# 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

| Social security number   Social security nu    | Submi   | ssion Identification Number (SID)   |  | -  |  |   |  |  |  |
|--|---|---|--|--|--|---|--|--|--|
| Spouse's scrience   Spou   | Taxpaye   | er's name   | Social securit   | y numb   | er   |   |  |  |  |
| 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  | SANT  | TOSH KILLAMSETTY  | 159-04-9289  |  |  |   |  |  |  |
| Enter whole dollars only on lines 1 through 5.  Note: Form 104-OSS files use line 4 only, Leave lines 1, 2, 3, and 5 blank.  1 Adjusted gross income 2 Total tax 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 3 15, 194 4 Annount you want refunded to you 4 4, 5, 79. 5 Amount you own refunded to you 5 Annount you own refunded to you 5 Annount you own refunded to you 6 Annount you want refunded to you 7 Annount you want refunded to you 7 Annount you want refunded to you 8 Annount you own refunded to you 8 Annount you own refunded to you 8 Annount you want refunded to you 9 Annount refunded to you 9 Annount you 9 Annount refunded to you 9 Annount refunded to you 9 Annount you 9 Annount refunded to you 9 Annount you 9 Annount refunded to the text you | Spouse'   | 's name   | Spouse's soc   | ial secu   | ırity numl   | per   |  |  |  |
| Enter whole dollars only on lines 1 through 5.  Note: Form 104-OSS files use line 4 only, Leave lines 1, 2, 3, and 5 blank.  1 Adjusted gross income 2 Total tax 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 3 15, 194 4 Annount you want refunded to you 4 4, 5, 79. 5 Amount you own refunded to you 5 Annount you want refunded to you 5 Annount you want refunded to you 6 Annount you want refunded to you 7 Annount you want refunded to you 7 Annount you want refunded to you 8 Annount you want refunded to you 8 Annount you want refunded to you 9 Annount you 9  | Part  | Tax Return Information — Tax Year Ending December 31, 2022 (Ente  | <br>er year you a  | re au  | thorizin   | g.)   |  |  |  |
| 1 Adjusted gross income 2 Total tax 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 4 Amount you want refunded to you 4 4,579. 5 Amount you want refunded to you 4 4,579. 5 Amount you want refunded to you 4 4,579. 5 Amount you want refunded to you 4 4,579. 5 Amount you want refunded to you 4 4,579. 5 Amount you want refunded to you 4 4,579. 5 Amount you want refunded to you 1 Adjusted to prize the second of the prize that 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, in consent to allow my intermediate service provider, transmitter, or election circum originator (ERO) to send my return to the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason or any delay in processing the return or refund, and (g) the date of any return of reginal or amended) I am now authorizing, I concern to allow the result of the processing the return or refund, and (g) the date of any return of my return to the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission (b) the reason or any delay in processing the return or refund, and (g) the date of any return of my federal taxes oved on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This payment of my federal taxes oved on this return and/or a payment of estimated tax, and the financial institution to debit the entry to the payment federal association from the Internation accessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal cleantification number (B) below in my apparature for 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 amende  |   | <u> </u>  |  |  |  | <u> </u>  |  |  |  |
| 2 10.6.16.*  3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 . 3 15.195.  4 Amount you want refunded to you . 4 4, 579 .  5 Amount you owe . 4 4, 579 .  5 Amount you owe . 4 4, 579 .  5 Amount you owe . 4 4 4, 579 .  5 Amount you owe . 4 4 4, 579 .  6 Amount you owe . 4 4 4, 579 .  1 Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)  1 Under penalties of perjury, 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 whowledge and belief, it is true, correct, and complete. I further declare that the amounts for the mounts from the income tax return (original or amended) I am now authorizing, and to the best of the search of recipit or reason for rejection of readons from the income tax return (original or amended) I am now authorizing, and to the best of the search of the complete in the last preparation should be return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury financial Agent at 1 and the anomation in the last preparation software for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury financial Agent at 1-888-383-4857. 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 thurther acknowledge that the personal identification number (PIN) below is my signature for 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 PIN: check one box only  | Note:   | Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.  |  |  |  |   |  |  |  |
| Amount you want refunded to you  | 1   | Adjusted gross income   |  | 1  | 8  | 31,140.   |  |  |  |
| Amount you want refunded to you  Amount you want refunded to you  Amount you want refunded to you  Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)  Under penalties of perlipy, 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 whowledge and belief, it is true, correct, and occupied. I further declare that the amounts in Part I above are mounts 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 (RFO) to send my return to the IRS and to receive from the IRS (e) an activative declare that the amounts in Part I above are the mounts from the income tax return (original or amended) I am now authorizing, and to the best of the payment of my declared taxes even on this return and/or a payment of estimated tax, and the financial institution account indicated in the tax preparation software for yeapment of my declaral taxes even on this return and/or a payment of estimated tax, and the financial institution and 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 Institution and Institution to the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Institutions involved in the processing of the electronic payment of the payment of the payment of the payment of the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of the processing declaration requests much be received no later than 2 business days prior to the payment of the received no later than 2 business days prior to the payment of the received no later than 2 business days prior to the payment of the received in the   | 2   | Total tax   |  | 2  | 1  | 0,616.  |  |  |  |
| Amount you owe  Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return) Under penalties of perjury, 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, 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 IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (i) the reason for any feelary in processing the return or refund, and (b) the date of any return if applicable, I authorize the U.S. Treasury and its designated Financial or any feelar it is processing the return or refund, and (b) the date of any return if applicable, I authorize 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 provoke (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 provoke (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 provoke (cancel approach and the payment of the pa  | 3   | Federal income tax withheld from Form(s) W-2 and Form(s) 1099   |  | 3  | 1  | 5,195.  |  |  |  |
| Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the beat 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. The income tax return (original or amended) I am now authorizing. The reason 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 to ray delay in processing the return or refund, and (c) the date of any refund. If applicable, tauthorize 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 refearal taxes owed on this return and/or a payment of estimated tax, and the financial institution is 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, function to the payment of estimated to the payment of the section in the personal identification number (Pit) 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   | 4   |   |  | 4  |  | 4,579.  |  |  |  |
| Under penalties of perjun, 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 bellef, 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 receive to reason for rejection, (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 delay) entry to the financial institution account indication on 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 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 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 in the tax preparation software for payment of my federal taxes owed on this return and/or 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, 1 also authorize the financial institutions institutions institution into terminate the undividual. 1 and the prevention of taxes to receive confidential information necessary to answer inquiries and resolve its my 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 ▶  Practit  |   |   |  | _  |  |   |  |  |  |
| 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 original or first for any delay in processing the return or return, and (c) the date of any return, 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 return and/or a payment of my referral taxes owed on this return and/or a payment of stimutation 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 submissed stays prior to the payment (settlament) date. I also authorize the financial institution 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      authorize   GLOBAL TAXES LLC   to enter or generate my PIN   Enter five digits, but don't enter all zeroe 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 PIN: check one box only   Finance   Taxes     | Part  | Taxpayer Declaration and Signature Authorization (Be sure you get and   | keep a cop   | y of y   | our re   | turn)   |  |  |  |
| Taxpayer's PIN: check one box only   | to send<br>for any<br>Agent t<br>paymer<br>authoriz<br>paymer<br>busines<br>taxes to<br>persona | In my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for redelay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the loo initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account into f my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to termina the Indian to the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation recess days 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 all identification number (PIN) below is my signature for the income tax return (original or amended) I | jection of the tr<br>J.S. Treasury and icated in the to icated in the to debit the te the authorizates must be processing of payment. I furt | ansmised and its of an and its of an | ssion, (b) designate paration s to this ac o revoke ved no le ectronic knowled | the reason<br>ed Financial<br>software for<br>count. This<br>e (cancel) a<br>ater than 2<br>payment of<br>ge that the |  |  |  |
| I authorize GLOBAL TAXES LLC to enter or generate my PIN Enter five digits, but don't enter all zeros 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 PIN: check one box only ☐ I authorize  |   |   |  |  |  | 7   |  |  |  |
| 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 □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □   |   |   | 4  | 9 2  | 2 8 9  |   |  |  |  |
| 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 ▶  | X   |   | ř Ent  |  |  | t ´   |  |  |  |
| 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  |   |   | doi  | n't ente   | r all zeros  | 5   |  |  |  |
| Spouse's PIN: check one box only  I authorize  |   | if you are entering your own PIN and your return is filed using the Practitioner PIN met  |  |  |  |   |  |  |  |
| I authorize  | Your s  | ignature ▶ Date ▶   |  |  |  |   |  |  |  |
| I authorize  | Spous   | se's PIN: check one hox only  | _  |  |  | _   |  |  |  |
| 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 ▶  Practitioner PIN Method Returns Only—continue below  Part III Certification and Authentication — Practitioner PIN Method Only  ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.  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   | Г   | _   | my PIN   |  |  | as my   |  |  |  |
| 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 ▶  Practitioner PIN Method Returns Only—continue below  Part III Certification and Authentication — Practitioner PIN Method Only  ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.  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   |   |   |  | er five  | digits, bu   |   |  |  |  |
| 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 Method Returns Only—continue below  Part III 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 2 4 9 6 6 1 9 8 9  Don't enter all zeros  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 ▶   |   | signature on the income tax return (original or amended) I am now authorizing.  | do   | n't ente   | r all zeros  | 5   |  |  |  |
| Practitioner PIN Method Returns Only—continue below  Part III 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   6   6   1   9   8   9   |   | if you are entering your own PIN and your return is filed using the Practitioner PIN met  |  |  |  |   |  |  |  |
| Part III Certification and Authentication — Practitioner PIN Method Only  ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.  Don't enter all zeros  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  | Spous   | e's signature ▶ Date ▶  |  |  |  |   |  |  |  |
| ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.  2 2 2 4 9 6 6 1 9 8 9  Don't enter all zeros  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   |   | Practitioner PIN Method Returns Only—continue below   | V  |  |  |   |  |  |  |
| Don't enter all zeros  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  | Part  | III Certification and Authentication — Practitioner PIN Method Only   |  |  |  |   |  |  |  |
| 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 <b>Pub. 1345</b> , Handbook for Authorized IRS <i>e-file</i> Providers of Individual Income Tax Returns.  ERO's signature ▶ Date ▶  ERO Must Retain This Form — See Instructions   | ERO's   | <b>EFIN/PIN.</b> Enter your six-digit EFIN followed by your five-digit self-selected PIN.   |  |  |  | 8 9   |  |  |  |
| 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 <b>Pub. 1345</b> , Handbook for Authorized IRS <i>e-file</i> Providers of Individual Income Tax Returns.  ERO's signature ►  Date ►  ERO Must Retain This Form — See Instructions   |   |   | Don't ente   | er all ze  | eros   |   |  |  |  |
| ERO Must Retain This Form — See Instructions   | authoriz  | zed to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am sub-  | mitting this retu  | ırn in a   | accordan   | ce with the   |  |  |  |
| ERO Must Retain This Form — See Instructions   | ERO's   | signature ▶ Date ▶  |  |  |  |   |  |  |  |
|  |   |   | D- 0-  |  |  |   |  |  |  |

E 1040 Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Return

| 2022 |  | 2022 |
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OMB No. 1545-0074

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

| Filing Status Check only         |                          |  | _            | ed filing separately      | ,             | _              |          | ,                      | ,      | spou             | use (Q                         |                      | Ü                        |
|----------------------------------|--------------------------|--|--------------|---------------------------|---------------|----------------|----------|------------------------|--------|------------------|--------------------------------|----------------------|--------------------------|
| one box.                         |                          | u checked the MFS box, enter the roon is a child but not your dependen             |              | our spouse. If you        | cneck         | ed the HOH of  | r Q55 b  | ox, ente               | ertne  | e chila s        | name                           | ) IT the             | qualitying               |
| Your first name                  |                          |  | Last nar     | me                        |               |                |          |                        | П      | Your so          | cial se                        | curity               | number                   |
| SANTOSH                          |                          |  |              | AMSETTY                   |               |                |          |                        |        | 159-0            |                                |                      |                          |
|                                  | pouse's                  | first name and middle initial  | Last nar     |                           |               |                |          |                        |        |                  |                                |                      | rity number              |
|                                  |                          |  |              |                           |               |                |          |                        |        |                  |                                |                      |                          |
| Home address                     | (numbe                   | er and street). If you have a P.O. box, see  | e instructio | ons.                      |               |                | Ap       | ot. no.                |        |                  |                                |                      | Campaign                 |
| 212 RUST                         |                          |  |              |                           |               |                |          |                        |        | Check h          |                                |                      | r your<br>y, want \$3    |
|                                  | ost offi                 | ce. If you have a foreign address, also co   | omplete sp   | paces below.              | Sta           |                |          | ZIP code               |        |                  |                                |                      | hecking a                |
| SANFORD                          |                          |  |              |                           | FL            |                | 327      |                        |        | box belo         |                                |                      | nange                    |
| Foreign country                  | y name                   |  | F            | Foreign province/state    | e/count       | у              | Foreign  | oreign postal code you |        | your tax         | our tax or refund.  You Spouse |                      |                          |
| Digital                          | At ar                    | ny time during 2022, did you: (a) rec  | ceive (as    | a reward award o          | or navn       | nent for prope | rty or s | arvicas)               | · or / | h) sall          | Ш.                             | <u></u>              |                          |
| Digital<br>Assets                |                          | ange, gift, or otherwise dispose of  |              |                           |               |                |          |                        |        |                  | □ Y                            | es [                 | ⊠ No                     |
| Standard                         |                          | eone can claim: You as a de  |              |                           |               |                |          | `                      |        |                  |                                |                      |                          |
| Deduction                        |                          | Spouse itemizes on a separate retu   | •            | •                         | s alien       | ·              |          |                        |        |                  |                                |                      |                          |
| Age/Blindness                    | You:                     | Were born before January 2,  | 1958         | Are blind S               | pouse:        | : Was bo       | rn befor | e Janua                | ıry 2  | , 1958           |                                | Is bline             | d                        |
| Dependents                       |                          |  | _            | (2) Social secur          |               | (3) Relationsh | nip (4)  | Check th               | ne bo  | x if qualit      | fies for                       | (see in:             | structions):             |
| If more                          | (1) First name Last name |  |              | number                    |               | to you         | ·        | Child to               | ax cre | credit Credit fo |                                | for other dependents |                          |
| than four                        |                          |  |              |                           |               |                |          |                        |        |                  |                                |                      |                          |
| dependents,<br>see instruction   | <u> </u>                 |  |              |                           |               |                |          |                        |        |                  |                                |                      |                          |
| and check                        | 5 —                      |  |              |                           |               |                |          |                        |        |                  |                                |                      |                          |
| here                             | ]                        |  |              |                           |               |                |          |                        |        |                  |                                |                      |                          |
| Income                           | 1a                       | Total amount from Form(s) W-2, b   | oox 1 (see   | e instructions) .         |               |                |          |                        |        | 1a               | $\perp$                        | 92                   | 2,146.                   |
|                                  | b                        | Household employee wages not reported on Form(s) W-2                               |              |                           |               |                |          | 1b                     | $\bot$ |                  |                                |                      |                          |
| Attach Form(s)<br>W-2 here. Also | С                        | Tip income not reported on line 1a (see instructions)                              |              |                           |               |                |          |                        | 1c     | $\bot$           |                                |                      |                          |
| attach Forms                     | d                        | Medicaid waiver payments not reported on Form(s) W-2 (see instructions)            |              |                           |               |                |          | 1d                     |        |                  |                                |                      |                          |
| W-2G and<br>1099-R if tax        | е                        | Taxable dependent care benefits from Form 2441, line 26                            |              |                           |               |                | 1e       |                        |        |                  |                                |                      |                          |
| was withheld.                    | f                        | Employer-provided adoption bene  | efits from   | Form 8839, line 2         | . 9           |                |          |                        |        | 1f               |                                |                      |                          |
| If you did not                   | g                        | Wages from Form 8919, line 6   |              |                           |               |                |          | 1g                     |        |                  |                                |                      |                          |
| get a Form<br>W-2, see           | h                        | Other earned income (see instruction   | ,            |                           |               |                |          |                        |        | 1h               | _                              |                      | 0.                       |
| instructions.                    | i                        | Nontaxable combat pay election   | (see instr   | ructions)                 |               | <u>1</u> i     |          |                        |        |                  |                                |                      |                          |
|                                  | Z                        | Add lines 1a through 1h  |              |                           |               |                |          |                        |        | 1z               |                                | 92                   | 2,146.                   |
| Attach Sch. B                    | 2a                       | Tax-exempt interest  | 2a           |                           |               | axable interes |          |                        |        | 2b               |                                |                      |                          |
| if required.                     | 3a                       | Qualified dividends  | 3a           |                           |               | rdinary divide |          |                        |        | 3b               | _                              |                      |                          |
|                                  | 4a                       | IRA distributions  | 4a           |                           |               | axable amoun   |          |                        |        | 4b               |                                |                      |                          |
| Standard<br>Deduction for—       | 5a                       | Pensions and annuities   | 5a           |                           |               | axable amoun   |          |                        |        | 5b               |                                |                      |                          |
| Single or                        | 6a                       | Social security benefits   | 6a           |                           |               | axable amoun   | t        |                        |        | 6b               | _                              |                      |                          |
| Married filing separately,       | c                        | If you elect to use the lump-sum e   |              | •                         | `             | ,              |          |                        |        |                  |                                |                      | 266                      |
| \$12,950                         | 7                        | Capital gain or (loss). Attach Schedule D if required. If not required, check here |              |                           |               |                | 7        | +-                     |        | -366.            |                                |                      |                          |
| Married filing jointly or        | 8                        | Other income from Schedule 1, lin  |              | This is a second at a 1.1 |               |                |          |                        |        | 8                | +                              |                      | 0,640.                   |
| Qualifying surviving spouse,     | 9                        | Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7  |              |                           |               |                |          |                        |        | 9                | +-                             | 81                   | L,140.                   |
| \$25,900                         | 10                       | Adjustments to income from Scho  | •            |                           |               |                |          |                        |        | 10               |                                |                      | 1 1 4 0                  |
| Head of household,               | 11                       | Subtract line 10 from line 9. This i   |              |                           |               |                |          |                        |        | 11               |                                |                      | L,140.                   |
| \$19,400                         | 12<br>13                 | Standard deduction or itemized<br>Qualified business income deduction              |              | `                         | ,             | <br>5-Δ        |          |                        |        | 12               |                                |                      | 2,950.                   |
| If you checked<br>any box under  |                          | Add lines 12 and 13  |              |                           |               |                |          |                        |        | 13               |                                | 1 ′                  | ) OF O                   |
| Standard<br>Deduction,           | 14<br>15                 | Subtract line 14 from line 11. If ze   |              |                           |               |                |          |                        |        | 14               |                                |                      | 2 <u>,950.</u><br>3,190. |
| see instructions.                | 13                       | Gubilactime 14 HOITIME 11. II Ze   | 10 01 1688   | 5, UHICH -U HIIIS IS      | your <b>t</b> | avanie ilicoli |          |                        |        | 15               |                                | 08                   | ,, <u>1</u> 9 U .        |

| Form 1040 (2022                                       | 2)    |   |                    |                  |                  |                 |  | Page <b>2</b> |  |
|---|-------|---|--------------------|------------------|------------------|-----------------|--|---------------|--|
| Tax and   | 16    | Tax (see instructions). Check if any from Form  | n(s): <b>1</b> 881 | 4 <b>2</b> 4972  | 3 🗌              | 1               | 16 1   | 0,616.        |  |
| Credits   | 17    | Amount from Schedule 2, line 3  |                    |                  |                  | 1               | 17   | 0.            |  |
|   | 18    | Add lines 16 and 17   |                    |                  |                  | 1               | 18 1   | 0,616.        |  |
|   | 19    | Child tax credit or credit for other depende  | nts from Sched     | ule 8812         |                  | 1               | 19   |               |  |
|   | 20    | Amount from Schedule 3, line 8  |                    |                  |                  | 2               | 20   |               |  |
|   | 21    | Add lines 19 and 20   |                    |                  |                  | <del></del>     | 21   |               |  |
|   | 22    | Subtract line 21 from line 18. If zero or less  | , enter -0         |                  |                  | 2               | 22 1   | 0,616.        |  |
|   | 23    | Other taxes, including self-employment tax  |                    |                  |                  |                 | 23   | 0.            |  |
|   | 24    | Add lines 22 and 23. This is your total tax   |                    |                  |                  | 2               | 24 1   | 0,616.        |  |
| <b>Payments</b>                                       | 25    | Federal income tax withheld from:   |                    |                  | 1 1              |                 |  |               |  |
|   | а     | Form(s) W-2   |                    |                  | <b>25a</b> 15    | ,195.           |  |               |  |
|   | b     | Form(s) 1099  |                    |                  | 25b              |                 |  |               |  |
|   | С     | Other forms (see instructions)  |                    |                  | 25c              |                 |  |               |  |
|   | d     | Add lines 25a through 25c   |                    |                  |                  | 2               | <b>5</b> d 1   | 5,195.        |  |
| If you have a   | 26    | 2022 estimated tax payments and amount  |                    |                  |                  | 2               | 26   |               |  |
| qualifying child, attach Sch. EIC. [                  | 27    | Earned income credit (EIC)  |                    |                  | 27               |                 |  |               |  |
| attach Sch. Elc.                                      | 28    | Additional child tax credit from Schedule 881   | 2                  |                  | 28               |                 |  |               |  |
|   | 29    | American opportunity credit from Form 886   | •                  |                  | 29               |                 |  |               |  |
|   | 30    | Reserved for future use   |                    |                  | 30               |                 |  |               |  |
|   | 31    | Amount from Schedule 3, line 15   |                    |                  | 31               |                 |  |               |  |
|   | 32    | Add lines 27, 28, 29, and 31. These are you   | r total other pa   | ayments and refu | undable credits  | 3               | 32   |               |  |
|   | 33    | Add lines 25d, 26, and 32. These are your t   |                    |                  |                  |                 | -  | 5,195.        |  |
| Refund  | 34    | If line 33 is more than line 24, subtract line  |                    |                  | •                | =               |  | 4,579.        |  |
|   | 35a   | Amount of line 34 you want refunded to yo   |                    |                  |                  | . 🗌 🖪           | 5a   | 4,579.        |  |
| Direct deposit?<br>See instructions.                  | b     | Routing number 2 1 1 3 9 1 8  |                    | c Type: 🔀        | Checking :       | Savings         |  |               |  |
| See instructions.                                     | d     | Account number 4 6 5 0 0 2 3  |                    |                  |                  |                 |  |               |  |
|   | 36    | Amount of line 34 you want applied to your  | 2023 estimate      | ed tax           | 36               |                 |  |               |  |
| Amount<br>You Owe                                     | 37    | Subtract line 33 from line 24. This is the <b>arr</b> For details on how to pay, go to <i>www.irs.go</i>    | •                  |                  |                  | 3               | 37   |               |  |
|   | 38    | Estimated tax penalty (see instructions) .  |                    |                  | 38               |                 |  |               |  |
| Third Party<br>Designee                               |       | you want to allow another person to distructions  |                    |                  |                  | omplete belo    | ow. 🗙 No   |               |  |
|   | De    | signee's  | Phone              |                  | Perso            | nal identificat | ion  |               |  |
|   | nar   | ne  | no.                |                  | numb             | er (PIN)        |  |               |  |
| Sign  |       | der penalties of perjury, I declare that I have examinef, they are true, correct, and complete. Declaration |                    |                  |                  |                 |  |               |  |
| Here  | Yo    | ır signature  | Date               | Your occupation  |                  |                 | S sent you an I<br>on PIN, enter it  |               |  |
| Joint return?   |       |   |                    | SOFTWARE I       |                  | (see inst       | .)   |               |  |
| See instructions.<br>Keep a copy for<br>your records. | Sp    | ouse's signature. If a joint return, <b>both</b> must sign.   |                    |                  |                  |                 | the IRS sent your spouse an entity Protection PIN, enter it here ee inst.) |               |  |
|   | ———Ph | one no. (321)578-6387   | Email address      | SANTOSH KII      | LIM@GMAIL.CO     | M               |  |               |  |
|   |       | parer's name Preparer's signal  |                    | 21111 0011 1111  | Date Date        | PTIN            | Check if:  | <del></del>   |  |
| Paid  |       | PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA   | RAM SAGAR          | GUPTA TALLAM     |                  | P0208270        |  | -employed     |  |
| Preparer  |       | n's name GLOBAL TAXES LLC   |                    |                  | 1 3 2 7 2 0 2 3  |                 | o. (678)96   |               |  |
| Use Only  |       | n's address 245 ROONEY CT E BR  | UNSWICK N          | J 08816          |                  | Firm's El       |  | 2145487       |  |
| Go to www.irs.ac                                      |       | 1040 for instructions and the latest information.   |                    | BAA              | REV 01/02/23 PRO |                 |  | 1040 (2022)   |  |
|   |       |   |                    |                  |                  |                 |  | (-0-2)        |  |

# SCHEDULE 1 (Form 1040)

## **Additional Income and Adjustments to Income**

OMB No. 1545-0074

2022

Attachment Sequence No. 01

Department of the Treasury Internal Revenue Service

SANTOSH KILLAMSETTY

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.

Your social security number 159-04-9289

| Par                                 | t I Additional Income   |   |    |          |
|-------------------------------------|---|---|----|----------|
| 1                                   | Taxable refunds, credits, or offsets of state and local income taxes                        |   | 1  | 0.       |
| 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 Schedule E | [ | 5  | -10,640. |
| 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                                   |   | ) |    |          |
| е                                   |   |   |    |          |
| f                                   |   |   |    |          |
| g                                   |   |   |    |          |
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| Z                                   |   |   |    |          |
| 0                                   |   | - | 0  |          |
|                                     |   |   |    | -10,640. |
| c d e f g h i j k l m n o p q r s t | Cancellation of debt  |   | 9  | -10,     |

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 govern  |  |     |  |
|          | 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        | 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)   |  |     |  |
| İ        | 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:   |  |     |  |
| 25       |  |  | 05  |  |
| 25<br>26 | 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> . Enter here at Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a |  | 26  |  |
|          | Form 1040 or 1040-36, line 10, or form 1040-196, line 10a  |  | 20  |  |

#### **SCHEDULE D** (Form 1040)

## **Capital Gains and Losses**

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

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

OMB No. 1545-0074

Attachment

|       | trment of the Treasury al Revenue Service  Go to www.irs.gov/screduleD to Use Form 8949 to list your trans  |                           |                          |   | ,        | Attachment<br>Sequence No. <b>12</b>                             |
|-------|---|---------------------------|--------------------------|---|----------|--|
|       | e(s) shown on return  |                           |                          |   |          | ecurity number   |
|       | NTOSH KILLAMSETTY   |                           |                          |   | -04-     | 9289   |
|       | you dispose of any investment(s) in a qualified opportunity es," attach Form 8949 and see its instructions for additiona  | •                         | •                        | _   |          |  |
| Pa    | Short-Term Capital Gains and Losses—Ge  | nerally Assets            | Held One Year            | or Less (se   | e ins    | tructions)   |
| lines | instructions for how to figure the amounts to enter on the below.   | (d)<br>Proceeds           | (e)<br>Cost              | (g) Adjustmen to gain or loss                       |          | (h) Gain or (loss)<br>Subtract column (e)<br>from column (d) and |
|       | form may be easier to complete if you round off cents to le dollars.  | (sales price)             | (or other basis)         | Form(s) 8949,<br>line 2, colum                      |          | combine the result<br>with column (g)                            |
| 1a    | Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b. |                           |                          |   |          |  |
| 1b    | Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked  |                           |                          |   |          |  |
| 2     | Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked  |                           |                          |   |          |  |
| 3     | Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked  |                           |                          |   |          |  |
| 4     | Short-term gain from Form 6252 and short-term gain or (lo   | oss) from Forms 4         | 1684, 6781, and 88       | 324   | 4        |  |
| 5     | Net short-term gain or (loss) from partnerships, Schedule(s) K-1  |                           |                          | rusts from  | 5        |  |
| 6     | Short-term capital loss carryover. Enter the amount, if an  | y, from line 8 of y       | our <b>Capital Loss</b>  | Carryover   |          |  |
| 7     | Worksheet in the instructions   |                           |                          |   | 6        | ( 366.)  |
|       | term capital gains or losses, go to Part II below. Otherwise  |                           |                          |   | 7        | -366.  |
| Pa    | t II Long-Term Capital Gains and Losses – Ger   | nerally Assets I          | Held More Than           | One Year  | (see     | instructions)  |
|       | instructions for how to figure the amounts to enter on the below.   | (d)                       | (e)                      | (g)<br>Adjustmen                                    | its      | (h) Gain or (loss)<br>Subtract column (e)                        |
|       | form may be easier to complete if you round off cents to le dollars.  | Proceeds<br>(sales price) | Cost<br>(or other basis) | to gain or loss<br>Form(s) 8949, I<br>line 2, colum | Part II, | from column (d) and<br>combine the result<br>with column (g)     |
| 8a    | Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b.  |                           |                          |   |          |  |
| 8b    | Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked  |                           |                          |   |          |  |
| 9     | Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked  |                           |                          |   |          |  |
| 10    | Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked  |                           |                          |   |          |  |
| 11    | Gain from Form 4797, Part I; long-term gain from Forms from Forms 4684, 6781, and 8824  |                           |                          | ain or (loss)                                       | 11       |  |
| 12    | Net long-term gain or (loss) from partnerships, S corporat  |                           |                          | <br>dule(s) K-1                                     | 12       |  |
|       | Capital gain distributions. See the instructions  |                           |                          |   | 13       |  |
|       | Long-term capital loss carryover. Enter the amount, if any  | , from line 13 of y       | your <b>Capital Loss</b> | Carryover   |          |  |
|       | Worksheet in the instructions   |                           |                          |   | 14       | ( )  |

15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then, go to Part III

BAA

15

Schedule D (Form 1040) 2022 Page 2

### Part III **Summary** 16 Combine lines 7 and 15 and enter the result 16 -366.• If line 16 is a gain, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below. • If line 16 is a loss, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete • If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22. 17 Are lines 15 and 16 both gains? ☐ **Yes.** Go to line 18. No. Skip lines 18 through 21, and go to line 22. 18 If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet . . . . . . . . . . . . . . . . . . 18 19 If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet . 19 20 Are lines 18 and 19 both zero or blank and you are not filing Form 4952? ☐ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. Don't complete lines 21 and 22 below. and 22 below. If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of: 21 • The loss on line 16; or 21 366.) • (\$3,000), or if married filing separately, (\$1,500) Note: When figuring which amount is smaller, treat both amounts as positive numbers. 22 Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a? ☐ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.

#### **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,

Attachment

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.

Sequence No. 13

Your social security number

159-04-9289 SANTOSH KILLAMSETTY Part I Income or Loss From Rental Real Estate and Royalties Note: If you are in the business of renting personal property, use Schedule C. See instructions. If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40. Did you make any payments in 2022 that would require you to file Form(s) 1099? See instructions . . . . . 1a Physical address of each property (street, city, state, ZIP code) 419/D, SEC-8, UKKUNAGARAM VISAKHAPATNAM ANDHRA PRADESH IN 530031 Α В C 1b Type of Property **Fair Rental Personal Use** For each rental real estate property listed QJV (from list below) above, report the number of fair rental and **Davs Davs** personal use days. Check the QJV box only Α Α 365 0 if you meet the requirements to file as a В В qualified joint venture. See instructions. С C Type of Property: 1 Single Family Residence 3 Vacation/Short-Term Rental 7 Self-Rental 5 Land 8 Other (describe) 2 Multi-Family Residence 4 Commercial 6 Royalties **Properties:** Α В C Income: 3 520. 4 Royalties received 4 **Expenses:** 5 5 Advertising 6 Auto and travel (see instructions) 6 7 Cleaning and maintenance. 7 1,460. 8 Commissions 8 9 9 Insurance . . 10 10 Legal and other professional fees 11 Management fees . . . . . . . . 11 1,200. 12 Mortgage interest paid to banks, etc. (see instructions) 12 13 13 2,480. 14 14 Repairs . . . 2,900. 15 Supplies 15 16 16 Taxes 17 17 3,120. 18 18 Depreciation expense or depletion . . . . . . . . 19 19 Other (list) 20 20 Total expenses. Add lines 5 through 19 . . . . . . 11,160. 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 -10,640. 22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) . . . . . . . . . 10,640.) 520. 23a Total of all amounts reported on line 3 for all rental properties Total of all amounts reported on line 4 for all royalty properties 23b Total of all amounts reported on line 12 for all properties 23c 23d Total of all amounts reported on line 18 for all properties Total of all amounts reported on line 20 for all properties 23e 11,160. 24 **Income.** Add positive amounts shown on line 21. **Do not** include any losses 24 25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here 25 10,640. Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result 26 here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on

-10,640.