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	Social security	y number			
SHIVA K SOMARAM	055-81-	-9122			
Spouse's name	Spouse's soci	al security number			
SAI BINDU YALAMARTHI	811-09-	9-2758			
· · · · · · · · · · · · · · · · · · ·	(Enter year you ar	re 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			043.		
2 Total tax			025.		
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099			662.		
4 Amount you want refunded to you		4 5,	637.		
5 Amount you owe	and keep a con	-	m)		
Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or an		·			
for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution acco payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial is authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to te payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 . Payment cancellative business days prior to the payment (settlement) date. I also authorize the financial institutions involved taxes to receive confidential information necessary to answer inquiries and resolve issues related to personal identification number (PIN) below is my signature for the income tax return (original or amence Electronic Funds Withdrawal Consent.	unt indicated in the tanstitution to debit the eminate the authorization requests must be in the processing of the payment. I furtle	ex preparation soft entry to this accor- tion. To revoke (or received no late the electronic pay her acknowledge	ware for unt. This cancel) a r than 2 yment of that the		
Taxpayer's PIN: check one box only					
▼ I authorize GLOBAL TAXES LLC to enter or ger	perate my PINI	9 1 2 2	as my		
ERO firm name signature on the income tax return (original or amended) I am now authorizing.	ř Ent	er five digits, but n't enter all zeros	asiny		
I will enter my PIN as my signature on the income tax return (original or amended) if you are entering your own PIN and your return is filed using the Practitioner PIN below.					
Your signature ►	te ▶				
Spouse's PIN: check one box only					
▼ I authorize GLOBAL TAXES LLC to enter or ger	nerate my PIN 9	2 7 5 8	as my		
ERO firm name	Ent	er five digits, but	,		
signature on the income tax return (original or amended) I am now authorizing.		i't enter all zeros			
I will enter my PIN as my signature on the income tax return (original or amended) if you are entering your own PIN and your return is filed using the Practitioner PIN below.					
Spouse's signature ▶ Dat	te ▶				
Practitioner PIN Method Returns Only—continue					
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.		6 6 1 9 8	9		
I certify that the above numeric entry is my PIN, which is my signature for the electronic individual incauthorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I an requirements of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS <i>e-file</i> Provide	come tax return (origing submitting this retu	nal or amended) I rn in accordance	am now with the		

ERO's signature ► Date ►

ERO Must Retain This Form — See Instructions

E 1040 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 Statu	s 🗌 s	Single X Married filing jointly	Marrie	ed filing separately	(MFS)	☐ Head of	household	НОН) 🗌		ifying surv se (QSS)	iving		
Check only one box.		u checked the MFS box, enter the noon is a child but not your dependent		our spouse. If you	check	ed the HOH or	QSS box,	enter	the c		` ,	e qualifying		
Your first name	and mi	ddle initial	Last nar	me					Yo	our soc	cial security	y number		
SHIVA K SOMA				RAM					0	055-81-9122				
If joint return, spouse's first name and middle initial Last name				me					Sp	Spouse's social security numb				
SAI BIN	DU		YALA	MARTHI					8	811-09-2758				
Home address	(numbe	er and street). If you have a P.O. box, see	instruction	ons.			Apt. n	Э.	Pr	esiden	tial Electio	n Campaign		
308 W N	ORTH	TEMPLE ST					355				ere if you,			
City, town, or p	ost offic	ce. If you have a foreign address, also co	omplete sp	paces below.	Sta	te	ZIP code					tly, want \$3		
SALT LA	KE CI	ITY			ΓU	- -	84103				w will not	Checking a change		
Foreign countr	y name		F	oreign province/state	e/count	ty	Foreign pos	tal co			or refund.			
											You	Spouse		
Digital Assets		ny time during 2022, did you: (a) rec ange, gift, or otherwise dispose of a			. ,		•	, .	` '		Yes	⊠ No		
Standard		eone can claim: You as a de				a dependent	, ,							
Deduction	_	Spouse itemizes on a separate retur	•			•								
Age/Blindnes			958	Are blind Sp	oouse	: Was bor	n before Ja				☐ Is bli			
Dependent				(2) Social securi	ity	(3) Relationsh	P			1		instructions):		
If more	(1) Fi	rst name Last name		number		to you	Ch	ild ta	x credi	t (Credit for oth	ner dependents		
than four														
dependents, see instruction	s										L			
and check _	, —													
here											L			
Income	1a	Total amount from Form(s) W-2, b	ox 1 (see	e instructions) .						1a	23	34 , 329.		
	b	Household employee wages not re	•	` '						1b				
Attach Form(s) W-2 here. Also	С	Tip income not reported on line 1a (see instructions)								1c				
attach Forms	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	h	Other earned income (see instruct	earned income (see instructions)							1h		0.		
W-2, see instructions.	i	Nontaxable combat pay election (see instructions)												
	Z	Add lines 1a through 1h								1z	23	34 , 329.		
Attach Sch. B	2 a	Tax-exempt interest	2a			axable interest				2b				
if required.	3a	Qualified dividends	3a		b 0	rdinary divide	nds			3b				
	4a	IRA distributions	4a		b T	axable amoun	t			4b				
Standard	5a	Pensions and annuities	5a			axable amoun				5b				
Deduction for— Single or	6a	Social security benefits	6a		b T	axable amoun	t		·	6b				
Married filing	С	If you elect to use the lump-sum election method, check here (see instructions) $$. $$. $$. $$. $$							Ш					
separately, \$12,950	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here								7				
Married filing	8	Other income from Schedule 1, lin	ne 10 .							8	-1	5,286.		
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7	, and 8. ⁻	This is your total i i	ncome	e				9	21	9,043.		
surviving spouse, \$25,900	10	Adjustments to income from Sche								10				
Head of	11	Subtract line 10 from line 9. This is	s your ac	djusted gross inco	ome					11		9,043.		
household, \$19,400	12	Standard deduction or itemized	deducti	ions (from Schedul	le A)					12	2	25 , 900.		
If you checked	13	Qualified business income deduct	ion from	Form 8995 or For	m 899	5-A				13				
any box under Standard	14	Add lines 12 and 13								14	2	25,900.		
Deduction, see instructions.	15	Subtract line 14 from line 11. If zer	ro or less	s, enter -0 This is	your 1	taxable incom	ne			15	19	3,143.		
	,													

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		34,0	25.
Credits	17	Amount from Schedule 2, lin	ie 3					17			
	18	Add lines 16 and 17						18		34,0)25.
	19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812			19			
	20	Amount from Schedule 3, lin	ie 8					20			
	21	Add lines 19 and 20						21			
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22		34,0)25.
	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		34,0)25.
Payments	25	Federal income tax withheld									
•	а	Form(s) W-2				25a 39	,662.				
	b	Form(s) 1099				25b					
	С	Other forms (see instructions	s)			25c					
	d	Add lines 25a through 25c						25d		39,6	62.
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)				27					
attach Sch. EIC.	28	Additional child tax credit from	m Schedule 8812			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			l		
	32	Add lines 27, 28, 29, and 31	. These are your	total other pa	ayments and refu	indable credits		32			
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments				33		39 , 6	
Refund	34	If line 33 is more than line 24	l, subtract line 2	4 from line 33.	This is the amoun	nt you overpaid		34		5,6	537.
Herana	35a	Amount of line 34 you want			is attached, chec	ck here		35a		5,6	537.
Direct deposit?	b	Routing number 0 2 1				Checking	Savings				
See instructions.	d	Account number 4 8 3	0 6 9 0	3 1 6 1	1 1						
	36	Amount of line 34 you want a	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	nstructions) .			38					
Third Party Designee		you want to allow another structions	•		rn with the IRS?		omplete l	oelow.	× No)	
		signee's me		Phone no.			onal identi ber (PIN)	fication		\top	$\neg \neg$
Sign	Un	der penalties of perjury, I declare t lief, they are true, correct, and com		ed this return and		edules and stateme	nts, and to				
Here	Yo	Your signature		Date	Your occupation				nt you an	ı Identi	tv
							Prote	ection P	IN, enter		
Joint return?						ROFESSIONAI	, ,	inst.)			
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, I	ooth must sign.	Date	Spouse's occupati	Identity F					
your records.					SOLUTION A				CHOITE	v, ente	i it fiere
	——Ph	one no. (973) 652-509		Email address		AM@GMAIL.CO					
		eparer's name	Preparer's signat		DITTVASOMAK	Date	PTIN		Check	if:	
Paid		1 PRIYA RAM SAGAR GUPTA TALLAM			GIIPTA TAI.I.AM	02/12/2023	P0208	2703 	l —	lf-empl	loved
Preparer		m's name GLOBAL TA				1 02 / 12 / 2020			678)		
Use Only			V CT F BDII	MCMTCK N	T 08816		-	's EIN			1065

245 ROONEY CT E BRUNSWICK NJ 08816

Firm's address

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

No

REV 02/05/23 PRO

BAA

84-3171965

Form **1040** (2022)

Firm's EIN

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.

SHIVA K SOMARAM & SAI BINDU YALAMARTHI 05					22
Par	t I Additional Income				
1	Taxable refunds, credits, or offsets of state and local income taxes			1	
2a	Alimony received	T T	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	εE . [5	-15,286.
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			
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			
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				

8s

8t

8u

8z

u Wages earned while incarcerated

9

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

-15,286.

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-base			
	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)	1		
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	i e		
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	1		
h	Attorney fees and court costs for actions involving certain unlawful			
	discrimination claims (see instructions)	1		
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:			
05	Tatal athous diseases and Add lines Of a three will Of		05	
25	Total other adjustments. Add lines 24a through 24z		25	
26	Add lines 11 through 23 and 25. These are your adjustments to income . En		00	
	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.)

Your social security number

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

Attach to Form 1040, 1040-SR, 1040-NR, or 1041. Go to www.irs.gov/ScheduleE for instructions and the latest information. Attachment Sequence No. 13

OMB No. 1545-0074

SHIV	A K SOMARAM 8	& SAI BINDU YALAMARTHI						055-8	31-9122	
Part	Income or	Loss From Rental Real Estate an	d Roy	yalties						
	Note: If you a	are in the business of renting personal proper or loss from Form 4835 on page 2, line 40.	ty, use	Schedule	C . See	instru	ctions. If you a	re an ind	ividual, rep	ort farm
Α [payments in 2022 that would require you	to file	Form(s) 1	1099? S	ee ins	tructions .		. \(\tag{Y}\)	es 🛛 No
		will you file required Form(s) 1099? .								
1a		s of each property (street, city, state, ZIF								
				<u> </u>		\ NI (~ 7\ I	VIN THE EOU	1200		
A B	NO.1-237-2C/	/3,KYETHENPALLE SAIKUTEER,M	MANCH	IEKI YAL	л Т.Б.Г. <i>Е</i>	ANGAI	NA IN 5U4	1208		
C										
1b	Type of Property	2 For each rental real estate prope	vtv. liot	·od		Fo	ir Pontol	Doroo	nal Use	
ID	(from list below)	2 For each rental real estate prope above, report the number of fair	rental	.eu and	Fair Rental Days				avs	QJV
Α	3	personal use days. Check the Qu	JV box	only	Α		365		0	П
В		if you meet the requirements to f	file as a	a	В					
С		qualified joint venture. See instru	ictions	S.	С					
Туре	of Property:						'			
	Single Family Resid	dence 3 Vacation/Short-Term Ren	tal	5 Land	I	7	Self-Rental			
2	Multi-Family Reside	lence 4 Commercial		6 Roya	alties	8	Other (descr	ribe)		
							Properti			
Incon	10'				Α		В	cs.		С
3			3			50.				
4		d	4							
Exper										
5			5			i				
6	•	see instructions)	6							
7		Cleaning and maintenance				00.				
8			8							
9			9							
10	Legal and other p	professional fees	10							
11	Management fees	s	11		1,2	00.				
12	Mortgage interest	t paid to banks, etc. (see instructions)	12							
13	Other interest .		13							
14			14		3,2					
15			15		2,800.					
16			16			0.0				
17			17		2,2					
18		ense or depletion	18		5,6	36.				
19 20	Total expenses A	Add lines 5 through 19	19 20		15,9	26				
		from line 3 (rents) and/or 4 (royalties). If	20		13,9	30.				
21		see instructions to find out if you must								
			21		- 15 , 2	86.				
22	Deductible rental	real estate loss after limitation, if any,			•					
=		ee instructions)	22	(15,28	6.)	()(•
23a	Total of all amoun	nts reported on line 3 for all rental prope				23a		650.		
b	Total of all amoun	nts reported on line 4 for all royalty prop	erties			23b				
С		nts reported on line 12 for all properties				23c				
d		nts reported on line 18 for all properties				23d		,636.		
е		nts reported on line 20 for all properties				23e	15	, 936.		
24	•	sitive amounts shown on line 21. Do no		•				. 24		
25	•	alty losses from line 21 and rental real estat							(15,286.
26		estate and royalty income or (loss).								
		III, IV, and line 40 on page 2 do not an 1040), line 5. Otherwise, include this ar						n . 26		-15,286.