Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization

OMB No. 1545-0074

ERO must obtain and retain completed Form 8879. ▶ Go to www.irs.gov/Form8879 for the latest information.

Submission Identification Number (SID)

T.....

Taxpayer's name	Social security number
CHARANI CHAMANA	740-77-8997
Spouse's name	Spouse's social security number
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	1 70,099.
2 Total tax	2 8,185.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3 9,936.
4 Amount you want refunded to you	· · · · 4 1,751.
5 Amount you owe	5

Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return) Part II

Under penalties of periury. I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

X	I authorize	GLOBAL	TAXES	LLC	to enter or generate my PIN	L
				ERO firm name		1

7	8	9	9	7	
Ent don	er fiv n't er	/e di iter a	gits, all ze	but ros	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 now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature 🕨

Date 🕨

Spouse's PIN: check one box only

I authorize

to	enter	or	generate	mv	PIN
ιU	CITCI		generate	iiiy	1 11 1

Enter five digits, but don't enter all zeros

as mv

ERO firm name 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 now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature >	Da	te 🕨					 		
Practitioner PIN Method Returns Only—con	tinue	bel	ow						
Part III Certification and Authentication – Practitioner PIN Method O	nly								
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected Pl	N.	2	2	2		6 all zei	 9	8 9	Э

I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature ►		Date 🕨	
	at Retain This Form — See s Form to the IRS Unless		
For Denember Reduction Act Nation and Vous tov re	ture instructions	DEV/ 04/20/22 DDO	Earm 8879 (Bay, 01 2021)

For Paperwork Reduction Act Notice, see your tax return instructions. BAA

1040		Internal Revenue Servi 5. Individual Income Ta		n 20 2	2	OMB No. 1545	-0074	IRS Use O	nly—Do	o not wr	rite or staple in	this space.
Filing Status	X S	Single Married filing jointly	Married	filing separately (N	(IFS)	Head of	house	hold (HOH))		ifying surviv Ise (QSS)	ing
one box.	,	u checked the MFS box, enter the n on is a child but not your dependent	,	ir spouse. If you ch	neck	ed the HOH or	QSS	box, enter	the c	hild's	name if the	qualifying
Your first name	and mi	ddle initial	Last name						Yo	our soo	cial security	number
CHARANI			CHAMAN	A					7	40-7	7-8997	
lf joint return, sj	oouse's	first name and middle initial	Last name						Sp	ouse's	s social secu	rity number
Home address	(numbe	r and street). If you have a P.O. box, see	instructions	S.			A	vpt. no.			ntial Election	
12856 17											ere if you, o if filing jointly	
		ce. If you have a foreign address, also co	mplete spac	ces below.	Sta	-	ZIP c				this fund. Cl	
PUYALLUF					WA		983				w will not cl	nange
Foreign country	name		Fore	eign province/state/c	count	y	Foreig	n postal coo	le yo	ur tax	or refund.	Spouse
Digital	Δt an	y time during 2022, did you: (a) rec	eive (as a r	eward award or i	navn	nent for prope	rtv or	services).	or (b)	مالع		
Assets		ange, gift, or otherwise dispose of a									Yes	X No
Standard	Som	eone can claim: 🗌 You as a de	pendent	Vour spouse	e as	a dependent						
Deduction	<u> </u>	Spouse itemizes on a separate retur	n or you w	ere a dual-status a	alien							
Age/Blindness	You:	Were born before January 2, 1	958 🗌 /	Are blind Spo	use	: 🗌 Was bor	n befo	ore Januar	y 2, 1	958	Is blin	d
Dependents	s (see	instructions):		(2) Social security		(3) Relationsh	ip (4) Check the	e box if	qualifi	ies for (see in	structions):
If more	(1) Fi	rst name Last name		number		to you		Child tax	c credi	t (Credit for othe	r dependents
than four dependents,									<u> </u>	$ \rightarrow $		<u> </u>
see instructions	s ——								<u>]</u>	\rightarrow]
and check here]	\rightarrow		<u> </u>
	10	Total amount from Form(s) W-2, b		antructiona)								3,039.
Income	1a b	Household employee wages not re	•	,	•		• •		·	1a 1b	/ 6	,039.
Attach Form(s)	c	Tip income not reported on line 1a	•							10		
W-2 here. Also attach Forms	d	Medicaid waiver payments not rep	•	,						1d		
W-2G and	е	Taxable dependent care benefits f				· · · ·				1e		
1099-R if tax was withheld.	f	Employer-provided adoption bene	fits from F	orm 8839, line 29						1f		
If you did not	g	Wages from Form 8919, line 6 .								1g		
get a Form	h	Other earned income (see instruct	ions) .							1h		0.
W-2, see instructions.	i	Nontaxable combat pay election (s	see instruc ⁻	tions)	•	1 i						
	z	Add lines 1a through 1h	· · ·							1z	78	3,039.
Attach Sch. B	2a	· ·	2a			axable interest				2b		
if required.	3a		3a			rdinary divide				3b		
	4a		4a			axable amoun			•	4b		
Standard Deduction for –	5a		5a			axable amoun			•	5b		
 Single or 	6a	Social security benefits	6a			axable amoun	t		·	6b		
Married filing separately,	с 7	Capital gain or (loss). Attach Sche		· · · · · · · · · · · · · · · · · · ·	`	,	• •			7		
\$12,950Married filing	8	Other income from Schedule 1, lin					• •			8		7,940.
jointly or	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7					• •		•	9),099.
Qualifying surviving spouse,	10	Adjustments to income from Sche			onic		• •		·	10	/(,000.
\$25,900 • Head of	11	Subtract line 10 from line 9. This is			ne .					11	70),099.
household,	12	Standard deduction or itemized	•	-						12		2,950.
\$19,400 • If you checked	13	Qualified business income deduct		,	'	5-A				13	<u>+ </u>	
any box under Standard	14	Add lines 12 and 13								14	12	2,950.
Deduction, see instructions.	15	Subtract line 14 from line 11. If zer				axable incom	ie .			15		7,149.

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Form **1040** (2022)

Credits	16 17 18 19 20 21 22 23 24 25 a b	Tax (see instructions). Check Amount from Schedule 2, lin Add lines 16 and 17 Child tax credit or credit for a Amount from Schedule 3, lin Add lines 19 and 20 Subtract line 21 from line 18. Other taxes, including self-er Add lines 22 and 23. This is y Federal income tax withheld Form(s) W-2	e 3 other dependent e 8 If zero or less, mployment tax, your total tax	ts from Sched	ule 8812			16 17 18 19 20 21		,185. ,185.
	18 19 20 21 22 23 24 25 a	Add lines 16 and 17	other dependent e 8 	ts from Sched	ule 8812	· · · · · · ·		18 19 20	8,	.185.
	19 20 21 22 23 24 25 a	Child tax credit or credit for a Amount from Schedule 3, line Add lines 19 and 20 Subtract line 21 from line 18. Other taxes, including self-er Add lines 22 and 23. This is y Federal income tax withheld	other dependent e 8 If zero or less, mployment tax, your total tax	ts from Sched	ule 8812	· · · · · ·	· · · · · ·	19 20		,185.
: : ;	20 21 22 23 24 25 a	Amount from Schedule 3, lin Add lines 19 and 20 Subtract line 21 from line 18. Other taxes, including self-er Add lines 22 and 23. This is y Federal income tax withheld	e 8 If zero or less, mployment tax, your total tax	 enter -0 from Schedule	· · · · · · ·		· · · ·	20		
: : ;	21 22 23 <u>24</u> 25 a	Add lines 19 and 20	lf zero or less, o mployment tax, your total tax	 enter -0 from Schedule			· · · ·			
: 	22 23 24 25 a	Subtract line 21 from line 18. Other taxes, including self-er Add lines 22 and 23. This is Federal income tax withheld	If zero or less, mployment tax, your total tax	enter -0 from Schedule				21		
	23 24 25 a	Other taxes, including self-er Add lines 22 and 23. This is Federal income tax withheld	mployment tax, your total tax	from Schedule						
:	24 25 a	Add lines 22 and 23. This is y Federal income tax withheld	your total tax		O line 01			22	8,	,185.
	25 a	Federal income tax withheld			ez, iinezi .			23		0.
Payments 2	а	Federal income tax withheld						24	8,	,185.
-		$Form(s) W_{-2}$	from:							
	b					25a 9	,936.			
		Form(s) 1099				25b				
	С	Other forms (see instructions	s)			25c				
	d	Add lines 25a through 25c						25d	9,	,936.
If you have a	26	2022 estimated tax payment	s and amount a	pplied from 20	21 return			26		
qualifying child,	27	Earned income credit (EIC)				27				
attach Sch. EIC.	28	Additional child tax credit from	n Schedule 8812			28				
	29	American opportunity credit	from Form 8863	8, line 8		29				
;	30	Reserved for future use .				30				
;	31	Amount from Schedule 3, lin	e15			31				
;	32	Add lines 27, 28, 29, and 31.	These are your	total other pa	ayments and refu	undable credits		32		
:	33	Add lines 25d, 26, and 32. The	nese are your to	tal payments				33	9,	,936.
Refund	34	If line 33 is more than line 24	, subtract line 24	4 from line 33.	This is the amou	nt you overpaid		34	1,	,751.
	35a	Amount of line 34 you want r			is attached, che	ck here	. 🗆	35a	1,	,751.
Direct deposit?	b	Routing number 0 7 1	0 0 0 0	1 3	c Type: 🛛 🗙	Checking	Savings			
See instructions.	d	Account number 3 6 6	0 3 2 3	1 3						
	36	Amount of line 34 you want a	pplied to your	2023 estimate	dtax	36				
Amount :	37	Subtract line 33 from line 24.	This is the amo	ount you owe.						
You Owe		For details on how to pay, go	o to <i>www.irs.gov</i>	//Payments or	see instructions			37		
	38	Estimated tax penalty (see in	structions) .			38				
Third Party	Do	you want to allow another	person to disc	cuss this retu	n with the IRS?	See			_	
Designee	ins	tructions				. Yes. C	omplete b	elow.	X No	
	Des nan	signee's		Phone no.			onal identif oer (PIN)	ication		
0.		der penalties of perjury, I declare th					. ,	*	t of my know	
Sign		ef, they are true, correct, and com			1 2 0		,		,	0
Here	You	ir signature		Date	Your occupation		If the	IRS ser	nt you an Idei	ntity
		5					Prote	ection P	N, enter it he	
Joint return?					SOFTWARE I	-	(see	inst.)		
See instructions. Keep a copy for	Spo	ouse's signature. If a joint return, b	oth must sign.	Date	Spouse's occupat	ion			nt your spous action PIN, er	
your records.							(see			
-	Pho	one no. (217)416-3423	1	Email address	CUADANTCUAN	ANA@CMATI CO		,		
		one no. (217)416-3421 parer's name	L Preparer's signat			ANA@GMAIL.CO			Check if:	
Paid		PRIYA RAM SAGAR GUPTA TALLAM					P02082	2070	Self-em	nploved
Preparer -				ICAM DAGAIC	GOFIA IADDAM	02/04/2023				
Use Only		n's name GLOBAL TAX n's address 245 ROONEX		NGWICK N	J 08816			s EIN	678)965	
0- t		1040 for instructions and the lates		TIONICIC IN	BAA	REV 01/28/23 PRO	1		88-21	340 (2022)

SCHEDULE	1
(Form 1040)	

Department of the Treasury

Additional Income and Adjustments to Income

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

OMB No. 1545-0074 2

Department of the Treasury Internal Revenue Service	Go to www.irs.gov/Form1040 for instructions and the latest information.		Attachment Sequence No. 01
Name(s) shown on Fo	rm 1040, 1040-SR, or 1040-NR	Your soc	ial security number
CHARANI CHAMAN	A	740-77	-8997
Part I Additio	onal Income		

Par	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	ach Schedule E .	5	-7,940.
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		
i	Prizes and awards	8i		
j	Activity not engaged in for profit income	8j		
k	Stock options	8k		
1	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		
ο	Section 951A(a) inclusion (see instructions)	80		
р	Section 461(I) excess business loss adjustment	8р		
q	Taxable distributions from an ABLE account (see instructions)	8q		
r	Scholarship and fellowship grants not reported on Form W-2	8r		
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			
	a nongovernmental section 457 plan	8t		
u	Wages earned while incarcerated	8u		
z	Other income. List type and amount:			
		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	, or 1040-NR, line 8	10	-7,940.

For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule 1 (Form 1040) 2022

Par	II Adjustments to Income				
11	Educator expenses		 	11	
12	Certain business expenses of reservists, performing artists, and fee		rernmen	ıt 🗌	
	officials. Attach Form 2106		 	12	
13	Health savings account deduction. Attach Form 8889				
14	Moving expenses for members of the Armed Forces. Attach Form 3903		 	14	
15	Deductible part of self-employment tax. Attach Schedule SE				
16	Self-employed SEP, SIMPLE, and qualified plans				
17	Self-employed health insurance deduction		 	17	
18	Penalty on early withdrawal of savings				
19a	Alimony paid				
b	Recipient's SSN				
C	Date of original divorce or separation agreement (see instructions):			-	
20	IRA deduction				
21	Student loan interest deduction				
22	Reserved for future use				
23	Archer MSA deduction			23	
24	Other adjustments:		 		
 a	Jury duty pay (see instructions)	24a			
b	Deductible expenses related to income reported on line 8l from the				
	rental of personal property engaged in for profit	24b			
с	Nontaxable amount of the value of Olympic and Paralympic medals				
•	and USOC prize money reported on line 8m	24c			
d	Reforestation amortization and expenses	24d			
e	Repayment of supplemental unemployment benefits under the Trade				
•	Act of 1974	24e			
f	Contributions to section 501(c)(18)(D) pension plans	24f			
q	Contributions by certain chaplains to section 403(b) plans	24g			
·	Attorney fees and court costs for actions involving certain unlawful				
	discrimination claims (see instructions)	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			
i	Housing deduction from Form 2555	24j			
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form	,			
~	1041)	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				
	Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a				
		· ·	 		

SCHEDULE	Ε
(Form 1040)	

Supplemental Income and Loss

OMB No. 1545-0074

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

Department of the Treas
Internal Revenue Servic

(Form	n 1040)	(Fr	om r	ental real e	estate, royaltie	s, partnersl	hips, S	corpora	itions, e	states	s, trusts, REMI	Cs, etc.)	90	199
Departn	Attach to Form 1040, 1040-SR, 1040-NR, or 1041. Go to <i>www.irs.gov/ScheduleE</i> for instructions and the latest information.										Attachm			
Internal	Revenue Service			Go to w	ww.irs.gov/Sc	heduleE for	r instru	uctions a	nd the I	atest	information.		Sequen	ce No. 13
Name(s) shown on return												cial security	number
	RANI CHAMAN		-									740-7	77-8997	
Part					Rental Real I									
	rental inco	ou ar	e in ti or los	ne business is from Fori	m 4835 on page	sonal proper e 2, line 40.	τy, use	Schedu	le C. Se	e insti	ructions. If you	are an Ind	ividual, rep	ort farm
A [Did you make ar						to file	Form(s)	1099?	See i	nstructions .		. 🗌 Ye	s 🕅 No
		rou or will you file required Form(s) 1099?												
1a	Physical addr	ess	of ea	ach prope	rty (street, city									
					, (,,	,,		-,						
<u>с</u>														
 1b	Type of Prope	rtv	2	For oach	rontal roal or	tato propo	utu liet	tod			air Rental	Personal Use		
10	(from list below									Days		Days		QJV
Α	3	.,		personal	l use days. Ch	days. Check the QJV boy			Α		365	0		
B					ou meet the requirements to fi				B					
С				qualified	joint venture.	See instru	ictions	5.	C					
Туре	of Property:								1	1		1		
1	Single Family R	esid	lence	e 3 V	acation/Short	-Term Ren	tal	5 Lar	d	-	7 Self-Rental			
	Multi-Family Re				ommercial			6 Roy	/alties	8	8 Other (desc	ribe)		
											Propert			
Incom									Α		B	163.		С
3	Rents received	4					3			500.	_			<u> </u>
4	Royalties rece						4						-	
Exper							<u> </u>						-	
5							5							
6	Auto and trave						6							
7		maintenance												
8	Commissions						8							
9	Insurance .						9							
10	Legal and othe	er pr	ofes	sional fees	s		10							
11	Management f	ees					11		4	400.				
12	Mortgage inter					,	12							
13	Other interest						13							
14	Repairs	• •					14			420.				
15							15		1,8	370.				
16	Taxes						16							
17	Utilities						17		3,0	050.				
18	Depreciation e	xpe	nse (or depletic	on		18 19							
19 20	Other (list)				ugh 10		20		0	540.			+	
	Subtract line 2				0		20		0,3	540.				
21	result is a (los			`	, ,									
	file Form 6198						21		-7,9	940.				
22									, -				-	
		Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)						(7,9	40.)()
23a	Total of all am	-		-			rties			23a		600.	/	,
b	Total of all am									23k				
с	Total of all am									230	;			
d	Total of all am	ount	ts rep	ported on	line 18 for all	properties				230	k			
е	Total of all am									236	8	3,540.		
24		dd positive amounts shown on line 21. Do not include any losses									. 24			
25	Losses. Add re	-	-										(7,940.)
26	Total rental re													
	here. If Parts													7 040
	Schedule 1 (Fo	ווווכ	1040), in ie 5. C	Juliei wise, Incl	iuue inis ar	noun	in the t	otal ON	me 4	i on page 2	· 26		-7,940.