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

Submission Identification Number (SID)			•		
Taxpayer's name	S	ocial security	/ numbe	r	
MOUNICA SAMPARA 814-80-3740					
Spouse's name	S	Spouse's social security number			
Part I Tax Return Information — Tax Year Ending December 31,	2022 (Enter y	ear you ar	e auth	orizing.))
Enter 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		,042.
2 Total tax			2		,644.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099			3		,739.
4 Amount you want refunded to you			4	4	<u>,095.</u>
5 Amount you owe			5 (of yo	ur rotuu	m)
Under penalties of perjury, I declare that I have examined a copy of the income tax return (original to the surface of the income tax return (original to the surface of the income tax return (original to the surface of the surface					
return (original or amended) I am now authorizing. I consent to allow my intermediate service to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institur payment of my federal taxes owed on this return and/or a payment of estimated tax, and the fauthorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agayment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment obusiness days prior to the payment (settlement) date. I also authorize the financial institutions taxes to receive confidential information necessary to answer inquiries and resolve issues personal identification number (PIN) below is my signature for the income tax return (original Electronic Funds Withdrawal Consent.	or reason for reject I authorize the U.S. tion account indica financial institution gent to terminate the cancellation reques involved in the prelated to the pay	ion of the tra Treasury an ted in the ta to debit the ne authoriza sts must be ocessing of ment. I furth	ansmiss de its de x prepa entry to tion. To receive the elector acking the control of the contro	ion, (b) the esignated I ration soft this accordance (ced no late etronic paynowledge	e reason Financial tware for unt. This cancel) a r than 2 yment of that the
Taxpayer's PIN: check one box only X I authorize GLOBAL TAXES LLC to entity to entity the state of the state	er or generate my	, DINI 0	3 7	4 0	00 m)/
ERO firm name		Ente		gits, but all zeros	as my
signature on the income tax return (original or amended) I am now authoriz I will enter my PIN as my signature on the income tax return (original or an if you are entering your own PIN and your return is filed using the Practiti below.	nended) I am nov				
Your signature ► Mounica Sampara	_ Date ►				
Spouse's PIN: check one box only					
	er or generate my	PIN			as my
ERO firm name		Ente		gits, but	,
signature on the income tax return (original or amended) I am now authoriz	-			all zeros	
I will enter my PIN as my signature on the income tax return (original or an if you are entering your own PIN and your return is filed using the Practiti below.					
Spouse's signature ▶	Date ►				
Practitioner PIN Method Returns Only—co					
Part III Certification and Authentication — Practitioner PIN Method	Only				
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected I	PIN. 2 2 2			1 9 8	9
		Don't ente	r all zero)S	
I certify that the above numeric entry is my PIN, which is my signature for the electronic indiauthorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm requirements of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS <i>e-fi</i>	that I am submitti	ng this retui	n in ac	cordance	
ERO's signature ▶	Date ►				
ERO Must Retain This Form — See Instance Don't Submit This Form to the IRS Unless Rec		So			

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	X S	Single Married filing joi	ntly M	arried filing separate	ely (MFS)	Head of	hous	ehold (HOH	l) 🗌		fying survi	ving	
Check only one box.	If vo	u checked the MFS box, ent	er the name	of vour spouse. If v	ou check	ed the HOH o	r OSS	Shox ente	r the c		se (QSS) name if the	aualifyina	
ONC BOX.		on is a child but not your de		or your spouse. If y	ou cricci	ca the Horro	QUC	box, crite	i tilo c	illia 3	name ii tik	qualifying	
Your first name	and mi	ddle initial	Las	t name					Yo	our soc	ial security	number	
MOUNICA									814-80-3740				
	oouse's	first name and middle initial		t name					_	Spouse's social security number			
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,									'			•	
Home address	(numbe	r and street). If you have a P.O.	box, see instr	ructions.				Apt. no.	Pr	esider	tial Election	n Campaign	
871 TAKE	! Саб	ROLYN PARKWAY						252	- 1	Check here if you, or your			
		ce. If you have a foreign address	s, also comple	ete spaces below.	Sta	te	ZIP	code			f filing joint		
IRVING		,		·	T	ζ	75	039		to go to this fund. Checking a box below will not change			
Foreign country	name			Foreign province/s	tate/count	y	-	ign postal co		your tax or refund.			
											You	Spouse	
Digital	At an	y time during 2022, did you	: (a) receive	(as a reward, award	d. or pavr	nent for prope	ertv o	r services):	or (b)	sell.			
Assets		ange, gift, or otherwise disp									Yes	⊠ No	
Standard		eone can claim: You				a dependent		, ,					
Deduction	_	Spouse itemizes on a separa											
A /Diil	V	N/ava bawa bafawa Jawa	1050	Aug le line el	0			faur laure	0 1	050			
		Were born before Janu	lary 2, 1958	Are blind	Spouse			fore Janua	, ,		ls blir		
Dependents				(2) Social se		(3) Relationsh to you	nip			x if qualifies for (see instructions):		,	
If more than four	(1) FI	rst name Last name	•	Hamboi		to you		Child ta	x creai	credit Credit for other depe		ar dependents T	
dependents,							-		<u> </u>		<u>L</u>	<u></u>	
see instructions	s ——								<u> </u>		<u>L</u>	<u></u>	
and check here									<u> </u> 			<u></u>	
	1a	Total amount from Form(s)	W-2 box 1	(see instructions)						1a		1,042.	
Income	b	Household employee wag	•	` ,			•		•	1b	- 3	1,042.	
Attach Form(s)	c	Tip income not reported o					•		•	1c			
W-2 here. Also	d	Medicaid waiver payments	•	,			•		•	1d			
attach Forms W-2G and	e	Taxable dependent care b	•	` , ` `			•		•	1e			
1099-R if tax	f	Employer-provided adopti		·			•		•	1f			
was withheld.	g g	Wages from Form 8919, lii		•			•		•	1g			
If you did not get a Form	h	Other earned income (see					•			1h		0.	
W-2, see	i	Nontaxable combat pay el	,			1	i Ì		•				
instructions.	z	Add lines 1a through 1h								1z	5	1,042.	
Attach Sch. B	2a	Tax-exempt interest	. 2a		b T	axable interes	t			2b			
if required.	За	Qualified dividends			-	rdinary divide				3b			
	4a	IRA distributions	. 4a		b T	axable amoun	ıt .			4b			
Standard	5a	Pensions and annuities .				axable amoun				5b			
Deduction for—	6a	Social security benefits .	. 6a		b T	axable amoun	ıt .			6b			
Single or Married filing	С	If you elect to use the lump	o-sum electi	on method, check h	nere (see	instructions)							
separately, \$12,950	7	Capital gain or (loss). Attac	ch Schedule	D if required. If not	required	, check here				7			
Married filing	8	Other income from Sched	ule 1, line 10							8	_	6,000.	
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5	b, 6b, 7, and	d 8. This is your tota	al income					9	4	5,042.	
surviving spouse, \$25,900	10	Adjustments to income fro								10			
Head of	11	Subtract line 10 from line 9	9. This is you	ır adjusted gross i	ncome					11	4	5,042.	
household, \$19,400	12	Standard deduction or it	emized ded	uctions (from Sche	dule A)					12	1	2,950.	
If you checked	13	Qualified business income	deduction f	rom Form 8995 or F	orm 899	5-A				13			
any box under Standard	14	Add lines 12 and 13								14	1	2,950.	
Deduction, see instructions.	15	Subtract line 14 from line	11. If zero or	less, enter -0 This	s is your t	axable incon	ne			15	3	2,092.	
-)													

Form 1040 (2022	2)								Page 2
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 881	4 2 4972	3 🔲 _		. 16	3,644.
Credits	17	Amount from Schedule 2, lin	e3					. 17	
	18	Add lines 16 and 17						. 18	3,644.
	19	Child tax credit or credit for	other dependent	s 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	3,644.
	23	Other taxes, including self-en	mployment tax,	from Schedule	2, line 21 .			. 23	0.
	24	Add lines 22 and 23. This is	your total tax					. 24	3,644.
Payments	25	Federal income tax withheld							
-	а	Form(s) W-2				25a	7,7	39.	
	b	Form(s) 1099				25b			
	С	Other forms (see instructions	3)			25c			
	d	Add lines 25a through 25c						. 25d	7,739.
If you have a	26	2022 estimated tax payment	s and amount a	oplied from 20	21 return			. 26	
If you have a 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	, 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.				undable c	redits .	. 32	
	33	Add lines 25d, 26, and 32. T	•		-			. 33	7,739.
Refund	34	If line 33 is more than line 24							4,095.
Retund	35a	Amount of line 34 you want I				-	=		4,095.
Direct deposit?	b	Routing number 0 4 4			c Type:				
See instructions.	d	Account number 3 1 2					,		
	36	Amount of line 34 you want a			ed tax	36			
Amount	37	Subtract line 33 from line 24							
You Owe	0.	For details on how to pay, go	o to www.irs.gov	//Payments or	see instructions			. 37	
	38	Estimated tax penalty (see in	structions) .			38			
Third Party Designee		you want to allow another structions	•				Yes. Comp	olete below.	⊠ No
		signee's		Phone no.			Personal number (identification	
		me						,	
Sign		der penalties of perjury, I declare the lief, they are true, correct, and com			, , ,		,		, ,
Here	Yo	ur signature		Date	Your occupation				ent you an Identity
		_							PIN, enter it here
Joint return?					SOFTWARE		ER	(see inst.)	
See instructions. Keep a copy for your records.	Sp	ouse's signature. If a joint return, t	oth must sign.	Date	Spouse's occupa	tion			ent your spouse an tection PIN, enter it here
	Ph	one no. (479)381-781	7	Email address	MOUNICASAM	PARA@GMA	AIL.COM		
Daid	Pre	eparer's name	Preparer's signat	ure	•	Date		ΓIN	Check if:
Paid	SYAM	M PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	01/12	/2023 P0	2082703	Self-employed
Preparer		m's name GLOBAL TAX						1	(678)965-9522
Use Only			Y CT E BRU	NSWICK N	J 08816			Firm's EIN	88-2145487
Co to ununi im o	a//_a	m10.40 for instructions and the late	at information	·					5 1040 (0000)

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

MOUNICA SAMPARA

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 social security number
814-80-3740

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	-6,000.
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		
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 (2	
t	Pension or annuity from a nonqualifed deferred compensation plan or	0.		
	a nongovernmental section 457 plan	8t		
	Wages earned while incarcerated	8u		
Z	Other income. List type and amount:	0-		
0	Total other income. Add lines to through to	8z		
9 10	Total other income. Add lines 8a through 8z		9	-6 000

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 govern			
	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 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			05	
25 26	Total other adjustments. Add lines 24a through 24z		25	
26	Add lines 11 through 23 and 25. These are your adjustments to income . Enter here at Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a		26	
	Form 1040 or 1040-36, line 10, or form 1040-196, line 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,

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.

2022
Attachment Sequence No. 13

Your social security number

814-80-3740 MOUNICA SAMPARA 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) PREAM NAGAR, KHAIRTHABAD HYDERABAD TELANGANA IN 500004 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 365 0 if you meet the requirements to file as a В В qualified joint venture. See instructions. С C Type of Property: 1 Single Family Residence 3 Vacation/Short-Term Rental 7 Self-Rental 5 Land 8 Other (describe) 2 Multi-Family Residence 4 Commercial 6 Royalties **Properties:** Α В C Income: 3 500. 4 Royalties received 4 **Expenses:** 5 5 Advertising 6 Auto and travel (see instructions) 6 7 Cleaning and maintenance. 7 800. 8 Commissions 8 9 9 Insurance . . 10 10 Legal and other professional fees 11 Management fees 11 900. 12 Mortgage interest paid to banks, etc. (see instructions) 12 13 13 1,500. 14 14 Repairs . . . 15 Supplies 15 1,200. 16 16 Taxes 17 17 2,100. 18 18 Depreciation expense or depletion 19 19 Other (list) 20 20 Total expenses. Add lines 5 through 19 6,500. 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 -6,000. 22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) 6,000.) 500. 23a 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 6,500. 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 6,000. 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 -6,000.