Form 8879
(Rev. January 2021)
Department of the Treesury

Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization

OMB No. 1545-0074

ERO must obtain and retain completed Form 8879. ► Go to www.irs.gov/Form8879 for the latest information.

Submission Identification Number (SID)

Taxpay	er's name	Social secu	rity numb	ber
PRA	NAY KRISHNA SRIRAM	121-17	7-3094	4
Spouse	o's name	Spouse's so	cial secu	urity number
Par	t I Tax Return Information — Tax Year Ending December 31, 2022 (Enter	r year you	are aut	thorizing.)
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	65,156.
2	Total tax		2	7,107.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	8,844.
4	Amount you want refunded to you		4	1,737.
5	Amount you owe		5	

Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return) Part II

Under penalties of periury. I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

X	Lauthorize	GLOBAL TAXES	LLC	to enter or generate my PI
	rautionze			

	7	3	0	9	4	as		
Enter five digits, but don't enter all zeros								

my

ERO firm name signature on the income tax return (original or amended) I am now authorizing.

I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature

Date 🕨

Spouse's PIN: check one box only

I authorize

to	enter	or	generate	my	PIN

as mv Enter five digits, but don't enter all zeros

ERO firm name signature on the income tax return (original or amended) I am now authorizing.

I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature >	Date ►	
	eturns Only—continue below	
Part III Certification and Authentication – Practition	er PIN Method Only	
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-o	ligit self-selected PIN. 2 2 2 4 9 6 6 1 9 8 9	

I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature >	's signature ► Date ►							
ERO Must Retain This Fo Don't Submit This Form to the II								
For Paperwork Reduction Act Notice, see your tax return instructions.	ВАА	REV 01/14/23 PRO	Form 8879 (Rev. 01-2021)					

1040		artment of the Treasury—Internal Revenue Servi S. Individual Income Tax		n 20 2	2	OMB No. 1545	-0074	IRS Use O	nly—Do r	not writ	e or staple in this space.
Filing Status	s 🗙 :	Single] Married f	iling separately (N	/IFS)	Head of	house	hold (HOH)			ying surviving
Check only one box.	,	u checked the MFS box, enter the nation is a child but not your dependent	,	r spouse. If you cl	heck	ed the HOH or	QSS	box, enter		•	e (QSS) name if the qualifying
Your first name	and m	ddle initial	Last name						You	r soci	al security number
PRANAY H	KRISI	ANA	SRIRAM	1					12	1-1	7-3094
lf joint return, s	pouse's	first name and middle initial	Last name						Spo	use's	social security number
		er and street). If you have a P.O. box, see	instructions.				A	Apt. no.			ial Election Campaigr
4260 SU					-						re if you, or your filing jointly, want \$3
		ce. If you have a foreign address, also co	mplete spac	es below.	Sta		ZIP c				his fund. Checking a
CHARLOT					NC		282				w will not change
Foreign countr	y name		Fore	eign province/state/o	count	ty	Foreig	in postal cod	e you		or refund. You Spouse
Digital Assets		ny time during 2022, did you: (a) rece ange, gift, or otherwise dispose of a									🗌 Yes 🛛 No
Standard Deduction	_	eone can claim: 🗌 You as a de	•	Vour spouse							
		Spouse itemizes on a separate return			ouse	_	n befo	ore Januar	v 2, 19	58	Is blind
Dependents				(2) Social security		(3) Relationsh			, .		es for (see instructions):
•		irst name Last name		number		to you		Child tax			redit for other dependents
lf more than four]		
dependents,											
see instruction	s ——								 		
here]								 		
Income	1a	Total amount from Form(s) W-2, be	ox 1 (see in	structions)						1a	72,656.
meome	b	Household employee wages not re	eported on	Form(s) W-2					. [1b	
Attach Form(s) W-2 here. Also	с	Tip income not reported on line 1a	(see instru	ictions)						1c	
attach Forms	d	Medicaid waiver payments not rep	orted on Fo	orm(s) W-2 (see ir	nstru	ictions)				1d	
W-2G and	е	Taxable dependent care benefits f	rom Form 2	2441, line 26 .						1e	
1099-R if tax was withheld.	f	Employer-provided adoption bene	fits from Fo	orm 8839, line 29						1f	
If you did not	g	Wages from Form 8919, line 6 .							· [1g	
get a Form	h	Other earned income (see instructi	ons) .				· ·		· [1h	0.
W-2, see instructions.	i	Nontaxable combat pay election (s	see instruct	tions)		1 i					
	z	Add lines 1a through 1h							•	1z	72,656.
Attach Sch. B	2 a	Tax-exempt interest	2a		bΤ	axable interest	: .		•	2b	
if required.	3a	Qualified dividends	3a		b C	ordinary divide	nds .		•	3b	
	4a		4a		bΤ	axable amoun	t		•	4b	
Standard Deduction for—	5a		5a			axable amoun			•	5b	
Single or	6a	,	6a			axable amoun	t			6b	
Married filing separately,	С	If you elect to use the lump-sum el			`	,	• •				
\$12,950	7	Capital gain or (loss). Attach Schee		• •			• •			7	
 Married filing jointly or 	8	Other income from Schedule 1, line							· -	8	-7,500.
Qualifying spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,		-					· -	9	65,156.
\$25,900 Adjustments to income nom Schedule 1, ine 20						· -	10				
• Head of Subtract line 10 from line 9. This is your adjusted gross income				• •		· -	11	65,156.			
\$19,400	12	Standard deduction or itemized					• •		· -	12	12,950.
 If you checked any box under 	13	Qualified business income deducti				5-A	• •		· -	13	10.050
Standard Deduction,	14	Add lines 12 and 13							· -	14	12,950.
see instructions.	15	Subtract line 14 from line 11. If zer	U UI IESS, E	niter -U I NIS IS y	our	laxable incom	е.		•	15	52,206.

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Form **1040** (2022)

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	7,	,107.
Credits	17	Amount from Schedule 2, lin	e3					17		
	18	Add lines 16 and 17						18	7,	,107.
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812			19		
	20	Amount from Schedule 3, lin	e8					20		
	21	Add lines 19 and 20						21		
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	7,	,107.
	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 total tax					24	7,	,107.
Payments	25	Federal income tax withheld	from:							
-	а	Form(s) W-2				25a 8	3,844.			
	b	Form(s) 1099				25b				
	с	Other forms (see instructions	3)			25c				
	d	Add lines 25a through 25c						25d	8,	,844.
If you have a	26	2022 estimated tax payment	s and amount a	pplied from 20	21 return			26		
qualifying child,	27	Earned income credit (EIC)				27				
attach Sch. EIC.	28	Additional child tax credit from	n Schedule 8812			28				
	29	American opportunity credit	from Form 8863	8, line 8		29				
	30	Reserved for future use .				30				
	31	Amount from Schedule 3, lin	e15			31				
	32	Add lines 27, 28, 29, and 31	These are your	total other pa	ayments and ref	undable credits		32		
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments				33	8,	,844.
Refund	34	If line 33 is more than line 24	, subtract line 2	4 from line 33.	This is the amou	nt you overpaid		34		,737.
liorana	35a	Amount of line 34 you want			is attached, che	ck here	🗆	35a	1,	,737.
Direct deposit?	b	Routing number 1 1 1				Checking	Savings			
See instructions.	d	Account number 4 8 8	0 5 7 5	0 5 6 !	5 9					
	36	Amount of line 34 you want a	applied to your	2023 estimate	ed tax	36				
Amount	37	Subtract line 33 from line 24								
You Owe		For details on how to pay, ge	o to <i>www.irs.go</i> v	//Payments or	see instructions			37		
	38	Estimated tax penalty (see in	structions) .			38				
Third Party	Do	you want to allow another	person to disc	cuss this retu	m with the IRS?	See				
Designee	ins	tructions				🗌 Yes. C	omplete k	pelow.	X No	
	De: nar	signee's		Phone no.			onal identi ber (PIN)	ication		
0.		der penalties of perjury, I declare t	hat I have averaine				. ,	the hee		
Sign		ief, they are true, correct, and com								
Here	Yo	ur signature		Date	Your occupation		If the	IRS se	nt you an Idei	ntity
							Prote	ection P	IN, enter it he	
Joint return?					SOFTWARE 1			inst.)		
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, k	ooth must sign.	Date	Spouse's occupat	ion			nt your spous ection PIN, er	
your records.							(see			
	Ph	one no. (763)703-099	1	Email address	דוזס עמאגסס	SAR@GMAIL.CO		,		
		eparer's name	+ Preparer's signat		r ramai . PUL				Check if:	
Paid		PRIYA RAM SAGAR GUPTA TALLAM	1 0					2703	Self-em	nploved
Preparer		n's name GLOBAL TAX		TTTT DAGAN	COLIA IAUDAM	01/21/2023	· · · ·		678)965	
Use Only			Y CT E BRU	NSWICK N	J 08816			s EIN	88-21	
	1 11 1	TOOME.		TONTON IN	00010		1		00-21	040 (2022)

SCHE	DULE	1
(Form	1040)	

Department of the Treasury

Additional Income and Adjustments to Income

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

OMB No. 1545-0074 2

Department of the Treasury Internal Revenue Service	Go to www.irs.gov/Form1040 for instructions and the latest information.		Attachment Sequence No. 01
Name(s) shown on Fo	rm 1040, 1040-SR, or 1040-NR	Your soc	ial security number
PRANAY KRISHNA	SRIRAM	121-17	-3094

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. Att	ach Schedule E .	5	-7,500.
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		8n		
0	Section 951A(a) inclusion (see instructions)	80		
р	Section 461(I) excess business loss adjustment	8p		
q	Taxable distributions from an ABLE account (see instructions)	8q		
r	Scholarship and fellowship grants not reported on Form W-2	8r		
S	Nontaxable amount of Medicaid waiver payments included on Form			
	1040, line 1a or 1d	8s ()	
t	Pension or annuity from a nonqualifed deferred compensation plan or			
	a nongovernmental section 457 plan	8t		
u	Wages earned while incarcerated	8u		
Z	Other income. List type and amount:			
_		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-SR	t, or 1040-NR, line 8	10	-7,500.

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

Schedule 1 (Form 1040) 2022

Par	II Adjustments to Income					
11	Educator expenses				. 11	
12	Certain business expenses of reservists, performing artists, and fee				nt 🗌	
	officials. Attach Form 2106				. 12	
13	Health savings account deduction. Attach Form 8889					
14	Moving expenses for members of the Armed Forces. Attach Form 3903				. 14	
15	Deductible part of self-employment tax. Attach Schedule SE					
16	Self-employed SEP, SIMPLE, and qualified plans				. 16	
17	Self-employed health insurance deduction				. 17	
18	Penalty on early withdrawal of savings					
19a	Alimony paid					
b	Recipient's SSN					
С	Date of original divorce or separation agreement (see instructions):				-	
20	IRA deduction					
21	Student loan interest deduction					
22	Reserved for future use					
23	Archer MSA deduction				23	
24	Other adjustments:					
a		24a				
	Deductible expenses related to income reported on line 8I from the					
		24b				
С	Nontaxable amount of the value of Olympic and Paralympic medals					
	and USOC prize money reported on line 8m	24c				
d		24d				
е	Repayment of supplemental unemployment benefits under the Trade					
-	Act of 1974	24e				
f	Contributions to section 501(c)(18)(D) pension plans	24f				
q		24g				
·	Attorney fees and court costs for actions involving certain unlawful					
		24h				
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	24i				
i	Housing deduction from Form 2555	24j				
	Excess deductions of section 67(e) expenses from Schedule K-1 (Form					
		24k				
z	Other adjustments. List type and amount:					
		24z				
25	Total other adjustments. Add lines 24a through 24z				. 25	
26	Add lines 11 through 23 and 25. These are your adjustments to income					
	Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a					
	BAA	REV	01/14/23	PRO	Schedu	ule 1 (Form 1040) 20

SCHE	DULE	Е
(Form	1040)	

Department of the Treasury

Supplemental Income and Loss

OMB No. 1545-0074

5 12

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

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

	Revenue Service Go to www.irs.gov/ScheduleE for					formation.		Attachm	rent ce No. 13	
							Your soci	Your social security number		
PRAN	IAY KRISHNA SRIRAM						121-1	7-3094		
Part	Part I Income or Loss From Rental Real Estate and Royalties									
	Note: If you are in the business of renting personal proper rental income or loss from Form 4835 on page 2, line 40.	ty, use	Schedule	e C. See	e instru	ctions. If you	are an indi	vidual, rep	ort farm	
	Did you make any payments in 2022 that would require you		. ,							
BI	"Yes," did you or will you file required Form(s) 1099?								s 🗌 No	
1a	Physical address of each property (street, city, state, ZIP code)									
Α	NEAR BUSSTOP ONGOLE ANDHRA PRADESH IN 523225									
В										
С										
1b	Type of Property 2 For each rental real estate prope	rty listed Fair				ir Rental	Persor	nal Use	QJV	
	(from list below) above, report the number of fair	rental	and			Days		ays	QJV	
Α	3 personal use days. Check the Q.			Α		365	0			
В	if you meet the requirements to f qualified joint venture. See instru			В						
C	quained joint venture. See instru		5.	С						
	of Property:									
	Single Family Residence 3 Vacation/Short-Term Ren	tal	5 Lanc	4		Self-Rental				
2	Multi-Family Residence 4 Commercial		6 Roya	alties	8	Other (desc	ribe)			
						Propert				
Incon	ne:			Α		. В			С	
3	Rents received	3		5	00.					
4	Royalties received	4								
Exper										
5	Advertising	5								
6	Auto and travel (see instructions)	6								
7	Cleaning and maintenance	7		8	00.					
8	Commissions	8								
9	Insurance	9								
10	Legal and other professional fees	10								
11	Management fees	11		4	00.					
12	Mortgage interest paid to banks, etc. (see instructions)	12								
13	Other interest	13								
14	Repairs	14			00.					
15	Supplies	15		1,8	00.					
16	Taxes	16								
17		17		2,8	00.					
18	Depreciation expense or depletion	18								
19	Other (list)	19			0.0					
20	Total expenses. Add lines 5 through 19	20		8,0	00.					
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		-7,5	00					
22	Deductible rental real estate loss after limitation, if any,	21		,,5	00.					
22	on Form 8582 (see instructions)	22	(7,50	00.)	()	()	
23a	Total of all amounts reported on line 3 for all rental prope				23a	Υ.	500.	,	,	
b	Total of all amounts reported on line 4 for all royalty prop				23b					
с	Total of all amounts reported on line 12 for all properties				23c					
d	Total of all amounts reported on line 18 for all properties				23d					
е	Total of all amounts reported on line 20 for all properties				23e	8	3,000.			
24	Income. Add positive amounts shown on line 21. Do no	t inclu	ude any lo	osses			. 24			
25	Losses. Add royalty losses from line 21 and rental real estat	te loss	ses from li	ne 22. E	Enter to	otal losses he	ere 25	(7,500.)	
26	Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result									
	here. If Parts II, III, IV, and line 40 on page 2 do not	apply	to you,	also er	nter th	is amount o	on			

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2

26

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-7,500.