## 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.

Social coourity number

Submission Identification Number (SID)

Taxpayor'a pama

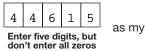
Taxpayer S hame	Social security number
SAI CHAND PATCHALA	711-74-4615
Spouse's name	Spouse's social security number
Part I Tax Return Information – Tax Year Ending December 31, 2022 (Enter	year you are authorizing.)
Enter whole dollars only on lines 1 through 5.	
Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.	
<b>1</b> Adjusted gross income	<b>1</b> 146,620.
<b>2</b> Total tax	<b>2</b> 25,914.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3 26,021.
<b>4</b> Amount you want refunded to you	4 107.
5 Amount you owe	5
Part II Taxpayer Declaration and Signature Authorization (Be sure you get and k	eep a copy of your return)

Under penalties of periury. I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at **1-888-353-4537**. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

## Taxpayer's PIN: check one box only

X lauthorize GLOBAL TAXES LLC

to enter or generate my PIN



ERO firm name signature on the income tax return (original or amended) I am now authorizing.

I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature

Spouse's PIN: check one box only

I authorize

to enter or generate my PIN

Date

as mv Enter five digits, but don't enter all zeros

ERO firm name signature on the income tax return (original or amended) I am now authorizing.

I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature	Date 🕨
Practitioner PIN Metho	d Returns Only—continue below
Part III Certification and Authentication – Practiti	ioner PIN Method Only
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five	ve-digit self-selected PIN. 2 2 2 4 9 6 6 1 9 8 9

I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature 🕨			Date 🕨	
ERO Must Retain This Form — See Instructions Don't Submit This Form to the IRS Unless Requested To Do So				
For Depertyork Reduction Act Nati	a and your toy return instructions		REV 02/22/22 RRO	Earm 8879 (Pay 01 2021)

For Paperwork Reduction Act Notice, see your tax return instructions. BAA REV 03/22/23 PRO

<b>1040</b>		rtment of the Treasury-Internal Revenue Serv 5. Individual Income Tax		202	2	OMB No. 1545	-0074	IRS Use O	nly—Do	not wri	te or staple i	n this space.
Filing Status	<b>X</b> S	Single  Married filing jointly	] Married filing	separately (N	/IFS)	Head of	house	hold (HOH)			fying surv se (QSS)	iving
one box.		u checked the MFS box, enter the n on is a child but not your dependent	, ,	ouse. If you c	heck	ed the HOH or	QSS	box, enter	the ch	nild's i	name if th	e qualifying
Your first name	and mi	ddle initial	Last name						Υοι	ur soc	ial security	/ number
SAI CHAN	ID		PATCHALA						71	1-7	4-4615	)
lf joint return, s	oouse's	first name and middle initial	Last name						Spo	ouse's	social sec	urity number
	`	r and street). If you have a P.O. box, see DVE DRIVE	instructions.				A	Apt. no.			tial Electio ere if you,	n Campaign
-		ce. If you have a foreign address, also co	molete spaces be	NOW	Sta	ite	ZIP c	ode	spc	ouse it	f filing joint	ly, want \$3
FRISCO	051 0110		implete spaces be				750					Checking a
Foreign country	name		Foreign p	province/state/				in postal cod			w will not or refund.	_
											You	Spouse
Digital Assets		y time during 2022, did you: (a) rec ange, gift, or otherwise dispose of a									Yes	X No
Standard		eone can claim:  You as a de				a dependent	asselj	1 (See IIIs)	lucio	115.)		
Deduction		Spouse itemizes on a separate retur										
Age/Blindness	You:	Were born before January 2, 1	958 🗌 Are b	olind Spo	ouse	: 🗌 Was bor	_	ore Januar	, .		🗌 Is bli	-
Dependents	•	,	(2)	Social security number		(3) Relationsh	ip (4			· 1		nstructions):
If more	(1) Fi	rst name Last name		number		to you		Child tax	credit		Credit for oth	er dependents
than four dependents,									1		L	
see instructions	s ——								1		L	
and check here											L	
	1a	Total amount from Form(s) W-2, b	ox 1 (see instru	ctions)						1a	15	8,358.
Income	b	Household employee wages not re								1b		<u></u>
Attach Form(s)	С	Tip income not reported on line 1a	•							1c		
W-2 here. Also attach Forms	d	Medicaid waiver payments not rep			nstru	uctions)				1d		
W-2G and	е	Taxable dependent care benefits f				· · · ·				1e		
1099-R if tax was withheld.	f	Employer-provided adoption bene	fits from Form 8	3839, line 29						1f		
If you did not	g	Wages from Form 8919, line 6 .								1g		
get a Form	h	Other earned income (see instruct	ions)							1h		0.
W-2, see instructions.	i	Nontaxable combat pay election (	see instructions	)		<b>1</b> i						
	z	Add lines 1a through 1h		<u>.</u>						1z	15	8,358.
Attach Sch. B	<b>2</b> a	Tax-exempt interest	2a	,	bΤ	axable interest	t.			2b		
if required.	3a	Qualified dividends	3a	22.	b C	Ordinary divide	nds .			3b		22.
	4a	IRA distributions	4a			axable amoun				4b		
Standard	5a	Pensions and annuities	5a		bΤ	axable amoun	t			5b		
• Single or	6a		6a			axable amoun	t		·	6b		
Married filing	С	If you elect to use the lump-sum e			•							
separately, \$12,950	7	Capital gain or (loss). Attach Sche		ed. If not requ	lired	, check here				7		
<ul> <li>Married filing jointly or</li> </ul>	8	Other income from Schedule 1, lin								8		1,760.
Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7		your <b>total in</b> d	come	e			•	9	14	6,620.
surviving spouse, \$25,900	10	Adjustments to income from Sche	-				• •		•	10		
<ul> <li>Head of household,</li> </ul>	11	Subtract line 10 from line 9. This is					• •			11		6,620.
\$19,400	12	Standard deduction or itemized							•	12	1	2,950.
<ul> <li>If you checked any box under</li> </ul>	13	Qualified business income deduct				5-A			•	13		0.077
Standard Deduction,	14 15	Add lines 12 and 13		 0. This is .		· · · ·			•	14		<u>2,950.</u>
see instructions.	15	Subtract line 14 from line 11. If zer	o or less, enter	-u This is y	ouri	laxable incom	ie .			15	<u> </u>	3,670.

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Form **1040** (2022)

Form 1040 (2022	2)			Page <b>2</b>
Tax and	16	Tax (see instructions). Check if any from Form(s):         1         8814         2         4972         3          .         .	16	25,914.
Credits	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	25,914.
	19	Child tax credit or credit for other dependents from Schedule 8812	19	
	20	Amount from Schedule 3, line 8	20	
	21	Add lines 19 and 20	21	
	22	Subtract line 21 from line 18. If zero or less, enter -0	22	25,914.
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	0.
	24	Add lines 22 and 23. This is your <b>total tax</b>	24	25,914.
Payments	25	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	26,021.
If you have a	26	2022 estimated tax payments and amount applied from 2021 return	26	
qualifying child,	27	Earned income credit (EIC)		
attach Sch. EIC.	28	Additional child tax credit from Schedule 8812		
	29	American opportunity credit from Form 8863, line 8		
	30	Reserved for future use		
	31	Amount from Schedule 3, line 15		
	32	Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits	32	
	33	Add lines 25d, 26, and 32. These are your total payments	33	26,021.
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	107.
norana	35a	Amount of line 34 you want refunded to you. If Form 8888 is attached, check here	35a	107.
Direct deposit?	b	Routing number       X		
See instructions.	d	Account number X X X X X X X X X X X X X X X X X X X		
	36	Amount of line 34 you want applied to your 2023 estimated tax 36		
Amount	37	Subtract line 33 from line 24. This is the <b>amount you owe</b> .		
You Owe		For details on how to pay, go to www.irs.gov/Payments or see instructions	37	
	38	Estimated tax penalty (see instructions)		
<b>Third Party</b>	Do	you want to allow another person to discuss this return with the IRS? See		
Designee	ins	tructions	elow.	× No
	De nai	signee's Phone Personal identifi ne no. Personal identifi	cation	
0.		der penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to		
Sign		ief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which		, ,
Here	Yo	ur signature Date Your occupation If the	IRS ser	it you an Identity
		Prote	ction Pl	N, enter it here
Joint return?		SOFTWARE ENGINEER (see i	ŕ	
See instructions. Keep a copy for	Sp			it your spouse an action PIN, enter it here
your records.		(see i	-	
	Ph	Dine no.		
		parer's name Preparer's signature Date PTIN		Check if:
Paid		ATA SAI PAVAN KUMAR DUDIPALLI VENKATA SAI PAVAN KUMAR DUDIPALLI 04/19/2023 P02470	1822	Self-employed
Preparer				
Use Only			s EIN	678)965-9522
Cata warmin				88-2145487
GO TO WWW.Irs.go	uv/rorn	1040 for instructions and the latest information. BAA REV 03/22/23 PRO		Form <b>1040</b> (2022)

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

SCHE	DULE	1
(Form	1040)	

Department of the Treasury

## **Additional Income and Adjustments to Income**

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

OMB No. 1545-0074 2

Attachment

Internal Revenue Service	Attachment Sequence No. <b>01</b>		
Name(s) shown on Fo	rm 1040, 1040-SR, or 1040-NR	Your soc	ial security number
SAI CHAND PATC	HALA	711-74	-4615
Part I Additio	onal Income		

Par	Additional income			
1	Taxable refunds, credits, or offsets of state and local income taxes		1	
<b>2</b> a	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	-11,760.
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		
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			
	1040, line 1a or 1d	8s ( )		
t				
	a nongovernmental section 457 plan	8t		
u	Wages earned while incarcerated	8u		
z	Other income. List type and amount:			
		8z		
9	Total other income. Add lines 8a through 8z		9	
10	Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR	, or 1040-NR, line 8	10	-11,760.

For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule 1 (Form 1040) 2022

Par	II Adjustments to Income			
11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee			
12	officials. Attach Form 2106	-basis government	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	·		
C	Date of original divorce or separation agreement (see instructions):			
20	IRA deduction		20	
21	Student loan interest deduction		21 22	
22 23	Archer MSA deduction		22	
23 24	Other adjustments:		23	
2 <del>7</del>	Jury duty pay (see instructions)	24a		
	Deductible expenses related to income reported on line 8I from the		1	
	rental of personal property engaged in for profit	24b		
с	Nontaxable amount of the value of Olympic and Paralympic medals			
	and USOC prize money reported on line 8m	24c		
d	Reforestation amortization and expenses	24d		
е	Repayment of supplemental unemployment benefits under the Trade			
	Act of 1974	24e	-	
f	Contributions to section 501(c)(18)(D) pension plans	24f	_	
g	Contributions by certain chaplains to section 403(b) plans	24g	-	
h	Attorney fees and court costs for actions involving certain unlawful	0.41		
	discrimination claims (see instructions)	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			
	tax law violations	24i		
i	Housing deduction from Form 2555	24j	-	
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form	,	1	
	1041)	24k		
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			
	Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a		26	
	BAA	REV 03/22/23 PRO	Schedu	ıle 1 (Form 1040) 2022