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

IIILEIIIAI	nevertue del vice							
Subm	ission Identification Number (SID)							
Taxpay	er's name	Social secur	ity numb	er				
RAM	AKRISHNA SRIRAMOJU	599-83	599-83-9308					
Spouse	's name	Spouse's so	ouse's social security number					
SWA	7-3113	3						
Part	Tax Return Information — Tax Year Ending December 31, 2022 (En	nter year you a	are autl	norizing	.)			
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		,418.			
2	Total tax		2	7	,092.			
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	22	,091.			
4	Amount you want refunded to you		4	14	,999.			
5	Amount you owe		5					
Part	II Taxpayer Declaration and Signature Authorization (Be sure you get an	nd keep a cop	by of yo	our retu	ırn)			
to send for any Agent payme authori payme busine taxes in person	coriginal or amended) I am now authorizing. I consent to allow my intermediate service provider, training the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account not 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 termint, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation so days prior to the payment (settlement) date. I also authorize the financial institutions involved in or receive confidential information necessary to answer inquiries and resolve issues related to the alignment of the income tax return (original or amended nic Funds Withdrawal Consent.	rejection of the to the U.S. Treasury a indicated in the to tution to debit the inate the authorizal requests must be the processing of the payment. I fur	transmise and its detax prepare entry to attack the received of the electher acknowledges.	sion, (b) the esignated aration so this according to the estimate of the estim	ne reason Financial ftware for ount. This (cancel) a er than 2 ayment of that the			
	yer's PIN: check one box only							
Tuxpe X		ate my PINI 3	9 3	0 8	as my			
	ERO firm name	ř Er		ligits, but all zeros	as my			
	signature on the income tax return (original or amended) I am now authorizing.	uc	on t enter	ali Zei US				
	I will enter my PIN as my signature on the income tax return (original or amended) I a if you are entering your own PIN and your return is filed using the Practitioner PIN m below.							
Your	signature ▶ Date I							
Spous	se's PIN: check one box only	_						
×		ate mv PIN 7	3 1	1 3	as my			
	ERO firm name			liaits. but	asiny			
	signature on the income tax return (original or amended) I am now authorizing.			all zeros				
	I will enter my PIN as my signature on the income tax return (original or amended) I at if you are entering your own PIN and your return is filed using the Practitioner PIN m below.							
Spous	e's signature ▶ Date I	•						
орош	Practitioner PIN Method Returns Only—continue bel							
Part								
EDO'	EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.	2 2 4 9	6 6	1 9 8	3 9			
ENO:	EFINATING Litter your six-digit Er IIN followed by your live-digit self-selected FIIN.		ter all zer		, , ,			
author	that the above numeric entry is my PIN, which is my signature for the electronic individual incompared to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am syments of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS e-file Providers	ubmitting this ret	urn in a	ccordance				
ERO's	signature ► Date I	<u> </u>						
	FRO Must Ratain 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

2022

OMB No. 1545-0074

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

Filing Status Check only	s 🗌 S	Single X Married filing jointly	Marrie	ed filing separate	ly (MFS)	☐ Head of	household (H	НОН)			ying survise (QSS)	iving
one box.	-	u checked the MFS box, enter the r on is a child but not your dependen	-	our spouse. If yo	ou check	ed the HOH or	r QSS box, e	enter	the chil	d's n	name if the	e qualifying
Your first name			Last na	me					Your	soci	al security	v number
				AMOJU					599-83-9308			
		first name and middle initial	Last nai						Spouse's social security number			
SWATHI	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			ANADHULA						709-37-3113		
	(numbe	er and street). If you have a P.O. box, see					Apt. no.		_			n Campaign
4500 BL					23110				- 1	Check here if you, or your		
		ce. If you have a foreign address, also c	omplete s	paces below.	Sta	te	ZIP code			ouse if filing jointly, want \$3		
PROSPER					TX		75078					Checking a
Foreign country name			F	oreign province/st			Foreign posta			x below will not change ur tax or refund.		Jilango
											You Spous	
Digital		ny time during 2022, did you: (a) rec					-					✓ Na
Assets		ange, gift, or otherwise dispose of					asset)? (See	nst	ruction	S.)	Yes	⊠ No
Standard Deduction		eone can claim:	•			a dependent						
Age/Blindnes	s You:	Were born before January 2,	1958	Are blind	Spouse	: Was bo	rn before Jai	nuar	/ 2, 195	8	Is bli	nd
Dependent	s (see	instructions):		(2) Social sec	urity	(3) Relationsh	nip (4) Chec	k the	box if q	ualifie	s for (see i	instructions):
If more	(1) Fi	rst name Last name		number		to you	Chi	ld tax	credit	С	redit for oth	er dependents
than four												
dependents, see instruction	s ——							<u>_</u>		_		
and check	, —							<u>_</u>		_		
here									<u> </u>		L	
Income	1a	Total amount from Form(s) W-2, k	`	,					.	1a	9	8,860.
Attach Form(s)	b	Household employee wages not r								1b		
W-2 here. Also	C		Tip income not reported on line 1a (see instructions)							1c		
attach Forms W-2G and	d		edicaid waiver payments not reported on Form(s) W-2 (see instructions)						.	1d		
1099-R if tax	e	Taxable dependent care benefits		· ·					.	1e		
was withheld.	f	Employer-provided adoption bend								1f		
If you did not get a Form	g	Wages from Form 8919, line 6 .								1g		0.
W-2, see	h i	Other earned income (see instruction Nontaxable combat pay election of the								1h		
instructions.	z	Add lines 1a through 1h	(See IIISII	uctions)		!!				1z	0	8,860.
Attach Sch. B		Tax-exempt interest	2a		 ьт	axable interes	+		.	2b		0,000.
if required.	3a	Qualified dividends	3a		i	rdinary divide			.	3b		
	4a	IRA distributions	4a		1	axable amoun				4b		
Standard	5a	Pensions and annuities	5a		1	axable amoun				5b		
Deduction for—	6a	Social security benefits	6a		i	axable amoun			. [6b		
Single or Married filing	С	If you elect to use the lump-sum e	election r	nethod, check h	ere (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, lir	ne 10 .						. [8	-1	0,442.
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7	, and 8.	This is your tota	l income				. [9	8	8,418.
surviving spouse, \$25,900	10	Adjustments to income from Sche							. [10		
Head of	11	Subtract line 10 from line 9. This i	s your a c	djusted gross in	come				. [11	8	8,418.
household, \$19,400	12	Standard deduction or itemized	deducti	ions (from Sched	dule A)				. [12		5,900.
If you checked	13	Qualified business income deduc-	tion from	Form 8995 or F	orm 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 ze	ro or less	s, enter -0 This	is your t	axable incom	те			15	6	2,518.
	,											

Form 1040 (2022	2)									Page 2
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 881	4 2 🗌 4972	3 🗌	1	16	7,0	92.
Credits	17	Amount from Schedule 2, lin	ie 3				1	17		
	18	Add lines 16 and 17					1	18	7,C	92.
	19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812		1	19		
	20	Amount from Schedule 3, lin	ie 8				2	20		
	21	Add lines 19 and 20					2	21		
	22	Subtract line 21 from line 18	. If zero or less,	enter -0			2	22	7,0	92.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21		2	23		0.
	24	Add lines 22 and 23. This is	your total tax				2	24	7,0	92.
Payments	25	Federal income tax withheld								
	а	Form(s) W-2				25a 22	,091.			
	b	Form(s) 1099				25b				
	С	Other forms (see instructions	s)			25c				
	d	Add lines 25a through 25c					2	5d	22,0	91.
.,	26	2022 estimated tax payment					2	26		
If you have a qualifying child,	27	Earned income credit (EIC)				27				
attach Sch. EIC.	28	Additional child tax credit from				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				ndable credits	3	32		
	33	Add lines 25d, 26, and 32. T					3	33	22,0	91.
Refund	34	If line 33 is more than line 24	1, subtract line 2	4 from line 33.	This is the amour	nt you overpaid	3	34	14,9	99.
neiuliu	35a	Amount of line 34 you want	refunded to you	ı. If Form 8888	is attached, chec	k here	. 🗆 🖪	5a	14,9	99.
Direct deposit?	b	Routing number 1 1 1				_	Savings			
See instructions.	d	Account number 8 6 8	6 3 6 1	8 1						
	36	Amount of line 34 you want a	applied to your	2023 estimate	ed tax	36				
Amount	37	Subtract line 33 from line 24	. This is the amo	ount you owe.						
You Owe		For details on how to pay, g	_	-			3	37		
	38	Estimated tax penalty (see in				38				
Third Party Designee		you want to allow another			n with the IRS?		mplete belo	NA/	X No	
Designee		signee's		Phone			nal identificat		ĭ NO	
		ne		no.			er (PIN)			
Sign		der penalties of perjury, I declare t								
Here	bel	ief, they are true, correct, and com	plete. Declaration of		. , ,	sed on all information			,	Ü
	Yo	ur signature		Date	Your occupation				you an Identi I, enter it here	•
Joint return?	SOFTWARE ENGINEER					NGINEER	(see inst		, enter it here	
See instructions.	Sp	Spouse's signature. If a joint return, both must sign.		Date Spouse's occupation			If the IRS	f the IRS sent your spo		an
Keep a copy for	- 1-						Identity F	rotect	tion PIN, ente	
your records.					SOFTWARE E	NGINEER	(see inst.	.)		
		one no. (469) 274-571	5	Email address	RAMUS531@G	MAIL.COM				
Paid	Pre	eparer's name	Preparer's signat	ure		Date	PTIN	(Check if:	
Preparer	SYAN	I PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	01/07/2023	P0208270)3	Self-empl	oyed
Use Only	Fin	m's name GLOBAL TA	XES LLC				Phone n	o. (6	78) 965-9	9522_
————	Fin	m's address 245 ROONE	Y CT E BRU	NSWICK N	J 08816		Firm's E	N	88-2145	5487
Go to www.irs.go	ov/Form	n1040 for instructions and the late	st information.		BAA	REV 01/02/23 PRO			Form 104	·0 (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

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

RAMAKRISHNA SRIRAMOJU & SWATHI VISWANADHULA

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

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

	Sequence No. 01
Your soc	ial security number
599-83	-9308

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		5	-10,442.
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		
!	Prizes and awards	8i		
j	Activity not engaged in for profit income	8j		
k	Stock options	8k	-	
ı	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	0		
-	instructions)	8m 8n		
n o	Section 951A(a) inclusion (see instructions)	80	-	
g	Section 461(I) excess business loss adjustment	8p		
q	Taxable distributions from an ABLE account (see instructions)	8g	-	
r	Scholarship and fellowship grants not reported on Form W-2	8r	-	
s	Nontaxable amount of Medicaid waiver payments included on Form	OI .		
3	1040, line 1a or 1d	8s (
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:			
_	7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7	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.		10	-10,442.

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	, , , , ,	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			
	F	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			
		24i	-	
j		24j	-	
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form			
		24k	-	
Z	Other adjustments. List type and amount:	0.4		
0-		24z	0.5	
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

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

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

Sequence No. 13

Name(s) shown on return Your social security number 599-83-9308 RAMAKRISHNA SRIRAMOJU & SWATHI VISWANADHULA 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) H.NO 6-3-654, RAMAGIRI NALGONDA TELANGANA IN 508001 Α В C 1b Type of Property **Fair Rental Personal Use** For each rental real estate property listed 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: 3 589. 4 Royalties received 4 **Expenses:** 5 5 Advertising 6 Auto and travel (see instructions) 6 7 Cleaning and maintenance. 7 2,687. 8 Commissions 8 9 9 Insurance . . 10 10 Legal and other professional fees 11 Management fees 11 2,052. 12 Mortgage interest paid to banks, etc. (see instructions) 12 13 13 2,624. 14 14 Repairs . . . 15 Supplies 15 1,842. 16 16 Taxes 17 Utilities 17 1,826. 18 18 Depreciation expense or depletion Other (list) 19 19 20 20 Total expenses. Add lines 5 through 19 11,031. 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 -10,442. 22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) 10,442.) 589. 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 11,031. 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

Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here

Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result

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 .

25

10,442.

-10,442.

25

26