## 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	ission Identification Number (SID)						
Taxpay	er's name	Social securi	ty numl	oer			
SAI	TEJA GORIPARTHI	689-84-1601					
	's name	Spouse's social security number					
Part	, \	year you a	re au	thorizing.	.)		
	whole dollars only on lines 1 through 5.						
	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.		I 4	125	102		
1 2	Adjusted gross income		2		<u>,493.</u> ,846.		
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3		,278.		
4	Amount you want refunded to you		4		, 432.		
5	Amount you owe		5		,452.		
Part		еер а сор	_	our retu	rn)		
my knowner to send for any Agent payme author payme taxes in person Electro	penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) owledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmit draw return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejected yields in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U. it is initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the intermediate tax in the intermediate tax, and the financial institution is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the I. I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requises days prior to the payment (settlement) date. I also authorize the financial institutions involved in the part of the income tax return (original or amended) I and its function number (PIN) below is my signature for the income tax return (original or amended) I and its function of the part of the income tax return (original or amended) I and its function of the income tax return (original or amended) I and its function of the income tax return (original or amended) I and its function of the income tax return (original or amended) I and its function of the income tax return (original or amended) I and its function of the income tax return (original or amended) I amended to enter or generate in the income tax return (original or amended) I amended to enter or generate in the income tax return (original or amended) I amended to enter or generate in the income tax return (original or amended) I amended to enter or generate in the income tax return (original or amended) I amended to enter or generate in the income tax return (original or amended) I amended to enter or generate in the income tax re	e are the ameter, or electroction of the tree sury a cated in the tree the authorizests must be processing or ayment. I furn now author	ounts for our counts	from the inturn original ssion, (b) the designated paration so to this according to the control paration paration paration paration paration paration paration paration paration paratic paration paratic para	come tax tor (ERO) ne reason Financial ftware for bunt. This cancel) a er than 2 ayment of that the		
Yours	I will enter my PIN as my signature on the income tax return (original or amended) I am no if you are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN methodelow.  Signature ▶ Date ▶ 0						
Spou	se's PIN: check one box only						
	l authorize to enter or generate n	,			as my		
	ERO firm name signature on the income tax return (original or amended) I am now authorizing.			digits, but er all zeros			
	I will enter my PIN as my signature on the income tax return (original or amended) I am not if you are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN method below.						
Spous	se's signature ▶ Date ▶						
	Practitioner PIN Method Returns Only—continue below						
Part	III Certification and Authentication — Practitioner PIN Method Only						
ERO's	s <b>EFIN/PIN.</b> Enter your six-digit EFIN followed by your five-digit self-selected PIN. 2 2	2 4 9 Don't ent	6 6 er all ze	1 9 8 eros	9		
author	y that the above numeric entry is my PIN, which is my signature for the electronic individual income taxized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submisments of the Practitioner PIN method and <b>Pub. 1345</b> , Handbook for Authorized IRS <i>e-file</i> Providers of Incomplete IRS e-file IRS e-fi	tting this retu	urn in a	accordance			
ERO's	s signature ▶ Date ▶						
	ERO Must Retain This Form — See Instructions						
	Don't Submit This Form to the IRS Unless Requested To D	o So					

# E 1040 Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Return



OMB No. 1545-007

IRS Use Only-Do not write or staple in this space.

Filing Status	s 🔀 S	Single  Married filing jointly [	Marrie	ed filing separatel	y (MFS)	☐ Head of	household (HOH)		ifying su		9	
Check only one box.	•	u checked the MFS box, enter the roon is a child but not your dependen	,	our spouse. If yo	u check	ed the HOH or	QSS box, enter th		use (QSS name if	,	ıalifying	
Your first name		· · · · · · · · · · · · · · · · · · ·	Last na	me				Your so	cial secu	rity nur	mber	
			GORI	PARTHI				689-84-1601				
If joint return, spouse's first name and middle initial Last name					XIIII				Spouse's social security number			
Home address	(numbe	er and street). If you have a P.O. box, see	 e instruction	ons.			Apt. no.	Preside	ntial Elec	tion Ca	ampaign	
2120 ELI	PASE	) ST					404	1	ck here if you, or your			
City, town, or p	ost offic	ce. If you have a foreign address, also c	complete spaces below. State ZIP			ZIP code		ouse if filing jointly, want \$3 go to this fund. Checking a				
HOUSTON			TX 7			77054		box below will not change				
Foreign country	y name		F	Foreign province/state/county F			Foreign postal code	your tax	ax or refund.			
District.	۸+	ti									Spouse	
Digital Assets		ny time during 2022, did you: (a) rec ange, gift, or otherwise dispose of	`				, ,	. ,	☐ Yes	s X	No	
Standard		eone can claim: You as a de		<u>-</u>		a dependent	, ,	, , , , , , , , , , , , , , , , , , ,				
Deduction		Spouse itemizes on a separate retu	rn or you	were a dual-stat	us alien	· !						
Age/Blindness	s You:	☐ Were born before January 2,	1958	Are blind	Spouse	: Was bor	n before January 2	2, 1958	☐ Is	blind		
Dependent	s (see	instructions):		(2) Social secu	urity	(3) Relationsh	ip (4) Check the b	ox if qualif	ies for (se	e instru	uctions):	
If more		rst name Last name		number	•	to you	Child tax c	redit	Credit for	other de	pendents	
than four												
dependents, see instruction	s											
and check												
here	]											
Income	1a	Total amount from Form(s) W-2, b	oox 1 (see	e instructions) .				. 1a		135 <b>,</b>	500.	
	b	Household employee wages not r		. ,				. 1b				
Attach Form(s) W-2 here. Also	С	Tip income not reported on line 1a (see instructions)										
attach Forms	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)										
W-2G and 1099-R if tax	е	Taxable dependent care benefits from Form 2441, line 26										
was withheld.	f	Employer-provided adoption benefits from Form 8839, line 29										
If you did not	g	Wages from Form 8919, line 6.						. 1g				
get a Form W-2, see	h	Other earned income (see instruc-	· 1						-		0.	
instructions.	i	Nontaxable combat pay election	(see instr	ructions)		<u>1</u> i			4 .	105	F 0 0	
	<u>z</u>	Add lines 1a through 1h	· · ·					. 1z		135,	500.	
Attach Sch. B if required.	2a	Tax-exempt interest	2a			axable interes		. 2b				
ii required.	3a	Qualified dividends	3a			ordinary divide		. 3b				
	4a	IRA distributions Pensions and annuities	4a			axable amoun						
Standard Deduction for—	5a		5a			axable amoun		. 5b				
Single or	b raxable amount		t	. 6b	_							
Married filing separately,	С 7	f you elect to use the lump-sum election method, check here (see instructions)							7			
\$12,950 Married filing	8	Other income from Schedule 1, lir							+		007.	
jointly or	9	•						. 8			493.	
Qualifying surviving spouse,	10	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b>								L	<u> </u>	
\$25,900 • Head of	11	Subtract line 10 from line 9. This i						. 10		125	493.	
household,	12	Standard deduction or itemized						. 12			950.	
\$19,400 If you checked	13	Qualified business income deduction		`	,			. 13			<del></del>	
any box under Standard	14							. 14		12.	950.	
Deduction,	15	Subtract line 14 from line 11. If ze									543.	
see instructions.					,		-			,		

Form 1040 (202	2)							Page 2
Tax and	16	Tax (see instructions). Check if any from For	m(s): <b>1</b> 881	4 <b>2</b> 4972	3 🗌		16	20,846.
Credits	17	Amount from Schedule 2, line 3				_	17	
	18	Add lines 16 and 17					18	20,846.
	19	Child tax credit or credit for other depende	ents from Sched	lule 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	s, enter -0				22	20,846.
	23	Other taxes, including self-employment tax	k, from Schedul	e 2, line 21 .			23	0.
	24	Add lines 22 and 23. This is your total tax					24	20,846.
<b>Payments</b>	25	Federal income tax withheld from:						
	а	Form(s) W-2			<b>25a</b> 23	,278.		
	b	Form(s) 1099			25b			
	С	Other forms (see instructions)			25c			
	d	Add lines 25a through 25c				<u>L</u> :	25d	23,278.
If you have a	26	2022 estimated tax payments and amount	applied from 20	021 return	.,		26	
qualifying child,	27	Earned income credit (EIC)		No .	27			
attach Sch. EIC.	28	Additional child tax credit from Schedule 88	12		28			
	29	American opportunity credit from Form 88	63, line 8		29			
	30	Reserved for future use			30			
	31	Amount from Schedule 3, line 15			31			
	32	Add lines 27, 28, 29, and 31. These are you	ur <b>total other p</b>	ayments and ref	undable credits		32	
	33	Add lines 25d, 26, and 32. These are your	total payments				33	23,278.
Refund	34	If line 33 is more than line 24, subtract line	24 from line 33	. This is the amou	nt you <b>overpaid</b>		34	2,432.
	35a	Amount of line 34 you want refunded to ye		8 is attached, che	ck here	. 🗆 📑	35a	2,432.
Direct deposit?	b	Routing number 1 1 1 0 0 0 6		<b>c</b> Type:	Checking :	Savings		
See instructions.	d	Account number 3 1 5 8 5 3 1	L 5 7					
	36	Amount of line 34 you want applied to you	ır 2023 estimat	ed tax	36			
Amount You Owe	37	Subtract line 33 from line 24. This is the <b>ar</b> For details on how to pay, go to <i>www.irs.g</i>					37	
	38	Estimated tax penalty (see instructions) .			38			
Third Party Designee		you want to allow another person to distructions				omplete bel	low. [	× No
		signee's	Phone	)		onal identifica	ation	
		me	no.			per (PIN)		
Sign		der penalties of perjury, I declare that I have exami ief, they are true, correct, and complete. Declaratio						
Here	Yo	ur signature	Date	Your occupation		If the IF	RS sent ∖	vou an Identity
								enter it here
Joint return?					OPS ENGINEE	R (see ins	st.)	
See instructions. Keep a copy for your records.	Sp	ouse's signature. If a joint return, <b>both</b> must sign.	Date	Spouse's occupat	tion		Protecti	your spouse an ion PIN, enter it here
	Ph	one no. (346) 493-4953	Email address	SAITEJA.G09	1995@GMAIL.CC	)M		
Doid	Pre	eparer's name Preparer's sign	ature		Date	PTIN	С	Check if:
Paid	SYAM	PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA	A RAM SAGAR	GUPTA TALLAM	03/02/2023	P020827	703   [	Self-employed
Preparer	Fir	m's name GLOBAL TAXES LLC				Phone	no. (6	78)965-9522
Use Only	Fir	m's address 245 ROONEY CT E BR	UNSWICK N	J 08816		Firm's I		84-3171965
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#### SCHEDULE 1 (Form 1040)

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

OMB No. 1545-0074

2022
Attachment
Seguence No. 01

Department of the Treasury Internal Revenue Service

SAI TEJA GORIPARTHI

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.

•			Sequence I	No. <b>01</b>
	Your socia	al	security	number
	680-81-	_ 1	601	

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	ch Schedule E .	5	-10,007.
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	<u>-</u>	8c		
d	Foreign earned income exclusion from Form 2555	8d ( )		
е	Income from Form 8853	8e		
f	Income from Form 8889	8f		
g		8g		
h	, , , ,	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			
	,	8m		
n	· / / / / / / / / / / / / / / / / / / /	8n		
0	, , , , , , , , , , , , , , , , , , , ,	80	-	
р		8p	-	
q		8q	-	
r	Scholarship and fellowship grants not reported on Form W-2	8r	-	
S	Nontaxable amount of Medicaid waiver payments included on Form			
	, , , , , , , , , , , , , , , , , , ,	8s ( )		
t	Pension or annuity from a nonqualifed deferred compensation plan or	0.		
	a nongovernmental section 457 plan	8t	-	
		8u		
Z	Other income. List type and amount:	0-		
0		8z	9	
9 10	Total other income. Add lines 8a through 8z			-10-007

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	- 41		
		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.)

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

SAI TEJA GORIPARTHI 689-84-1601 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. Did you make any payments in 2022 that would require you to file Form(s) 1099? See instructions . . . . . 1a Physical address of each property (street, city, state, ZIP code) 2-4-85/1, RANGACHARI ST REPALLE, GUNTUR ANDHRA PRADESH IN 522265 Α В C 1b Type of Property **Fair Rental Personal Use** For each rental real estate property listed QJV (from list below) above, report the number of fair rental and **Davs Davs** personal use days. Check the QJV box only Α Α 365 0 if you meet the requirements to file as a В В qualified joint venture. See instructions. С C Type of Property: 3 Vacation/Short-Term Rental 1 Single Family Residence 5 Land 7 Self-Rental 8 Other (describe) 2 Multi-Family Residence 4 Commercial 6 Royalties **Properties:** Α В C Income: 3 623. 4 Royalties received 4 **Expenses:** 5 5 Advertising 6 Auto and travel (see instructions) 6 7 Cleaning and maintenance. 7 1,889. 8 Commissions 8 9 9 Insurance . . 10 10 Legal and other professional fees 11 Management fees . . . . . . . . . 11 2,635. 12 Mortgage interest paid to banks, etc. (see instructions) 12 13 13 1,989. 14 14 Repairs . . . . 15 Supplies 15 2,403. 16 16 Taxes 17 Utilities . . . . . . . 17 1,714. 18 18 Depreciation expense or depletion . . . . . . . . 19 19 20 20 Total expenses. Add lines 5 through 19 . . . . . . 10,630. 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 Form 6198 . . . . . . . . . . . . . . . . . . 21 -10,007. 22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) . . . . . . . . . 10,007. 623. Total of all amounts reported on line 3 for all rental properties Total of all amounts reported on line 4 for all royalty properties 23b Total of all amounts reported on line 12 for all properties 23c 23d Total of all amounts reported on line 18 for all properties Total of all amounts reported on line 20 for all properties 23e 10,630. 24 **Income.** Add positive amounts shown on line 21. **Do not** include any losses 24 25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here 25 10,007. Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result 26 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 . -10,007.