## 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

internal nevertue Service		
Submission Identification Number (SID)		
Taxpayer's name	Social securi	ty number
POOJA MAKULA	683-89	-7251
Spouse's name	Spouse's soo	ial security number
Part I Tax Return Information — Tax Year Ending December 31, 2	 D22 <b>(Enter year you a</b>	re authorizing )
Enter whole dollars only on lines 1 through 5.	JZZ (Linter year you a	ie authorizing.)
<b>Note:</b> Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.		
1 Adjusted gross income		<b>1 1 118,</b> 590.
2 Total tax		2 19,189.
<b>3</b> 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 your return)
my knowledge and belief, it is true, correct, and complete. I further declare that the amounts is return (original or amended) I am now authorizing. I consent to allow my intermediate service proto send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or refor any delay in processing the return or refund, and (c) the date of any refund. If applicable, I au Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution payment of my federal taxes owed on this return and/or a payment of estimated tax, and the final authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment can business days prior to the payment (settlement) date. I also authorize the financial institutions in taxes to receive confidential information necessary to answer inquiries and resolve issues relapersonal identification number (PIN) below is my signature for the income tax return (original or a Electronic Funds Withdrawal Careat	vider, transmitter, or electro- eason for rejection of the transcription of the transcription of the transcription account indicated in the transcription to debit the to terminate the authorizabellation requests must be volved in the processing of the to the payment. I further than the payment of the transcription of the t	onic return originator (ERO) ransmission, (b) the reason and its designated Financial ax preparation software for entry to this account. This ation. To revoke (cancel) are received no later than 2 if the electronic payment of the racknowledge that the
Electronic Funds Withdrawal Consent.  Taxpayer's PIN: check one box only		
	or generate my PIN	7 2 5 1 as my
ERO firm name signature on the income tax return (original or amended) I am now authorizing	En do	ter five digits, but n't enter all zeros
I will enter my PIN as my signature on the income tax return (original or amen if you are entering your own PIN <b>and</b> your return is filed using the Practitions below.	ded) I am now authorizi	
Your signature ►	Date ►03/05/2	2023
Spouse's PIN: check one box only		
• —	or generate my PIN	as my
ERO firm name	• -	ter five digits, but
signature on the income tax return (original or amended) I am now authorizing	. do	n't enter all zeros
I will enter my PIN as my signature on the income tax return (original or amen if you are entering your own PIN <b>and</b> your return is filed using the Practitions below.		
Spouse's signature ▶	Date ►	
Practitioner PIN Method Returns Only—conti	nue below	
Part III Certification and Authentication — Practitioner PIN Method On	ly	
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN		6 6 1 9 8 9 er all zeros
I certify that the above numeric entry is my PIN, which is my signature for the electronic individual authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that requirements of the Practitioner PIN method and <b>Pub. 1345</b> , Handbook for Authorized IRS e-file F	at I am submitting this retu	ırn in accordance with the
ERO's signature ▶	Date ►	
ERO Must Retain This Form — See Instr	uctions	
Don't Submit This Form to the IRS Unless Reque		

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

2022

OMB No. 1545-0074

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

Filing Status	s 🔀 S	Single Married filing jointly	Marrie	ed filing separatel	y (MFS)	☐ Head of	household (HOH)		ifying su		
Check only one box.	•	u checked the MFS box, enter the n	,	our spouse. If yo	u check	ed the HOH or	QSS box, enter th		ise (QSS name if	,	
		on is a child but not your dependent									
Your first name	and mi	ddle initial	Last nar							rity number	
POOJA			MAKU						39-725		
If joint return, s	pouse's	first name and middle initial	Last nar	me				Spouse's	s social se	ecurity number	
Home address	(numbe	r and street). If you have a P.O. box, see	instruction	ons.			Apt. no.	Preside	tion Campaign		
330 3RD AVE WEST							303	Check here if you, or your			
City, town, or p	ost offic	ce. If you have a foreign address, also co	mplete s	paces below.	Sta	te	ZIP code	spouse if filing jointly, want \$3 to go to this fund. Checking a			
SEATTLE					WZ	A	98119			t change	
Foreign countr	y name		F	oreign province/sta	te/count	ty	Foreign postal code	your tax	or refund	ı.	
									You	Spouse	
Digital Assets		ny time during 2022, did you: (a) rec ange, gift, or otherwise dispose of a	,				, ,	. ,	Yes	⊠ No	
Standard		eone can claim:  You as a de		<u>_</u>		a dependent	assety: (See Ilistit	actions.)			
Deduction <b>Deduction</b>		Spouse itemizes on a separate retur				•					
Age/Blindnes	s You:	☐ Were born before January 2, 1	958	Are blind	Spouse	: Was bor	n before January 2	2, 1958	☐ Is b	olind	
Dependent	s (see	instructions):		(2) Social secu	ırity	(3) Relationsh	ip (4) Check the b	ox if qualif	ies for (se	e instructions):	
If more		rst name Last name		number	-	to you	Child tax c	redit	Credit for o	other dependents	
than four											
dependents, see instruction											
and check											
here											
Income	1a	Total amount from Form(s) W-2, b	ox 1 (see	e instructions) .				. 1a	1	28,090.	
	b	Household employee wages not re		, ,				. 1b			
Attach Form(s) W-2 here. Also	С	Tip income not reported on line 1a	. 1c								
attach Forms	d	Medicaid waiver payments not rep	. 1d								
W-2G and 1099-R if tax	е	Taxable dependent care benefits from Form 2441, line 26									
was withheld.	f	Employer-provided adoption bene	. 1f								
If you did not	g	Wages from Form 8919, line 6 .						. 1g			
get a Form W-2, see	h	Other earned income (see instruct	,					. 1h		0.	
instructions.	i	Nontaxable combat pay election (see instructions)									
	Z	Add lines 1a through 1h						. 1z		28,090.	
Attach Sch. B	2a	' -	2a			axable interes		. 2b			
if required.	<u>3a</u>		3a			ordinary divide		. 3b			
	4a	<del>-</del>	4a			axable amoun		. 4b			
Standard Deduction for—	5a	<del>-</del>	5a			axable amoun		. 5b			
Single or	6a	,	6a			axable amoun	t	. 6b			
Married filing separately,	_ C	If you elect to use the lump-sum e		,	`	,		_			
\$12,950	7		tal gain or (loss). Attach Schedule D if required. If not required, check here								
<ul> <li>Married filing jointly or</li> </ul>	8	Other income from Schedule 1, lin						. 8	1	<u>-9,500.</u>	
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7		•				. 9		18,590.	
\$25,900	10	Adjustments to income from Sche						. 10		10 500	
<ul> <li>Head of household,</li> </ul>	11	Subtract line 10 from line 9. This is						. 11		18,590.	
\$19,400	12	Standard deduction or itemized		`	,			. 12		12,950.	
If you checked any box under	13	Qualified business income deduct						. 13		10 050	
Standard Deduction,	14 15	Add lines 12 and 13 Subtract line 14 from line 11. If zer						. 14		12,950.	
see instructions.	13	Subtract file 14 from file 11. If Zer	o or less	s, enter -U IIIIS I	s your i	axable IIICOII		. 15	1 1	.05,640.	

Form 1040 (2022	2)						Page <b>2</b>
Tax and	16	Tax (see instructions). Check if any from Form(s):	: <b>1</b> 🗌 8814	<b>2</b> 4972	3 🗌	16	19,189.
Credits	17	Amount from Schedule 2, line 3				17	
	18	Add lines 16 and 17					19,189.
	19	Child tax credit or credit for other dependents f	from Schedu	ıle 8812		19	
	20	Amount from Schedule 3, line 8				20	
	21	Add lines 19 and 20				21	
	22	Subtract line 21 from line 18. If zero or less, ent	ter -0			22	19,189.
	23	Other taxes, including self-employment tax, from	m Schedule	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 from:					
,	а	Form(s) W-2			<b>25a</b> 21,	208.	
	b	Form(s) 1099			25b		
	С	Other forms (see instructions)			25c		
	d	Add lines 25a through 25c				25d	21,208.
16	26	2022 estimated tax payments and amount appl				26	
If you have a qualifying child,	27	Earned income credit (EIC)		No	27		
attach Sch. EIC.	28	Additional child tax credit from Schedule 8812			28		
	29	American opportunity credit from Form 8863, lin			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 your to			ndable credits	32	
	33	Add lines 25d, 26, and 32. These are your total	-	-		33	21,208.
Refund	34	If line 33 is more than line 24, subtract line 24 fr				34	2,019.
Returia	35a	Amount of line 34 you want <b>refunded to you</b> . If			•	. 35a	2,019.
Direct deposit?	b	Routing number   1   1   1   0   0   0   6   1		c Type: 🔀		avings	
See instructions.	d	Account number 1 9 9 6 9 1 9 9					
	36	Amount of line 34 you want applied to your 202		d tax	36		
Amount	37	Subtract line 33 from line 24. This is the amount			<u> </u>		
You Owe	0.	For details on how to pay, go to www.irs.gov/Pa	•	see instructions .		37	
	38	Estimated tax penalty (see instructions)	-		38		
Third Party	Do	you want to allow another person to discus-			See		
Designee		tructions				nplete below.	<b>X</b> No
· ·		signee's	Phone			al identification	
	nai	ne	no.		numbe	r (PIN)	
Sign		der penalties of perjury, I declare that I have examined the					
Here		ef, they are true, correct, and complete. Declaration of p			sed on all information		, ,
	Yo	ır signature Da	Date	Your occupation			ent you an Identity PIN, enter it here
Joint return?				BUSINESS INT	ELLIGENCE ENG	(!+)	
See instructions.	Sp	ouse's signature. If a joint return, <b>both</b> must sign.	ate	Spouse's occupati		ent your spouse an	
Keep a copy for your records.	•						tection PIN, enter it here
your records.						(see inst.)	
		(3,2)0.0002	mail address	MAKUP@AMAZ			
Paid		parer's name Preparer's signature				PTIN	Check if:
Preparer	SYAN	PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RA	AM SAGAR (	GUPTA TALLAM	02/28/2023 F	02082703	Self-employed
Use Only	Fir	n's name GLOBAL TAXES LLC				Phone no.	(678) 965-9522
	Fin	n's address 245 ROONEY CT E BRUNS	SWICK NJ	08816		Firm's EIN	84-3171965
Go to www.irs.ge	ov/Forn	1040 for instructions and the latest information.		BAA	REV 02/24/23 PRO		Form 1040 (2022)

## 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

POOJA MAKULA

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.

1040 for instructions and the latest information.

Your social security number
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. Atta	ch 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		
- 1	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			
		8m		
n	Section 951(a) inclusion (see instructions)	8n		
0	Section 951A(a) inclusion (see instructions)	80		
р	Section 461(I) excess business loss adjustment	8p		
q	Taxable distributions from an ABLE account (see instructions)	8q		
r	Scholarship and fellowship grants not reported on Form W-2	8r		
S	Nontaxable amount of Medicaid waiver payments included on Form			
	1040, line 1a or 1d	8s (	)	
t	Pension or annuity from a nonqualifed deferred compensation plan or			
	a nongovernmental section 457 plan	8t		
u		8u		
Z				
_		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	-9 <b>,</b> 500.

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 government		
	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 8l from the			
	, , , , , , , , , , , , , , , , , , , ,	24b		
С	Nontaxable amount of the value of Olympic and Paralympic medals			
		24c		
d	' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	24d		
е	Repayment of supplemental unemployment benefits under the Trade			
		24e		
f	· // // /	24f		
g	, , , , , , , , , , , , , , , , , , , ,	24g		
h	Attorney fees and court costs for actions involving certain unlawful			
	` ,	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			
		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	. Enter here and on		
	Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a		26	

#### **SCHEDULE E** (Form 1040)

#### **Supplemental Income and Loss**

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

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

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.

Attachment Sequence No. 13 Your social security number

POO	JA MAKULA						683-8	9-7251		
Par	Income or Loss From Rental Real Estate an Note: If you are in the business of renting personal proper rental income or loss from Form 4835 on page 2, line 40.	d Ro ty, use	yalties Schedule	e C. See	instru	ctions. If you a	re an indiv	/idual, rep	ort farm	
	Did you make any payments in 2022 that would require you									
В	f "Yes," did you or will you file required Form(s) 1099? .							. 🗌 Ye	es 🗌 No	r
1a	Physical address of each property (street, city, state, ZIF	code	e)							
Α	2-2-11 PLOT:15, LANCO HILLS MANIKONDA, H	IYDEI	RARAD '	ret.and	GANA	TN 5000	189			_
В	Z Z II IBOI.IO, EINOO IIIEEO IEMIIKONEII, I	11001			0111111	111 0000				_
C										_
1b	(from list below) above, report the number of fair	st below) above, report the number of fair rental					Person Da	QJV		
Α	personal use days. Check the Q			Α		365		0		
В	if you meet the requirements to f qualified joint venture. See instru			В						
С	qualified joint venture. Occ institu	Otionic	J.	С						
1	of Property: Single Family Residence 3 Vacation/Short-Term Ren Multi-Family Residence 4 Commercial	tal	5 Land 6 Roya			Self-Rental Other (descr				
						Properti	es:			
Incor				Α		В			С	
3	Rents received	3		6	50.					
_ 4	Royalties received	4								
Expe					-					
5	Advertising	5								_
6	Auto and travel (see instructions)	7		0	50.					
7 8	Cleaning and maintenance	8		9	50.					_
9	Commissions	9								_
10	Insurance	10								_
11	Management fees	11		1,5	5.0					
12	Mortgage interest paid to banks, etc. (see instructions)	12		1,5	50.					_
13	Other interest	13								
14	Repairs	14		2.9	50.					_
15	Supplies	15			50.					_
16	Taxes	16								
17	Utilities	17		2,1	50.					_
18	Depreciation expense or depletion	18		•						
19	Other (list)	19								
20	Total expenses. Add lines 5 through 19	20		10,1	50.					
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 <b>Form 6198</b>	21		<b>-9,</b> 5	00.					
22	Deductible rental real estate loss after limitation, if any, on <b>Form 8582</b> (see instructions)	22	(	9,50	0.)	(	)	(		)
<b>23</b> a	Total of all amounts reported on line 3 for all rental prope				23a		650.			
b	Total of all amounts reported on line 4 for all royalty prop	erties			23b					
С	Total of all amounts reported on line 12 for all properties				23c					
d	Total of all amounts reported on line 18 for all properties				23d					
е	Total of all amounts reported on line 20 for all properties				23e	10	,150.			
24	Income. Add positive amounts shown on line 21. Do no		-				. 24			
25	Losses. Add royalty losses from line 21 and rental real estat	te loss	ses from li	ne 22. E	nter to	tal losses he	re <b>25</b>	(	9,500.	. )
26	Total rental real estate and royalty income or (loss).									
	here. If Parts II, III, IV, and line 40 on page 2 do not Schedule 1 (Form 1040), line 5. Otherwise, include this ar						n 26		<b>-9,</b> 500	).

### Form **8582**

**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

2022
Attachment Sequence No. 858

Department of the Treasury Internal Revenue Service

Name(s) shown on return

POOJA MAKULA

Identifying number 683-89-7251

Pai	2022 Passive Activity Los Caution: Complete Parts IV a		eting Part I.				
	al Real Estate Activities With Active Prance for Rental Real Estate Activities			ive participation, s	ee <b>Special</b>		
b c							
All Ot	ther Passive Activities						-9 <b>,</b> 500.
2a b c d	Activities with net income (enter the a Activities with net loss (enter the amo Prior years' unallowed losses (enter t Combine lines 2a, 2b, and 2c	ount from Part V, co he amount from Pa	olumn (b)) art V, column (c))	2b ( 2c (		2d	
3	Combine lines 1d and 2d. If this line all losses are allowed, including any losses on the forms and schedules no	prior year unallow	ed losses entered	•	Report the	3	-9,500.
	If line 3 is a loss and:  • Line 1d is a • Line 2d is a	loss, go to Part II. loss (and line 1d is	zero or more), sk	ip Part II and go to	line 10.		
Part II	on: If your filing status is married filing I. Instead, go to line 10.		•		_	year,	do not complete
Par	Special Allowance for Re			•			
4	Note: Enter all numbers in Pa  Enter the smaller of the loss on line 1	<u> </u>		tions for an examp	oie.	4	9,500.
5	Enter \$150,000. If married filing sepa			5   1	50,000.		<b>3,</b> 300.
6	Enter modified adjusted gross incom	•			28,090.		
-	<b>Note:</b> If line 6 is greater than or equal on line 9. Otherwise, go to line 7.		s 7 and 8 and ent		01 010		
7 8	Subtract line 6 from line 5 Multiply line 7 by 50% (0.50). <b>Do not</b> e			<b>7</b>	21,910.	8	10,955.
9				•		9	9,500.
Par							3,000.
10	Add the income, if any, on lines 1a ar	nd 2a and enter the	total			10	0.
11	Total losses allowed from all passing out how to report the losses on your	tax return				11	9,500.
Par	t IV Complete This Part Befor	e Part I, Lines 1	<b>a, 1b, and 1c.</b> S	ee instructions.	1		
	Name of activity	Curre	nt year	Prior years	Ove	rall ga	ain or loss
	realite of activity	(a) Net income (line 1a)	(b) Net loss (line 1b)	(c) Unallowed loss (line 1c)	(d) Gair	1	(e) Loss
2-2	-11 PLOT:15, LANCO HILLS	0.	9,500.				9,500.

9,500.

0.

BAA

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

Form 8582 (2022)

Part V Complete This Part Befor	еР	art I, Lines 2	a, 2b,	<b>and 2c.</b> S	ee instru	ctions.			•	
Name of activity		Currer	ıt year		Prior years		rs Overall		ll gain or loss	
Name of activity		(a) Net income (line 2a)		(b) Net loss (line 2b)		lowed e 2c)	(d) Gain		(e) Loss	
Total. Enter on Part I, lines 2a, 2b, and 2c		Chausa an F	Novel II	Lima O. C		4:				
Part VI Use This Part if an Amoun			art II,	Line 9. 5	ee instrud	ctions.				
Name of activity	an to l	m or schedule d line number be reported on the instructions)	(a	a) Loss (b) Ratio		atio (c) Special allowance			(d) Subtract column (c) from column (a).	
2-2-11 PLOT:15, LANCO HILLS		E Ln 22		9,500.	1.0000	0000	9,50	0.	0.	
Total				9,500.	1.0	0	9 <b>,</b> 50	0.	0.	
Part VII Allocation of Unallowed L	oss	ses. See instr	uction	S.						
Name of activity		Form or sche and line nun to be reporte (see instruct	nber ed on	(a) l	_OSS	s (b) Ratio		(c) Unallowed loss		
Total							1.00			
Part VIII Allowed Losses. See instr	ucti									
Name of activity		Form or sche and line nun to be reporte (see instruct	nber ed on	er (a) Loss		(b) Unallowed loss		(c) Allowed loss		
Total										

REV 02/24/23 PRO