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

Submission Identification Number (SID)	***************************************							
Taxpayer's name	Social security number							
SHYAM SUNDER REDDY YANNAM	895-28-5795							
Spouse's name	Spouse's social security 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								
2 Total tax	<b>2</b> 11,199.							
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	<b>3</b> 14,706.							
4 Amount you want refunded to you	4 3,507.							
Part II Taxpayer Declaration and Signature Authorization (Be sure you get 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 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 to terminate the authorization. To revoke (cancel) a business days prior to the payment (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 (PtN) 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	8 5 7 9 5							
X   lauthorize   GLOBAL TAXES LLC   to enter or generate	my PIN Enter five digits, but							
ERO firm name 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 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 ► AyOW Date ►	03/02/2023							
Spouse's PIN: check one box only								
I authorize to enter or generate signature on the income tax return (original or amended) I am now authorizing.	my PIN Enter five digits, but don't enter all zeros							
I will enter my PIN as my signature on the income tax return (original or amended) I am n if you are entering your own PIN and your return is filed using the Practitioner PIN meth below.								
Spouse's signature ▶ Date ▶								
Practitioner PIN Method Returns Only—continue below								
Part III Certification and Authentication — Practitioner PIN Method Only								
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.	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 individual income ta authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am subm requirements of the Practitioner PIN method and <b>Pub. 1345</b> , Handbook for Authorized IRS e-file Providers of In	nitting this return in accordance with the							
ERO's signature ▶ Date ▶								
ERO Must Retain This Form — See Instructions								

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

2022

OMB No. 1545-007

IRIS Use Only-Do not write or staple in this space.

Filing Status Check only one box.		Single Married filling jointly under the MFS box, enter the n		ed filling separately			household (HOH)	spous	fying survivise (QSS)		
OHE BOX.		son is a child but not your dependen		our spouse. In you			GOO DOM, EINER III	IC CHILL S I		г цианнунну	
Your first name	and m	iddle initial	Last nar	Tie				Your soc	ial security	number	
SHYAM SU	NDE	REDDY						895-28-5795			
		s first name and middle initial	Last nar					Spouse's social security number			
										•	
Home address	(mumbe	er and street). If you have a P.O. box., see	e instructio	ons.			Apt. ma.	President	tial Election	n Campaign	
4955 USA	A B	LVD.					UNIT54		ere if you, o		
		ce. If you have a foreign address, also co	omplete s	paces below.	Sta	tle	ZIP code		f filling jointh		
SAN ANTO					TO	ζ .	78240		this fund. C w will not c		
Foreign country	/ name		E	Foreign province/sta			Foreign postal code		or refund.	a teat tige	
									You	Spouse	
Digital	At an	ny time during 2022, did you: (a) rec	eive (as	a reward, award.	or pavi	ment for prope	rtv or services): or	(b) sell			
Assets		lange, gift, or otherwise dispose of	The second second				2		Yes	X No	
Standard	Som	eone can claim: You as a de	ependent	Your soo	use as	a dependent					
Deduction	П	Spouse itemizes on a separate retur									
	***************************************			1							
Age/Blindness	You	: Were born before January 2, 1	958	_ Are blind S	pouse	:     Was bor	n before January 2		ls blin		
Dependents		,		(2) Social secu number	nity	(3) Relationsh			,	*	
If more	(1) F	irst name Last name		HALMEN		tico your	Child tax o	redit C	Drectit flor otine	er dependents	
than four dependents.											
see instructions									L		
and check	-							O De la Company			
here								1			
Income	1a	Total amount from Form(s) W-2, b	. 9			* * *		. 1a	92	2,965.	
Attach Form(s)	b	Household employee wages not r	-		M N			. 1b			
W-2 here. Also	C	Tip income not reported on line 1a (see instructions)									
attach Forms	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)						. 1d			
W-2G and 1099-R if tax	е	Taxable dependent care benefits from Form 2441, line 26						. 1e			
was withheld.	f							. 1f			
Iff you did not	g	Wages from Form 8919, line 6.			et et			. 1g			
get a Form W-2, see	h	Company of the Compan	ther earned income (see instructions)					. 1h		0.	
instructions.	i										
	Z	Add lines 1a through 1h	- 1		46 (4)	H H H H		. 1z	92	2,965.	
Attach Sch. B	2a	Tax-exempt interest	2a			axable interest		. 2b			
if required.		3a Qualified dividends 3a b Ordinary dividends			. 3b	1					
	4a	IRA distributions	4a			axable amoun		. 4b	<u> </u>		
Standard Deduction for—	5a		5a			axable amoun		. 5b			
Single or	6a	1	6a			axable amoun	te a ere, e j	. 6b	1		
Married filing separately,	C	If you elect to use the lump-sum election method, check here (see instructions)									
\$12,950	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here									
<ul> <li>Married filing jointly or</li> </ul>	8	Other income from Schedule 1, line 10						- 8		9,180.	
Qualifying surviving spouse.	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7		2				. 9	83	3,785.	
\$25,900	10	Adjustments to income from Sche						10	-		
has spahald							3,785.				
\$19,400	12	Standard deduction or itemized		*	"			. 12	1.2	2,950.	
<ul> <li>If you checked any box under</li> </ul>	13	3 Qualified business income deduction from Form 8995 or Form 8995-A					. 13	1			
Standard Deduction.						. 14	1	2,950.			
see instructions.	15	15 Subtract line 14 from line 11. If zero or less, enter -0 This is your taxable income					. 15	70	0,835.		
								# S C / S C / S			

Form 1040 (2022	P))			Page 2
Tax and	16	Tax (see instructions). Check if any from Form(s): 1 8814 2 4972 3	16	11,199.
Credits	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	11,199.
	19	Child tax credit or credit for other dependents from Schedule 8812	19	
	20	Amount from Schedule 3, line 8	20	
	21	Add lines 19 and 20	21	
	22	Subtract line 21 from line 18. If zero or less, enter -0	22	11,199.
	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	11,199.
Payments	25	Federal income tax withheld from:		
	а	Form(s) W-2		
	b	Form(s) 1099		
	C	Other forms (see instructions)		
	d	Add lines 25a through 25c	25d	14,706.
	26	2022 estimated tax payments and amount applied from 2021 return	26	
If you have a qualifying child,	27	Earned income credit (EIC)		
attach Sch. EIC.	28	Additional child tax credit from Schedule 8812 28		
	29	American opportunity credit from Form 8863, line 8		
	30	Reserved for future use		
	31	Amount from Schedule 3, line 15		
	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	14,706.
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	3,507.
neiuliu	35a	Amount of line 34 you want refunded to you. If Form 8888 is attached, check here	35a	3,507.
Direct deposit?	b	Routing number 1 1 1 0 0 0 0 2 5 c Type: X Checking Savings	727	
See instructions.	d	Account number 5 8 6 0 3 7 8 6 2 2 3 0		
	36	Amount of line 34 you want applied to your 2023 estimated tax		
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	37	
	38	Estimated tax penalty (see instructions)		
Third Party	Do	you want to allow another person to discuss this return with the IRS? See		
Designee	ims	structions	selow.	× No
		signee's         Phone         Personal identifier           me         no.         number (PIN)	lication	
			44 4	
Sign		ider penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to fief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which		
Here				nt you an Identity
	11 %			IN, enter it here
Joint return?		SOFTWARE ENGINEER (See	inst.)	
See instructions. Keep a copy for	Sp			nt your spouse an
your records.			inist.)	ection PINI, enter it here
	Dis	T'-		
		pone no. (210) 984-7769 Email address SHYAMYANNAM@GMAIL.COM eparer's name Preparer's signature PTIN		Check if:
Paid		W FRIYA RAW SAGAR DIPTA TALLAW SYAM PRIYA RAM SAGAR GUPTA TALLAW 03/01/2023 P02082	כחרכ	Self-employed
Preparer	-			(678) 965-9522
<b>Use Only</b>				84-3171965
0.4			's EIN	
GO TO WWW.IIS.g	DAV/II-OMI	m1040 for instructions and the latest information.  BAA REV 02/24/23 PRO		Form 1040 (2022)

### 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 SHYAM SUNDER REDDY YANNAM

Your social security number

895-28-5795 Part | Additional Income Taxable refunds, credits, or offsets of state and local income taxes . . . . . 1 1 2a **b** Date of original divorce or separation agreement (see instructions): 3 3 4 Other gains or (losses). Attach Form 4797 4 -9,180.5 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E... 5 6 6 7 7 8 Other income: 8a d8 d Foreign earned income exclusion from Form 2555 8d 8e 8f g Alaska Permanent Fund dividends . . . . . . . 8h 8i 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 8m n Section 951(a) inclusion (see instructions) 8n 80 q Taxable distributions from an ABLE account (see instructions) . . . p8 r Scholarship and fellowship grants not reported on Form W-2 . . . s Nontaxable amount of Medicaid waiver payments included on Form 88 t Pension or annuity from a nonqualifed deferred compensation plan or 8t 8u **z** Other income. List type and amount: 8z 9

10 Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8

-9,180.

10

Par	Adjustments to Income			
11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-basis go	wemment		
	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		Sec.	
C	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:			
a	Jury duty pay (see instructions)			
b	Deductible expenses related to income reported on line 8l from the			
	rental of personal property engaged in for profit			
C	Nontaxable amount of the value of Olympic and Paralympic medals			
	and USOC prize money reported on line 8m			
	Reforestation amortization and expenses			
е	Repayment of supplemental unemployment benefits under the Trade Act of 1974		Section 1	
£	Act of 1974			
~	Contributions by certain chaplains to section 403(b) plans		Control of	
g	Attorney fees and court costs for actions involving certain unlawful			
11	discrimination claims (see instructions)			
i	Attorney fees and court costs you paid in connection with an award		15.20	
	from the IRS for information you provided that helped the IRS detect		7.48	
	tax law violations			
i	Housing deduction from Form 2555		2000	
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form			
	1041)			
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 he			
	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.)

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

Your social security number

Department of the Treasury Internal Revenue Service Name(s) shown on return

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

Attachment Sequence No. 13

OMB No. 1545-0074

SHYA	M SUNDER REDDY YANNAM				895-	28-5795		
Part	Income or Loss From Rental Real Estate and Note: If you are in the business of renting personal proper rental income or loss from Form 4835 on page 2, line 40.			instructions. If yo	u arre an ind	dividual, rep	ort fann	
A [	Did you make any payments in 2022 that would require you	to file Form(s)	1099? S	ee instructions		. [] Ye	s 🛮 No	
						Taken and the second se	es 🗌 No	
1a	Physical address of each property (street, city, state, ZIP	code)						
A	2-21 VELGOMULA MIDJIL MANDAL MAHABUBNA		ר אלוואר אליים	N 500257				
В	2-21 VELGOMULA MIDUIL MANDAL MANADOBNA	Marin, I blian		ווניברוור וחד				
C								
1b	Type of Property 2 For each rental real estate proper	ety lietod		Fair Rental	Dores	onal Use	T	
10	(from list below) above, report the number of fair r			Days		Days	QJV	
Α	personal use days. Check the QJ	IV box only	A	355	_	0	$\vdash \sqcap$	
В	if you meet the requirements to fi		В					
C	qualified joint venture. See instru	ctions.	C					
Type	of Property:							
	Single Family Residence 3 Vacation/Short-Term Rent	tal 5 Lan	ıd	7 Self-Rent	al			
	Multi-Family Residence 4 Commercial	6 Roy	/alties	8 Other (de	scribe)			
					4*			
l		1		Prope			_	
Incom 3	Rents received	3	A	30.	В	-	С	
4	Royalties received	4	J)	30.		+	-	
Exper		4				1		
5	Advertising	5						
6	Auto and travel (see instructions)	6				1		
7	Cleaning and maintenance	7	1,1	00		1		
8	Commissions	8	-//-	30.	***************************************	1		
9	Insurance	9		and the same of th		1	PROPERTY OF THE PROPERTY OF TH	
10	Legal and other professional fees	10				1		
11	Management fees	11	1,2	40.				
12	Mortgage interest paid to banks, etc. (see instructions)	12	- / -					
13	Other interest	13				1		
14	Repairs	14	2,4	50.				
15	Supplies	15	3,5	00.				
16	Taxes	16						
17	Utilities	17	1,4	20.				
18	Depreciation expense or depletion	18						
19	Other (list)	19						
20	Total expenses. Add lines 5 through 19	20	9,7	10.				
21	Subtract line 20 from line 3 (rents) and/or 4 (royalties). If			Name of the last o				
	result is a (loss), see instructions to find out if you must		-	New Constitution of the Co				
	file Form 6198	21	-9,1	80.				
22	Deductible rental real estate loss after limitation, if any,					1		
	on Form 8582 (see instructions)	22 (	9,18		F A A	Ж		
	Total of all amounts reported on line 3 for all rental proper			23a	530.	1		
b	Total of all amounts reported on line 4 for all royalty proportion of all amounts reported on line 4 for all royalty proportions.	erties		23b				
C	Total of all amounts reported on line 12 for all properties	* * * *		23c		- Autoria		
d	Total of all amounts reported on line 18 for all properties			23d	0 710			
e	Total of all amounts reported on line 20 for all properties	Finallyala and		23e	9,710.	CONTRACTOR OF THE PROPERTY OF		
24	Income. Add positive amounts shown on line 21. Do not	-		nine total less-	24		0 100 1	
25	Losses. Add royalty losses from line 21 and rental real estat					1	9,180.	
26	Total rental real estate and royalty income or (loss). Ohere. If Parts II, III, IV, and line 40 on page 2 do not a					The state of the s		
	Schedule 1 (Form 1040), line 5. Otherwise, include this an						-9,180.	