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

Submission Identificatio	n Number (SID)					
Taxpayer's name	<u> </u>		Social securit	y numb	er	
SAI SRUJAN CHAV	A		121-37-	-1684	1	
Spouse's name			Spouse's soc	ial secu	rity number	
Part I Tax Retur	n Information — Tax Year Ending Dec	ember 31, 2022 (Enter	⊥ ∵year you a	re aut	horizing.)
Enter whole dollars only						
Note: Form 1040-SS file	ers use line 4 only. Leave lines 1, 2, 3, and 5 l	blank.				
 Adjusted gross ir 	ncome			1	104	,890.
2 Total tax				2	15	,898.
3 Federal income to	ax withheld from Form(s) W-2 and Form(s) 109	99		3	21	,752.
-	,			4	5	,854.
				5		
Part II Taxpayer	Declaration and Signature Authorization	ion (Be sure you get and l	ceep a cop	y of y	our retu	rn)
to send my return to the IR for any delay in processing Agent to initiate an ACH elipayment of my federal taxe authorization is to remain payment, I must contact thusiness days prior to the taxes to receive confident personal identification num	(f) I am now authorizing. I consent to allow my interests and to receive from the IRS (a) an acknowledge the return or refund, and (c) the date of any refurectronic funds withdrawal (direct debit) entry to the sowed on this return and/or a payment of estimatin full force and effect until I notify the U.S. Treathe U.S. Treasury Financial Agent at 1-888-353-payment (settlement) date. I also authorize the finial information necessary to answer inquiries and the U.S. and Concept.	ement of receipt or reason for rejected. If applicable, I authorize the Use financial institution account inducted tax, and the financial institution issury Financial Agent to terminate 4537. Payment cancellation requancial institutions involved in the difference of the person of t	ection of the tr. S. Treasury as cated in the table to debit the exthe authorizates must be processing of ayment. I furt	ansmis and its d ax prep entry t ation. T e receiv the ele her acl	sion, (b) the designated paration sof the or revoke (content of the content of	ne reason Financial ftware for bunt. This cancel) a er than 2 syment of that the
Electronic Funds Withdraw						
Taxpayer's PIN: check			7	1 6	8 4	
X I authorize G	LOBAL TAXES LLC ERO firm name	to enter or generate	Ent		digits, but	as my
signature on th	e income tax return (original or amended) I a	m now authorizing.	dor	n't entei	r all zeros	
	PIN as my signature on the income tax returning your own PIN and your return is filed us					
Your signature ►		Date ▶ _				
Spouse's PIN: check o	ne hox only					
authorize	ne box only	to enter or generate	my PIN			as my
	ERO firm name	to enter or generate	-	er five o	digits, but	asiny
signature on th	e income tax return (original or amended) I a	m now authorizing.	dor	n't entei	r all zeros	
	PIN as my signature on the income tax return ring your own PIN and your return is filed us					
Spouse's signature ►		Date ►				
	Practitioner PIN Method Ret	urns Only—continue below				
Part III Certificati	on and Authentication — Practitioner	PIN Method Only				
ERO's EFIN/PIN. Enter	your six-digit EFIN followed by your five-digi	t self-selected PIN. 2 2	2 4 9 Don't ente	6 6 er all ze	1 9 8	9
authorized to file for tax ye	meric entry is my PIN, which is my signature for t ear indicated above for the taxpayer(s) indicated ioner PIN method and Pub. 1345, Handbook for A	above. I confirm that I am subm	itting this retu	ırn in a	.ccordance	
ERO's signature ▶		Date ►				
	ERO Must Retain This Fo					
	Don't Submit This Form to the IF	≀S Unless Requested To [o So			

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

2022	
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OMB No. 1545-0074

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

Filing Status Check only one box.		Single Married filing jointly uchecked the MFS box, enter the na		ed filing separately (Nour spouse. If you c						spou	use (QSS)	_
		son is a child but not your dependent										
Your first name	and m	iddle initial	Last na	me							cial securi	-
SAI SRUG	JAN		CHAV	'A						121-37-1684		
If joint return, s	pouse's	s first name and middle initial	Last na	me						Spouse'	s social se	curity number
Home address	(numbe	er and street). If you have a P.O. box, see	instruction	ons.				Apt. no.		Preside	ntial Electi	on Campaign
5213 RAV	VENS	CREST DR									nere if you,	
City, town, or p	ost offi	ce. If you have a foreign address, also co	mplete s	paces below.	Sta	te	ZIP	code				ntly, want \$3 Checking a
PLAINSBO	ORO				NJ	•	08	536		_	ow will not	•
Foreign country	y name		F	Foreign province/state/	count	у	Fore	ign postal c	ode	your tax	or refund	
											You	Spouse
Digital Assets		ny time during 2022, did you: (a) reco ange, gift, or otherwise dispose of a	,				•			,	Yes	⊠ No
Standard		eone can claim: You as a de					4000	.,. (eee				
Deduction		Spouse itemizes on a separate return				и асренает						
Age/Blindness	s You:	Were born before January 2, 1	958	Are blind Spo	ouse	☐ Was bor	rn bet	fore Janu	ary 2,	1958	☐ Is b	lind
Dependents	s (see	instructions):		(2) Social security	,	(3) Relationsh	nip ((4) Check t	he bo	k if qualit	fies for (see	instructions):
If more	(1) F	irst name Last name		number		to you		Child t	ax cre	dit	Credit for ot	her dependents
than four												
dependents, see instruction	s ——											
and check	. —											
here												
Income	1a	Total amount from Form(s) W-2, be	ox 1 (se	e instructions) .						1a	1	17,190.
	b	Household employee wages not re	eported	on Form(s) W-2 .						1b		
Attach Form(s) W-2 here. Also	С	c Tip income not reported on line 1a (see instructions)								1c		
attach Forms	d	Medicaid waiver payments not rep			nstru	ctions)				1d		
W-2G and 1099-R if tax	е	Taxable dependent care benefits f		•						1e		
was withheld.	f	Employer-provided adoption bene								1f		
If you did not	g	Wages from Form 8919, line 6 .					-			1g		
get a Form W-2, see	h	Other earned income (see instructi	,				1			1h	-	0.
instructions.	i	Nontaxable combat pay election (s	see instr	ructions)		<u>1i</u>						
	Z									1z		17,190.
Attach Sch. B	2a	'	2a			axable interest				2b		
if required.	3a		3a			rdinary divide				3b		
	4a		4a -			axable amoun				4b		
Standard Deduction for—	5a		5a			axable amoun				5b		
Single or	6a	,	6a	and the selection of the selection of		axable amoun	τ.		· ;	6b	_	
Married filing separately,	C 7	If you elect to use the lump-sum e		•	•	,	•			7		
\$12,950	7	Capital gain or (loss). Attach School					•		. ∟	_		12 200
Married filing jointly or	8 9	Other income from Schedule 1, lin Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,								9		<u>12,300.</u> 04,890.
Qualifying surviving spouse,	10	Add lines 12, 25, 35, 45, 55, 65, 7, Adjustments to income from Sche								10		J 1 ,090.
\$25,900	11	Subtract line 10 from line 9. This is					•			11		04 000
 Head of household, 	12	Standard deduction or itemized	•				•			12		<u>04,890.</u> 12 950
\$19,400 • If you checked	13	Qualified business income deducti				 5-Δ	•			13		12,950.
any box under	14	Add lines 12 and 13								14		12,950.
Standard Deduction,	15	Subtract line 14 from line 11. If zer								15		12,950. 91,940.
see instructions.		Capitact into 14 HOITI IIITE 11. II Zei	0 01 103	o, onto 0 IIIIo 15 y	Jui L	azabie ilicoli				13) , , , , , , , , , , , , , , , , , , ,

Form 1040 (2022	2)								Page 2
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 881	4 2 🗌 4972	3 🗌		16	15,898.
Credits	17	Amount from Schedule 2, lir	ne 3					17	
	18	Add lines 16 and 17						18	15,898.
	19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812			19	
	20	Amount from Schedule 3, lir	ne 8					20	
	21	Add lines 19 and 20						21	
	22	Subtract line 21 from line 18	B. If zero or less,	enter -0				22	15,898.
	23	Other taxes, including self-e	employment tax,	from Schedule	2, line 21 .			23	0.
	24	Add lines 22 and 23. This is	your total tax					24	15,898.
Payments	25	Federal income tax withheld							
-	а	Form(s) W-2				25a 2:	1,752.		
	b	Form(s) 1099				25b			
	С	Other forms (see instruction	s)			25c			
	d	Add lines 25a through 25c						25d	21,752.
If you have a	26	2022 estimated tax paymen	ts and amount a	pplied from 20	21 return			26	
qualifying child,	27	Earned income credit (EIC)				27			
attach Sch. EIC.	28	Additional child tax credit fro	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, lin	ne 15			31			
	32	Add lines 27, 28, 29, and 31	. These are your	total other pa	ayments and ref	undable credits		32	
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments				33	21,752.
Refund	34	If line 33 is more than line 24	4, subtract line 2	4 from line 33.	This is the amou	nt you overpaid		34	5,854.
riciana	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here							5,854.
Direct deposit?	b								
See instructions.	d	Account number 4 8 7 0 0 7 4 2 7 6 0 7							
	36	Amount of line 34 you want	applied to your	2023 estimate	ed tax	36			
Amount You Owe	37	Subtract line 33 from line 24 For details on how to pay, g						37	
	38	Estimated tax penalty (see in	nstructions) .			38			
Third Party Designee		you want to allow another					omplete k	pelow.	X No
	De	esignee's		Phone		Pers	sonal identi	fication	
	na	me		no.		num	ber (PIN)		
Sign Here		der penalties of perjury, I declare lief, they are true, correct, and com							
TICIC	Yo	ur signature		Date	Your occupation			nt you an Identity	
l-i-t					SOFTWARE 1		inst.)	IN, enter it here	
Joint return? See instructions.	Sn	ouse's signature. If a joint return,	hoth must sign	Date	Spouse's occupat				nt your spouse an
Keep a copy for your records.	Op	oudo o dignataro. Il a joint rotarn,	Sour made digm	Buto	орошоо о оооцра	Iden		ection PIN, enter it here	
	Ph	one no. (870)565-551	6	Email address	CHAVA. SRUJAN	11997@GMAIL.C	OM		
Doid	Pre	eparer's name	Preparer's signat	ure		Date	PTIN		Check if:
Paid	SYAM	M PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA_TALLAM	01/27/2023	P0208	2703	Self-employed
Preparer	Fir	m's name GLOBAL TA	XES LLC				Phor	ne no. (678)965-9522
Use Only	Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816 Firm							's EIN	88-2145487

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2022

Attachment
Seguence 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.

Internal Revenue Service	Go to www.irs.gov/Form1040 for instructions and the latest information.		Sequence No. 01
Name(s) shown on Fo	orm 1040, 1040-SR, or 1040-NR	Your soci	ial security number
SAI SRUJAN CHA	AV	121-37	-1684
B 11 A 1 199			

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	-12,300.
6	Farm income or (loss). Attach Schedule F		6	
7	Unemployment compensation		7	
8	Other income:			
а	Net operating loss	8a ()	
b		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		
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			
	,	8m		
n	Section 951(a) inclusion (see instructions)	8n		
0	·	80		
р	•	8p		
q		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 (4	
t	Pension or annuity from a nonqualifed deferred compensation plan or			
	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	4040 ND "	9	10.000
10	Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR,	or 1040-NR, line 8	10	-12,300.

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

Par	t II Adjustments to Income			
11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-basis governr			
	officials. Attach Form 2106	L	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	L	23	
24	Other adjustments:			
а	Jury duty pay (see instructions)			
b	Deductible expenses related to income reported on line 8l from the			
	rental of personal property engaged in for profit			
С	Nontaxable amount of the value of Olympic and Paralympic medals			
	and USOC prize money reported on line 8m			
d	Reforestation amortization and expenses			
е	Repayment of supplemental unemployment benefits under the Trade			
	Act of 1974			
f	Contributions to section 501(c)(18)(D) pension plans			
g	Contributions by certain chaplains to section 403(b) plans 24g			
h	Attorney fees and court costs for actions involving certain unlawful			
	discrimination claims (see instructions)			
İ	Attorney fees and court costs you paid in connection with an award			
	from the IRS for information you provided that helped the IRS detect tax law violations			
j	Housing deduction from Form 2555			
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form			
_	1041)			
Z	Other adjustments. List type and amount:			
25			25	
25 26	Total other adjustments. Add lines 24a through 24z		25	
26	Add lines 11 through 23 and 25. These are your adjustments to income . Enter here an Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a		26	
	roini 1040 oi 1040-on, iiile 10, oi roini 1040-inn, iiile 10a		20	

SCHEDULE E (Form 1040)

Supplemental Income and Loss

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

Attach to Form 1040, 1040-SR, 1040-NR, or 1041.

Your social security number

Department of the Treasury Internal Revenue Service Name(s) shown on return

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

Attachment Sequence No. 13

OMB No. 1545-0074

SAI	SRUJAN CHAVA					1	21-37-1	.684	
Par	Income or Loss From Rental Real Estate an 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 individua	al, repc	ort farm
	Did you make any payments in 2022 that would require you								
В	If "Yes," did you or will you file required Form(s) 1099? .		[_ Yes	s 🗌 No				
1a	Physical address of each property (street, city, state, ZIF	code	e)						
Α	NARSAPUR, MEDAK HYDERABAD TELANGANA IN	5023	313						
В									
С									
1b	Type of Property (from list below) 2 For each rental real estate prope above, report the number of fair real estate properties.	rental	and	Fair Rental Days			Personal U Days	Jse	QJV
Α	personal use days. Check the Qu			Α		365		0	
В	if you meet the requirements to f qualified joint venture. See instru			В					
С	qualified joint venture. See institu	CLIOITS	o.	С					
Туре	of Property:								
	Single Family Residence 3 Vacation/Short-Term Renimber 4 Commercial	tal	5 Land 6 Roya	-		Self-Rental Other (describ	e)		
						Properties	<u></u>		
Incor	ne:			Α		В	-		С
3	Rents received	3			00.				
4	Royalties received	4							
Expe	nses:								
5	Advertising	5							
6	Auto and travel (see instructions)	6							
7	Cleaning and maintenance	7		1,0	00.				
8	Commissions	8							
9	Insurance	9							
10	Legal and other professional fees	10							
11	Management fees	11		8	00.				
12	Mortgage interest paid to banks, etc. (see instructions)	12							
13	Other interest	13							
14	Repairs	14		3,8					
15	Supplies	15		2,5	00.				
16	Taxes	16							
17	Utilities	17		4,8	00.				
18	Depreciation expense or depletion	18							
19	Other (list)	19		10 0	00				
20	Total expenses. Add lines 5 through 19	20		12,9	00.				
21	Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198	21		-12,3	00.				
22	Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22		12,30		()(
23a	Total of all amounts reported on line 3 for all rental prope				23a	•	600.		
b	Total of all amounts reported on line 4 for all royalty proper				23b				
С	Total of all amounts reported on line 12 for all properties				23c				
d	Total of all amounts reported on line 18 for all properties				23d				
е	Total of all amounts reported on line 20 for all properties				23e	12,	900.		
24	Income. Add positive amounts shown on line 21. Do no	t inclu	ıde any lo	sses			24		
25	Losses. Add royalty losses from line 21 and rental real estat		-		nter to	otal losses here	25 (1	L2,300.)
26	Total rental real estate and royalty income or (loss).	Comb	ine lines	24 and	25. E	nter the result		_	
	here. If Parts II, III, IV, and line 40 on page 2 do not s Schedule 1 (Form 1040), line 5. Otherwise, include this ar	apply	to you,	also er	nter th	nis amount on	26	_	-12,300.

Passive Activity Loss Limitations

See separate instructions.

Attach to Form 1040, 1040-SR, or 1041.

OMB No. 1545-1008

Department of the Treasury Internal Revenue Service Name(s) shown on return

Go to www.irs.gov/Form8582 for instructions and the latest information.

2022
Attachment Sequence No. 858

Identifying number

SAI	SRUJAN CHAVA					121	L-37-	-1684
Pai								
	Caution: Complete Parts IV an							
	Il Real Estate Activities With Active Pa ance for Rental Real Estate Activities			tive particip	ation, s	ee Special		
1a	Activities with net income (enter the a	mount from Part IV	/, column (a)) .	1	а	0.		
b	Activities with net loss (enter the amount	unt from Part IV, co	olumn (b))	1	b (12,300.)		
С	Prior years' unallowed losses (enter the	ne amount from Pa	rt IV, column (c))	1	c ()		
d	Combine lines 1a, 1b, and 1c						1d	-12,300.
All Ot	her Passive Activities							
2a	Activities with net income (enter the a	mount from Part V	, column (a)) .	2	a			
b	Activities with net loss (enter the amount				_)		
С	Prior years' unallowed losses (enter th				c ()		
d	Combine lines 2a, 2b, and 2c						2d	
3	Combine lines 1d and 2d. If this line is							
	all losses are allowed, including any							
	losses on the forms and schedules no						3	-12,300.
	If line 2 is a loss and: • Line 1d is a l	ooo go to Dort II						
	If line 3 is a loss and: • Line 1d is a l	oss, go to Part II.	zero or more) ek	in Dart II a	nd an ta	line 10		
	Clife 2d is a f	033 (and line rais	zero or morej, sk	пртанта	ia go te	o interto.		
	on: If your filing status is married filing	separately and yo	u lived with your	spouse at	any tim	ne during the	year,	do not complete
	. Instead, go to line 10.							
Par	t II Special Allowance for Rer Note: Enter all numbers in Par				-			
4	Enter the smaller of the loss on line 1	<u> </u>		dions for a	i examp	Jie.	4	12,300.
5	Enter \$150,000. If married filing separ				 . l 1	50,000.	7	12,300.
6	Enter modified adjusted gross income	-				17,190.	-	
•	Note: If line 6 is greater than or equal					11,100.	-	
	on line 9. Otherwise, go to line 7.	to in ic o, skip in ic	o r and o and one					
7	Subtract line 6 from line 5			7	,	32,810.		
8	Multiply line 7 by 50% (0.50). Do not er						8	16,405.
9	Enter the smaller of line 4 or line 8						9	12,300.
Par				<u></u>	· ·			12,300.
10	Add the income, if any, on lines 1a an	d 2a and enter the	total				10	0.
11	Total losses allowed from all passiv							
• •	out how to report the losses on your to						11	12,300.
Par	Complete This Part Before		a, 1b, and 1c. S	See instru	ctions.			
		Curren		Prior y		0,40	سمال مم	in or loss
	Name of activity	Curren	it year	Prior y	ears	Ove	rali ya	111 01 1055
	Name of activity	(a) Net income	(b) Net loss	(c) Unal	lowed	(d) Gair	,	(e) Loss
		(line 1a)	(line 1b)	loss (lir	e 1c)	(u) Gaii	'	(e) LUSS
NAR	SAPUR,MEDAK	0.	12,300.					12,300.
Total.	Enter on Part I, lines 1a, 1b, and 1c	0.	12,300.					

BAA

Form 8582 (2022) Page **2**

Part V Complete This Part Befor	e P	art I, Lines 2	a, 2b,	and 2c. S	ee instruc	tions.			•	
Name of activity		Currer	nt year		Prior ye	ears	Overall g		ain or loss	
Name of activity	(a) Net income (line 2a)		(b) (li	Net loss ne 2b)	(c) Unallowed loss (line 2c)		(d) Gain		(e) Loss	
Total. Enter on Part I, lines 2a, 2b, and 2c										
Part VI Use This Part if an Amour	nt Is	s Shown on F	Part II.	Line 9. S	ee instruc	tions.				
Name of activity	For ar to	rm or schedule nd line number be reported on see instructions)) Loss	(b) Ra		(c) Special allowance		(d) Subtract column (c) from column (a).	
NARSAPUR, MEDAK	<u> </u>	E Ln 22		12,300.	1.0000	0000	12,30	Ω	0.	
NAKOAI OK, PIEDAK		<u> </u>		12,500.	1.0000	0000	12,30	0.	0.	
Total				12,300.	1.00)	12,30	0.	0.	
Part VII Allocation of Unallowed L	oss			S.						
Name of activity		Form or sche and line num to be reporte (see instructi		mber ed on (a) L		((b) Ratio		(c) Unallowed loss	
Total							1.00			
Part VIII Allowed Losses. See instru				1				I		
Name of activity		Form or sche and line nur to be reporte (see instruct	nber ed on	(a) l	_oss	(b) Ur	nallowed loss	(c) Allowed loss	
							<u> </u>			
Total										