### 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

|   |  | <u> </u>  |
|---|--|---|
| Submission Identification Number (SID)  |  |   |
| Taxpayer's name   | Social securit   | y number  |
| TEJASWINI VUPPU   | 811-15-  | -2343   |
| Spouse's name   | Spouse's soci  | ial security number   |
| Part I Tax Return Information — Tax Year Ending December 31, 2022   | Enter vear vou a   | re authorizing.)  |
| Enter whole dollars only on lines 1 through 5.  | (Enter year year a   | TO data for izing i   |
| <b>Note:</b> Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.   |  |   |
| 1 Adjusted gross income   |  | <b>1 1 1 1 1 1 1 1 1 1</b>  |
| <b>2</b> Total tax  |  | 2 24,734.   |
| <b>3</b> Federal income tax withheld from Form(s) W-2 and Form(s) 1099  |  | 3 27,414.   |
| 4 Amount you want refunded to you   |  | 4 2,680.  |
| 5 Amount you owe  |  | 5   |
| Part II Taxpayer Declaration and Signature Authorization (Be sure you get   | and keep a copy  | y of your return)   |
| my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution accorpayment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial in authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to te payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation business days prior to the payment (settlement) date. I also authorize the financial institutions involved taxes to receive confidential information necessary to answer inquiries and resolve issues related to personal identification number (PIN) below is my signature for the income tax return (original or amend Electronic Funds Withdrawal Consent. | transmitter, or electro-<br>for rejection of the tra-<br>e the U.S. Treasury ar<br>unt indicated in the ta-<br>nstitution to debit the<br>riminate the authoriza-<br>on requests must be<br>d in the processing of<br>to the payment. I furti- | anic return originator (ERO) ansmission, (b) the reason and its designated Financial at preparation software for entry to this account. This account. To revoke (cancel) are received no later than 2 the electronic payment of the racknowledge that the |
| Taxpayer's PIN: check one box only  |  |   |
| ▼ I authorize GLOBAL TAXES LLC to enter or gen  | perate my PIN  | 2 3 4 3 as my   |
| ERO firm name signature on the income tax return (original or amended) I am now authorizing.  | Ent  | er five digits, but<br>n't enter all zeros  |
| I will enter my PIN as my signature on the income tax return (original or amended) if you are entering your own PIN and your return is filed using the Practitioner PIN   |  |   |
| Your signature ►  | te ▶   |   |
|   |  |   |
| Spouse's PIN: check one box only  |  |   |
| ☐ I authorize to enter or gen   |  | as my   |
| <b>ERO firm name</b> signature on the income tax return (original or amended) I am now authorizing.   |  | er five digits, but<br>n't enter all zeros  |
| I will enter my PIN as my signature on the income tax return (original or amended) if you are entering your own PIN and your return is filed using the Practitioner PIN below.  |  |   |
| Spouse's signature ▶ Dat  | te ▶   |   |
| Practitioner PIN Method Returns Only—continue I   | below  |   |
| Part III Certification and Authentication — Practitioner PIN Method Only  |  |   |
| ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.  |  | 6 6 1 9 8 9<br>er all zeros   |
| I certify that the above numeric entry is my PIN, which is my signature for the electronic individual inc authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I an requirements of the Practitioner PIN method and <b>Pub. 1345</b> , Handbook for Authorized IRS <i>e-file</i> Provide   | n submitting this retu   | rn in accordance with the   |
| ERO's signature ▶ Dat   | te ▶   |   |
| ERO Must Retain This Form — See Instruction   |  |   |

Don't Submit This Form to the IRS Unless Requested To Do So

# E1040 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 Check only                         | s 🔀 S    | Single Married filing jointly   | Marrie         | d filing separate  | ly (MFS) | ☐ Head of       | house   | hold (HOH)     |          |             | ifying surv<br>ise (QSS)      | /iving                    |
|--|----------|---|----------------|--------------------|----------|-----------------|---------|----------------|----------|-------------|-------------------------------|---------------------------|
| one box.   | •        | u checked the MFS box, enter the nation is a child but not your dependent | •              | our spouse. If yo  | ou check | ed the HOH o    | r QSS   | box, enter     | he ch    | ild's       | name if th                    | ne qualifying             |
| Your first name                                  | and mi   | ddle initial  | Last nar       | ne                 |          |                 |         |                | You      | r soc       | cial securit                  | ty number                 |
| TEJASWIN   | ΝI       |   | VUPP           | U                  |          |                 |         |                | 81       | 1-1         | 5-2343                        | 3                         |
| If joint return, s                               | pouse's  | first name and middle initial   | Last nar       | ne                 |          |                 |         |                | Spo      | use's       | social sec                    | curity number             |
| Home address                                     | (numbe   | r and street). If you have a P.O. box, see                                | instructio     | ons.               |          |                 | A       | Apt. no.       | 1        |             |                               | on Campaign               |
| _1907 CAS  |          |   |                |                    |          |                 |         | 71             |          |             | ere if you,<br>if filing ioin | or your<br>itly, want \$3 |
|  | ost offi | ce. If you have a foreign address, also co                                | mplete sp      | oaces below.       | Sta      |                 | ZIP c   |                |          |             |                               | Checking a                |
| MC LEAN  |          |   |                |                    | _   VA   |                 | 221     |                | _        |             | w will not                    |                           |
| Foreign country                                  | y name   |   |                | oreign province/st | ate/coun | ty              | Foreig  | ın postal code | you      | rtax        | or refund.                    | Spouse                    |
| Digital  |          | ny time during 2022, did you: (a) reco                                    | ,              |                    |          |                 | •       | **             | . ,      |             |                               |                           |
| Assets   |          | ange, gift, or otherwise dispose of a                                     |                |                    |          |                 | asset)  | ? (See insti   | uction   | 15.)        |                               | ⊠ No                      |
| Standard Deduction                               |          | eone can claim:   | •              |                    |          | a dependent     |         |                |          |             |                               |                           |
| Age/Blindness                                    | s You:   | ☐ Were born before January 2, 1   | 958            | Are blind          | Spouse   | : Was bo        | rn befo | ore January    | 2, 19    | 58          | ☐ Is bl                       | ind                       |
| Dependents                                       | s (see   | instructions):  |                | (2) Social sec     | urity    | (3) Relationsh  | hip (4  | ) Check the    | box if o | μαlifi<br>' | es for (see                   | instructions):            |
| If more  | (1) F    | rst name Last name  |                | number             |          | to you          |         | Child tax      | credit   | (           | Credit for ot                 | her dependents            |
| than four  |          |   |                |                    |          |                 |         |                |          |             |                               |                           |
| dependents, see instruction                      | s ——     |   |                |                    |          |                 |         |                |          | _           | l                             |                           |
| and check  | , —      |   |                |                    |          |                 |         |                |          | $\dashv$    |                               |                           |
| here L   |          |   |                |                    |          |                 |         |                |          | _           |                               |                           |
| Income   | 1a       | Total amount from Form(s) W-2, b  | ,              | •                  |          |                 |         |                | .        | 1a          | 15                            | 52,010.                   |
| Attach Form(s)                                   | b        | Household employee wages not re   | •              |                    |          |                 |         |                | .        | 1b          |                               |                           |
| W-2 here. Also                                   | С.       | Tip income not reported on line 1a (see instructions)                     |                |                    |          |                 |         | •              | 1c       |             |                               |                           |
| attach Forms<br>W-2G and                         | d        | Medicaid waiver payments not reported on Form(s) W-2 (see instructions)   |                |                    |          |                 |         | .              | 1d       |             |                               |                           |
| 1099-R if tax                                    | e        | Taxable dependent care benefits from Form 2441, line 26                   |                |                    |          |                 |         |                | .        | 1e          | +                             |                           |
| was withheld.                                    | f        | Employer-provided adoption bene   |                |                    |          |                 |         |                | .        | 1f          | +                             |                           |
| If you did not get a Form                        | g        | Wages from Form 8919, line 6.   |                |                    |          |                 |         |                | .        | 1g          | +                             | 0.                        |
| W-2, see   | h<br>:   | Other earned income (see instruction                                      | •              |                    |          |                 | .       |                | .        | 1h          |                               |                           |
| instructions.                                    | i        | Nontaxable combat pay election (s  Add lines 1a through 1h                | see msm        | uctions)           |          | <u>1</u> i      | ·       |                |          | 1z          | 1 1 1                         | 52,010.                   |
| Attack Cab D                                     | z<br>2a  |   | 2a             |                    | <br>  ьт | axable interes  |         |                | .        | 2b          | +                             | <u>JZ, UIU.</u>           |
| Attach Sch. B if required.                       | 3a       | ·   | 3a             |                    | 1        | ordinary divide |         |                | .        | 3b          |                               |                           |
|  | 4a       |   | 4a             |                    | 1        | axable amoun    |         |                | .        | 4b          |                               |                           |
| Standard   | 5a       |   | 5a             |                    | 1        | axable amoun    |         |                |          | 5b          |                               |                           |
| Deduction for -                                  | 6a       |   | 6a             |                    | 1        | axable amoun    |         |                | h        | 6b          |                               |                           |
| <ul> <li>Single or<br/>Married filing</li> </ul> | С        | If you elect to use the lump-sum e  |                | nethod, check h    | ,        |                 |         |                | ήl       |             |                               |                           |
| separately,<br>\$12,950                          | 7        | Capital gain or (loss). Attach Sche                                       |                |                    |          |                 |         |                |          | 7           | 1                             |                           |
| Married filing                                   | 8        | Other income from Schedule 1, lin   |                |                    |          |                 |         |                | _ [      | 8           | -:                            | 10,317.                   |
| jointly or<br>Qualifying                         | 9        | Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,                                      |                |                    |          |                 |         |                | . [      | 9           | 1                             | 41,693.                   |
| surviving spouse,<br>\$25,900                    | 10       | Adjustments to income from Sche   | dule 1, li     | ne 26              |          |                 |         |                |          | 10          |                               |                           |
| • Head of  | 11       | Subtract line 10 from line 9. This is                                     | your <b>ac</b> | ljusted gross in   | come     |                 |         |                | . [      | 11          | 14                            | 41 <b>,</b> 693.          |
| household,<br>\$19,400                           | 12       | Standard deduction or itemized  | deducti        | ons (from Sched    | dule A)  |                 |         |                | .        | 12          |                               | 12,950.                   |
| If you checked                                   | 13       | Qualified business income deducti   | ion from       | Form 8995 or Fe    | orm 899  | 5-A             |         |                |          | 13          |                               |                           |
| any box under<br>Standard                        | 14       | Add lines 12 and 13   |                |                    |          |                 |         |                | . [      | 14          | 1                             | 12 <b>,</b> 950.          |
| Deduction, see instructions.                     | 15       | Subtract line 14 from line 11. If zer                                     | o or less      | s, enter -0 This   | is your  | taxable incon   | ne .    |                | . [      | 15          | 12                            | 28,743.                   |
|  |          |   |                |                    |          |                 |         |                | - 1      |             |                               |                           |

| Form 1040 (2022  | 2)       |   |                         |                   |                   |                    |                    |          |         |               | Page <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      | 24            | ,734.         |
| Credits  | 17       | Amount from Schedule 2, lin   | ne 3                    |                   |                   |                    |                    |          | 17      |               |               |
|  | 18       | Add lines 16 and 17   |                         |                   |                   |                    |                    | . [      | 18      | 24            | ,734.         |
|  | 19       | Child tax credit or credit for  | other dependen          | ts from Sched     | ule 8812          |                    |                    | . [      | 19      |               |               |
|  | 20       | Amount from Schedule 3, Iir   | ne 8                    |                   |                   |                    |                    | . [      | 20      |               |               |
|  | 21       | Add lines 19 and 20   |                         |                   |                   |                    |                    | . [      | 21      |               |               |
|  | 22       | Subtract line 21 from line 18   | . If zero or less,      | enter -0          |                   |                    |                    | . [      | 22      | 24            | ,734.         |
|  | 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      | 24            | ,734.         |
| <b>Payments</b>  | 25       | Federal income tax withheld   | from:                   |                   |                   |                    |                    |          |         |               |               |
|  | а        | Form(s) W-2   |                         |                   |                   | 25a                | 27,4               | 14.      |         |               |               |
|  | b        | Form(s) 1099  |                         |                   |                   | 25b                |                    |          |         |               |               |
|  | С        | Other forms (see instruction:   | s)                      |                   |                   | 25c                |                    |          |         |               |               |
|  | d        | Add lines 25a through 25c   |                         |                   |                   |                    |                    | .        | 25d     | 27            | ,414.         |
| If you have a  | 26       | 2022 estimated tax payment  | ts and amount a         | pplied from 20    | 021 return        |                    |                    | . [      | 26      |               |               |
| qualifying child,  | 27       | Earned income credit (EIC)  |                         |                   | No .              | 27                 |                    |          |         |               |               |
| attach Sch. EIC.   | 28       | Additional child tax credit from  | m 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, Iir   | ne 15                   |                   |                   | 31                 |                    |          |         |               |               |
|  | 32       | Add lines 27, 28, 29, and 31  | . These are your        | total other pa    | ayments and refu  | ındable c          | redits .           | .        | 32      |               |               |
|  | 33       | Add lines 25d, 26, and 32. T  | hese are your <b>to</b> | tal payments      |                   |                    |                    |          | 33      |               | ,414.         |
| 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>ov</b> e | erpaid .           | .        | 34      |               | ,680.         |
|  | 35a      |   |                         |                   |                   |                    |                    |          |         | 2             | ,680.         |
| Direct deposit?  | b        | Routing number 0 5 4  |                         |                   |                   | Checking           | g 🗌 Sav            | rings    |         |               |               |
| See instructions.  | d        | Account number 2 2 6  | 0 0 2 1                 | 8 6 7 4           | 4   8             | $\sqcup \sqcup$    |                    |          |         |               |               |
|  | 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  |          | For details on how to pay, g  | o to www.irs.gov        | //Payments or     | see instructions. |                    |                    |          | 37      |               |               |
|  | 38       | Estimated tax penalty (see in   | nstructions) .          |                   |                   | 38                 |                    |          |         |               |               |
| Third Party  |          | you want to allow another   |                         |                   |                   |                    |                    |          |         |               |               |
| Designee   |          | structions  |                         |                   |                   | . Ц                | Yes. Comp          |          |         | × No          |               |
|  | De<br>na | signee's<br>me  |                         | Phone no.         |                   |                    | Personal<br>number |          | ation [ | $\Box$        | T             |
| Sign   |          | der penalties of perjury, I declare tief, they are true, correct, and com |                         |                   | , , ,             |                    | statements,        | and to t |         | ,             | 0             |
| Here   |          | ur signature  | proto, 2 oola aa oo     | Date              | Your occupation   |                    |                    |          |         | it you an Ide | •             |
|  | 10       | ur signature  |                         | Date              | Tour occupation   |                    |                    | l _      |         | N, enter it h |               |
| Joint return?  |          |   |                         |                   | SOFTWARE E        | ENGINE:            | ΞR                 | (see in  | ıst.)   |               |               |
| See instructions.  | Sp       | ouse's signature. If a joint return, I                                    | <b>both</b> must sign.  | Date              | Spouse's occupati | on                 |                    |          |         | t your spous  |               |
| Keep a copy for your records.                              |          |   |                         |                   |                   |                    |                    | (see in  |         | ction PIN, e  | nter it here  |
|  |          |   |                         | English dataset   |                   | DIII 0 014         |                    | (000 111 |         |               |               |
|  |          | one no. (571) 245-695<br>eparer's name                                    | 6<br>Preparer's signat  | Email address     | TEJASWINIVU       | PUI@GM.<br>Date    |                    | ΓIN      | —       | Check if:     |               |
| Paid   |          | •   | '                       |                   | מווחשת שאוואיי    |                    |                    |          | 702     | Self-er       | mployed       |
| Preparer   |          | PRIYA RAM SAGAR GUPTA TALLAM  |                         | KAM SAGAK         | GUPTA TALLAM      | 03/02/             | 2023   PU          | 2082     |         |               | . ,           |
| Use Only   |          | m's name GLOBAL TA  |                         | NICHITAIL N       | T 00016           |                    |                    | Phone    |         | 678) 965      |               |
| Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816 Firm's I |          |   |                         |                   |                   | ΠIN                | <u> </u>           | 71965    |         |               |               |

#### SCHEDULE 1 (Form 1040)

### **Additional Income and Adjustments to Income**

2022 Attachment Sequence No. 01

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

TEJASWINI VUPPU

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 811–15–2343

| Par    | t I Additional Income  |                |    |          |
|--------|--|----------------|----|----------|
| 1      | Taxable refunds, credits, or offsets of state and local income taxes           |                | 1  |          |
| 2a     | Alimony received   |                | 2a |          |
| b      | Date of original divorce or separation agreement (see instructions):           |                |    |          |
| 3      | Business income or (loss). Attach Schedule C                                   |                | 3  |          |
| 4      | Other gains or (losses). Attach Form 4797                                      |                | 4  |          |
| 5      | Rental real estate, royalties, partnerships, S corporations, trusts, etc. Atta | ach Schedule E | 5  | -10,317. |
| 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             | 4  |          |
| į      | Prizes and awards  | 8i             | -  |          |
| j      | Activity not engaged in for profit income                                      | 8j             | -  |          |
| k      | Stock options  | 8k             | _  |          |
| ı      | 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                        | 0              |    |          |
|        | instructions)  | 8m             | -  |          |
| n      | Section 951(a) inclusion (see instructions)                                    | 8n             | -  |          |
| 0      | Section 951A(a) inclusion (see instructions)                                   | 80             | -  |          |
| p      | Taxable distributions from an ABLE account (see instructions)                  | 8p 8q          | -  |          |
| q<br>r | Scholarship and fellowship grants not reported on Form W-2                     | 8r             | -  |          |
| S      | Nontaxable amount of Medicaid waiver payments included on Form                 | OI             |    |          |
| 3      | 1040, line 1a or 1d  | 8s (           | ١  |          |
| t      | Pension or annuity from a nonqualifed deferred compensation plan or            |                | 4  |          |
| ٠      | 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          |                | 10 | _10 317  |

Schedule 1 (Form 1040) 2022

| Par        | t II Adjustments to Income   |             |          |         |     |   |
|------------|--|-------------|----------|---------|-----|---|
| 11         | Educator expenses  |             |          |         | 11  |   |
| 12         | Certain business expenses of reservists, performing artists, and fee-t   |             |          |         |     |   |
|            | 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          | , , , , , , , , , , , , , , , , , , ,  | 24a         |          |         |     |   |
| b          | Deductible expenses related to income reported on line 8I from the   |             |          |         |     |   |
|            |  | 24b         |          |         |     |   |
| С          | Nontaxable amount of the value of Olympic and Paralympic medals  |             |          |         |     |   |
|            |  | 24c         |          |         |     |   |
| d          | · · · · · · · · · · · · · · · · · · ·  | 24d         |          |         |     |   |
| е          | Repayment of supplemental unemployment benefits under the Trade  |             |          |         |     |   |
|            | real control of the c | 24e         |          |         |     |   |
| f          |  | 24f         |          |         |     |   |
| g          | •  | 24g         |          |         |     |   |
| h          | Attorney fees and court costs for actions involving certain unlawful   |             |          |         |     |   |
|            | `  | 24h         |          |         | -   |   |
| 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   | <b>.</b> 4: |          |         |     |   |
|            | <u></u>  | 24i         |          |         |     |   |
| j          |  | 24j         |          |         | -   |   |
| K          | Excess deductions of section 67(e) expenses from Schedule K-1 (Form  | 241-        |          |         |     |   |
| _          |  | 24k         |          |         | -   |   |
| Z          | Other adjustments. List type and amount:   | 24z         |          |         |     |   |
| 25         | Total other adjustments. Add lines 24a through 24z   |             |          |         | 25  |   |
| 25<br>26   | Add lines 11 through 23 and 25. These are your <b>adjustments to income</b> .  |             |          |         | 25  |   |
| <b>2</b> 0 | Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a   | Ente        | i nere a | iiiu on | 26  |   |
|            | Tomic road or road original road original road or respectively.  |             |          |         |     | I |

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#### **SCHEDULE E** (Form 1040)

#### **Supplemental Income and Loss**

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

OMB No. 1545-0074

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** 

Name(s) shown on return

Your social security number

| TEJ.     | ASWINI VUPPU  |           |          |            |         |                   | 811-1        | 5-2343      | 3         |
|----------|---|-----------|----------|------------|---------|-------------------|--------------|-------------|-----------|
| Par      | Income or Loss From Rental Real Estate and Note: If you are in the business of renting personal proper rental income or loss from Form 4835 on page 2, line 40. |           |          | C. See     | instru  | ctions. If you    | are an indi  | vidual, rep | oort farm |
|          | Did you make any payments in 2022 that would require you  |           |          |            |         |                   |              |             | es 🛛 No   |
| В        | If "Yes," did you or will you file required Form(s) 1099? .   |           |          |            |         |                   |              | . 🗌 Ye      | es 🗌 No   |
| 1a       | Physical address of each property (street, city, state, ZIF   | code)     |          |            |         |                   |              |             |           |
| A        | H NO:3-12-41/2 FLAT E3 SWETHA ELEGANCE SRI LAKS.  | SHMT NAC  | GARMANS  | OORABA     | D. LB   | NAGAR, HYDE       | RABAD, TE    | ELANGANA    | IN 500070 |
|          |   |           |          |            | ,       |                   | ,            |             |           |
|          |   |           |          |            |         |                   |              |             |           |
| 1b       | Type of Property (from list below)  2 For each rental real estate proper above, report the number of fair r   | rental ar | nd       |            | Fa      | ir Rental<br>Days | Persor<br>Da |             | QJV       |
| Α        | personal use days. Check the QJ   |           | only [   | Α          |         | 365               |              | 0           |           |
| В        | if you meet the requirements to fi qualified joint venture. See instru  |           |          | В          |         |                   |              |             |           |
| С        | qualified joint venture. See mistra   | ictions.  |          | С          |         |                   |              |             |           |
| Type     | of Property:  |           |          |            |         |                   |              |             |           |
|          | Single Family Residence 3 Vacation/Short-Term Rent  | tal       | 5 Land   |            |         | Self-Rental       |              |             |           |
| 2        | Multi-Family Residence 4 Commercial   |           | 6 Roya   | lties      | 8       | Other (desc       | ribe)        |             |           |
|          |   |           |          |            |         | Propert           | ies:         |             |           |
| Incor    | me:   |           |          | Α          |         | В                 |              |             | С         |
| 3        | Rents received  | 3         |          | 6          | 50.     |                   |              |             |           |
| 4        | Royalties received  | 4         |          |            |         |                   |              |             |           |
| Ехре     | nses:   |           |          |            |         |                   |              |             |           |
| 5        | Advertising   | 5         |          |            |         |                   |              |             |           |
| 6        | Auto and travel (see instructions)  | 6         |          |            |         |                   |              |             |           |
| 7        | Cleaning and maintenance  | 7         |          | 9          | 54.     |                   |              |             |           |
| 8        | Commissions   | 8         |          |            |         |                   |              |             |           |
| 9        | Insurance   | 9         |          |            |         |                   |              |             |           |
| 10       | Legal and other professional fees   | 10        |          |            |         |                   |              |             |           |
| 11       | Management fees   | 11        |          | 1,0        | 79.     |                   |              |             |           |
| 12       | Mortgage interest paid to banks, etc. (see instructions)  | 12        |          |            |         |                   |              |             |           |
| 13       | Other interest  | 13        |          |            |         |                   |              |             |           |
| 14       | Repairs   | 14        |          | 1,8        |         |                   |              |             |           |
| 15       | Supplies  | 15        |          | 2,3        | 50.     |                   |              |             |           |
| 16       | Taxes   | 16        |          | 1 (        | 0.5     |                   |              |             |           |
| 17       | Utilities   | 17<br>18  |          | 1,6<br>3,0 |         |                   |              |             |           |
| 18       | Depreciation expense or depletion   |           |          | 3,0        | 49.     |                   |              |             |           |
| 19<br>20 | Other (list) Total expenses. Add lines 5 through 19   | 19        |          | 10,9       | 67      |                   |              |             |           |
| 21       | Subtract line 20 from line 3 (rents) and/or 4 (royalties). If   | 20        |          | 10,3       | 07.     |                   |              |             |           |
| 21       | result is a (loss), see instructions to find out if you must file <b>Form 6198</b>  | 21        | _        | 10,3       | 17.     |                   |              |             |           |
| 22       | Deductible rental real estate loss after limitation, if any, on <b>Form 8582</b> (see instructions)   | 22 (      |          | 10,31      |         | (                 | )            | (           | )         |
| 23a      | Total of all amounts reported on line 3 for all rental proper   | rties     |          |            | 23a     |                   | 650.         |             |           |
| 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        |   |           |          |            | 23d     | 3                 | 3,049.       |             |           |
| е        | Total of all amounts reported on line 20 for all properties   |           |          |            | 23e     | 10                | ,967.        |             |           |
| 24       | Income. Add positive amounts shown on line 21. Do not   | t include | e any lo | sses       |         |                   | . 24         |             |           |
| 25       | Losses. Add royalty losses from line 21 and rental real estat   | te losses | from lin | e 22. E    | nter to | otal losses he    | re <b>25</b> | (           | 10,317.)  |
| 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 Schedule 1 (Form 1040), line 5. Otherwise, include this an   |           |          |            |         |                   | on <b>26</b> |             | -10,317.  |

### Form **4562**

Department of the Treasury Internal Revenue Service

### **Depreciation and Amortization**

(Including Information on Listed Property)

Attach to your tax return.

Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No. 1545-0172

2022

Attachment Sequence No. 179

Name(s) shown on return Business or activity to which this form relates Identifying number TEJASWINI VUPPU Sch E H NO:3-12-41/2 FLAT E3 811-15-2343 Part I **Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I. 1 1,080,000. 2 Total cost of section 179 property placed in service (see instructions) . . . . . . 2 3 Threshold cost of section 179 property before reduction in limitation (see instructions) . . . . 3 2,700,000. 4 5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing 5 (b) Cost (business use only) (a) Description of property 6 (c) Elected cost 7 Listed property. Enter the amount from line 29 . . . . . . . . . . . 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 9 Tentative deduction. Enter the **smaller** of line 5 or line 8 . . . . . . . . . . . . . 9 10 Carryover of disallowed deduction from line 13 of your 2021 Form 4562 . . . . . . . . . . . . 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions 11 12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11. 12 13 Carryover of disallowed deduction to 2023. Add lines 9 and 10, less line 12 Note: Don't use Part II or Part III below for listed property. Instead, use Part V. Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.) 14 Special depreciation allowance for qualified property (other than listed property) placed in service 14 15 **16** Other depreciation (including ACRS) 16 Part III MACRS Depreciation (Don't include listed property. See instructions.) 17 MACRS deductions for assets placed in service in tax years beginning before 2022 . . . . . . . 17 18 If you are electing to group any assets placed in service during the tax year into one or more general Section B-Assets Placed in Service During 2022 Tax Year Using the General Depreciation System (b) Month and year (c) Basis for depreciation (d) Recovery (a) Classification of property (business/investment use (e) Convention placed in (f) Method (g) Depreciation deduction only-see instructions) **19a** 3-year property 5-year property c 7-year property **d** 10-year property e 15-year property f 20-year property 25 yrs. S/L g 25-year property 27.5 yrs. S/L h Residential rental 01/22 MM 87,482. 3,049. 27.5 yrs. MM S/L property S/L i Nonresidential real 39 yrs. MM MM S/L property Section C-Assets Placed in Service During 2022 Tax Year Using the Alternative Depreciation System S/L 20a Class life 12 yrs. S/L **b** 12-year c 30-year 30 yrs. MM S/L 40 yrs. MM S/L d 40-vear Part IV Summary (See instructions.) 21 Listed property. Enter amount from line 28 21 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions 22 3,049. 23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs. . . 23

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Form **4562** (2022)

2022 VA760CG Individual Income Tax Return Page 1





TEJASWINI

VUPPU

1907 CATHY LANE APT T1

MC LEAN

VA 22102

| SSN - You V                   | JPP         | 811152343 | Vendor ID 1555                                 | XXXXX        | П      |
|-------------------------------|-------------|-----------|--|--------------|--------|
| SSN - Spouse                  |             |           |  |              |        |
| Fed Adj Gross Income (FAGI)   | 1.          | 141693.   | Withholding (VA) - You                         | 19A.         | 3088.  |
| Additions                     | 2.          |           | Withholding (VA) - Spouse                      | 19B.         |        |
| Subtotal                      | 3.          | 141693.   | Estimated Payments                             | 20.          |        |
| Age Deduction - You           | 4A.         |           | 2021 Overpayment                               | 21.          |        |
| Age Deduction - Spouse        | 4B.         |           | Extension Payments                             | 22.          |        |
| Soc Sec & Tier 1 Railroad     | 5.          |           | Credit - Low-Income or EIC                     | 23.          |        |
| State Income Tax Overpayme    | nt 6.       |           | Credit - Schedule OSC                          | 24.          |        |
| Subtractions                  | 7.          |           | Credits - Schedule CR                          | 25.          |        |
| Subtotal Subtractions         | 8.          |           | Total Payments / Credits                       | 26.          | 3088.  |
| Total VA Adj Gross Income (VA | AGI) 9.     | 141693.   | Tax You Owe                                    | 27.          |        |
| Itemized Deductions - VA Sch  | A 10.       |           | Tax Overpayment                                | 28.          | 712.   |
| Standard Deduction            | 11.         | 8000.     | Overpayment Credited to Next Year              | 29.          |        |
| Exemptions                    | 12.         | 930.      | VAC - Virginia 529 / ABLE                      | 30.          |        |
| Deductions                    | 13.         |           | VAC - Other Contributions                      | 31.          |        |
| Subtotal (Deductions & Exemp  | otions) 14. | 8930.     | Addition to Tax, Penalty & Interest            | 32.          |        |
| VA Taxable Income             | 15.         | 132763.   | Sales and Use Tax                              | 33.          |        |
| Amount of Tax                 | 16.         | 7376.     | Amount You Owe Will Pay by Credit/Debit Card N |              |        |
| Spouse Tax Adjustment (STA)   | 17.         |           | Your Refund                                    | 1            | 712.   |
| VAGI - Spouse                 | 17A.        |           | Bank Routing #                                 | C 0540       | 001204 |
| Net Amount of Tax             | 18.         | 7376.     | Bank Account #                                 | 226002186748 |        |
| L                             | _           |           | Datin Account if                               | 220002100/40 | ,      |

\_LAR \_\_\_DLAR \_\_\_DTD \_\_\_LTD \$\_\_\_\_\_

Page 1 of 2





DOB - Spouse

Dependents

VA Driver's License ID - Spouse

Additional Filing Information

NJ 08816

Page 2 of 2

Filing Status 1 Locality 059

Federal Head of Household Uninsured & Authorize DMAS

DOB - You 12091991 Name or Filing Status Change

VA Driver's License ID - You Address Change

VA Driver's License - Iss. Date - You VA Return Not Filed Last Year

Spouse Name (Filing Status 3 Only)

Dependent on Another's Return

Farmer / Fisherman / Merchant Seaman

Amended

Reason Code

VA Driver's License - Iss. Date - Spouse

Overseas on Due Date

Exemptions (A) Federal EIC & Amount

Spouse 65 & Over - Spouse Deceased Indicator

Total (A) 1 Blind - Spouse No Sales & Use Tax Due Indicator X

Form 760C or 760F

Total (B) Obtain Electronic 1099G

ID Theft PIN

#### **Contact Information**

Blind - You

I (We), the undersigned, declare under penalty of law that I (we) have examined this return & to the best of my (our) knowledge, it is a true, correct & complete return. If you are requesting direct deposit of your refund by providing bank information on your return, you are certifying that the information provided is for a domestic account within the territorial jurisdiction of the United States.

 Signature - You
 Date
 Phone - You

Signature - Spouse \_\_\_\_\_ Date Phone - Spouse

Signature - Preparer SYAM PRIYA RAM SAGAR GUPTA TALLAM Date

030223

Phone Preparer

gnature - Preparer SYAM PRIYA RAM SAGAR GUPTA TALLAM Date Phone - Preparer

The Tax Department may discuss my/our return with my/our preparer.

Preparer Information

epartment may discuss my/our return with my/our preparer.

Preparer Information

GLOBAL TAXES LLC

File by May 1, 2023

Include Page 1, Page 2 and all 245 ROONEY CT supporting 760CG documents. E BRUNSWICK

### 2022 Schedule INC/CG

811152343

Report all W-2s, 1099s & VK-1s with VA Withholding





| Your/<br>Spouse SSN | Withholding<br>Type | VA<br>Withholding | Employer<br>FEIN | VA<br>Account Number | VA Wages, tips, other comp. |
|---------------------|---------------------|-------------------|------------------|----------------------|-----------------------------|
| Г                   |                     |                   |                  |                      | コ                           |
| 811152343           | M                   | 8088.             | 043481560        | 30043481560F001      | 152010.                     |

|     | Total VA Withholding          | SSN       | VA Withholding |
|-----|-------------------------------|-----------|----------------|
| ١   | You                           | 811152343 | 8088.          |
| \$  | Spouse                        |           |                |
| _ ' | Total # of W-2s,1099s & VK-1s | 01        |                |

VA-8879 Virginia Department of Taxation

Virginia Submission Identification Number (SID)

# Virginia Individual Income Tax e-File Signature Authorization

Tax Year 2022

## DO NOT SEND THIS VA-8879 TO THE VIRGINIA DEPARTMENT OF TAXATION OR THE IRS. IT MUST BE MAINTAINED IN YOUR FILES!

| Your Name   | <b>B</b> Your Social Sec  | curity Number   |
|---|---|---|
| TEJASWINI VUPPU   | 811-15-23   | 43  |
| Spouse's Name   | A Spouse's Socia  |   |
|   |   |   |
| Part I Tax Return Information   | A Spouse  | B Yourself  |
| 1. Federal Adjusted Gross Income (Form 760CG, Line 1; 760PY, Line 1, columns A & B; Form 763, Line 1)   |   | 141693.   |
| 2. Virginia Adjusted Gross Income (Form 760CG, Line 9; 760PY, Line 10, columns A & B; Form 763, Line 9)   |   | 141693.   |
| 3. Taxable Income (Form 760CG, Line 15; 760PY, Line 16, columns A & B; Form 763, Line 17)   |   | 132763.   |
| 4. Virginia Income Tax (Form 760CG, Line 18; 760PY, Line 17, columns A & B; Form 763 Line 18)   |   | 7376.   |
| 5. Withholding (Form 760CG, Line 19a & 19b; 760PY, Lines 19a & 19b; Form 763, Lines 19a & 19b)  |   | 8088.   |
| 6. Amount you Owe (Form 760CG, Line 35; Form 760PY, Line 35; Form 763, Line 35)   |   |   |
| 7. Refund (Form 760CG, Line 36; 760PY, Line 36; Form 763, Line 36)  |   | 712.  |
| Part II Declaration of Taxpayer and Signature Authorization Under penalties of perjury, I declare that I have examined a copy of my individual income tax return and accompanying   |   |   |
| filing a balance due return, I understand that if the Virginia Department of Taxation (Virginia Tax) does not receive full liable for the tax liability and all applicable interest and penalties. I authorize my ERO, Transmitter or Intermediate Ser Virginia Tax. I have selected a personal identification number (PIN) as my signature for my electronic income tax returnefund or direct debit of my tax due. In choosing either direct deposit or direct debit, I certify that the transaction does not the territorial jurisdiction of the United States at any point in the process. Taxpayers may sign the form using a rubbe signature pen, or computer software program.  Taxpayer's e-File PIN: check one box only  I authorize the ERO named below to enter my e-File PIN 5 2 3 4 3 3 as my signature on my 2022 e- | vice Provider to transmit r<br>rn and, if applicable, the d<br>not directly involve a finan<br>er stamp, mechanical dev | my complete return to irect deposit of my cial institution outside ice, such as a |
| Do not enter all zeros  | med virginia marvidaa ine   | ome tax retain.   |
| GLOBAL TAXES LLC  |   |   |
| ERO Firm Name   |   | 5" 5W   |
| I will enter my e-File PIN as my signature on my 2022 e-filed Virginia individual income tax return. Check this be and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.  | ox only if you are entering   | your own e-File PIN   |
| Your Signature Date   |   |   |
| Spouse's e-File PIN: check one box only   |   |   |
| I authorize the ERO named below to enter my e-File PIN as my signature on my 2022 e-  Do not enter all zeros  | filed Virginia individual inc   | come tax return.  |
| ERO Firm Name   |   |   |
| I will enter my e-File PIN as my signature on my 2022 e-filed Virginia individual income tax return. Check this be PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.  | ox only if you are entering   | your own e-File   |
| Spouse's Signature Date   |   |   |
| Part III Certification and Authentication – Practitioner PIN Method Only  |   |   |
| ERO's EFIN/PIN: Enter your six-digit EFIN followed by your five digit self-selected PIN.  2 2 2 4 9 6   | 6 1 9 8 9   |   |
| Do not enter a I certify that the above numeric entry is my ERO EFIN/PIN, which is my signature for the 2022 Virginia individual incomindicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN related book for Electronic Filers of Individual Income Tax Returns (Tax Year 2022). EROs may sign the form using a rub a signature pen, or computer software program.  | e tax retum for the taxpay<br>nethod and Virginia's publ  | lication  |
| ERO's Signature Date03-   | 02-23   |   |