Form **8879**

(Rev. January 2021)

Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.

► Go to www.irs.gov/Form8879 for the latest information.

OMB No. 1545-0074

Submission Identification Number (SID)		
Taxpayer's name	Social security	y number
SRICHARAN GUNDAVARAPU	807-58-	-1647
Spouse's name	Spouse's soci	al security number
VENKATA SRIVIDYA GUNDAVARAPU	981-96-	-8266
Part I Tax Return Information — Tax Year Ending December 31, 2022	(Enter year you ar	re authorizing.)
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		1 102,838.
2 Total tax		2 8,820.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3 20,229.
4 Amount you want refunded to you		4 11,409.
5 Amount you owe		5
Part II Taxpayer Declaration and Signature Authorization (Be sure you get Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or an		· · · · · · · · · · · · · · · · · · ·
my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Par return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reasor for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authoriz Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution accopayment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to to payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellatiousiness days prior to the payment (settlement) date. I also authorize the financial institutions involved taxes to receive confidential information necessary to answer inquiries and resolve issues related to personal identification number (PIN) below is my signature for the income tax return (original or amend Electronic Funds Withdrawal Consent.	transmitter, or electron for rejection of the trace the U.S. Treasury are count indicated in the taken the trace the trace the trace that the trace trace that the trace trace trace that the trace tr	nic return originator (ERO) ansmission, (b) the reason and its designated Financial x preparation software for entry to this account. This tion. To revoke (cancel) a received no later than 2 the electronic payment of her acknowledge that the
Taxpayer's PIN: check one box only		
▼ I authorize GLOBAL TAXES LLC to enter or get	nerate my PIN	1 6 4 7 as my
ERO firm name signature on the income tax return (original or amended) I am now authorizing.	ř Ent	er five digits, but n't enter all zeros
I will enter my PIN as my signature on the income tax return (original or amended) if you are entering your own PIN and your return is filed using the Practitioner PIN below.		
Your signature ▶ Da	ite ▶	
Spouse's PIN: check one box only		
	Ent	8 2 6 6 as my er five digits, but o't enter all zeros
I will enter my PIN as my signature on the income tax return (original or amended) if you are entering your own PIN and your return is filed using the Practitioner PIN below.		
Spouse's signature ▶ Da	ite ▶	
Practitioner PIN Method Returns Only—continue	below	
Part III Certification and Authentication — Practitioner PIN Method Only		
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.		6 6 1 9 8 9 er all zeros
I certify that the above numeric entry is my PIN, which is my signature for the electronic individual in authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I arrequirements of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS e-file Provid	m submitting this retu	rn in accordance with the
ERO's signature ▶ Da	ite ▶	
ERO Must Retain This Form — See Instruction		

Don't Submit This Form to the IRS Unless Requested To Do 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.

Filing Status Check only	S 🗌 S	Single X Married filing jointly [Marrie	ed filing separate	ly (MFS)	Head of	household (HC)H) [ifying sur se (QSS)		
one box.	-	u checked the MFS box, enter the r on is a child but not your dependen	-	our spouse. If yo	u check	ed the HOH or	QSS box, en	ter the	child's	name if t	he qualif	ying
Your first name	and mi	ddle initial	Last na	me				,	Your soc	cial securi	ty numbe	er
SRICHARA	ΑN		GUND	AVARAPU					807-5	8-164	7	
If joint return, spouse's first name and middle initial Last name Spot						Spouse's social security numbe			mber			
VENKATA SRIVIDYA GUNDAVARAPU 98						981-9	81-96-8266					
Home address (number and street). If you have a P.O. box, see instructions. Apt. no. Presi							Presiden	dential Election Campaigr				
ITT DEGREE DAMN INALD						Check here if you, or your						
City, town, or p	ost offic	ce. If you have a foreign address, also co	omplete s _l	paces below.	Sta	te	ZIP code	ZIP code spouse if filing j				
COLLIERV	/ILLE	E		TN 38			38017			w will not		
Foreign country	/ name		F	oreign province/st	ate/count	у	Foreign postal	code	your tax	or refund		
										You	Spo	ouse
Digital Assets		ny time during 2022, did you: (a) rec ange, gift, or otherwise dispose of					-			☐ Yes	⊠ No)
Standard	Som	eone can claim: You as a de	ependent	t	ouse as	a dependent	<u> </u>					
Deduction		Spouse itemizes on a separate retu	rn or you	were a dual-sta	tus alien							
Age/Blindness	You:	☐ Were born before January 2,	1958	Are blind	Spouse	: Was bo	n before Janu	ıary 2,	1958	☐ Is b	lind	
Dependents	s (see	instructions):		(2) Social sec	urity	(3) Relationsh	nip (4) Check	the box	cif qualifi	ies for (see	instructio	ons):
If more	(1) Fi	1) First name Last name		number		to you	Child	tax cre	dit	Credit for other dependent		
than four												
dependents, see instruction:	s ——											
and check												
here												
Income	1a	Total amount from Form(s) W-2, b	oox 1 (see	e instructions)					1a	1	16 , 28	8.
	b	Household employee wages not r							1b			
Attach Form(s) W-2 here. Also	С	Tip income not reported on line 1	a (see ins	structions) .					1c			
attach Forms	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)						1d				
W-2G and 1099-R if tax	е	Taxable dependent care benefits from Form 2441, line 26						1e				
was withheld.	f		nployer-provided adoption benefits from Form 8839, line 29						1f			
If you did not	g	=							1g			
get a Form W-2, see	h		ions)						1h			0.
instructions.	i	Nontaxable combat pay election	see instructions)									_
	Z	Add lines 1a through 1h							1z	1	16,28	8.
Attach Sch. B	2a	Tax-exempt interest	2a			axable interes			2b			
if required.	<u>3a</u>	Qualified dividends	3a			rdinary divide			3b			
	4a	IRA distributions	4a			axable amoun			4b			
Standard Deduction for—	5a	Pensions and annuities	5a			axable amoun			5b			
Single or	6a	Social security benefits	6a			axable amoun	τ		6b	-		
Married filing separately,	c	If you elect to use the lump-sum e		·	`	,		• ⊨				
\$12,950	7	Capital gain or (loss). Attach Sche		•				. L	7		10 45	
Married filing jointly or	8	Other income from Schedule 1, lin							8		13,45	
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7							9	$+$ $\frac{1}{}$	02,83	<u></u> 8.
\$25,900	10	Adjustments to income from Sche	-						10	-		
Head of household,	11	Subtract line 10 from line 9. This i	•	-					11		02,83	
\$19,400	12	Standard deduction or itemized		•	,				12	+	25 , 90	<u>U.</u>
If you checked any box under	13	Qualified business income deduct							13	+	05 00	
Standard Deduction,	14 15	Add lines 12 and 13 Subtract line 14 from line 11. If ze							14		25,90	
see instructions.	13	Subtract line 14 HOITI line 11. II Ze	TO OF IES	o, enter -U IIIIS	is your t	avanie ilicoli			15		76 , 93	٥.

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	8,820.
Credits	17	Amount from Schedule 2, lin	e3				[17	
	18	Add lines 16 and 17					[18	8,820.
	19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812		[19	
	20	Amount from Schedule 3, lin	e 8				[20	
	21	Add lines 19 and 20					[21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0			[22	8,820.
	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	8,820.
Payments	25	Federal income tax withheld							,
,	а	Form(s) W-2				25a 20	,229.		
	b	Form(s) 1099				25b			
	С	Other forms (see instructions				25c			
	d	Add lines 25a through 25c	•					25d	20,229.
	26	2022 estimated tax payment					🗀	26	,
If you have a qualifying child,	27	Earned income credit (EIC)				27			
attach Sch. EIC.	28	Additional child tax credit from				28			
	29	American opportunity credit	from Form 8863	8. line 8		29			
	30	Reserved for future use .				30			
	31	Amount from Schedule 3, lin	e 15			31			
	32	Add lines 27, 28, 29, and 31						32	
	33	Add lines 25d, 26, and 32. T					-	33	20,229.
Defined	34	If line 33 is more than line 24						34	11,409.
Refund	35a	Amount of line 34 you want				•	. 🗆 🗒	35a	11,409.
Direct deposit?	b	Routing number 0 4 4					Savings		
See instructions.	d	Account number 6 3 7							
	36	Amount of line 34 you want			ed tax	36			
Amount	37	Subtract line 33 from line 24	. This is the amo	ount vou owe					
You Owe	•	For details on how to pay, g						37	
	38	Estimated tax penalty (see in	nstructions) .			38			
Third Party	Do	you want to allow another	person to disc	cuss this retu	n with the IRS?	See			_
Designee	ins	structions				. Yes. Co	mplete bel	ow.	X No
		signee's me		Phone no.			nal identifica er (PIN)	ation	
0:		der penalties of perjury, I declare t	hat I have evening		d		. ,		t of my lim avilodes on
Sign		lief, they are true, correct, and com			1 , 0		,		, ,
Here	Yo	ur signature		Date	Your occupation		If the IF	RS ser	nt you an Identity
							Protect	ion P	N, enter it here
Joint return?					SOFTWARE D	EVELOPER	(see ins	st.)	
See instructions. Keep a copy for	Sp	Spouse's signature. If a joint return, both must sign.		Date	Spouse's occupation	on			nt your spouse an ection PIN, enter it here
your records.					 HOME MAKER		(see ins		CHOILE IN, enter it her
	———Ph	one no. (901) 579-760	?	Email address		ARAN33@GMAIL.CO			
		eparer's name	Preparer's signat		DAI.CHARAN.CH	Date	PTIN		Check if:
Paid		1 PRIYA RAM SAGAR GUPTA TALLAM			מווסיים יים ד. ד. מאו		P020827	กร	Self-employed
Preparer		m's name GLOBAL TA		IVIII DUQUI	OOLIN IAHHAM	02/10/2023			678) 965-9522
Use Only			Y CT E BRU	NSWICK N	J 08816		Firm's I		84-3171965
Co to ununu im m				TANATOT/ IN		DEV 00/40/00 DE 0	1 11111 5 1	_11.4	Form 1040 (2022
GO TO WWW.IIS.go	UVITOIT	n1040 for instructions and the late	at innormation.		BAA	REV 02/10/23 PRO			rom 1040 (2022

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2022

Attachment
Seguence No. 01

Department of the Treasury Internal Revenue Service

Name(s) shown on Form 1040, 1040-SR, or 1040-NR SRICHARAN & VENKATA SRIVIDYA GUNDAVARAPU

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

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

	Sequence No. 01
Your soci	ial security number
207_52	_1647

Par	t Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxes		1	
2a	Alimony received		2a	
b	Date of original divorce or separation agreement (see instructions):			
3	Business income or (loss). Attach Schedule C		3	
4	Other gains or (losses). Attach Form 4797		4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Atta	ch Schedule E .	5	-13,450.
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		
- 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	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	-	
u	Wages earned while incarcerated	8u		
Z	Other income. List type and amount:			
_		8z		
9	Total other income. Add lines 8a through 8z		9	40
10	Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR	or 1040-NR line 8	10	-13.450

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

Par	t II Adjustments to Income		
11	Educator expenses	 11	
12	Certain business expenses of reservists, performing artists, and fee-basin		
	officials. Attach Form 2106	 12	
13	Health savings account deduction. Attach Form 8889	 13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903	 14	
15	Deductible part of self-employment tax. Attach Schedule SE	15	
16	Self-employed SEP, SIMPLE, and qualified plans	 16	
17	Self-employed health insurance deduction	 17	
18	Penalty on early withdrawal of savings	 18	
19a	Alimony paid	19a	
b	Recipient's SSN		
С	Date of original divorce or separation agreement (see instructions):		
20	IRA deduction	20	
21	Student loan interest deduction	21	
22	Reserved for future use	 22	
23	Archer MSA deduction	 23	
24	Other adjustments:		
а	Jury duty pay (see instructions)		
b	Deductible expenses related to income reported on line 8I from the		
	rental of personal property engaged in for profit		
С	Nontaxable amount of the value of Olympic and Paralympic medals		
	and USOC prize money reported on line 8m		
d	Reforestation amortization and expenses		
е	Repayment of supplemental unemployment benefits under the Trade		
	Act of 1974		
f	Contributions to section 501(c)(18)(D) pension plans		
g	Contributions by certain chaplains to section 403(b) plans 24g		
h	Attorney fees and court costs for actions involving certain unlawful		
	discrimination claims (see instructions)	-	
İ	Attorney fees and court costs you paid in connection with an award		
	from the IRS for information you provided that helped the IRS detect tax law violations		
	En En		
j	Housing deduction from Form 2555	-	
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form		
_	1041)	-	
Z	Other adjustments. List type and amount:		
25		25	
25 26	Total other adjustments. Add lines 24a through 24z	25	
26	Add lines 11 through 23 and 25. These are your adjustments to income . Ent	00	
	Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a	 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.

Your social security number

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

OMB No. 1545-0074

SRIC	CHARAN & VENKA	ATA SRIVIDYA GUNDAVARAPU						807-5	58-1647	
Part	Note: If you a	Loss From Rental Real Estate an re in the business of renting personal proper or loss from Form 4835 on page 2, line 40.			e C. See	instruc	ctions. If you a	are an ind	ividual, rep	ort farm
		payments in 2022 that would require you								es 🛛 No
В	f "Yes," did you or									es 🗌 No
1a		s of each property (street, city, state, ZIF								
Α	DN:139, DEVI	NAGAR SECUNDERABAD TELANGAN	NI AV	50005	56					
В										
С										
1b	Type of Property (from list below)	For each rental real estate prope above, report the number of fair	rental	and	Fair Rental Days			Personal Use Days		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	ne as a	a	В					
С		qualified joint verture. Gee includ	10110110	,.	С					
1	of Property: Single Family Resid Multi-Family Resid		tal	5 Land 6 Roya			Self-Rental Other (desci			
							Properti	es:		
Incon					Α		В			С
3			3		6	38.				
4		<u>d</u>	4							
Exper			_							
5			5							
6		ee instructions)	6			0.7				
7		ntenance	7		2,9	9/.				
8			8							
9			9							
10		rofessional fees	10		0 6	00				
11			11		2,6	83.				
12	0 0	paid to banks, etc. (see instructions)	12							
13			13		2 0	0.7				
14			14		2,8					
15			15 16		2,7	09.				
16 17			17		2,8	0.2				
18			18		۷,0	02.				
19		ense or depletion	19							
20	Total expenses A	Add lines 5 through 19	20		14,0	0 0				
	•	· ·	20		14,0	00.				
21	result is a (loss), s	rom line 3 (rents) and/or 4 (royalties). If see instructions to find out if you must	21		-13,4	50.				
22		real estate loss after limitation, if any, ee instructions)	22		13,45		,)(,
23a	Total of all amoun	nts reported on line 3 for all rental prope	rties			23a		638.		
b		nts reported on line 4 for all royalty prop				23b				
С		nts reported on line 12 for all properties				23c				
d		nts reported on line 18 for all properties				23d				
е		nts reported on line 20 for all properties				23e	14	,088.		
24	Income. Add pos	sitive amounts shown on line 21. Do no	t inclu	de any lo	osses			. 24		
25	Losses. Add royal	Ity losses from line 21 and rental real estat	te losse	es from li	ne 22. E	nter to	tal losses he	re 25	(13,450.
26		estate and royalty income or (loss).								
		1040), line 5. Otherwise, include this ar						. 26		-13 , 450.