## Form **8879**

(Rev. January 2021)

Department of the Treasury Internal Revenue Service

## IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.

► Go to www.irs.gov/Form8879 for the latest information.

OMB No. 1545-0074

Subm	nission Identification Number (SID)					
Taxpay	yer's name		Social security	y number		
NIT	THIN CHEPURI	793-50-	793-50-3573			
Spouse	e's name		Spouse's soci	social security number		
Par	Tax Return Information — Tax Year Ending Dec	cember 31, 2022 (Ente	 r vear vou ar	e authorizin	g.)	
	whole dollars only on lines 1 through 5.	2022 (2000	, , ,		<i>3-</i> 7	
	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5	blank.				
1	Adjusted gross income			<b>1</b>   11	5,292.	
2	Total tax				8,398.	
3	Federal income tax withheld from Form(s) W-2 and Form(s) 10	99		<b>3</b> 2	0,659.	
4	Amount you want refunded to you				2,261.	
5	Amount you owe			5		
Par	t II Taxpayer Declaration and Signature Authorizat	ion (Be sure you get and	keep a copy	of your ret	:urn)	
return to sen for an Agent payme author payme busine taxes person	nowledge and belief, it is true, correct, and complete. I further declarm (original or amended) I am now authorizing. I consent to allow my intend my return to the IRS and to receive from the IRS (a) an acknowledge by delay in processing the return or refund, and (c) the date of any refurct to initiate an ACH electronic funds withdrawal (direct debit) entry to the ent of my federal taxes owed on this return and/or a payment of estimarization is to remain in full force and effect until I notify the U.S. Treatent, I must contact the U.S. Treasury Financial Agent at 1-888-353-ess days prior to the payment (settlement) date. I also authorize the first to receive confidential information necessary to answer inquiries an nal identification number (PIN) below is my signature for the income to conic Funds Withdrawal Consent.	ermediate service provider, transmement of receipt or reason for rejend. If applicable, I authorize the Late financial institution account indated tax, and the financial institutionsury Financial Agent to terminate 4537. Payment cancellation requancial institutions involved in the difference of the provided resolve issues related to the provided resolve resolve issues related to the provided resolve res	nitter, or electro ection of the tra I.S. Treasury an icated in the ta on to debit the e the authoriza uests must be processing of payment. I furth	nic return original return original return (b) and its designate x preparation sentry to this action. To revoke received no lathe electronic per acknowledge.	nator (ERO) the reason d Financial oftware for count. This e (cancel) a ater than 2 payment of ge that the	
	payer's PIN: check one box only				7	
	•	to enter or generate	mv PIN		d as m√	
_	ERO firm name signature on the income tax return (original or amended) I a		Ente	er five digits, but 't enter all zeros	1	
	I will enter my PIN as my signature on the income tax retur if you are entering your own PIN and your return is filed us below.					
Your	signature ►	Date ▶				
C	and DIM shoot are how only					
Spou	use's PIN: check one box only		may DIN		]	
L	I authorize	to enter or generate		er five digits, but	」 as my	
	signature on the income tax return (original or amended) I a	m now authorizing.		't enter all zeros		
	I will enter my PIN as my signature on the income tax retur if you are entering your own PIN and your return is filed us below.	n (original or amended) I am r				
Spou	use's signature ▶	Date ►				
	Practitioner PIN Method Ret	urns Only—continue below	1			
Part	Certification and Authentication — Practitioner	PIN Method Only				
ERO'	's EFIN/PIN. Enter your six-digit EFIN followed by your five-dig	it self-selected PIN. 2 2	2 4 9 6  Don't ente	6 6 1 9	8 9	
autho	fy that the above numeric entry is my PIN, which is my signature for trized to file for tax year indicated above for the taxpayer(s) indicated rements of the Practitioner PIN method and <b>Pub. 1345,</b> Handbook for A	above. I confirm that I am subn	nitting this retu	rn in accordance	ce with the	
FRO'	's signature ▶	Date ►				
	ERO Must Retain This Fo					

Don't Submit This Form to the IRS Unless Requested To 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 separatel	y (MFS)	☐ Head of	household (HOH)			g surviv	ving
Check only one box.	•	u checked the MFS box, enter the nonis a child but not your dependen	,	our spouse. If yo	u check	ced the HOH or	QSS box, enter t		,	QSS) ne if the	qualifying
Your first name	and mi	ddle initial	Last nar	me				Your so	cial s	ecurity	number
			CHEP	URI				793-	793-50-3573		
			Last nar	me				Spouse	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	Election	n Campaign
1991 PAI	RISH	LN								if you, o	•
City, town, or p	ost offic	ce. If you have a foreign address, also co	omplete sp	e spaces below. State Z			ZIP code		spouse if filing jointly, want \$3 to go to this fund. Checking a		
ALLEN			TX			75013	box be	x below will not change			
Foreign countr	y name		F	Foreign province/state/county			Foreign postal code your		tax or refund.  You Spouse		
 Digital	At ar	ny time during 2022, did you: (a) rec	eive (as	a reward, award,	or payr	ment for prope	rty or services); c	r (b) sell,			
Assets	exch	ange, gift, or otherwise dispose of	a digital a	asset (or a financ	ial inter	est in a digital	asset)? (See insti	ructions.)		Yes	⊠ No
Standard Deduction		eone can claim:	•	•		a dependent					
Age/Blindnes	s You:	☐ Were born before January 2, 1	958	Are blind	Spouse	: Was bo	rn before January	2, 1958		] Is blin	ıd
Dependent	s (see	instructions):		(2) Social secu	urity	(3) Relationsh	(4) Check the	box if qual	ifies fo	or (see in	structions):
If more	<b>(1)</b> Fi	(1) First name Last name		number		to you	Child tax	credit	Credi	t for othe	er dependents
than four											]
dependents, see instruction	s ——										]
and check	·										]
here	]										]
Income	1a	Total amount from Form(s) W-2, b	ox 1 (see	e instructions) .				. 1a	<u> </u>	125	5 <b>,</b> 382.
	b	Household employee wages not r		, ,				. 1k	_		
Attach Form(s) W-2 here. Also	С	, , , , , , , , , , , , , , , , , , , ,							; 		
attach Forms	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)									
W-2G and 1099-R if tax	е	Taxable dependent care benefits from Form 2441, line 26							•		
was withheld.	f		oyer-provided adoption benefits from Form 8839, line 29								
If you did not	9	Wages from Form 8919, line 6.						. 10			
get a Form W-2, see	h	Other earned income (see instruct	,					. 1h	1		0.
instructions.	i	Nontaxable combat pay election (	see instr	uctions)		<u>1</u> i				101	- 200
	<u>z</u>	Add lines 1a through 1h						. 12			5 <b>,</b> 382.
Attach Sch. B if required.	2a	Tax-exempt interest	2a			axable interes		. 2k	_		
	3a	Qualified dividends	3a			Ordinary divide Taxable amoun		. 3k			
24	4a 5a	IRA distributions Pensions and annuities	4a 5a			axable amoun		. 5k			
Standard Deduction for—		_	6a					. 6k			
Single or Married filing	6a Social security benefits 6a b Taxable amount										
separately,	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here									
\$12,950 Married filing	8	Other income from Schedule 1, lir						. 8			0,090.
jointly or Qualifying	9	*						. 9	_		5,292.
surviving spouse,	10	Addustments to income from Schedule 1, line 26							,		<u>,, _ , _ , </u>
\$25,900 • Head of	11	•	act line 10 from line 9. This is your <b>adjusted gross income</b>							11!	5 <b>,</b> 292.
household, \$19,400	12	Standard deduction or itemized						. 12			2,950.
If you checked	13	Qualified business income deduct		`	,			. 13			
any box under Standard	14	Add lines 12 and 13						. 14		12	2,950.
Deduction, see instructions.	15	Subtract line 14 from line 11. If ze							<u> </u>		2,342.

Form 1040 (2022	2)								Pa	ge <b>2</b>
Tax and	16	Tax (see instructions). Check	if any from Form	(s): <b>1</b> 881	4 <b>2</b> 🗌 4972	3 🗌		16	18,398	
Credits	17	Amount from Schedule 2, lin	ie 3					17		
	18	Add lines 16 and 17						18	18,398	8.
	19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812			19		
	20	Amount from Schedule 3, lin	ie 8					20		
	21	Add lines 19 and 20						21		
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	18,398	8.
	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	18,398	8.
Payments	25	Federal income tax withheld								
	а	Form(s) W-2				<b>25a</b> 20,	,659.			
	b	Form(s) 1099				25b				
	С	Other forms (see instructions	s)			25c				
	d	Add lines 25a through 25c					2	5d	20,659	9.
16	26	2022 estimated tax payment	ts and amount a	pplied from 20	21 return			26		
If you have a qualifying child,	27	Earned income credit (EIC)			No	27				
attach Sch. EIC.	28	Additional child tax credit from	n Schedule 8812			28				
	29	American opportunity credit	from Form 8863	8, line 8		29				
	30	Reserved for future use .				30				
	31	Amount from Schedule 3, lin	ie 15			31				
	32	Add lines 27, 28, 29, and 31	. These are your	total other pa	ayments and refu	ndable credits	;	32		
	33	Add lines 25d, 26, and 32. T					;	33	20,659	9.
Refund	34	If line 33 is more than line 24	1, subtract line 2	4 from line 33.	This is the amour	nt you <b>overpaid</b>	;	34	2,261	<del>1.</del>
neiulia	35a	Amount of line 34 you want	refunded to you	ı. If Form 8888	is attached, chec	k here	. 🗌 🖪	5a	2,261	<del>1.</del>
Direct deposit?	b	Routing number 0 1 1	5 0 0 0	1 0	c Type: 🛛	Checking S	avings			
See instructions.	d	Account number 3 9 4	0 0 6 0	0 9 1 0	6 4					
	36	Amount of line 34 you want a	applied to your	2023 estimate	ed tax	36				
Amount You Owe	37	Subtract line 33 from line 24								
Tou Owe	38	For details on how to pay, g Estimated tax penalty (see in	_	-		38		37		
Third Party		you want to allow another								
Designee		structions	•				mplete belo	w.	× No	
	De	signee's		Phone			nal identificat			
	nai	me		no.		numb	er (PIN)			
Sign		der penalties of perjury, I declare tief, they are true, correct, and com								
Here			piete. Declaration (			sed on all information			•	ige.
	YO	Your signature Date Your occupation							you an Identity I, enter it here	
Joint return?		SOFTWARE ENGINEE.				NGINEER	(see inst		<del>,                                    </del>	$\Box$
See instructions.	Spouse's signature. If a joint return, <b>both</b> must sign.		Date	Spouse's occupati	on			your spouse an		
Keep a copy for your records.							Identity (see inst		tion PIN, enter it	here
your rooordo.			_				,	.)		Ш
		one no. (504) 458-445		Email address	CHEPURINITH	IIN@GMAIL.COM			Ol I. if.	
Paid		eparer's name	Preparer's signat		a	Date	PTIN		Check if:	
Preparer		M PRIYA RAM SAGAR GUPTA TALLAM		KAM SAGAR	GUPTA TALLAM	02/18/2023	P020827		Self-employe	
Use Only		m's name GLOBAL TA			- 00016				578) 965-95	
			Y CT E BRU	NSWICK N			Firm's E	IN	84-31719	
Go to www.irs.go	ov/Forn	n1040 for instructions and the late	st information.		BAA	REV 02/10/23 PRO			Form <b>1040</b> (	(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

NITHIN CHEPURI

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 793-50-3573

Par	t 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	-10,090.
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	40.000
10	Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR	or 1040-NR line 8	10	-10.090

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 <b>adjustments to income</b> . 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 793-50-3573 NITHIN CHEPURI Part I **Income or Loss From Rental Real Estate and Royalties** Note: If you are in the business of renting personal property, use Schedule C. See instructions. If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40. Did you make any payments in 2022 that would require you to file Form(s) 1099? See instructions . 1a Physical address of each property (street, city, state, ZIP code) 2-10-300 JYOTHI NAGAR KARIMNAGAR TELANGANA IN 505001 Α В C 1b Type of Property **Fair Rental Personal Use** For each rental real estate property listed QJV (from list below) above, report the number of fair rental and **Davs Davs** personal use days. Check the QJV box only Α Α 365 0 if you meet the requirements to file as a В В qualified joint venture. See instructions. С C Type of Property: 3 Vacation/Short-Term Rental 1 Single Family Residence 5 Land 7 Self-Rental 8 Other (describe) 2 Multi-Family Residence 4 Commercial 6 Royalties **Properties:** Α В C Income: 3 599. 4 Royalties received 4 **Expenses:** 5 5 Advertising 6 Auto and travel (see instructions) 6 7 Cleaning and maintenance. 7 957. 8 Commissions 8 9 9 Insurance . . 10 10 Legal and other professional fees 1,277. 11 Management fees . . . . . . . . . 11 12 Mortgage interest paid to banks, etc. (see instructions) 12 13 13 3,844. 14 14 Repairs . . . 15 Supplies 15 2,881. 16 16 Taxes 17 Utilities . . . . . . . 17 1,730. 18 18 Depreciation expense or depletion . . . . . . . . 19 19 20 20 Total expenses. Add lines 5 through 19 . . . . . . 10,689. 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 -10,090. 22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) . . . . . . . . . 10,090.) 599. 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 10,689. Total of all amounts reported on line 20 for all properties 23e 24 **Income.** Add positive amounts shown on line 21. **Do not** include any losses 24 25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here 25 10,090. Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result 26

here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2 .

-10,090.