(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	er's name	Social securi	ty numl	per				
BHA	VANA RAJANI	190-49-2265						
Spouse'	's name	Spouse's so	cial secu	urity numbe	er			
Part	Tax Return Information — Tax Year Ending December 31, 2022 (Ente	r voor vou c	ro ou	thorizina	•)			
	-	r year you a	ire au	unonzing	J- <i>)</i>			
	whole dollars only on lines 1 through 5. Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.							
	Adjusted gross income		1 4	ا م	4,6	16		
1 2			2		3,58			
3	Total tax		3					
3 4			4			13.		
5	· · · · · · · · · · · · · · · · · · ·		5		2,52	2/.		
Part	,	keen a con	_	our roti	ırn\			
	penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended							
return (to send for any Agent t paymer authori paymer busines taxes t person	oviledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I abortoriginal or amended) I am now authorizing. I consent to allow my intermediate service provider, transmid my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejudely in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the Uso 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 Industry of 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 patient of the Industry of	itter, or electrection of the total. Treasury a icated in the total to debit the authorize uests must be processing opayment. I fur	onic refransmisend its of ax preparation. The electron of the	turn origin ssion, (b) to designate operation so to this according to revoke oved no la ectronic personal designation.	ator (the red fina oftwa count (can ter the ayme	ERO) eason ancial re for . This cel) a nan 2 ent of at the		
	nic Funds Withdrawal Consent.				1			
-	yer's PIN: check one box only	9	2 2	2 6 5				
×		my PIN □	ter five	digits, but	as	s my		
	ERO firm name 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 metholow.							
Your s	signature ► Date ► _							
Spour	se's PIN: check one box only							
Spous	-	my DIN]			
	I authorize to enter or generate to enter or generate	-	tor five	digits, but	j as	s my		
	signature on the income tax return (original or amended) I am now authorizing.			r all zeros				
	I will enter my PIN as my signature on the income tax return (original or amended) I am r	ow authorizi	na Cł	neck this	hox	only		
	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 2	2 4 9 Don't ent	6 6		8 9			
		Don r em	∪ı all ∠t	03				
authori	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 subments of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS e-file Providers of I	nitting this ret	urn in a	accordanc				
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

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	household (HOH)			fying survi se (QSS)	iving
one box.	•	u checked the MFS box, enter the n on is a child but not your dependent	•	our spouse. If you o	heck	ed the HOH or	QSS box, enter	the chi	ld's ı	name if the	e qualifying
Your first name and middle initial Last name You						Your social security numb					
BHAVANA			RAJA	NI				190) – 4	9-2265	;
If joint return, s	pouse's	first name and middle initial	Last nar	me				Spot	ıse's	social sec	urity number
Home address	(numbe	r and street). If you have a P.O. box, see	instruction	ons.			Apt. no.	Pres	iden	tial Electio	n Campaign
_1032 EMI	ERALI	D DR								ere if you,	•
City, town, or p	ost offic	ce. If you have a foreign address, also co	mplete s	paces below.	Stat	te	ZIP code				tly, want \$3 Checking a
SCHAUMBU	JRG				IL	ı	60173	box	belo	w will not o	U
Foreign country	y name		F	Foreign province/state	count	у	Foreign postal cod	e your	tax	or refund.	Spouse
Digital		ny time during 2022, did you: (a) rec	,				, , , , , , , , , , , , , , , , , , , ,	` '			
Assets	exch	ange, gift, or otherwise dispose of a		<u></u>			asset)? (See inst	ruction	s.)	∐ Yes	⊠ No
Standard Deduction	_	eone can claim:	•	•		a dependent					
Age/Blindness	You:	☐ Were born before January 2, 1	958	Are blind Sp	ouse:	: Was bor	n before Januar	/ 2, 195	8	☐ Is blir	nd
Dependents	s (see	instructions):		(2) Social securit	y	(3) Relationsh	ip (4) Check the	box if q	ualifie	es for (see i	nstructions):
If more	(1) Fi	rst name Last name		number		to you	Child tax	credit	C	redit for oth	er dependents
than four											<u> </u>
dependents, see instruction	s ——										<u>]</u>
and check]
here L											<u> </u>
Income	1a	Total amount from Form(s) W-2, b	ox 1 (see	e instructions) .				.	1a	10	5,616.
	b	Household employee wages not re	eported	on Form(s) W-2 .				.	1b		
Attach Form(s) W-2 here. Also	С	Tip income not reported on line 1a	.	1c 1d							
attach Forms	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)									
W-2G and 1099-R if tax	е	Taxable dependent care benefits from Form 2441, line 26									
was withheld.	f	Employer-provided adoption benefits from Form 8839, line 29									
If you did not	g	Wages from Form 8919, line 6.						.	1g		
get a Form W-2, see	h	Other earned income (see instruct	,				· · · · ·		1h		0.
instructions.	i	Nontaxable combat pay election (s	see instr	fuctions)		<u>1i</u>				1.0	г c1c
	<u>z</u>	Add lines 1a through 1h		<u>.</u>				.	1z	10	5,616.
Attach Sch. B if required.	2a	· –	2a			axable interes		. -	2b	+	
	3a_		3a			rdinary divide axable amoun		. -	3b	+	
Standard	4a 5a	_	4a 5a			axable amoun		.	4b 5b		
Standard Deduction for—	6a		6a			axable amoun		.	6b		
Single or	C	If you elect to use the lump-sum e		method check here				$\dot{\Box}$	OD		
Married filing separately,	7	Capital gain or (loss). Attach Sche		•	•	,		H	7	1	
\$12,950 Married filing	8	Other income from Schedule 1, lin						_	8	_1	1,000.
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7						_	9		4,616.
surviving spouse,	10	Adjustments to income from Sche	-	•				:	10		
\$25,900 • Head of	11	Subtract line 10 from line 9. This is						.	11	9	4,616.
household, \$19,400	12	Standard deduction or itemized	•					.	12		2,950.
If you checked	13	Qualified business income deduct		,	,			.	13	<u> </u>	
any box under Standard	14							.	14	1	2,950.
Deduction, see instructions.	15	Subtract line 14 from line 11. If zer							15		1,666.
JUE INSTRUCTIONS.											

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	13,586.
Credits	17	Amount from Schedule 2, lir	ne 3					17	
	18	Add lines 16 and 17						18	13,586.
	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	13,586.
	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	13,586.
Payments	25	Federal income tax withheld							
-	а	Form(s) W-2				25a 1 6	5,113.		
	b	Form(s) 1099				25b			
	С	Other forms (see instruction	s)			25c			
	d	Add lines 25a through 25c						25d	16,113.
If you have a	26	2022 estimated tax paymen	ts and amount a	pplied from 20	021 return			26	
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	3, line 8		29			
	30	Reserved for future use .				30			
	31	Amount from Schedule 3, lir				31			
	32	Add lines 27, 28, 29, and 31	. These are your	total other pa	ayments and refu	ndable credits		32	
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments				33	16,113.
Refund	34	If line 33 is more than line 24	4, subtract line 2	4 from line 33.	This is the amour	nt you overpaid		34	2,527.
neiuliu	35a	Amount of line 34 you want	refunded to you	یا. If Form 8888	3 is attached, chec	k here	🗆	35a	2,527.
Direct deposit?	b	Routing number 0 8 1							
See instructions.	d	Account number 2 9 1	0 2 8 9	9 7 4 5	c Type: 区 5 4				
	36	Amount of line 34 you want	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						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	structions	below.	X No					
		Designee's Phone Personal ide name no. number (PIN							
				no.			ber (PIN)		
Sign		der penalties of perjury, I declare the lief, they are true, correct, and com							
Here		ur signature		Date	Your occupation		1		nt you an Identity
	10	ur signature	Date	Tour occupation			IN, enter it here		
Joint return?					SOFTWARE I	NGINEER	(see	inst.)	
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return,	both must sign.	Date	Spouse's occupati	on			nt your spouse an
your records.							itity Prot inst.)	ection PIN, enter it here	
		one no. (708)673-373	7	Email address	BHAVANARAJA	IT170CMATT C			
		one no. (708)673-373 eparer's name	Preparer's signat		IAUANANIAVAIIU	Date	PTIN		Check if:
Paid		M PRIYA RAM SAGAR GUPTA TALLAM			מווסיים יישד.ד.אא	01/12/2023	P0208	2703	Self-employed
Preparer		m's name GLOBAL TA	1	TAUL DAUAK	GOLIA TALLIAM	01/12/2023			(678)965-9522
Use Only			Y CT E BRU	INSWICK N	T 08816			ne no. (n's EIN	
	rir	m s address 243 ROONE	T CI E DRU	MONTCK IN	0 00010		Firm	I S EIIN	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

BHAVANA RAJANI

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 soci	ial security number
190_49	_2265

Part	Additional Income			
1 T	axable refunds, credits, or offsets of state and local income taxes		1	
	Nimony received		2a	
b D	Pate of original divorce or separation agreement (see instructions):			
	Business income or (loss). Attach Schedule C		3	
	Other gains or (losses). Attach Form 4797		4	
5 R	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Atta	ch Schedule E .	5	-11,000.
6 F	arm income or (loss). Attach Schedule F		6	
7 U	Inemployment compensation		7	
8 C	Other income:			
a N	let operating loss	8a ()		
	9	8b		
		8c		
	•	8d ()		
		8e		
		8f		
		8g		
		8h		
	Prizes and awards	8i		
	Activity not engaged in for profit income	8j		
	· •	8k		
	ncome from the rental of personal property if you engaged in the rental			
	or profit but were not in the business of renting such property	81		
	Dlympic and Paralympic medals and USOC prize money (see	_		
	, , , , , , , , , , , , , , , , , , ,	8m		
		8n		
	,	80		
	•	8p		
	` ' '	8q		
	· · · · · · · · · · · · · · · · · · ·	8r		
	Nontaxable amount of Medicaid waiver payments included on Form	0. (
	· · · · · · · · · · · · · · · · · · ·	8s ()		
	Pension or annuity from a nonqualifed deferred compensation plan or	04		
	· · · · · · · · · · · · · · · · · · ·	8t		
		8u		
z C	Other income. List type and amount:	0-		
9 T	otal other income. Add lines 8a through 8z	8z	9	
	Combine lines 1 through 7 and 9. Enter here and on Form 1040. 1040-SR.		-	-11,000.

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

Par	Adjustments to Income			
11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-	-basis governmen	t 🗆	
	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			
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 8l from the			
		24b		
С	Nontaxable amount of the value of Olympic and Paralympic medals			
	· · · · · · · · · · · · · · · · · · ·	24c		
d	· • • • • • • • • • • • • • • • • • • •	24d		
е	Repayment of supplemental unemployment benefits under the Trade			
		24e	_	
f		24f	_	
g	• • • • • • • • • • • • • • • • • • • •	24g		
h	Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions)	24h		
	` <i>'</i>	2411		
١.	Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect			
		24i		
		24j		
, k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form	2-1)		
		24k		
z	Other adjustments. List type and amount:	2110		
_	2	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		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

BHAV	JANA RAJANI						190-4	9-2265	<u> </u>
Par									
	Note: If you are in the business of renting personal proper	ty, use	Schedule	C . See	instru	ctions. If you are	an indi	vidual, rep	oort farm
	rental income or loss from Form 4835 on page 2, line 40.		- () 4	2000					57.11
	Did you make any payments in 2022 that would require you								
В	If "Yes," did you or will you file required Form(s) 1099? .							. <u> </u>	es U No
1a	Physical address of each property (street, city, state, ZIF	P code)						
Α	VIJAYAPURI COLONY HYDERABAD TELANGANA	IN 5	00017						
В									
С									
1b	Type of Property 2 For each rental real estate proper	rty liste	ed		Fa	ir Rental	Person	nal Use	0.11/
	(from list below) above, report the number of fair i					Days	Da	ıys	QΛ
Α	g personal use days. Check the Qu			Α		365		0	
В	if you meet the requirements to fi qualified joint venture. See instru			В					
C	qualified joint venture. Occ instru	10110113		С					
Туре	of Property:								
1	Single Family Residence 3 Vacation/Short-Term Rent	tal	5 Land			Self-Rental			
2	Multi-Family Residence 4 Commercial		6 Roya	lties	8	Other (describ	oe)		
						Properties			
Incon	ne:			Α		В	-		С
3	Rents received	3			00.				
4	Royalties received	_							
Expe									
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		3,4	00.				
15	Supplies	15		2,8	00.				
16	Taxes	16							
17	Utilities	17		3,5	00.				
18	Depreciation expense or depletion	18							
19	Other (list)	19							
20	Total expenses. Add lines 5 through 19	20		11,5	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			11 ^	00				
00		21		-11,0	00.				
22	Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	20	(11 00	, ,	(١	,	١
220		22 (11,00		•	500 .	(
23a	Total of all amounts reported on line 3 for all rental proper Total of all amounts reported on line 4 for all royalty proper				23a		200.		
b	Total of all amounts reported on line 4 for all royalty properties				23b 23c				
G C	Total of all amounts reported on line 12 for all properties Total of all amounts reported on line 18 for all properties				23c				
d e	Total of all amounts reported on line 20 for all properties				23a	11	500.		
24	Income. Add positive amounts shown on line 21. Do no				236	11,	24		
25	Losses. Add royalty losses from line 21 and rental real estat		-		nter to	tal losses here		(11,000.
26	Total rental real estate and royalty income or (loss).							\	<u> </u>
20	here. If Parts II, III, IV, and line 40 on page 2 do not a								
	Schedule 1 (Form 1040) line 5. Otherwise include this ar						26		_11 000

Form **8582**

Passive Activity Loss Limitations

See separate instructions.

Attach to Form 1040, 1040-SR, or 1041

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

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

OMB No. 1545-1008

2022

Attachment Sequence No. 858

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

Identifying number

BHAV	/ANA RAJANI				190	-49-	-2265
Pai	-						
	Caution: Complete Parts IV ar	nd V before comple	eting Part I.				
	Il Real Estate Activities With Active P ance for Rental Real Estate Activities			ive participation, s	ee Special		
1a	Activities with net income (enter the a						
b	Activities with net loss (enter the amo	unt from Part IV, c	olumn (b))	1b (11,000.)		
С	Prior years' unallowed losses (enter the	ne amount from Pa	art IV, column (c))	1c ()		
d	Combine lines 1a, 1b, and 1c					1d	-11,000.
All Ot	her Passive Activities						
2a	Activities with net income (enter the a	mount from Part V	, column (a)) .	2a			
b	Activities with net loss (enter the amo)		
С	Prior years' unallowed losses (enter the)		
d	Combine lines 2a, 2b, and 2c					2d	
3	Combine lines 1d and 2d. If this line						
	all losses are allowed, including any		ed losses entered	on line 1c or 2c.	Report the		
	losses on the forms and schedules no	ormally used .				3	-11,000.
	If line 3 is a loss and: • Line 1d is a	loss, go to Part II.					
		loss (and line 1d is	zero or more), sk	ip Part II and go to	line 10.		
Courti	en. If your filing status is married filing	a a payataly and ye	lived with very	analiaa at any tin	aa duwina tha		de met complete
	on: If your filing status is married filing . Instead, go to line 10.	separately and yo	ou livea with your	spouse at any tin	ne during the	year,	do not complete
Par		ntal Real Estate	Activities With	Active Particip	ation		
· ai	Note: Enter all numbers in Par			_			
4	Enter the smaller of the loss on line 1	· · · · · · · · · · · · · · · · · · ·				4	11,000.
5	Enter \$150,000. If married filing separ			5 1	150,000.		
6	Enter modified adjusted gross income				105,616.		
	Note: If line 6 is greater than or equal				-		
	on line 9. Otherwise, go to line 7.						
7				7	44,384.		
8	Multiply line 7 by 50% (0.50). Do not e					8	22,192.
9	Enter the smaller of line 4 or line 8					9	11,000.
Par							
10	Add the income, if any, on lines 1a an					10	0.
11	Total losses allowed from all passiv						11,000.
Dar	out how to report the losses on your to the losses of your to the					11	11,000.
ı aı	Complete This Falt Belof						
		Currer	nt year	Prior years	Ove	rall ga	in or loss
	Name of activity	(a) Net income	(b) Net loss	(c) Unallowed	() 0 .		
		(line 1a)	(line 1b)	loss (line 1c)	(d) Gair	۱	(e) Loss
VIJ	AYAPURI COLONY	0.	11,000.	, ,			11,000.
			•				•
		1		I	1	- 1	

11,000.

0.

BAA

Total. Enter on Part I, lines 1a, 1b, and 1c

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 years		Overall ga		ain or loss	
Name of activity		(a) Net income (line 2a)		(b) Net loss (line 2b)		owed e 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	Shown on F	Part II.	Line 9. S	ee instruc	tions.				
Name of activity	For ar to	rm or schedule ad line number be reported on se instructions)) Loss	(b) Ra	c) Specia		(c) Special allowance (d) Scolum colu		
VIJAYAPURI COLONY		E Ln 22		11,000.	1.0000	0000	11,00	0.	0.	
				·						
Total				11,000.	1.00)	11,00	0.	0.	
Allocation of Orlanowed L	.05:			5.						
Name of activity	Form or sche and line num to be reporte (see instructi		mber ed on (a) L		Loss		(b) Ratio		(c) Unallowed loss	
Total							1.00			
Part VIII Allowed Losses. See instru				1				1		
Name of activity		Form or schedand line num to be reported (see instruction		(a) L	_oss	(b) Unallowed loss		(c) Allowed loss	
							<u> </u>			
								_		
Total										