(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

	1.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0				
Submi	ssion Identification Number (SID)				
Taxpaye	r's name	Social secur	ty numl	per	
VIVI	EK GANGIREDDY	280-45	-754	6	
Spouse'	s name	Spouse's so	cial sec	urity numbe	er
Part	Tax Return Information — Tax Year Ending December 31, 2022 (Ente	(Vear Voll 3	re all	thorizino	, <u>)</u>
	whole dollars only on lines 1 through 5.	year you a	ale au	uionzing	J· <i>)</i>
	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.				
1	Adjusted gross income		1 1	10:	3,162.
2	Total tax		2		0.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	1,	7,100.
4	Amount you want refunded to you		4		7,100.
5	Amount you owe		5	_	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Part		кеер а сор	y of y	our reti	urn)
my known return (to send for any Agent t paymer authoriz paymer busines taxes t persona	penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended wledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmany return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejudelay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U or initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account induction from the financial institution account induction is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requised days prior to the payment (settlement) date. I also authorize the financial institutions involved in the part of the payment (PIN) below is my signature for the income tax return (original or amended) I and identification number (PIN) below is my signature for the income tax return (original or amended) I and income tax return (original or amended	we are the amitter, or electrection of the tale. S. Treasury a icated in the tale to debit the entry authorization of the tale the authorizations. If the processing coayment. I fur	ounts for ounic reconstructions of the electrons of the e	rom the inturn origination, (b) the designated paration so to this according to revoke ved no late ectronic perhamments.	ncome ta ator (ERC the reaso d Financia oftware fo count. Thi (cancel) ter than ayment of e that th
	yer's PIN: check one box only				1
X		my PIN 5	7 !	5 4 6	as my
	ERO firm name signature on the income tax return (original or amended) I am now authorizing.	ř Er		digits, but er all zeros	asing
	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 and your return is filed using the Practitioner PIN metholow.				
Your s	ignature ▶ Date ▶				
Snous	e's PIN: check one box only				
Opous	I authorize to enter or generate	my DINI			as my
	ERO firm name		ter five	digits, but	j as m
	signature on the income tax return (original or amended) I am now authorizing.			r all zeros	
	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 and your return is filed using the Practitioner PIN meth below.				
Spous	e's signature ▶ Date ▶				
	Practitioner PIN Method Returns Only—continue below				
Part	Certification and Authentication — Practitioner PIN Method Only				
ERO's	EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 2 2	2 4 9 Don't en	6 6 ter all ze		8 9
authori	that the above numeric entry is my PIN, which is my signature for the electronic individual income to the tax year indicated above for the taxpayer(s) indicated above. I confirm that I am subments of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS e-file Providers of In	nitting this ret	urn in a	accordanc	
ERO's	signature ▶ Date ▶				
	ERO Must Retain This Form — See Instructions				
	Don't Submit This Form to the IRS Unless Requested To I	Do So			

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

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 na	ame of y	ed filing separately (Noor spouse. If you ch		_				spou	se (QSS)	
V		son is a child but not your dependent										h
Your first name	and mi	iddle initial	Last na								cial securit	-
VIVEK		6.1.111.111.1		IREDDY							5-754	
if joint return, s	pousers	s first name and middle initial	Last nai	me) Sp	ousers	s social sec	curity number
Home address	(numbe	er and street). If you have a P.O. box, see	instruction	ons.			Apt.	no.	Pr	esiden	tial Election	on Campaign
16908 C	ASANC	OVA AVENUE									ere if you,	,
City, town, or p	ost offic	ce. If you have a foreign address, also co	mplete s _l	paces below.	Stat	e	ZIP code					itly, want \$3 Checking a
PFLUGERV	/ILLI	E			TX		78660			_	w will not	•
Foreign country	y name		F	Foreign province/state/o	county	y	Foreign po	stal coc	le yo	ur tax	or refund.	_
											You	Spouse
Digital Assets		ny time during 2022, did you: (a) reco ange, gift, or otherwise dispose of a					-	,	. ,		Yes	⊠ No
Standard		eone can claim: You as a de					, (,		
Deduction	_	Spouse itemizes on a separate retur	'	-								
Age/Blindness	You:	Were born before January 2, 1	958	Are blind Spo	use:	☐ Was bor	rn before	Januar	y 2, 1	958	☐ Is bl	ind
Dependents	s (see	instructions):		(2) Social security	.	(3) Relationsh	nip (4) Ch	eck the	box i	f qualifi	es for (see	instructions):
If more	(1) Fi	irst name Last name		number		to you		hild tax	credi	t (Credit for oth	her dependents
than four]			
dependents, see instruction	s ——]			
and check]			
here											[
Income	1a	Total amount from Form(s) W-2, b	ox 1 (se	e instructions)						1a	10	03,044.
	b	Household employee wages not re		, ,						1b		
Attach Form(s) W-2 here. Also	С	Tip income not reported on line 1a (see instructions)							1c			
attach Forms	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)							1d			
W-2G and 1099-R if tax	е	Taxable dependent care benefits from Form 2441, line 26							1e			
was withheld.	f	Employer-provided adoption bene								1f		
If you did not	g	Wages from Form 8919, line 6.								1g		
get a Form W-2, see	h	Other earned income (see instruct	,							1h		0.
instructions.	i	Nontaxable combat pay election (s	see instr	ructions)		<u>1</u> i					1	22 044
	<u>z</u>	Add lines 1a through 1h		· · · · · · · · · · · · · · · · · · ·					٠	1z	1 10	03,044.
Attach Sch. B	2a	· -	2a			axable interes			•	2b		
if required.	3a		3a			rdinary divide			•	3b		118.
	4a		4a			axable amoun			٠	4b		
Standard Deduction for—	5a		5a			axable amoun			•	5b		
Single or	6a	,	6a			axable amoun	τ		Ė	6b		
Married filing separately,	c	If you elect to use the lump-sum e		,	`	,				7		
\$12,950	7	Capital gain or (loss). Attach Sche							ш	7		
Married filing jointly or	8	Other income from Schedule 1, lin		This is your total inc					•	8	1.0	12 162
Qualifying surviving spouse,	9 10	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7							•	10	1	03,162.
\$25,900		Adjustments to income from Sche	-						•	11	1 (12 162
Head of household,	11 12	Subtract line 10 from line 9. This is Standard deduction or itemized	-	-					•	12		03,162. 12 050
\$19,400 If you checked	13	Qualified business income deducti				 5-Δ			•	13	-	12,950.
any box under	14								•	14	1	12 050
Standard Deduction,	15							15		<u>12,950.</u> 90,212.		
see instructions.	.5	Castract into 14 Hoth line 11. Il Zei	0 01 1033	5, 51115 15 y	Jui L	azabie ilicoli			•	13		, U , Z I Z .

Form 1040 (2022	2)								Pa	age 2
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 881	4 2 🗌 4972	3 🗌		16	15,47	1.
Credits	17	Amount from Schedule 2, lin	e3					17		
	18	Add lines 16 and 17						18	15,47	1.
	19	Child tax credit or credit for	other dependent	ts from Schedi	ule 8812			19		
	20	Amount from Schedule 3, lin	e8					20	15,47	1.
	21	Add lines 19 and 20						21	15,47	1.
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22		0.
	23	Other taxes, including self-e	mployment tax,	from Schedule	2, line 21 .			23		0.
	24	Add lines 22 and 23. This is	your total tax					24		0.
Payments	25	Federal income tax withheld								
-	а	Form(s) W-2				25a	17,100	١. ا		
	b	Form(s) 1099				25b				
	С	Other forms (see instructions	3)			25c				
	d	Add lines 25a through 25c						25d	17,10	0.
15	26	2022 estimated tax payment	s and amount a	pplied from 20	21 return			26		
If you have a qualifying child,	27	Earned income credit (EIC)			No .	27				
attach Sch. EIC.	28	Additional child tax credit from				28				
	29	American opportunity credit	from Form 8863	3, 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,	. These are your	total other pa	yments and ref	undable cred	its	32	1	
	33	Add lines 25d, 26, and 32. T	•		-			33	17,10	0.
Defund	34	If line 33 is more than line 24							17,10	0.
Refund	35a	Amount of line 34 you want							17,10	0.
Direct deposit?	b	Routing number 1 1 1				_	Saving			
See instructions.	d	Account number 4 8 8								
	36	Amount of line 34 you want a				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	person to disc	cuss this retur	n with the IRS	? See	. Complet	e below.	⊠ No	
		signee's		Phone			Personal ide			$\overline{}$
	nar			no.			number (PIN	,		Ш
Sign Here		der penalties of perjury, I declare t ief, they are true, correct, and com			, , ,		,		, ,	
TICIC	Yo	ur signature		Date	Your occupation		Pi	otection F	nt you an Identity PIN, enter it here	
Joint return?					ENGINEER			ee inst.)		Ш
See instructions. Keep a copy for your records.	Sp	ouse's signature. If a joint return, t	o th must sign.	Date	Spouse's occupa	tion	ld		nt your spouse an ection PIN, enter it	here
	———Ph	one no. (832)863-725	 7	Email address	G.VIVEK42	@CMATT. CO	,	*		ш
		eparer's name	Preparer's signat	l	G.VIVER42	Date Date	PTIN		Check if:	
Paid		ATA SAI PAVAN KUMAR DUDIPALLI	,		AR DUDIPALLI			70833	Self-employe	ed
Preparer		m's name GLOBAL TAX		IAVAN KUN	TIL DODIEWIII	- 103/01/20			(678)965-95	
Use Only			Y CT E BRU	MCMTCK M	J 08816			rm's EIN		
0-1				TADAAT CIK INC				im 3 LIIN	88-21454	
GO TO WWW.Irs.go	ov/Forn	n1040 for instructions and the late	st information.		BAA	REV 02/24/23 P	RO		Form 1040 ((2022)

SCHEDULE 3 (Form 1040)

Department of the Treasury Internal Revenue Service

Additional Credits and Payments

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

2022
Attachment
Sequence No. 03

Name(s) shown on Form 1040, 1040-SR, or 1040-NR VIVEK GANGIREDDY

Your social security number 280-45-7546

Par	Nonrefundable Credits				
1	Foreign tax credit. Attach Form 1116 if required			1	
2	Credit for child and dependent care expenses from Form 2441 Form 2441			2	
3	Education credits from Form 8863, line 19			3	
4	Retirement savings contributions credit. Attach Form 8880			4	
5	Residential energy credits. Attach Form 5695			5	15,471.
6	Other nonrefundable credits:				
а	General business credit. Attach Form 3800	6a			
b	Credit for prior year minimum tax. Attach Form 8801	6b			
С	Adoption credit. Attach Form 8839	6с			
d	Credit for the elderly or disabled. Attach Schedule R	6d			
е	Alternative motor vehicle credit. Attach Form 8910	6e			
f	Qualified plug-in motor vehicle credit. Attach Form 8936	6f			
g	Mortgage interest credit. Attach Form 8396	6g			
h	District of Columbia first-time homebuyer credit. Attach Form 8859	6h			
i	Qualified electric vehicle credit. Attach Form 8834	6i			
j	Alternative fuel vehicle refueling property credit. Attach Form 8911	6j			
k	Credit to holders of tax credit bonds. Attach Form 8912	6k			
-1	Amount on Form 8978, line 14. See instructions	6I			
Z	Other nonrefundable credits. List type and amount:				
		6z			
7	Total other nonrefundable credits. Add lines 6a through 6z $$. $$.			7	
8	Add lines 1 through 5 and 7. Enter here and on Form 1040, 1040 line 20	-SR, 	or 1040-NR,	8	15,471.

(continued on page 2)

Schedule 3 (Form 1040) 2022 Page **2**

Par	Other Payments and Refundable Credits			
9	Net premium tax credit. Attach Form 8962		9	
10	Amount paid with request for extension to file (see instructions) .		10	
11	Excess social security and tier 1 RRTA tax withheld		11	
12	Credit for federal tax on fuels. Attach Form 4136		12	
13	Other payments or refundable credits:			
а	Form 2439	13a		
b	Credit for qualified sick and family leave wages paid in 2022 from Schedule(s) H for leave taken before April 1, 2021	13b		
С	Reserved for future use	13c		
d	Credit for repayment of amounts included in income from earlier years	13d		
е	Reserved for future use	13e		
f	Deferred amount of net 965 tax liability (see instructions)	13f		
g	Reserved for future use	13g		
h	Credit for qualified sick and family leave wages paid in 2022 from Schedule(s) H for leave taken after March 31, 2021, and before October 1, 2021	13h		
Z	Other payments or refundable credits. List type and amount:	13z		
14	Total other payments or refundable credits. Add lines 13a through		14	
15	Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040-line 31	-SR, or 1040-NR,	15	

Department of the Treasury Internal Revenue Service

Residential Energy Credits

Go to www.irs.gov/Form5695 for instructions and the latest information. Attach to Form 1040, 1040-SR, or 1040-NR.

OMB No. 1545-0074

Attachment Sequence No. **158**

Name(s) shown on return VIVEK GANGIREDDY Your social security number

280-45-7546

Part	Residential Clean Energy Credit (See instructions before completing this part.)		
Note	Skip lines 1 through 11 if you only have a credit carryforward from 2021.		
1	Qualified solar electric property costs	. 1	55,505.
2	Qualified solar water heating property costs	. 2	
3	Qualified small wind energy property costs	. 3	
4	Qualified geothermal heat pump property costs	. 4	
5	Qualified biomass fuel property costs	. 5	
6a	Add lines 1 through 5	. 6a	55,505.
b	Multiply line 6a by 30% (0.30)	. 6b	16,652.
7a	Qualified fuel cell property. Was qualified fuel cell property installed on, or in connection with, you main home located in the United States? (See instructions.)		☐ Yes ☐ No
	Caution: If you checked the "No" box, you cannot take a credit for qualified fuel cell property. Ski lines 7b through 11.	ip	
b	Print the complete address of the main home where you installed the fuel cell property.		
	Number and street Unit No.	_	
	City, State, and ZIP code	_	
8	Qualified fuel cell property costs		
9	Multiply line 8 by 30% (0.30)		
10	Kilowatt capacity of property on line 8 above 10		
11	Enter the smaller of line 9 or line 10	. 11	
12	Credit carryforward from 2021. Enter the amount, if any, from your 2021 Form 5695, line 16	. 12	
13	Add lines 6b, 11, and 12	. 13	16,652.
14	Limitation based on tax liability. Enter the amount from the Residential Clean Energy Credit Lim Worksheet (see instructions)		15,471.
15	Residential clean energy credit. Enter the smaller of line 13 or line 14. Also include this amount of Schedule 3 (Form 1040), line 5		15,471.
16	Credit carryforward to 2023. If line 15 is less than line 13, subtract line 15 from line 13		

Page **2**

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Part II **Energy Efficient Home Improvement Credit** 17a Were the qualified energy efficiency improvements or residential energy property costs for your main home located in the United States? (see instructions) 17a Yes No Caution: If you checked the "No" box, you cannot claim the energy efficient home improvement credit. Do not complete Part II. Print the complete address of the main home where you made the qualifying improvements. Caution: You can only have one main home at a time. Unit No. Number and street City, State, and ZIP code Yes No Were any of these improvements related to the construction of this main home? . . . 17c Caution: If you checked the "Yes" box, you can only claim the energy efficient home improvement credit for qualifying improvements that were not related to the construction of the home. Do not include expenses related to the construction of your main home, even if the improvements were made after you moved into the home. 18 Lifetime limitation. Enter the amount from the Lifetime Limitation Worksheet (see instructions) . . . 18 Qualified energy efficiency improvements (original use must begin with you and the component must 19 reasonably be expected to last for at least 5 years; do not include labor costs) (see instructions). Insulation material or system specifically and primarily designed to reduce heat loss or gain of your 19a Exterior doors that meet or exceed the version 6.0 Energy Star program requirements 19b Metal or asphalt roof that meets or exceeds the Energy Star program requirements and has appropriate pigmented coatings or cooling granules which are specifically and primarily designed to reduce the 19c d Exterior windows and skylights that meet or exceed the version 6.0 Energy 19d Maximum amount of cost on which the credit can be figured 19e \$2,000 If you claimed window expenses on your Form 5695 prior to 2022, enter the amount from the Window Expense Worksheet (see instructions); otherwise 19f Ω Subtract line 19f from line 19e. If zero or less, enter -0-. . . . 19g 2,000. 19h **h** Enter the smaller of line 19d or line 19g 0. Add lines 19a, 19b, 19c, and 19h 0. 20 20 0. 21 21 22 Residential energy property costs (must be placed in service by you; include labor costs for onsite preparation, assembly, and original installation) (see instructions). Energy-efficient building property. Do not enter more than \$300 22a 0. Qualified natural gas, propane, or oil furnace or hot water boiler. Do not enter more than \$150 . . . 22b Advanced main air circulating fan used in a natural gas, propane, or oil furnace. Do not enter more 22c 0. 23 23 24 24 25 Maximum credit amount. (If you jointly occupied the home, see instructions) 25 26 26 27 Subtract line 26 from line 25. If zero or less, stop; you cannot take the energy efficient home 27 28 28 Limitation based on tax liability. Enter the amount from the Energy Efficient Home Improvement Credit 29

Energy efficient home improvement credit. Enter the smaller of line 28 or line 29. Also include this

29

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