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

Submi	ission Identification Number (SID)				
Taxpaye	er's name	Social securit	y numl	per	
PHAI	NEENDRA MADDIPATI	035-31-	-656	1	
Spouse'	's name	Spouse's soc	ial seci	urity numbe	r
Part	Tax Return Information — Tax Year Ending December 31, 2022 (En	lter year you a	re au	thorizina	1
	whole dollars only on lines 1 through 5.	iter year you a	e au	u lonzing.	•)
	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.				
1	Adjusted gross income		1	35	,444.
2	Total tax		2		,492.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3		,774.
4	Amount you want refunded to you		4		,282.
5	Amount you owe		5		7202.
Part		d keep a cop	y of y	our retu	irn)
my know return (to send for any Agent to payment authoric payment business taxes to person to send for any formal for any formal formal for any formal formal formal formal formal formal for any formal form	penalties of perjury, I declare that I have examined a copy of the income tax return (original or amendowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I a (original or amended) I am now authorizing. I consent to allow my intermediate service provider, trand my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account not of my federal taxes owed on this return and/or a payment of estimated tax, and the financial instituation is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terming the contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation as days prior to the payment (settlement) date. I also authorize the financial institutions involved in the receive confidential information necessary to answer inquiries and resolve issues related to the all identification number (PIN) below is my signature for the income tax return (original or amended)	bove are the amousmitter, or electrorejection of the tre U.S. Treasury as indicated in the taution to debit the mate the authorizarequests must be the processing of the payment. I furt	ounts for the counts of the counts of the country o	from the in turn original ssion, (b) the designated paration so fo revoke (ved no late ectronic park knowledge	come tax tor (ERO) ne reason Financial ftware for bunt. This (cancel) a er than 2 ayment of that the
	onic Funds Withdrawal Consent. Ayer's PIN: check one box only				
X		ite my PIN	6 5	5 6 1	as my
	ERO firm name signature on the income tax return (original or amended) I am now authorizing.	ř Ent		digits, but er all zeros	ac,
	I will enter my PIN as my signature on the income tax return (original or amended) I ar if you are entering your own PIN and your return is filed using the Practitioner PIN m below.				
Your s	signature ▶ Date ▶	·			
Snous	se's PIN: check one box only				
	I authorize to enter or genera	ite my PIN			as my
	ERO firm name	-	er five	digits, but	ao my
	signature on the income tax return (original or amended) I am now authorizing.	do	n't ente	r all zeros	
	I will enter my PIN as my signature on the income tax return (original or amended) I ar if you are entering your own PIN and your return is filed using the Practitioner PIN m below.				
Spous	se's signature ▶ Date ▶	•			
	Practitioner PIN Method Returns Only—continue belo	ow			
Part	III Certification and Authentication — Practitioner PIN Method Only				
ERO's	S EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.	2 2 4 9 Don't ento	6 6	1 9 8	9
		Don t end	un 20		
authori	y that the above numeric entry is my PIN, which is my signature for the electronic individual incomized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am suments of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS <i>e-file</i> Providers of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS <i>e-file</i> Providers of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS <i>e-file</i> Providers of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS <i>e-file</i> Providers of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS <i>e-file</i> Providers of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS <i>e-file</i> Providers of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS <i>e-file</i> Providers of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS <i>e-file</i> Providers of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS <i>e-file</i> Providers of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS <i>e-file</i> Providers of the PIN method and Pub. 1345, Handbook for Authorized IRS <i>e-file</i> Providers of the PIN method and Pub. 1345, Handbook for Authorized IRS <i>e-file</i> Providers of the PIN method and Pub. 1345, Handbook for Authorized IRS <i>e-file</i> Providers of the PIN method and Pub. 1345, Handbook for Authorized IRS <i>e-file</i> Providers of the PIN method and Pub. 1345, Handbook for PIN method and	ibmitting this retu	rn in a	accordance	
ERO's	s signature ▶ Date ▶	•			
	ERO Must Retain This Form — See Instructions				
	Don't Submit This Form to the IRS Unless Requested T				

E 1040 Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Return

2022

OMB No. 1545-007

IRS Use Only-Do not write or staple in this space.

Filing Status Check only one box.	If yo	Single Married filing jointly uchecked the MFS box, enter the nonis a child but not your dependent	ame of y	ed filing separately (I	·	_		`	, _	spou	ifying surv use (QSS) name if th	Ü
Your first name	and mi	ddle initial	Last nar	ne					٠,	our so	cial securit	y number
PHANEENI	DRA		MADD	IPATI							31-656	-
		first name and middle initial	Last nar									curity number
Home address	(numbe	er and street). If you have a P.O. box, see	instruction	ons.			Α	pt. no.		Preside	ntial Election	on Campaign
5366 RAN	IGEMO	ORE DR							- 1		ere if you,	
		ce. If you have a foreign address, also co	omplete sp	paces below.	Stat	e	ZIP co	ode				itly, want \$3
TROY					MI		480	85			tnis tuna. ow will not	Checking a change
Foreign country	/ name		F	oreign province/state/	count	у	Foreig	n postal co			or refund.	•
Digital		ny time during 2022, did you: (a) rec	•				•	,	,	,		⊠ No
Assets		ange, gift, or otherwise dispose of a					asset)	? (See in:	struc	tions.)	∐ Yes	No
Standard Deduction	_	eone can claim:	•			a dependent						
Age/Blindness	You:	☐ Were born before January 2, 1	958	Are blind Sp	ouse:	☐ Was bor	rn befo	re Janua	ıry 2,	1958	☐ Is bl	ind
Dependents	s (see	instructions):		(2) Social security	,	(3) Relationsh	nip (4) Check th	e box	if qualif	ies for (see	instructions):
If more		rst name Last name		number		to you		Child ta	ax cre	dit	Credit for oth	her dependents
than four												
dependents, see instructions											[
and check											[
here											[
Income	1a	Total amount from Form(s) W-2, b	ox 1 (see	e instructions) .						1a	3	35,444.
	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 ins	structions)						1c		
attach Forms	d	Medicaid waiver payments not rep	orted or	n Form(s) W-2 (see i	nstru	ctions)				1d		
W-2G and 1099-R if tax	е	Taxable dependent care benefits t	from For	m 2441, line 26						1e		
was withheld.	f	Employer-provided adoption bene	efits from	Form 8839, 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 (see instr	uctions)		<u>1i</u>						
	Z	Add lines 1a through 1h								1z	3	35,444.
Attach Sch. B	2 a	Tax-exempt interest	2a		b Ta	axable interest	t.			2b		
if required.	3a	Qualified dividends	3a		b O	rdinary divider	nds .			3b		
	4a	IRA distributions	4a		b Ta	axable amoun	t			4b		
Standard	5a	-	5a			axable amoun				5b		
Deduction for— Single or	6a	,	6a			axable amoun	t			6b		
Married filing separately,	С	If you elect to use the lump-sum e		,	`	,			_			
\$12,950	7	Capital gain or (loss). Attach Sche			,					7		
Married filing jointly or	8	Other income from Schedule 1, lin								8		
Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7		-						9	1 3	35,444.
surviving spouse, \$25,900	10	Adjustments to income from Sche	-							10		
Head of household,	11	Subtract line 10 from line 9. This is	-							11		35,444.
\$19,400	12	Standard deduction or itemized		`	,					12	1	12,950.
If you checked any box under	13	Qualified business income deduct								13	_	
Standard Deduction,	14	Add lines 12 and 13								14		12,950.
see instructions.	15	Subtract line 14 from line 11. If zer	ro or less	s, enter -0 This is y	our t	axable incom	ne .			15	2	22,494.

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	2,492.
Credits	17	Amount from Schedule 2, lir	-					17	
3134113	18	Add lines 16 and 17					🗔	18	2,492.
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812		🗔	19	
	20	Amount from Schedule 3, lir	ne 8					20	
	21	Add lines 19 and 20						21	
	22	Subtract line 21 from line 18	I. If zero or less,	enter -0				22	2,492.
	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	2,492.
Payments	25	Federal income tax withheld							·
,	а	Form(s) W-2				25a 4	,774.		
	b	Form(s) 1099				25b			
	С	Other forms (see instruction	s)			25c			
	d	Add lines 25a through 25c					2	25d	4,774.
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)				27			
attach Sch. EIC.	28	Additional child tax credit from	m Schedule 8812			28			
	29	American opportunity credit	from Form 8863	3, 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	indable credits		32	
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments			;	33	4,774.
Refund	34	If line 33 is more than line 24	4, subtract line 2	4 from line 33.	This is the amoun	nt you overpaid	;	34	2,282.
riciana	35a	Amount of line 34 you want			is attached, chec	ck here	. 🗆 🖪	55a	2,282.
Direct deposit?	b	Routing number 0 7 2			c Type:	Checking X S	Savings		
See instructions.	d	Account number 3 7 5	0 2 5 9	4 4 0 9	9 6				
	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		you want to allow another structions	•		rn with the IRS?		mplete bel	ow.	X No
· ·		signee's		Phone			nal identifica	tion _	
		me		no.			er (PIN)		
Sign Here		der penalties of perjury, I declare tief, they are true, correct, and com							
11010	Yo	ur signature		Date	Your occupation		I		you an Identity
Joint return?					 SOFTWARE E	NCINEER	(see inst		l, enter it here
See instructions.	Sp	ouse's signature. If a joint return,	both must sian.	Date	Spouse's occupati		If the IR	S sent	your spouse an
Keep a copy for your records.	·	Spot					Identity (see inst		tion PIN, enter it here
	Ph	one no. (586) 571-568	6	Email address	PHANI.MI10	04@GMAIL.CO	M		
Poid	Pre	eparer's name	Preparer's signat	ure		Date	PTIN	(Check if:
Paid	SYAN	M PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	02/01/2023	P020827	03	Self-employed
Preparer Use Only	Fin	m's name GLOBAL TA	XES LLC				Phone r	o. (6	78)965-9522
————	Fin	m's address 245 ROONE	Y CT E BRU	NSWICK N	J 08816		Firm's E	.IN	88-2145487
Go to www.irs.go	ov/Forn	n1040 for instructions and the late	est information.		BAA	REV 01/24/23 PRO			Form 1040 (2022)

Amended Return

2022 MICHIGAN Individual Income Tax Return MI-1040

	ırn is due April 18, 2023. Ty	 	<u> </u>	r black i	nk.					(Inclu	ude Schedule AMD)	
1	er's First Name	M.I.	2.1 liei 31 tili 5				Social Sec	Social Security No. (Example: 123-45-6789)				
	ANEENDRA pint Return, Spouse's First Name	M.I.	MADDIPA Last Name	TI			<u> </u>	35		31	 6561	
		<u> </u>					3. Spou	se's l	Full Social	Secur	rity No. (Example: 123-45-6	3789)
1	Address (Number, Street, or P.O. Box)	,										
	66 RANGEMORE DR			100-45	ZID O-de		1 Cobo	. Di	· · · · Oodo	/= dia	(0)	
City o	or Town OY			State MI	ZIP Code 48085	5	4. Scho		strict Code 3150	(5 aig	gits – see page 60)	
	STATE CAMPAIGN FUND Check if you (and/or your spouse, filing a joint return) want \$3 of your to go to this fund. This will not increyour tax or reduce your refund.	ır taxes		Filer Spouse			MERS, FIS Check this fishing, or s	box	if 2/3 of y		AFARERS ncome is from farming,	
7. a. b. c.	2022 FILING STATUS. Check one X Single Married filing jointly Married filing separately*	* If y	rou check box "c," 3 and enter spou w:			8. 2022 a. X b	RESIDENCE Resident Nonreside Part-Year	ent *		Chec	* If you check box "b" or "c," you must complete and include Schedule NR .	
9.	EXEMPTIONS. NOTE: If someo	ne els	e can claim you	as a dep	endent, che	eck box 9e, e	enter 0 on l	ine 9	a and en	ter \$	1,500 on line 9e (see ins	str.).
							1				F000	
	a. Number of exemptions (see in		•				. 1	х	\$5,000	9a.	5000	00
	b. Number of individuals who qua											
	blind, hemiplegic, paraplegic, o				_			х	\$2,900	1		00
	c. Number of qualified disabled v							х	\$400	9c.		00
	d. Number of Certificates of Stillb	oirth fro	om MDHHS (see	instruction	ວns)	9d.		х	\$5,000	9d.		00
	e. Claimed as dependent, see lin	าе 9 №	OTE above			9e.	. 🔲			9e.		00
	f. Add lines 9a, 9b, 9c, 9d and 9d	e. Ent	er here and on li	ne 15					г	9f.	5000	00
10.	Adjusted Gross Income from yo	our U.§	3. Form <i>1040</i> (se	e instruc	tions)				. 10.		35444	00
11.	Additions from Schedule 1, line 9). Inclu	ide Schedule 1						. 11.			00
12.	Total. Add lines 10 and 11								. 12.		35444	00
13.	Subtractions from Schedule 1, lin	ıe 30.	Include Schedu	ıle 1					. 13.			00
14.	Income subject to tax. Subtract	line 1	3 from line 12. If	line 13 is	s greater th	an line 12, є	enter "0"		. 14.		35444	00
15.	Exemption allowance. Enter am	nount f	rom line 9f or Sc	hedule N	R, line 19				. 15.		5000	00
16.	Taxable income. Subtract line 15	5 from	line 14. If line 19	5 is great	er than line	: 14, enter "()"		. 16.		30444	00
17.	Tax. Multiply line 16 by 4.25% (0.	.0425)							. 17.		1294	00
NON-	-REFUNDABLE CREDITS	,				AMOUN	NT		_		CREDIT	
18.	Income Tax Imposed by governm Include a copy of the return (see				8a.			00	18b.			00
19.	Michigan Historic Preservation Ta	ax Cre	dit (see instructic	ons). 1!	9a.			00	19b.			00
20.	Income Tax. Subtract the sum of If the sum of lines 18b and 19b is							_ -	. 20.		1294	00

2022 M	II-1040, Page 2 of 2					2.5		. 1	CE 61	
		Filer'	's Full Social S	Security Number	0	35 –	– 3	31 —	6561	
21.	Enter amount of Income Tax from lin	ne 20					21.		129	4 00
22.	Voluntary Contributions from Form	4642, line 6. Include f	orm 4642				22.			00
23.	USE TAX. Use tax due on Internet, Worksheet 1 (see instructions)						23.			0 00
	,									
24.	Total Tax Liability. Add lines 21, 22	2 and 23				24.			129	4 00
REFU	INDABLE CREDITS AND PAYM	IENTS					Г			
25.	Property Tax Credit. Include MI-10	040CR or MI-1040CR	-2				25.			00
26.	Farmland Preservation Tax Credi	t. Include MI-1040CR	·-5				26.			00
			_	FEC	ERAL	_	_	MIC	CHIGAN	
27.	Earned Income Tax Credit. Multiply enter result on line 27b					00	27b.			00
28.	Michigan Historic Preservation Tax	Credit (refundable). In	clude Form	3581			28.			00
29.	Credit for allocated share of tax paid	d by an electing flow-t	hrough entity	/ (see instructi	ions)		29.			00
30.	Michigan tax withheld from Schedul	e W, line 6. Include S	chedule W	(do not subm	nit W-2s)		30.		150	6 00
31.	Estimated tax, extension payments	and 2021 credit forwa	ard				31.			00
32.	2022 AMENDED RETURNS ONLY.									
	Amended returns must include Sch	•	•							
	32a. If you had a refund and/or negative number on line 32		inal return, che	eck box 32a and	d enter this amo	ount as a				
	32b. If you paid with the original any additional tax paid after						32c.			00
33.	Total refundable credits and payme	nts. Add lines 25, 26, 2	27b, 28, 29,	30, 31 and 32	с	33.			150	6 00
REFU	IND OR TAX DUE					_				
34.	If line 33 is less than line 24, subtraction	ct line 33 from line 24.	. If applicable	e, see instructi	ions.					
	Include interest 00 a	and penalty	00	Ү	OU OWE	34.				00
35.	Overpayment. If line 33 is greater t	han line 24, subtract li	ine 24 from I	ine 33		35.			21	2 00
36.	Credit Forward. Amount of line 35	to be credited to your	2023 estima	ted tax for you	ur 2023 tax re	eturn	36.			00
0.7	Culture at line 200 from line 25				DEELIND	27			21	2 00
	Subtract line 36 from line 35 ECT DEPOSIT	a. Routing Transit			REFUND ccount Number	37. er		c. Type of	f Account	<u>~ 00</u>
Depos	it your refund directly to your financial					-	┥╻┌	Checking	2. X Sa	vings
institut and c.	tion! See instructions and complete a, b	072000805		375025	944096					
	eased Taxpayer. If Filer and/or Spouser DATE OF DEATH ONLY. Example:				Preparer Co					
		¬	11)		Preparer's PTI					- Cago:
Filer		Spouse -		-	P02082					
	ayer Certification. I declare under tachments is true and complete to the bes		e information ir	n this return	Preparer's Nar SYAM Pl			SAGAR	GUPTA	TA
Filer's	Signature		Date		Preparer's Sign		RAM	SAGAR	GIIPTA	TA
Spous	se's Signature		Date		Preparer's Bus					
					GLOBAL			•		
					245 RO					
	By checking this box, I authorize Tre	easury to discuss my r	eturn with m	y preparer.	E BRUN			08816		
ı				1	678-96	n - 95)	1. /.			

Refund, credit, or zero returns. Mail your return to:

Michigan Department of Treasury, Lansing, MI 48956

Pay amount on line 34 (see instructions). Mail your check and return to: Michigan Department of Treasury, Lansing, MI 48929

2022 MICHIGAN Withholding Tax Schedule

Issued under authority of Public Act 281 of 1967, as amended.

Type or print in blue or black ink.

Attachment 13

INSTRUCTIONS: If you had Michigan income tax withheld in 2022, you must complete a *Withholding Tax Schedule* (Schedule W) to claim the withholding on your *Individual Income Tax Return* (MI-1040, line 30). Report military pay in Table 1 and military retirement benefits and taxable railroad retirement benefits (both Tier 1 and Tier 2) in Table 2 even if no Michigan tax was withheld. Include your completed Schedule W with Form MI-1040. See complete instructions on page 2 of this form. If you need additional space, include another Schedule W.

1. Filer's First Name	M.I.	Last Name	2. Filer's Full Social Security No. (Example: 123-45-6789)
PHANEENDRA		MADDIPATI	035 — 31 — 6561
If a Joint Return, Spouse's First Name	M.I.	Last Name	3. Spouse's Full Social Security No. (Example: 123-45-6789)

TABLE 1: MICHIGAN TAX WITHHELD OR MILITARY PAY REPORTED ON W-2, W-2G or CORRECTED W-2 FORMS

	. 1		_				
A		В	С	D		E	
Enter "X" for:		Employer's identification number		Box 1 — Wages, tips,		Box 17 — Michigan	
Filer or	Spouse	(Example: 38-1234567)	Box c — Employer's name	other compensation		income tax withheld	
		01 0010100				1506	
X		81-3343460	INFYSHINE INC	35444	00	1506	00
					00		00
					00		00
					00		00
					00		00
Enter	Table	1 Subtotal from additional Sche			00		
4.	SUB	TOTAL. Enter total of Table 1, c	olumn E		4.	1506	00

TABLE 2: MICHIGAN TAX WITHHELD OR MILITARY RETIREMENT BENEFITS AND RAILROAD RETIREMENT BENEFITS (BOTH TIER 1 AND TIER 2) REPORTED ON 1099 FORMS

Α	В	С	D	E					
Enter "X" fo	1 (5 1 00 100 1507)	Payer's name	Taxable pension distribution, misc. income, etc. (see inst.)	Michigan income tax withheld					
			00	00					
			00	00					
			00	00					
			00						
			00						
Enter Tab	le 2 Subtotal from additional Sche	dule W forms (if applicable)		00					
	Enter Table 2 Subtotal from additional Schedule W forms (if applicable)								
				1.00					
6. TO	TAL. Add lines 4 and 5. Enter her	e and carry to MI-1040, line 30	6	1506 00					

REV 01/21/23 PRO