#### 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)

Taxpayer's name	Social security number					
SRICHARAN GUNDAVARAPU		807-58-1647				
Spouse's name		Spouse's soc	ial security number			
VENKATA SRIVIDYA GUNDAVARAPU		981-96	-8266			
Part I Tax Return Information – Tax Year Ending December 31, 2022	(Enter	year you a	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			<b>1</b> 102,838.			
<b>2</b> Total tax			<b>2</b> 8,820.			
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099			<b>3</b> 20,229.			
4 Amount you want refunded to you			<b>4</b> 11,409.			
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 PIN

	Ent don	er fiv i't er	ve di nter a	gits, all ze	but	as my
ſ	8	1	6	4	7	

2

don't enter all zeros

6 6

as mv

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 Sri Charan Gundavarapu

### Spouse's PIN: check one box only

X lauthorize GLOBAL TAXES LLC 6 8 to enter or generate my PIN ERO firm name Enter five digits, but

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 🕨										
	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		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 sig	nature 🕨				Date 🕨		
		Don't S	ERO Must Ret Submit This For	 	nstructions equested To Do So		
						 0070 /=	04 000 A

For Paperwork Reduction Act Notice, see your tax return instructions. BAA Date > 2/19/2023

<b>1040</b>		artment of the Treasury–Internal Revenue Servi <b>S. Individual Income Tax</b>		urn	202	2	OMB No. 1545	-0074	IRS Use (	Dnly—E	Do not w	rite or staple	in this space.
Filing Status Check only one box.	lf yo	Single X Married filing jointly u checked the MFS box, enter the n ion is a child but not your dependent	ame of y	0	separately (N use. If you ch	,					spou	lifying sun use (QSS) name if th	U
Your first name	and mi	iddle initial	Last na	ime						Y	our so	cial securi	ty number
SRICHARA	N		GUNE	AVARA	PII							58-164	-
		s first name and middle initial	Last na							-			, curity number
VENKATA				AVARA	DII							96-826	
	-	er and street). If you have a P.O. box, see						A	Apt. no.				on Campaigr
		BARN TRAIL							201			nere if you,	
-		ce. If you have a foreign address, also co	molete s	naces be	ow	Sta	ite	ZIP o		s	pouse	if filing join	itly, want \$3
COLLIERV		,	inpiere e	paces se		TI		380			0		Checking a
Foreign country				Foreign pr	ovince/state/c				In postal co			ow will not or refund.	
												You	Spouse
Digital Assets		ny time during 2022, did you: (a) rec ange, gift, or otherwise dispose of a				-		-				Yes	🗙 No
Standard	Som	eone can claim: 🗌 You as a de	penden	t 🗌	Your spouse	e as	a dependent						
Deduction		Spouse itemizes on a separate retur	n or you	u were a	dual-status a	alier	1						
Age/Blindness	You:	Were born before January 2, 1	958	Are bl	ind <b>Spo</b>	use	: 🗌 Was bor	n befo	ore Janua	ry 2, <sup>-</sup>	1958	🗌 ls bl	ind
Dependents	s (see	instructions):		(2) 5	Social security		(3) Relationsh	ip (4	) Check th	e box	if qualit	fies for (see	instructions):
If more	(1) Fi	irst name Last name		number			to you		Child ta	x cred	lit	Credit for ot	her dependents
than four												[	
dependents, see instructions										]		[	
and check	,									]		[	
here 🗌												[	
Income	1a	Total amount from Form(s) W-2, b	ox 1 (se	e instruc	tions)						1a	11	16,288.
moonio	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	a (see in	struction	s)						1c		
attach Forms	d	Medicaid waiver payments not rep	ported o	n Form(s	s) W-2 (see ir	nstru	uctions)				1d		
W-2G and	е	Taxable dependent care benefits f	from Fo	rm 2441,	line 26 .						1e		
1099-R if tax was withheld.	f	Employer-provided adoption bene	fits fron	n Form 8	839, line 29						1f		
If you did not	g	Wages from Form 8919, line 6 .									1g		
get a Form	h	Other earned income (see instruct	ions)								1h		0.
W-2, see instructions.	i	Nontaxable combat pay election (s	see inst	ructions)			<b>1</b> i						
	z	Add lines 1a through 1h									1z	1	16,288.
Attach Sch. B	2a	Tax-exempt interest	2a			bТ	axable interest	t.			2b		
if required.	3a	Qualified dividends	3a			bС	Ordinary divide	nds .			3b		
	4a	IRA distributions	4a			bТ	axable amoun	t			4b		
Standard	5a	Pensions and annuities	5a			bТ	axable amoun	t			5b		
Deduction for-	6a	Social security benefits	6a			bТ	axable amoun	t			6b		
<ul> <li>Single or Married filing</li> </ul>	с	If you elect to use the lump-sum e	lection	method,	check here (	see	instructions)						
separately, \$12,950	7	Capital gain or (loss). Attach Sche									7		
Married filing	8	Other income from Schedule 1, lin	e 10								8		13,450.
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7									9		)2,838.
surviving spouse,	10	Adjustments to income from Sche									10		,
<ul> <li>Head of 11 Subtract line 10 from line 9. This is your adjusted gross income</li> </ul>										11	-	02,838.	
household,	12	Standard deduction or itemized		•	•						12		25,900.
\$19,400 • If you checked	13	Qualified business income deduct					5-A .				13		
any box under	14	Add lines 12 and 13				200				•	14		25,900.
Standard Deduction,	15	Subtract line 14 from line 11. If zer			 -0 This is w	our:	taxable incom	 e		•	15		76,938.
see instructions.			2 0. 100	-,	- · · · · · · · · · · · · · ·	2.01				•			, <b>, , , , , , , , , , , , , , , , , , </b>

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

Form **1040** (2022)

Form 1040 (2022	2)									Page <b>2</b>
Tax and	16	Tax (see instructions). Check	if any from Form	(s): <b>1</b> 🗌 881	4 <b>2</b> 4972	3		16	8,	820.
Credits	17	Amount from Schedule 2, lin	ie3					17		
	18	Add lines 16 and 17						18	8,	820.
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812			19		
	20	Amount from Schedule 3, lin	ie8					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		Ο.
	24	Add lines 22 and 23. This is	your <b>total tax</b>					24	8,	820.
Payments	25	Federal income tax withheld								
-	а	Form(s) W-2				<b>25a</b> 20	,229.			
	b	Form(s) 1099				25b		]		
	с	Other forms (see instructions	s)			25c		]		
	d	Add lines 25a through 25c						25d	20,	229.
If you have a	26	2022 estimated tax payment	ts and amount a	pplied from 20	21 return			26		
If you have a l 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		1		
	31	Amount from Schedule 3, lin				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 <b>to</b>	tal payments				33	20,	229.
Refund	34	If line 33 is more than line 24	34	11,	409.					
neiuliu	35a	Amount of line 34 you want	refunded to you	J. If Form 8888	3 is attached, che	ck here		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 a	applied to your	2023 estimate	ed tax	36				
Amount	37	Subtract line 33 from line 24	. This is the <b>amo</b>	ount vou owe						
You Owe	•.	For details on how to pay, g						37		
	38	Estimated tax penalty (see in				38				
Third Party	Do	you want to allow another	,			' See				
Designee		structions					omplete k	elow.	X No	
•		signee's		Phone			onal identi	ication		
	nai	ne		no.		num	ber (PIN)			
Sign		der penalties of perjury, I declare t								
Here		ief, they are true, correct, and com	piete. Declaration (		1	ased on an information		· ·		0
	Yo	ur signature		Date	Your occupation				nt you an Ider IN, enter it he	
Joint return?					SOFTWARE :	DEVELOPER	(see			
See instructions.	Sp	ouse's signature. If a joint return, I	ooth must sign.	Date	Spouse's occupat	ion			nt your spouse	
Keep a copy for your records.									ection PIN, en	ter it here
your records.		HOME MAKER (see i								
		one no. (901) 579-760		Email address	SRI.CHARAN.CH	ARAN33@GMAIL.C				
Paid		eparer's name	Preparer's signat			Date	PTIN		Check if:	
Preparer	SYAM	YAM PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 02/18/2023 P02082							Self-em	
Use Only	Fir	m's name GLOBAL TAX					Phor	ie no. (	(678) 965-	-9522
	Fir	m's address 245 ROONE	Y CT E BRU	NSWICK N	J 08816		Firm	's EIN	84-317	71965
Go to www.irs.ge	ov/Forn	n1040 for instructions and the late	st information.		BAA	REV 02/10/23 PRO			Form <b>10</b>	<b>)40</b> (2022)

SCHEDULE	1
(Form 1040)	

Department of the Treasury

Internal Revenue Service

# Additional Income and Adjustments to Income

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

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

OMB No. 1545-0074

Attachment Sequence No. 01 Your social security number

807-58-1647

Name(s) showr	۱o	n Form 1040	), 1040-SR, oi	<sup>-</sup> 1040-NR
SRICHARAN	&	VENKATA	SRIVIDYA	GUNDAVARAPU

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. 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		8c		
d		8d ( )		
е	Income from Form 8853	8e		
f	Income from Form 8889	8f		
g		8g		
h		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			
	,	8m		
n		8n		
0		80		
р		8p		
q		8q		
r	Scholarship and fellowship grants not reported on Form W-2	8r		
S	Nontaxable amount of Medicaid waiver payments included on Form			
		8s ( )		
t	Pension or annuity from a nonqualifed deferred compensation plan or			
	a nongovernmental section 457 plan	8t		
u		8u		
Z	Other income. List type and amount:			
•		8z	•	
9	Total other income. Add lines 8a through 8z		9	10 450
10	Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR,	or 1040-NK, line 8	10	-13,450.

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

Schedule 1 (Form 1040) 2022

Par	t II Adjustments to Income					
11	Educator expenses				11	
12	Certain business expenses of reservists, performing artists, and fee	e-basi	s gov	ernment		
	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)	24a				
b	Deductible expenses related to income reported on line 8I from the					
	rental of personal property engaged in for profit	24b				
С	Nontaxable amount of the value of Olympic and Paralympic medals					
	and USOC prize money reported on line 8m	24c				
d	Reforestation amortization and expenses	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				
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)	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				
j	Housing deduction from Form 2555	24j				
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form					
	1041)	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	e. Ente	er here	and on		
	Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a				26	
	BAA	REV	02/10/23 P	RO	Schedu	ile 1 (Form 1040) 2022

	SCHEDULE E (Form 1040) (From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)											OMB No. 1545-0074		
• Departm	ent of the Treasury			Attac	ch to Form 1040,	1040-	SR, 1040-	NR, or	1041.		3, 610.)	Attachm		
	Revenue Service shown on return			Go to www.irs.go	ov/ScheduleE for	rinstru	uctions an	a the la	atest in		Vour oooi	Sequen	ce No. <b>13</b>	
.,		אזעאיז	דא כד	RIVIDYA GUNI	וזסגסגזגח							8-1647	number	
Part				From Rental R		d Ro	valties				807-5	0-1047		
T are	Note: If yo	ou are	in the	business of renting rom <b>Form 4835</b> or	g personal proper			<b>c</b> . See	e instru	ctions. If you a	re an indi	vidual, rep	ort farm	
Α				s in 2022 that wo		to file	Form(s) 1	099? \$	See ins	structions .		. 🗌 Ye	s 🕅 No	
			,	file required For			· · ·							
1a				n property (street										
A				SECUNDERABA			·	6						
B	DN.135, DE	V IIIZ	IGAI	SECONDERAD	AD IEDANGAN		1 30003	/0						
C														
	Type of Prope	rtv	<b>2</b> F	or each rental re	al estate prope	ertv list	ted		Fa	ir Rental	Persor	nal Use	0.11/	
	(from list below		a	bove, report the	number of fair	rental	and			Days	Da	ays	QJV	
Α	3			ersonal use days you meet the re				Α		365		0		
В				jualified joint ven				В						
				,				С						
	of Property:			0.)/		4 - 1	<b>5</b> 1 and		7					
	Single Family R Multi-Family Re				Short-Term Ren	tal	5 Land		-	Self-Rental	<b>b</b> a)			
2	Multi-Family Re	sider	nce	4 Commerci	ai		6 Roya	lities	8	Other (descri	be)			
										Propertie	es:	1		
Incom								Α		В			С	
3						3		6	538.					
4 5vm o m		ivea				4								
Expen 5						5								
6	0			uctions)		6								
7				e		7		2.9	97.					
8	•					8								
9	Insurance					9								
10				nal fees		10								
11	Management f	ees				11		2,6	583.					
12				banks, etc. (see		12								
13						13								
14	-					14			397.					
15	• •					15 16		Ζ,Ι	09.					
16 17						17		2 8	302.					
18				depletion		18		2,0	,02.					
19	Other (list)	-				19								
20	· · ·			5 through 19		20		14,0	88.					
21	•			3 (rents) and/or										
	result is a (loss	s), se	e instr	ructions to find c	out if you must									
						21	-	<b>-</b> 13,4	50.					
22				ate loss after lin						,				
~~				ctions)		22	(	13,45		(	)	(	)	
23a			-	ted on line 3 for				• •	23a		638.	-		
b			-	rted on line 4 for rted on line 12 fo				• •	23b 23c					
c d				ted on line 12 fo				· · · ·	23c 23d					
e				ted on line 20 fo					23e	14	,088.			
24				nounts shown or							24			
25				s from line 21 and					Enter to	otal losses her		(	13,450.)	
26				and royalty inco									,	
	here. If Parts	II, III,	, IV, a	nd line 40 on p	age 2 do not	apply	to you, a	also e	nter th	nis amount o				
	Schedule 1 (Fo	orm 1	040),	line 5. Otherwise	e, include this ar	mount			ine 41		26	-	-13,450.	
For Pa	perwork Reduct	ion A	ct Noti	ce, see the separ	ate instructions.		NF	ΡA		-13 <b>,</b> 450	· Sc	hedule E (F	orm 1040) 2022	

Schedule E (Form 1040) 2022