# 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

internal nevertue Service						
Submission Identification Number (SID)						
Taxpayer's name	So	cial securi	ty numbe	er		
RAHUPAL REDDY GADDAM		651-64	-8402			
Spouse's name	Sp	ouse's soc	ial secur	ity numbe	er	
David Tay Datum Information Tay Year Ending December 24	O.O. (Fraterius		الدرجيد		. \	
	22 (Enter ye	ar you a	re autr	iorizing	J. <i>)</i>	
Enter whole dollars only on lines 1 through 5. <b>Note:</b> Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.						
1 Adjusted gross income			11	7(	0,4	65.
<b>2</b> Total tax			2			73.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099			3	10	0,8	27.
4 Amount you want refunded to you			4		2,5	54.
5 Amount you owe			5			
Part II Taxpayer Declaration and Signature Authorization (Be sure you	get and kee	p a cop	y of yo	our retu	urn)	)
return (original or amended) I am now authorizing. I consent to allow my intermediate service provito send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reafor any delay in processing the return or refund, and (c) the date of any refund. If applicable, I auth Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution a payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cance business days prior to the payment (settlement) date. I also authorize the financial institutions involves to receive confidential information necessary to answer inquiries and resolve issues relativersonal identification number (PIN) below is my signature for the income tax return (original or an Electronic Funds Withdrawal Consent.	ason for rejection rejection rize the U.S. Taccount indicate cial institution to the toterminate the ellation request blved in the proped to the payness.	on of the tr Treasury a ed in the ta o debit the e authoriza is must be ocessing of nent. I furt	ransmiss nd its de ax prepa e entry to ation. To e receive f the ele ther ack	sion, (b) the signated aration so this according to the control of	the red Find oftwat count (can ter that aymate that	eason ancial are for t. This ncel) a han 2 ent of at the
Taxpayer's PIN: check one box only					1	
	generate my	DINI 4	8 4	0 2	] ,	s my
ERO firm name	generate my	En		igits, but all zeros	a	S IIIy
signature on the income tax return (original or amended) I am now authorizing.  I will enter my PIN as my signature on the income tax return (original or amend if you are entering your own PIN <b>and</b> your return is filed using the Practitioner below.						
Your signature ►	Date ►	03/22/2	2023			
Sparrage DINI shook one hay only						
Spouse's PIN: check one box only  I authorize to enter or	generate my	DIN				0 1001 /
ERO firm name	generate my		ter five d	igits, but	_	s my
signature on the income tax return (original or amended) I am now authorizing.				all zeros		
I will enter my PIN as my signature on the income tax return (original or amend if you are entering your own PIN <b>and</b> your return is filed using the Practitioner below.						
Spouse's signature ▶	Date ►					
Practitioner PIN Method Returns Only—contin						
Part III Certification and Authentication — Practitioner PIN Method Only	/					
<b>ERO's EFIN/PIN.</b> Enter your six-digit EFIN followed by your five-digit self-selected PIN.	2 2 2	4 9	6 6	1 9	8 9	9
, , , , ,		Don't ent	er all zer	os		_
I certify that the above numeric entry is my PIN, which is my signature for the electronic individual authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that requirements of the Practitioner PIN method and <b>Pub. 1345</b> , Handbook for Authorized IRS e-file Practitioner PIN method and <b>Pub. 1345</b> , Handbook for Authorized IRS e-file Practitioner PIN method and <b>Pub. 1345</b> , Handbook for Authorized IRS e-file Practitioner PIN method and <b>Pub. 1345</b> , Handbook for Authorized IRS e-file Practitioner PIN method and <b>Pub. 1345</b> , Handbook for Authorized IRS e-file Practitioner PIN method and <b>Pub. 1345</b> , Handbook for Authorized IRS e-file Practitioner PIN method and <b>Pub. 1345</b> , Handbook for Authorized IRS e-file Practitioner PIN method and <b>Pub. 1345</b> , Handbook for Authorized IRS e-file Practitioner PIN method and <b>Pub. 1345</b> , Handbook for Authorized IRS e-file Practitioner PIN method and <b>Pub. 1345</b> , Handbook for Authorized IRS e-file Practitioner PIN method and <b>Pub. 1345</b> , Handbook for Authorized IRS e-file Practitioner PIN method and <b>Pub. 1345</b> , Handbook for Authorized IRS e-file Practitioner PIN method and <b>Pub. 1345</b> , Handbook for Authorized IRS e-file Practitioner PIN method and Pub. 1345	I am submittin	ig this retu	urn in ac	ccordanc		
ERO's signature ►	Date ►					
ERO Must Retain This Form — See Instru	ctions					
Don't Submit This Form to the IRS Unless Reque		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.

person is a child but not your dependent:  Voir first name and middle initial  Last name  QADDAM  (51-64-8402  GADDAM  (551-64-8402  GADDAM  (651-64-8402	Filing Status Check only one box.		Single Married filing jointly uchecked the MFS box, enter the name		ed filing separately (Nour spouse. If you cl						spou	ise (QSS)		
RAHUPAL REDDY									,				, , ,	
If joint return, spouse's first name and middle initial   Last name   Last name   Last name   Apt. no.   Presidential Election Campaign   Check there in fyou, or your   State   ZIP code   TN   380.17   TN   380.17   TN   380.17   Torong nocurity name   Foreign province/state/county   Torong   Sacuration   Torong   Toron	Your first name	and mi	ddle initial	Last na	me					Yo	ur so	cial securit	y number	
Home address (number and street). If you have a P.O. box, see instructions.    324 GRANT PARK DR   City, two, or post office, if you have a foreign address, also complete spaces below.   State   ZiP code   Zi	RAHUPAL REDDY			GADD	AM					6	651-64-8402			
Check here if you, or your City, town, or post office. If you have a fereign address, also complete spaces below.   State	If joint return, spouse's first name and middle initial			Last na	me					Sp	Spouse's social security number			
State   City town, or post office. If you law a foreign address, also complete spaces below.   State   ZiP code   Standard   State   CoLLIERVILLE   State   Collier   State	Home address	(numbe	r and street). If you have a P.O. box, see	instruction	ons.			Ap	t. no.	- 1				
COLLIBERYLLE SIDE. And any time during 2022, did you; (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions).    At any time during 2022, did you; (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions).    Someone can claim:														
Foreign country name	City, town, or p	ost offic	ce. If you have a foreign address, also co											
Digital Assets			<u> </u>	TN 3										
Digital Assets   At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, asset (c) and a sexchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions).   Someone can claim:	Foreign country	/ name		F	Foreign province/state/	county	/	Foreign	postal co	de yo	ur tax			
Standard Deduction Deduction	Digital													
Age/Blindness  You:   Were born before January 2, 1958   Are blind  Spouse:   Was born before January 2, 1958   Is blind  Dependents (see instructions):   (2) Social security   (3) Relationship   (4) Check the box if qualifies for (see instructions):   (2) Social security   (3) Relationship   (4) Check the box if qualifies for (see instructions):   (2) Social security   (3) Relationship   (4) Check the box if qualifies for (see instructions):   (2) Social security   (3) Relationship   (4) Check the box if qualifies for (see instructions):   (2) Social security   (3) Relationship   (4) Check the box if qualifies for (see instructions):   (4) Check the box if qualifies for (see instructions):   (4) Check the box if qualifies for (see instructions):   (4) Check the box if qualifies for (see instructions):   (4) Check the box if qualifies for (see instructions):   (4) Check the box if qualifies for (see instructions):   (4) Check the box if qualifies for (see instructions):   (4) Check the box if qualifies for (see instructions):   (4) Check the box if qualifies for (see instructions):   (4) Check the box if qualifies for (see instructions):   (4) Check the box if qualifies for (see instructions):   (4) Check the box if qualifies for (see instructions):   (4) Check the box if qualifies for (see instructions):   (4) Check the box if qualifies for (see instructions):   (4) Check the box if qualifies for (see instructions):   (4) Check the box if qualifies for (see instructions):   (4) Check the box if qualifies for (see instructions):   (4) Check the box if qualifies for (see instructions):   (4) Check the box if qualifies for (see instructions):   (4) Check the box if qualifies for (see instructions):   (4) Check the box if qualifies for (see instructions):   (4) Check the box if qualifies for (see instructions):   (4) Check the box if qualifies for (see instructions):   (4) Check the box if qualifies for (see instructions):   (4) Check the box if qualifies for (see instructions):   (4) Check the box if qualifies fo	Assets	exch	ange, gift, or otherwise dispose of a	digital	asset (or a financial i	ntere	st in a digital	asset)?	(See ins	tructio	ons.)	Yes	⊠ No	
Comparison   Com	Standard Deduction						a dependent							
If more than four dependents, see instructions and check here	Age/Blindness	You:	Were born before January 2, 1	958	Are blind Spo	use:	☐ Was bor	rn befor	e Januai	y 2, 1	958	ls bl	ind	
If more than four dependents, see instructions see instructions see instructions see instructions shere \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Dependents	s (see	instructions):		(2) Social security		(3) Relationsh	nip (4)	Check the	box if	qualif	ies for (see	instructions):	
than four dependents, see instructions and check here check dependents, see instructions and check here check chec	•	,	•		number		to you		Child ta	credit	:	Credit for otl	ner dependents	
Income	than four									]				
Income In												[		
Income  1a Total amount from Form(s) W-2, box 1 (see instructions)										]		[		
b Household employee wages not reported on Form(s) W-2 Attach Form(s) W-2 here, Also attach Forms W-2 here, Also attach Forms W-2G and Medicaid waiver payments not reported on Form(s) W-2 (see instructions)  d Medicaid waiver payments not reported on Form(s) W-2 (see instructions)  d Medicaid waiver payments not reported on Form(s) W-2 (see instructions)  d Medicaid waiver payments not reported on Form(s) W-2 (see instructions)  d Medicaid waiver payments not reported on Form(s) W-2 (see instructions)  d Taxable dependent care benefits from Form 8839, line 29  f Employer-provided adoption benefits from Form 8839, line 29  f Wages from Form 8919, line 6  g Wages from Form 8919, line 6  f Other earned income (see instructions)  d Nontaxable combat pay election (see instructions)  d Add lines 1 a through 1h  a Tax-exempt interest  a Qualified dividends  a Qualified dividends  a Qualified dividends  a RA (alstributions  4a IRA distributions  4a IRA distributions  4a IRA distributions  4a IRA distributions  5a Densions and annuities  5a	here											[		
Hattach Form(s) W-2 here. Also W-2 here. Also W-2 and W-2 and Hosp-Rif tax was withheld. If you did not get a Form W-2, see instructions.  Z Add lines 1 a through 1h Attach Sch. B if required.  3a Qualified dividends 3b D Taxable amount 4a B D Taxable amount 5b D Taxable amount 5b D Taxable amount 6b D Taxa	Income	1a		,	,						1a		<u>75,955.</u>	
W-2 here. Also attach Forms W-2G and 1099-Ri f tax was withheld. If you did not get a Form W-2, see instructions  W-2, See instructions.  It was withheld. If you did not get a Form W-2, see instructions  W-2, See instructions.  Attach Sch. B  It was withheld. If you did not get a Form W-2, see instructions  It was withheld. If you did not get a Form W-2, see instructions  It was withheld. If you did not get a Form W-2, see instructions  It was withheld. If you did not get a Form W-2, see instructions  It was withheld. If you did not get a Form W-2, see instructions  It was withheld. If you did not get a Form W-2, see instructions  It was withheld. If you did not get a Form W-2, see instructions  It was withheld. If you did not get a Form W-2, see instructions  It was withheld. If you did not get a Form W-2, see instructions  It was withheld. If you did not get a Form W-2, see instructions  It was withheld. If you did not get a Form W-2, see instructions  It was withheld. If you did not get a Form W-2, see instructions  It was withheld. It was withheld. If you declar daption benefits from Form 8839, line 29  It was withheld. It		b	Household employee wages not re	eported	on Form(s) W-2 .						1b			
attach Forms W-2G and 1099-Ri if tax was withheld. If you did not get a Form M-2e and instructions.  9 Wages from Form 8919, line 6 1099-Ri if tax was withheld. If you did not get a Form M-2, see instructions.  10 Other earned income (see instructions) 11 Other earned income (see instructions) 12 Add lines 1a through 1h 10 Other earned income (see instructions) 11 Other earned income (see instructions) 12 Add lines 1a through 1h 12 Tax-exempt interest 2a b Tax-exempt interest 2b doubt a pullified dividends 3a b Ordinary dividends 3b landard Deduction for Married filing separately, \$12,950 15 Add lines 1a through 1h 15 Add lines 1a through 1h 16 Other earned income (see instructions) 16 Other earned income (see instructions) 17 Other earned income (see instructions) 18 Other earned income (see instructions) 19 Other earned income (see instructions) 10 Other earned income (see instructions) 11 Other earned income (see instructions) 12 Other earned income (see instructions) 12 Other earned income (see instructions) 13 Other earned income (see instructions) 14 Other earned income (see instructions) 15 Other earned income (see instructions) 16 Other earned income (see instructions) 17 Other earned income (see instructions) 18 Other earned income (see instructions) 19 Other earned income (see instructions) 10 Other earned income (see instructions) 10 Other earned income (see instructions) 10 Other earned income (see instructions) 11 Other income from Schedule 1, line 10 other income from Schedule 1, line 10 other income from Schedule 1, line 10 other income from Schedule 1, line 26 10 Other income from Schedule 1, line 10 other income from Schedule 1, line 26 10 Other income from Schedule 1, line 10 other income from Schedule 1, line 26 10 Other income from Schedule 1, line 10 other income surviving spouse, 325	` '	С	Tip income not reported on line 1a	(see ins	structions)						1c			
1099-Rif tax   was withheld.   f   Employer-provided adoption benefits from Form 8839, line 29   1f	attach Forms	d								1d				
## was withheld. If you did not get a Form ## was withheld. If you did not get a Form ## was withheld. If you did not get a Form ## was withheld. If you did not get a Form ## was withheld. If you did not get a Form ## was withheld. If you did not get a Form ## was withheld. If you did not get a Form ## was withheld. If you did not get a Form ## was withheld. If you did not get a Form ## was withheld. If you did not get a Form ## was withheld. If you did not get a Form ## was withheld. If you did not get a Form ## was withheld. If you did not get a Form ## was withheld. If you did not get a Form ## was withheld. If you did not get a Form ## was withheld. If you did not get a Form ## was withheld. If you did not get a Form ## was withheld. If you did not get a Form ## was withheld. If you did not get a Form ## was withheld. If you did not get a Form ## was withheld. If you did not get a Form ## was withheld. If you did not get a Form ## was withheld. If you did not get a Form ## was withheld. If you did not get a Form ## was withheld. If you did not get a Form ## was withheld. If you did not get a Form ## was withheld. If you did not get a Form ## was withheld. If you did not get a Form ## was withheld. If you did not get a Form ## was withheld. If you did not get a Form ## was withheld. If you did not get a Form ## was withheld. If you did not get a Form ## was withheld. If you did not get a Form ## was withheld. If you did not get a Form ## was withheld. If you did not get a Form ## was withheld. If you did not get a Form ## was withheld. If you did not get a Form ## was withheld. If you did not get a Form ## was withheld. If you did not get in the your was withheld. If you did not get in the year was withheld. If you did not get in the year was withheld. If you get get in the year was withheld. If you get a Form ## was withheld. If you ge		е	· · · · · · · · · · · · · · · · · · ·							_				
See instructions   See instruc		f								_				
W-2, see instructions.  I Nontaxable combat pay election (see instructions)  Add lines 1a through 1h  Attach Sch. B If required.  3a Qualified dividends  3a Qualified dividends  4a BA D Taxable interest  4b D Taxable amount  4b D Taxable amount  5a Pensions and annuities  5a B D Taxable amount  5b D Taxable amount  6a Social security benefits  6a D D Taxable amount  6b D Taxable amount  6c Social security benefits  6a D D Taxable amount  6b D Taxable amount  6c Social security benefits  6d D D Taxable amount  6d D Taxable amount		g												
Instructions.  Z Add lines 1 a through 1h			•	,							1h		0.	
Attach Sch. B if required.  3a Qualified dividends 3a b ordinary dividends 3b B Taxable interest 4b Deduction for Standard Deduction for Single or Married filing separately, \$12,950				see instr	ructions)		<u>1</u> i	i			+ .	٠,	75 055	
If required.  3a Qualified dividends 3a b Ordinary dividends											_		/5,955.	
dather distributions			· -							•	_			
Standard Deduction for—Single or Married filing separately, \$12,950  Married filing jointly or Qualifying source, \$25,900  Head of household, \$19,400  If you checked any box under Standard Deduction, \$200 check and pox out and an annuities 5a	ii required.									•				
Social security benefits   Ga   b   Taxable amount   Gb	<u> </u>									•				
Single or Married filing separately, \$12,950  Married filing jointly or Qualifying surviving spouse, \$25,900  Head of Household, \$19,400  If you checked any box under <i>Standard Deduction</i> ,  Deduction,  Single or Married filing separately, \$12,950  If you elect to use the lump-sum election method, check here (see instructions)  Capital gain or (loss). Attach Schedule D if required. If not required, check here  7  Add line 10  Subtract line 10  Subtract line 10  Subtract line 10  Subtract line 10 from line 9. This is your adjusted gross income  10  Standard deduction or itemized deductions (from Schedule A)  11  Capital gain or (loss). Attach Schedule D if required. If not required, check here  8  -5,490  9  70,465  10  Subtract line 10 from line 10  11  70,465  12  12  13  14  12,950  15  Subtract line 14 from line 11 If zero or less enter -0- This is your taxable income	Standard Deduction for—		<del>-</del>							•	_			
separately, \$12,950  7 Capital gain or (loss). Attach Schedule D if required. If not required, check here  8 Other income from Schedule 1, line 10  8 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income  9 70, 465.  10 Adjustments to income from Schedule 1, line 26  11 Subtract line 10 from line 9. This is your adjusted gross income  12 Standard deduction or itemized deductions (from Schedule A)  13 Qualified business income deduction from Form 8995 or Form 8995-A  14 Add lines 12 and 13  15 Subtract line 14 from line 11 If zero or less enter -0- This is your taxable income  15 Subtract line 14 from line 11 If zero or less enter -0- This is your taxable income	Single or				mothed shook hare			ι		Ė	OD			
Married filing jointly or Qualifying 9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 9 70, 465.  Married filing jointly or Qualifying 9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 9 70, 465.  Married filing jointly or Qualifying 9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 10  Married filing jointly or Qualifying 9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 10  Married filing jointly or Qualifying 9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 10  Married filing jointly or Qualifying 9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 10  Married filing jointly or Qualifying 9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 10  Married filing jointly or Qualifying spouse, 15 Subtract line 10  Married filing jointly or Qualifying 10  Married filing jointly or	separately,		•			•	,			H	7			
jointly or Qualifying spouse, \$25,900 Head of household, \$19,400 If you checked any box under Standard Deduction, 15 Subtract line 14 from line 11 If zero or less enter -0- This is your total income	. ,		,							ш			 5 490	
surviving spouse, \$25,900  Head of household, \$19,400  If you checked any box under Standard Deduction, Deduction, Deduction, 15  Subtract line 10 from line 9. This is your adjusted gross income  10  Subtract line 10 from line 9. This is your adjusted gross income  11  70,465.  12  12  13  Qualified business income deduction from Form 8995 or Form 8995-A  13  14  15  Subtract line 14 from line 11 If zero or less enter -0- This is your taxable income  15  57  515	jointly or		•							•	-			
Head of household, \$19,400  If you checked any box under Standard Deduction, 15  Deduction, 15  Subtract line 10 from line 9. This is your adjusted gross income	surviving spouse,				•					•		+ - '	, 100.	
household, \$19,400  If you checked any box under Standard Deduction, Deduction, Deduction, 15  Number 17  Standard deduction or itemized deductions (from Schedule A)			•	,								-	 70.465	
Till you checked any box under Standard Deduction, Deduction, Deduction, Description, Descriptio	household,			-	-									
any box under Standard  14 Add lines 12 and 13	If you checked						5-A				_	1	,,,,,,,	
Deduction, 15 Subtract line 14 from line 11 If zero or less enter -0- This is your taxable income 15 57 515	any box under												 12,950.	
	Deduction,		<del></del>											

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	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 <b>total tax</b>					24	8,	273.
Payments	25	Federal income tax withheld								
-	а	Form(s) W-2				<b>25</b> 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 <b>to</b>	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 <b>overpaid</b>		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	
Doorginoo		signee's		Phone		<del></del>	sonal ident			
	nai			no.			nber (PIN)			
Sign		der penalties of perjury, I declare t								
Here			picto. Decidi ation (		her than taxpayer) is based on all information of w				nt you an Ider	•
	10							'IN, enter it he		
Joint return?			SOFTWARE ENGINEER				inst.)		$\Box$	
See instructions.	Sp	ouse's signature. If a joint return, I	both must sign.	Date	Spouse's occupat	tion			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 <b>10</b>	<b>140</b> (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	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 8g			
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 govern			
	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)			
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			05	
25 26	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 at Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a		26	
	Form 1040 or 1040-36, line 10, or form 1040-196, line 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	<b>C</b> . See	e instru	ctions. If you are	an indivi	idual, rep	ort farm
	rental income or loss from <b>Form 4835</b> on page 2, line 40.	ı - C:1 -		10000					- <b>V</b> 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 Days			Persona Day	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 <b>Form 6198</b>	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/!