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

	550.155				
Submission le	dentification Number (SID)				
Taxpayer's name	· · · · · · · · · · · · · · · · · · ·	Social secur	ty numb	er	
ADITHYA	PASPU	691-48	-3769	9	
Spouse's name	Spouse's so			r	
Part I	Tax Return Information — Tax Year Ending December 31, 2022 (En	nter year you a	are aut	horizina	1
	dollars only on lines 1 through 5.	iter year you a	ii e aui	inonzing	•)
	040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.				
	red gross income		1 1	158	8,828.
•	ax		2		8,846.
3 Federa	al income tax withheld from Form(s) W-2 and Form(s) 1099		3	37	,652.
	nt you want refunded to you		4		8,806.
5 Amou	nt you owe		5		
Part II	Taxpayer Declaration and Signature Authorization (Be sure you get ar	nd keep a cop	y of y	our retu	ırn)
my knowledge return (original to send my reti for any delay ir Agent to initiati payment of my authorization is payment, I mu business days taxes to receiv personal identi	s of perjury, I declare that I have examined a copy of the income tax return (original or amen and belief, it is true, correct, and complete. I further declare that the amounts in Part I a or amended) I am now authorizing. I consent to allow my intermediate service provider, traum to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for a processing the return or refund, and (c) the date of any refund. If applicable, I authorize the an ACH electronic funds withdrawal (direct debit) entry to the financial institution account federal taxes owed on this return and/or a payment of estimated 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 U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation prior to the payment (settlement) date. I also authorize the financial institutions involved in the confidential information necessary to answer inquiries and resolve issues related to the Withdrawal Concept.	above are the amnsmitter, or electronic rejection of the to the U.S. Treasury a indicated in the total	ounts for ounits for an and its control ax preperentry to attion. The received for the electric ther according to the second attion according to the second attion according to the second according t	rom the in urn original ssion, (b) to designated paration so to this according or revoke wed no late ectronic parknowledge	acome tax ator (ERO) he reason I Financial ftware for ount. This (cancel) a er than 2 ayment of e that the
	ds Withdrawal Consent. PIN: check one box only				
	horize GLOBAL TAXES LLC to enter or general	ate my PIN	3 7	7 6 9	as my
_	ERO firm name ature on the income tax return (original or amended) I am now authorizing.	ř Er		digits, but r all zeros	do my
☐ I will	enter my PIN as my signature on the income tax return (original or amended) I are entering your own PIN and your return is filed using the Practitioner PIN m				
Your signatur	Date ■	-			
Snouse's Pli	N: check one box only	_			
•	horize to enter or general	ate my PINI			as my
	ERO firm name		ter five	digits, but	asiny
sign	ature on the income tax return (original or amended) I am now authorizing.	do	n't ente	r all zeros	
	enter my PIN as my signature on the income tax return (original or amended) I a u are entering your own PIN and your return is filed using the Practitioner PIN mw.				
Spouse's sign	nature Date	•			
	Practitioner PIN Method Returns Only—continue bel	ow			
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.	2 2 4 9 Don't en	6 6		3 9
authorized to f	e above numeric entry is my PIN, which is my signature for the electronic individual incomile for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am softhe Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers	ne tax return (origubmitting this ret	inal or a	amended) accordance	
ERO's signat					
<u> </u>	ERO Must Retain This Form — See Instructions				
	Don't Submit This Form to the IRS Unless Requested 1	o Do So			

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

2022

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 separately	(MFS)	☐ Head of	household (HOH)		ifying su		ıg	
Check only one box.	•	u checked the MFS box, enter the nonis a child but not your dependen	,	our spouse. If you	ı check	ed the HOH or	QSS box, enter t		ise (QSS name if	,	ualifying	
Your first name				Your so	Your social security number							
ADITHYA			PASP	IJ				691-4	691-48-3769			
			Last nar					Spouse's social security number				
Home address	(numbe	er and street). If you have a P.O. box, see	instruction	ons.			Apt. no.	Preside	ntial Elec	tion C	ampaign	
6409 BRI	EEZE	BAY PT	1126					Check here if you, or your			. •	
		ce. If you have a foreign address, also co	omplete sp	mplete spaces below. State			ZIP code		spouse if filing jointly, want \$3			
FORT WO	RTH			TX 7					go to this fund. Checking a ox below will not change			
Foreign country	y name		F				Foreign postal code	-	r tax or refund.			
									You Spouse			
Digital Assets		ny time during 2022, did you: (a) rec ange, gift, or otherwise dispose of	•				,.	. ,	☐ Ye:	 s 🗵	No	
Standard		eone can claim: You as a de		<u>_</u>		a dependent	40000). (000o	<u> </u>				
Deduction		Spouse itemizes on a separate retui	•	•		•						
Age/Blindness	you:	☐ Were born before January 2, 1	958	Are blind	Spouse	: Was bor	n before January			blind		
Dependent	s (see	instructions):		(2) Social secu	rity	(3) Relationsh	•		ies for (s	e instr	ructions):	
If more	(1) Fi	(1) First name Last name		number		to you	Child tax of	credit	Credit for	other d	lependents	
than four										<u> </u>		
dependents, see instruction	s ——									Ш		
and check	, —									ᆜ		
here]									<u>Ш</u>		
Income	1a	Total amount from Form(s) W-2, b	ox 1 (see	e instructions) .				. 1a		169,	255.	
A44(-)	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						. 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 instruct	·						-		0.	
instructions.	i	Nontaxable combat pay election (see instructions)						_	-	1.00	0.5.5	
	<u>z</u>	Add lines 1a through 1h	· · ·					. 1z		169,	255.	
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	4a			axable amoun						
Standard Deduction for—	5a	_	5a			axable amoun		. 5b				
Single or	6a	,	6a	nothed shoot he		axable amoun	t	. 6b				
Married filing separately,	С 7	If you elect to use the lump-sum election method, check here (see instructions)										
\$12,950 Married filing	8	Capital gain or (loss). Attach Schedule D if required. If not required, check here L						. 8			127	
jointly or	9	Other income from Schedule 1, line 10						. 9			427. 828.	
Qualifying surviving spouse,	10	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income								100,	020.	
\$25,900	11	Adjustments to income from Schedule 1, line 26						. 10		150	828.	
Head of household,	12	Standard deduction or itemized						. 12			950.	
\$19,400 If you checked	13			•	,			. 13		<u> </u>	<u> </u>	
any box under	14		Qualified business income deduction from Form 8995 or Form 8995-A							12	950.	
Standard Deduction,	15	Subtract line 14 from line 11. If ze						. 14	_		878.	
see instructions.				.,	_ , 0 ai			13		- 10,	570.	

Form 1040 (202)	2)			Page 2	
Tax and	16	Tax (see instructions). Check if any from Form(s): 1 8814 2 4972 3	16	28,846.	
Credits	17	Amount from Schedule 2, line 3	17		
	18	Add lines 16 and 17	18	28,846.	
	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	28,846.	
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	0.	
	24	Add lines 22 and 23. This is your total tax	24	28,846.	
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	37,652.	
	26	2022 estimated tax payments and amount applied from 2021 return	26	<u> </u>	
If you have a 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	37,652.	
Defined	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	8,806.	
Refund	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here	35a	8,806.	
Direct deposit?	b	Routing number 1 2 1 0 0 0 3 5 8 c Type: X Checking Savings			
See instructions.	d	Account number 3 2 5 0 6 1 3 3 0 1 1 9			
	36	Amount of line 34 you want applied to your 2023 estimated tax			
Amount	37	Subtract line 33 from line 24. This is the amount 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 instructions)			
Third Party Designee		you want to allow another person to discuss this return with the IRS? See structions	oelow.	X No	
3	De	signee's Phone Personal identif	fication		
	nai	me no. number (PIN)			
Sign Here		der penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to ief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which			
пеге	Yo			nt you an Identity	
			ection Pl inst.)	N, enter it here	
Joint return? See instructions.		MICROSOFI CHA DEVELOTER	•	at your spouse an	
Keep a copy for your records.	Эþ	Ident	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)		
	———Ph	one no. (707) 570-6127 Email address PASPU1993@GMAIL.COM			
		eparer's name Preparer's signature Date PTIN		Check if:	
Paid		I PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 03/09/2023 P0208:	2703	Self-employed	
Preparer				678) 965-9522	
Use Only			's EIN	84-3171965	
0-1	/	at040 for instructions and the latest information	- L.114	54-3171903	

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074 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.

Name(s) shown on Form 1040, 1040-SR, or 1040-NR					our social security number		
ADITHYA PASPU 691-4					69		
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	-10,427.		
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						
	· · · · · · · · · · · · · · · · · · ·	8m					
	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					
	Wages earned while incarcerated	8u					
Z	Other income. List type and amount:						
		87					

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

-10,427.

9

10

Schedule 1 (Form 1040) 2022 Page **2**

Par	II Adjustments to Income			
11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-b			
	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	, ,, ,, , , , , , , , , , , , , , , ,	4a		
b	Deductible expenses related to income reported on line 8l from the			
		4b		
С	Nontaxable amount of the value of Olympic and Paralympic medals			
	·	4c		
d		4d		
е	Repayment of supplemental unemployment benefits under the Trade			
		4e		
f		24f		
g	, , , , , , , , , , , , , , , , , , , ,	4g		
h	Attorney fees and court costs for actions involving certain unlawful			
	,	4h		
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-		
_	,	4k	_	
Z	Other adjustments. List type and amount:	4z		
25			05	
25 26	Total other adjustments. Add lines 24a through 24z		25	
26	Add lines 11 through 23 and 25. These are your adjustments to income . E		26	
	Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a	<u> </u>		

SCHEDULE E (Form 1040)

Supplemental Income and Loss

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

Department of the Treasury Internal Revenue Service

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

Name(s) shown on return Your social security number ADITHYA PASPU 691-48-3769 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 ☐ Yes ☐ No 1a Physical address of each property (street, city, state, ZIP code) 4-1-355 MALTI NAIK PLAZA HANUMAN TEKDI , ABIDS HYDERABAD, TELANGANA IN 500001 Α В C 1b Type of Property For each rental real estate property listed **Fair Rental Personal Use** 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: 3 684. 4 Royalties received . 4 **Expenses:** 5 5 Advertising 6 Auto and travel (see instructions) 6 7 Cleaning and maintenance. 7 2,663. 8 Commissions 8 9 9 Insurance . . 10 10 Legal and other professional fees 11 Management fees 11 2,141. 12 Mortgage interest paid to banks, etc. (see instructions) 12 13 13 2,261. 14 14 Repairs 15 Supplies 15 1,632. 16 16 Taxes 17 Utilities 17 2,414. 18 18 Depreciation expense or depletion Other (list) 19 19 20 20 Total expenses. Add lines 5 through 19 11,111. 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 -10,427.22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) 10,427. 684. 23a 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 11,111. 24 **Income.** Add positive amounts shown on line 21. **Do not** include any losses 25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here 25 10,427. 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

-10,427.

Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2 .