## 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 nevertue Service		
Submission Identification Number (SID)		
Taxpayer's name	Social se	curity number
JOEL ARANHA	113-	11-6887
Spouse's name	Spouse's	s social security number
Part I Tax Return Information — Tax	Year Ending December 31, 2022 (Enter year yo	u are authorizing.)
Enter whole dollars only on lines 1 through 5.	"	
Note: Form 1040-SS filers use line 4 only. Leave		114 005
	W-2 and Form(s) 1099	
*		0,023.
Part II Taxpayer Declaration and Sign	ature Authorization (Be sure you get and keep a c	copy of your return)
Under penalties of perjury, I declare that I have examinmy knowledge and belief, it is true, correct, and comreturn (original or amended) I am now authorizing. I cost o send my return to the IRS and to receive from the IR for any delay in processing the return or refund, and (concentrated and the second authorization is to remain in full force and effect until payment, I must contact the U.S. Treasury Financial business days prior to the payment (settlement) date. taxes to receive confidential information necessary to personal identification number (PIN) below is my signal Electronic Funds Withdrawal Consent.  Taxpayer's PIN: check one box only  I authorize GLOBAL TAXES LLC ERO firm signature on the income tax return (origing I will enter my PIN as my signature on the if you are entering your own PIN and you below.	ed a copy of the income tax return (original or amended) I am now plete. I further declare that the amounts in Part I above are the needs (a) an acknowledgement of receipt or reason for rejection of the common of any refund. If applicable, I authorize the U.S. Treasulirect debit) entry to the financial institution account indicated in the rappayment of estimated tax, and the financial institution to debit I notify the U.S. Treasury Financial Agent to terminate the auth Agent at 1-888-353-4537. Payment cancellation requests must also authorize the financial institutions involved in the processing answer inquiries and resolve issues related to the payment. I ture for the income tax return (original or amended) I am now author or amended I ame	w authorizing, and to the best of amounts from the income tax ectronic return originator (ERO) he transmission, (b) the reason may and its designated Financial he tax preparation software for the entry to this account. This orization. To revoke (cancel) as the received no later than 2 may of the electronic payment of further acknowledge that the thorizing and, if applicable, my  I 6 8 8 7  Enter five digits, but don't enter all zeros  prizing. Check this box only
Your signature ►	Date ▶	
Spouse's PIN: check one box only		
☐ I authorize	to enter or generate my PIN	as my
ERO firm		Enter five digits, but
signature on the income tax return (origi		don't enter all zeros
	ne income tax return (original or amended) I am now authour return is filed using the Practitioner PIN method. The	
Spouse's signature ▶	Date <b>▶</b>	
Practitione	r PIN Method Returns Only—continue below	
Part III Certification and Authentication	n — Practitioner PIN Method Only	
ERO's EFIN/PIN. Enter your six-digit EFIN follow		9 6 6 1 9 8 9 t enter all zeros
authorized to file for tax year indicated above for the	n is my signature for the electronic individual income tax return (taxpayer(s) indicated above. I confirm that I am submitting this 1345, Handbook for Authorized IRS e-file Providers of Individual In	return in accordance with the
ERO's signature ▶	Date <b>▶</b>	
ERO Mu	st Retain This Form — See Instructions	
Don't Submit Th	is Form to the IRS Unless Requested To Do So	

# E1040 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 Statu	s 🔀 S	Single Married filing jointly	Marrie	ed filing separately (N	/IFS)	Head of	household (HO	H) [		ifying sun	viving	
Check only one box.	If vo	u checked the MFS box, enter the n	ama of v	your spouse. If you of	hooke	nd tha UOU ar	OSS have ant	or tho		ise (QSS)	ao gualifyina	
one box.	•	on is a child but not your dependent	•	our spouse. If you cr	IECKE		Q33 DOX, ent	er trie	Cilliu S	name ii ti	le qualifying	
Your first name			Last nar	me				Y	our soc	cial securit	ty number	
JOEL	o di la lili							113-11-6887				
	nouse's	s first name and middle initial	Last nar									
ii joint rotairi, c	pouse	s instruction and middle mittal	Lastriai						Spouse's social security number			
Home address	(numbe	er and street). If you have a P.O. box, see	instructio	ons			Apt. no.		raeidar	ntial Flaction	on Campaign	
2600 E 1	•		ii loti dotic	5110.			297			ere if you,		
		ce. If you have a foreign address, also co	mnlete si	naces helow	Stat	e	ZIP code	1231		pouse if filing jointly, want \$3		
RICHARD		oc. If you have a foreight address, also oc	inpicto o	dades below.	TX		75082		to go to this fund. Checking a box below will not change			
Foreign countr			F	Foreign province/state/o			Foreign postal c			or refund.	0	
r oreign count	y Harric		Ι.	oreign province/state/t	Journey	,	1 oreign postare	ouc j	ou. tur	You	Spouse	
Distribut	Λ+ or	ny time during 2022, did you: (a) rec	oivo (oo	o roward award or	n 0. /m	ant for propo	rtu or consisce	· or (b	\ aall			
Digital Assets		ange, gift, or otherwise dispose of a	,		. ,		•	. ,	,	Yes	⊠ No	
Standard		eone can claim:  You as a de		<u>_</u>			asset): (OCC 11	Struct	10113.)			
Deduction		Spouse itemizes on a separate retur		•		а перепаеті						
Deduction	`	spouse iterrizes on a separate retur	ii oi you	Wele a dual-status a	anen							
Age/Blindnes	s You:		958	Are blind Spo	use:	Was bor	n before Janua	ary 2,	1958	ls bl	ind	
Dependent	s (see	instructions):		(2) Social security	.	(3) Relationsh	ip (4) Check t	ne box	if qualif	ies for (see	instructions):	
If more	(1) F	rst name Last name		number		to you	Child t	ax cred	dit	Credit for ot	her dependents	
than four												
dependents, see instruction	s											
and check _	. —											
here										[		
Income	1a	Total amount from Form(s) W-2, b	ox 1 (see	e instructions)					1a	12	25 <b>,</b> 505.	
	b	Household employee wages not re	eported	on Form(s) W-2					1b			
Attach Form(s) W-2 here. Also	С	Tip income not reported on line 1a	(see ins	structions)					1c			
attach Forms	d	Medicaid waiver payments not rep	ported on Form(s) W-2 (see instructions)						1d			
W-2G and	е	Taxable dependent care benefits t	rom For	m 2441, line 26 .					1e			
1099-R if tax was withheld.	f	Employer-provided adoption bene	fits from	Form 8839, line 29					1f			
If you did not	g	Wages from Form 8919, line 6 .							1g			
get a Form	h	Other earned income (see instruct	ions) .						1h		0.	
W-2, see instructions.	i	Nontaxable combat pay election (	see instr	uctions)		<u>1i</u>						
	Z	Add lines 1a through 1h							1z	12	25,505.	
Attach Sch. B	2a	Tax-exempt interest	2a		<b>b</b> Ta	axable interest	t		2b		20.	
if required.	3a	Qualified dividends	3a		<b>b</b> O	rdinary divide	nds		3b			
	4a	IRA distributions	4a		<b>b</b> Ta	axable amoun	t		4b			
Standard	5a	Pensions and annuities	5a		<b>b</b> Ta	axable amoun	t		5b			
Deduction for—	6a	Social security benefits	6a		<b>b</b> Ta	axable amoun	t		6b			
<ul> <li>Single or Married filing</li> </ul>	С	If you elect to use the lump-sum e	lection n	nethod, check here (	(see i	nstructions)						
separately, \$12,950	7	Capital gain or (loss). Attach Sche	dule D if	required. If not requ	iired,	check here			7			
Married filing	8	Other income from Schedule 1, lin	e 10 .						8		10,530.	
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7							9	1:	14,995.	
surviving spouse, \$25,900	10	Adjustments to income from Sche	dule 1, li	ine 26					10			
Head of	11	Subtract line 10 from line 9. This is	your <b>ac</b>	djusted gross incon	ne				11	1:	14,995.	
household, \$19,400	12	Standard deduction or itemized	deducti	ons (from Schedule	A)				12		12 <b>,</b> 950.	
If you checked	13	Qualified business income deduct	ion from	Form 8995 or Form	8995	5-A			13			
any box under Standard	14	Add lines 12 and 13							14		12 <b>,</b> 950.	
Deduction, see instructions.	15	Subtract line 14 from line 11. If zer	o or less	s, enter -0 This is y	our <b>t</b> a	axable incom	e		15		02,045.	

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> 3 4972	3 🗌		16	18,326.
Credits	17	Amount from Schedule 2, lir	-					17	· · · · · · · · · · · · · · · · · · ·
0.000	18	Add lines 16 and 17					🗔	18	18,326.
	19	Child tax credit or credit for	other dependent	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	. If zero or less,	enter -0				22	18,326.
	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	18,326.
Payments	25	Federal income tax withheld							<u> </u>
,	а	Form(s) W-2				<b>25a</b> 23	,955.		
	b	Form(s) 1099				25b			
	С	Other forms (see instruction	s)			25c			
	d	Add lines 25a through 25c					2	.5d	23,955.
If you have a	26	2022 estimated tax paymen	ts and amount a	pplied from 20	)21 return		2	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	3, line 8		29			
	30	Reserved for future use .				30			
	31	Amount from Schedule 3, lir	ne 15			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	23,955.
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	5,629.
riciana	35a	Amount of line 34 you want			is attached, chec	ck here	. 🗌 🔄	5a	5,629.
Direct deposit?	b	Routing number 0 7 1			c Type: 🛛	Checking S	Savings		
See instructions.	d	Account number 3 8 5	8 1 6 7	5 3					
-	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	nstructions) .			38			
Third Party Designee		you want to allow another structions	•		rn with the IRS?		mplete belo	ow.	X No
Ü		signee's		Phone			nal identifica	tion _	
		me		no.			er (PIN)		
Sign Here		der penalties of perjury, I declare tilef, they are true, correct, and com							
11010	Yo	ur signature		Date	Your occupation		I		you an Identity
Joint return?				COEMMADE D		EVELOPER	(see inst		I, enter it here
See instructions.	Sp	ouse's signature. If a joint return,	both must sign.	Date	Spouse's occupati		If the IRS	3 sent	your spouse an
Keep a copy for your records.	·	, , ,	· ·				Identity (see inst		etion PIN, enter it here
	Ph	one no. (217) 220-248	9	Email address	JOELARANHA	17@GMAIL.CO	М		
Paid	Pre	eparer's name	Preparer's signat	ture		Date	PTIN	7	Check if:
	SYAN	M PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	02/02/2023	P020827	03	Self-employed
Preparer Use Only	Fin	m's name GLOBAL TA	XES LLC				Phone n	o. (6	78)965-9522
————	Fin	m's address 245 ROONE	Y CT E BRU	NSWICK N	J 08816		Firm's E	IN	88-2145487
Go to www.irs.g	ov/Forn	m1040 for instructions and the late	st 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
Seguence No. 01

Department of the Treasury Internal Revenue Service

JOEL ARANHA

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.

	Sequence No. <b>01</b>
Your soc	ial security number
113-11	-6887

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		5	-10,530.
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	_		
	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	-	
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	01		
	a nongovernmental section 457 plan	8t	-	
u	Wages earned while incarcerated	8u		
Z	Other income. List type and amount:	0-		
•	Total ather income. Add lines On three of Or	8z		
9 10	Total other income. Add lines 8a through 8z		9	10 520
10	Combine lines i through / and 9. Enter here and on Form 1040, 1040-5K	, or 1040-NH, liftle 8	10	-10 <b>,</b> 530.

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 gov		
	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)		
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	-	
h	Attorney fees and court costs for actions involving certain unlawful		
	discrimination claims (see instructions)	-	
- 1	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		-	
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)		
-	Other adjustments. List type and amount:	-	
Z	04-		
25	Total other adjustments. Add lines 24a through 24z	25	
25 26	Add lines 11 through 23 and 25. These are your <b>adjustments to income</b> . Enter here	23	
20	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.)

Your social security number

Department of the Treasury Internal Revenue Service Name(s) shown on return

Attach to Form 1040, 1040-SR, 1040-NR, or 1041. Go to www.irs.gov/ScheduleE for instructions and the latest information. Attachment Sequence No. 13

OMB No. 1545-0074

JOEI	ARANHA						113-	11-688	7		
Part	<b>Note:</b> If you are in the business of renting personal propert rental income or loss from <b>Form 4835</b> on page 2, line 40.	ty, use \$	Schedule								
	Did you make any payments in 2022 that would require you to file Form(s) 1099? See instructions. If "Yes," did you or will you file required Form(s) 1099?								∕es ⊠ N ∕es □ N		
1a											
A											
B	, ,										
C											
1b	Type of Property (from list below)  2 For each rental real estate proper above, report the number of fair r			Fair Rental Days			Pers	QJV	QJV		
A	gersonal use days. Check the QJ			Α		365	_	0	+		
B	if you meet the requirements to fi			В		303			$+$ $\dashv$		
	qualified joint venture. See instruc	ctions.		C					$+$ $\exists$		
	of Property:										
1	Single Family Residence 3 Vacation/Short-Term Rent Multi-Family Residence 4 Commercial	al	5 Land 6 Roya			Self-Rental Other (desc	ribe)				
						Properti	es:				
Incon	ne:			Α		В			С		
3	Rents received	3		6:	27.						
4	Royalties received	4									
Expe											
5	Advertising	5									
6	Auto and travel (see instructions)	6									
7	Cleaning and maintenance	7		1,4	17.						
8	Commissions	8									
9	Insurance	9									
10	Legal and other professional fees	10									
11	Management fees	11		2,3	45.						
12	Mortgage interest paid to banks, etc. (see instructions)	12		· ·							
13	Other interest	13									
14	Repairs	14		1,9	84.						
15	Supplies	15		2,7							
16	Taxes	16									
17	Utilities	17		2,6	35.						
18	Depreciation expense or depletion	18									
19	Other (list)	19									
20	Total expenses. Add lines 5 through 19	20		11,1	57.						
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	0.4		10 E	20						
00	file Form 6198	21	-	-10 <b>,</b> 5	ა∪.						
22	Deductible rental real estate loss after limitation, if any, on <b>Form 8582</b> (see instructions)	22 (		10,53				)(		)	
23a	Total of all amounts reported on line 3 for all rental proper				23a		627	-			
b	Total of all amounts reported on line 4 for all royalty prope	erties			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					23e	11	,157	_			
24	Income. Add positive amounts shown on line 21. Do not		•				. 24	1			
25	Losses. Add royalty losses from line 21 and rental real estate	e losse	s from lir	ne 22. E	nter to	tal losses he	re <b>25</b>	5 (	10,530	).)	
26	Total rental real estate and royalty income or (loss). On here. If Parts II, III, IV, and line 40 on page 2 do not a Schedule 1 (Form 1040), line 5. Otherwise, include this an	apply t	o you,	also en	iter th	is amount o	n		-10,53	30.	