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

IIIGIIIai i	heverlue Service					
Submi	ssion Identification Number (SID)					
Taxpaye	r's name	Social secur	ity numk	per		
MAHI	SHWAR SINGH BONDILI	698-25-6779				
Spouse'	s name	Spouse's so	cial secu	urity number	,	
Part		year you a	are au	thorizing.)	
	whole dollars only on lines 1 through 5.					
	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.		1 .	J 70	002	
1	Adjusted gross income		1		<u>,983.</u>	
2 3	Total tax		3		,363.	
4			4		,868.	
4 5	Amount you want refunded to you		5	1	<u>,505.</u>	
Part		eep a cor		our retu	rn)	
	penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended)					
for any Agent t paymer authoriz paymer busines taxes t persona	my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejected delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U. or initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indication my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution ration is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate at, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requises days prior to the payment (settlement) date. I also authorize the financial institutions involved in the preceive confidential information necessary to answer inquiries and resolve issues related to the pall identification number (PIN) below is my signature for the income tax return (original or amended) I and the part of the INTM returns (Original or amended) I are a financial with the part of the INTM returns (Original or amended).	S. Treasury a cated in the in to debit the the authorizests must borocessing cayment. I full	and its of ax prepare entry fraction. The receipt of the electrical there are the electrical entry and the electrical entry are the electrical entry entry are the electrical entry entry entry entry are the electrical entr	designated paration soft to this according revoke (wed no late ectronic packnowledge	Financial ftware for bunt. This cancel) a er than 2 syment of that the	
	nic Funds Withdrawal Consent. yer's PIN: check one box only					
X		nv PIN	6	7 7 9	as my	
	ERO firm name signature on the income tax return (original or amended) I am now authorizing.	´ Er		digits, but er all zeros	ao my	
_	I will enter my PIN as my signature on the income tax return (original or amended) I am no	wy outhoriz	ina Ch	sook this h	ov only	
	if you are entering your own PIN and your return is filed using the Practitioner PIN method below.					
Your s	ignature ▶ Date ▶					
Spous	e's PIN: check one box only					
Г	I authorize to enter or generate r	nv PIN			as my	
	ERO firm name	_	iter five	digits, but	ao my	
	signature on the income tax return (original or amended) I am now authorizing.	do	n't ente	r all zeros		
	I will enter my PIN as my signature on the income tax return (original or amended) I am not if you are entering your own PIN and your return is filed using the Practitioner PIN method below.					
Spous	e's signature ▶ Date ▶					
	Practitioner PIN Method Returns Only—continue below					
Part	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 2	2 4 9	6 6	1 9 8	9	
		Don't en	ter all ze	:108		
authoriz	that the above numeric entry is my PIN, which is my signature for the electronic individual income taxed to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitments of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS e-file Providers of In	tting this ret	urn in a	accordance		
FRO'∘	signature ▶ Date ▶					
<u> </u>	ERO Must Retain This Form — See Instructions					
	Don't Submit This Form to the IRS Unless Requested To D	o So				

E1040 Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Return

2022

OMB No. 1545-0074

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

Filing Status Check only one box.	If yo	Single Married filing jointly u checked the MFS box, enter the non is a child but not your dependent	ame of y	ed filing separately (,	_		hold (HOH	, _	spou	fying surv se (QSS) name if th	Ü
Your first name	and mi	ddle initial	Last na	me					Y	our so	ial securit	y number
MAHESHWA	AR SI	INGH	BOND	ILI					6	698-25-6779		
If joint return, s	pouse's	first name and middle initial	Last nai	me					S	Spouse's social security number		
Home address	(numbe	er and street). If you have a P.O. box, see	instruction	ons.			<i>A</i>	Apt. no.	Р	resider	itial Election	on Campaign
1095 LEC	GACY	LAKE CIRCLE					3			Check here if you, or your		
City, town, or p	ost offic	st office. If you have a foreign address, also complete spaces below. State ZIP code				ode	spouse if filing jointly, wa to go to this fund. Check					
COLLIERV	/ILLE	Ε			TN	Ī	380	17			w will not	
Foreign country	/ name		F	oreign province/state	count	у	Forei	n postal co	de y	our tax	or refund.	_
Digital	۸+ or	ny time during 2022, did you: (a) rec	oivo (ac	a roward award or	nov/n	ant for propo	rty or	convicac):	or (b)	\ coll	You	Spouse
Digital Assets		ange, gift, or otherwise dispose of a	,				•	, .	` '		Yes	⊠ No
Standard		eone can claim: You as a de		<u>_</u>		a dependent	40001	. (000 1110	711 0011	0110.)		
Deduction		Spouse itemizes on a separate retur	•	•		а асренает						
Age/Blindness	You:	☐ Were born before January 2, 1	958	Are blind Sp	ouse:	☐ Was bor	rn befo	ore Janua	ry 2, 1	958	☐ Is bli	ind
Dependents	s (see	instructions):		(2) Social securit	, I	(3) Relationsh	- 1				es for (see	instructions):
If more	•	rst name Last name		number	'	to you		Child tax credi		· 1		ner dependents
than four												
dependents,												
see instructions and check	s ——										[
here											[
Income	1a	Total amount from Form(s) W-2, b	ox 1 (see	e instructions) .						1a	8	38 , 182.
	b	Household employee wages not re	eported	on Form(s) W-2 .						1b		
Attach Form(s) W-2 here. Also	С	Tip income not reported on line 1a	a (see ins	structions)						1c		
attach Forms	d	d Medicaid waiver payments not reported on Form(s) W-2 (see instructions)								1d		
W-2G and 1099-R if tax	е	e Taxable dependent care benefits from Form 2441, line 26							1e			
was withheld.	f	f Employer-provided adoption benefits from Form 8839, line 29								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	ions) .							1h		0.
instructions.	i	i Nontaxable combat pay election (see instructions)										
	Z	Add lines 1a through 1h								1z	3	38 , 182.
Attach Sch. B	2a	· –	2a			axable interest				2b		
if required.	<u>3a</u>		3a			rdinary divide				3b		
	4a		4a			axable amoun				4b		
Standard Deduction for—	5a	-	5a			axable amoun				5b		
Single or	6a	,	6a			axable amoun				6b		
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							7		0 100	
Married filing jointly or	8	Other income from Schedule 1, lin						•	8		-8,199.	
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income							•	9	1	79,983.
\$25,900	10	•	,						•	10	-	70 002
 Head of household, 	11	Subtract line 10 from line 9. This is Standard deduction or itemized							•	11		79 , 983.
\$19,400 If you checked	12 13	Qualified business income deduct		,	,					13		L2,950.
any box under	14	Add lines 12 and 13								14	1	L2,950.
Standard Deduction,	15	Subtract line 14 from line 11. If zer								15		57 , 033.
see instructions.	.5	Caparact into 14 HOTH little 11. H Zel	0 01 1033	5, OHIOI O HIIS IS	your t	azabie ilicoli			•	13	1 (,,,033.

Form 1040 (202:	2)						Page 2
Tax and	16	Tax (see instructions). Check if any from	Form(s): 1 881	4 2 4972	3 🗌	16	10,363.
Credits	17	Amount from Schedule 2, line 3				17	7
	18	Add lines 16 and 17				18	10,363.
	19	Child tax credit or credit for other depe	endents from Sched	lule 8812		19)
	20	Amount from Schedule 3, line 8				20)
	21	Add lines 19 and 20				21	ı
	22	Subtract line 21 from line 18. If zero or	less, enter -0			22	10,363.
	23	Other taxes, including self-employment	t tax, from Schedul	e 2, line 21 .		23	0.
	24	Add lines 22 and 23. This is your total	tax			24	10,363.
Payments	25	Federal income tax withheld from:					
	а	Form(s) W-2			25a 11	,868.	
	b	Form(s) 1099			25b		
	С	Other forms (see instructions)			25c		
	d	Add lines 25a through 25c				25	d 11,868.
If you have a	26	2022 estimated tax payments and amo	ount applied from 20	021 return	.,	26	6
qualifying child,	27	Earned income credit (EIC)			27		
attach Sch. EIC.	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 p	ayments and ref	undable credits	32	2
	33	Add lines 25d, 26, and 32. These are year	our total payments			33	
Refund	34	If line 33 is more than line 24, subtract	line 24 from line 33	. This is the amou	nt you overpaid	34	
	35a	Amount of line 34 you want refunded to		3 is attached, che	ck here	. 35	a 1,505.
Direct deposit?	b	Routing number 0 6 4 0 0 0		c Type:	Checking S	Savings	
See instructions.	d	Account number 4 4 4 0 1 7	6 0 7 9	8 4			
	36	Amount of line 34 you want applied to	your 2023 estimate	ed tax	36		
Amount You Owe	37	Subtract line 33 from line 24. This is the For details on how to pay, go to www.i				37	7
	38	Estimated tax penalty (see instructions)		38		
Third Party Designee		you want to allow another person to				mplete belov	v. 🔀 No
		signee's	Phone			nal identificatio	on
		me	no.			er (PIN)	
Sign Here		der penalties of perjury, I declare that I have exief, they are true, correct, and complete. Declar					
TICIC	Yo	ur signature	Date	Your occupation			sent you an Identity
l-i-t0				ן דיי ספר דיירי	T MANAGERS	(see inst.)	PIN, enter it here
Joint return? See instructions. Keep a copy for your records.	Sp	ouse's signature. If a joint return, both must si	gn. Date	Spouse's occupat		If the IRS	sent your spouse an rotection PIN, enter it here
	Ph	one no. (901) 468-8900	Email address	MAHAISHWAF	R@HOTMAIL.CO	M	
Daid	Pre	eparer's name Preparer's	signature		Date	PTIN	Check if:
Paid	SYAN	I PRIYA RAM SAGAR GUPTA TALLAM SYAM PR	IYA RAM SAGAR	GUPTA TALLAM	01/08/2023	P0208270	3 Self-employed
Preparer		m's name GLOBAL TAXES LLO				Phone no.	
Use Only		m's address 245 ROONEY CT E		J 08816		Firm's EIN	
Co to ununi im m	01/F0 W	a10.40 for instructions and the latest information				-	5 1040 (0000)

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.

internal Revenue Service			Sequence No. U I
Name(s) shown on Fo	ial security number		
MAHESHWAR SING	698-25	-6779	
Part I Addition	onal Income		
1 Taxable refu	nds, credits, or offsets of state and local income taxes		1
2a Alimony rece	ived		2a

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	ach Sc	hedule E .	5	-8,199.
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			
ı	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			
0	Section 951A(a) inclusion (see instructions)	80			
р	Section 461(I) excess business loss adjustment	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	Other income. List type and amount:				
^	Total ather in come Add lines On the court On	8z			
9 0	Total other income. Add lines 8a through 8z			9 10	-8.199
	- Comone mes i mionon / ano s. Enternere and on Form 1040 - 1040-SE	s or its	+u-IVD IIII	10	-8-199

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

Par	t 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			
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	, , , , ,	24a		
b	Deductible expenses related to income reported on line 8l from the			
		24b		
С	Nontaxable amount of the value of Olympic and Paralympic medals			
	· · · · · · · · · · · · · · · · · · ·	24c		
d	' '	24d	_	
е	Repayment of supplemental unemployment benefits under the Trade			
	F	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			
		24i	-	
j		24j	-	
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form			
		24k	-	
Z	Other adjustments. List type and amount:	0.4		
0-		24z	0.5	
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	

SCHEDULE E (Form 1040)

Supplemental Income and Loss

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

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

OMB No. 1545-0074

Name(s)	shown on return					Y	our socia	al security	number	
MAHE	SHWAR SINGH BONDILI						698-25	5-6779	ı	
Part	Income or Loss From Rental Real Estate an Note: If you are in the business of renting personal proper rental income or loss from Form 4835 on page 2, line 40.	d Roy	/alties Schedule	C . See	instru	ctions. If you are	an indiv	ridual, rep	ort farm	
Α [Did you make any payments in 2022 that would require you	to file	Form(s) 1	0992.5	See ins	etructions		□ V ₄	e X No	
	f "Yes," did you or will you file required Form(s) 1099?									
				• •	• •				<u> </u>	
1a	Physical address of each property (street, city, state, ZIF		<u> </u>							
A	FLAT NO:201, MANIKONDA TOWE PRAGATHI NA	AGAR	TELANG	SANA	IN 5	00090				
B										
C					_				1	
1b	Type of Property (from list below) 2 For each rental real estate properabove, report the number of fair									
	The second was down Charlette O			Α		Days	Da			
A B	if you meet the requirements to f			A B		365		0		
C	qualified joint venture. See instru	ictions		C						
	of Property:									
	Single Family Residence 3 Vacation/Short-Term Ren	tal	5 Land		7	Self-Rental				
	Multi-Family Residence 4 Commercial	ıaı	6 Roya			Other (describ))			
	Widiti-1 arrilly residence 4 Commercial		O HOya	111163						
						Properties	ties:			
Incom				Α		В			С	
3	Rents received	3		5	20.					
_4	Royalties received	4								
Exper		_								
5	Advertising	5								
6	Auto and travel (see instructions)	6			7.					
7	Cleaning and maintenance	7		8	75.					
8	Commissions	8								
9	Insurance	9								
10	Legal and other professional fees	10		1 /	C7					
11 12	Management fees	12		⊥,4	67.					
13	Other interest	13								
14	Repairs	14		2 1	64.					
15	Supplies	15			53.		+			
16	Taxes	16		2,0	33.					
17	Utilities	17		1.5	60.					
18	Depreciation expense or depletion	18								
19	Other (list)	19								
20	Total expenses. Add lines 5 through 19	20		8,7	19.					
21	Subtract line 20 from line 3 (rents) and/or 4 (royalties). If			· ·						
-	result is a (loss), see instructions to find out if you must									
	file Form 6198	21		-8,1	99.					
22	Deductible rental real estate loss after limitation, if any,									
	on Form 8582 (see instructions)	22	(8,19	9.)	()	()	
23a	Total of all amounts reported on line 3 for all rental prope	rties			23a		520.			
b	Total of all amounts reported on line 4 for all royalty prop				23b					
С	Total of all amounts reported on line 12 for all properties				23c					
d	Total of all amounts reported on line 18 for all properties				23d					
е	Total of all amounts reported on line 20 for all properties				23e	8,	719.			
24	Income. Add positive amounts shown on line 21. Do no		•				24			
25	Losses. Add royalty losses from line 21 and rental real estat							(8,199.)	
26	Total rental real estate and royalty income or (loss).									
	here. If Parts II, III, IV, and line 40 on page 2 do not schedule 1 (Form 1040), line 5. Otherwise include this ar						06		_0 100	