Form **8879**

(Rev. January 2021)

Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.

► Go to www.irs.gov/Form8879 for the latest information.

OMB No. 1545-0074

Submi	ission Identification Number (SID)		-					
Taxpaye	er's name	Social securi	y numb	er				
MAN	OGJNA SINDHU POTLURI	210-61-1696						
Spouse	's name	Spouse's soc	ial secu	urity numb	er			
Part	Tax Return Information — Tax Year Ending December 31, 2022 (En	er year you a	re au	thorizing	g.)			
	whole dollars only on lines 1 through 5.			•	<i>5</i> /			
	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.							
1	Adjusted gross income		1	7	6,227.			
2	Total tax		2		9,538.			
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	1	0,172.			
4	Amount you want refunded to you		4		634.			
5	Amount you owe		5					
Part	II Taxpayer Declaration and Signature Authorization (Be sure you get and	d keep a cop	y of y	our ret	urn)			
to send for any Agent to payment authori payment business taxes to person	(original or amended) I am now authorizing. I consent to allow my intermediate service provider, transd my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for a 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 int of my federal taxes owed on this return and/or a payment of estimated tax, and the financial instituization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminant, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation residus prior to the payment (settlement) date. I also authorize the financial institutions involved in the receive confidential information necessary to answer inquiries and resolve issues related to the all identification number (PIN) below is my signature for the income tax return (original or amended)	rejection of the tr U.S. Treasury a ndicated in the tr ution to debit the ate the authoriza equests must be the processing of payment. I furl	ansmised ax preparties of the elements of the	ssion, (b) designate paration s to this acc o revoke ved no la ectronic p knowledge	the reason d Financial oftware for count. This (cancel) a ater than 2 payment of ge that the			
	nic Funds Withdrawal Consent.				٦			
-	ayer's PIN: check one box only I authorize GLOBAL TAXES LLC to enter or genera	1	1 6	5 9 6				
×	I authorize GLOBAL TAXES LLC to enter or general ERO firm name	ř En		digits, but				
	signature on the income tax return (original or amended) I am now authorizing.	do	i i ente	i ali Zeros				
	I will enter my PIN as my signature on the income tax return (original or amended) I am if you are entering your own PIN and your return is filed using the Practitioner PIN me below.							
Your s	signature ► Date ►							
Spous	se's PIN: check one box only				_			
	I authorize to enter or general	e my PIN			as my			
	ERO firm name	_	er five	digits, but				
	signature on the income tax return (original or amended) I am now authorizing.	do	n't ente	r all zeros				
	I will enter my PIN as my signature on the income tax return (original or amended) I am if you are entering your own PIN and your return is filed using the Practitioner PIN me below.							
Spous	se's signature ▶ Date ▶							
	Practitioner PIN Method Returns Only—continue belo	w						
Part	III Certification and Authentication — Practitioner PIN Method Only							
ERO's	s EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.	2 2 4 9	6 6	1 9	8 9			
	, , , , , , , , , , , , , , , , , , , ,	Don't ent	er all ze	eros				
authori	y that the above numeric entry is my PIN, which is my signature for the electronic individual income ized 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 e-file Providers of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of the Practitioner PIN method and Pub. 1345, Handbook for Pub. 1345, Ha	omitting this retu	ırn in a	accordanc				
ERO's	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

2022

OMB No. 1545-0074

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

Filing Status	s 🔀 🤅	Single Married filing jointly	Marrie	ed filing separately	(MFS)	Head of	house	hold (HOH)		lifying survuse (QSS)	/iving		
Check only one box.		ou checked the MFS box, enter the son is a child but not your depende		our spouse. If you	check	ed the HOH o	r QSS	box, ente	r the c			ne qualifying		
Your first name			Last na	me					Y	our so	cial securit	ty number		
MANOGJNA			POTL							210-61-1696				
		s first name and middle initial	Last nai									curity number		
Home address	(numbe	er and street). If you have a P.O. box, se	ee instruction	ons.				Apt. no.	Pı	reside	ntial Flection	on Campaign		
9707 HAI	•										nere if you,			
		ce. If you have a foreign address, also	complete si	paces below	Sta	te.	ZIP c	ode	sp	oouse	if filing join	ntly, want \$3		
COPPELL		55 , 54 5	Jop.Joto 0	pacco 20.0	TX		750				this fund. ow will not	Checking a		
Foreign country	v name		T F	Foreign province/state				gn postal co			ow will not cor refund.	U		
r orongir oddirar	y mamo			oroign province, state	, oouri	.,	1 0101	gri pootai oo			You	Spouse		
Digital		ny time during 2022, did you: (a) re									Yes	X No		
Assets		ange, gift, or otherwise dispose of					asset)? (See IIIs	structi	0115.)				
Standard Deduction	_	neone can claim:		•										
Age/Blindness	You	: Were born before January 2,	1958	Are blind Sp	ouse	: Was bo	rn bef	ore Janua	ry 2, 1	958	ls bl	ind		
Dependents	s (see	instructions):		(2) Social securi	ty	(3) Relationsh	nip (4) Check th	e box i	f quali	fies for (see	instructions):		
If more		irst name Last name		number		to you	.	Child ta	x cred	it	Credit for otl	her dependents		
than four														
dependents,														
see instructions and check	s —													
here]													
Income	1a	Total amount from Form(s) W-2,	box 1 (see	e instructions) .						1a		84,547.		
	b	Household employee wages not	reported	on Form(s) W-2 .						1b	<u> </u>			
Attach Form(s) W-2 here. Also	С	c Tip income not reported on line 1a (see instructions)							1c					
attach Forms	d	d Medicaid waiver payments not reported on Form(s) W-2 (see instructions)							1d					
W-2G and 1099-R if tax	е	Taxable dependent care benefits from Form 2441, line 26							1e					
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 W-2, see	h	Other earned income (see instruc	ctions) .							1h		0.		
instructions.	i	Nontaxable combat pay election	(see instr	ructions)		<u>1</u> i	<u> </u>							
	Z	Add lines 1a through 1h	· ; ·							1z		84,547.		
Attach Sch. B	2 a	Tax-exempt interest	2a			axable interes				2b				
if required.	<u>3a</u>	Qualified dividends	3a			rdinary divide				3b				
	4a	IRA distributions	4a			axable amoun				4b				
Standard Deduction for—	5a	Pensions and annuities	5a			axable amoun				5b				
Single or	6a	Social security benefits	6a			axable amoun	ıt		÷	6b	_			
Married filing separately,	_ C	If you elect to use the lump-sum election method, check here (see instructions)								4				
\$12,950	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here						7						
 Married filing jointly or 	8	Other income from Schedule 1, line 10						8		-8,320.				
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income							9		76,227.			
\$25,900	10	Adjustments to income from Sch	•							10				
 Head of household, 	11	Subtract line 10 from line 9. This	•	-						11		<u>76,227.</u>		
\$19,400	12	Standard deduction or itemize		•	,					12		12,950.		
If you checked any box under	13	Qualified business income deduc								13	_	10 050		
Standard Deduction,	14	Add lines 12 and 13								14		<u>12,950.</u>		
see instructions.	15	Subtract line 14 from line 11. If z	ero or less	s, enter -U Inis is	your t	axable incon	ne .			15	(63,277.		

Form 1040 (2022	2)								Page 2
Tax and	16	Tax (see instructions). Check if a	any from Form	(s): 1 881	4 2 🗌 4972	3 🗌		16	9,538.
Credits	17	Amount from Schedule 2, line 3	3				[17	
	18	Add lines 16 and 17					[18	9,538.
	19	Child tax credit or credit for oth	ier dependent	ts from Sched	ule 8812		[19	
	20	Amount from Schedule 3, line 8	3					20	
	21	Add lines 19 and 20					[21	
	22	Subtract line 21 from line 18. If	zero or less, e	enter -0			[22	9,538.
	23	Other taxes, including self-emp	oloyment tax, f	from Schedule	2, line 21 .		[23	0.
	24	Add lines 22 and 23. This is you	ur total tax					24	9,538.
Payments	25	Federal income tax withheld fro	om:						
	а	Form(s) W-2				25a 10	,172.		
	b	Form(s) 1099				25b			
	С	Other forms (see instructions)				25c			
	d	Add lines 25a through 25c .					[25d	10,172.
If you have a	26	2022 estimated tax payments a	and amount ap	pplied from 20	21 return	.,	[26	
qualifying child,	27	Earned income credit (EIC) .				27			
attach Sch. EIC.	28	Additional child tax credit from S	Schedule 8812			28			
	29	American opportunity credit fro	m Form 8863	, line 8		29			
	30	Reserved for future use				30			
	31	Amount from Schedule 3, line 1	15			31			
	32	Add lines 27, 28, 29, and 31. Th	nese are your	total other pa	syments and ref	undable credits		32	
	33	Add lines 25d, 26, and 32. Thes	se are your to	tal payments				33	10,172.
Refund	34	If line 33 is more than line 24, s	ubtract line 24	4 from line 33.	This is the amou	nt you overpaid		34	634.
	35a	Amount of line 34 you want refu			is attached, che	ck here	. 🗆 📗	35a	634.
Direct deposit?	b	Routing number 0 1 1 0				Checking :	Savings		
See instructions.	d	Account number 0 0 4 6	6 9 8	2 1 7 9	9 4				
	36	Amount of line 34 you want app	olied to your 2	2023 estimate	ed tax	36			
Amount	37	Subtract line 33 from line 24. The		•					
You Owe		For details on how to pay, go to	o www.irs.gov	//Payments or	see instructions			37	
	38	Estimated tax penalty (see instr	ructions) .			38			
Third Party		you want to allow another pe							
Designee		tructions					omplete be		X No
	De nai	signee's ne		Phone no.			onal identific ber (PIN)	cation	
Sign	Un	der penalties of perjury, I declare that	I have examine	d this return and	Laccompanying sch	nedules and statemen	nts, and to t	he bes	t of my knowledge and
Sign		ief, they are true, correct, and complet							
Here	Yo	ur signature		Date	Your occupation				nt you an Identity
									N, enter it here
Joint return? See instructions.					DATA ANAL		(see in		<u> </u>
Keep a copy for	Sp	ouse's signature. If a joint return, both	n must sign.	Date	Spouse's occupat	tion			nt your spouse an ection PIN, enter it here
your records.							(see in		
	Ph	one no. (813)966-7294		Email address	MANOGNAPOTI	LURI@GMAIL.CC)M		
			reparer's signati			Date Date	PTIN	\Box	Check if:
Paid	VENK	ATA SAI PAVAN KUMAR DUDIPALLI				02/04/2023	P02470	833	Self-employed
Preparer		m's name GLOBAL TAXE	S LLC			, , , , ,			678)965-9522
Use Only		m's address 245 ROONEY		NSWICK NO	J 08816		Firm's		88-2145487
Go to www.irs.a		n1040 for instructions and the latest in			BAA	REV 01/28/23 PRO	1		Form 1040 (2022)
									()

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074 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	ocial security number				
MANC	OGJNA SINDHU POTLURI	1-16	596			
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. Att	E .	5	-8,320.		
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				
I	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				
	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 1040, line 1a or 1d	8s (١			
		os (
t	Pension or annuity from a nonqualifed deferred compensation plan or a nongovernmental section 457 plan	8t				
	Wages earned while incarcerated	8u				
u z	Other income. List type and amount:	Ju				
~	other income. 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

-8,320.

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 governr			
	officials. Attach Form 2106	L	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	L	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			25	
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	
	roini 1040 oi 1040-on, iiile 10, oi roini 1040-inn, iiile 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.

Your social security number

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

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

2022	
Attachment Sequence No. 13	

OMB No. 1545-0074

MANO	OGJNA SINDHU E	POTLURI						210-6	1-1696					
Par	Note: If you ar	Loss From Rental Real Estate an are in the business of renting personal proper or loss from Form 4835 on page 2, line 40.			c . See	instru	ctions. If you	are an indiv	vidual, rep	ort farm				
		payments in 2022 that would require you												
В	f "Yes," did you or	id you or will you file required Form(s) 1099?												
1a	Physical address	s of each property (street, city, state, ZIF	P code)											
A	MANIKONDA MU	ANIKONDA MUNICIPALITY RANGA REDDY DISTRICT TELANGANA IN 500089												
В											_			
С											_			
1b	Type of Property (from list below)	For each rental real estate prope above, report the number of fair	rental ar	nd	Fair Rental Days			Person Da		, GJA				
Α	3	personal use days. Check the Qu		only	Α		365		0					
В		if you meet the requirements to f qualified joint venture. See instru			В									
C		quamica joint venture. Gee matra	actions.		С									
1	of Property: Single Family Resident Multi-Family Resident			5 Land 6 Roya			Self-Rental Other (desc							
							Propert	ies:			_			
Incon					Α		В			С	_			
3			3		4	80.					_			
		d	4								_			
Expe			_											
5			5								_			
6	•	see instructions)	7		1,0	ΕO					_			
7	•	intenance	8		1,0	50.					_			
8 9			9								_			
10		orofessional fees	10								_			
11		S	11		9	00.					_			
12	_	t paid to banks, etc. (see instructions)	12		9	00.					-			
13			13								_			
14			14		2,5	5.0					_			
15			15		2,2						_			
16			16			30.					_			
17			17		2,0	50.					_			
18		ense or depletion	18								_			
19	Other (list)	·	19								_			
20		Add lines 5 through 19	20		8,8	00.								
21	Subtract line 20 from result is a (loss), s	rom line 3 (rents) and/or 4 (royalties). If see instructions to find out if you must												
			21		-8,3	20.					_			
22	on Form 8582 (se	real estate loss after limitation, if any, ee instructions)	22 (8,32	20.)	()	()			
23a		nts reported on line 3 for all rental prope				23a		480.						
b		nts reported on line 4 for all royalty prop	erties			23b								
C		nts reported on line 12 for all properties				23c								
d		nts reported on line 18 for all properties				23d		2000						
e		nts reported on line 20 for all properties				23e		3,800.						
24	•	sitive amounts shown on line 21. Do no		-				. 24	1	0 200	_			
25	•	attack and reveal and rental real estate							(8,320.	_)			
26	here. If Parts II, I	estate and royalty income or (loss). (III, IV, and line 40 on page 2 do not a 1040), line 5. Otherwise, include this ar	apply to	you,	also er	nter th	is amount			-8.320				