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.

Submission Identification Number (SID)

Taxpayer's name Social security number PRAMOD KUMAR HOSAHALLI LAKSHMIKAN 747-98-1824 Spouse's social security number Spouse's name 976-95-3865 SUPRIYA BETTADAPURA JAGADEES Tax Return Information – Tax Year Ending December 31, 2022 (Enter year you are authorizing.) Part I 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. Adjusted gross income 86,832. 1 1 2 2 6,894. 3 3 10,117. 4 4 3,223. 5 5

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

Under penalties of perjury, 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

I authorize GLOBAL TAXES LLC to enter or generate my PIN

Ent	er fiv n't er	as my			
8	1	8	2	4	

5

as mv

5 3

8 6

Enter five digits, but don't enter all zeros

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 🕨

Spouse's PIN: check one box only

I authorize GLOBAL TAXES LLC
 ERO firm name

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

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

Spouse's signature 🕨	D	ate 🕨									
	Practitioner PIN Method Returns Only—continue	e bel	ow								
Part III Certification and	Authentication – Practitioner PIN Method Only										
ERO's EFIN/PIN. Enter your six-	digit EFIN followed by your five-digit self-selected PIN.	2	2	2	 	-	6 all ze		8	9	

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 🕨		
	Dor	 Form — See Instructions IRS Unless Requested To Do So		
		 	 0070 /=	04 000 th

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

Date

to enter or generate my PIN

1040		artment of the Treasury—Internal Revenue Servi S. Individual Income Tax		ım 202	22	OMB No. 1545	-0074	IRS Use	Only-	Do not w	rite or staple	in this space.	
Filing Status Check only one box.	lf yo	Single X Married filing jointly U checked the MFS box, enter the nation is a child but not your dependent	ame of yo	d filing separately (our spouse. If you o						spoi	lifying sur use (QSS) name if tl	U	
Your first name	and mi	ddle initial	Last nam	ne					1	Your social security number			
PRAMOD K	UMAE	R	HOSAF	HALLI LAKSHI	MIK	AN			-	747-	98-182	4	
lf joint return, s	oouse's	first name and middle initial	Last nam	ne					5	Spouse's social security number			
SUPRIYA			BETTA	ADAPURA JAG	ADE	ES			(976-	95-386	5	
Home address	(numbe	er and street). If you have a P.O. box, see	instruction	ns.			A	pt. no.	F	Preside	ntial Electi	on Campaign	
516 SAN1	'A FE	E TRL					3	22			nere if you,		
City, town, or p	ost offic	ce. If you have a foreign address, also co	mplete sp	aces below.	Sta	ate	ZIP co	ode				ntly, want \$3 Checking a	
IRVING					T	X	750	63		•	ow will not	•	
Foreign country	name		Fo	oreign province/state	/coun	ty	Foreig	n postal c			or refund	0	
											You	Spouse	
Digital Assets		ny time during 2022, did you: (a) rece ange, gift, or otherwise dispose of a					-				Yes	X No	
Standard	Som	eone can claim: You as a de	pendent	Vour spous	se as	a dependent							
Deduction		Spouse itemizes on a separate retur	n or you	were a dual-status	alier	1							
Age/Blindness	You:	Were born before January 2, 1	958	Are blind Sp	ouse	: 🗌 Was bor					ls b		
Dependents	s (see	instructions):		(2) Social securit	y	(3) Relationsh	ip (4			· ·	fies for (see	instructions):	
If more	(1) Fi	rst name Last name		number		to you		Child t	ax cre	dit	Credit for ot	her dependents	
than four								[
dependents, see instructions	s							[
and check								[
here								[
Income	1a	Total amount from Form(s) W-2, be	ox 1 (see	instructions) .						1a	L	95,508.	
	b	Household employee wages not re	eported o	on Form(s) W-2 .						1b	,		
Attach Form(s) W-2 here. Also	с	Tip income not reported on line 1a	ι (see inst	tructions)						1c	;		
attach Forms	d	Medicaid waiver payments not rep	orted on	Form(s) W-2 (see	instru	uctions)				1d	I		
W-2G and	е	Taxable dependent care benefits f	rom Forn	n 2441, line 26						1e			
1099-R if tax was withheld.	f	Employer-provided adoption bene	fits from	Form 8839, line 29	θ.					1f			
If you did not	g	Wages from Form 8919, line 6 .								1g			
get a Form	h	Other earned income (see instruction	ions) .							1h	1	0.	
W-2, see instructions.	i	Nontaxable combat pay election (s	see instru	uctions)		1 i							
	z	Add lines 1a through 1h								1z		95,508.	
Attach Sch. B	2a	Tax-exempt interest	2a		bΤ	axable interest	: .			2b)	132.	
if required.	3a	Qualified dividends	3a	15.	b	Drdinary divider	nds .			3b		15.	
	4a	IRA distributions	4a		bΤ	axable amoun	t			4b)		
Standard	5a	Pensions and annuities	5a		bΤ	axable amoun	t			5b)		
Deduction for-	6a	Social security benefits	6a		bΤ	axable amoun	t			6b)		
 Single or Married filing 	с	If you elect to use the lump-sum e	lection m	ethod, check here					. 🗆				
separately,	7	Capital gain or (loss). Attach Sche							. 🗆	7		77.	
\$12,950 7 Capital gain of (loss): Attach Schedule D intequired, informedured, check here				8		-8,900.							
jointly or Qualifying	9									9		86,832.	
surviving spouse,	10	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income . <th.< th=""> . <th< td=""><td>10</td><td></td><td></td></th<></th.<>							10				
\$25,900 • Head of	11	Subtract line 10 from line 9. This is								11		86,832.	
household,	12	Standard deduction or itemized								12		25,900.	
\$19,400 • If you checked	13	Qualified business income deducti								13	_		
any box under	14	Add lines 12 and 13					• •		• •	14		25,900.	
Standard Deduction,	15	Subtract line 14 from line 11. If zer	• • • •	\cdot \cdot \cdot \cdot \cdot \cdot \cdot	· ·	taxable incom	 e	• •	• •	15		60,932.	
see instructions.			0 01 1000	,	your		• .		• •	13	·	,	

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	(s): 1 🗌 881	4 2 4972	3		16	6,894.
Credits	17	Amount from Schedule 2, lir	ne3					17	
	18	Add lines 16 and 17						18	6,894.
	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	6,894.
	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	6,894.
Payments	25	Federal income tax withheld							
,	а	Form(s) W-2				25a 10	,117.		
	b	Form(s) 1099				25b			
	с	Other forms (see instruction				25c			
	d	Add lines 25a through 25c						25d	10,117.
15	26	2022 estimated tax payment	ts and amount a	pplied from 20	21 return			26	
If you have a qualifying child,	27	Earned income credit (EIC)				27			
attach Sch. EIC.	28	Additional child tax credit from				28			
	29	American opportunity credit	from Form 8863	3, line 8		29			
	30	Reserved for future use .				30			
	31	Amount from Schedule 3, lir				31			
	32	Add lines 27, 28, 29, and 31				indable credits		32	
	33	Add lines 25d, 26, and 32. T			-			33	10,117.
Refund	34	If line 33 is more than line 24						34	3,223.
Refutio	35a	Amount of line 34 you want				•	. 🗆	35a	3,223.
Direct deposit?	b	Routing number 1 1 1					Savings		
See instructions.	d	Account number 3 7 3					0		
	36	Amount of line 34 you want			ed tax	36			
Amount	37	Subtract line 33 from line 24	This is the am	ount vou owe					
You Owe	•	For details on how to pay, g						37	
	38	Estimated tax penalty (see in	nstructions) .			38			
Third Party	Do	you want to allow another	person to disc	cuss this retu	rn with the IRS?	See			
Designee		structions					omplete b	elow.	X No
		signee's		Phone			onal identifi	cation I	
	nai			no.			ber (PIN)		
Sign		der penalties of perjury, I declare t ief, they are true, correct, and com							
Here				、					nt you an Identity
	ŶŎ	ur signature		Date	Your occupation				N, enter it here
Joint return?					SOFTWARE E	INGINEER	(see i	nst.)	
See instructions.	Sp	ouse's signature. If a joint return, I	both must sign.	Date	Spouse's occupati	on			nt your spouse an
Keep a copy for your records.							Identi (see i		ection PIN, enter it here
your rocordo.					HOME MAKEF		(151.)	
		one no. (469) 426-451	1	Email address	PRAMODKUMARHL	@PROTONMAIL.CO			Ob a alla ife
Paid		eparer's name	Preparer's signat			Date	PTIN		Check if:
Preparer		I PRIYA RAM SAGAR GUPTA TALLAM		RAM SAGAR	GUPTA TALLAM	02/08/2023	P02082		Self-employed
Use Only		m's name GLOBAL TAX			- 0001 0				678)965-9522
			Y CT E BRU	NSWICK N			Firm's	s EIN	84-3171965
Go to www.irc.a	ov/Form	1010 for instructions and the late	et information						Earm 1040 (2022)

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

BAA REV 01/28/23 PRO

Form **1040** (2022)

SCHEDULE	1
(Form 1040)	

Additional Income and Adjustments to Income

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

OMB No. 1545-0074

Department of the Treasury Attachment Go to www.irs.gov/Form1040 for instructions and the latest information. Internal Revenue Service Sequence No. 01 Name(s) shown on Form 1040, 1040-SR, or 1040-NR Your social security number P HOSAHALLI LAKSHMIKAN & S BETTADAPURA JAGADEES 747-98-1824 Part Additional Income 1 1 2a 2a b Date of original divorce or separation agreement (see instructions): 3 3 4 4 -8,900. 5 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 5 6 Farm income or (loss). Attach Schedule F. 6 7 7 8 Other income: Net operating loss 8a а 8b b Cancellation of debt 8c С d Foreign earned income exclusion from Form 2555 8d Income from Form 8853 8e е Income from Form 8889 **8f** f Alaska Permanent Fund dividends 8g g 8h h i. Prizes and awards 8i Activity not engaged in for profit income i. 8i 8k L 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 n Section 951A(a) inclusion (see instructions) 0 80 Section 461(I) excess business loss adjustment 8p р Taxable distributions from an ABLE account (see instructions) . . . 8q a Scholarship and fellowship grants not reported on Form W-2 . . . 8r r Nontaxable amount of Medicaid waiver payments included on Form S 8s Pension or annuity from a nongualifed deferred compensation plan or t a nongovernmental section 457 plan 8t **u** Wages earned while incarcerated 8u Other income. List type and amount: 8z

	ensured Deduction Act Nation and constructions instructions				
10	Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8	10)	-8	,900.
9	Total other income. Add lines 8a through 8z	9			

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

Schedule 1 (Form 1040) 2022



Par	t II Adjustments to Income					
11	Educator expenses				11	
12	Certain business expenses of reservists, performing artists, and fee	e-basi	s gov	ernment		
	officials. Attach Form 2106				12	
13	Health savings account deduction. Attach Form 8889				13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903				14	
15	Deductible part of self-employment tax. Attach Schedule SE				15	
16	Self-employed SEP, SIMPLE, and qualified plans				16	
17	Self-employed health insurance deduction				17	
18	Penalty on early withdrawal of savings				18	
19a	Alimony paid				19a	
b	Recipient's SSN	•				
С	Date of original divorce or separation agreement (see instructions):					
20	IRA deduction				20	
21	Student loan interest deduction				21	
22	Reserved for future use				22	
23	Archer MSA deduction				23	
24	Other adjustments:					
а	Jury duty pay (see instructions)	24a				
b	Deductible expenses related to income reported on line 8I from the					
	rental of personal property engaged in for profit	24b				
С	Nontaxable amount of the value of Olympic and Paralympic medals					
	and USOC prize money reported on line 8m	24c				
d	Reforestation amortization and expenses	24d				
е	Repayment of supplemental unemployment benefits under the Trade					
	Act of 1974	24e				
f	Contributions to section 501(c)(18)(D) pension plans	24f				
g	Contributions by certain chaplains to section 403(b) plans	24g				
h	Attorney fees and court costs for actions involving certain unlawful					
	discrimination claims (see instructions)	24h				
i	Attorney fees and court costs you paid in connection with an award					
	from the IRS for information you provided that helped the IRS detect					
	tax law violations	24i				
j	Housing deduction from Form 2555	24j			_	
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form					
	1041)	24k				
Z	Other adjustments. List type and amount:					
•-		24z				
25	Total other adjustments. Add lines 24a through 24z				25	
26	Add lines 11 through 23 and 25. These are your adjustments to income	e. Ente	er here	and on		
	Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a				26	
	BAA	REV	01/28/23 P	RO	Schedu	ile 1 (Form 1040) 2022

SCHEDULE D (Form 1040)

Capital Gains and Losses

OMB No. 1545-0074

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

Go to www.irs.gov/ScheduleD for instructions and the latest information. Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.

Attachment Sequence No. 12

20

Internal Revenue Service Name(s) shown on return

Department of the Treasury

P HOSAHALLI LAKSHMIKAN & S BETTADAPURA JAGADEES

Your social security number 747-98-1824

Yes × No

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)

lines This	instructions for how to figure the amounts to enter on the below. form may be easier to complete if you round off cents to le dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss f Form(s) 8949, P line 2, column	from Part I,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a	Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b.					
1b	Totals for all transactions reported on Form(s) 8949 with Box A checked	168.	139.			29.
2	Totals for all transactions reported on Form(s) 8949 with Box B checked					
3	Totals for all transactions reported on Form(s) 8949 with Box C checked					
4	Short-term gain from Form 6252 and short-term gain or (I	oss) from Forms 4	684, 6781, and 88	324	4	
5						
6						()
7	Net short-term capital gain or (loss). Combine lines 1a term capital gains or losses, go to Part II below. Otherwise	•	., .		7	29.

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

lines This	nstructions for how to figure the amounts to enter on the below. form may be easier to complete if you round off cents to e dollars.	ay be easier to complete if you round off cents to (a) (e) (or other basice) (conter basice)		(g) Adjustmer to gain or loss Form(s) 8949, line 2, colum	s from Part II,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a	Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b.					
8b	Totals for all transactions reported on Form(s) 8949 with Box D checked	420.	372.			48.
9	Totals for all transactions reported on Form(s) 8949 with Box E checked					
10	Totals for all transactions reported on Form(s) 8949 with Box F checked.					
11	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	
14	Long-term capital loss carryover. Enter the amount, if any Worksheet in the instructions			-	14	()
15	Net long-term capital gain or (loss). Combine lines 8a on the back .	•	.,		15	48.
For F	aperwork Reduction Act Notice, see your tax return instruction		REV 01/28/23 PRO		Schedu	ile D (Form 1040) 2022

Part	III Summary	
16	Combine lines 7 and 15 and enter the result	16 77.
	 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? X Yes. Go to line 18.	
	No. Skip lines 18 through 21, and go to line 22.	
18	If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet	18
19	If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet	19
20	 Are lines 18 and 19 both zero or blank and you are not filing Form 4952? 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 ()
	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 01/28/23 PRO	Schedule D (Form 1040) 2022

Form	8949
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 P HOSAHALLI LAKSHMIKAN & S BETTADAPURA JAGADEES Social security number or taxpayer identification number 747-98-1824

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	If you enter an enter a c	f any, to gain or loss amount in column (g), ode in column (f). arate instructions.	(h) Gain or (loss) Subtract column (e)	
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see Column (e) in the separate instructions.	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g).	
ROBINHOOD SECURITIES LLC	01/01/22	12/31/22	168.	139.			29.	
2 Totals. Add the amounts in column negative amounts). Enter each to Schedule D, line 1b (if Box A abov above is checked), or line 3 (if Box	al here and inc e is checked), lir	lude on your ne 2 (if Box B	168.	139.			29.	

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 (2022)			Atta	achm	nent S	Seque	nce l	No. [•]	12A	age 2
	-					-				

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side P HOSAHALLI LAKSHMIKAN & S BETTADAPURA JAGADEES Social security number or taxpayer identification number 747-98-1824

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)

[] (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

1 (a) Description of property	(b) (c) Date acquired		(d) Proceeds	(e) Cost or other basis See the Note below	Adjustment, if If you enter an enter a co See the sep	(h) Gain or (loss) Subtract column (e)	
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see Column (e) in the separate instructions.	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g).
ROBINHOOD SECURITIES LLC	01/01/22	12/31/22	420.	372.			48.
2 Totals. Add the amounts in columns negative amounts). Enter each tota Schedule D, line 8b (if Box D above above is checked), or line 10 (if Box	al here and inc is checked), lir	lude on your ne 9 (if Box E	420.	372.			48.

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.

	EDULE E Supplemental Income and Loss						OMB No. 1545-0074					
(Form	orm 1040) (From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)							2022				
	nent of the Treasury		Attach to Form 10							Attachment Sequence No. 13		
	Revenue Service		Go to www.irs.gov/ScheduleE	tor instru	uctions an	d the la	itest li	normation.	Voursooi	Sequen al security		
								8-1824	number			
Part			From Rental Real Estate						141-9	0-1024		
T CIT	Note: If yo	ou are in th	ne business of renting personal pro	perty, use		C . See	e instru	ctions. If you a	are an indiv	vidual, rep	ort farm	
			s from Form 4835 on page 2, line 4			0000 (<u>.</u>	:				
			nts in 2022 that would require y ou file required Form(s) 1099?									
												,
1a			ach property (street, city, state,		,							
	MARUTINAG	AR, KOD	IGEHALLI BENGALURU KA	ARNATAI	KA IN 5	6002	9					
B C												
 1b	Type of Prope	rtv 2	For each rental real estate pro	on orthy lies	tod		E	air Rental	Doroon	nal Use		
10	(from list below		For each rental real estate pro above, report the number of fa				Га	Days	Da		QJV	
Α	3		personal use days. Check the	QJV bo	x only	Α		365		0		
В			if you meet the requirements qualified joint venture. See ins			В						
С			qualified joint venture. See ins	Structions	5.	С						
	of Property:											
	Single Family R			Rental	5 Land			Self-Rental				
2	Multi-Family Re	sidence	4 Commercial		6 Roya	lties	8	Other (desc	ribe)			
								Properti	es:			
Incom						Α		В			С	
3						5	00.					
4		ived		. 4								
Exper												
5	-											
6		-	tructions)				0.0					
7 8	•		nce			9	00.					
о 9												
10												
11	•	•				1,5	00.					
12	•		to banks, etc. (see instructions									
13	Other interest			. 13								
14	Repairs			. 14		2,1	00.					
15						2,4	00.					
16												
17						2,5	00.					
18	•	•	or depletion									
19	Other (list)		and 5 through 10	. 19		0 1	0.0					
20 21			les 5 through 19			۶ , 4	00.					
21			structions to find out if you mu									
	file Form 6198		•	. 21		-8,9	00.					
22	Deductible rer	ital real e	state loss after limitation, if an									
	on Form 8582	(see inst	ructions)	. 22	(8,90	00.)	()	()
23a			ported on line 3 for all rental pro				23 a		500.			
b			ported on line 4 for all royalty pr				23b					
С			ported on line 12 for all properti				23c					
d			ported on line 18 for all properti				23d					
e			ported on line 20 for all properti				23e		9,400.			
24 25			amounts shown on line 21. Do ses from line 21 and rental real es							(8,900	<u> </u>
25 26			e and royalty income or (loss							1	0,900	•)
20			and line 40 on page 2 do n									
), line 5. Otherwise, include this						. 26		-8,90	0.

Form **8889**

Health Savings Accounts (HSAs)

OMB No. 1545-0074

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

Go to www.irs.gov/Form8889 for instructions and the latest information.

2022 Attachment Sequence No. 52

Internal	Revenue Service		Se	equence No. 32
Name(s)				HSA beneficiary. As, see instructions.
PRAN	10D KUMAR HOSAHALLI LAKSHMIKAN	747-98		
Befor	re you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance	Contracts, if	^f requi	red.
Part	HSA Contributions and Deduction. See the instructions before completing and both you and your spouse each have separate HSAs, complete a separate			
1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) d	uring 2022.	_	
-				f-only 🗵 Family
2	HSA contributions you made for 2022 (or those made on your behalf), including those m unextended due date of your tax return that were for 2022. Do not include employer co 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 were, or were considered, an eligible individual with the same coverage, enter \$3,650 family coverage). All others , see the instructions for the amount to enter	(\$7,300 for	3	7,300.
4	Enter the amount you and your employer contributed to your Archer MSAs for 2022 from lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during include any amount contributed to your spouse's Archer MSAs	g 2022, also	4	0.
5	Subtract line 4 from line 3. If zero or less, enter -0		5	7,300.
6	Enter the amount from line 5. But if you and your spouse each have separate HSAs and coverage under an HDHP at any time during 2022, see the instructions for the amount to en		6	7,300.
7	If you were age 55 or older at the end of 2022, married, and you or your spouse had fami under an HDHP at any time during 2022, enter your additional contribution amount. See ins		7	
8	Add lines 6 and 7		8	7,300.
9	Employer contributions made to your HSAs for 2022 9 Qualified HSA funding distributions 10	2,385.		
10 11	Add lines 9 and 10		11	2,385.
12	Subtract line 11 from line 8. If zero or less, enter -0		12	4,915.
13	HSA deduction. Enter the smaller of line 2 or line 12 here and on Schedule 1 (Form 1040), Pa		13	0.
	Caution: If line 2 is more than line 13, you may have to pay an additional tax. See instruction			
Part	II HSA Distributions. If you are filing jointly and both you and your spouse eac a separate Part II for each spouse.	h have sepa	arate H	ISAs, 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 a contributions (and the earnings on those excess contributions) included on line 14a			
-	withdrawn by the due date of your return. See instructions		14b	
с 15	Subtract line 14b from line 14a		14c 15	
16	Taxable HSA distributions. Subtract line 15 from line 14c. If zero or less, enter -0 Also, amount in the total on Schedule 1 (Form 1040), Part I, line 8f	include this	16	
17a	If any of the distributions included on line 16 meet any of the Exceptions to the Addition Tax (see instructions), check here	nal 20%		
	Additional 20% tax (see instructions). Enter 20% (0.20) of the distributions included on are subject to the additional 20% tax. Also, include this amount in the total on Schedu 1040), Part II, line 17c	line 16 that ule 2 (Form	17b	
Part	III Income and Additional Tax for Failure To Maintain HDHP Coverage. See completing this part. If you are filing jointly and both you and your spouse eac complete a separate Part III for each spouse.			
18	Last-month rule		18	
19	Qualified HSA funding distribution		19	
20	Total income. Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I,		20	
21	Additional tax. Multiply line 20 by 10% (0.10). Include this amount in the total on Sched 1040) Part II line 17d	ule 2 (Form	21	

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