## **IRS e-file Signature Authorization**

OMB No. 1545-0074

Department of the Treasury
Internal Revenue Service

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

Submission Identification Number (SID)

Taxpay	/er's name	Social security	numb	er				
KIS	HORE KAMALAY	285-71-8	8671	-				
Spouse	o's name	Spouse's socia	I secu	rity number				
Part I Tax Return Information – Tax Year Ending December 31, 2022 (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		1	118,784.				
2	Total tax		2	19,236.				
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	22,377.				
4	Amount you want refunded to you		4	3,141.				
5	Amount you owe		5					

### Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

Under penalties of periury. I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at **1-888-353-4537**. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

## Taxpayer's PIN: check one box only

				EBO firm name	-	E	1
X	l authorize	GLOBAL	TAXES	LLC	to enter or generate my PIN		
			-			1 1	

Ent	as my				
1	8	6	7	1	

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

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

Your signature

Date

I authorize

to enter or generate my PIN

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

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

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

Spouse's signature ►	Date 🕨				
Practitioner PIN Method Returns Only—continue below					
Part III Certification and Authentication – F	actitioner PIN Method Only				
<b>ERO's EFIN/PIN.</b> Enter your six-digit EFIN followed by	our five-digit self-selected PIN. 2 2 4 9 6 6 1 9 8 9				

I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature >	signature Date Date						
ERO Must Retain This Don't Submit This Form to the							
For Paperwork Reduction Act Notice, see your tax return instructions	S. BAA	REV 01/14/23 PRO	Form 8879 (Rev. 01-2021)				

<b>1040</b>		artment of the Treasury-Internal Revenue Serv S. Individual Income Tax		urn	202	2	OMB No. 1545-	-0074	IRS Use	Only-	–Do not w	rite or staple	in this space.
Filing Status Check only one box.	lf yo	Single Married filing jointly	ame of y	0	separately (N use. If you cl	,				, .	spo	lifying sur use (QSS) s name if th	0
		on is a child but not your dependent											
Your first name	and m	iddle initial	Last nai									cial securi	-
KISHORE		first some and middle initial	KAMA									71-867	⊥ curity number
n joint return, sp	ouse s	s first name and middle initial	Last nai	me							Spouse	s social se	curity number
Home address	numbe	er and street). If you have a P.O. box, see	instructio	ons.				A	pt. no.		Preside	ntial Electi	on Campaigr
6 HIGHPC	TNT	CIRCLE						7	14			nere if you,	
-		ce. If you have a foreign address, also co	omplete s	paces be	low.	Sta	te	ZIP co				0,	ntly, want \$3
QUINCY						MZ	A	021	69		0	o this fund. ow will not	Checking a change
Foreign country	name		F	oreign pi	rovince/state/o	coun	ty	Foreig	n postal c	ode		or refund.	•
												You You	Spouse
Digital Assets		ny time during 2022, did you: (a) rec ange, gift, or otherwise dispose of a						•			. , .	Yes	X No
Standard	Som	eone can claim: 🗌 You as a de	pendent	:	Your spouse	e as	a dependent						
Deduction		Spouse itemizes on a separate retur	n or you	were a	dual-status a	alien							
Age/Blindness	You:	Were born before January 2, 1	958	Are bl	ind Spo	ouse	: 🗌 Was bor	n befc	ore Janu	ary 2	, 1958	🗌 ls bl	ind
Dependents	(see	instructions):		(2) 5	Social security		(3) Relationshi	ip (4	) Check t	he bo	x if quali	fies for (see	instructions):
If more		irst name Last name			number	to you			Child t	ax cre	edit	Credit for ot	her dependents
than four													
dependents, see instructions													
and check	·												
here											1		
Income	<b>1</b> a	Total amount from Form(s) W-2, b	•		,								31,884.
	b	Household employee wages not re						· ·		• •	1b		
Attach Form(s) W-2 here. Also	c	Tip income not reported on line 1a						• •	• •	• •	10		
attach Forms	d	Medicaid waiver payments not rep						• •	• •	• •	10		
W-2G and 1099-R if tax	e	Taxable dependent care benefits t						• •		• •	1e		
was withheld.	f	Employer-provided adoption bene						• •	• •	• •	1f		
If you did not get a Form	g L	Wages from Form 8919, line 6 .				• •		• •	• •	• •	1g 1h		0.
W-2, see	h i	Other earned income (see instruct Nontaxable combat pay election (section)	,			• •	· · · · ·	· ·		• •		1	0.
instructions.	z	Add lines 1a through 1h		uctions		• •	11				1z	1.	31,884.
Attach Sch. B	2a	Ŭ	2a		· · · · ·	. т	axable interest	• •	• •	• •	2b		JI,004.
if required.	2a 3a		3a				ordinary divider		• •	• •	36		
	4a		4a				axable amount			• •	46		
Standard	5a		5a				axable amount				5b		
Deduction for –	6a		6a				axable amount				6b		
<ul> <li>Single or Married filing</li> </ul>	с	If you elect to use the lump-sum e		nethod,						. [			
separately, \$12,950	7	Capital gain or (loss). Attach Sche								. [	7		
Married filing	8	Other income from Schedule 1, lin					·				8	-:	13,100.
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7	, and 8. <sup>-</sup>	This is y	our total inc	om	ə				9		18,784.
surviving spouse, \$25,900	10	Adjustments to income from Sche	dule 1, l	ine 26							10		
Head of	11	Subtract line 10 from line 9. This is	s your <b>ac</b>	djusted	gross incon	ne					11	1	18,784.
household, \$19,400	12	Standard deduction or itemized	deducti	i <b>ons</b> (fro	m Schedule	A)					12		12,950.
<ul> <li>If you checked</li> </ul>	13	Qualified business income deduct	ion from	Form 8	995 or Form	899	5-A				13		
any box under Standard	14	Add lines 12 and 13									14		12,950.
Deduction, see instructions.	15	Subtract line 14 from line 11. If zer	ro or less	s, enter ·	-0 This is y	our	taxable incom	е.			15	1	05,834.
)													

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

Form **1040** (2022)

Form 1040 (2022	2)									Page <b>2</b>
Tax and	16	Tax (see instructions). Check	if any from Form	(s): <b>1</b> 🗌 881	4 <b>2</b> 4972	3 🗌		16	19,	236.
Credits	17	Amount from Schedule 2, lin	ne3					17		
	18	Add lines 16 and 17						18	19,	236.
	19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812			19		
	20	Amount from Schedule 3, lin	ne8					20		
	21	Add lines 19 and 20						21		
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	19,	236.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21			23		0.
	24	Add lines 22 and 23. This is	your <b>total tax</b>					24	19,	236.
Payments	25	Federal income tax withheld								
	а	Form(s) W-2				<b>25a</b> 22	,377.			
	b	Form(s) 1099				25b				
	с	Other forms (see instructions	s)			25c				
	d	Add lines 25a through 25c						25d	22,	377.
If	26	2022 estimated tax payment	ts and amount a	pplied from 20	21 return			26		
If you have a qualifying child,	27	Earned income credit (EIC)				27				
attach Sch. EIC.	28	Additional child tax credit from				28				
	29	American opportunity credit	from Form 8863	3, line 8		29				
	30	Reserved for future use .				30				
	31	Amount from Schedule 3, lin				31				
	32	Add lines 27, 28, 29, and 31	. These are your	total other pa	ayments and refu	undable credits		32		
	33	Add lines 25d, 26, and 32. T	hese are your <b>to</b>	tal payments				33	22,	377.
Refund	34	If line 33 is more than line 24	4, subtract line 2	4 from line 33.	This is the amou	nt you <b>overpaid</b>		34	З,	141.
neiuliu	35a	Amount of line 34 you want	refunded to you	J. If Form 8888	is attached, cheo	ck here	. 🗆	35a	З,	141.
Direct deposit?	b	Routing number 1 1 1					Savings			
See instructions.	d	Account number 6 1 5		8 0			0			
	36	Amount of line 34 you want a	applied to your	2023 estimate	ed tax	36				
Amount	37	Subtract line 33 from line 24	. This is the <b>amo</b>	ount vou owe						
You Owe		For details on how to pay, g	o to <i>www.irs.go</i> v	//Payments or	see instructions .			37		
	38	Estimated tax penalty (see in	nstructions) .			38				
Third Party	Do	you want to allow another	person to disc	cuss this retu	n with the IRS?	See				
Designee		structions	· · · · ·			. 🗌 <b>Yes.</b> C	omplete l	below.	🗙 No	
		signee's		Phone			onal identi	fication		
	na			no.			ber (PIN)			
Sign		der penalties of perjury, I declare t ief, they are true, correct, and com								
Here		ur signature		Date	Your occupation		1		nt you an Iden	
	10	ul signature		Date					IN, enter it her	
Joint return?					SOFTWARE B	ENGINEER	(see	inst.)		
See instructions.	Sp	ouse's signature. If a joint return, I	both must sign.	Date	Spouse's occupati	ion			nt your spouse	
Keep a copy for your records.								tity Prote inst.)	ection PIN, ent	ter it here
<b>,</b>			2	Fue elle el due e e			,	1150.)		
		one no. (512) 391-937 eparer's name	3 Preparer's signat	Email address	KAMALAY.KIS	HORE@GMAIL.CO	)M PTIN		Check if:	
Paid					OIIDEN			2202		played
Preparer		I PRIYA RAM SAGAR GUPTA TALLAM		KAM SAGAR	GUPTA TALLAM	01/26/2023	P0208		Self-em	
Use Only		m's name GLOBAL TAX		NOLITON	T 0001 C				678)965-	
			Y CT E BRU	NSWICK N			Firm	's EIN	88-214	
(in to www.ire a	ov/Forr	n1040 for instructions and the late	st intermetion						Form IO	40 (2022)

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

REV 01/14/23 PRO BAA

Form **1040** (2022)

SCHEDULE	1
(Form 1040)	

Department of the Treasury

# Additional Income and Adjustments to Income

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

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

OMB No. 1545-0074 2

Attachment

Internal Revenue Service	Go to www.irs.gov/Form1040 for instructions and the latest information.		Sequence No. 01
Name(s) shown on Fo	rm 1040, 1040-SR, or 1040-NR	Your soci	al security number
KISHORE KAMALA	Y	285-71	-8671
Part I Additio	onal Income		

i ai				
1	Taxable refunds, credits, or offsets of state and local income taxes		1	0.
<b>2</b> a	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. Att	ach Schedule E .	5	-13,100.
6	Farm income or (loss). Attach Schedule F		6	
7	Unemployment compensation		7	
8	Other income:			
а	Net operating loss	8a (	)	
b	Gambling	8b		
С	Cancellation of debt	8c		
d	Foreign earned income exclusion from Form 2555	8d (	)	
е	Income from Form 8853	8e		
f	Income from Form 8889	8f		
g	Alaska Permanent Fund dividends	8g		
h	Jury duty pay	8h		
i	Prizes and awards	8i		
j	Activity not engaged in for profit income	8j		
k	Stock options	8k		
I.	Income from the rental of personal property if you engaged in the rental			
	for profit but were not in the business of renting such property	81		
m	Olympic and Paralympic medals and USOC prize money (see			
	instructions)	8m		
n	Section 951(a) inclusion (see instructions)	8n		
ο	Section 951A(a) inclusion (see instructions)	80		
р	Section 461(I) excess business loss adjustment	8р		
q	Taxable distributions from an ABLE account (see instructions)	8q		
r	Scholarship and fellowship grants not reported on Form W-2	8r		
S	Nontaxable amount of Medicaid waiver payments included on Form			
	1040, line 1a or 1d	8s (	)	
t	Pension or annuity from a nonqualifed deferred compensation plan or			
	a nongovernmental section 457 plan	8t		
u	Wages earned while incarcerated	8u		
z	Other income. List type and amount:			
		8z		
9	Total other income. Add lines 8a through 8z		9	
10	Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SF	l, or 1040-NR, line 8	10	-13,100.

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

Schedule 1 (Form 1040) 2022

Par	t II Adjustments to Income					
11	Educator expenses				11	
12	Certain business expenses of reservists, performing artists, and fee	e-basi	s gove	ernment		
	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 8I from the					
	rental of personal property engaged in for profit	24b			_	
С	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				
е	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	e. Ente	er here	and on		
	Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a				26	
	BAA	REV	01/14/23 PI	RO	Schedu	le 1 (Form 1040) 2022

SCHEDULE	Ε
(Form 1040)	

OMB No. 1545-0074 00

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

Attach to Form 1040, 1040-SR, 1040-NR, or 1041,

2022
Attachment Sequence No. <b>13</b>

	Revenue Service	Go to www.irs.gov/ScheduleE for	r instru	ctions a	nd the la	atest ir	formation.		Attachm Sequenc	ient ce No. <b>13</b>	3
Name(s)	shown on return							Your socia	al security r		
KISH	ORE KAMALAY							285-7	1-8671		
Part	I Income or	Loss From Rental Real Estate an	nd Roy	alties							
	Note: If you a rental income	re in the business of renting personal proper or loss from <b>Form 4835</b> on page 2, line 40.	rty, use	Schedu	e C. See	e instru	ctions. If you a	are an indiv	/idual, repo	ort farm	
A D	Did you make any p	ayments in 2022 that would require you	to file	Form(s)	1099? 5	See ins	structions .		. 🗌 Ye	s 🛛 N	10
B It	f "Yes," did you or	will you file required Form(s) 1099? .							. 🗌 Ye	s 🗌 N	lo
1a	Physical address	of each property (street, city, state, ZI	P code	)							
Α	PLOT NO:306,	KEERTHI RESIDE AIRVIEW COLO	ONY,	MURUG	ESHPA	LYA,	BANGLORE,	KARANA	TAKA II	N 5600	017
В											
С											
1b	Type of Property (from list below)	2 For each rental real estate prope above, report the number of fair						Personal Use Days		QJV	
Α	3	personal use days. Check the Q			Α		365	0			
В		if you meet the requirements to f			В						
С		qualified joint venture. See instru	lctions	•	С						
Туре о	of Property:	•			1	1		1	I		
1	Single Family Resid	dence 3 Vacation/Short-Term Ren	ntal	5 Lan	d	7	Self-Rental				
2	Multi-Family Resid	ence 4 Commercial		6 Roy	alties	8	Other (desc	ribe)			
							Propert				
ncom	<b>.</b>		ŀ		Α		B			С	
3			3			55.				<u> </u>	
4			-								
Expen											
5			5		80.						
6	-	ee instructions)			295.						
7	·	ntenance	7		1,059.						
8	Commissions .		8								
9	Insurance		9								
10	Legal and other p	rofessional fees	10								
11	Management fees		11		1,3	49.					
12	Mortgage interest	paid to banks, etc. (see instructions)	12								
13	Other interest .		13								
14			14			91.					
15	Supplies		15		3,8	42.					
16			16								
17			17			,927.					
18		ense or depletion	18		2,1	12.					
19 20	Other (list)	dd lines 5 through 19	19 20		10 7	55					
20 21		rom line 3 (rents) and/or 4 (royalties). If			13,7	JJ.					
21	result is a (loss), s	see instructions to find out if you must			10 1	0.0					
00	file Form 6198 .		21		-13,1	00.					
22	on Form 8582 (se	real estate loss after limitation, if any, e instructions)	22	(	13,10	)0.)	(	)	(		)
23a		ts reported on line 3 for all rental prope				23a		655.			
b		ts reported on line 4 for all royalty prop				23b					
c		ts reported on line 12 for all properties				23c					
d		ts reported on line 18 for all properties		• • •		23d		2,712.			
е		its reported on line 20 for all properties		• • •		23e	13	3,755.			
24		sitive amounts shown on line 21. <b>Do no</b>		-			••••	. 24		10 10	<u> </u>
25		Ity losses from line 21 and rental real esta							<u>(</u>	13,100	U <b>.</b> )
26		estate and royalty income or (loss). III, IV, and line 40 on page 2 do not									

26

-13,100.

-13,100.

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