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	Revenue Service	GO	to www.irs.gov/Form8879 to	r the latest information	on.		
Subm	ission Identifica	tion Number (SID)					
Taxpay	er's name				Social sec	curity number	
LEN	IN THANAGV	ET.			898-8	30-6233	
	e's name					social security numb)er
Par	Tax Ret	urn Information - Ta	ax Year Ending Decen	nber 31, 2022	(Enter year you	are authorizing	g.)
Enter	whole dollars o	nly on lines 1 through 5.					
Note:	Form 1040-SS	filers use line 4 only. Lea	ve lines 1, 2, 3, and 5 blar	nk.			
1	Adjusted gros	s income				. 1 8	3,596.
2							1,155.
3			(s) W-2 and Form(s) 1099				4,964.
4							3 , 809.
5	Amount you o						
Part			gnature Authorization mined a copy of the income to				
to senfor any Agent payme author payme busine taxes persor	d my return to the delay in process to initiate an ACH ent of my federal trization is to remainst contains days prior to to receive confid	EIRS and to receive from the ing the return or refund, and electronic funds withdrawaxes owed on this return are in in full force and effect upto the U.S. Treasury Finan he payment (settlement) date ential information necessarumber (PIN) below is my si	consent to allow my interme e IRS (a) an acknowledgemed (c) the date of any refund. I all (direct debit) entry to the find/or a payment of estimated ntil I notify the U.S. Treasurcial Agent at 1-888-353-453 te. I also authorize the financy to answer inquiries and regnature for the income tax regnature for the income tax regnature.	ent of receipt or reason if applicable, I authoriz nancial institution acco tax, and the financial i y Financial Agent to te 37. Payment cancellati cial institutions involved esolve issues related t	for rejection of the the U.S. Treasurunt indicated in the nstitution to debit reminate the author on requests must do in the processing the payment. I	e transmission, (b) y and its designate te tax preparation s the entry to this ac- prization. To revoke be received no la g of the electronic p further acknowledg	the reason d Financial software for count. This e (cancel) a ater than 2 payment of ge that the
		ck one box only			1		٦
	-	GLOBAL TAXES LLC		to enter or ger	porato my DINI	0 6 2 3 3	
Ľ		ERO	firm name riginal or amended) I am r		lerate my Filv	Enter five digits, but don't enter all zeros	
	☐ I will enter m	ny PIN as my signature o	n the income tax return (c	original or amended)			
Your	signature >			Da	te ▶		
					·		
Spou	se's PIN: checl	one box only			[٦
	I authorize			to enter or ger	nerate my PIN		as my
	oignatura on		firm name	and authorizing		Enter five digits, but don't enter all zeros	
	•		riginal or amended) I am r n the income tax return (c		Lam now author	rizing Check this	hoy onl y
L			your return is filed using				
Snous	se's signature			Da	te ▶		
орош	oo o orginatar o r		ner PIN Method Return	200000	9997571 39		_
Part	III Certific		tion - Practitioner Pl				_
					2 2 2 4 6		
ERO's	s EFIN/PIN. En	er your six-digit EFIN fol	lowed by your five-digit se	elf-selected PIN.	2 2 2 4 9		8 9
					Don't	enter all zeros	
author	ized to file for tax	year indicated above for	hich is my signature for the or the taxpayer(s) indicated about 1345, Handbook for Author	ove. I confirm that I ar	ກ submitting this ເ	return in accordance	
FR∩'	s signature ►			Da	te ▶		
<u> </u>	5 Signature F	FROI	Must Retain This Form				
			This Form to the IRS				

E1040 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 separately	(MFS)	☐ Head of	househol	(HOH)		ifying surv ıse (QSS)	viving	
Check only one box.	-	u checked the MFS box, enter the n on is a child but not your dependent	-	our spouse. If you	check	ed the HOH or	r QSS box	k, enter th		, ,	ne qualifying	
Your first name	and mi	ddle initial	Last nar	me					Your so	cial securit	y number	
LENIN			THAN.	AGVEL					898-8	30-6233	3	
If joint return, s	pouse's	first name and middle initial	Last nar	me					Spouse's	s social sec	curity number	
Home address	(numbe	r and street). If you have a P.O. box, see	instructio	ons.			Apt.	no.			on Campaign	
1514 DE	ERFIE	ELD PT								Check here if you, or your spouse if filing jointly, want \$3		
City, town, or p	ost offic	ce. If you have a foreign address, also co	mplete sp	paces below.	Sta	te	ZIP code				Checking a	
_Alpharet	ta		GA		30004 b		box belo	ow will not	change			
Foreign country	y name		F	Foreign province/state/county		У	Foreign p	Foreign postal code y		or refund.		
										You	Spouse	
Digital Assets		ny time during 2022, did you: (a) rec ange, gift, or otherwise dispose of a							The same of	Yes	⊠ No	
Standard		eone can claim: You as a de				a dependent		V /				
Deduction		Spouse itemizes on a separate retur	n or you	were a dual-statu	ıs alien							
		☐ Were born before January 2, 1	958	Are blind S	pouse	: Was bo		January 2		☐ Is bli	-	
Dependent	s (see	instructions):		(2) Social secui	rity	(3) Relationsh	"P		1	ies for (see	instructions):	
If more	(1) Fi	(1) First name Last name		number		to you		Child tax cr	edit	Credit for oth	her dependents	
than four dependents,								<u> </u> _				
see instruction	s											
and check	,				,							
here										<u>L</u>		
Income	1a	Total amount from Form(s) W-2, b							. 1a		92,296.	
Attach Form(s)	b	Household employee wages not re		(-,	4				. 1b			
W-2 here. Also	c Tip income not reported on line 1a (see instructions)						. 1c					
attach Forms W-2G and	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)					. 1d	+				
1099-R if tax	e	Taxable dependent care benefits from Form 2441, line 26						. 1e				
was withheld.	f								. 1f	_		
If you did not get a Form	g	Wages from Form 8919, line 6. Other earned income (see instruct	· · ·						. 1g		0.	
W-2, see	h i	Nontaxable combat pay election (s								_		
instructions.	z	Add lines 1a through 1h	See Il Isti	uctions)					. 1z	(92,296.	
Attach Sch. B	2a		2a		h T	axable interes	+		2b		22,230.	
if required.	3a		3a			rdinary divide			3b	+		
	4a		4a			axable amoun			41			
Standard	5a	Table 1	5a			axable amoun						
Deduction for—	6a		6a			axable amoun			. 6b			
Single or Married filing	С	If you elect to use the lump-sum e	lection n	nethod, check her				_				
separately, \$12,950	7	Capital gain or (loss). Attach Sche	dule D if	required. If not re	quired,	, check here		[7			
Married filing	8	Other income from Schedule 1, lin					. 8	_	-8,700.			
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7							. 9		33,596.	
surviving spouse, \$25,900	10	Adjustments to income from Sche		(E)					. 10	. 1		
Head of	11	Subtract line 10 from line 9. This is	your ac	djusted gross inc	ome				. 11		33 , 596.	
household, \$19,400	12	Standard deduction or itemized	deducti	ons (from Schedu	ıle A)	v			. 12		12,950.	
If you checked	13	Qualified business income deduct	on from	Form 8995 or For	m 899	5-A			. 13			
any box under Standard	14	Add lines 12 and 13							. 14	1	L2,950.	
Deduction, see instructions.	15	Subtract line 14 from line 11. If zer	o or less	s, enter -0 This is	your t	axable incom	ne		. 15	1 7	70,646.	
)												

Form 1040 (2022	2)			Page 2
Tax and	16	Tax (see instructions). Check if any from Form(s): 1 8814 2 4972 3	16	11,155.
Credits	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	11,155.
	19	Child tax credit or credit for other dependents from Schedule 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, enter -0	22	11,155.
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	0.
	24	Add lines 22 and 23. This is your total tax	24	11,155.
Payments	25	Federal income tax withheld from:		
•	а	Form(s) W-2		
	b	Form(s) 1099		
	С	Other forms (see instructions)		
	d	Add lines 25a through 25c	25d	14,964.
16	26	2022 estimated tax payments and amount applied from 2021 return	26	
If you have a qualifying child,	27	Earned income credit (EIC)		
attach Sch. EIC.	28	Additional child tax credit from Schedule 8812		
	29	American opportunity credit from Form 8863, line 8		
	30	Reserved for future use		
	31	Amount from Schedule 3, line 15		
	32	Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits	32	
	33	Add lines 25d, 26, and 32. These are your total payments	33	14,964.
Defend	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	3,809.
Refund	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here	35a	3,809.
Direct deposit?	b	Routing number X X X X X X X X X		<u> </u>
See instructions.	d	Account number X X X X X X X X X X X X X X X X X X X		
	36	Amount of line 34 you want applied to your 2023 estimated tax		
Amount	37	Subtract line 33 from line 24. This is the amount you owe .		
You Owe	O.	For details on how to pay, go to www.irs.gov/Payments or see instructions	37	
	38	Estimated tax penalty (see instructions)		
Third Party	Do	you want to allow another person to discuss this return with the IRS? See		
Designee		structions	elow.	× No
•		signee's Phone Personal identifi	ication	
		me no. number (PIN)		
Sign		der penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to lief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which		
Here				
	Yo			nt you an Identity IN, enter it here
Joint return?		IT - COMPUTER PROGRAMMER (see		
See instructions.	Sp		IRS se	nt your spouse an
Keep a copy for your records.				ection PIN, enter it here
your records.	_	(see	nst.)	
		one no. (678) 978-8171 Email address LENIN165@GMAIL.COM		Tork BLAY
Paid		eparer's name Preparer's signature Date PTIN		Check if:
Preparer	SYAN	I PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 01/19/2023 P02082	2703	Self-employed
Use Only	Fir		e no.	(678) 965-9522
OGC Offiny	Fir	m's address 245 ROONEY CT E BRUNSWICK NJ 08816 Firm	s EIN	88-2145487

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2022

Attachment

Department of the Treasury Internal Revenue Service

LENIN THANAGVEL

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.

	Sequence No. O
Your soci	al security number
898-80	-6233

Par	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	-8 , 700.
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	10.00		
	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 (4	
t	Pension or annuity from a nonqualifed deferred compensation plan or			
	a nongovernmental section 457 plan	8t	-	
u	Wages earned while incarcerated	8u		
Z	Other income. List type and amount:	0-		
9		8z		
	Total other income. Add lines 8a through 8z		9	

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

Schedule 1 (Form 1040) 2022

Schedule 1 (Form 1040) 2022 Page **2**

Par	t II Adjustments to Income		
11	Educator expenses	1	1
12	Certain business expenses of reservists, performing artists, and fee-basis	government	
	officials. Attach Form 2106	<u>1</u> 2	2
13	Health savings account deduction. Attach Form 8889	13	3
14	Moving expenses for members of the Armed Forces. Attach Form 3903	14	4
15	Deductible part of self-employment tax. Attach Schedule SE		
16	Self-employed SEP, SIMPLE, and qualified plans		
17	Self-employed health insurance deduction	17	
18	Penalty on early withdrawal of savings		
19a	Alimony paid		a
b	Recipient's SSN		
С	Date of original divorce or separation agreement (see instructions):		
20	IRA deduction		
21	Student loan interest deduction	2	
22	Student loan interest deduction	22	
23		23	3
24	Other adjustments:		
a	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)		
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		
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:		
0.5	To be be the control of the control		-
25	Total other adjustments. Add lines 24a through 24z		<u> </u>
26	Add lines 11 through 23 and 25. These are your adjustments to income . Enter	r nere and on	
	Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a	26	0

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.

Cs, etc.)	2022					
	Attachment Sequence No. 13					
Your social security number						

LEN:	IN THANAGVEL					898-80-6	5233			
Par										
	Note: If you are in the business of renting personal proprental income or loss from Form 4835 on page 2, line 40	erty, use Scl	nedule C.	See inst	ructions. If you ar	e an individua	al, repo	rt farm		
Α	Did you make any payments in 2022 that would require yo		m(s) 1000	12 See i	netructions		Vac			
	If "Yes," did you or will you file required Form(s) 1099?									
1a	Physical address of each property (street, city, state, 2	ir code)								
A							47			
В								_		
С								_		
1b	Type of Property (from list below) 2 For each rental real estate propabove, report the number of fai	perty listed	ı		Fair Rental	Personal U Days	Jse	QJV		
Α.	The second secon		les -		Days 365		0			
A B	personal use days. Check the C		ly A		363		0			
C	qualified joint venture. See instr	ructions.	C				\rightarrow			
	of Property:			_						
	Single Family Residence 3 Vacation/Short-Term Re	ntal 5	Land		7 Self-Rental					
	Multi-Family Residence 4 Commercial		Royalties	_		he)				
	Walti-i army residence 4 Commercial		Hoyanic		8 Other (descri					
					Propertie	s:				
Incor			Α		В			<u>C</u>		
3	Rents received		<u> </u>	500.	-					
4	Royalties received	. 4						_		
	nses:	421								
5	Advertising									
6	Auto and travel (see instructions)		1	200				_		
7	Cleaning and maintenance		, T	,200.						
8	Commissions									
9	Insurance							_		
10	Legal and other professional fees		1	,500.	+			_		
11 12	Mortgage interest paid to banks, etc. (see instructions)			, 500.	-			_		
13	Other interest									
14	Repairs		1	,800.	+			_		
15	Supplies			,200.				_		
16	Taxes			,200.	'			_		
17	Utilities		2.	,500.						
18	Depreciation expense or depletion			,						
19	Other (list)	19								
20	Total expenses. Add lines 5 through 19		9	,200.						
21	Subtract line 20 from line 3 (rents) and/or 4 (royalties). I									
	result is a (loss), see instructions to find out if you must									
	file Form 6198	. 21	-8	,700.						
22	Deductible rental real estate loss after limitation, if any	,								
	on Form 8582 (see instructions)	. 22 (8,	700.)()()		
23a	Total of all amounts reported on line 3 for all rental prop	erties .		. 23	а	500.				
b	Total of all amounts reported on line 4 for all royalty pro	0		. 231	0					
С	Total of all amounts reported on line 12 for all properties	s		. 23	c					
d	Total of all amounts reported on line 18 for all properties			. 230						
е	Total of all amounts reported on line 20 for all properties				9,	200.				
24	Income. Add positive amounts shown on line 21. Do n		•			24				
25	Losses. Add royalty losses from line 21 and rental real est	ate losses f	rom line 22	2. Enter	total losses here	25 (8,700.)		
26	Total rental real estate and royalty income or (loss).									
	here. If Parts II, III, IV, and line 40 on page 2 do not		•			۱		0 500		
	Schedule Liform (II/II) line 5 (Itherwise include this	amount in t	TID TOTAL O	n une /	I on nage 2	06		_ 2 7 0 0		