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

iliternal nevertue Service						
Submission Identification Number (SID)						
Taxpayer's name		Social secur	ity numb	er		
NIKITHA CHOWDARY DIGUMARTHI		732-55	-2472	2		
Spouse's name		Spouse's so	cial secu	rity nur	nber	
	(-					
Part I Tax Return Information — Tax Year Ending December 31,	2022 (Enter)	year you a	are aut	horizi	ng.)	
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			111		92.	848.
2 Total tax			2			190.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099			3			444.
4 Amount you want refunded to you			4			254.
5 Amount you owe			5			
Part II Taxpayer Declaration and Signature Authorization (Be sure	e you get and ke	eep a cop	y of y	our re	eturr	1)
my knowledge and belief, it is true, correct, and complete. I further declare that the amoreturn (original or amended) I am now authorizing. I consent to allow my intermediate servic to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receip for any delay in processing the return or refund, and (c) the date of any refund. If applicable Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial inst payment of my federal taxes owed on this return and/or a payment of estimated tax, and the authorization is to remain in full force and effect until I notify the U.S. Treasury Financial payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Paymer business days prior to the payment (settlement) date. I also authorize the financial institution taxes to receive confidential information necessary to answer inquiries and resolve issue personal identification number (PIN) below is my signature for the income tax return (origin Electronic Funds Withdrawal Consent.	ce provider, transmitt pt or reason for reject e, I authorize the U.S. itution account indictor institution. Agent to terminate that cancellation requerons involved in the pass related to the passing or reason.	ter, or electrication of the testion of the authorizests must be processing of the testion of testion of the testion of t	ronic returnsmisted its designed its designe	urn original	ginato b) the ited Fi isoftwaccoun ke (ca later c payredge t	r (ERO) reason nancial vare for nt. This incel) a than 2 nent of hat the
Taxpayer's PIN: check one box only				\top		
	enter or generate m	N PIN 5	2 4	l 7	2	as my
ERO firm name signature on the income tax return (original or amended) I am now autho	· ·	ř Er	nter five o on't ente		out	ao my
I will enter my PIN as my signature on the income tax return (original or if you are entering your own PIN and your return is filed using the Practibelow.	amended) I am no					
Your signature ►	Date ▶					
Spouse's PIN: check one box only						
· <u> </u>	enter or generate m	W DINI				ac my
ERO firm name	anter or generate in	,	nter five	diaits. b		as my
signature on the income tax return (original or amended) I am now autho	rizing.		n't ente			
I will enter my PIN as my signature on the income tax return (original or if you are entering your own PIN and your return is filed using the Practibelow.						
Spouse's signature ▶	Date ►					
Practitioner PIN Method Returns Only—	continue below					
Part III Certification and Authentication — Practitioner PIN Metho	d Only					
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selecte	ed PIN. 5 1	8 9 5	2 3	1 9	8	9
		Don't en	ter all ze	ros		
I certify that the above numeric entry is my PIN, which is my signature for the electronic is authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirequirements of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS 6	irm that I am submit	ting this ret	urn in a	ccorda	ance v	
ERO's signature ▶	Date ►					
ERO Must Retain This Form — See	Instructions					
Don't Submit This Form to the IRS Unless F		o 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.

If you checked the MIS box, enfort 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:	_	s 🗌 S	Single Married filing jointly	Marrie	ed filing separately (N	/IFS)	Head of	household (H	OH)		ifying surv ise (QSS)	iving	
person is a child but not your dependent: PREM_KUMAR_ADDAD Your fract name and middle initial Last name	Check only one box.	If vo	u checked the MFS box, enter the na	ame of w	our spouse. If you cl	necke	ed the HOH or	· QSS box. e	nter the		, ,	e qualifvina	
Your social security number Your social security number T32-55-2472 T32 T32-55-2472 T3								, ,				, , , ,	
Home address (number and street). If you have a P.O. box, see instructions. Apt. no. 3011 South Presidential Election Campaign 112 MONTERRA VILLA TRAIL TRAI	Your first name	and mi	ddle initial							Your so	cial securit	y number	
Home address (number and street). If you have a P.O. box, see instructions. Apt. no. 3011 Source of the property of the	NIKITHA CHOWDARY			DIGU	MARTHI					732-55-2472			
B23-60-7809 Persidential Election Campalign State Total amount from Form(s) W-2, box 1 (see instructions) Total amount from Form(s) W-2, box 1 (see instructions) Total amount from Form(s) W-2, box 1 (see instructions) Total amount from Form(s) W-2, box 1 (see instructions) Total amount from Form(s) W-2, box 1 (see instructions) Total amount from Form(s) W-2, box 1 (see instructions) Total amount from Form(s) W-2, box 1 (see instructions) Total amount from Form(s) W-2, box 1 (see instructions) Total amount from Form(s) W-2, box 1 (see instructions) Total amount from Form(s) W-2, box 1 (see instructions) Total amount from Form(s) W-2, box 1 (see instructions) Total amount from Form(s) W-2, box 1 (see instructions) Total amount from Form(s) W-2, box 1 (see instructions) Total amount from Form(s) W-2, box 1 (see instructions) Total amount from Form(s) W-2, box 1 (see instructions) Total amount from Form(s) W-2, box 1 (see instructions) Total amount from Form(s) W-2, box 1 (see instructions) Total amount from Form(s) W-2, box 1 (see instructions) Total amount from Form(s) W-2, box 1 (see instructions) Total amount from Form(s) W-2, box 1 (see instructions) Total amount from Form(s) W-2, box 1 (see instructions) Total amount from Form(s) W-2, box 1 (see instructions) Total amount from Form(s) W-2, box 1 (see instructions) Total amount from Form(s) W-2, box 1 (see instructions) Total amount from Form(s) W-2, box 1 (see instructions) Total amount from Form(s) W-2, box 1 (see instructions) Total amount from Form(s) W-2, box 1 (see instructions) Total amount from Form(s) W-2, box 1 (see instructions) Total amount from Form(s) W-2, box 1 (see instructions) Total amount from Form(s) W-2, box 1 (see instructions) Total amount from Form(s) W-2, box 1 (see instructions) Total amount from Form(s) W-2, box 1 (see instructions) Total amount from Form(s) W-2, box 1 (see instructions) Total amount from Form(s) W-2, box 1 (see instructions) Total amount fro		If joint return, spouse's first name and middle initial											
Remark See Instructions													
Section Section State	Home address	(numbe	r and street). If you have a P.O. box, see	instruction	ons.			Apt. no.					
City, town, or post office. If you have a foreign address, also complete spaces below. State	8128 MOI	NTERF	RA VILLA TRAIL					3011		Check h	ere if you,	or your	
Foreign country name Foreign province/state/country Foreign p				mplete s	paces below.	Stat	e				0,	•	
Foreign country name	FORT WO	RTH				$ _{\text{TX}}$		76177		_		•	
Digital Assets Beduction □ □ Age/Blindness Vou: □ Were born before January 2, 1958 □ Are blind □ Spouse Itemizes on a separate return or you were a dual-status allen Age/Blindness Vou: □ Were born before January 2, 1958 □ Are blind □ Spouse Itemizes on a separate return or you were a dual-status allen Dependents (see instructions): (1) First name □ Last name □ Cast name □ C				F	Foreign province/state/o				l code			Sharigo	
Assets sexchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.)											You	Spouse	
Assets sexchange, 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) rece	eive (as	a reward. award. or	pavm	ent for prope	rtv or servic	es): or	(b) sell.			
Standard Deduction											Yes	⊠ No	
Spouse itemizes on a separate return or you were a dual-status alien	-							, ,					
Dependents See instructions Continue				•			•						
Comparison Com	Age/Blindness	You:	Were born before January 2, 1	958	Are blind Spo	use:	☐ Was bor	n before Jar	uary 2	, 1958	☐ Is bli	nd	
If more than four dependents, see instructions, see instructions and check here					(2) Social security						ies for (see	nstructions):	
Income In Total amount from Form(s) W-2, box 1 (see instructions) Income In	•	•	•					.	d tax cr	edit	Credit for oth	er dependents	
see instructions and check here									П				
Income In									$\overline{\sqcap}$				
Income Income Income Attach Form(s) W-2 here. Also Household employee wages not reported on Form(s) W-2 Tip income not reported on line 1a (see instructions) Income of the dependent care benefits from Form 2441, line 26 Employer-provided adoption benefits from Form 8839, line 29 If you did not get a Form W-2, see instructions.		s ——							$\overline{\sqcap}$				
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-2G and Medicaid waiver payments not reported on Form(s) W-2 (see instructions) d Medicaid waiver payments not reported on Form(s) W-2 (see instructions) d Medicaid waiver payments not reported on Form(s) W-2 (see instructions) d Medicaid waiver payments not reported on Form(s) W-2 (see instructions) d Medicaid waiver payments not reported on Form(s) W-2 (see instructions) d Taxable dependent care benefits from Form 8839, line 26 f Employer-provided adoption benefits from Form 8839, line 29 Mages from Form 8919, line 6 g Wages from Form 8919, line 6 f Uther earned income (see instructions) d Nother earned income (see instructions) d Nother earned income (see instructions) d Add lines 1 a through 1h d It I a 105,778. Attach Sch. B I Tax-exempt interest d Add lines 1 a through 1h d It Alf distributions d It Alf d]											
Hattach Form(s) W-2 here, Also attach Forms W-2 here, Also attach Forms W-2 here, Also attach Forms W-2 and 1099-Rif tax was withheld. If you did not get a Form W-2, see instructions If was withheld. If you did not get a Form W-2, see instructions If was withheld. If you did not get a Form W-2, see instructions If was withheld. If you did not get a Form W-2, see instructions If was withheld. If you did not get a Form W-2, see instructions If was withheld. If you did not get a Form W-2, see instructions If was withheld. If you did not get a Form W-2, see instructions If was withheld. If you did not get a Form W-2, see instructions If was withheld. If you did not get a Form W-2, see instructions If was withheld. If you did not get a Form W-2, see instructions If was withheld. If you did not get a Form W-2, see instructions If was withheld. If you did not get a Form W-2, see instructions If was withheld. If you did not get a Form W-2, see instructions) If was withheld. If you did not get a Form W-2, see instructions) If was withheld. If you did not get a Form 8919, line 6 If you did not get a Form W-2, see instructions) If 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) 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) If you did not get a Form Porm 8919, line 26 If you did not get a Form Porm 8919, line 26 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 i	Income	1a	Total amount from Form(s) W-2, be	ox 1 (see	e instructions)				-	1a	10	<u> </u>	
W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld. If you did not get a Form W-2, see instructions W-2, see instructions. Attach Sch. B 2a	meome	b	Household employee wages not re	eported	on Form(s) W-2 .					1b			
attach Forms d Medicaid waiver payments not reported on Form(s) W-2 (see instructions) 1d W-2G and 1099-R if tax was withheld. e Taxable dependent care benefits from Form 2441, line 26 1e If you did not get a Form 9 Wages from Form 8919, line 6 1g W-2, see instructions. 1 Other earned income (see instructions) 1h 0. W-2, see instructions. 1 Nontaxable combat pay election (see instructions) 1i 0. Attach Sch. B if required. 2a b Taxable interest 2b Attach Sch. B if required. 2a b Taxable interest 2b Attach Sch. B if required. 3a Use of the payments of reported on Form (see instructions) 1t Attach Sch. B if required. 2a b Taxable amount 2b Attach Sch. B if required. 3a b Taxable interest 2b Attach Sch. B if required. 4a b Taxable amount 4b Standard Deduction for-Married filing separately, \$12,950 5a b Taxable amount 5b Social security benefits 6a b Taxable amount 6b Single or Married filing pintly or Qualifying Surviving spouse, \$25,900 6a Other income from Schedule 1, line 10 7 Yous constructions 9 Add lines 1z, 2b, 3b, 4b, 5	٠,	С	Tip income not reported on line 1a (see instructions)						1c				
1099- Rif tax was withheld. f Employer-provided adoption benefits from Form 8839, line 29 If you did not get a Form W-2, see instructions. V-2, see instructions. I Nontaxable combat pay election (see instructions) I Nontaxable combat pay election (see instructions) I Nontaxable combat pay election (see instructions) I I I I I I I I I I I I I I I I I I I		d	Medicaid waiver payments not rep	orted or	n Form(s) W-2 (see in	nstrud	ctions)			1d			
## Attach Sch. B if required. ## Attach Sch. B if required. ## Attach Sch. B if required. ## Add lines 1a through 1h ## Attach Sch. B if required. ## Add stributions ## Attach Sch. B if required. ## Attach Sch.		е	Taxable dependent care benefits from Form 2441, line 26						1e				
gy Wages from Form 8919, line 6		f	Employer-provided adoption benefits from Form 8839, line 29						1f				
get a Form W-2, see instructions. In h Other earned income (see instructions) In Nontaxable combat pay election (see instructions) It is Nontaxable combat pay ele		g	Wages from Form 8919, line 6 .							1g			
Instructions. Z Add lines 1 a through 1h Attach Sch. B if required. 2a Tax-exempt interest . 2a b Taxable interest . 2b If required. 3a Qualified dividends . 3a b Ordinary dividends . 3b IRA distributions . 4a b Taxable amount . 4b 5a Pensions and annuities . 5a b Taxable amount . 5b Single or Married filing separately, \$12,950 Married filing lointly or Qualifying Surviving spouse, \$25,900 Head of Head of Head of Plead of Plead of Plead of Single or Qualifying Surviving spouse, \$25,900 Head of It Subtract line 10 from line 9. This is your adjusted gross income 1	get a Form	h	Other earned income (see instruction	ions) .						1h		0.	
Add lines 1a through 1h		i	Nontaxable combat pay election (s	see instr	ructions)		li						
If required. 3a Qualified dividends 3a b Ordinary dividends	motraotions.	z	Add lines 1a through 1h							1z	10	5,778.	
4a IRA distributions	Attach Sch. B	2a	Tax-exempt interest	2a		b Ta	xable interes	t		2b			
Standard Deduction for—Single or Married filing separately, \$12,950 Married filing jointly or Qualifying sourviving spouse, \$25,900 Head of household, \$19,400 If you checked any box under Standard Deduction, \$200 Deduct	if required.	3a	Qualified dividends	3a		b Or	dinary divide	nds		3b			
Ceduction 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, Poly of the file of t		4a	IRA distributions	4a		b Ta	xable amoun	t		4b			
Single or Married filing separately, \$12,950 Married filing jointly or Qualifying sour varied source in the source of the sourc	Standard	5a	Pensions and annuities	5a		b Ta	xable amoun	t		5b			
Married filing separately, 7 Subtract line 10 from line 9. This is your adjusted gross income 10 Subtract line 10 from line 9. This is your adjusted gross income 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 15 Subtract line 14 from line 11 If zero or less enter -0- This is your taxable income 15 You elect to use the lump-sum election method, check here (see instructions) 7 Capital gain or (loss). Attach Schedule D if required. If not required, check here 7 8 -12,930. 8 -12,930. 9 92,848. 9 92,848. 10 10 Subtract line 10 from line 9. This is your adjusted gross income 11 92,848. 12 12,950. 13 Qualified business income deduction from Form 8995 or Form 8995-A 14 12,950.		6a	Social security benefits	6a		b Ta	xable amoun	t		6b			
\$12,950 Married filing jointly or Qualifying surviving spouse, \$25,900 Head of household, \$19,400 If you checked any box under Standard Deduction, Peduction, Deduction, Deduction, Deduction, Deduction, Deduction, Deduction, Description of Married glain of (loss). Attach Schedule D if required, if not required, check nere Tractine and the required	Married filing	С	If you elect to use the lump-sum e	lection r	nethod, check here	(see i	nstructions)		. []			
Married filling jointly or Qualifying spouse, \$25,900 9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 9 92,848. Subtract line 10 from line 9. This is your adjusted gross income 10 11 92,848. Standard deduction or itemized deductions (from Schedule A) 12 12,950. If you checked any box under standard Deduction, 10 14 12,950. Deduction, 15 15 Subtract line 14 from line 11 from line 12 from line 11 from line 12 from line 11 from line 12 from line 12 from line 11 from line 11 from line 12 from line 11 from line 12 from line 11 from line 11 from line 11 from line 12 from line 11 from line 12 from line 13 from line 14 from line 14 from line 15 from line 15 from line 15 from line 15 from line 16 from line 16 from line 17 from line 17 from line 18 from line 18 from line 19 from line 19 from line 10 from line line line line line line line line		7	Capital gain or (loss). Attach Scheo	dule D if	required. If not requ	ired,	check here		. [7			
Qualifying surviving spouse, \$25,900 4dd lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 9 92,848. 9 Head of household, \$19,400 11 Subtract line 10 from line 9. This is your adjusted gross income 11 92,848. 10 Subtract line 10 from line 9. This is your adjusted gross income 11 92,848. 12 Standard deduction or itemized deductions (from Schedule A) 12 12,950. 13 Oualified business income deduction from Form 8995 or Form 8995-A 13 14 Add lines 12 and 13 14 12,950. 15 Deduction, Deduction, Deduction, 15 Subtract line 14 from line 11. If zero or less enter -0- This is your taxable income 15 79,898	Married filing	8	Other income from Schedule 1, lin	•					8	-1	2,930.		
surviving spouse, \$25,900 Head of household, \$19,400 If you checked any box under Standard Deduction, Peduction, Peduction, 15 Subtract line 10 from line 9. This is your adjusted gross income		9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,	and 8.	This is your total inc	ome				9	9	2,848.	
Head of household, \$19,400 It you checked any box under Standard Deduction, Deduction, Deduction, 15 Subtract line 10 from line 9. This is your adjusted gross income	surviving spouse,	10	Adjustments to income from Sche	dule 1, I	ine 26					10			
household, \$19,400 It you checked any box under Standard Deduction, Deduction, Deduction, 12 Standard deduction or itemized deductions (from Schedule A)	Head of	11	Subtract line 10 from line 9. This is	your ac	djusted gross incor	ne				11	9	2,848.	
Pit you checked any box under Standard Deduction, 13 Qualified business income deduction from Form 8995 or Form 8995-A		12	Standard deduction or itemized	deducti	ions (from Schedule	A)				12	1	2,950.	
Standard 14 Add lines 12 and 13 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	If you checked	13	Qualified business income deducti	on from	Form 8995 or Form	8995	5-A			13			
Deduction, 15 Subtract line 14 from line 11 If zero or less enter -0- This is your taxable income 15 79,898		14	Add lines 12 and 13							14	1	2,950.	
	Deduction,	15	Subtract line 14 from line 11. If zer	o or less	s, enter -0 This is y	our t a	axable incom	ie		15	7	9,898.	

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	13,190.
Credits	17	Amount from Schedule 2, lin	ne 3					17	
	18	Add lines 16 and 17						18	13,190.
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812			19	
	20	Amount from Schedule 3, lin	ne 8					20	
	21	Add lines 19 and 20						21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	13,190.
	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	13,190.
Payments	25	Federal income tax withheld							
-	а	Form(s) W-2				25a	14,444.		
	b	Form(s) 1099				25b			
	С	Other forms (see instructions	s)			25c			
	d	Add lines 25a through 25c						25d	14,444.
If you have a	26	2022 estimated tax payment	ts 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	m Schedule 8812	2		28			
	29	American opportunity credit	from Form 8863	3, line 8		29			
	30	Reserved for future use .				30			
	31	Amount from Schedule 3, lin	ne 15			31			
	32	Add lines 27, 28, 29, and 31	. These are your	total other pa	ayments and re	fundable credi	ts	32	
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments				33	14,444.
Refund	34	If line 33 is more than line 24						34	1,254.
neiuliu	35a	Amount of line 34 you want	refunded to you	یا. If Form 8888	3 is attached, ch	eck here	🗆	35a	1,254.
Direct deposit?	b	Routing number 0 2 1	2 0 0 3	3 9	c Type:	X Checking	Savings		
See instructions.	d	Account number 3 8 1	0 4 4 5	0 4 3 8	8 8				
	36	Amount of line 34 you want	applied to your	2023 estimate	ed tax	36			
Amount You Owe	37	Subtract line 33 from line 24 For details on how to pay, g						37	
	38	Estimated tax penalty (see in	-	-		1 1		01	
Third Party		you want to allow another							
Designee		structions	•				. Complete	below.	X No
	De	signee's		Phone			ersonal ident		
	naı	me		no.		r	umber (PIN)		
Sign		der penalties of perjury, I declare t lief, they are true, correct, and com			, , ,		,		, ,
Here	Yo	ur signature		Date	Your occupation				nt you an Identity IN, enter it here
Joint return?		Spouse's signature. If a joint return, both must sign.			SOFTWARE	DEVELOPER	1 /	inst.)	
See instructions.	Sp			Date	Spouse's occup	ation	If th	e IRS ser	nt your spouse an
Keep a copy for your records.							I		ection PIN, enter it here
your records.							,	inst.)	
		one no. (201)885-048		Email address	NIKITHA.DIGU	MARTHI25@GMAI			T =
Paid		eparer's name	Preparer's signat			Date	PTIN		Check if:
Preparer	SYAM	M PRIYA RAM SAGAR GUPTA TALLAM		RAM SAGAR	GUPTA TALLA	M 03/30/202	23 P0208		Self-employed
Use Only	Fire	m's name GLOBAL TA							(678)965-9522
	Fir	m's address 245 ROONE	Y CT E BRU	NSWICK N	J 08816		Firm	n's EIN	84-3171965
Go to www.irs.g	ov/Forn	n1040 for instructions and the late	st information.		BAA	REV 03/18/23 PI	RO		Form 1040 (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 Attach to Form 1040, 1040-SR, or 1040-NR.

Go to www.irs.gov/Form1040 for instructions and the latest information.

Name	Your so	ocial s	ecurity number		
NIKI	732-5	55-24	.72		
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. Attach	Schedule	E .	5	-12,930.
6	Farm income or (loss). Attach Schedule F			6	
7	Unemployment compensation			7	
8	Other income:				
а	Net operating loss	()		
b	Gambling				
С	Cancellation of debt				
d	Foreign earned income exclusion from Form 2555 8d	()		
е	Income from Form 8853				
f	Income from Form 8889				
g	Alaska Permanent Fund dividends				
h	Jury duty pay				
i	Prizes and awards				
j	Activity not engaged in for profit income				
k	Stock options				
- 1	Income from the rental of personal property if you engaged in the rental				
	for profit but were not in the business of renting such property <u>8I</u>			-	
m	Olympic and Paralympic medals and USOC prize money (see				
	instructions)	+		-	
n	Section 951(a) inclusion (see instructions)			-	
0	Section 951A(a) inclusion (see instructions)	-			
р	Section 461(I) excess business loss adjustment			-	
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	()		
t	Pension or annuity from a nonqualifed deferred compensation plan or				
	a nongovernmental section 457 plan				
u	Wages earned while incarcerated 8u				

Total other income. Add lines 8a through 8z

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

Other income. List type and amount:

-12,930.

9

10

8z

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 2 IFA desclustion 2 IFA desclustion 2 IFA description of future use 2 IFA desclustion 2 IFA description of future use 2 IFA descri	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 2 IFA desclustion 2 IFA desclustion 2 IFA description of future use 2 IFA desclustion 2 IFA description of future use 2 IFA descri	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 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 3 Housing deduction from Form 2555 4 Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041) 2 Other adjustments. List type and amount: 25 Total other adjustments. Lost lipse 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		-	
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		la la		
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.

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

NIK	ITHA CHOWDARY DIGUMARTHI						732-5	5-247	2	
Par	Income or Loss From Rental Real Estate an Note: If you are in the business of renting personal proper			C . See	instru	ctions. If you a	are an ind	ividual, re	eport farm	
	rental income or loss from Form 4835 on page 2, line 40.	3 ,						,		
	Did you make any payments in 2022 that would require you								res 🗵 No	,
В	If "Yes," did you or will you file required Form(s) 1099? .							. 🗌 Y	ſes 🗌 No	,
1a	Physical address of each property (street, city, state, ZII									
A	SRI KALAPURI COLONY HYDERABAD TELANGAN	JA TN	50004	15						_
B			3000.							_
	Type of Property 2 For each rental real estate prope	rtv liet	ed.		Fa	ir Rental	Parso	nal Use		_
	(from list below) above, report the number of fair				'	Days		ays	QJV	
A	personal use days. Check the Q	JV box	only	Α		365		0	\top	
В	if you meet the requirements to f			В					$+$ $\bar{\Box}$	
С	qualified joint venture. See instru	ictions	•	С						_
Туре	of Property:					'				_
1	Single Family Residence 3 Vacation/Short-Term Ren	tal	5 Lanc	I	7	Self-Rental				
2	Multi-Family Residence 4 Commercial		6 Roya	alties	8	Other (descr	ribe)			
						Properti				
Incor	mor	ŀ		Α		В	es.		С	_
3	Rents received	3			00.	В				
4	Royalties received	4		,	00.					
	nses:	-								
5	Advertising	5								
6	Auto and travel (see instructions)	6								
7	Cleaning and maintenance	7		1,4	60.					_
8	Commissions	8								
9	Insurance	9								
10	Legal and other professional fees	10								_
11	Management fees	11		1,2	40.					
12	Mortgage interest paid to banks, etc. (see instructions)	12								
13	Other interest	13								
14	Repairs	14		3,6	40.					
15	Supplies	15		3,0	40.					
16	Taxes	16								
17	Utilities	17		4,2	50.					
18	Depreciation expense or depletion	18								
19	Other (list)	19								_
20	Total expenses. Add lines 5 through 19	20		13,6	30.					
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			10 0	20					
00	file Form 6198	21	•	-12,9	30.					
22	Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	00	,	10 03	۰ ۱	,	,			١
23a	Total of all amounts reported on line 3 for all rental prope	22	-	12,93	23a	(700.			
_	Total of all amounts reported on line 4 for all rental properties on line 4 for all rental properties.				23b		700.	-		
b c	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					
e	Total of all amounts reported on line 20 for all properties				23e	13	,630.			
24	Income. Add positive amounts shown on line 21. Do no						. 24			
25	Losses. Add royalty losses from line 21 and rental real estate		-		nter t	otal losses he		(12,930.	
26	Total rental real estate and royalty income or (loss).							<u> </u>	,,,,,,,,	
_0	here. If Parts II, III, IV, and line 40 on page 2 do not									
	Schedule 1 (Form 1040), line 5. Otherwise, include this ar						. 26		-12,930).