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

IIILEITIAIT	leveriue dei vice								
Submi	ssion Identification Number (SID)								
Taxpaye	r's name	Social secur	ity numl	oer					
SATY	YA CHAITANYA KUMA MAMIDI	361-67-8300							
Spouse's		Spouse's social security number							
Part	, ,	year you	are au	thoriz	ing.)				
	whole dollars only on lines 1 through 5.								
	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.		1 4		110	704			
1	Adjusted gross income		1	-		$\frac{794.}{000}$			
2	Total tax		3			998.			
3 4	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		4			684.			
5	Amount you owe		5		⊥,	686.			
Part		eep a coi		our r	eturr	n)			
	penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended)								
to send for any Agent to paymer authorize paymer business taxes to persona	original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmismy return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejected delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U. or initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the interest of the financial institution account in the interest of the payment (settlement) date. I also authorize the financial institutions involved in the payment confidential information necessary to answer inquiries and resolve issues related to the payment (settlement) below is my signature for the income tax return (original or amended) I are income Withdrawal Caracast.	ction of the S. Treasury acated in the in to debit the authorizests must be processing cayment. I fu	transmistransmistrand its of tax prepare entry exation. The receive of the electrons of the acceptance of the acceptance entry	ssion, (designation to this Forevolution to the contraction to the con	(b) the ated Fin softwaccouple (capacitater in the accouple (capacitater in the accouple accouple (capacitater in the accouple accouple accouple (capacitater in the accouple accouple accouple (capacitater in the accouple account accouple	reason inancial vare for int. This ancel) a than 2 ment of that the			
	nic Funds Withdrawal Consent.				_				
	yer's PIN: check one box only	7	8 3	3 0	0				
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	signature on the income tax return (original or amended) I am now authorizing.	d	on't ente	r all ze	ros				
	I will enter my PIN as my signature on the income tax return (original or amended) I am notify you are entering your own PIN and your return is filed using the Practitioner PIN methology.								
Your s	ignature ▶ Date ▶								
Snous	e's PIN: check one box only	_							
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	ERO firm name		nter five	digits.		asiny			
	signature on the income tax return (original or amended) I am now authorizing.		on't ente						
	I will enter my PIN as my signature on the income tax return (original or amended) I am nif you are entering your own PIN and your return is filed using the Practitioner PIN metholow.		_			_			
Spous	e's signature ▶ Date ▶								
	Practitioner PIN Method Returns Only—continue below								
Part	II Certification and Authentication — Practitioner PIN Method Only								
FRO's	EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 5 1	8 9 5	2 3	1 9	8	9			
	2 1147 1141 Enter your one digit and noneway your new digit out objected 1 114.	Don't en		-	1 -				
authoriz	that the above numeric entry is my PIN, which is my signature for the electronic individual income taked to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submements of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS e-file Providers of Incompany of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS e-file Providers of Incompany of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS e-file Providers of Incompany of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of Incompany of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of Incompany of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of Incompany of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of Incompany of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of Incompany of the Practical Pink of the Practical Pink of the Practical Pink of the P	itting this re	urn in a	accorda	anće v				
ERO's	signature ▶ Date ▶								
	ERO Must Retain This Form — See Instructions								
	Don't Submit This Form to the IRS Unless Requested To D	o So							

E 1040 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, enter the name of your spouse. If you checked the HOH or OSS box, enter the child's name if the qualifying person is a child but not your dependent: Your first name and middle initial	Filing Status Check only	X S	Single Married filing jointly	Marrie	ed filing separately	(MFS)	Head of	hous	ehold (HOF	H) 🗌		lifying surv use (QSS)	/ivinç	9
Your social security number 361-67-8300		If yo	u checked the MFS box, enter the r	name of y	our spouse. If you	check	ed the HOH or	r QS	S box, ente	r the c	•	, ,	ne qu	alifying
SATYA CHAITANYA KUMA		pers	on is a child but not your dependen	nt:										
If joint return, spouse's first name and middle initial Last name Last name Last name Apt. no. 210 Check there of you, or your spouse of first name and street). If you have a foreign address, also complete spaces below. State ZIP code ZIP code ZIP Sa5.1.3 Shall ZIP code ZIP Shall ZIP code ZIP Shall ZIP code ZIP	Your first name	Your first name and middle initial Last name You						ur so	cial securit	y nur	mber			
Home address (number and street). If you have a P.O. box, see instructions. 411 SHADY TERRACE I.N City, town, or post office, if you have a foreign address, also complete spaces below. State ZIP code TAMEA ZIP code ZIP c	SATYA CHAITANYA KUMA				DI					3	361-67-8300			
STANDA TERRACE LN 210 Check here if you, or your STANDA TERRACE LN 21P code 21P code TERRACE LN 21P code T	If joint return, s	pouse's	first name and middle initial	Last na	me					Sp	ouse's	s social sec	urity	number
TAMPA	Home address	(numbe	er and street). If you have a P.O. box, see	e instruction	ons.				Apt. no.	Pr	esider	ntial Election	on Ca	ampaign
TAMPA State	4411 SHA	ADY 7	TERRACE LN						210					
Frorigin country name	City, town, or p	ost offic	ce. If you have a foreign address, also c	omplete spaces below. State ZIP con										
Spouse Standard Deduction Spouse Standard S	TAMPA			FL 3361				C12					_	
Digital Assets Braidard Deduction Spouse Itemizes on a separate return or you were a dual-status allen Spouse Itemizes on a separate return or you were a dual-status allen Age/Blindness	Foreign country	y name		F	Foreign province/state	e/count	у	Fore	eign postal co	de yo	ur tax	or refund.		
Assets sexchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.)												You		Spouse
Standard Deduction Deduction	Digital											□Yes	X	No
Spouse itemizes on a separate return or you were a dual-status alien	-							4000	7. (000 11.1	ou dou	2110.)			
Comparison Com	Deduction			•			и асренает							
If more than four dependents, see instructions and check here	Age/Blindness	You:	Were born before January 2,	1958	Are blind S	oouse:	☐ Was bo							
If more than four dependents, see instructions and check here	Dependents	s (see	instructions):			ity		nip	(4) Check th	e box if	qualif	ies for (see	instru	uctions):
dependents, see instructions and check here	If more	(1) Fi	rst name Last name		number		to you		Child ta	x credi	t	Credit for oth	ner de	ependents
Income														
Income 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 or Tip income not reported on line 1a (see instructions) Income or Tip income not reported on line 1a (see instructions) Income or treported on line 1a (see instructions) Income not reported on line 1a (see instructions) Income not r		s ——								<u> </u>	\rightarrow		ᆜ	
Income 1a Total amount from Form(s) W-2, box 1 (see instructions)		, —								<u> </u>	\rightarrow		<u></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-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 29 f Employer-provided adoption benefits from Form 8839, line 29 f Wages from Form 8919, line 6 g Wages from Form 8919, line 6 f Other earned income (see instructions) d Nontaxable combat pay election (see instructions) d Add lines 1 a through 1h d It a 130, 868. Attach Sch. B a Garage of the Add lines 1 a through 1h d It a 14 A distributions d It Add dires 1 a through 1h d It a 14 A distributions d It you elect to use the lump-sum election method, check here (see instructions) d If you elect to use the lump-sum election method, check here (see instructions) d It you elect to use the lump-sum election method, check here (see instructions) d It you denoted adoption benefits from Form 8995 or F	nere]									\perp			
Attach Forms W-26 and 1099-Ri ft ax 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 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 declot dividends \(\) \(\	Income			,	,								30,	868.
W-2 here. Also attach Forms W-2G and 1099-Ri f tax was withheld. If you did not get a Form W-2, see instructions W-2, See instructions. Attach Sch. B 2a	Attach Form(s)													
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1099-Rif tax was withheld. f Employer-provided adoption benefits from Form 8839, line 29 1f			` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` `											
Wages from Form 8919, line 6 1g Wages from Form 8919, line 6 1g Wages from Form 8919, line 6 1h 0.			•		*									
See instructions See instruc	was withheld.							•			_			
W-2, see instructions. I Nontaxable combat pay election (see instructions)								•						
Add lines 1a through 1h Attach Sch. B B Attach Sch. B Attach Sch. B B Attach Sch. B Attach Sch. B B B Attach Sch. B B Attach Sch. B B B Attach Sch. A B B Attach Sch. B B B Attach Sch. A			,								111			<u> </u>
Attach Sch. B if required. 3a Qualified dividends 3a b ordinary dividends 3b B Taxable interest 2b B Taxable if required. 4a IRA distributions 4a b Taxable amount 4b B Taxable amount 5b B Taxable income 7c B Taxable amount 5c B B Taxable amount 5c B B Taxable income 5c B B Taxable income 5c Taxable income 5c B Taxable income 5c B Taxable income 5c B Taxable income 5c B Taxable income 5c	instructions.									17	1:	3 N	868	
If required. 3a Qualified dividends 3a b Ordinary dividends	Attach Sch. B			22		 h Та	 avahla intaras	+					, ,	000.
4a IRA distributions . 4a b Taxable amount . 4b Standard Deduction for—Single or Married filing separately, \$12,950 Married filing jointly or Qualifying surviving spouse, \$25,900 Head of household, \$19,400 Head of household, \$19,400 If you checked any box under Standard Deduction, \$15,000 Deduction, \$15,000 Add lines 12 and 13 Qualified business income deduction from Form 8995 or Form 8995-A Is pensions and annuities . 5a b Taxable amount . 5b B Taxable income . 5bb B Taxable amount . 5bb B Taxable income . 5bb B Taxable amount . 5bb B Taxable income . 5bb B Taxable amount . 5bb B Taxable income . 5bb Taxable amount . 5bb B Taxable amount . 5bb B Taxable income . 5bb Taxable amount . 5bb B Taxable income . 5bb			· -											
Standard Deduction for—Single or Married filing separately, \$12,950 Married filing jointly or Qualifying source, \$25,900 Head of household, \$19,400 If you checked any box under Standard Deduction, \$200 D														
Social security benefits Ga b Taxable amount Gb	Standard													
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 <i>Standard Deduction</i> , Deduction, Single or Married filing separately, \$12,950 If you elect to use the lump-sum election method, check here (see instructions) Capital gain or (loss). Attach Schedule D if required. If not required, check here 7 Subtract line 10 Subtract line 10 Subtract line 10 If you elect to use the lump-sum election method, check here (see instructions) 7 Add line 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 14 12 12 13 14 12 15 Subtract line 14 from line 11 If zero or less enter -0- This is your taxable income	Deduction for—		-											
Standard deduction or itemized deduction from Schedule A) Capital gain or (loss). Attach Schedule D if required, if not required, check here 7 Capital gain or (loss). Attach Schedule I in not required, check here 7 8 Other income from Schedule 1, line 10 9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 9 117, 794. 10 Adjustments to income from Schedule 1, line 26 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 15 Subtract line 14 from line 11 If zero or less enter -0- This is your taxable income		С	_	election r	method, check her	e (see i	instructions)			. 🗆				
Married filing jointly or Qualifying 9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 9 117, 794. Married filing jointly or Qualifying 9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 9 117, 794. Married filing jointly or Qualifying 9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 10 11 117, 794. Married filing jointly or Qualifying 9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 10 11 117, 794. Married filing jointly or Qualifying 9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 10 11 117, 794. Married filing jointly or Qualifying 90 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 11 117, 794. Married filing jointly or Qualifying 90 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 11 117, 794. Married filing jointly or Qualifying 90 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 11 117, 794. Married filing jointly or Qualifying 90 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 11 117, 794. Married filing jointly or Qualifying 90 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 11 117, 794. Married filing jointly or Qualifying 11 11 117, 794. Married filing jointly or Qualifying 11 11 117, 794. Married filing jointly or Qualifying 11 11 117, 794. Married filing jointly or Qualifying 11 11 117, 794. Married filing jointly or Qualifying 11 11 117, 794. Married filing jointly or Qualifying 11 11 117, 794. Married filing jointly or Qualifying 11 11 117, 794. Married filing jointly or Qualifying 11 11 117, 794. Married filing jointly or Qualifying 11 11 117, 794. Married filing jointly or Qualifying 11 11 117, 794. Married filing jointly or Qualifying 11 11 117, 794. Married filing jointly or Qualifying 11 11 117, 794. Married filing jointly or Qualifying 11 11 117, 794. Married filing jointly or Qualifying 11 11 117, 794. Married filing jointly or Qualifying 11 11 117,		7	Capital gain or (loss). Attach Sche	edule D if	required. If not re	quired,	check here			. 🗆	7			
Qualifying surviving spouse, \$25,900Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income9117,794.Head of household, \$19,40011Subtract line 10 from line 9. This is your adjusted gross income11117,794.If you checked any box under Standard Deduction, \$12Qualified business income deduction from Form 8995 or Form 8995-A1314Deduction, Deduction, \$15Add lines 12 and 131412,950.	Married filing	8	Other income from Schedule 1, lir	ne 10 .							8	-1	L3,	074.
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	7, and 8.	This is your total i	ncome					9			
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	edule 1, l	ine 26						10			
\$19,400	Head of	11	Subtract line 10 from line 9. This i	s your a c	djusted gross inc	ome					11	11	17,	794.
13 Qualified business income deduction from Form 8995 or Form 8995-A		12	Standard deduction or itemized	l deducti	ions (from Schedu	le A)					12		L2,	950.
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	L2,	<u>950.</u>
		15	Subtract line 14 from line 11. If ze	ero or less	s, enter -0 This is	your t	axable incom	ne			15	10)4,	844.

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	18,998.	
Credits	17	Amount from Schedule 2, lin	ne 3						17		
	18	Add lines 16 and 17							18	18,998.	
	19	Child tax credit or credit for	other dependent	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	18,998.	
	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	18,998.	
Payments	25	Federal income tax withheld	from:								
	а	Form(s) W-2				25a	20	,684.			
	b	Form(s) 1099				25b					
	С	Other forms (see instruction	s)			25c					
	d	Add lines 25a through 25c							25d	20,684.	
If you have a	26	2022 estimated tax paymen	ts and amount a	pplied from 20	21 return				26		
qualifying child,	27	Earned income credit (EIC)			No .	27					
attach Sch. EIC.	28	Additional child tax credit from	m 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, lir	ne 15			31					
	32	Add lines 27, 28, 29, and 31	. These are your	total other pa	ayments and refu	ındable	credits		32		
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments					33	20,684.	
Refund	34	If line 33 is more than line 24	1, subtract line 2	4 from line 33.	This is the amou	nt you o	verpaid		34	1,686.	
	35a	Amount of line 34 you want			is attached, che	ck here			35a	1,686.	
Direct deposit? See instructions.	b	Routing number 2 1 1			c Type: 🔀	Checki	ng 🗌 S	Savings			
See instructions.	d	Account number 4 3 8	3 2 3 8	5							
	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	nstructions) .			38					
Third Party Designee		Do you want to allow another person to discuss this return with the IRS? See instructions								X No	
Doorginoo		- .				•	lentification				
	na	name no. number (PIN)						er (PIN)			
Sign Here		der penalties of perjury, I declare tief, they are true, correct, and com									
пете	Your signature			Date Your occupation					If the IRS sent you an Identity Protection PIN, enter it here		
Joint return?				JAVA DEVELOPER					inst.)		
See instructions. Keep a copy for your records.	Sp	ouse's signature. If a joint return, I	both must sign.	Date	Spouse's occupat	ion			tity Prote	nt your spouse an ection PIN, enter it here	
	Ph	one no. (270)994-181	9	Email address	CHAITANYAMAM	IDI93@0	GMAIL.CC)M			
Doid	Pre	eparer's name	Preparer's signat	ure		Date		PTIN		Check if:	
Paid	SYAM	I PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	03/3	1/2023	P0208	2703	Self-employed	
Preparer Use Only	Fir	m's name GLOBAL TA	XES LLC				<u> </u>	Phor	ne no. (678)965-9522	
Use Only	Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816						Firm	Firm's EIN 84-3171965			

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	ur soc	cial s	ecurity number						
SATY	61-67	7-83	00						
Part 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		. L	3					
4	Other gains or (losses). Attach Form 4797		. L	4					
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedu	le E	. L	5	-13,074.				
6	Farm income or (loss). Attach Schedule F		. L	6					
7	Unemployment compensation		. L	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 8g		_						
h	Jury duty pay		_						
i	Prizes and awards		_						
j	Activity not engaged in for profit income		_						
k	Stock options		_						
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)		-						
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 8t								
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:

-13,074.

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	
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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	
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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 24 Jeli 25 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		-	
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) 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):			
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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				-	
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tax law violations	٠				
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z Other adjustments. List type and amount:	•••		lk		
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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.

Attachment Sequence No. **13**

Your social security number

SAT	A CHAITANYA KUMA MAMIDI						361-6	7-8300		
Par	Income or Loss From Rental Real Estate and	d Roy	yalties							
	Note: If you are in the business of renting personal proper	ty, use	Schedule	C . See	instru	ctions. If you are	an indiv	idual, rep	ort farm	
	rental income or loss from Form 4835 on page 2, line 40.		- ()						57.11	
	Did you make any payments in 2022 that would require you									
В	f "Yes," did you or will you file required Form(s) 1099? .							. <u> </u>	s U No	
1a	Physical address of each property (street, city, state, ZIF	ode?	e)							
Α	BOWDARA ROAD VISAKHAPATNAM ANDHRA PRAD	DESH	IN 53	30001						
В										
С										
1b		For each rental real estate property listed above, report the number of fair rental and						Personal Use Days		
Α	personal use days. Check the QJ	JV box	only	Α		Days 365		0		
В	if you meet the requirements to fi			В						
С	qualified joint venture. See instru	ictions	5.	С						
Tvpe	of Property:					l				
	Single Family Residence 3 Vacation/Short-Term Rent	tal	5 Land	l	7	Self-Rental				
	Multi-Family Residence 4 Commercial		6 Roya	alties	8	Other (describ	oe)			
	<u> </u>		,							
_						Properties	s:			
Incon				Α	0.0	В			С	
3	Rents received	3		- 6	00.					
4	Royalties received	4								
Expe		_								
5	Advertising	5								
6	Auto and travel (see instructions)	7		1,0	0.0					
7	Cleaning and maintenance	8		1,0	00.					
8		9								
9 10	Insurance	10								
11	Management fees	11		0	00.					
12	Mortgage interest paid to banks, etc. (see instructions)	12		0	00.					
13	Other interest	13								
14	Repairs	14		3,8	35					
15	Supplies	15		3,120.						
16	Taxes	16		3 / ±	20.					
17	Utilities	17		4,9	19.					
18	Depreciation expense or depletion	18								
19	Other (list)	19								
20	Total expenses. Add lines 5 through 19	20		13,6	74.					
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	-	-13,0	74.					
22	Deductible rental real estate loss after limitation, if any,									
	on Form 8582 (see instructions)	22	(13,07	4.)	()((,	
23a	Total of all amounts reported on line 3 for all rental proper				23a		600.			
b	Total of all amounts reported on line 4 for all royalty properties.				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	13,	674.			
24	Income. Add positive amounts shown on line 21. Do not		-				24			
25	Losses. Add royalty losses from line 21 and rental real estat	te loss	es from lir	ne 22. E	nter to	otal losses here	25	(13,074.	
26	Total rental real estate and royalty income or (loss).									
	here. If Parts II, III, IV, and line 40 on page 2 do not a									
	Schedule 1 (Form 10/10) line 5. Otherwise include this ar	malint	in the tot	rai on lii	n 🗕 / 🔼	on nage 2	0.6		_12 ∩7/	