Form	88	<b>37</b>	<b>'9</b>	
(Rev.	Januar	y 202	21)	
-			-	

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.

Submission Identification Number (SID)

Taxpay	er's name	Social secu	rity numb	er				
VEN	KATESH B KANDASWAMY	751-34	1-0462	2				
Spouse	's name	Spouse's so	cial secu	rity number				
Par	t I Tax Return Information – Tax Year Ending December 31, 2022 (Enter	r year you	are aut	horizing.)				
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	47,765.				
2	Total tax		2	3,974.				
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	7,099.				
4	Amount you want refunded to you		4	3,125.				
5	Amount you owe		5					
Part	Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)							

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					EBO firm name	6 ,	En
	X	I authorize	GLOBAL '	TAXES	LLC	to enter or generate my PIN	4

4	0	4	6	2	00 mV
Ent dor	er fiv n't er	ve 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	my	PIN

as mv Enter five digits, but don't enter all zeros

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 signa	ature 🕨 🛛 Da	ate 🕨	•				 		
	Practitioner PIN Method Returns Only—continue	bel	ow						
Part III Ce	ertification and Authentication – Practitioner PIN Method Only								
ERO's EFIN/P	<b>IN.</b> Enter your six-digit EFIN followed by your five-digit self-selected PIN.	2	2			6 all ze	 9	8	9

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 🕨	
_	st Retain This Form — See Instructions is Form to the IRS Unless Requested To Do So	
For Denemory Deduction Act Nation and vous to		v 01 2021)

For Paperwork Reduction Act Notice, see your tax return instructions. BAA REV 01/28/23 PRO

<b>1040</b>		artment of the Treasury—Internal Revenue Servi S. Individual Income Tax		202	2	OMB No. 1545	-0074	IRS Use O	nly—Do	o not wi	rite or staple in this space.
Filing Status Check only			_	ing separately (N	,			. ,		spou	ifying surviving ıse (QSS)
one box.	pers	u checked the MFS box, enter the na on is a child but not your dependent		spouse. If you cl	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
VENKATES	SH B		KANDASV	VAMY					75	51-3	34-0462
lf joint return, s	oouse's	first name and middle initial	Last name						Sp	ouse's	s social security number
Home address	(numbe	r and street). If you have a P.O. box, see	instructions.				A	Apt. no.	Pr	esider	ntial Election Campaign
<u>15510 RA</u>	NCH	RD 620 N					0	)1305			iere if you, or your
City, town, or p	ost offic	ce. If you have a foreign address, also co	mplete spaces	s below.	Sta	te	ZIP c	ode			if filing jointly, want \$3 this fund. Checking a
Austin					ТХ	2	787	17		•	ow will not change
Foreign country	name		Foreig	gn province/state/o	count	у	Foreig	n postal coc	le yo	ur tax	or refund.
											You Spouse
Digital		ny time during 2022, did you: (a) rece									
Assets	exch	ange, gift, or otherwise dispose of a	a digital asse	t (or a financial i	ntere	est in a digital	asset)	? (See ins	tructio	ons.)	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 wer	e a dual-status a	alien						
Age/Blindness	You:	Were born before January 2, 1	958 🗌 Ar	e blind Spo	use	: 🗌 Was bor		ore Januar			Is blind
Dependents		,		(2) Social security		(3) Relationsh	ip <b>(4</b>			· .	ies for (see instructions):
If more	(1) Fi	(1) First name Last name		number		to you	Child tax o		c credit	t	Credit for other dependents
than four dependents,									<u> </u>		<u> </u>
see instructions	s ——								<u> </u>		<u> </u>
and check									<u> </u>		<u> </u>
here											
Income	1a b	Total amount from Form(s) W-2, be Household employee wages not re		,						1a 1b	53,673.
Attach Form(s)	c	Tip income not reported on line 1a					• •		•	10	
W-2 here. Also	d	Medicaid waiver payments not rep		,			• •		•	1d	
attach Forms W-2G and	e	Taxable dependent care benefits f			10110		• •		•	1e	
1099-R if tax	f	Employer-provided adoption bene			•		• •		•	1f	
was withheld.	g	Wages from Form 8919, line 6 .		,	•				·	1g	
lf you did not get a Form	h	Other earned income (see instructi			•				•	1h	
W-2, see	i	Nontaxable combat pay election (s	,			<b>1</b> i	1		•		
instructions.	z									1z	53,673.
Attach Sch. B	2a	S I	2a		bТ	axable interest				2b	
if required.	3a		3a			rdinary divider				3b	
	4a		4a			axable amoun				4b	
Standard	5a		5a			axable amoun				5b	
Deduction for –	6a		6a			axable amount				6b	
<ul> <li>Single or Married filing</li> </ul>	с	If you elect to use the lump-sum e	lection meth								
separately, \$12,950	7	Capital gain or (loss). Attach Sche			•	,				7	1
Married filing	8	Other income from Schedule 1, lin	. e 10							8	-5,908.
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,								9	47,765.
surviving spouse, \$25,900	10	Adjustments to income from Sche		•						10	
• Head of	11	Subtract line 10 from line 9. This is	s your <b>adjust</b>	ted gross incon	ne					11	47,765.
household, \$19,400	12	Standard deduction or itemized								12	
If you checked	13	Qualified business income deducti				5-A				13	
any box under Standard	14	Add lines 12 and 13								14	12,950.
Deduction, see instructions.	15	Subtract line 14 from line 11. If zer				axable incom	е.			15	
See Instructions.											

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

Form **1040** (2022)

Form 1040 (2022	2)									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	3 ,	,974.
Credits	17	Amount from Schedule 2, lin	ie3					17		
	18	Add lines 16 and 17						18	3,	,974.
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812			19		
	20	Amount from Schedule 3, lin	ie8					20		
	21	Add lines 19 and 20						21		
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	3,	,974.
	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	3,	,974.
Payments	25	Federal income tax withheld								
	а	Form(s) W-2				25a 7	,099.			
	b	Form(s) 1099				25b		1		
	с	Other forms (see instructions	s)			25c		1		
	d	Add lines 25a through 25c						25d	7	,099.
15	26	2022 estimated tax payment	ts and amount a	pplied from 20	21 return .			26		
If you have a l qualifying child,	27	Earned income credit (EIC)				27				
attach Sch. EIC.	28	Additional child tax credit from				28		1		
	29	American opportunity credit	from Form 8863	3, line 8		29		1		
	30	Reserved for future use .		·		30				
	31	Amount from Schedule 3, lin				31		1		
	32	Add lines 27, 28, 29, and 31				undable credits		32		
	33	Add lines 25d, 26, and 32. T	,		•			33	7	,099.
Defund	34	If line 33 is more than line 24	, subtract line 2	4 from line 33.	This is the amou	nt you overpaid		34	3,	,125.
Refund	35a	Amount of line 34 you want	·			,	. 🗆	35a	3	,125.
Direct deposit?	b	Routing number 1 1 1					Savings			
See instructions.	d	Account number 4 8 8					9			
	36	Amount of line 34 you want a				36				
Amount	37	Subtract line 33 from line 24								
You Owe	07	For details on how to pay, g						37		
	38	Estimated tax penalty (see ir	-			38		•.		
Third Party		you want to allow another								
Designee		structions	•				omplete b	below.	X No	
<b>J</b>	De	signee's		Phone			onal identi	fication		
	nai	nē		no.		num	ber (PIN)			
Sign		der penalties of perjury, I declare t								
Here		ief, they are true, correct, and com	plete. Declaration of		,	ased on all information	1			0
	Yo	ur signature		Date	Your occupation				nt you an Idei IN, enter it he	
Joint return?					CONSULTAN'	г		inst.)		
See instructions.	Sp	ouse's signature. If a joint return, <b>i</b>	ooth must sign.	Date Spouse's occupation		If the	IRS ser	nt your spous	se an	
Keep a copy for	- 1-	opodoo o olghadalo. Il a joint rotarii, <b>Dour</b> muot olgh.					Ident	tity Prote	ection PIN, er	
your records.							(see	inst.)		
		one no. (737)420-202		Email address	VICTORYVENKA	TESH14@GMAIL.C				
Paid	Pre	eparer's name	Preparer's signat	ure		Date	PTIN		Check if:	
Preparer	SYAM	PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	02/09/2023	P0208	2703	Self-em	nployed
Use Only	Fir	m's name GLOBAL TAX	XES LLC				Phor	ne no. (	678)965	-9522
	Fir	m's address 245 ROONE	Y CT E BRU	NSWICK N	J 08816		Firm	's EIN	84-31	71965
Go to www.irs.ge	ov/Form	n1040 for instructions and the late	st information.		BAA	REV 01/28/23 PRO			Form <b>1(</b>	<b>040</b> (2022)

SCHE	DULE	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 2

Department of the Treasury Internal Revenue Service	Go to www.irs.gov/Form1040 for instructions and the latest information.		Attachment Sequence No. <b>01</b>
Name(s) shown on Fo	orm 1040, 1040-SR, or 1040-NR	Your soc	ial security number
VENKATESH B KA	NDASWAMY	751-34	-0462

Par	t 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	-5,908.
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	-5,908.

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			
<b>·</b>	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 <b>adjustments to income</b>				
	Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a				
		· ·	 		

(Form 1040)		(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)											90		
Departm Internal	Attach to Form 1040, 1040-SR, 1040-NR, or 1041. Go to <i>www.irs.gov/ScheduleE</i> for instructions and the latest information.										Attachn Sequen	Attachment Sequence No. <b>13</b>			
Name(s) shown on return											Your soci	al security	number		
VENKATESH B KANDASWAMY									751-3	34-0462					
Part						al Real Es									
	rental inco	me	or lo	ss from	Form 483	5 on page 2	2, line 40.					ctions. If you			
	Did you make ar														
B	f "Yes," did you	or	will y	you file	required	Form(s) 1	099? .							. 🗌 Ye	es 🗌 No
<b>1</b> a	Physical addr			•				P code	e)						
A	SELAIYUR CHENNAI TAMILNADU IN 600073														
B															
C			1								1				
1b	Type of Prope (from list belov							Fa	ir Rental Days	Person Da		QJV			
Α	3					days. Che				Α		365	365		
В						e requiren venture. S				В					
С				quai	neu joint	venture. c		CLIOITS	5.	С					
Туре	of Property:														
1	Single Family R	esic	denc	e :	3 Vacatio	on/Short-T	Ferm Ren	tal	5 Land	l		Self-Renta			
2	Multi-Family Re	side	ence	e 4	4 Comm	ercial			6 Roya	alties	8	Other (des	cribe)		
												Proper			
Incom	ne:									Α		B			
3	Rents received	1.						3			10.				С
4	Royalties rece							4							
Exper								-							
5								5							
6	Auto and trave							6							
7		and maintenance								8	345.				
8	•														
9	Insurance .							9							
10	Legal and othe	er pi	rofes	ssional	fees .			10							
11	Management f	ees						11		6	598.				
12	Mortgage inter	rest	paid	d to bar	nks, etc.	(see instru	ictions)	12							
13	Other interest	ner interest													
14	Repairs							14		1,9	958.				
15	Supplies .							15		1,5	548.				
16	Taxes							16							
17	Utilities							17		1,2	269.				
18	Depreciation e	xpe	ense	or dep	letion .			18							
19	Other (list)							19							
20	Total expenses				•			20		6,3	318.				
21	Subtract line 2 result is a (loss file <b>Form 6198</b>	s), s	see i	nstructi	ions to fi	nd out if y	ou must	21		-5,9	08.				
22	Deductible rer on <b>Form 8582</b>							22	(	5,90	08.)	(	)	(	)
23a	Total of all am	oun	ts re	eported	on line 3	for all ren	tal prope	rties			23a		410.		
b	Total of all am			-		-		erties			23b				
С		otal of all amounts reported on line 12 for all properties									23c				
d	Total of all amounts reported on line 18 for all properties										23d				
е									23e		6,318.				
24	Income. Add	-							-				. 24		
25	Losses. Add re	oyal	ty lo	sses fro	om line 21	and rental	real estat	e loss	ses from lir	ne 22. E	Enter to	otal losses h	ere <b>25</b>	(	5,908.)

**Supplemental Income and Loss** 

SCHEDULE E

26	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 .

For Paperwork Reduction Act Notice, see the separate instructions.

-5,908.

26

OMB No. 1545-0074