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 LOHITH REDDY JULAKANTI Spouse's name Part I Tax Return Information — Tax Year Ending December 31, 2022 (Enter year you are 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. Adjusted gross income
Part Tax Return Information — Tax Year Ending December 31, 2022 (Enter year you are authorizing.)
Part I Tax Return Information — Tax Year Ending December 31, 2022 (Enter year you are 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
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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
Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank. 1
Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank. 1
Total tax
2 10,495. 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099
4 Amount you want refunded to you 5 Amount you owe 6 Amount you want refunded to you 7 Amount you owe 7 Amount you owe 8 Amount you owe 9 Amou
4 Amount you want refunded to you
Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return) Under penalties of perjury, 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
Under penalties of perjury, 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
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Electronic Funds Withdrawal Consent. Taxpayer's PIN: check one box only I authorize GLOBAL TAXES LLC to enter or generate my PIN 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 ▶ Date ▶
Spouse's PIN: check one box only
I authorize to enter or generate my PIN as my
ERO firm name Enter five digits, but don't enter all zeros
signature on the income tax return (original or amended) ram 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 ▶
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. 2 2 2 4 9 6 6 1 9 8 9 Don't enter all zeros
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 signature ▶ Date ▶
ERO Must Retain This Form — See Instructions

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

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	X S	Single Married filing jointly	Marri	ed filing separately	(MFS)	Head of	hous	sehold (HOH)		ifying survi	ving	
Check only one box.	If vo	u checked the MFS box, enter the	name of	vour spouse. If voi	ı check	ed the HOH or	· QSS	S box. ente	r the c		se (QSS) name if the	aualifvina	
		on is a child but not your depender		,									
Your first name and middle initial Last name						Yo	Your social security number						
LOHITH R	EDD	7	JULA	AKANTI					0	068-95-4195			
		first name and middle initial	Last na							Spouse's social security number			
Home address	(numbe	r and street). If you have a P.O. box, se	e instructi	ions.				Apt. no.	Pr	esider	ntial Election	n Campaign	
2707 WES	ST RO	OYAL LANE									eck here if you, or your		
		ce. If you have a foreign address, also o	complete s	omplete spaces below. State ZIF							f filing jointl		
IRVING				TX 75				063		to go to this fund. Checking a box below will not change			
Foreign country	name			Foreign province/state/county F			Fore	eign postal co		ur tax or refund.			
											You	Spouse	
Digital	At an	y time during 2022, did you: (a) re	ceive (as	a reward, award,	or payn	nent for prope	rty o	r services);	or (b)	sell,			
Assets		ange, gift, or otherwise dispose of									Yes	⊠ No	
Standard	Som	eone can claim: 🗌 You as a d	ependen	t Your spo	use as	a dependent							
Deduction		Spouse itemizes on a separate retu	ırn or you	u were a dual-stati	us alien								
Age/Blindness	Vou	Were born before January 2,	1958 Г	Are blind	pouse	· 🗆 Was box	n he	efore Janua	n/2 1	958	☐ Is blir	nd	
			1000 [•	(3) Relationsh		(4) Check th	, ,				
Dependents		rst name Last name		(2) Social security number		to you	lip	Child tax credit		· 1			
If more than four	(1)	Last Harris							7				
dependents,						<u>-</u> 1			<u></u>				
see instructions and check	s ——												
here											F	<u></u>	
Incomo	1a	Total amount from Form(s) W-2,	box 1 (se	e instructions) .					-	1a		8,992.	
Income	b	Household employee wages not	,	,						1b			
Attach Form(s)	С												
W-2 here. Also attach Forms	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)								1d			
W-2G and	е	Taxable dependent care benefits from Form 2441, line 26								1e			
1099-R if tax was withheld.	f	Employer-provided adoption benefits 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 instruc	ctions)	ions)						1h		0.	
W-2, see instructions.	i	Nontaxable combat pay election	see instructions)										
motractions.	z	Add lines 1a through 1h		,						1z	8	8,992.	
Attach Sch. B	2a	Tax-exempt interest	2a		b Ta	axable interes	t			2b			
if required.	3a	Qualified dividends	3a			rdinary divide				3b			
	4a	IRA distributions	4a		b Ta	axable amoun	t.			4b			
Standard	5a	Pensions and annuities	5a		b Ta	axable amoun	t.			5b			
Deduction for — Single or	6a	Social security benefits	6a	b Taxable amount									
Married filing	С	If you elect to use the lump-sum election method, check here (see instructions)											
separately, \$12,950	7	Capital gain or (loss). Attach School		f required. If not re	equired,	check here			Ш	7			
Married filing jointly or	8	Other income from Schedule 1, line 10								8	_	8,400.	
Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b,	7, and 8.	This is your total	income					9	8	0,592.	
surviving spouse, \$25,900	10	Adjustments to income from Sch	-							10			
Head of household,	11	Subtract line 10 from line 9. This	•							11		0,592.	
\$19,400	12	Standard deduction or itemized		,	,					12	1 1	2,950.	
If you checked any box under	13	Qualified business income deduc								13	-		
Standard Deduction,	14	Add lines 12 and 13								14			
see instructions.	15	Subtract line 14 from line 11. If zero or less, enter -0 This is your taxable income									67,642.		

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	10,495.	
Credits	17	Amount from Schedule 2, lin	те 3					17		
	18	Add lines 16 and 17						18	10,495.	
	19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812			19		
	20	Amount from Schedule 3, lin	те 8					20		
	21	Add lines 19 and 20						21		
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	10,495.	
	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	10,495.	
Payments	25	Federal income tax withheld								
-	а	Form(s) W-2				25 a 1	2,342.			
	b	Form(s) 1099				25b				
	С	Other forms (see instructions	s)			25c				
	d	Add lines 25a through 25c						25d	12,342.	
If you have a	26	2022 estimated tax payment	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, lin	ne 15			31				
	32	Add lines 27, 28, 29, and 31	32							
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments				33	12,342.	
Refund	34	If line 33 is more than line 24						34	1,847.	
neiuliu	35a	Amount of line 34 you want	refunded to you	ı. If Form 8888	s is attached, che	eck here	🗆	35a	1,847.	
Direct deposit?	b	Routing number 0 8 3	9 0 0 3	6 3	c Type:	Checking	Savings			
See instructions.	d	Account number 1 4 5	8 1 2 3	1 8 4 1	L 1					
	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	_	-		38		31		
Third Party		you want to allow another								
Designee		structions	•				Complete b	elow.	X No	
200.900	De	signee's		Phone			sonal identif			
	naı	me		no.		nur	nber (PIN)			
Sign		der penalties of perjury, I declare t ief, they are true, correct, and com								
Here	Yo	ur signature	Date	Your occupation				nt you an Identity IN, enter it here		
Joint return?				SOFTWARE		see inst.)				
See instructions.	Sp	ouse's signature. If a joint return, I	Date	Spouse's occupa	If the	IRS se	nt your spouse an			
Keep a copy for your records.						l l	-	ection PIN, enter it here		
your records.							(see	inst.)		
		one no. (816)328-814		Email address	RLOHITH23	5@GMAIL.CO				
Paid		eparer's name	Preparer's signat		_	Date	PTIN		Check if:	
Preparer	SYAM					P02082				
Use Only								ne no. (678)965-9522		
	Fir	m's address 245 ROONE	Y CT E BRU	NSWICK N	J 08816		Firm'	s EIN	84-3171965	
Go to www.irs.g	ov/Forn	n1040 for instructions and the late	st information.		BAA	REV 02/24/23 PRO			Form 1040 (2022)	

SCHEDULE 1 (Form 1040)

9

Additional Income and Adjustments to Income

OMB No. 1545-0074

2022
Attachment
Sequence No. 01

Your social security number

Department of the Treasury Internal Revenue Service

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

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

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

LOHITH REDDY JULAKANTI 068-95-4195 Part | Additional Income Taxable refunds, credits, or offsets of state and local income taxes 1 1 2a Date of original divorce or separation agreement (see instructions): 3 3 4 4 -8,400. 5 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E . . 5 6 6 7 7 8 Other income: 8a а 8b 8c Foreign earned income exclusion from Form 2555 8d 8e Income from Form 8889 8f Alaska Permanent Fund dividends 8g 8i Activity not engaged in for profit income 8i 8k 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 8n Section 951A(a) inclusion (see instructions) 80 Section 461(I) excess business loss adjustment 8p Taxable distributions from an ABLE account (see instructions) . . . 8q Scholarship and fellowship grants not reported on Form W-2 . . . 8r Nontaxable amount of Medicaid waiver payments included on Form 8s Pension or annuity from a nonqualifed deferred compensation plan or 8t **u** Wages earned while incarcerated 8u Other income. List type and amount:

Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8

-8,400.

9

10

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-basis governing			
	officials. Attach Form 2106	[12	1
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 8l 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			
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			OF.	
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 . Enter here an Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a		26	
	Form 1040 of 1040-3n, lifte 10, of Form 1040-1nn, lifte 10a		20	

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

LOH:	ITH REDDY JULAKANTI						068-9	5-4195	
Par	Note: If you are in the business of renting personal proper			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. Did you make any payments in 2022 that would require you to file Form(s) 1099? See instructions								
_	If "Yes," did you or will you file required Form(s) 1099?			• •	• •				5 NO
1a	Physical address of each property (street, city, state, ZIF	code	e) 						
Α	PERIYAUNAI VILLAGE VELLORE TAMILNADU I	IN 63	32101						
В									
С							1		
1b	Type of Property (from list below) 2 For each rental real estate prope above, report the number of fair	and				Person Da		QJV	
Α	personal use days. Check the Q			Α		365	0		
В	if you meet the requirements to f qualified joint venture. See instru			В					
С	qualified joint vontare. 800 motion	10110110	,.	С					
	of Property:								
	Single Family Residence 3 Vacation/Short-Term Ren	tal	5 Land			Self-Rental			
2	Multi-Family Residence 4 Commercial		6 Roya	lties	8	Other (desc	ribe)		
						Propert			
Incor	ne:			Α		В			С
3	Rents received	3		5	00.				
4	Royalties received	4							
Ехре	nses:								
5	Advertising	5							
6	Auto and travel (see instructions)	6							
7	Cleaning and maintenance	7		1,000.					
8	Commissions	8							
9	Insurance	9							
10	Legal and other professional fees	10							
11	Management fees	11		8	00.				
12	Mortgage interest paid to banks, etc. (see instructions)	12							
13	Other interest	13							
14	Repairs	14		2,3	50.				
15	Supplies	15		1,650.					
16	Taxes	16							
17	Utilities	17		3,1	00.				
18	Depreciation expense or depletion	18							
19	Other (list)	19							
20	Total expenses. Add lines 5 through 19	20		8,9	00.				
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	01		-8,4	0.0				
20	Deductible rental real estate loss after limitation, if any,	21		0,4	50.				
22	on Form 8582 (see instructions)	22	(8,40	0.)	()	(
23a	Total of all amounts reported on line 3 for all rental prope				23a		500.		
b	Total of all amounts reported on line 4 for all royalty prop				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		3,900.		
24	Income. Add positive amounts shown on line 21. Do no		-				. 24	,	
25	Losses. Add royalty losses from line 21 and rental real estate						-	(8,400.
26	Total rental real estate and royalty income or (loss).								
	here. If Parts II, III, IV, and line 40 on page 2 do not Schedule 1 (Form 1040), line 5. Otherwise, include this ar						on . 26		-8,400.