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.

Submission Identification Number (SID)

Taxpay	yer's name		Social	security	/ numbe	er
SAN	IDEEP MAHANANDI		490)-65-	8828	
Spous	e's name		Spouse	e's soci	al secu	rity number
Par	t I Tax Return Information – Tax Year Ending December 31, 2022	2 (Enter	year y	/ou ar	e autl	horizing.)
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	71,828.
2	Total tax				2	8,570.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099				3	10,695.
4	Amount you want refunded to you				4	2,125.
5	Amount you owe				5	
Par	t II Taxpayer Declaration and Signature Authorization (Be sure you ge	et and k	keep a	сору	of yo	our 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

GLOBAL	TAVEC	TTC	to optor or concrete my DIN	Т
GLUDAL	TAVED		to enter or generate my PIN	N

	5	8	8	2	8	as			
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

X 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	ate 🕨	•				 		
	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 ►								
ERO Mu Don't Submit Th								
For Deperturely Deduction Act Nation and your tox r	aturn instructions	REV 01/14/22 RRO	Earm 8879 (Pay 01 2021)					

1040		artment of the Treasury—Internal Revenue Servi S. Individual Income Tax		urn 202	22	OMB No. 1545	5-0074	IRS Us	e Only	—Do not v	write or stap	ble in this space.
Filing Status Check only one box.	lf yo	Single Married filing jointly	ame of y	ed filing separately your spouse. If you	,			,	,	spo	alifying su buse (QSS s name if	S)
Your first name	and m	iddle initial	Last na	me						Your so	ocial secu	rity number
SANDEEP			мана	NANDI							65-88	-
	oouse's	s first name and middle initial	Last na									security number
Home address	(numbe	er and street). If you have a P.O. box, see	instructio	ons.				Apt. no.		Preside	ential Elec	ction Campaigr
1748 E N	IORTI	HGATE DR						2097				ou, or your
City, town, or p	ost offi	ce. If you have a foreign address, also co	mplete s	paces below.	Sta	te	T	code				bintly, want \$3
IRVING					TX	ζ	75	062				d. Checking a ot change
Foreign country	name		F	oreign province/state	e/count	ty	Fore	ign postal	code		x or refun	•
											🗌 You	J Spouse
Digital Assets		ny time during 2022, did you: (a) rec ange, gift, or otherwise dispose of a										s 🛛 No
Standard Deduction	_	eone can claim: Vou as a de Spouse itemizes on a separate retur	•	— .								
Age/Blindness	You	: 🗌 Were born before January 2, 1	958	Are blind S	oouse	: 🗌 Was bo	rn be	fore Janu	uary 2	2, 1958	🗌 Is	blind
Dependents	s (see	instructions):		(2) Social securi	ty	(3) Relationsh	nip	(4) Check	the b	ox if qual	ifies for (se	ee instructions):
If more		irst name Last name		number		to you	.	Child	tax c	redit	Credit for	other dependents
than four												
dependents, see instructions												
and check												
here 🗌												
Income	1a	Total amount from Form(s) W-2, b	ox 1 (se	e instructions) .						. 1a	a 📃	77,328.
	b	Household employee wages not re	eported	on Form(s) W-2 .						. 1k)	
Attach Form(s) W-2 here. Also	С	Tip income not reported on line 1a	ı (see ins	structions)						. 10	>	
attach Forms	d	Medicaid waiver payments not rep	orted o	n Form(s) W-2 (see	instru	ictions)				. 10	ł	
W-2G and 1099-R if tax	е	Taxable dependent care benefits f	rom For	m 2441, line 26						. 10	e 📃	
was withheld.	f	Employer-provided adoption bene	fits from	n Form 8839, line 2	9.					. 11	F	
lf you did not	g	Wages from Form 8919, line 6 .	• •							. <u>1</u> ę	9	
get a Form W-2, see	h	Other earned income (see instruct	ions)				÷			. <u>1</u> ł	۱	0.
instructions.	i	Nontaxable combat pay election (s	see instr	ructions)		1 i	i					
	Z	Add lines 1a through 1h	· · ·						•	. 12		77,328.
Attach Sch. B	2a	' ⊢	2a			axable interes			•	. 2ł		
if required.	<u>3a</u>		3a			ordinary divide			•	. 3ł		
	4a		4a			axable amoun			•	. 41		
Standard Deduction for—	5a		5a			axable amoun			•	. 5ł		
Single or	6a	, _	6a			axable amoun	nt.		•	. <u>6</u> ł)	
Married filing separately,	_c	If you elect to use the lump-sum e		-	•	,	·		• L	- -		
\$12,950	7	Capital gain or (loss). Attach Scher					·		. L			
 Married filing jointly or 	8	Other income from Schedule 1, lin					•		·	. 8		-5,500.
Qualifying spouse,	9 10	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7					•		·	. 9		71,828.
\$25,900	10	Adjustments to income from Sche	-				•		·	. 10		71 000
 Head of household, 	11	Subtract line 10 from line 9. This is					·		·	. 1		71,828.
\$19,400	12 13	Standard deduction or itemized Qualified business income deduct			,		•		•	· 12 · 13		12,950.
 If you checked any box under 	13 14						•		•			10 050
Standard Deduction,	14 15	Subtract line 14 from line 11. If zer		 s ontor -0- This is					·	· 14		<u>12,950.</u> 58,878.
see instructions.			0 01 100	o, ontor o . 1113 13	youri				•		-	50,070.

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

Form **1040** (2022)

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	8	,570.
Credits	17	Amount from Schedule 2, lin	e3					17		
	18	Add lines 16 and 17						18	8	,570.
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812			19		
	20	Amount from Schedule 3, lin	ie8					20		
	21	Add lines 19 and 20						21		
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	8	,570.
	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	8	,570.
Payments	25	Federal income tax withheld								
	а	Form(s) W-2				25 a 1	0,695.			
	b	Form(s) 1099				25b				
	с	Other forms (see instructions	s)			25c				
	d	Add lines 25a through 25c						25d	10	,695.
If you have a	26	2022 estimated tax payment	ts and amount a	pplied from 20	21 return			26		
If you have a l qualifying child,	27	Earned income credit (EIC)				27				
attach Sch. EIC.	28	Additional child tax credit from				28				
	29	American opportunity credit	from Form 8863	8, line 8		29				
	30	Reserved for future use .				30				
	31	Amount from Schedule 3, lin				31				
	32	Add lines 27, 28, 29, and 31	. These are your	total other pa	ayments and ref	undable credits		32	1	
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments				33	10	,695.
Refund	34	If line 33 is more than line 24	l, subtract line 2	4 from line 33.	This is the amou	nt you overpaid		34	2	,125.
neiunu	35a	Amount of line 34 you want			3 is attached, che	ck here	🗆	35a	2	,125.
Direct deposit?	b	Routing number 1 1 1	9 0 0 6	59	c Type: 🛛 🗙	Checking	Savings			
See instructions.	d	Account number 7 6 9	0 0 9 5	8 1 0						
	36	Amount of line 34 you want a	applied to your	2023 estimate	ed tax	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 retu	rn with the IRS?	'See			_	
Designee	ins	tructions				🗌 Yes. 🤇	Complete	below.	X No	
	De nai	signee's		Phone no.			sonal ident 1ber (PIN)	ification		
0.			hat I have averaine				. ,			
Sign		der penalties of perjury, I declare t ief, they are true, correct, and com								
Here	Yo	ur signature		Date	Your occupation		If th	e IRS se	nt you an Ide	ntity
							Prot	ection F	IN, enter it he	
Joint return?					SOFTWARE :		(see	inst.)		
See instructions. Keep a copy for	Sp	Spouse's signature. If a joint return, both must sign. Date		Date					nt your spous ection PIN, ei	
your records.								inst.)		
	Ph	one no. (361)228-249	3	Email address		@GMAIL.COM				
		eparer's name	S Preparer's signat		1970 I 97	Date	PTIN		Check if:	
Paid		PRIYA RAM SAGAR GUPTA TALLAM						2702	Self-en	nploved
Preparer		n's name GLOBAL TAX		IGEN DROAK	COLIN INDAN	1 91/21/2023	-		678)965	
Use Only			Y CT E BRU	NSWICK N	J 08816			n's EIN		45487
		11040 for instructions and the late		III	BAA	REV 01/14/23 PRO	1			040 (2022)

SCHEDUL	.E 1
(Form 1040))

Department of the Treasury

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	Go to www.irs.gov/Form1040 for instructions and the latest information.		Attachment Sequence No. 01	
Name(s) shown on Fo	Your social security number			
SANDEEP MAHANA	NDI	490-65	-8828	

Pai	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	ach Schedule E .	5	-5,500.
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	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			
	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:			
~	Tatal attaining and the second start of 0	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 1040-NR, line 8	10	-5,500.

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

Schedule 1 (Form 1040) 2022

Par	II Adjustments to Income					
11	Educator expenses				. 11	
12	Certain business expenses of reservists, performing artists, and fee				nt	
	officials. Attach Form 2106				. 12	
13	Health savings account deduction. Attach Form 8889					
14	Moving expenses for members of the Armed Forces. Attach Form 3903				. 14	
15	Deductible part of self-employment tax. Attach Schedule SE					
16	Self-employed SEP, SIMPLE, and qualified plans				. 16	
17	Self-employed health insurance deduction				. 17	
18	Penalty on early withdrawal of savings					
19a	Alimony paid					
b	Recipient's SSN					
С	Date of original divorce or separation agreement (see instructions):	_			-	
20	IRA deduction					
21	Student loan interest deduction					
22	Reserved for future use					
23	Archer MSA deduction				. 23	
24	Other adjustments:					
 a		24a				
	Deductible expenses related to income reported on line 8l from the					
		24b				
С	Nontaxable amount of the value of Olympic and Paralympic medals					
	and USOC prize money reported on line 8m	24c				
d		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				
q	Contributions by certain chaplains to section 403(b) plans	24g				
•	Attorney fees and court costs for actions involving certain unlawful					
	discrimination claims (see instructions)	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				
i	Housing deduction from Form 2555	24j				
	Excess deductions of section 67(e) expenses from Schedule K-1 (Form					
	1041)	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					
	BAA	REV	01/14/23	PRO	Schedu	ile 1 (Form 1040) 202

SCHEDULE	Ε
(Form 1040)	

Supplemental Income and Loss

OMB No. 1545-0074

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

Department of the Treasury

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

2022
Attachment Sequence No. 13

Internal	Revenue Service		Go to www.irs.gov/ScheduleE t	for instru	uctions a	nd the la	test in	formation.			ce No. 13		
Name(s)	me(s) shown on return										Your social security number		
	EEP MAHANA								490-6	5-8828			
Part			oss From Rental Real Estate a										
	Note: If yo	ou are ir	n the business of renting personal prop	erty, use	Schedu	e C. See	instruc	ctions. If you a	are an indi	vidual, repo	ort farm		
A [loss from Form 4835 on page 2, line 40 ments in 2022 that would require yo		Earm(a)	10002 6	oo ino	tructions					
					()								
			• • • • • • •				• •			. <u> </u>			
1a	Physical address of each property (street, city, state, ZIP code)												
Α	KUKATPALL	Y HYI	DERABAD TELANGANA IN 500	0085									
В													
С													
1b	Type of Prope		2 For each rental real estate prop	perty list	ted	Fair Rental			Personal Use		QJV		
	(from list below	N)	above, report the number of fa				Days		Days		QUV		
Α	3		personal use days. Check the					365	0				
В			if you meet the requirements to qualified joint venture. See inst										
С			quained joint venture. See inst		5.	С							
Гуре о	of Property:												
1	Single Family R	esiden	ice 3 Vacation/Short-Term Re	ental	5 Lan	d	7	Self-Rental					
2	Multi-Family Re	sidenc	ce 4 Commercial		6 Roy	alties	8	Other (desc	ribe)				
								Propert					
						Α		B	162.		С		
Incom 3		1		. 3			00.	D			0		
3 4				-		5	00.			<u> </u>			
		ived .		. 4						<u> </u>			
Expen				-									
5	-									<u> </u>			
6			instructions)			0	00			<u> </u>			
7			nance			8	00.			 			
8										<u> </u>			
9										<u> </u>			
10			essional fees							<u> </u>			
11	-									<u> </u>			
12			id to banks, etc. (see instructions)							 			
13										ļ			
14										ļ			
15	Supplies . . . 15 1,200.						ļ						
16										ļ			
17						2,5	00.			L			
18		expens	e or depletion							L			
19	Other (list)			. 19						ļ			
20	•		lines 5 through 19			6,0	00.			ļ			
21			n line 3 (rents) and/or 4 (royalties). I							ĺ			
			instructions to find out if you mus			- -				ĺ			
						-5,5	00.			ļ			
22			al estate loss after limitation, if any nstructions)		(5,50	0.)	()	(
23a	Total of all am	ounts i	reported on line 3 for all rental prop	perties			23a		500.				
b	Total of all am	ounts r	reported on line 4 for all royalty pro	perties			23b						
С			reported on line 12 for all propertie	-			23c						
d	Total of all am	ounts i	reported on line 18 for all propertie	s			23d						
е			reported on line 20 for all propertie				23e	6	5,000.				
24			e amounts shown on line 21. Do n		ide any l	osses			. 24				
25		•	osses from line 21 and rental real est				nter to	tal losses he		(5,500.		
26			tate and royalty income or (loss)										
			IV, and line 40 on page 2 do no										

Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2

26

-5,500.