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)

Taxpaye	er's name	Social security number						
RAJ.	A CHOWDHARY PODILI	882-76-8152						
Spouse	's name	Spouse's social security number						
Part	Tax Return Information – Tax Year Ending December 31, 2022 (Enter	er year you a	roaut	thorizing)				
		i year you a	lie au	liionzing.)				
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	80,606.				
2	Total tax		2	10,506.				
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	13,229.				
4	Amount you want refunded to you		4	2,723.				
5			5					

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

Under penalties of periury. 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

X	I authorize	GLOBAL TAXES	LLC	to enter or generate my PIN

6	8	1	5	2							
Enter five digits, but don't enter all zeros											

my

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 mv 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 signa	ature 🕨 🛛 Da	Date ►										
	Practitioner PIN Method Returns Only—continue	bel	ow									
Part III Ce	ertification and Authentication – Practitioner PIN Method Only											
ERO's EFIN/P	IN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.	2	2					6 all ze		9	8	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 ► Date ►									
-	Must Retain This Form — See Instructions t This Form to the IRS Unless Requested T								
For Denominarily Deduction Act Nation and your	bev return instructions	Earm 8870 (Bay, 01 2021)							

For Paperwork Reduction Act Notice, see your tax return instructions. BAA REV 01/09/23 PRO

1040		artment of the Treasury—Internal Revenue Servi S. Individual Income Tax		rn 20 2	2	OMB No. 1545	-0074	IRS Use C)nly—D	o not w	rite or staple	in this space.
Filing Status Check only one box.	lf yo	u checked the MFS box, enter the n	ame of yo	d filing separately (I our spouse. If you c	,			,	,	spou	lifying sur use (QSS) name if th	0
	•	on is a child but not your dependent	1									
Your first name	and mi	ddle initial	Last nam	10							cial securi	-
RAJA CHO			PODII						-		76-815	
If joint return, s	pouse's	first name and middle initial	Last nam	16					Sp	oouse'	s social se	curity number
	`	r and street). If you have a P.O. box, see	instruction	ns.			A	Apt. no.				on Campaigr
		SBRIDGE ROAD						3214			nere if you, if filing joir	or your htly, want \$3
		ce. If you have a foreign address, also co	mplete sp	aces below.	Sta		ZIP c					Checking a
FARMERS		ICH		TX 752							ow will not	•
Foreign country	name		Fo	preign province/state/	coun	ty	Foreig	n postal coo	de yo	our tax	or refund.	
Digital Assets		ny time during 2022, did you: (a) rece ange, gift, or otherwise dispose of a									Yes	X No
Standard Deduction	_	eone can claim: You as a de Spouse itemizes on a separate retur				•						
Age/Blindness	You:	Were born before January 2, 1	958	Are blind Sp	ouse	: 🗌 Was bor	n befo	ore Januar	y 2, 1	958	🗌 Is bl	ind
Dependents	s (see	instructions):		(2) Social security	/	(3) Relationsh	ip (4) Check the b		e box i	f qualif	fies for (see	instructions):
If more	(1) Fi	rst name Last name		number		to you		Child ta	k credi	it	Credit for ot	her dependents
than four dependents,									<u> </u>			
see instructions	s ——								<u> </u>			
and check									<u> </u>			
here												
Income	1a b	Total amount from Form(s) W-2, be Household employee wages not re		,			• •		·	1a 1b		95,606.
Attach Form(s)	c						• •		•	10		
W-2 here. Also	d	Tip income not reported on line 1a (see instructions)							1d			
attach Forms W-2G and	e	Taxable dependent care benefits from Form 2441, line 26								1e		
1099-R if tax	f	Employer-provided adoption bene		-						1f	-	
was withheld.	g	Wages from Form 8919, line 6 .								1g		
If you did not get a Form	h	Other earned income (see instructi								1h		0.
W-2, see	i	Nontaxable combat pay election (s	,			1i						
instructions.	z	Add lines to through th		,						1z	9	95,606.
Attach Sch. B	2a		2a		bТ	axable interest				2b		
if required.	3a	· · –	3a		b C	Ordinary divider	nds .			3b		
	4a	IRA distributions	4a		bТ	axable amoun	t			4b		
Standard	5a	Pensions and annuities	5a		bТ	axable amount	t			5b		
Deduction for -	6a	Social security benefits	6a		bТ	axable amount	t			6b		
 Single or Married filing 	с	If you elect to use the lump-sum e	lection m	ethod, check here	(see	instructions)						
separately, \$12,950	7	Capital gain or (loss). Attach Schee	dule D if r	required. If not requ	uired	, check here				7		
 Married filing 	8	Other income from Schedule 1, lin	e10 .							8		15,000.
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,	, and 8. T	his is your total in	com	e				9		80,606.
surviving spouse, 10 Adjustments to income from Schedule 1, line 26									10			
Head of	11	Subtract line 10 from line 9. This is	s your ad j	justed gross inco	me					11	8	80,606.
household, \$19,400	12	Standard deduction or itemized	deductio	ons (from Schedule	A)					12		12,950.
If you checked	13	Qualified business income deduction	ion from l	Form 8995 or Form	n 899	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	o or less,	, enter -0 This is y	our '	taxable incom	е.			15		67,656.
)												

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

Form **1040** (2022)

Form 1040 (2022	2)								Page
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 🗌 881	4 2 4972	3 🗌		16	10,506.
Credits	17	Amount from Schedule 2, lir	ne3					17	
	18	Add lines 16 and 17						18	10,506.
	19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812			19	
	20	Amount from Schedule 3, lir	ne8					20	
	21	Add lines 19 and 20						21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	10,506.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21 .			23	0.
	24	Add lines 22 and 23. This is	your total tax					24	10,506.
Payments	25	Federal income tax withheld							
-	а	Form(s) W-2				25a 13	,229.		
	b	Form(s) 1099				25b			
	с	Other forms (see instruction	s)			25c			
	d	Add lines 25a through 25c						25d	13,229.
If you have a	26	2022 estimated tax payment	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 from	m Schedule 8812			28			
	29	American opportunity credit	from Form 8863	8, line 8		29		1	
	30	Reserved for future use .				30		1	
	31	Amount from Schedule 3, lir	ne 15			31			
	32	Add lines 27, 28, 29, and 31	. These are your	total other pa	ayments and refu	undable credits		32	
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments				33	13,229.
Refund	34	If line 33 is more than line 24	1, subtract line 2	4 from line 33.	This is the amou	nt you overpaid		34	2,723.
neruna	35a	Amount of line 34 you want			is attached, che	ck here		35a	2,723.
Direct deposit?	b	Routing number 1 1 1	0 0 0 0	2 5	c Type: 🛛 🗙	Checking	Savings		
See instructions.	d	Account number 4 8 8	1 1 5 0	4 3 6 4	1 2				
	36	Amount of line 34 you want	applied to your	2023 estimate	edtax	36			
Amount	37	Subtract line 33 from line 24	. This is the amo	ount you owe.					
You Owe		For details on how to pay, g	o to <i>www.ir</i> s.gov	//Payments or	see instructions			37	
	38	Estimated tax penalty (see in	nstructions) .			38			
Third Party	Do	you want to allow another	person to disc	cuss this retur	m with the IRS?	See			
Designee	ins	structions				Yes. C	omplete k	elow.	× No
	De nai	signee's		Phone no.			onal identi ber (PIN)	ication	
<u></u>							. ,	41	
Sign		der penalties of perjury, I declare t ief, they are true, correct, and com			1 2 0		,		, 0
Here	Yo	ur signature		Date	Your occupation		If the	IRS se	nt you an Identity
							Prote	ection P	IN, enter it here
Joint return?					SOFTWARE I	DEVELOPER	(see	inst.)	
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, I	both must sign.	Date	Spouse's occupat	ion			nt your spouse an ection PIN, enter it he
your records.							(see		
	Ph	one no. (972)207-850	8	Email address	DODITI PA.	JA@GMAIL.CC	M	,	
		eparer's name	o Preparer's signat		LODIDI.KA	Date	PTIN		Check if:
Paid		PRIYA RAM SAGAR GUPTA TALLAM					P02082	2702	Self-employed
Preparer		n's name GLOBAL TA		TATH DAGAN	COLIA IAUDAM	01/10/2023			678)965-9522
Use Only			Y CT E BRU	NSWICK N.	J 08816			s EIN	88-2145487
Co to www.im.a		a1040 for instructions and the late		ILDRICK IN			1,1,1,11		Earm 1040 (20)

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

REV 01/09/23 PRO BAA

Form **1040** (2022)

SCHEDULE	1
(Form 1040)	

Additional Income and Adjustments to Income

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

OMB No. 1545-0074 2

Department of the Treasury Internal Revenue Service						
Name(s) shown on Fo	Your social security number					
RAJA CHOWDHARY	882-76	-8152				

Par	t Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxes		1	
2 a	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. Att	ach Schedule E .	5	-15,000.
6	Farm income or (loss). Attach Schedule F.		6	
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		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			
	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		9	1 5 0 0 5
10	Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR	t, or 1040-NR, line 8	10	-15,000.

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			ernment		
	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					
	and USOC prize money reported on line 8m	24c				
d	Reforestation amortization and expenses	24d				
е	Repayment of supplemental unemployment benefits under the Trade					
	Act of 1974	24e				
f	Contributions to section 501(c)(18)(D) pension plans	24f				
g	Contributions by certain chaplains to section 403(b) plans	24g				
ĥ	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					
	tax law violations	24i				
j	Housing deduction from Form 2555	24j				
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form					
		24k				
z	Other adjustments. List type and amount:					
		24z				
25	Total other adjustments. Add lines 24a through 24z				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	<u> </u>	<u> </u>	<u></u>	26	
	ВАА	REV	01/09/23 P	RO	Schedul	e 1 (Form 1040) 20

(Form	1040)	(Fr	om re	ental real esta	ate, royalties, partner	rships, S	S corporat	ions, es	states,	trusts, REMIC	cs, etc.)	90 00			
	nent of the Treasury Revenue Service			Go to wwn	Attach to Form 104 .irs.gov/ScheduleE f	,	,			nformation.		Attachment Sequence No. 13			
Name(s)) shown on return				-						Your soci	al security			
RAJA	CHOWDHARY	PO	DIL	I							882-7	6-8152			
Part	Income	orl	Loss	From Ren	tal Real Estate a	nd Ro	valties								
	Note: If ye rental inco	ou are ome c	e in th or loss	e business of from Form 4	renting personal prop 835 on page 2, line 40	erty, use).	Schedule					-			
					nat would require yo ed Form(s) 1099?										
1a					(street, city, state, Z										
Α	BALAJI RE	SID	ENC	Y,MIRYALO	GUD NALGONDA 7	FELAN	GANA IN	1 508	207						
В															
С															
1b	Type of Prope (from list belo		2		ntal real estate prop ort the number of fai				Fa	air Rental Days	Persor Da	nal Use iys	QJV		
Α	3				e days. Check the (Α		365		0			
В					the requirements to nt venture. See inst			В							
С				qualified joi	nit venture. Gee mst	luction	3.	С							
1	of Property: Single Family F Multi-Family Re				ation/Short-Term Re Imercial	ental	5 Lanc 6 Roya			Self-Rental Other (descr	ibe)				
										Properti	es:				
Incom	ne:							Α		В			С		
3	Rents received	d.				. 3		8	300.						
4	Royalties rece	eived				. 4									
Exper	ises:														
5	•					-									
6									300.						
7	-							1,8	300.						
8	Commissions	•	• •			. 8									
9															
10	•					-									
11								1,4	400.						
12 13	00			,	c. (see instructions)	12 . 13									
13								4 (000.						
15						. 15			300.						
16	-					. 16		5,5	.00.						
17						. 17		4.5	500.						
18								- / 0							
19	Other (list)			•		10									
20					19			15,8	800.						
21				()	nd/or 4 (royalties). I find out if you mus										
						· 21		-15,0	00.						
22					ter limitation, if any		(15,00)))	()	(
2 3a	Total of all am	ount	s rep	orted on line	e 3 for all rental prop	perties			23a		800.				
b			-		e 4 for all royalty pro	-			23b						
С					e 12 for all propertie				23c						
d					e 18 for all propertie			• •	23d						
е			-		20 for all propertie				23e	15	,800.				
24					wn on line 21. Do n						. 24	1	1 = 0 0 0		
25	Losses. Add r	oyalt	y ioss	ses from line	21 and rental real est	late loss	ses trom li	ne 22. I	enter t	otal losses her	re 25		15,000.		

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 For Paperwork Reduction Act Notice, see the separate instructions.

Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result

26

-15,000.

OMB No. 1545-0074

Supplemental Income and Loss	
(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REM	ICs

SCHE	DULE	Е
(Form	1040)	