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

	5				
Submi	ssion Identification Number (SID)				
Taxpaye	or's name	Social securi	ty numl	per	
ABH:	IRAM SARMA MAKKAPATI	757-64	-530	5	
Spouse'	s name	Spouse's soo	ial seci	urity numbe	r
Part	Tax Return Information — Tax Year Ending December 31, 2022 (Ente	r vear vou a	re au	thorizina	1
	whole dollars only on lines 1 through 5.	i your you u	10 44	unonzing	•/
	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.				
1	Adjusted gross income		1	70	,990.
2	Total tax		2		3,383.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	11	,382.
4	Amount you want refunded to you		4		2,999.
5	Amount you owe		5		
Part	Taxpayer Declaration and Signature Authorization (Be sure you get and	keep a cop	y of y	our retu	ırn)
return (to send for any Agent t paymen authori paymen busines taxes t person	oviledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I about original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmit my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejudelay 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 income 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 III must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation recessed as a prior to the payment (settlement) date. I also authorize the financial institutions involved in the oreceive confidential information necessary to answer inquiries and resolve issues related to the payment forms.	nitter, or electro ection of the to I.S. Treasury a licated in the to on to debit the e the authorizates uests must be processing of payment. I fur	onic refansmis and its cax prepare entry ation. The receiff the elaboration at the receiff the acceiments.	turn origina ssion, (b) to designated paration so to this accore To revoke ved no lat ectronic para knowledge	ator (ERO) he reason Financial ftware for ount. This (cancel) a er than 2 ayment of that the
	nic Funds Withdrawal Consent. yer's PIN: check one box only				
X		my PIN 4	5 3	3 0 5	as my
	Signature on the income tax return (original or amended) I am now authorizing.	ř En		digits, but er all zeros	as my
	I will enter my PIN as my signature on the income tax return (original or amended) I am r if you are entering your own PIN and your return is filed using the Practitioner PIN metholow.				
Your s	ignature ▶ Date ▶				
Snous	se's PIN: check one box only				
	I authorize to enter or generate	my PIN			as my
	ERO firm name	-	ter five	digits, but	ao my
	signature on the income tax return (original or amended) I am now authorizing.	do	n't ente	r all zeros	
	I will enter my PIN as my signature on the income tax return (original or amended) I am r if you are entering your own PIN and your return is filed using the Practitioner PIN meth below.				
Spous	e's signature ▶ Date ▶				
	Practitioner PIN Method Returns Only—continue below	1			
Part	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 4 9 Don't ent	6 6 er all ze	1 9 8	3 9
authori	that the above numeric entry is my PIN, which is my signature for the electronic individual income t zed to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am subments of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS e-file Providers of I	ax return (origi	nal or urn in a	amended) accordance	
ERO's	signature ▶ Date ▶				
	ERO Must Retain This Form — See Instructions				
	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

2022

OMB No. 1545-0074

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

Filing Status Check only	s 🗙 S	Single Married filing jointly	Marrie	ed filing separately	MFS)	Head of	hous	ehold (HOF	l)		lifying survi use (QSS)	iving	
one box.		u checked the MFS box, enter the r on is a child but not your depender		our spouse. If you	checke	ed the HOH or	r QSS	S box, ente	r the c	hild's	name if the	e qualifying	
Your first name	and mi	ddle initial	Last na	me					Yo	ur so	cial security	y number	
ABHIRAM	SARI	ΛΑ.	MAKK	APATI					7	757-64-5305			
		first name and middle initial	Last na									urity number	
Home address	(numbe	r and street). If you have a P.O. box, see	 e instruction	ons.				Apt. no.	Pr	esider	ntial Electio	n Campaign	
4041 N E	3ENN]	INGTON AVE								Check here if you, or your spouse if filing jointly, want \$3			
City, town, or p	ost offic	ce. If you have a foreign address, also c	omplete s	paces below.	Stat	e	ZIP	code			this fund.		
KANSAS (CITY			MO 64117 I				bo	box below will not change				
Foreign country	y name		F	Foreign province/state	/count	У	Fore	ign postal co	de yo	ur tax	or refund.	Spouse	
 Digital	At ar	y time during 2022, did you: (a) red	ceive (as	a reward, award, o	r payn	nent for prope	erty o	r services);	or (b)	sell,			
Assets	exch	ange, gift, or otherwise dispose of	a digital	asset (or a financial	intere	est in a digital	asse	t)? (See ins	structio	ons.)	Yes	⊠ No	
Standard Deduction		eone can claim:	•	-		a dependent							
	You:	Were born before January 2,	1958	Are blind Sp	ouse:	☐ Was bo	rn be	fore Janua	ry 2, 1	958	Is blir	nd	
Dependents	s (see	instructions):		(2) Social securit	v	(3) Relationsh	ain	(4) Check th	e box if	qualif	ies for (see i	nstructions):	
If more	•	rst name Last name		number	´	to you	.	Child ta	x credi	t	Credit for oth	er dependents	
than four											П		
dependents, see instruction													
and check	5 —												
here]												
Income	1a	Total amount from Form(s) W-2, k	oox 1 (se	e instructions) .						1a	8	4,590.	
	b	Household employee wages not r	reported	on Form(s) W-2 .						1b			
Attach Form(s) W-2 here. Also	С	Tip income not reported on line 1	a (see ins	structions)						1c			
attach Forms	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)							1d				
W-2G and 1099-R if tax	е	Taxable dependent care benefits		*						1e			
was withheld.	f	Employer-provided adoption bene	efits from	n Form 8839, line 29						1f			
If you did not	g	Wages from Form 8919, line 6.								1g			
get a Form W-2, see	h	Other earned income (see instruc	,				. 1			1h		0.	
instructions.	i	Nontaxable combat pay election	(see instructions)								4 500		
	<u>z</u>	Add lines 1a through 1h		<u>.</u>			. •			1z		4,590.	
Attach Sch. B if required.	2a	Tax-exempt interest	2a			axable interes				2b			
ii required.	3a	Qualified dividends	3a			rdinary divide				3b			
24	4a	IRA distributions	4a			axable amoun				4b			
Standard Deduction for—	5a 6a	Pensions and annuities Social security benefits	5a 6a			axable amoun axable amoun				5b 6b			
Single or Married filing	C	If you elect to use the lump-sum		method check here			ιι .			OD			
separately,	7	Capital gain or (loss). Attach Sche		*	`	,	•			7	7		
\$12,950 Married filing	8	Other income from Schedule 1, lin					•		. 🗀	8		3,600.	
jointly or	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7								9		0,990.	
Qualifying surviving spouse,	10	Adjustments to income from Sche	-	•						10		0,000.	
\$25,900 • Head of	11	Subtract line 10 from line 9. This i					·			11	_	0,990.	
household,	12	Standard deduction or itemized	•	-						12		2,950.	
\$19,400 If you checked	13	Qualified business income deduc				5-A				13		_,,,,,,,	
any box under Standard	14	Add lines 12 and 13								14		2,950.	
Deduction,	15	Subtract line 14 from line 11. If ze								15		8,040.	
see instructions.													

Form 1040 (2022	2)								Page 2
Tax and	16	Tax (see instructions). Check	if any from Form	n(s): 1 881	4 2 4972	3 🗌		16	8,383.
Credits	17	Amount from Schedule 2, lir	ne 3				1	17	
	18	Add lines 16 and 17					1	18	8,383.
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812		1	19	
	20	Amount from Schedule 3, lir	ne 8				2	20	
	21	Add lines 19 and 20					2	21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0			2	22	8,383.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21		2	23	0.
	24	Add lines 22 and 23. This is	your total tax				2	24	8,383.
Payments	25	Federal income tax withheld							
,	а	Form(s) W-2				25a 11,	,382.		
	b	Form(s) 1099				25b			
	С	Other forms (see instruction	s)			25c			
	d	Add lines 25a through 25c	·				2	5d	11,382.
	26	2022 estimated tax paymen					2	26	
If you have a qualifying child,	27	Earned income credit (EIC)				27			
attach Sch. EIC.	28	Additional child tax credit from	m Schedule 8812	2		28			
	29	American opportunity credit	from Form 8863	3, line 8		29			
	30	Reserved for future use .				30			
	31	Amount from Schedule 3, lir	ne 15			31			
	32	Add lines 27, 28, 29, and 31				indable credits	3	32	
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments			3	33	11,382.
Refund	34	If line 33 is more than line 24	1, subtract line 2	4 from line 33.	This is the amour	nt you overpaid	3	34	2,999.
neiuliu	35a	Amount of line 34 you want	refunded to you	u. If Form 8888	is attached, chec	k here	. 🗌 🖪	5a	2,999.
Direct deposit?	b	Routing number 1 0 1					avings		
See instructions.	d	Account number 5 1 8	0 0 6 9	1 0 0 8	3 4				
	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				38			
Third Party Designee		you want to allow another	person to disc	cuss this retu			mplete belo	w. 🗴	No
3	De	signee's		Phone			nal identificat	ion	
	naı	me		no.		numbe	er (PIN)		
Sign Here		der penalties of perjury, I declare tief, they are true, correct, and com							
TICIC	Yo	ur signature		Date	Your occupation		I		an Identity
1						NCTNEED	(see inst		nter it here
Joint return? See instructions.	Sn	ouse's signature. If a joint return, I	hoth must sign	Date	SOFTWARE E			<u> </u>	ır spouse an
Keep a copy for your records.	Op	oudo o digitataro. Il a joint fotarri, i	oour maat aigm	Buto	opoude e codupan	O.1		Protection	PIN, enter it here
	Ph	one no. (469)803-267	0	Email address	ABHIRAM.MAKKA	APATI@GMAIL.COM	м		
Doid	Pre	eparer's name	Preparer's signat	ture			PTIN	Che	ck if:
Paid	SYAM	I PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	02/08/2023	P0208270	33 🗆	Self-employed
Preparer		m's name GLOBAL TA							3)965-9522
Use Only	Fire		Y CT E BRU	NSWICK N	J 08816		Firm's E	N 8	4-3171965
Go to www.irs.go	ov/Forn	n1040 for instructions and the late	st information.		BAA	REV 01/28/23 PRO			Form 1040 (2022)

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2022

Attachment
Soguence No. 01

Department of the Treasury Internal Revenue Service

ABHIRAM SARMA MAKKAPATI

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.

	Sequence No. 01
Your soc	ial security number
757-64	-5305

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. Attach S		5	-13,600.
6	Farm income or (loss). Attach Schedule F		6	
7	Unemployment compensation		7	
8	Other income:			
а	Net operating loss	()		
b	Gambling			
С	Cancellation of debt			
d	Foreign earned income exclusion from Form 2555	()		
е	Income from Form 8853			
f	Income from Form 8889			
g	Alaska Permanent Fund dividends			
h	Jury duty pay			
!	Prizes and awards			
j	Activity not engaged in for profit income			
k	Stock options			
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 instructions)			
-	, , , , , , , , , , , , , , , , , , ,			
n o	Section 951(a) inclusion (see instructions)			
g	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			
3	1040, line 1a or 1d	()		
t	Pension or annuity from a nonqualifed deferred compensation plan or	,		
•	a nongovernmental section 457 plan 8t			
u	Wages earned while incarcerated 8u			
z				
_	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, or 1		10	-13,600.

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	L	17	
18	Penalty on early withdrawal of savings	L	18	
19a	Alimony paid		I9a	
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)			
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	_		
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:24z			
25	Total other adjustments. Add lines 24a through 24z		25	
25 26	,		23	
26	Add lines 11 through 23 and 25. These are your adjustments to income . Enter here and Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a		26	
	1 01111 1040 01 1040-011, IIIIE 10, 01 1 01111 1040-1110, IIIIE 10a		2 0	

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.

OMB No. 1545-0074

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**

Your social security number

ABH:	IRAM SARMA MAKKAPATI						757-6	4-5305)
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 ar	e an indi	vidual, rep	oort farm
	Did you make any payments in 2022 that would require you								es 🛮 No
В	If "Yes," did you or will you file required Form(s) 1099? .							. <u> </u>	es 🗌 No
1a	Physical address of each property (street, city, state, ZIF	code)							
Α	NARSAPUR(MDI) MEDAK TELANGANA IN 50231	L3							
В									
С									
1b	Type of Property (from list below) 2 For each rental real estate proper above, report the number of fair r	rental a	ınd	Fair Rental Days			Persor Da	QJV	
Α	personal use days. Check the QJ			Α		365		0	
В	if you meet the requirements to fi qualified joint venture. See instru-			В					
С	qualified joint ventare. eee front	10110110.		С					
1	of Property: Single Family Residence 3 Vacation/Short-Term Rent Multi-Family Residence 4 Commercial	tal	5 Land 6 Royal	ties		Self-Rental Other (descri	be)		
						Propertie	s:		
Incor	ne:			Α		В			С
3	Rents received	3		6	00.				
4	Royalties received	4							
_	nses:								
5	Advertising	5							
6	Auto and travel (see instructions)	6							
7	Cleaning and maintenance	7		1,2	00.				
8	Commissions	8							
9	Insurance	9							
10	Legal and other professional fees	10							
11	Management fees	11		1,0	00.				
12	Mortgage interest paid to banks, etc. (see instructions)	12							
13	Other interest	13							
14	Repairs	14			00.				
15	Supplies	15			00.				
16	Taxes	16		4,5	00.				
17	Utilities	17							
18	Depreciation expense or depletion	18							
19	Other (list)	19		11 0	00				
20	Total expenses. Add lines 5 through 19	20		14,2	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	_	13,6	00.				
22	Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22 (1	13,60	00.)	()	()
23a	Total of all amounts reported on line 3 for all rental proper	rties			23a		600.		
b	Total of all amounts reported on line 4 for all royalty prope	erties			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	14	,200.		
24	Income. Add positive amounts shown on line 21. Do not	t includ	le any los	sses			24		
25	Losses. Add royalty losses from line 21 and rental real estat	te losse	s from lin	e 22. E	nter to	otal losses here	e 25	(13,600.)
26	Total rental real estate and royalty income or (loss).								· · · · · · · · · · · · · · · · · · ·
	here. If Parts II, III, IV, and line 40 on page 2 do not a Schedule 1 (Form 1040), line 5. Otherwise, include this an						1 26		-13,600.