Form **8879**

(Rev. January 2021)

Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.

► Go to www.irs.gov/Form8879 for the latest information.

OMB No. 1545-0074

	<u> </u>
Submission Identification Number (SID)	
Taxpayer's name	Social security number
SACHIN RAKAM	843-51-7941
Spouse's name	Spouse's social security number
•	22 (Enter year you are authorizing.)
Enter whole dollars only on lines 1 through 5.	
Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.	
1 Adjusted gross income	<u>1</u> 80,980.
2 Total tax	
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	
4 Amount you want refunded to you	
5 Amount you owe	net and keep a copy of your return)
Under penalties of perjury, I declare that I have examined a copy of the income tax return (original o	· · · · · · · · · · · · · · · · · · ·
return (original or amended) I am now authorizing. I consent to allow my intermediate service provice to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or real for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorized to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution apayment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cance business days prior to the payment (settlement) date. I also authorize the financial institutions invo taxes to receive confidential information necessary to answer inquiries and resolve issues related personal identification number (PIN) below is my signature for the income tax return (original or am Electronic Funds Withdrawal Consent.	son for rejection of the transmission, (b) the reason orize the U.S. Treasury and its designated Financial account indicated in the tax preparation software for ial institution to debit the entry to this account. This terminate the authorization. To revoke (cancel) a ellation requests must be received no later than 2 lived in the processing of the electronic payment of the to the payment. I further acknowledge that the
Taxpayer's PIN: check one box only	
	generate my PIN 1 7 9 4 1 as my
ERO firm name signature on the income tax return (original or amended) I am now authorizing.	Enter five digits, but don't enter all zeros
I will enter my PIN as my signature on the income tax return (original or amende	ad) I am now authorizing. Chack this box only
if you are entering your own PIN and your return is filed using the Practitioner below.	
Your signature ►	Date > 02/02/2023
Spouse's PIN: check one box only	
· <u> </u>	generate my PIN as my
ERO firm name	Enter five digits, but
signature on the income tax return (original or amended) I am now authorizing.	don't enter all zeros
I will enter my PIN as my signature on the income tax return (original or amende if you are entering your own PIN and your return is filed using the Practitioner below.	
Spouse's signature ▶	Date ▶
Practitioner PIN Method Returns Only—continu	ue below
Part III Certification and Authentication — Practitioner PIN Method Only	1
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.	2 2 2 4 9 6 6 1 9 8 9 Don't enter all zeros
I certify that the above numeric entry is my PIN, which is my signature for the electronic individua authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that requirements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS <i>e-file</i> Pro	I am submitting this return in accordance with the
ERO's signature ▶	Date ▶
ERO Must Retain This Form — See Instruc	

Don't Submit This Form to the IRS Unless Requested To Do So

E 1040 Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Return

2022

OMB No. 1545-007

IRS Use Only-Do not write or staple in this space

Filing Status Check only one box.	If yo	Single Married filing jointly unchecked the MFS box, enter the nonis a child but not your dependent	ame of y	ed filing separately (Norour spouse. If you c		_				spou	ifying survise (QSS) name if th	Ü	
Your first name	and mi	ddle initial	Last nar	me					Y	our so	cial securit	y number	
SACHIN			RAKA	M					8	843-51-7941			
If joint return, s	pouse's	first name and middle initial	Last nar	me					s	Spouse's social security number			
Home address	(numbe	er and street). If you have a P.O. box, see	instruction	ons.			A	Apt. no.	P	resider	ntial Election	on Campaign	
4835 USA	AA BI	ZAD					3	3208	+		ere if you,	. •	
		ce. If you have a foreign address, also co	mplete spaces below. State ZIF				ZIP c		- 1	•	٠,	tly, want \$3	
SAN ANTO	ONIO			TX 7			782	40			this fund. ow will not	Checking a change	
Foreign country			F	oreign province/state/	count	у	Foreig				your tax or refund.		
Digital	At ar	ny time during 2022, did you: (a) rec	eive (as	a reward, award, or	payn	nent for prope	rty or	services);	or (b) sell,	You	Spouse	
Assets		ange, gift, or otherwise dispose of a			-		-				Yes	⊠ No	
Standard		eone can claim:				a dependent							
Deduction		Spouse itemizes on a separate retur	n or you	were a dual-status	allen								
Age/Blindness	You:	☐ Were born before January 2, 1	958	Are blind Spo	use:	☐ Was bor	rn befo	ore Janua	ry 2,	1958	☐ Is bl	ind	
Dependents	s (see	instructions):		(2) Social security		(3) Relationsh	nip (4) Check th	e box	if qualif	ies for (see	instructions):	
If more	(1) Fi	rst name Last name		number		to you		Child ta	x crec	lit	Credit for otl	ner dependents	
than four									<u></u>		[<u></u>	
dependents, see instructions	s —							L	<u></u>				
and check								L	<u></u>				
here								L					
Income	1a	Total amount from Form(s) W-2, b								1a	9	92,050.	
A44l- F(-)	b	Household employee wages not re								1b 1c			
Attach Form(s) W-2 here. Also	C	, ,											
attach Forms	d	d Medicaid waiver payments not reported on Form(s) W-2 (see instructions)											
W-2G and 1099-R if tax	е	, , , ,											
was withheld.	f	Employer-provided adoption bene		•	٠					1f			
If you did not	g	Wages from Form 8919, line 6.								1g			
get a Form W-2, see	h	Other earned income (see instruct	,				. i .			1h	-	0.	
instructions.	ı	Nontaxable combat pay election (s	see instr	uctions)		<u>1i</u>						00 050	
		-	1							1z		92,050.	
Attach Sch. B if required.	2a	· —	2a			axable interest				2b			
ii required.	3a_		3a			rdinary divide				3b	+		
N	4a	_	4a			axable amoun axable amoun				4b			
Standard Deduction for—	5a	-	5a 6a							5b 6b			
Single or	6a	Social security benefits Lagrange If you elect to use the lump-sum e		nothed shock here		axable amoun	ι		· .	OD			
Married filing separately,	с 7									7			
\$12,950 Married filing	8	Capital gain or (loss). Attach Schedule D if required. If not required, check here								8	_1	L1,070.	
jointly or	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income								9		30,980.	
Qualifying surviving spouse,	10	•										,o, ,oo.	
\$25,900 Head of	11	Subtract line 10 from line 9. This is								10	9	30,980.	
household,	12	Standard deduction or itemized	-	-						12	1	12,950.	
\$19,400 If you checked	13	Qualified business income deduct		•	,	5-A .				13	 	,_,	
any box under Standard	14	Add lines 12 and 13								14	1 -	L2 , 950.	
Deduction,	15	Subtract line 14 from line 11. If zer								15		58,030.	
see instructions.	-			,				- '		.,		,	

	Page 2
. 16	10,583.
. 17	
. 18	10,583.
. 19	
. 20	
21	
. 22	10,583.
23	
24	0. 10,583.
25d	13,031.
26	
32	
33	13,031.
34	2,448. 2,448.
35a	2,448.
s	
. 37	

Form 1040 (2022) Tax (see instructions). Check if any from Form(s): 1 8814 **2** 4972 3 16 Tax and **Credits** 17 Amount from Schedule 2, line 3 Add lines 16 and 17 18 19 Child tax credit or credit for other dependents from Schedule 8812 20 Amount from Schedule 3, line 8 21 Add lines 19 and 20 22 Subtract line 21 from line 18. If zero or less, enter -0-23 Other taxes, including self-employment tax, from Schedule 2, line 21 Add lines 22 and 23. This is your total tax 24 **Payments** 25 Federal income tax withheld from: 13,0 Form(s) W-2 . 25a а Form(s) 1099 25b b Other forms (see instructions) 25c С d Add lines 25a through 25c 26 2022 estimated tax payments and amount applied from 2021 return If you have a 27 Earned income credit (EIC) 27 qualifying child, attach Sch. EIC. 28 Additional child tax credit from Schedule 8812 28 29 American opportunity credit from Form 8863, line 8. 29 30 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 33 Add lines 25d, 26, and 32. These are your total payments 34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid Refund Amount of line 34 you want refunded to you. If Form 8888 is attached, check here 35a Routing number 3 2 2 2 7 1 6 2 7 Direct deposit? b **c** Type: X Checking Sav See instructions. Account number 7 6 3 0 3 7 2 2 8 d 36 Amount of line 34 you want applied to your 2023 estimated tax . . . 36 Amount 37 Subtract line 33 from line 24. This is the amount you owe. You Owe For details on how to pay, go to www.irs.gov/Payments or see instructions . Estimated tax penalty (see instructions) . . . Third Party Do you want to allow another person to discuss this return with the IRS? See instructions Yes. Com Designee Designee's Phone Persona number (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 Sign belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Here If the IRS sent you an Identity Your signature Date Your occupation Protection PIN, enter it here (see inst.) SOFTWARE DEVELOPER Joint return? See instructions. If the IRS sent your spouse an Spouse's signature. If a joint return, both must sign. Date Spouse's occupation Keep a copy for Identity Protection PIN, enter it here your records. (see inst.) Phone no. (626)349 - 5255Email address RAKAMSACHIN@GMAIL.COM Preparer's name PTIN Check if: Preparer's signature Date **Paid** Self-employed SYAM PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 02/02/2023 P02082703 **Preparer**

Firm's name

Firm's address

Use Only

GLOBAL TAXES LLC

245 ROONEY CT E BRUNSWICK NJ 08816

Phone no. (678) 965-9522

Firm's EIN

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2022
Attachment Sequence No. 01

Department of the Treasury Internal Revenue Service

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

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

Your social security number
843-51-7941

Par	t I Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxes		1	
2a	Alimony received		2a	
b	Date of original divorce or separation agreement (see instructions):			
3	Business income or (loss). Attach Schedule C		3	
4	Other gains or (losses). Attach Form 4797		4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Atta	ch Schedule E .	5	-11,070.
6	Farm income or (loss). Attach Schedule F		6	
7	Unemployment compensation		7	
8	Other income:			
а	Net operating loss	8a (
b	Gambling	8b		
С	Cancellation of debt	8c		
d	Foreign earned income exclusion from Form 2555	8d ()	
е	Income from Form 8853	8e		
f	Income from Form 8889	8f		
g	Alaska Permanent Fund dividends	8g		
h	Jury duty pay	8h		
i	Prizes and awards	8i		
j	Activity not engaged in for profit income	8j		
k	Stock options	8k		
- 1	Income from the rental of personal property if you engaged in the rental			
	for profit but were not in the business of renting such property	81		
m	Olympic and Paralympic medals and USOC prize money (see			
	, ·	8m		
n	Section 951(a) inclusion (see instructions)	8n		
0	Section 951A(a) inclusion (see instructions)	80	_	
р		8p		
q	Taxable distributions from an ABLE account (see instructions)	8q		
r	Scholarship and fellowship grants not reported on Form W-2	8r		
S	Nontaxable amount of Medicaid waiver payments included on Form			
	1040, line 1a or 1d	8s ()	
t	Pension or annuity from a nonqualifed deferred compensation plan or			
	a nongovernmental section 457 plan	8t	_	
u	Wages earned while incarcerated	8u		
Z				
		8z		
9	Total other income. Add lines 8a through 8z		9	
10	Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR	or 1040-NR line 8	10	-11.070

Schedule 1 (Form 1040) 2022 Page **2**

Par	Adjustments to Income			
11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-b			
	officials. Attach Form 2106		12	
13	Health savings account deduction. Attach Form 8889		13	-
14	Moving expenses for members of the Armed Forces. Attach Form 3903		14	-
15	Deductible part of self-employment tax. Attach Schedule SE		15	
16	Self-employed SEP, SIMPLE, and qualified plans		16	
17	Self-employed health insurance deduction		17	
18	Penalty on early withdrawal of savings		18	
19a	Alimony paid		19a	
b	Recipient's SSN			
С	Date of original divorce or separation agreement (see instructions):			
20	IRA deduction		20	
21	Student loan interest deduction		21	
22	Reserved for future use		22	
23	Archer MSA deduction		23	
24	Other adjustments:			
а	Jury duty pay (see instructions)	24a		
b	Deductible expenses related to income reported on line 8l from the			
	rental of personal property engaged in for profit	24b		
С	Nontaxable amount of the value of Olympic and Paralympic medals			
		24c		
d		24d		
е	Repayment of supplemental unemployment benefits under the Trade			
		24e		
f		24f		
g	, , , , , , , , , , , , , , , , , , , ,	24g		
h	Attorney fees and court costs for actions involving certain unlawful			
	·	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	- 41		
		24i		
j	•	24j		
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form	S.4.		
		24k		
Z	Other adjustments. List type and amount:	N4_		
05		24z	05	
25	Total other adjustments. Add lines 24a through 24z		25	
26	Add lines 11 through 23 and 25. These are your adjustments to income .		00	
	Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a		26	

SCHEDULE E (Form 1040)

Supplemental Income and Loss

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

Attach to Form 1040, 1040-SR, 1040-NR, or 1041. Go to www.irs.gov/ScheduleE for instructions and the latest information. Attachment Sequence No. 13

) snown on return									ial security		
	IIN RAKAM								843-5	1-7941	-	
Part	Note: If you ar rental income	re in the or loss f	From Rental Real Estate and business of renting personal proper from Form 4835 on page 2, line 40.	rty, use	Schedule							
			s in 2022 that would require you								es 🛛 No	
В	If "Yes," did you or will you file required Form(s) 1099?											
1a	Physical address	of each	property (street, city, state, ZII	P code	e)							
Α	,		KARIMNAGAR TELANGANA		<u>, </u>							
B	VIVERANANDIIA	11 01(1	TAININAGAN TELLANGANA	TIN	303001							
C												
ID	(from list below)		bove, report the number of fair				I	Days		ays	QJV	
A	1		ersonal use days. Check the Q			Α	<u> </u>	355		0		
В	1	if	you meet the requirements to	file as	a	В						
		q	ualified joint venture. See instru	uctions	3.	С			+		+	
	of Property:					0						
	Single Family Resid	donoo	3 Vacation/Short-Term Ren	ntol .	5 Lanc	ı	7 (Self-Rental				
	Multi-Family Reside		4 Commercial	ııaı	6 Roya				ribo)			
	Widiti-i airiliy rieside	ence	4 Commercial		. U HOya	aities	- 0 (Julei (desc	1106)			
								Propert	ies:			
Incon						Α		В			С	
3				3		6	80.					
4	Royalties received	1 t		4								
Exper	ises:											
5	Advertising			5			80.					
6	Auto and travel (se	6	350. 1,100.									
7	Cleaning and mair	7										
8	Commissions .			8								
9	Insurance			9								
10	Legal and other pr	rofessio	nal fees	10								
11	Management fees			11		1,6	50.					
12	Mortgage interest	paid to	banks, etc. (see instructions)	12								
13	Other interest .			13								
14	Repairs			14		3,8	22.					
15	Supplies			15		2,8	99.					
16	Taxes			16								
17	Utilities			17		1,8	49.					
18	Depreciation expe	ense or o	depletion	18								
19	Other (list)			19								
20			5 through 19	20		11,7	50.					
21	Subtract line 20 fr	om line	3 (rents) and/or 4 (royalties). If									
			uctions to find out if you must									
				21		-11,0	70.					
22			ate loss after limitation, if any, ctions)	22	(11,07	70.)()	()	
23a	Total of all amoun	ıts repoi	ted on line 3 for all rental prope	erties	1.		23a		680.		·	
b		-	ted on line 4 for all royalty prop				23b					
С		-	ted on line 12 for all properties				23c					
d			ted on line 18 for all properties				23d					
е			ted on line 20 for all properties				23e	11	750.			
24			nounts shown on line 21. Do no						. 24			
25	•		s from line 21 and rental real esta		-		nter to	al losses he	re 25	(11,070.)	
26	Total rental real	estate	and royalty income or (loss).	Comb	ine lines	24 and	25. Er	ter the resu	ult			
	here. If Parts II, I	II, IV, a	nd line 40 on page 2 do not	apply	to you,	also er	nter thi	s amount o	on			

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

-11,070.