IRS e-file Signature Authorization

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

ERO must obtain and retain completed Form 8879. ▶ Go to www.irs.gov/Form8879 for the latest information.

Submission Identification Number (SID)

Тахрауе	er's name	Social security number				
RAH	UL SAI KUMAR PASICANTI	734-74-	-570	7		
Spouse	o's name	Spouse's soc	ial secu	irity number		
Part	Tax Return Information – Tax Year Ending December 31, 2022 (Enter	year you a	re aut	horizing.)		
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		1	71,509.		
2	Total tax		2	8,504.		
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	13,195.		
4	Amount you want refunded to you		4	4,691.		
5	Amount you owe		5			

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	GLOBAI	L TAXES	LLC		to	enter or ger	nerate	my Pl	N L				as my
				ERO firm name							Enter five don't en			
	-				amended) I am		-							
I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box on if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part below.														
., .			PV				_		02/	11/2	023			
Your sig	nature 🕨		1.15	int			Da	te 🕨 _						
Snouse	's PIN: chec	k one hou	only	'						_				
	I authorize	k one box	Comy			to	enter or ger	orato	my DI	N				as my
	I authonize			ERO firm name			enter of ger	leiale			Enter fiv	e diaits	s. but	as my
	signature on the income tax return (original or amended) I am now authorizing.													
					ome tax return (turn is filed usin									
Spouse'	s signature	•					Da	te 🕨						
	_				Method Retur			below	r					
Part III	Certific	ation an	d Authent	ication – I	Practitioner P	IN Metho	od Only							
ERO's E	FIN/PIN. En	iter your si	ix-digit EFIN	I followed by	your five-digit s	self-selecte	ed PIN.	2 2	2	4 9	66	; 1	98	9
									D	on't e	nter all a	zeros		
authorize	d to file for ta	ax year indi	cated above	for the taxpay	v signature for the ver(s) indicated at Handbook for Aut	bove. I cont	firm that I ar	n subm	nitting 1	this re	eturn in	accor	rdanće	

ERO's signature		Date 🕨						
	ERO Must Retain This F Don't Submit This Form to the I	-						
For Demonstrate Deduction Act N	lation and constant actions in demodeles a		DEV 01/00/00 DD0	Farm 9970 (Day, 01 0001)				

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

1040		rtment of the Treasury–Internal Revenue Serv 5. Individual Income Ta		urn	202	2	OMB No. 1545-	0074	IRS Use (Dnly–	-Do not w	rite or staple	in this space.
Filing Status Check only one box.		Single D Married filing jointly		U		,	Head of I		,	, -	spou	lifying surv use (QSS) name if th	0
		on is a child but not your dependen)					,				
Your first name	and mi	ddle initial	Last na	ime							Your so	cial securit	y number
RAHUL SA	I KU	JMAR	PASI	CANTI							734-	74-570	7
lf joint return, sp	ouse's	first name and middle initial	Last na	ime							Spouse'	s social see	curity number
Home address	numbe	r and street). If you have a P.O. box, see	e instructi	ons.				A	pt. no.		Preside	ntial Election	on Campaigr
13730 RA	NCH	ROAD						6	20			nere if you,	,
City, town, or p	ost offic	ce. If you have a foreign address, also co	omplete s	paces bel	ow.	Sta	te	ZIP co	ode		•		tly, want \$3 Checking a
AUSTIN						TΣ	X	787	17		0	ow will not	•
Foreign country	name			Foreign pr	ovince/state/o	coun	ty	Foreig	n postal co	de	your tax	or refund.	Spouse
Digital Assets		ny 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	45501)	: (000 m	struc	,10113.)		
Deduction		Spouse itemizes on a separate retur	•		•		•						
Age/Blindness	You:	Were born before January 2, 1	958	Are bli	ind Spo	ouse	: 🗌 Was bor					🗌 ls bl	-
Dependents	s (see	instructions):		(2) S	Social security		(3) Relationsh	ip (4) Check th	e bo	x if quali		instructions):
If more	(1) Fi	First name Last name		number			to you		Child ta	x cre	edit	Credit for ot	her dependents
than four dependents,													
see instructions	;								L	<u> </u>		[
and check									L	<u> </u>		[
here 🗌													
Income	1a	Total amount from Form(s) W-2, b	•		,						1a		81,000.
Attach Form(s)	b	Household employee wages not reported on Form(s) W-2								1b			
W-2 here. Also	C d									10			
attach Forms W-2G and	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)								1d			
1099-R if tax	e f	Taxable dependent care benefits from Form 2441, line 26 .								1e 1f	-		
was withheld.		Wages from Form 8919, line 6.			,			• •		• •		-	
If you did not get a Form	g h	Other earned income (see instruct						• •		• •	1g 1h		0.
W-2, see	i	Nontaxable combat pay election (,			•••	· · · · ·	i ·		• •			
instructions.	z	Add lines to through th		,		•••					1z	5	81,000.
Attach Sch. B	2a		2a				axable interest	• •		•••	2b		<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>
if required.	3a	Qualified dividends	3a				ordinary divider			•••	3b		
	4a	-	4a				axable amount				4b		
Standard	5a	_	5a				axable amount				5b		
Deduction for –	6a	Social security benefits	6a				axable amount				6b		
 Single or Married filing 	С	If you elect to use the lump-sum e		method.						. [
separately, \$12,950	7	Capital gain or (loss). Attach Sche									7		
Married filing	8	Other income from Schedule 1, lir									8	-	-9,491.
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7									9		71,509.
surviving spouse,	10	Adjustments to income from Sche									10		
\$25,900 11 Subtract line 10 from line 9. This is your adjusted gross income								11	-	71,509.			
household, \$19,400	12	Standard deduction or itemized	-								12		12,950.
 If you checked 	13	Qualified business income deduct					5-A				13		
any box under Standard	14	Add lines 12 and 13								14		12,950.	
Deduction, see instructions.	15	Subtract line 14 from line 11. If zer	ro or les	s, enter -	0 This is y	our	taxable incom	е.			15		58,559.

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

Form **1040** (2022)

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	8,5	504.
Credits	17	Amount from Schedule 2, lin	ne3					17		
	18	Add lines 16 and 17						18	8,5	504.
	19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812			19		
	20	Amount from Schedule 3, lin	ne8					20		
	21	Add lines 19 and 20						21		
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	8,5	504.
	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	8,5	504.
Payments	25	Federal income tax withheld								
	а	Form(s) W-2				25a 13	,195.			
	b	Form(s) 1099				25b		1		
	с	Other forms (see instructions	s)			25c		1		
	d	Add lines 25a through 25c						25d	13,1	195.
If	26	2022 estimated tax payment	ts and amount a	pplied from 20	21 return			26		
If you have a qualifying child,	27	Earned income credit (EIC)				27				
attach Sch. EIC.	28	Additional child tax credit from				28		1		
	29	American opportunity credit	from Form 8863	3, line 8		29		1		
	30	Reserved for future use .				30		1		
	31	Amount from Schedule 3, lin				31		1		
	32	Add lines 27, 28, 29, and 31	. These are your	total other pa	ayments and refu	undable credits		32		
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments				33	13,1	195.
Refund	34	If line 33 is more than line 24	1, subtract line 2	4 from line 33.	This is the amou	nt you overpaid		34	4,6	691.
neiuliu	35a	Amount of line 34 you want	refunded to you	J. If Form 8888	is attached, che	ck here	. 🗆	35a	4,6	691.
Direct deposit?	b	Routing number 1 2 1								
See instructions.	d	Account number 3 2 5								
	36	Amount of line 34 you want a	applied to your	2023 estimate	edtax	36				
Amount	37	Subtract line 33 from line 24	. This is the amo	ount you owe.						
You Owe		For details on how to pay, go to www.irs.gov/Payments or see instructions						37		
	38	Estimated tax penalty (see in	nstructions) .			38				
Third Party	Do	you want to allow another	person to disc	cuss this retur	n with the IRS?	See				
Designee	ins	structions				🗌 Yes. C	omplete k	oelow.	× No	
		signee's		Phone no.			onal identi [.] oer (PIN)	fication		
	nai									<u> </u>
Sign		der penalties of perjury, I declare t ief, they are true, correct, and com								
Here		ur signature		Date	Your occupation				nt you an Identi	0
	10	ar signature		Duic					IN, enter it here	2
Joint return?					SOFTWARE H	ENGINEER	(see	inst.)		
See instructions.	Sp	ouse's signature. If a joint return, I	both must sign.	Date	Spouse's occupat	ion			nt your spouse	
Keep a copy for your records.								tity Prote inst.)	ection PIN, ente	er it here
-	Dh	000 00 (E10) COE 000	1	Email addraga						
		one no. (510) 605-080 eparer's name	4 Preparer's signat	Email address	PASICANTIRA	HUL@GMAIL.CO)M PTIN		Check if:	
Paid					רווסשא שאדדאא			2702	Self-emp	loved
Preparer		I PRIYA RAM SAGAR GUPTA TALLAM		NAMI SAGAK	GUFIA IALLAM	02/04/2023	P0208			
Use Only		m's name GLOBAL TAX		NOWICK N	т 00016				(678) 965-9	
		m's address 245 ROONE	Y CT E BRU	NOWICK NO	J 08816		Firm	's EIN	88-2145	
ITO TO W/W/W/ INC O	OV/FOrn	n 111411 for instructions and the late	st intormation			DEV/ 01/20/22 DDO			Form 112	AL (2022)

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

BAA REV 01/28/23 PRO Form **1040** (2022)

SCHEDULE	1
(Form 1040)	

Department of the Treasury

Additional Income and Adjustments to Income

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

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

OMB No. 1545-0074 20 2

Attachment Sequence No. **01**

Internal Revenue Service Name(s) shown on Form 1040, 1040-SR, or 1040-NR Your social security number RAHUL SAI KUMAR PASICANTI 734-74-5707

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. Atta	ach Schedule E .	5	-9,491.
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	Pension or annuity from a nonqualifed deferred compensation plan or			
	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	0 4 0 1
10	Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR	, or 1040-INH, line 8	10	-9,491.

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

Schedule 1 (Form 1040) 2022

Par	t II Adjustments to Income					
11	Educator expenses				11	
12	Certain business expenses of reservists, performing artists, and fee	e-basi	s gov	ernment		
	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)	24a				
b	Deductible expenses related to income reported on line 8I from the					
	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					
	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				
j	Housing deduction from Form 2555	24j				
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form					
	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	e. Ent	er here	e and on		
	Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a				26	
	BAA	REV	01/28/23 F	PRO	Schedu	le 1 (Form 1040) 2022

				Supplementa							OMB No	. 1545-0074	
(Form	1040)	(From		e, royalties, partnersh		-			trusts, REMIC	s, etc.)	2022		
	nent of the Treasury Revenue Service			Attach to Form 1040, irs.gov/ScheduleE for					formation.		Attachment Sequence No. 13		
	shown on return									Your soci	al security		
• •	IL SAI KUMA	R PASI	ICANTI							734-7	4-5707		
Part	I Income	or Los	s From Rent	al Real Estate an	d Ro	yalties							
	Note: If yo	u are in t	the business of r	enting personal proper 35 on page 2, line 40.	ty, use	Schedule	C. See	instru	ctions. If you ar	e an indi	vidual, rep	ort farm	
A [at would require you	to file	Form(s) 1	0992.5	See ins	structions			s X No	
	•					. ,							
1 a			· · · ·	street, city, state, ZIF									
				DA WARANGAL TE		,	506	0.0.1					
 	5-5-152 K	JIHUR,	HANAMKON	DA WARANGAL IE	LANC	JANA IN	506	001					
C													
 1b	Type of Prope	rty 2	For each ren	tal real estate prope	rtv list	ed		Fa	ir Rental	Persor	al Use	A 11/	
	(from list below		above, repor	t the number of fair i	rental	and		10	Days		ys	QJV	
Α	3			days. Check the Q			Α		365		0		
В				he requirements to f t venture. See instru			В						
С			quaimed join		CTIONS	·.	С						
	of Property:												
	Single Family R			ion/Short-Term Rent	tal	5 Land			Self-Rental				
2	Multi-Family Re	sidence	4 Comn	nercial		6 Roya	lties	8	Other (descri	be)			
									Propertie	s:			
Incom	ne:						Α		В			С	
3					3		6	29.					
4	Royalties recei	ved.			4								
Exper													
5	•				5								
6			,		6								
7					7		1,7	24.					
8					8								
9					9								
10 11	-				10		1,3	25					
12	0			(see instructions)	12		1,3	23.					
13					13								
14					14		2,0	18.					
15					15		2,4						
16	Taxes				16								
17	Utilities				17		2,6	36.					
18	Depreciation e	xpense	or depletion .		18								
19	Other (list)				19								
20			-	19	20		10,1	20.					
21				d/or 4 (royalties). If									
				ind out if you must			-9,4	0.1					
00				er limitation, if any,	21		-9,4	91.					
22	on Form 8582	(see ins	structions)		22	(9,49	91.)	()	()	
23a			-	3 for all rental prope				23a		629.			
b			-	4 for all royalty prop				23b					
	c Total of all amounts reported on line 12 for all properties												
d													
е 24													
24 25				1 and rental real estat		-					(9,491.)	
25 26				income or (loss).							1	J, IJI.)	
20	here. If Parts	II, III, IV	, and line 40	on page 2 do not a wise, include this ar	apply	to you, a	also er	nter th	is amount or			-9,491.	

Schedule E (Form 1040) 2022

. -9,491.