

## **Federal Return**

Thank you for using FreeTaxUSA.com to prepare your 2022 income tax return.

You can view the status of your tax return by signing in to your account at www.freetaxusa.com.

2023 tax preparation on FreeTaxUSA.com will be available starting in January of 2024.

We look forward to preparing your 2023 tax return.

2022

OMB No. 1545-0074

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

Filing Status Check only one box.	If yo	Single Married filing jointly unchecked the MFS box, enter the nonis a child but not your dependent	ame of y	Ü	·	tely (MFS) you checke			ehold (HOH		spou	ifying surv ise (QSS) name if th		lifying
Your first name and middle initial Last name				me						- 1	Your social security number			
ADITHYA ARAVIND RUPI			A GA	NES	HBABU				(	099 35 4226				
If joint return, spouse's first name and middle initial Last name				me						Sı	Spouse's social security number			
Home address	(numbe	r and street). If you have a P.O. box, see	instruction	ons.					Apt. no.	P	Presidential Election Campaign			npaign
3305 JE	CFFE	RSON AVENUE							APT12	_		ck here if you, or your use if filing jointly, want \$3		
City, town, or p	ost offic	ce. If you have a foreign address, also co	mplete sp	plete spaces below. State ZIP					to ao			this fund. (		
CINCIN	ITA			OH			4				ow will not	chang	je	
Foreign country	/ name		F	oreign pr	ovince	/state/count	У	Forei	oreign postal code your tax or re					
					_							You	s	pouse
Digital Assets		y time during 2022, did you: (a) recange, gift, or otherwise dispose of a	,					•	, .	` '		X Yes	□ N	lo
Standard	Som	eone can claim: 🗌 You as a de	pendent		Yours	spouse as	a dependent							
Deduction		Spouse itemizes on a separate retur	n or you	were a	dual-s	tatus alien								
Age/Blindness	You:	☐ Were born before January 2, 1	958	Are bl	ind	Spouse:	☐ Was bo	rn bef	ore Janua	ry 2, 1	958	☐ Is bli	nd	
Dependents	s (see	instructions):		<b>(2)</b> S	Social s	ecurity	(3) Relationsh	nip (	4) Check th	e box i	f qualif	ies for (see i	nstruc	tions):
If more	<b>(1)</b> Fi	rst name Last name			numb	er	to you		Child ta	x cred	it (	Credit for oth	er depe	endents
than four													<u> </u>	
dependents, see instructions	s ——												<u></u>	
and check										<u></u>			<u></u>	
here L				L										4.2
Income	1a	Total amount from Form(s) W-2, b	•		,						1a	/ / /	<u>o, 3</u>	<u>43.</u>
Attach Form(s)	b	Household employee wages not re			` '	2				•	1b 1c			
W-2 here. Also	c d								1d					
attach Forms W-2G and	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 instruct	ions) .								1h			
W-2, see instructions.	i	Nontaxable combat pay election (s	see instr	uctions)			1i	i						
manuchoria.	z	Add lines 1a through 1h	. , .								1z	7	б,3	43.
Attach Sch. B	2a	Tax-exempt interest	2a			<b>b</b> Ta	axable interes	t .			2b			
if required.	3a	Qualified dividends	3a			<b>b</b> O	rdinary divide	nds .			3b			
	4a	IRA distributions	4a			<b>b</b> Ta	axable amoun	nt			4b			
Standard Deduction for—	5a	<del>-</del>	5a			_	axable amoun				5b			
Single or	6a	,	6a				axable amoun				6b	-		
Married filing separately,	С	If you elect to use the lump-sum election method, check here (see instructions)									-	2 0	0.0	
\$12,950	7	Capital gain or (loss). Attach Sche		•							7	<del>  -</del> .	3,0	00.
Married filing jointly or	8	Other income from Schedule 1, line 10							8	7	2 2	12		
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b>							9	/ /	5,3	43.		
\$25,900	10	Adjustments to income from Sche Subtract line 10 from line 9. This is									10	7	3 3	<u>0.</u> 43.
Head of household,	11 12	Standard deduction or itemized									11			50.
\$19,400 If you checked	13	Qualified business income deduct		•		,					13		<u>.,,</u>	<del>50.</del>
any box under Standard	14										14		2.9	50.
Deduction,	15	F							15			93.		
see instructions.						-								

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

Cat. No. 11320B

Form **1040** (2022)

Form 1040 (2022	) AD	ITHYA ARAVIND R	UPPA GAN	ESHBABU				09	9-35	-4226 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	8,900.		
Credits	17	Amount from Schedule 2, lir	ne 3						17	0.		
	18	Add lines 16 and 17							18	8,900.		
	19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812				19			
	20	Amount from Schedule 3, lir	ne 8						20	0.		
	21	Add lines 19 and 20							21	0.		
	22	Subtract line 21 from line 18	B. If zero or less,	enter -0					22	8,900.		
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21 .				23			
	24	Add lines 22 and 23. This is	your <b>total tax</b>						24	8,900.		
Payments	25	Federal income tax withheld										
•	а	Form(s) W-2				25a	11	,516	5.			
	b	Form(s) 1099				25b						
	С	Other forms (see instruction	s)			25c						
	d	Add lines 25a through 25c							25d	11,516.		
If you have a	26	2022 estimated tax paymen	ts and amount a	pplied from 20	21 return				26			
qualifying child,	27	Earned income credit (EIC)				27						
attach Sch. EIC.	28	Additional child tax credit from	m Schedule 8812			28						
	29	American opportunity credit	from Form 8863	8, line 8		29						
	30	Reserved for future use .				30						
	31	Amount from Schedule 3, lir	ne 15			31						
	32	Add lines 27, 28, 29, and 31	. These are your	total other pa	ayments and re	fundab	le credits		32			
	33	Add lines 25d, 26, and 32. T	hese are your <b>to</b>	tal payments					33	11,516.		
Refund	34	If line 33 is more than line 24	4, subtract line 2	4 from line 33.	This is the amo	unt you	overpaid		34	2,616.		
nerana	35a								35a	2,616.		
Direct deposit?	b	Routing number 0 4 1	0 0 0 1	2 4	<b>c</b> Type:	Chec     Che	king 🗌	Savings	:			
See instructions.	d	Account number 4 1 3	7 6 0 3	4 2 5								
	36	Amount of line 34 you want	applied to your	2023 estimate	ed tax	36						
Amount	37	Subtract line 33 from line 24	. This is the <b>amo</b>	ount you owe	,	'						
You Owe		For details on how to pay, go to www.irs.gov/Payments or see instructions						37	0.			
	38	Estimated tax penalty (see in	nstructions) .			38						
<b>Third Party</b>	Do	you want to allow another	person to disc	cuss this retu	n with the IRS	? See						
Designee	ins	nstructions					below.	X No				
		signee's	Phone Personal no. number (				onal iden	tification				
		me						, ,				
Sign		Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which										
Here		ur signature	Date Your occupation					nt you an Identity				
		ar organicaro	Total occupation				Protection PIN, enter it here					
Joint return?			QUALITY ENG			GINEER (		e inst.)				
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return,	Date	Spouse's occupa	ation				nt your spouse an			
your records.							- 1	Identity Protection PIN, enter it here (see inst.)				
		one no. 971-708-	5586	Email address				,				
		eparer's name	Preparer's signat	1						Check if:		
Paid		- p	SELF-PREP							Self-employed		
Preparer	— Eir	m's name	SELF-PKEP	AKED					Phone no.			
Use Only										rm's EIN		
	Firm's address Firm's							II S LIIV	2 EII/			

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

# **Capital Gains and Losses**

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

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

OMB No. 1545-0074

Attachment

	tment of the Treasury al Revenue Service Use Form 8949 to list your train				,	Attachment Sequence No. <b>12</b>
Name	cial se	ecurity number				
<u>AD</u>	99-	35-4226				
	ou dispose of any investment(s) in a qualified opportunity es," attach Form 8949 and see its instructions for additions					
Pa	short-Term Capital Gains and Losses—Ge	nerally Assets	Held One Year	or Less (se	e ins	structions)
lines	instructions for how to figure the amounts to enter on the below.	(d) Proceeds	(e) Cost	(g) Adjustmen to gain or loss		(h) Gain or (loss) Subtract column (e) from column (d) and
	form may be easier to complete if you round off cents to e dollars.	(sales price)	(or other basis)	Form(s) 8949, line 2, colum	Part I,	combine the result with column (g)
1a	Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b.					
1b	Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked					
2	Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked	4,075.	8,704.			-4,629.
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	1684, 6781, and 88	324	4	
5	Net short-term gain or (loss) from partnerships, Schedule(s) K-1	•		rusts from	5	
6	Short-term capital loss carryover. Enter the amount, if ar <b>Worksheet</b> in the instructions	ny, from line 8 of y	-	-	6	(
7	Net short-term capital gain or (loss). Combine lines 1a term capital gains or losses, go to Part II below. Otherwis			e any long-	7	-4,629.
Pai	t II Long-Term Capital Gains and Losses—Ge	nerally Assets H	Held More Than	One Year	(see	instructions)
See	ts	(h) Gain or (loss) Subtract column (e) from column (d) and				
This who	form may be easier to complete if you round off cents to e dollars.	Proceeds (sales price)	Cost (or other basis)	to gain or loss Form(s) 8949, I line 2, colum	Part II,	combine the result with column (g)
8a	Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b.					
8b	Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked					
9	Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked					
10	Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked					
11	Gain from Form 4797, Part I; long-term gain from Forms from Forms 4684, 6781, and 8824			, ,	11	
	Net long-term gain or (loss) from partnerships, S corporate		12			
	Capital gain distributions. See the instructions				13	
14	Long-term capital loss carryover. Enter the amount, if any <b>Worksheet</b> in the instructions		our <b>Capital Loss</b>	Carryover	14	(
15	Net long-term capital gain or (loss). Combine lines 8a	a through 14 in co	olumn (h). Then, g	o to Part III		

Schedule D (Form 1040) 2022 Page 2

### Part III **Summary** 16 Combine lines 7 and 15 and enter the result 16 -4,629.• If line 16 is a gain, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below. • If line 16 is a loss, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete • If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22. 17 Are lines 15 and 16 both gains? ☐ **Yes.** Go to line 18. No. Skip lines 18 through 21, and go to line 22. 18 If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the 18 19 If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet . . . 19 20 Are lines 18 and 19 both zero or blank and you are not filing Form 4952? ☐ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. Don't complete lines 21 and 22 below. and 22 below. If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of: 21 • The loss on line 16; or 21 3,000) • (\$3,000), or if married filing separately, (\$1,500) Note: When figuring which amount is smaller, treat both amounts as positive numbers. 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. X No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.

Schedule D (Form 1040) 2022

### Sales and Other Dispositions of Capital Assets

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

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. Attachment Sequence No. 12A

ADITHYA ARAVIND RUPPA GANESHBABU

Social security number or taxpayer identification number

099-35-4226

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

Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see 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)

<ul><li>☒ (B) Short-term transactions</li><li>☐ (C) Short-term transactions</li></ul>			_	sis <b>wasn't</b> report	ed to the IF	RS		
1 (a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis See the <b>Note</b> below	Adjustment, i If you enter an enter a co	(h) Gain or (loss) Subtract column (e		
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see Column (e) in the separate instructions.	(f) Code(s) from instructions	<b>(g)</b> Amount of adjustment	from column (d) and combine the result with column (g).	
ROBINHOOD MARK SEE STMI			4,075.	8,704.	M	0.	-4,629	
2 Totals. Add the amounts in columns negative amounts). Enter each total Schedule D, line 1b (if Box A above is checked) or line 3 (if Box C).	I here and inc is checked), <b>lir</b>	lude on your ne 2 (if Box B	4 075	0 704		0	4 620	

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.

Department of the Treasury

Internal Revenue Service

**Health Savings Accounts (HSAs)** 

Attach to Form 1040, 1040-SR, or 1040-NR. Go to www.irs.gov/Form8889 for instructions and the latest information. OMB No. 1545-0074 Attachment Sequence No. **52** 

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

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

099-35-4226

ADI	THYA ARAVIND RUPPA GANESHBABU 099	<del>-35</del>	-4226
	re you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, i		
Part	<b>HSA Contributions and Deduction.</b> See the instructions before completing this part. If and both you and your spouse each have separate HSAs, complete a separate Part I for		
1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2022. See instructions	X Se	elf-only $\square$ Family
2	HSA contributions you made for 2022 (or those made on your behalf), including those made by the		
-	unextended due date of your tax return that were for 2022. <b>Do not</b> include employer contributions,		
	contributions through a cafeteria plan, or rollovers. See instructions	2	
3	If you were under age 55 at the end of 2022 and, on the first day of <b>every</b> month during 2022, you	_	
•	were, or were considered, an eligible individual with the <b>same</b> coverage, enter \$3,650 (\$7,300 for		
	family coverage). <b>All others</b> , see the instructions for the amount to enter	3	3,650.
4	Enter the amount you and your employer contributed to your Archer MSAs for 2022 from Form 8853,		3,0001
-	lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2022, also		
	include any amount contributed to your spouse's Archer MSAs	4	
5	Subtract line 4 from line 3. If zero or less, enter -0	5	3,650.
6	Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family		,
	coverage under an HDHP at any time during 2022, see the instructions for the amount to enter	6	3,650.
7	If you were age 55 or older at the end of 2022, married, and you or your spouse had family coverage		,
	under an HDHP at any time during 2022, enter your additional contribution amount. See instructions.	7	
8	Add lines 6 and 7	8	3,650.
9	Employer contributions made to your HSAs for 2022		
10	Qualified HSA funding distributions		
11	Add lines 9 and 10	11	1,508.
12	Subtract line 11 from line 8. If zero or less, enter -0	12	2,142.
13	<b>HSA deduction.</b> Enter the <b>smaller</b> of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line 13	13	
	Caution: If line 2 is more than line 13, you may have to pay an additional tax. See instructions.		
Part	a separate Part II for each spouse.	arate	HSAs, complete
14a	Total distributions you received in 2022 from all HSAs (see instructions)	14a	10.
b	Distributions included on line 14a that you rolled over to another HSA. Also include any excess		
	contributions (and the earnings on those excess contributions) included on line 14a that were		
	withdrawn by the due date of your return. See instructions	14b	
С	Subtract line 14b from line 14a	14c	10.
15	Qualified medical expenses paid using HSA distributions (see instructions)	15	10.
16	<b>Taxable HSA distributions.</b> Subtract line 15 from line 14c. If zero or less, enter -0 Also, include this amount in the total on Schedule 1 (Form 1040), Part I, line 8f	16	
17a	If any of the distributions included on line 16 meet any of the Exceptions to the Additional 20%		
	Tax (see instructions), check here		
b	Additional 20% tax (see instructions). Enter 20% (0.20) of the distributions included on line 16 that		
	are subject to the additional 20% tax. Also, include this amount in the total on Schedule 2 (Form		
	1040), Part II, line 17c	17b	
Part			
	completing this part. If you are filing jointly and both you and your spouse each have sep complete a separate Part III for each spouse.	oarate	HSAs,
18	Last-month rule	18	
19	Qualified HSA funding distribution	19	
20	<b>Total income.</b> Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I, line 8f .	20	
21	Additional tax. Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2 (Form		
	1040), Part II, line 17d	21	