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

Submission Identification Number (SID)	
Taxpayer's name	Social security number
SRIDHAR REDDY MANIK	658-93-8388
Spouse's name	Spouse's social security number
VIKITHA REDDY CHITIKELA	391-53-4862
Part I Tax Return Information — Tax Year Ending December	31, 2022 (Enter year you are authorizing.)
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	
2 Total tax	
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	
4 Amount you want refunded to you	=/0.01
5 Amount you owe	
Part II Taxpayer Declaration and Signature Authorization (Be Under penalties of perjury, I declare that I have examined a copy of the income tax ret	
return (original or amended) I am now authorizing. I consent to allow my intermediate to send my return to the IRS and to receive from the IRS (a) an acknowledgement of for any delay in processing the return or refund, and (c) the date of any refund. If apply Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financia payment of my federal taxes owed on this return and/or a payment of estimated tax, a authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent at 1-888-353-4537. Pabusiness days prior to the payment (settlement) date. I also authorize the financial instaxes to receive confidential information necessary to answer inquiries and resolve personal identification number (PIN) below is my signature for the income tax return (receipt or reason for rejection of the transmission, (b) the reason dicable, I authorize the U.S. Treasury and its designated Financial all institution account indicated in the tax preparation software for and the financial institution to debit the entry to this account. This ancial Agent to terminate the authorization. To revoke (cancel) a ayment cancellation requests must be received no later than 2 stitutions involved in the processing of the electronic payment of a issues related to the payment. I further acknowledge that the
Electronic Funds Withdrawal Consent.	
Taxpayer's PIN: check one box only	3 8 3 8 8
X I authorize GLOBAL TAXES LLC ERO firm name	to enter or generate my PIN Enter five digits, but
signature on the income tax return (original or amended) I am now a	don't enter all zeros authorizing.
I will enter my PIN as my signature on the income tax return (original if you are entering your own PIN and your return is filed using the below. Your signature ▶	
Tour signature -	
Spouse's PIN: check one box only	
	to enter or generate my PIN 3 4 8 6 2 as my Enter five digits, but don't enter all zeros
I will enter my PIN as my signature on the income tax return (original if you are entering your own PIN and your return is filed using the below. Spouse's signature ► Practitioner PIN Method Returns On	al or amended) I am now authorizing. Check this box only
Spouse's signature ▶ ২५ 🖑	Date ►
	-
Part III Certification and Authentication — Practitioner PIN Me	ethod Only
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-se	Plected PIN. 2 2 2 4 9 6 6 1 9 8 9 Don't enter all zeros
I certify that the above numeric entry is my PIN, which is my signature for the electron authorized to file for tax year indicated above for the taxpayer(s) indicated above. I requirements of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized	confirm that I am submitting this return in accordance with the
ERO's signature ▶	Date ►

REV 01/14/23 PRO

ERO Must Retain This Form - See Instructions

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

12022

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 (HC)H) [ifying su		ng
one box.	If yo	u checked the MFS box, enter the r	name of y	our spouse. If yo	u check	ed the HOH or	QSS box, en	ter the		•	,	qualifying
	pers	on is a child but not your dependen	t:									
Your first name	and mi	ddle initial	Last na	me					Your so	cial secu	ırity n	umber
SRIDHAR	REDI	Ϋ́	MANI	K					658-9	3-83	88	
If joint return, s	pouse's	first name and middle initial	Last na	me					Spouse's	s social s	ecuri	ity number
VIKITHA	REDI	ΣΥ	CHIT	IKELA					391-53-4862			
Home address	(numbe	er and street). If you have a P.O. box, see	e instructio	ons.			Apt. no.		Presider	ntial Elec	tion (Campaign
5775 PAI	RKWOO	DD BLVD					1210		Check h			
City, town, or p	ost offic	ce. If you have a foreign address, also co	omplete s	paces below.	Sta	te	ZIP code					, want \$3 ecking a
FRISCO					TX	Σ	75034		box belo			
Foreign country	Foreign country name Foreign province/state/county Foreign postal code Y						your tax			_		
										You	ı	Spouse
Digital Assets		ny time during 2022, did you: (a) rec ange, gift, or otherwise dispose of					-			☐ Ye	s [X No
Standard		eone can claim: You as a de				a dependent	, ,					
Deduction		Spouse itemizes on a separate retu	•			•						
Age/Blindnes:	s You:	Were born before January 2,	1958	Are blind	Spouse	: Was bo	n before Janu				blind	
Dependent				(2) Social sec	urity	(3) Relationsh	"P					structions):
If more	(1) Fi	rst name Last name		number		to you	Child	tax cre	edit	Credit for	other	dependents
than four dependents,								<u> </u>			ᆜ	
see instruction	s ——							屵			ᆜ	
and check	, —							<u> </u>				
here	1							Ш				
Income	1a	Total amount from Form(s) W-2, k	`	,					1a		_98	,880.
Attach Form(s)	b	Household employee wages not r							1b			
W-2 here. Also	С.	Tip income not reported on line 1							1c			
attach Forms W-2G and	d	Medicaid waiver payments not re		. ,	ee instru	ctions)			1d			
1099-R if tax	e	Taxable dependent care benefits		*					1e			
was withheld.	f	Employer-provided adoption bend							1f			
If you did not	g	Wages from Form 8919, line 6.							1g			
get a Form W-2, see	h :	Other earned income (see instruction					· · · ·		1h			0.
instructions.	i	Nontaxable combat pay election	see instr	uctions)		<u>1</u> i					00	000
A.I. J. O. J. D.	Z	Add lines 1a through 1h	00		 _{ь т}				1z		90	<u>,</u> 880.
Attach Sch. B if required.	2a	Tax-exempt interest Qualified dividends	2a 3a			axable interes			2b 3b			
	3a_	IRA distributions	4a			rdinary divide			4b			
Mdd	4a 5a	Pensions and annuities	5a			axable amoun axable amoun			5b			
Standard Deduction for—	6a	Social security benefits	6a			axable amoun			6b			
Single or	C	If you elect to use the lump-sum		method check h	1				1 00			
Married filing separately,	7	Capital gain or (loss). Attach Sche		•	,	,		. –	7			
\$12,950 Married filing	8	Other income from Schedule 1, lir			•	•			8		-6	,834.
jointly or	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7							9			,034. ,046.
Qualifying surviving spouse,	10	Adjustments to income from Sche							10			<u>, 0 = 0 .</u>
\$25,900 Head of	11	Subtract line 10 from line 9. This i	-						11		92	,046.
household,	12	Standard deduction or itemized	•	-					12			,900.
\$19,400 If you checked	13	Qualified business income deduction		,	,	 5-А			13			<u>, , , , , , , , , , , , , , , , , , , </u>
any box under	14	Add lines 12 and 13							14		25	,900.
Standard Deduction,	15	Subtract line 14 from line 11. If ze							15			,146.
see instructions.			2. 100	.,	- ,				.5		-50	, _ 1 0 •

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	7,524.
Credits	17	Amount from Schedule 2, lin	e3					17	
	18	Add lines 16 and 17						18	7,524.
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812			19	
	20	Amount from Schedule 3, lin	e8					20	
	21	Add lines 19 and 20						21	
	22	Subtract line 21 from line 18						22	7,524.
	23	Other taxes, including self-e	,					23	0.
	24	Add lines 22 and 23. This is			•			24	7,524.
Payments	25	Federal income tax withheld							,,021
rayinents	а					25a	,202.		
	b	Form(s) 1099				25b	,, _ , _ ,		
	c	Other forms (see instructions				25c			
	d	Add lines 25a through 25c	•					25d	9,202.
		2022 estimated tax payment						26	7,202.
If you have a	26	. ,				27		20	
qualifying child, attach Sch. EIC. [27 28	Earned income credit (EIC)							
		Additional child tax credit from				28			
	29	American opportunity credit				29			
	30	Reserved for future use .				30			
	31	Amount from Schedule 3, lin				31			
	32	Add lines 27, 28, 29, and 31						32	0.000
	33	Add lines 25d, 26, and 32. T						33	9,202.
Refund	34	If line 33 is more than line 24						34	1,678.
	35a	Amount of line 34 you want						35a	1,678.
Direct deposit? See instructions.	b	Routing number 1 1 1				Checking	Savings		
occ manactions.	d	Account number 4 8 8							
	36	Amount of line 34 you want a	applied to your	2023 estimate	ed tax	36			
Amount You Owe	37	Subtract line 33 from line 24 For details on how to pay, g						37	
	38	Estimated tax penalty (see in	nstructions) .			38			
Third Party Designee		you want to allow another	person to disc	cuss this retu			omplete b	olow	⊠ No
Designee		signee's		Phone			onal identif		INO
	nai			no.			ber (PIN)	cation	
Sign		der penalties of perjury, I declare tief, they are true, correct, and com							
Here	Yo	ur signature		Date	Your occupation		1		nt you an Identity
					IT		(see i		IN, enter it here
Joint return? See instructions.	Sn	ouse's signature. If a joint return, I	noth must sign	Date	Spouse's occupati	ion	If the	IRS ser	nt your spouse an
Keep a copy for	Ор	ouse's signature. If a joint return,	John must sign.	Date	opouse s occupan	OH			ection PIN, enter it here
your records.					IT		(see i	nst.)	
	Ph	one no. (469) 213-969	6	Email address	SRIDHARMSRE	DDY@GMAIL.CO	MC		
Doid	Pre	eparer's name	Preparer's signat	ture		Date	PTIN		Check if:
Paid	SYAM	I PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	01/25/2023	P02082	703	Self-employed
Preparer		m's name GLOBAL TAX							678) 965-9522
Use Only			Y CT E BRU	NSWICK N	J 08816		Firm'		88-2145487
Go to www.irs.aa	ov/Forn	n1040 for instructions and the late	st information.		BAA	REV 01/14/23 PRO			Form 1040 (2022)
									()

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2022
Attachment Sequence No. 01

Your social security number

Department of the Treasury Internal Revenue Service

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.

SRID	HAR REDDY MANIK & VIKITHA REDDY CHITIKELA	3-838	38		
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	-6,834.
4	Other gains or (losses). Attach Form 4797		[4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach	Schedule	E .	5	
6	Farm income or (loss). Attach Schedule F		[6	
7	Unemployment compensation		[7	
8	Other income:				
а	Net operating loss	ı ()		
b	Gambling)			
С	Cancellation of debt	;			
d	Foreign earned income exclusion from Form 2555	I ()		
е	Income from Form 8853	_			
f	Income from Form 8889				
g	Alaska Permanent Fund dividends 8g				
h	Jury duty pay	_			
i	Prizes and awards	_			
j	Activity not engaged in for profit income				
k	Stock options				
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				
	instructions)	_			
n	Section 951(a) inclusion (see instructions)	_			
0	Section 951A(a) inclusion (see instructions)	_			
р	Section 461(I) excess business loss adjustment				
q	Taxable distributions from an ABLE account (see instructions) 80				
r	Scholarship and fellowship grants not reported on Form W-2	<u>'</u>			
S	Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d	. /			
	· —	5 (
τ	Pension or annuity from a nonqualifed deferred compensation plan or a nongovernmental section 457 plan 8t				
	a nongovernmental section 457 plan				
u Z		I			
_	Other income. List type and amount.	,			
	OZ				

Total other income. Add lines 8a through 8z

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

-6,834.

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	, , , , , , , , , , , , , , , , , , ,	24a		
b	Deductible expenses related to income reported on line 8I 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			
		24i	-	
j		24j	-	
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form	- 41		
		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 C (Form 1040)

Profit or Loss From Business (Sole Proprietorship)

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/ScheduleC for instructions and the latest information. Attach to Form 1040, 1040-SR, 1040-NR, or 1041; partnerships must generally file Form 1065. Attachment Sequence No. **09**

	· ·					Social security number (SSN) 658-93-8388						
A	Principal business or profession	n, incl	luding product or service (se	e instru	uctions)		B Enter code from instructions					
	SOFTWARE SERVICES	5	5 1 9 2 0 0									
С	Business name. If no separate	busin	ess name, leave blank.				ployer ID number (EIN) (see instr.)					
	MANIK SOFWARE		,				70 , 000 12 11 4 11100 (2010)					
E		uite or	room no.) 5775 PAF	RKWOO	DD BLVD, Apt. 1210							
_	City, town or post office, state	and	ZIP code FRISCO.	тх 7	75034							
F	Accounting method: (1)				Dila ('f')							
G					2022? If "No," see instructions for I	mit on l	nsses X Yes No					
Н												
ï	-				n(s) 1099? See instructions							
J												
Par		roqui	1001 0111(0) 10001 1 1 1			<u> </u>						
1	Gross receipts or sales. See in Form W-2 and the "Statutory	emplo	yee" box on that form was c	hecked	this income was reported to you or	1	65,350.					
2							CE 250					
3							65,350.					
4							(E 2F)					
5	•						65,350.					
6			•		refund (see instructions)		CE 250					
7 Part	Fynances Enter ex	0000	es for business use of yo	· ·		. 7	65,350.					
	-	8				10						
8	Advertising	•		18	Office expense (see instructions)							
9	Car and truck expenses		2 720	19	Pension and profit-sharing plans	. 19						
40	(see instructions)	9	3,739.	20	Rent or lease (see instructions):	00-	4					
10		10		a	Vehicles, machinery, and equipmen		17,050.					
11	Contract labor (see instructions)	11		b	Other business property		17,030.					
12 13	Depletion	12		21 22	Repairs and maintenance Supplies (not included in Part III)							
	expense deduction (not			23	Taxes and licenses	_						
	included in Part III) (see	12		24	Travel and meals:	. 23						
	instructions)	13		1	Travel	. 24a	4					
14	Employee benefit programs (other than on line 19)	14		а		240						
15	Insurance (other than health)	15		b	Deductible meals (see instructions)	. 24b	2,400.					
16	Interest (see instructions):	13		25	Utilities		3,120.					
а	Mortgage (paid to banks, etc.)	16a		26	Wages (less employment credits)	26	3,123.					
a b	Other	16b		27a	Other expenses (from line 48) .	. 27a	45,875.					
17	Legal and professional services	17		1	Reserved for future use		10,0101					
28	•		r husiness use of home Ado	•	3 through 27a		72,184.					
29							-6,834.					
30	. , ,	of your ethod.	home. Do not report these See instructions.	e expe	nses elsewhere. Attach Form 8829							
	and (b) the part of your home Method Worksheet in the instr				. Use the Simplified ine 30	. 30						
31	Net profit or (loss). Subtract	line 30	from line 29.		1							
	• If a profit, enter on both Sch checked the box on line 1, see	e instru	, ,		, , ,	31	-6,834.					
	• If a loss, you must go to line				J							
32	If you have a loss, check the b	ox tha	at describes your investment	in this	activity. See instructions.							
	• If you checked 32a, enter th SE, line 2. (If you checked the Form 1041, line 3.	box or	n line 1, see the line 31 instruc	tions.)	Estates and trusts, enter on	32a 32b	All investment is at risk.Some investment is not at risk.					
	 If you checked 32b, you mu 	st atta	ich Form 6198. Your loss ma	ay de lii	mitea.		at Hon.					

BAA

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

Part	Cost of Goods Sold (see instructions)						
33	Method(s) used to value closing inventory: a Cost b Lower of cost or market c Other (atta	ich exi	nlanat	ion)			
34	Was there any change in determining quantities, costs, or valuations between opening and closing inventor of "Yes," attach explanation	γ?	. <u>Г</u>] Y e	es		No
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35					
36	Purchases less cost of items withdrawn for personal use	36					
37	Cost of labor. Do not include any amounts paid to yourself	37					
38	Materials and supplies	38					
39	Other costs	39					
40	Add lines 35 through 39	40					
41	Inventory at end of year	41					
42	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4	42					
Part	Information on Your Vehicle. Complete this part only if you are claiming car or are not required to file Form 4562 for this business. See the instructions for line 1 Form 4562.	truck 3 to	expo	ens out	es or if you	line (I mus	and t file
43	When did you place your vehicle in service for business purposes? (month/day/year) 02/15/2022						
44	Of the total number of miles you drove your vehicle during 2022, enter the number of miles you used your vehicle during 2022 years and you were the number of miles you were the number o	ehicle/	for:				
а	Business 6,200 b Commuting (see instructions) c C	ther				6,	200
45	Was your vehicle available for personal use during off-duty hours?			×	Yes		No
46	Do you (or your spouse) have another vehicle available for personal use?				Yes	X	No
47a	Do you have evidence to support your deduction?				Yes	X	No
b	If "Yes," is the evidence written?		<u> </u>		Yes		No
Part	Other Expenses. List below business expenses not included on lines 8–26 or lin	e 30.					
BA	CK OFFICE OPERATION EXPENSES					45,	375.
48	Total other expenses. Enter here and on line 27a	48	_			45,	375.

Additional Information From 2022 Federal Tax Return

${\bf Schedule} \; {\bf C} \; ({\bf SOFTWARE} \; {\bf SERVICES}) \hbox{: Profit or Loss from Business}$

Line 20b Itemization Statement

Description	Amount
RENT (\$1550*11M)	17,050.
Total	17,050.

Schedule C (SOFTWARE SERVICES): Profit or Loss from Business

Line 25 Itemization Statement

Description	Amount
INTERNET BILL (\$60*12M)	720.
ELECTRICITY BILL (\$150*12M)	1,800.
MOBILE BILL (\$50*12M)	600.
Total	3,120.