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 Identification Number (SID)		
Taxpayer's name	Social securit	y number
PRASHANTH KATRAGADDA	786-73-	-6286
Spouse's name	ial security number	
KAVYA SINDHURA PAVULURI	897-89	-0739
Part I Tax Return Information — Tax Year Ending December 31, 202	22 (Enter year you a	re authorizing.)
Enter whole dollars only on lines 1 through 5.	,	
Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.		
1 Adjusted gross income		1 89,825.
2 Total tax		2 7,260.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3 10,800.
4 Amount you want refunded to you		4 3,540.
5 Amount you owe		5
Part II Taxpayer Declaration and Signature Authorization (Be sure you g	get and keep a copy	y of your return)
my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in I return (original or amended) I am now authorizing. I consent to allow my intermediate service provict to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reare for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorized to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution and payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cance business days prior to the payment (settlement) date. I also authorize the financial institutions involtaxes to receive confidential information necessary to answer inquiries and resolve issues relate personal identification number (PIN) below is my signature for the income tax return (original or am Electronic Funds Withdrawal Consent.	der, transmitter, or electroson for rejection of the trorize the U.S. Treasury are account indicated in the tail institution to debit the to terminate the authorizallation requests must be lived in the processing of the to the payment. I furt	onic return originator (ERO) ansmission, (b) the reason of its designated Financia ax preparation software for entry to this account. This ation. To revoke (cancel) at the electronic payment of her acknowledge that the
Taxpayer's PIN: check one box only		
	generate my PIN	6 2 8 6 as my
ERO firm name	Ent Ent	ter five digits, but n't enter all zeros
signature on the income tax return (original or amended) I am now authorizing.	N.1	
I will enter my PIN as my signature on the income tax return (original or amende if you are entering your own PIN and your return is filed using the Practitioner below.		
Your signature ►	Date ►	
Spouse's PIN: check one box only		
▼ I authorize GLOBAL TAXES LLC to enter or ERO firm name	generate my PIN 9	
signature on the income tax return (original or amended) I am now authorizing.		ter five digits, but n't enter all zeros
I will enter my PIN as my signature on the income tax return (original or amende if you are entering your own PIN and your return is filed using the Practitioner below.		
Spouse's signature ▶	Date ►	
Practitioner PIN Method Returns Only—continu	ie pelow	
Part III Certification and Authentication — Practitioner PIN Method Only	,	
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.		6 6 1 9 8 9 er all zeros
I certify that the above numeric entry is my PIN, which is my signature for the electronic individual authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that requirements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS <i>e-file</i> Pro	I am submitting this retu	irn in accordance with the
ERO's signature ►	Date ►	
ERO Must Retain This Form — See Instruc	ctions	

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. 1545-0074

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

Filing Status Check only	S 🗌 S	Single X Married filing jointly	Marrie	ed filing separately	(MFS)	Head of	house	ehold (HOF	l)		ifying surv ise (QSS)	iving
one box.	If yo	u checked the MFS box, enter the r	name of y	our spouse. If you	checke	ed the HOH or	r QSS	box, ente	r the c	•	, ,	e qualifying
	pers	on is a child but not your dependen	t:									
Your first name	and mi	ddle initial	Last na	me					Yo	ur so	cial securit	y number
PRASHANT	'H		KATR	AGADDA					_		73-6286	
If joint return, s	oouse's	first name and middle initial	Last na	me					Sp	ouse's	s social sec	urity number
KAVYA SI	NDHU	JRA	PAVU	LURI					89	97-8	39-0739)
Home address	(numbe	r and street). If you have a P.O. box, see	e instructio	ons.				Apt. no.	Pr	esider	ntial Election	n Campaign
5301 CHI	CAGO) AVE						1307		Check here if you, or your spouse if filing jointly, want \$3		
City, town, or p	ost offic	ce. If you have a foreign address, also co	omplete s _l	paces below.	Stat	e	ZIP	code			0,	Checking a
LUBBOCK					TX		79	114	bo	x belo	w will not	•
Foreign country	name		F	Foreign province/state	e/count	У	Forei	gn postal co	de yo	ur tax	or refund.	
											You	Spouse
Digital Assets		ly time during 2022, did you: (a) rec ange, gift, or otherwise dispose of									Yes	⊠ No
Standard		eone can claim: You as a de					4000). (CCC III.	ou dou	,,,,		
Deduction		Spouse itemizes on a separate retui	•			а абронает						
Age/Blindness	You:	☐ Were born before January 2, 1	1958	Are blind Sp	ouse:	☐ Was bo	rn bef	ore Janua	ry 2, 1	958	☐ Is bli	nd
Dependents	s (see i	instructions):		(2) Social securi	ty	(3) Relationsh	nip (4) Check th	e box if	qualif	ies for (see	instructions):
If more	(1) Fi	rst name Last name		number		to you		Child ta	x credit	t l	Credit for oth	ner dependents
than four												
dependents, see instructions	· —											
and check												
here												
Income	1a	Total amount from Form(s) W-2, b	•	,						1a	10	0,855.
	b	Household employee wages not r	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	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)						1d				
W-2G and 1099-R if tax	е	Taxable dependent care benefits		•						1e		
was withheld.	f	Employer-provided adoption bene	efits from	n Form 8839, line 2	9.					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	, i							1h	_	0.
instructions.	i	Nontaxable combat pay election (see instr	ructions)		<u>1</u> i						
	Z	Add lines 1a through 1h	·							1z		00,855.
Attach Sch. B	2a		2a			axable interes				2b		
if required.	3a_		3a			rdinary divide				3b		
	4a	IRA distributions	4a			axable amoun				4b		
Standard Deduction for—	5a	-	5a			axable amoun				5b		
Single or	6a	,	6a			axable amoun	π			6b		
Married filing separately,	c	If you elect to use the lump-sum e		•	•	,			. 📙	_		
\$12,950	7	Capital gain or (loss). Attach Sche		•					. Ш	7	1	1 020
Married filing jointly or	8	Other income from Schedule 1, lir								8	_	1,030.
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7	•	•						9	+ 8	89,825.
\$25,900	10	Adjustments to income from Sche								10	+ _	
 Head of household, 	11	Subtract line 10 from line 9. This is	-	-						11		<u>89,825.</u>
\$19,400	12	Standard deduction or itemized								12		25,900.
If you checked any box under	13	Qualified business income deduct								13	+ -	
Standard Deduction,	14 15	Add lines 12 and 13 Subtract line 14 from line 11. If ze								15		25,900.
see instructions.	13	Subtract line 14 HOIII line 11. II Ze	io oi iest	ع, حالت -u-، ااااة الا	your t	uvanie ilicoli				15		3,925.

Form 1040 (2022	2)							Page 2
Tax and	16	Tax (see instructions). Check if any from For	rm(s): 1 881	4 2 4972	3 🗌		16	7,260.
Credits	17	Amount from Schedule 2, line 3				[17	
	18	Add lines 16 and 17				[18	7,260.
	19	Child tax credit or credit for other depende	ents 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. If zero or less	s, enter -0			[22	7,260.
	23	Other taxes, including self-employment tax	x, from Schedule	e 2, line 21			23	0.
	24	Add lines 22 and 23. This is your total tax					24	7,260.
Payments	25	Federal income tax withheld from:						
	а	Form(s) W-2			25a 10	,800.		
	b	Form(s) 1099			25b			
	С	Other forms (see instructions)			25c			
	d	,					25d	10,800.
	26	· ·					26	
	27	• •			27			
attach Sch. EIC.	28	` '			28			
	29	American opportunity credit from Form 88	63. line 8		29			
	30	,	•		30			
	31				31			
	32	,					32	
	33					[33	10,800.
Defined	34	•					34	3,540.
Retuna	35a	·				. n t	35a	3,540.
Direct deposit?	b			·		Savings		
See instructions.	d							
	36			ed tax	36			
Amount	37	, , , , , , , , , , , , , , , , , , , ,						
You Owe	0.						37	
	38				38			
Third Party	Do							
		tructions				mplete be	low.	⋉ No
•		signee's	Phone			nal identific	ation	
	na	ne	no.		numb	er (PIN)		
Sign								
Refund Direct deposit? See instructions. Amount You Owe Third Party Designee					sed on all informatio			,
	YO	ur signature	at from Schedule 3, line 8 les 19 and 20 ct line 21 from line 18. If zero or less, enter -0- axes, including self-employment tax, from Schedule 2, line 21 les 22 and 23. This is your total tax lincome tax withheld from: b) W-2				nt you an Identity IN, enter it here	
Joint return?				NETWORK EN	IGINEER	(see in		
See instructions.	Sp	ouse's signature. If a joint return, both must sign.	Date	 			RS ser	nt your spouse an
							•	ection PIN, enter it here
your records.						(see in	St.)	
-				PRASHANTH737				
Paid		'		_		PTIN		Check if:
Preparer	SYAN		A RAM SAGAR	GUPTA TALLAM	02/09/2023	P02082		Self-employed
Use Only								678)965-9522
	Fir	n's address 245 ROONEY CT E BR	RUNSWICK N	J 08816		Firm's	EIN	84-3171965
Go to www.irs.go	ov/Forr	1040 for instructions and the latest information.		BAA	REV 01/28/23 PRO			Form 1040 (2022)

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2022
Attachment Sequence No. 01

Your social security number

Department of the Treasury Internal Revenue Service

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.

PRAS	HANTH KATRAGADDA & KAVYA SINDHURA PAVULURI		786-7	3-62	286
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):				ı
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			5	-11,030.
6	Farm income or (loss). Attach Schedule F			6	
7	Unemployment compensation			7	
8	Other income:				ı
а	Net operating loss	8a ()		l
b	Gambling	8b			l
С	Cancellation of debt	8c			ı
d	Foreign earned income exclusion from Form 2555	8d ()		l
е	Income from Form 8853	8e			l
f	Income from Form 8889	8f			ı
g	Alaska Permanent Fund dividends	8g			ı
h	Jury duty pay	8h			l
i	Prizes and awards	8i			ı
j	Activity not engaged in for profit income	8j			l
	Stock options	8k			l
I	Income from the rental of personal property if you engaged in the rental				l
	for profit but were not in the business of renting such property	81			ı
m	Olympic and Paralympic medals and USOC prize money (see	_			ı
	instructions)	8m			l
n	Section 951(a) inclusion (see instructions)	8n			l
0	Section 951A(a) inclusion (see instructions)	80			l
р	Section 461(I) excess business loss adjustment	8p			l
q	Taxable distributions from an ABLE account (see instructions)	8q			ı
r	Scholarship and fellowship grants not reported on Form W-2	8r			l
S	Nontaxable amount of Medicaid waiver payments included on Form	0- /			ı
	1040, line 1a or 1d	8s (l
t	Pension or annuity from a nonqualifed deferred compensation plan or	0.			ı
	a nongovernmental section 457 plan	8t			ı
u –	Wages earned while incarcerated	8u	\longrightarrow		l
Z	Other income. List type and amount:	8z			l
9	Total other income. Add lines 8a through 8z			9	ı
9				9	

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

-11,030.

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.

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

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

2022
Attachment Sequence No. 13

Name(s) shown on return Your social security number PRASHANTH KATRAGADDA & KAVYA SINDHURA PAVULURI 786-73-6286

Part	Income or Loss From Rental Real Estate Note: If you are in the business of renting personal pro rental income or loss from Form 4835 on page 2, line 4	perty, use		e C. See	instruc	ctions. If you a	are an indiv	ridual, repo	ort farm	1
	Did you make any payments in 2022 that would require y f "Yes," did you or will you file required Form(s) 1099?	ou to file								No No
1a	Physical address of each property (street, city, state,	ZIP cod	e)							
Α	4-11-516/2/1, SHASTRI NAGAR DVK ROAD,	NALGO	NDA TE	LANGAN	JA II	N 508001				
В	TIT 510/2/1/SIMSIRI MISIRE BYTE ROLLS	711111111111111111111111111111111111111			****	300001				
C										
1b		For each rental real estate property lis above, report the number of fair rental						Personal Use Days		
Α	personal use days. Check the	QJV bo	x only	Α		365		0		1
В	if you meet the requirements			В						i
С	qualified joint venture. See ins	struction	S.	С						i
vpe	of Property:									
1	Single Family Residence 3 Vacation/Short-Term F Multi-Family Residence 4 Commercial	Rental	5 Lan 6 Roy			Self-Rental Other (desc				
						Propert	es:			
ncom				Α		В			С	
3	Rents received			6	20.					
4	Royalties received	. 4								
xper	nses:									
5	Advertising									
6	Auto and travel (see instructions)									
7	Cleaning and maintenance			1,4	70.					
8	Commissions	. 8								
9	Insurance									
10	Legal and other professional fees									
11	Management fees			1,2	00.					
12	Mortgage interest paid to banks, etc. (see instructions									
13	Other interest	-								
14	Repairs			2,7						
15	Supplies			3,0	20.					
16	Taxes									
17	Utilities			3,2	00.					
18	Depreciation expense or depletion									
19	Other (list)	19								
20	Total expenses. Add lines 5 through 19			11,6	50.					
21	Subtract line 20 from line 3 (rents) and/or 4 (royalties). result is a (loss), see instructions to find out if you mufile Form 6198			-11,0	30.					
22	Deductible rental real estate loss after limitation, if ar on Form 8582 (see instructions)		(11,03	0.)	()	(
23a	Total of all amounts reported on line 3 for all rental pro	perties			23a		620.			
b	Total of all amounts reported on line 4 for all royalty pr	roperties		[23b					
С	Total of all amounts reported on line 12 for all properti			[23c					
d	Total of all amounts reported on line 18 for all properti			[23d					
е	Total of all amounts reported on line 20 for all properti	es		[23e	11	,650.			
24	Income. Add positive amounts shown on line 21. Do	not inclu	ude any I	osses			. 24			
25	Losses. Add royalty losses from line 21 and rental real e	state loss	ses from I	ine 22. E	nter to	tal losses he	re 25	(-	11,03	0.
26	Total rental real estate and royalty income or (loss									
	here. If Parts II, III, IV, and line 40 on page 2 do n Schedule 1 (Form 1040), line 5. Otherwise, include this						on	-	-11,0	30