# 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

	2							
Submission	n Identification Number (SID)							
Taxpayer's na	me	Social securit	y numb	er				
MANISH	NANGUNURI	113-47-4382						
Spouse's nam			Spouse's social security number					
Dout	Toy Patrium Information Toy Voca Ending December 21	- htory your your o	** O ! ! †	harizina				
Part I	<u> </u>	Enter year you a	re aut	norizing	.)			
	e dollars only on lines 1 through 5.							
	n 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.  usted gross income		<b>1</b>	75	5,673.			
-	al tax		2		9,417.			
	eral income tax withheld from Form(s) W-2 and Form(s) 1099		3		5,476.			
	ount you want refunded to you		4		5,059.			
	punt you owe		5		1,000.			
Part II	Taxpayer Declaration and Signature Authorization (Be sure you get a	nd keep a cop	y of y	our retu	ırn)			
my knowled return (origin to send my reformany delay Agent to initipayment of rauthorization payment, I reformation to business dataxes to recepersonal ide Electronic Futangayer's I ampayer's I a	ties of perjury, I declare that I have examined a copy of the income tax return (original or ame ge and belief, it is true, correct, and complete. I further declare that the amounts in Part I hal or amended) I am now authorizing. I consent to allow my intermediate service provider, traceturn to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for in processing the return or refund, and (c) the date of any refund. If applicable, I authorize it are an ACH electronic funds withdrawal (direct debit) entry to the financial institution accounting federal taxes owed on this return and/or a payment of estimated tax, and the financial insit to remain in full force and effect until I notify the U.S. Treasury Financial Agent to termoust contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation must contact the payment (settlement) date. I also authorize the financial institutions involved in eive confidential information necessary to answer inquiries and resolve issues related to intification number (PIN) below is my signature for the income tax return (original or amended ands Withdrawal Consent.  Se PIN: check one box only  authorize  GLOBAL TAXES LLC  ERO firm name	above are the amount ansmitter, or electron rejection of the trace of the U.S. Treasury and trace of the trace of the U.S. Treasury and trace of the trace of the number of the payment. I further of the payment of the payment. I further of the payment of the pa	ounts frontic returns and its dax prepentry to attion. The receive the electric and an arrangement of the electric and an arrangement of the electric and an arrangement of the electric and arrangement of the electric and arrangement of the electric arran	om the in urn origina sion, <b>(b)</b> the esignated aration so this acco to revoke the eed no lath eectronic pa knowledge d, if applid	acome tax ator (ERO) he reason I Financial oftware for ount. This (cancel) a ter than 2 ayment of e that the			
☐ I v	gnature on the income tax return (original or amended) I am now authorizing.  vill enter my PIN as my signature on the income tax return (original or amended) I a  you are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN I  elow.							
Your signat	ture ▶ Date	<b>&gt;</b>						
Snouse's l	PIN: check one box only							
-	authorize to enter or gene	rate my PIN			as my			
	ERO firm name	,	er five o	digits, but	asiny			
siç	gnature on the income tax return (original or amended) I am now authorizing.	do	n't enter	all zeros				
if	vill enter my PIN as my signature on the income tax return (original or amended) I a you are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN relow.							
Spouse's s	ignature ▶ Date	•						
	Practitioner PIN Method Returns Only—continue be	elow						
Part III	Certification and Authentication — Practitioner PIN Method Only							
ERO's EFI	N/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.	2 2 2 4 9 Don't ent	6 6 er all ze	1 9 8	9			
authorized to	the above numeric entry is my PIN, which is my signature for the electronic individual inco of file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am sof the Practitioner PIN method and <b>Pub. 1345</b> , Handbook for Authorized IRS <i>e-file</i> Providers	submitting this retu	ırn in a	ccordance				
ERO's sign	ature ▶ Date	<b>•</b>						
	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. 1545-0074

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

Filing Status Check only one box.	If yo	u checked the MFS box, enter the n	ame of y	ed filing separately (Noor spouse. If you cl					spor	use (QSS)	
Your first name		on is a child but not your dependent							Vour	aial agairii	h, numbor
	and mi	udie iriitiai	Last na						Your social security number		
MANISH		first name and middle initial		UNURI						47-438	
ii joint return, s	pouse s	first name and middle initial	Last nai	me					Spouse	s social sec	curity number
Home address	(numbe	r and street). If you have a P.O. box, see	instruction	ons.			Apt. no	).	Preside	ntial Election	on Campaign
7421 FRA	ANKFO	ORD ROAD					1732	?		nere if you,	
City, town, or p	ost offic	ce. If you have a foreign address, also co	mplete s	paces below.	Stat	е	ZIP code		1 '	0,	ntly, want \$3 Checking a
DALLAS					TX		75252		1 -	ow will not	•
Foreign country	y name		F	oreign province/state/	county	/	Foreign pos	al code	your tax	or refund.	
										You	Spouse
Digital Assets		ny time during 2022, did you: (a) rec ange, gift, or otherwise dispose of a								☐ Yes	⊠ No
Standard	Som	eone can claim:	pendent	Your spouse	e as a	a dependent			-		
Deduction		Spouse itemizes on a separate retur	n or you	were a dual-status	alien	•					
Age/Blindness	s You:	☐ Were born before January 2, 1	958	Are blind Spc	use:	☐ Was bor	rn before Ja	inuary	2, 1958	☐ Is bl	ind
Dependents	s (see	instructions):		(2) Social security		(3) Relationsh	nip (4) Che	ck the b	ox if quali	fies for (see	instructions):
If more	<b>(1)</b> Fi	rst name Last name		number		to you	Ch	ild tax o	redit	Credit for ot	her dependents
than four											
dependents, see instruction	e										
and check											
here	]										
Income	1a	Total amount from Form(s) W-2, b	,	,					. 1a	9	94,536.
	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 instructions)							. 10	:	
attach Forms	d								. 1d		
W-2G and 1099-R if tax	е	Taxable dependent care benefits f		·					. 1e		
was withheld.	f	Employer-provided adoption benefits from Form 8839, line 29							. 1f		
If you did not	g	Wages from Form 8919, line 6.							. 1g		
get a Form W-2, see	h	,	her earned income (see instructions)								0.
instructions.	i	Nontaxable combat pay election (s	see instr	ructions)		<u>1</u> i					24 526
	<u>z</u>	Add lines 1a through 1h							. 1z		94,536.
Attach Sch. B if required.	2a	· –	2a			axable interes			. 2b		
ii required.	3a		3a			rdinary divide			. 3b		
	4a	_	4a			axable amoun			. 4b		
Standard Deduction for—	5a	<del>-</del>	5a			axable amoun			. 5b		
Single or	6a	,	6a	mathad abadi bara		axable amoun	τ		. 6b		
Married filing separately,	C	If you elect to use the lump-sum e		•	•	,			<b>-</b>		
\$12,950	7	,	Attach Schedule D if required. If not required, check here							+ .	10 062
Married filing jointly or	8 9	Other income from Schedule 1, lin							. 8		<u>18,863.</u> 75,673.
Qualifying surviving spouse,	10	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b>									13,013.
\$25,900	11	Subtract line 10 from line 9. This is							. 10		75,673.
Head of household,	12	Standard deduction or itemized	•	-					. 12		12,950.
\$19,400 If you checked	13	Qualified business income deduct				 5-Α			. 13		<u>. 4 ,                                  </u>
any box under	14	Add lines 12 and 13							. 14		12,950.
Standard Deduction,	15	Subtract line 14 from line 11. If zer							. 15		52,723.
see instructions.			1000	., 0 . //// y	•			•			, ,

Form 1040 (2022	2)								Page 2
Tax and	16	Tax (see instructions). Check	if any from Form	(s): <b>1</b> 881	4 <b>2</b> 4972	3 🔲		. 16	9,417.
Credits	17	Amount from Schedule 2, lin	e3					. 17	
	18	Add lines 16 and 17						. 18	9,417.
	19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812			. 19	
	20	Amount from Schedule 3, lin	e8					. 20	
	21	Add lines 19 and 20						. 21	
	22	Subtract line 21 from line 18	. If zero or less, o	enter -0				. 22	9,417.
	23	Other taxes, including self-e							0.
	24	Add lines 22 and 23. This is	your <b>total tax</b>					. 24	9,417.
<b>Payments</b>	25	Federal income tax withheld	from:						
	а	Form(s) W-2				25a	15,4	76.	
	b	Form(s) 1099				25b			
	С	Other forms (see instructions	3)			25c			
	d	Add lines 25a through 25c						. 25d	15,476.
If you have a	26	2022 estimated tax payment	s and amount ar	pplied from 20	21 return			. 26	
qualifying child,	27	Earned income credit (EIC)				27			
attach Sch. EIC.	28	Additional child tax credit from	n Schedule 8812			28			
	29	American opportunity credit	from Form 8863	8, line 8		29			
	30	Reserved for future use .				30			
	31	Amount from Schedule 3, lin	e 15			31			
	32	Add lines 27, 28, 29, and 31	•	-	-			. 32	
	33	Add lines 25d, 26, and 32. T	hese are your <b>to</b>	tal payments				. 33	15,476.
Refund	34	If line 33 is more than line 24	, subtract line 24	4 from line 33.	This is the amou	ınt you <b>ove</b>	rpaid .	. 34	6,059.
	35a	Amount of line 34 you want			is attached, che	ck here .		35a	6,059.
Direct deposit?	b	Routing number 0 4 4			c Type:	Checking	☐ Savi	ings	
See instructions.	d	Account number 5 2 5	3 5 5 5	7 1					
	36	Amount of line 34 you want a	applied to your	2023 estimate	ed tax	36			
Amount You Owe	37	Subtract line 33 from line 24 For details on how to pay, go						. 37	
	38	Estimated tax penalty (see in	structions) .			38			
Third Party Designee		you want to allow another structions	•				<b>Yes.</b> Comp	lete below.	<b>⊠</b> No
		signee's		Phone				identification	
		me		no.			number (l		
Sign Here		der penalties of perjury, I declare t lief, they are true, correct, and com							
Here	Yo	ur signature		Date Your occupation					ent you an Identity
							10	Protection F (see inst.)	PIN, enter it here
Joint return? See instructions.	Sn	ouse's signature. If a joint return, I	anth must sign	Date	SOFTWARE Spouse's occupa		rk		ent your spouse an
Keep a copy for your records.	Ор	ouse's signature. If a joint return, i	our must sign.	Date	opouse's occupa	iioii			tection PIN, enter it here
	Ph	one no. (937)212-910	6	Email address	NANGUNURIMAN	IISH22@GM	AIL.COM		
Paid	Pre	eparer's name	Preparer's signati	ure		Date	PT	IN	Check if:
	SYAM	M PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	02/08/	2023 P0	2082703	Self-employed
Preparer Use Only	Fir	m's name GLOBAL TAX	KES LLC					Phone no.	(678)965-9522
USE OIIIY	Fir	m's address 245 ROONE	Y CT E BRU	NSWICK N	J 08816			Firm's EIN	84-3171965
Co to ununu ima m	/F	n1040 for instructions and the late	at information						F 1040 (2000)

# 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

MANISH NANGUNURI

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. 01
	Your soci	ial security number
	112_/7	_1202

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	-18,863.
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			
	a nongovernmental section 457 plan	8t		
u	Wages earned while incarcerated	8u		
Z	Other income. List type and amount:			
_	Tabal abbau in a gas Adal lines On the same On	8z		
9	Total other income. Add lines 8a through 8z		9	10 062
10	Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR,	or 1040-INK, line 8	10	-18,863.

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 <b>adjustments to income</b> . 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.

Your social security number

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** 

MAN:	ISH NANGUNURI						113-4	7-4382	2
Par	Income or Loss From Rental Real Estate an Note: If you are in the business of renting personal proper rental income or loss from Form 4835 on page 2, line 40.			C. See	instru	ctions. If you ar	e an indi	vidual, rep	port farm
	Did you make any payments in 2022 that would require you								es 🗵 No
В	If "Yes," did you or will you file required Form(s) 1099? .							. 🗌 Y	es 🗌 No
1a	Physical address of each property (street, city, state, ZIF								
Α	DILSUKHNAGAR HYDERABAD TELANGANA IN 50	10060	<u>*</u> 						
В		30000	<u>'</u>						
C									
1b	Type of Property (from list below)  2 For each rental real estate prope above, report the number of fair	rental a	and	Fair Renta Days					
Α	personal use days. Check the Qu			Α		185		0	
В	if you meet the requirements to f qualified joint venture. See instru			В					
С	qualified joint venture. Occ instru	20010113	•	С					
1	of Property: Single Family Residence 3 Vacation/Short-Term Rent Multi-Family Residence 4 Commercial	tal	5 Land 6 Roya			Self-Rental Other (descri	be)		
						Propertie	es:		
Incor	ne:			Α		В			С
3	Rents received	3		6	50.				
4	Royalties received	4							
Expe	nses:								
5	Advertising	5							
6	Auto and travel (see instructions)	6							
7	Cleaning and maintenance	7		1,1	56.				
8	Commissions	8							
9	Insurance	9							
10	Legal and other professional fees	10							
11	Management fees	11		1,2	75.				
12	Mortgage interest paid to banks, etc. (see instructions)	12							
13	Other interest	13			00.				
14	Repairs	14		2,8	00.				
15	Supplies	15							
16	Taxes	16		2 2	0.0				
17	Utilities	17			00.				
18	Depreciation expense or depletion	18		10,1	82.			<del>                                     </del>	
19 20	Other (list)  Total expenses. Add lines 5 through 19	19		10 E	1 2				
		20		19,5	13.				
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 <b>Form 6198</b>	21	-	-18,8	63.				
22	Deductible rental real estate loss after limitation, if any, on <b>Form 8582</b> (see instructions)	22	( :	18,86	53.)	(	)	(	)
23a	Total of all amounts reported on line 3 for all rental prope	erties			23a		650.		
b	Total of all amounts reported on line 4 for all royalty properties.	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	10	,182.		
е	Total of all amounts reported on line 20 for all properties				23e	19	,513.		
24	Income. Add positive amounts shown on line 21. Do no	t inclu	de any lo	sses			. 24		
25	Losses. Add royalty losses from line 21 and rental real estat	te losse	es from lin	ie 22. E	nter to	otal losses here	e <b>25</b>	(	18,863.)
26	Total rental real estate and royalty income or (loss).								
	here. If Parts II, III, IV, and line 40 on page 2 do not a Schedule 1 (Form 1040), line 5. Otherwise, include this ar						n   <b>26</b>		-18,863.