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.

Submission Identification Number (SID)

T.....

Taxpayer's name			Social security n	umber
SAI CHARAN GUMMADI			096-17-8	138
Spouse's name			Spouse's social	security number
Part I Tax Return Information	n – Tax Year Ending December 31,	2022 (Enter	year you are	authorizing.)
Enter whole dollars only on lines 1 through	ugh 5.			
Note: Form 1040-SS filers use line 4 or	ly. Leave lines 1, 2, 3, and 5 blank.			
1 Adjusted gross income				62,403.
2 Total tax				2 6,502.
3 Federal income tax withheld from	n Form(s) W-2 and Form(s) 1099			3 8,685.
4 Amount you want refunded to ye	ou			4 2,183.
	· · · · · · · · · · · · · · · · · · ·			5

Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return) Part II

Under penalties of periury. I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

X	l authorize	GLOBAL TAXES LLC	to enter or generate my PIN

7	8	1	3	8	as		
Enter five digits, but don't enter all zeros							

my

as mv

ERO firm name signature on the income tax return (original or amended) I am now authorizing.

I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature

Date 🕨

Spouse's PIN: check one box only

I authorize

to	enter	or	generate	mv	PIN
ιO	CITCI	UI.	yenerale	iiiy	1 11 1

Enter five digits, but don't enter all zeros

signature on the income tax return (original or amended) I am now authorizing.

ERO firm name

I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature 🕨	Date 🕨
Practitioner PIN Me	hod Returns Only—continue below
Part III Certification and Authentication – Prac	titioner PIN Method Only
ERO's EFIN/PIN. Enter your six-digit EFIN followed by you	r five-digit self-selected PIN. 2 2 2 4 9 6 6 1 9 8 9

I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature ►	Date 🕨	
ERO Mus Don't Submit Thi		
For Denominary Deduction Act Nation and vour toy re		Earm 8879 (Bay, 01 2021)

For Paperwork Reduction Act Notice, see your tax return instructions. BAA REV 02/24/23 PRO

1040		artment of the Treasury-Internal Revenue Servi 5. Individual Income Tax		202	2	OMB No. 1545	-0074	IRS Use O	nly—D	o not w	rite or staple	in this space.
-	XS	Single Married filing jointly] Married fil	ing separately (N	ИFS)	Head of	house	hold (HOH)			lifying sur Jse (QSS)	viving
Check only one box.		u checked the MFS box, enter the non- on is a child but not your dependent		spouse. If you cl	heck	ed the HOH or	QSS	box, enter	the c	•	· · ·	ne qualifying
Your first name	and mi	ddle initial	Last name						Y	our so	cial securi	ty number
SAI CHAR	AN		GUMMAD:	I					0	96-1	17-813	8
lf joint return, sp	oouse's	first name and middle initial	Last name						S	oouse'	s social se	curity number
Home address (numbe	r and street). If you have a P.O. box, see	instructions.				A	Apt. no.				on Campaign
8005 HAR											iere if you, if filing joir	or your ntly, want \$3
	ost offic	ce. If you have a foreign address, also co	mplete space	s below.	Sta		ZIP c		to	go to	this fund.	Checking a
OMAHA Foreign country	name		Forei	gn province/state/o			681 Foreic	⊥4 In postal coc			ow will not or refund.	•
r oreign country	name		10101	gii province/state/	courr	, y	1 OF CIQ	n posta coc			You	Spouse
Digital Assets		ny time during 2022, did you: (a) rec ange, gift, or otherwise dispose of a									Yes	X No
Standard		eone can claim: You as a de	-	Vour spouse			,			,		
Deduction		Spouse itemizes on a separate retur	n or you wer	re a dual-status	alier	1						
Age/Blindness	You:	Were born before January 2, 1	958 🗌 Ai	re blind Spo	ouse	: 🗌 Was bor	n befo	ore Januar	y 2, 1	958	Is bl	ind
Dependents				(2) Social security	,	(3) Relationsh	ip (4			I		instructions):
If more	(1) Fi	rst name Last name		number		to you		Child tax	c cred	it	Credit for ot	her dependents
than four dependents,] 1			<u> </u>
see instructions	;] 1			
and check here									」 1			
	1a	Total amount from Form(s) W-2, b	nx 1 (see ins	structions)]	1a		山 69,403.
Income	b	Household employee wages not re	`	,						1b		<u>, 105.</u>
Attach Form(s)	с	Tip income not reported on line 1a	•							1c		
W-2 here. Also attach Forms	d	Medicaid waiver payments not rep	orted on Fo	rm(s) W-2 (see ir	nstru	uctions)				1d		
W-2G and	е	Taxable dependent care benefits f	rom Form 24	441, line 26						1e		
1099-R if tax was withheld.	f	Employer-provided adoption bene	fits from For	rm 8839, line 29						1f		
lf you did not	g	Wages from Form 8919, line 6 .								1g		
get a Form W-2, see	h	Other earned income (see instruct	ons)				· ·			1h	-	0.
instructions.	i	Nontaxable combat pay election (s	see instruction	ons)		1 i						
	Z	Add lines 1a through 1h			• •		• •		•	1z		69,403.
Attach Sch. B	2a	'	2a			axable interest			·	2b		
if required.	<u>3a</u>		3a			Ordinary divide			·	3b	-	
Other shared	4a 5a		4a 5a			axable amoun axable amoun			·	4b 5b	-	
Standard Deduction for –	5a 6a		5a 6a			axable amoun			•	50 6b	-	
 Single or Married filing 	c	If you elect to use the lump-sum e					ι			00		
separately,	7	Capital gain or (loss). Attach Sche		-	•	,				7		
\$12,950Married filing	8	Other income from Schedule 1, lin				-				8		-7,000.
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7								9		62,403.
surviving spouse, \$25,900	10	Adjustments to income from Sche		•						10		
• Head of	11	Subtract line 10 from line 9. This is			ne					11		62,403.
household, \$19,400	12	Standard deduction or itemized								12		12,950.
 If you checked 	13	Qualified business income deduct	ion from For	m 8995 or Form	899	5-A				13		
any box under Standard	14	Add lines 12 and 13								14		12,950.
Deduction, see instructions.	15	Subtract line 14 from line 11. If zer	o or less, en	nter -0 This is y	our	taxable incom	ie .			15		49,453.
)												

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Form **1040** (2022)

Form 1040 (2022	2)									Page
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, lir	ne3						17	
	18	Add lines 16 and 17							18	6,502.
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812				19	
	20	Amount from Schedule 3, lir	ne8						20	
	21	Add lines 19 and 20							21	
	22	Subtract line 21 from line 18							22	6,502.
	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	6,502.
Payments	25	Federal income tax withheld								
,,	а	Form(s) W-2				25a	8	,685.		
	b	Form(s) 1099				25b				
	с	Other forms (see instruction				25c			-	
	d	Add lines 25a through 25c	,						25d	8,685.
	26	2022 estimated tax paymen							26	
If you have a l gualifying child,	27	Earned income credit (EIC)				27				
attach Sch. EIC.	28	Additional child tax credit fro				28				
	29	American opportunity credit				29			-	
	30	Reserved for future use .		,		30				
	31	Amount from Schedule 3, lir				31			-	
	32	Add lines 27, 28, 29, and 31				L	credits		32	
	33	Add lines 25d, 26, and 32. T	2		-				33	8,685.
	34	If line 33 is more than line 24							34	2,183.
Refund	35a	Amount of line 34 you want	-				•		35a	2,183.
Direct deposit?	b	Routing number 1 0 4				Check		Savings	oou	,
See instructions.		Account number 9 3 6						Javingo		
	36	Amount of line 34 you want			d tax	36	i			
Amount	37	Subtract line 33 from line 24				00				
You Owe	31	For details on how to pay, g							37	
	38	Estimated tax penalty (see in	-			38			01	
Third Party		you want to allow another								
Designee		structions	•		· · · · · ·	F	Yes. Co	mplete l	below.	X No
3	De	signee's		Phone				nal identi	fication	
	na	ne		no.			numb	er (PIN)		
Sign		der penalties of perjury, I declare								
Here		ief, they are true, correct, and corr	iplete. Declaration (ased on a	all informatic	1	• •	, ,
	Yo	ur signature		Date	Your occupation					nt you an Identity PIN, enter it here
Joint return?					SOFTWARE 1	ENGIN	IEER		inst.)	
See instructions.	Sp	ouse's signature. If a joint return,	both must sign.	Date	Spouse's occupat			If the	e IRS se	nt your spouse an
Keep a copy for		0, ,	0					Iden	tity Prot	ection PIN, enter it he
your records.								(see	inst.)	
		one no. (251)508-598		Email address	SAICHARAN.GUN	MMADI9@	GMAIL.CC			1
Paid	Pre	eparer's name	Preparer's signat	ure		Date		PTIN		Check if:
Preparer	SYAM	I PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	03/0	1/2023	P0208	2703	Self-employed
Use Only	Fir	m's name GLOBAL TA	XES LLC					Pho	ne no. ((678)965-9522
	Fir	m's address 245 ROONE	Y CT E BRU	NSWICK N	J 08816			Firm	's EIN	84-3171965
Go to www.irc.a	ov/Eorr	n1040 for instructions and the late	et information		D 4 4		04/00 000			Form 1040 (20)

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

BAA REV 02/24/23 PRO

Form **1040** (2022)

SCHEDULE	1
(Form 1040)	

Department of the Treasury

Additional Income and Adjustments to Income

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

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

OMB No. 1545-0074 2

Attachment

Internal Revenue Service		Sequence No. 01	
Name(s) shown on Fo	rm 1040, 1040-SR, or 1040-NR	Your soci	ial security number
SAI CHARAN GUM	MADI	096-17	-8138

Par	t 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	-7,000.
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		
	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		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:			
•		8z		
9	Total other income. Add lines 8a through 8z		9	E 000
10	Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR	t, or 1040-NR, line 8	10	-7,000.

For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule 1 (Form 1040) 2022

	Educator expenses					
2					11	
	Certain business expenses of reservists, performing artists, and fee	-basi	is qov	ernment		
	officials. Attach Form 2106				12	
	Health savings account deduction. Attach Form 8889				13	
4	Moving expenses for members of the Armed Forces. Attach Form 3903				14	
	Deductible part of self-employment tax. Attach Schedule SE				15	
	Self-employed SEP, SIMPLE, and qualified plans				16	
	Self-employed health insurance deduction				17	
	Penalty on early withdrawal of savings				18	
	Alimony paid				19a	
	Recipient's SSN					
С	Date of original divorce or separation agreement (see instructions):					
	IRA deduction				20	
	Student loan interest deduction				21	
	Reserved for future use				22	
	Archer MSA deduction				23	
	Other adjustments:					
	Jury duty pay (see instructions)	24a				
	Deductible expenses related to income reported on line 8l from the					
	rental of personal property engaged in for profit	24b				
	Nontaxable amount of the value of Olympic and Paralympic medals					
	and USOC prize money reported on line 8m	24c				
	Reforestation amortization and expenses	24d				
	Repayment of supplemental unemployment benefits under the Trade					
	Act of 1974	24e				
	Contributions to section 501(c)(18)(D) pension plans	24f				
	Contributions by certain chaplains to section 403(b) plans	24g				
	Attorney fees and court costs for actions involving certain unlawful	- 19			-	
	discrimination claims (see instructions)	24h				
	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	24i				
	Housing deduction from Form 2555	24j				
	Excess deductions of section 67(e) expenses from Schedule K-1 (Form					
		24k				
	Other adjustments. List type and amount:	2-11			-	
-		24z				
25 [±]	Total other adjustments. Add lines 24a through 24z				25	
	Add lines 11 through 23 and 25. These are your adjustments to income				20	
	Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a				26	
	BAA		02/24/23 F			le 1 (Form 1040) 202

(Form 1040)		(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)									20 22		
	nent of the Treasury Revenue Service	Attach to Form 1040, 1040-SR, 1040-NR, or 1041. Go to <i>www.irs.gov/ScheduleE</i> for instructions and the latest information.								Attachment Sequence No. 13			
Name(s) shown on return										Your soc	al security i	number	
SAI	SAI CHARAN GUMMADI									096-1	7-8138		
Part	Note: If yo	ou are ii	n the business	ental Real Estate an of renting personal proper 1 4835 on page 2, line 40.			c . See	e instru	ctions. If you	are an indi	vidual, repo	ort farm	
Α	Did you make ar	ny payr	ments in 2022	2 that would require you	to file	Form(s) 1	099? 5	See ins	structions .		. 🗌 Ye	s 🛛 No	
B	f "Yes," did you	or wil	l you file requ	ired Form(s) 1099?							. 🗌 Ye	s 🗌 No	
1a				ty (street, city, state, ZI									
A	VAR GARDENS.INNER RINGROAD GUNTUR ANDHRA PRADESH IN 522002												
В													
<u>C</u>													
1b	Type of Prope (from list below	w) above, report the number of fair			rental and			Fa	ir Rental Days	Personal Use Days		QJV	
Α	3	personal use days. Check the if you meet the requirements					Α	365		0			
В				qualified joint venture. See instructio			В						
C							С						
	of Property:												
	Single Family R Multi-Family Re			acation/Short-Term Ren	tal	5 Land			Self-Rental	riba)			
	IVIUILI-FAITIIIY NE	Je 4 CC	Diffinencial		6 Royalties 8 Other (describe)								
				•		Propert	les:	•					
Income: 3 Rents received					0		A 450.		В			C	
3 4					3		- 4	50.					
		iveu .			4								
Exper					5								
5 6					6								
7	Auto and travel (see instructions)						1,2	0.0					
8	Cleaning and maintenance						1,4	00.					
9	Insurance .	8											
9 10		10											
11	Legal and other professional fees <t< td=""><td></td><td>1,0</td><td>0.0</td><td></td><td></td><td></td><td></td></t<>						1,0	0.0					
12	Mortgage interest paid to banks, etc. (see instructions)						1,0	00.					
13	Other interest	12 13											
14	Other interest<						1.8	00.					
15							1,200.						
16	Taxes	15 16		-,-									
17	Utilities	17		2,2	50.								
18				n	18								
19	Other (list)	-	-		19								
20	Total expenses. Add lines 5 through 19						7,4	50.					
21	Subtract line 2	0 from	n line 3 (rents) and/or 4 (royalties). If									
				to find out if you must									
	file Form 6198						-7,0	00.					
22				after limitation, if any,					1	1		\ \	
00-					22	l (1,00	(0.)	()	()	
23a	Total of all amounts reported on line 3 for all rental proper Total of all amounts reported on line 4 for all royalty prope						• •	23a		450.			
b				• •	23b 23c								
c d	Total of all amounts reported on line 12 for all properties Total of all amounts reported on line 18 for all properties						• •	23C					
e u	T () () () () ()						• •	23u		7,450.			
24	I otal of all amounts reported on line 20 for all properties												
2 4 25		-		ne 21 and rental real estat		-					(7,000.)	
26				alty income or (loss).							\	.,	

Supplemental Income and Loss

here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2 For Paperwork Reduction Act Notice, see the separate instructions.

SCHEDULE E

T

26

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-7,000.

OMB No. 1545-0074