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

Submis	sion Identification Number (SID)						
Taxpayer'	s name	Social securit	y numb	er			
VENK	ATARAMANA REDDY BYSANI	737-92-3098					
Spouse's	name	Spouse's social security number					
	NYA BYSANI	987-95	-197	7			
	Tax Return Information — Tax Year Ending December 31, 2022 (Enter	year you a	re aut	thorizing	.)		
	hole dollars only on lines 1 through 5.						
	orm 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.		.		0.00		
	Adjusted gross income		1		,909.		
_	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3		,912.		
	Amount you want refunded to you		4	4	555.		
	Amount you want retained to you		5				
Part I	·	eep a cop		our retu	ırn)		
Under permy known return (or send in for any of Agent to payment authorizations) taxes to personal Electronic may know the sentence of the sen	renalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) vieldge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above riginal or amended) I am now authorizing. I consent to allow my intermediate service provider, transming return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejectacy in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U. initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indiction is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation required days prior to the payment (settlement) date. I also authorize the financial institutions involved in the receive confidential information necessary to answer inquiries and resolve issues related to the payment (PIN) below is my signature for the income tax return (original or amended) I are resolve in the resolve in the resolve in the resolve issues related to the payment (END) and the resolve is to enter or generate resolve in the resolve in	I am now aut e are the ame tter, or electro ction of the tr S. Treasury an cated in the te n to debit the the authorize ests must be processing of ayment. I furt n now authori my PIN Entitle Entitle	norizing punts for ic retains missing its care five entry to the elimination. The elimination of the elimina	g, and to the rom the incurn original sion, (b) the designated paration so to this according of the certonic parameters of the ce	ne best of come tax tor (ERO) ne reason Financial ftware for ount. This (cancel) a er than 2 ayment of e that the cable, my		
	if you are entering your own PIN and your return is filed using the Practitioner PIN metholelow.						
Your sig	gnature ▶ Date ▶						
Spouse	's PIN: check one box only						
×	l authorize GLOBAL TAXES LLC to enter or generate r	ny PIN 5	1 9	7 7	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 not if you are entering your own PIN and your return is filed using the Practitioner PIN method below.	do ow authorizi	n't ente ng. Ch				
Spouse	's signature ▶ Date ▶						
	Practitioner PIN Method Returns Only—continue below						
Part II	Certification and Authentication — Practitioner PIN Method Only						
ERO's l	EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 2 2	2 4 9 Don't enter	6 6 er all ze	1 9 8 eros	9		
authorize	that the above numeric entry is my PIN, which is my signature for the electronic individual income ta ed to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submit ents of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS e-file Providers of In	tting this retu	rn in a	ccordance			
ERO's s	signature ▶ Date ▶						
	ERO Must Retain This Form — See Instructions						
	Don't Submit This Form to the IRS Unless Requested To D	o So					

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

OMB No. 1545-0074

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

_	s 🗌 S	Single X Married filing jointly [Marri	ed filing separately	(MFS)	Head of	hous	ehold (HOF	l) 🗌		ifying survi	ving
Check only one box.	If vo	u checked the MFS box, enter the r	name of	vour spouse. If you	check	ed the HOH o	r OSS	Shox ente	r the c	•	ise (QSS) name if the	aualifying
0110 00%	-	on is a child but not your depender		your opouco. It you	OHOOK		. 000	o box, orno		, ma 0	namo ii tire	quamymg
Your first name	and mi	ddle initial	Last na	ame					Yo	our so	cial security	number
				ANI						737-92-3098		
				ame					-	Spouse's social security number		
LAVANYA	•		BYSA	ANT.					9	987-95-1977		
	(numbe	er and street). If you have a P.O. box, see						Apt. no.		Presidential Election Campaign		
	•	RIDGE ROAD			#214					Check here if you, or your		
		ce. If you have a foreign address, also c	omplete s	mplete spaces below. State ZIP				P code spous			ouse if filing jointly, want \$3	
WICHITA							67	212			this fund. C ow will not c	
Foreign country name				Foreign province/state/county			_	ign postal co			or refund.	mange
				, , ,							You Spouse	
 Digital	At ar	ny time during 2022, did you: (a) red	ceive (as	a reward, award.	or pavn	nent for prope	ertv o	r services):	or (b)	sell.		
Assets		ange, gift, or otherwise dispose of									Yes	X No
Standard		eone can claim: You as a de		<u>-</u>				, ,		,		
Deduction	_	Spouse itemizes on a separate retu	•									
Age/Blindness	You:	Were born before January 2,	1958 [Are blind S	pouse	: Was bo	rn be	fore Janua	ry 2, 1	958	☐ Is blir	nd
Dependents	s (see	instructions):		(2) Social secu	ritv	(3) Relationsh	qin	(4) Check th	e box i	f qualif	ies for (see i	nstructions):
If more		rst name Last name		number to you Child tax of		x credi	credit Credit for other depend		er dependents			
than four												
dependents,									-		Ī	<u></u>
see instructions and check	s								-		Ī	<u></u>
here]											<u></u>
Income	1a	Total amount from Form(s) W-2, b	oox 1 (se	ee instructions) .						1a	6	1,909.
IIICOIII C	b	Household employee wages not r	reported	on Form(s) W-2.						1b		
Attach Form(s)	С	Tip income not reported on line 1a (see instructions)								1c		
W-2 here. Also attach Forms	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)							1d			
W-2G and	е	Taxable dependent care benefits from Form 2441, line 26							1e			
1099-R if tax was withheld.	f	Employer-provided adoption benefits from Form 8839, line 29							1f			
If you did not	g	Wages from Form 8919, line 6								1g		
get a Form	h	Other earned income (see instruc	tions)							1h		0.
W-2, see instructions.	i	Nontaxable combat pay election (see instructions)										
matructions.	z	Add lines 1a through 1h						1z	6	1,909.		
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 Ta	axable amoun	ıt.			4b		
Standard	5a	Pensions and annuities	5a		b Ta	axable amoun	ıt.			5b		
Deduction for—	6a	Social security benefits	6a		b Ta	axable amoun	ıt.			6b		
Single or Married filing	С	If you elect to use the lump-sum election method, check here (see instructions)										
separately, \$12,950	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here								7		
Married filing	8	Other income from Schedule 1, line 10							8			
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income								9	6	1,909.
surviving spouse, \$25,900	10	Adjustments to income from Schedule 1, line 26								10		
Head of	11	Subtract line 10 from line 9. This is your adjusted gross income							11	6	1,909.	
household, \$19,400	12	Standard deduction or itemized	l deduct	tions (from Schedu	ıle A)					12	2	5,900.
If you checked	13	Qualified business income deduc	tion fron	n Form 8995 or Fo	rm 899	5-A				13		
any box under Standard	14	Add lines 12 and 13							14	2	5,900.	
Deduction, see instructions.	15	Subtract line 14 from line 11. If zero or less, enter -0 This is your taxable income							15	3	6,009.	
)												

Form 1040 (2022	2)							Page 2
Tax and	16	Tax (see instructions). Check if any from Form	n(s): 1 881	4 2 🗌 4972	3 🗌		16	3,912.
Credits	17	Amount from Schedule 2, line 3				[17	
	18	Add lines 16 and 17				[18	3,912.
	19	Child tax credit or credit for other depender	nts from Sched	ule 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	3,912.
	23	Other taxes, including self-employment tax,	from Schedule	e 2, line 21 .			23	0.
	24	Add lines 22 and 23. This is your total tax					24	3,912.
Payments	25	Federal income tax withheld from:						
-	а	Form(s) W-2			25 a 4	,467.		
	b	Form(s) 1099			25b			
	С	Other forms (see instructions)			25c			
	d	Add lines 25a through 25c					25d	4,467.
If	26	2022 estimated tax payments and amount a	applied from 20	21 return		[26	
If you have a qualifying child,	27	Earned income credit (EIC)			27			
attach Sch. EIC.	28	Additional child tax credit from Schedule 8812			28			
	29	American opportunity credit from Form 886	3, line 8		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					32	
	33	Add lines 25d, 26, and 32. These are your to		•		[33	4,467.
Refund	34	If line 33 is more than line 24, subtract line 2					34	555.
Returia	35a	Amount of line 34 you want refunded to yo				. 🗆 [35a	555.
Direct deposit?	b	Routing number 1 0 1 1 0 0 0		c Type:		Savings		
See instructions.	d	Account number 5 1 8 0 1 0 8						
	36	Amount of line 34 you want applied to your			36			
Amount	37	Subtract line 33 from line 24. This is the am	•					
You Owe	20	For details on how to pay, go to www.irs.go			1 1		37	
	38	Estimated tax penalty (see instructions) .			38			
Third Party		you want to allow another person to dis tructions				mplete be	low 5	K No
Designee		signee's	Phone		_	nal identific	_	S NO
	nar		no.			er (PIN)		
Sign		der penalties of perjury, I declare that I have examinef, they are true, correct, and complete. Declaration						
Here		ir signature	Date	Your occupation	ased on all lillornatio		•	ou an Identity
				COETTADE	ENICTNIE ED	Protec (see in		enter it here
Joint return? See instructions.	Sn	SOFTWAKE ENGINEER					·	ur spouse an
Keep a copy for	Op							on PIN, enter it here
your records.				HOME MAKE	R	(see in:	st.)	
	Ph	one no. (316)665-5550	Email address	VENKAT0809	81@GMAIL.CO	M		
Doid	Pre	parer's name Preparer's signa	iture		Date	PTIN	Cr	neck if:
Paid	VENK	ATA SAI PAVAN KUMAR DUDIPALLI VENKATA SAI	I PAVAN KUM	AR DUDIPALLI	03/28/2023	P024708	333 [Self-employed
Preparer	Fire	n's name GLOBAL TAXES LLC						8)965-9522
Use Only	Fire	n's address 245 ROONEY CT E BRU	JNSWICK N	J 08816		Firm's		88-2145487
Go to www.irs.go	ov/Forn	1040 for instructions and the latest information.		BAA	REV 03/18/23 PRO			Form 1040 (2022)



2022 KANSAS INDIVIDUAL INCOME TAX

305

122822

987951977

Taxpayer was engaged in commercial farming/fishing in 2022

3166655550 VENKATARAMAN BYSANI LAVANYA BYSANI

737923098 **BYSA**

1010 NORTH RIDGE ROAD APT #214 WICHITA KS 67212

Name or address has changed?

BYSA

439

Amended Return: Amended affects Kansas only Amended Federal tax return Adjustment by the IRS

Taxpayer or (spouse if filing joint) died during this tax year

Head of Household (Do not check if filing joint return) Filing Status: Single Married Filing Joint (Even if only one had income) Married Filing Separate X

HV

Residency Status: NonResident (Complete Sch S, Part B) State of Legal Residence Resident X

> Part-Year Resident (Complete Sch S, Part B) From То

Enter the total exemptions for you, your spouse (if applicable), If filing status above is Head of 2 Exemptions: Total Kansas exemptions and each person you claim as a dependent. Household, add one exemption.

In the following spaces, provide the requested information for all persons you claimed as dependents. **DO NOT include you or your spouse.**If additional space is needed, enclose a separate sheet, only after completing all nine lines below.

0

Dependent Name - First, Middle and Last Date of Birth - MMDDYYYY SSN Relationship

Food Sales Tax Credit: You must have been a Kansas resident for ALL of 2022. Complete this section to determine your qualifications and credit.

A. Had a dependent child who lived with you all year and was under the age of 18 all of 2022?

B. Were you (or spouse) 55 years of age or older all of 2022 (born prior to January 1, 1967)?

C. Were you (or spouse) totally and permanently disabled or blind **all** of 2022, regardless of age? If you answered NO to A, B, and C, **STOP HERE**, you do

not qualify for this credit.

D. If you answered YES to A, B, or C, enter your FAGI from line 1 of this return.

If Line D is more than \$30,615 **STOP HERE**, you do not qualify for this credit.

E. Number of exemptions claimed

F. Number of dependents that are 18 years of age or older (born on or before January 1, 2005)

G. Total qualifying exemptions (subtract line F from line E)

H. Food Sales Tax Credit (multiply line G by \$125). Enter result here and on line 18 of this form.

REV 01/03/23 PRO

0

2022 KANSAS INDIVIDUAL INCOME TAX

305

122922

VENKATARAMAN	BYSANI	BYSA	737923098
1. Federal adjusted gross income	61909	23. Refundable portion of earned income tax credit	0
2. Modifications	0	24. Refundable portion of tax credits	0
3. Kansas adjusted gross income	61909	25. Payments remitted with original return	0
Standard or itemized deductions. (If itemizing, complete KS Sch A)	8000	26. Credit for tax paid on the K-120S	0
5. Exemption allowance	4500	27. Overpayment from original return. This figure is a subtraction.	0
6. Total deductions	12500	28. Total refundable credits	2943
7. Taxable income	49409	29. Underpayment	0
8. Tax	1950	30. Interest	0
9. Nonresident percentage	0.0000	31. Penalty	0
10. Nonresident tax	0	32. Estimated tax penalty	0
11. KS tax on lump sum distributions	0	33. AMOUNT YOU OWE	0
12. TOTAL INCOME TAX	1950	34. Overpayment	993
13. Credit for taxes paid to other states	0	35. CREDIT FORWARD	0
14. Credit for child and dependent care expenses	0	36. Chickadee Checkoff	0
15. Other credits	0	37. Senior Citizens Meals On Wheels Contribution Program	0
16. Subtotal	1950	38. Breast Cancer Research Fund	0
17. Earned Income Credit	0	39. Military Emergency Relief Fund	0
18. Food Sales Tax Credit	0	40. Kansas Hometown Heroes Fund	0
19. Total Tax Balance	1950	41. Kansas Creative Arts Industry Fund	0
20. KS income tax withheld from W-2, 1099 or K-19	2943	42. Local School District Contribution Fund. School District Number	0
21. Estimated tax paid	0	43. REFUND	993
22. Amount paid with Kansas extension	0		
	axation or the Director's designee to discuss my s of perjury that to the best of my knowledge an	K-40 and any enclosures with my preparer. d belief this is a true, correct, and complete return	
Taxpayer Signature (Required)	Date	Spouse Signature (Required)	Date
Preparer	PAVAN KUMAR D Preparer PAVAN KUMAR D Phone Numbe	Prepari	er PTIN, EIN or SSN (Required) P02470833