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

Submission Id	dentification Number (SID)							
Taxpayer's name		Social securi	ty num	ber				
JAAHNAVI	BADETI	751-58	751-58-0285					
Spouse's name		Spouse's soo	ouse's social security number					
Part I T	ax Return Information — Tax Year Ending December 31, 2022 (E	 Enter year you a	re au	thorizina.)			
	ollars only on lines 1 through 5.	intor your your						
	040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.							
	ed gross income		1	62	,444.			
•	ax		2		,502.			
	al income tax withheld from Form(s) W-2 and Form(s) 1099		3	 	,284.			
4 Amour	nt you want refunded to you		4		,782.			
	nt you owe		5		,			
	axpayer Declaration and Signature Authorization (Be sure you get a		y of y	our retu	rn)			
return (original of to send my return (original of to send my return for any delay in Agent to initiate payment of my authorization is payment, I must business days processed to taxes to receive personal identification of the send of	and belief, it is true, correct, and complete. I further declare that the amounts in Part I or amended) I am now authorizing. I consent to allow my intermediate service provider, true to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for processing the return or refund, and (c) the date of any refund. If applicable, I authorize to an ACH electronic funds withdrawal (direct debit) entry to the financial institution account federal taxes owed on this return and/or a payment of estimated tax, and the financial institution remain in full force and effect until I notify the U.S. Treasury Financial Agent to terms to contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation prior to the payment (settlement) date. I also authorize the financial institutions involved in econfidential information necessary to answer inquiries and resolve issues related to financial number (PIN) below is my signature for the income tax return (original or amended).	ransmitter, or electro or rejection of the tithe U.S. Treasury and indicated in the tistitution to debit the minate the authorizan requests must be in the processing of the payment. I fur	onic reransmind its ax prepending entry ation. The receif the elather action.	turn origina ssion, (b) the designated caration soft to this according for revoke (ved no late lectronic packnowledge	tor (ERO) ne reason Financial ftware for bunt. This cancel) a er than 2 syment of that the			
	ls Withdrawal Consent.							
	IN: check one box only	8	0	2 8 5				
✓ I auth	horize GLOBAL TAXES LLC to enter or gene	erate my PIN Len		digits, but	as my			
siana	ature on the income tax return (original or amended) I am now authorizing.	do	n't ente	er all zeros				
	enter my PIN as my signature on the income tax return (original or amended) I a u are entering your own PIN and your return is filed using the Practitioner PIN w.							
Your signature	e ▶ Date	· •						
Snouse's DIN	I: check one box only							
- —	horize to enter or gene	vrata my DIN			ac my			
	ERO firm name		ter five	digits, but	as my			
signa	ature on the income tax return (original or amended) I am now authorizing.			er all zeros				
☐ I will	enter my PIN as my signature on the income tax return (original or amended) I au are entering your own PIN and your return is filed using the Practitioner PIN I							
Spouse's sign	nature ▶ Date	•						
	Practitioner PIN Method Returns Only—continue be	elow						
Part III C	Certification and Authentication — Practitioner PIN Method Only							
ERO's EFIN/F	PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.	2 2 2 4 9 Don't ent	6 6 er all ze	1 9 8	9			
authorized to fi	e above numeric entry is my PIN, which is my signature for the electronic individual inco ile for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am f the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS e-file Providers	submitting this retu	ırn in a	accordance				
ERO's signatu	ure ▶ Date	•						
0 0 0.911010	ERO Must Retain This Form — See Instruction							
	Don't Submit This Form to the IRS Unless Requested							

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

OMB No. 1545-0074

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

If you checked the MRS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent: Your first name and middle initial JAAINAVI BADETT Total spouse's first name and middle initial JAAINAVI Home address (number and street), If you have a P.O. box, see instructions. BASET List name Apt. no. Apt. no. Apt. no. Apt. no. Presidential Election Campaign Chock here if you, or your COLUMBUS COLUMBUS COLUMBUS COLUMBUS Are any time during 2022, did you; (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions). \ Yes \overline No. Standard Deduction Someone can claim: \ You as a dependent \ Your spouse as a dependent \ You will have chosen and check. \ If north than four dependents, see instructions: (If First name \ Last name \ Last name \ (a) Social security (b) Relationship. If north there \ 1 a \ 1	Filing Status	X 5	Single Married filing jointl	y 🗌 Mar	ried filing separatel	y (MFS)	Head of	hous	ehold (HOF	l) 🗌		ifying surv	iving	
person is a child but not your dependent: Your first name and middle initial BADET T51-58-0285	Check only one box.	If vo	u checked the MFS box, enter	the name of	f vour spouse. If vo	u check	ed the HOH o	r OSS	S box. ente	r the c		` ,	e qualifying	
## JAAHNAVI BADETI	one box.	-			i your opouco. Ii yo	a oncon		, doc	, 50%, 61110		11110	namo n un	o qualifying	
If joint return, spouse's first name and middle initial Last name Apt. no. Presidential Election Campaign Apt. no. Presidential Election Campaign Apt. no. Check here if you, or your spouse's first name and street), if you have a foreign address, also complete spaces below. State ZIP code A3.24.0 DH A3.24.0	Your first name	and mi	iddle initial	Last r	name					Yo	our so	cial security	y number	
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Check here if you, or your City, town, or post office. If you have a foreign address, also complete spaces below. State ZiP code Oil 43.240 State A3.240 State	If joint return, spouse's first name and middle initial													
Check here if you, or your City, town, or post office. If you have a foreign address, also complete spaces below. State ZiP code Oil 43.240 State A3.240 State														
COLUMBUS City, town, or post office. If you have a foreign address, also complete spaces below. Oif 43.24 0 So So So So So So So	Home address	(numbe	er and street). If you have a P.O. bo	ox, see instruc	tions.				Apt. no.	Pr	esider	ntial Electio	n Campaign	
COLUMBUS Foreign country name Foreign province/state/country Foreign country Fo	8850 LYF	RA DI	R, STE 419											
Foreign province/state/country Foreign province/state/country Foreign postal code Poreign postal code				also complete	spaces below.	Sta	te	ZIP	code			0,	•	
Spouse Standard	COLUMBUS	3				OH	I	43	240					
Assets A	Foreign country	/ name			Foreign province/sta	te/count	У	Fore	ign postal co	de yo	ur tax	or refund.	Ü	
Assets exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions). Yes No Someone can claim: You as a dependent Your spouse as a dependent Spouse itemizes on a separate return or you were ad dual-status alien Age/Blindness You: Were born before January 2, 1958 Are blind Spouse: Was born before January 2, 1958 Is blind Dependents (see instructions): (1) First name												You	Spouse	
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Spouse itemizes on a separate return or you were a dual-status alien	Assets	exch	ange, gift, or otherwise dispos	se of a digita	al asset (or a financ	ial intere	est in a digital	asse	t)? (See ins	structi	ons.)	☐ Yes	⊠ No	
Age/Blindness You: Were born before January 2, 1958 Are blind Spouse: Was born before January 2, 1958 Is blind Dependents (see instructions): (2) Social security (3) Relationship to you Child tax credit Credit for other dependents If more than four dependents, see instructions	Standard	Som	eone can claim: You as	s a depende	nt	use as	a dependent							
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If more than four dependents, see instructions and check here		-		<i>y</i> 2, 1000						, ,				
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dependents, see instructions and check here		(-,-					-			7		Γ	7	
Income	dependents,													
Income Income Income Income Attach Form(s) W-2 here. Also W-2 and Household employee wages not reported on Form(s) W-2 Inpincome not reported on line 1a (see instructions) Income W-2 and Household employee wages not reported on Form(s) W-2 Inpincome not reported on line 1a (see instructions) Individual on the decided waiver payments not reported on Form(s) W-2 (see instructions) Individual on the decided waiver payments not reported on Form(s) W-2 (see instructions) Individual on the decided waiver payments not reported on Form(s) W-2 (see instructions) Individual on the decided waiver payments not reported on Form(s) W-2 (see instructions) Individual on the decided waiver payments not reported on Form(s) W-2 (see instructions) Individual on the decided waiver payments not reported on Form(s) W-2 (see instructions) Individual on the decided waiver payments not reported on Form(s) W-2 (see instructions) Individual on the decided waiver payments not reported on Form(s) W-2 (see instructions) Individual on the decided waiver payments not reported on Form(s) W-2 (see instructions) Individual on the decided waiver payments not reported on Form(s) W-2 (see instructions) Individual on the decided waiver payments not reported on Form(s) W-2 (see instructions) Individual on the decided waiver payments not reported on Form(s) W-2 (see instructions) Individual on the decided waiver payments not reported on Form(s) W-2 (see instructions) Individual on the decided waiver payments not reported on Form(s) W-2 (see instructions) Individual on the decided waiver payments not reported on Form(s) W-2 (see instructions) Individual on the decided waiver payments not reported on Form(s) W-2 (see instructions) Individual on the decided waiver payments not reported on Form(s) W-2 (see instructions) Individual on the decided waiver payments not reported on Form(s) W-2 (see instructions) Individual on the de		s —												
b Household employee wages not reported on Form(s) W-2 Attach Form(s) W-2 here, Also attach Forms W-2 here, Also attach Forms W-26 and Medicaid waiver payments not reported on Form(s) W-2 (see instructions) Medicaid waiver payments not reported on Form(s) W-2 (see instructions) Taxable dependent care benefits from Form 8839, line 26 Employer-provided adoption benefits from Form 8839, line 29 Wages from Form 8919, line 6 Mother earned income (see instructions) Tax Add lines 1 a through 1h Add lines 1 a through 1h Tax-exempt interest Add lines 1 a through 1h Attach Sch. B Add lines 1 a through 1h Attach Gob. B Add lines 1 a through 1h Add and and Betandard Betandard Betandard Betandard for Coulifying Separately, \$12,950 Married filing Separately, \$12,950 Marrie	here									-				
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Attach Forms W-2 here. Also attach Forms W-2 face and 1099-Ri ft ax was withheld. If you did not get a Form W-2, see instructions. Z Add lines 1a through 1h Attach Sch. B frequired. Attach Sch. B frequired. Attach Grand Required. Standard Deduction for Married filing separately. \$12,850 St2,980 Married filing separately. \$25,990 Married filing separately. \$25,900 Married filing	Income	b	Household employee wages	not reporte	d on Form(s) W-2 .						1b		<u> </u>	
d Medicaid waiver payments not reported on Form(s) W-2 (see instructions)	Attach Form(s)	С									1c			
W-2G and 1099-R if tax was withheld. If you did not get a Form W-2, see instructions. Add lines 1a through 1h Taxable dependent care benefits from Form 8839, line 29 If wages from Form 8919, line 6 Other earned income (see instructions) Add lines 1a through 1h Tax-exempt interest Add lines		d								1d				
## was withheld. If you did not get a Form W-2, see instructions. Add lines 1a through 1h Tax-exempt interest	W-2G and	е	Taxable dependent care benefits from Form 2441, line 26							1e				
get a Form W2, see instructions. 1		f	Employer-provided adoption benefits from Form 8839, line 29							1f				
get a Form W-2, see instructions. In hother earned income (see instructions) In Nontaxable combat pay election (see instructions) It Nontaxable interest It Natable amount It Nontaxable interest It Natable amount It Na		g	Wages from Form 8919, line	6							1g			
Instructions. Z Add lines 1a through 1h Attach Sch. B Attach Sch. B If required. 2a Tax-exempt interest	get a Form	h	Other earned income (see in	e instructions)							1h		0.	
Attach Sch. B Attach Sch. Attach Schedule A Attach Sch. B Attach Sch. At		i	Nontaxable combat pay elec	able combat pay election (see instructions)										
if required. 3a Qualified dividends 3a b Ordinary dividends		Z	Add lines 1a through 1h								1z	7	1,130.	
4a IRA distributions	Attach Sch. B	2a	Tax-exempt interest	. 2a		b T	axable interes	t			2b		14.	
Standard Deduction for—Single or Married filing separately, \$12,950 Married filing jointly or Qualifying surviving spouse, \$25,900 Head of household, \$19,400 If you checked any box under Standard Deduction, Single or Social security benefits .	if required.	3a	Qualified dividends	. 3a			•				3b			
Comparison Com		4a	IRA distributions	. 4a		b T	axable amoun	ıt.			4b			
Single or Married filing separately, \$12,950 Married filing jointly or Qualifying surviving spouse, \$25,900 Head of household, \$19,400 If you checked any box under Standard Deduction, \$20,000 to the content of the	Standard	5a				b T	axable amoun	ıt.			5b			
Married filing separately, \$12,950 Married filing jointly or Qualifying surviving spouse, \$25,900 Head of household, \$19,400 If you checked any box under Standard Deduction, \$22,950 Add lines 12 and 13 Add lines 12 and 13 Add lines 12 and 13 Subtract line 14 from line 11 If zero or less enter -0- This is your taxable income Capital gain or (loss). Attach Schedule D if required, lf not required, check here Capital gain or (loss). Attach Schedule I fine required, check here Capital gain or (loss). Attach Schedule D if required, lf not required, check here Capital gain or (loss). Attach Schedule D if required, lf not required, check here Capital gain or (loss). Attach Schedule I fine required, check here Capital gain or (loss). Attach Schedule D if required. If not required, check here Capital gain or (loss). Attach Schedule I fine required, check here Capital gain or (loss). Attach Schedule I fine required, check here Capital gain or (loss). Attach Schedule I fine required, check here Capital gain or (loss). Attach Schedule I fine required, check here Capital gain or (loss). Attach Schedule I fine required, check here Capital gain or (loss). Attach Schedule I fine required, check here Capital gain or (loss). Attach Schedule I fine required, check here Capital gain or (loss). Attach Schedule I fine required, check here Capital gain or (loss). Attach Schedule I fine required, check here Capital gain or (loss). Attach Schedule I fine required, check here Capital gain or (loss). Attach Schedule I fine required, check here Capital gain or (loss). Attach Schedule I fine required, check here Capital gain or (loss). Attach Schedule I fine required, check here Capital gain or (loss). Attach Schedule I fine required, check here Capital gain or (loss). Attach Schedule I fine required, check here Capital gain or (loss). Attach Schedule I fine required, check here Capital gain or (loss). Attach Schedule I fine required. Life required, check here Capital gain or (loss). Attach Schedule I fine req		6a	Social security benefits .	. 6a		b T	axable amoun	ıt.			6b	_		
## Capital gain of (loss). Attach Schedule D if required, the frequired, check here ## Capital gain of (loss). Attach Schedule D if required, the frequired, check here ## Capital gain of (loss). Attach Schedule I, line 10 ## Other income from Schedule 1, line 10 ## Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ## Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ## Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ## Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ## Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ## Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ## Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ## Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ## Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ## Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ## Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ## Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ## Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ## Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ## Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ## Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ## Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ## Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ## Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ## Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ## Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ## Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ## Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ## Add lines 1z, 2b, 3b, 4b, 4b, 5b, 6b, 7, and 8. This is your total income	Married filing	С	,		· ·	•	,			. 📙				
jointly or Qualifying Surviving spouse, \$25,900 Head of household, \$19,400 If you checked any box under Standard Deduction, Deduction, Deduction, Deduction, Deduction, Deduction, 15 Subtract line 14 from line 11 If zero or less enter -0- This is your total income		7	,		if required. If not re	equired.	, check here			. Ц	7			
Qualifying surviving spouse, \$25,900 4dd lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 9 62,444 Head of household, \$19,400 11 Subtract line 10 from line 9. This is your adjusted gross income 11 62,444 If you checked any box under Standard Poduction, Deduction, Deduction, 13 Qualified business income deduction from Form 8995 or Form 8995-A 13 14 12,950. Deduction, Deduction, Deduction, Subtract line 14 from line 11. If zero or less enter -0- This is your taxable income 15 Subtract line 14 from line 11. If zero or less enter -0- This is your taxable income	Married filing	8		-							8			
Head of household, \$19,400 If you checked any box under Standard Deduction, Deduction, Deduction, Deduction, Deduction, Deduction, Deduction, Deduction, Deduction, Description	Qualifying	9				income						6	2,444.	
household, \$19,400 12 Standard deduction or itemized deductions (from Schedule A)			•		•							1		
\$19,400 12 Standard deduction or itemized deductions (from Schedule A)	Head of			•										
any box under Standard Deduction, Deduction, Description: 14 Add lines 12 and 13					,	,						1 1	2,950.	
Standard 14 Add lines 12 and 13	If you checked any box under													
	Standard													
		15	Subtract line 14 from line 11. If zero or less, enter -0 This is your taxable income								15	49,494.		

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	6,	502.
Credits	17	Amount from Schedule 2, line	3					[17		
	18	Add lines 16 and 17						[18	6,	502.
	19	Child tax credit or credit for of	ther dependent	ts from Sched	ule 8812			[19		
	20	Amount from Schedule 3, line	8					[20		
	21	Add lines 19 and 20						[21		
	22	Subtract line 21 from line 18.						1	22	6,	502.
	23	Other taxes, including self-em	ployment tax,	from Schedule	2, line 21 .				23		0.
	24	Add lines 22 and 23. This is yo						1	24	6,	502.
Payments	25	Federal income tax withheld for									
	а	Form(s) W-2				25a	10,	284.			
	b	Form(s) 1099				25b					
	С	Other forms (see instructions)				25c					
	d	Add lines 25a through 25c .							25d	10,	284.
lf	26	2022 estimated tax payments	and amount a	pplied from 20	21 return			[26		
If you have a qualifying child,	27	Earned income credit (EIC) .				27		Ì			
attach Sch. EIC.	28	Additional child tax credit from				28					
	29	American opportunity credit fr	rom Form 8863	3, line 8		29					
	30	Reserved for future use				30					
	31	Amount from Schedule 3, line				31					
	32	Add lines 27, 28, 29, and 31.	These are your	total other pa	yments and refu	undable	credits		32		
	33	Add lines 25d, 26, and 32. The	ese are your to	tal payments				[33	10,	284.
Refund	34	If line 33 is more than line 24,	subtract line 2	4 from line 33.	This is the amou	nt you c	verpaid		34	3,	782.
neiulia	35a	Amount of line 34 you want re	efunded to you	ı. If Form 8888	is attached, che	ck here		. 🗆 [35a	3,	782.
Direct deposit?	b	Routing number 0 4 1	0 0 0 1	2 4	c Type: 🛛] Check	ing 🗌 Sa	vings			
See instructions.	d	Account number 4 1 2	4 8 9 4	2 1 9							
	36	Amount of line 34 you want ap	oplied to your	2023 estimate	ed tax	36					
Amount	37	Subtract line 33 from line 24.									
You Owe		For details on how to pay, go	to www.irs.gov	//Payments or	see instructions				37		
	38	Estimated tax penalty (see ins	structions) .			38					
Third Party		you want to allow another p				r	¬.,				
Designee		structions					Yes. Com	•		× No	
		signee's me		Phone no.			Person: number	al identific (PIN)	cation		
Sign	Un	der penalties of perjury, I declare that	at I have examine	ed this return and	I accompanying sch	nedules a	nd statements	, and to t	he bes	t of my know	ledge and
Here	be	lief, they are true, correct, and compl	lete. Declaration of	of preparer (other	than taxpayer) is ba	ased on a	all information	of which	prepare	er has any kno	wledge.
TICIC	Yo	ur signature		Date	Your occupation					nt you an Ider	
1					BIOSTATIST	$TT \cap T$	NT	(see ir		N, enter it he	re
Joint return? See instructions.	Sn	ouse's signature. If a joint return, bo	oth must sign	Date	Spouse's occupat		II.	<u>'</u>	f the IRS sent your spouse an		
Keep a copy for	Op	odoo o oignataro. Ir a joint rotarri, o o	our made digm.	Date	орошоо о оссира:					ection PIN, en	
your records.								(see ir	nst.)		
	Ph	one no. (740)424-0912		Email address	BADETIJ@GI	MAIL.	COM				
Paid	Pre	eparer's name	Preparer's signat	ure		Date	F	PTIN		Check if:	_
	SYAN	SYAM PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 01/21/2023 P02082				703	Self-em	ployed			
Preparer Use Only	Fir	m's name GLOBAL TAX	ES LLC					Phone	e no. (678)965-	-9522
————	Fir	m's address 245 ROONEY	CT E BRU	NSWICK N	J 08816			Firm's	EIN	88-214	15487
Co to unusuimo m		n 10.40 for instructions and the letest	information		544					10	140 (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

JAAHNAVI BADETI

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.

u the latest information.		Sequence No. 01
	Your soc	ial security number
	751-58	-0285

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. Attach	Schedule E .	5	-8,700.
6	Farm income or (loss). Attach Schedule F		6	
7	Unemployment compensation		7	
8	Other income:			
а	Net operating loss			
b	Gambling			
С	Cancellation of debt			
d	Foreign earned income exclusion from Form 2555			
е	Income from Form 8853			
f	Income from Form 8889			
g	Alaska Permanent Fund dividends			
h	Jury duty pay		-	
į	Prizes and awards		-	
j	Activity not engaged in for profit income		-	
k	Stock options		-	
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		-	
m	Olympic and Paralympic medals and USOC prize money (see			
	instructions)		-	
n	Section 951(a) inclusion (see instructions)		-	
0	Section 951A(a) inclusion (see instructions)		-	
p	Section 461(I) excess business loss adjustment		-	
q	Taxable distributions from an ABLE account (see instructions) 8c Scholarship and fellowship grants not reported on Form W-2 8r		-	
r	Nontaxable amount of Medicaid waiver payments included on Form		-	
S	1040, line 1a or 1d	. (
t	Pension or annuity from a nonqualified deferred compensation plan or)		
·	a nongovernmental section 457 plan			
u	Wages earned while incarcerated			
z				
~	82	,		
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		$\overline{}$	-8,700.

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 governr			
	officials. Attach Form 2106	L	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	L	23	
24	Other adjustments:			
а	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			
С	Nontaxable amount of the value of Olympic and Paralympic medals			
	and USOC prize money reported on line 8m			
d	Reforestation amortization and expenses			
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			
h	Attorney fees and court costs for actions involving certain unlawful			
	discrimination claims (see instructions)			
İ	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:			
25			25	
25 26	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 an Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a		26	
	roini 1040 oi 1040-on, iiile 10, oi roini 1040-inn, iiile 10a		20	

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

JAA	HNAVI BADETI						751-5	8-0285				
Par	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.			C . See	instru	ctions. If you a	are an indiv	vidual, rep	ort farm			
	Did you make any payments in 2022 that would require you to file Form(s) 1099? See instructions .							🗌 Yes 🔀 No				
В	If "Yes," did you or will you file required Form(s) 1099? .							Ye	s No			
1a	Physical address of each property (street, city, state, ZIF	ode))									
Α	SAINIKPURI HYDERABAD TELANGANA IN 5000	94										
В												
С												
1b	Type of Property (from list below) 2 For each rental real estate proper above, report the number of fair in the following state of the property above.	rental a	and	Fair Rental Days			Person Da	QJV				
Α	personal use days. Check the Q			Α		365		0				
В	if you meet the requirements to fi qualified joint venture. See instru			В								
С	quained joint venture. Gee institu	ictions.		С								
1	of Property: Single Family Residence 3 Vacation/Short-Term Rent Multi-Family Residence 4 Commercial	tal	5 Land 6 Roya			Self-Rental Other (desc	ribe)					
						Properti	ies:					
ncor				Α		В			С			
3	Rents received	3		6	00.							
4	Royalties received	4										
•	nses:	_										
5	Advertising	5										
6	Auto and travel (see instructions)	6			0.0							
7	Cleaning and maintenance	7		8	00.							
8	Commissions	8										
9	Insurance	9										
10	Legal and other professional fees	10			00							
11	Management fees	11		5	00.							
12	Mortgage interest paid to banks, etc. (see instructions)	12										
13	Other interest	13		2 0	0.0							
14	Repairs	15		2,8								
15 16	Supplies	16		۷,۷	00.							
17	Utilities	17		3,0	nn							
18	Depreciation expense or depletion	18		3,0	00.							
19	Other (list)	19										
20	Total expenses. Add lines 5 through 19	20		9,3	0.0							
21	Subtract line 20 from line 3 (rents) and/or 4 (royalties). If			7 7 3								
21	result is a (loss), see instructions to find out if you must file Form 6198	21		-8,7	00.							
22	Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22 (8,70	0.)	()	(
23a	Total of all amounts reported on line 3 for all rental proper	rties			23a		600.					
b	Total of all amounts reported on line 4 for all royalty prope				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	9	,300.					
24	Income. Add positive amounts shown on line 21. Do not	t includ	de any lo	sses			. 24					
25	Losses. Add royalty losses from line 21 and rental real estat	te losse	s from lir	ne 22. E	nter to	otal losses he	re 25	(8,700.			
26	Total rental real estate and royalty income or (loss).											
	here. If Parts II, III, IV, and line 40 on page 2 do not a Schedule 1 (Form 1040), line 5. Otherwise, include this ar						on 26		-8,700.			

Department of the Treasury

Internal Revenue Service

Health Savings Accounts (HSAs)

Attach to Form 1040, 1040-SR, or 1040-NR. Go to www.irs.gov/Form8889 for instructions and the latest information. OMB No. 1545-0074 Attachment Sequence No. 52

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

JAAHNAVI BADETI

Social security number of HSA beneficiary. If both spouses have HSAs, see instructions.

751-58-0285 Before you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if required. HSA Contributions and Deduction. See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part I for each spouse. Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2022. ■ Self-only
 □ Family HSA contributions you made for 2022 (or those made on your behalf), including those made by the unextended due date of your tax return that were for 2022. Do not include employer contributions, contributions through a cafeteria plan, or rollovers. See instructions 2 0. If you were under age 55 at the end of 2022 and, on the first day of every month during 2022, you 3 were, or were considered, an eligible individual with the same coverage, enter \$3,650 (\$7,300 for 3 3,650. Enter the amount you and your employer contributed to your Archer MSAs for 2022 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2022, also 4 Ο. 5 5 3,650. 6 Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2022, see the instructions for the amount to enter . . . 6 3,650. If you were age 55 or older at the end of 2022, married, and you or your spouse had family coverage 7 under an HDHP at any time during 2022, enter your additional contribution amount. See instructions . 0. 7 8 8 3,650. 9 Employer contributions made to your HSAs for 2022 10 500. 11 11 12 12 3,150. HSA deduction. Enter the smaller of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line 13 13 13 0. Caution: If line 2 is more than line 13, you may have to pay an additional tax. See instructions. HSA Distributions. If you are filing jointly and both you and your spouse each have separate HSAs, complete Part II a separate Part II for each spouse. 14a Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were 14b 14c Qualified medical expenses paid using HSA distributions (see instructions) 15 15 Taxable HSA distributions. Subtract line 15 from line 14c. If zero or less, enter -0-. Also, include this 16 16 If any of the distributions included on line 16 meet any of the Exceptions to the Additional 20% Additional 20% tax (see instructions). Enter 20% (0.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also, include this amount in the total on Schedule 2 (Form 1040), Part II, line 17c Income and Additional Tax for Failure To Maintain HDHP Coverage. See the instructions before Part III completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part III for each spouse. 18 18 19 19 20 Total income. Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I, line 8f 20

Additional tax. Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2 (Form

21

21