## 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

Subm	nission Identification Number (SID)			
Taxpay	y number			
RAJ	JESH VEMULA	648-08-	-2090	
Spouse	e's name	Spouse's soc	ial security number	
Par	Tax Return Information — Tax Year Ending December 31, 2022 (En	er year you a	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		<b>1</b> 82	,727.
2	Total tax		<b>2</b> 10	,968.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3 14	,038.
4	Amount you want refunded to you		4 3	,070.
5	Amount you owe		5	
Part	Taxpayer Declaration and Signature Authorization (Be sure you get and	keep a cop	y of your retu	rn)
return to sen for an Agent payme author payme busine taxes persor	nowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I at (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transfer my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for my 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 in ent of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institutization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminent, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation reason days 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 neal identification number (PIN) below is my signature for the income tax return (original or amended) onic Funds Withdrawal Consent.	emitter, or electro- ejection of the tr U.S. Treasury andicated in the ta- ution to debit the atte the authoriza- equests must be the processing of payment. I furt	anic return originariansmission, (b) that its designated as preparation sofentry to this accountry to this accountry to the received no late the electronic pater acknowledge	tor (ERO) ne reason Financial ftware for bunt. This cancel) a er than 2 ayment of that the
	ayer's PIN: check one box only			
	▼ I authorize GLOBAL TAXES LLC to enter or general	e my PIN	2 0 9 0	as my
٠	ERO firm name signature on the income tax return (original or amended) I am now authorizing.	ř Ent	er five digits, but 1't enter all zeros	aomy
	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 <b>and</b> your return is filed using the Practitioner PIN me below.			
Your	signature ▶ Date ▶			
Snou	ana'a DINu ahaak ana hay antu			
Spou	Ise's PIN: check one box only	a man DINI		
L	I authorize to enter or general	_	er five digits, but	as my
	signature on the income tax return (original or amended) I am now authorizing.		't enter 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 <b>and</b> your return is filed using the Practitioner PIN me below.			
Spou	se's signature ▶ Date ▶			
	Practitioner PIN Method Returns Only—continue belo	w		
Part	Certification and Authentication — Practitioner PIN Method Only			
ERO'	s <b>EFIN/PIN.</b> Enter your six-digit EFIN followed by your five-digit self-selected PIN.		6 6 1 9 8 er all zeros	9
author	fy that the above numeric entry is my PIN, which is my signature for the electronic individual income rized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am sul ements of the Practitioner PIN method and <b>Pub. 1345,</b> Handbook for Authorized IRS e-file Providers o	omitting this retu	rn in accordance	
EDO,	o dignatura N			
EKO'	s signature ► Date ►  ERO Must Retain This Form — See Instructions			
	EKO IVIUST KETAIN I NIS FORM — See INSTRUCTIONS			

Don't Submit This Form to the IRS Unless Requested To Do So

# E 1040 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 Check only one box.	If yo	Single Married filing jointly u checked the MFS box, enter the on is a child but not your depender	name of y	ed filing separately your spouse. If you	. ,	_		nold (HOH	,	spou	lifying sunuse (QSS) name if th	Ū	alifying
Your first name	ur first name and middle initial Last name Yo						our so	cial securi	ty num	ber			
RAJESH			VEMU	LA					6	648-08-2090			
	oouse's	first name and middle initial	Last na						-	Spouse's social security number			
Home address	(numbe	r and street). If you have a P.O. box, se	e instruction	ons.			A	pt. no.	P	Presidential Election Campaign			
2704 POW									- 1	Check here if you, or you			
		ce. If you have a foreign address, also c	omplete s	paces below.	Sta	ite					if filing join		
PLANO			TX			750	75025		to go to this fund. Checking a box below will not change				
Foreign country	name		F	oreign province/state	e/coun			n postal co		your tax or refund.			,
											You	<u> </u>	Spouse
Digital		y time during 2022, did you: (a) re	`				•	, .	` '			∇.	
Assets		ange, gift, or otherwise dispose of		<u>_</u>			asset)	? (See ins	structi	ons.)	Yes	×ι	No
Standard Deduction	_	eone can claim:				a dependent							
Age/Blindness	You:	Were born before January 2,	1958	Are blind Sp	oouse	: Was bo	rn befo	ore Janua	ry 2, 1	958	☐ Is bl	ind	
Dependents	s (see	instructions):		(2) Social securi	ty	(3) Relationsh	hip (4	) Check th	e box i	if quali	fies for (see	instruc	ctions):
If more		rst name Last name		number	,	to you			credit Credit for other depend		endents		
than four													
dependents, see instructions	,												
and check	,												
here													
Income	1a         Total amount from Form(s) W-2, box 1 (see instructions)						1a		92 <b>,</b> 3	84.			
	b	b Household employee wages not reported on Form(s) W-2								1b			
Attach Form(s) W-2 here. Also	С	c 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 W-2, see	h	Other earned income (see instruc	, i i							1h			0.
instructions.		i Nontaxable combat pay election (see instructions)								-		00 0	0 0 4
	<u>z</u>	Add lines 1a through 1h			 L T					1z		92,3	84.
Attach Sch. B if required.	2a	Tax-exempt interest	2a			axable interes				2b 3b			
	3a 4a	Qualified dividends IRA distributions	3a 4a			Ordinary divide Taxable amoun				4b			
Phone double	<del>ч</del> а 5а	Pensions and annuities	5a			axable amoun				5b			
Standard Deduction for—	6a	Social security benefits	6a							6b			
Single or Married filing	С	Social security benefits 6a b Taxable amount							0.0				
separately,	7	Capital gain or (loss). Attach Sch		•	`	,				7			
\$12,950 Married filing	8	Other income from Schedule 1, li				*			_	8	<u> </u>	-9.6	57.
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b,								9			27.
surviving spouse,	10	Adjustments to income from Sch		•						10			
\$25,900 Head of	11	Subtract line 10 from line 9. This	is your <b>a</b> c							11		32 <b>,</b> 7	27.
household, \$19,400	12	Standard deduction or itemized	-							12			50.
If you checked	13	Qualified business income deduc	tion from	Form 8995 or Form	m 899	5-A				13			
any box under Standard	14	14 Add lines 12 and 13							14		12 <b>,</b> 9	50.	
Deduction, see instructions.	15	Subtract line 14 from line 11. If ze	ero or les	s, enter -0 This is	your t	taxable incom	ne .			15		69 <b>,</b> 7	777.

Form 1040 (2022	2)								Page 2
Tax and	16	Tax (see instructions). Check	if any from Form	(s): <b>1</b> 881	4 <b>2</b> 🗌 4972	3 🗌		16	10,968.
Credits	17	Amount from Schedule 2, lir	ne 3					17	
	18	Add lines 16 and 17						18	10,968.
	19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812			19	
	20	Amount from Schedule 3, lir	ne 8					20	
	21	Add lines 19 and 20						21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	10,968.
	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 <b>total tax</b>					24	10,968.
Payments	25	Federal income tax withheld							
-	а	Form(s) W-2				<b>25a</b> 14	1,038.		
	b	Form(s) 1099				25b			
	С	Other forms (see instruction	s)			25c			
	d	Add lines 25a through 25c						25d	14,038.
If you have a	26	2022 estimated tax paymen	ts and amount a	pplied from 20	21 return			26	
qualifying child,	27	Earned income credit (EIC)			No .	27			
attach Sch. EIC.	28	Additional child tax credit from	m Schedule 8812			28			
	29	American opportunity credit	from Form 8863	8, line 8		29			
	30	Reserved for future use .				30			
	31	Amount from Schedule 3, lir	ne 15			31			
	32	Add lines 27, 28, 29, and 31	32						
	33	Add lines 25d, 26, and 32. T	33	14,038.					
Refund	34	4 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>							3,070.
riciana	35a	Amount of line 34 you want	35a	3,070.					
Direct deposit?	b	Routing number 1 1 1			c Type: 🛛	Checking	Savings		
See instructions.	d	Account number 1 3 9	6 5 3 0	2 3					
	36	Amount of line 34 you want	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			
<b>Third Party</b>	Do	you want to allow another	person to disc	cuss this retu	n with the IRS?	See			_
Designee	ins	structions				<b>Yes.</b> C	omplete b	oelow.	⊠ No
							onal identi ber (PIN)	fication	
Sign	Un	der penalties of perjury, I declare tilef, they are true, correct, and com		ed this return and	1 , 0	edules and stateme	ents, and to		, ,
Here		ur signature		nt vou an Identity					
	10	ur signature	Date	Your occupation			IN, enter it here		
Joint return?					SOFTWARE I		inst.)		
See instructions. Keep a copy for your records.	Sp	Spouse's signature. If a joint return, <b>both</b> must sign.		Date	Spouse's occupat	ion		tity Prote	nt your spouse an ection PIN, enter it here
	Ph	one no. (512) 497-049	3	Email address	VEMULARAJE	SH4@GMAIL.C	MC		
Doid	Pre	eparer's name	Preparer's signat	ure		Date	PTIN		Check if:
Paid	SYAN	M PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA_TALLAM	02/26/2023	P02082	2703	Self-employed
Preparer	Fir	m's name GLOBAL TA	XES LLC				Phor	ne no. (	678) 965-9522
Use Only	Fir	m's address 245 ROONE	Y CT E BRU	NSWICK N	J 08816		Firm	's EIN	84-3171965

## SCHEDULE 1 (Form 1040)

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

OMB No. 1545-0074

2022

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.

Part I Additional Income  1 Taxable refunds, credits, or offsets of state and local income taxes	090
1 Taxable refunds, credits, or offsets of state and local income taxes	
2a Alimony received	
b Date of original divorce or separation agreement (see instructions):	
3 Business income or (loss). Attach Schedule C	
4 Other gains or (losses). Attach Form 4797	
5 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E . 5	-9,657.
6 Farm income or (loss). Attach Schedule F	
7 Unemployment compensation	
8 Other income:	
<b>a</b> Net operating loss	
<b>b</b> Gambling	
c Cancellation of debt	
d Foreign earned income exclusion from Form 2555	
e Income from Form 8853	
f Income from Form 8889	
g Alaska Permanent Fund dividends	
h Jury duty pay	
i Prizes and awards	
j Activity not engaged in for profit income	
k Stock options	
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)	
n Section 951(a) inclusion (see instructions)	
o Section 951A(a) inclusion (see instructions)	
p Section 461(I) excess business loss adjustment	
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	
t Pension or annuity from a nonqualifed deferred compensation plan or a nongovernmental section 457 plan 8t	
u Wages earned while incarcerated	
z Other income. List type and amount:	

Total other income. Add lines 8a through 8z . . . . . . . .

Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8

-9**,**657.

9

10

8z

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 government		
	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	, , , , ,	24a		
b	Deductible expenses related to income reported on line 8l from the			
		24b		
С	Nontaxable amount of the value of Olympic and Paralympic medals			
	· · · · · · · · · · · · · · · · · · ·	24c		
d	' '	24d	_	
е	Repayment of supplemental unemployment benefits under the Trade			
	F	24e	-	
f		24f	-	
g	• • • • • • • • • • • • • • • • • • • •	24g	-	
h	Attorney fees and court costs for actions involving certain unlawful			
	`	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			
		24i	-	
j		24j	-	
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form			
		24k	-	
Z	Other adjustments. List type and amount:	0.4		
0-		24z	0.5	
25	Total other adjustments. Add lines 24a through 24z		25	
26	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		26	

#### **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.

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

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

2022
Attachment Sequence No. <b>13</b>

Name(s) shown on return Your social security number RAJESH VEMULA 648-08-2090

Par	Income or Loss From Rental Real Estate an Note: If you are in the business of renting personal proper rental income or loss from Form 4835 on page 2, line 40.			e C. See	instru	ctions. If you a	are an indi	vidual, repo	ort farm	
Α	Did you make any payments in 2022 that would require you	to file	Form(s)	1099? S	ee ins	structions.		.  \( \text{Ye}	s 🛛 No	
	"Yes," did you or will you file required Form(s) 1099?									
1a										
Α	18-78/10/6, MARUTHI NAGAR RANGA REDDY,	HYDI	ERABAD	TELAN	IGAN.	A IN 5000	98			
В										
С										
1b	Type of Property (from list below)  2 For each rental real estate prope above, report the number of fair in the state property above.	rental	and		Fa	ir Rental Days		nal Use nys	QJV	
Α	personal use days. Check the Qu					364	0			
В	if you meet the requirements to f qualified joint venture. See instru			В						
С		10110110	J.	С						
1	of Property: Single Family Residence 3 Vacation/Short-Term Rent Multi-Family Residence 4 Commercial	tal	5 Land 6 Roya			Self-Rental Other (desc				
				_		Properti	es:			
ncon 3	ne: Rents received	3		<b>A</b>	31.	В			С	
4	Royalties received	4		0.	JI.					
	ISes:	-								
-xpc	Advertising	5								
6	Auto and travel (see instructions)	6								
7	Cleaning and maintenance	7		1,98	88.					
8	Commissions	8		, -						
9	Insurance	9								
10	Legal and other professional fees	10								
11	Management fees	11		1,70	02.					
12	Mortgage interest paid to banks, etc. (see instructions)	12								
13	Other interest	13								
14	Repairs	14		2,6						
15	Supplies	15		2,0	49.					
16	Taxes	16								
17	Utilities	17		1,8	96.					
18	Depreciation expense or depletion	18								
19	Other (list)	19		10 0	00					
20	Total expenses. Add lines 5 through 19	20		10,2	88.					
21	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>	21		-9 <b>,</b> 6	57.					
22	Deductible rental real estate loss after limitation, if any, on <b>Form 8582</b> (see instructions)	22	(	9,65	7.)	(	)	(	)	
23a	Total of all amounts reported on line 3 for all rental prope	rties			23a		631.			
b	Total of all amounts reported on line 4 for all royalty properties	erties			23b					
С	Total of all amounts reported on line 12 for all properties			[	23c					
d	Total of all amounts reported on line 18 for all properties			[	23d					
е	Total of all amounts reported on line 20 for all properties				23e	10	,288.			
24	Income. Add positive amounts shown on line 21. Do no		•				. 24			
25	Losses. Add royalty losses from line 21 and rental real estat							(	9,657.)	
26	Total rental real estate and royalty income or (loss). (here. If Parts II, III, IV, and line 40 on page 2 do not schedule 1 (Form 1040), line 5. Otherwise, include this ar	apply	to you,	also en	ter th	is amount o			-9,657.	