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

Illemai neverue Service	<u> </u>
Submission Identification Number (SID)	
Taxpayer's name	Social security number
PRIYANKA NATRAYAN	296-87-7400
Spouse's name	Spouse's social security number
Down I Tou Deturn Information Tou Veen Ending December 04	
	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 73,876.
2 Total tax	<u> </u>
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	
4 Amount you want refunded to you	
5 Amount you owe	
Part II Taxpayer Declaration and Signature Authorization (Be sure you get a	and keep a copy of your return)
Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or ame	
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 accourpayment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial insauthorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terr 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 amende	the U.S. Treasury and its designated Financial nt indicated in the tax preparation software for stitution to debit the entry to this account. This minate the authorization. To revoke (cancel) an requests must be received no later than 2 in the processing of the electronic payment of the payment. I further acknowledge that the
Electronic Funds Withdrawal Consent.	
Taxpayer's PIN: check one box only	. 7 7 4 0 0
X I authorize GLOBAL TAXES LLC to enter or general section to enter or general section in the section of the se	Enter five digits, but
signature on the income tax return (original or amended) I am now authorizing.	don't enter all zeros
I will enter my PIN as my signature on the income tax return (original or amended) I if you are entering your own PIN and your return is filed using the Practitioner PIN below.	
Your signature ► Date	01/04/2023
Spouse's PIN: check one box only	
• _	vrata my DIN
I authorize to enter or gene	erate my PIN as my Enter five digits, but
signature on the income tax return (original or amended) I am now authorizing.	don't enter all zeros
I will enter my PIN as my signature on the income tax return (original or amended) I if you are entering your own PIN and your return is filed using the Practitioner PIN below.	
Spouse's signature ▶ Date	
Practitioner PIN Method Returns Only—continue b	elow
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.	Don't enter all zeros
I certify that the above numeric entry is my PIN, which is my signature for the electronic individual inco authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am requirements of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS e-file Provider	submitting this return in accordance with the
ERO's signature ▶ Date	
FRO Must Retain This Form — See Instruction	

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

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



OMB No. 1545-007

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

Filing Status Check only one box.	If yo	Single Married filing jointly cu checked the MFS box, enter the n	ame of y	ed filing separately (Noor spouse. If you ch		_				spou	ifying s ise (QS name i	S)	
		son is a child but not your dependent	1										
							Your social security number						
_PRIYANKA							-	296-87-7400 Spouse's social security numbe					
If joint return, s	pouse's	s first name and middle initial	Last nai	me					Sp	ouse's	s social	secur	ity number
Home address	(numbe	er and street). If you have a P.O. box, see	instruction	ons.			Apt. no).	Pr	esider	ntial Ele	ction	Campaign
_333 E DE	ENTO	N DRIVE								Check here if you, or your			
City, town, or p	ost offi	ce. If you have a foreign address, also co	omplete s _l	mplete spaces below. State ZI			ZIP code			spouse if filing jointly, want \$3 to go to this fund. Checking a			
EULESS				TX 70			76039			box below will not change			
Foreign country	/ name		F	oreign province/state/o	county	/	Foreign pos	oreign postal code your tax			x or refund.		
											Yo	u [Spouse
Digital Assets		ny time during 2022, did you: (a) rec ange, gift, or otherwise dispose of a			-		-				Y∈	25	⊠ No
Standard		eone can claim: You as a de					40001). (00	0 1110	uou	0110.)			
Deduction	_	Spouse itemizes on a separate retur	•	·		а аерепаеті							
Age/Blindness	You:	Were born before January 2, 1	958	Are blind Spo	use:	☐ Was bor	n before Ja	ınuar	y 2, 1	958	☐ Is	bling	d
Dependent	s (see	instructions):		(2) Social security		(3) Relationsh	ip (4) Che	ck the	box i	f qualif	ies for (s	see ins	structions):
If more	(1) First name Last name			number		to you	Ch	Child tax cre		redit C		Credit for other dependents	
than four]				
dependents, see instruction	s ——]				
and check	. —]				
here]	,			
Income	1a	Total amount from Form(s) W-2, b	ox 1 (see	e instructions)						1a		83	, 111.
	b	Household employee wages not re	eported	on Form(s) W-2						1b			
Attach Form(s) W-2 here. Also	С	Tip income not reported on line 1a (see instructions)								1c			
attach Forms	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)								1d			
W-2G and	е	Taxable dependent care benefits from Form 2441, line 26								1e			
1099-R if tax was withheld.	f	Employer-provided adoption benefits from Form 8839, line 29							1f				
If you did not	g	Wages from Form 8919, line 6							1g				
get a Form	h	Other earned income (see instruct	ions) .							1h			0.
W-2, see instructions.	i	Nontaxable combat pay election (see instr	ructions)		<u>1</u> i							
	Z	Add lines 1a through 1h								1z		83	<u>,111.</u>
Attach Sch. B	2a	Tax-exempt interest	2a		b Ta	axable interest	t			2b			
if required.	3a	Qualified dividends	3a		b O	rdinary divide	nds			3b			
	4a	IRA distributions	4a		b Ta	axable amoun	t			4b			
Standard	5a	Pensions and annuities	5a		b Ta	axable amoun	t			5b			
Deduction for— Single or	6a	Social security benefits	6a		b Ta	axable amoun	t			6b			
Married filing	С	If you elect to use the lump-sum e	lection r	method, check here ((see i	nstructions)							
separately, \$12,950	7	Capital gain or (loss). Attach Sche	dule D if	required. If not requ	iired,	check here				7			
Married filing	8	Other income from Schedule 1, line 10						8		-9	, 235.		
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income						9		73	,876.		
surviving spouse, \$25,900	10	Adjustments to income from Sche	from Schedule 1, line 26						10				
Head of	11	Subtract line 10 from line 9. This is	Subtract line 10 from line 9. This is your adjusted gross income						11		73	,876.	
household, \$19,400	12	Standard deduction or itemized	deducti	ons (from Schedule	A)					12		12	,950.
If you checked	13	Qualified business income deduction from Form 8995 or Form 8995-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	s, enter -0 This is ye	our t a	axable incom	ie			15		60	, 926.

			Page 2
	Tax (see instructions). Check if any from Form(s): 1 🗌 8814 2 🗍 4972 3 🗎	16	9,021.
	Amount from Schedule 2, line 3	17	
	Add lines 16 and 17	18	9,021.
	Child tax credit or credit for other dependents from Schedule 8812	19	
	Amount from Schedule 3, line 8	20	
	Add lines 19 and 20	21	
	Subtract line 21 from line 18. If zero or less, enter -0	22	9,021.
	Other taxes, including self-employment tax, from Schedule 2, line 21	23	0.
	Add lines 22 and 23. This is your total tax	24	9,021.
	Federal income tax withheld from:		
a	Form(s) W-2		
b	Form(s) 1099		
С	Other forms (see instructions)		
d	Add lines 25a through 25c	25d	11,385.
	2022 estimated tax payments and amount applied from 2021 return	26	
	Earned income credit (EIC)		
	Additional child tax credit from Schedule 8812		
	American opportunity credit from Form 8863, line 8		
	Reserved for future use		
	Amount from Schedule 3, line 15		
	Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits	32	
	Add lines 25d, 26, and 32. These are your total payments	33	11,385.
	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	2,364.
a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here	35a	2,364.
	Routing number 1 1 1 0 0 0 0 2 5 c Type: X Checking Savings		
d	Account number 4 8 8 1 0 4 0 7 9 4 8 1		
	Amount of line 34 you want applied to your 2023 estimated tax		
	Subtract line 33 from line 24. This is the amount you owe .		
	For details on how to pay, go to www.irs.gov/Payments or see instructions	37	
	Estimated tax penalty (see instructions)		
	you want to allow another person to discuss this return with the IRS? See ructions	elow.	X No
	gnee's Phone Personal identifi	cation i	
nam	e no. number (PIN)		

Designee	instructions						omplete below.	X	No		
	Designee's name			Phone no.			Personal identification number (PIN)				Τ
Sign	Under penalties of perj belief, they are true, co										
Here	Your signature upr			Date	Your occupation		I	If the IRS sent you an Identity Protection PIN, enter it here			
Joint return?				01/04/2023	SOFTWARE E	ENGINEER	(see inst.)				\perp
See instructions. Keep a copy for	Spouse's signature. If a joint return, both must sign.			Date	Spouse's occupation		If the IRS sent your spouse an Identity Protection PIN, enter it her				
your records.							(see inst.)				\perp
	Phone no. (682) 529-1838			Email address	PRIYANKAEBETCSE48@GMAIL.COM						
D : 1	Preparer's name		Preparer's signat	ture		Date	PTIN	Chec	ck if:		
Paid				D314 03 03 D	OD	00/00/0000	500000700	l 🗀 .	O-14 -		

SYAM PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM

245 ROONEY CT E BRUNSWICK NJ 08816

GLOBAL TAXES LLC

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

Firm's name

Firm's address

Form 1040 (2022)

Tax and **Credits**

Payments

If you have a qualifying child, attach Sch. EIC.

Refund

Direct deposit?

Amount

You Owe

Third Party

Preparer

Use Only

See instructions.

16

17

18

19

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21

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23

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25

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35a

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BAA

REV 01/28/23 PRO

02/03/2023

P02082703

Firm's EIN

88-2145487 Form 1040 (2022)

Phone no. (678) 965-9522

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2022
Attachment
Sequence No. 01

Department of the Treasury Internal Revenue Service

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

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

Name(s) shown on Form 1040, 1040-SR, or 1040-NR
PRIYANKA NATRAYAN

Your social security number
296-87-7400

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		5	-9,235.
6	Farm income or (loss). Attach Schedule F		6	
7	Unemployment compensation		7	
8	Other income:			
а	· · · · · · · · · · · · · · · · · · ·	8a ()		
b	5	8b		
С	<u> </u>	8c		
d	<u> </u>	8d ()		
е	<u> </u>	8e		
f	Income from Form 8889	8f		
g	F	8g		
h	, , , ,	8h		
į	Prizes and awards	8i		
j	Activity not engaged in for profit income	8j		
k		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		
	, ·	8m		
n	, , , , , , , , , , , , , , , , , , , ,	8n		
0	·	80		
p	· · · · · · · · · · · · · · · · · · ·	8p 8q		
q r	Scholarship and fellowship grants not reported on Form W-2	8r		
S	Nontaxable amount of Medicaid waiver payments included on Form	OI		
5	· ·	8s ()		
t	_	05 ()		
٠	a nongovernmental section 457 plan	8t		
u	· · · · · · · · · · · · · · · · · · ·	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	-9,235.

Schedule 1 (Form 1040) 2022 Page **2**

Par	Adjustments to Income			
11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-ti-			
	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	Jury duty pay (see instructions)	24a		
b	Deductible expenses related to income reported on line 8I from the			
	rental of personal property engaged in for profit	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	, , , , , , , , , , , , , , , , , , , ,	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	- 41		
	F	24i		
j	<u> </u>	24j		
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form	S.4.		
		24k		
Z	Other adjustments. List type and amount:			
05		24z	05	
25	Total other adjustments. Add lines 24a through 24z		25	
26	Add lines 11 through 23 and 25. These are your adjustments to income .		00	
	Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a		26	

BAA

SCHEDULE E (Form 1040)

Name(s) shown on return

Supplemental Income and Loss

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

Attachment

Your social security number

Attach to Form 1040, 1040-SR, 1040-NR, or 1041. Department of the Treasury Go to www.irs.gov/ScheduleE for instructions and the latest information. Internal Revenue Service

Sequence No. 13

OMB No. 1545-0074

296-87-7400 PRIYANKA NATRAYAN **Income or Loss From Rental Real Estate and Royalties** Part I Note: If you are in the business of renting personal property, use Schedule C. See instructions. If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40. Did you make any payments in 2022 that would require you to file Form(s) 1099? See instructions В 1a Physical address of each property (street, city, state, ZIP code) YAAZHI APARTMENT MAARUTHI NAGAR THINDAL, ERODE IN 638012 Α В C 1b Type of Property **Fair Rental Personal Use** For each rental real estate property listed QJV (from list below) above, report the number of fair rental and **Davs Days** personal use days. Check the QJV box only Α Α 365 0 if you meet the requirements to file as a В В qualified joint venture. See instructions. C C Type of Property: 1 Single Family Residence 3 Vacation/Short-Term Rental 7 Self-Rental 5 Land 8 Other (describe) 2 Multi-Family Residence 4 Commercial 6 Royalties **Properties:** Α В C Income: 480. 3 Rents received . 4 Royalties received **Expenses:** 5 5 Advertising 6 Auto and travel (see instructions) 6 250. 963. 7 7 Cleaning and maintenance. 8 Commissions 8 9 9 Insurance . . . 10 10 Legal and other professional fees 11 Management fees 11 1,280. 12 12 Mortgage interest paid to banks, etc. (see instructions) 13 13 3,129. 14 14 Repairs 15 15 2,250. Supplies 16 16 Taxes 17 17 1,843. 18 18 Depreciation expense or depletion Other (list) 19 19 20 20 9,715. Total expenses. Add lines 5 through 19 21 Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must -9,235. file Form 6198 21 22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) 9,235.) 480. 23a Total of all amounts reported on line 3 for all rental properties 23a Total of all amounts reported on line 4 for all royalty properties 23b Total of all amounts reported on line 12 for all properties 23c Total of all amounts reported on line 18 for all properties 23d e Total of all amounts reported on line 20 for all properties . 23e 9,715. 24 **Income.** Add positive amounts shown on line 21. **Do not** include any losses 24 25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here 25 9,235. Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result 26 here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2 ... -9,235.