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)

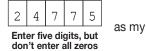
тахрау	er s name	Social security	y numc	ber							
VEE	RA VENKATA VINAY KANDULA	684-42-	477	ō							
Spouse	's name	Spouse's soci	al secu	irity number							
Par	Part I Tax Return Information – Tax Year Ending December 31, 2022 (Enter year you are authorizing.)										
Enter	whole dollars only on lines 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								
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.	2	2	2		 6 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 8870 (Dov. 01.0001)								

1040		Internation of the Treasury-Internal Revenue Servi 5. Individual Income Tax		_m 20 2	2	OMB No. 1545	-0074	IRS Use Only	/—Do not w	rite or staple in this spac	æ.
Filing Status Check only	XS	Single	Married	filing separately (N	1FS)	Head of	house	hold (HOH)		lifying surviving use (QSS)	
one box.	-	u checked the MFS box, enter the n 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 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 Assets		ly time during 2022, did you: (a) reco 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 Spo			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 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) 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 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 W-2, see	h	Other earned income (see instruct		· · · · · ·	·		· ·		. 1h		0.
instructions.	i	Nontaxable combat pay election (s	see instruc	ctions)	•	1 i				114 46	л
	2 00	Add lines 1a through 1h	••••		ьт	 axable interest	• •		. 1z		±
Attach Sch. B if required.	2a 3a	'	2a 3a			rdinary divider			. 2b . 3b		
	4a		3a 4a			axable amoun			. 30		
Standard	т а 5а		5a			axable amoun					
Deduction for –	6a	-	6a			axable amoun					
 Single or Married filing 	c	If you elect to use the lump-sum e						[
separately,	7	Capital gain or (loss). Attach Sche						[7		
\$12,950 • Married filing	8	Other income from Schedule 1, lin							. 8	-10,011	1.
jointly or 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 • Head of	11	Subtract line 10 from line 9. This is			ne				. 11	104,453	3.
household, \$19,400	12	Standard deduction or itemized		-					. 12		
If you checked	13	Qualified business income deduct			,	5-A			. 13		
any box under 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 t	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): 1 🗌 881	4 2 🗌 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			25a 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 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 N, enter it here
Joint return?					(see in			
See instructions.	Sp	ouse's signature. If a joint return, both 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 1040 (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	
2 a	Alimony received		2 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	8s ()	
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 10	-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	2 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	A (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			 and an	25	
26	Add lines 11 through 23 and 25. These are your adjustments to income . 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 Revenue Service	G	Attach to Form to www.irs.gov/Schedul						formation		Attachm	ient ce No. 13
	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			c . 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 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 ersonal use days. Check t						Days	Da	ays	
	3		you meet the requirement				A		365		0	
B C			alified joint venture. See				B 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)		
	, , , , , , , , , , , , , , , , , , ,					j -		-				
Incom					-		A		Properties 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 13	0 0	•	oanks, etc. (see instructio	´ ⊢	12 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		, 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 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