## 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	ssion Identification Number (SID)				
Taxpaye	r's name	Social securit	y numbe	er	
SEND	DIL NAGARAJAN SOUNDER RAJAN	863-66-	-5291		
Spouse's	s name	Spouse's soc	ial secur	ity number	•
Part	Tax Return Information — Tax Year Ending December 31, 2022 (En	ter year you a	re auth	norizing.	)
Enter v	whole dollars only on lines 1 through 5.				,
Note: F	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.				
1	Adjusted gross income		1		,482.
	Total tax		2	6	<b>,</b> 733.
	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	9	,148.
	Amount you want refunded to you		4	2	<u>,415.</u>
	Amount you owe		5		
Part l	Taxpayer Declaration and Signature Authorization (Be sure you get an	d keep a cop	y of yo	our retu	rn)
return (c to send for any Agent to paymen authoriz paymen busines taxes to persona	wledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I all original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmy return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for a delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the original intervence in a constant and the financial institution account in the form of the financial institution account in the financial institution account in the financial intervence 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 in so days prior to the payment (settlement) date. I also authorize the financial institutions involved in the precious confidential information necessary to answer inquiries and resolve issues related to the all identification number (PIN) below is my signature for the income tax return (original or amended) in Funds Withdrawal Consent.	smitter, or electro- rejection of the trace U.S. Treasury andicated in the taution to debit the authorizate the authorizate quests must be the processing of a payment. I furt	onic retu ansmiss nd its de ax prepa entry to ation. To receive the ele- her ack	ern originatesion, (b) the esignated aration soforevoke (ded no late ctronic paronular designation or the ctronic paronuledge	tor (ERO) ne reason Financial tware for bunt. This cancel) a er than 2 syment of that the
Taxpa	yer's PIN: check one box only				
X		te my PIN			as my
	signature on the income tax return (original or amended) I am now authorizing.	Ent		igits, but all zeros	,
	I will enter my PIN as my signature on the income tax return (original or amended) I amif you are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN me below.				
Your si	ignature ▶ Date ▶				
Spous	e's PIN: check one box only				
	I authorize to enter or general to enter or general	_		:	as my
	signature on the income tax return (original or amended) I am now authorizing.			igits, but all zeros	
	I will enter my PIN as my signature on the income tax return (original or amended) I am if you are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN me below.				
Spouse	e's signature ▶ Date ▶				
	Practitioner PIN Method Returns Only—continue belo	w			
Part I	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 Don't ente	-   -	1 9 8 os	9
authoriz	that the above numeric entry is my PIN, which is my signature for the electronic individual income ted to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am suments of the Practitioner PIN method and <b>Pub. 1345</b> , Handbook for Authorized IRS e-file Providers of	omitting this retu	ırn in ac	cordance	
ERO'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

2022

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 u checked the MFS box, enter the non is a child but not your dependent	ame of y	ed filing separately (		_		,		spou	fying surv se (QSS) name if th	Ü		
Your first name	and mi	ddle initial	Last na	me					Yo	ur soc	ial securit	y number		
SENDIL 1	NAGAI	RAJAN	SOUN	DER RAJAN					86	863-66-5291				
If joint return, s	pouse's	first name and middle initial	Last nai	me					Sp	Spouse's social security number				
Home address	(numbe	er and street). If you have a P.O. box, see	instructio	ons.			Apt	. no.	Pr	esiden	tial Election	on Campaign		
8618 VA	LLEY	RANCH PKWY W					20	80			or your tly, want \$3			
City, town, or p	oost offic	ce. If you have a foreign address, also co	mplete s <sub>l</sub>	paces below.	Stat	te	ZIP code					Checking a		
IRVING					TX	•	7506	3	bo	x belo	w will not	change		
Foreign countr	y name		F	Foreign province/state	/count	у	Foreign p	ostal cod	le yo	ur tax	or refund.	Spouse		
Digital		ny 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:		•		a dependent								
		Were born before January 2, 1				: Was bor	n hoforo	lanuar	v 2 1	250	☐ Is bli	ind		
	-		900 [	<u> </u>	ouse:		(4)					instructions):		
•	•	s (see instructions): (1) First name Last name		(2) Social securit number	У	(3) Relationsh to you	b	Child tax		· 1	Credit for other dependents			
If more than four	(1)	Last name							1	· '				
dependents,											Г	┪		
see instruction and check	s ——								1		Г	┪		
here	]							Ē	1			┪		
Income	1a	Total amount from Form(s) W-2, b	ox 1 (see	e instructions) .						1a	7	71,716.		
	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	d Medicaid waiver payments not reported on Form(s) W-2 (see instructions)								1d				
W-2G and 1099-R if tax	е	e Taxable dependent care benefits from Form 2441, line 26								1e				
was withheld.	f	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 W-2, see	h	Other earned income (see instruct	ions) .							1h		0.		
instructions.	i	i Nontaxable combat pay election (see instructions)												
	Z	Add lines 1a through 1h								1z	7	71,716.		
Attach Sch. B	<b>2</b> a	· –	2a			axable interest				2b				
if required.	<u>3a</u>		3a			rdinary divide				3b				
	4a		4a			axable amoun				4b				
Standard Deduction for—	5a	<del>-</del>	5a			axable amoun				5b				
Single or	6a	,	6a			axable amoun				6b				
Married filing separately,	c	If you elect to use the lump-sum e		•	•	,				-				
\$12,950	7	Capital gain or (loss). Attach Sche								7		0.004		
Married filing jointly or	8	Other income from Schedule 1, line 10						8		-8,234.				
Qualifying surviving spouse,	9	·								9	+ 6	53,482.		
\$25,900	10	•								10	1	2 402		
Head of household,	11									11		53,482.		
\$19,400 If you checked	12 13	Qualified business income deduct		,	,					13		L2,950.		
any box under	14	Add lines 12 and 13								14	1	L2,950.		
Standard Deduction,	15	Subtract line 14 from line 11. If zer								15		50,532.		
see instructions.		5555651110111111011111110111111201	J 01 1000	o, onto	, our t				•	-13		,0,002.		

Form 1040 (202)	2)										Р	Page <b>2</b>
Tax and	16	Tax (see instructions). Check	if any from Form	(s): <b>1</b> 881	4 <b>2</b> 🗌 4972	3 🗌			16		6,73	33 <b>.</b>
Credits	17	Amount from Schedule 2, lin	ne 3						17			
	18	Add lines 16 and 17							18		6,73	33.
	19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812				19			
	20	Amount from Schedule 3, lin	ne 8						20			
	21	Add lines 19 and 20							21			
	22	Subtract line 21 from line 18	. If zero or less,	enter -0					22		6,73	33.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21 .				23			0.
	24	Add lines 22 and 23. This is	your <b>total tax</b>						24		6,73	33.
Payments	25	Federal income tax withheld										
,	а	Form(s) W-2				25a	9	,148.				
	b	Form(s) 1099				25b						
	С	Other forms (see instruction	s)			25c						
	d	Add lines 25a through 25c							25d		9,14	48.
If you have a	26	2022 estimated tax paymen	ts and amount a	pplied 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				28						
	29	American opportunity credit	from Form 8863	3, line 8		29						
	30	Reserved for future use .				30						
	31	Amount from Schedule 3, lin				31						
	32	Add lines 27, 28, 29, and 31	. These are your	total other pa	ayments and ref	undable	credits		32			
	33	Add lines 25d, 26, and 32. T	•	-	-				33		9,14	48.
Refund	34	If line 33 is more than line 24	-						34		2,41	<del></del>
Retund	35a	Amount of line 34 you want	-			•	•	. 🗆	35a		2,41	<del></del>
Direct deposit?	b	Routing number 0 7 2				Checkir		Savings				
See instructions.	d											
	36	Amount of line 34 you want				36						
Amount You Owe	37	Subtract line 33 from line 24 For details on how to pay, g		•					37			
	38	Estimated tax penalty (see instructions)										
Third Party Designee		you want to allow another	•			_	Yes. Co	omplete	below.	X No	,	
Boolgiloo		signee's							ersonal identification			
		me		no.				er (PIN)				
Sign Here	Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which											
пеге	Yo	ur signature	Date	Your occupation				nt you an		/		
									tection P e inst.)	IN, enter	it here	
Joint return? See instructions.				D-t-	QA ENGINE			,				
Keep a copy for your records.	Spouse's signature. If a joint return, <b>both</b> must sign.			Date Spouse's occupation					f the IRS sent your spouse an dentity Protection PIN, enter it here see inst.)			
	Ph	one no. (484) 983-490	9	Email address	SENDIL.SN	@GMAII	.COM					
Daid	Pre	eparer's name	Preparer's signat	ure		Date		PTIN		Check i	f:	
Paid	SYAN	M PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	02/13	/2023	P0208	2703	Sel	f-emplo	yed
Preparer								one no. (678) 965-9522			522	
Use Only								o'c EIN		21710		

245 ROONEY CT E BRUNSWICK NJ 08816

Firm's address

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

REV 02/05/23 PRO

BAA

84-3171965

Form **1040** (2022)

Firm's EIN

## 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.

SEND	IL NAGARAJAN SOUNDER RAJAN		863-66	5-5291	-
Par	t I Additional Income				
1 2a b 3	Taxable refunds, credits, or offsets of state and local income taxes  Alimony received			1 2a 3	
4	Other gains or (losses). Attach Form 4797		-	4	
5 6 7	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Atta Farm income or (loss). Attach Schedule F			5 6 7	-8,234.
8 a	Other income:  Net operating loss	8a (	)		
b c	Gambling	8b 8c			
d	Foreign earned income exclusion from Form 2555	8d (	)		
e f	Income from Form 8853	8e 8f			
g h	Alaska Permanent Fund dividends	8g 8h			
i j	Prizes and awards	8i 8j			
k	Stock options	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 instructions)	8m			
n	Section 951(a) inclusion (see instructions)	8n			
0	Section 951A(a) inclusion (see instructions)	80			
p a	Section 461(I) excess business loss adjustment	8p 8q			
r	Scholarship and fellowship grants not reported on Form W-2	8r	$\neg \neg$		
s	Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d	8s (	)		
t	Pension or annuity from a nonqualifed deferred compensation plan or				

8t

8u

8z

u Wages earned while incarcerated

**z** Other income. List type and amount:

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

-8,234.

9

10

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-base			
	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)	1		
b	Deductible expenses related to income reported on line 8I 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	i e		
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	1		
h	Attorney fees and court costs for actions involving certain unlawful			
	discrimination claims (see instructions)	1		
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:			
05	Tatal athous diseases and Add lines Of a three will Of		05	
<b>25</b>	Total other adjustments. Add lines 24a through 24z		25	
26	Add lines 11 through 23 and 25. These are your <b>adjustments to income</b> . En		00	
	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.

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.

<b>2022</b>	
Attachment Sequence No. <b>13</b>	,

Your social security number

SENI	DIL NAGARAJAN SOUNDER RAJAN						863-66	5-5291	
Par	Income or Loss From Rental Real Estate an Note: If you are in the business of renting personal proper			C See	instru	ctions If you a	re an indiv	idual reno	ort farm
	rental income or loss from <b>Form 4835</b> on page 2, line 40.	ry, acc	Concaul	<b>.</b>	i i i o ci o c	otiono. Il you di	o an man	radai, rope	ore raini
Α	Did you make any payments in 2022 that would require you	to file	Form(s) 1	099? S	See ins	tructions .		. <u> </u>	s 🛛 No
В	f "Yes," did you or will you file required Form(s) 1099? .							. 🗌 Ye	s 🗌 No
1a	Physical address of each property (street, city, state, ZIF								
Α	5-9/1/2 KALYANPURI COLONY SAINIKPURI H	HYDEF	RABAD.T	FIAN	GANA	TN 50009	4		
В					0111111				
1b	Type of Property (from list below)  2 For each rental real estate properabove, report the number of fair	ted and		Fa	ir Rental Days		Personal Use Days		
Α	personal use days. Check the Q			Α		365		0	
В	if you meet the requirements to f	file as	a	В		303			
C	qualified joint venture. See instru	uctions	S.	С					
	of Property:								
1	Single Family Residence 3 Vacation/Short-Term Ren Multi-Family Residence 4 Commercial	ital	5 Land 6 Roya			Self-Rental Other (descr	ibe)		
						Propertie	es:		
Incor	ne:			Α		В			С
3	Rents received	3		6	25.				
4	Royalties received	4							
Expe									
5	Advertising	5							
6	Auto and travel (see instructions)	6							
7	Cleaning and maintenance	7		1.9	75.				
8	Commissions	8		,_					
9	Insurance	9							
10	Legal and other professional fees	10							
11	Management fees	11		1,4	61				
12	Mortgage interest paid to banks, etc. (see instructions)	12			01.				
13	Other interest	13							
14	Repairs	14		1 . 8	38.				
15	Supplies	15			06.				
16	Taxes	16		1,0	-				
17	Utilities	17		1.7	79.				
18	Depreciation expense or depletion	18		±, /	7.5.				
19	Other (list)	19							
20	Total expenses. Add lines 5 through 19	20		8,8	50				
	Subtract line 20 from line 3 (rents) and/or 4 (royalties). If	20		0,0	55.				
21	result is a (loss), see instructions to find out if you must file <b>Form 6198</b>	21		-8,2	34.				
22	Deductible rental real estate loss after limitation, if any, on <b>Form 8582</b> (see instructions)	22	(		34.)	(	)(		)
23a	Total of all amounts reported on line 3 for all rental prope	erties			23a		625.		
b	Total of all amounts reported on line 4 for all royalty prop				23b				
С	Total of all amounts reported on line 12 for all properties				23c		$\neg \neg$		
d	Total of all amounts reported on line 18 for all properties				23d		$\neg \neg$		
e	Total of all amounts reported on line 20 for all properties				23e	8	,859.		
24	Income. Add positive amounts shown on line 21. <b>Do no</b>						. 24		
25	Losses. Add royalty losses from line 21 and rental real estat		•		nter to	otal losses her		<del></del>	8,234.)
26	Total rental real estate and royalty income or (loss).							<u></u>	-, /
20	here. If Parts II, III, IV, and line 40 on page 2 do not Schedule 1 (Form 1040), line 5. Otherwise, include this ar	apply	to you,	also er	nter th	is amount o			-8,234.