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

| Subm | ission Identification Number (SID) | | - | | | | |
|----------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|--|--|
| Taxpaye | er's name | Social securi | Social security number | | | | |
| PRA | SANNA SAI NAGANDLA | 796-76 | -788 | 7 | | | |
| Spouse | 's name | Spouse's soo | ial sec | urity num | ber | | |
| Part | Tax Return Information — Tax Year Ending December 31, 2022 (Er | iter year you a | re au | thorizin | ıg.) | | |
| Enter | whole dollars only on lines 1 through 5. | | | | <u> </u> | | |
| Note: | Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank. | | | | | | |
| 1 | Adjusted gross income | | 1 | | 35 , 371. | | |
| 2 | Total tax | | 2 | 1 | 11,551. | | |
| 3 | Federal income tax withheld from Form(s) W-2 and Form(s) 1099 | | 3 | 1 | 13,600. | | |
| 4 | Amount you want refunded to you | | 4 | | 2,049. | | |
| 5 Dowt | Amount you owe | | 5 | | \ | | |
| Part | Taxpayer Declaration and Signature Authorization (Be sure you get an penalties of perjury, I declare that I have examined a copy of the income tax return (original or amend | | | | | | |
| to send for any Agent in payme authori payme busines taxes to person | (original or amended) I am now authorizing. I consent to allow my intermediate service provider, traid 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 to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account that 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 terminent, I must 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 receive confidence of the payment (PIN) below is my signature for the income tax return (original or amended) | rejection of the tre U.S. Treasury a indicated in the trution to debit the nate the authorizarequests must be the processing of the payment. I further the treatment of the payment. I further the processing of the payment. I further the treatment of the treatment of the payment. | ransmind its of ax preparties of ax preparties of a control of the electric of a control of a co | ssion, (b) designate paration s to this ac To revoke ved no I ectronic cknowled | the reason ed Financial software for count. This e (cancel) a later than 2 payment of lge that the | | |
| | onic Funds Withdrawal Consent. | | | | \neg | | |
| - | ayer's PIN: check one box only | . 511 6 | 7 | 8 8 7 | , | | |
| × | I authorize GLOBAL TAXES LLC to enter or genera | ř En | | digits, bu | | | |
| | signature on the income tax return (original or amended) I am now authorizing. | do | n't ente | er all zero | S | | |
| | 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. | | | | | | |
| Yours | signature ▶ Date ▶ | · | | | | | |
| Spous | se's PIN: check one box only | | | | _ | | |
| | I authorize to enter or genera | ate my PIN | | | as my | | |
| | ERO firm name | | ter five | digits, bu | | | |
| | signature on the income tax return (original or amended) I am now authorizing. | do | n't ente | er all zero | S | | |
| | 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. | | | | | | |
| Spous | se's signature ▶ Date ▶ | • | | | | | |
| | Practitioner PIN Method Returns Only—continue bel | ow | | | | | |
| Part | III Certification and Authentication — Practitioner PIN Method Only | | | | | | |
| FRO's | s EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. | 2 2 4 9 | 6 6 | 1 9 | 8 9 | | |
| | = 11.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1 | Don't ent | - - | | | | |
| 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 | ubmitting this retu | ırn in a | accordan | ice with the | | |
| 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

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

| Your social security number PRASANNA SAT NAGANDIA 796-76-7887 796-76-7887 796-76-7887 796-76-7887 796-76-7887 796-76-7887 796-76-7887 796-76-7887 796-76-7887 796-76-7887 796-76-7887 796-76-7887 796-76-7887 796-76-7887 796-76-7887 796-76-7887 796-76-7887 796-76-7887 796-76-7887 796-76-7887 796-76-7887 796-76-7887 796-76-7887 796-76-7887 796-76-7887 796-76-7887 796-76-7887 796-76-7887 796-76-7887 796-76-7887 796-76-7887 796-76-7887 796-76-7887 796-76-7887 796-76-7887 796-76-7887 796-76-7887 796-76-7887 796-76-7887 796-76-7887 796-76-7887 796-76-7887 796-76-7887 796-76-7887 796-76-7887 796-76-7887 796-76-7887 796-76-7887 796-76-7887 796-76-7887 796-76-7887 796-76-7887 796-76-7887 796-76-7887 796-76-7887 796-76-7887 796-76-7887 796-76-7887 796-76-7887 796-76-7887 796-76-7887 796-76-7887 796-76-7887 796-76-7887 796-76-7887 796-76-7887 796-76-7887 796-76-7887 796-76-7887 796-76-7887 796-76-7887 796-76-7887 796-76-7887 796-76-7887 796-76-7887 796-76-7887 796-76-7887 796-76-7887 796-76-7887 796-76-7887 796-76-7887 796-76-7887 796-76-7887 796-76-7887 796-76-7887 796-76-7887 796-76-7887 796-76-7887 796-76-7887 796-76-7887 796-76-7887 796-76-7887 796-76-7887 796-76-7887 796-76-7887 796-76-7887 796-76-7887 796-76-7887 796-76-7887 796-76-7887 796-76-7887 796-76-7887 796-76-7887 796-76-7887 796-76-7887 796-76-7887 796-76-7887 796-76-7887 796-76-7887 796-76-7887 796-76-7887 796-76-7887 796-76-7887 796-76-7887 796-76-7887 796-76-7887 796-76-7887 796-76-7887 796-76-7887 796-76-7887 796-76-7887 796-76-7887 796-76-7887 796-76-7887 796-76-7887 796-76-7887 796-76-7887 796-76-7887 796-76-7887 796-76-7887 796-76-7887 796-76-7887 796-76-7887 796-76-7887 796-76-7887 796-76-7887 796-76-7887 796-76-7887 796-76-7887 796-76-7887 796-76-7887 796-76-7887 | Filing Status Check only one box. | If yo | Single Married filing jointly uchecked the MFS box, enter the noon is a child but not your dependent | ame of y | ed filing separately (Noor spouse. If you c | | | | | spou | ifying surv ise (QSS) name if th | Ü | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|---------------|------------------------------------------------------------------------------------------------------|-----------------------|---------------------------------------------|--------|-------------|---------------|----------|--------------|----------------------------------------|----------------|--|
| PRASANNA SAI NAGANDLA NAGANDLA NAGANDLA Spouse's social security number NAGANDLA NA | Your first name | | | | me | | | | | Your so | cial securit | v numher | |
| If joint return, spouse's first name and middle initial Last name Last name Apt. no. Presidential Election Campaign 71.07 MTLSAP ZN 200 cm 73.07 MTLSAP ZN 75.03 S 200 cm 73.07 MTLSAP ZN 75.03 S 200 cm | | | | | | | | | | _ | | | |
| Chy, town, or post office. If you have a foreign address, also complete spaces below. State | | | | | | | | | | | | | |
| FRISCO FRISCO Fresign country name Foreign province/state/country Foreign post office. If you have a foreign address, also complete spaces below. Fresign country name Foreign province/state/country Foreign post office. If you have a foreign address, also complete spaces below. Fresign country name Foreign country name Foreign province/state/country Foreign province/state/country Foreign post office. Foreign province/state/country Foreign post of the province/state/country Foreign post office. Foreign province/state/country Foreign post of province/state/country Foreign post office. Foreign province/state/country Foreign post office. Foreign province/state/country Foreign post office. | Home address | (numbe | er and street). If you have a P.O. box, see | instructio | ons. | | | Apt. no. | | Presider | ntial Election | on Campaign | |
| Fresign country name | 7107 MII | LSAP | LN | | | | | | | | | | |
| Foreign country name | City, town, or p | ost offic | ce. If you have a foreign address, also co | mplete s _l | paces below. | Stat | е | ZIP code | | | | | |
| Spouse termizes on a separate return or you were a dual-status alien Spouse termizes on a separate return or you were a dual-status alien Spouse termizes on a separate return or you were a dual-status alien Spouse termizes on a separate return or you were a dual-status alien Spouse termizes on a separate return or you were a dual-status alien Spouse termizes on a separate return or you were a dual-status alien Spouse termizes on a separate return or you were a dual-status alien Spouse termizes on a separate return or you were a dual-status alien Spouse termizes on a separate return or you were a dual-status alien Spouse termizes on a separate return or you were a dual-status alien Spouse termizes on a separate return or you were a dual-status alien Spouse termizes on a separate return or you were a dual-status alien Spouse termizes on a separate return or you were a dual-status alien Spouse termizes on a separate return or you were a dual-status alien Spouse termizes on a separate return or you were a dual-status alien Spouse termizes on a separate return or you were a dual-status alien Spouse termizes on a separate return or you were a dual-status alien Spouse termizes on a separate return or you were a dual-status alien Spouse termizes on a separate return or you were a dual-status alien Spouse termizes on a separate return or you were a dual-status alien Spouse termizes on a separate return or you were a dual-status alien Spouse termizes on a separate return or you were a dual-status alien Spouse termizes on a separate return or you were a dual-status alien Spouse termizes on a separate return or you were a dual-status alien Spouse termizes on a separate return or you were a dual-status alien Spouse termizes on a separate return or you were a dual-status alien Spouse termizes on a separate return or you were a dual-status alien Spouse termizes on a separate verturn or you were a dual-status alien Spouse termizes on a separate verturn or you were a dua | FRISCO | | | | | TX | | 75035 | | | | | |
| Digital Assets | Foreign country | y name | | F | oreign province/state/ | county | y | Foreign posta | I code | your tax | | _ | |
| Assets sexchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) | | | | | | | | | | | You | Spouse | |
| Spouse itemizes on a separate return or you were a dual-status alien | Digital Assets | | | | | | | - | | | Yes | ⊠ No | |
| Spouse itemizes on a separate return or you were a dual-status alien | - | Som | eone can claim: You as a de | pendent | t | e as a | a dependent | | | | | | |
| Comparison Com | Deduction | | Spouse itemizes on a separate retur | n or you | were a dual-status | alien | | | | | | | |
| If more than four dependents, see instructions and check here | Age/Blindness | You: | ☐ Were born before January 2, 1 | 958 | Are blind Spo | use: | ☐ Was bor | n before Jar | nuary 2 | 2, 1958 | ☐ Is bli | nd | |
| If more than four dependents, see instructions and check here | Dependents | s (see | instructions): | | | . | | ip (4) Chec | k the bo | ox if qualif | ies for (see | instructions): | |
| dependents, see instructions and check here | If more | (1) Fi | rst name Last name | | number | | to you | Chil | d tax cı | edit | Credit for oth | er dependents | |
| see instructions and check here | | | | | | | | | | | | | |
| and check here | | s —— | | | | | | | | | | <u> </u> | |
| Income 1a Total amount from Form(s) W-2, box 1 (see instructions) | and check | , — | | | | | | | | | | <u></u> | |
| b Household employee wages not reported on Form(s) W-2 Attach Forms W-2 here, Also attach Forms W-2 mere, Also attach Forms W-26 and 1099-Rif tax was withheld. If you did not get a Form W-2, see instructions. If Wages from Form 8919, line 6 Wages from Form 8919, line 6 Other earned income (see instructions) In Attach Sch. B If required. Attach Sch. B If required. Attach Sch. B If required. Attach Grand Bandard Deduction for Single or Married filing separately, S12,950 Married filing separately, S13,9400 Married filing separately, S13,9400 Married filing separately, S12,950 Married filing separately, S13,9400 Married filing separately, S13,9400 Married filing separately, S13,9400 Married filing S13,9400 Married fili | here |] | | | | | | | | | | | |
| Attach Forms W-26 and 1099-Ri ft ax was withheld. If you did not get a Form W-2, see instructions. If you did not get a Form W-2, see instructions. If you did not get a Form M-2, see instructions. If you did not get a Form M-2, see instructions. If you did not get a Form M-2, see instructions. If you did not get a Form M-2, see instructions. If you did not get a Form M-2, see instructions. If you did not get a Form M-2, see instructions. If you did not get a Form M-2, see instructions. If you did not get a Form M-2, see instructions. If you did not get a Form M-2, see instructions. If you did not get a Form M-2, see instructions. If you did not get a Form M-2, see instructions. If you did not get a Form M-2, see instructions. If you did not get a Form M-2, see instructions. If you did not get a Form M-2, see instructions. If you did not get a Form M-2, see instructions. If you did not get a Form M-2, see instructions. If you decid dividends. If you decid to use the lump-sum election method, check here (see instructions). If you decid business income deduction for Get Married filing separately. If you decid business income deduction for Schedule A. If you decided business income deduction from Schedule A. If you decided business income deduction from Form 8995 or Form 8995-A. If you heeked any box under Standard Deduction or Itemized deductions (from Schedule A.) If you heeked any box under Standard Poeduction. If you heeked provided adoption benefits from Form Resp. Provided in India Poeduction. If you heeked provided adoption benefits from Form less enter -D. This is your tayable income. If you heeked provided adoption form Form less enter -D. This is your tayable income. If you heeked p | Income | 1a | . , | , | , | | | | | . <u>1a</u> | 9 | <u>6,000.</u> | |
| W-2 here. Also attach Forms W-2G and 1099-Ri f tax was withheld. If you did not get a Form W-2, see instructions W-2, See instructions. Attach Sch. B Tax-exempt interest Za Attach Sch. B Tax-exempt interest Za Dualified dividends 3a Qualified dividends 3a Qualified dividends 3a Qualified fling separately, \$12,950 Married fling separately, \$12,950 Head of household, \$19,400 Head of household, \$19,400 Tax household, \$1 | | b | | | | | | | | . 1b | | | |
| W-2G and 1099-R if tax was withheld. If you did not get a Form Ways get a Form Ways as withheld. If you did not get a Form Ways get a Form Ways as withheld. If you did not get a Form Ways withheld. If you did not get a Form Ways get a For | ` ' | С | | | | | | | | | | | |
| 1099-Ri f tax was withheld. f Employer-provided adoption benefits from Form 8839, line 29 1f | | d | | | | | | | | | | | |
| ## was withheld. If you did not get a Form ## you get a Form ## yo | | | | | | | | | | | | | |
| Note | | f | | | | | | | | | | | |
| W-2, see instructions. I Nontaxable combat pay election (see instructions) Add lines 1a through 1h Attach Sch. B If required. 3a Qualified dividends 3a Qualified dividends 4a B D Taxable interest 4b D Ordinary dividends 3b D Ordinary dividends 3b D Ordinary dividends 3b D D Taxable amount 4b D Taxable amount 5b D Taxable amount 5b D Taxable amount 5c Social security benefits 6a D D Taxable amount 6b D Taxable amount 6c Social security benefits 6d D D Taxable amount 6d D Taxable amo | | _ | | | | | | | | | | | |
| Instructions. Z Add lines 1 a through 1h Attach Sch. B if required. 3a Qualified dividends | | | , | , | | | | · · · · | • | . 1h | | | |
| Attach Sch. B if required. 3a Qualified dividends 3a b ordinary dividends 3b B Taxable interest 2b B Taxable if required. 4a IRA distributions 4a b Taxable amount 4b B Taxable amount 5b B Taxable income 5 | | | | see instr | ructions) | | 11 | | | | | 000 | |
| If required. 3a Qualified dividends 3a b Ordinary dividends | | | | | | | | | | | 3 | 76,000. | |
| Standard Fensions and annuities Sa Barbard Social security benefits Sa Bar | | | · - | | | | | | • | | + | | |
| Standard Deduction for—Single or Married filing separately, \$12,950 Married filing jointly or Qualifying souse, \$25,900 Head of household, \$19,400 If you checked any box under Standard Deduction, \$200 Add lines 12 and 13 Qualified business income deduction from Form 8995 or Form 8995-A Pensions and annuities . 5a | | | | | | | | | • | | | | |
| Comparison of the distriction | 24 | | | | | | | | | | | | |
| Single or Married filing separately, \$12,950 Married filing jointly or Qualifying surviving spouse, \$25,900 Head of Household, \$19,400 If you checked any box under <i>Standard Deduction</i> , Deduction, Single or Married filing separately, \$12,950 Responsible of the first of the surviving spouse, \$26,900 The | Deduction for— | | - | | | | | | | | | | |
| separately, \$12,950 Married filing jointly or Qualifying surviving spouse, \$25,900 Head of Household, \$19,400 If you checked any box under Standard Deduction, Peduction, Deduction, Deduction, Page 15 Subtract line 12 and 13 | Single or | | | | method check here | | | | . г | . 00 | | | |
| Married filing jointly or Qualifying 9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 9 85,371. May an | separately, | | • | ` ` , | | | | | | 1 | | | |
| jointly or Qualifying spouse, \$25,900 Head of household, \$19,400 If you checked any box under Standard Deduction, 15 Subtract line 14 from line 11 If zero or less enter -0- This is your total income | | | , , | | | | | | | _1 | 0 629 | | |
| Surviving spouse, \$25,900 Head of household, \$19,400 If you checked any box under Standard Deduction, Peduction, Peduction, 15 Subtract line 10 from line 9. This is your adjusted gross income 10 Subtract line 10 from line 9. This is your adjusted gross income 11 Subtract line 10 from line 9. This is your adjusted gross income 11 Subtract line 10 from line 9. This is your adjusted gross income 12 13 Qualified business income deduction from Form 8995 or Form 8995-A 13 Add lines 12 and 13 14 15 Subtract line 14 from line 11 If zero or less enter -0- This is your taxable income 15 72 421 | jointly or | | · · | | | | | | | | | | |
| Head of household, \$19,400 If you checked any box under Standard Deduction, 15 Deduction, 15 Subtract line 10 from line 9. This is your adjusted gross income | surviving spouse, | | | | - | | | | | | 1 | ,.,. | |
| household, \$19,400 If you checked any box under Standard Deduction, Deduction, Deduction, 12 Standard deduction or itemized deductions (from Schedule A) | | | • | - | | | | | | | 5 | {5.371 | |
| Tif you checked any box under Standard Deduction, Deduction, Deduction, Description, Description | household, | | | • | - | | | | | | | | |
| any box under Standard 14 Add lines 12 and 13 | If you checked | | | | | | 5-A | | | | 1 - | ,, | |
| Deduction, 15 Subtract line 14 from line 11 If zero or less enter -0- This is your taxable income 15 72 421 | any box under | | | | | | | | | | 1 | 2,950. | |
| | Deduction, | | | | | | | | | | | | |

| Form 1040 (2022 | 2) | | | | | | | | | Page 2 |
|------------------------------------|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|---------------------|---------------------|---------------------|------------------------------|-----------------------------|------------------|-----------|
| Tax and | 16 | Tax (see instructions). Check | if any from Form | (s): 1 881 | 4 2 🗌 4972 | 3 🗌 | 1 | 6 | 11, | 551. |
| Credits | 17 | Amount from Schedule 2, lin | ne 3 | | | | 1 | 7 | | |
| | 18 | Add lines 16 and 17 | | | | | 1 | 8 | 11, | 551. |
| | 19 | Child tax credit or credit for | other dependent | ts from Sched | ule 8812 | | 1 | 9 | | |
| | 20 | Amount from Schedule 3, lin | ne 8 | | | | 2 | 20 | | |
| | 21 | Add lines 19 and 20 | | | | | 2 | 21 | | |
| | 22 | Subtract line 21 from line 18 | . If zero or less, | enter -0 | | | 2 | 2 | 11, | 551. |
| | 23 | Other taxes, including self-e | mployment tax, | from Schedule | e 2, line 21 | | 2 | 23 | | 0. |
| | 24 | Add lines 22 and 23. This is | your total tax | | | | 2 | 24 | 11, | 551. |
| Payments | 25 | Federal income tax withheld | | | | | | | | |
| | а | Form(s) W-2 | | | | 25a 13, | ,600. | | | |
| | b | Form(s) 1099 | | | | 25b | | | | |
| | С | Other forms (see instruction: | s) | | | 25c | | | | |
| | d | Add lines 25a through 25c | , | | | | 25 | 5d | 13, | 600. |
| ., | 26 | 2022 estimated tax paymen | | | | | 2 | 26 | | |
| If you have a 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 | 3, 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 | | | | ndable credits | 3 | 2 | | |
| | 33 | Add lines 25d, 26, and 32. T | | | | | 3 | 3 | 13, | 600. |
| Refund | 34 | If line 33 is more than line 24 | • | | | | | 4 | 2, | 049. |
| neiulia | 35a | Amount of line 34 you want | | | | • | . 🗌 3 | 5a | 2, | 049. |
| Direct deposit? | b | Routing number 1 1 1 | | | | | Savings | | | |
| See instructions. | d | Account number 7 8 2 | 0 3 8 0 | 3 5 | | _ | | | | |
| | 36 | Amount of line 34 you want | | | ed tax | 36 | | | | |
| Amount | 37 | Subtract line 33 from line 24 | . This is the amo | ount you owe. | | | | | | |
| You Owe | | For details on how to pay, g | _ | - | | | 3 | 7 | | |
| | 38 | Estimated tax penalty (see in | nstructions) . | | | 38 | | | | |
| Third Party | | you want to allow another | • | | | | | , | ₩ N. | |
| Designee | | structions | | | | | mplete belo | | × No | |
| | De nai | signee's ne | | Phone no. | | | nal identificati er (PIN) | | | |
| Sign | Un | der penalties of perjury, I declare t | hat I have examine | ed this return and | d accompanying sche | edules and statemen | ts, and to the | best c | of my knowle | edge and |
| Here | | Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which | | | | | | | | |
| пеге | Yo | ur signature | | Date | Your occupation | | I | | you an Iden | , |
| | | | | | | | Protection (see inst. | | , enter it her | e T |
| Joint return? See instructions. | | | SOFTWARE DEVELOPER | | | <u> </u> | | | | |
| Keep a copy for | Sp | ouse's signature. If a joint return, I | Date | Spouse's occupation | on | | | your spouse ion PIN, ent | | |
| your records. | | | | | | (see inst. | | | | |
| | Ph | one no. (815) 793-917 | 3 | Email address | PRASANNA36 | 35@GMAIL.COM | | | | |
| D-:-I | | eparer's name | Preparer's signat | l . | | Date | PTIN | С | Check if: | |
| Paid | SYAM | PRIYA RAM SAGAR GUPTA TALLAM | SYAM PRIYA | RAM SAGAR | GUPTA TALLAM | 03/02/2023 | P0208270 | 1 81 | Self-emp | oloyed |
| Preparer | | m's name GLOBAL TA | | | | | | | 78) 965 - | 9522 |
| Use Only | | | Y CT E BRU | NSWICK N | J 08816 | | Firm's El | | 84-317 | |
| Go to www.irs.go | ov/Forn | n1040 for instructions and the late | | | BAA | REV 02/24/23 PRO | | | Form 10 | 40 (2022) |

SCHEDULE 1 (Form 1040)

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.

| PRAS | ANNA SAI NAGANDLA | | 796-76-78 | 387 |
|------|--------------------------------------------------------------------------------------------------------------------------|----------|-----------|----------|
| Par | t I Additional Income | | | |
| 1 | Taxable refunds, credits, or offsets of state and local income taxes | | 1 | |
| 2a | Alimony received | | | |
| 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. Att | | | -10,629. |
| 6 | Farm income or (loss). Attach Schedule F | | | |
| 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 | | |
| į | Prizes and awards | 8i | | |
| j | Activity not engaged in for profit income | 8j | | |
| k | Stock options | 8k | | |
| ı | 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 | | |
| - | Taxable distributions from an ABLE account (see instructions) Scholarship and fellowship grants not reported on Form W-2 | 8q 8r | | |
| r | Nontaxable amount of Medicaid waiver payments included on Form | or | | |
| S | 1040, line 1a or 1d | 8s (|) | |
| | Pension or annuity from a nonqualifed deferred compensation plan or | 05 (| / | |
| · | a nongovernmental section 457 plan | 8t | | |
| u | Wages earned while incarcerated | 8u | | |
| z | Other income. List type and amount: | 34 | | |
| _ | other meeting. List type and amount. | 8z | | |
| 9 | Total other income. Add lines 8a through 8z | | 9 | |

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

-10**,**629.

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 government | | |
| | 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 | , , , , , | 24a | | |
| b | Deductible expenses related to income reported on line 8l from the | | | |
| | | 24b | | |
| С | Nontaxable amount of the value of Olympic and Paralympic medals | | | |
| | · · · · · · · · · · · · · · · · · · · | 24c | | |
| d | ' ' | 24d | | |
| е | Repayment of supplemental unemployment benefits under the Trade | | | |
| | F | 24e | _ | |
| f | | 24f | - | |
| g | • • • • • • • • • • • • • • • • • • • • | 24g | - | |
| h | Attorney fees and court costs for actions involving certain unlawful | | | |
| | ` | 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 | | | |
| | | 24i | - | |
| j | | 24j | - | |
| k | Excess deductions of section 67(e) expenses from Schedule K-1 (Form | | | |
| | | 24k | - | |
| Z | Other adjustments. List type and amount: | 0.4 | | |
| 0- | | 24z | 0.5 | |
| 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 here and on | | |
| | 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.

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

OMB No. 1545-0074

| PRA: | SANNA SAI NAGANDLA | | | | | | 796- | 76-7887 | 7 | |
|--------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|-----------------------|----------|---------------------|------------|--------------|----------------------|-----------|--|
| Par | Income or Loss From Rental Real Estate Note: If you are in the business of renting personal pr rental income or loss from Form 4835 on page 2, line | operty, use | yalties e Schedule | e C. See | instructions | . If you a | are an inc | lividual, rep | oort farm | |
| | Did you make any payments in 2022 that would require | you to file | | | | | | | es 🛛 No | |
| В | If "Yes," did you or will you file required Form(s) 1099? | | | | | | | . 🗌 Y | es 🗌 No | |
| 1a | Physical address of each property (street, city, state | , ZIP cod | e) | | | | | | | |
| A | F.NO:101 JANGAREDDYGUDEM WEST GODAV | ART DT | STRICT. | . ANDI | HRA PRAI |)FAH T | IN 534 | 447 | | |
| B | 1.NO.101 ONNONNEBB1GOBEN WEGI GOBNV | TITCE DE | <u> </u> | 711101 | 1141 11411 | <u> </u> | 111 331 | | | |
| | | | | | | | | | | |
| 1b | (from list below) above, report the number of | For each rental real estate property lis above, report the number of fair rental | | | Fair Rental Days | | | Personal Use Days | | |
| Α | personal use days. Check the | | | Α | 3 | 65 | | 0 | | |
| В | if you meet the requirements qualified joint venture. See in | s to tile as | a | В | | | | | | |
| C | qualified joint venture. See in | isti dotion | J. | С | | | | | | |
| 1 | of Property: Single Family Residence Multi-Family Residence 3 Vacation/Short-Term 4 Commercial | Rental | 5 Land 6 Roya | | | r (descr | | | | |
| | | | | | P | roperti | es: | | | |
| Incor | | | | Α | | В | | | С | |
| 3 | Rents received | | | 8 | 29. | | | | | |
| 4 | Royalties received | 4 | | | | | | | | |
| _ | nses: Advertising | . 5 | | | | | | | | |
| 5 6 | Advertising | - | | | | | | | | |
| 7 | Cleaning and maintenance | | | 1,9 | 72 | | | | | |
| 8 | Commissions | | | 1, 9 | 12. | | | | | |
| 9 | Insurance | | | | | | | | | |
| 10 | Legal and other professional fees | | | | | | | | | |
| 11 | Management fees | | | 2,3 | 4 0 | | | | | |
| 12 | Mortgage interest paid to banks, etc. (see instruction | | | 2,5 | 10. | | | | | |
| 13 | Other interest | · — | | | | | | | | |
| 14 | Repairs | | | 2,5 | 41. | | | | | |
| 15 | Supplies | | | 2,7 | | | | | | |
| 16 | Taxes | - | | | | | | | | |
| 17 | Utilities | | | 1,8 | 83. | | | | | |
| 18 | Depreciation expense or depletion | | | | | | | | | |
| 19 | Other (list) | 19 | | | | | | | | |
| 20 | Total expenses. Add lines 5 through 19 | . 20 | | 11,4 | 58. | | | | | |
| 21 | Subtract line 20 from line 3 (rents) and/or 4 (royalties) result is a (loss), see instructions to find out if you m file Form 6198 | ust | | -10,6 | 29. | | | | | |
| 22 | Deductible rental real estate loss after limitation, if a on Form 8582 (see instructions) | ny, | (| 10,62 | 9.)(| | |)(|) | |
| 23a | Total of all amounts reported on line 3 for all rental pr | | | | 23a | | 829. | | | |
| b | Total of all amounts reported on line 4 for all royalty p | - | | | 23b | | | | | |
| С | Total of all amounts reported on line 12 for all proper | | | | 23c | | | | | |
| d | Total of all amounts reported on line 18 for all proper | ties | | | 23d | | | | | |
| е | Total of all amounts reported on line 20 for all proper | ties | | | 23e | 11 | ,458. | | | |
| 24 | Income. Add positive amounts shown on line 21. Do | not incl | ude any lo | osses | | | . 24 | | | |
| 25 | Losses. Add royalty losses from line 21 and rental real | estate loss | ses from li | ne 22. E | nter total lo | sses he | re 25 | (| 10,629.) | |
| 26 | Total rental real estate and royalty income or (los here. If Parts II, III, IV, and line 40 on page 2 do s Schedule 1 (Form 1040), line 5. Otherwise, include the | not apply | to you, | also er | iter this ar | nount o | | | -10,629. | |