

# IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.  
▶ Go to [www.irs.gov/Form8879](http://www.irs.gov/Form8879) for the latest information.

Submission Identification Number (SID) ▶

|                                       |                                       |
|---------------------------------------|---------------------------------------|
| Taxpayer's name<br>SAIBABU POLAMPALLI | Social security number<br>178-67-2278 |
| 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.

|   |   |          |
|---|---|----------|
| 1 | Adjusted gross income   | 123,630. |
| 2 | Total tax   | 20,399.  |
| 3 | Federal income tax withheld from Form(s) W-2 and Form(s) 1099 | 24,339.  |
| 4 | Amount you want refunded to you                               | 3,940.   |
| 5 | Amount you owe  |          |

## Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

Under penalties of perjury, 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

I authorize GLOBAL TAXES LLC to enter or generate my PIN 

|   |   |   |   |   |
|---|---|---|---|---|
| 7 | 2 | 2 | 7 | 8 |
|---|---|---|---|---|

 as my signature on the income tax return (original or amended) I am now authorizing.

Enter five digits, but don't enter all zeros

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 ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

### Spouse's PIN: check one box only

I authorize \_\_\_\_\_ to enter or generate my PIN 

|  |  |  |  |  |
|--|--|--|--|--|
|  |  |  |  |  |
|--|--|--|--|--|

 as my signature on the income tax return (original or amended) I am now authorizing.

Enter five digits, but don't enter all zeros

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 Method Returns Only—continue below

### 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.

|   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|
| 5 | 1 | 8 | 9 | 5 | 2 | 3 | 1 | 9 | 8 | 9 |
|---|---|---|---|---|---|---|---|---|---|---|

Don't enter all zeros

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**

Filing Status [X] Single [ ] Married filing jointly [ ] Married filing separately (MFS) [ ] Head of household (HOH) [ ] Qualifying surviving spouse (QSS)
Check only one box. If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent:

Personal information section including name (SAIBABU POLAMPALLI), social security number (178-67-2278), and home address (2711 BANYON GULCH LN, KATY, TX 77493).

Digital Assets At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) [ ] Yes [X] No

Standard Deduction Someone can claim: [ ] You as a dependent [ ] Your spouse as a dependent [ ] Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness You: [ ] Were born before January 2, 1958 [ ] Are blind Spouse: [ ] Was born before January 2, 1958 [ ] Is blind

Table with 5 columns: (1) First name, Last name, (2) Social security number, (3) Relationship to you, (4) Check the box if qualifies for (see instructions): Child tax credit, Credit for other dependents.

Main income table with columns for line numbers (1a-15) and amounts. Total income is 123,630. Taxable income is 110,680.

Table with columns for line numbers (16-24), descriptions (Tax and Credits), and amounts. Total tax is 20,399.

Table for Payments (lines 25-33). Includes federal income tax withheld (24,339) and total payments (24,339).

Table for Refund (lines 34-36). Shows overpaid amount of 3,940 and amount applied to 2023 estimated tax.

Table for Amount You Owe (lines 37-38). Shows amount you owe and estimated tax penalty.

Third Party Designee section with checkboxes for Yes/No and fields for name, phone, and PIN.

Sign Here section with signature lines for preparer and spouse, including occupation and ID Protection PIN fields.

Paid Preparer Use Only section with fields for preparer name, signature, date, PTIN, firm name, address, and phone number.

**SCHEDULE 1  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Additional Income and Adjustments to Income**

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

Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.

OMB No. 1545-0074

**2022**  
Attachment  
Sequence No. **01**

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

SAIBABU POLAMPALLI

Your social security number

178-67-2278

**Part I Additional Income**

|           |   |           |          |
|-----------|---|-----------|----------|
| <b>1</b>  | Taxable refunds, credits, or offsets of state and local income taxes . . . . .  | <b>1</b>  |          |
| <b>2a</b> | Alimony received . . . . .  | <b>2a</b> |          |
| <b>b</b>  | Date of original divorce or separation agreement (see instructions): _____  |           |          |
| <b>3</b>  | Business income or (loss). Attach Schedule C . . . . .  | <b>3</b>  | -810.    |
| <b>4</b>  | Other gains or (losses). Attach Form 4797 . . . . .   | <b>4</b>  |          |
| <b>5</b>  | Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E . . . . .   | <b>5</b>  | -12,450. |
| <b>6</b>  | Farm income or (loss). Attach Schedule F . . . . .  | <b>6</b>  |          |
| <b>7</b>  | Unemployment compensation . . . . .   | <b>7</b>  |          |
| <b>8</b>  | Other income:   |           |          |
| <b>a</b>  | Net operating loss . . . . .  | <b>8a</b> | ( )      |
| <b>b</b>  | Gambling . . . . .  | <b>8b</b> |          |
| <b>c</b>  | Cancellation of debt . . . . .  | <b>8c</b> |          |
| <b>d</b>  | Foreign earned income exclusion from Form 2555 . . . . .  | <b>8d</b> | ( )      |
| <b>e</b>  | Income from Form 8853 . . . . .   | <b>8e</b> |          |
| <b>f</b>  | Income from Form 8889 . . . . .   | <b>8f</b> |          |
| <b>g</b>  | Alaska Permanent Fund dividends . . . . .   | <b>8g</b> |          |
| <b>h</b>  | Jury duty pay . . . . .   | <b>8h</b> |          |
| <b>i</b>  | Prizes and awards . . . . .   | <b>8i</b> |          |
| <b>j</b>  | Activity not engaged in for profit income . . . . .   | <b>8j</b> |          |
| <b>k</b>  | Stock options . . . . .   | <b>8k</b> |          |
| <b>l</b>  | 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 . . . . . | <b>8l</b> |          |
| <b>m</b>  | Olympic and Paralympic medals and USOC prize money (see instructions) . . . . .   | <b>8m</b> |          |
| <b>n</b>  | Section 951(a) inclusion (see instructions) . . . . .   | <b>8n</b> |          |
| <b>o</b>  | Section 951A(a) inclusion (see instructions) . . . . .  | <b>8o</b> |          |
| <b>p</b>  | Section 461(l) excess business loss adjustment . . . . .  | <b>8p</b> |          |
| <b>q</b>  | Taxable distributions from an ABLÉ account (see instructions) . . . . .   | <b>8q</b> |          |
| <b>r</b>  | Scholarship and fellowship grants not reported on Form W-2 . . . . .  | <b>8r</b> |          |
| <b>s</b>  | Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d . . . . .  | <b>8s</b> | ( )      |
| <b>t</b>  | Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan . . . . .                                   | <b>8t</b> |          |
| <b>u</b>  | Wages earned while incarcerated . . . . .   | <b>8u</b> |          |
| <b>z</b>  | Other income. List type and amount: _____   | <b>8z</b> |          |
| <b>9</b>  | Total other income. Add lines 8a through 8z . . . . .   | <b>9</b>  |          |
| <b>10</b> | Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8   | <b>10</b> | -13,260. |

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

Schedule 1 (Form 1040) 2022

**Part II Adjustments to Income**

|            |  |            |            |  |
|------------|--|------------|------------|--|
| <b>11</b>  | Educator expenses . . . . .  |            | <b>11</b>  |  |
| <b>12</b>  | Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 . . . . .  |            | <b>12</b>  |  |
| <b>13</b>  | Health savings account deduction. Attach Form 8889 . . . . .   |            | <b>13</b>  |  |
| <b>14</b>  | Moving expenses for members of the Armed Forces. Attach Form 3903 . . . . .  |            | <b>14</b>  |  |
| <b>15</b>  | Deductible part of self-employment tax. Attach Schedule SE . . . . .   |            | <b>15</b>  |  |
| <b>16</b>  | Self-employed SEP, SIMPLE, and qualified plans . . . . .   |            | <b>16</b>  |  |
| <b>17</b>  | Self-employed health insurance deduction . . . . .   |            | <b>17</b>  |  |
| <b>18</b>  | Penalty on early withdrawal of savings . . . . .   |            | <b>18</b>  |  |
| <b>19a</b> | Alimony paid . . . . .   |            | <b>19a</b> |  |
| <b>b</b>   | Recipient's SSN . . . . .  |            |            |  |
| <b>c</b>   | Date of original divorce or separation agreement (see instructions): _____   |            |            |  |
| <b>20</b>  | IRA deduction . . . . .  |            | <b>20</b>  |  |
| <b>21</b>  | Student loan interest deduction . . . . .  |            | <b>21</b>  |  |
| <b>22</b>  | Reserved for future use . . . . .  |            | <b>22</b>  |  |
| <b>23</b>  | Archer MSA deduction . . . . .   |            | <b>23</b>  |  |
| <b>24</b>  | Other adjustments:   |            |            |  |
| <b>a</b>   | Jury duty pay (see instructions) . . . . .   | <b>24a</b> |            |  |
| <b>b</b>   | Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit . . . . .                                       | <b>24b</b> |            |  |
| <b>c</b>   | Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m . . . . .   | <b>24c</b> |            |  |
| <b>d</b>   | Reforestation amortization and expenses . . . . .  | <b>24d</b> |            |  |
| <b>e</b>   | Repayment of supplemental unemployment benefits under the Trade Act of 1974 . . . . .  | <b>24e</b> |            |  |
| <b>f</b>   | Contributions to section 501(c)(18)(D) pension plans . . . . .   | <b>24f</b> |            |  |
| <b>g</b>   | Contributions by certain chaplains to section 403(b) plans . . . . .   | <b>24g</b> |            |  |
| <b>h</b>   | Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions) . . . . .  | <b>24h</b> |            |  |
| <b>i</b>   | 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 . . . . . | <b>24i</b> |            |  |
| <b>j</b>   | Housing deduction from Form 2555 . . . . .   | <b>24j</b> |            |  |
| <b>k</b>   | Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041) . . . . .  | <b>24k</b> |            |  |
| <b>z</b>   | Other adjustments. List type and amount: _____   | <b>24z</b> |            |  |
| <b>25</b>  | Total other adjustments. Add lines 24a through 24z . . . . .   |            | <b>25</b>  |  |
| <b>26</b>  | Add lines 11 through 23 and 25. These are your <b>adjustments to income</b> . Enter here and on Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a . . . . .   |            | <b>26</b>  |  |

**SCHEDULE C  
(Form 1040)**

**Profit or Loss From Business  
(Sole Proprietorship)**

OMB No. 1545-0074

**2022**

Attachment  
Sequence No. **09**

Department of the Treasury  
Internal Revenue Service

Go to [www.irs.gov/ScheduleC](http://www.irs.gov/ScheduleC) for instructions and the latest information.  
Attach to Form 1040, 1040-SR, 1040-NR, or 1041; partnerships must generally file Form 1065.

|  |  |   |
|--|--|---|
| Name of proprietor<br><b>SAIBABU POLAMPALLI</b>  |  | Social security number (SSN)<br>178-67-2278 |
| <b>A</b> Principal business or profession, including product or service (see instructions)<br>COMPUTER SYSTEMS ANALYST   | <b>B</b> Enter code from instructions<br>5 4 1 9 9 0 |   |
| <b>C</b> Business name. If no separate business name, leave blank.   | <b>D</b> Employer ID number (EIN) (see instr.)       |   |
| <b>E</b> Business address (including suite or room no.) 2711 BANYON GULCH LN<br>City, town or post office, state, and ZIP code KATY, TX 77493  |  |   |
| <b>F</b> Accounting method: (1) <input checked="" type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify)   |  |   |
| <b>G</b> Did you "materially participate" in the operation of this business during 2022? If "No," see instructions for limit on losses <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |   |
| <b>H</b> If you started or acquired this business during 2022, check here <input type="checkbox"/>   |  |   |
| <b>I</b> Did you make any payments in 2022 that would require you to file Form(s) 1099? See instructions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                               |  |   |
| <b>J</b> If "Yes," did you or will you file required Form(s) 1099? <input type="checkbox"/> Yes <input type="checkbox"/> No  |  |   |

**Part I Income**

|   |          |         |
|---|----------|---------|
| <b>1</b> Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked <input type="checkbox"/> | <b>1</b> | 28,512. |
| <b>2</b> Returns and allowances   | <b>2</b> |         |
| <b>3</b> Subtract line 2 from line 1  | <b>3</b> | 28,512. |
| <b>4</b> Cost of goods sold (from line 42)  | <b>4</b> |         |
| <b>5</b> <b>Gross profit.</b> Subtract line 4 from line 3   | <b>5</b> | 28,512. |
| <b>6</b> Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)   | <b>6</b> |         |
| <b>7</b> <b>Gross income.</b> Add lines 5 and 6   | <b>7</b> | 28,512. |

**Part II Expenses.** Enter expenses for business use of your home **only** on line 30.

|   |            |        |   |            |         |
|---|------------|--------|---|------------|---------|
| <b>8</b> Advertising  | <b>8</b>   |        | <b>18</b> Office expense (see instructions)                               | <b>18</b>  |         |
| <b>9</b> Car and truck expenses (see instructions)  | <b>9</b>   | 8,292. | <b>19</b> Pension and profit-sharing plans                                | <b>19</b>  |         |
| <b>10</b> Commissions and fees  | <b>10</b>  |        | <b>20</b> Rent or lease (see instructions):                               |            |         |
| <b>11</b> Contract labor (see instructions)   | <b>11</b>  |        | <b>a</b> Vehicles, machinery, and equipment                               | <b>20a</b> |         |
| <b>12</b> Depletion   | <b>12</b>  |        | <b>b</b> Other business property  | <b>20b</b> | 10,800. |
| <b>13</b> Depreciation and section 179 expense deduction (not included in Part III) (see instructions)  | <b>13</b>  |        | <b>21</b> Repairs and maintenance   | <b>21</b>  | 1,990.  |
| <b>14</b> Employee benefit programs (other than on line 19)   | <b>14</b>  |        | <b>22</b> Supplies (not included in Part III)                             | <b>22</b>  |         |
| <b>15</b> Insurance (other than health)   | <b>15</b>  |        | <b>23</b> Taxes and licenses  | <b>23</b>  |         |
| <b>16</b> Interest (see instructions):  |            |        | <b>24</b> Travel and meals:   |            |         |
| <b>a</b> Mortgage (paid to banks, etc.)   | <b>16a</b> |        | <b>a</b> Travel   | <b>24a</b> | 2,890.  |
| <b>b</b> Other  | <b>16b</b> | 250.   | <b>b</b> Deductible meals (see instructions)                              | <b>24b</b> | 2,400.  |
| <b>17</b> Legal and professional services   | <b>17</b>  |        | <b>25</b> Utilities   | <b>25</b>  | 2,700.  |
| <b>28</b> <b>Total expenses</b> before expenses for business use of home. Add lines 8 through 27a   | <b>28</b>  |        | <b>26</b> Wages (less employment credits)                                 | <b>26</b>  |         |
| <b>29</b> Tentative profit or (loss). Subtract line 28 from line 7  | <b>29</b>  |        | <b>27a</b> Other expenses (from line 48)                                  | <b>27a</b> |         |
| <b>30</b> Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method. See instructions.<br><b>Simplified method filers only:</b> Enter the total square footage of (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30 | <b>30</b>  |        | <b>27b</b> Reserved for future use  | <b>27b</b> |         |
| <b>31</b> <b>Net profit or (loss).</b> Subtract line 30 from line 29.   |            |        | <b>32a</b> <input checked="" type="checkbox"/> All investment is at risk. |            |         |
| • If a profit, enter on both <b>Schedule 1 (Form 1040), line 3</b> , and on <b>Schedule SE, line 2</b> . (If you checked the box on line 1, see instructions.) Estates and trusts, enter on <b>Form 1041, line 3</b> .  |            |        | <b>32b</b> <input type="checkbox"/> Some investment is not at risk.       |            |         |
| • If a loss, you <b>must</b> go to line 32.   |            |        |   |            |         |
| <b>32</b> If you have a loss, check the box that describes your investment in this activity. See instructions.  |            |        |   |            |         |
| • If you checked 32a, enter the loss on both <b>Schedule 1 (Form 1040), line 3</b> , and on <b>Schedule SE, line 2</b> . (If you checked the box on line 1, see the line 31 instructions.) Estates and trusts, enter on <b>Form 1041, line 3</b> .  |            |        |   |            |         |
| • If you checked 32b, you <b>must</b> attach <b>Form 6198</b> . Your loss may be limited.   |            |        |   |            |         |
|   | <b>31</b>  |        |   |            | -810.   |



**SCHEDULE E  
(Form 1040)**

**Supplemental Income and Loss**

OMB No. 1545-0074

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

**2022**  
Attachment  
Sequence No. **13**

Department of the Treasury  
Internal Revenue Service

Attach to Form 1040, 1040-SR, 1040-NR, or 1041.

Go to [www.irs.gov/ScheduleE](http://www.irs.gov/ScheduleE) for instructions and the latest information.

Name(s) shown on return

SAIBABU POLAMPALLI

Your social security number

178-67-2278

**Part I Income or Loss From Rental Real Estate and Royalties**

**Note:** If you are in the business of renting personal property, use **Schedule C**. See instructions. If you are an individual, report farm rental income or loss from **Form 4835** on page 2, line 40.

- A** Did you make any payments in 2022 that would require you to file Form(s) 1099? See instructions . . . . .  Yes  No  
**B** If "Yes," did you or will you file required Form(s) 1099? . . . . .  Yes  No

**1a** Physical address of each property (street, city, state, ZIP code)

|          |   |
|----------|---|
| <b>A</b> | 15-CHALLAPALLI KRISHNA ANDHRA PRADESH IN 521126 |
| <b>B</b> | 801 EVANSTON DR NW CALGARY AB CA T3P0M4         |
| <b>C</b> |   |

| <b>1b</b> | Type of Property (from list below) | <b>2</b> | For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions. | Fair Rental Days | Personal Use Days | QJV                      |
|-----------|------------------------------------|----------|--|------------------|-------------------|--------------------------|
|           |                                    |          |  | <b>A</b>         | <b>B</b>          | <b>C</b>                 |
| <b>A</b>  | 3                                  |          |  | 365              | 0                 | <input type="checkbox"/> |
| <b>B</b>  | 3                                  |          |  | 365              | 0                 | <input type="checkbox"/> |
| <b>C</b>  |                                    |          |  |                  |                   | <input type="checkbox"/> |

**Type of Property:**

- 1 Single Family Residence      3 Vacation/Short-Term Rental      5 Land      7 Self-Rental  
 2 Multi-Family Residence      4 Commercial      6 Royalties      8 Other (describe) \_\_\_\_\_

|                  |   | <b>Properties:</b> |             |            |
|------------------|---|--------------------|-------------|------------|
|                  |   | <b>A</b>           | <b>B</b>    | <b>C</b>   |
| <b>Income:</b>   |   |                    |             |            |
| <b>3</b>         | Rents received . . . . .  | <b>3</b>           | 657.        | 11,854.    |
| <b>4</b>         | Royalties received . . . . .  | <b>4</b>           |             |            |
| <b>Expenses:</b> |   |                    |             |            |
| <b>5</b>         | Advertising . . . . .   | <b>5</b>           |             |            |
| <b>6</b>         | Auto and travel (see instructions) . . . . .  | <b>6</b>           |             |            |
| <b>7</b>         | Cleaning and maintenance . . . . .  | <b>7</b>           | 2,465.      |            |
| <b>8</b>         | Commissions . . . . .   | <b>8</b>           |             |            |
| <b>9</b>         | Insurance . . . . .   | <b>9</b>           |             | 889.       |
| <b>10</b>        | Legal and other professional fees . . . . .   | <b>10</b>          |             |            |
| <b>11</b>        | Management fees . . . . .   | <b>11</b>          | 1,732.      | 1,778.     |
| <b>12</b>        | Mortgage interest paid to banks, etc. (see instructions)  | <b>12</b>          |             | 9,137.     |
| <b>13</b>        | Other interest . . . . .  | <b>13</b>          |             |            |
| <b>14</b>        | Repairs . . . . .   | <b>14</b>          | 1,988.      |            |
| <b>15</b>        | Supplies . . . . .  | <b>15</b>          | 2,274.      |            |
| <b>16</b>        | Taxes . . . . .   | <b>16</b>          |             | 2,009.     |
| <b>17</b>        | Utilities . . . . .   | <b>17</b>          | 2,689.      |            |
| <b>18</b>        | Depreciation expense or depletion . . . . .   | <b>18</b>          |             |            |
| <b>19</b>        | Other (list) _____  | <b>19</b>          |             |            |
| <b>20</b>        | Total expenses. Add lines 5 through 19 . . . . .  | <b>20</b>          | 11,148.     | 13,813.    |
| <b>21</b>        | Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file <b>Form 6198</b> . . . . .  | <b>21</b>          | -10,491.    | -1,959.    |
| <b>22</b>        | Deductible rental real estate loss after limitation, if any, on <b>Form 8582</b> (see instructions) . . . . .   | <b>22</b>          | ( 10,491. ) | ( 1,959. ) |
| <b>23a</b>       | Total of all amounts reported on line 3 for all rental properties . . . . .   | <b>23a</b>         |             | 12,511.    |
| <b>b</b>         | Total of all amounts reported on line 4 for all royalty properties . . . . .  | <b>23b</b>         |             |            |
| <b>c</b>         | Total of all amounts reported on line 12 for all properties . . . . .   | <b>23c</b>         |             | 9,137.     |
| <b>d</b>         | Total of all amounts reported on line 18 for all properties . . . . .   | <b>23d</b>         |             |            |
| <b>e</b>         | Total of all amounts reported on line 20 for all properties . . . . .   | <b>23e</b>         |             | 24,961.    |
| <b>24</b>        | <b>Income.</b> Add positive amounts shown on line 21. <b>Do not</b> include any losses . . . . .  | <b>24</b>          |             |            |
| <b>25</b>        | <b>Losses.</b> Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here . . . . .  | <b>25</b>          | ( 12,450. ) |            |
| <b>26</b>        | <b>Total rental real estate and royalty income or (loss).</b> Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2 . . . . . | <b>26</b>          |             | -12,450.   |



**Health Savings Accounts (HSAs)**

Department of the Treasury  
Internal Revenue Service

Attach to Form 1040, 1040-SR, or 1040-NR.  
Go to [www.irs.gov/Form8889](http://www.irs.gov/Form8889) for instructions and the latest information.

**2022**  
Attachment  
Sequence No. **52**

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

Social security number of HSA beneficiary.  
If both spouses have HSAs, see instructions.  
178-67-2278

SAIBABU POLAMPALLI

**Before you begin:** Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if required.

**Part I HSA Contributions and Deduction.** See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part I for each spouse.

|           |  |   |
|-----------|--|---|
| <b>1</b>  | Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2022. See instructions . . . . .   | <input checked="" type="checkbox"/> Self-only <input type="checkbox"/> Family |
| <b>2</b>  | HSA contributions you made for 2022 (or those made on your behalf), including those made by the unextended due date of your tax return that were for 2022. <b>Do not</b> include employer contributions, contributions through a cafeteria plan, or rollovers. See instructions . . . . .                        | 2 0.  |
| <b>3</b>  | If you were under age 55 at the end of 2022 and, on the first day of <b>every</b> month during 2022, you were, or were considered, an eligible individual with the <b>same</b> coverage, enter \$3,650 (\$7,300 for family coverage). <b>All others</b> , see the instructions for the amount to enter . . . . . | 3 3,650.  |
| <b>4</b>  | Enter the amount you and your employer contributed to your Archer MSAs for 2022 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2022, also include any amount contributed to your spouse's Archer MSAs . . . . .                                       | 4 0.  |
| <b>5</b>  | Subtract line 4 from line 3. If zero or less, enter -0- . . . . .  | 5 3,650.  |
| <b>6</b>  | Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2022, see the instructions for the amount to enter . . . . .   | 6 3,650.  |
| <b>7</b>  | If you were age 55 or older at the end of 2022, married, and you or your spouse had family coverage under an HDHP at any time during 2022, enter your additional contribution amount. See instructions . . . . .   | 7 0.  |
| <b>8</b>  | Add lines 6 and 7 . . . . .  | 8 3,650.  |
| <b>9</b>  | Employer contributions made to your HSAs for 2022 . . . . .  | 9 3,573.  |
| <b>10</b> | Qualified HSA funding distributions . . . . .  | 10  |
| <b>11</b> | Add lines 9 and 10 . . . . .   | 11 3,573.   |
| <b>12</b> | Subtract line 11 from line 8. If zero or less, enter -0- . . . . .   | 12 77.  |
| <b>13</b> | <b>HSA deduction.</b> Enter the <b>smaller</b> of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line 13 <b>Caution:</b> If line 2 is more than line 13, you may have to pay an additional tax. See instructions.  | 13 0.   |

**Part II HSA Distributions.** If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part II for each spouse.

|            |  |     |
|------------|--|-----|
| <b>14a</b> | Total distributions you received in 2022 from all HSAs (see instructions) . . . . .  | 14a |
| <b>b</b>   | Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return. See instructions . . . . . | 14b |
| <b>c</b>   | Subtract line 14b from line 14a . . . . .  | 14c |
| <b>15</b>  | Qualified medical expenses paid using HSA distributions (see instructions) . . . . .   | 15  |
| <b>16</b>  | <b>Taxable HSA distributions.</b> Subtract line 15 from line 14c. If zero or less, enter -0-. Also, include this amount in the total on Schedule 1 (Form 1040), Part I, line 8f . . . . .  | 16  |
| <b>17a</b> | If any of the distributions included on line 16 meet any of the <b>Exceptions to the Additional 20% Tax</b> (see instructions), check here . . . . . <input type="checkbox"/>  |     |
| <b>b</b>   | <b>Additional 20% tax</b> (see instructions). Enter 20% (0.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also, include this amount in the total on Schedule 2 (Form 1040), Part II, line 17c . . . . .                  | 17b |

**Part III Income and Additional Tax for Failure To Maintain HDHP Coverage.** See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part III for each spouse.

|           |  |    |
|-----------|--|----|
| <b>18</b> | Last-month rule . . . . .  | 18 |
| <b>19</b> | Qualified HSA funding distribution . . . . .   | 19 |
| <b>20</b> | <b>Total income.</b> Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I, line 8f . . . . .                             | 20 |
| <b>21</b> | <b>Additional tax.</b> Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2 (Form 1040), Part II, line 17d . . . . . | 21 |

## Additional Information From 2022 Federal Tax Return

### Schedule C (COMPUTER SYSTEMS ANALYST): Profit or Loss from Business

Ln 24b: 50% limit

Itemization Statement

| Description                            | Amount        |
|--|---------------|
| M&E (240D*\$20P.D) AS PER IRS PUB 1542 | 4,800.        |
| <b>Total</b>                           | <b>4,800.</b> |

### Schedule C (COMPUTER SYSTEMS ANALYST): Profit or Loss from Business

Line 20b

Itemization Statement

| Description             | Amount         |
|-------------------------|----------------|
| RENT PAID (12M*900 P.M) | 10,800.        |
| <b>Total</b>            | <b>10,800.</b> |

### Schedule C (COMPUTER SYSTEMS ANALYST): Profit or Loss from Business

Line 25

Itemization Statement

| Description                 | Amount        |
|-----------------------------|---------------|
| PHONE BILLS (12M*150 P.M)   | 1,800.        |
| INTERNET BILLS (12M*75 P.M) | 900.          |
| <b>Total</b>                | <b>2,700.</b> |

### Schedule C (COMPUTER SYSTEMS ANALYST): Profit or Loss from Business

Ln 16b: Other Interest

Itemization Statement

| Description   | Amount      |
|---|-------------|
| In-car food and drink items for your passengers, like candy and water | 250.        |
| <b>Total</b>  | <b>250.</b> |