#### Department of the Treasury Internal Revenue Service

# IRS e-file Signature Authorization

OMB No. 1545-0074

▶ ERO must obtain and retain completed Form 8879. ► Go to www.irs.gov/Form8879 for the latest information.

Submission Identification Number (SID)

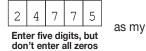
| тахрау | er s name   | Social security | y numc  | ber          |  |  |  |  |  |  |  |
|--------|---|-----------------|---------|--------------|--|--|--|--|--|--|--|
| VEE    | RA VENKATA VINAY KANDULA  | 684-42-         | 477     | ō            |  |  |  |  |  |  |  |
| Spouse | 's name   | Spouse's soci   | al secu | irity number |  |  |  |  |  |  |  |
|        |   |                 |         |              |  |  |  |  |  |  |  |
| Par    | Part I Tax Return Information – Tax Year Ending December 31, 2022 (Enter year you are authorizing.) |                 |         |              |  |  |  |  |  |  |  |
| 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       | 104,453.     |  |  |  |  |  |  |  |
| 2      | Total tax   |                 | 2       | 15,802.      |  |  |  |  |  |  |  |
| 3      | Federal income tax withheld from Form(s) W-2 and Form(s) 1099                                       |                 | 3       | 18,819.      |  |  |  |  |  |  |  |
| 4      | Amount you want refunded to you   |                 | 4       | 3,017.       |  |  |  |  |  |  |  |
| 5      | Amount you owe  |                 | 5       |              |  |  |  |  |  |  |  |

#### Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return) Part II

Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at **1-888-353-4537**. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

### Taxpayer's PIN: check one box only

| Х | l authorize | GLOBAL TAXES | LLC           | to enter or generate my PIN |  |
|---|-------------|--------------|---------------|-----------------------------|--|
|   |             |              | ERO firm name |                             |  |



signature on the income tax return (original or amended) I am now authorizing.

I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature

Date

### Spouse's PIN: check one box only

I authorize

to enter or generate my PIN

as my Enter five digits, but don't enter all zeros

ERO firm name signature on the income tax return (original or amended) I am now authorizing.

I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

| Spouse's signature ► D  | ate 🖡 |    |   |  |                  |    |   |  |
|---|-------|----|---|--|------------------|----|---|--|
| Practitioner PIN Method Returns Only—continue   | bel   | ow |   |  |                  |    |   |  |
| Part III Certification and Authentication – Practitioner PIN Method Only                        |       |    |   |  |                  |    |   |  |
| <b>ERO's EFIN/PIN.</b> Enter your six-digit EFIN followed by your five-digit self-selected PIN. | 2     | 2  | 2 |  | <br>6<br>III zer | 98 | 9 |  |

I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

| ERO's signature ►                  | ure Date Date  |  |                                 |  |  |  |  |  |  |  |  |
|------------------------------------|--|--|---------------------------------|--|--|--|--|--|--|--|--|
|                                    | ERO Must Retain This Form — Se ubmit This Form to the IRS Unless |  |                                 |  |  |  |  |  |  |  |  |
| For Denerwork Deduction Act Nation | vour tov return instructions                                     |  | Form <b>8870</b> (Dov. 01.0001) |  |  |  |  |  |  |  |  |

| <b>1040</b>                                      |                      | Internation of the Treasury-Internal Revenue Servi<br><b>5. Individual Income Tax</b> |              | <sub>m</sub> 20 <b>2</b> | 2            | OMB No. 1545        | -0074  | IRS Use Only  | /—Do not w   | rite or staple in this spac                  | æ.    |
|--|----------------------|---|--------------|--------------------------|--------------|---------------------|--------|---------------|--------------|--|-------|
| Filing Status<br>Check only                      | XS                   | Single  | Married      | filing separately (N     | 1FS)         | Head of             | house  | hold (HOH)    |              | lifying surviving<br>use (QSS)               |       |
| one box.   | -                    | u checked the MFS box, enter the n<br>on is a child but not your dependent            | -            | ur spouse. If you ch     | neck         | ed the HOH or       | QSS    | box, enter th | ne child's   | name if the qualify                          | /ing  |
| Your first name                                  | and mi               | ddle initial  | Last name    | 9                        |              |                     |        |               | Your so      | cial security numbe                          | r     |
| VEERA VE   | NKAT                 | TA VINAY  | KANDU        | LA                       |              |                     |        |               | 684-         | 42-4775                                      |       |
| lf joint return, sp                              | ouse's               | first name and middle initial   | Last name    | 9                        |              |                     |        |               | Spouse       | s social security nun                        | ıber  |
|  |                      | r and street). If you have a P.O. box, see  | instructions | S.                       |              |                     | A      | vpt. no.      | 1            | ntial Election Campa<br>nere if you, or your | aign  |
|  |                      | ce. If you have a foreign address, also co  | molete sna   | ces below                | Sta          | te                  | ZIP c  | ode           | spouse       | if filing jointly, want                      |       |
| BRANDON  | 551 01110            |   | inpiete spu  | ccs below.               | FI           |                     | 335    |               |              | this fund. Checking                          | ја    |
| Foreign country                                  | name                 |   | For          | reign province/state/c   |              | -                   |        | n postal code | -            | ow will not change or refund.                |       |
|  |                      |   |              |                          |              |                     |        |               |              | You Spo                                      | use   |
| Digital<br>Assets                                |                      | ly time during 2022, did you: (a) reco<br>ange, gift, or otherwise dispose of a       |              |                          |              |                     |        |               |              | Yes X No                                     |       |
| Standard   | _                    | eone can claim: 🗌 You as a de   |              | Your spouse              |              | •                   |        |               |              |  |       |
| Deduction  |                      | Spouse itemizes on a separate retur   |              | Are blind <b>Spo</b>     |              |                     | n hefr | ore January   | 2 1958       | Is blind                                     |       |
| Dependents                                       |                      |   | <u> </u>     | (2) Social security      | use          | (3) Relationsh      |        | -             |              | fies for (see instructio                     | ns):  |
| If more  |                      | rst name Last name  |              | number                   |              | to you              |        | Child tax c   | redit        | Credit for other depend                      | dents |
| than four  |                      |   |              |                          |              |                     |        |               |              |  |       |
| dependents,                                      |                      |   |              |                          |              |                     |        |               |              |  |       |
| see instructions<br>and check                    |                      |   |              |                          |              |                     |        |               |              |  |       |
| here 🗌   |                      |   |              |                          |              |                     |        |               |              |  |       |
| Income   | 1a                   | Total amount from Form(s) W-2, b  | ox 1 (see i  | nstructions)             |              |                     |        |               | . 1a         | 114,464                                      | 1.    |
|  | b                    | Household employee wages not re   |              |                          | •            |                     | • •    |               | . 1b         |  |       |
| Attach Form(s)<br>W-2 here. Also                 | С                    | Tip income not reported on line 1a  |              |                          |              |                     | • •    |               | . 10         |  |       |
| attach Forms                                     | d                    | Medicaid waiver payments not reported on Form(s) W-2 (see instructions)               |              |                          |              |                     |        |               | . 1d         |  |       |
| W-2G and<br>1099-R if tax                        | e                    | Taxable dependent care benefits f   |              |                          |              |                     | • •    |               | . 1e         |  |       |
| was withheld.                                    | f                    | Employer-provided adoption bene   |              |                          |              |                     | • •    |               | . <u>1</u> f |  |       |
| If you did not                                   | g                    | Wages from Form 8919, line 6 .  |              |                          | •            |                     | • •    | · · ·         | . <u>1</u> g |  |       |
| get a Form<br>W-2, see                           | h                    | Other earned income (see instruct   |              | · · · · · ·              | ·            |                     | · ·    |               | . 1h         |  | 0.    |
| instructions.                                    | i                    | Nontaxable combat pay election (s   | see instruc  | ctions)                  | •            | <b>1</b> i          |        |               |              | 114 46                                       | л     |
|  | 2<br>00              | Add lines 1a through 1h   | ••••         |                          | ьт           | <br>axable interest | • •    |               | . 1z         |  | ±     |
| Attach Sch. B<br>if required.                    | 2a<br>3a             | '   | 2a<br>3a     |                          |              | rdinary divider     |        |               | . 2b<br>. 3b |  |       |
|  | 4a                   |   | 3a<br>4a     |                          |              | axable amoun        |        |               | . 30         |  |       |
| Standard   | <del>т</del> а<br>5а |   | 5a           |                          |              | axable amoun        |        |               |              |  |       |
| Deduction for –                                  | 6a                   | -   | 6a           |                          |              | axable amoun        |        |               |              |  |       |
| <ul> <li>Single or<br/>Married filing</li> </ul> | c                    | If you elect to use the lump-sum e  |              |                          |              |                     |        | [             |              |  |       |
| separately,                                      | 7                    | Capital gain or (loss). Attach Sche   |              |                          |              |                     |        | [             | 7            |  |       |
| \$12,950<br>• Married filing                     | 8                    | Other income from Schedule 1, lin   |              |                          |              |                     |        |               | . 8          | -10,011                                      | 1.    |
| jointly or<br>Qualifying                         | 9                    | Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,  |              |                          |              |                     |        |               | . 9          | 104,453                                      |       |
| surviving spouse,                                | 10                   | Add lines 12, 20, 30, 40, 50, 60, 7, and 0. This is your total income                 |              |                          |              |                     |        |               |              |  | -     |
| \$25,900<br>• Head of                            | 11                   | Subtract line 10 from line 9. This is   |              |                          | ne           |                     |        |               | . 11         | 104,453                                      | 3.    |
| household,<br>\$19,400                           | 12                   | Standard deduction or itemized  |              | -                        |              |                     |        |               | . 12         |  |       |
| If you checked                                   | 13                   | Qualified business income deduct  |              |                          | ,            | 5-A                 |        |               | . 13         |  |       |
| any box under<br>Standard                        | 14                   | Add lines 12 and 13   |              |                          |              |                     |        |               | . 14         | 12,950                                       | ).    |
| Deduction, see instructions.                     | 15                   | Subtract line 14 from line 11. If zer   | ro or less,  | enter -0 This is ye      | our <b>t</b> | axable incom        | е.     |               | . 15         |  |       |
|  |                      |   |              |                          |              |                     |        |               |              |  |       |

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Form **1040** (2022)

| Form 1040 (2022                    | 2)      |   |                      |                   |                        |               |          | Page 2                                 |
|------------------------------------|---------|---|----------------------|-------------------|------------------------|---------------|----------|--|
| Tax and                            | 16      | Tax (see instructions). Check if any from For               | m(s): <b>1</b> 🗌 881 | 4 <b>2</b> 🗌 4972 | 3                      |               | 16       | 15,802.                                |
| Credits                            | 17      | Amount from Schedule 2, line 3                              |                      |                   |                        |               | 17       |  |
|                                    | 18      | Add lines 16 and 17   |                      |                   |                        |               | 18       | 15,802.                                |
|                                    | 19      | Child tax credit or credit for other depende                | nts from Sched       | ule 8812          |                        |               | 19       |  |
|                                    | 20      | Amount from Schedule 3, line 8                              |                      |                   |                        |               | 20       |  |
|                                    | 21      | Add lines 19 and 20   |                      |                   |                        | [             | 21       |  |
|                                    | 22      | Subtract line 21 from line 18. If zero or less              | , enter -0           |                   |                        | [             | 22       | 15,802.                                |
|                                    | 23      | Other taxes, including self-employment tax                  | , from Schedul       | e 2, line 21 .    |                        | [             | 23       | 0.                                     |
|                                    | 24      | Add lines 22 and 23. This is your total tax                 |                      |                   |                        |               | 24       | 15,802.                                |
| Payments                           | 25      | Federal income tax withheld from:                           |                      |                   |                        |               |          |  |
|                                    | а       | Form(s) W-2   |                      |                   | <b>25a</b> 18          | ,819.         |          |  |
|                                    | b       | Form(s) 1099  |                      |                   | 25b                    |               |          |  |
|                                    | с       | Other forms (see instructions)                              |                      |                   | 25c                    |               |          |  |
|                                    | d       | Add lines 25a through 25c                                   |                      |                   |                        |               | 25d      | 18,819.                                |
|                                    | 26      | 2022 estimated tax payments and amount                      |                      |                   |                        | [             | 26       | ·                                      |
| If you have a<br>qualifying child, | 27      | Earned income credit (EIC)                                  |                      |                   | 27                     | Ī             |          |  |
| attach Sch. EIC.                   | 28      | Additional child tax credit from Schedule 88                |                      |                   | 28                     |               |          |  |
|                                    | 29      | American opportunity credit from Form 886                   |                      |                   | 29                     |               |          |  |
|                                    | 30      | Reserved for future use                                     |                      |                   | 30                     |               |          |  |
|                                    | 31      | Amount from Schedule 3, line 15                             |                      |                   | 31                     |               |          |  |
|                                    | 32      | Add lines 27, 28, 29, and 31. These are you                 | ur total other p     | avments and refu  | undable credits        |               | 32       |  |
|                                    | 33      | Add lines 25d, 26, and 32. These are your                   |                      |                   |                        | [             | 33       | 18,819.                                |
| Defend                             | 34      | If line 33 is more than line 24, subtract line              |                      |                   |                        |               | 34       | 3,017.                                 |
| Refund                             | 35a     | Amount of line 34 you want refunded to yo                   |                      |                   |                        | . n İ         | 35a      | 3,017.                                 |
| Direct deposit?                    | b       | Routing number 1 1 1 0 0 0 0                                |                      |                   |                        | Savings       |          |  |
| See instructions.                  | d       | Account number 4 8 8 0 5 6 3                                |                      |                   |                        |               |          |  |
|                                    | 36      | Amount of line 34 you want applied to you                   |                      | · · · · · ·       | 36                     |               |          |  |
| Amount                             | 37      | Subtract line 33 from line 24. This is the an               |                      |                   |                        |               |          |  |
| You Owe                            | 57      | For details on how to pay, go to <i>www.irs.g</i>           |                      |                   |                        |               | 37       |  |
|                                    | 38      | Estimated tax penalty (see instructions) .                  | -                    |                   | 38                     | İ             |          |  |
| Third Party                        |         | you want to allow another person to di                      |                      |                   |                        |               |          |  |
| Designee                           |         |   |                      |                   |                        | omplete be    | elow.    | × No                                   |
|                                    | De      | signee's  | Phone                |                   |                        | nal identific | cation r |  |
|                                    | nar     | ne  | no.                  |                   | numb                   | oer (PIN)     |          |  |
| Sign                               |         | der penalties of perjury, I declare that I have exami       |                      |                   |                        |               |          |  |
| Here                               |         | ef, they are true, correct, and complete. Declaration       |                      | 1                 | ased on all informatio |               |          | , ,                                    |
|                                    | Yo      | ur signature  | Date                 | Your occupation   |                        |               |          | it you an Identity<br>N, enter it here |
| Joint return?                      |         |   |                      |                   | (see in                |               |          |  |
| See instructions.                  | Sp      | ouse's signature. If a joint return, <b>both</b> must sign. | Date                 | Spouse's occupat  | -                      | If the I      | RS sen   | t your spouse an                       |
| Keep a copy for                    | οp      |   | 2410                 |                   |                        |               |          | ection PIN, enter it here              |
| your records.                      |         |   |                      |                   |                        | (see in       | st.)     |  |
|                                    | Ph      | one no. (234) 320-9124                                      | Email address        | VINAYKANDUL       | A060GMAIL.CO           | М             |          |  |
| Paid                               | Pre     | parer's name Preparer's sign                                | ature                |                   | Date                   | PTIN          |          | Check if:                              |
| Preparer                           | SYAM    | PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA                     | A RAM SAGAR          | GUPTA TALLAM      | 03/15/2023             | P02082        | 703      | Self-employed                          |
| Use Only                           | Firi    | n's name GLOBAL TAXES LLC                                   |                      |                   |                        | Phone         | no. (    | 678)965-9522                           |
|                                    | Firi    | n's address 245 ROONEY CT E BR                              | UNSWICK N            | J 08816           |                        | Firm's        | EIN      | 84-3171965                             |
| Go to www.irs.go                   | ov/Forn | 1040 for instructions and the latest information.           |                      | BAA               | REV 03/02/23 PRO       |               | _        | Form <b>1040</b> (2022                 |

| SCHEDULE    | 1 |
|-------------|---|
| (Form 1040) |   |

Department of the Treasury

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

Attach to Form 1040, 1040-SR, or 1040-NR.

Go to www.irs.gov/Form1040 for instructions and the latest information.

OMB No. 1545-0074 2022

Attachment Sequence No. **01** 

Your social security number

Internal Revenue Service Name(s) shown on Form 1040, 1040-SR, or 1040-NR

| VEER       | A VENKATA VINAY KANDULA  |               | 684-42-47        | 75       |
|------------|--|---------------|------------------|----------|
| Par        | t I Additional Income  |               |                  |          |
| 1          | Taxable refunds, credits, or offsets of state and local income taxes           |               | 1                |          |
| <b>2</b> a | Alimony received   |               | <b>2</b> a       |          |
| b          | Date of original divorce or separation agreement (see instructions):           |               |                  |          |
| 3          | Business income or (loss). Attach Schedule C                                   |               |                  |          |
| 4          | Other gains or (losses). Attach Form 4797                                      |               |                  |          |
| 5          | Rental real estate, royalties, partnerships, S corporations, trusts, etc. Atta |               |                  | -10,011. |
| 6          | Farm income or (loss). Attach Schedule F                                       |               |                  |          |
| 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            |                  |          |
| I          | Income from the rental of personal property if you engaged in the rental       |               |                  |          |
|            | for profit but were not in the business of renting such property               | 81            |                  |          |
| m          | Olympic and Paralympic medals and USOC prize money (see                        |               |                  |          |
|            | instructions)  | 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            |                  |          |
| -          | 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  | <b>8s</b> (   | )                |          |
| 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                                    |               |                  | 10 011   |
| 10         | Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR          | , or 1040-NR, | line 8 <b>10</b> | -10,011. |

For Paperwork Reduction Act Notice, see your tax return instructions.

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-  | -basis       | s gove     | rnment     |        |                       |
|     | 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  |              |            |            |        |                       |
|     |  | 24e          |            |            |        |                       |
| f   |  | 24f          |            |            | -      |                       |
| g   | <b>2</b> 1 ()1   | 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>A</b> (1) |            |            |        |                       |
|     |  | 24i          |            |            | - 1    |                       |
| J   | •  | 24j          |            |            | -      |                       |
| K   | Excess deductions of section 67(e) expenses from Schedule K-1 (Form  | 041          |            |            |        |                       |
| _   |  | 24k          |            |            | -      |                       |
| Z   | Other adjustments. List type and amount:   | 24z          |            |            |        |                       |
| 0E  |  |              |            |            | 25     |                       |
| 25  | Total other adjustments. Add lines 24a through 24z   |              |            | <br>and an | 25     |                       |
| 26  | Add lines 11 through 23 and 25. These are your <b>adjustments to income</b> . Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a |              |            |            | 26     |                       |
|     |  |              |            |            |        |                       |
|     | BAA  | REV 0        | 3/02/23 PF | RO         | scneau | le 1 (Form 1040) 2022 |

|                                       | CHEDULE E Supplemental Income and Loss |                 |   |          |          |            |                |            |                    | OMB No    | . 1545-0074 |                          |
|---------------------------------------|--|-----------------|---|----------|----------|------------|----------------|------------|--------------------|-----------|-------------|--------------------------|
| (Form                                 |  |                 |   |          |          |            |                |            | 20                 | 22        |             |                          |
|                                       | ent of the Treasury<br>Revenue Service | G               | Attach to Form<br>to www.irs.gov/Schedul                |          |          |            |                |            | formation          |           | Attachm     | ient<br>ce No. <b>13</b> |
|                                       | shown on return                        |                 |   |          | IIStru   |            |                |            |                    | our soci  | al security |                          |
| VEERA VENKATA VINAY KANDULA 684-42-47 |  |                 |   |          |          |            |                |            |                    |           | -           |                          |
| Part                                  |  |                 | rom Rental Real Estat                                   | te and   | Rov      | valties    |                |            |                    |           |             |                          |
|                                       | Note: If yo                            | ou are in the b | usiness of renting personal                             | property |          |            | <b>c</b> . See | instru     | ctions. If you are | an indi   | vidual, rep | ort farm                 |
|                                       |  |                 | m Form 4835 on page 2, lin                              |          | file     |            | 0000 0         | ) o o i no | tructions          |           |             |                          |
|                                       | •                                      |                 | in 2022 that would require<br>ile required Form(s) 1099 | •        |          | . ,        |                |            |                    |           |             |                          |
| 1a                                    |  |                 | property (street, city, stat                            |          |          |            |                |            |                    |           | <u> </u>    |                          |
| Α                                     | 1-13-158                               | SRI RAM 1       | NAGAR GOPAL NAGA  | R,WAI    | ER       | TANK,      | YAMA           | M IN       | 533464             |           |             |                          |
| В                                     |  |                 |   |          |          |            |                |            |                    |           |             |                          |
| С                                     |  |                 |   |          |          |            |                |            |                    |           |             |                          |
| 1b                                    | Type of Prope                          |                 | or each rental real estate                              |          |          |            |                | Fa         |                    |           | nal Use     | QJV                      |
|                                       | (from list below                       |                 | ove, report the number or<br>ersonal use days. Check t  |          |          |            |                |            | Days               | Da        | ays         |                          |
|                                       | 3                                      |                 | you meet the requirement                                |          |          |            | A              |            | 365                |           | 0           |                          |
| B<br>C                                |  |                 | alified joint venture. See                              |          |          |            | B<br>C         |            |                    |           |             |                          |
|                                       | of Property:                           |                 |   |          |          |            | U              |            |                    |           |             |                          |
|                                       | Single Family R                        | esidence        | 3 Vacation/Short-Term                                   | n Renta  | al       | 5 Land     |                | 7          | Self-Rental        |           |             |                          |
|                                       | Multi-Family Re                        |                 | 4 Commercial  |          |          | 6 Roya     |                |            | Other (describ     | e)        |             |                          |
|                                       | , , , , , , , , , , , , , , , , , , ,  |                 |   |          |          | <b>j</b> - |                | -          |                    |           |             |                          |
| Incom                                 |  |                 |   |          | -        |            | A              |            | Properties<br>B    | 5.        |             | С                        |
| 3                                     |  | 4               |   | Г        | 3        |            |                | 13.        | D                  |           |             | 0                        |
| 4                                     |  |                 |   |          | 4        |            |                | 10.        |                    |           |             |                          |
| Expen                                 |  |                 |   |          | -        |            |                |            |                    |           |             |                          |
| 5                                     |  |                 |   |          | 5        |            |                |            |                    |           |             |                          |
| 6                                     | Auto and trave                         | l (see instru   | ctions)   | [        | 6        |            |                |            |                    |           |             |                          |
| 7                                     |  |                 |   |          | 7        |            | 9              | 17.        |                    |           |             |                          |
| 8                                     | Commissions                            |                 |   |          | 8        |            |                |            |                    |           |             |                          |
| 9                                     |  |                 |   | · ·      | 9        |            |                |            |                    |           |             |                          |
| 10                                    |  |                 | al fees   |          | 10       |            |                |            |                    |           |             |                          |
| 11                                    |  |                 |   |          | 11       |            | 1,1            | 43.        |                    |           |             |                          |
| 12<br>13                              | 0 0                                    | •               | oanks, etc. (see instructio                             | ´ ⊢      | 12<br>13 |            |                |            |                    |           |             |                          |
| 13                                    |  |                 |   |          | 14       |            | 2 8            | 60.        |                    |           |             |                          |
| 15                                    | •                                      |                 |   |          | 15       |            |                | 49.        |                    |           |             |                          |
| 16                                    |  |                 |   |          | 16       |            | -,-            |            |                    |           |             |                          |
| 17                                    |  |                 |   |          | 17       |            | 1,7            | 55.        |                    |           |             |                          |
| 18                                    | Depreciation e                         | xpense or d     | epletion  | [        | 18       |            |                |            |                    |           |             |                          |
| 19                                    | Other (list)                           |                 |   |          | 19       |            |                |            |                    |           |             |                          |
| 20                                    | Total expenses                         | s. Add lines    | 5 through 19  | · ·      | 20       |            | 10,5           | 24.        |                    |           |             |                          |
| 21                                    |  |                 | 3 (rents) and/or 4 (royaltie                            | · ·      |          |            |                |            |                    |           |             |                          |
|                                       |  |                 | ictions to find out if you i                            |          | ~        |            | _10 0          | 11         |                    |           |             |                          |
| 22                                    |  |                 | te loss after limitation, if                            |          | 21       | -          | -10,0          | ±±•        |                    |           |             |                          |
| 22                                    |  |                 | tions)  |          | 22       | (          | 10,01          | 1 )        | (                  | ١         | (           | ١                        |
| 23a                                   |  | •               | ed on line 3 for all rental (                           | L        |          |            |                | 23a        |                    | ,<br>513. | \           | )                        |
| b                                     |  | •               | ed on line 4 for all royalty                            |          |          |            |                | 23b        |                    | - •       |             |                          |
| С                                     |  | -               | ed on line 12 for all prope                             |          |          |            |                | 23c        |                    |           |             |                          |
| d                                     |  | -               | ed on line 18 for all prope                             |          |          |            |                | 23d        |                    |           |             |                          |
| е                                     |  | •               | ed on line 20 for all prope                             |          |          |            |                | 23e        | 10,                | 524.      |             |                          |
| 24                                    |  | -               | ounts shown on line 21.                                 |          |          | -          |                |            |                    | 24        |             |                          |
| 25                                    |  |                 | from line 21 and rental rea                             |          |          |            |                |            |                    |           | ( 2         | 10,011.)                 |
| 26                                    |  |                 | nd royalty income or (lo                                |          |          |            |                |            |                    |           |             |                          |
|                                       |  |                 | id line 40 on page 2 do<br>ne 5. Otherwise, include t   |          |          |            |                |            |                    | 26        | .           | -10,011.                 |
| For Pa                                |  |                 | e, see the separate instruc                             |          | June     | NF         |                |            | -10,011.           |           |             | orm 1040) 2022           |

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2022