#### 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)

T.....

Taxpayer's name	Social security number
SOUNDARYA MUMMADI	883-18-7817
Spouse's name	Spouse's social security number
Part I Tax Return Information – Tax Year Ending December 31, 2022 (Enter	er year you are authorizing.)
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.	
<b>1</b> Adjusted gross income	<b>1</b> 53,913.
<b>2</b> Total tax	<b>2</b> 4,712.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	<b>3</b> 5,976.
4 Amount you want refunded to you	<b>4</b> 1,264.
5 Amount you owe	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	
				ERO firm name		

8	7	8	1	7	
Ent don	er fiv i't er	/e di nter a	gits, all ze	but ros	as my

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 signature 🕨	Date 🕨
Practitioner PIN Me	hod Returns Only—continue below
Part III Certification and Authentication – Prac	titioner PIN Method Only
ERO's EFIN/PIN. Enter your six-digit EFIN followed by you	r five-digit self-selected PIN. 2 2 2 4 9 6 6 1 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 Must Retain This Form — See Instructions Don't Submit This Form to the IRS Unless Requested To Do So				
For Department Reduction Act Nation and your t	v roturn instructions	REV 01/28/22 RRO	Form 8879 (Pov. 01 2021)	

<b>1040</b>		artment of the Treasury-Internal Revenue Servi S. Individual Income Tax		<sub>rn</sub> 202	2	OMB No. 1545	-0074	IRS Use O	nly—Do	not wr	ite or staple in this space.
Filing Status Check only	<b>X</b> S	Single 🗌 Married filing jointly 🗌	Married	filing separately (N	/IFS)	Head of	housel	nold (HOH)			ifying surviving se (QSS)
one box.		u checked the MFS box, enter the n on is a child but not your dependent	,	ur spouse. If you c	neck	ed the HOH or	QSS	box, enter	the ch	nild's	name if the qualifying
Your first name	and mi	ddle initial	Last name	е					Yo	ur soo	cial security number
SOUNDARY	A		MUMMA	DI					88	33-1	8-7817
lf joint return, sj	oouse's	first name and middle initial	Last name	e					Sp	ouse's	s social security number
	•	r and street). If you have a P.O. box, see	instruction	IS.			A	pt. no.			ntial Election Campaign ere if you, or your
<u>21813 33</u>			manlata ana	aaa balaw	Sta	ta	ZIP co	ada			f filing jointly, want \$3
	ost onic	ce. If you have a foreign address, also co	impiete spa	ices below.		-	21P C			•	this fund. Checking a
BOTHELL Foreign country	name		Fo	reign province/state/				∠⊥ n postal coc			ow will not change or refund.
	name			reigh province/state/	Journ	y	rororg				You Spouse
Digital Assets		ny time during 2022, did you: (a) rec ange, gift, or otherwise dispose of a									Yes X No
		eone can claim:  You as a de	-	Vour spous		-	asseij	: (See IIIS	liuciio	115.)	
Standard Deduction	_	Spouse itemizes on a separate retur	•	— .							
Age/Blindness	You:	Were born before January 2, 1	958 🗌	Are blind Spo	ouse	: 🗌 Was bor	n befo	ore Januar	y 2, 19	958	Is blind
Dependents	s (see	instructions):		(2) Social security		(3) Relationsh	ip <b>(4</b>	) Check the	e box if	· 1	ies for (see instructions):
If more	<b>(1)</b> Fi	rst name Last name		number		to you		Child tax	c credit	(	Credit for other dependents
than four dependents,									]		
see instructions	s ——								]		
and check									]		
here											
Income	1a b	Total amount from Form(s) W-2, b Household employee wages not re	•	,			· ·	· · ·	•	1a 1b	60,038.
Attach Form(s)	с	Tip income not reported on line 1a	ı (see instr	ructions)						1c	
W-2 here. Also attach Forms	d	Medicaid waiver payments not rep	orted on	Form(s) W-2 (see i	nstru	ctions)				1d	
W-2G and	е	Taxable dependent care benefits f	rom Form	2441, line 26						1e	
1099-R if tax was withheld.	f	Employer-provided adoption bene	fits from F	orm 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	ions) .				· ·			1h	0.
W-2, see instructions.	i	Nontaxable combat pay election (	see instru	ctions)		<b>1</b> i					
	z	Add lines 1a through 1h								1z	60,038.
Attach Sch. B	<b>2</b> a	Tax-exempt interest	2a		b Ta	axable interest	: .			2b	
if required.	3a		3a			rdinary divide				3b	
	4a		4a			axable amoun				4b	
Standard Deduction for —	5a		5a			axable amoun			•	5b	
Single or	6a	,	6a			axable amoun	t		÷	6b	
Married filing separately,	с	If you elect to use the lump-sum e		-	•	,	• •			_	
\$12,950	7	Capital gain or (loss). Attach Sche					• •			7	
<ul> <li>Married filing jointly or</li> </ul>	8	Other income from Schedule 1, lin					• •		·	8	-6,125.
Qualifying spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7			ome	9	• •		·	9	53,913.
\$25,900	10	Adjustments to income from Sche			• •		• •		·	10	
<ul> <li>Head of household,</li> </ul>	11	Subtract line 10 from line 9. This is					• •		·	11	53,913.
\$19,400	12	Standard deduction or itemized				 E A			·	12	12,950.
<ul> <li>If you checked any box under</li> </ul>	13 14	Qualified business income deduct Add lines 12 and 13							·	13	10.050
Standard Deduction,	14 15	Subtract line 14 from line 11. If zer		enter $-0$ This is v		axable incom	 e		•	14 15	<u>12,950.</u> 40,963.
see instructions.	15		0 01 1000,	Cintor 0 . 1115 15 y	Juil				•	13	ч0,903.

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

Form **1040** (2022)

Form 1040 (2022	2)									Page <b>2</b>
Tax and	16	Tax (see instructions). Check	if any from Form	(s): <b>1</b> 🗌 881	4 <b>2</b> 4972	3		16	4,	712.
Credits	17	Amount from Schedule 2, lir	ne3					17		
	18	Add lines 16 and 17						18	4,	712.
	19	Child tax credit or credit for	other dependen	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	4,	712.
	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 <b>total tax</b>					24	4,	712.
Payments	25	Federal income tax withheld	from:							
-	а	Form(s) W-2				<b>25</b> a 5	5,976.			
	b	Form(s) 1099				25b				
	с	Other forms (see instructions	s)			25c				
	d	Add lines 25a through 25c						25d	5,	976.
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				
	30	Reserved for future use .				30				
	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 ref	undable credits		32		
	33	Add lines 25d, 26, and 32. T	hese are your <b>to</b>	tal payments				33	5,	976.
Refund	34	If line 33 is more than line 24	4, subtract line 2	4 from line 33.	This is the amou	nt you <b>overpaid</b>		34		264.
noruna	35a	Amount of line 34 you want			3 is attached, che	ck here	. 🗆	35a	1,	264.
Direct deposit?	b	Routing number 0 7 2			c Type: 🛛 🗙	Checking	Savings			
See instructions.	d	Account number 7 3 6	5 1 3 0	8 3						
	36	Amount of line 34 you want a	applied to your	2023 estimate	ed tax	36				
Amount	37	Subtract line 33 from line 24								
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				
<b>Third Party</b>		you want to allow another	person to disc	cuss this retu	rn with the IRS?				_	
Designee		structions					omplete b		X No	
	De nai	signee's me		Phone no.			onal identi ber (PIN)	ication		
0:000		der penalties of perjury, I declare t	hat I have examine				. ,	the bor	t of my know	
Sign		lief, they are true, correct, and com								
Here	Yo	ur signature		Date	Your occupation		If the	IRS se	nt you an Iden	ntity
		0							IN, enter it he	re
Joint return?					SOFTWARE :		`	inst.)		
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, I	both must sign.	Date	Spouse's occupat	tion			nt your spouse ection PIN, en	
your records.								inst.)		
	Ph	one no. (614)974-680	3	Email address		DARYA@GMAIL.C	 ⊃M			
		eparer's name	Preparer's signat		MUUTOUNI	Date	PTIN	,	Check if:	
Paid		I PRIYA RAM SAGAR GUPTA TALLAM			СПРТА ТАТ.Т.АМ		P02083	2703	Self-em	ployed
Preparer		m's name GLOBAL TAX		IAM BAGAI	GOFIA IADDAN	02/07/2025			678)965-	
Use Only			Y CT E BRU	NSWICK N	J 08816			's EIN	84-317	
Cata united for				TIONICIC IN			1 1 11 11			<b>)40</b> (2022)
GO IO WWW.IIS.go	uv/r-orn	n1040 for instructions and the late	sumonnation.		BAA	REV 01/28/23 PRO			Form IU	<b>1 (2022)</b>

SCHEDULE	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 2

Department of the Treasury Internal Revenue Service	Go to www.irs.gov/Form1040 for instructions and the latest information.		Attachment Sequence No. <b>01</b>
Name(s) shown on Fo	Your social security number		
SOUNDARYA MUMM	883-18	-7817	
Part I Additio	onal Income		

Par	t 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	-6,125.
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		
ο	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	
10	Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR	, or 1040-NR, line 8	10	-6,125.

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		rernmen	ıt 🗌	
	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				
17	Self-employed health insurance deduction		 	17	
18	Penalty on early withdrawal of savings				
19a	Alimony paid				
b	Recipient's SSN				
C	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	Jury duty pay (see instructions)	24a			
b	Deductible expenses related to income reported on line 8l from the				
	rental of personal property engaged in for profit	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			
e	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			
<b>·</b>	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			
k	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 <b>adjustments to income</b>				
	Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a				
		· ·	 		

SCHE	DULE E	
(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 Internal Revenue Service

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

2022
Attachment Sequence No. <b>13</b>

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

	) shown on return	-							al security r	number		
	IDARYA MUMMAD			voltion				883-10	8-7817			
Part	Note: If you a	Loss From Rental Real Estate ar re in the business of renting personal prope or loss from Form 4835 on page 2, line 40.	erty, use	Schedul	e C. See	instru	ctions. If you	are an indiv	idual, repo	ort farm		
A D	Did you make any p	ayments in 2022 that would require you	u to file	Form(s)	1099? S	ee ins	structions .		. 🗌 Ye	s 🛛 No		
B li	If "Yes," did you or will you file required Form(s) 1099?											
1a		of each property (street, city, state, Zl										
Α	IN											
В												
С												
1b	Type of Property (from list below)		Provide the second s			Fair Rental Days		Personal Use Days		QJV		
Α	3	personal use days. Check the Q				365		0				
В		if you meet the requirements to			В							
С		qualified joint venture. See instru	uctions	5.	С							
Гуре	of Property:				•							
1	Single Family Resid	dence 3 Vacation/Short-Term Rer	ntal	5 Lano	d	7	Self-Rental					
2	Multi-Family Reside	ence 4 Commercial		6 Roy	alties	8	Other (desc	ribe)				
							Propert					
ncom					Α		B	.105.		С		
3			3			00.	b			0		
4			-		5	00.						
Exper												
5			5									
6	•	ee instructions)										
7					8	00.						
8	•											
9			-									
10		rofessional fees										
11		· · · · · · · · · · · · · · · · · · ·			5	50.						
12		paid to banks, etc. (see instructions)	12									
13			13									
14					1,8	75.						
15	-				1,2	00.						
16	Taxes		16									
17	Utilities		17		2,2	00.						
18	Depreciation expe	ense or depletion	18									
19	Other (list)		19									
20	Total expenses. A	dd lines 5 through 19	20		6,6	25.						
21		rom line 3 (rents) and/or 4 (royalties). If										
		see instructions to find out if you must										
					-6,1	25.						
22		real estate loss after limitation, if any, e instructions)		(	6,12	۲ ۲	(		(	,		
23a		ts reported on line 3 for all rental prope				5.) 23a	(	500.				
zsa b		ts reported on line 4 for all royalty prop				23a 23b		500.				
C D		ts reported on line 12 for all properties				230 23c						
d		ts reported on line 18 for all properties				23d						
e		ts reported on line 20 for all properties				23e	6	5,625.				
24		sitive amounts shown on line 21. <b>Do no</b>										
25	-	Ity losses from line 21 and rental real esta		-					[	6,125.		
26	-	estate and royalty income or (loss).								,,		
						L						

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.

-6,125.

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