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

Submission Identification Number (SID)				
Taxpayer's name	Social securi	ty number	r	
DHARSHANA DANDA	683-06	-3677		
Spouse's name	Spouse's soo		ty number	
Port I Tay Patura Information Tay Voor Ending December 21	00 (Enter year year	ro outh	orizina \	
-	22 (Enter year you a	ire autri	onzing.)	
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		1	86	400.
2 Total tax		2		782.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3		789.
4 Amount you want refunded to you		4		007.
5 Amount you owe		5		007.
Part II Taxpayer Declaration and Signature Authorization (Be sure you	get and keep a cop	y of yo	ur retur	n)
Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in return (original or amended) I am now authorizing. I consent to allow my intermediate service provide to 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 to 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 involvance to receive confidential information necessary to answer inquiries and resolve issues related personal identification number (PIN) below is my signature for the income tax return (original or an Electronic Funds Withdrawal Consent.	Part I above are the amder, transmitter, or electrison for rejection of the torize the U.S. Treasury account indicated in the total institution to debit the oterminate the authorizellation requests must belived in the processing of the the payment. I fur	ounts fro onic returnansmissind its de- ax preparation. To e receive f the election acknowledge.	m the income or originate on, (b) the signated Fration soft this accourevoke (cd no later thronic paynowledge	ome tax or (ERO) e reason Financial ware for unt. This ancel) a rethan 2 rement of that the
Taxpayer's PIN: check one box only				
▼ I authorize GLOBAL TAXES LLC to enter or	generate my PIN 6		7 7	as my
ERO firm name signature on the income tax return (original or amended) I am now authorizing.	En En	ter five dig n't enter a		,
I will enter my PIN as my signature on the income tax return (original or amend if you are entering your own PIN and your return is filed using the Practitioner below.				
Your signature ►	Date ►			
Spouse's PIN: check one box only				
· _	generate my PIN			as my
ERO firm name	• •	ter five di	aits. but	asiny
signature on the income tax return (original or amended) I am now authorizing.	do	n't enter a	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 and your return is filed using the Practitioner below.				
Spouse's signature ▶	Date ►			
Practitioner PIN Method Returns Only—contin	ue below			
Part III Certification and Authentication — Practitioner PIN Method Only	<i>'</i>			
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.	2 2 2 4 9 Don't ent	6 6 2	1 9 8	9
I certify that the above numeric entry is my PIN, which is my signature for the electronic individua authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that requirements of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS e-file Pro	I am submitting this reti	urn in acc	cordance	
ERO's signature ►	Date ►			
ERO Must Retain This Form — See Instru Don't Submit This Form to the IRS Unless Reques				

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

OMB No. 1545-0074

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

Filing Status Check only	X S	Single Married filing jointly	Marrie	ed filing separately	(MFS)	Head of	hous	ehold (HOF	l)		lifying survi use (QSS)	iving
one box.		u checked the MFS box, enter the ron is a child but not your dependen		our spouse. If you	check	ed the HOH or	r QSS	S box, ente	r the c	hild's	name if the	e qualifying
Your first name	and mi	ddle initial	Last na	me					Yo	our so	cial security	y number
DHARSHAN	A		DAND	Α					6	83-0	06-3677	7
If joint return, sp								Sp	ouse'	s social sec	urity number	
Home address	numbe	r and street). If you have a P.O. box, see	 e instruction	ons.				Apt. no.	Pr	esider	ntial Electio	n Campaign
14328 EV	ENIN	IG FLIGHT LN			_						nere if you, o if filing joint	
City, town, or p	ost offic	e. If you have a foreign address, also co	omplete s	paces below.	Stat	te	ZIP	code			this fund.	•
CHARLOTT	'E				NC		28	262	bc	x belo	ow will not o	•
Foreign country	name		F	Foreign province/state	count	у	Fore	ign postal co	de yo	ur tax	or refund.	Spouse
Digital		y time during 2022, did you: (a) rec										
Assets	exch	ange, gift, or otherwise dispose of	a digital	asset (or a financia	lintere	est in a digital	asse	t)? (See ins	struction	ons.)	Yes	⊠ No
Standard Deduction		eone can claim:	•	-		a dependent						
Age/Blindness	You:	Were born before January 2, 1	958	Are blind Sp	ouse:	Was bo	rn be	fore Janua	ry 2, 1	958	Is blir	nd
Dependents	(see i	nstructions):		(2) Social securi	ty	(3) Relationsh	nip	(4) Check th	e box it	qualif	ies for (see i	instructions):
If more	(1) Fi	rst name Last name		number		to you		Child ta	x credi	t	Credit for oth	er dependents
than four]
dependents, see instructions	. —											<u> </u>
and check												<u> </u>
here L											<u> </u>	
Income	1a	Total amount from Form(s) W-2, b	,	,						1a		8,890.
Attach Form(s)	b	Household employee wages not r								1b		
W-2 here. Also	С.	Tip income not reported on line 1a	•	•			•			1c		
attach Forms W-2G and	d	Medicaid waiver payments not rep		. ,	ınstru	ctions)	•			1d		
1099-R if tax	e	Taxable dependent care benefits		*			•			1e		
was withheld.	f	Employer-provided adoption bene					•			1f		
If you did not get a Form	g	Wages from Form 8919, line 6. Other earned income (see instruct					•			1g 1h		0.
W-2, see	h i	Nontaxable combat pay election (,				i			111	_	
instructions.	z	Add lines 1a through 1h	SEE 111511	uctions)		!!	'			1z	٩	8,890.
Attach Sch. B	2a	1	2a		 h Та	 axable interes	+			2b		0,000.
if required.	3a		3a			rdinary divide				3b		
	4a	IRA distributions	4a			axable amoun				4b		
Standard	5a		5a			axable amoun				5b		
Deduction for-	6a	_	6a			axable amoun				6b		
Single or Married filing	С	If you elect to use the lump-sum e	election r	nethod, check here	e (see i	instructions)			. 🗆			
separately, \$12,950	7	Capital gain or (loss). Attach Sche	dule D if	required. If not red	uired,	check here			. 🔲	7		
Married filing	8	Other income from Schedule 1, lir	ne 10 .							8	-1	2,490.
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7	, and 8.	This is your total ir	come					9	8	6,400.
surviving spouse, \$25,900	10	Adjustments to income from Sche	edule 1, l	ine 26						10		
Head of	11	Subtract line 10 from line 9. This is	s your a c	djusted gross inco	me					11	8	6,400.
household, \$19,400	12	Standard deduction or itemized	deducti	i ons (from Schedul	e A)					12	1	2,950.
If you checked	13	Qualified business income deduct	tion from	Form 8995 or Form	n 899	5-A				13		
any box under Standard	14	Add lines 12 and 13								14	1	2,950.
Deduction, see instructions.	15	Subtract line 14 from line 11. If ze	ro or less	s, enter -0 This is	your t	axable incom	ne			15	7	3,450.

Tax and Credits	16	Tax (see instructions). Check	f any from Form	(s): 1 881	4 2 □ 4972	3 🗆		. 16		11 7	702
Credits			any nomination	(6) 66.						<u> </u>	782.
	17	Amount from Schedule 2, line	e3					. 17			
	18	Add lines 16 and 17						. 18		<u>11,7</u>	782.
	19	Child tax credit or credit for o	other dependent	s from Sched	ule 8812			. 19			
	20	Amount from Schedule 3, line	e8					. 20			
	21	Add lines 19 and 20						. 21			
	22	Subtract line 21 from line 18.	If zero or less, e	enter -0				. 22		11,7	782.
	23	Other taxes, including self-er	mployment tax,	from Schedule	2, line 21 .			. 23			0.
	24	Add lines 22 and 23. This is y	our total tax					. 24		11,7	782.
Payments	25	Federal income tax withheld									
-	а	Form(s) W-2				25a	14,7	789.			
	b	Form(s) 1099				25b					
	С	Other forms (see instructions)			25c					
	d	Add lines 25a through 25c .						. 25d		14,7	789.
If	26	2022 estimated tax payment	s and amount ap	oplied from 20	21 return			. 26			
If you have a ualifying child,	27	Earned income credit (EIC) .				27					
attach Sch. EIC.	28	Additional child tax credit from				28					
	29	American opportunity credit	from Form 8863	, line 8		29					
	30	Reserved for future use		-		30					
	31	Amount from Schedule 3, line	e 15			31					
	32	Add lines 27, 28, 29, and 31.					redits .	. 32			
	33	Add lines 25d, 26, and 32. Th	•		-					$\frac{1}{14,7}$	789.
D. (34	If line 33 is more than line 24									007.
Refund	35a	Amount of line 34 you want r				-	=				007.
Direct deposit?	b	Routing number 0 6 2			c Type:						
See instructions.	d	Account number 5 5 6					g ou.	7190			
	36	Amount of line 34 you want a				36					
Amount You Owe	37	Subtract line 33 from line 24. For details on how to pay, go	This is the amo	ount you owe.				. 37			
	38	Estimated tax penalty (see in	structions) .			38					
Third Party Designee		you want to allow another tructions	person to disc	uss this retur	n with the IRS	S? See _	Yes. Com	plete below.	× No		
Ü	Des	signee's		Phone				l identification			—
	nan	ne		no.			number	(PIN)			
Sign Here		der penalties of perjury, I declare the f, they are true, correct, and comp			, , ,		,		,		0
TICIC	You	ur signature		Date	Your occupation			If the IRS s			
Joint return?					STUDENT			(see inst.)		丄	$\perp \perp$
See instructions. Keep a copy for your records.	Spo	ouse's signature. If a joint return, b	oth must sign.	Date	Spouse's occup	ation		If the IRS soldentity Pro (see inst.)			
		200 / 21 / \ 207 \ 25 \ 2	-	Email address	DUNDCIIIDAN	ID A 1 F @ CM	ATT COM	(2.2.2.3)			Щ.
		one no. (314)397-2526 parer's name	Preparer's signati		DHARSHUDAN	Date		TIN	Check	if·	
Paid					רווה היה מיתווי) 2082703	l	ıı. If-empl	loved
Preparer		PRIYA RAM SAGAR GUPTA TALLAM		NAUNG INAN	GUPIA IALLA	ייו UZ/ 1U	/ ZUZ3 Pl	1			
Use Only		n's name GLOBAL TAX		NICHITAU NI	J 08816				(678)		
_	Firr	n's address 245 ROONEY	CI E BKU	MONTCY NO	00010			Firm's EIN			1965 10 (2022

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

DHARSHANA DANDA

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.

Your social security number 683-06-3677

Par	Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxes		1	0.
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		5	-12,490.
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		
- 1	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)	8m		
n	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 (<u>)</u>	
t	Pension or annuity from a nonqualifed deferred compensation plan or			
	a nongovernmental section 457 plan	8t		
u	Wages earned while incarcerated	8u		
Z	Other income. List type and amount:			
		8z		
9	Total other income. Add lines 8a through 8z		9	
10	Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR,	or 1040-NR, line 8	10	-12,490.

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 governr			
	officials. Attach Form 2106	L	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	L	17	
18	Penalty on early withdrawal of savings	L	18	
19a	Alimony paid		I9a	
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	L	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)			
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			
	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:24z			
25	Total other adjustments. Add lines 24a through 24z		25	
25 26	,		23	
26	Add lines 11 through 23 and 25. These are your adjustments to income . Enter here and Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a		26	
	1 01111 1040 01 1040-011, IIIIE 10, 01 1 01111 1040-1110, IIIIE 10a		2 0	

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.

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

OMB No. 1545-0074

2022
Attachment
Sequence No. 13

Name(s) shown on return

Department of the Treasury

Internal Revenue Service

Your social security number

DHA	RSHANA DANDA						683-0	6-3677				
Par	t I Income or Loss From Rental Real Estate an	d Ro	yalties									
	Note: If you are in the business of renting personal proper	ty, use	Schedule	e C . See	instru	ctions. If you a	re an indiv	vidual, rep	ort farm			
_	rental income or loss from Form 4835 on page 2, line 40.	. (1)	- ()	10000 0					57 N			
A	Did you make any payments in 2022 that would require you											
В	If "Yes," did you or will you file required Form(s) 1099? .							. <u> </u>	s No			
1a	Physical address of each property (street, city, state, ZIF	ode	e)									
Α	19-848/1, REDDY COLONY MIRYALGUDA TELAN	IGANA	A IN 50	08207								
В												
С												
1b	Type of Property 2 For each rental real estate prope	For each rental real estate property listed Fair Rental										
	(from list below) above, report the number of fair	rental	and			Days	Da	ys	QJV			
Α	personal use days. Check the Qu			Α		365		0				
В	if you meet the requirements to f			В								
С	qualified joint venture. See instru	ictions	S.	С								
Туре	of Property:											
1	Single Family Residence 3 Vacation/Short-Term Rent	tal	5 Land	t	7	Self-Rental						
2	Multi-Family Residence 4 Commercial		6 Roya	alties	8	Other (descr	ibe)					
			1									
l				Α		Propertie B	25:		С			
Inco 3	Rents received	3		Α	90.	ь			<u> </u>			
4	Royalties received	4			90.							
	nses:	7										
5	Advertising	5										
6	Auto and travel (see instructions)	6										
7	Cleaning and maintenance	7		1,5	20							
8	Commissions	8										
9	Insurance	9										
10	Legal and other professional fees	10										
11	Management fees	11		1,2	20.							
12	Mortgage interest paid to banks, etc. (see instructions)	12										
13	Other interest	13										
14	Repairs	14		3,1	80.							
15	Supplies	15		3,4	10.							
16	Taxes	16										
17	Utilities	17		3,7	50.							
18	Depreciation expense or depletion	18										
19	Other (list)	19										
20	Total expenses. Add lines 5 through 19	20		13,0	80.							
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		-12,4	90.							
22	Deductible rental real estate loss after limitation, if any,		,			,	,	,				
-	on Form 8582 (see instructions)	22		12,49		()	()			
23a	Total of all amounts reported on line 3 for all rental prope				23a		590.					
b	Total of all amounts reported on line 4 for all royalty properties				23b							
C	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	1 2	000					
e 24	Total of all amounts reported on line 20 for all properties				23e	13	,080.					
24	Income. Add positive amounts shown on line 21. Do not Losses. Add royalty losses from line 21 and rental real estat		-		ntor +	tal lacasa har	. 24 e 25	(12 400 \			
25	• •							(12,490.)			
26	Total rental real estate and royalty income or (loss). (here. If Parts II, III, IV, and line 40 on page 2 do not											
	Schedule 1 (Form 1040), line 5. Otherwise, include this ar						. 26		-12,490.			
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,											

D-400 < Staple A Return a		of Yo	our	022	_		įna D		Tax Retu		DOR Use Only		
For calend	dar year 2 ANA	022, c	or fiscal year DAND LIGHT LI	Α	1			and ending	SN: 6830636	Is		se a veteran?	
CHARLO Filing Stat	T NC 2	8262 1. Sing	MECKL gle			ed Filing	-	Spouse's SS		20 ely)22 federal	income tax re	matic extension to file you eturn, e.g., Form 1040? No X
	a resident	of N.C	d of Househol C. for the entire ent for the er	e year?		fying Wid Yes X Yes			eturn for deceas	sed tax	. ,	se died: Date of de Date of de	
your over	payment to	the F	und. To mal	ke a contr	ibution,	enclose	Form I	NC-EDU and y	rment Fund by m rour payment of tions for informa	\$	0.	To designa	gnating some or all of ate your overpayment
Select	t box if you	u, or if	married filin	g jointly, y	our spo	use wei	e out c	of the country of	on April 15, 2023 inted Personal F	3, and a	a U.S. citiz		lent.
FS 1	PP	Y		DT	N	OC	N	TPRES	Y SPR	ES	N	1 TV	N SVT I
DAND	1432	!	28262	DS	N	EA	N	TD		SI	D		FDEXT I
DHARSH	ANA			DAND	A				6830636	77		MECKI	<u> </u>
											NC	28262	
14328	EVENI	NG	FLIGHT	LN					CHARLO	TTE			
06		864	100		16			0	26	С		C	
07			0		18	Y		0	26	E		C	
09			0		20A			4385	EU				
10A			0		20B			0	27			C	
10B			0		21A			0	29			C	
11 S	Y	I	N		21B			0	30			C	
11		127	750		21C			0	31			C)
13		000	000		21D			0	32			C)
14		736	550		26A			0	34			710)
15		36	575		26B			0					
TN	31439	725	526		PN	6	789	559522	PP		P02	082703	3
Sign Re I declare and of the best of my			X Remined this return	fund D and accomp correct, and c		hedules an	71 (d statem		Check here if y to discuss this	you auth return a	norize the N	nents with the	Department of Revenue
Your Signature		IV "	nun nun d le ce	was sther t	Date				t return, both must sig		Date	Contact P	972526 hone No. (Include area code)
									rmation of which the _l	preparer	rias arīy kriov		
SYAM PI Paid Preparer		AM S	SAGAR GU	PT 0	2 10 Date			659522 ntact Phone Numb	er (Include area code	e)			082703 s FEIN, SSN, or PTIN
If	you ARE I	NOT di		-					O. BOX R, RALEIO PT. OF REVENUE				IC 27640-0640

7. Additions to Federal Adjusted Gross income 7. 8. Add Lines 6 and 7 9. 9. 10. Child Deduction 9. 11. Child Deduction 100. a. Enter the number of qualifying children for whom you were allowed a federal child tax credit 100. b. Enter the amount of the child deduction 111. 11. N. C. Standard Deduction 111. 11. Deduction amount 111. 12. Destroit an amount 111. 12. a. Add Lines 9, 10b, and 11 12a. b. Subtract Line 12a from Line 8 12b. 13. Part-year Residents and Nonresidents Taxable Percentage 13. 0 14. N.C. Taxable Income 14. 14. N.C. Taxable Income 14. 15. N.C. Income Tax 15. 15. 15. 16. 17. 16. 16. Tax Credits 16. 16. 17. 18. 18. 18. 18. 18. 19. Not certify that no Consumer Use Tax is due 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 10. 10. 10. 10. 10. 10.	Name	(First 10 Characters) DANDA You	ır Social Security Number	68306	3677
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