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

Internal Revenue Service Control of the latest mornation	•	
Submission Identification Number (SID)		
Taxpayer's name	Social security	number
REVANTH SAI REDDY VENUMBAKA	2249	
Spouse's name	al security number	
	nter year you ar	e 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	. 155 055
1 Adjusted gross income	-	1 157,875.
2 Total tax	-	2 28,618.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	_	3 34,001.
4 Amount you want refunded to you		4 5,383.
5 Amount you owe		5
Part II Taxpayer Declaration and Signature Authorization (Be sure you get a Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amer		
to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution is authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to term payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation business days prior to the payment (settlement) date. I also authorize the financial institutions involved in taxes to receive confidential information necessary to answer inquiries and resolve issues related to the personal identification number (PIN) below is my signature for the income tax return (original or amended).	the U.S. Treasury and the U.S. Treasury and the tax titution to debit the control that the the authorization requests must be the processing of the payment. I furth	d its designated Financial appreparation software for entry to this account. This ion. To revoke (cancel) a received no later than 2 the electronic payment of er acknowledge that the
Electronic Funds Withdrawal Consent.		
Taxpayer's PIN: check one box only	3	2 2 4 9
X I authorize GLOBAL TAXES LLC to enter or gener	rate my PIN Ente	er 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 a if you are entering your own PIN and your return is filed using the Practitioner PIN n below.		
Your signature ▶ Date	>	
Consider DINIs about and how only		
Spouse's PIN: check one box only	. 511	
I authorize to enter or gener	-	as my
signature on the income tax return (original or amended) I am now authorizing.		r five digits, but 't enter all zeros
I will enter my PIN as my signature on the income tax return (original or amended) I a if you are entering your own PIN and your return is filed using the Practitioner PIN n below.	· ·	-
Chausa's signature N	_	
Spouse's signature ► Date Practitioner PIN Method Returns Only—continue be		
Part III Certification and Authentication — Practitioner PIN Method Only	;iUW	
Certification and Addrendcation — Practitioner Pily 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 Don't enter	
I certify that the above numeric entry is my PIN, which is my signature for the electronic individual incorauthorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am serequirements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS <i>e-file</i> Providers	submitting this retur	n in accordance with the
ERO's signature ▶ Date	•	
ERO Must Retain This Form — See Instruction	*	

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

2022

OMB No. 1545-007

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

Filing Status	S X S	Single Married filing jointly [Marrie	ed filing separately	(MFS)	Head of	household (HOH)	Qua		surviving	l
Check only	lf vo	u checked the MFS box, enter the n	ama of v	our apouse. If you	obook	ad tha UOU a	OSS boy	ontor th		use (QS		alifyina
one box.	-	son is a child but not your dependen	-	our spouse. If you	CHECK	eu ine non oi	QSS DOX, (enter ti	ie criliu s	i i ai i i e i	i ille qua	alliyirig
Your first name			Last nai	me					Vour so	rial sac	urity nun	nhor
									Your social security number 145-43-2249			
		KEDDY s first name and middle initial	Last nai	MBAKA ma					 		security	numbor
ii joint letuin, s	pouses	s ilist hame and middle ilitial	Lastrial	ille					Spouse	5 SUCIAI	Security	Hullibel
Home address	(numbe	er and street). If you have a P.O. box, see	instructio	nns			Apt. no		Droeida	ntial Fla	ction Ca	mnaian
1017 156	•	•					A8	•	1		ou, or yo	
		ce. If you have a foreign address, also co	omplete si	paces below.	Sta	te	ZIP code		spouse	if filing j	jointly, w	ant \$3
BELLEVUE		50 y 50 u .65.g uuu. 555, u.55 5.	op.o.to o _l	pacco 2010 III	WA		98007				nd. Checl	
Foreign country			F							ow will i		ge
. or orgin ocumi.	,			orolgir province/eta	,	.,	i orolgii pool	u. 0000		Yo		Spouse
Digital	At ar	ny time during 2022, did you: (a) rec	eive (as	a reward award o	or navr	ment for prope	rtv or servic	.es). u	(h) sell			
Assets		ange, gift, or otherwise dispose of	•				-	, .	. ,	Ye	s XI	No
Standard		eone can claim: You as a de										
Deduction	_	Spouse itemizes on a separate return	•	•		•						
				_								
Age/Blindness	_		1958 _	Are blind S	pouse	: 🔲 Was bo	n before Ja				blind	
Dependents				(2) Social secur	rity	(3) Relationsh	"P		ox if qual	i .		
If more	(1) F	irst name Last name		number		to you	Ch	ld tax c	redit	Credit fo	r other dep	pendents
than four dependents,								<u> </u>			ᆜ	
see instruction	s							<u> </u>			ᆜ	
and check	, —							<u> </u>			屵	
here												
Income	1a	Total amount from Form(s) W-2, b	,	,					. 1a		167,9	<u> 914.</u>
Attach Form(s)	b	Household employee wages not reported on Form(s) W-2							. 1k			
W-2 here. Also	C	Tip income not reported on line 1a (see instructions)							. 10	_		
attach Forms	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)							. 10			
W-2G and 1099-R if tax	e	Taxable dependent care benefits from Form 2441, line 26							. 16			
was withheld.	f	Employer-provided adoption benefits from Form 8839, line 29							. 11			
If you did not	g	Wages from Form 8919, line 6.							. 10			
get a Form W-2, see	h :		er earned income (see instructions)						. 1h			0.
instructions.	'	Nontaxable combat pay election (see mstr	uctions)		<u>1</u> i			4-		167 (21/
Attack Oak D	Z	Add lines 1a through 1h	20		 ьт				. 1z		167,9	714.
Attach Sch. B if required.	2a	Tax-exempt interest Qualified dividends	2a 3a			axable interes			. 2b			
	3a 4a		4a			rdinary divide axable amoun						
Standard	ч а 5а		5a			axable amoun						
Standard Deduction for—	6a		6a			axable amoun		-				
Single or	C	If you elect to use the lump-sum e		method check he					· •			
Married filing separately,	7	Capital gain or (loss). Attach Sche						 [7			
\$12,950 Married filing	8	Other income from Schedule 1, lir			•				. 8		-10,0	
jointly or	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7							. 9	+	157,8	
Qualifying surviving spouse,	10	Adjustments to income from Sche							. 10	,	<u> </u>	,,,,,,
\$25,900 Head of	11	Subtract line 10 from line 9. This is							. 11		157,8	 275
household,	12	Standard deduction or itemized	-	-					. 12			950.
\$19,400 If you checked	13	Qualified business income deduct				5-A .			. 13			<i>,</i>
any box under Standard	14	Add lines 12 and 13							. 14		12.0	950.
Deduction,	15	Subtract line 14 from line 11. If ze							. 15		144,9	
see instructions.					,							

	Page 2
28,	618.
28,	618.
28,	618.
<u> </u>	0.
28,	0. 618.
34.	001.
017	
34.	001.
5,	001. 383. 383.
5,	383.
× No	

Form 1040 (2022) Tax (see instructions). Check if any from Form(s): 1 8814 **2** 4972 3 16 16 Tax and **Credits** 17 Amount from Schedule 2, line 3 17 Add lines 16 and 17 18 18 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 23 Other taxes, including self-employment tax, from Schedule 2, line 21 23 Add lines 22 and 23. This is your total tax 24 24 **Payments** 25 Federal income tax withheld from: 34,001. Form(s) W-2 . 25a а Form(s) 1099 . . . 25b b Other forms (see instructions) 25c С 25d d Add lines 25a through 25c 26 2022 estimated tax payments and amount applied from 2021 return 26 If you have a 27 Earned income credit (EIC) 27 qualifying child, attach Sch. EIC. 28 Additional child tax credit from Schedule 8812 28 29 American opportunity credit from Form 8863, line 8. 29 30 30 31 Amount from Schedule 3, line 15 31 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 34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid 34 Refund Amount of line 34 you want refunded to you. If Form 8888 is attached, check here 35a 35a Routing number 0 4 4 0 0 0 0 3 7 Direct deposit? b **c** Type: X Checking Savings See instructions. Account number 5 2 6 1 5 0 8 5 6 d 36 Amount of line 34 you want applied to your 2023 estimated tax . . . 36 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 Estimated tax penalty (see instructions) . . . Third Party Do you want to allow another person to discuss this return with the IRS? See instructions Yes. Complete below. Designee Designee's Phone Personal identification

	name	no.	number	(PIN)		L
Sign Here	Under penalties of perjury, I declare that I have examine belief, they are true, correct, and complete. Declaration					
	Your signature	Date	Your occupation	If the IRS sent you a	,	_
Joint return?			SOFTWARE DEV ENGINEER	(see inst.)		L
See instructions. Keep a copy for your records.	Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent your Identity Protection F (see inst.)		he T

Email address

Preparer's signature

Preparer's name **Paid Preparer Use Only**

Self-employed SYAM PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 01/21/2023 P02082703 Phone no. (678) 965-9522 GLOBAL TAXES LLC Firm's name 245 ROONEY CT E BRUNSWICK NJ 08816 Firm's address Firm's EIN 88-2145487

Phone no.

PTIN

REVANTHSAIREDDY27@GMAIL.COM

Date

Check if:

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.

Name(s) shown on Form 1040, 1040-SR, or 1040-NRYour social security numberREVANTH SAI REDDY VENUMBAKA145-43-2249

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. Atta	ich Schedule E .	5	-10,039.
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			
	, , , , , , , , , , , , , , , , , , ,	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	2 (
	1040, line 1a or 1d	8s ()		
t	Pension or annuity from a nonqualifed deferred compensation plan or	01		
	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 as through an	8z	0	
9 10	Total other income. Add lines 8a through 8z		9 10	10 020
10	Combine lines i unrough r and 9. Enter here and on Form 1040, 1040-5K,	UL TU4U-INM, IIIIE 8	ΙU	-10,039.

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

Par	Adjustments to Income			
11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-t			
	officials. Attach Form 2106		12	
13	Health savings account deduction. Attach Form 8889		13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903		14	
15	Deductible part of self-employment tax. Attach Schedule SE		15	
16	Self-employed SEP, SIMPLE, and qualified plans		16	
17	Self-employed health insurance deduction		17	
18	Penalty on early withdrawal of savings		18	
19a	Alimony paid		19a	
b	Recipient's SSN			
С	Date of original divorce or separation agreement (see instructions):			
20	IRA deduction		20	
21	Student loan interest deduction		21	
22	Reserved for future use		22	
23	Archer MSA deduction		23	
24	Other adjustments:			
а	Jury duty pay (see instructions)	24a		
b	Deductible expenses related to income reported on line 8I from the			
	rental of personal property engaged in for profit	24b		
С	Nontaxable amount of the value of Olympic and Paralympic medals			
		24c		
d		24d		
е	Repayment of supplemental unemployment benefits under the Trade			
		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	- 41		
	F	24i		
j	<u> </u>	24j		
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form	S.4.		
		24k		
Z	Other adjustments. List type and amount:			
05		24z	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 .		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

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

Attachment Sequence No. 13 Your social security number

REVA	NTH SAI REDDY VENUMBAKA						145-4	3-224	. 9	
Part	Income or Loss From Rental Real Estate an	d Ro	yalties			•				
	Note: If you are in the business of renting personal proper			e C. See	instru	ctions. If you ar	e an indiv	/idual, r	eport farm	
	rental income or loss from Form 4835 on page 2, line 40.		- ()	10000					. . .	
	Did you make any payments in 2022 that would require you									
В	f "Yes," did you or will you file required Form(s) 1099?							<u>. Ц</u>	Yes ∐ ľ	No
1a	Physical address of each property (street, city, state, ZIF	ode	e)							
Α	KONDAGUNTA, GUDUR POTTISRIRAMULU, NELLOR	R ANI	DHRA PI	RADES	HIN	524101				
В										
С										
1b	Type of Property 2 For each rental real estate proper	above, report the number of fair rental a			Fa	ir Rental	Person	0.11		
	(from list below) above, report the number of fair r						Da	QJ	QJV	
Α	personal use days. Check the QJ			Α		185		0		
В	if you meet the requirements to fi qualified joint venture. See instru			В						
С	qualified joint venture. Occ institu	Otionic	,.	С]
Type	of Property:									
	Single Family Residence 3 Vacation/Short-Term Rent	tal	5 Land	d		Self-Rental				
2	Multi-Family Residence 4 Commercial		6 Roya	alties	8	Other (descri	be)			
						Propertie				
Incon	ne:			Α		В			С	
3	Rents received	3			00.					
4	Royalties received	4								
Exper										
5	Advertising	5								
6	Auto and travel (see instructions)	6								
7	Cleaning and maintenance	7		1,2	52.					
8	Commissions	8								
9	Insurance	9								
10	Legal and other professional fees	10								
11	Management fees	11		1,4	65.					
12	Mortgage interest paid to banks, etc. (see instructions)	12								
13	Other interest	13								
14	Repairs	14		3,3	68.					
15	Supplies	15		2,9	54.					
16	Taxes	16								
17	Utilities	17		1,8	00.					
18	Depreciation expense or depletion	18								
19	Other (list)	19								
20	Total expenses. Add lines 5 through 19	20		10,8	39.					
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			10 0	20					
	file Form 6198	21		-10,0	39.					
22	Deductible rental real estate loss after limitation, if any,	00	,	10 00	, ,	1		,		,
00	on Form 8582 (see instructions)	22	Į(10,03		(000	()
23a	Total of all amounts reported on line 3 for all rental proper				23a		800.			
b	Total of all amounts reported on line 4 for all royalty properties				23b					
Ç	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	1 ^	020			
e 24	Total of all amounts reported on line 20 for all properties				23e		,839. 24			
24 25	Income. Add positive amounts shown on line 21. Do not Losses. Add royalty losses from line 21 and rental real estat		-		 Inter to			1	10 02	<u>۵</u> ۱
								(10,03	<i>j</i> .)
26	Total rental real estate and royalty income or (loss). Onere. If Parts II, III, IV, and line 40 on page 2 do not a									
	Schedule 1 (Form 10/10) line 5. Otherwise include this ar						' oc		_10 0	30