Internal Revenue Service

IRS e-file Signature Authorization

OMB No. 1545-0074

ERO must obtain and retain completed Form 8879.
► Go to www.irs.gov/Form8879 for the latest information.

Submission Identification Number (SID)

Тахрау	er's name	Social securi	ty numb	er
POO	JA MAKULA	683-89	-7251	1
Spouse	s's name	Spouse's soo	cial secu	irity number
Par	Tax Return Information – Tax Year Ending December 31, 2022 (Enter	er year you a	ro aut	horizing)
	5 7	er year you a	iie aui	inonzing.)
Enter	whole dollars only on lines 1 through 5.			
Note:	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.			
1	Adjusted gross income		1	118,590.
2	Total tax		2	19,189.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	21,208.
4	Amount you want refunded to you		4	2,019.
5	Amount you owe		5	
Part	II Taxpayer Declaration and Signature Authorization (Be sure you get and	keep a cop	y of y	our return)

Under penalties of periury. I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at **1-888-353-4537**. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

~	1 441101120			ERO firm name		E
X	l authorize	GLOBAL	TAXES	LLC	to enter or generate my PIN	Ŀ

	9	7	2	5	1	as			
Enter five digits, but don't enter all zeros									

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 Method Returns Only—continue below			
Part III Certification and Authentication – Practition	r PIN Method Only		
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-d	igit 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 >	re 🕨 🛛 Date 🏲							
Don'i								
For Depertuerk Reduction Act Nation	and your toy return instructions		DEV 02/24/22 DDO	Form 8879 (Pov. 01 2021)				

For Paperwork Reduction Act Notice, see your tax return instructions. BAA REV 02/24/23 PRO

1040		artment of the Treasury-Internal Revenue Servi S. Individual Income Tax		ırn	202	2	OMB No. 1545	-0074	IRS Use Only	—Do not w	rite or staple in this space.
Filing Status Check only one box.	lf yo	Single Married filing jointly unchecked the MFS box, enter the n son is a child but not your dependent	ame of y	0	separately (N use. If you cl	,				spou	lifying surviving use (QSS) name if the qualifying
Your first name	· ·	, ,	Last nar	me						Vour so	cial security number
	anu m										89-7251
POOJA		s first name and middle initial	MAKU Last nar								s social security number
	0030 0		Last hai	ne						opouse	s social security number
Home address	ínumbe	er and street). If you have a P.O. box, see	instructio	ons.				4	Apt. no.	Preside	ntial Election Campaigr
330 3RD									303		nere if you, or your
-		ce. If you have a foreign address, also co	mplete sp	baces bel	ow.	Sta	ite	ZIP c		spouse	if filing jointly, want \$3
SEATTLE		,,	1			WZ		981		•	o this fund. Checking a ow will not change
Foreign country	name		F	oreign pr	ovince/state/o				n postal code		or refund.
							-				🗌 You 🗌 Spouse
Digital Assets		ny time during 2022, did you: (a) rec ange, gift, or otherwise dispose of a						•	,	. ,	🗌 Yes 🛛 No
Standard	Som	eone can claim: 🗌 You as a de	pendent		Your spouse	e as	a dependent				
Deduction		Spouse itemizes on a separate retur	n or you	were a	dual-status a	alien	1				
Age/Blindness	You	Were born before January 2, 1	958	Are bli	ind Spo	ouse	. 🗌 Was bor	n hefa	ore January 2	1958	Is blind
Dependents					locial security		(3) Relationsh	1			fies for (see instructions):
If more	•	irst name Last name		(2) 0	number		to you	ip (Child tax ci	· · ·	Credit for other dependents
than four											
dependents,											
see instructions and check	;										
here											
Income	1a	Total amount from Form(s) W-2, b	ox 1 (see	e instruc	tions)					. 1a	128,090.
moome	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	a (see ins	struction	s)					. 1c	
attach Forms	d	Medicaid waiver payments not rep	ported or	n Form(s) W-2 (see ir	nstru	ictions)			. 1d	
W-2G and 1099-R if tax	е	Taxable dependent care benefits f	from For	m 2441,	line 26					. 1e	
was withheld.	f	Employer-provided adoption bene								. 1f	
lf you did not	g	Wages from Form 8919, line 6 .								. <u>1g</u>	
get a Form W-2, see	h	Other earned income (see instruct	,			• •	· · · ·	· ·		. <u>1h</u>	0.
instructions.	i	Nontaxable combat pay election (s	see instr	uctions)		• •	1 i				100.000
			· · ·		· · · ·			• •		. 1z	· ·
Attach Sch. B if required.	2a		2a				axable interest			. 2b	
	<u>3a</u>		3a				Ordinary divider			. 3b	
	4a 5a		4a				axable amount			. 4b	
Standard Deduction for –	5a		5a 6a				axable amount axable amount			. 5b . 6b	
Single or	6а с	Social security benefits		acthod					· · · ·	. 00	
Married filing separately,	7	Capital gain or (loss). Attach Sche						• •	· · · L	7	
\$12,950Married filing	8	Other income from Schedule 1, lin						• •	L	. 8	-9,500.
jointly or	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7								. 9	118,590.
Qualifying spouse,	10	Adjustments to income from Sche								10	
\$25,900 • Head of	11	Subtract line 10 from line 9. This is								. 11	
household,	12	Standard deduction or itemized	-							12	
\$19,400 • If you checked	13	Qualified business income deduct					5-A			. 13	
any box under Standard	14	Add lines 12 and 13								. 14	
Deduction, see instructions.	15	Subtract line 14 from line 11. If zer						е.		. 15	
Jee matructions.					1						

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

Form **1040** (2022)

Form 1040 (2022	2)								Page 2
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 🗌 881	4 2 4972	3 🗌 _		. 16	19,189.
Credits	17	Amount from Schedule 2, lin	ie3					. 17	
	18	Add lines 16 and 17						. 18	19,189.
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812			. 19	
	20	Amount from Schedule 3, lin	ie8					. 20	
	21	Add lines 19 and 20						. 21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				. 22	19,189.
	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	19,189.
Payments	25	Federal income tax withheld							
	а	Form(s) W-2				25a	21,2	08.	
	b	Form(s) 1099				25b			
	с	Other forms (see instructions				25c			
	d	Add lines 25a through 25c						. 25d	21,208.
15	26	2022 estimated tax payment	ts and amount a	pplied from 20	21 return			. 26	
If you have a qualifying child,	27	Earned income credit (EIC)			No	27			
attach Sch. EIC.	28	Additional child tax credit from				28			
	29	American opportunity credit	from Form 8863	8, line 8		29			
	30	Reserved for future use .		-		30			
	31	Amount from Schedule 3, lin				31			
	32	Add lines 27, 28, 29, and 31					redits .	. 32	
	33	Add lines 25d, 26, and 32. T		-				. 33	21,208.
Defund	34	If line 33 is more than line 24						. 34	2,019.
Refund	35a	Amount of line 34 you want	refunded to you	J. If Form 8888	is attached, cheo	ck here .	·	35 a	2,019.
Direct deposit?	b	Routing number 1 1 1				Checking			
See instructions.	d	Account number 1 9 9						Ŭ	
	36	Amount of line 34 you want			ed tax	36			
Amount	37	Subtract line 33 from line 24	This is the amo	ount vou 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 retur	n with the IRS?	See		•	
Designee		tructions	•				Yes. Comp	lete below	. 🗙 No
		signee's		Phone				identification	
	nai			no.			number (,	
Sign		der penalties of perjury, I declare t ief, they are true, correct, and com							
Here					I , , ,		normation of		, 0
	YO	ur signature		Date	Your occupation				ent you an Identity PIN, enter it here
Joint return?					BUSINESS IN	TELLIGEN	ICE ENG	(see inst.)	
See instructions.	Sp	ouse's signature. If a joint return, I	ooth must sign.	Date	Spouse's occupati	ion			ent your spouse an
Keep a copy for your records.								Identity Pro	otection PIN, enter it here
your rocordo.								(See Inst.)	
		one no. (972) 670-883		Email address	MAKUP@AMA2			11.1	Ohaala it
Paid		parer's name	Preparer's signat			Date	PT		Check if:
Preparer		PRIYA RAM SAGAR GUPTA TALLAM		RAM SAGAR	GUPTA TALLAM	02/28/	2023 PO	2082703	
Use Only		n's name GLOBAL TAX			- 0001 0			Phone no.	· · · ·
			Y CT E BRU	NSWICK N	J U8816			Firm's EIN	84-3171965
Go to wanter inc. ~	ov/Form	1010 for instructions and the late	et information						Earm 1040 (2022

Go to www.irs.gov/Form1040 for instructions and the latest information.

BAA REV 02/24/23 PRO

Form **1040** (2022)

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. 01
Name(s) shown on Fo	rm 1040, 1040-SR, or 1040-NR	Your soci	ial security number
POOJA MAKULA		683-89	-7251
		-	

Par	t I Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxes		1	
2a	Alimony received		2a	
b	Date of original divorce or separation agreement (see instructions):			
3	Business income or (loss). Attach Schedule C		3	
4	Other gains or (losses). Attach Form 4797		4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Att	ach Schedule E .	5	-9,500.
6	Farm income or (loss). Attach Schedule F.		6	
7	Unemployment compensation		7	
8	Other income:			
а	Net operating loss	8a ()	
b	Gambling	8b		
С	Cancellation of debt	8c		
d	Foreign earned income exclusion from Form 2555	8d ()	
е	Income from Form 8853	8e		
f	Income from Form 8889	8f		
g	Alaska Permanent Fund dividends	8g		
h	Jury duty pay	8h		
i	Prizes and awards	8i		
j	Activity not engaged in for profit income	8j		
k	Stock options	8k		
I	Income from the rental of personal property if you engaged in the rental			
	for profit but were not in the business of renting such property	81		
m	Olympic and Paralympic medals and USOC prize money (see			
	instructions)	8m		
n	Section 951(a) inclusion (see instructions)	8n		
0	Section 951A(a) inclusion (see instructions)	80		
р	Section 461(I) excess business loss adjustment	8p		
q	Taxable distributions from an ABLE account (see instructions)	8q		
r	Scholarship and fellowship grants not reported on Form W-2	8r		
S	Nontaxable amount of Medicaid waiver payments included on Form			
	1040, line 1a or 1d	8s ()	
t	Pension or annuity from a nonqualifed deferred compensation plan or			
	a nongovernmental section 457 plan	8t		
	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-SF	l, or 1040-NR, line 8	10	-9,500.

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

Schedule 1 (Form 1040) 2022

Par	t II Adjustments to Income					
11	Educator expenses				11	
12	Certain business expenses of reservists, performing artists, and fee	e-basi	s gov	ernment		
	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)	24a				
b	Deductible expenses related to income reported on line 8I 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				
е	Repayment of supplemental unemployment benefits under the Trade					
	Act of 1974	24e				
f	Contributions to section 501(c)(18)(D) pension plans	24f				
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)	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				
j	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 adjustments to income	e. Ente	er here	e and on		
	Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a				26	
	BAA	REV (02/24/23 P	RO	Schedu	le 1 (Form 1040) 2022

(Form	1040)	(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)								2022				
Department of the Treasury Attach to Form 1040, Internal Revenue Service Go to www.irs.gov/ScheduleE for										Attachm Sequen	nent ce No. 13			
Name(s)	shown on return										Your soci	al security	number	
POOJ	POOJA MAKULA 683-8							683-8	9-7251					
Part	Note: If yo rental inco	ou are ir ome or l	n the loss	business of refrom Form 48	al Real Estate an enting personal proper 35 on page 2, line 40.	rty, use	Schedule							
		make any payments in 2022 that would require you to file Form(s) 1099? See instructions												
1a	Physical addr	ress of	eac	ch property (s	street, city, state, ZIF	P code	e)							
Α	2-2-11 PL	OT:15	T:15,LANCO HILLS MANIKONDA,HYDERABAD TELANGANA IN 500089											
В														
С											1			
1b	Type of Prope (from list below		i	above, repor	tal real estate prope t the number of fair	rental	and		F	air Rental Days	Personal Use Days		QJV	
Α	3				days. Check the Q.			Α		365		0		
B					t venture. See instru			В	_					
								С						
1 :	of Property: Single Family R Multi-Family Re			3 Vacat 4 Comn	ion/Short-Term Ren nercial	tal	5 Lanc 6 Roya			7 Self-Rental 8 Other (desc	ribe)			
										Propert	ies:			
Incom	ie:							Α		В			С	
3 4						3			650.					
Expen						1								
5	Advertising .					5								
6	Auto and trave	el (see	instr	ructions) .		6								
7	Cleaning and r	mainte	nan	ce		7			950.					
8	Commissions					8								
9	Insurance					9								
10	•					10								
11	-					11		1,	550.	_				
12	00				(see instructions)	12								
13	Other interest		•			13								
14						14			950.					
15						15		2,	550.					
16						16								
17						17		2,	150.	_				
18		expens	e or	depletion .		18								
19					10	19 20		1.0	1 - 0					
20	•			0	19	20		10,	150.					
21		s), see	inst		d/or 4 (royalties). If ind out if you must			_ 9	500.					
20					er limitation, if any,	21		<i>э</i> ,	500.					
22	on Form 8582	(see ir	nstru	uctions)		22	(9,5	00.)	()	
23a					3 for all rental prope				238		650.			
b					4 for all royalty prop									
С					12 for all properties				230					
d					18 for all properties									
е					20 for all properties				236	-),150.			
24		-			n on line 21. Do no		-				. 24	(0 F00 \	
25					1 and rental real estat							(9,500.)	
26	Lotal rental re	eal est	rate	and royalty	income or (loss).	Comh	ine lines	24 an	d 25	Enter the res	uit I			

Supplemental Income and Loss

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.

SCHEDULE E

26

.

-9,500.

OMB No. 1545-0074

Form 8582
Department of the Treasury

Internal Revenue Service

Name(s) shown on return

POOJA MAKULA

Part I

Passive Activity Loss Limitations

See separate instructions.

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

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

OMB No. 1545-1008

Identifying number 683-89-7251

	Caution: Complete Parts IV and V before completing Part I.		
	I Real Estate Activities With Active Participation (For the definition of active participation, see Special ance for Rental Real Estate Activities in the instructions.)		
1a b c d	Activities with net income (enter the amount from Part IV, column (a))1a0.Activities with net loss (enter the amount from Part IV, column (b))1b(9,500.)Prior years' unallowed losses (enter the amount from Part IV, column (c))1c()Combine lines 1a, 1b, and 1c	1d	-9,500.
All Ot	her Passive Activities		
2a b c d	Activities with net income (enter the amount from Part V, column (a)) . 2a Activities with net loss (enter the amount from Part V, column (b)) . . Prior years' unallowed losses (enter the amount from Part V, column (c)) . . Combine lines 2a, 2b, and 2c . . .	2d	
3	Combine lines 1d and 2d. If this line is zero or more, stop here and include this form with your return; all losses are allowed, including any prior year unallowed losses entered on line 1c or 2c. Report the losses on the forms and schedules normally used	3	-9,500.

If line 3 is a loss and: • Line 1d is a loss, go to Part II.

2022 Passive Activity Loss

• Line 2d is a loss (and line 1d is zero or more), skip Part II and go to line 10.

Caution: If your filing status is married filing separately and you lived with your spouse at any time during the year, do not complete Part II. Instead, go to line 10.

Par	rt II Special Allowance for Rei	ntal Real Estate	Activities With	Active	Particip	pation			
	Note: Enter all numbers in Par	t II as positive amo	ounts. See instruct	tions for a	an exam	ple.			
4	Enter the smaller of the loss on line 1	d or the loss on lir	ne3	· · · .			4	9,500.	
5	Enter \$150,000. If married filing separ								
6	Enter modified adjusted gross income								
	Note: If line 6 is greater than or equal to line 5, skip lines 7 and 8 and enter -0- on line 9. Otherwise, go to line 7.								
7	Subtract line 6 from line 5								
8	Multiply line 7 by 50% (0.50). Do not e	instructions	8	10 , 955.					
9	Enter the smaller of line 4 or line 8	9	9,500.						
Par	t III Total Losses Allowed								
10	Add the income, if any, on lines 1a an		10	0.					
11	Total losses allowed from all passiv out how to report the losses on your t	11	9,500.						
Par	t IV Complete This Part Befor	e Part I, Lines 1	a, 1b, and 1c. S	See instru	uctions.				
		Current year Pri		Prior	or years Ove		rall ga	ain or loss	
	Name of activity	(a) Net income	(b) Net loss	(c) Una	allowed	(<i>.</i>	

Name of activity	(a) Net income (line 1a)	(b) Net loss (line 1b)	(c) Unallowed loss (line 1c)	(d) Gain	(e) Loss
2-2-11 PLOT:15, LANCO HILLS	0.	9,500.			9,500.
Total. Enter on Part I, lines 1a, 1b, and 1c	0.	9,500.			
For Department Reduction Act Nation con instru	untions				Farm 9592 (0000)

For Paperwork Reduction Act Notice, see instructions. BAA

REV 02/24/23 PRO

Form **8582** (2022)

Part V Complete This Part Before Part I, Lines 2a, 2b, and 2c. See instructions.

Nome of activity	Currer	Prior y	ears	Overall gain or loss				
Name of activity	(a) Net income (line 2a)		Net loss ne 2b)	(c) Unal loss (lir	lowed	ed (d) Gain		(e) Loss
	(into Za)	(11)	10 20)	1033 (1110 20)				
Total. Enter on Part I, lines 2a, 2b, and 2c								
Part VI Use This Part if an Amou	nt Is Shown on F	Part II,	Line 9. S	ee instru	ctions.			
Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ra	atio	(c) Special allowance	C	(d) Subtract olumn (c) from column (a).
2-2-11 PLOT:15, LANCO HILLS	E Ln 22		9,500.	1.0000	00000	9,500).	0.
Total		uction	9,500.	1.0	0	9,500).	0.
Alcoulor of onallowed	Form or sch							
Name of activity	and line nur to be reporte (see instruct	nber ed on	(a) L	LOSS		(b) Ratio	(c) Unallowed loss	
Total Allowed Losses. See instr	ructions.					1.00		
	Form or sch	edule						
Name of activity	and line nur to be reporte (see instruct	nber ed on	(a) L	LOSS	(b) Unallowed loss		(c)	Allowed loss
Total								

REV 02/24/23 PRO

Form **8582** (2022)