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

	5							
Submi	ssion Identification Number (SID)							
Taxpaye	r's name	Social securi	ty numl	per				
NAGE	ENDRA YERRA	031-02	-787	7				
Spouse's	s name	Spouse's social security number						
Part	Tax Return Information — Tax Year Ending December 31, 2022 (Ente	r year you a	re au	thorizina)			
	whole dollars only on lines 1 through 5.	i year yeara	ic au	uionzing.	<i>)</i>			
	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.							
1	Adjusted gross income		1	93	,224.			
2	Total tax		2		,278.			
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3		,491.			
4	Amount you want refunded to you		4		,213.			
5	Amount you owe		5					
Part	Taxpayer Declaration and Signature Authorization (Be sure you get and	keep a cop	y of y	our retu	rn)			
my knoreturn (to send for any Agent to paymer authorize paymer business taxes to persona	penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended whedge and belief, it is true, correct, and complete. I further declare that the amounts in Part I about original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmy return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for redelay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the loo initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account into of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation received confidential information necessary to answer inquiries and resolve issues related to the all identification number (PIN) below is my signature for the income tax return (original or amended) I all information number (PIN) below is my signature for the income tax return (original or amended) I all information number (PIN) below is my signature for the income tax return (original or amended) I all information number (PIN) below is my signature for the income tax return (original or amended) I all information number (PIN) below is my signature for the income tax return (original or amended) I all information in the content of the income tax return (original or amended) I all information in the content of the income tax return (original or amended) I all information in the content of the income tax return (original or amended) I all information in the content of the income tax return (original or amended) I all information in the content of the income tax return (original or amended) I all information in the content of the income tax return (original or amended) I all information in the content of the	we are the amenitter, or electro- jection of the to J.S. Treasury a dicated in the to ion to debit the te the authoriza- quests must be processing of payment. I fur	ounts formic references on the control of the contr	rom the inc turn original ssion, (b) the designated paration soft to this accor- fo revoke (ved no late ectronic paratically	come tax tor (ERO) ne reason Financial tware for bunt. This cancel) a er than 2 syment of that the			
	nic Funds Withdrawal Consent. yer's PIN: check one box only							
X		my PIN 2	7 8	3 7 7	as my			
	ERO firm name signature on the income tax return (original or amended) I am now authorizing.	ř En		digits, but er all zeros	do my			
	I will enter my PIN as my signature on the income tax return (original or amended) I am if you are entering your own PIN and your return is filed using the Practitioner PIN met below.							
Your s	ignature ▶ Date ▶							
Spous	e's PIN: check one box only							
Г	I authorize to enter or generate	my PIN			as my			
	ERO firm name	-	ter five	digits, but	aomy			
	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 if you are entering your own PIN and your return is filed using the Practitioner PIN met below.							
Spous	e's signature ▶ Date ▶							
	Practitioner PIN Method Returns Only—continue belov	V						
Part I	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 Don't ent	6 3	1 9 8	9			
		2011 COIN	un 20					
authoriz	that the above numeric entry is my PIN, which is my signature for the electronic individual income stated to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am subments of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS e-file Providers of	nitting this retu	ırn in a	accordance				
ERO's	signature ▶ Date ▶							
	ERO Must Retain This Form — See Instructions							
	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



OMB No. 1545-007

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

Filing Status	\mathbf{X}	Single Married filing jointly] Marrie	ed filing separately (N	/IFS)	☐ Head of	house	hold (HO	H) [ifying surv	viving	
Check only one box.		u checked the MFS box, enter the na on is a child but not your dependent:		our spouse. If you cl	heck	ed the HOH or	r QSS	box, ent	er the		ise (QSS) name if th	e qualifying	
Your first name	and mi	ddle initial	Last na	me					Y	our so	cial securit	y number	
NAGENDRA			YERR	A						31-0	2-7877	7	
If joint return, sp	oouse's	first name and middle initial	Last na	me					S	Spouse's social security number			
Home address ((numbe	r and street). If you have a P.O. box, see	instructio	ons.				Apt. no.	F	resider	ntial Election	on Campaign	
4989 USA	A BI	· VD						822			ere if you,		
		ce. If you have a foreign address, also cor	nplete s	paces below.	Stat	te		spouse if fil					
SAN ANTO	NIO				TX		782	0010				Checking a	
Foreign country			F	oreign province/state/o	count	у	 	gn postal c		box below will not change your tax or refund.			
						-					You	Spouse	
Digital Assets		ny time during 2022, did you: (a) rece ange, gift, or otherwise dispose of a	,				•		. ,	,	Yes	⊠ No	
Standard		eone can claim: You as a dep					40001). (OOO II	011001	10110.)			
Deduction	_	Spouse itemizes on a separate return				а асренает							
Age/Blindness	You:	☐ Were born before January 2, 19	958	Are blind Spo	use:	☐ Was bor	rn bef	ore Janua	ary 2,	1958	☐ Is bli	nd	
Dependents	(see	instructions):		(2) Social security		(3) Relationsh	nip (4) Check t	ne box	if qualif	ies for (see	instructions):	
If more		rst name Last name		number		to you	.	Child t	ax cred	dit	Credit for oth	ner dependents	
than four													
dependents, see instructions													
and check	,												
here								[
Income	1a	Total amount from Form(s) W-2, bo	ox 1 (see	e instructions)						1a	10	04,220.	
	b	Household employee wages not re	ported	on Form(s) W-2 .						1b			
Attach Form(s) W-2 here. Also	С	Tip income not reported on line 1a	(see ins	structions)						1c			
attach Forms	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)								1d			
W-2G and	е	Taxable dependent care benefits from Form 2441, line 26								1e			
1099-R if tax was withheld.	f	Employer-provided adoption benefits from Form 8839, line 29											
If you did not	g	Wages from Form 8919, line 6 .								1g			
get a Form	h	Other earned income (see instruction	ons) .				٠, .			1h		0.	
W-2, see instructions.	i	Nontaxable combat pay election (s	ee instr	uctions)		<u>1</u> i	<u> </u>						
	Z	Add lines 1a through 1h								1z	10)4,220.	
Attach Sch. B	2a	Tax-exempt interest 2	2a		b Ta	axable interes	it .			2b			
if required.	3a	Qualified dividends	Ва		b 0	rdinary divide	nds .			3b			
	4a	IRA distributions	la		b Ta	axable amoun	nt			4b			
Standard	5a	Pensions and annuities	ā		b Ta	axable amoun	nt			5b			
• Single or	6a	Social security benefits	Sa 📗		b Ta	axable amoun	nt			6b			
Married filing	С	If you elect to use the lump-sum el		·	•	,							
separately, \$12,950	7	Capital gain or (loss). Attach Scheo								7			
Married filing	8	Other income from Schedule 1, line	e 10 .							8	-1	10,996.	
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,	and 8.	This is your total inc	ome					9	9	93,224.	
surviving spouse, \$25,900	10	Adjustments to income from Scheo	dule 1, l	ine 26						10			
Head of	11	Subtract line 10 from line 9. This is	your a c	djusted gross incor	ne					11	9	93,224.	
household, \$19,400	12	Standard deduction or itemized	deducti	ons (from Schedule	A)					12	1 1	L2 , 950.	
If you checked any box under	13	Qualified business income deduction	on from	Form 8995 or Form	899	5-A				13	1		
any box under Standard	14									14		L2,950.	
Deduction, see instructions.	15	Subtract line 14 from line 11. If zero	or less	s, enter -0 This is y	our t	axable incom	ne .			15	8	30,274.	

Form 1040 (2022	2)								Page 2	
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 881	4 2 🗌 4972	3 🗌		16	13,278.	
Credits	17	Amount from Schedule 2, lir	ne 3					17		
	18	Add lines 16 and 17						18	13,278.	
	19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812			19		
	20	Amount from Schedule 3, lir	ne 8					20		
	21	Add lines 19 and 20						21		
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	13,278.	
	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 total tax					24	13,278.	
Payments	25	Federal income tax withheld								
-	а	Form(s) W-2				25a 1	4,491.			
	b	Form(s) 1099				25b				
	С	Other forms (see instruction	s)			25c				
	d	Add lines 25a through 25c						25d	14,491.	
If you have a	26	2022 estimated tax paymen	ts and amount a	pplied from 20	21 return			26		
qualifying child,	27	Earned income credit (EIC)			No .	27				
attach Sch. EIC.	28	Additional child tax credit from	m Schedule 8812			28				
	29	American opportunity credit	from Form 8863	8, line 8		29				
	30	Reserved for future use .				30				
	31	Amount from Schedule 3, lir	ne 15			31				
	32	Add lines 27, 28, 29, and 31	. These are your	total other pa	ayments and ref	undable credits		32		
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments				33	14,491.	
Refund	34	If line 33 is more than line 24	1, subtract line 2	4 from line 33.	This is the amou	nt you overpaid		34	1,213.	
riorana	35a	Amount of line 34 you want			is attached, che	ck here	🗌	35a	1,213.	
Direct deposit?	b	Routing number 2 5 4			c Type:	Checking	Savings			
See instructions.	d	Account number 6 7 8	8 4 0 2	8 9 2						
	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 For details on how to pay, g						37		
	38	Estimated tax penalty (see in	nstructions) .			38				
Third Party		you want to allow another	•				\	h al a	X No	
Designee									INO	
		signee's me		Phone no.		ber (PIN)	l identification (PIN)			
Sign	Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which									
Here	Yo	ur signature		Date	Your occupation		If the IRS sent you an Identity			
								Protection PIN, enter it here (see inst.)		
Joint return? See instructions.				D .	SOFTWARE I			<u> </u>		
Keep a copy for your records.	Spouse's signature. If a joint return, both must sign.			Date	Spouse's occupat	Iden		nt your spouse an ection PIN, enter it here		
	Ph	one no. (571) 420-774	7	Email address	YERRA7747	GMAIL.COM				
Paid	Pre	eparer's name	Preparer's signat	ure		Date	PTIN		Check if:	
Paid Preparer	SYAN	M PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	04/14/2023	P0208	2703	Self-employed	
Use Only	Fin	m's name GLOBAL TA	XES LLC				Pho	ne no. (678) 965-9522	
————	Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816 Fir						Firm	's EIN	84-3171965	

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2022

Attachment
Seguence No. 01

Department of the Treasury Internal Revenue Service

NAGENDRA YERRA

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

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

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

	Sequence No. 01
Your soci	ial security number
031_02	_7877

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. Att	ach Schedule E .	5	-10,996.
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 (4	
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:	0-		
0	Total other income. Add lines 0s through 0=	8z		
9 10	Total other income. Add lines 8a through 8z		10	-10-996

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-base			
	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)	1		
b	Deductible expenses related to income reported on line 8I from the			
	rental of personal property engaged in for profit)		
С	Nontaxable amount of the value of Olympic and Paralympic medals			
	and USOC prize money reported on line 8m			
d	Reforestation amortization and expenses	i e		
е	Repayment of supplemental unemployment benefits under the Trade			
	Act of 1974			
f	Contributions to section 501(c)(18)(D) pension plans			
g	Contributions by certain chaplains to section 403(b) plans 24g	1		
h	Attorney fees and court costs for actions involving certain unlawful			
	discrimination claims (see instructions)	1		
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			
j	Housing deduction from Form 2555			
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form			
	1041)			
Z	Other adjustments. List type and amount:			
05	Tatal athous diseases and Add lines Of a three will Of		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 . En		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.)

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

OMB No. 1545-0074

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

Go to www.irs.gov/ScheduleE for instructions and the latest information. Your social security number

Attachment Sequence No. 13

031-02-7877

Pa	Income or Loss From Rental Real Esta Note: If you are in the business of renting persona	l proper			C . See	e instru	ictions. If you are	an indi	vidual, rep	ort farm	
Α	rental income or loss from Form 4835 on page 2, I		to file	Form(s) 1	n992 S	See in	etructions			e XII	No.
В	If "Yes," did you or will you file required Form(s) 109	ayments in 2022 that would require you to file Form(s) 1099? See instructions									
1a											
A	6-172,RAYALAM,BHIMAVARAM WEST GOD.	AVART	ANI	DHRA PR	RADES	H TN	534208				
В		21 7 211 (1			41000		001200				
C											
1k		2 For each rental real estate property listed Fair Rental Personal Use									
	(from list below) above, report the number	of fair i	rental	and			Days		ıys	QJV	
Α	g personal use days. Check	personal use days. Check the QJV bo					365		0		
В	if you meet the requireme qualified joint venture. See				В						
С	quained joint venture. See	- IIISII U	Ctions	J.	С						
Тур	e of Property:										
1	Single Family Residence 3 Vacation/Short-Ter	m Ren	tal	5 Land			Self-Rental				
2	Multi-Family Residence 4 Commercial			6 Roya	ılties	8	Other (describ	oe)			
							Properties	s:			
Inco	me:				Α		В			С	
3	Rents received		3		6	74.					
4	Royalties received		4								
Ехр	enses:										
5	Advertising		5								
6	Auto and travel (see instructions)		6								
7	Cleaning and maintenance		7		2,8	44.					
8	Commissions		8								
9	Insurance		9								
10	Legal and other professional fees		10								
11	Management fees		11		2,4	15.					
12	Mortgage interest paid to banks, etc. (see instruct		12								
13	Other interest		13								
14	Repairs		14			78.					
15	Supplies		15		⊥,4	25.					
16	Taxes		16		2 0						
17 18	Utilities		17 18		∠,∪	08.					
19	Other (list)		19								
20	Total expenses. Add lines 5 through 19		20		11,6	70					
21	Subtract line 20 from line 3 (rents) and/or 4 (royalt				<u> </u>	70.					
21	result is a (loss), see instructions to find out if you										
	file Form 6198		21	-	- 10 , 9	96.					
22	Deductible rental real estate loss after limitation,	if any,									
	on Form 8582 (see instructions)		22	(10,99	96.)	()	()
238	Total of all amounts reported on line 3 for all renta	l prope	rties			23a		674.			
k	Total of all amounts reported on line 4 for all royals	ty prop	erties			23b					
C	Total of all amounts reported on line 12 for all prop	perties				23c					
C						23d					
e						23e	11,	670.			
24	Income. Add positive amounts shown on line 21.			•				24			
25	Losses. Add royalty losses from line 21 and rental re								(:	10,99	6.)
26	Total rental real estate and royalty income or (
	here. If Parts II, III, IV, and line 40 on page 2 d Schedule 1 (Form 1040), line 5. Otherwise, include									-10.9	0.0
	- SCHECILLE FITCHTH 10401, IIITE S. CHITERWISE, INCIUGE	: แแร สเ	HOUIT	сигине гот	ai uii li	IIIE 4 I	un baue 2 .	26		- I U . 9	7n -