# 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

IIIGIIIai	Leveline Selvice				
Subm	ission Identification Number (SID)				
Taxpay	er's name	Social secur	ity numb	er	
SAI	NAGA PRANEETH KAYALA	351-17	-8148	3	
Spouse	's name	Spouse's so	cial secu	rity number	:
Part	, ,	r year you a	are aut	horizing.	)
	whole dollars only on lines 1 through 5.				
	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.		1 . 1		
1	Adjusted gross income		1		<u>,670.</u>
2	Total tax		2		<u>,137.</u>
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3		<u>,957.</u>
4 5	Amount you want refunded to you		5	3	<u>,820.</u>
Part	Amount you owe	keen a cor		our retu	rn)
	penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended				
to send for any Agent payme author payme busine taxes person	(original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmand my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejected in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the Loto initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account induit of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the I.I. must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requires a days prior to the payment (settlement) date. I also authorize the financial institutions involved in the oreceive confidential information necessary to answer inquiries and resolve issues related to the patient of the IIII also authorize the financial institutions or amended) I are the IIII also authorize the IIII and III are the IIII are the IIII and III are the IIII are the III are the III are the IIII are the III are the IIII are the III	ection of the factor of the fa	ransmis and its deax prepare entry tration. The received of the electric ther action and the received the received of the electric than the electr	sion, (b) the lesignated aration soft of this according to the less of the les	re reason Financial tware for bunt. This cancel) a er than 2 syment of that the
	nic Funds Withdrawal Consent.  Nyer's PIN: check one box only				
  X		my PIN 7	8 1	4 8	as my
_	ERO firm name signature on the income tax return (original or amended) I am now authorizing.	ř Er		digits, but r all zeros	as my
	I will enter my PIN as my signature on the income tax return (original or amended) I am r				
	if you are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN methodow.	od. The ER	O must	complete	e Part III
Your	signature ▶ Date ▶ _				
Spous	se's PIN: check one box only				
. г	I authorize to enter or generate	my PIN			as my
	ERO firm name	Ę:		digits, but	,
	signature on the income tax return (original or amended) I am now authorizing.			r all zeros	
	I will enter my PIN as my signature on the income tax return (original or amended) I am r if you are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN meth below.				
Spous	e's signature ▶ Date ▶				
	Practitioner PIN Method Returns Only—continue below				
Part	III Certification and Authentication — Practitioner PIN Method Only				
ERO's	<b>EFIN/PIN.</b> Enter your six-digit EFIN followed by your five-digit self-selected PIN. 2 2	2 4 9	6 6	1 9 8	9
		Don't en	ter all ze	ros	
author	that the above numeric entry is my PIN, which is my signature for the electronic individual income to zed to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am subments of the Practitioner PIN method and <b>Pub. 1345</b> , Handbook for Authorized IRS e-file Providers of I	nitting this ret	urn 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	Do So			

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



OMB No. 1545-007

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

Filing Status Check only one box.	If yo	Single Married filing jointly under the MFS box, enter the nation is a child but not your dependent	ame of y	ed filing separately (l	·	☐ Head of ed the HOH or		,		spou	ifying surv se (QSS) name if th	Ü
Your first name	and mi	ddle initial	Last na	me					Yo	ur soc	cial securit	y number
SAI NAGA PRANEETH KA				.LA					35	351-17-8148		
If joint return, sp	oouse's	first name and middle initial	Last nai	me					Sp	ouse's	s social sec	curity number
Home address	(numbe	r and street). If you have a P.O. box, see	instructio	ons.			Apt	. no.	Pr	esider	ntial Election	on Campaign
9716 HIC	KORY	/ STREET									ere if you,	
City, town, or p	ost offic	ce. If you have a foreign address, also co	mplete s <sub>l</sub>	paces below.	Stat	e	ZIP cod					tly, want \$3 Checking a
FRISCO					TX		7503	5	bo	x belo	w will not	change
Foreign country	name		F	Foreign province/state/	count	y	Foreign p	ostal cod	le yo	your tax or refund.  You Spous		
Digital		y time during 2022, did you: (a) rec	,				•	, .	` '			
Assets		ange, gift, or otherwise dispose of a		<u>_</u>			asset)? (	See ins	tructio	ons.)	Yes	⊠ No
Standard Deduction		eone can claim: You as a de Spouse itemizes on a separate retur	•	•		a dependent						
				1	ouse:	☐ Was bor	n before	Januar	y 2, 1	958	☐ Is bli	ind
Dependents	s (see	instructions):		(2) Social security	,	(3) Relationsh	nip (4) (	heck the	box if	qualif	ies for (see	instructions):
If more	•	(1) First name Last name		number		to you		Child tax	credit	:	Credit for oth	ner dependents
than four									]			
dependents, see instructions									]		[	
and check	,								]		[	
here									]		[	
Income	1a	Total amount from Form(s) W-2, b	ox 1 (see	e instructions) .						1a	11	13,115.
	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	(see ins	structions)						1c		
attach Forms	d	<b>d</b> Medicaid waiver payments not reported on Form(s) W-2 (see instructions)								1d		
W-2G and	е	e Taxable dependent care benefits from Form 2441, line 26								1e		
1099-R if tax was withheld.	f	f Employer-provided adoption benefits from Form 8839, line 29										
If you did not	g	Wages from Form 8919, line 6 .								1g		
get a Form	h	Other earned income (see instruction	ions) .							1h		0.
W-2, see instructions.	i	Nontaxable combat pay election (s	see instr	ructions)		<u>1</u> i						
	Z	Add lines 1a through 1h								1z	11	13,115.
Attach Sch. B	2a	Tax-exempt interest	2a		<b>b</b> Ta	axable interest	t.			2b		
if required.	<u>3a</u>	Qualified dividends	3a			rdinary divide				3b		
	4a		4a			axable amoun				4b		
Standard Deduction for—	5a		5a			axable amoun				5b		
Single or	6a	,	6a			axable amoun	t		·	6b		
Married filing separately,	С	c If you elect to use the lump-sum election method, check here (see instructions)										
\$12,950	7	Capital gain or (loss). Attach Sche								7		
Married filing jointly or	8	Other income from Schedule 1, lin								8		1,445.
Qualifying	9	· · · · · · · · · · · · · · · · · · ·								9	10	01,670.
surviving spouse, \$25,900	10	Adjustments to income from Sche								10	1	
Head of household,	11	Subtract line 10 from line 9. This is	•	-						11		01,670.
\$19,400	12	Standard deduction or itemized		,	,					12	1 1	L2 <b>,</b> 950.
If you checked any box under	13	Qualified business income deducti								13	1	
Standard Deduction,	14	Add lines 12 and 13								14		L2,950.
see instructions.	15	Subtract line 14 from line 11. If zer	o or less	s, enter -U This is y	our <b>t</b>	axable incom	ie .		٠	15	] {	38,720.

Form 1040 (2022	2)						Page <b>2</b>
Tax and	16	Tax (see instructions). Check if any from Form(s	s): <b>1</b> 🗌 8814	4 <b>2</b> 4972	3 🗌	16	15,137.
Credits	17	Amount from Schedule 2, line 3				17	
	18	Add lines 16 and 17		15,137.			
	19	Child tax credit or credit for other dependents	from Schedu	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, er	nter -0			22	15,137.
	23	Other taxes, including self-employment tax, from	om Schedule	2, line 21 .		23	0.
	24	Add lines 22 and 23. This is your <b>total tax</b> .				24	15,137.
Payments	25	Federal income tax withheld from:					
,	а	Form(s) W-2			<b>25a</b> 18,	957.	
	b	Form(s) 1099					
	С	Other forms (see instructions)			25c		
	d	Add lines 25a through 25c				25d	18 <b>,</b> 957.
16	26	2022 estimated tax payments and amount app				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 8863,			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			undable credits	32	
	33	Add lines 25d, 26, and 32. These are your total	al payments			33	18,957.
Refund	34	If line 33 is more than line 24, subtract line 24				34	3,820.
Returia	35a	Amount of line 34 you want refunded to you.				. 35a	3,820.
Direct deposit?	b	Routing number   1   1   1   0   0   0   6		<b>c</b> Type:		avings	
See instructions.	d	Account number 7 2 0 3 9 6 0	3"				
	36	Amount of line 34 you want applied to your 20		d tax	36		
Amount	37	Subtract line 33 from line 24. This is the amou					
You Owe	٠.	For details on how to pay, go to www.irs.gov/i	37				
	38	Estimated tax penalty (see instructions)	-		38		
Third Party	Do	you want to allow another person to discu			See		
Designee		tructions				nplete below	. X No
Ü	De	signee's	Phone			nal identification	,
	naı	ne	no.		numbe	er (PIN)	
Sign		der penalties of perjury, I declare that I have examined		1 , 0		,	, ,
Here		ef, they are true, correct, and complete. Declaration of		, ,			
	Yo	ır signature I		ent you an Identity PIN, enter it here			
Joint return?			(see inst.)	I IIV, CITICI II TICIC			
See instructions.	Sp	puse's signature. If a joint return, <b>both</b> must sign.	Date	SOFTWARE I		If the IRS s	ent your spouse an
Keep a copy for							tection PIN, enter it here
your records.						(see inst.)	
		(0,0)121 0020	Email address	KPRANEETH0	002@GMAIL.COM		
Paid	Pre	parer's name Preparer's signatur	re		Date	PTIN	Check if:
Preparer	SYAM	PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA R	AM SAGAR	GUPTA TALLAM	01/23/2023 I	202082703	Self-employed
Use Only	Fin	n's name GLOBAL TAXES LLC				Phone no.	(678) 965-9522
	Fin	n's address 245 ROONEY CT E BRUN	ISWICK NO	J 08816		Firm's EIN	88-2145487
Go to www.irs.go	ov/Forn	1040 for instructions and the latest information.		BAA	REV 01/14/23 PRO		Form 1040 (2022)

#### **SCHEDULE 1** (Form 1040)

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### Additional Income and Adjustments to Income

OMB No. 1545-0074 Attachment Sequence No. 01

Department of the Treasury Internal Revenue Service

Attach to Form 1040, 1040-SR, or 1040-NR, Go to www.irs.gov/Form1040 for instructions and the latest information.

Name(s) shown on Form 1040, 1040-SR, or 1040-NR Your social security number SAI NAGA PRANEETH KAYALA 351-17-8148 Part | Additional Income Taxable refunds, credits, or offsets of state and local income taxes . . . . . . . . . . . . . . . . 1 1 2a Date of original divorce or separation agreement (see instructions): 3 3 4 4 -11,445. 5 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E . . 5 6 6 7 7 8 Other income: 8a а 8b 8c Foreign earned income exclusion from Form 2555 . . . . . . . 8d 8e 8f Alaska Permanent Fund dividends . . . . . . . . . . . . . . . 8g 8i Activity not engaged in for profit income . . . . . . . . . . . . . . 8i 8k 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 8n Section 951A(a) inclusion (see instructions) . . . . . . . . . . . . 80 Section 461(I) excess business loss adjustment . . . . . . . . . . . 8p Taxable distributions from an ABLE account (see instructions) . . . 8q Scholarship and fellowship grants not reported on Form W-2 . . . 8r Nontaxable amount of Medicaid waiver payments included on Form 8s Pension or annuity from a nonqualifed deferred compensation plan or 8t **u** Wages earned while incarcerated

Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8

8u

Other income. List type and amount:

-11,445.

9

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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, Attachment

Department of the Treasury Internal Revenue Service

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

Sequence No. 13

OMB No. 1545-0074

Name(s) shown on return Your social security number 351-17-8148 SAI NAGA PRANEETH KAYALA Part I Income or Loss From Rental Real Estate and Royalties Note: If you are in the business of renting personal property, use Schedule C. See instructions. If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40. Did you make any payments in 2022 that would require you to file Form(s) 1099? See instructions . . . . . 1a Physical address of each property (street, city, state, ZIP code) PRAGATHI ENCLAVE, MIYAPUR HYDERABAD TELANGANA IN 500049 Α В C 1b Type of Property For each rental real estate property listed **Fair Rental Personal Use** QJV (from list below) above, report the number of fair rental and **Davs Davs** personal use days. Check the QJV box only Α Α 365 0 if you meet the requirements to file as a В В qualified joint venture. See instructions. С C Type of Property: 3 Vacation/Short-Term Rental 1 Single Family Residence 5 Land 7 Self-Rental 8 Other (describe) 2 Multi-Family Residence 4 Commercial 6 Royalties **Properties:** Α В C Income: 3 650. 4 Royalties received 4 **Expenses:** 5 5 Advertising 6 Auto and travel (see instructions) 6 7 Cleaning and maintenance. 7 2,144. 8 Commissions 8 9 9 Insurance . . 10 10 Legal and other professional fees 1,721. 11 Management fees . . . . . . . . . 11 12 Mortgage interest paid to banks, etc. (see instructions) 12 13 13 2,846. 14 14 Repairs . . . . 15 Supplies 15 3,048. 16 16 Taxes 17 Utilities . . . . . . . 17 2,336. 18 18 Depreciation expense or depletion . . . . . . . . Other (list) 19 19 20 20 Total expenses. Add lines 5 through 19 . . . . . . 12,095. 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 Form 6198 . . . . . . . . . . . . . . . . . . 21 -11,445. 22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) . . . . . . . . . 11,445.) 650. Total of all amounts reported on line 3 for all rental properties Total of all amounts reported on line 4 for all royalty properties 23b Total of all amounts reported on line 12 for all properties 23c 23d Total of all amounts reported on line 18 for all properties 12,095. Total of all amounts reported on line 20 for all properties 23e 24 **Income.** Add positive amounts shown on line 21. **Do not** include any losses 24 25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here 25 11,445. Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result 26 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 -11,445.

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## **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 Attachment Sequence No. **858** 

Department of the Treasury Internal Revenue Service Name(s) shown on return

Name(	s) shown on return				Ide	ntifying n	umber
SAI	NAGA PRANEETH KAYALA	351-17-8148					
Pa	rt I 2022 Passive Activity Los						
	Caution: Complete Parts IV a	nd V before comple	eting Part I.				
	al Real Estate Activities With Active P vance for Rental Real Estate Activities			ive participation	n, see <b>Special</b>		
1a	Activities with net income (enter the a	mount from Part I\	/, column (a)) .	1a	0.		
b	Activities with net loss (enter the amo	)					
С	Prior years' unallowed losses (enter the	)					
d	Combine lines 1a, 1b, and 1c					1d	-11,445.
All O	ther Passive Activities						
2a	Activities with net income (enter the a	mount from Part V	column (a))	2a			
b						)	
c	Prior years' unallowed losses (enter the					<u> </u>	
d						2d	
3	Combine lines 1d and 2d. If this line						
	all losses are allowed, including any				,		
	losses on the forms and schedules no					3	-11,445.
	If line 3 is a loss and: • Line 1d is a	loce ao to Part II					
		loss, go to r art ii.	zero or more) ski	n Part II and or	o to line 10		
	5 Line 20 is a	1035 (and line rais	zero or morej, ski	prairii and go	o to line to.		
	ion: If your filing status is married filing I. Instead, go to line 10.		-			e year,	do not complete
Pa	t II Special Allowance for Re				-		
	Note: Enter all numbers in Par	· · · · · · · · · · · · · · · · · · ·		ions for an exa	ımple.		
4	Enter the <b>smaller</b> of the loss on line 1					4	11,445.
5	Enter \$150,000. If married filing separ	•			150,000.		
6	Enter modified adjusted gross income				113,115.		
	<b>Note:</b> If line 6 is greater than or equa on line 9. Otherwise, go to line 7.	I to line 5, skip line	s 7 and 8 and ent	er -0-			
7	Subtract line 6 from line 5			7	36 <b>,</b> 885.		
8	Multiply line 7 by 50% (0.50). Do not e	nter more than \$25	,000. If married filir	ng separately, s	ee instructions	8	18,443.
9	Enter the <b>smaller</b> of line 4 or line 8					9	11,445.
Par	t III Total Losses Allowed						
10	Add the income, if any, on lines 1a ar	nd 2a and enter the	total			10	0.
11	Total losses allowed from all passiv	e activities for 20	<b>22.</b> Add lines 9 an	d 10. See instr	uctions to find		
_	out how to report the losses on your t	tax return				11	11,445.
Par	t IV Complete This Part Befor	e Part I, Lines 1	a, 1b, and 1c. S	ee instruction	IS.		
	Name of activity	Currer	nt year	Prior years	Ov	erall ga	in or loss
	Name of activity  (a) Net income (b) Net loss (c) Unallowed (line 1a) (line 1b) loss (line 1c) (d) Gain						
		(line 1a)	(line 1b)	loss (line 1c)	)   (=, ===	""	(e) Loss
PRA	GATHI ENCLAVE, MIYAPUR		(line 1b) 11,445.	loss (line 1c)	(2)		(e) Loss
PRA	GATHI ENCLAVE, MIYAPUR	(line 1a)	,	loss (line 1c)	(3)		
PRA	GATHI ENCLAVE, MIYAPUR	(line 1a)	,	loss (line 1c)	(4)		
PRA	GATHI ENCLAVE, MIYAPUR	(line 1a)	, ,	loss (line 1c)	) (0)		

11,445.

0.

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

Form 8582 (2022) Page **2** 

										•	
Part V	Complete This Part Befor	е Ра	art I, Lines 2	a, 2b,	<b>and 2c.</b> S	ee instruc	ctions.			•	
	Name of activity	Current		nt year		Prior years		Overall gain or loss			
	Name of activity		(a) Net income (line 2a)		(b) Net loss (line 2b)		owed e 2c)	(d) Gain		(e) Loss	
	on Part I, lines 2a, 2b, and 2c		Chaum an F	Nove II	Lina O C	:	4:				
Part VI	Use This Part if an Amour			art II,	, Line 9. S	ee instruc	tions.				
	Name of activity	and to b	m or schedule d line number be reported on e instructions)	(a	(a) Loss (b) Ratio		atio	(c) Special allowance		(d) Subtract column (c) from column (a).	
PRAGATHI	ENCLAVE, MIYAPUR	]	E Ln 22		11,445.	1.00000000		11,445.		0.	
		-									
Total					11,445.	1.00	0	11,44	5.	0.	
Part VII	Allocation of Unallowed L	oss	es. See instri			1		,		I	
	Name of activity		Form or sche and line nun to be reporte (see instructi	nber ed on	(a) l	_oss	(	(b) Ratio		(c) Unallowed loss	
Total								1.00			
Part VIII	Allowed Losses. See instr		ons.	•				1.00			
	Name of activity	Form or sch and line nur to be reporte		Form or schedule and line number to be reported on (see instructions)		_OSS	(b) Unallowed los		(	c) Allowed loss	
			•	,							
Total											