8879 Form

(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

| Internal Revenue Service Control of the fatest information. | | |
|---|---|--|
| Submission Identification Number (SID) | | |
| Taxpayer's name | Social security | number |
| DEEKSHA REDDY ALIMINETI | 517-79- | 6425 |
| Spouse's name | | al security number |
| | | |
| Part I Tax Return Information — Tax Year Ending December 31, 2022 (En | nter year you ar | e 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 39,003. |
| 2 Total tax | [| 2 2,924. |
| 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 | [| 3 5,503. |
| 4 Amount you want refunded to you | [| 4 2,579. |
| 5 Amount you owe | | 5 |
| Part II Taxpayer Declaration and Signature Authorization (Be sure you get an | nd keep a copy | of your return) |
| return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, trait to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institutorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terming payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation business days prior to the payment (settlement) date. I also authorize the financial institutions involved in taxes to receive confidential information necessary to answer inquiries and resolve issues related to the personal identification number (PIN) below is my signature for the income tax return (original or amended) Electronic Funds Withdrawal Consent. Taxpayer's PIN: check one box only I authorize GLOBAL TAXES LLC to enter or general 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 | r rejection of the trane U.S. Treasury and indicated in the taxitution to debit the elinate the authorizat requests must be the processing of the payment. I furth I am now authorizat ate my PIN | ansmission, (b) the reasond its designated Financia of preparation software for entry to this account. This icon. To revoke (cancel) a received no later than 2 the electronic payment of the electronic payment of the electronic payment of the acknowledge that the ing and, if applicable, my five digits, but the enter all zeros g. Check this box only |
| if you are entering your own PIN and your return is filed using the Practitioner PIN m below. Your signature ▶ Date ▶ | | must complete Part II |
| Date : | | |
| Spouse's PIN: check one box only | | |
| I authorize to enter or general | ate my PIN | as my |
| ERO firm name | Ente | er 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 are if you are entering your own PIN and your return is filed using the Practitioner PIN m below. | m now authorizin | - |
| | | |
| Spouse's signature ▶ Date ▶ | | |
| Practitioner PIN Method Returns Only—continue bel | low | |
| 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 4 9 6 Don't enter | |
| I certify that the above numeric entry is my PIN, which is my signature for the electronic individual incomauthorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am strequirements of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS e-file Providers | ubmitting this retur | n in accordance with the |
| ERO's signature ▶ Date ▶ | | |
| ERO Must Retain This Form — See Instructions | | |

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

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 [u checked the MFS box, enter the reson is a child but not your dependent | name of y | ed filing separately your spouse. If you | | _ | | sp | ouse | ving survive (QSS) ame if the | Ü | | |
|---|----------|---|--|--|------------|-----------------|---------------------|--|-----------------------------|----------------------------------|--------------|--|--|
| Variation to a second | | | Last nai | | | | | V | | | | | |
| Your first name | | | | | | | | | Your social security number | | | | |
| DEEKSHA | | | + | INETI | | | | 517-79-6425 Spouse's social security number | | | | | |
| if joint return, s | pouses | s first name and middle initial | Last nai | me | | | | Spous | ie's s | ociai secu | rity number | | |
| Home address | (numbe | er and street). If you have a P.O. box, see | e instruction | ons. | | | Apt. no. | Presi | denti | al Election | Campaign | | |
| 5349 LAS | S COI | LINAS BLVD | | | | | 3711 | | | re if you, o | , | | |
| City, town, or p | ost offi | ce. If you have a foreign address, also c | omplete s _l | paces below. | Sta | te | ZIP code | | | filing jointly nis fund. Cl | | | |
| IRVING | | | | | TΣ | ζ | 75039 | | | / will not cl | | | |
| Foreign country name | | | F | oreign province/sta | te/coun | ty | Foreign postal code | | your tax or refund. | | | | |
| | | | | | | | | | | You | Spouse | | |
| Digital Assets | | ny time during 2022, did you: (a) recarge, gift, or otherwise dispose of | • | | | | • | , , | _ | Yes | ⊠ No | | |
| Standard | | eone can claim: You as a de | | | | a dependent | , (| | | | | | |
| Deduction | | Spouse itemizes on a separate retu | • | • | | | | | | | | | |
| Age/Blindness | You: | Were born before January 2, | 1958 | Are blind S | Spouse | : Was bor | n before January | 2, 1958 | 3 | ☐ Is blin | d | | |
| Dependent | s (see | instructions): | | (2) Social secu | rity | (3) Relationsh | ip (4) Check the | box if qu | alifies | s for (see in | structions): | | |
| If more | | (1) First name Last name | | number | • | to you | Child tax | credit | Cr | Credit for other depende | | | |
| than four | | | | | | | | | | |] | | |
| dependents, | | | | | | | | | | |] | | |
| see instruction and check | s —— | | | | | | | | \top | | <u> </u> | | |
| here |] | | | | | | | | \top | |] | | |
| Income | 1a | Total amount from Form(s) W-2, b | oox 1 (see | e instructions) . | | | | | 1a | 43 | 3,456. | | |
| | b | Household employee wages not r | reported | on Form(s) W-2 . | | | | | 1b | | | | |
| Attach Form(s) W-2 here, Also | С | | | | | | | | 1c | | | | |
| attach Forms | d | | | | | | | | 1d | | | | |
| W-2G and | е | , , , , | | | | | | | | | | | |
| 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- | tions) . | | | | | . L | 1h | | 0. | | |
| W-2, see instructions. | i | Nontaxable combat pay election (see instructions) | | | | | | | | | | | |
| mondonono. | Z | Add lines 1a through 1h | | , | | | | | 1z | 43 | 3,456. | | |
| Attach Sch. B | 2a | Tax-exempt interest | 2a | | b T | axable interes | t | | 2b | | | | |
| if required. | 3a | Qualified dividends | 3a | | b C | ordinary divide | nds | ; | 3b | | | | |
| | 4a | IRA distributions | 4a | | b T | axable amoun | t | 4 | 4b | | | | |
| Standard | 5a | Pensions and annuities | 5a | | b T | axable amoun | t | ! | 5b | | | | |
| Deduction for— | 6a | Social security benefits | 6a | | b T | axable amoun | t | . (| 6b | | | | |
| Single or Married filing | С | If you elect to use the lump-sum | ect to use the lump-sum election method, check here (see instructions) | | | | | | | | | | |
| separately, \$12,950 | 7 | Capital gain or (loss). Attach Schedule D if required. If not required, check here | | | | | | | | | | | |
| Married filing | 8 | Other income from Schedule 1, line 10 | | | | | | | 8 | - 4 | 4,453. | | |
| jointly or Qualifying | 9 | Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7 | | | | | | . $	extstyle 	ext$ | 9 | | 9,003. | | |
| surviving spouse, | 10 | Adjustments to income from Sche | . | 10 | | | | | | | | | |
| \$25,900 Head of | 11 | Subtract line 10 from line 9. This i | | | | | | . [- | 11 | 30 | 9,003. | | |
| household, | 12 | Standard deduction or itemized | - | - | | | | | 12 | | 2,950. | | |
| \$19,400 If you checked | 13 | Qualified business income deduc | | | | | | | 13 | | -, | | |
| any box under Standard | 14 | Add lines 12 and 13 | | | | | | | 14 | 1: | 2,950. | | |
| Deduction, | 15 | Subtract line 14 from line 11. If ze | | | | | | _ | 15 | | 6,053. | | |
| see instructions. | | | | | | | | | | | , | | |

| | T (: 1 1:) OL 1: (| 40 | Page 2 |
|------------|---|---------|-----------------|
| , | Tax (see instructions). Check if any from Form(s): 1 8814 2 4972 3 | 16 | 2,924. |
| | Amount from Schedule 2, line 3 | 17 | 2 004 |
| | Add lines 16 and 17 | 18 | 2,924. |
| 1 | Child tax credit or credit for other dependents from Schedule 8812 | 19 | |
| | Amount from Schedule 3, line 8 | 20 | |
| | Add lines 19 and 20 | 21 | 0.004 |
| | Subtract line 21 from line 18. If zero or less, enter -0 | 22 | 2,924. |
| | Other taxes, including self-employment tax, from Schedule 2, line 21 | 23 | 0. |
| | Add lines 22 and 23. This is your total tax | 24 | 2,924. |
| | Federal income tax withheld from: | | |
| а | Form(s) W-2 | | |
| b | Form(s) 1099 | | |
| С | Other forms (see instructions) | | |
| d | Add lines 25a through 25c | 25d | 5,503. |
| | 2022 estimated tax payments and amount applied from 2021 return | 26 | |
| | Earned income credit (EIC) | | |
| | Additional child tax credit from Schedule 8812 | | |
| | American opportunity credit from Form 8863, line 8 | | |
| | Reserved for future use | | |
| | Amount from Schedule 3, line 15 | | |
| | Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits | 32 | |
| | Add lines 25d, 26, and 32. These are your total payments | 33 | 5,503. |
| | If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid | 34 | 2 , 579. |
| a | Amount of line 34 you want refunded to you . If Form 8888 is attached, check here | 35a | 2 , 579. |
| b | Routing number 0 4 1 0 0 0 1 2 4 c Type: X Checking Savings | | |
| d | Account number 4 1 5 5 2 7 8 8 8 1 | | |
| | Amount of line 34 you want applied to your 2023 estimated tax | | |
| | Subtract line 33 from line 24. This is the amount you owe . For details on how to pay, go to <i>www.irs.gov/Payments</i> or see instructions | 27 | |
| | | 37 | |
| _ | Estimated tax penalty (see instructions) | | |
| ins | you want to allow another person to discuss this return with the IRS? See tructions | | X No |
| Des nar | signee's Phone Personal identifine no. number (PIN) | ication | |
| | der penalties of periury. I declare that I have examined this return and accompanying schedules and statements, and to | | |

| Designee | instructions | | | | | . Yes. C | omp | olete below. | X No | | |
|---|---|---|-------------------|---------------|--|--------------------------------------|-------------------------------------|---|---|----------|-----|
| | Designee's name | | | Phone no. | | Personal identification number (PIN) | | | | | |
| Sign | | | | | d accompanying scher than taxpayer) is ba | | | | | | |
| Joint return? See instructions. Keep a copy for your records. | Your signature | | | Date | Date Your occupation DATA ENGINEER | | | | If the IRS sent you an Identity Protection PIN, enter it here (see inst.) | | |
| | Spouse's signature. If a joint return, both must sign. | | | Date | Spouse's occupation | | | If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) | | | ere |
| | Phone no. (| 513) 313-193 | 5 | Email address | | | | _ | | | |
| Deid | Preparer's name | | Preparer's signat | ture | | Date | PT | IN | Check if: | | _ |
| Paid | SYAM PRIYA RAM SA | RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 03 | | | | 03/15/2023 | P02082703 \ \ \ \ \ \ \ \ \ \ \ \ \ | | Self-e | mployed | ı |
| Preparer | Firm's name GLOBAL TAXES LLC | | | | | | Phone no. (678) 965-9522 | | | 2 | |
| Use Only | Firm's address | 245 ROONE | Y CT E BRU | NSWICK N | J 08816 | | | Firm's EIN | 71965 | <u>5</u> | |
| _ | | | | | | | | | | 040 | |

Form 1040 (2022)

16

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30

31

32

33

34

35a

b

d

36

38

Payments 25

If you have a qualifying child, attach Sch. EIC.

Refund

Direct deposit?

Amount

You Owe

Third Party

See instructions.

Tax and

Credits

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

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

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

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

DEEKSHA REDDY ALIMINETI

517-79-6425

| 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 | ach Schedule E . | 5 | -4,453. |
| 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 (| <u>)</u> | |
| е | Income from Form 8853 | 8e | | |
| f | Income from Form 8889 | 8f | | |
| g | Alaska Permanent Fund dividends | 8g | | |
| h | Jury duty pay | 8h | | |
| į | 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 | 0- / | | |
| | 1040, line 1a or 1d | 8s (| 4 | |
| t | Pension or annuity from a nonqualifed deferred compensation plan or | 0. | | |
| | a nongovernmental section 457 plan | 8t | - | |
| u | Wages earned while incarcerated | 8u | | |
| Z | Other income. List type and amount: | 0- | | |
| 0 | Total other income. Add lines as through a | 8z | 9 | |
| 9 10 | Total other income. Add lines 8a through 8z | | 10 | -4,453. |
| IU | Combine lines i unough i and 3. Enter here and on Form 1040, 1040-30 | , OI 1040-IND, IIIIE O | IU | -4,433. |

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 | | | |
| | 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) | | | |
| 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 | | | |
| 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: | | | |
| | 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 . Enter | | | |
| | 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.

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

Attachm

OMB No. 1545-0074

2022

Attachment Sequence No. 13

Department of the Treasury Internal Revenue Service Name(s) shown on return

DEEKSHA REDDY ALIMINETT

Your social security number 517-79-6425

| | ADIA KEDDI AHIMINETI | | | | | | J1 / / | 9 0423 | | _ |
|-------|--|---|------------------|----------------|---------|------------------------------|------------|------------------|----------|---|
| Part | Income or Loss From Rental Real Estate an Note: If you are in the business of renting personal proper rental income or loss from Form 4835 on page 2, line 40. | | | c . See | instru | ctions. If you ar | re an indi | vidual, rep | ort farm | |
| ΑΙ | · - | to file | Form(s) 1 | 10002 S | Saa ing | etructions | | □ V _c | as X No | - |
| | | ou make any payments in 2022 that would require you to file Form(s) 1099? See instructions es," did you or will you file required Form(s) 1099? | | | | | | | | |
| 1a | Physical address of each property (street, city, state, ZIF | | | | | | | | | |
| Α | 3-6-317 SBH COLONY VENTURE, LB NAGAR | HYDI | RABAD. | TELAI | NGAN | A TN 5000 | 74 | | | - |
| В | 0 0 017 0211 002011 12110112, 22 1110111 | | , | | | | | | | - |
| C | | | | | | | | | | - |
| 1b | Type of Property (from list below) 2 For each rental real estate properabove, report the number of fair reports the number of fa | | | | Fa | ir Rental Days | Persor | | QJV | |
| Α | personal use days. Check the Qu | | | Α | | 365 | | 0 | | _ |
| В | if you meet the requirements to f | | | В | | 303 | | | | _ |
| C | qualified joint venture. See instru | ctions | 6. | C | | | | | | - |
| | of Property: | | | | | | | | | - |
| 1 | Single Family Residence 3 Vacation/Short-Term Ren Multi-Family Residence 4 Commercial | tal | 5 Land 6 Roya | • | | Self-Rental Other (descri | | | | |
| | | | | | | Propertie | es: | | | |
| Incon | ne: | | | Α | | В | | | С | |
| 3 | Rents received | 3 | | 4 | 10. | | | | | |
| 4 | Royalties received | 4 | | | | | | | | _ |
| Expe | nses: | | | | | | | | | |
| 5 | Advertising | 5 | | | | | | | | |
| 6 | Auto and travel (see instructions) | 6 | | | | | | | | |
| 7 | Cleaning and maintenance | 7 | | 5 | 54. | | | | | |
| 8 | Commissions | 8 | | | | | | | | |
| 9 | Insurance | 9 | | | | | | | | |
| 10 | Legal and other professional fees | 10 | | | | | | | | _ |
| 11 | Management fees | 11 | | 7 | 49. | | | | | _ |
| 12 | Mortgage interest paid to banks, etc. (see instructions) | 12 | | | | | | | | |
| 13 | Other interest | 13 | | | | | | | | _ |
| 14 | Repairs | 14 | | 1,0 | 55. | | | | | _ |
| 15 | Supplies | 15 | | | 48. | | | | | _ |
| 16 | Taxes | 16 | | · · | | | | | | _ |
| 17 | Utilities | 17 | | 9 | 57. | | | | | _ |
| 18 | Depreciation expense or depletion | 18 | | | | | | | | - |
| 19 | Other (list) | 19 | | | | | | | | _ |
| 20 | Total expenses. Add lines 5 through 19 | 20 | | 4,8 | 63. | | | | | _ |
| 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 | 21 | | -4,4 | 53. | | | | | |
| 22 | Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) | 22 | (| 4,45 | 53.) | (|) | (| |) |
| 23a | Total of all amounts reported on line 3 for all rental prope | rties | | | 23a | | 410. | | | |
| b | Total of all amounts reported on line 4 for all royalty prop | | | | 23b | | | | | |
| C | 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 | | | | | |
| e | Total of all amounts reported on line 20 for all properties | | | | 23e | 4. | ,863. | | | |
| 24 | Income. Add positive amounts shown on line 21. Do no | | | | | | 24 | | | |
| 25 | Losses. Add royalty losses from line 21 and rental real estat | | - | | nter to | otal losses here | | (| 4,453. |) |
| 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 | apply | to you, | also er | nter th | nis amount or | | | -4,453. | |