## 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

Subm	ission Identification Number (SID)				
Taxpay	er's name	Social securit	y number		
TEJ	ASWINI MUTHINENI	713-29-9649			
Spouse	's name	Spouse's soc	ial security num	ber	
Par	Tax Return Information — Tax Year Ending December 31, 2022 (Ente	∣ r year you a	re authorizir	ng.)	
Enter	whole dollars only on lines 1 through 5.			<u> </u>	
Note:	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.				
1	Adjusted gross income		1	63,794.	
2	Total tax		2	6 <b>,</b> 799.	
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	8,945.	
4	Amount you want refunded to you		4	2,146.	
5	Amount you owe	<u> </u>	5	1	
Part	Taxpayer Declaration and Signature Authorization (Be sure you get and penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended)		<u> </u>		
return to sen- for any Agent payme author payme busine taxes persor	owledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I abo (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transord my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for reject delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the Loto initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account incoment 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 terminatent, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation recessed days prior to the payment (settlement) date. I also authorize the financial institutions involved in the to receive confidential information necessary to answer inquiries and resolve issues related to the land identification number (PIN) below is my signature for the income tax return (original or amended) I applied to the land of the land	nitter, or electro ection of the tr I.S. Treasury an icated in the to on to debit the e the authoriza uests must be processing of payment. I furt	nic return orig ansmission, (b nd its designat ix preparation entry to this a tition. To revok received no the electronic her acknowled	inator (ERO)  the reason ed Financial software for ccount. This (e (cancel) a later than 2 payment of dge that the	
	ayer's PIN: check one box only			$\neg$	
   		my PIN 9	9 6 4 9	as my	
Ľ	ERO firm name signature on the income tax return (original or amended) I am now authorizing.	Ent	er five digits, bun't enter all zero	ut ´	
	I will enter my PIN as my signature on the income tax return (original or amended) I am r if you are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN meth below.				
Your	signature ▶ Date ▶				
Snou	se's PIN: check one box only				
Spou	I authorize to enter or generate	my DIN		ac my	
	ERO firm name	_	er five digits. bu	as my	
	signature on the income tax return (original or amended) I am now authorizing.		't enter all zero		
	I will enter my PIN as my signature on the income tax return (original or amended) I am r if you are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN meth below.				
Spous	se's signature ▶ Date ▶				
	Practitioner PIN Method Returns Only—continue below	1			
Part	III Certification and Authentication — Practitioner PIN Method Only				
ERO's	s <b>EFIN/PIN.</b> Enter your six-digit EFIN followed by your five-digit self-selected PIN. 2		6 6 1 9 er all zeros	8 9	
author	y that the above numeric entry is my PIN, which is my signature for the electronic individual income t ized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am subrements of the Practitioner PIN method and <b>Pub. 1345,</b> Handbook for Authorized IRS e-file Providers of I	nitting this retu	rn in accordar	nce with the	
FR∩'	s signature ▶ Date ▶				
	ERO Must Retain This Form — See Instructions				

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	<b>X S</b>	Single  Married filing jointly	Marrie	ed filing separately	(MFS)	☐ Head of	household (HOH)		ifying s		ng
Check only one box.	•	u checked the MFS box, enter the n on is a child but not your dependent	,	our spouse. If you	ı check	ed the HOH or	QSS box, enter the		ıse (QS name i	,	<sub>l</sub> ualifying
Your first name			Last na	me				Your so	cial seci	urity n	umber
TEJASWI				INENI				713-29-9649			
		first name and middle initial	Last nai					Spouse's social security number			ly number
Home address	(numbe	r and street). If you have a P.O. box, see	instruction	ons.			Apt. no.	Preside	ntial Ele	ction (	Campaign
9707 HAI	RPER'	'S LANE					206	Check here if you, or your			•
City, town, or p	ost offic	ce. If you have a foreign address, also co	mplete s	paces below.	Sta	te	ZIP code		0,		want \$3
COPPELL			TX			75019	box bel			ecking a ange	
Foreign country name			Foreign province/state/county			Foreign postal code		ax or refund.			
								You Spouse			
Digital Assets		ny time during 2022, did you: (a) rec ange, gift, or otherwise dispose of a	,				, ,	. ,	∏Ye	s Þ	☑ No
Standard		eone can claim:  You as a de		<u>_</u>		a dependent					
Deduction		Spouse itemizes on a separate retur	•	•		•					
Age/Blindness	You:	☐ Were born before January 2, 1	958	Are blind S	pouse	: Was bor	n before January			blind	
Dependent	s (see	instructions):		(2) Social secu	rity	(3) Relationsh			fies for (s	ee inst	ructions):
If more	<b>(1)</b> Fi	rst name Last name		number		to you	Child tax o	redit	Credit for	other c	dependents
than four											
dependents, see instruction	s ——									_Ц	
and check	, —									Щ	
here	]								_		
Income	1a	Total amount from Form(s) W-2, b	ox 1 (see	e instructions) .				. 1a		<u>70,</u>	<u>,794.</u>
A44(-)	b	Household employee wages not re	•	. ,				. 1b			
Attach Form(s) W-2 here. Also	С	Tip income not reported on line 1a (see instructions)									
attach Forms	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)									
W-2G and 1099-R if tax	е	Taxable dependent care benefits from Form 2441, line 26									
was withheld.	f		tion benefits from Form 8839, line 29						_		
If you did not	g	Wages from Form 8919, line 6.						. 1g			
get a Form W-2, see	h	Other earned income (see instruct									0.
instructions.	i	Nontaxable combat pay election (	see instr	ructions)		<u>1</u> i				7.0	704
	<u>z</u>	Add lines 1a through 1h						. 1z			<u>,794.</u>
Attach Sch. B if required.	2a	'	2a			axable interes		. 2b			
ii required.	3a		3a			ordinary divide		. 3b			
	4a	_	4a			axable amoun					
Standard Deduction for—	5a	_	5a 6a			axable amoun		. 5b			
Single or	6a	,					. 6b				
Married filing separately,	с 7	If you elect to use the lump-sum election method, check here (see instructions)									
\$12,950 Married filing	8	Other income from Schedule 1, lin							+		
jointly or	9										<u>,000.</u> ,794.
Qualifying surviving spouse,	10	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b>								_ 00,	, 1 2 4 •
\$25,900	11									63	701
Head of household,	12	Subtract line 10 from line 9. This is your adjusted gross income									<u>,794.</u> ,950.
\$19,400 If you checked	13	Qualified business income deduct		`	,			. 12			, ,,,,,,,
any box under	14									12	,950.
Standard Deduction,	15	Subtract line 14 from line 11. If zer									,930. ,844.
see instructions.	. •	2.2.2.2.2	5 0. 1000	2, 3	- , 501					,	, 5 1 7 .

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	6,799.
Credits	17	Amount from Schedule 2, lin	ne 3					17	
	18	Add lines 16 and 17						18	6,799.
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812			19	
	20	Amount from Schedule 3, lin	ie 8					20	
	21	Add lines 19 and 20						21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	6,799.
	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	6,799.
Payments	25	Federal income tax withheld							
,	а	Form(s) W-2				25a	8,945.		
	b	Form(s) 1099				25b			
	С	Other forms (see instructions				25c			
	d	Add lines 25a through 25c	,					25d	8,945.
	26	2022 estimated tax payment						26	,
If you have a qualifying child,	27	Earned income credit (EIC)				27			
attach Sch. EIC.	28	Additional child tax credit from				28			
	29	American opportunity credit				29			
	30	Reserved for future use .		•		30			
	31	Amount from Schedule 3, lin				31			
	32	Add lines 27, 28, 29, and 31	32						
	33	Add lines 25d, 26, and 32. T	33	8,945.					
	34	If line 33 is more than line 24						34	2,146.
Refund	35a	Amount of line 34 you want	-					35a	2,146.
Direct deposit?	b	Routing number 0 1 1			c Type:			OOa	2,210.
See instructions.	d	Account number 3 8 5					Cavings		
	36	Amount of line 34 you want a				36			
Amount	37	Subtract line 33 from line 24	. This is the <b>am</b> o	ount you owe.					
You Owe		For details on how to pay, g	•	-		1 1		37	
	38	Estimated tax penalty (see in				38			
Third Party Designee		you want to allow another tructions	•				Complete	below.	X No
		signee's		Phone			sonal ident	ification	
	nar			no.			nber (PIN)		
Sign Here		nder penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to elief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which							
TICIC	Yo	ur signature	Your occupation		Prof	ection P	nt you an Identity IN, enter it here		
Joint return?				SOFTWARE DEVELOPER (				inst.)	
See instructions. Keep a copy for your records.	Spouse's signature. If a joint return, <b>both</b> must sign.		Date	· Id				nt your spouse an ection PIN, enter it here	
,		/004 \ 070 \ 0.77		F 1		T0010 ==			
		one no. (201) 273–265		Email address	TMUTHINEN	I@GMAIL.CO			Chaple if:
Paid		eparer's name	Preparer's signat		OUDER	Date	PTIN	0700	Check if:
Preparer		PRIYA RAM SAGAR GUPTA TALLAM		KAM SAGAR	GUPTA TALLAN	1 02/18/2023	P0208		Self-employed
Use Only		m's name GLOBAL TAX			- 00011				(678) 965-9522
	Fire	m's address 245 ROONE	Y CT E BRU	NSWICK N	J 08816		Firn	n's EIN	84-3171965
Go to www.irs.go	ov/Forn	n1040 for instructions and the late	st information.		BAA	REV 02/10/23 PRO			Form 1040 (2022)

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

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

OMB No. 1545-0074 Attachment Sequence No. 01

Department of the Treasury Internal Revenue Service

Attach to Form 1040, 1040-SR, or 1040-NR. Go to www.irs.gov/Form1040 for instructions and the latest information.

Name	s) shown on Form 1040, 1040-SR, or 1040-NR		Your so	cial s	ecurity number
TEJA	SWINI MUTHINENI		713-2	9-96	49
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	ch 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			
- 1	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			

p8

8r

8s

8t

8u

8z

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

**u** Wages earned while incarcerated

Other income. List type and amount:

**q** Taxable distributions from an ABLE account (see instructions) . . .

Nontaxable amount of Medicaid waiver payments included on Form 

t Pension or annuity from a nonqualifed deferred compensation plan or a nongovernmental section 457 plan . . . . . . . . . . . . . . . . .

Total other income. Add lines 8a through 8z . . . . . . . . . . . .

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

Scholarship and fellowship grants not reported on Form W-2

Schedule 1 (Form 1040) 2022

-7,000.

9

10

Schedule 1 (Form 1040) 2022 Page **2** 

Par	II Adjustments to Income			
11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-b			
	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	, ,, ,, , , , , , , , , , , , , , , ,	4a		
b	Deductible expenses related to income reported on line 8l from the			
		4b		
С	Nontaxable amount of the value of Olympic and Paralympic medals			
	·	4c		
d		4d		
е	Repayment of supplemental unemployment benefits under the Trade			
		4e		
f		24f		
g	, , , , , , , , , , , , , , , , , , , ,	4g		
h	Attorney fees and court costs for actions involving certain unlawful			
	,	4h		
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			
		24i	_	
J		24j		
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form	41-		
_	,	4k	_	
Z	Other adjustments. List type and amount:	4z		
25			05	
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> . E		26	
	Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a	<u> </u>		

#### **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

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.

Sequence No. 13

Your social security number

TEJASWINI 713-29-9649 MUTHINENI 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) 1-1-137, GAYATRI NIVAS, PLOT: 203, ALWAL, SECUNDERBAD, TELANGANA IN 500010 Α В C 1b Type of Property **Fair Rental Personal Use** For each rental real estate property listed QJV (from list below) above, report the number of fair rental and **Davs Davs** personal use days. Check the QJV box only Α Α 350 0 if you meet the requirements to file as a В В qualified joint venture. See instructions. C 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: 3 460. 4 Royalties received 4 **Expenses:** 5 5 Advertising 6 Auto and travel (see instructions) 6 600. 7 Cleaning and maintenance. 7 8 Commissions 8 9 9 Insurance . . 10 10 Legal and other professional fees 11 Management fees . . . . . . . . . 11 800. 12 Mortgage interest paid to banks, etc. (see instructions) 12 13 13 2,200. 14 14 Repairs . . . 2,540. 15 Supplies 15 16 16 Taxes 17 Utilities . . . . . . . 17 1,320. 18 18 Depreciation expense or depletion . . . . . . . . Other (list) 19 19 20 20 Total expenses. Add lines 5 through 19 . . . . . . 7,460. 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 -7,000. 22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) . . . . . . . . . 7,000.) 460. 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 7,460. Total of all amounts reported on line 20 for all properties 23e 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 7,000. Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result 26 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

-7,000.