## 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

Submi	ssion Identification Number (SID)	
Taxpaye	or's name	Social security number
MAN	JUNATH ELECHITHAYA DINESH	022-96-1791
Spouse's	s name	Spouse's social security number
Part		year you are authorizing.)
	whole dollars only on lines 1 through 5.	
	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.	110 107
1	Adjusted gross income	1 119,107.
2 3	Total tax	<b>2</b> 19,313.
4	Amount you want refunded to you	<b>3</b> 24,773. <b>4</b> 5,460.
5	Amount you owe	3,100.
Part		(eep a copy of your return)
	penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended)	
to send for any Agent to payment authorize payment business taxes to persona	original or amended) I am now authorizing. I consent to allow my intermediate service provider, transm I my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejecteday in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U or initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated for my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution action is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the I.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requires days prior to the payment (settlement) date. I also authorize the financial institutions involved in the or receive confidential information necessary to answer inquiries and resolve issues related to the pal identification number (PIN) below is my signature for the income tax return (original or amended) I and income tax return (original or amended) I and income tax return (original or amended) I and its return to the part of the income tax return (original or amended) I and its return to the payment of t	ection of the transmission, (b) the reason S. Treasury and its designated Financial cated in the tax preparation software for in to debit the entry to this account. This the authorization. To revoke (cancel) a lests must be received no later than 2 processing of the electronic payment of ayment. I further acknowledge that the
	yer's PIN: check one box only	
Тахра		my PIN 6 1 7 9 1 as my
	ERO firm name	Enter five digits, but don't enter all zeros
	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 n if you are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN meth below.	
Your s	ignature ▶ Date ▶	
Spous	se's PIN: check one box only	
	I authorize to enter or generate	
	ERO firm name signature on the income tax return (original or amended) I am now authorizing.	Enter five digits, but don't enter all zeros
	I will enter my PIN as my signature on the income tax return (original or amended) I am n	ow authorizing. Check this box only
	if you are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN meth	
	below.	
Spous	e's signature ▶ Date ▶	
	Practitioner PIN Method Returns Only—continue below	
Part I	Certification and Authentication — Practitioner PIN Method Only	
ERO's	<b>EFIN/PIN.</b> Enter your six-digit EFIN followed by your five-digit self-selected PIN. 2 2	2 4 9 6 6 1 9 8 9  Don't enter all zeros
authoriz	that the above numeric entry is my PIN, which is my signature for the electronic individual income to zed to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submements of the Practitioner PIN method and <b>Pub. 1345</b> , Handbook for Authorized IRS e-file Providers of Ir	itting this return in accordance with the
EDO's	cignature •	
EKUS	signature ► Date ►  ERO Must Retain This Form — See Instructions	
	LIO MUSI NEIGHT THIS FUTHE — SEE HISHUCHORS	

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

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

OMB No. 1545-0074

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

Filing Status	<b>X</b> S	Single Married filing jointly	Marrie	ed filing separately (M	1FS)	Head of	hous	ehold (HOH)			fying survi	ving
Check only one box.	If vo	u checked the MFS box, enter the n	ame of v	our spouse. If you ch	necke	ed the HOH or	089	Shox enter			se (QSS) name if the	a gualifying
one box.		on is a child but not your dependen		your opouco. It you of		04 110 11011 01	QUC	, 50x, 611161		ilia o	namo m un	quamymg
Your first name	and mi	ddle initial	Last na	me					Yo	ur soc	ial security	number
			ELEC	HITHAYA DINE	SH					022-96-1791		
		first name and middle initial	Last na							Spouse's social security number		
, , , ,									'			•
Home address	(numbe	r and street). If you have a P.O. box, see	instruction	ons.				Apt. no.	Pre	esiden	tial Election	n Campaign
2133 5TH	I AVI	1		404							ere if you, o	
		ce. If you have a foreign address, also co	omplete s	paces below.	Stat	te	ZIP	code			f filing joint this fund. C	
KING COU	INTY			WA 98			98	121			w will not o	
Foreign country name			F				Fore	ign postal cod			or refund.	3.
											You	Spouse
Digital	At an	y time during 2022, did you: (a) rec	eive (as	a reward, award, or p	oayn	nent for prope	rty o	r services);	or (b)	sell,		
Assets		ange, gift, or otherwise dispose of					-				☐ Yes	X No
Standard	Som	eone can claim:	ependent	t	as a	a dependent						
Deduction		Spouse itemizes on a separate retui	rn or you	were a dual-status a	alien							
Age/Rlindness	Your	Were born before January 2, 1	1958 F	Are blind Spo	IISE'	. □ Was hor	n he	fore January	, 2 10	158	☐ Is blir	nd
Dependents				(2) Social security	100.	(3) Relationsh	$\overline{}$	(4) Check the				
-		rst name Last name		number	-4	to you	lip	Child tax			,	er dependents
If more than four	(1)	2401.14.110							0.00.0		<u>Г</u>	7
dependents,												<del></del>
see instructions and check	s ——											<u>-</u> 1
here												<u>-</u> 1
Incomo	1a	Total amount from Form(s) W-2, b	ox 1 (se	e instructions)						1a	13	0,307.
Income	b	Household employee wages not r								1b		
Attach Form(s)	С	Tip income not reported on line 1a	a (see ins	structions)	Ч					1c		
W-2 here. Also attach Forms	d	Medicaid waiver payments not rep	oorted o	n Form(s) W-2 (see in	stru	ctions)				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 bene	efits 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	tions)							1h		0.
W-2, see instructions.	i	Nontaxable combat pay election (	see instr	ructions)		<u>1i</u>						
	Z	Add lines 1a through 1h								1z	13	0,307.
Attach Sch. B	2a	Tax-exempt interest	2a		<b>b</b> Ta	axable interest	t			2b		
if required.	3a	Qualified dividends	3a			rdinary divide				3b		
	4a	IRA distributions	4a	,	<b>b</b> Ta	axable amoun	t.			4b		
Standard Deduction for—	5a	Pensions and annuities	5a			axable amoun				5b		
Single or	6a	Social security benefits	6a			axable amoun	t.		·	6b		
Married filing separately,	С	If you elect to use the lump-sum election method, check here (see instructions)										
\$12,950	7	Capital gain or (loss). Attach Sche			,				Ш	7		
Married filing jointly or	8	Other income from Schedule 1, lir								8		1,200.
Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7								9	11	9,107.
surviving spouse, \$25,900 10 Adjustments to income from Schedule 1, line 26												
Head of household, 10 Subtract line 10 from line 9. This is your adjusted gross income							9,107.					
\$19,400	12	Standard deduction or itemized		•	,		•			12	1	2,950.
If you checked any box under	13	Qualified business income deduct								13	+	0.050
Standard Deduction,	14									14		<u>2,950.</u>
see instructions.	15	Subtract line 14 from line 11. If ze	or ies	s, enter -u This is yo	our <b>t</b>	axable incom	ie			15	1 10	6,157.

Form 1040 (2022	2)			Page <b>2</b>	
Tax and	16	Tax (see instructions). Check if any from Form(s): 1  8814  2  4972  3	16	19,313.	
Credits	17	Amount from Schedule 2, line 3	17		
	18	Add lines 16 and 17	18	19,313.	
	19	Child tax credit or credit for other dependents from Schedule 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	19,313.	
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	0	
	24	Add lines 22 and 23. This is your total tax	24	19,313.	
<b>Payments</b>	25	Federal income tax withheld from:			
	а	Form(s) W-2			
	b	Form(s) 1099			
	С	Other forms (see instructions)			
	d	Add lines 25a through 25c	25d	24,773.	
If you have a	26	2022 estimated tax payments and amount applied from 2021 return	26		
qualifying child,	27	Earned income credit (EIC)			
attach Sch. EIC.	28	Additional child tax credit from Schedule 8812			
	29	American opportunity credit from Form 8863, line 8			
	30	Reserved for future use			
	31	Amount from Schedule 3, line 15			
	32	Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits	32		
	33	Add lines 25d, 26, and 32. These are your <b>total payments</b>	33	24,773.	
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>	34	5,460.	
	35a	Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here	35a	5,460.	
Direct deposit?	b	Routing number X X X X X X X X X X C Type: Checking Savings			
See instructions.	d	Account number			
	36	Amount of line 34 you want applied to your 2023 estimated tax			
Amount You Owe	37	Subtract line 33 from line 24. This is the <b>amount you owe</b> .  For details on how to pay, go to <i>www.irs.gov/Payments</i> or see instructions	37		
	38	Estimated tax penalty (see instructions)			
<b>Third Party</b>		you want to allow another person to discuss this return with the IRS? See			
Designee		structions		X No	
	De nai	signee's Phone Personal identi- me no. number (PIN)	ication		
Sign	Un	der penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to ief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which			
Here				nt you an Identity	
	10			IN, enter it here	
Joint return?		SOFTWARE ENGINEER (see	inst.)		
See instructions. Keep a copy for	Sp		f the IRS sent your spouse an		
your records.			tity Prote inst.)	ection PIN, enter it here	
_		one no. (682)283-7464 Email address E.D.MANJUNATH@GMAIL.COM eparer's name Preparer's signature Date PTIN		Check if:	
Paid		Preparer Signature   Date   Prink	2702	Self-employed	
Preparer					
Use Only				(678) 965-9522	
	Firi	m'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 Sequence No. 01

Your social security number

Department of the Treasury Internal Revenue Service

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

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

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

UNAN	UNATH ELECHITHAYA DINESH		022-96-1	791
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	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	ach Schedule		-11,200.
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		
q	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	8s (		
	1040, line 1a or 1d	os (		
τ	Pension or annuity from a nonqualifed deferred compensation plan or a nongovernmental section 457 plan	8t		
	Wages earned while incarcerated	8u		
u	Other income. List type and amount:	Ju		
~	other meetine. List type and amount.	8z		
		<u> </u>		I

Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8

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

Schedule 1 (Form 1040) 2022

-11,200.

9

10

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-ba	sis government		
	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)	а		
b	Deductible expenses related to income reported on line 8l from the			
	rental of personal property engaged in for profit	b		
С	Nontaxable amount of the value of Olympic and Paralympic medals			
-1	and USOC prize money reported on line 8m			
d		<b>a</b>		
е	Repayment of supplemental unemployment benefits under the Trade			
_	Act of 1974	-		
f	Contributions to section 501(c)(18)(D) pension plans			
g h	Attorney fees and court costs for actions involving certain unlawful	9		
"	discrimination claims (see instructions)	h		
	Attorney fees and court costs you paid in connection with an award	11		
٠	from the IRS for information you provided that helped the IRS detect			
	tax law violations	li		
i	Housing deduction from Form 2555			
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form			
	1041)	k		
z	Other adjustments. List type and amount:			
_	24:	z		
25	Total other adjustments. Add lines 24a through 24z		25	
26	Add lines 11 through 23 and 25. These are your adjustments to income. Er	nter here and on		
	Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a		26	

#### **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

MAN	JUNATH ELECHITHAYA DINESH				022-96-	1791	
Par	Income or Loss From Rental Real Estate and Note: If you are in the business of renting personal property, rental income or loss from Form 4835 on page 2, line 40.		le C. See instru	ctions. If you are	e an individu	ıal, repor	t farm
	Did you make any payments in 2022 that would require you to					☐ Yes	⊠ No
В	f "Yes," did you or will you file required Form(s) 1099?					☐ Yes	☐ No
1a	Physical address of each property (street, city, state, ZIP of	ode)					
Α	AKSHAYANAGAR, BENGALURU KARNATAKA IN 560	016					
В							
С							
1b	Type of Property (from list below)  2 For each rental real estate property above, report the number of fair rer	ntal and	Fa	ir Rental Days	Personal Days	Use	QJV
Α	personal use days. Check the QJV if you meet the requirements to file		Α	365		0	
В	qualified joint venture. See instructi		В				
С			C				
1	of Property: Single Family Residence 3 Vacation/Short-Term Rental Multi-Family Residence 4 Commercial	5 Lan 6 Roy		Self-Rental Other (describ	oe)		
				Propertie	s:		
Incor	ne:		Α	В			
3	_	3	600.				
4		4					
Expe							
5	3	5					
6		6	1 000				
7	9	7	1,000.				
8		8					
9		9					
10		10 11	0.00				
11	9	12	800.				
12 13		13					
14		14	3,800.				
15		15	2,200.				
16		16	2,200.				
17		17	4,000.				
18		18	1,000.				
19		19					
20		20	11,800.				
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	21	-11,200.				
22	Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22 (	11,200.)	(	)(		)
23a	Total of all amounts reported on line 3 for all rental properties		23a	-	600.		
b	Total of all amounts reported on line 4 for all royalty propert						
C							
d							
е			23e	11,	800.		
24	Income. Add positive amounts shown on line 21. Do not in	nclude any l	losses		24		
25	Losses. Add royalty losses from line 21 and rental real estate I	-		otal losses here	25 (	1.	1,200.)
26	Total rental real estate and royalty income or (loss). Co						
	here. If Parts II, III, IV, and line 40 on page 2 do not ap Schedule 1 (Form 1040), line 5. Otherwise, include this amo	ply to you,	also enter th	is amount on		-[	11,200.