## 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

Submi	ission Identification Number (SID)		•				
Taxpaye	er's name	Social securit	Social security number				
GOUE	RAV PILAKA	763-86-	763-86-4107				
Spouse'	's name	Spouse's soc	ial secu	ırity numl	oer		
Part	Tax Return Information — Tax Year Ending December 31, 2022 (E	nter year you a	re au	thorizin	g.)		
Enter v	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	7	77,725.		
2	Total tax		2		9,868.		
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3		1,939.		
4	Amount you want refunded to you		4		2,071.		
5 Part	Amount you owe		5	OUR ro	turn)		
	penalties of perjury, I declare that I have examined a copy of the income tax return (original or amen						
to send for any Agent t paymer authoriz paymer busines taxes to persona	original or amended) I am now authorizing. I consent to allow my intermediate service provider, tradimy return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account not 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 termint, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation as days prior to the payment (settlement) date. I also authorize the financial institutions involved in o receive confidential information necessary to answer inquiries and resolve issues related to the alignment of the income tax return (original or amended nic Funds Withdrawal Consent.	r rejection of the trace U.S. Treasury as indicated in the taitution to debit the inate the authorizarequests must be the processing of the payment. I furt	ansmised and its control of the cont	ssion, (b) designate paration s to this ac o revoke ved no l ectronic knowled	the reasoned Financial software for count. This e (cancel) a ater than 2 payment of ge that the		
					7		
Тахра	yer's PIN: check one box only  I authorize GLOBAL TAXES LLC to enter or gener	oto my DINI	4 1	L 0 7			
_	ERO firm name	Ent		digits, bu			
	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 a if you are entering your own PIN and your return is filed using the Practitioner PIN m below.						
Your s	ignature ▶ Date l	<b>-</b>					
Snous	se's PIN: check one box only				_		
Cpous	I authorize to enter or gener	ate my PINI			as my		
	ERO firm name		ter five	digits, bu			
	signature on the income tax return (original or amended) I am now authorizing.	do	n't ente	r all zeros	5		
	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 <b>and</b> your return is filed using the Practitioner PIN m below.						
Spous	e's signature ▶ Date I	•					
	Practitioner PIN Method Returns Only—continue be	low					
Part	Certification and Authentication — Practitioner PIN Method Only						
ERO's	<b>EFIN/PIN.</b> Enter your six-digit EFIN followed by your five-digit self-selected PIN.		6 6	1 9	8 9		
		Don't ent	er all ze	eros			
authoriz	that the above numeric entry is my PIN, which is my signature for the electronic individual inconzed to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am sements of the Practitioner PIN method and <b>Pub. 1345</b> , Handbook for Authorized IRS e-file Providers	ubmitting this retu	ırn in a	accordan	ce with the		
ERO's	signature ► Date	•					
	ERO Must Retain This Form — See Instructions	 S					
	Don't Submit This Form to the IRS Unless Requested 1	Γο Do So					

# E 1040 Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Return

2022
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OMB No. 1545-0074 IRS Use Only-Do not write or staple in this space.

Filing Status Check only one box.	If yo	Single Married filing jointly uchecked the MFS box, enter the non is a child but not your dependent	ame of y	ed filing separately (Norour spouse. If you c	,	☐ Head of ed the HOH or		•	, _	spou	ifying surv ise (QSS) name if th	Ü
Value first manns										/a	-i-lit	
Your first name and middle initial			Last nar							Your social security number 763-86-4107		
GOURAV If joint return, sr	ouse's	first name and middle initial	PILA Last nar									urity number
jo o.a, o.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Lastria							poulou		,
Home address	(numbe	r and street). If you have a P.O. box, see	instruction	ons.			A	Apt. no.	F	resider	ntial Election	n Campaign
3800 SW	34TF	H ST					V	7212			ere if you,	,
City, town, or p	ost offic	ce. If you have a foreign address, also co	mplete sp	paces below.	Stat	e	ZIP o	ode				tly, want \$3
GAINESVI	LLE		FL			326	32608		to go to this fund. Checking a box below will not change			
Foreign country	name		F	oreign province/state/	count	у	Foreig				or refund.	
											You	Spouse
Digital Accets		ny time during 2022, did you: (a) rec ange, gift, or otherwise dispose of a	,				•	,		,	Yes	⊠ No
Assets Standard		eone can claim:				a dependent	asseij	: (366 111	Struct	.10115.)		<u> </u>
Deduction	_	Spouse itemizes on a separate retur	•			a dependent						
		_										
Age/Blindness			958		ouse:		- 14	ore Janua			∐ Is bli	
Dependents	(see instructions):			(2) Social security number	'	(3) Relationsh to you	.			1		
If more	(1) FI	rst name Last name		Hamber		to you		Child to	ax cred	JIC	Credit for otr	ner dependents
than four dependents,								L			L	
see instructions	· —										L	
and check here $\square$								L			L	
_	10	Total amount from Form(s) W-2, b	ov 1 (co	instructions)				L		10	T c	<u></u>
Income	1a b		,	,						1a 1b	c	85 <b>,</b> 976.
Attach Form(s)	C									1c		
W-2 here. Also	d	Medicaid waiver payments not rep			 netru	ctions)				1d		
attach Forms W-2G and	e	Taxable dependent care benefits		( )	iistiu	ctions)				1e		
1099-R if tax	f	Employer-provided adoption bene		•						1f		
was withheld.	g	Wages from Form 8919, line 6.			•					1g		
If you did not get a Form	h	Other earned income (see instruct								1h		0.
W-2, see	ï	Nontaxable combat pay election (	,				Ϊ.			111		
instructions.	z	Add lines 1a through 1h	300 111311	dollo113)						1z	9	35,976.
Attach Sch. B			2a		 h.Ta	xable interest	+ .			2b	+ -	0/3/0.
if required.	3a	. –	3a			rdinary divider				3b		
	4a		4a			axable amoun				4b		
Standard	5a	_	5a			axable amoun				5b		
Deduction for—	6a	_	6a			axable amoun				6b		
Single or Married filing	С	If you elect to use the lump-sum e		method, check here					. i	0.0		
separately,	7	Capital gain or (loss). Attach Sche		·	`	,				7		
\$12,950 Married filing	8	Other income from Schedule 1, lin							. –	8	_	-8 <b>,</b> 251.
jointly or	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7								9		77,725.
Qualifying surviving spouse,	10	Adjustments to income from Sche								10	+ '	1,120.
\$25,900 Head of	11	Subtract line 10 from line 9. This is								11	+ -	77,725.
household,	12	Standard deduction or itemized								12		2,950.
\$19,400 If you checked	13	Qualified business income deduct				 5-А				13	+	<u>, , , , , , , , , , , , , , , , , , </u>
any box under	14	Add lines 12 and 13								14	1	2,950.
Standard Deduction,	15	Subtract line 14 from line 11. If zer								15		54 <b>,</b> 775.
see instructions				., io y								

Form 1040 (2022	2)								Page <b>2</b>
Tax and	16	Tax (see instructions). Check	if any from Form	(s): <b>1</b> 881	4 <b>2</b> 🗌 4972	3 🗌		16	9,868.
Credits	17	Amount from Schedule 2, lir	ne 3					17	
	18	Add lines 16 and 17						18	9,868.
	19	Child tax credit or credit for	other dependen	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	3. If zero or less,	enter -0				22	9,868.
	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 <b>total tax</b>					24	9,868.
<b>Payments</b>	25	Federal income tax withheld							
-	а	Form(s) W-2				<b>25a</b> 11	1,939.		
	b	Form(s) 1099				25b			
	С	Other forms (see instruction	s)			25c			
	d	Add lines 25a through 25c						25d	11,939.
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)				27			
attach Sch. EIC.	28	Additional child tax credit from	m Schedule 8812	2		28			
	29	American opportunity credit	from Form 8863	B, line 8		29			
	30	Reserved for future use .				30			
	31	Amount from Schedule 3, lir				31			
	32	Add lines 27, 28, 29, and 31	. These are your	total other pa	ayments and refu	indable credits		32	
	33	Add lines 25d, 26, and 32. T	hese are your <b>to</b>	tal payments				33	11,939.
Refund	34	If line 33 is more than line 24	4, subtract line 2	4 from line 33.	This is the amour	nt you <b>overpaid</b>		34	2,071.
neiulia	35a	Amount of line 34 you want	refunded to you	ی. If Form 8888	is attached, chec	k here	🗆	35a	2,071.
Direct deposit?	b	Routing number 0 2 2	3 0 0 1	7 3	c Type: 🛛	Checking	Savings		
See instructions.	d	Account number 5 2 5	5 6 3 7	1   1					
	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				38		31	
Third Party		you want to allow another							
Designee			•				omplete	below.	× No
	De	signee's		Phone		Pers	onal ident	ification	
	na	me		no.		num	ber (PIN)		
Sign		der penalties of perjury, I declare tilef, they are true, correct, and com							
Here	Yo	Your signature		· ·		I .		nt you an Identity	
							ection P inst.)	IN, enter it here	
Joint return? See instructions.				SOFTWARE ENGINEER				<u> </u>	
Keep a copy for your records.	Spouse's signature. If a joint return, <b>both</b> must sign.		Date	Spouse's occupati	OH	Iden		nt your spouse an ection PIN, enter it here	
	Ph	one no. (845) 633-448	8	Email address	GOURAVPILAKA	1143@GMAIL.C	OM		
Daid	Pre	eparer's name	Preparer's signat	ure		Date	PTIN		Check if:
Paid	SYAN	M PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	01/29/2023	P0208	2703	Self-employed
Preparer	Fir	m's name GLOBAL TA	XES LLC				Pho	ne no.	(678) 965-9522
Use Only	Fir	m's address 245 ROONE	Y CT E BRU	NSWICK N	J 08816		Firm	ı's EIN	88-2145487

#### **SCHEDULE 1** (Form 1040)

### **Additional Income and Adjustments to Income**

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

GOURAV PILAKA

Attach to Form 1040, 1040-SR, or 1040-NR. Go to www.irs.gov/F

Internal Revenue Service		Sequence No. <b>01</b>	
Name(s) shown on Fo	Your soc	ial security number	
GOURAV PILAKA		763-86	-4107

Par	t I Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxes		1	
<b>2</b> a	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	ach Schedule E .	5	-8,251.
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		
	Stock options	8k		
I	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		
	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	0- (		
	1040, line 1a or 1d	8s ( )		
τ	a nongovernmental section 457 plan	0+		
	Wages earned while incarcerated	8t 8u		
u	Other income. List type and amount:	ou		
Z	other income. List type and amount.	8z		
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		10	-8,251.
. •	Combine into 1 through 7 and 5. Enter here and off offit 1040, 1040-011	, 5, 10-0 1411, 11110 0		0,201.

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-ba	asis government		
	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)	a	_	
b	Deductible expenses related to income reported on line 8l from the			
	rental of personal property engaged in for profit	łb		
С	Nontaxable amount of the value of Olympic and Paralympic medals			
	and USOC prize money reported on line 8m		-	
d	Reforestation amortization and expenses	ła	-	
е	Repayment of supplemental unemployment benefits under the Trade Act of 1974	le		
f	Contributions to section 501(c)(18)(D) pension plans			
g	Contributions by certain chaplains to section 403(b) plans 24	łq		
_	Attorney fees and court costs for actions involving certain unlawful			
	discrimination claims (see instructions)	h		
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	1j		
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form			
	1041)	łk		
Z	Other adjustments. List type and amount:			
	24			
25	Total other adjustments. Add lines 24a through 24z		25	
26	Add lines 11 through 23 and 25. These are your <b>adjustments to income</b> . E			
	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,

Attachment

Department of the Treasury Internal Revenue Service

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

Sequence No. 13

OMB No. 1545-0074

Name(s) shown on return Your social security number GOURAV PILAKA 763-86-4107 Part I **Income or Loss From Rental Real Estate and Royalties** Note: If you are in the business of renting personal property, use Schedule C. See instructions. If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40. Did you make any payments in 2022 that would require you to file Form(s) 1099? See instructions . . . . . 1a Physical address of each property (street, city, state, ZIP code) PRAJA SEKHARREDDY, MAINROAD NAUPADA, SKML DIST ANDHRA PRADESH IN 532211 Α В C 1b Type of Property For each rental real estate property listed **Fair Rental Personal Use** QJV (from list below) above, report the number of fair rental and **Davs Davs** personal use days. Check the QJV box only Α Α 192 0 if you meet the requirements to file as a В В qualified joint venture. See instructions. С C Type of Property: 3 Vacation/Short-Term Rental 1 Single Family Residence 5 Land 7 Self-Rental 8 Other (describe) 2 Multi-Family Residence 4 Commercial 6 Royalties **Properties:** Α В C Income: 3 520. 4 Royalties received . 4 **Expenses:** 5 5 Advertising 6 Auto and travel (see instructions) 6 7 Cleaning and maintenance. 7 1,105. 8 Commissions 8 9 9 Insurance . . 10 10 Legal and other professional fees 11 Management fees . . . . . . . . 11 1,070. 12 Mortgage interest paid to banks, etc. (see instructions) 12 13 13 2,750. 14 14 Repairs . . . . 2,246. 15 Supplies 15 16 16 Taxes 17 Utilities . . . . . . . 17 1,600. 18 18 Depreciation expense or depletion . . . . . . . . Other (list) 19 19 20 20 8,771. Total expenses. Add lines 5 through 19 . . . . . . 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 file Form 6198 . . . . . . . . . . . . . . . . . . 21 -8,251. 22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) . . . . . . . . . 8,251.) 520. Total of all amounts reported on line 3 for all rental properties Total of all amounts reported on line 4 for all royalty properties 23b Total of all amounts reported on line 12 for all properties 23c 23d Total of all amounts reported on line 18 for all properties Total of all amounts reported on line 20 for all properties 23e 8,771. 24 **Income.** Add positive amounts shown on line 21. **Do not** include any losses 24 25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here 25 8,251. Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result 26

26

-8,251.

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