Form <b>8879</b>
(Rev. January 2021)
Department of the Treesury

### Department of the Treasury Internal Revenue Service

### **IRS e-file Signature Authorization**

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

Submission Identification Number (SID)

Taxpay	yer's name		Social securit	y numb	er
SAI	I SARATH VADLAPATLA		211-08-	-8841	L
Spouse	e's name		Spouse's soc	ial secu	irity number
Par	t I Tax Return Information – Tax Year Ending December 31, 202	22 (Ente	r year you a	re aut	horizing.)
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	28,704.
2	Total tax			2	1,688.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099			3	3,417.
4	Amount you want refunded to you			4	1,729.
5	Amount you owe			5	

#### Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

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

### Taxpayer's PIN: check one box only

X	I authorize	GLOBAL	TAXES	ERO firm name	to enter or generate my PIN	E
$\mathbf{N}$	La cable a star a			TTO	to output an average of DINI	

8	8	8	4	1	
Ent dor	as my				

signature on the income tax return (original or amended) I am now authorizing.

I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature

Date 🕨

### Spouse's PIN: check one box only

I authorize

to	enter	or	generate	my	PIN

as mv Enter five digits, but don't enter all zeros

ERO firm name signature on the income tax return (original or amended) I am now authorizing.

I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ►							 			
Practitioner PIN Method Returns Only—continue below										
Part III Certification and Authentication – Practitioner PIN Method Only										
<b>ERO's EFIN/PIN.</b> Enter your six-digit EFIN followed by your five-digit self-selected PIN.	2	2				6 nter a	 	9	8 9	•

I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature ►	Date 🕨						
ERO Must Retain This F Don't Submit This Form to the I							
For Paperwork Reduction Act Notice, see your tax return instructions.	BAA	REV 03/18/23 PRO	Form 8879 (Rev. 01-2021)				

E1040 Department of the Treasury-Internal Revenue Service U.S. Individual Income Tax Return 2022 OMB No. 1545-0074 IRS Use Only-D	o not write or staple in this space.
Filing Status Single Married filing jointly Married filing separately (MFS) Head of household (HOH) Check only	Qualifying surviving spouse (QSS)
one box. If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the operson is a child but not your dependent:	hild's name if the qualifying
Your first name and middle initial Last name Y	our social security number
SAI SARATH VADLAPATLA 2	11-08-8841
If joint return, spouse's first name and middle initial Last name S	pouse's social security number
	residential Election Campaign heck here if you, or your
	pouse if filing jointly, want \$3
	go to this fund. Checking a
	ox below will not change our tax or refund.
Foreign country name Foreign province/state/county Foreign postal code y	You Spouse
<b>Digital</b> At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b)	
Assets exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instruction	ons.) X Yes No
Standard       Someone can claim:       You as a dependent       Your spouse as a dependent         Deduction       Spouse itemizes on a separate return or you were a dual-status alien	
Age/Blindness You: Were born before January 2, 1958 Are blind Spouse: Was born before January 2, 1	958 🗌 Is blind
	if qualifies for (see instructions):
If more (1) First name Last name number to you Child tax cred	it Credit for other dependents
than four	
dependents, see instructions	
and check	
	<u> </u>
Income       1a       Total amount from Form(s) W-2, box 1 (see instructions)	1a 28,704.
Attach Form(s) c Tip income not reported on line 1a (see instructions)	10
W-2 here. Also attach Forms       d       Medicaid waiver payments not reported on Form(s) W-2 (see instructions)	1d
W-2G and e Taxable dependent care benefits from Form 2441, line 26	1e
1099-R if tax	1f
was withheld.     If you did not     g     Wages from Form 8919, line 6     .     <	1g
get a Form <b>h</b> Other earned income (see instructions)	<b>1h</b> 0.
W-2, see i Nontaxable combat pay election (see instructions)	
instructions. <b>z</b> Add lines 1a through 1h	<b>1z</b> 28,704.
Attach Sch. B 2a Tax-exempt interest 2a b Taxable interest	2b
if required. 3a Qualified dividends 3a b Ordinary dividends	3b
4a IRA distributions 4a b Taxable amount	4b
Standard     5a     Pensions and annuities     5a     b     Taxable amount     .     .	5b
Deduction for –     6a     b     Taxable amount	6b
• Single or Married filing <b>c</b> If you elect to use the lump-sum election method, check here (see instructions)	
separately, 7 Consisted again or (loop) Attach Cohodula D if required if not required sheets have	7
	1
\$12,950       7       Capital gain or (loss). Attach Schedule D in required, in for required, check here	8
\$12,950 Capital gain or (loss). Attach Schedule D in required, in for required, check here	
\$12,950       7       Capital gain of (loss). Attach Schedule D in required, in Not required, check here         • Married filing jointly or Qualifying spouse, surviving spouse, and the state income from Schedule 1, line 26       8	8
\$12,950       7       Capital gain of (loss). Attach Schedule D in required, in Not required, check here	<b>8</b> <b>9</b> 28,704.
\$12,950       7       Capital gain of (loss). Attach Schedule D in required, in Not required, check here	8 9 28,704. 10
\$12,950       7       Capital gain of (loss). Attach Schedule D in required, in Not required, check here	8         9         28,704.           10         11         28,704.
\$12,950       7       Capital gain of (loss). Attach Schedule D in required, in Not required, check here	8         9         28,704.           10         11         28,704.           12         12,950.

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

Form **1040** (2022)

Form 1040 (2022	2)										Page <b>2</b>
Tax and	16	Tax (see instructions). Check	if any from Form	(s): <b>1</b> 🗌 881	4 <b>2</b> 4972	3		. 1	6	1,	688.
Credits	17	Amount from Schedule 2, lin	ne3					. 1	7		
	18	Add lines 16 and 17						. 1	8	1,	688.
	19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812			. 1	9		
	20	Amount from Schedule 3, lin	ne8					. 2	0		
	21	Add lines 19 and 20						. 2	:1		
	22	Subtract line 21 from line 18	3. If zero or less,	enter -0				. 2	2	1,	688.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21 .			. 2	3		0.
	24	Add lines 22 and 23. This is	your <b>total tax</b>					. 2	4	1,	688.
Payments	25	Federal income tax withheld									
2	а	Form(s) W-2				25a	3,4	117.			
	b	Form(s) 1099				25b					
	с	Other forms (see instruction	s)			25c					
	d	Add lines 25a through 25c						. 2	5d	3,	417.
If you have a	26	2022 estimated tax paymen	ts and amount a	pplied from 20	21 return			. 2	6		
qualifying child,	27	Earned income credit (EIC)			No .	27					
attach Sch. EIC.	28	Additional child tax credit fro	m Schedule 8812	2		28					
	29	American opportunity credit	from Form 8863	3, line 8		29					
	30	Reserved for future use .				30					
	31	Amount from Schedule 3, lin	ne 15			31					
	32	Add lines 27, 28, 29, and 31	. These are your	total other pa	ayments and refu	undable ci	redits .	. 3	2		
	33	Add lines 25d, 26, and 32. 1	hese are your <b>to</b>	otal payments				. 3	3	3,	417.
Refund	34	If line 33 is more than line 24	4, subtract line 2	4 from line 33.	This is the amou	nt you <b>ove</b>	rpaid .	. 3	4		729.
	35a	Amount of line 34 you want			is attached, che	ck here .		3	5a	1,	729.
Direct deposit?	b	Routing number 0 6 1			c Type: 🛛 🗙	] Checking	Sav	vings			
See instructions.	d	Account number 8 6 8	2 1 1 6	62							
	36	Amount of line 34 you want	applied to your	2023 estimate	edtax	36					
Amount You Owe	37	Subtract line 33 from line 24 For details on how to pay, g						. 3	7		
	38	Estimated tax penalty (see i	-			38			-		
Third Party Designee		you want to allow another	person to disc	cuss this retu			Yes. Com	nlete belo	w E	× No	
Designee		signee's		Phone		•••		l identificat	_		
	nai			no.			number				
Sign		der penalties of perjury, I declare ief, they are true, correct, and con									
Here	Yo	ur signature		Date	Your occupation			If the IRS	sent y	ou an Iden	ntity
										enter it he	re
Joint return?					SOFTWARE I		PER	(see inst.	·		
See instructions. Keep a copy for your records.	Sp	ouse's signature. If a joint return,	both must sign.	Date	Spouse's occupat	ion			Protecti	our spouse on PIN, en	
	Ph	one no. (470)334-401	0	Email address	SARATHVADI	LA@GMA1	L.COM				
Deid	Pre	eparer's name	Preparer's signat	ure		Date		TIN	C	heck if:	
Paid	VENK	ATA SAI PAVAN KUMAR DUDIPALLI	VENKATA SAI	PAVAN KUM	AR DUDIPALLI	03/29/	2023 PC	0247083	3   [	Self-em	ployed
Preparer		m's name GLOBAL TA	1				I			78)965-	-9522
Use Only	Fir		Y CT E BRU	NSWICK N	J 08816			Firm's El		88-214	
Co to ununu iro a	ov/Eorn	n1040 for instructions and the late	et information		DAA						140 (2022)

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

REV 03/18/23 PRO BAA

Form **1040** (2022)





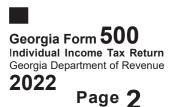
# Georgia Form 500 (Rev. 06/22/22) Individual Income Tax Return

Georgia Department of Revenue

2022 (Approved software version)

## Page 1

Fiscal Year Beginning	state GA issued					
Fiscal Year Ending	YOUR DRIVER'S LICENSE/STATE ID		0	70821350		
YOUR FIRST NAME 1. SAI SARATH		МІ	your social s 211-08-	SECURITY NUMBER		
LAST NAME (For Name Change See IT-5 VADLAPATLA	511 Tax Booklet)		S	UFFIX		
SPOUSE'S FIRST NAME		МІ	SPOUSE'S SOC	IAL SECURITY NUM	BER	DEPARTMENT USE ONLY
LAST NAME			SI	UFFIX		
ADDRESS (NUMBER AND STREET or P.O. BOX) (Use 2nd address line for Apt, Suite or Building Number) CHECK IF ADDRESS HAS CHANGED 2. 3709 PRESTON POINTE WAY						
CITY (Please insert a space if the city has mu 3. CUMMING	ltiple names)		state GA	<b>ZIP CODE</b> 30041		
(COUNTRY IF FOREIGN)						
4. Enter your Residency Status with the a	ppropriate numbe	r				esidency Status <b>4.</b> 1
1. FULL- YEAR RESIDENT 2. PART- YEAR RES	IDENT		тс	)		3. NONRESIDENT
Omit Lines 9 thru 14 and use F	orm 500 Schedu	ule 3 if	you are a pai	rt-year or nonr	esident filer.	Filing Status
5. Enter Filing Status with appropriate I	etter (See IT-511	Tax Boo	oklet)			0
A. Single B. Married filing joint C. Married filing	separate (Spouse's soc	ial securit	y number must be e	ntered above) D. Heac	l of Household or Qua	lifying Surviving Spouse
6. Number of exemptions (Check appro	opriate box(es) an	d enter	total in 6c.) 6	a. Yourself X	6b. Spouse	6c. 1
7a. Number of Dependents (Enter details o	on Line 7b., and DO	NOT inc	lude yourself or	your spouse)		7a.





YOUR SOCIAL SECURITY NUMBER 211-08-8841

- 7b. Dependents (If you have more than 4 dependents, attach a list of additional dependents) First Name, MI. Last Name
  - **Social Security Number Relationship to You**

First Name, MI.

**Social Security Number** 

First Name, MI.

**Social Security Number** 

First Name, MI.

**Social Security Number** 

Last Name

Last Name

Last Name

**Relationship to You** 

**Relationship to You** 

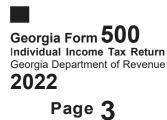
**Relationship to You** 

### **INCOME COMPUTATIONS**

If amount on line 8, 9, 10, 13 or 15 is negative, use the minus sign (-). Example -3456.

<ol> <li>Federal adjusted gross income (From Federal Form 1040)</li></ol>	28704 s income is less than your
9. Adjustments from Form 500 Schedule 1 (See IT-511 Tax Booklet)	
10. Georgia adjusted gross income (Net total of Line 8 and Line 9) 10.	28704
11. Standard Deduction (Do not use FEDERAL STANDARD DEDUCTION) 11a. (See IT-511 Tax Booklet)	5400
b. Self: 65 or over? Blind? Total x 1,300= 11b.	
Spouse: 65 or over? Blind? c. Total Standard Deduction (Line 11a + Line 11b) 11c. Use EITHER Line 11c OR Line 12c (Do not write on both lines)	5400
12. Total Itemized Deductions used in computing Federal Taxable Income. If you use itemized deductions, you	u must include Federal Schedule A.
a. Federal Itemized Deductions (Schedule A- Form 1040) 12a.	
b. Less adjustments: (See IT-511 Tax Booklet) 12b.	
c. Georgia Total Itemized Deductions	
13. Subtract either Line 11c or Line 12c from Line 10; enter balance	23304

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## YOUR SOCIAL SECURITY NUMBER 211-08-8841

14a. Enter the number from Line 6c. 1 Multiply by \$2,700 for filing status A or D or multiply by \$3,700 for filing status B or C	14a.	2700
14b. Enter the number from Line 7a.   Multiply by \$3,000	14b.	
14c. Add Lines 14a. and 14b. Enter total	14c.	2700
15a. Income before GA NOL (Line 13 less Line 14c or Schedule 3, Line 14) 15b. Georgia NOL utilized (Cannot exceed Line 15a or the amount after	15a.	20604
applying the 80% limitation, see IT-511 Tax Booklet for more information).	…15b.	
15c. Georgia Taxable Income (Line 15a less Line 15b)	15c.	20604
16. Tax (Use Tax Rate Schedule in the IT-511 Tax Booklet)	16.	1012
17. Low Income Credit 17a. 17b.	17c.	
18. Other State(s) Tax Credit (Include a copy of the other state(s) return)	18.	
19. Credits used from IND-CR Summary Worksheet	19.	
20. Total Credits Used from Schedule 2 Georgia Tax Credits (must be file electronically)	<b>d</b> <sub>20.</sub>	
21. Total Credits Used (sum of Lines 17-20) cannot exceed Line 16	21.	0
22. Balance (Line 16 less Line 21) if zero or less than zero, enter zero	22.	1012

**INCOME STATEMENT DETAILS** Only enter income on which Georgia tax was withheld. Enter income from W-2s, 1099s, and G2-As on Line 4 GA Wages/Income. For other income statements complete Line 4 using the income reported from **Form G2-RP Line 12** or **13**; **Form G2-LP Line 11**, or for **Form G2-FL enter zero**.

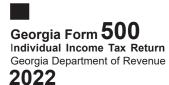
	(INCOME STATEMENT A)	(INCOME STATEMENT B)	(INCOME STATEMENT C)		
1.	WITHHOLDING TYPE: X W-2 G2-A G2-LP	1. WITHHOLDING TYPE: W-2 G2-A G2-LP	1. WITHHOLDING TYPE: W-2 G2-A G2-LP		
	1099 G2-FL G2-RP	1099 G2-FL G2-RP	1099 G2-FL G2-RP		
2.	EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) X SSN	2. EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) SSN	2. EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) SSN		
	223827622				
3.	EMPLOYER/PAYER STATE WITHHOLDING ID 3014942TL	3. EMPLOYER/PAYER STATE WITHHOLDING ID	3. EMPLOYER/PAYER STATE WITHHOLDING ID		
4.	GA WAGES / INCOME 28704	4. GA WAGES / INCOME	GA WAGES / INCOME		
5.	ga tax withheld 1449	5. GA TAX WITHHELD	5. GA TAX WITHHELD		

PLEASE COMPLETE INCOME STATEMENT DETAILS ON PAGE 4.

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22 GA 004 T1

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### YOUR SOCIAL SECURITY NUMBER 211-08-8841

Page 4

	(INCOME STATEMENT D	)		(INCOME STATEMENT E)				(INCOME STATEMENT F)				
1.	WITHHOLDING TYPE:		1.	1. WITHHOLDING TYPE:			1.	WITHHOLDING TYPE:				
	W-2 G2-A	G2-LP		W-2	G2-A	G2-LP		W-2	G2-A	G2-LP		
	1099 G2-FL	G2-RP		1099	G2-FL	G2-RP		1099	G2-FL	G2-RP		
2.	EMPLOYER/PAYER FED	ERAL	2.	EMPLOYER/PA	YER FEDERA	L	2.	EMPLOYER/PAY	ER FEDERAL			
	ID NUMBER (FEIN)	SSN		ID NUMBER (FE	IN) SSI	N		ID NUMBER (FEI	N) SSN			
3.	EMPLOYER/PAYER STA	TE WITHHOLDING ID	3.	EMPLOYER/PA	YER STATE V	VITHHOLDING ID	3.	EMPLOYER/PA	YER STATE W	ITHHOLDING ID		
4.	GA WAGES / INCOME		4.	GA WAGES / IN	ICOME		4.	GA WAGES / IN	COME			
5	GA TAX WITHHELD		5.	GA TAX WITHH			5.	GA TAX WITHHI				
5.	GA TAX WITHHELD		5.	GA TAX WITHI	IELD		5.	GA TAX WITHH	ELD			
23.	Georgia Income Tax (Enter Tax Withheld O					23.				1449		
24.	Other Georgia Incon (Must include G2-A, G					24.						
25.	Estimated Tax paid f	or 2022 and Form	IT-56	0		25.						
26.	Schedule 2B Refunda (Cannot be claimed u					26.						
27.	Total prepayment cree		-			27.				1449		
28.	If Line 22 exceeds Li balance due					·· 28.						
29.	If Line 27 exceeds Li	ne 22. subtract Line	e 22 fr	om Line 27 and	lenter	20.						
_0.	overpayment					29.				437		
30.	Amount to be credit	ed to 2023 ESTIM	ATE	D TAX		. 30.				0		
31.	Georgia Wildlife Con	servation Fund <b>(N</b> d	o gift	of less than \$1	.00)	. 31.						
32.	Georgia Fund for Ch	ildren and Elderly	(No g	ift of less than	\$1.00)	32.						
						33.						
33.	Georgia Cancer Res	earch Fund (No gr	IT OT I	ess than \$1.00	)	55.						
34.	Georgia Land Conse	rvation Program <b>(N</b>	lo gifi	of less than \$	1.00)	. 34.						
35.	Georgia National Gua	ard Foundation <b>(No</b>	o gift o	of less than \$1	.00)	• 35.						
36.	Dog & Cat Sterilization	on Fund <b>(No gift of</b>	less	than \$1.00)		. 36.						
37.	Saving the Cure Fun	d (No gift of less t	:han \$	51.00)		37.						
38.	Realizing Educational A (No gift of less than		appen	(REACH) Progra	am	38.						
			Pag	je (4) is r	equire	d for pro	ces	sing				

	)0411554	YOUR SOCIAL SECURITY 211-08-8841	NUMBER
Page 5			
39. Public Safety Memorial Grant (No gift of less than \$1.00)			
40. Form 500 UET (Estimated tax penalty) 500 UET exception	on attached 40.		
41. Penalty: Late Payment and/or Late Filing	41.		
42. Interest			
43. (If you owe) Add Lines 28, 31 thru 42 MAKE CHECK PAYABLE TO GEORGIA DEPARTMENT OF RI Mail To: GEORGIA DEPARTMENT OF REVENUE PROCESSIN PO BOX 740399 ATLANTA, GA 30374-0399	EVENUE,		
44. (If you are due a refund) Subtract the sum of Lines 30 thru 42 from THIS IS YOUR REFUND Refund Due Mail To: GEORGIA DEPARTMENT OF REVENUE P PO BOX 740380 ATLANTA, GA 30374-0380	44. PROCESSING CENTER,		437
If you do not enter Direct Deposit information or if you a 44a. Direct Deposit (U.S. Accounts Only) Type: Checking X Savings	re a first time filer you w	II be issued a paper check.	
Routing Number 061092387	Account Number 868211	662	
Mail pages 1-5 and any applicable schedules         I/We declare under the penalties of perjury that I/we have examined this return (in and belief, it is true, correct, and complete. If prepared by a person other than the         Taxpayer's Signature       (Check box if deceased)	cluding accompanying schedules	and statements) and to the best of my/our	
Taxpayer's Date of Death	Spouse's Date of Deat	ı	
Taxpayer's Signature Date Taxpayer's Phone	e Number	Spouse's Signature Date	
By providing my e-mail address I am authorizing the Georgia Department of F my account(s).	Revenue to electronically notify me	e at the below e-mail address regarding any	y updates to
Taxpayer's E-mail Address		I authorize DOR to disc with the named prepare	
VENKATA SAI PAVAN KUMAR DUDIPALLI		er's Phone Number -965-9522	
Signature of Preparer	_		
Name of Preparer Other Than Taxpayer VENKATA SAI PAVAN KUMAR D		er's FEIN 2145487	
VENIVALA DAT LAVAN KOMAK D	-80	414040/	
Preparer's Firm Name GLOBAL TAXES LLC		er's SSN/PTIN/SIDN 470833	

GLOBAL TAXES LLC

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