# 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 I	Number (SID)			•		
Taxpayer's name			Social securit	y numb	er	
SAI JAHNAVI ANUMO	)LU		873-09-	-4895	5	
Spouse's name			Spouse's soci	ial secu	rity numbe	r
Part I Tax Return	Information — Tax Year Ending Decemb	<b>per 31,</b> 2022 (Enter	year you a	re aut	horizing	.)
Enter whole dollars only or						<i></i>
Note: Form 1040-SS filers	s use line 4 only. Leave lines 1, 2, 3, and 5 blank	ζ.				
	ome			1		,572.
				2		2,695.
	withheld from Form(s) W-2 and Form(s) 1099 .			3		922.
	refunded to you			5	3	3,227.
Part II Taxpayer De	eclaration and Signature Authorization (	Be sure you get and k	eep a cop	_	our retu	ırn)
Under penalties of perjury, I d my knowledge and belief, it i return (original or amended) I to send my return to the IRS a for any delay in processing th Agent to initiate an ACH elect payment of my federal taxes of authorization is to remain in payment, I must contact the business days prior to the pa taxes to receive confidential personal identification numbe Electronic Funds Withdrawal (I)  Taxpayer's PIN: check or  X I authorize GLC  signature on the i I will enter my PIN if you are entering below.	ne box only  DBAL TAXES LLC  ERO firm name  income tax return (original or amended) I am no  N as my signature on the income tax return (ori g your own PIN and your return is filed using	the amounts in Part I abovate service provider, transmit of receipt or reason for reje applicable, I authorize the U. uncial institution account indiax, and the financial institutio Financial Agent to terminate. Payment cancellation requal institutions involved in the olve issues related to the purn (original or amended) I are to enter or generate rew authorizing.	e are the amounter, or electroction of the tr.  S. Treasury are cated in the tan to debit the the authorizates must be processing of ayment. I furth now authorian may PIN  The processing of the processing of the authorization of the processing of	ounts from cretical sansmission and its day preperently to the electric title. The receivable and the electric than the ele	om the in urn origina sion, (b) the esignated aration so this according to the edno late ectronic particularly and the ectroni	acome tax ator (ERO) he reason I Financial ifftware for ount. This (cancel) a er than 2 ayment of e that the cable, my as my
Spouse's PIN: check one	box only					
I authorize	ERO firm name	to enter or generate r	_	L_L		as my
signature on the i	income tax return (original or amended) I am no	w authorizing.			digits, but all zeros	
☐ I will enter my PIN	N as my signature on the income tax return (or g your own PIN <b>and</b> your return is filed using	ginal or amended) I am no				
Spouse's signature ▶		Date <b>▶</b>				
	Practitioner PIN Method Returns	Only—continue below				
Part III Certification	n and Authentication — Practitioner PIN	Method Only				
ERO's EFIN/PIN. Enter yo	our six-digit EFIN followed by your five-digit sel-	s-selected PIN. 2 2	2 4 9 0	6 6 erallze	1 9 8	3 9
authorized to file for tax year	ric entry is my PIN, which is my signature for the el r indicated above for the taxpayer(s) indicated abov her PIN method and <b>Pub. 1345</b> , Handbook for Author	e. I confirm that I am subm	tting this retu	rn in a	ccordance	
ERO's signature ▶		Date ►				
	ERO Must Retain This Form Don't Submit This Form to the IRS U		o So			

E 1040 Department of the Treasury—Internal Revenue Service
U.S. Individual Income Tax Return

2022	
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OMB No. 1545-0074

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

one box. If you checked the MRS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent:  Vour first name and middle initial  Last name  Span JAINAVI  RAPL no.  APL no	Filing Status Check only	<b>X</b> S	Single Married filing jointly	Marrie	ed filing separately	(MFS)	Head of	house	ehold (HOF	l)		ifying survi ise (QSS)	iving	
Vour social security number   S73_JAINAYI	one box.				our spouse. If you	checke	ed the HOH or	r QSS	S box, ente	r the c	hild's	name if the	e qualifying	
## APA TANNAVI   Last name   Spouse's contact and middle initial   Last name   Spouse's proclaim class department   Spouse's proclaim class   Spouse	Your first name		· · · · · · · · · · · · · · · · · · ·		me					Yo	ur so	cial security	number	
If point return, spouse's first name and middle initial   Last name   Apt. no.   200   Ap											•			
City, town, or post office. If you have a foreign address, also complete spaces below.   State   ZIP code   TX   75.03.4     TX   TX   TX     TX   TX   TX     TX   TX			first name and middle initial	_										
State   City town, or post office. If you have a foreign address, also complete spaces below.   State   ZiP code   Standard   FRISCO   TX   75034   Stop to this faunt Checking a box below will not change   Foreign country name   Foreign province/state/country	Home address	(numbe	r and street). If you have a P.O. box, see	 e instruction	ons.				Apt. no.	Pr	esider	ntial Electio	n Campaign	
Foreign country name	8625 HIC	CKORY	Y STREET						2230					
FRESCO Type and the provided and provided and provided the provided and provided an	City, town, or p	ost offic	ce. If you have a foreign address, also co	omplete s	paces below.	Stat	е	ZIP	code			0,	•	
Spouse   At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions).   Yes   No	FRISCO					TX		75	034		•		_	
At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions).   Yes   No	Foreign country	/ name		F	Foreign province/state	e/count	/	Fore	ign postal co	de yo	ur tax	_		
Assets exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.)	Digital	At an	v time during 2022, did vou: (a) red	eive (as	a reward award o	r navn	ent for prope	rty o	r services):	or (b)	sell	You	Spouse	
Age/Blindness   Vou:   Were born before January 2, 1958   Are blind   Spouse:   Was born before January 2, 1958   Is blind   Spouse:   Was born before January 2, 1958   Is blind   Spouse:   Was born before January 2, 1958   Is blind   Spouse:   Was born before January 2, 1958   Is blind   Spouse:   Was born before January 2, 1958   Is blind   Spouse:   Was born before January 2, 1958   Is blind   Spouse:   Was born before January 2, 1958   Is blind   Spouse:   Was born before January 2, 1958   Is blind   Spouse:   Was born before January 2, 1958   Is blind   Spouse:   Was born before January 2, 1958   Is blind   Spouse:   Was born before January 2, 1958   Is blind   Spouse:   Was born before January 2, 1958   Is blind   Spouse:   Was born before January 2, 1958   Is blind   Was born and before January 2, 1958   Is blind   Was born and before January 2, 1958   Is blind   Was born before January 2, 1958   Is blind   Was born and passed before January 2, 1958   Is blind   Was born and passed before January 2, 1958   Is blind   Was born and passed before January 2, 1958   Is blind   Was born and passed before January 2, 1958   Is blind   Was born and passed before January 2, 1958   Is blind   Was born and passed before January 2, 1958   Is blind   Is blind   Is blind   Is blind   Is blind   Is blind   Is blin	Assets											Yes	⊠ No	
Age/Blindness You:   Were born before January 2, 1958   Is blind  Dependents (see instructions): (2) Social security (3) Relationship (4) Check the box if qualifies for (see instructions): (7) First name	Standard	Som	eone can claim:   You as a de	ependent	t 🗌 Your spou	se as a	a dependent							
Dependents (see instructions):  (1) First name  Last name  (2) Social security number  (3) Relationship to you  Child tax credit  Credit for other dependents  Income  Total amount from Form(s) W-2, box 1 (see instructions)  Household employee wages not reported on Form(s) W-2  Attach Form(s)  W-2 here, Also  develored attach forms  W-2 and  1999- Rif tax  was withheld  for you did not get a Form  W-2, see instructions  Income of the carried income (see instructions)  Add lines 1a through 1h  Attach Sch. B  Tax-exempt interest  2a Tax-exempt interest  2a Qualified dividends  3a D Taxable amount  5a Pensions and annuities  5a Deduction  5a Social security provides and provides on Form(s) W-2  To you dect to use the lump-sum election method, check here (see instructions)  1b Conditions  (4) Check the box if qualifies for (see instructions)  Child tax credit  Credit for other dependents  1b Child tax credit  Child tax credit  Credit for other dependents  To you  In the complete of the proving of of the pro	Deduction		Spouse itemizes on a separate retu	rn or you	ı were a dual-statu:	s alien								
If more than four dependents, see instructions and check here	Age/Blindness	You:	☐ Were born before January 2,	1958	Are blind Sp	ouse:	☐ Was bo	rn be	fore Janua	ry 2, 1	958	☐ Is bli	nd	
If more than four dependents, see instructions and check here .   Income  1a Total amount from Form(s) W-2, box 1 (see instructions)	Dependents	s (see	instructions):			ty		nip (	(4) Check th	e box if	qualif	ies for (see i	nstructions):	
dependents, see instructions and check here	If more	<b>(1)</b> Fi	rst name Last name		number		to you		Child ta	x credit	t	Credit for other dependents		
Income	than four													
Income  Income  Attach Form(s) W-2 here. Also W-2 and Household employee wages not reported on Form(s) W-2  Tip income not reported on line 1a (see instructions)  W-2 and Household employee wages not reported on Form(s) W-2  Tip income not reported on line 1a (see instructions)  U-2 and Household employee wages not reported on Form(s) W-2  Tip income not reported on Form(s) W-2 (see instructions)  Household employee wages not reported on Form(s) W-2  Tip income not reported on Form(s) W-2 (see instructions)  Household employee wages not reported on Form(s) W-2  Tip income not reported on Form(s) W-2 (see instructions)  Household employee wages not reported on Form(s) W-2  Tip income not reported on Form(s) W-2 (see instructions)  Household employee wages not reported on Form(s) W-2  Tip income not reported on Form Sep5.  Tip income not reported on Form(s) W-2  Tip income no		s ——												
Income  1a Total amount from Form(s) W-2, box 1 (see instructions)  1b Household employee wages not reported on Form(s) W-2  1c Tip income not reported on line 1a (see instructions)  1c W-2 here, Also attach Forms  1d Medicaid waiver payments not reported on Form(s) W-2 (see instructions)  1d Medicaid waiver payments not reported on Form(s) W-2 (see instructions)  1d Medicaid waiver payments not reported on Form(s) W-2 (see instructions)  1d Medicaid waiver payments not reported on Form(s) W-2 (see instructions)  1d Medicaid waiver payments not reported on Form(s) W-2 (see instructions)  1d Medicaid waiver payments not reported on Form(s) W-2 (see instructions)  1d Medicaid waiver payments not reported on Form(s) W-2 (see instructions)  1d Medicaid waiver payments not reported on Form(s) W-2 (see instructions)  1d Medicaid waiver payments not reported on Form(s) W-2 (see instructions)  1d Medicaid waiver payments not reported on Form(s) W-2 (see instructions)  1d Medicaid waiver payments not reported on Form(s) W-2 (see instructions)  1d Medicaid waiver payments not reported on Form(s) W-2 (see instructions)  1d Medicaid waiver payments not reported on Form(s) W-2 (see instructions)  1d Medicaid waiver payments not reported on Form(s) W-2 (see instructions)  1d Medicaid waiver payments not reported on Form(s) W-2 (see instructions)  1d Medicaid waiver payments not reported on Form(s) W-2 (see instructions)  1d Medicaid waiver payments not reported on Form(s) W-2 (see instructions)  1d Medicaid waiver payments not reported on Form 8995, N 1d Net see instructions)  1d Medicaid waiver payments not reported on Form 8995. N 1d Net see instructions)  1d Medicaid waiver payments not reported on Form 8995 or Form 8995. N 1d Net see instructions)  1d Medicaid waiver payments not reported on Form(s) W-2 (see instructions)  1d Dove declaration Payments of Form 8995 or Form 8995. N 1d Net see instructions)  1d Dove declaration Payments of Form 8995 or Form 8995. N 1d Net see instructions)  1d Dove declaration Payments of F	and check								L			<u>L</u>		
b Household employee wages not reported on Form(s) W-2  Attach Form(s) W-2 here, Also attach Forms W-2 here, Also attach Forms W-2 mere, Also attach Sch. B get a Form W-2 see instructions.  In mere, Also attach Sch. B get a Form W-2 see instructions.  In mere, Also attach Sch. B get a Form W-2 see instructions  In mere, Also attach Sch. B get a Form W-2 see instructions  In mere, Also attach Sch. B get a Form W-2 see instructions  In mere, Also attach Sch. B get a Form W-2 see instructions  In mere, Also attach Sch. B get a Form W-2 see instructions)  In mere, Also attach Sch. B get a Form W-2 see instructions)  In mere, Also attach Sch. B get a Form Form 8839, line 29  Wages from Form 8919, line 6  In mere, Also attach Sch. B get a Form Form 8919, line 6  In mere, Also attach Sch. B get a Form Form 8919, line 6  In mere, Also attach Sch. B get a Form Form 8919, line 6  In mere, Also attach Sch. B get a Form Altach Sch. B get a Form Form 8919, line 29  Wages from Form 8919, line 29  In mere, Also attach Sch. B get a Form Form 8919, line 29  In mere, Also attach Sch. B get a Form Form 8919, line 26  In mere, Also attach Sch. B get a Form Form 8919, line 26  In mere, Also attach Sch. B get a Form Form 8919, line 26  In get a Form Altach Sch. B get a Form Form 8919, line 29  In get a Form Altach Sch. B get a Form Form 8919, line 29  In get a Form Altach Sch. B get a Form Form 8919, line 29  In get a Form Altach Sch. B get a Form Altac	here											L		
Attach Forms W-2 here. Also attach Forms W-2 face and 1099-Ri ft ax was withheld. If you did not get a Form W-2, see instructions.  Z Add lines 1a through 1h  Attach Sch. B frequired.  Attach Sch. B frequired.  Attach Grand Required.  Standard Deduction for Married filing separately. \$12,850  St2,980  Married filing separately. \$25,990  Married filing separately. \$25,900  Married filing	Income	1a	. ,	•	,							10	0,492.	
W-2 here. Also attach Forms  W-2G and 1099-Rif tax was withheld. If you did not get a Form W-2, see instructions  If you did not get a Form W-2, see instructions  If you did not get a Form W-2, see instructions  If you did not get a Form W-2, see instructions  If you did not get a Form W-2, see instructions  If you did not get a Form W-2, see instructions  In the component of the properties of more of the properties of the	Attack Farms(a)	b												
W-2G and 1099-R if tax was withheld. If you did not get a Form W-2, see instructions.  If you did not get a Form W-2, see instructions.  Attach Sch. B 2a Tax-exempt interest 2a b Taxable interest 2b Taxable dividends 3a b Ordinary dividends 3b Taxable amount 4b Taxable amount 5b Taxable amount 6b Taxable amount 5b Ta	W-2 here. Also		·	•	•						_			
1099-Rif tax was withheld.  f Employer-provided adoption benefits from Form 8839, line 29  11f   Wages from Form 8919, line 6   1g   1g   1h   0.  Wez, see instructions.  i Nontaxable combat pay election (see instructions)   1i   1   1   100   492.  Attach Sch. B   2a   Tax-exempt interest   2a   b   Taxable interest   2b   2b   3a   Qualified dividends   3a   b   Ordinary dividends   3b   4a   RA distributions   4a   b   Taxable amount   4b   4b   4b   4d   4d   b   Taxable amount   5b   5d   5d   5d   5d   5d   5d   5d	attach Forms			•	( )	ınstru	ctions)	•						
Wages from Form 8919, line 6	1099-R if tax		•		·			•			_			
Deduction for Single or Married filing spearately, \$12,950   Married filing surviving spouse, \$25,900   Married filing surviving spouse, \$25,900   Married filing spouse, \$25,900   Married filing shousehold, \$19,400   Married filing shousehold, \$19,400   Married filing shousehold, \$19,400   Married filing standard deduction, \$150   Married filing standard deduction, \$150   Married filing standard of the standard filing standa	was withheld.							•			_			
W-2, see instructions.  I Nontaxable combat pay election (see instructions)	If you did not													
Add lines 1a through 1h  Attach Sch. B  B  B  Attach Sch. A  B  B  Attach Sch. B  B  B  Attach Sch. B  B  B  Attach Sch. A	W-2, see		,	,				. i			111		<u> </u>	
Attach Sch. B  If required.  If required.  Attach Sch. B  If required.  If a Qualified dividends . 3a	instructions.			(See IIISti	uctions)		!!				1-	1.0	0 402	
if required.  3a Qualified dividends 3a b Ordinary dividends	Attach Sob B			22	<sub>.</sub>	 Ь Та	· · · ·				_		0,472.	
deduction for Single or Married filing separately, \$12,950  Married filing jointly or Qualifying surviving spouse, \$25,900  Head of household, \$19,400  If you checked any box under \$25,900  If you checked any box under \$25,900  Add lines 12 and 13  Qualified business income deduction from Form 8995 or Form 8995-A  Add lines 12 and 13  B Taxable amount			·								_			
Standard beduction for—Single or Married filing separately, \$12,950  Married filing jointly or Qualifying surviving spouse, \$25,900  Head of household, \$19,400  If you checked any box under Standard Deduction, Declucition, 15 Subtract line 14 from line 1.1 If zero or less enter -0- This is your taxable income 1.5 b  Day Taxable amount														
Comparison of	Standard													
Single or Married filing separately, \$12,950  Married filing jointly or Qualifying surviving spouse, \$25,900  Head of household, \$11 Subtract line 10 from line 9. This is your adjusted gross income  12 Standard deduction or itemized deductions (from Schedule A)  13 Qualified business income deduction from Form 8995 or Form 8995-A  14 Add lines 12 and 13	Deduction for—		<del>-</del>											
separately, \$12,950  Married filing jointly or Qualifying surviving spouse, \$25,900  Head of household, \$19,400  If you checked any box under Standard Deduction, Deduction, Deduction, Deduction, Deduction, 15  Subtract line 10 from line 9. This is vour ferom Schedule A)  Capital gain or (loss). Attach Schedule D if required. If not required, check here  7  Add line 10	Single or Married filing		_	_	method, check here					. 🗆				
Married filing jointly or Qualifying spouse, \$25,900 Head of household, \$119,400 If you checked any box under Standard Deduction, 15 Subtract line 14 from line 11 If zero or less enter -0- This is your taxable income  8	separately,		•		· ·	•	,			. 🗆	7			
jointly or Qualifying spouse, \$25,900   Head of household, \$19,400   If you checked any box under Standard Deduction, Deduction, Deduction, Deduction, Deduction, Deduction, Deduction, 15  Subtract line 14 from line 11 If zero or less enter -0- This is your total income	Married filing	8	,		•						8	_	9,920.	
surviving spouse, \$25,900  Head of household, \$19,400  If you checked any box under Standard Deduction, Deduction, Deduction, 15  Subtract line 10 from line 9. This is your adjusted gross income  10  Adjustments to income from Schedule 1, line 26  11  Subtract line 10 from line 9. This is your adjusted gross income  11  90,572.  12  13  Qualified business income deduction from Form 8995 or Form 8995-A  13  14  15  Subtract line 14 from line 11 If zero or less enter -0- This is your taxable income	jointly or		•								_			
Head of household, \$19,400  If you checked any box under Standard Deduction, \$12 and 13	surviving spouse,	10	Adjustments to income from Sche	edule 1, l	ine 26						10			
\$19,400   12   Standard deduction or itemized deductions (from Schedule A)	Head of	11	Subtract line 10 from line 9. This i	s your <b>a</b> c	djusted gross inco	ome					11	9	0,572.	
Till you checked any box under Standard  Deduction,  Deduction,  Description:  Descrip		12	Standard deduction or itemized	l deducti	ions (from Schedu	e A)					12			
Standard         14         Add lines 12 and 13         1.	If you checked	13	Qualified business income deduc	tion from	Form 8995 or For	m 899	5-A				13			
	Standard	14	Add lines 12 and 13								14	1	2,950.	
		15	Subtract line 14 from line 11. If ze	ero or less	s, enter -0 This is	your <b>t</b>	axable incom	ne			15	7	7,622.	

Form 1040 (2022	2)							Page <b>2</b>
Tax and	16	Tax (see instructions). Check if any from Form(s): 1	8814	1 <b>2</b> 4972	3 🗌		16	12,695.
Credits	17	Amount from Schedule 2, line 3					17	
	18	Add lines 16 and 17					18	12,695.
	19	Child tax credit or credit for other dependents from	Schedu	ıle 8812			19	
	20	Amount from Schedule 3, line 8					20	
	21	Add lines 19 and 20					21	
	22	Subtract line 21 from line 18. If zero or less, enter -0	)				22	12,695.
	23	Other taxes, including self-employment tax, from So	chedule	2, line 21 .			23	0.
	24	Add lines 22 and 23. This is your <b>total tax</b>					24	12,695.
Payments	25	Federal income tax withheld from:						
-	а	Form(s) W-2			<b>25a</b> 15	,922.		
	b	Form(s) 1099			25b			
	С	Other forms (see instructions)			25c			
	d	Add lines 25a through 25c					25d	15,922.
If	26	2022 estimated tax payments and amount applied f	rom 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 Schedule 8812 .			28			
	29	American opportunity credit from Form 8863, line 8			29			
	30	Reserved for future use			30			
	31	Amount from Schedule 3, line 15			31			
	32	Add lines 27, 28, 29, and 31. These are your total o	32					
	33	Add lines 25d, 26, and 32. These are your total pay	ments				33	15,922.
Refund	34	If line 33 is more than line 24, subtract line 24 from	ine 33.	This is the amou	nt you <b>overpaid</b>		34	3,227.
riciana	35a	Amount of line 34 you want refunded to you. If For	35a	3,227.				
Direct deposit?	b	Routing number 0 2 1 2 0 0 3 3 9			Checking S	Savings		
See instructions.	d	Account number 3 8 1 0 4 7 3 3 3						
	36	Amount of line 34 you want applied to your 2023 es	stimate	d tax	36			
Amount	37	Subtract line 33 from line 24. This is the amount yo	u owe.					
You Owe		For details on how to pay, go to www.irs.gov/Payme	ents or	see instructions			37	
	38	Estimated tax penalty (see instructions)			38			
<b>Third Party</b>	Do	you want to allow another person to discuss the	is retur	n with the IRS?	See			_
Designee	ins	tructions			<b>Yes.</b> Co	mplete b	elow.	<b>X</b> No
	De nai	signee's	Phone no.			nal identifi er (PIN)	cation	
<u> </u>						, ,		
Sign		der penalties of perjury, I declare that I have examined this re ef, they are true, correct, and complete. Declaration of prepar						
Here		ur signature Date	` 1	Your occupation				nt you an Identity
		o.g		. oa. oodapao			ction Pl	N, enter it here
Joint return?			SOFTWARE DEVLOPER					
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, <b>both</b> must sign. Date		Spouse's occupat	ion			t your spouse an
your records.					(see ii		ection PIN, enter it here	
	— Dh	one no. (201)952-9958 Email a	ddross	T 7 1177 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	MOT TIECHNATT CO			
		one no. (201)952-9958 Email a parer's name Preparer's signature	uuress	JAHNAVIANUN	MOLU@GMAIL.CO	PTIN		Check if:
Paid			יינוע דע	דיוגחדחוות פג		P02470	022	Self-employed
Preparer			IN IV OINT	WV DODIENTT	03/43/4043			
Use Only		n's name GLOBAL TAXES LLC n's address 245 ROONEY CT E BRUNSWI		л 08816				678)965-9522
0-1			CIV INC			Firm's	, CIIN	88-2145487
GO TO WWW.Irs.g	ov/Forn	1040 for instructions and the latest information.		BAA	REV 03/18/23 PRO			Form <b>1040</b> (2022)

# 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

SAI JAHNAVI ANUMOLU

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.

Your social security number 873-09-4895

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										
4	Other gains or (losses). Attach Form 4797		4								
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Att	ach Schedule E .	5	-9,920.							
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									
I	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									
	Wages earned while incarcerated	8u									
Z	Other income. List type and amount:										
_		8z									
9	Total other income. Add lines 8a through 8z		9								
10	Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SF	k, or 1040-NH, line 8	10	-9,920.							

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

Educator expenses   11	Par	Adjustments to Income			
officials. Attach Form 2106  1 Health savings account deduction. Attach Form 8889  1 Health savings account deduction. Attach Form 8889  1 Deductible part of self-employment tax. Attach Schedule SE  1 Self-employed SEP, SIMPLE, and qualified plans  1 Self-employed SEP, SIMPLE, and qualified plans  1 Self-employed health insurance deduction  1 The Penalty on early withdrawal of savings  1 Ba Alimony paid  1 Ba Pecipient's SSN  1 C Date of original divorce or separation agreement (see instructions):  2 IFA deduction  2 IFA deduction  2 IFA deduction  2 IFA deduction  2 IFA desclustion  3 IFA desclustion  3 IFA desclustion  4 IFA descl	11			11	
officials. Attach Form 2106  1 Health savings account deduction. Attach Form 8889  1 Health savings account deduction. Attach Form 8889  1 Deductible part of self-employment tax. Attach Schedule SE  1 Self-employed SEP, SIMPLE, and qualified plans  1 Self-employed SEP, SIMPLE, and qualified plans  1 Self-employed health insurance deduction  1 The Penalty on early withdrawal of savings  1 Ba Alimony paid  1 Ba Pecipient's SSN  1 C Date of original divorce or separation agreement (see instructions):  2 IFA deduction  2 IFA deduction  2 IFA deduction  2 IFA deduction  2 IFA desclustion  3 IFA desclustion  3 IFA desclustion  4 IFA descl	12	Certain business expenses of reservists, performing artists, and fee-ba	asis government		
13 Health savings account deduction. Attach Form 8889		officials. Attach Form 2106		12	
15 Deductible part of self-employment tax. Attach Schedule SE 16 Self-employed SEP, SIMPLE, and qualified plans 17 Self-employed death insurance deduction 17 Penalty on early withdrawal of savings 18 Penalty on early withdrawal of savings 19a Alimony paid 19a Alimony paid 19a Recipient's SSN 19a Becipient's SSN 19a Becipient	13	Health savings account deduction. Attach Form 8889		13	
16 Self-employed SEP, SIMPLE, and qualified plans	14			14	
17 Self-employed health insurance deduction 18 Penalty on early withdrawal of savings 18 18 19 Alimony paid 19 Recipient's SSN 10 Date of original divorce or separation agreement (see instructions): 20 IRA deduction 21 Student loan interest deduction 22 Archer MSA deduction 23 Archer MSA deduction 24 Other adjustments: 25 Jury duty pay (see instructions) 26 Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit 24 Contributions of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m 24 Reforestation amortization and expenses 24 Repayment of supplemental unemployment benefits under the Trade Act of 1974 24 Contributions to section 501(c)(18)(D) pension plans 24 Contributions by certain chaplains to section 403(b) plans 24 Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions) 24 Indicate the property of the provided of the lRS detect tax law violations 25 Industry and amount: 26 Total other adjustments. Add lines 24a through 24z 26 Add lines 11 through 23 and 25. These are your adjustments to income. Enter here and on	15			_	
18	16			-	
19a Alimony paid b Recipient's SSN c Date of original divorce or separation agreement (see instructions):  20 IRA deduction		Self-employed health insurance deduction		$\overline{}$	
b Recipient's SSN c Date of original divorce or separation agreement (see instructions): 20 1RA deduction	18			-	
c Date of original divorce or separation agreement (see instructions):  IRA deduction	19a			19a	
20   Student loan interest deduction   21   22   23   24   22   24   24   24   24	b	Recipient's SSN			
Student loan interest deduction Reserved for future use Archer MSA deduction  Other adjustments:  Jury duty pay (see instructions)  Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit  Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m.  Reforestation amortization and expenses Repayment of supplemental unemployment benefits under the Trade Act of 1974.  Contributions to section 501(c)(18)(D) pension plans  Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions).  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  Housing deduction from Form 2555.  Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041).  Total other adjustments. List type and amount:  25  Total other adjustments. Add lines 24a through 24z Add lines 11 through 23 and 25. These are your adjustments to income. Enter here and on	С	Date of original divorce or separation agreement (see instructions):			
22 Archer MSA deduction				-	
Archer MSA deduction Other adjustments:  Jury duty pay (see instructions)  Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit  Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m Reforestation amortization and expenses Repayment of supplemental unemployment benefits under the Trade Act of 1974 Contributions to section 501(c)(18)(D) pension plans Contributions by certain chaplains to section 403(b) plans Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions) 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 Jeuseph Housing deduction from Form 2555 Let Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041) Cother adjustments. List type and amount:  Total other adjustments. Add lines 24a through 24z Add lines 11 through 23 and 25. These are your adjustments to income. Enter here and on				$\overline{}$	
24 Other adjustments: a 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				-	
a 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  c Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m				23	
b Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit	24		_		
rental of personal property engaged in for profit		, , , , ,	la		
c Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m	b				
and USOC prize money reported on line 8m			łb	-	
d Reforestation amortization and expenses	С				
e Repayment of supplemental unemployment benefits under the Trade Act of 1974					
Act of 1974			ła		
f Contributions to section 501(c)(18)(D) pension plans	е		10		
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).  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 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:  24i  24j  24k  25  Total other adjustments. Add lines 24a through 24z.  Add lines 11 through 23 and 25. These are your adjustments to income. Enter here and on				-	
discrimination claims (see instructions)	_		rg		
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 tax law violations	"		lh		
from the IRS for information you provided that helped the IRS detect tax law violations	i	•	***		
tax law violations	٠				
j Housing deduction from Form 2555			4i		
k Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)	i				
1041)	k		.,		
z Other adjustments. List type and amount:	•••		lk		
Total other adjustments. Add lines 24a through 24z	z				
Total other adjustments. Add lines 24a through 24z	_		łz		
26 Add lines 11 through 23 and 25. These are your adjustments to income. Enter here and on	25			25	
	26	,			
				26	

#### **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.

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/ScheduleE for instructions and the latest information.

Attachment Sequence No. **13** 

OMB No. 1545-0074

Name(s)	) shown on return					Yo	our social	security	number
SAI	JAHNAVI ANUMOLU					8	73-09	-4895	
Part	Note: If you are in the business of renting personal prop rental income or loss from Form 4835 on page 2, line 40	erty, use ).	Schedule						
	Did you make any payments in 2022 that would require yo								
B I	f "Yes," did you or will you file required Form(s) 1099?							☐ Ye	s 🗌 No
1a	Physical address of each property (street, city, state, 2	ZIP code	e)						
	HOUSE NO 437, AYYAPPANAGAR VIJAYAWADA		<u> </u>	) I C I	TNT 5	20007			
B	HOUSE NO 437, ATTAPPANAGAR VIUATAWADA	ANDUL	KA PKAI	лезп	IN S.	20007			
1b	Type of Property (from list below)  2 For each rental real estate propadove, report the number of fair				Fa	ir Rental F Days	Persona Day		QJV
Α	personal use days. Check the 0	QJV box	k only	Α		348		0	
В	if you meet the requirements to			В					
C	qualified joint venture. See inst	ructions	3.	C					
	of Property:								
1	Single Family Residence 3 Vacation/Short-Term Re Multi-Family Residence 4 Commercial	ental	5 Land 6 Roya			Self-Rental Other (describe	e)		
						Properties			
Incom	201			Α		B			С
3	Rents received	2			80.	ь			<u> </u>
3 4				4	:00.				
	Royalties received	. 4					+		
Exper		_			-				
5	Advertising								
6	Auto and travel (see instructions)			1 -	Ε0				
7	Cleaning and maintenance			1,5	50.				
8	Commissions	. 8							
9	Insurance								
10	Legal and other professional fees								
11	Management fees			9	00.				
12	Mortgage interest paid to banks, etc. (see instructions)								
13	Other interest								
14	Repairs				40.				
15	Supplies			1,9	70.				
16	Taxes								
17	Utilities	. 17		3,6	40.				
18	Depreciation expense or depletion	. 18							
19	Other (list)	19							
20	Total expenses. Add lines 5 through 19	. 20		10,4	.00				
21	Subtract line 20 from line 3 (rents) and/or 4 (royalties). I								
	result is a (loss), see instructions to find out if you mus								
	file <b>Form 6198</b>			-9,9	20.				
22	Deductible rental real estate loss after limitation, if any on <b>Form 8582</b> (see instructions)		(	9,92	20.)	(	)(		
23a	Total of all amounts reported on line 3 for all rental prop	perties			23a	4	180.		
b	Total of all amounts reported on line 4 for all royalty pro	perties			23b				
С	Total of all amounts reported on line 12 for all propertie	s			23c				
d	Total of all amounts reported on line 18 for all propertie	s			23d				
е	Total of all amounts reported on line 20 for all propertie	s			23e	10,4	100.		
24	Income. Add positive amounts shown on line 21. Do n	ot inclu	ide any Id	sses			24		
25	Losses. Add royalty losses from line 21 and rental real est	tate loss	es from li	ne 22. E	Enter to	tal losses here	25 (	_	9,920.
26	Total rental real estate and royalty income or (loss)	. Comb	ine lines	24 and	25. E	nter the result		_	
	here. If Parts II, III, IV, and line 40 on page 2 do no Schedule 1 (Form 1040), line 5. Otherwise, include this	t apply	to you,	also er	nter th	is amount on	26		-9,920.

## **Passive Activity Loss Limitations**

See separate instructions.

Attach to Form 1040, 1040-SR, or 1041.

OMB No. 1545-1008

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

Go to www.irs.gov/Form8582 for instructions and the latest information. Identifying number

Attachment Sequence No. **858** 

SAI JAI	HNAVI ANUMOLU				873	3-09-	4895
Part I	2022 Passive Activity Loss Caution: Complete Parts IV an		eting Part I.				
	eal Estate Activities With Active Pa e for Rental Real Estate Activities	- '		ive participation, s	ee <b>Special</b>		
<b>b</b> Ac <b>c</b> Pri	tivities with net income (enter the all tivities with net loss (enter the amou or years' unallowed losses (enter the embine lines 1a, 1b, and 1c	unt from Part IV, co ne amount from Pa	olumn (b)) art IV, column (c))	1b (	0. 9,920.) )	1d	-9,920.
	Passive Activities						·
<b>b</b> Ac <b>c</b> Pri	tivities with net income (enter the antivities with net loss (enter the amou or years' unallowed losses (enter the ombine lines 2a, 2b, and 2c	unt from Part V, co ne amount from Pa	olumn (b)) art V, column (c))	2b (	)	2d	
all	mbine lines 1d and 2d. If this line is losses are allowed, including any pases on the forms and schedules no	orior year unallowe	ed losses entered		Report the	3	-9,920.
lf li	ine 3 is a loss and:  • Line 1d is a l • Line 2d is a l	oss, go to Part II. oss (and line 1d is	zero or more), sk	ip Part II and go to	line 10.		
	If your filing status is married filing stead, go to line 10.					year,	do not complete
Part II	Special Allowance for Rer Note: Enter all numbers in Part			•			
5 Ent 6 Ent No on	ter the <b>smaller</b> of the loss on line 1ster \$150,000. If married filing separater modified adjusted gross income to the stering of the sterin	ately, see instruction, but not less than to line 5, skip line	ons zero. See instruc	tions 6 1		4	9,920.
	ultiply line 7 by 50% (0.50). <b>Do not</b> er	nter more than \$25	.    .   .  . ,000. If married filir			8	24,754.
	ter the <b>smaller</b> of line 4 or line 8					9	9,920.
Part III  10 Ad	Total Losses Allowed d the income, if any, on lines 1a and	d 2a and enter the	total			10	0.
11 To	tal losses allowed from all passiv t how to report the losses on your to	e activities for 20	<b>22.</b> Add lines 9 ar 	nd 10. See instruct	ions to find	11	9,920.
Part IV	Complete This Part Before	e Part I, Lines 1	a, 1b, and 1c. S	ee instructions.			
	Name of activity	Curren	it year	Prior years	Ove	rall gai	in or loss
(a) Net income (line 1a) (b) Net loss (c) Unallowed loss (line 1c) (d) Gair						n	(e) Loss
HOUSE	NO 437,AYYAPPANAGAR	0.	9,920.				9,920.
Total. Ent	er on Part I, lines 1a, 1b, and 1c	0.	9,920.				

BAA

Total. Enter on Part I, lines 1a, 1b, and 1c

Form 8582 (2022)

,										. ago 🗕
Part V	Complete This Part Before	e P	art I, Lines 2	a, 2b,	<b>and 2c.</b> S	ee instru	ctions.			;
	N. C. P. P.		Currer	nt year		ears	Overa	ain or loss		
	Name of activity		(a) Net income (line 2a)		Net loss ne 2b)	(c) Unallowed loss (line 2c)		(d) Gain		(e) Loss
	on Part I, lines 2a, 2b, and 2c	+ 1-	Chourn on F	Down II	Line O. C	as instru	otiono			
Part VI	Use This Part if an Amour	Т		art II,	Line 9. S	ee instrud	ctions.			
	Name of activity	ar to	rm or schedule ad line number be reported on se instructions)	(a	) Loss	( <b>b)</b> Ra	atio	(c) Special allowance		(d) Subtract column (c) from column (a).
HOUSE NO	437, AYYAPPANAGAR		E Ln 22		9,920.	1.0000	0000	9,92	0.	0.
Total					9,920.	1.0	0	9,92	0.	0.
Part VII	Allocation of Unallowed L	oss			S.					
	Name of activity	Form or sche and line nur to be reporte (see instruct		imber ted on (a) L		Loss		(b) Ratio		) Unallowed loss
Total								1.00		
Part VIII	Allowed Losses. See instr	ucti								
	Name of activity	Form or sche and line nur to be reporte (see instruct		nber ed on	(a) l	_oss	<b>(b)</b> Ur	nallowed loss	(	c) Allowed loss
Total	<u> </u>	<u>.                                    </u>	<u></u> .	<u></u>						