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

Submis	sion Identification Number (SID)					
Taxpayer	's name	Social securi	ty numl	ber		
SAND	EEP KUMAR REDDY PANDUGA	854-34-7214				
Spouse's	name	Spouse's so	cial sec	urity numbe	r	
Part	Tax Return Information — Tax Year Ending December 31, 2022 (Enter	vear vou a	re au	thorizina	.)	
,	whole dollars only on lines 1 through 5.	<i>, ,</i>			·/	
	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.					
	Adjusted gross income		1	187	,573.	
2	Total tax		2	36	,111.	
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	36	,141.	
4	Amount you want refunded to you		4		30.	
5	Amount you owe		5			
Part I	Taxpayer Declaration and Signature Authorization (Be sure you get and k	eep a cop	y of y	our retu	ırn)	
return (o to send for any o Agent to payment authoriza payment business taxes to personal	wledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above riginal or amended) I am now authorizing. I consent to allow my intermediate service provider, transmirmy return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejected processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U. initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indict of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution ation is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate t, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requised as a payment (settlement) date. I also authorize the financial institutions involved in the processive confidential information necessary to answer inquiries and resolve issues related to the pair information number (PIN) below is my signature for the income tax return (original or amended) I an interpretable withdrawal Consert.	tter, or electriction of the tool of the authorizests must be processing on ayment. I fur	onic reransmind its cax prepare entry ation. The entry ation of the elther acceived.	turn origina ssion, (b) the designated paration so to this acco To revoke (ved no late lectronic para knowledge	ator (ERO) ne reason Financial ftware for ount. This (cancel) a er than 2 ayment of e that the	
	ic Funds Withdrawal Consent.					
	ver's PIN: check one box only	4	7 2	2 1 4		
X	I authorize GLOBAL TAXES LLC to enter or generate r	ř Er		digits, but	as my	
	signature on the income tax return (original or amended) I am now authorizing.	do	n't ente	er all zeros		
	I will enter my PIN as my signature on the income tax return (original or amended) I am no if you are entering your own PIN and your return is filed using the Practitioner PIN methodelow.					
Your sig	gnature ▶ Date ▶					
Spouse	e's PIN: check one box only					
	I authorize to enter or generate r	nv PIN			as my	
	ERO firm name	_	ter five	digits, but	ao my	
	signature on the income tax return (original or amended) I am now authorizing.	do	n't ente	er all zeros		
	I will enter my PIN as my signature on the income tax return (original or amended) I am not if you are entering your own PIN and your return is filed using the Practitioner PIN methodelow.					
Spouse	e's signature ▶ Date ▶					
	Practitioner PIN Method Returns Only—continue below					
Part II	Certification and Authentication — Practitioner PIN Method Only					
ERO's	EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 5 1	8 9 5 Don't en	2 3 er all ze	1 9 8 eros	9	
authorize	that the above numeric entry is my PIN, which is my signature for the electronic individual income ta ed to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am subminents of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS e-file Providers of In	tting this ret	urn in a	accordance		
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

2022

OMB No. 1545-0074

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

Filing Status Check only one box.		Single Married filing jointly uchecked the MFS box, enter the name		ed filing separately (N your spouse. If you cl					spou	se (QSS)	-
		on is a child but not your dependent	:								
Your first name	and mi	ddle initial	Last na	me				Y	Your social security number		
		AR REDDY	PAND	UGA				8	54-3	34-7214	1
If joint return, s	pouse's	first name and middle initial	Last na	me				s	pouse's	s social sec	curity number
Home address	(numbe	r and street). If you have a P.O. box, see	instruction	ons.			Apt. no.				on Campaign
1430 NW	25TF	H ST					107			ere if you,	or your tly, want \$3
City, town, or post office. If you have a foreign address,			mplete s	paces below.	Stat	e	ZIP code			0,	Checking a
OKLAHOMA	A CIT	ГҮ			OK		73106	b	ox belo	w will not	change
Foreign country	/ name		F	Foreign province/state/o	county	У	Foreign postal	code y	our tax	or refund.	Spouse
 Digital	At an	ny time during 2022, did you: (a) rec	eive (as	a reward, award, or	pavm	nent for prope	rtv or service	s): or (b	sell.		Spouse
Assets		ange, gift, or otherwise dispose of a								Yes	⊠ No
Standard		eone can claim: You as a de									
Deduction		Spouse itemizes on a separate retur	n or you	were a dual-status	alien						
Age/Blindness	You:	☐ Were born before January 2, 1	958	Are blind Spo	use:	☐ Was bor	n before Janı			☐ Is bli	
Dependents	s (see	instructions):		(2) Social security		(3) Relationsh	ip (4) Check	the box	if qualifi	es for (see	instructions):
If more	(1) Fi	rst name Last name		number		to you	Child	tax cred	it (Credit for oth	ner dependents
than four											
dependents, see instruction	s ——										<u></u>
and check	,										<u></u>
here										L	
Income	1a	Total amount from Form(s) W-2, b	,	,					1a	21	18,197.
	b	Household employee wages not re							1b		
Attach Form(s) W-2 here. Also	С	Tip income not reported on line 1a	•	,					1c		
attach Forms	d	Medicaid waiver payments not rep		., .	nstru	ctions)			1d		
W-2G and 1099-R if tax	е	Taxable dependent care benefits f		·					1e		
was withheld.	f	Employer-provided adoption bene							1f		
If you did not	g	Wages from Form 8919, line 6 .							1g		
get a Form W-2, see	h	Other earned income (see instruct	,				· · · ·		1h		0.
instructions.	i	Nontaxable combat pay election (s	see instr	ructions)		<u>li</u>				0.1	0 107
	<u>z</u>	Add lines 1a through 1h	 						1z	21	18,197.
Attach Sch. B if required.	2a	·	2a			axable interes			2b 3b		
	3a_		3a			rdinary divide					
Standard	4a 5a		4a 5a			axable amoun axable amoun			4b 5b		
Standard Deduction for—	6a		6a			axable amoun			6b		
Single or Married filing	C	If you elect to use the lump-sum e		method check here					OD		
separately,	7	Capital gain or (loss). Attach Schei			`	,		. 📙	7		
\$12,950 Married filing	8	Other income from Schedule 1, lin						. Ш	8		30,624.
jointly or	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7							9		37,573.
Qualifying surviving spouse,	10	Adjustments to income from Sche		,					10	1	.,,515.
\$25,900 • Head of	11	Subtract line 10 from line 9. This is							11	1.9	37,573.
household,	12	Standard deduction or itemized	-	-					12		12,950.
\$19,400 If you checked	13	Qualified business income deduction from Form 8995 or Form 8995-A								1 -	
any box under Standard	14	Add lines 12 and 13							13	1	2,950.
Deduction, see instructions.	15	Subtract line 14 from line 11. If zer							15		74,623.

Tax and										
	16	Tax (see instructions). Check	if any from Form	(s): 1 881	4 2 🗌 4972	3 🗌		16	36,	,111.
Credits	17	Amount from Schedule 2, lin	e3					17		
	18	Add lines 16 and 17						18	36	,111.
	19	Child tax credit or credit for o	other dependen	ts from Schedi	ule 8812			19		
	20	Amount from Schedule 3, lin	e8					20		
	21	Add lines 19 and 20						21		
	22	Subtract line 21 from line 18	If zero or less,	enter -0				22	36	,111.
	23	Other taxes, including self-er	mployment tax,	from Schedule	2, line 21 .			23		0.
	24	Add lines 22 and 23. This is	your total tax					24	36	,111.
Payments	25	Federal income tax withheld								
•	а	Form(s) W-2				25a	36,141.			
	b	Form(s) 1099				25b				
	С	Other forms (see instructions	s)			25c				
	d	Add lines 25a through 25c						25d	36	,141.
15	26	2022 estimated tax payment	s and amount a	pplied from 20	21 return			26		
If you have a L qualifying child,	27	Earned income credit (EIC)			No .	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.					ts	32		
	33	Add lines 25d, 26, and 32. The	•		-			33	36	,141.
D. C I	34	If line 33 is more than line 24						34		30.
Refund	35a	Amount of line 34 you want						35a		30.
Direct deposit?	b	Routing number 1 0 3				_ ,	Savings	Jou		
See instructions.	d	Account number 3 1 6					cavgc			
	36	Amount of line 34 you want a			d tax	36				
Amount You Owe	37	Subtract line 33 from line 24. For details on how to pay, go	This is the amo	ount you owe.				37		
	38	Estimated tax penalty (see in	structions) .			38				
Third Party Designee		you want to allow another tructions	person to disc	cuss this retur	n with the IRS	? See _	. Complete	below.	× No	
		signee's		Phone			ersonal ident	ification		
	nan			no.			umber (PIN)			
Sign Here		der penalties of perjury, I declare the f, they are true, correct, and compared true, correct, and correct true, c					nation of whic	h prepar	er has any kn	nowledge.
11010	You	ur signature		Date	Pro				nt you an Ide	
Joint return?				SOFTWARE ENGINEER				inst.)		
See instructions. Keep a copy for your records.	Spouse's signature. If a joint return, both must sign.			Date						se an nter it here
	Dh	one no. (313)327-612	7	Email address	CYNDEEDDYY	DIIAA@CMATT	1,			
		one no. (313)327-612' parer's name	Preparer's signat	l	SANDEEPPAN	DU44@GMAIL.	PTIN		Check if:	
Paid		·			מגואר שמעווי			2702	l —	nployed
Preparer		PRIYA RAM SAGAR GUPTA TALLAM		NAM DAGAK	GUPIA IALLAI	M 04/04/202				
	FITT	m's name GLOBAL TAX							(678)965	
Use Only	г:	n's address 245 ROONE?	וזמם הדייף ז	אוסואד רוז איז	J 08816		Firm	n's EIN	84-31	71065

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

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

SANDEEP KUMAR REDDY PANDUGA

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
851-31	_7211

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	-30,624.
4	Other gains or (losses). Attach Form 4797		4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Atta		5	
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		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		
	Wages earned while incarcerated	8u		
Z	Other income. List type and amount:			
_		8z		
9	Total other income. Add lines 8a through 8z		9	
10	Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR	l, or 1040-NR, line 8	10	-30,624.

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 3 IFA desclustion 3 IFA desclustion 4 IFA descl	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 3 IFA desclustion 3 IFA desclustion 4 IFA descl	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 Indicate the property of the provided of the lRS detect tax law violations 25 Industry and amount: 26 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). 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		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)				-	
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 C (Form 1040)

Profit or Loss From Business (Sole Proprietorship)

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/ScheduleC for instructions and the latest information. Attach to Form 1040, 1040-SR, 1040-NR, or 1041; partnerships must generally file Form 1065. Attachment Sequence No. **09**

	of proprietor	ATD!!	7				security number (SSN)
	DEEP KUMAR REDDY PA			o inst	uationa)		-34-7214
Α	Principal business or profession	n, incl	uding product or service (se	e instru	actions)		er code from instructions
	SOFTWARE SERVICES	In contra					1 8 2 1 0
С	Business name. If no separate	busin	ess name, leave blank.			D Emp	loyer ID number (EIN) (see instr.)
	SOFTWARE SERVICES) 1420 NTH	0 E m 1			
E	Business address (including su						
	City, town or post office, state				TY, OK 73106		
F	Accounting method: (1)		• • • • •	_	Other (specify)		
G				_	2022? If "No," see instructions for I		
H							
					n(s) 1099? See instructions		
Pari		requi	red Form(s) 1099?	· ·			165 . 140
1 2	Gross receipts or sales. See in Form W-2 and the "Statutory of	emplo	ee" box on that form was c	hecked	this income was reported to you or	1	
3	Subtract line 2 from line 1 .					. 3	
4	Cost of goods sold (from line	42) .				. 4	
5	Gross profit. Subtract line 4 f	rom lir	ne 3			. 5	
6	Other income, including federa	al and	state gasoline or fuel tax cre	dit or r	refund (see instructions)	. 6	
7	Gross income. Add lines 5 an	nd 6 .				. 7	
Part	Expenses. Enter exp	pense	es for business use of yo	ur ho	me only on line 30.		
8	Advertising	8		18	Office expense (see instructions)	. 18	1,335.
9	Car and truck expenses			19	Pension and profit-sharing plans	. 19	
	(see instructions)	9	2,912.	20	Rent or lease (see instructions):		
10	Commissions and fees .	10		а	Vehicles, machinery, and equipmen		10.000
11	Contract labor (see instructions)	11		b	Other business property		10,200.
12	Depletion	12		21	Repairs and maintenance		
13	Depreciation and section 179 expense deduction (not			22	Supplies (not included in Part III)		
	included in Part III) (see			23	Taxes and licenses	23	
	instructions)	13		24	Travel and meals:	0.4	1 042
14	Employee benefit programs			а	Travel	24a	1,843.
45	(other than on line 19) .	14 15		b	Deductible meals (see	046	2 400
15 16	Insurance (other than health) Interest (see instructions):	15		25	instructions)		2,400. 1,584.
а	Mortgage (paid to banks, etc.)	16a		26	Wages (less employment credits)	26	1,301.
b	Other	16b		27a	Other expenses (from line 48) .	27a	10,350.
17	Legal and professional services	17		1	Reserved for future use		10/330.
28			r business use of home. Add		3 through 27a		30,624.
29							-30,624.
30	Expenses for business use o unless using the simplified me Simplified method filers only	f your thod.: : Ente	home. Do not report these See instructions. r the total square footage of	e exper	nses elsewhere. Attach Form 8829		
	and (b) the part of your home				. Use the Simplified		
04			•	ter on li	ine 30	. 30	
31	Net profit or (loss). Subtract)		
	 If a profit, enter on both Sch checked the box on line 1, see 	e instru				31	-30,624.
	• If a loss, you must go to line				J		
32	If you have a loss, check the b	ox tha	t describes your investment	in this	activity. See instructions.		
	 If you checked 32a, enter the SE, line 2. (If you checked the Form 1041, line 3. If you checked 32b, you must 	box or	line 1, see the line 31 instruc	tions.) I	Estates and trusts, enter on	32a 32b	All investment is at risk.Some investment is not at risk.

BAA

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

Part	Cost of Goods Sold (see instructions)			
33	Method(s) used to			
	value closing inventory: a Cost b Lower of cost or market c Other (atta		olanation)	
34	Was there any change in determining quantities, costs, or valuations between opening and closing inventor If "Yes," attach explanation	ry?	. Yes	☐ No
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35		
36	Purchases less cost of items withdrawn for personal use	36		
37	Cost of labor. Do not include any amounts paid to yourself	37		
38	Materials and supplies	38		
39	Other costs	39		
40	Add lines 35 through 39	40		
41	Inventory at end of year	41		
42	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4	42		
Part		truck		
43	When did you place your vehicle in service for business purposes? (month/day/year) 04/17/2022			
44	Of the total number of miles you drove your vehicle during 2022, enter the number of miles you used your vehicle during 2022 years and you will not be a second your vehicle during 2022.	ehicle/	for:	
а	Business 4,780 b Commuting (see instructions) c C	ther		4,720
45	Was your vehicle available for personal use during off-duty hours?		X Yes	☐ No
46	Do you (or your spouse) have another vehicle available for personal use?		Tes	X No
47a	Do you have evidence to support your deduction?		Yes	⊠ No
	If "Yes," is the evidence written?		Tes	☐ No
Part	Other Expenses. List below business expenses not included on lines 8–26 or lin	e 30.		
PR	NTING AND STATIONARY			3,650.
BAG	CK OFFICE EXPENCES			6,700.
48	Total other expenses. Enter here and on line 27a	48		10,350.

Additional Information From 2022 Federal Tax Return

${\bf Schedule} \; {\bf C} \; ({\bf SOFTWARE} \; {\bf SERVICES}) \hbox{: } {\bf Profit} \; {\bf or} \; {\bf Loss} \; {\bf from} \; {\bf Business}$

Line 20b Itemization Statement

Description	Amount
RENT(12*\$850 P.M)	10,200.
Total	10,200.

Schedule C (SOFTWARE SERVICES): Profit or Loss from Business

Line 25 Itemization Statement

Description	Amount
MOBILE(12*\$55 P.M)	660.
INTERNET(12*\$77 P.M)	924.
Total	1,584.