(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

	1.01.01.00		_					
Submi	ssion Identification Number (SID)							
Taxpaye	r's name	Social securi	ty numl	per				
RAH	JPAL REDDY GADDAM	651-64-8402						
Spouse'	s name	Spouse's soo	ial seci	urity numbe	r			
Part	Tax Return Information — Tax Year Ending December 31, 2022 (Ent	er year you a	ıre alı	thorizina	1			
	whole dollars only on lines 1 through 5.	er year you a	ii e au	uionzing	· <i>)</i>			
	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.							
1	Adjusted gross income		1	70	,465.			
2	Total tax		2		3,273.			
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3		,827.			
4	Amount you want refunded to you		4		,554.			
5	Amount you owe		5					
Part	Taxpayer Declaration and Signature Authorization (Be sure you get and	l keep a cop	y of y	our retu	ırn)			
my known return (to send for any Agent t paymer authoriz paymer busines taxes to personal	penalties of perjury, I declare that I have examined a copy of the income tax return (original or amendal wiledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I aboriginal or amended) I am now authorizing. I consent to allow my intermediate service provider, trans my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for redelay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the originate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account in the formal 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, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation resist days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processive confidential information necessary to answer inquiries and resolve issues related to the anick Europe Withdrawal Consent.	ove are the ammitter, or electrejection of the t U.S. Treasury andicated in the tition to debit the authorizequests must be processing or payment. I fur	ounts for the counts of the co	rom the in turn original ssion, (b) the designated paration so to this accor or revoke ved no lat ectronic parking when the eknowledge	come tax ator (ERO) ne reason Financial ftware for ount. This (cancel) a er than 2 ayment of e that the			
	nic Funds Withdrawal Consent. yer's PIN: check one box only							
X		e my PIN	8 4	4 0 2	as my			
	ERO firm name signature on the income tax return (original or amended) I am now authorizing.	ř En		digits, but er all zeros	asiny			
	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 and your return is filed using the Practitioner PIN me below.							
Your s	ignature ▶ Date ▶							
Snous	e's PIN: check one box only							
Сроиз	I authorize to enter or generat	e my PIN			as my			
	ERO firm name	_	ter five	digits, but	aomy			
	signature on the income tax return (original or amended) I am now authorizing.	do	n't ente	er 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 and your return is filed using the Practitioner PIN me below.							
Spous	e's signature ▶ Date ▶							
	Practitioner PIN Method Returns Only—continue belo	w						
Part	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 2 4 9 Don't en	6 6	1 9 8	9			
authoriz	that the above numeric entry is my PIN, which is my signature for the electronic individual income zed to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am subments of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of	tax return (orig	inal or urn in a	amended) accordance				
ERO's	signature ▶ Date ▶							
	ERO Must Retain This Form — See Instructions							
	Don't Submit This Form to the IRS Unless Requested To	Do So						

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

2022	
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OMB No. 1545-0074

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

Filing Status Check only one box.		Single Married filing jointly uchecked the MFS box, enter the name		ed filing separately (N					spoi	use (QSS)	-
		on is a child but not your dependent									, , ,
Your first name	and mi	ddle initial	Last na	me					Your so	cial securi	ty number
RAHUPAL	REDI	ΣΥ	GADD	AM					651-64-8402		
If joint return, s	pouse's	first name and middle initial	Last na	me					Spouse	s social se	curity number
Home address	(numbe	r and street). If you have a P.O. box, see	instruction	ons.			Apt. no		Preside	ntial Electi	on Campaign
_1324 GR										nere if you,	
City, town, or p	ost offic	ce. If you have a foreign address, also co	mplete s	paces below.	Stat	е	ZIP code			0,	ntly, want \$3 Checking a
COLLIERY	/ILLI	Ε			TN		38017		box bel	ow will not	change
Foreign country	y name		F	Foreign province/state/o	county	/	Foreign post	al code	your tax	or refund.	_
										You	Spouse
Digital Assets		ny time during 2022, did you: (a) reco ange, gift, or otherwise dispose of a								Yes	⊠ No
Standard		eone can claim:					, ,		· · · · · ·		
Deduction		Spouse itemizes on a separate retur	n or you	were a dual-status	alien	•					
Age/Blindness	S You:	Were born before January 2, 1	958	Are blind Spo	use:	☐ Was bor	n before Ja	nuary	2, 1958	☐ Is bl	lind
Dependents	s (see	instructions):		(2) Social security	.	(3) Relationsh	ip (4) Che	ck the b	ox if quali	fies for (see	instructions):
If more	(1) Fi	(1) First name Last name		number		to you	Ch	ld tax c	redit	Credit for ot	her dependents
than four											
dependents, see instruction	s ——										
and check											
here]										
Income	1a	Total amount from Form(s) W-2, b	,	,					. 1a	<u>'</u>	75 , 955.
	b	Household employee wages not re							. 1b		
Attach Form(s) W-2 here. Also	С	Tip income not reported on line 1a (see instructions)							. 10		
attach Forms	d								. 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 instruct	,						. 1h		0.
instructions.	i	Nontaxable combat pay election (s	see instr	ructions)		<u>1i</u>				١,	75 055
	<u>z</u>	Add lines 1a through 1h							. 1z		75,955.
Attach Sch. B if required.	2a	·	2a			xable interes			. 2b		
ii required.	3a		3a			dinary divide			. 3b		
	4a		4a			xable amoun			. 4b		
Standard Deduction for—	5a		5a 6a			ıxable amoun ıxable amoun			. 5b		
Single or	6a	If you elect to use the lump-sum e		mothed shook hare					. 00		
Married filing separately,	С 7	•			•	,		ı			
\$12,950 Married filing	8	Other income from Schedule 1, lin	edule D if required. If not required, check here						. 8	<u> </u>	 -5,490.
jointly or	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7							. 9	_	70,490.
Qualifying surviving spouse,	10	Adjustments to income from Sche		•					. 10		, , , , , , , , , , , , , , , , , , , ,
\$25,900 • Head of	11	Subtract line 10 from line 9. This is	,						. 11		70,465.
household,	12	Standard deduction or itemized	-	-					. 12		12,950.
\$19,400 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,	15	Subtract line 14 from line 11. If zer							. 15		57,515.
see instructions.				,							

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,	273.
Credits	17	Amount from Schedule 2, lin	ne 3					17		
	18	Add lines 16 and 17						18	8,	273.
	19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812			19		
	20	Amount from Schedule 3, lin	ne 8					20		
	21	Add lines 19 and 20						21		
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	8,	273.
	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,	273.
Payments	25	Federal income tax withheld								
-	а	Form(s) W-2				25 a 1	0,827.			
	b	Form(s) 1099				25b				
	С	Other forms (see instruction	s)			25c				
	d	Add lines 25a through 25c						25d	10,	827.
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	2		28				
	29	American opportunity credit	from Form 8863	B, 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	. These are your	total other pa	ayments and ref	undable credits		32		
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments				33	10,	827.
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	2,	554.
nerana	35a	Amount of line 34 you want	refunded to you	ار. If Form 8888	is attached, che	ck here	🗆	35a	2,	554.
Direct deposit?	b	Routing number 1 2 1				Checking	Savings			
See instructions.	d	Account number 3 2 5	0 4 9 1	3 2 9 7	7 3					
	36	Amount of line 34 you want	applied to your	2023 estimate	ed tax	36				
Amount	37	Subtract line 33 from line 24		•						
You Owe	38	For details on how to pay, g Estimated tax penalty (see in	_			38		37		
Third Party		you want to allow another	,							
Designee		tructions	•				Complete	below.	X No	
Doorgrioo		signee's		Phone			sonal ident			
	nai			no.			nber (PIN)			
Sign	Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which									
Here			picto. Decidi ation (asca on an imornia			nt you an Ider	•
									'IN, enter it he	
Joint return?					SOFTWARE	ENGINEER		inst.)		\Box
See instructions.	opodoo o olgitataro. Il a joint rotarri, botii maot olgit. bato								nt your spouse	
Keep a copy for your records.								ntity Prot e inst.)	ection PIN, en	ter it here
, ca coo. ac.			_					; 11151.)		
		one no. (510)579–549	i e	Email address	RAHUPALRG	@GMAIL.COM	1		Observit	
Paid		eparer's name	Preparer's signat			Date	PTIN		Check if:	
Preparer				PAVAN KUM	AR DUDIPALLI	03/21/2023			Self-em	
Use Only		m's name GLOBAL TA							(678)965-	
			Y CT E BRU	INSWICK N	J 08816		Firm	n's EIN	88-214	
Go to www.irs.go	ov/Forn	n1040 for instructions and the late	st information.		BAA	REV 03/09/23 PRO			Form 10	140 (2022)

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2022
Attachment
Sequence No. 01

Your social security number

Department of the Treasury Internal Revenue Service

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.

AHU	IPAL REDDY GADDAM	651-6	4-84	102
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. Attach Schedule		5	-5,490.
6	Farm income or (loss). Attach Schedule F		6	
7	Unemployment compensation		7	
8	Other income:			
а	Net operating loss)		
b	Gambling			
С	Cancellation of debt			
d	Foreign earned income exclusion from Form 2555)		
е	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				
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				
0	Section 951A(a) inclusion (see instructions)			
р	Section 461(I) excess business loss adjustment			
a	Taxable distributions from an ARI F account (see instructions)			

8r

8s

8t

8u

8z

u Wages earned while incarcerated

9

Other income. List type and amount:

Scholarship and fellowship grants not reported on Form W-2 . . .

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

-5,490.

9

10

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 governing			
	officials. Attach Form 2106	[12	1
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)			
b	Deductible expenses related to income reported on line 8l from the			
	rental of personal property engaged in for profit			
С	Nontaxable amount of the value of Olympic and Paralympic medals			
	and USOC prize money reported on line 8m			
d	Reforestation amortization and expenses			
е	Repayment of supplemental unemployment benefits under the Trade			
	Act of 1974			
f	Contributions to section 501(c)(18)(D) pension plans			
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)			
İ	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			
j	Housing deduction from Form 2555			
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form			
_	1041)			
Z	Other adjustments. List type and amount:			
25			O.F.	
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 . Enter here an Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a		26	
	Form 1040 of 1040-3n, lifte 10, of Form 1040-1nn, lifte 10a		20	

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.

Department of the Treasury Internal Revenue Service Name(s) shown on return

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

Attachment Sequence No. 13

Your social security number

OMB No. 1545-0074

RAH	JPAL REDDY GADDAM					(551-64	-8402		
Par										
	Note: If you are in the business of renting personal proper	ty, use	Schedule	C . See	e instru	ctions. If you are	an indivi	idual, rep	ort farm	
	rental income or loss from Form 4835 on page 2, line 40.	ı - C:1 -		10000	3 !				- V N -	
	Did you make any payments in 2022 that would require you									
В	If "Yes," did you or will you file required Form(s) 1099? .							Y€	s No	
1a	Physical address of each property (street, city, state, ZIF	code	e)							
Α	4-81, KUPRIYAL VILLAGE S.S NAGAR KAMARE	DDY ,	,TELANC	ANA	IN 5	03145				
В										
С										
1b	Type of Property (from list below) 2 For each rental real estate proper above, report the number of fair r		Fair Rental F Days			Personal Use Days		QJV		
Α	gersonal use days. Check the QJ			Α		365		0	П	
В	if you meet the requirements to fi			В						
С	qualified joint venture. See instru	Ctions	5.	С						
Туре	of Property:									
1	Single Family Residence 3 Vacation/Short-Term Rent	tal	5 Lanc	I	7	Self-Rental				
2	Multi-Family Residence 4 Commercial		6 Roya	alties	8	Other (describ	e)			
			1			Properties				
Incor	200			Α		B). 		С	
3	Rents received	3			20.	В				
4	Royalties received	4			. 20.					
	nses:	7								
5	Advertising	5								
6	Auto and travel (see instructions)	6								
7	Cleaning and maintenance	7		1 1	.00.					
8	Commissions	8			.00.					
9	Insurance	9								
10	Legal and other professional fees	10								
11	Management fees	11		9	00.					
12	Mortgage interest paid to banks, etc. (see instructions)	12								
13	Other interest	13								
14	Repairs	14		1,4	50.					
15	Supplies	15			10.					
16	Taxes	16								
17	Utilities	17		1,2	50.					
18	Depreciation expense or depletion	18								
19	Other (list)	19								
20	Total expenses. Add lines 5 through 19	20		5,9	10.					
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		-5,4	90.					
22	Deductible rental real estate loss after limitation, if any,									
	on Form 8582 (see instructions)	22	(5,49	90.)	-)()	
23a	Total of all amounts reported on line 3 for all rental proper				23a		420.			
b	Total of all amounts reported on line 4 for all royalty prope				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	5,	910.			
24	Income. Add positive amounts shown on line 21. Do not						24			
25	Losses. Add royalty losses from line 21 and rental real estat						25 (5,490.)	
26	Total rental real estate and royalty income or (loss).									
	here. If Parts II, III, IV, and line 40 on page 2 do not a								_5 /00	
	SCHERING I LEARTH HIVIN HAS S LITARWICE INCHING THIS OF	HOURT	IN THA TO	ו מחוגיו	1112 /17	OH DAMA 2	nc l		_ h //U/!	