### Department of the Treasury Internal Revenue Service

## IRS e-file Signature Authorization

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

Submission Identification Number (SID)

Taxpayer's name	Social security number
TANOOJ CHANDRA ADDAGUDU	866-93-1178
Spouse's name	Spouse's social security number
Part I Tax Return Information – Tax Year Ending December 31, 2022 (Enter	r year you are authorizing.)
Enter whole dollars only on lines 1 through 5.	
Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.	
<b>1</b> Adjusted gross income	<b>1</b> 72,071.
<b>2</b> Total tax	<b>2</b> 8,624.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	<b>3</b> 10,372.
4 Amount you want refunded to you	<b>4</b> 1,748.
<b>5</b> 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 perjury, I declare that I have examined a copy of the income tax return (original or amended	

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	
				ERO firm name		

			gits, all ze		as my
3	1	1	7	8	

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

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

Your signature 🕨

Date

Spouse's PIN: check one box only	
----------------------------------	--

I authorize

to enter or generate my PIN

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

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

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

Spouse's signature ► D	ate 🖡							
Practitioner PIN Method Returns Only—continue	bel	ow						
Part III Certification and Authentication – Practitioner PIN Method Only								
<b>ERO's EFIN/PIN.</b> Enter your six-digit EFIN followed by your five-digit self-selected PIN.	2	2	2		6 all zei	 9	8 9	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 🕨	
	ERO Must Retain This Form — Se Don't Submit This Form to the IRS Unles		
For Donorwork Doduction Ac	t Nation and your toy return instructions		Form <b>8870</b> (Day, 01, 0001)

<b>1040</b>		artment of the Treasury—Internal Revenue Servi <b>S. Individual Income Tax</b>		n 20 <b>2</b>	2	OMB No. 1545-	0074	IRS Use (	Dnly—I	Do not w	rite or staple i	in this space.
Filing Status Check only one box.		Single D Married filing jointly D uchecked the MFS box, enter the na	_	filing separately (M r spouse. If you ch		—				spou	ifying surv ise (QSS) name if th	0
	-	on is a child but not your dependent	-									
Your first name	and mi	ddle initial	Last name						٢	our so	cial securit	y number
TANOOJ C	HANI	DRA	ADDAGU	JDU					8	366-9	93-1178	3
lf joint return, sp	ouse's	first name and middle initial	Last name						s	Spouse'	s social sec	curity number
Home address (	numbe	r and street). If you have a P.O. box, see	instructions				A	Apt. no.	F	Presider	ntial Election	on Campaigr
<u>29772</u> SQ	UIRE	E RD									here if you,	,
City, town, or po NOVI	ost offic	ce. If you have a foreign address, also co	mplete spac	ces below.	Sta M1		ZIP co 483		t	o go to		tly, want \$3 Checking a change
Foreign country	name		Fore	eign province/state/c	count	:y	Foreig	n postal co			or refund.	Spouse
Digital		ny time during 2022, did you: (a) rece					-				Yes	No
Assets Standard		ange, gift, or otherwise dispose of a eone can claim: You as a de	-	Your spouse			asset)	? (See ins	struct	lions.)		
Deduction	_	Spouse itemizes on a separate return		•								
Age/Blindness	You:	Were born before January 2, 1	958 🗌 A	Are blind <b>Spo</b>	use	: 🗌 Was bor		ore Janua			🗌 ls bl	
Dependents	s (see	instructions):		(2) Social security		(3) Relationshi	ip <b>(4</b>	) Check the	e box	if qualif	ies for (see	instructions):
If more	<b>(1)</b> Fi	rst name Last name		number		to you		Child ta	x crea	dit	Credit for oth	ner dependents
than four dependents,									<u> </u>			
see instructions								L	<u> </u>		[	
and check											[	
here 🗌												
Income	1a	Total amount from Form(s) W-2, be		, ,					• •	1a	1	30,016.
Attach Form(s)	b	Household employee wages not re					• •		• •	1b		
W-2 here. Also	C	Tip income not reported on line 1a				· · · ·	• •		• •	10	_	
attach Forms W-2G and	d	Medicaid waiver payments not rep					• •		• •	1d		
1099-R if tax	e	Taxable dependent care benefits f			•		• •		• •	1e		
was withheld.	f	Employer-provided adoption bene			•		• •		• •	1f		
If you did not	g	<b>e</b>			•		• •		• •	1g		0
get a Form W-2, see	h	Other earned income (see instructi		· · · · · ·	•		· ·		• •	1h		0.
instructions.	i	Nontaxable combat pay election (s	see instruct	tions)	•	<b>1</b> i				-		0 010
		Add lines 1a through 1h	· · ·	· · · · · ·	 		• •		• •	1z	2	30,016.
Attach Sch. B if required.	2a	· ·	2a			axable interest			• •	2b		15.
	<u>3a</u>		3a 1a			ordinary divider			• •	3b		49.
	4a		4a			axable amount			• •	4b		
Standard Deduction for –	5a		5a			axable amount				5b		
Single or	6a	,	6a			axable amount			· .	6b		
Married filing separately,	c 7	If you elect to use the lump-sum el					• •			-		77
\$12,950	7	Capital gain or (loss). Attach Scher					• •			7		77.
Married filing jointly or	8 0	Other income from Schedule 1, line					• •		• •	8		-8,086.
Qualifying surviving spouse,	9 10	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, Adjustments to income from Scher		-			• •		• •	10		72,071.
\$25,900	11	Subtract line 10 from line 9. This is					• •		• •	11	-	10 071
Head of household,	12	Standard deduction or itemized	-	-			• •		• •	12		72,071.
\$19,400 • If you checked	13	Qualified business income deducti					• •		• •	13		L2,950.
any box under	13 14						• •		• •	13	-	2,950.
Standard Deduction,	15	Subtract line 14 from line 11. If zer					e .			15		59,121.
see instructions.									•			· · <b>/</b> · · · · · ·

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

Form **1040** (2022)

Form 1040 (2022	2)									Page <b>2</b>
Tax and	16	Tax (see instructions). Check i	f any from Form	ı(s): <b>1</b> 🗌 881	4 <b>2</b> 4972	3		16	8	624.
Credits	17	Amount from Schedule 2, line	∋3					17		
	18	Add lines 16 and 17						18	8	8,624.
	19	Child tax credit or credit for c	other dependent	ts from Sched	ule 8812			19		
	20	Amount from Schedule 3, line	€8					20		
	21	Add lines 19 and 20						21		
	22	Subtract line 21 from line 18.	If zero or less,	enter -0				22	8	8,624.
	23	Other taxes, including self-en	nployment tax,	from Schedule	e 2, line 21 .			23		0.
	24	Add lines 22 and 23. This is y	our <b>total tax</b>					24	8	624.
Payments	25	Federal income tax withheld								
2	а	Form(s) W-2				<b>25a</b> 10	,372.			
	b	Form(s) 1099				25b		-		
	с	Other forms (see instructions	)			25c		-		
	d	Add lines 25a through 25c						25d	10	,372.
If	26	2022 estimated tax payments	s and amount a	pplied from 20	21 return .			26		
If you have a l qualifying child,	27	Earned income credit (EIC) .				27				
attach Sch. EIC.	28	Additional child tax credit from				28		1		
	29	American opportunity credit f	from Form 8863	3, line 8		29		-		
	30	Reserved for future use				30				
	31	Amount from Schedule 3, line	ə15			31		1		
	32	Add lines 27, 28, 29, and 31.				undable credits		32		
	33	Add lines 25d, 26, and 32. Th						33	10	,372.
Defund	34	If line 33 is more than line 24,						34		,748.
Refund	35a	Amount of line 34 you want r						35a	1	,748.
Direct deposit?	b	Routing number 0 7 4					Savings			
See instructions.	d	Account number 8 7 1					<b>J</b>			
	36	Amount of line 34 you want a	· · · ·		ed tax	36				
Amount	37	Subtract line 33 from line 24.								
You Owe	07	For details on how to pay, go						37		
	38	Estimated tax penalty (see in:	-	-		38				
Third Party	Do	you want to allow another								
Designee		1					omplete l	below.	× No	
<b>J</b>	De	signee's		Phone			onal identi	fication		
	nai			no.			ber (PIN)			
Sign	Un	der penalties of perjury, I declare th	at I have examine	ed this return and	d accompanying sch	nedules and stateme	nts, and to	the bes	st of my kno	wledge and
Here		ief, they are true, correct, and comp	lete. Declaration of	· · 、	1 1 1	ased on all informati			,	0
	Yo	ur signature		Date	Your occupation				nt you an Id IN, enter it h	
Joint return?					DATA ENGI	NEER		inst.)		
See instructions.	Sp	ouse's signature. If a joint return, b	oth must sian.	Date	Spouse's occupat		If the	e IRS se	nt your spou	use an
Keep a copy for	op		e an maior orgin	Dato					ection PIN, e	
your records.							(see	inst.)		
	Ph	one no. (312) 468-5835	; ;	Email address	TANOOJCHAN	DRA@GMAIL.CO	M			
Paid	Pre	eparer's name	Preparer's signat	ture		Date	PTIN		Check if:	
Preparer	SYAM	PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	02/15/2023	P0208	2703	Self-e	employed
Use Only	Fir	m's name GLOBAL TAX	ES LLC				Pho	ne no. (	(678)965	5-9522
	Fir	m's address 245 ROONEY	CT E BRU	NSWICK N	J 08816		Firm	ı's EIN	84-31	171965
Go to www.irs.go	ov/Forn	n1040 for instructions and the lates	t information.		BAA	REV 02/05/23 PRO			Form 1	<b>1040</b> (2022)

REV 02/05/23 PRO

SCHEDULE	E 1
(Form 1040)	

Department of the Treasury

## **Additional Income and Adjustments to Income**

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

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

OMB No. 1545-0074 2022

Attachment Sequence No. **01** 

Internal Revenue Service Name(s) shown on Form 1040, 1040-SR, or 1040-NR Your social security number TANOOJ CHANDRA ADDAGUDU 866-93-1178

Par	t I Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxes		1	
2a	Alimony received		2a	
b	Date of original divorce or separation agreement (see instructions):			
3	Business income or (loss). Attach Schedule C		3	
4	Other gains or (losses). Attach Form 4797		4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Atta	ach Schedule E .	5	-8,086.
6	Farm income or (loss). Attach Schedule F.		6	
7	Unemployment compensation		7	
8	Other income:			
а	Net operating loss	8a (	)	
b	Gambling	8b		
С	Cancellation of debt	8c		
d	Foreign earned income exclusion from Form 2555	8d (	)	
е	Income from Form 8853	8e		
f	Income from Form 8889	8f		
g	Alaska Permanent Fund dividends	8g		
h	Jury duty pay	8h		
i	Prizes and awards	8i		
j	Activity not engaged in for profit income	8j		
k	Stock options	8k		
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)	8m	_	
n	Section 951(a) inclusion (see instructions)	8n	-	
0	Section 951A(a) inclusion (see instructions)	80	_	
р	Section 461(I) excess business loss adjustment	8p	-	
q	Taxable distributions from an ABLE account (see instructions)	8q	-	
r	Scholarship and fellowship grants not reported on Form W-2	8r	-	
S	Nontaxable amount of Medicaid waiver payments included on Form			
	1040, line 1a or 1d	8s (	)	
t	Pension or annuity from a nonqualifed deferred compensation plan or			
	a nongovernmental section 457 plan	8t	-	
u	Wages earned while incarcerated	8u	-	
Z	Other income. List type and amount:			
•		8z		
9	Total other income. Add lines 8a through 8z		9	
10	Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR	, or 1040-NR, line 8	10	-8,086.
or Lo				

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-	-basis	s gove	rnment		
	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		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	04-				
ام		24c			-	
d	· · ·	24d			-	
е	Repayment of supplemental unemployment benefits under the Trade Act of 1974	24e				
£		24e 24f			-	
f g		24g			-	
•	Attorney fees and court costs for actions involving certain unlawful	279			- 1	
	,	24h				
;	Attorney fees and court costs you paid in connection with an award	<u> </u>				
	from the IRS for information you provided that helped the IRS detect					
		24i				
i		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.			and on		
	Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a				26	
	ВАА	REV 0	2/05/23 PF	80	Schedu	le 1 (Form 1040) 2022

### SCHEDULE D (Form 1040)

## **Capital Gains and Losses**

OMB No. 1545-0074

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

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

20 Attachment Sequence No. 12

Internal Revenue Service Name(s) shown on return

Department of the Treasury

TANOOJ CHANDRA ADDAGUDU

Your social security number

866-93-1178

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? X No Yes 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 e dollars.	<b>(d)</b> Proceeds (sales price)	<b>(e)</b> 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 <b>Box A</b> checked	2,673.	2,653.		31.	51.
2	Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked					
3	Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked					
4	Short-term gain from Form 6252 and short-term gain or (le	oss) from Forms 4	684, 6781, and 88	324	4	
5	Net short-term gain or (loss) from partnerships, Schedule(s) K-1	•		usts from	5	
6	Short-term capital loss carryover. Enter the amount, if an <b>Worksheet</b> 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	51.

#### Part II Long-Term Capital Gains and Losses-Generally Assets Held More Than One Year (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) (e) Proceeds Cost (sales price) (or other basi		(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 <b>Box D</b> checked	287.	264.			23.
9	Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked					
10	Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked.	4.	1.			3.
11	Gain from Form 4797, Part I; long-term gain from Forms from Forms 4684, 6781, and 8824				11	
12	Net long-term gain or (loss) from partnerships, S corporat	ions, estates, and	trusts from Sched	dule(s) K-1	12	
13	Capital gain distributions. See the instructions				13	
14	Long-term capital loss carryover. Enter the amount, if any <b>Worksheet</b> in the instructions			-	14	( )
15	Net long-term capital gain or (loss). Combine lines 8a on the back .	-		o to Part III	15	26.
For F	Paperwork Reduction Act Notice, see your tax return instruction				Schedu	le D (Form 1040) 2022

Part III

16

17

18

19

20

		i age 🗖
III Summary		
Combine lines 7 and 15 and enter the result	16	77.
• If line 16 is a <b>gain</b> , 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 <b>loss</b> , skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22.		
<ul> <li>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.</li> </ul>		
Are lines 15 and 16 <b>both</b> gains?		
<ul><li>Yes. Go to line 18.</li><li>No. Skip lines 18 through 21, and go to line 22.</li></ul>		
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	
If you are required to complete the <b>Unrecaptured Section 1250 Gain Worksheet</b> (see instructions), enter the amount, if any, from line 18 of that worksheet	19	
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. <b>Don't</b> complete lines 21 and 22 below.		
☐ No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.		
If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of:		

21	If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the <b>smaller</b> of:	
	<ul> <li>The loss on line 16; or</li> <li>(\$3,000), or if married filing separately, (\$1,500)</li> </ul>	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 02/05/23 PRO

Schedule D (Form 1040) 2022

**8949** 

# Sales and Other Dispositions of Capital Assets

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

866-93-1178

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



Internal Revenue Service Name(s) shown on return

Department of the Treasury

Social security number or taxpayer identification number TANOOJ CHANDRA ADDAGUDU

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.

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

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

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

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>(b)</b> Date acquired	(c) Date sold or	<b>(d)</b> Proceeds	(e) Cost or other basis See the <b>Note</b> 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) (g) Code(s) from instructions Amount of adjustment		from column (d) and combine the result with column (g).	
ROBINHOOD SECURITIES LLC	01/01/22	12/01/22	2,673.	2,653.	EW	31.	51.	
2 Totals. Add the amounts in columns negative amounts). Enter each tota Schedule D, line 1b (if Box A above above is checked), or line 3 (if Box (	al here and inc is checked), <b>lir</b>	lude on your ne 2 (if Box B	2,673.	2,653.		31.	51.	

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

Form 8949 (2022)	Attachment Sequence No. 12A	Page <b>2</b>

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side TANOOJ CHANDRA ADDAGUDU

Social security number or taxpayer identification number 866-93-1178

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>(b)</b> Date acquired	<b>(c)</b> Date sold or	<b>(d)</b> Proceeds	<b>(e)</b> Cost or other basis See the <b>Note</b> below	Adjustment, i If you enter an enter a c 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	<b>(g)</b> Amount of adjustment	from column (d) and combine the result with column (g).
ROBINHOOD SECURITIES LLC	01/01/20	12/01/22	287.	264.			23.
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	I here and incline is checked), <b>lir</b>	lude on your 1e 9 (if Box E	287.	264.			23.

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.

Form 8949 (2022)	Attachment Sequence No. 12A	Page <b>2</b>

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side TANOOJ CHANDRA ADDAGUDU

Social security number or taxpayer identification number 866-93-1178

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

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

<b>1</b> (a) Description of property	<b>(b)</b> Date acquired	<b>(c)</b> Date sold or	<b>(d)</b> Proceeds	<b>(e)</b> Cost or other basis See the <b>Note</b> below	Adjustment, i If you enter an enter a c 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.	<b>(f)</b> Code(s) from instructions	<b>(g)</b> Amount of adjustment	from column (d) and combine the result with column (g).
ROBINHOOD SECURITIES LLC	01/01/22	12/31/22	4.	1.			3.
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 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if Box F above is checked).			4.	1.			3.

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.

SCHE (Form	DULE E 1040)	(From r	ontal real es	Supplementa state, royalties, partners					trusts RFMI	Cs.etc.)	OMB No. 1545-0074		
	ent of the Treasury	(i romin		Attach to Form 1040,	•				1000, 112111	00, 010.,	2(	) <b>22</b>	
	Revenue Service		Go to ww	w.irs.gov/ScheduleE for					formation.		Attachn Sequen	rent ce No. <b>13</b>	
Name(s)	shown on return									Your soci	al security	number	
	OJ CHANDRA									866-9	3-1178		
Part	Note: If yo	u are in th	he business o	ental Real Estate an of renting personal proper 4835 on page 2, line 40.			e C. See	e instru	ctions. If you a	are an indiv	vidual, rep	ort farm	
Α				that would require you	to file	Form(s) 1	099? 5	See in:	structions .		. 🗌 Ye	s 🛛 No	
						. ,						_	
1a	Physical addr	ess of ea	ach propert	y (street, city, state, ZIF	code	e)							
Α	3-167 KAG	THALA	BAZAR	JAGGAIAHPET KF	RISHN	, NA DIST	RICT	AND	HRA PRADI	ESH IN	52117		
В			,					,		-	-		
С													
1b	Type of Prope (from list below			rental real estate prope port the number of fair				Fa	ir Rental Days	Person Da		QJV	
Α	3			use days. Check the Q			Α		365		0		
В				et the requirements to f oint venture. See instru			В						
С			quaineu j			5.	С						
	of Property:												
	Single Family R			cation/Short-Term Ren	tal	5 Land			Self-Rental				
2	Multi-Family Re	sidence	4 Co	mmercial		6 Roya	alties	8	Other (desc	ribe)			
									Propert	ies:			
Incom	ie:						Α		В			С	
3					3		5	20.					
4		ved			4								
Expen													
5	Ũ				5								
6			,		6			0.4					
7	-				7		8	84.					
8					8								
9 10					9 10								
11	-	•			11		1 0	27.					
12				tc. (see instructions)	12		1,0	21.					
13		•			13								
14					14		2,8	43.					
15	•				15			10.					
16					16								
17	Utilities				17		1,6	42.					
18	•	•	•		18								
19	Other (list)				19								
20	I otal expenses	s. Add IIr	nes 5 throug	gn 19	20		8,6	06.					
21				and/or 4 (royalties). If									
				o find out if you must	0.1		-8,0	06					
22				after limitation, if any,	21		-0,0	00.					
22					22	(	8.08	36.)	(	)	(		
23a				ne 3 for all rental prope				23a	1	520.	1		
b				ne 4 for all royalty prop				23b					
С				ne 12 for all properties				23c					
d				ne 18 for all properties				23d					
е				ne 20 for all properties				23e		8,606.			
24				nown on line 21. <b>Do no</b>		•							
25				e 21 and rental real estat							(	8,086.	
26			-	Ilty income or (loss). ( 10 on page 2 do not a									

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

 For Paperwork Reduction Act Notice, see the separate instructions.

 NPA
 -8,086.

	2 MICHIGAN Indiv rn is due April 18, 2023. ⊺				'n MI-1	040				ended Return	
	r's First Name	M.I.	Last Name	IK.		2 Filer's	Full	Social Se	curity	No. (Example: 123-45-67	80)
TAI	NOOJ CHANDRA		ADDAGUDU								00)
lf a Jo	int Return, Spouse's First Name	M.I.	Last Name	8	866 — 93 — 1178						
						3. Spou	se's	Full Social	Secu	rity No. (Example: 123-45	-6789)
	Address (Number, Street, or P.O. Box	z)									
	772 SQUIRE RD		State	ZIP Code		4 Schor		strict Code	(5 dic	jits – see page 60)	
NO			MI	48375	5	4. 3010		3100	(J ulg	nis – see page oo)	
	STATE CAMPAIGN FUND			10070		I MERS, FISI			SE	AFARERS	
	Check if you (and/or your spouse, filing a joint return) want \$3 of you to go to this fund. This will not inco your tax or reduce your refund.	ur taxes	a. Filer				box	if 2/3 of y		ncome is from farming	,
7.	2022 FILING STATUS. Check on	e.			8. <b>2022</b>	RESIDEN	CYS	STATUS.	Chec	k all that apply.	
a.	X Single	* If y	ou check box "c," complete	e	а. Х	Resident					
			3 and enter spouse's full na	ame						* If you check box "b" "c," you must complete	
b.	Married filing jointly	belo	W:		b	Nonreside	nt *			and include Schedule	
C.	C. Married filing separately*									NR.	
9.	EXEMPTIONS. NOTE: If some	one els	e can claim you as a depe	ndent, che	ck box 9e,	enter 0 on I	ne 9	a and en	ter \$	1,500 on line 9e (see ii	nstr.).
	a. Number of exemptions (see in	nstructi	ons)			. 1	x	\$5,000	9a.	5000	00
	b. Number of individuals who qua							. ,			
	blind, hemiplegic, paraplegic,						х	\$2,900	9b.		00
	c. Number of qualified disabled						х	\$400	9c.		00
	d. Number of Certificates of Still	birth fro	om MDHHS (see instructio	ns)	9d		х	\$5,000	9d.		00
	e. Claimed as dependent, see li	ne 9 N	OTE above		9e	e.			9e.		00
	f. Add lines 9a, 9b, 9c, 9d and 9	9e. Ent	er here and on line 15					 Г	9f.	5000	00
10.	Adjusted Gross Income from y	our U.S	S. Form 1040 (see instructi	ons)				. 10.		72071	L 00
11.	Additions from Schedule 1, line S	9. <b>Inclu</b>	de Schedule 1					. 11.			00
12.	Total. Add lines 10 and 11							. 12.		72071	
								ľ			
13.	Subtractions from Schedule 1, lin	ne 30.	Include Schedule 1					. 13.			00
4.4	la como cubio et to tou. Cubio c	4 line - 44	) for any line (0) . If line (0) is		line 40			44		72071	
14.	Income subject to tax. Subtract	t line 1	3 from line 12. If line 13 is	greater that	an line 12, e	enter "0"		. 14.		72071	L 00
15.	Exemption allowance. Enter an	nount f	rom line 9f or Schedule NF	R, line 19				. 15.		5000	00
16.	Taxable income. Subtract line 1	5 from	line 14. If line 15 is greate	er than line	14, enter "(	0"		. 16.		67071	L 00
17. NON.	Tax. Multiply line 16 by 4.25% (0 REFUNDABLE CREDITS	).0425)			AMOU			. 17.		2851 CREDIT	L [00
			ite euteide Michigan	<b></b>	Alliou			I F		OREDIT	
18.	Income Tax Imposed by governn Include a copy of the return (see			a.			00	18b.			00
19.	Michigan Historic Preservation T	ax Cre	dit (see instructions). 19	a.			00	19b.			00
	Income Tax. Subtract the sum o		. ,	·				· · · · · · · · · · · · · · · · · · ·			
20.	If the sum of lines 18b and 19b is							. 20.		2851	L 00
										REV 01/21/23 PF	RO

2022 M	II-1040, Page 2 of 2		Filer's	s Full Social S	ecurity Numbe	er 866		93 —	1178	
									-	
21.	Enter amount of Income Tax from lir								285	
22.	Voluntary Contributions from Form						22.			00
23.	<b>USE TAX.</b> Use tax due on Internet, Worksheet 1 (see instructions)						23.			0 00
24	Total Tax Liability. Add lines 21, 22	2 and 23							285	1 00
	INDABLE CREDITS AND PAYM					27	· .			
25.	Property Tax Credit. Include MI-10	040CR or N	/II-1040CR-	2			25.			00
26.	Farmland Preservation Tax Credi	t. Include I	MI-1040CR-	-5		DERAL	26.	MI	CHIGAN	00
27.	Earned Income Tax Credit. Multiply enter result on line 27b					00	27b.			00
28.	Michigan Historic Preservation Tax				3581					00
20. 29.	Credit for allocated share of tax paid	•	,							00
			0	0 ,	,	,				
30.	Michigan tax withheld from Schedul	e W, line 6	Include Se	chedule W (	do not sub	mit W-2s)	30.		340	1 00
31.	Estimated tax, extension payments	and 2021 c	redit forwa	rd			31.			00
32.	2022 AMENDED RETURNS ONLY. Amended returns must include Sch				2022 return	should skip to line 3	33.			
	32a. If you had a refund and/or negative number on line 32		d on the origi	nal return, che	eck box 32a ai	nd enter this amount a	sa			
	32b. If you paid with the original any additional tax paid after						lus 32c.			00
33.	Total refundable credits and payment	nts. Add lin	es 25, 26, 2	27b, 28, 29, 3	30, 31 and 3	2c 33			340	1 00
REFU	IND OR TAX DUE									
34.	If line 33 is less than line 24, subtract	ct line 33 fr	om line 24.	If applicable	, see instruc	tions.				
	Include interest 00 a	ind penalty		00		YOU OWE 34				00
35.	Overpayment. If line 33 is greater t	han line 24	, subtract li	ne 24 from li	ne 33		i.		55	0 00
36.	Credit Forward. Amount of line 35	to be credit	ed to your 2	2023 estimat	ted tax for yo	our 2023 tax return	36.			00
27	Subtract line 36 from line 35					<b>REFUND</b> 37	,		55	0 00
	ECT DEPOSIT		ting Transit			Account Number	·	c. Type o	f Account	- 100
Depos	it your refund directly to your financial ion! See instructions and complete a, b	07400	0010		87118	9028	1.	X Checking	2. Sa	vings
and c.	eased Taxpayer. If Filer and/or Spous			2021 optor		1	action	1 de ele		41 4
ENTE	<b>R DATE OF DEATH ONLY.</b> Example:	04-15-2022	(MM-DD-YY)	YY)	uales below.	Preparer Certifi this return is based o				
Filer		Spouse				Preparer's PTIN, FE				
_						Preparer's Name (pr				
	ayer Certification. I declare under tachments is true and complete to the bes			information in	this return	SYAM PRIY			GUPTA	TA
Filer's	Signature			Date		Preparer's Signature			CUDUA	
Snour	se's Signature			Date		SYAM PRIY Preparer's Business				TA
opous	o o orginaturo			Dale		GLOBAL TA				
				I		245 ROONE				
	By checking this box, I authorize Tre	easury to di	scuss my re	eturn with my	y preparer.	E BRUNSWI	CK N	J 08816		
						678-965-9	9522			

Refund, credit, or zero returns. Mail your return to:Michigan Department of Treasury, Lansing, MI48956Pay amount on line 34 (see instructions). Mail your check and return to:Michigan Department of Treasury, Lansing, MI48929

# 2022 MICHIGAN Withholding Tax Schedule

Issued under authority of Public Act 281 of 1967, as amended.

Type or print in blue or black ink.

**INSTRUCTIONS:** If you had Michigan income tax withheld in 2022, you must complete a *Withholding Tax Schedule* (Schedule W) to claim the withholding on your *Individual Income Tax Return* (MI-1040, line 30). Report military pay in Table 1 and military retirement benefits and taxable railroad retirement benefits (both Tier 1 and Tier 2) in Table 2 even if no Michigan tax was withheld. Include your completed Schedule W with Form MI-1040. See complete instructions on page 2 of this form. If you need additional space, include another Schedule W.

1. Filer's First Name	M.I.	Last Name	2. Filer's Full Social Security No. (Example: 123-45-6789)
TANOOJ CHANDRA		ADDAGUDU	866 — 93 — 1178
If a Joint Return, Spouse's First Name	M.I.	Last Name	3. Spouse's Full Social Security No. (Example: 123-45-6789)

## TABLE 1: MICHIGAN TAX WITHHELD OR MILITARY PAY REPORTED ON W-2, W-2G or CORRECTED W-2 FORMS

	4	В	C	D	E
Enter "X" for: Filer or Spouse		Employer's identification number (Example: 38-1234567)	Box c — Employer's name	Box 1 — Wages, tips, other compensation	Box 17 — Michigan income tax withheld
X		85-2808692	SYSPRO IT SOLUIT	80016 <sub>0</sub>	0 3401 0
				0	0 0
				0	0
				0	0
				0	0
Enter	Table	0			
4.	SUB	. 3401 0			

## TABLE 2: MICHIGAN TAX WITHHELD OR MILITARY RETIREMENT BENEFITS AND RAILROAD RETIREMENT BENEFITS (BOTH TIER 1 AND TIER 2) REPORTED ON 1099 FORMS

Α	В	C	D	E
Enter "X" for Filer or Spous		Payer's name	Taxable pension distribution, misc. income, etc. (see inst.)	Michigan income tax withheld
			00	00
			00	00
			00	00
			00	00
			00	00
			00	00
Enter Tabl	le 2 Subtotal from additional Sche	00		
5. <b>SU</b> I	BTOTAL. Enter total of Table 2, c	00		
6. <b>TO</b>	TAL. Add lines 4 and 5. Enter her	e and carry to MI-1040, line 30	6.	3401 00
				REV 01/21/23 PRO