#### 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
VENKATA R AKULA	440-11-0155
Spouse's name	Spouse's social security number
RATNA S AKULA	277-06-3251
Part I Tax Return Information – Tax Year Ending December 31, 2022 (Enter	er 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> 384,176.
<b>2</b> Total tax	<b>2</b> 72,500.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	<b>3</b> 77,283.
4 Amount you want refunded to you	<b>4</b> 4,795.
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

				ERO firm name		E	n
×	I authorize	GLOBAL	TAXES	LLC	to enter or generate my PIN		-
			-				6

1	0	1	5	5	as my
Ent					

3 б

2 5

Enter five digits, but don't enter all zeros

1

as mv

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.

Date

to enter or generate my PIN

Your signature

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

X 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 🕨	Date ►
Practitioner PIN Method Returns O	nly—continue below
Part III Certification and Authentication – Practitioner PIN M	ethod Only
<b>ERO's EFIN/PIN.</b> Enter your six-digit EFIN followed by your five-digit self-se	elected PIN. 8 0 8 2 7 1 1 0 6 7 3

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 Th Don't Submit This Form to t							
For Paperwork Reduction Act Notice, see your tax return instruction	ons. BAA	REV 03/09/23 PRO	Form 8879 (Rev. 01-2021)				

Deduction for-       6a       Social security benefits       6a       b Taxable amount       6b         • Single or Married filing separately, \$12,950       c       If you elect to use the lump-sum election method, check here (see instructions)       .       .       6b         • Married filing jointly or Qualifying surviving spouse, \$25,900       7       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         • Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       .       .       .       9       384,176.         • Maried of household, \$19,400       11       Subtract line 10 from line 9. This is your adjusted gross income       .       .       .       11       384,176.         12       25,900.       13       Qualified business income deduction from Form 8995 or Form 8995-A       .       .       .       13       66.	<b>1040</b>		rtment of the Treasury—Internal Revenue Servi <b>5. Individual Income Ta</b>		urn	202	2	OMB No. 1545	-0074	IRS Use Only	/—Do not w	rite or staple	in this space.
VENKATA R         AKULA         440-11-0155           If joint from, spoace's first name and middle initial RATINA S         Last name         Spoace's social security number ARUNA         277-06-3251           Home address (number and street). If you have a D.0 box, see instructions.         Apt. no.         Presidential Election Campaign Check there if you, or your spoace's filling jointly, want 35         Presidential Election Campaign Check there if you, or your spoace's filling jointly, want 35           Foreign country name         Foreign province/state/county         Foreign province/state/county         Foreign province/state/county         Province/state/ Spoace         You	Check only	lf yo	u checked the MFS box, enter the n	ame of	-						spor	use (QSS)	-
If joint rulum, spouse's first name and middle initial       Last name       AKULA       Poses* social security number         RATINA_S       AKULA       AKULA       Presidential Election Campaign         1355_Wood_Duck Drive       Akt num       Aktua       Presidential Election Campaign         COPPELL       TX       75019       Presidential Election Campaign         Foreign country name       Foreign province/state/county       Foreign province/state/county       Foreign province/state/county       Foreign province/state/county       Poreign province/state/state/county       Poreign province/state/stastate/stastate/state/state/state/state/state/state/state	Your first name	and mi	ddle initial	Last na	ime						Your so	cial securit	y number
RATINA S     AKULA     277-06-3251       Home address (number and street). If you have a P.O. box, see instructions.     Apt. no.     Precidential Election Campaign Or Street, where the provide address, also complete spaces below.     State     277-06-3251       City, tow, or post office. If you have a foreign address, also complete spaces below.     State     277 cole-3251     Spoces filling brinking brink	VENKATA	R		AKUI	A						440-	11-015	5
Internet address (number and streek). If you have a P.O. box, see instructions.         Apt. no.         Presidential Election Campaign           1355         Wood         Duck. Dx ive         COPPELL         TX         75019         Dock here if you or your         Opcode if illing piothy, wont 35           Foreign country name         Foreign province/state/county         Foreign postal code         you its cor refund.         Dox below will not change           Digital         At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell.         You         Spouse           Assets         Someone can claim:         You as a dependent         You spouse as a dependent         You         Spouse           Deduction         Spouse itemizes on a separate return or you were a dual-status allen         Appl. Interview (b) for iter anne         (c) Check the box if qualifies for (see instructions);         (d) Flast name         (e) Check the box if qualifies for (see instructions);           If more than four dependents, see instructions         (f) First name         Last name         (g) Flastionative to you         (e) Check the box if qualifies for (see instructions);           If was utheld.         (f) First name         Last name         (g) Check the box if qualifies for (see instructions);         (h) Check the box if qualifies for (see instructions);         (h) Check the box if qualifies for (see instructions);         (h) Check	If joint return, sp	oouse's	first name and middle initial	Last na	ime						Spouse	's social sec	urity number
Internet address (number and streek). If you have a P.O. box, see instructions.         Apt. no.         Presidential Election Campaign           1355         Wood         Duck. Dx ive         COPPELL         TX         75019         Dock here if you or your         Opcode if illing piothy, wont 35           Foreign country name         Foreign province/state/county         Foreign postal code         you its cor refund.         Dox below will not change           Digital         At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell.         You         Spouse           Assets         Someone can claim:         You as a dependent         You spouse as a dependent         You         Spouse           Deduction         Spouse itemizes on a separate return or you were a dual-status allen         Appl. Interview (b) for iter anne         (c) Check the box if qualifies for (see instructions);         (d) Flast name         (e) Check the box if qualifies for (see instructions);           If more than four dependents, see instructions         (f) First name         Last name         (g) Flastionative to you         (e) Check the box if qualifies for (see instructions);           If was utheld.         (f) First name         Last name         (g) Check the box if qualifies for (see instructions);         (h) Check the box if qualifies for (see instructions);         (h) Check the box if qualifies for (see instructions);         (h) Check	RATNA S			AKUI	A						277-	06-325	1
1355 Wood Duck Drive       Check here if you or you       Dide the if you or you		numbe	r and street). If you have a P.O. box, see	instructi	ons.				A	Apt. no.			
City, town, or post office. If you have a foreign address, also complete spaces below.       State       2/P code       spouse if filling jointly, want S3 tog to this fund. Checking a box below will not change by gor tax or relund.         COPPELL       Foreign country name       Foreign province/state/country       Foreign province/state/country       Foreign country cancelstate/country       Foreign country       Foreign country <td>1355 Woo</td> <td>d Di</td> <td>uck Drive</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>Check I</td> <td>nere if you,</td> <td>or your</td>	1355 Woo	d Di	uck Drive								Check I	nere if you,	or your
COPPELL       TX       7519       box below will not change <sup>-</sup> Foreign province/staticounty       Foreign province/staticounty       Foreign province/staticounty       out as a change <sup>-</sup> Digital       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).       Yes       Xe         Standard       Someone can claim:       \over you as a dependent       Your spouse as a dependent       Your spouse as a dependent         Dependents       See instructions):       (Were born before January 2, 1958       Are blind       Spouse:       Was born before January 2, 1958       Is blind         Dependents       (see instructions):       (I) First name       Last name       number       (a) Check the box if qualifies for (see instructions)         If more       (I) First name       Last name       number       (b) First name       Last name       Imome         New 2 there .dso       Ib       Household employee wages not reported on Form(s) W-2, box 1 (see instructions)       Ia       365, 175.         Harden forms       Wa2 as dependent care benefits from Form 2441, line 26       Ia       Ia       365, 175.         Hardei forms       Wa2 as form Form 8919, line 6       Ia       1a       365, 175.<	-			mplete s	paces be	ow.	Sta	ate	ZIP c	ode			
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.       Spouse         Standard Deduction       Someone can claim:       You as a dependent       Your spouse as a dependent         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):       (f) First name       Last name       (g) Social security       (g) Relationelip       (d) Check the box if qualifies for (see instructions):         If more than four dependents, see instructions       Image: class of the provide dependent       Image: class of the provide dependent       Image: class of the provide dependent         Income       1a       Total amount from Form(s) W-2, box 1 (see instructions)       Image: class of the provide dependent care benefits from Form (s) W-2 (see instructions)       Image: class of the provide dependent care benefits from Form 8289, line 29       Image: class of the provide dependent care benefits from Form 829, line 6       Image: class of the provide dependent care benefits from Form 8241, line 26       Image: class of the provide dependent care benefits from Form 829, line 6       Image: class of the provide	COPPELL			-	-		T	x	750	19			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 digital asset (or a financial interest in a digital asset)? (See instructions). Uves X No         Standard Deduction       Someone can claim:       You as a dependent       Your spouse as a dependent         Age/Blindness       You:       Were born before January 2, 1958       Are blind       Spouse:       Was born before January 2, 1958       Is blind         Dependents       (see instructions):       (f) First name       Last name       number       (a) Relationship       (d) Check the box if qualifies for (see instructions):         If more than four ded check       Ina       Total amount from Form(s) W-2, box 1 (see instructions).       Ina       1a       365, 175.         Income and check       1a       Total amount from Form(s) W-2, box 1 (see instructions).       1a       365, 175.         In Contart and check       1a       365, 175.       1b       1a       365, 175.         In Contart and check and the dependent care benefits form Form (SW-2, check instructions).       1a       365, 175.         In was withhed.       1a       365, 175.       1a       365, 175.         In Contart and check and benefits form Form (SW-2, check instructions).       1a       365, 175.         It was withhed.       9<		name			Foreign pi	rovince/state/				-	-		0
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       Your spouse as a dependent         Age/Blindness       You:       Were born before January 2, 1958       Are blind       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       (9) First name       Last name       (9) Social security       (9) Relationship       (4) Check the box if qualifies for (see instructions)         If more than four dependents, see instructions       10       10       10       10         est instructions       10       10       10       10       10         Income       1a       Total amount from Form(s) W-2, box 1 (see instructions)       1a       365, 175.         b       Household employee wages not reported on Form(S) W-2. box 1 (see instructions)       1a       365, 175.         Ve 2 hers, Alie       Taxable dependent care benefits from Form 241, line 26       1a       1a       365, 175.         ib       Household employee wages not reported on Form(W-2, box 1 (see instruc												You	Spouse
Deduction       Spouse itemizes on a separate return or you were a dual-status alien         Age/Blindness       You:       Ware 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 Gee instructions):         If more than four dependents, see instructions												Yes	🗙 No
Age/Blindness       You:       Were born before January 2, 1958       Are blind       Spouse:       Was born before January 2, 1958       Is blind         Dependents       (see instructions):       (2) Social security       (3) Relationship       (4) Check the box if qualifies for (see instructions):         If more than four dependents, see instructions       (1) First name       Last name       (2) Social security       (3) Relationship       (4) Check the box if qualifies for (see instructions):         Innome       1a       Total amount from Form(s) W-2, box 1 (see instructions)       .       1a       365, 175.         Innome       1a       Total amount from Form(s) W-2, box 1 (see instructions)       .       1a       365, 175.         Chowshold employee wages not reported on Form(s) W-2 (see instructions)       .       1a       365, 175.         Chowshold employee wages not reported on Form(s) W-2 (see instructions)       .       1a       365, 175.         Generation       1a       365, 175.       1a       365, 175.         Musa band geependent care benefits from Form 893, line	Standard			•				•					
Dependents (see instructions):       (2) Social security number       (3) Relationship       (4) Check the box if qualifies for (see instructions):         If more than four dependents, see instructions and check here       (1) First name       (2) Social security number       (3) Relationship       (4) Check the box if qualifies for (see instructions):         Income       1a       Total amount from Form(s) W-2, box 1 (see instructions)       (1)       (1)       (1)         Howshold employee wages not reported on Form(s) W-2.       1b       (1)       (1)       (1)         Attach Form(s)       W-2 shera, Also       (2) Gee instructions)       (1)       (1)         Medicald waiver payments not reported on Form(s) W-2.       1b       (1)       (1)         Medicald waiver payments not reported on Form(s) W-2 (see instructions)       (1)       (1)       (1)         W-2 and 10 deependent care benefits from Form 8839, line 29       1f       (1)       (1)         W-2, see instructions,       1a       1a       (2), 175.       (2)       (2)       (1)         W-2, see instructions,       2a       2a       1a       1a       (2), 175.       (2)       (2), 175.         Attach Sch. B       if required.       3a       19, 864.       b       1a       3a       (2), 178.         Bandar	Deduction	<u> </u>	Spouse itemizes on a separate retur	n or you	u were a	dual-status	alier	1					
Dependents       (1) First name       Last name       number       to you       Child tax credit       Credit for other dependents         than four dependents, see instructions	Age/Blindness	You:	Were born before January 2, 1	958 [	Are bl	ind Sp	ouse	: 🗌 Was bor	n befo	ore January	2, 1958	🗌 ls bl	ind
If more than four dependents, see instructions and check here       Image: the set of the se	Dependents	(see	instructions):		(2) 5	Social securit	/	(3) Relationsh	ip (4	I) Check the b	ox if quali	fies for (see	instructions):
than four dependents, see instructions and check here	-						,			Child tax o	redit	Credit for oth	ner dependents
see instructions       Image: See instructions       Image: See instructions       Image: See instructions         Income       1a       Total amount from Form(s) W-2, box 1 (see instructions)       Image: See instructions       Image: See instructions       Image: See instructions         Attach Form(s)       C       Tip income not reported on line 1a (see instructions)       Image: See instructions       Im												[	
and check       here												[	
here       Image: structure in the ima		;										[	
Itechnic       b       Household employee wages not reported on Form(s) W-2       1b         Attach Forms       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       e       Taxable dependent care benefits from Form 2441, line 26       1d         Wages from Form 8919, line 6       1g       1g         get a Form       W       Wages from Form 8919, line 6       1t         was withheld.       f       Employer-provided adoption benefits from Form 8839, line 29       1t         get a Form       h       Other earned income (see instructions)       1h       0.         w2.2 see       in       Nontaxable combat pay election (see instructions)       1t       1z       365, 175.         ztach Sch. B       2a       La       b       Taxable interest       2b       216.         if required.       3a       19, 864.       b       Taxable amount       4b       5b         Deduction for       5a       Pensions and annutites       5a       b       Taxable amount       6b         Standard       Odelai security benefits       6a       b       Taxable amount       6b       6b<												[	
b       Household employee wages not reported on Form(s) W-2.       1b         W-2 here. Also attach Forms       C       Tip income not reported on line 1a (see instructions)       1c         W-2 here. Also attach Forms       Medicaid waiver payments not reported on Form(s) W-2 (see instructions)       1d         W-2 G and 1099-R if tax was withheld.       Taxable dependent care benefits from Form 2441, line 26       1e         If       Employer-provided adoption benefits from Form 8839, line 29       1f         was withheld.       g       Wages from Form 8919, line 6       1g         If you did not get a Form       g       Wages from Form 8919, line 6       1i         V-2, see instructions.       i       Nothaxable combat pay election (see instructions)       1i         Z       Add lines 1a through 1h       1       2         Xtach Sch. B       2a       Tax-exempt interest       2a         if required.       3a       19,864.       b       Taxable amount       4b         Standard       Declarity benefits       Ga       b       Taxable amount       6b         Standard       C apital gain or (loss). Attach Schedule D if required. If not required, check here       7       -3,000.         Standard       Go Cill security benefits       Ga       1b       384,176. <td>Income</td> <td>1a</td> <td>Total amount from Form(s) W-2, b</td> <td>ox 1 (se</td> <td>e instruc</td> <td>tions) .</td> <td></td> <td></td> <td></td> <td></td> <td>. 1a</td> <td>36</td> <td>55,175.</td>	Income	1a	Total amount from Form(s) W-2, b	ox 1 (se	e instruc	tions) .					. 1a	36	55,175.
W-2 here. Also attach Forms       Implification for regorded on mit algoed instructions)       Implification for the regorded on form(s)       Implification form form form form form form form form	meome	b	Household employee wages not re	eported	on Form	(s) W-2 .					. 1b	)	
attach Forms       d       Medicaid vaiver payments not reported on Form(s) W-2 (see instructions)       1d         W-2G and 1099-R if tax       e       Taxable dependent care benefits from Form 2441, line 26       1e         1099-R if tax       f       Employer-provided adoption benefits from Form 8839, line 29       1f         was withheld.       g       Wages from Form 8919, line 6       1g         if you did not get a Form       h       Other earned income (see instructions)       1i         W-2, see       i       Nontaxable combat pay election (see instructions)       1i         instructions.       z       Add lines 1a through 1h       1z       365, 175.         Attach Sch. B       2a       Tax-exempt interest       2b       216.         b       Taxable interest       2b       216.         b       Taxable interest       2b       216.         b       Taxable amount       4b       5b         Standard       Social security benefits       Ga       b       Taxable amount       5b         Social security benefits       Ga       Ga       Social security benefits       6a       b       Taxable amount       6b         Social security benefits       Ga       Ga       Social security benefits       Ga <td></td> <td>с</td> <td>Tip income not reported on line 1a</td> <td>a (see in</td> <td>struction</td> <td>s)</td> <td></td> <td></td> <td></td> <td></td> <td>. 10</td> <td>:</td> <td></td>		с	Tip income not reported on line 1a	a (see in	struction	s)					. 10	:	
109-R if tax was withheld.       f       Employer-provided adoption benefits from Form 8839, line 29       11         If you did not get a Form W-2, see instructions.       g       Wages from Form 8919, line 6       11         W-2, see instructions.       i       Nontaxable combat pay election (see instructions)       11       11         W-2, see instructions.       i       Nontaxable combat pay election (see instructions)       11       12         Add lines 1a through 1h       .       .       .       12       365,175.         Attach Sch. B       2a       Tax-exempt interest       2a       2b       216.         4a       .       b       Taxable interest       2b       216.         5a       Gualified dividends       .       .       .       .       .         6a       Social security benefits       .       .       .       .       .       .         6a       Social security benefits       .		d	Medicaid waiver payments not rep	orted o	n Form(s	s) W-2 (see	nstru	uctions)			. 1d		
was withheld.       f       Employer-provided adoption benefits from Form 8839, line 29       11         If you did not get a form       g       Wages from Form 8919, line 6       1g         get a form       h       Other earned income (see instructions)       1h       0.         w2-2, see instructions.       z       Add lines 1a through 1h       1z       365,175.         Z       Add lines 1a through 1h       1z       365,175.         Attach Sch. B       2a       Tax-exempt interest       2a       b       Taxable interest       2b       216.         4a       IRA distributions       4a       b       Datable amount       4b       5b         Deduction for- • Single or Married filing spearately, \$12,950       Social security benefits       6a       b       Taxable amount       7       -3,000.         Married filing pointly or Qualifying surving spouse, \$25,900       Add lines 12, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9       384,176.         10       Standard deduction or itemized deductions (from Schedule 1, line 26       11       384,176.         11       384,176.       12       25,900.       11       384,176.         11       384,176.       12       25,900.       13       66.         12		е	Taxable dependent care benefits f	rom Fo	rm 2441,	line 26					. 1e	•	
If you did not g Wages from Form 8919, line 6 1g   get a Form h Other earned income (see instructions) 1h   W-2, see i Nontaxable combat pay election (see instructions) 1i   instructions. z Add lines 1a through 1h 1z   Attach Sch. B 2a 2a b   Tax-exempt interest 2a b   Qualified dividends 3a 19,864.   B Ordinary dividends 2b   4a b b   Standard 5a 5a   Deduction for- 6a   Single or Married filing yesparately, s12,950   7 Capital gain or (loss). Attach Schedule D if required. If not required, check here   10 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income   11 384, 176.   10 225,900.   11 384, 176.   11 384, 176.   12 25,900.   13 Qualified business income deduction from Form 8995 or Form 8995-A   14 25,900.   15 Subtract line 14 from line 11 fizzo or less enter -0. This is your taxable income   14 25,900.		f	Employer-provided adoption bene	fits fron	n Form 8	839, line 29					. 1f		
W-2, see instructions.       i       Nontaxable combat pay election (see instructions)       1i         Attach Sch. B if required.       2a       Add lines 1 a through 1h       1z       365,175.         Attach Sch. B if required.       3a       Qualified dividends       2a       b       Tax-exempt interest       2b       216.         3a       19,864.       b       Ordinary dividends       3b       21,785.         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       6b         5ingle or       f       You elect to use the lump-sum election method, check here (see instructions)       7       -3,000.         8       Other income from Schedule 1, line 10       7       -3,000.       8       0         9       Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       10       10         9       384,176.       10       12       25,900.       11       384,176.         14       Standard deduction or itemized deductions (from Schedule A)       12       25,900.       12       25,900.       12<		g	Wages from Form 8919, line 6 .								. 1g		
instructions.       I       Nontaxable contract pay election (see instructions)       II         Add lines 1a through 1h       Image: Contract pay election (see instructions)         Attach Sch. B       Image: Contract pay election (see instructions)         Add lines 1a through 1h       Image: Contract pay election (see instructions)         Add lines 1a through 1h       Image: Contract pay election (see instructions)         Standard Deduction for       6a       Social security benefits       Sea       6a       Image: Contract pay election (see instructions)       Image: Contract pay election (see instructions) <t< td=""><td>-</td><td>h</td><td>Other earned income (see instruct</td><td>ions)</td><td></td><td></td><td></td><td></td><td></td><td></td><td>. 1h</td><td>1</td><td>0.</td></t<>	-	h	Other earned income (see instruct	ions)							. 1h	1	0.
z       Add lines 1a through 1h       1z       365,175.         Attach Sch. B       2a       Tax-exempt interest       2a       b       Taxable interest       2b       216.         if required.       3a       Qualified dividends       3a       19,864.       b       Ordinary dividends       3b       21,785.         4a       IRA distributions       4a       b       Taxable amount       4b       4b         Standard Deduction for-       6a       Social security benefits       6a       b       Taxable amount       5b         6a       Social security benefits       6a       b       Taxable amount       5b         7       Capital gain or (loss). Attach Schedule D if required. If not required, check here       7       7.3,000.         8       Other income from Schedule 1, line 10       7       -3,000.       8         9       384,176.       9       384,176.       10         11       384,176.       11       384,176.       12       25,900.         14       Add lines 12, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       11       384,176.       10         9       384,176.       12       25,900.       11       384,176.       12       25,900. <td></td> <td>i</td> <td>Nontaxable combat pay election (s</td> <td>see inst</td> <td>ructions)</td> <td></td> <td></td> <td> <b>1</b>i</td> <td></td> <td></td> <td></td> <td></td> <td></td>		i	Nontaxable combat pay election (s	see inst	ructions)			<b>1</b> i					
if required.       3a       Qualified dividends       3a       19,864.       b       Ordinary dividends       3b       21,785.         4a       IRA distributions       4a       b       Taxable amount       4b         5a       Pensions and annuities       5a       b       Taxable amount       4b         5a       Pensions and annuities       5a       b       Taxable amount       5b         6a       Social security benefits       6a       b       Taxable amount       5b         6a       Social security benefits       6a       b       Taxable amount       7         • Single or Married filing jointy or Qualifying       7       Capital gain or (loss). Attach Schedule D if required. If not required, check here       7       7       -3,000.         8       Other income from Schedule 1, line 10       10       8       9       384,176.         9       Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9       384,176.         10       Adjustments to income from Schedule 1, line 26       10       11       384,176.         11       Subtract line 10 from line 9. This is your adjusted gross income       11       384,176.         12       25,900.       13       Qualified business income deduction		z	Add lines 1a through 1h	• •							. 1z	36	55,175.
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)       1       6b         • Married filing jointly or Qualifying surviving spouse, \$25,900       7       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       0       9       384,176.         9       Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9       384,176.         10       Adjustments to income from Schedule 1, line 26       10       11       384,176.         11       Subtract line 10 from line 9. This is your adjusted gross income       11       384,176.         12       25,900.       13       Qualified business income deduction from Form 8995 or Form 8995-A       13       66.         14       25,966.       14       Add lines 12 and 13       14       25,966.       15       358,210	Attach Sch. B	<b>2</b> a	Tax-exempt interest	2a			bΤ	axable interest			. 2b	)	216.
Standard Deduction for-       5a       Pensions and annuities	if required.	3a	Qualified dividends	3a	19,	864.	<b>b</b> (	Ordinary divider	nds .		. 3b		21,785.
Deduction for-       6a       Social security benefits       6a       b Taxable amount       6b         • Single or Married filing separately, \$12,950       c       If you elect to use the lump-sum election method, check here (see instructions)       .       .       6b         • Married filing jointly or Qualifying surviving spouse, \$25,900       7       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       9       Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9       384,176.         • Head of household, \$19,400       11       Subtract line 10 from line 9. This is your adjusted gross income       11       384,176.         • Head of household, \$19,400       12       Standard deduction or itemized deductions (from Schedule A)       12       25,900.         • If you checked any box under Standard       13       Qualified business income deduction from Form 8995 or Form 8995-A       13       66.         14       25,966.       14       Add lines 12 and 13       14       25,966.       15       358, 21.0		4a	IRA distributions	4a			bΤ	axable amount	t		. 4b	)	
<ul> <li>Single or Married filing separately, \$12,950</li> <li>Married filing jointly or Qualifying surviving spouse. \$25,900</li> <li>Head of household, \$19,400</li> <li>Head of household, \$19,400</li> <li>Id Subtract line 10 from line 9. This is your adjusted gross income</li> <li>Id Subtract line 10 from line 9. This is your adjusted gross income</li> <li>Id Subtract line 10 from line 9. This is your adjusted gross income</li> <li>Id Subtract line 10 from line 9. This is your adjusted gross income</li> <li>Id Subtract line 10 from line 9. This is your adjusted gross income</li> <li>Id Subtract line 10 from line 9. This is your adjusted gross income</li> <li>Id Subtract line 10 from line 9. This is your adjusted gross income</li> <li>Id Subtract line 10 from line 9. This is your adjusted gross income</li> <li>Id Subtract line 10 from line 9. This is your adjusted gross income</li> <li>Id Subtract line 10 from line 9. This is your adjusted gross income</li> <li>Id Subtract line 10 from line 9. This is your adjusted gross income</li> <li>Id Subtract line 10 from line 9. This is your adjusted gross income</li> <li>Id Subtract line 10 from line 9. This is your adjusted gross income</li> <li>Id Subtract line 10 from line 9. This is your adjusted gross income</li> <li>Id Subtract line 10 from line 9. This is your adjusted gross income</li> <li>Id Subtract line 10 from line 9. This is your adjusted gross income</li> <li>Id Subtract line 10 from line 9. This is your adjusted gross income</li> <li>Id Subtract line 10 from line 9. This is your adjusted gross income</li> <li>Id Subtract line 10 from line 9. This is your adjusted gross income</li> <li>Id Subtract line 10 from line 9. This is your tatable income</li> <li>Id Subtract line 14 from line 11 lf zero or less enter -0. This is your tatable income</li> <li>Id Subtract line 14 from line 11 lf zero or less enter -0. This is your tatable income</li> </ul>	Standard	5a	Pensions and annuities	5a			bΤ	axable amount	t		. <b>5</b> b	)	
Married filing separately, \$12,950       c       If you elect to use the lump-sum election method, check here (see instructions)       .		6a	,						t	· · · ,	. 6b	•	
\$12,950       7       Capital gain of (loss). Attach Schedule D in required, theoremend, check here       1       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       384,176.         • Married filing jointly or Qualifying surviving spouse, \$25,900       10       9       384,176.       10         • Head of household, \$19,400       11       Subtract line 10 from line 9. This is your adjusted gross income       11       384,176.       12       25,900.         • If you checked any box under Standard       13       Qualified business income deduction from Form 8995 or Form 8995-A       13       66.         14       25,966.       14       25,966.       14       25,966.	Married filing	С	If you elect to use the lump-sum e	lection	method,	check here	(see	instructions)		!			
jointly or Qualifying surviving spouse, \$25,9009Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income9384,176.10Adjustments to income from Schedule 1, line 2610Head of household, \$19,40011Subtract line 10 from line 9. This is your adjusted gross income11384,176.12Standard deduction or itemized deductions (from Schedule A)1225,900.If you checked any box under Standard13Qualified business income deduction from Form 8995 or Form 8995-A1301425,966.15Subtract line 14 from line 11. If zero or less enter -0- This is your taxable income15		7	Capital gain or (loss). Attach Schee	dule D i	f required	d. If not req	uired	, check here			7		-3,000.
Qualifying surviving spouse, \$25,900       9       Add lines 12, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9       384, 176.         10       Adjustments to income from Schedule 1, line 26       10       10         Head of household, \$19,400       11       Subtract line 10 from line 9. This is your adjusted gross income       11       384, 176.         I Subtract line 10 from line 9. This is your adjusted gross income       11       384, 176.       12         I Standard deduction or itemized deductions (from Schedule A)       12       25,900.         I f you checked any box under Standard Deduction,       13       06.         14       25,966.       14       25,966.         15       Subtract line 14 from line 11. If zero or less enter -0- This is your taxable income       15												_	
\$25,900       10       Adjustments to income from schedule 1, inte 20       11       384,176.         • Head of household, \$19,400       12       Standard deduction or itemized deductions (from Schedule A)       12       25,900.         • If you checked any box under Standard       13       Qualified business income deduction from Form 8995 or Form 8995-A       13       66.         14       25,966.       14       25,966.       14       25,966.         15       Subtract line 14 from line 11. If zero or less enter -0- This is your taxable income       15       358, 21.0	Qualifying				-	our <b>total in</b>	com	е					34,176.
household, \$19,40012Standard deduction or itemized deductions (from Schedule A)1225,900.If you checked any box under Standard Deduction,13Qualified business income deduction from Form 8995 or Form 8995-A1366.14Add lines 12 and 131425,966.15Subtract line 14 from line 11 If zero or less enter -0- This is your taxable income15358,210		10	-										
\$19,400       12       Standard deduction or itemized deductions (from Schedule A)       12       25,900.         • If you checked any box under Standard       13       Qualified business income deduction from Form 8995 or Form 8995-A       13       66.         14       Add lines 12 and 13       14       25,966.       14       25,966.         Deduction,       15       Subtract line 14 from line 11. If zero or less enter -0- This is your taxable income       15       358,210				•	-	-							
any box under Standard         14         Add lines 12 and 13         14         25,966.           Deduction,         15         Subtract line 14 from line 11. If zero or less enter -0- This is your taxable income         15         358,210	\$19,400 r												
Standard         14         Add lines 12 and 13         14         25,966.           Deduction,         15         Subtract line 14 from line 11 If zero or less enter -0- This is your taxable income         15         358,210				ion fron	n Form 8	995 or Forn	1 899	95-A				-	
	Standard												
		15	Subtract line 14 from line 11. If zer	o or les	s, enter	-U This is y	/our	taxable incom	е.		. 15	35	\$8,210.

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	if any from Form	(s): <b>1</b> 🗌 881	4 <b>2</b> 4972	3		16	71	,854.
Credits	17	Amount from Schedule 2, lin	e3					17		
oround	18	Add lines 16 and 17						18	71	,854.
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812			19		
	20	Amount from Schedule 3, lin	e8					20	1	,113.
	21	Add lines 19 and 20						21	1	,113.
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	70	,741.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21 .			23	1	,759.
	24	Add lines 22 and 23. This is	your total tax					24		,500.
Payments	25	Federal income tax withheld								
,, <b>,</b>	а	Form(s) W-2				25a 75	,052.	.		
	b	Form(s) 1099				25b	70.			
	с	Other forms (see instructions				25c	161.			
	d	Add lines 25a through 25c	,					25d	77	,283.
	26	2022 estimated tax payment						26		·
If you have a l qualifying child,	27	Earned income credit (EIC)				27				
attach Sch. EIC.	28	Additional child tax credit fror				28		-		
)	29	American opportunity credit				29		-		
	30	Reserved for future use .		-		30				
	31	Amount from Schedule 3, lin				31	12.	-		
	32	Add lines 27, 28, 29, and 31.						32		12.
	33	Add lines 25d, 26, and 32. T	-	-	-			33	77	,295.
	34	If line 33 is more than line 24						34		,795.
Refund	35a	Amount of line 34 you want				•		35a		,795.
Direct deposit?	b	Routing number 2 1 1					Savings			
See instructions.		Account number 1 1 1					carnige			
	36	Amount of line 34 you want a			ed tax	36				
Amount	37	Subtract line 33 from line 24						_		
You Owe	57	For details on how to pay, ge						37		
	38	Estimated tax penalty (see in				38		01		
Third Party		you want to allow another								
Designee		structions	•				omplete	below.	X No	
	De	signee's		Phone		Pers	onal iden <sup>.</sup>	tification		
	nai	nē		no.		num	ber (PIN)			
Sign		der penalties of perjury, I declare t								
Here		ief, they are true, correct, and com	plete. Declaration (		1	ased on all informati	1			
	Yo	ur signature		Date	Your occupation				nt you an Id IN, enter it h	
Joint return?					PRINCIPAL.	ARCHITECT		e inst.)		
See instructions.	Sp	ouse's signature. If a joint return, <b>k</b>	oth must sian.	Date	Spouse's occupa		If th	ne IRS sei	nt your spou	use an
Keep a copy for	- 1-	,	5				Ide	ntity Prote	ection PIN, e	
your records.					SOFTWARE	DEVELOPER	(see	e inst.)		
	Ph	one no. (513)441-687	4	Email address	VRAKULA@Y	AHOO.COM				
Paid	Pre	eparer's name	Preparer's signat	ture		Date	PTIN		Check if:	
Preparer	RV	SSMANIKUMARAPPANA	RVSSMANIK	UMARAPPAN	JA	03/25/2023	P0209	90332	Self-e	employed
•	Fir	m's name GLOBAL TAX	KES LLC				Pho	one no. (	646)72	7-7157
Use Only	Fir	m's address 245 ROONE	Y CT E BRU	NSWICK N	J 08816		Firr	m's EIN	30-10	017196
Go to www.irs.ge	ov/Form	n1040 for instructions and the late	st information.		BAA	REV 03/09/23 PRO			Form 1	<b>1040</b> (2022)

SCHEDULI	Ξ2
(Form 1040)	

## **Additional Taxes**

OMB No. 1545-0074  $\mathcal{D} \cap \mathcal{D} \mathcal{D}$ 

Department of the Treasury Internal Revenue Service         Attach to Form 1040, 1040-SR, or 1040-NR.           Go to www.irs.gov/Form1040 for instructions and the latest information.				Attac	chment Jence No. <b>02</b>
	( )	rm 1040, 1040-SR, or 1040-NR			urity number
	rt I Tax	TNA S AKULA	440-11	-0155	0
1		ninimum tax. Attach Form 6251		1	
2		ance premium tax credit repayment. Attach Form 8962	-	2	
3		and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 1		3	
Pa	rt II Other	Taxes			
4	Self-employ	ment tax. Attach Schedule SE		4	
5	Social secu Attach Form	rity and Medicare tax on unreported tip income.			
6	Uncollected Form 8919	social security and Medicare tax on wages. Attach       6			
7	Total additic	nal social security and Medicare tax. Add lines 5 and 6		7	
8	Additional ta	ax on IRAs or other tax-favored accounts. Attach Form 5329 if requ	uired.		
	If not require	ed, check here		8	
9	Household e	employment taxes. Attach Schedule H		9	
10	Repayment	of first-time homebuyer credit. Attach Form 5405 if required	L	10	
11	Additional M	ledicare Tax. Attach Form 8959 .................	[	11	1,037.
12	Net investm	ent income tax. Attach Form 8960 ...............	[	12	722.
13		social security and Medicare or RRTA tax on tips or group-ter		13	
14	Interest on and timesha	ax due on installment income from the sale of certain residentia		14	
15	Interest on t	he deferred tax on gain from certain installment sales with a sales	price		

ain installment ce y over \$150,000 . . . . . . . . . 15 . . . . . . . . . . . . . . . 16 16

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

(continued on page 2)

Schedule 2 (Form 1040) 2022

Par	t II Other Taxes (continued)			
17	Other additional taxes:			
а	Recapture of other credits. List type, form number, and amount:			
		17a		
b	Recapture of federal mortgage subsidy, if you sold your home			
	see instructions	17b		
	Additional tax on HSA distributions. Attach Form 8889	17c	-	
d	Additional tax on an HSA because you didn't remain an eligible individual. Attach Form 8889	17d		
е	Additional tax on Archer MSA distributions. Attach Form 8853.	17e		
f	Additional tax on Medicare Advantage MSA distributions. Attach			
•	Form 8853	17f		
g	Recapture of a charitable contribution deduction related to a			
	fractional interest in tangible personal property	17g		
h	Income you received from a nonqualified deferred compensation plan that fails to meet the requirements of section 409A	17h		
i	Compensation you received from a nonqualified deferred			
-	compensation plan described in section 457A	17i		
j	Section 72(m)(5) excess benefits tax	17j		
k	Golden parachute payments	17k		
Т	Tax on accumulation distribution of trusts	171		
m	Excise tax on insider stock compensation from an expatriated			
	corporation	17m	-	
n	Look-back interest under section 167(g) or 460(b) from Form 8697 or 8866	17n		
ο	Tax on non-effectively connected income for any part of the			
	year you were a nonresident alien from Form 1040-NR	170		
р	Any interest from Form 8621, line 16f, relating to distributions			
	from, and dispositions of, stock of a section 1291 fund	17p		
q	Any interest from Form 8621, line 24	17q		
Z	Any other taxes. List type and amount:			
		17z		
18	Total additional taxes. Add lines 17a through 17z		18	
19	Reserved for future use		19	
20	Section 965 net tax liability installment from Form 965-A	20	-	
21	Add lines 4, 7 through 16, and 18. These are your <b>total other taxe</b> on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b.		21	1 750
	BAA			1 , 759 . Ile 2 (Form 1040) 2022

**SCHEDULE 3** (Form 1040)

Department of the Treasury

# **Additional Credits and Payments**

OMB No. 1545-0074 2 (0)

2

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

	Go to www.irs.gov/Form1040 for instructions and the latest information.					uchment juence No. <b>03</b>
	( )	orm 1040, 1040-SR, or 1040-NR ATNA S AKULA			cial sec	curity number
		fundable Credits		440	11-012	
1	Foreign tax	credit. Attach Form 1116 if required			1	1,113.
2	0	child and dependent care expenses from Form 244	1, line 11. A	Attach	2	
3	Education of	redits from Form 8863, line 19			3	
4	Retirement	savings contributions credit. Attach Form 8880			4	
5	Residential	energy credits. Attach Form 5695			5	
6	Other nonre	fundable credits:				
а	General bus	siness credit. Attach Form 3800	6a			
b	Credit for p	rior year minimum tax. Attach Form 8801	6b			
С	Adoption cr	edit. Attach Form 8839..............	6c			
d	Credit for th	e elderly or disabled. Attach Schedule R	6d			
е	Alternative	motor vehicle credit. Attach Form 8910	6e			
f	Qualified pl	ug-in motor vehicle credit. Attach Form 8936	6f			
g	Mortgage ir	iterest credit. Attach Form 8396	6g			
h	District of C	olumbia first-time homebuyer credit. Attach Form 8859	6h			
i	Qualified ele	ectric vehicle credit. Attach Form 8834	6i			
j	Alternative f	uel vehicle refueling property credit. Attach Form 8911	6ј			
k	Credit to ho	Iders of tax credit bonds. Attach Form 8912	6k			
I	Amount on	Form 8978, line 14. See instructions	61			
z	Other nonre	fundable credits. List type and amount:				
			6z			
7	Total other	nonrefundable credits. Add lines 6a through 6z			7	
8		through 5 and 7. Enter here and on Form 1040, 1040	-SR, or 104	0-NR,		
	line 20 .			•••	8	1,113.
	nonvoil- Daskar					d on page 2)
FUL Pa	iperwork neduci	ion Act Notice, see your tax return instructions. BAA	REV 03/09/23	PKU S	scheaule	3 (Form 1040) 2022

Schedu	le 3 (Form 1040) 2022			Page <b>2</b>
Par	t II Other Payments and Refundable Credits			
9	Net premium tax credit. Attach Form 8962		9	
10	Amount paid with request for extension to file (see instructions) .		10	
11	Excess social security and tier 1 RRTA tax withheld		11	12.
12	Credit for federal tax on fuels. Attach Form 4136		12	
13	Other payments or refundable credits:			
а	Form 2439	13a		
b	Credit for qualified sick and family leave wages paid in 2022 from Schedule(s) H for leave taken before April 1, 2021	13b		
с	Reserved for future use	13c		
d	Credit for repayment of amounts included in income from earlier years	13d		
е	Reserved for future use	13e		
f	Deferred amount of net 965 tax liability (see instructions)	13f		
g	Reserved for future use	13g		
h	Credit for qualified sick and family leave wages paid in 2022 from Schedule(s) H for leave taken after March 31, 2021, and before October 1, 2021	13h		
z	Other payments or refundable credits. List type and amount:	13z		
14	Total other payments or refundable credits. Add lines 13a through	13z	14	
15	Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040 line 31	)-SR, or 1040-NR,	15	12.
	BAA REV	03/09/23 PRO	Schedule	e 3 (Form 1040) 2022

SCHEDULE	B
(Form 1040)	

Department of the Treasury Internal Revenue Service

## **Interest and Ordinary Dividends**

Go to *www.irs.gov/ScheduleB* for instructions and the latest information. Attach to Form 1040 or 1040-SR. OMB No. 1545-0074

Name(s) shown on re	eturn		You	r social securi	ty num	ber
VENKATA R	& RA1	INA S AKULA	44	0-11-015	5	
Part I Interest	1	List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see the instructions and list this interest first. Also, show that buyer's social security number and address:		Amo	ount	
(See instructions and the Instructions for Form 1040,		DIGITAL FEDERAL CREDIT UNION NATIONAL FINANCIAL SERVICES LLC NATIONAL FINANCIAL SERVICES LLC				88. 22. 6.
line 2b.) Note: If you received a Form 1099-INT, Form 1099-OID, or substitute statement from a brokerage firm, list the firm's name as the payer and enter the total interest shown on that form.			1			
	2 3	Add the amounts on line 1       .<	2		2	16.
	4	Subtract line 3 from line 2. Enter the result here and on Form 1040 or 1040-SR, line 2b	4		2	16.
		If line 4 is over \$1,500, you must complete Part III.		Am	ount	<u> </u>
Part II	5	List name of payer: FIDELITY BROKERAGE SERVICES LLC			1,3	93.
		NATIONAL FINANCIAL SERVICES LLC			1,5	
Ordinary		NATIONAL FINANCIAL SERVICES LLC				92.
Dividends		NATIONAL FINANCIAL SERVICES LLC			13,9	09.
(See instructions and the Instructions for Form 1040, line 3b.)		Morgan Stanley Domestic Holdings, Inc. NATIONAL FINANCIAL SERVICES LLC	5		4,6	<u>18.</u> 16.
Note: If you received a Form 1099-DIV or substitute statement from a brokerage firm, list the firm's name as the payer and enter						
the ordinary dividends shown	6	Add the amounts on line 5. Enter the total here and on Form 1040 or 1040-SR, line 3b	6		21,7	85.
	Note:	If line 6 is over \$1,500, you must complete Part III.				
Foreign		nust complete this part if you ( <b>a</b> ) had over \$1,500 of taxable interest or ordinary div nt; or ( <b>c</b> ) received a distribution from, or were a grantor of, or a transferor to, a foreigr			a fore	ign
Accounts					Yes	No
and Trusts Caution: If required, failure to file FinCEN Form		At any time during 2022, did you have a financial interest in or signature authority of account (such as a bank account, securities account, or brokerage account) locat country? See instructions	ed in	a foreign		×
114 may result in substantial penalties. Additionally, you		Accounts (FBAR), to report that financial interest or signature authority? See Find and its instructions for filing requirements and exceptions to those requirements.	CEN	Form 114		
may be required to file Form 8938, Statement of	b	If you are required to file FinCEN Form 114, list the name(s) of the foreign country( financial account(s) are located:	,			

During 2022, did you receive a distribution from, or were you the grantor of, or transferor to, a

foreign trust? If "Yes," you may have to file Form 3520. See instructions .

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

Financial Assets.

See instructions.

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Schedule B (Form 1040) 2022

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#### 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

VENKATA R & RATNA S AKULA

Your social security number 440-11-0155

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.	<b>(d)</b> Proceeds (sales price)	<b>(e)</b> Cost (or other basis)	<b>(g)</b> Adjustment to gain or loss Form(s) 8949, F line 2, columr	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	235,909.	275,600.	9	19.	-38,772.
2	Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked	22,637.	19,189.	6	23.	4,071.
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 (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 any, from line 8 of your <b>Capital Loss Carryover</b> <b>Worksheet</b> in the instructions						( )
7	Net short-term capital gain or (loss). Combine lines 1a term capital gains or losses, go to Part II below. Otherwise	•	.,		7	-34,701.

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

below. form may be easier to complete if you round off cents to	<b>(d)</b> Proceeds (sales price)	<b>(e)</b> Cost (or other basis)	Form(s) 8949, Par		(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)	
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.						
Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked	386,645.	371,687.			14,958.	
Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked	336.	336.			0.	
Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked.						
11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824						
Net long-term gain or (loss) from partnerships, S corporat	dule(s) K-1	12				
				13		
14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your <b>Capital Loss Carryover</b> Worksheet in the instructions						
	•			15	14,958.	
	<ul> <li>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</li> <li>Totals for all transactions reported on Form(s) 8949 with Box D checked</li> <li>Totals for all transactions reported on Form(s) 8949 with Box E checked</li> <li>Totals for all transactions reported on Form(s) 8949 with Box F checked</li> <li>Gain from Form 4797, Part I; long-term gain from Forms from Forms 4684, 6781, and 8824</li> <li>Net long-term gain or (loss) from partnerships, S corporat Capital gain distributions. See the instructions</li> <li>Long-term capital loss carryover. Enter the amount, if any Worksheet in the instructions</li> <li>Net long-term capital gain or (loss). Combine lines 8a on the back</li> </ul>	below.       (d)         form may be easier to complete if you round off cents to be dollars.       Proceeds (sales price)         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       Additional structure         Totals for all transactions reported on Form(s) 8949 with Box D checked       386,645.         Totals for all transactions reported on Form(s) 8949 with Box E checked       336.         Totals for all transactions reported on Form(s) 8949 with Box F checked.       336.         Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; from Forms 4684, 6781, and 8824       Scorporations, estates, and Capital gain distributions. See the instructions         Long-term capital loss carryover. Enter the amount, if any, from line 13 of y Worksheet in the instructions       Morksheet in the instructions         Net long-term capital gain or (loss).       Combine lines 8a through 14 in co on the back.	below.(d) Proceeds (sales price)(e) Cost (or other basis)form may be easier to complete if you round off cents to le dollars.(d) Proceeds (sales price)(e) Cost (or other basis)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 8b386, 645.Totals for all transactions reported on Form(s) 8949 with Box D checked386, 645.371, 687.Totals for all transactions reported on Form(s) 8949 with Box E checked336.336.Totals for all transactions reported on Form(s) 8949 with Box F checked.336.336.Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain from Forms 4684, 6781, and 8824Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Sched Capital gain distributions. See the instructionsLong-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Worksheet in the instructionsNet long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then, group on the back	below.(d)(e) Cost (or other basis)Adjustment to gain or loss Form(s) 8949, line 2, columTotals 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 8bImage: Cost (or other basis) (or other basis)Adjustment to gain or loss Form(s) 8949, line 2, columTotals for all transactions reported on Form 1099-B 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 8b386, 645.371, 687.Totals for all transactions reported on Form(s) 8949 with Box E checked336.336.336.Totals for all transactions reported on Form(s) 8949 with Box F checked336.336.336.Gain from Form A797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Form S4684, 6781, and 8824Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 Capital gain distributions. See the instructionsLong-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover Worksheet in the instructionsNet long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then, go to Part III on the back	below. form may be easier to complete if you round off cents to le dollars.(d) Proceeds (sales price)(e) Cost (or other basis)Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)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 8b386, 645.371, 687.Totals for all transactions reported on Form(s) 8949 with Box D checked386, 645.371, 687.1Totals for all transactions reported on Form(s) 8949 with Box E checked336.336.1Box F checked1336.336.1Totals for all transactions reported on Form(s) 8949 with Box F checked336.336.11Box F checked11211Capital gain of (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-113Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss13Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then, go to Part III on the back14Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then, go to Part III to the back14	

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Part	III Summary		
16	Combine lines 7 and 15 and enter the result	16	-19,743.
	• 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.		
	• If line 16 is <b>zero</b> , 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 <b>both</b> gains?		
	<b>No.</b> Skip lines 18 through 21, and go to line 22.		
18	If you are required to complete the <b>28% Rate Gain Worksheet</b> (see instructions), enter the amount, if any, from line 7 of that worksheet	18	
19	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	
20	<ul> <li>Are lines 18 and 19 both zero or blank and you are not filing Form 4952?</li> <li>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.</li> </ul>		
	□ 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.		

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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			
VENKATA R & RATNA S AKULA	440-11-0155			

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

<b>1</b> (a) Description of property	<b>(b)</b> Date acquired	(c) Date sold or disposed of (Mo., day, yr.)	<b>(d)</b> Proceeds	(e) Cost or other basis See the <b>Note</b> below and see <i>Column</i> (e) in the separate instructions.	If you enter an enter a co	f any, to gain or loss amount in column (g), ode in column (f). arate instructions.	<b>(h)</b> <b>Gain or (loss)</b> Subtract column (e)	
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)		(sales price) (see instructions)		(f) Code(s) from instructions	<b>(g)</b> Amount of adjustment	from column (d) and combine the result with column (g).	
FIDELITY BROKERAGE SERVICES LLC	Various	01/14/22	143,975.	145,357.	W	157.	-1,225.	
NATIONAL FINANCIAL SERVICES LLC	Various	08/23/22	857.	1,046.			-189.	
NATIONAL FINANCIAL SERVICES LLC	Various	07/13/22	25,150.	23,613.	W	762.	2,299.	
NATIONAL FINANCIAL SERVICES LLC	Various	01/04/22	39,558.	68,084.			-28,526.	
NATIONAL FINANCIAL SERVICES LLC	Various	01/05/22	26,369.	37,500.			-11,131.	
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).			235,909.	275,600.		919.	-38,772.	

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)	Attachment Sequence No. 12A	Page <b>2</b>
Name(s) shown on return. Name and SSN or taxpaver identification no. not required if shown on other side	Social security number or taxpayer identification num	ber

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side VENKATA R & RATNA S AKULA

440-11-0155

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

<b>1</b> (a) Description of property	<b>(b)</b> Date acquired	(c) Date sold or	<b>(d)</b> Proceeds (sales price) (see instructions)	(e) Cost or other basis See the <b>Note</b> below and see <i>Column</i> (e) in the separate instructions.	If you enter an enter a c	f any, to gain or loss amount in column (g), ode in column (f). parate instructions.	<b>(h)</b> Gain or (loss) Subtract column (e)
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)			(f) Code(s) from instructions	<b>(g)</b> Amount of adjustment	from column (d) and combine the result with column (g).
FIDELITY BROKERAGE SERVICES LLC	Various	12/14/22	86.	378.			-292.
NATIONAL FINANCIAL SERVICES LLC	Various	08/23/22	64,432.	83,182.			-18,750.
NATIONAL FINANCIAL SERVICES LLC	Various	08/03/22	262,665.	227,187.			35,478.
NATIONAL FINANCIAL SERVICES LLC	Various	09/27/22	59,462.	60,940.			-1,478.
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).			386,645.	371,687.			14,958.

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** 

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			
VENKATA R & RATNA S AKULA	440-11-0155			

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

<b>1</b> (a) Description of property	<b>(b)</b> Date acquired	<b>(c)</b> Date sold or	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis See the <b>Note</b> below	If you enter an enter a co	amount in column (g), ade in column (f). arate instructions.	<b>(h)</b> <b>Gain or (loss)</b> Subtract column (e)	
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)		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).	
FIDELITY BROKERAGE SERVICES LLC	Various	03/21/22	12,335.	11,811.	W	623.	1,147.	
NATIONAL FINANCIAL SERVICES LLC	Various	04/28/22	5,899.	5,403.			496.	
Morgan Stanley Domestic Holdings, Inc.	Various	08/10/22	4,403.	1,975.			2,428.	
							<u> </u>	
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).			22,637.	19,189.		623.	4,071.	

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)	Attachment Sequence No. <b>12A</b>	Page 2

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side VENKATA R & RATNA S AKULA

Social security number or taxpayer identification number 440-11-0155

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

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

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

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

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

- X (E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS
- (F) Long-term transactions not reported to you on Form 1099-B

<b>1</b> (a) Description of property (Example: 100 sh. XYZ Co.)	<b>(b)</b> Date acquired (Mo., day, yr.)	<b>(c)</b> Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis See the <b>Note</b> below and see <i>Column (e)</i> in the separate instructions.			(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g).
NATIONAL FINANCIAL SERVICES LLC		12/31/22	336.	336.			0.
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).			336.	336.			0.

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	1116	(individual, Estate, or frust)					C	20 <b>22</b>				
Department of the Treasury Internal Revenue Service         Attach to Form 1040, 1040-SR, 1040-NR, 1041, or 990-T.         COPY         1           Go to www.irs.gov/Form1116 for instructions and the latest information.         COPY         1							Attachment Sequence No. <b>19</b>					
Name	)							Identify	ring number a	as shown	on pag	e 1 of your tax return
VE	NKATA R & RA	rna s aku	LA					440-	11-0155			
	a separate Form 111 . Report all amounts						of Incon	ne in the ins	tructions. Cl	heck onl	y one l	box on each Form
a□	Section 951A categ	orv income	c 🗙 Passive	e category	income	e	Section 9	901(j) incom	е	a	Lum	p-sum distributions
h R	esident of (name c	of country)	USA									
	e: If you paid taxes											ou paid taxes to
	e than one foreigr	-			-					-		
Pa	rt I Taxable In	come or Lo	oss From So	ources C					<u> </u>	checke	d abo	,
_	_		_	-		reign	Country	or U.S. Po B	ssession C		(Add	Total cols. A, B, and C.)
i	Enter the nam				A Various			D	C		0.00	
-	• • • • • • • •				various							
18	a Gross income fi above and of instructions):	the type c	hecked abov									
					19,8	58.					1a	19,858.
t	<ul> <li>Check if line 1a services as compensation f more, and you determine its so</li> </ul>	an employe rom all source used an alte	ee, your to es is \$250,000 ernative basis	otal ) or to								
Ded	uctions and losses											
2	Expenses <b>defin</b> 1a (attach stater	-										
3	Pro rata share <b>related:</b>	of other dedu	ctions <b>not de</b>	finitely								
â	Certain itemized (see instructions				25,9	00.						
k												
C				F	25,9							
C	Gross foreign so		•	· –	19,8						-	
e				· · –	429,0							
f		•	,	-		463						
9		-			<i>_</i> , _	99.						
4	Pro rata share of			· · · ·								
ê	<ul> <li>Home mortgage</li> <li>Home Mortgage</li> </ul>											
k				-								
5	Losses from for											
6	Add lines 2, 3g,					99.					6	1,199.
7	Subtract line 6 f					age 2					7	18,659.
Pa		axes Paid o	r Accrued (	see instru	uctions)							
	Credit is claimed for taxes				Foi	reign ta	xes paid	or accrued				
E	(you must check one	*)										
Country	(j) 🗙 Paid (k) 🗌 Accrued		In foreign c		(m) Othern		<b>T</b>	41-1	In U.S. d	1	hor	(u) Total foreign
ပိ	(I) Date paid or accrued	pate paid (m) Dividends (n) Rents (o) Interest paid or (g) Dividends (r) Rents (s) Interest paid or paid or		taxes or	taxes paid or accrued (add cols.							
			and royanies		accrued	1	112			accru	led	(q) through (t))
A B	12/31/2022					⊥, 	113.					1,113.
C												<u> </u>
8	Add lines A three	ough C. colur	nn (u). Enter t	he total h	ere and on	line 9	page 2			· · ·	8	1,113.
		<u> </u>				,				-	-	

For Paperwork Reduction Act Notice, see instructions.	BAA
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Form **1116** (2022)

Form	11	16	(2022)	
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orm 1	116 (2022)				Page <b>2</b>
art	III Figuring the Credit				
9	Enter the amount from line 8. These are your total foreign taxes paid or accrued for the category of income checked above Part I	9	1,113.		
10	Enter the sum of any carryover of foreign taxes (from Schedule B, line 3, column (xiv)) plus any carrybacks to the current tax year	10			
	(If your income was section 951A category income (box a above Part I), leave line 10 blank.)				
1	Add lines 9 and 10	11	1,113.	-	
2	Reduction in foreign taxes (see instructions)	12	()	-	
3	Taxes reclassified under high tax kickout (see instructions)	13		-	
4	Combine lines 11, 12, and 13. This is the total amount of foreign taxes	avail	able for credit ...	14	1,113.
15	Enter the amount from line 7. This is your taxable income or (loss) from sources outside the United States (before adjustments) for the category of income checked above Part I. See instructions	15	18,659.		
6	Adjustments to line 15 (see instructions)	16			
7	Combine the amounts on lines 15 and 16. This is your net foreign source taxable income. (If the result is zero or less, you have no foreign tax credit for the category of income you checked above Part I. Skip lines 18 through 24. However, if you are filing more than				
_	one Form 1116, you must complete line 20.)	17	18,659.	-	
8	Individuals: Enter the amount from line 15 of your Form 1040, 1040-SR, or 1040-NR. Estates and trusts: Enter your taxable income without the deduction for your exemption	18	358,210.		
	<b>Caution:</b> If you figured your tax using the lower rates on qualified or instructions.	divide	nds or capital gains, see		
9	Divide line 17 by line 18. If line 17 is more than line 18, enter "1" . $% \left( 1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,$			19	0.0521
20	Individuals: Enter the total of Form 1040, 1040-SR, or 1040-NR, li 1040), line 2. Estates and trusts: Enter the amount from Form 104 total of Form 990-T, Part II, lines 2, 3, 4, and 6. Foreign estates and from Form 1040-NR, line 16. See instructions .	20	71,854.		
	<b>Caution:</b> If you are completing line 20 for separate category <b>g</b> (lump-s Form 8978, Partner's Additional Reporting Year Tax, see instructions.				
1	Multiply line 20 by line 19 (maximum amount of credit)			21	3,744.
2	Increase in limitation (section 960(c))			22	
3	Add lines 21 and 22			23	3,744.
24	Enter the <b>smaller</b> of line 14 or line 23. If this is the only Form 111 through 32 and enter this amount on line 33. Otherwise, complete the	appro	opriate line in Part IV. See		
	instructions			24	1,113.

		24	1,113.
Part	IV Summary of Credits From Separate Parts III (see instructions)		
25	Credit for taxes on section 951A category income 25		
26	Credit for taxes on foreign branch category income		
27	Credit for taxes on passive category income		
28	Credit for taxes on general category income		
29	Credit for taxes on section 901(j) income		
30	Credit for taxes on certain income re-sourced by treaty 30		
31	Credit for taxes on lump-sum distributions		
32	Add lines 25 through 31	32	
33	Enter the <b>smaller</b> of line 20 or line 32	33	1,113.
34	Reduction of credit for international boycott operations. See instructions for line 12	34	
35	Subtract line 34 from line 33. This is your foreign tax credit. Enter here and on Schedule 3 (Form		
	1040), line 1; Form 1041, Schedule G, line 2a; or Form 990-T, Part III, line 1a	35	1,113.
	REV 03/09/23 PRO		Form <b>1116</b> (2022)

REV 03/09/23 PRO

Form **88899** Department of the Treasury Internal Revenue Service

# 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
num	ber of HSA beneficiary.

Name(s				f HSA beneficiary.
VEN	KATA R AKULA	oth spouses hat 440-11		As, see instructions. 5
Befo	re you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance Co	ontracts, if	requ	red.
Part	HSA Contributions and Deduction. See the instructions before completing th 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) dur	ng 2022.	7 -	
	See instructions	L		f-only 🗵 Family
2	HSA contributions you made for 2022 (or those made on your behalf), including those made unextended due date of your tax return that were for 2022. <b>Do not</b> include employer contributions through a cafeteria plan, or rollovers. See instructions	ributions,	2	0.
3	If you were under age 55 at the end of 2022 and, on the first day of <b>every</b> month during 2 were, or were considered, an eligible individual with the <b>same</b> coverage, enter \$3,650 (\$ family coverage). <b>All others</b> , 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 For lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2 include any amount contributed to your spouse's Archer MSAs	022, also	4	0.
5	Subtract line 4 from line 3. If zero or less, enter -0	H	5	7,300.
6	Enter the amount from line 5. But if you and your spouse each have separate HSAs and h coverage under an HDHP at any time during 2022, see the instructions for the amount to enter	ad family	6	7,300.
7	If you were age 55 or older at the end of 2022, married, and you or your spouse had family	H	0	7,300.
1	under an HDHP at any time during 2022, enter your additional contribution amount. See instru		7	1,000.
8	Add lines 6 and 7	[	8	8,300.
9	Employer contributions made to your HSAs for 2022 9	7,747.		
10	Qualified HSA funding distributions			
11	Add lines 9 and 10		11	7,747.
12	Subtract line 11 from line 8. If zero or less, enter -0	[	12	553.
13	HSA deduction. Enter the smaller of line 2 or line 12 here and on Schedule 1 (Form 1040), Part	II, line 13	13	0.
	Caution: If line 2 is more than line 13, you may have to pay an additional tax. See instructions	S.		
Part	<b>II HSA Distributions.</b> If you are filing jointly and both you and your spouse each a separate Part II for each spouse.	have sepai	rate 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 an			
	contributions (and the earnings on those excess contributions) included on line 14a t			
	withdrawn by the due date of your return. See instructions	F	14b	
С	Subtract line 14b from line 14a		14c	
15	Qualified medical expenses paid using HSA distributions (see instructions)		15	
16	Taxable HSA distributions. Subtract line 15 from line 14c. If zero or less, enter -0 Also, ind amount in the total on Schedule 1 (Form 1040), Part I, line 8f		16	
17a	If any of the distributions included on line 16 meet any of the <b>Exceptions to the Additional Tax</b> (see instructions), check here			
b	Additional 20% tax (see instructions). Enter 20% (0.20) of the distributions included on lin are subject to the additional 20% tax. Also, include this amount in the total on Schedule 1040), Part II, line 17c	2 (Form	17b	
Part	III Income and Additional Tax for Failure To Maintain HDHP Coverage. See th completing this part. If you are filing jointly and both you and your spouse each complete a separate Part III for each spouse.	e instructio have sepa		
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, lin		20	
21	Additional tax. Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 1040), Part II, line 17d	e 2 (Form	21	

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

BAA REV 03/09/23 PRO



Department of the Treasury

Internal Revenue Service

## **Qualified Business Income Deduction**

Attach to your tax return.

Go to www.irs.gov/Form8995A for instructions and the latest information.

OMB No. 1545-2294

Sequence No. 55A

Name(s) shown on returnYour taxpayer identification numberVENKATA R & RATNA S AKULA440-11-0155

**Note:** You can claim the qualified business income deduction **only** if you have qualified business income from a qualified trade or business, real estate investment trust dividends, publicly traded partnership income, or a domestic production activities deduction passed through from an agricultural or horticultural cooperative. See instructions.

Use this form if your taxable income, before your qualified business income deduction, is above \$170,050 (\$340,100 if married filing jointly), or you're a patron of an agricultural or horticultural cooperative.

#### Part I Trade, Business, or Aggregation Information

Complete Schedules A, B, and/or C (Form 8995-A), as applicable, before starting Part I. Attach additional worksheets when needed. See instructions.

1	(a) Trade, business, or aggregation name	(b) Che specified		(c) Check if aggregation	(d) Taxpayer identification number	<b>(e)</b> Check if patron
Α			]			
В			]			
С			]			
Part	Determine Your Adjusted Qualified Business	ncome				
				Α	В	С
2	Qualified business income from the trade, business, or aggre See instructions	•	2			
	Multiply line 2 by 20% (0.20). If your taxable income is \$1 or less (\$340,100 if married filing jointly), skip lines 4 thro and enter the amount from line 3 on line 13	ugh 12	3			
	Allocable share of W-2 wages from the trade, busine aggregation		4			
	Multiply line 4 by 50% (0.50)		5			
	Multiply line 4 by 25% (0.25)		6			
	Allocable share of the unadjusted basis immediately		7			
	acquisition (UBIA) of all qualified property		7 8			
	Add lines 6 and 8		9			
	Enter the greater of line 5 or line 9		10			
	W-2 wage and UBIA of qualified property limitation. En					
	smaller of line 3 or line 10		11			
12	Phased-in reduction. Enter the amount from line 26, if any .		12			
	Qualified business income deduction before patron rec Enter the greater of line 11 or line 12		13			
	Patron reduction. Enter the amount from Schedule D (Form 8 line 6, if any. See instructions		14			
15	Qualified business income component. Subtract line 14 from	line 13	15			
	Total qualified business income component. Add all ar reported on line 15		16			
	vacy Act and Paperwork Reduction Act Notice, see separate ins			REV 03/09/	/23 PRO Fo	orm <b>8995-A</b> (2022)

#### Part III Phased-in Reduction

Complete Part III only if your taxable income is more than \$170,050 but not \$220,050 (\$340,100 and \$440,100 if married filing jointly) and line 10 is less than line 3. Otherwise, skip Part III.

				Α	В		С
17	Enter the amounts from line 3		17				
18	Enter the amounts from line 10		18				
19	Subtract line 18 from line 17		19				
20	Taxable income before qualified business						
	income deduction	20					
21	Threshold. Enter \$170,050 (\$340,100 if						
	married filing jointly)	21					
22	Subtract line 21 from line 20	22					
23	Phase-in range. Enter \$50,000 (\$100,000 if						
	married filing jointly)	23					
24	Phase-in percentage. Divide line 22 by line 23	24 %					
25	Total phase-in reduction. Multiply line 19 by	line 24	25				
26	Qualified business income after phase-in re	duction. Subtract line					
	25 from line 17. Enter this amount here ar						
	corresponding trade or business		26				
Part	IV Determine Your Qualified Busines	ss Income Deduction	n				
27	Total qualified business income compo						
	businesses, or aggregations. Enter the amou	Int from line 16		27			
28	Qualified REIT dividends and publicly trac						
					328.		
29	Qualified REIT dividends and PTP (loss) carry				)		
30	Total qualified REIT dividends and PTP ince	ome. Combine lines 28	3 and	29. lf			
	less than zero, enter -0				328.		
31	REIT and PTP component. Multiply line 30 by				66.		
32	Qualified business income deduction before					32	66.
33	Taxable income before qualified business inc				358,276.		
34	Net capital gain. See instructions				19,864.		
35	Subtract line 34 from line 33. If zero or less, e					35	338,412.
36	Income limitation. Multiply line 35 by 20% (0					36	67,682.
37	Qualified business income deduction before						
	under section 199A(g). Enter the smaller of lin					37	66.
38	DPAD under section 199A(g) allocated from	0					
	more than line 33 minus line 37					38	
39	Total qualified business income deduction. A					39	66.
40	Total qualified REIT dividends and PTP (lo						
	greater, enter -0					40 (	0.

Form 8995-A (2022)

8959 Form Department of the Treasury Internal Revenue Service

Name(s) shown on return

## **Additional Medicare Tax**

If any line does not apply to you, leave it blank. See separate instructions. Attach to Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS. Go to www.irs.gov/Form8959 for instructions and the latest information.

OMB No. 1545-0074 2022

Attachment Sequence No. 71 Your social security number

440-11-0155

VENK	ATA R & RATNA S AKULA	440-1	1-01	55
Part	Additional Medicare Tax on Medicare Wages			
1	Medicare wages and tips from Form W-2, box 5. If you have more than one			
	Form W-2, enter the total of the amounts from box 5	365,175.		
2	Unreported tips from Form 4137, line 6			
3	Wages from Form 8919, line 6			
4	Add lines 1 through 3	365,175.		
5	Enter the following amount for your filing status:			
	Married filing jointly			
	Married filing separately			
		250,000.		
6	Subtract line 5 from line 4. If zero or less, enter -0		6	115,175.
7	Additional Medicare Tax on Medicare wages. Multiply line 6 by 0.9% (0.009). Enter here		•	110,170.
1	Part II		7	1,037.
Part	II Additional Medicare Tax on Self-Employment Income		1	1,057.
8				
8	Self-employment income from Schedule SE (Form 1040), Part I, line 6. If you had a loss, enter -0- (Form 1040-PR or 1040-SS filers, see instructions.) 8			
•	Enter the following amount for your filing status:			
9	5 F 5			
	Married filing jointly			
	Married filing separately			
	Single, Head of household, or Qualifying surviving spouse \$200,000 9			
10	Enter the amount from line 4			
11	Subtract line 10 from line 9. If zero or less, enter -0			
12	Subtract line 11 from line 8. If zero or less, enter -0		12	
13	Additional Medicare Tax on self-employment income. Multiply line 12 by 0.9% (0.009). Enter			
	go to Part III		13	
Part	III Additional Medicare Tax on Railroad Retirement Tax Act (RRTA) Compen	sation		
14	Railroad retirement (RRTA) compensation and tips from Form(s) W-2, box 14			
	(see instructions)			
15	Enter the following amount for your filing status:			
	Married filing jointly			
	Married filing separately			
	Single, Head of household, or Qualifying surviving spouse \$200,000   15			
16	Subtract line 15 from line 14. If zero or less, enter -0-		16	
17	Additional Medicare Tax on railroad retirement (RRTA) compensation. Multiply line 16 by 0.9	)% (0.009).		
	Enter here and go to Part IV		17	
Part				
18	Add lines 7, 13, and 17. Also include this amount on Schedule 2 (Form 1040), line 11 (Form	n 1040-PR		
	or 1040-SS filers, see instructions), and go to Part V		18	1,037.
Part				•
19	Medicare tax withheld from Form W-2, box 6. If you have more than one Form			
	W-2, enter the total of the amounts from box 6	5,456.		
20		365,175.		
21	Multiply line 20 by 1.45% (0.0145). This is your regular Medicare tax	,		
	withholding on Medicare wages	5,295.		
22	Subtract line 21 from line 19. If zero or less, enter -0 This is your Additional Med			
	withholding on Medicare wages		22	161.
23	Additional Medicare Tax withholding on railroad retirement (RRTA) compensation from Form			<u>+\+</u>
20	14 (see instructions)		23	
24	Total Additional Medicare Tax withholding. Add lines 22 and 23. Also include this an			
24	federal income tax withholding on Form 1040, 1040-SR, or 1040-NR, line 25c (Form 10			
	1040-SS filers, see instructions)		24	161.
For Pa	perwork Reduction Act Notice, see your tax return instructions		67	Form <b>8959</b> (2022)
тогга	perwork neduction Act Notice, see your tax return instructions. BAA RE	V 03/09/23 PRO		(2022)

Form 8960

Department of the Treasury Internal Revenue Service

# Net Investment Income Tax— Individuals, Estates, and Trusts

OMB No. 1545-2227 20

Attach to your tax return.

	The Treasury Attach to your tax return. Revenue Service Go to www.irs.gov/Form8960 for instructions and the late	st information		A	ttachment equence No. 72
	shown on your tax return	st information.	Vour co		curity number or EIN
	XATA R & RATNA S AKULA		440-		-
Part			110	<u> </u>	
T are	Section 6013(h) election (see instructions)				
	$\square$ Regulations section 1.1411-10(g) election (see in	structions)			
1		-		1	216.
2	Ordinary dividends (see instructions)			2	21,785.
3	Annuities (see instructions)			3	
4a	Rental real estate, royalties, partnerships, S corporations, trusts, etc. (see		Ī		
	instructions)	4a			
b	Adjustment for net income or loss derived in the ordinary course of a non-				
	section 1411 trade or business (see instructions)	4b			
С	Combine lines 4a and 4b		· ·	4c	
5a	Net gain or loss from disposition of property (see instructions)	<b>5a</b> -3,	000.		
b	Net gain or loss from disposition of property that is not subject to net	_			
	investment income tax (see instructions)	5b			
С	Adjustment from disposition of partnership interest or S corporation stock (see	<b>F</b> -			
ام		5c		Ed	2 000
d	Combine lines 5a through 5c			5d 6	-3,000.
6 7	Other modifications to investment income (see instructions)			7	
8	Total investment income. Combine lines 1, 2, 3, 4c, 5d, 6, and 7			8	19,001.
Part		cations	•••	0	19,001.
9a	Investment interest expenses (see instructions)	9a			
b	State, local, and foreign income tax (see instructions)	9b			
С	Miscellaneous investment expenses (see instructions)	9c			
d	Add lines 9a, 9b, and 9c			9d	
10	Additional modifications (see instructions)			10	
11	Total deductions and modifications. Add lines 9d and 10			11	
Part	III Tax Computation		•		
12	Net investment income. Subtract Part II, line 11, from Part I, line 8. Individuals,	complete lines 1	3–17.		
	Estates and trusts, complete lines 18a-21. If zero or less, enter -0		[	12	19,001.
	Individuals:				
13	Modified adjusted gross income (see instructions)	<b>13</b> 384,	176.		
14	Threshold based on filing status (see instructions)		000.		
15	Subtract line 14 from line 13. If zero or less, enter -0		176.		
16	Enter the smaller of line 12 or line 15		H	16	19,001.
17	Net investment income tax for individuals. Multiply line 16 by 3.8% (0.038). En				
	on your tax return (see instructions)		· ·	17	722.
40-	Estates and Trusts:				
18a	Net investment income (line 12 above)	18a			
b	Deductions for distributions of net investment income and deductions under section 642(c) (see instructions)	18b			
с	Undistributed net investment income. Subtract line 18b from line 18a (see instructions). If zero or less, enter -0-	18c			
19a	Adjusted gross income (see instructions)	19a			
b	Highest tax bracket for estates and trusts for the year (see instructions)	19b			
с	Subtract line 19b from line 19a. If zero or less, enter -0	19c			
20	Enter the smaller of line 18c or line 19c			20	
21	Net investment income tax for estates and trusts. Multiply line 20 by 3.8% (0.				
	include on your tax return (see instructions)			21	- 0000
For Pa	perwork Reduction Act Notice, see your tax return instructions. BAA	REV 03/09/23 PRO			Form <b>8960</b> (2022)