

▼ Detach Here and Mail With Your Payment ▼

Department of the Treasury
Internal Revenue Service

Calendar Year —
Due **04/18/2023**

2023 Form 1040-ES Payment Voucher 1

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the 'United States Treasury.' Write your social security number and '2023 Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Amount of estimated tax you are paying by check or money order.....▶	3,148.
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REV 07/23/23 INTUIT.CG.CFP.SP

1555

873-71-8356 874-04-8588
REESHA LASITHA SANTHOSH
DARSHAN DIWAKAR KOMARLU
49114 ROSE TER
FREMONT CA 94539-7589

INTERNAL REVENUE SERVICE
PO BOX 802502
CINCINNATI OH 45280-2502

873718356 BR LASI 30 0 202312 430

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Department of the Treasury
Internal Revenue Service

Calendar Year —
Due **06/15/2023**

2023 Form 1040-ES Payment Voucher 2

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the 'United States Treasury.' Write your social security number and '2023 Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Amount of estimated tax
you are paying by check
or money order.....▶

3,148.

REV 07/23/23 INTUIT.CG.CFP.SP

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Department of the Treasury
Internal Revenue Service

Calendar Year —
Due **09/15/2023**

2023 Form 1040-ES Payment Voucher 3

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the 'United States Treasury.' Write your social security number and '2023 Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Amount of estimated tax you are paying by check or money order.....▶	3,148.
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REV 07/23/23 INTUIT.CG.CFP.SP

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Department of the Treasury
Internal Revenue Service

Calendar Year —
Due **01/16/2024**

2023 Form 1040-ES Payment Voucher 4

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the 'United States Treasury.' Write your social security number and '2023 Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Amount of estimated tax you are paying by check or money order.....▶	3,148.
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REV 07/23/23 INTUIT.CG.CFP.SP

1555

873-71-8356 874-04-8588
REESHA LASITHA SANTHOSH
DARSHAN DIWAKAR KOMARLU
49114 ROSE TER
FREMONT CA 94539-7589

INTERNAL REVENUE SERVICE
PO BOX 802502
CINCINNATI OH 45280-2502

873718356 BR LASI 30 0 202312 430

Filing Status [] Single [X] Married filing jointly [] Married filing separately (MFS) [] Head of household (HOH) [] Qualifying surviving spouse (QSS)
Check only one box. If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent:

Your first name and middle initial: Reesha; Last name: Lasitha Santhosh; Your social security number: 873-71-8356
If joint return, spouse's first name and middle initial: DARSHAN DIWAKAR; Last name: KOMARLU; Spouse's social security number: 874-04-8588
Home address (number and street): 49114 Rose Ter; Apt. no.:
City, town, or post office: Fremont; State: CA; ZIP code: 945397589
Foreign country name: Foreign province/state/county: Foreign postal code:
Presidential Election Campaign: [] You [] Spouse

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.) [] Yes [X] No

Standard Deduction Someone can claim: [] You as a dependent [] Your spouse as a dependent
[] 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 table with columns: (1) First name Last name, (2) Social security number, (3) Relationship to you, (4) Check the box if qualifies for (see instructions): Child tax credit, Credit for other dependents. Entry: Siddharth R Darshan, 885-09-3856, Son, [X] Child tax credit.

Income table with columns: Description, Amount. Rows include: 1a Total amount from Form(s) W-2, box 1 (233,126); 1b Household employee wages; 1c Tip income; 1d Medicaid waiver payments; 1e Taxable dependent care benefits; 1f Employer-provided adoption benefits; 1g Wages from Form 8919, line 6; 1h Other earned income (0); 1i Nontaxable combat pay election; 1z Add lines 1a through 1h (233,126); 2a Tax-exempt interest; 2b Taxable interest (4); 3a Qualified dividends; 3b Ordinary dividends (1); 4a IRA distributions; 4b Taxable amount; 5a Pensions and annuities; 5b Taxable amount; 6a Social security benefits; 6b Taxable amount; 7 Capital gain or (loss) (-3,000); 8 Other income from Schedule 1, line 10 (0); 9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8 (230,131); 10 Adjustments to income from Schedule 1, line 26 (12,000); 11 Subtract line 10 from line 9 (218,131); 12 Standard deduction or itemized deductions (25,900); 13 Qualified business income deduction; 14 Add lines 12 and 13 (25,900); 15 Subtract line 14 from line 11 (192,231).

Tax and Credits	16	Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____	16	33,806.
	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	33,806.
	19	Child tax credit or credit for other dependents from Schedule 8812	19	2,000.
	20	Amount from Schedule 3, line 8	20	600.
	21	Add lines 19 and 20	21	2,600.
	22	Subtract line 21 from line 18. If zero or less, enter -0-	22	31,206.
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	0.
	24	Add lines 22 and 23. This is your total tax	24	31,206.

Payments	25	Federal income tax withheld from:		
	a	Form(s) W-2	25a	21,737.
	b	Form(s) 1099	25b	0.
	c	Other forms (see instructions)	25c	
	d	Add lines 25a through 25c	25d	21,737.
	26	2022 estimated tax payments and amount applied from 2021 return	26	
	27	Earned income credit (EIC) NO	27	
	28	Additional child tax credit from Schedule 8812	28	
	29	American opportunity credit from Form 8863, line 8	29	
	30	Reserved for future use	30	
	31	Amount from Schedule 3, line 15	31	
	32	Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits	32	
	33	Add lines 25d, 26, and 32. These are your total payments	33	21,737.

Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	
	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	35a	
Direct deposit? See instructions.	b	Routing number X X X X X X X X X c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings		
	d	Account number X X X X X X X X X X X X X X X X X X		
	36	Amount of line 34 you want applied to your 2023 estimated tax	36	

Amount You Owe	37	Subtract line 33 from line 24. This is the amount you owe . For details on how to pay, go to www.irs.gov/Payments or see instructions	37	9,469.
	38	Estimated tax penalty (see instructions)	38	

Third Party Designee Do you want to allow another person to discuss this return with the IRS? See instructions **Yes**. Complete below. **No**

Designee's name _____ Phone no. _____ Personal identification number (PIN) _____

Sign Here Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature _____	Date _____	Your occupation Data Analyst	If the IRS sent you an Identity Protection PIN, enter it here (see inst.) _____
Spouse's signature. If a joint return, both must sign. _____	Date _____	Spouse's occupation Software Engineer	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) _____
Phone no. (806) 218-3936	Email address _____		

Paid Preparer Use Only

Preparer's name _____	Preparer's signature _____	Date _____	PTIN _____	Check if: <input type="checkbox"/> Self-employed
Firm's name Self-Prepared	Firm's address _____		Phone no. _____	Firm's EIN _____

**SCHEDULE 1
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

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

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

OMB No. 1545-0074

2022
Attachment
Sequence No. **01**

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

Reesha Lasitha Santhosh & DARSHAN DIWAKAR KOMARLU

Your social security number

873-71-8356

Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes		1	0.
2a	Alimony received		2a	
b	Date of original divorce or separation agreement (see instructions): _____			
3	Business income or (loss). Attach Schedule C		3	
4	Other gains or (losses). Attach Form 4797		4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E		5	
6	Farm income or (loss). Attach Schedule F		6	
7	Unemployment compensation		7	
8	Other income:			
a	Net operating loss	8a ()		
b	Gambling	8b		
c	Cancellation of debt	8c		
d	Foreign earned income exclusion from Form 2555	8d ()		
e	Income from Form 8853	8e		
f	Income from Form 8889	8f		
g	Alaska Permanent Fund dividends	8g		
h	Jury duty pay	8h		
i	Prizes and awards	8i		
j	Activity not engaged in for profit income	8j		
k	Stock options	8k		
l	Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property	8l		
m	Olympic and Paralympic medals and USOC prize money (see instructions)	8m		
n	Section 951(a) inclusion (see instructions)	8n		
o	Section 951A(a) inclusion (see instructions)	8o		
p	Section 461(l) excess business loss adjustment	8p		
q	Taxable distributions from an ABL account (see instructions)	8q		
r	Scholarship and fellowship grants not reported on Form W-2	8r		
s	Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d	8s ()		
t	Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan	8t		
u	Wages earned while incarcerated	8u		
z	Other income. List type and amount: _____			
	Other Income from box 3 of 1099-Misc 0.	8z 0.		
9	Total other income. Add lines 8a through 8z		9	0.
10	Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8		10	0.

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

Schedule 1 (Form 1040) 2022

Part II Adjustments to Income

11	Educator expenses	11	
12	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106	12	
13	Health savings account deduction. Attach Form 8889	13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903	14	
15	Deductible part of self-employment tax. Attach Schedule SE	15	
16	Self-employed SEP, SIMPLE, and qualified plans	16	
17	Self-employed health insurance deduction	17	
18	Penalty on early withdrawal of savings	18	
19a	Alimony paid	19a	
b	Recipient's SSN		
c	Date of original divorce or separation agreement (see instructions): _____		
20	IRA deduction	20	12,000.
21	Student loan interest deduction	21	
22	Reserved for future use	22	
23	Archer MSA deduction	23	
24	Other adjustments:		
a	Jury duty pay (see instructions)	24a	
b	Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit	24b	
c	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m	24c	
d	Reforestation amortization and expenses	24d	
e	Repayment of supplemental unemployment benefits under the Trade Act of 1974	24e	
f	Contributions to section 501(c)(18)(D) pension plans	24f	
g	Contributions by certain chaplains to section 403(b) plans	24g	
h	Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions)	24h	
i	Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations	24i	
j	Housing deduction from Form 2555	24j	
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)	24k	
z	Other adjustments. List type and amount: _____	24z	
25	Total other adjustments. Add lines 24a through 24z	25	
26	Add lines 11 through 23 and 25. These are your adjustments to income . Enter here and on Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a	26	12,000.

**SCHEDULE 3
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Additional Credits and Payments

Attach to Form 1040, 1040-SR, or 1040-NR.
Go to www.irs.gov/Form1040 for instructions and the latest information.

OMB No. 1545-0074

2022
Attachment
Sequence No. **03**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR Reesha Lasitha Santhosh & DARSHAN DIWAKAR KOMARLU	Your social security number 873-71-8356
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Part I Nonrefundable Credits

1 Foreign tax credit. Attach Form 1116 if required				1	
2 Credit for child and dependent care expenses from Form 2441, line 11. Attach Form 2441				2	600.
3 Education credits 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 nonrefundable credits:					
a General business credit. Attach Form 3800	6a				
b Credit for prior year minimum tax. Attach Form 8801	6b				
c Adoption credit. Attach Form 8839	6c				
d Credit for the elderly or disabled. Attach Schedule R	6d				
e Alternative motor vehicle credit. Attach Form 8910	6e				
f Qualified plug-in motor vehicle credit. Attach Form 8936	6f				
g Mortgage interest credit. Attach Form 8396	6g				
h District of Columbia first-time homebuyer credit. Attach Form 8859	6h				
i Qualified electric vehicle credit. Attach Form 8834	6i				
j Alternative fuel vehicle refueling property credit. Attach Form 8911	6j				
k Credit to holders of tax credit bonds. Attach Form 8912	6k				
l Amount on Form 8978, line 14. See instructions	6l				
z Other nonrefundable credits. List type and amount: _____	6z				
7 Total other nonrefundable credits. Add lines 6a through 6z				7	
8 Add lines 1 through 5 and 7. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 20				8	600.

(continued on page 2)

Part 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	Credit for federal tax on fuels. Attach Form 4136		12	
13	Other payments or refundable credits:			
a	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		
c	Reserved for future use	13c		
d	Credit for repayment of amounts included in income from earlier years	13d		
e	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-SR, or 1040-NR, line 31		15	

**Underpayment of Estimated Tax by
Individuals, Estates, and Trusts**

Department of the Treasury
Internal Revenue Service

Go to www.irs.gov/Form2210 for instructions and the latest information.
Attach to Form 1040, 1040-SR, 1040-NR, or 1041.

Attachment
Sequence No. **06**

Name(s) shown on tax return

Reesha Lasitha Santhosh & DARSHAN DIWAKAR KOMARLU

Identifying number

873-71-8356

Do You Have To File Form 2210?

Complete lines 1 through 7 below. Is line 4 or line 7 less than \$1,000?

Yes → Don't file Form 2210. You don't owe a penalty.

No ↓

Complete lines 8 and 9 below. Is line 6 equal to or more than line 9?

Yes → You don't owe a penalty. Don't file Form 2210 unless box E in Part II applies, then file page 1 of Form 2210.

No ↓

You may owe a penalty. Does any box in Part II below apply?

Yes → You must file Form 2210. Does box B, C, or D in Part II apply?

No ↓

Yes → You must figure your penalty.

Don't file Form 2210. You aren't required to figure your penalty because the IRS will figure it and send you a bill for any unpaid amount. If you want to figure it, you may use Part III as a worksheet and enter your penalty amount on your tax return, but **don't file Form 2210.**

You aren't required to figure your penalty because the IRS will figure it and send you a bill for any unpaid amount. If you want to figure it, you may use Part III as a worksheet and enter your penalty amount on your tax return, but file only page 1 of Form 2210.

Part I Required Annual Payment

1	Enter your 2022 tax after credits from Form 1040, 1040-SR, or 1040-NR, line 22. (See the instructions if not filing Form 1040.)	1	31,206.
2	Other taxes, including self-employment tax and, if applicable, Additional Medicare Tax and/or Net Investment Income Tax (see instructions)	2	
3	Other payments and refundable credits (see instructions)	3	()
4	Current year tax. Combine lines 1, 2, and 3. If less than \$1,000, stop ; you don't owe a penalty. Don't file Form 2210	4	31,206.
5	Multiply line 4 by 90% (0.90)	5	28,085.
6	Withholding taxes. Don't include estimated tax payments. See instructions	6	21,737.
7	Subtract line 6 from line 4. If less than \$1,000, stop ; you don't owe a penalty. Don't file Form 2210	7	9,469.
8	Maximum required annual payment based on prior year's tax (see instructions)	8	3,187.
9	Required annual payment. Enter the smaller of line 5 or line 8	9	3,187.

Next: Is line 9 more than line 6?

- No.** You **don't** owe a penalty. **Don't** file Form 2210 unless box E below applies.
- Yes.** You may owe a penalty, but **don't** file Form 2210 unless one or more boxes in Part II below applies.
 - If box B, C, or D applies, you must figure your penalty and file Form 2210.
 - If box A or E applies (but not B, C, or D), file only page 1 of Form 2210. You **aren't** required to figure your penalty; the IRS will figure it and send you a bill for any unpaid amount. If you want to figure your penalty, you may use Part III as a worksheet and enter your penalty on your tax return, but **file only page 1 of Form 2210.**

Part II Reasons for Filing. Check applicable boxes. If none apply, **don't** file Form 2210.

- A You request a **waiver** (see instructions) of your entire penalty. You must check this box and file page 1 of Form 2210, but you aren't required to figure your penalty.
- B You request a **waiver** (see instructions) of part of your penalty. You must figure your penalty and waiver amount and file Form 2210.
- C Your income varied during the year and your penalty is reduced or eliminated when figured using the **annualized income installment method**. You must figure the penalty using Schedule AI and file Form 2210.
- D Your penalty is lower when figured by treating the federal income tax withheld from your income as paid on the dates it was actually withheld, instead of in equal amounts on the payment due dates. You must figure your penalty and file Form 2210.
- E You filed or are filing a joint return for either 2021 or 2022, but not for both years, and line 8 above is smaller than line 5 above. You must file page 1 of Form 2210, but you **aren't** required to figure your penalty (unless box B, C, or D applies).

**SCHEDULE D
(Form 1040)**

Capital Gains and Losses

OMB No. 1545-0074

2022

Department of the Treasury
Internal Revenue Service

Attach to Form 1040, 1040-SR, or 1040-NR.
Go to www.irs.gov/ScheduleD for instructions and the latest information.
Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.

Attachment
Sequence No. **12**

Name(s) shown on return

Reesha Lasitha Santhosh & DARSHAN DIWAKAR KOMARLU

Your social security number

873-71-8356

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? Yes No

If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

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

See instructions for how to figure the amounts to enter on the lines below.

This form may be easier to complete if you round off cents to whole dollars.

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b .				
1b Totals for all transactions reported on Form(s) 8949 with Box A checked	549,613.	576,514.	19,875.	-7,026.
2 Totals for all transactions reported on Form(s) 8949 with Box B checked				
3 Totals for all transactions reported on Form(s) 8949 with Box C checked				
4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824				4
5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				5
6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover Worksheet in the instructions				6 ()
7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on the back				7 -7,026.

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

See instructions for how to figure the amounts to enter on the lines below.

This form may be easier to complete if you round off cents to whole dollars.

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b .				
8b Totals for all transactions reported on Form(s) 8949 with Box D checked				
9 Totals for all transactions reported on Form(s) 8949 with Box E checked				
10 Totals for all transactions reported on Form(s) 8949 with Box F checked				
11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824				11
12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				12
13 Capital gain distributions. See the instructions				13
14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover Worksheet in the instructions				14 ()
15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then, go to Part III on the back				15

Part III Summary

16	Combine lines 7 and 15 and enter the result	16	-7,026.
	<ul style="list-style-type: none"> • If line 16 is a gain, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below. • If line 16 is a loss, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22. • If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22. 		
17	Are lines 15 and 16 both gains? <input type="checkbox"/> Yes. Go to line 18. <input type="checkbox"/> No. Skip lines 18 through 21, and go to line 22.		
18	If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet	18	
19	If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet	19	
20	Are lines 18 and 19 both zero or blank and you are not filing Form 4952? <input type="checkbox"/> 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. <input type="checkbox"/> 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: <ul style="list-style-type: none"> • 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? <input type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. <input checked="" type="checkbox"/> No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.		

Sales and Other Dispositions of Capital Assets

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.

Name(s) shown on return

Social security number or taxpayer identification number

Reesha Lasitha Santhosh & DARSHAN DIWAKAR KOMARLU

873-71-8356

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1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis See the Note below and see <i>Column (e)</i> in the separate instructions.	Adjustment, if any, to gain or loss If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g).
						(f) Code(s) from instructions	(g) Amount of adjustment	
	90184L102 TWITTER, INC. 10.000000000000000000	04/25/22	10/27/22	542.	522.			20.
	HOOD MBLLGS ROBINHOOD MARKETS INC HOOD Feb 18 2022 19.0 Call 2.000000000000000000	12/23/21	01/28/22	23.	582.			-559.
	770700102 ROBINHOOD MARKETS INC COM CL A 1300.000000000000000000	01/27/22	01/28/22	15,392.	15,041.			351.
	FB AMBRLTY META PLATFORMS INC FB Feb 11 2022 227.5 Call 48.000000000000000000	02/07/22	02/07/22	26,608.	25,952.			656.
	FB AMBHDU META PLATFORMS INC FB Feb 11 2022 225.0 Call 100.000000000000000000	02/11/22	02/11/22	12,434.	11,466.			968.
	FB AMBLSH4 META PLATFORMS INC FB Feb 18 2022 220.0 Call 48.000000000000000000	02/14/22	02/14/22	22,818.	21,992.			826.
	983134107 WYNN RESORTS LTD COM 340.000000000000000000	02/15/22	02/16/22	31,943.	32,392.			-449.
	25809K105 DOORDASH INC COM CL A 340.000000000000000000	02/16/22	02/16/22	32,371.	32,555.			-184.
	GOOG TMC4XND ALPHABET INC GOOG Mar 04 2022 2675.0 Call 1.000000000000000000	02/28/22	02/28/22	4,459.	4,291.			168.
	FB AMC4G0E META PLATFORMS INC FB Mar 04 2022 207.5 Call 10.000000000000000000	02/28/22	02/28/22	4,293.	5,257.			-964.
	BA AMC4H0Q BOEING CO BA Mar 04 2022 192.5 Call 25.000000000000000000	03/01/22	03/01/22	14,983.	13,767.			1,216.
	FB AMCFPLV META PLATFORMS INC FB Mar 04 2022 202.5 Call 25.000000000000000000	03/01/22	03/01/22	11,983.	11,642.			341.
	AAPL AMC4C7E APPLE INC AAPL Mar 04 2022 162.5 Call 50.000000000000000000	03/01/22	03/01/22	12,917.	12,733.			184.
	AAPL AMO4CKA APPLE INC AAPL Mar 04 2022 167.5 Put 100.000000000000000000	03/02/22	03/02/22	18,384.	18,482.	W	16.	-82.
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).			209,150.	206,674.		16.	2,492.

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Sales and Other Dispositions of Capital Assets

Department of the Treasury
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						(f) Code(s) from instructions	(g) Amount of adjustment	
	FB AMC4FWL META PLATFORMS INC FB Mar 04 2022 202.5 Call 25.000000000000000000	03/02/22	03/02/22	9,358.	9,142.			216.
	GOOG KMOATUV ALPHABET INC GOOG Mar 04 2022 2700.0 Put 3.000000000000000000	03/02/22	03/02/22	8,278.	8,282.			-4.
	ROKU AMO4A3W ROKU INC ROKU Mar 04 2022 131.0 Put 30.000000000000000000	03/02/22	03/02/22	8,530.	9,364.			-834.
	PYPL AMC4630 PAYPAL HOLDINGS INC PYPL Mar 04 2022 105.0 Call 50.000000000000000000	03/02/22	03/02/22	10,967.	10,883.			84.
	FB AMC4G0E META PLATFORMS INC FB Mar 04 2022 207.5 Put 60.000000000000000000	03/02/22	03/02/22	15,260.	15,040.			220.
	NFLX AMC45CU NETFLIX INC NFLX Mar 04 2022 367.5 Call 40.000000000000000000	03/03/22	03/03/22	25,173.	23,926.			1,247.
	BA AMC4ENS BOEING CO BA Mar 04 2022 190.0 Call 70.000000000000000000	03/03/22	03/03/22	21,304.	21,746.	W	571.	129.
	BA AMC4ENS BOEING CO BA Mar 04 2022 190.0 Call 35.000000000000000000	03/03/22	03/04/22	0.	10,779.			-10,779.
	SNOW AMC4GEA SNOWFLAKE INC SNOW Mar 04 2022 212.5 Call 3.000000000000000000	03/04/22	03/04/22	0.	152.			-152.
	SNOW AMC4G56 SNOWFLAKE INC SNOW Mar 04 2022 217.5 Call 3.000000000000000000	03/04/22	03/04/22	0.	137.			-137.
	91822M106 VEON LTD ADR SPONSORED 100.000000000000000000	03/02/22	03/07/22	39.	44.			-5.
	PYPL MCT17M PAYPAL HOLDINGS INC PYPL Mar 18 2022 98.5 Call 1.000000000000000000	03/07/22	03/09/22	374.	370.			4.
	91822M106 VEON LTD ADR SPONSORED 900.000000000000000000	03/02/22	03/17/22	400.	399.			1.
	770700102 ROBINHOOD MARKETS INC COM CL A 500.000000000000000000	03/04/22	03/17/22	6,380.	5,460.			920.
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).			106,063.	115,724.		571.	-9,090.

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	70450Y103 PAYPAL HOLDINGS INC COM 160.00000000000000000000	03/07/22	03/17/22	17,357.	15,120.			2,237.
	019151208 ALLIED ENERGY CORP COM 10479.00000000000000000000	03/09/22	03/17/22	2,360.	2,803.			-443.
	AMZN 7M0205G AMAZON COM INC AMZN Mar 18 2022 3130.0 Put 1.00000000000000000000	03/17/22	03/18/22	2,499.	2,501.			-2.
	70450Y103 PAYPAL HOLDINGS INC COM 100.00000000000000000000	03/25/22	04/04/22	12,150.	11,250.			900.
	770700102 ROBINHOOD MARKETS INC COM CL A 500.00000000000000000000	04/01/22	04/04/22	6,825.	6,630.			195.
	683712103 OPENDOOR TECHNOLOGIES INC COM 700.00000000000000000000	04/01/22	04/04/22	6,370.	5,895.			475.
	AMZN 7M02P00 AMAZON COM INC AMZN Apr 08 2022 3330.0 Put 1.00000000000000000000	04/04/22	04/05/22	5,279.	2,861.			2,418.
	GOOG 7M02L7W ALPHABET INC GOOG Apr 14 2022 2750.0 Call 2.00000000000000000000	04/06/22	04/06/22	8,999.	8,701.			298.
	AMZN 7M02C00 AMAZON COM INC AMZN Apr 14 2022 3210.0 Call 7.00000000000000000000	04/06/22	04/06/22	33,485.	32,729.	W	39.	795.
	AMZN 7M02C08 AMAZON COM INC AMZN Apr 14 2022 3140.0 Call 2.00000000000000000000	04/07/22	04/07/22	10,219.	10,101.			118.
	AMZN 7M02C0K AMAZON COM INC AMZN Apr 14 2022 3170.0 Call 2.00000000000000000000	04/07/22	04/07/22	10,502.	10,001.			501.
	AMZN 7M02C0G AMAZON COM INC AMZN Apr 14 2022 3130.0 Call 12.00000000000000000000	04/08/22	04/08/22	59,842.	59,591.	W	183.	434.
	AMZN 7M02KX4 AMAZON COM INC AMZN Apr 14 2022 3100.0 Call 4.00000000000000000000	04/08/22	04/08/22	20,237.	20,295.	W	53.	-5.
	GOOG 7M02KXW ALPHABET INC GOOG Apr 14 2022 2660.0 Call 16.00000000000000000000	04/11/22	04/11/22	21,389.	40,402.	W	19,013.	0.
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	GOOG 2NDX21W ALPHABET INC GOOG Apr 14 2022 2660.0 Call 4.0000000000000000	04/11/22	04/12/22	4,277.	9,584.			-5,307.	
	CRM AMF30Q SALESFORCE INC CRM Jun 03 2022 165.0 Call 1.0000000000000000	05/31/22	06/01/22	1,699.	521.			1,178.	
	23292E108 DIDI GLOBAL INC ADR 100.0000000000000000000000	06/06/22	06/07/22	231.	231.			0.	
	143658300 CARNIVAL CORP UNITS 500.0000000000000000000000	04/06/22	06/09/22	6,025.	9,675.			-3,650.	
	76010V103 RENT THE RUNWAY INC COM CL A 100.0000000000000000000000	06/09/22	06/10/22	389.	360.			29.	
	860897107 STITCH FIX INC COM CL A 100.0000000000000000000000	06/09/22	06/14/22	629.	787.			-158.	
	023135106 AMAZON COM INC COM 20.000000000000000000000000	02/03/22	07/05/22	2,251.	2,778.			-527.	
	MUR MRF1NG MURPHY OIL CORP MUR Jul 15 2022 25.0 Call 1.000000000000000000000000	07/06/22	07/07/22	419.	226.			193.	
	TWTR NSFP2TE TWITTER INC TWTR Jul 15 2022 36.5 Put 10.000000000000000000000000	07/13/22	07/14/22	493.	547.			-54.	
	GOOG AMH39C ALPHABET INC GOOG Aug 12 2022 120.0 Call 1.000000000000000000000000	08/12/22	08/12/22	224.	81.			143.	
	GOOG AMT19AQ ALPHABET INC GOOG Aug 19 2022 120.5 Put 2.000000000000000000000000	08/18/22	08/18/22	129.	131.			-2.	
	META AMH3XCA META PLATFORMS INC META Aug 19 2022 167.5 Call 2.000000000000000000000000	08/19/22	08/19/22	121.	193.			-72.	
	GOOGLAMH01Q ALPHABET INC GOOGL Aug 26 2022 111.5 Call 3.000000000000000000000000	08/26/22	08/26/22	0.	122.			-122.	
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).				16,887.	25,236.			-8,349.

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Child and Dependent Care Expenses

Department of the Treasury
Internal Revenue Service

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

Go to www.irs.gov/Form2441 for instructions and the latest information.

2022
Attachment
Sequence No. **21**

Name(s) shown on return

Your social security number

Reesha Lasitha Santhosh & DARSHAN DIWAKAR KOMARLU

873-71-8356

A You can't claim a credit for child and dependent care expenses if your filing status is married filing separately unless you meet the requirements listed in the instructions under *Married Persons Filing Separately*. If you meet these requirements, check this box

B If you or your spouse was a student or was disabled during 2022 and you're entering deemed income of \$250 or \$500 a month on Form 2441 based on the income rules listed in the instructions under *If You or Your Spouse Was a Student or Disabled*, check this box

Part I **Persons or Organizations Who Provided the Care—You must complete this part.**
If you have more than three care providers, see the instructions and check this box

1 (a) Care provider's name	(b) Address (number, street, apt. no., city, state, and ZIP code)	(c) Identifying number (SSN or EIN)	(d) Was the care provider your household employee in 2022? For example, this generally includes nannies but not daycare centers. (see instructions)	(e) Amount paid (see instructions)
NURTURE KIDS	38000 CAMDEN ST FREMONT CA 94536	94-3298607	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	6,000.
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	

Did you receive dependent care benefits? **No** Complete only Part II below.
 Yes Complete Part III on page 2 next.

Caution: If the care provider is your household employee, you may owe employment taxes. For details, see the Instructions for Schedule H (Form 1040). If you incurred care expenses in 2022 but didn't pay them until 2023, or if you prepaid in 2022 for care to be provided in 2023, don't include these expenses in column (d) of line 2 for 2022. See the instructions.

Part II **Credit for Child and Dependent Care Expenses**

2 Information about your **qualifying person(s)**. If you have more than three qualifying persons, see the instructions and check this box

(a) Qualifying person's name		(b) Qualifying person's social security number	(c) Check here if the qualifying person was over age 12 and was disabled. (see instructions)	(d) Qualified expenses you incurred and paid in 2022 for the person listed in column (a)
First	Last			
Siddharth R	Darshan	885-09-3856	<input type="checkbox"/>	6,000.
			<input type="checkbox"/>	
			<input type="checkbox"/>	

3	Add the amounts in column (d) of line 2. Don't enter more than \$3,000 if you had one qualifying person or \$6,000 if you had two or more persons. If you completed Part III, enter the amount from line 31	3	3,000.																																																																								
4	Enter your earned income . See instructions	4	95,680.																																																																								
5	If married filing jointly, enter your spouse's earned income (if you or your spouse was a student or was disabled, see the instructions); all others , enter the amount from line 4	5	137,446.																																																																								
6	Enter the smallest of line 3, 4, or 5	6	3,000.																																																																								
7	Enter the amount from Form 1040, 1040-SR, or 1040-NR, line 11	7	218,131.																																																																								
8	Enter on line 8 the decimal amount shown below that applies to the amount on line 7.	8	X .20																																																																								
<table border="1"> <thead> <tr> <th colspan="3">If line 7 is:</th> <th colspan="3">If line 7 is:</th> <th colspan="3">If line 7 is:</th> </tr> <tr> <th>Over</th> <th>But not over</th> <th>Decimal amount is</th> <th>Over</th> <th>But not over</th> <th>Decimal amount is</th> <th>Over</th> <th>But not over</th> <th>Decimal amount is</th> </tr> </thead> <tbody> <tr> <td>\$0—15,000</td> <td></td> <td>.35</td> <td>\$25,000—27,000</td> <td></td> <td>.29</td> <td>\$37,000—39,000</td> <td></td> <td>.23</td> </tr> <tr> <td>15,000—17,000</td> <td></td> <td>.34</td> <td>27,000—29,000</td> <td></td> <td>.28</td> <td>39,000—41,000</td> <td></td> <td>.22</td> </tr> <tr> <td>17,000—19,000</td> <td></td> <td>.33</td> <td>29,000—31,000</td> <td></td> <td>.27</td> <td>41,000—43,000</td> <td></td> <td>.21</td> </tr> <tr> <td>19,000—21,000</td> <td></td> <td>.32</td> <td>31,000—33,000</td> <td></td> <td>.26</td> <td>43,000—No limit</td> <td></td> <td>.20</td> </tr> <tr> <td>21,000—23,000</td> <td></td> <td>.31</td> <td>33,000—35,000</td> <td></td> <td>.25</td> <td></td> <td></td> <td></td> </tr> <tr> <td>23,000—25,000</td> <td></td> <td>.30</td> <td>35,000—37,000</td> <td></td> <td>.24</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				If line 7 is:			If line 7 is:			If line 7 is:			Over	But not over	Decimal amount is	Over	But not over	Decimal amount is	Over	But not over	Decimal amount is	\$0—15,000		.35	\$25,000—27,000		.29	\$37,000—39,000		.23	15,000—17,000		.34	27,000—29,000		.28	39,000—41,000		.22	17,000—19,000		.33	29,000—31,000		.27	41,000—43,000		.21	19,000—21,000		.32	31,000—33,000		.26	43,000—No limit		.20	21,000—23,000		.31	33,000—35,000		.25				23,000—25,000		.30	35,000—37,000		.24			
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Over	But not over	Decimal amount is	Over	But not over	Decimal amount is	Over	But not over	Decimal amount is																																																																			
\$0—15,000		.35	\$25,000—27,000		.29	\$37,000—39,000		.23																																																																			
15,000—17,000		.34	27,000—29,000		.28	39,000—41,000		.22																																																																			
17,000—19,000		.33	29,000—31,000		.27	41,000—43,000		.21																																																																			
19,000—21,000		.32	31,000—33,000		.26	43,000—No limit		.20																																																																			
21,000—23,000		.31	33,000—35,000		.25																																																																						
23,000—25,000		.30	35,000—37,000		.24																																																																						
9a	Multiply line 6 by the decimal amount on line 8	9a	600.																																																																								
9b	If you paid 2021 expenses in 2022, complete Worksheet A in the instructions. Enter the amount from line 13 of the worksheet here. Otherwise, enter -0- on line 9b and go to line 9c	9b	0.																																																																								
9c	Add lines 9a and 9b and enter the result	9c	600.																																																																								
10	Tax liability limit. Enter the amount from the Credit Limit Worksheet in the instructions	10	33,806.																																																																								
11	Credit for child and dependent care expenses. Enter the smaller of line 9c or line 10 here and on Schedule 3 (Form 1040), line 2	11	600.																																																																								

**SCHEDULE 8812
(Form 1040)**

**Credits for Qualifying Children
and Other Dependents**

OMB No. 1545-0074

2022

Attachment
Sequence No. **47**

Department of the Treasury
Internal Revenue Service

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

Go to www.irs.gov/Schedule8812 for instructions and the latest information.

Name(s) shown on return

Your social security number

Reesha Lasitha Santhosh & DARSHAN DIWAKAR KOMARLU

873-71-8356

Part I Child Tax Credit and Credit for Other Dependents

1	Enter the amount from line 11 of your Form 1040, 1040-SR, or 1040-NR		1	218,131.
2a	Enter income from Puerto Rico that you excluded	2a		
b	Enter the amounts from lines 45 and 50 of your Form 2555	2b	0.	
c	Enter the amount from line 15 of your Form 4563	2c		
d	Add lines 2a through 2c	2d	0.	
3	Add lines 1 and 2d	3	218,131.	
4	Number of qualifying children under age 17 with the required social security number	4	1	
5	Multiply line 4 by \$2,000	5	2,000.	
6	Number of other dependents, including any qualifying children who are not under age 17 or who do not have the required social security number	6	0	
	Caution: Do not include yourself, your spouse, or anyone who is not a U.S. citizen, U.S. national, or U.S. resident alien. Also, do not include anyone you included on line 4.			
7	Multiply line 6 by \$500	7		
8	Add lines 5 and 7	8	2,000.	
9	Enter the amount shown below for your filing status. • Married filing jointly—\$400,000 } • All other filing statuses—\$200,000 }	9	400,000.	
10	Subtract line 9 from line 3. • If zero or less, enter -0-. • If more than zero and not a multiple of \$1,000, enter the next multiple of \$1,000. For example, if the result is \$425, enter \$1,000; if the result is \$1,025, enter \$2,000, etc. }	10	0.	
11	Multiply line 10 by 5% (0.05)	11	0.	
12	Is the amount on line 8 more than the amount on line 11?	12	2,000.	
	<input type="checkbox"/> No. STOP. You cannot take the child tax credit, credit for other dependents, or additional child tax credit. Skip Parts II-A and II-B. Enter -0- on lines 14 and 27.			
	<input checked="" type="checkbox"/> Yes. Subtract line 11 from line 8. Enter the result.			
13	Enter the amount from the Credit Limit Worksheet A	13	33,206.	
14	Enter the smaller of line 12 or 13. This is your child tax credit and credit for other dependents	14	2,000.	

Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 19.

If the amount on line 12 is more than the amount on line 14, you may be able to take the **additional child tax credit** on Form 1040, 1040-SR, or 1040-NR, line 28. Complete your Form 1040, 1040-SR, or 1040-NR through line 27 (also complete Schedule 3, line 11) before completing Part II-A.

Part II-A Additional Child Tax Credit for All Filers

Caution: If you file Form 2555, you cannot claim the additional child tax credit.

15	Check this box if you do not want to claim the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27	<input type="checkbox"/>	
16a	Subtract line 14 from line 12. If zero, stop here ; you cannot take the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27		16a 0.
b	Number of qualifying children under 17 with the required social security number: _____ x \$1,500. Enter the result. If zero, stop here ; you cannot claim the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27		16b
TIP: The number of children you use for this line is the same as the number of children you used for line 4.			
17	Enter the smaller of line 16a or line 16b		17
18a	Earned income (see instructions)	18a	
b	Nontaxable combat pay (see instructions)	18b	
19	Is the amount on line 18a more than \$2,500? <input type="checkbox"/> No. Leave line 19 blank and enter -0- on line 20. <input type="checkbox"/> Yes. Subtract \$2,500 from the amount on line 18a. Enter the result	19	
20	Multiply the amount on line 19 by 15% (0.15) and enter the result Next. On line 16b, is the amount \$4,500 or more? <input type="checkbox"/> No. If you are a bona fide resident of Puerto Rico, go to line 21. Otherwise, skip Part II-B and enter the smaller of line 17 or line 20 on line 27. <input type="checkbox"/> Yes. If line 20 is equal to or more than line 17, skip Part II-B and enter the amount from line 17 on line 27. Otherwise, go to line 21.	20	

Part II-B Certain Filers Who Have Three or More Qualifying Children and Bona Fide Residents of Puerto Rico

21	Withheld social security, Medicare, and Additional Medicare taxes from Form(s) W-2, boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If your employer withheld or you paid Additional Medicare Tax or tier 1 RRTA taxes, see instructions.	21	
22	Enter the total of the amounts from Schedule 1 (Form 1040), line 15; Schedule 2 (Form 1040), line 5; Schedule 2 (Form 1040), line 6; and Schedule 2 (Form 1040), line 13	22	
23	Add lines 21 and 22	23	
24	1040 and 1040-SR filers: Enter the total of the amounts from Form 1040 or 1040-SR, line 27, and Schedule 3 (Form 1040), line 11. } 1040-NR filers: Enter the amount from Schedule 3 (Form 1040), line 11. }	24	
25	Subtract line 24 from line 23. If zero or less, enter -0-	25	
26	Enter the larger of line 20 or line 25 Next, enter the smaller of line 17 or line 26 on line 27.	26	

Part II-C Additional Child Tax Credit

27	This is your additional child tax credit. Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 28	27	
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TAXABLE YEAR **2022** **California Online e-file Return Authorization** for Individuals FORM **8453-OL**

Your first name and initial REESHA Last name LASITHA SANTHOSH Suffix Your SSN or ITIN 873-71-8356
If filing jointly, spouse's/RDP's first name and initial DARSHAN DIWAKAR Last name KOMARLU Suffix Spouse's/RDP's SSN or ITIN 874-04-8588
Street address (number and street) or PO box 49114 ROSE TER Apt. no./ste. no. PMB/private mailbox Daytime telephone number (806) 218-3936
City FREMONT State CA ZIP code 94539-7589
Foreign country name Foreign province/state/county Foreign postal code

Part I Tax Return Information (whole dollars only)

Table with 2 columns: Description and Amount. Row 1: California adjusted gross income. See instructions 218131. Row 2: Refund or no amount due. See instructions 3874. Row 3: Amount you owe. See instructions.

Part II Settle Your Account Electronically for Taxable Year 2022 (Pay by 4/18/2023)

4 [X] Direct deposit of refund
5 [] Electronic funds withdrawal 5a Amount 5b Withdrawal date (mm/dd/yyyy)

Part III Make Estimated Tax Payments for Taxable Year 2023 These are NOT installment payments for the current amount you owe.

Table with 5 columns: Description, First Payment (4/18/2023), Second Payment (6/15/2023), Third Payment (9/15/2023), Fourth Payment (1/16/2024). Row 6: Amount. Row 7: Withdrawal date.

Part IV Banking Information (Have you verified your banking information?)

8 Amount of refund to be directly deposited to account below 3874
9 Routing number 111900659
10 Account number 7117004056
11 Type of account: [X] Checking [] Savings
12 The remaining amount of my refund for direct deposit
13 Routing number
14 Account number
15 Type of account: [] Checking [] Savings

Part V Declaration of Taxpayer(s)

I authorize my account to be settled as designated in Part II. If I check Part II, box 4, I declare that the direct deposit refund information in Part IV agrees with the authorization stated on my return. If I check Part II, box 5, I authorize an electronic funds withdrawal for the amount listed on line 5a and any estimated payment amounts listed on line 6 from the bank account listed on lines 9, 10, and 11. If I have filed a joint return, this is an irrevocable appointment of the other spouse/registered domestic partner (RDP) as an agent to receive the refund or authorize an electronic funds withdrawal.

Under penalties of perjury, I declare that the information I provided to the Franchise Tax Board (FTB), either directly or through e-file software, including my name, address, and social security number (SSN) or individual taxpayer identification number (ITIN), and the amounts shown in Part I above, agrees with the information and amounts shown on the corresponding lines of my 2022 California income tax return. To the best of my knowledge and belief, my return is true, correct, and complete. If I am filing a balance due return, I understand that if the FTB does not receive full and timely payment of my tax liability, I remain liable for the tax liability and all applicable interest and penalties. I authorize my return and accompanying schedules and statements to be transmitted to the FTB directly or through the e-file software. If the processing of my return or refund is delayed, I authorize the FTB to disclose to me, either directly or through the e-file software, the reason(s) for the delay or the date when the refund was sent.

Sign Here

Your signature _____ Date _____

Spouse's/RDP's signature. If filing jointly, both must sign. _____ Date _____
It is unlawful to forge a spouse's/RDP's signature.

2022 California Resident Income Tax Return

540

APE

ATTACH FEDERAL RETURN

873-71-8356 LASI 874-04-8588
 REESHA LASITHA SANTHOSH
 DARSHANDIWA KOMARLU

22

49114 ROSE TER
 FREMONT CA 94539-7589

01-26-1989 09-15-1989

Enter your county at time of filing (see instructions)

ALAMEDA

If your address above is the same as your principal/physical residence address at the time of filing, check this box X

If not, enter below your principal/physical residence address at the time of filing.

Street address (number and street) (If foreign address, see instructions.) Apt. no/ste. no.

City State ZIP code

If your California filing status is different from your federal filing status, check the box here

Filing Status

1 Single 4 Head of household (with qualifying person). See instructions.

2 Married/RDP filing jointly. See instr. 5 Qualifying surviving spouse/RDP. Enter year spouse/RDP died.

See instructions.

3 Married/RDP filing separately. Enter spouse's/RDP's SSN or ITIN above and full name here.

6 If someone can claim you (or your spouse/RDP) as a dependent, check the box here. See instr. **6**

► For line 7, line 8, line 9, and line 10: Multiply the number you enter in the box by the pre-printed dollar amount for that line. **Whole dollars only**

Exemptions

7 **Personal:** If you checked box 1, 3, or 4 above, enter 1 in the box. If you checked box 2 or 5, enter 2 in the box. If you checked the box on line 6, see instructions. 7 2 X \$140 = \$ 280

8 **Blind:** If you (or your spouse/RDP) are visually impaired, enter 1; if both are visually impaired, enter 2. 8 X \$140 = \$

9 **Senior:** If you (or your spouse/RDP) are 65 or older, enter 1; if both are 65 or older, enter 2. See instructions. 9 X \$140 = \$

Your name: **LASITHA SANTHOSH** Your SSN or ITIN: **873-71-8356**

10 Dependents: Do not include yourself or your spouse/RDP.

	Dependent 1	Dependent 2	Dependent 3
First Name	<input checked="" type="radio"/> SIDDHARTH R	<input type="radio"/>	<input type="radio"/>
Last Name	<input checked="" type="radio"/> DARSHAN	<input type="radio"/>	<input type="radio"/>
SSN. See instructions.	<input checked="" type="radio"/> 885093856	<input type="radio"/>	<input type="radio"/>
Dependent's relationship to you	<input checked="" type="radio"/> SON	<input type="radio"/>	<input type="radio"/>

Total dependent exemptions ● 10 X \$433 = ● \$

11 Exemption amount: Add line 7 through line 10. Transfer this amount to line 32 ● 11 \$

12	State wages from your federal Form(s) W-2, box 16	● 12	<input type="text" value="233126"/>	<input type="text" value=".00"/>
13	Enter federal adjusted gross income from federal Form 1040 or 1040-SR, line 11	● 13	<input type="text" value="218131"/>	<input type="text" value=".00"/>
14	California adjustments – subtractions. Enter the amount from Schedule CA (540), Part I, line 27, column B.	● 14	<input type="text" value="0"/>	<input type="text" value=".00"/>
15	Subtract line 14 from line 13. If less than zero, enter the result in parentheses. See instructions	● 15	<input type="text" value="218131"/>	<input type="text" value=".00"/>
16	California adjustments – additions. Enter the amount from Schedule CA (540), Part I, line 27, column C.	● 16	<input type="text"/>	<input type="text" value=".00"/>
17	California adjusted gross income. Combine line 15 and line 16	● 17	<input type="text" value="218131"/>	<input type="text" value=".00"/>
18	Enter the larger of { Your California itemized deductions from Schedule CA (540), Part II, line 30; OR Your California standard deduction shown below for your filing status: • Single or Married/RDP filing separately. \$5,202 • Married/RDP filing jointly, Head of household, or Qualifying surviving spouse/RDP. \$10,404 If Married/RDP filing separately or the box on line 6 is checked, STOP. See instructions	● 18	<input type="text" value="10404"/>	<input type="text" value=".00"/>
19	Subtract line 18 from line 17. This is your taxable income . If less than zero, enter -0-	● 19	<input type="text" value="207727"/>	<input type="text" value=".00"/>

31	Tax. Check the box if from: <input type="checkbox"/> Tax Table <input checked="" type="checkbox"/> Tax Rate Schedule <input checked="" type="radio"/> FTB 3800 <input type="radio"/> FTB 3803	● 31	<input type="text" value="12826"/>	<input type="text" value=".00"/>
32	Exemption credits. Enter the amount from line 11. If your federal AGI is more than \$229,908, see instructions.	● 32	<input type="text" value="713"/>	<input type="text" value=".00"/>
33	Subtract line 32 from line 31. If less than zero, enter -0-	● 33	<input type="text" value="12113"/>	<input type="text" value=".00"/>
34	Tax. See instructions. Check the box if from: <input type="checkbox"/> Schedule G-1 <input type="checkbox"/> FTB 5870A	● 34	<input type="text"/>	<input type="text" value=".00"/>
35	Add line 33 and line 34	● 35	<input type="text" value="12113"/>	<input type="text" value=".00"/>

40	Nonrefundable Child and Dependent Care Expenses Credit. See instructions.	● 40	<input type="text"/>	<input type="text" value=".00"/>
43	Enter credit name <input type="text"/> code ● <input type="text"/> and amount. . .	● 43	<input type="text"/>	<input type="text" value=".00"/>
44	Enter credit name <input type="text"/> code ● <input type="text"/> and amount. . .	● 44	<input type="text"/>	<input type="text" value=".00"/>

Your name: **LASITHA SANTHOSH** Your SSN or ITIN: **873-71-8356**

Special Credits	45	To claim more than two credits. See instructions. Attach Schedule P (540).	<input type="radio"/>	45	<input type="text"/>	.00
	46	Nonrefundable Renter's Credit. See instructions	<input type="radio"/>	46	<input type="text"/>	.00
	47	Add line 40 through line 46. These are your total credits	<input checked="" type="radio"/>	47	<input type="text"/>	.00
	48	Subtract line 47 from line 35. If less than zero, enter -0-	<input checked="" type="radio"/>	48	<input type="text" value="12113"/>	.00

Other Taxes	61	Alternative Minimum Tax. Attach Schedule P (540)	<input type="radio"/>	61	<input type="text"/>	.00
	62	Mental Health Services Tax. See instructions	<input type="radio"/>	62	<input type="text"/>	.00
	63	Other taxes and credit recapture. See instructions	<input type="radio"/>	63	<input type="text"/>	.00
	64	Add line 48, line 61, line 62, and line 63. This is your total tax.	<input type="radio"/>	64	<input type="text" value="12113"/>	.00

Payments	71	California income tax withheld. See instructions	<input type="radio"/>	71	<input type="text" value="15987"/>	.00
	72	2022 California estimated tax and other payments. See instructions	<input type="radio"/>	72	<input type="text"/>	.00
	73	Withholding (Form 592-B and/or Form 593). See instructions	<input type="radio"/>	73	<input type="text"/>	.00
	74	Excess SDI (or VPD) withheld. See instructions	<input type="radio"/>	74	<input type="text"/>	.00
	75	Earned Income Tax Credit (EITC). See instructions	<input type="radio"/>	75	<input type="text"/>	.00
	76	Young Child Tax Credit (YCTC). See instructions	<input type="radio"/>	76	<input type="text"/>	.00
	77	Foster Youth Tax Credit (FYTC). See instructions	<input type="radio"/>	77	<input type="text"/>	.00
	78	Add line 71 through line 77. These are your total payments. See instructions	<input checked="" type="radio"/>	78	<input type="text" value="15987"/>	.00

Use Tax	91	Use Tax. Do not leave blank. See instructions.	<input type="radio"/>	91	<input type="text" value="0"/>	.00
	If line 91 is zero, check if: <input checked="" type="radio"/> <input type="checkbox"/> No use tax is owed. <input type="radio"/> <input type="checkbox"/> You paid your use tax obligation directly to CDTFA.					

ISR Penalty	92	If you and your household had full-year health care coverage, check the box. See instructions. Medicare Part A or C coverage is qualifying health care coverage.	<input type="radio"/>	<input checked="" type="checkbox"/>		
	If you did not check the box, see instructions.					
	92	Individual Shared Responsibility (ISR) Penalty. See instructions	<input type="radio"/>	92	<input type="text"/>	.00

Overpaid Tax/Tax Due	93	Payments balance. If line 78 is more than line 91, subtract line 91 from line 78	<input checked="" type="radio"/>	93	<input type="text" value="15987"/>	.00
	94	Use Tax balance. If line 91 is more than line 78, subtract line 78 from line 91	<input checked="" type="radio"/>	94	<input type="text"/>	.00
	95	Payments after Individual Shared Responsibility Penalty. If line 93 is more than line 92, subtract line 92 from line 93.	<input checked="" type="radio"/>	95	<input type="text" value="15987"/>	.00
	96	Individual Shared Responsibility Penalty Balance. If line 92 is more than line 93, subtract line 93 from line 92.	<input checked="" type="radio"/>	96	<input type="text"/>	.00
	97	Overpaid tax. If line 95 is more than line 64, subtract line 64 from line 95.	<input checked="" type="radio"/>	97	<input type="text" value="3874"/>	.00

Your name: **LASITHA SANTHOSH** Your SSN or ITIN: **873-71-8356**

Overpaid Tax/Tax Due	98 Amount of line 97 you want applied to your 2023 estimated tax	<input type="radio"/>	98	<input type="text"/>	<input type="text" value=".00"/>
	99 Overpaid tax available this year. Subtract line 98 from line 97	<input type="radio"/>	99	<input type="text" value="3874"/>	<input type="text" value=".00"/>
	100 Tax due. If line 95 is less than line 64, subtract line 95 from line 64	<input checked="" type="radio"/>	100	<input type="text"/>	<input type="text" value=".00"/>

		Code	Amount		
Contributions	California Seniors Special Fund. See instructions	<input type="radio"/>	400	<input type="text"/>	<input type="text" value=".00"/>
	Alzheimer's Disease and Related Dementia Voluntary Tax Contribution Fund	<input type="radio"/>	401	<input type="text"/>	<input type="text" value=".00"/>
	Rare and Endangered Species Preservation Voluntary Tax Contribution Program	<input type="radio"/>	403	<input type="text"/>	<input type="text" value=".00"/>
	California Breast Cancer Research Voluntary Tax Contribution Fund	<input type="radio"/>	405	<input type="text"/>	<input type="text" value=".00"/>
	California Firefighters' Memorial Voluntary Tax Contribution Fund	<input type="radio"/>	406	<input type="text"/>	<input type="text" value=".00"/>
	Emergency Food for Families Voluntary Tax Contribution Fund	<input type="radio"/>	407	<input type="text"/>	<input type="text" value=".00"/>
	California Peace Officer Memorial Foundation Voluntary Tax Contribution Fund	<input type="radio"/>	408	<input type="text"/>	<input type="text" value=".00"/>
	California Sea Otter Voluntary Tax Contribution Fund	<input type="radio"/>	410	<input type="text"/>	<input type="text" value=".00"/>
	California Cancer Research Voluntary Tax Contribution Fund	<input type="radio"/>	413	<input type="text"/>	<input type="text" value=".00"/>
	School Supplies for Homeless Children Voluntary Tax Contribution Fund	<input type="radio"/>	422	<input type="text"/>	<input type="text" value=".00"/>
	State Parks Protection Fund/Parks Pass Purchase	<input type="radio"/>	423	<input type="text"/>	<input type="text" value=".00"/>
	Protect Our Coast and Oceans Voluntary Tax Contribution Fund	<input type="radio"/>	424	<input type="text"/>	<input type="text" value=".00"/>
	Keep Arts in Schools Voluntary Tax Contribution Fund	<input type="radio"/>	425	<input type="text"/>	<input type="text" value=".00"/>
	Prevention of Animal Homelessness and Cruelty Voluntary Tax Contribution Fund	<input type="radio"/>	431	<input type="text"/>	<input type="text" value=".00"/>
	California Senior Citizen Advocacy Voluntary Tax Contribution Fund	<input type="radio"/>	438	<input type="text"/>	<input type="text" value=".00"/>
	Native California Wildlife Rehabilitation Voluntary Tax Contribution Fund	<input type="radio"/>	439	<input type="text"/>	<input type="text" value=".00"/>
	Rape Kit Backlog Voluntary Tax Contribution Fund	<input type="radio"/>	440	<input type="text"/>	<input type="text" value=".00"/>
	Suicide Prevention Voluntary Tax Contribution Fund	<input type="radio"/>	444	<input type="text"/>	<input type="text" value=".00"/>
Mental Health Crisis Prevention Voluntary Tax Contribution Fund	<input type="radio"/>	445	<input type="text"/>	<input type="text" value=".00"/>	
California Community and Neighborhood Tree Voluntary Tax Contribution Fund	<input type="radio"/>	446	<input type="text"/>	<input type="text" value=".00"/>	
110 Add amounts in code 400 through code 446. This is your total contribution	<input type="radio"/>	110	<input type="text"/>	<input type="text" value=".00"/>	

Amount You Owe **111 AMOUNT YOU OWE.** If you do not have an amount on line 99, add line 94, line 96, line 100, and line 110. See instructions. **Do not send cash.**
 Mail to: **FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0001** **111**
 Pay Online – Go to **ftb.ca.gov/pay** for more information.

REV 07/14/23 INTUIT.CG.CFP.SP

Your name: **LASITHA SANTHOSH** Your SSN or ITIN: **873-71-8356**

Interest and Penalties

112 Interest, late return penalties, and late payment penalties 112 .00

113 Underpayment of estimated tax.

Check the box: **FTB 5805 attached** **FTB 5805F attached** 113 .00

114 Total amount due. See instructions. Enclose, but **do not** staple, any payment 114 .00

115 **REFUND OR NO AMOUNT DUE.** Subtract the sum of line 110, line 112, and line 113 from line 99. See instructions.

Mail to: **FRANCHISE TAX BOARD, PO BOX 942840, SACRAMENTO CA 94240-0001**..... 115 .00

Refund and Direct Deposit

Fill in the information to authorize direct deposit of your refund into one or two accounts. **Do not** attach a voided check or a deposit slip. See instructions. **Have you verified the routing and account numbers?** Use whole dollars only.

All or the following amount of my refund (line 115) is authorized for direct deposit into the account shown below:

● Type

● Routing number Checking Savings Account number ● 116 Direct deposit amount .00

Checking Savings

The remaining amount of my refund (line 115) is authorized for direct deposit into the account shown below:

● Type

● Routing number Checking Savings Account number ● 117 Direct deposit amount .00

Voter Info. For voter registration information, check the box and go to **sos.ca.gov/elections**. See instructions

IMPORTANT: See the instructions to find out if you should attach a copy of your complete federal tax return.

Our privacy notice can be found in annual tax booklets or online. Go to **ftb.ca.gov/privacy** to learn about our privacy policy statement, or go to **ftb.ca.gov/forms** and search for **1131** to locate FTB 1131 EN-SP, Franchise Tax Board Privacy Notice on Collection. To request this notice by mail, call 800.338.0505 and enter form code **948** when instructed.

Under penalties of perjury, I declare that I have examined this tax return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Your signature Date Spouse's/RDP's signature (if a joint tax return, both must sign)

Your email address. Enter only one email address.

Preferred phone number

Sign Here

It is unlawful to forge a spouse's/RDP's signature.

Paid preparer's signature (**declaration of preparer is based on all information of which preparer has any knowledge**)

SELF-PREPARED

Firm's name (or yours, if self-employed) ● PTIN

Firm's address ● Firm's FEIN

Joint tax return? See instructions.

Do you want to allow another person to discuss this tax return with us? See instructions. ● Yes No

Print Third Party Designee's Name Telephone Number

2022 California Adjustments – Residents

CA (540)

Important: Attach this schedule behind Form 540, Side 5 as a supporting California schedule.

Name(s) as shown on tax return: **R LASITHA SANTHOSH & D KOMARLU** SSN or ITIN: **873718356**

Part I Income Adjustment Schedule		A Federal Amounts (taxable amounts from your federal tax return)	B Subtractions See instructions	C Additions See instructions
Section A – Income from federal Form 1040 or 1040-SR				
1 a	Total amount from federal Form(s) W-2, box 1. See instructions 1a	<input checked="" type="radio"/> 233126	<input checked="" type="radio"/>	<input checked="" type="radio"/>
b	Household employee wages not reported on federal Form(s) W-2 1b	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
c	Tip income not reported on line 1a 1c	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
d	Medicaid waiver payments not reported on federal Form(s) W-2. See instructions 1d	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
e	Taxable dependent care benefits from federal Form 2441, line 26 1e	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
f	Employer-provided adoption benefits from federal Form 8839, line 29 1f	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
g	Wages from federal Form 8919, line 6. 1g	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
h	Other earned income. See instructions 1h	<input checked="" type="radio"/> 0	<input checked="" type="radio"/>	<input checked="" type="radio"/>
i	Nontaxable combat pay election. See instructions 1i			<input checked="" type="radio"/>
z	Add line 1a through line 1i. 1z	<input checked="" type="radio"/> 233126	<input checked="" type="radio"/>	<input checked="" type="radio"/>
2	Taxable interest. a <input checked="" type="radio"/> 2b <input checked="" type="radio"/>	<input checked="" type="radio"/> 4	<input checked="" type="radio"/>	<input checked="" type="radio"/>
3	Ordinary dividends. See instructions. a <input checked="" type="radio"/> 3b <input checked="" type="radio"/>	<input checked="" type="radio"/> 1	<input checked="" type="radio"/>	<input checked="" type="radio"/>
4	IRA distributions. See instructions. a <input checked="" type="radio"/> 4b <input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
5	Pensions and annuities. See instructions. a <input checked="" type="radio"/> 5b <input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
6	Social security benefits. a <input checked="" type="radio"/> 6b <input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	
7	Capital gain or (loss). See instructions 7	<input checked="" type="radio"/> -3000	<input checked="" type="radio"/>	<input checked="" type="radio"/>
Section B – Additional Income from federal Schedule 1 (Form 1040)				
1	Taxable refunds, credits, or offsets of state and local income taxes 1	<input checked="" type="radio"/> 0	<input checked="" type="radio"/> 0	
2 a	Alimony received. See instructions. 2a	<input checked="" type="radio"/>		<input checked="" type="radio"/>
3	Business income or (loss). See instructions. . . . 3	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
4	Other gains or (losses) 4	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. 5	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
6	Farm income or (loss) 6	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
7	Unemployment compensation 7	<input checked="" type="radio"/>	<input checked="" type="radio"/>	



Section B – Additional Income Continued	A Federal Amounts (taxable amounts from your federal tax return)	B Subtractions See instructions	C Additions See instructions
8 Other income:			
a Federal net operating loss 8a	<input type="radio"/> ()		<input type="radio"/>
b Gambling 8b	<input type="radio"/>	<input type="radio"/>	
c Cancellation of debt 8c	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d Foreign earned income exclusion from federal Form 2555 8d	<input type="radio"/> ()		<input type="radio"/>
e Income from federal Form 8853 8e	<input type="radio"/>		<input type="radio"/>
f Income from federal Form 8889 8f	<input type="radio"/>	<input type="radio"/>	
g Alaska Permanent Fund dividends 8g	<input type="radio"/>		
h Jury duty pay 8h	<input type="radio"/>		
i Prizes and awards 8i	<input type="radio"/>		
j Activity not engaged in for profit income 8j	<input type="radio"/>		
k Stock options 8k	<input type="radio"/>		<input type="radio"/>
l Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property . . 8l	<input type="radio"/>		
m Olympic and Paralympic medals and USOC prize money 8m	<input type="radio"/>		
n IRC Section 951(a) inclusion 8n	<input type="radio"/>	<input type="radio"/>	
o IRC Section 951A(a) inclusion 8o	<input type="radio"/>	<input type="radio"/>	
p IRC Section 461(l) excess business loss adjustment 8p	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
q Taxable distributions from an ABLE account . . 8q	<input type="radio"/>		
r Scholarship and fellowship grants not reported on federal Form(s) W-2 8r	<input type="radio"/>		
s Nontaxable amount of Medicaid waiver payments included on federal Form 1040, line 1a or line 1d. . 8s	<input type="radio"/> ()		
t Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental IRC Section 457 plan 8t	<input type="radio"/>		
u Wages earned while incarcerated. 8u	<input type="radio"/>		
z Other income. List type and amount. <input type="radio"/> _____ 8z	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Section B – Additional Income Continued	A Federal Amounts (taxable amounts from your federal tax return)	B Subtractions See instructions	C Additions See instructions
9 a Total other income. Add lines 8a through 8z. 9a	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b1 Disaster loss deduction from form FTB 3805V.. 9b1		<input type="radio"/>	
b2 NOL deduction from form FTB 3805V 9b2		<input type="radio"/>	
b3 NOL from form FTB 3805Z, 3807, or 3809 . . 9b3		<input type="radio"/>	
10 Total. Combine Section A, line 1z through line 7, and Section B, line 1 through line 7, and line 9a in column A and column C. Add Section A, line 1z through line 7, and Section B, line 1 through line 7, line 9a, and line 9b1 through line 9b3 in column B (as applicable). See instructions. 10	<input type="radio"/> 230131	<input type="radio"/> 0	<input type="radio"/>

Section C – Adjustments to Income
from federal Schedule 1 (Form 1040)

11 Educator expenses 11	<input type="radio"/>	<input type="radio"/>	
12 Certain business expenses of reservists, performing artists, and fee-basis government officials. 12	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13 Health savings account deduction 13	<input type="radio"/>	<input type="radio"/>	
14 Moving expenses. Attach form FTB 3913. See instructions 14	<input type="radio"/>		<input type="radio"/>
15 Deductible part of self-employment tax. See instructions. 15	<input type="radio"/>	<input type="radio"/>	
16 Self-employed SEP, SIMPLE, and qualified plans. . 16	<input type="radio"/>		
17 Self-employed health insurance deduction. See instructions. 17	<input type="radio"/>	<input type="radio"/>	
18 Penalty on early withdrawal of savings 18	<input type="radio"/>		
19 a Alimony paid. 19a	<input type="radio"/>		<input type="radio"/>
b Recipient's: SSN <input type="radio"/> _____			
Last Name <input type="radio"/> _____			
20 IRA deduction 20	<input type="radio"/> 12000	<input type="radio"/>	<input type="radio"/>
21 Student loan interest deduction 21	<input type="radio"/>		<input type="radio"/>
22 Reserved for future use 22			
23 Archer MSA deduction. 23	<input type="radio"/>		

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Section C – Adjustments to Income Continued		A Federal Amounts (taxable amounts from your federal tax return)	B Subtractions See instructions	C Additions See instructions
24	Other adjustments:			
a	Jury duty pay 24a	<input checked="" type="radio"/>		
b	Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit. 24b	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
c	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m 24c	<input checked="" type="radio"/>	<input checked="" type="radio"/>	
d	Reforestation amortization and expenses. 24d	<input checked="" type="radio"/>	<input checked="" type="radio"/>	
e	Repayment of supplemental unemployment benefits under the federal Trade Act of 1974 24e	<input checked="" type="radio"/>		
f	Contributions to IRC Section 501(c)(18)(D) pension plans 24f	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
g	Contributions by certain chaplains to IRC Section 403(b) plans 24g	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
h	Attorney fees and court costs for actions involving certain unlawful discrimination claims 24h	<input checked="" type="radio"/>		
i	Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations. 24i	<input checked="" type="radio"/>	<input checked="" type="radio"/>	
j	Housing deduction from federal Form 2555 24j	<input checked="" type="radio"/>	<input checked="" type="radio"/>	
k	Excess deductions of IRC Section 67(e) expenses from federal Schedule K-1 (Form 1041) 24k	<input checked="" type="radio"/>		
z	Other adjustments. List type and amount. <input checked="" type="radio"/> _____ 24z	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
25	Total other adjustments. Add line 24a through line 24z 25	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
26	Add line 11 through line 23 and line 25 in columns A, B, and C. See instructions 26	<input checked="" type="radio"/>	12000	<input checked="" type="radio"/>
27	Total. Subtract line 26 from line 10 in columns A, B, and C. See instructions 27	<input checked="" type="radio"/>	218131	<input checked="" type="radio"/>
			0	<input checked="" type="radio"/>

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Part II Adjustments to Federal Itemized Deductions

Check the box if you did NOT itemize for federal but will itemize for California

	A Federal Amounts (from federal Schedule A (Form 1040))	B Subtractions See instructions	C Additions See instructions
Medical and Dental Expenses See instructions.			
1 Medical and dental expenses <input checked="" type="radio"/> _____ 0 1			
2 Enter amount from federal Form 1040 or 1040-SR, line 11.. <input checked="" type="radio"/> 218131 2			
3 Multiply line 2 by 7.5% (0.075) <input checked="" type="radio"/> 16360 3			
4 Subtract line 3 from line 1. If line 3 is more than line 1, enter 0 4 <input checked="" type="radio"/> 0			<input checked="" type="radio"/> 0
Taxes You Paid			
5 a State and local income tax or general sales taxes. .5a <input checked="" type="radio"/> 18551	<input checked="" type="radio"/> 18551		
b State and local real estate taxes5b <input checked="" type="radio"/>			
c State and local personal property taxes5c <input checked="" type="radio"/> 0	<input checked="" type="radio"/> 0		
d Add line 5a through line 5c.5d <input checked="" type="radio"/> 18551	<input checked="" type="radio"/> 18551		
e Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately) in column A. Enter the amount from line 5a, column B in line 5e, column B. Enter the difference from line 5d and line 5e, column A in line 5e, column C5e <input checked="" type="radio"/> 10000	<input checked="" type="radio"/> 10000	<input checked="" type="radio"/> 18551	<input checked="" type="radio"/> 8551
6 Other taxes. List type <input checked="" type="radio"/> _____ 6 <input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
7 Add line 5e and line 6. 7 <input checked="" type="radio"/> 10000	<input checked="" type="radio"/> 10000	<input checked="" type="radio"/> 18551	<input checked="" type="radio"/> 8551
Interest You Paid			
8 a Home mortgage interest and points reported to you on federal Form 10988a <input checked="" type="radio"/>	<input checked="" type="radio"/>		<input checked="" type="radio"/>
b Home mortgage interest not reported to you on federal Form 10988b <input checked="" type="radio"/>	<input checked="" type="radio"/>		<input checked="" type="radio"/>
c Points not reported to you on federal Form 1098. .8c <input checked="" type="radio"/>	<input checked="" type="radio"/>		<input checked="" type="radio"/>
d Reserved for future use8d			
e Add line 8a through line 8c.8e <input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
9 Investment interest. 9 <input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
10 Add line 8e and line 9. 10 <input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>

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Part II Adjustments to Federal Itemized Deductions Continued	A Federal Amounts (from federal Schedule A (Form 1040))	B Subtractions See instructions	C Additions See instructions
Gifts to Charity			
11 Gifts by cash or check. 11	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
12 Other than by cash or check. 12	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
13 Carryover from prior year. 13	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
14 Add line 11 through line 13 14	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
Casualty and Theft Losses			
15 Casualty or theft loss(es) (other than net qualified disaster losses). Attach federal Form 4684. See instructions . . 15	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
Other Itemized Deductions			
16 Other—from list in federal instructions. 16	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
17 Add lines 4, 7, 10, 14, 15, and 16 in columns A, B, and C. 17	<input checked="" type="radio"/> 10000	<input checked="" type="radio"/> 18551	<input checked="" type="radio"/> 8551
18 Total. Combine line 17 column A less column B plus column C	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/> 0
Job Expenses and Certain Miscellaneous Deductions			
19 Unreimbursed employee expenses: job travel, union dues, job education, etc. Attach federal Form 2106 if required. See instructions	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
20 Tax preparation fees	<input checked="" type="radio"/>	<input checked="" type="radio"/> 100	<input checked="" type="radio"/>
21 Other expenses: investment, safe deposit box, etc. List type.	<input checked="" type="radio"/> INVESTMENT	<input checked="" type="radio"/> 0	<input checked="" type="radio"/>
22 Add line 19 through line 21	<input checked="" type="radio"/>	<input checked="" type="radio"/> 100	<input checked="" type="radio"/>
23 Enter amount from federal Form 1040 or 1040-SR, line 11	<input checked="" type="radio"/> 218131	<input checked="" type="radio"/>	<input checked="" type="radio"/>
24 Multiply line 23 by 2% (0.02). If less than zero, enter 0.	<input checked="" type="radio"/>	<input checked="" type="radio"/> 4363	<input checked="" type="radio"/>
25 Subtract line 24 from line 22. If line 24 is more than line 22, enter 0.	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/> 0
26 Total Itemized Deductions. Add line 18 and line 25	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/> 0
27 Other adjustments. See instructions. Specify.	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
28 Combine line 26 and line 27.	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/> 0
29 Is your federal AGI (Form 540, line 13) more than the amount shown below for your filing status?			
Single or married/RDP filing separately		\$229,908	
Head of household		\$344,867	
Married/RDP filing jointly or qualifying surviving spouse/RDP.		\$459,821	
No. Transfer the amount on line 28 to line 29.			
Yes. Complete the Itemized Deductions Worksheet in the instructions for Schedule CA (540), line 29.	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/> 0
30 Enter the larger of the amount on line 29 or your standard deduction listed below:			
Single or married/RDP filing separately. See instructions		\$5,202	
Married/RDP filing jointly, head of household, or qualifying surviving spouse/RDP		\$10,404	
Transfer the amount on line 30 to Form 540, line 18.	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/> 10404

California Capital Gain or Loss Adjustment

Do not complete this schedule if all of your California gains (losses) are the same as your federal gains (losses).

Name(s) as shown on return

SSN or ITIN

R LASITHA SANTHOSH & D KOMARLU

873718356

Table with 5 columns: (a) Description of property, (b) Sales price, (c) Cost or other basis, (d) Loss, (e) Gain. Rows include various stock entries like TWITTER, HOOD MBI1GS, etc.

- 2 Net gain or (loss) shown on California Schedule(s) K-1 (100S, 541, 565, and 568).
3 Capital gain distributions (federal Form 1099-DIV, box 2a)
4 Total 2022 gains from all sources. Add column (e) amounts of line 1, line 2, and line 3
5 2022 loss. Add column (d) amounts of line 1 and line 2.
6 California capital loss carryover from 2021, if any. See instructions.
7 Total 2022 loss. Add line 5 and line 6

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Additional Information From Schedule D (540): California Capital Gain or Loss Adjustment**Schedule D (540): California Capital Gain or Loss Adjustment
Gain/Loss Adjustment****Continuation Statement**

Property Description	Sales Price	Cost or Other Basis	Loss	Gain
BA AMC4ENS BOEING CO BA MAR 04 2022 190.0 CALL 35.000000000000000000	0	10779	10779	
SNOW AMC4GEA SNOWFLAKE INC SNOW MAR 04 2022 212.5 CALL 3.000000000000000000	0	152	152	
SNOW AMC4GS6 SNOWFLAKE INC SNOW MAR 04 2022 217.5 CALL 3.000000000000000000	0	137	137	
91822M106 VEON LTD ADR SPONSORED 100.000000000000000000	39	44	5	
PYPL MCI7LM PAYPAL HOLDINGS INC PYPL MAR 18 2022 98.5 CALL 1.000000000000000000	374	370		4
91822M106 VEON LTD ADR SPONSORED 900.000000000000000000	400	399		1
770700102 ROBINHOOD MARKETS INC COM CL A 500.000000000000000000	6380	5460		920
70450Y103 PAYPAL HOLDINGS INC COM 160.000000000000000000	17357	15120		2237
019151208 ALLIED ENERGY CORP COM 10479.000000000000000000	2360	2803	443	
AMZN KMOIO5G AMAZON COM INC AMZN MAR 18 2022 3130.0 PUT 1.000000000000000000	2499	2501	2	
70450Y103 PAYPAL HOLDINGS INC COM 100.000000000000000000	12150	11250		900
770700102 ROBINHOOD MARKETS INC COM CL A 500.000000000000000000	6825	6630		195
683712103 OPENDOOR TECHNOLOGIES INC COM 700.000000000000000000	6370	5895		475
AMZN KMP8PP0 AMAZON COM INC AMZN APR 08 2022 3330.0 PUT 1.000000000000000000	5279	2861		2418
GOOG KMDEL7W ALPHABET INC GOOG APR 14 2022 2750.0 CALL 2.000000000000000000	8999	8701		298
AMZN KMDEORO AMAZON COM INC AMZN APR 14 2022 3210.0 CALL 7.000000000000000000	33485	32690		795
AMZN KMDEO88 AMAZON COM INC AMZN APR 14 2022 3140.0 CALL 2.000000000000000000	10219	10101		118
AMZN KMDEOGK AMAZON COM INC AMZN APR 14 2022 3170.0 CALL 2.000000000000000000	10502	10001		501
AMZN KMDEO5G AMAZON COM INC AMZN APR 14 2022 3130.0 CALL 12.000000000000000000	59842	59408		434
AMZN KMDENX4 AMAZON COM INC AMZN APR 14 2022 3100.0 CALL 4.000000000000000000	20237	20242	5	
GOOG KMDEKIW ALPHABET INC GOOG APR 14 2022 2660.0 CALL 16.000000000000000000	21389	21389		0
GOOG KMDEKIW ALPHABET INC GOOG APR 14 2022 2660.0 CALL 4.000000000000000000	4277	9584	5307	

**Schedule D (540): California Capital Gain or Loss Adjustment
Gain/Loss Adjustment**

Continuation Statement

Property Description	Sales Price	Cost or Other Basis	Loss	Gain
CRM AMF3CQC SALESFORCE INC CRM JUN 03 2022 165.0 CALL 1.000000000000000000	1699	521		1178
23292E108 DIDI GLOBAL INC ADR 100.000000000000000000	231	231		0
143658300 CARNIVAL CORP UNITS 500.000000000000000000	6025	9675	3650	
76010Y103 RENT THE RUNWAY INC COM CL A 100.000000000000000000	389	360		29
860897107 STITCH FIX INC COM CL A 100.000000000000000000	629	787	158	
023135106 AMAZON COM INC COM 20.000000000000000000	2251	2778	527	
MUR MGF1XG MURPHY OIL CORP MUR JUL 15 2022 25.0 CALL 1.000000000000000000	419	226		193
TWTR MSF2TE TWITTER INC TWTR JUL 15 2022 36.5 PUT 10.000000000000000000	493	547	54	
GOOG AMHC99C ALPHABET INC GOOG AUG 12 2022 120.0 CALL 1.000000000000000000	224	81		143
GOOG AMTJ9AQ ALPHABET INC GOOG AUG 19 2022 120.5 PUT 2.000000000000000000	129	131	2	
META AMHJCYA META PLATFORMS INC META AUG 19 2022 167.5 CALL 2.000000000000000000	121	193	72	
GOOGLAMHQ8LQ ALPHABET INC GOOGL AUG 26 2022 111.5 CALL 3.000000000000000000	0	122	122	
Total	241593	252169	21415	10839

Filing Status [] Single [X] Married filing jointly [] Married filing separately (MFS) [] Head of household (HOH) [] Qualifying surviving spouse (QSS)
Check only one box. If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent:

Your first name and middle initial: Reesha; Last name: Lasitha Santhosh; Your social security number: 873-71-8356
If joint return, spouse's first name and middle initial: DARSHAN DIWAKAR; Last name: KOMARLU; Spouse's social security number: 874-04-8588
Home address (number and street): 49114 Rose Ter; Apt. no.:
City, town, or post office: Fremont; State: CA; ZIP code: 945397589
Foreign country name: Foreign province/state/county: Foreign postal code:
Presidential Election Campaign: [] You [] Spouse

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.) [] Yes [X] No

Standard Deduction Someone can claim: [] You as a dependent [] Your spouse as a dependent
[] 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 table with columns: (1) First name Last name, (2) Social security number, (3) Relationship to you, (4) Check the box if qualifies for (see instructions): Child tax credit, Credit for other dependents. Entry: Siddharth R Darshan, 885-09-3856, Son, [X] Child tax credit.

Income table with columns: Description, Amount. Rows include: 1a Total amount from Form(s) W-2, box 1 (233,126); 1b Household employee wages; 1c Tip income; 1d Medicaid waiver payments; 1e Taxable dependent care benefits; 1f Employer-provided adoption benefits; 1g Wages from Form 8919, line 6; 1h Other earned income (0); 1i Nontaxable combat pay election; 1z Add lines 1a through 1h (233,126); 2a Tax-exempt interest; 2b Taxable interest (4); 3a Qualified dividends; 3b Ordinary dividends (1); 4a IRA distributions; 4b Taxable amount; 5a Pensions and annuities; 5b Taxable amount; 6a Social security benefits; 6b Taxable amount; 7 Capital gain or (loss) (-3,000); 8 Other income from Schedule 1, line 10 (0); 9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8 (230,131); 10 Adjustments to income from Schedule 1, line 26 (12,000); 11 Subtract line 10 from line 9 (218,131); 12 Standard deduction or itemized deductions (25,900); 13 Qualified business income deduction; 14 Add lines 12 and 13 (25,900); 15 Subtract line 14 from line 11 (192,231).

Tax and Credits	16	Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____	16	33,806.
	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	33,806.
	19	Child tax credit or credit for other dependents from Schedule 8812	19	2,000.
	20	Amount from Schedule 3, line 8	20	600.
	21	Add lines 19 and 20	21	2,600.
	22	Subtract line 21 from line 18. If zero or less, enter -0-	22	31,206.
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	0.
	24	Add lines 22 and 23. This is your total tax	24	31,206.

Payments	25	Federal income tax withheld from:		
	a	Form(s) W-2	25a	21,737.
	b	Form(s) 1099	25b	0.
	c	Other forms (see instructions)	25c	
	d	Add lines 25a through 25c	25d	21,737.
	26	2022 estimated tax payments and amount applied from 2021 return	26	
	27	Earned income credit (EIC) NO	27	
	28	Additional child tax credit from Schedule 8812	28	
	29	American opportunity credit from Form 8863, line 8	29	
	30	Reserved for future use	30	
	31	Amount from Schedule 3, line 15	31	
	32	Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits	32	
	33	Add lines 25d, 26, and 32. These are your total payments	33	21,737.

Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	
	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	35a	
Direct deposit? See instructions.	b	Routing number X X X X X X X X X c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings		
	d	Account number X X X X X X X X X X X X X X X X X X		
	36	Amount of line 34 you want applied to your 2023 estimated tax	36	

Amount You Owe	37	Subtract line 33 from line 24. This is the amount you owe . For details on how to pay, go to www.irs.gov/Payments or see instructions	37	9,469.
	38	Estimated tax penalty (see instructions)	38	

Third Party Designee Do you want to allow another person to discuss this return with the IRS? See instructions **Yes**. Complete below. **No**

Designee's name _____ Phone no. _____ Personal identification number (PIN) _____

Sign Here Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature _____	Date _____	Your occupation Data Analyst	If the IRS sent you an Identity Protection PIN, enter it here (see inst.) _____
Spouse's signature. If a joint return, both must sign. _____	Date _____	Spouse's occupation Software Engineer	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) _____
Phone no. (806) 218-3936	Email address _____		

Paid Preparer Use Only

Preparer's name _____	Preparer's signature _____	Date _____	PTIN _____	Check if: <input type="checkbox"/> Self-employed
Firm's name Self-Prepared	Firm's address _____		Phone no. _____	Firm's EIN _____

**SCHEDULE 1
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

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

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

OMB No. 1545-0074

2022

Attachment
Sequence No. **01**

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

Reesha Lasitha Santhosh & DARSHAN DIWAKAR KOMARLU

Your social security number

873-71-8356

Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes		1	0.
2a	Alimony received		2a	
b	Date of original divorce or separation agreement (see instructions): _____			
3	Business income or (loss). Attach Schedule C		3	
4	Other gains or (losses). Attach Form 4797		4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E		5	
6	Farm income or (loss). Attach Schedule F		6	
7	Unemployment compensation		7	
8	Other income:			
a	Net operating loss	8a ()		
b	Gambling	8b		
c	Cancellation of debt	8c		
d	Foreign earned income exclusion from Form 2555	8d ()		
e	Income from Form 8853	8e		
f	Income from Form 8889	8f		
g	Alaska Permanent Fund dividends	8g		
h	Jury duty pay	8h		
i	Prizes and awards	8i		
j	Activity not engaged in for profit income	8j		
k	Stock options	8k		
l	Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property	8l		
m	Olympic and Paralympic medals and USOC prize money (see instructions)	8m		
n	Section 951(a) inclusion (see instructions)	8n		
o	Section 951A(a) inclusion (see instructions)	8o		
p	Section 461(l) excess business loss adjustment	8p		
q	Taxable distributions from an ABL account (see instructions)	8q		
r	Scholarship and fellowship grants not reported on Form W-2	8r		
s	Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d	8s ()		
t	Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan	8t		
u	Wages earned while incarcerated	8u		
z	Other income. List type and amount: _____			
	Other Income from box 3 of 1099-Misc 0.	8z 0.		
9	Total other income. Add lines 8a through 8z		9	0.
10	Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8		10	0.

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

Schedule 1 (Form 1040) 2022

Part II Adjustments to Income

11	Educator expenses	11	
12	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106	12	
13	Health savings account deduction. Attach Form 8889	13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903	14	
15	Deductible part of self-employment tax. Attach Schedule SE	15	
16	Self-employed SEP, SIMPLE, and qualified plans	16	
17	Self-employed health insurance deduction	17	
18	Penalty on early withdrawal of savings	18	
19a	Alimony paid	19a	
b	Recipient's SSN		
c	Date of original divorce or separation agreement (see instructions): _____		
20	IRA deduction	20	12,000.
21	Student loan interest deduction	21	
22	Reserved for future use	22	
23	Archer MSA deduction	23	
24	Other adjustments:		
a	Jury duty pay (see instructions)	24a	
b	Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit	24b	
c	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m	24c	
d	Reforestation amortization and expenses	24d	
e	Repayment of supplemental unemployment benefits under the Trade Act of 1974	24e	
f	Contributions to section 501(c)(18)(D) pension plans	24f	
g	Contributions by certain chaplains to section 403(b) plans	24g	
h	Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions)	24h	
i	Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations	24i	
j	Housing deduction from Form 2555	24j	
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)	24k	
z	Other adjustments. List type and amount: _____	24z	
25	Total other adjustments. Add lines 24a through 24z	25	
26	Add lines 11 through 23 and 25. These are your adjustments to income . Enter here and on Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a	26	12,000.

**SCHEDULE 3
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Additional Credits and Payments

Attach to Form 1040, 1040-SR, or 1040-NR.
Go to www.irs.gov/Form1040 for instructions and the latest information.

OMB No. 1545-0074

2022
Attachment
Sequence No. **03**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR Reesha Lasitha Santhosh & DARSHAN DIWAKAR KOMARLU	Your social security number 873-71-8356
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Part I Nonrefundable Credits

1 Foreign tax credit. Attach Form 1116 if required		1	
2 Credit for child and dependent care expenses from Form 2441, line 11. Attach Form 2441		2	600.
3 Education credits 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 nonrefundable credits:			
a General business credit. Attach Form 3800	6a		
b Credit for prior year minimum tax. Attach Form 8801	6b		
c Adoption credit. Attach Form 8839	6c		
d Credit for the elderly or disabled. Attach Schedule R	6d		
e Alternative motor vehicle credit. Attach Form 8910	6e		
f Qualified plug-in motor vehicle credit. Attach Form 8936	6f		
g Mortgage interest credit. Attach Form 8396	6g		
h District of Columbia first-time homebuyer credit. Attach Form 8859	6h		
i Qualified electric vehicle credit. Attach Form 8834	6i		
j Alternative fuel vehicle refueling property credit. Attach Form 8911	6j		
k Credit to holders of tax credit bonds. Attach Form 8912	6k		
l Amount on Form 8978, line 14. See instructions	6l		
z Other nonrefundable credits. List type and amount: _____	6z		
7 Total other nonrefundable credits. Add lines 6a through 6z		7	
8 Add lines 1 through 5 and 7. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 20		8	600.

(continued on page 2)

Part 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	Credit for federal tax on fuels. Attach Form 4136		12	
13	Other payments or refundable credits:			
a	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		
c	Reserved for future use	13c		
d	Credit for repayment of amounts included in income from earlier years	13d		
e	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-SR, or 1040-NR, line 31		15	

**Underpayment of Estimated Tax by
Individuals, Estates, and Trusts**

Department of the Treasury
Internal Revenue Service

Go to www.irs.gov/Form2210 for instructions and the latest information.
Attach to Form 1040, 1040-SR, 1040-NR, or 1041.

Attachment
Sequence No. **06**

Name(s) shown on tax return

Identifying number

Reesha Lasitha Santhosh & DARSHAN DIWAKAR KOMARLU

873-71-8356

Do You Have To File Form 2210?

Complete lines 1 through 7 below. Is line 4 or line 7 less than \$1,000? **Yes** → **Don't file Form 2210.** You don't owe a penalty.

No ↓

Complete lines 8 and 9 below. Is line 6 equal to or more than line 9? **Yes** → You **don't** owe a penalty. **Don't** file Form 2210 unless **box E** in Part II applies, then file page 1 of Form 2210.

No ↓

You may owe a penalty. Does any box in Part II below apply? **Yes** → You **must** file Form 2210. Does box **B, C, or D** in Part II apply?

No ↓ **Yes** → You must figure your penalty.

Don't file Form 2210. You aren't required to figure your penalty because the IRS will figure it and send you a bill for any unpaid amount. If you want to figure it, you may use Part III as a worksheet and enter your penalty amount on your tax return, but **don't file Form 2210.**

You aren't required to figure your penalty because the IRS will figure it and send you a bill for any unpaid amount. If you want to figure it, you may use Part III as a worksheet and enter your penalty amount on your tax return, but file only page 1 of Form 2210.

Part I Required Annual Payment

1	Enter your 2022 tax after credits from Form 1040, 1040-SR, or 1040-NR, line 22. (See the instructions if not filing Form 1040.)	1	31,206.
2	Other taxes, including self-employment tax and, if applicable, Additional Medicare Tax and/or Net Investment Income Tax (see instructions)	2	
3	Other payments and refundable credits (see instructions)	3	()
4	Current year tax. Combine lines 1, 2, and 3. If less than \$1,000, stop ; you don't owe a penalty. Don't file Form 2210	4	31,206.
5	Multiply line 4 by 90% (0.90)	5	28,085.
6	Withholding taxes. Don't include estimated tax payments. See instructions	6	21,737.
7	Subtract line 6 from line 4. If less than \$1,000, stop ; you don't owe a penalty. Don't file Form 2210	7	9,469.
8	Maximum required annual payment based on prior year's tax (see instructions)	8	3,187.
9	Required annual payment. Enter the smaller of line 5 or line 8	9	3,187.

Next: Is line 9 more than line 6?

- No.** You **don't** owe a penalty. **Don't** file Form 2210 unless box **E** below applies.
- Yes.** You may owe a penalty, but **don't** file Form 2210 unless one or more boxes in Part II below applies.
 - If box **B, C, or D** applies, you must figure your penalty and file Form 2210.
 - If box **A or E** applies (but not **B, C, or D**), file only page 1 of Form 2210. You **aren't** required to figure your penalty; the IRS will figure it and send you a bill for any unpaid amount. If you want to figure your penalty, you may use Part III as a worksheet and enter your penalty on your tax return, but **file only page 1 of Form 2210.**

Part II Reasons for Filing. Check applicable boxes. If none apply, **don't** file Form 2210.

- A** You request a **waiver** (see instructions) of your entire penalty. You must check this box and file page 1 of Form 2210, but you aren't required to figure your penalty.
- B** You request a **waiver** (see instructions) of part of your penalty. You must figure your penalty and waiver amount and file Form 2210.
- C** Your income varied during the year and your penalty is reduced or eliminated when figured using the **annualized income installment method**. You must figure the penalty using Schedule AI and file Form 2210.
- D** Your penalty is lower when figured by treating the federal income tax withheld from your income as paid on the dates it was actually withheld, instead of in equal amounts on the payment due dates. You must figure your penalty and file Form 2210.
- E** You filed or are filing a joint return for either 2021 or 2022, but not for both years, and line 8 above is smaller than line 5 above. You must file page 1 of Form 2210, but you **aren't** required to figure your penalty (unless box **B, C, or D** applies).

**SCHEDULE D
(Form 1040)**

Capital Gains and Losses

OMB No. 1545-0074

2022

Department of the Treasury
Internal Revenue Service

Attach to Form 1040, 1040-SR, or 1040-NR.
Go to www.irs.gov/ScheduleD for instructions and the latest information.
Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.

Attachment
Sequence No. **12**

Name(s) shown on return

Reesha Lasitha Santhosh & DARSHAN DIWAKAR KOMARLU

Your social security number

873-71-8356

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? Yes No

If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

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

See instructions for how to figure the amounts to enter on the lines below.

This form may be easier to complete if you round off cents to whole dollars.

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b .				
1b Totals for all transactions reported on Form(s) 8949 with Box A checked	549,613.	576,514.	19,875.	-7,026.
2 Totals for all transactions reported on Form(s) 8949 with Box B checked				
3 Totals for all transactions reported on Form(s) 8949 with Box C checked				
4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824				4
5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				5
6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover Worksheet in the instructions				6 ()
7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on the back				7 -7,026.

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

See instructions for how to figure the amounts to enter on the lines below.

This form may be easier to complete if you round off cents to whole dollars.

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b .				
8b Totals for all transactions reported on Form(s) 8949 with Box D checked				
9 Totals for all transactions reported on Form(s) 8949 with Box E checked				
10 Totals for all transactions reported on Form(s) 8949 with Box F checked				
11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824				11
12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				12
13 Capital gain distributions. See the instructions				13
14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover Worksheet in the instructions				14 ()
15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then, go to Part III on the back				15

Part III Summary

16	Combine lines 7 and 15 and enter the result	16	-7,026.
	<ul style="list-style-type: none"> • If line 16 is a gain, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below. • If line 16 is a loss, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22. • If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22. 		
17	Are lines 15 and 16 both gains? <input type="checkbox"/> Yes. Go to line 18. <input type="checkbox"/> No. Skip lines 18 through 21, and go to line 22.		
18	If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet	18	
19	If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet	19	
20	Are lines 18 and 19 both zero or blank and you are not filing Form 4952? <input type="checkbox"/> 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. <input type="checkbox"/> 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: <ul style="list-style-type: none"> • 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? <input type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. <input checked="" type="checkbox"/> No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.		

Sales and Other Dispositions of Capital Assets

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.

Name(s) shown on return

Social security number or taxpayer identification number

Reesha Lasitha Santhosh & DARSHAN DIWAKAR KOMARLU

873-71-8356

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

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis See the Note below and see <i>Column (e)</i> in the separate instructions.	Adjustment, if any, to gain or loss If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g).
						(f) Code(s) from instructions	(g) Amount of adjustment	
	90184L102 TWITTER, INC. 10.000000000000000000	04/25/22	10/27/22	542.	522.			20.
	HOOD MBLLGS ROBINHOOD MARKETS INC HOOD Feb 18 2022 19.0 Call 2.000000000000000000	12/23/21	01/28/22	23.	582.			-559.
	770700102 ROBINHOOD MARKETS INC COM CL A 1300.000000000000000000	01/27/22	01/28/22	15,392.	15,041.			351.
	FB AMBRLTY META PLATFORMS INC FB Feb 11 2022 227.5 Call 48.000000000000000000	02/07/22	02/07/22	26,608.	25,952.			656.
	FB AMBHDU META PLATFORMS INC FB Feb 11 2022 225.0 Call 100.000000000000000000	02/11/22	02/11/22	12,434.	11,466.			968.
	FB AMBLSH4 META PLATFORMS INC FB Feb 18 2022 220.0 Call 48.000000000000000000	02/14/22	02/14/22	22,818.	21,992.			826.
	983134107 WYNN RESORTS LTD COM 340.000000000000000000	02/15/22	02/16/22	31,943.	32,392.			-449.
	25809K105 DOORDASH INC COM CL A 340.000000000000000000	02/16/22	02/16/22	32,371.	32,555.			-184.
	GOOG TMC4XND ALPHABET INC GOOG Mar 04 2022 2675.0 Call 1.000000000000000000	02/28/22	02/28/22	4,459.	4,291.			168.
	FB AMC4G0E META PLATFORMS INC FB Mar 04 2022 207.5 Call 10.000000000000000000	02/28/22	02/28/22	4,293.	5,257.			-964.
	BA AMC4H0Q BOEING CO BA Mar 04 2022 192.5 Call 25.000000000000000000	03/01/22	03/01/22	14,983.	13,767.			1,216.
	FB AMC4FVL META PLATFORMS INC FB Mar 04 2022 202.5 Call 25.000000000000000000	03/01/22	03/01/22	11,983.	11,642.			341.
	AAPL AMC4C7E APPLE INC AAPL Mar 04 2022 162.5 Call 50.000000000000000000	03/01/22	03/01/22	12,917.	12,733.			184.
	AAPL AMO4CKA APPLE INC AAPL Mar 04 2022 167.5 Put 100.000000000000000000	03/02/22	03/02/22	18,384.	18,482.	W	16.	-82.
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).			209,150.	206,674.		16.	2,492.

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.

Sales and Other Dispositions of Capital Assets

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.

Name(s) shown on return

Social security number or taxpayer identification number

Reesha Lasitha Santhosh & DARSHAN DIWAKAR KOMARLU

873-71-8356

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

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis See the Note below and see <i>Column (e)</i> in the separate instructions.	Adjustment, if any, to gain or loss If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g).
						(f) Code(s) from instructions	(g) Amount of adjustment	
	FB AMC4FWI META PLATFORMS INC FB Mar 04 2022 202.5 Call 25.000000000000000000	03/02/22	03/02/22	9,358.	9,142.			216.
	GOOG KMOATUV ALPHABET INC GOOG Mar 04 2022 2700.0 Put 3.000000000000000000	03/02/22	03/02/22	8,278.	8,282.			-4.
	ROKU AMO4A3W ROKU INC ROKU Mar 04 2022 131.0 Put 30.000000000000000000	03/02/22	03/02/22	8,530.	9,364.			-834.
	PYPL AMC4630 PAYPAL HOLDINGS INC PYPL Mar 04 2022 105.0 Call 50.000000000000000000	03/02/22	03/02/22	10,967.	10,883.			84.
	FB AMC4G0E META PLATFORMS INC FB Mar 04 2022 207.5 Put 60.000000000000000000	03/02/22	03/02/22	15,260.	15,040.			220.
	NFLX AMC45CU NETFLIX INC NFLX Mar 04 2022 367.5 Call 40.000000000000000000	03/03/22	03/03/22	25,173.	23,926.			1,247.
	BA AMC4ENS BOEING CO BA Mar 04 2022 190.0 Call 70.000000000000000000	03/03/22	03/03/22	21,304.	21,746.	W	571.	129.
	BA AMC4ENS BOEING CO BA Mar 04 2022 190.0 Call 35.000000000000000000	03/03/22	03/04/22	0.	10,779.			-10,779.
	SNOW AMC4GEA SNOWFLAKE INC SNOW Mar 04 2022 212.5 Call 3.000000000000000000	03/04/22	03/04/22	0.	152.			-152.
	SNOW AMC4G56 SNOWFLAKE INC SNOW Mar 04 2022 217.5 Call 3.000000000000000000	03/04/22	03/04/22	0.	137.			-137.
	91822M106 VEON LTD ADR SPONSORED 100.000000000000000000	03/02/22	03/07/22	39.	44.			-5.
	PYPL MCT17M PAYPAL HOLDINGS INC PYPL Mar 18 2022 98.5 Call 1.000000000000000000	03/07/22	03/09/22	374.	370.			4.
	91822M106 VEON LTD ADR SPONSORED 900.000000000000000000	03/02/22	03/17/22	400.	399.			1.
	770700102 ROBINHOOD MARKETS INC COM CL A 500.000000000000000000	03/04/22	03/17/22	6,380.	5,460.			920.
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).			106,063.	115,724.		571.	-9,090.

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.

Sales and Other Dispositions of Capital Assets

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.

Name(s) shown on return

Social security number or taxpayer identification number

Reesha Lasitha Santhosh & DARSHAN DIWAKAR KOMARLU

873-71-8356

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

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis See the Note below and see <i>Column (e)</i> in the separate instructions.	Adjustment, if any, to gain or loss If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g).
						(f) Code(s) from instructions	(g) Amount of adjustment	
	70450Y103 PAYPAL HOLDINGS INC COM 160.0000000000000000000000	03/07/22	03/17/22	17,357.	15,120.			2,237.
	019151208 ALLIED ENERGY CORP COM 10479.00000000000000000000	03/09/22	03/17/22	2,360.	2,803.			-443.
	AMZN 7M0205G AMAZON COM INC AMZN Mar 18 2022 3130.0 Put 1.0000000000000000000000	03/17/22	03/18/22	2,499.	2,501.			-2.
	70450Y103 PAYPAL HOLDINGS INC COM 100.0000000000000000000000	03/25/22	04/04/22	12,150.	11,250.			900.
	770700102 ROBINHOOD MARKETS INC COM CL A 500.00000000000000000000	04/01/22	04/04/22	6,825.	6,630.			195.
	683712103 OPENDOOR TECHNOLOGIES INC COM 700.0000000000000000000000	04/01/22	04/04/22	6,370.	5,895.			475.
	AMZN 7M0205G AMAZON COM INC AMZN Apr 08 2022 3330.0 Put 1.0000000000000000000000	04/04/22	04/05/22	5,279.	2,861.			2,418.
	GOOG 7M02L7W ALPHABET INC GOOG Apr 14 2022 2750.0 Call 2.0000000000000000000000	04/06/22	04/06/22	8,999.	8,701.			298.
	AMZN 7M0205G AMAZON COM INC AMZN Apr 14 2022 3210.0 Call 7.0000000000000000000000	04/06/22	04/06/22	33,485.	32,729.	W	39.	795.
	AMZN 7M0205G AMAZON COM INC AMZN Apr 14 2022 3140.0 Call 2.0000000000000000000000	04/07/22	04/07/22	10,219.	10,101.			118.
	AMZN 7M0205G AMAZON COM INC AMZN Apr 14 2022 3170.0 Call 2.0000000000000000000000	04/07/22	04/07/22	10,502.	10,001.			501.
	AMZN 7M0205G AMAZON COM INC AMZN Apr 14 2022 3130.0 Call 12.0000000000000000000000	04/08/22	04/08/22	59,842.	59,591.	W	183.	434.
	AMZN 7M0205G AMAZON COM INC AMZN Apr 14 2022 3100.0 Call 4.0000000000000000000000	04/08/22	04/08/22	20,237.	20,295.	W	53.	-5.
	GOOG 7M02K1V ALPHABET INC GOOG Apr 14 2022 2660.0 Call 16.0000000000000000000000	04/11/22	04/11/22	21,389.	40,402.	W	19,013.	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 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked).			217,513.	228,880.		19,288.	7,921.

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.

Sales and Other Dispositions of Capital Assets

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.

Name(s) shown on return: **Reesha Lasitha Santhosh & DARSHAN DIWAKAR KOMARLU**
Social security number or taxpayer identification number: **873-71-8356**

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

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis See the Note below and see <i>Column (e)</i> in the separate instructions.	Adjustment, if any, to gain or loss If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g).
						(f) Code(s) from instructions	(g) Amount of adjustment	
	GOOG 2NDQ21W ALPHABET INC GOOG Apr 14 2022 2660.0 Call 4.0000000000000000	04/11/22	04/12/22	4,277.	9,584.			-5,307.
	CRM AMF30Q SALESFORCE INC CRM Jun 03 2022 165.0 Call 1.0000000000000000	05/31/22	06/01/22	1,699.	521.			1,178.
	23292E108 DIDI GLOBAL INC ADR 100.0000000000000000	06/06/22	06/07/22	231.	231.			0.
	143658300 CARNIVAL CORP UNITS 500.0000000000000000	04/06/22	06/09/22	6,025.	9,675.			-3,650.
	76010V103 RENT THE RUNWAY INC COM CL A 100.0000000000000000	06/09/22	06/10/22	389.	360.			29.
	860897107 STITCH FIX INC COM CL A 100.0000000000000000	06/09/22	06/14/22	629.	787.			-158.
	023135106 AMAZON COM INC COM 20.0000000000000000	02/03/22	07/05/22	2,251.	2,778.			-527.
	MUR MFLYNG MURPHY OIL CORP MUR Jul 15 2022 25.0 Call 1.0000000000000000	07/06/22	07/07/22	419.	226.			193.
	TWTR NSFP2TE TWITTER INC TWTR Jul 15 2022 36.5 Put 10.0000000000000000	07/13/22	07/14/22	493.	547.			-54.
	GOOG AMH39C ALPHABET INC GOOG Aug 12 2022 120.0 Call 1.0000000000000000	08/12/22	08/12/22	224.	81.			143.
	GOOG AMT19AQ ALPHABET INC GOOG Aug 19 2022 120.5 Put 2.0000000000000000	08/18/22	08/18/22	129.	131.			-2.
	META AMH3XCA META PLATFORMS INC META Aug 19 2022 167.5 Call 2.0000000000000000	08/19/22	08/19/22	121.	193.			-72.
	GOOGLAMH301Q ALPHABET INC GOOGL Aug 26 2022 111.5 Call 3.0000000000000000	08/26/22	08/26/22	0.	122.			-122.
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).			16,887.	25,236.			-8,349.

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.

Child and Dependent Care Expenses

Department of the Treasury
Internal Revenue Service

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

2022
Attachment
Sequence No. **21**

Go to www.irs.gov/Form2441 for instructions and the latest information.

Name(s) shown on return

Your social security number

Reesha Lasitha Santhosh & DARSHAN DIWAKAR KOMARLU

873-71-8356

A You can't claim a credit for child and dependent care expenses if your filing status is married filing separately unless you meet the requirements listed in the instructions under *Married Persons Filing Separately*. If you meet these requirements, check this box

B If you or your spouse was a student or was disabled during 2022 and you're entering deemed income of \$250 or \$500 a month on Form 2441 based on the income rules listed in the instructions under *If You or Your Spouse Was a Student or Disabled*, check this box

Part I **Persons or Organizations Who Provided the Care—You must complete this part.**
If you have more than three care providers, see the instructions and check this box

1 (a) Care provider's name	(b) Address (number, street, apt. no., city, state, and ZIP code)	(c) Identifying number (SSN or EIN)	(d) Was the care provider your household employee in 2022? For example, this generally includes nannies but not daycare centers. (see instructions)	(e) Amount paid (see instructions)
NURTURE KIDS	38000 CAMDEN ST FREMONT CA 94536	94-3298607	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	6,000.
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	

Did you receive dependent care benefits? **No** Complete only Part II below.
 Yes Complete Part III on page 2 next.

Caution: If the care provider is your household employee, you may owe employment taxes. For details, see the Instructions for Schedule H (Form 1040). If you incurred care expenses in 2022 but didn't pay them until 2023, or if you prepaid in 2022 for care to be provided in 2023, don't include these expenses in column (d) of line 2 for 2022. See the instructions.

Part II **Credit for Child and Dependent Care Expenses**

2 Information about your **qualifying person(s)**. If you have more than three qualifying persons, see the instructions and check this box

(a) Qualifying person's name		(b) Qualifying person's social security number	(c) Check here if the qualifying person was over age 12 and was disabled. (see instructions)	(d) Qualified expenses you incurred and paid in 2022 for the person listed in column (a)
First	Last			
Siddharth R	Darshan	885-09-3856	<input type="checkbox"/>	6,000.
			<input type="checkbox"/>	
			<input type="checkbox"/>	

3 Add the amounts in column (d) of line 2. **Don't** enter more than \$3,000 if you had one qualifying person or \$6,000 if you had two or more persons. If you completed Part III, enter the amount from line 31 **3** 3,000.

4 Enter your **earned income**. See instructions **4** 95,680.

5 If married filing jointly, enter your spouse's earned income (if you or your spouse was a student or was disabled, see the instructions); **all others**, enter the amount from line 4 **5** 137,446.

6 Enter the **smallest** of line 3, 4, or 5 **6** 3,000.

7 Enter the amount from Form 1040, 1040-SR, or 1040-NR, line 11 **7** 218,131.

8 Enter on line 8 the decimal amount shown below that applies to the amount on line 7.

If line 7 is:			If line 7 is:			If line 7 is:		
Over	But not over	Decimal amount is	Over	But not over	Decimal amount is	Over	But not over	Decimal amount is
\$0—15,000		.35	\$25,000—27,000		.29	\$37,000—39,000		.23
15,000—17,000		.34	27,000—29,000		.28	39,000—41,000		.22
17,000—19,000		.33	29,000—31,000		.27	41,000—43,000		.21
19,000—21,000		.32	31,000—33,000		.26	43,000—No limit		.20
21,000—23,000		.31	33,000—35,000		.25			
23,000—25,000		.30	35,000—37,000		.24			

9a Multiply line 6 by the decimal amount on line 8 **9a** 600.

b If you paid 2021 expenses in 2022, complete Worksheet A in the instructions. Enter the amount from line 13 of the worksheet here. Otherwise, enter -0- on line 9b and go to line 9c **9b** 0.

c Add lines 9a and 9b and enter the result **9c** 600.

10 Tax liability limit. Enter the amount from the Credit Limit Worksheet in the instructions **10** 33,806.

11 **Credit for child and dependent care expenses.** Enter the **smaller** of line 9c or line 10 here and on Schedule 3 (Form 1040), line 2 **11** 600.

**SCHEDULE 8812
(Form 1040)**

**Credits for Qualifying Children
and Other Dependents**

OMB No. 1545-0074

2022

Attachment
Sequence No. **47**

Department of the Treasury
Internal Revenue Service

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

Go to www.irs.gov/Schedule8812 for instructions and the latest information.

Name(s) shown on return

Your social security number

Reesha Lasitha Santhosh & DARSHAN DIWAKAR KOMARLU

873-71-8356

Part I Child Tax Credit and Credit for Other Dependents

1	Enter the amount from line 11 of your Form 1040, 1040-SR, or 1040-NR		1	218,131.
2a	Enter income from Puerto Rico that you excluded	2a		
b	Enter the amounts from lines 45 and 50 of your Form 2555	2b	0.	
c	Enter the amount from line 15 of your Form 4563	2c		
d	Add lines 2a through 2c	2d	0.	
3	Add lines 1 and 2d	3	218,131.	
4	Number of qualifying children under age 17 with the required social security number	4	1	
5	Multiply line 4 by \$2,000	5	2,000.	
6	Number of other dependents, including any qualifying children who are not under age 17 or who do not have the required social security number	6	0	
	Caution: Do not include yourself, your spouse, or anyone who is not a U.S. citizen, U.S. national, or U.S. resident alien. Also, do not include anyone you included on line 4.			
7	Multiply line 6 by \$500	7		
8	Add lines 5 and 7	8	2,000.	
9	Enter the amount shown below for your filing status. • Married filing jointly—\$400,000 } • All other filing statuses—\$200,000 }	9	400,000.	
10	Subtract line 9 from line 3. • If zero or less, enter -0-. • If more than zero and not a multiple of \$1,000, enter the next multiple of \$1,000. For example, if the result is \$425, enter \$1,000; if the result is \$1,025, enter \$2,000, etc. }	10	0.	
11	Multiply line 10 by 5% (0.05)	11	0.	
12	Is the amount on line 8 more than the amount on line 11?	12	2,000.	
	<input type="checkbox"/> No. STOP. You cannot take the child tax credit, credit for other dependents, or additional child tax credit. Skip Parts II-A and II-B. Enter -0- on lines 14 and 27.			
	<input checked="" type="checkbox"/> Yes. Subtract line 11 from line 8. Enter the result.			
13	Enter the amount from the Credit Limit Worksheet A	13	33,206.	
14	Enter the smaller of line 12 or 13. This is your child tax credit and credit for other dependents	14	2,000.	

Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 19.

If the amount on line 12 is more than the amount on line 14, you may be able to take the **additional child tax credit** on Form 1040, 1040-SR, or 1040-NR, line 28. Complete your Form 1040, 1040-SR, or 1040-NR through line 27 (also complete Schedule 3, line 11) before completing Part II-A.

Part II-A Additional Child Tax Credit for All Filers

Caution: If you file Form 2555, you cannot claim the additional child tax credit.

15	Check this box if you do not want to claim the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27 <input type="checkbox"/>		
16a	Subtract line 14 from line 12. If zero, stop here ; you cannot take the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27	16a	0.
b	Number of qualifying children under 17 with the required social security number: _____ x \$1,500. Enter the result. If zero, stop here ; you cannot claim the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27	16b	
	TIP: The number of children you use for this line is the same as the number of children you used for line 4.		
17	Enter the smaller of line 16a or line 16b	17	
18a	Earned income (see instructions)	18a	
b	Nontaxable combat pay (see instructions)	18b	
19	Is the amount on line 18a more than \$2,500? <input type="checkbox"/> No. Leave line 19 blank and enter -0- on line 20. <input type="checkbox"/> Yes. Subtract \$2,500 from the amount on line 18a. Enter the result	19	
20	Multiply the amount on line 19 by 15% (0.15) and enter the result Next. On line 16b, is the amount \$4,500 or more? <input type="checkbox"/> No. If you are a bona fide resident of Puerto Rico, go to line 21. Otherwise, skip Part II-B and enter the smaller of line 17 or line 20 on line 27. <input type="checkbox"/> Yes. If line 20 is equal to or more than line 17, skip Part II-B and enter the amount from line 17 on line 27. Otherwise, go to line 21.	20	

Part II-B Certain Filers Who Have Three or More Qualifying Children and Bona Fide Residents of Puerto Rico

21	Withheld social security, Medicare, and Additional Medicare taxes from Form(s) W-2, boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If your employer withheld or you paid Additional Medicare Tax or tier 1 RRTA taxes, see instructions.		
22	Enter the total of the amounts from Schedule 1 (Form 1040), line 15; Schedule 2 (Form 1040), line 5; Schedule 2 (Form 1040), line 6; and Schedule 2 (Form 1040), line 13	22	
23	Add lines 21 and 22	23	
24	1040 and 1040-SR filers: Enter the total of the amounts from Form 1040 or 1040-SR, line 27, and Schedule 3 (Form 1040), line 11. } 1040-NR filers: Enter the amount from Schedule 3 (Form 1040), line 11. }	24	
25	Subtract line 24 from line 23. If zero or less, enter -0-	25	
26	Enter the larger of line 20 or line 25 Next, enter the smaller of line 17 or line 26 on line 27.	26	

Part II-C Additional Child Tax Credit

27	This is your additional child tax credit. Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 28		
		27	