit dependents, see instructions and check here 1 Total amount from Form(s) W-2, box 1 (see instructions) 1 1 133, 627. Income 1a Total amount from Form(s) W-2, box 1 (see instructions) 1a 133, 627. 1b Attach Form(s) W-2 there. Also attach forms W+2 area. Also attach forms W+2, see instructions. 1a Issain form form Soft (see instructions) 1c 1d If you did not get a Form W-2, see instructions. 9 Wages from Form 8919, line 6 1g 1g 1g If required. 3a Qualified dividends 3a b 1a 133, 627. Attach Sch. B f Employer-provided adoption benefits from Form 8839, line 29 1f 1d W-2, see instructions. a Qualified dividends 3a b 1a 133, 627. Attach Sch. B f Employer-provided adoption benefits from Form 8839, line 29 1f 1z 133, 627. Attach Sch. B f Employer-provided adoption benefits from Form 8839, line 29<		🗌 s	Spouse itemizes on a separate retur	n or you were	a dual-status a	alien							
Dependents than four dependents, see instructions): (2) Social security number (3) Relationship to you (4) Check the box if qualifies for (see instructions): Child tax credit Credit for other dependents child tax credit dependents, see instructions and check here 1 Total amount from Form(s) W-2, box 1 (see instructions) 1 1 133, 627. Income 1a Total amount from Form(s) W-2, box 1 (see instructions) 1a 133, 627. 1b Attach Form(s) W-2 there. Also attach forms W+2 area. Also attach forms W+2, see instructions. 1a Issain form form Soft (see instructions) 1c 1d If you did not get a Form W-2, see instructions. 9 Wages from Form 8919, line 6 1g 1g 1g If required. 3a Qualified dividends 3a b 1a 133, 627. Attach Sch. B f Employer-provided adoption benefits from Form 8839, line 29 1f 1d W-2, see instructions. a Qualified dividends 3a b 1a 133, 627. Attach Sch. B f Employer-provided adoption benefits from Form 8839, line 29 1f 1z 133, 627. Attach Sch. B f Employer-provided adoption benefits from Form 8839, line 29<	Age/Blindness	Vour	Were born before January 2, 1	058 🗌 Are	blind Sno		Was bor	n hofe	vre Janua	ny 2 1	058	🗌 le bli	nd
Dependents text name representation representation <threpresentation< th=""> <threpresentation< <="" td=""><td></td><td>-</td><td>· · · · · · · · · · · · · · · · · · ·</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></threpresentation<></threpresentation<>		-	· · · · · · · · · · · · · · · · · · ·										
If more Unit Not Nation List Nation Image of the second of the depotence of the second of the depotence of the second of the depotence of the second o	-			(4			.,	ip (· · ·		,
dependents, see instructions Image: see instructions Image: see instructions Image: see instructions here Image: see instructions Image: see instructio		(1) 11	Lasthame										
and check here									L	 7		L	
here Image: standard power with a standard provided and provided provided an		s ——							L	<u></u>		L	<u>-</u>
Income 1a Total amount from Form(s) W-2, box 1 (see instructions) 1a 133, 627. Attach Form(s) b Household employee wages not reported on Form(s) W-2. 1b Attach Form(s) C Tip income not reported on line 1a (see instructions) 1c W-2 Area. Aso Medicaid waiver payments not reported on Form(s) W-2 (see instructions) 1d W-23 and e Taxable dependent care benefits from Form 2441, line 26 1e 1990. Rif tax mass withheld. f Employer-provided adoption benefits from Form 8839, line 29 1f If you did not g Wages from Form 8919, line 6 1g 1g get a Form h Other earned income (see instructions) 1h 0. v-2, see in Nontaxable combat pay election (see instructions) 1i 1z 133, 627. Attach Sch. B 2a Tax-exempt interest 2a 2b 2b Attach Sch. B 2a Gaulified dividends 3a b 0. Brandard Deduction for- 5a b Taxable amount 5b Deduction for- 6a a b Taxable amount 6b </td <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>L</td> <td> 7</td> <td></td> <td>L</td> <td><u>-</u></td>									L	 7		L	<u>-</u>
Ite of the second states form form is benefitied and power payments not reported on Form(s) W-2. Ite Attach Forms t Tip income not reported on line 1a (see instructions) 1c W-28 nor. Also d Medicaid waiver payments not reported on Form(s) W-2 (see instructions) 1d W-28 nor. Also t Taxable dependent care benefits from Form 2441, line 26 1d Wages from Form 8919, line 6 1g 1f If you did not get a form Wages from Form 8919, line 6 1g get a form h Other eamed income (see instructions) 1h 0. W-2, see instructions. 1i 1 1 1 13, 627. Attach Sch. B 2a Tax-exempt interest 2b 1 1z 133, 627. Attach Sch. B a Qualified dividends 3a b b 1a 13, 627. Attach Sch. B a IRA distributions 4a b b 5b 5b Deduction for- 5a Bac all security benefits 6a 5a b Taxable amount 4b 5b Breaderd Degle of Married fling separately. S12, 950 7		1a	Total amount from Form(s) W-2 b	ox 1 (see insti	ructions)				L		1a	13	3 627
Attach Form(s) c Tip income not reported on line 1a (see instructions) 1c W-2 here. Also d Medicaid waiver payments not reported on Form(s) W-2 (see instructions) 1d W-26 and 1099-R if tax e Taxable dependent care benefits from Form 2441, line 26 1d Urges from form 8919, line 6 f Employer-provided adoption benefits from Form 8839, line 29 1f get a Form g Wages from Form 8919, line 6 1g W-2, see i Nontaxable combat pay election (see instructions) 1i W-2, see i Nontaxable combat pay election (see instructions) 1i Mutch Sch. B 2a Tax-exempt interest 2a b Taxable interest 2b Attach Sch. B 3a b D attable amount 4b 5b Standard Sa cal security benefits 5a b Taxable amount 5b Standard Biling separately, Signe or f Gaptial gain or (loss), Attach Schedule D if required. If not required, check here 7 -3,000. Standard Biling separately, Signe or 8 Other income from Schedule 1, line 10 11 117, 827. Standard diffied </td <td>Income</td> <td></td> <td></td> <td></td> <td>,</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>-</td> <td></td> <td>5,027.</td>	Income				,						-		5,027.
W-2 here. Also attach Forms d Medicaid waiver payments not reported on Form(s) W-2 (see instructions) 1d W-26 and 1099-R if tar e Taxable dependent care benefits from Form 2441, line 26 1e 1099-R if tar f Employer-provided adoption benefits from Form 8839, line 29 1f get a Form h Other earned income (see instructions) 1h 0. W-2, see instructions 1i 1z 133, 627. Add lines 1a through 1h 2a b b Taxable interest 2b Attach Sch. B 2a tar.exempt interest 2a b b Ordinary dividends 3b 0. 4 If A distributions 4a b b Taxable amount 5b 5b 5andard Social security benefits 6a b Taxable amount 5b 6b Standard fling separately, S12,850 7 Capital gain or (loss). Attach Schedule D if required. If not required, check here 7 -3,000. 8 -12,800. 9 117,827. 10 Subtract line 10 from line 9. This is your adjusted gross income 11 117,827. 12 12	Attach Form(s)			•							-		
W-26 and 1099-Ri ftax was withheld. e Taxable dependent care benefits from Form 2441, line 26 1e 109-Ri ftax was withheld. f Employer-provided adoption benefits from Form 8839, line 29 1f was withheld. g Wages from Form 8919, line 6 1g y-2, see instructions. h Other earned income (see instructions) 1li w-2, see instructions. z Add lines 1a through 1h 1z 133, 627. Attach Sch. B 2a b b Taxable interest 2b diffed dividends 3a b O. 3b 0. 4a b Taxable amount 4b 4b 4b 4b Standard Deduction for- eas Social security benefits 5a b Taxable amount 6b 6b 6a b Taxable amount 6b 5b 6b 6b 5b Maried fling pointly of cualifying Other income from Schedule 1, line 10 1 7 -3,000. 8 -12,800. Maried fling pointly of cualifying 9 117,827. 10 12 12,950. 12 12,950. 12 12		d									1d		
1099-Riftax f Employer-provided adoption benefits from Form 8839, line 29 1f was withheld. f Employer-provided adoption benefits from Form 8839, line 29 1g get a Form h Other earned income (see instructions) 1h 0. W-2, see i Nontaxable combat pay election (see instructions) 1i 1z 133, 627. W-2, see i Nontaxable combat pay election (see instructions) 1i 1z 133, 627. Attach Sch. B 2a b Tax-exempt interest 2b 2b Attach Sch. B a Qualified dividends 3a b 0. 4b 5b 5c		е			., .						1e		
was withined. get a Form Wages from Form 8919, line 6 1g get a Form h Other earned income (see instructions) 1h 0. W-2, see i Nontaxable combat pay election (see instructions) 1i 1k 0. W-2, see i Nontaxable combat pay election (see instructions) 1i 1k 0. W-2, see i Nontaxable combat pay election (see instructions) 1i 1z 133, 627. Attach Sch. B 2a Tax-exempt interest 2a b b Ordinary dividends 2b 4ttach Sch. B 2a Tax-exempt interest 2a b D Taxable interest 2b 4ttach Sch. B 2a Tax-exempt interest 3a b O. D Taxable amount 4b 5b Sb Sb <td< td=""><td></td><td>f</td><td>•</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>1f</td><td></td><td></td></td<>		f	•								1f		
In you do not W-2, see instructions. Z Add lines 1a through 1h		g			-						1g		
W-2, see instructions. i Nontaxable combat pay election (see instructions) 1i z Add lines 1a through 1h 12 133,627. Attach Sch, B 2a Tax-exempt interest 2b Attach Sch, B 3a Defuction b Taxable interest 2b Attach Sch, B 3a Defuction b Taxable interest 2b 4a IRA distributions 4a b Ordinary dividends 3b 0. 5a Pensions and annuities 5a b Taxable amount 4b 5b Standard Social security benefits 6a b Taxable amount 5b 6a Social security benefits 6a b Taxable amount 6b Standard Bigsparately, St12,950 r Capital gain or (loss). Attach Schedule D if required. If not required, check here 7 -3,000. 8 Other income from Schedule 1, line 10 8 -12,800. 9 117,827. 10 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 11 117,827. 10 11 Subtract line 10 from line 9. This is		h	Other earned income (see instruct	ions)							1h		0.
z Add lines 1a through 1h 1z 133,627. Attach Sch. B 2a Tax-exempt interest 2a b if required. 3a 3a b O. 4a IRA distributions 4a b Ordinary dividends 3b 0. 5a Pensions and annuities 5a b Taxable amount 4b 4b Standard Deduction for- 6a Social security benefits 6a b Taxable amount 5b Married filing separately, \$12,950 F Capital gain or (loss). Attach Schedule D if required. If not required, check here 7 -3,000. 8 Other income from Schedule 1, line 10 10 8 -12,800. 9 117,827. 10 Adjustments to income from Schedule 1, line 26 10 19 vou checked any box under Standard Qualified business income deduction from Form 8995 or Form 8995-A 11 117,827. 11 117,827. 13 14 14 from line 11 if zero or less enter -0- 13		i	Nontaxable combat pay election (s	see instructior	ns)		1i						
if required. 3a 3a b Ordinary dividends 3b 0. 4a IRA distributions 4a b Taxable amount 4b 5a Pensions and annuities 5a b Taxable amount 5b 6a Social security benefits 6a b Taxable amount 5b • Single or Married filing separately, \$12,950 C If you elect to use the lump-sum election method, check here (see instructions) 0 7 -3,000. • Married filing jointly or Qualifying surviving spouse, \$25,900 8 Other income from Schedule 1, line 10 7 -3,000. • Head of household, \$19,400 9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 9 117,827. • Head of household, \$19,400 12 Standard deduction or itemized deductions (from Schedule A) 12 12,950. • If you checked any box under Standard 13 Qualified business income deduction from Form 8995 or Form 8995-A 13 14 12,950. • If Add lines 12 and 13 - - - 14 12,950.		z	Add lines 1a through 1h								1z	13	3,627.
4a IRA distributions 4a b Taxable amount 4b Standard Deduction for- Obduction for- Single or Married filing separately, \$12,950 5a Pensions and annuities 5a b Taxable amount 5b 6a Social security benefits 6a b Taxable amount 6b • Single or Married filing separately, \$12,950 r Capital gain or (loss). Attach Schedule D if required. If not required, check here 7 -3,000. • Married filing jointly or Qualifying surviving spouse, \$25,900 8 Other income from Schedule 1, line 10 8 -12,800. 9 117,827. 8 -12,800. 9 117,827. 10 Adjustments to income from Schedule 1, line 26 10 *25,900 10 Adjustments to income from Schedule 1, line 26 11 117,827. 11 Subtract line 10 from line 9. This is your adjusted gross income 12 12,950. 14 Add lines 12 and 13 14 12,950. 15 Subtract line 14 from line 11. If zero or less enter -0- This is your taxable income 15 14 12,950. <td>Attach Sch. B</td> <td>2a</td> <td>Tax-exempt interest</td> <td>2a</td> <td></td> <td>b Ta</td> <td>axable interest</td> <td></td> <td></td> <td></td> <td>2b</td> <td></td> <td></td>	Attach Sch. B	2 a	Tax-exempt interest	2a		b Ta	axable interest				2b		
Standard Deduction for- 5a 5a b Taxable amount	if required.	3a	Qualified dividends	3a		b 0	rdinary divider	nds .			3b		0.
Deduction for- 6a Social security benefits 6a b Taxable amount 6b • Single or Married filing separately, \$12,950 • If you elect to use the lump-sum election method, check here (see instructions) •		4a	IRA distributions	4a		b Ta	axable amoun	t			4b		
Single or Married filing separately, \$12,950 6a Social security benefits	Standard	5a		5a		b Ta	axable amoun	t			5b		
Married filing separately, \$12,950 c If you elect to use the lump-sum election method, check here (see instructions) .		6a	Social security benefits	6a		b Ta	axable amoun	t		· .	6b	_	
\$12,950 7 Capital gain of (loss). Attach Schedule D in required, theore is the construction of the construction of the construction. 7 -3,000. Married filing jointly or Qualifying surviving spouse, \$25,900 9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 9 117, 827. 10 11 Subtract line 10 from line 9. This is your adjusted gross income 10 11 117, 827. 11 117, 827. 10 11 117, 827. 11 117, 827. 12 12 12 12 12 12 12 12 13 Qualified business income deduction from Form 8995 or Form 8995-A 13 14 12, 950. 14 14 12, 950. 15 Subtract line 14 from line 11. If zero or less, enter -0- This is your taxable income 15 104, 877	Married filing	С	If you elect to use the lump-sum e	lection metho	od, check here	(see	instructions)						
jointly or Qualifying surviving spouse, \$25,900 9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 9 117, 827. 10 10 • Head of household, \$19,400 11 Subtract line 10 from line 9. This is your adjusted gross income 10 • If you checked any box under Standard 12 Standard deduction or itemized deduction from Form 8995 or Form 8995-A 12		7	Capital gain or (loss). Attach Schee	dule D if requi	ired. If not requ	ired,	check here				7		
Qualifying surviving spouse, \$25,900 9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 9 117, 827. 10 Adjustments to income from Schedule 1, line 26 10 10 Head of household, \$19,400 Subtract line 10 from line 9. This is your adjusted gross income 11 117, 827. 12 Standard deduction or itemized deductions (from Schedule A) 12 12, 950. 13 Qualified business income deduction from Form 8995 or Form 8995-A 13 14 12, 950. 15 Subtract line 14 from line 11. If zero or less, enter -0- This is your taxable income		8	Other income from Schedule 1, lin	e10		•				•	8	-1	.2,800.
\$25,900 10 Adjustments to income nom obledule 1, ine 20 11 10 • Head of household, \$19,400 11 Subtract line 10 from line 9. This is your adjusted gross income 11 117,827. • If you checked any box under Standard 12 Standard deduction or itemized deductions (from Schedule A) 12 12,950. • If you checked any box under Standard 13 Qualified business income deduction from Form 8995 or Form 8995-A 13 • Id d lines 12 and 13 14 12,950. • If you checked any box under Standard 14 12,950. • Id d lines 12 and 13 14 12,950.	Qualifying				•	ome	•	· ·		•	-	11	.7,827.
household, \$19,400 12 Standard deduction or itemized deductions (from Schedule A) 12 12,950. If you checked any box under Standard 13 Qualified business income deduction from Form 8995 or Form 8995-A 13 13 I4 Add lines 12 and 13 13 14 12,950. Deduction, 15 Subtract line 14 from line 11. If zero or less enter -0- This is your taxable income 15 104 877		10	-					· ·		•	-		
\$19,400 12 Standard deduction or itemized deductions (irom Schedule A) 12 12 12,950. • If you checked any box under Standard 13 Qualified business income deduction from Form 8995 or Form 8995-A 13 13 • If you checked any box under Standard 14 Add lines 12 and 13 14 12,950. • Deduction, 15 Subtract line 14 from line 11. If zero or less, enter -0- This is your taxable income 15 1.04					-			· ·		•	-		
any box under Standard 14 Add lines 12 and 13 14 12,950 Deduction, 15 Subtract line 14 from line 11 If zero or less enter -0- This is your taxable income 15 1.04,877	\$19,400 r					'		· ·		•	-	1	2,950.
Standard 14 Add lines 12 and 13 12,950 Deduction, 15 Subtract line 14 from line 11 If zero or less enter -0- This is your taxable income 15 104 877					n 8995 or Form	899	5-A	· ·		•	-		
	Standard				· · · · ·		· · · ·			•			
		15	Subtract line 14 from line 11. If zer	o or less, ente	er -u I NIS IS y	our t	axable incom	е.		•	15	<u> </u>	4,8//.

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

Form **1040** (2022)

Form 1040 (2022	2)								Page 2
Tax and	16	Tax (see instructions). Check	if any from Form	n(s): 1 🗌 881	4 2 4972	3		. 16	19,006.
Credits	17	Amount from Schedule 2, lir	ne3					. 17	
	18	Add lines 16 and 17						. 18	19,006.
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812			. 19	
	20	Amount from Schedule 3, lir	ne8					. 20	
	21	Add lines 19 and 20						. 21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				. 22	19,006.
	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	19,006.
Payments	25	Federal income tax withheld							
2	а	Form(s) W-2				25a	22,91	3.	
	b	Form(s) 1099				25b			
	с	Other forms (see instruction	s)			25c			
	d	Add lines 25a through 25c						. 25d	22,913.
If you have a	26	2022 estimated tax paymen	ts and amount a	pplied from 20	21 return			. 26	
qualifying child,	27	Earned income credit (EIC)			No .	27			
attach Sch. EIC.	28	Additional child tax credit from	m Schedule 8812	2		28			
	29	American opportunity credit	from Form 8863	3, line 8		29			
	30	Reserved for future use .				30			
	31	Amount from Schedule 3, lir	ne 15			31			
	32	Add lines 27, 28, 29, and 31	. These are your	total other pa	ayments and refu	undable credi	ts.	. 32	
	33	Add lines 25d, 26, and 32. T	hese are your to	otal payments				. 33	22,913.
Refund	34	If line 33 is more than line 24	1, subtract line 2	4 from line 33.	This is the amou	nt you overpa	id.	. 34	3,907.
	35a	Amount of line 34 you want			is attached, che	ck here		35a	3,907.
Direct deposit?	b	Routing number 1 0 1				Checking	Savin	gs	
See instructions.	d	Account number 5 1 8	0 0 6 5	8938	3 9				
	36	Amount of line 34 you want	applied to your	2023 estimate	edtax	36			
Amount	37	Subtract line 33 from line 24							
You Owe		For details on how to pay, g	o to <i>www.irs.go</i> u	v/Payments or	see instructions			. 37	
	38	Estimated tax penalty (see in	nstructions) .			38			
Third Party		you want to allow another	•				• •		
Designee							•	ete below.	X No
	De nai	signee's ne		Phone no.			ersonal ic umber (Pl	lentification	
Sign	Un	der penalties of perjury, I declare	hat I have examine	ed this return and	accompanying sch	edules and state	ments, ar	nd to the be	st of my knowledge and
Here	bel	ief, they are true, correct, and corr	plete. Declaration	of preparer (othe	r than taxpayer) is ba	ased on all inforn	nation of v	vhich prepar	er has any knowledge.
nere	Yo	ur signature		Date	Your occupation				nt you an Identity
					TE ENGINE			Protection P (see inst.)	IN, enter it here
Joint return? See instructions.		ouse's signature. If a joint return, I	hoth must sign	Date	IT ENGINE			, ,	nt your spouse an
Keep a copy for	op		oon must sign.	Date		юп			ection PIN, enter it here
your records.								(see inst.)	
	Ph	one no. (913)375-321	2	Email address	YASHWANTH6	135@GMAIL.	COM		
Paid	Pre	eparer's name	Preparer's signat	ture		Date	PTIN	1	Check if:
Preparer	SYAM	PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	03/18/202	3 P02	082703	Self-employed
Use Only	Fir	m's name GLOBAL TA	XES LLC					Phone no.	(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.c	ov/Form	a1040 for instructions and the late	et information						Form 1040 (2022)

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

BAA REV 03/09/23 PRO

Form **1040** (2022)

SCHEDULE	1
(Form 1040)	

Department of the Treasury

Internal Revenue Service

Additional Income and Adjustments to Income

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

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

OMB No. 1545-0074

2022 Attachment Sequence No. 01

Name(s) shown on Form 1040, 1040-SR, or 1040-NR	Your social security nur
CHANDRAGIRI YASHWANT REDDY	710-48-8021

Par	Additional Income				
1	Taxable refunds, credits, or offsets of state and local income taxes			1	
	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. Att	ach S	Schedule E .	5	-13,000.
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			
-	Alaska Permanent Fund dividends	8g			
h	Jury duty pay	8h			
i	Prizes and awards	8i			
	Activity not engaged in for profit income	8j			
k	Stock options	8k			
I	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)	<u>8m</u>		-	
	Section 951(a) inclusion (see instructions)	<u>8n</u>			
	Section 951A(a) inclusion (see instructions)	80			
	Section 461(I) excess business loss adjustment	8p		-	
	Taxable distributions from an ABLE account (see instructions)	8q		-	
	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	(
+	Pension or annuity from a nonqualifed deferred compensation plan or	05			
t	a nongovernmental section 457 plan	8t			
u	Wages earned while incarcerated	8u			
	Other income. List type and amount:	Ju			
۷	Other Income from box 3 of 1099-Misc 200.	8z	200.		
9	Total other income. Add lines 8a through 8z			9	200.
10	Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR			10	-12,800.
	perwork Reduction Act Notice, see your tax return instructions.	,			ile 1 (Form 1040) 2022

Par	II Adjustments to Income						·
11	Educator expenses					11	
12	Certain business expenses of reservists, performing artists, and fee			vernme	ent 🗍		
	officials. Attach Form 2106					12	
13	Health savings account deduction. Attach Form 8889					13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903				. [14	
15	Deductible part of self-employment tax. Attach Schedule SE					15	
16	Self-employed SEP, SIMPLE, and qualified plans				. [16	
17	Self-employed health insurance deduction				. [17	
18	Penalty on early withdrawal of savings					18	
19a	Alimony paid					19a	
b	Recipient's SSN						
С	Date of original divorce or separation agreement (see instructions):						
20	IRA deduction					20	
21	Student loan interest deduction				-	21	
22	Reserved for future use					22	
23	Archer MSA deduction					23	
24	Other adjustments:						
 a		24a					
b	Deductible expenses related to income reported on line 8I from the						
		24b					
С	Nontaxable amount of the value of Olympic and Paralympic medals						
	and USOC prize money reported on line 8m	24c					
d		24d					
е	Repayment of supplemental unemployment benefits under the Trade						
-	Act of 1974	24e					
f	Contributions to section 501(c)(18)(D) pension plans	24f					
q		24g					
•	Attorney fees and court costs for actions involving certain unlawful	_ 3					
		24h					
i	Attorney fees and court costs you paid in connection with an award						
•	from the IRS for information you provided that helped the IRS detect						
	tax law violations	24i					
i	Housing deduction from Form 2555	24j					
, k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form						
		24k					
z	Other adjustments. List type and amount:						
		24z					
25	Total other adjustments. Add lines 24a through 24z				. [25	
26	Add lines 11 through 23 and 25. These are your adjustments to income					-	
	Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a					26	
	BAA	REV	03/09/23	PRO	S	chedu	le 1 (Form 1040) 2

SCHEDULE D (Form 1040)

Capital Gains and Losses

OMB No. 1545-0074

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

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

Internal Revenue Service Name(s) shown on return

Department of the Treasury

CHANDRAGIRI YASHWANT REDDY

Your social security number 710-48-8021

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

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

lines	instructions for how to figure the amounts to enter on the below.	(d) Proceeds	(e) Cost	(g) Adjustment to gain or loss		(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, F line 2, column		combine the result with column (g)
1a	Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b.					
1b	Totals for all transactions reported on Form(s) 8949 with Box A checked	1,164,034.	1,180,510.	2,7	26.	-13,750.
2	Totals for all transactions reported on Form(s) 8949 with Box B checked	399.	408.			-9.
3	Totals for all transactions reported on Form(s) 8949 with Box C checked					
4	Short-term gain from Form 6252 and short-term gain or (I	oss) from Forms 4	684, 6781, and 88	324	4	
5	Net short-term gain or (loss) from partnerships, Schedule(s) K-1		5			
6	Short-term capital loss carryover. Enter the amount, if an Worksheet in the instructions	-	6	()		
7	Net short-term capital gain or (loss). Combine lines 1a term capital gains or losses, go to Part II below. Otherwise	•	· / ·		7	-13,759.

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) Proceeds	(e) Cost	(g) Adjustmen to gain or loss	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, I line 2, colum		combine the result with column (g)
8a	Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b.					
8b	Totals for all transactions reported on Form(s) 8949 with Box D checked					
9	Totals for all transactions reported on Form(s) 8949 with Box E checked					
10	Totals for all transactions reported on Form(s) 8949 with Box F checked.					
	Gain from Form 4797, Part I; long-term gain from Forms from Forms 4684, 6781, and 8824		11			
12 13	Net long-term gain or (loss) from partnerships, S corporat Capital gain distributions. See the instructions				12 13	
	Long-term capital loss carryover. Enter the amount, if any Worksheet in the instructions	Carryover	14	()		
15	Net long-term capital gain or (loss). Combine lines 8a on the back .	•			15	

Part	III Summary	
16	Combine lines 7 and 15 and enter the result	16 -13,759.
	• If line 16 is a gain , enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below.	
	• If line 16 is a loss , skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22.	
	• If line 16 is zero , skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22.	
17	Are lines 15 and 16 both gains?	
	No. Skip lines 18 through 21, and go to line 22.	
18	If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet	18
19	If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet	19
20	 Are lines 18 and 19 both zero or blank and you are not filing Form 4952? Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. Don't complete lines 21 and 22 below. 	
	□ No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.	
21	If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of:	
	The loss on line 16; or (\$3,000), or if married filing separately, (\$1,500)	21 (3,000.)
	Note: When figuring which amount is smaller, treat both amounts as positive numbers.	
22	Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?	
	☐ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16.	
	☑ No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.	

REV 03/09/23 PRO

Schedule D (Form 1040) 2022

Form **8949**

Department of the Treasury

Internal Revenue Service

Sales and Other Dispositions of Capital Assets

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

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



Name(s) shown on return	Social security number or taxpayer identification number
CHANDRAGIRI YASHWANT REDDY	710-48-8021

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

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

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

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

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

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

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

1 (a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis See the Note below and see <i>Column</i> (e)	Adjustment, if If you enter an enter a co See the sep	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g).	
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)			(f) Code(s) from instructions		
Robinhood Securities LLC	01/01/22	12/31/22	1,164,034.	1,180,510.	W	2,726.	-13,750.
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).			1,164,034.	1,180,510.		2,726.	-13,750.

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.

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

Form **8949**

Department of the Treasury

Internal Revenue Service

Sales and Other Dispositions of Capital Assets

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

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



Name(s) shown on retu	ırn		
CHANDRAGIRI	YASHWANT	REDDY	

Social security number or taxpayer identification number
710-48-8021

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

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

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

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

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

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

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

1 (a) Description of property	(b) (c) Date sold or dispaced of		(d) Proceeds	(e) Cost or other basis See the Note below	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 Crypto LLC	01/01/22	12/31/22	399.	408.			-9.	
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).		399.	408.			-9.		

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.

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

	CHEDULE E Supplemental Income and Loss (From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)							OMB No	o. 1545-0074			
									20) 22		
	artment of the Treasury and Treasury and Treasury and Revenue Service Go to www.irs.gov/ScheduleE for instructions and the latest information.								Attachn Seguen	nent ce No. 13		
									al security			
CHAN	DRAGIRI YA	SHWAN	T REDDY							710-4	8-8021	
Part	Note: If yo	ou are in	the business of	tal Real Estate and renting personal proper 335 on page 2, line 40.			c . See	e instru	ctions. If you ar	e an indi [,]	vidual, rep	ort farm
Α				at would require you	to file	Form(s) 1	099? 5	See in:	structions		. 🗌 Ye	s 🕅 No
				d Form(s) 1099? .								_
1a				street, city, state, ZIF								
Α	LAYOUT, BA	TTARA	HALLI, KR	PU BANGALORE B	BANGA	ALORE I	N 56	0049				
В												
С												1
1b	Type of Prope (from list below		above, repo	ntal real estate prope rt the number of fair i	rental	and		Fa	air Rental Days		nal Use Iys	QJV
Α	3			e days. Check the QJ the requirements to fi			Α		365		0	
B				nt venture. See instru			B					
C	of Property:						С					
1	Single Family R Multi-Family Re			tion/Short-Term Rent mercial	tal	5 Land 6 Roya			Self-Rental Other (descri	be)		
									Propertie			
Incom	ie:						Α		В			С
3	Rents received				3		6	00.				
4	Royalties rece	ived .			4							
Expen												
5	0				5							
6		•	,		6 7		1 0	0.0				
7 8	•		nance		8		1,0	00.				
9					9							
10					10							
11	Management f	ees .			11		1,3	00.				
12	00			. (see instructions)	12							
13	Other interest				13							
14	Repairs				14			00.				
15	Supplies .				15 16		2,8	00.				
16 17					17		4 5	00.				
18					18		1,5	00.				
19	Other (list)				19							
20	Total expense			19	20		13,6	00.				
21	result is a (los	s), see i	instructions to	nd/or 4 (royalties). If find out if you must			10 0	0.0				
22		ntal real	estate loss af	ter limitation, if any,	21 22		-13,0 13,00		()	(
23a		•	,	3 for all rental prope			<u> </u>	23a	\	600.	\)
b			-	4 for all royalty prope				23b				
С			•	12 for all properties				23c				
d			•	18 for all properties				23d				
е								23e	13,	600.		
24		•		wn on line 21. Do no						24	,	
25				21 and rental real estat							(13,000.)
26	here. If Parts	II, III, I ^v	V, and line 40	y income or (loss). (on page 2 do not a erwise, include this ar	apply	to you,	also er	nter th	nis amount or			-13,000.

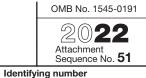
-13,000.



Investment Interest Expense Deduction

Go to www.irs.gov/Form4952 for the latest information.

Attach to your tax return.



710-48-8021

Name(s) shown on return

CHANDRAGIRI YASHWANT REDDY

Part I Total Investment Interest Expense

1	Investment interest expense paid or accrued in 2022 (see instructions)	1	60.
2	Disallowed investment interest expense from 2021 Form 4952, line 7	2	
3	Total investment interest expense. Add lines 1 and 2	3	60.

Part II Net Investment Income

4a	Gross income from property held for investment (excluding any net gain from							
	the disposition of property held for investment)							
b	Qualified dividends included on line 4a							
С	Subtract line 4b from line 4a	4c	0.					
d	Net gain from the disposition of property held for investment							
е	Enter the smaller of line 4d or your net capital gain from the disposition							
	of property held for investment. See instructions							
f	Subtract line 4e from line 4d	4f	0.					
g	g Enter the amount from lines 4b and 4e that you elect to include in investment income. See instructions							
h	h Investment income. Add lines 4c, 4f, and 4g							
5	Investment expenses (see instructions)	5						
6	Net investment income. 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. Subtract line 6 from lin	e						
	3. If zero or less, enter -0	7	60.					
8	Investment interest expense deduction. Enter the smaller of line 3 or line 6. See instructions	8	0.					
For Pa	aperwork Reduction Act Notice, see page 4. BAA REV 03/09/23 PRO		Form 4952 (2022)					

K-40 (Rev. 7-22)		2022 к/	ANSAS INDIV	IDUAL	INCOME	ΤΑΧ	305	1228	22
CHANDRAGIR	I	REDDY			913375	3212	REDD	710488	021
6501 WEST 138TH TERRACE APT 1029 WY 500 OVERLAND PARK KS 66223									
Name or address has changed? Taxpayer or (spouse if filing jo				joint) died du	ring this tax year		Taxpayer was enga	aged in commercial	farming/fishing in 2022
Amended Return:		Amended affects Ka	nsas only	Amended Feo	leral tax return		Adjustment by the	IRS	
Filing Status:	Х	Single	Married Filing Joint (E	ven if only on	e had income)		Married Filing Sepa	arate	Head of Household (Do not check if filing joint return)
Residency Status:	Х	Resident	Resident NonResident (Complete Sch S, Part B)				State of Legal Resi	dence	
		Part-Year Resident (Complete Sch S, Part B) Fro	m		То			
Exemptions:	1		ptions for you, your spouse (i u claim as a dependent.	if applicable),			atus above is Head o Id, add one exemptio		Total Kansas exemptions
	In th	e following spaces, pro	vide the requested informatic	on for all perso	ons vou claimed a	s dependents.	DO NOT include vou	or vour spouse.	

In the following spaces, provide the requested information for all persons you claimed as dependents. **DO NOT include you or your spouse**. If additional space is needed, enclose a separate sheet, only after completing all nine lines below.

Dependent Name - First, Middle and Last	Date of Birth - MMDDYYY	YY Relationshi	p SSN

Food Sales Tax Credit: You must have been a Kansas resident for ALL of 2022. Complete this section to determine your qualifications and credit.

A. Had a dependent child who lived with you all year and was under the age of 18 all of 2022?	E. Number of exemptions claimed
B. Were you (or spouse) 55 years of age or older all of 2022 (born prior to January 1, 1967)?	F. Number of dependents that are 18 years of age or older (born on or before January 1, 2005)
C. Were you (or spouse) totally and permanently disabled or blind all of 2022, regardless of age? If you answered NO to A, B, and C, STOP HERE, you do	G. Total qualifying exemptions (subtract line F from line E)
not qualify for this credit. D. If you answered YES to A, B, or C, enter your FAGI from line 1 of this return.	H. Food Sales Tax Credit (multiply line G by \$125). Enter result here and on line 18 of this form.
If Line D is more than \$30,615 STOP HERE, you do not qualify for this credit.	

REV 01/03/23 PRO

0

2022 KANSAS INDIVIDUAL INCOME TAX



CHANDRAGIRI

REDDY

REDD

305

710488021

CHANDRAGIRI	REDDI	KEDD	/10400021
1. Federal adjusted gross income	117827	23. Refundable portion of earned income tax credit	0
2. Modifications	0	24. Refundable portion of tax credits	0
3. Kansas adjusted gross income	117827	25. Payments remitted with original return	0
4. Standard or itemized deductions. (If itemizing, complete KS Sch A)	3500	26. Credit for tax paid on the K-120S	0
5. Exemption allowance	2250	27. Overpayment from original return. This figure is a subtraction.	0
6. Total deductions	5750	28. Total refundable credits	6960
7. Taxable income	112077	29. Underpayment	0
8. Tax	5931	30. Interest	0
9. Nonresident percentage	0.0000	31. Penalty	0
10. Nonresident tax	0	32. Estimated tax penalty	0
11. KS tax on lump sum distributions	0	33. AMOUNT YOU OWE	0
12. TOTAL INCOME TAX	5931	34. Overpayment	1029
13. Credit for taxes paid to other states	0	35. CREDIT FORWARD	0
14. Credit for child and dependent care expenses	0	36. Chickadee Checkoff	0
15. Other credits	0	37. Senior Citizens Meals On Wheels Contribution Program	0
16. Subtotal	5931	38. Breast Cancer Research Fund	0
17. Earned Income Credit	0	39. Military Emergency Relief Fund	0
18. Food Sales Tax Credit	0	40. Kansas Hometown Heroes Fund	0
19. Total Tax Balance	5931	41. Kansas Creative Arts Industry Fund	0
20. KS income tax withheld from W-2, 1099 or K-19	6960	42. Local School District Contribution Fund. School District Number	0
21. Estimated tax paid	0	43. REFUND	1029
22. Amount paid with Kansas extension	0		

I authorize the Director of Taxation or the Director's designee to discuss my K-40 and any enclosures with my preparer. I declare under the penalties of perjury that to the best of my knowledge and belief this is a true, correct, and complete return.

Taxpayer Signature (Required)						Date	Spouse Signature (Required)	 	Date
Preparer Signature (Required)	SYAM	PRIYA	RAM	SAGAR	GUPT	Preparer Phone Number	6789659522	 Preparer PTIN, EIN or SSN (Required)	P02082703