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

illemai nevenue Service							
Submission Identification Number (SID)							
Taxpayer's name	Social securit	y number					
GOUSE MANGALAGIRI	836-84-	836-84-3190					
Spouse's name		al security number					
Part I Tax Return Information — Tax Year Ending December 31, 2022 (El	nter year you a	re authorizina)					
Enter whole dollars only on lines 1 through 5.	iller year you ar	e authorizing.)					
Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.							
1 Adjusted gross income		1 38,827.					
2 Total tax		2 1,630.					
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3 4,189.					
4 Amount you want refunded to you		4 2,559.					
5 Amount you owe		5					
Part II Taxpayer Declaration and Signature Authorization (Be sure you get a	nd keep a cop						
Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amen							
to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account payment 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 term payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation business days prior to the payment (settlement) date. I also authorize the financial institutions involved in taxes to receive confidential information necessary to answer inquiries and resolve issues related to the personal identification number (PIN) below is my signature for the income tax return (original or amended Electronic Funds Withdrawal Consent.	ne U.S. Treasury are t indicated in the ta- itution to debit the inate the authorizarequests must be the processing of the payment. I furt	nd its designated Financia ix preparation software for entry to this account. This tion. To revoke (cancel) a received no later than 2 the electronic payment of the racknowledge that the					
Taxpayer's PIN: check one box only							
<u></u>	ata my DINI	3 1 9 0					
X I authorize GLOBAL TAXES LLC to enter or gener	Ent	er five digits, but					
signature on the income tax return (original or amended) I am now authorizing.	dor	't enter all zeros					
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							
Spouse's PIN: check one box only							
I authorize to enter or gener	ato my DINI	ac my					
ERO firm name		er five digits, but					
signature on the income tax return (original or amended) I am now authorizing.		't enter all zeros					
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.							
Spouse's signature ▶ Date	•						
Practitioner PIN Method Returns Only—continue be							
Part III Certification and Authentication — Practitioner PIN Method Only							
EDOL: EFIN/DIN Fatance in the FFIN fall and the confirmation of the state of the state of DIN 2							
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 2	1-1-1-1-1	6 6 1 9 8 9 er all zeros					
I certify that the above numeric entry is my PIN, which is my signature for the electronic individual incon authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am s requirements of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS <i>e-file</i> Providers	ubmitting this retu	rn in accordance with the					
ERO's signature ▶ Date							
FRO 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	S X S	Single Married filing jointly	Marrie	ed filing separately	(MFS)	Head of	househo	ld (HOH)		ifying surv	iving
Check only one box.	If vo	ou checked the MFS box, enter the	name of v	your engues If you	ı chack	ad the HOH o	r OSS bo	v antai	the c		ise (QSS)	a gualifying
OHE DOX.		son is a child but not your depender		our spouse. If you	CHOOK		i QOO be	x, critci	1110 0	illia 3	name ii tii	c qualifying
Your first name	and mi	iddle initial	Last nai	me					Y	our so	cial securit	v number
GOUSE			MANGALAGIRI 8						34-3190	-		
	pouse's	s first name and middle initial	Last nai						-			curity number
•									Ι.			•
Home address	(numbe	er and street). If you have a P.O. box, se	e instruction	ons.			Apt	. no.	Pr	esider	ntial Election	n Campaign
8084 WAT	· rerf(ORD CIRCLE					20	2	+		ere if you,	. •
		ce. If you have a foreign address, also c	omplete s	paces below.	Sta	ite	ZIP cod				0,	tly, want \$3
MEMPHIS			TN		1				to go to this fund. Checking a box below will not change			
Foreign country name			F				Foreign			your tax or refund.		
											You	Spouse
Digital	At ar	ny time during 2022, did you: (a) re	ceive (as	a reward, award,	or payr	ment for prope	erty or se	rvices);	or (b)	sell,		
Assets		lange, gift, or otherwise dispose of					-				Yes	⊠ No
Standard	Som	eone can claim:	ependent	Your spo	use as	a dependent						
Deduction		Spouse itemizes on a separate retu	ırn or you	were a dual-statu	ıs alien	1						
Age/Blindness	. Vou	: Were born before January 2,	1958	Are blind S	pouse	·	rn before	Janua	v 2 1	958	☐ Is bli	nd
			1330 _		•	(3) Relationsh	1		-			instructions):
-	s (see instructions): (1) First name Last name			(2) Social security number		to you	пр	Child tax cre			,	ner dependents
If more than four	(1)	Last Harris				,		Г	7			
dependents,									<u> </u> 			╡──
see instructions and check	s —								<u></u> 1			╡──
here] —								1			┪
	1a	Total amount from Form(s) W-2,	box 1 (see	e instructions) .					<u> </u>	1a		38 , 827.
Income	b	Household employee wages not	,	,						1b		
Attach Form(s)	c	Tip income not reported on line 1								1c		
W-2 here. Also attach Forms	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)						1d				
W-2G and	е	Taxable dependent care benefits from Form 2441, line 26						1e				
1099-R if tax	f	Employer-provided adoption benefits from Form 8839, line 29						1f				
was withheld. If you did not	g	Wages from Form 8919, line 6.								1g		
get a Form	h	Other earned income (see instruc								1h		0.
W-2, see	i	Nontaxable combat pay election (see instructions)										
instructions.	z	Add lines 1a through 1h	`							1z] 3	88,827.
Attach Sch. B	2a	Tax-exempt interest	2a		b T	axable interes	st .			2b		
if required.	3a	Qualified dividends	3a		b C	ordinary divide	nds .			3b		
	4a	IRA distributions	4a		b T	axable amoun	nt			4b		
Standard	5a	Pensions and annuities	5a		b T	axable amoun	nt			5b		
Deduction for—	6a	Social security benefits	6a		b T	axable amoun	nt			6b		
Single or Married filing	С	If you elect to use the lump-sum election method, check here (see instructions)										
separately, \$12,950	7	Capital gain or (loss). Attach Sch	edule D if	required. If not re	quired	, check here				7		
Married filing	8	Other income from Schedule 1, line 10						8				
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b,	7, and 8.	This is your total	incom	e				9	3	88,827.
surviving spouse, \$25,900	10	Adjustments to income from Sch	edule 1, l	ine 26						10		
Head of	11	Subtract line 10 from line 9. This	is your a c	djusted gross inc	ome					11	3	88 , 827.
household, \$19,400	12	Standard deduction or itemized	d deducti	ons (from Schedu	ıle A)					12	1	2,950.
If you checked any box under	13	Qualified business income deduc								13		
Standard	14	Add lines 12 and 13								14		2 , 950.
Deduction, see instructions.	15	Subtract line 14 from line 11. If ze	ero or less	s, enter -0 This is	s your t	taxable incon	ne .			15	2	25,877.

Form 1040 (2022	<u>(</u>)										Page Z
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 881	4 2 🗌 4972	3 🗌			16	2	2,900.
Credits	17	Amount from Schedule 2, lin	ne 3						17		
	18	Add lines 16 and 17							18	2	2,900.
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812				19		
	20	Amount from Schedule 3, lin	ne 8						20	1	,270.
	21	Add lines 19 and 20							21	1	,270.
	22	Subtract line 21 from line 18	B. If zero or less,	enter -0					22	1	,630.
	23	Other taxes, including self-e	employment tax,	from Schedule	e 2, line 21 .				23		0.
	24	Add lines 22 and 23. This is	your total tax						24	1	,630.
Payments	25	Federal income tax withheld									
	а	Form(s) W-2				25a	4	,189	١.		
	b	Form(s) 1099				25b					
	С	Other forms (see instruction	s)			25c					
	d	Add lines 25a through 25c							25d	4	1,189.
If you have a	26	2022 estimated tax paymen	ts 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 fro	m Schedule 8812			28					
	29	American opportunity credit	from Form 8863	B, 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	. These are your	total other pa	ayments and ref	undable	credits		32		
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments					33	4	1,189.
Refund	34	If line 33 is more than line 24	4, subtract line 2	4 from line 33.	This is the amou	ınt you c	verpaid		34	2	2,559.
riorana	35a	Amount of line 34 you want			is attached, che	ck here		. [35a	2	2,559.
Direct deposit?	b							s			
See instructions.	d										
	36	Amount of line 34 you want	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 i	nstructions) .			38					
Third Party		you want to allow another	person to disc	cuss this retu	n with the IRS?	? See					
Designee	ins	structions				[Yes. C	omplet	e below.	× No	
		signee's me		Phone no.				onal ide ber (PIN	ntification		
<u> </u>			*h* h						,		
Sign		der penalties of perjury, I declare lief, they are true, correct, and com									
Here	Yo	ur signature		Date	Your occupation			If	the IRS se	nt you an Id	entity
										IN, enter it h	nere
Joint return?					SOFTWARE DEVELOPER			`	ee inst.)		
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return,	both must sign.	Date	Spouse's occupat	tion				nt your spou	use an enter it here
your records.								ee inst.)		JILOF IL HOTO	
	———Ph	one no.		Email address	MANGALAGIRI.	COLLSE	GMATI. C)M			
		eparer's name	Preparer's signat		1211/0111111011(1.	Date	O. III I I I O	PTIN		Check if:	
Paid	SYAN	M PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	1 02/0	9/2023	P020	82703	Self-e	employed
Preparer		m's name GLOBAL TA	1			- 02/0	-, - 0 - 0			(678) 96	
Use Only			Y CT E BRU	NSWICK N	T 08816				rm's EIN	,	171965
	1 11		- 01 11 11(0					111	IIII O LIIN	υ -	- / - / 0 /

SCHEDULE 3 (Form 1040)

Additional Credits and Payments

OMB No. 1545-0074 Attachment Sequence No. **03**

Department of the Treasury Internal Revenue Service

GOUSE MANGALAGIRI

Attach to Form 1040, 1040-SR, or 1040-NR. Go to www.irs.gov/Form1040 for instructions and the latest information.

Name(s) shown on Form 1040, 1040-SR, or 1040-NR Your social security number 836-84-3190

Par	t I Nonrefundable Credits			
1	Foreign tax credit. Attach Form 1116 if required		1	
2	Credit for child and dependent care expenses from Form 244 Form 2441		2	
3	Education credits from Form 8863, line 19		3	1,270.
4	Retirement savings contributions credit. Attach Form 8880		4	
5	Residential energy credits. Attach Form 5695		5	
6	Other nonrefundable credits:			
а	General business credit. Attach Form 3800	6a		
b	Credit for prior year minimum tax. Attach Form 8801	6b		
С	Adoption credit. Attach Form 8839	6c		
d	Credit for the elderly or disabled. Attach Schedule R	6d		
е	Alternative motor vehicle credit. Attach Form 8910	6e		
f	Qualified plug-in motor vehicle credit. Attach Form 8936	6f		
g	Mortgage interest credit. Attach Form 8396	6g		
h	District of Columbia first-time homebuyer credit. Attach Form 8859	6h		
i	Qualified electric vehicle credit. Attach Form 8834	6i		
j	Alternative fuel vehicle refueling property credit. Attach Form 8911	6j		
k	Credit to holders of tax credit bonds. Attach Form 8912	6k		
1	Amount on Form 8978, line 14. See instructions	61		
Z	Other nonrefundable credits. List type and amount:			
		6z		
7	Total other nonrefundable credits. Add lines 6a through 6z		7	
8	Add lines 1 through 5 and 7. Enter here and on Form 1040, 1040 line 20	-SR, or 1040-NR,	8	1,270.
		(cc	ntinu	ued on page 2)

Schedule 3 (Form 1040) 2022 Page **2**

Par	Other Payments and Refundable Credits			
9	Net premium tax credit. Attach Form 8962		9	
10	Amount paid with request for extension to file (see instructions) .		10	
11	Excess social security and tier 1 RRTA tax withheld		11	
12	Credit for federal tax on fuels. Attach Form 4136		12	
13	Other payments or refundable credits:			
а	Form 2439	13a		
b	Credit for qualified sick and family leave wages paid in 2022 from Schedule(s) H for leave taken before April 1, 2021	13b		
С	Reserved for future use	13c		
d	Credit for repayment of amounts included in income from earlier years	13d		
е	Reserved for future use	13e		
f	Deferred amount of net 965 tax liability (see instructions)	13f	_	
g	Reserved for future use	13g		
h	Credit for qualified sick and family leave wages paid in 2022 from Schedule(s) H for leave taken after March 31, 2021, and before October 1, 2021	13h		
Z	Other payments or refundable credits. List type and amount:			
		13z		
14	Total other payments or refundable credits. Add lines 13a through	13z	14	
15	Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040 line 31	•	15	

BAA

Department of the Treasury Internal Revenue Service Name(s) shown on return

Education Credits (American Opportunity and Lifetime Learning Credits)

OMB No. 1545-0074 Attachment Sequence No. **50**

GOUSE MANGALAGIRI

Attach to Form 1040 or 1040-SR. Go to www.irs.gov/Form8863 for instructions and the latest information.

Your social security number

836-84-3190

Complete a separate Part III on page 2 for each student for whom you're claiming either credit before you complete Parts I and II.

Part	Refundable American Opportunity Credit				
1	After completing Part III for each student, enter the total of all amounts from all Part III for each student, enter the total of all amounts from all Part III for each student, enter the total of all amounts from all Part III for each student, enter the total of all amounts from all Part III for each student, enter the total of all amounts from all Part III for each student, enter the total of all amounts from all Part III for each student, enter the total of all amounts from all Part III for each student, enter the total of all amounts from all Part III for each student, enter the total of all amounts from all Part III for each student, enter the total of all amounts from all Part III for each student, enter the total of all amounts from all Part III for each student, enter the total of all amounts from all Part III for each student enter the total of all amounts from all Part III for each student enter the total of all amounts from the total of all	arts II	II, line 30	1	
2	Enter: \$180,000 if married filing jointly; \$90,000 if single, head of household, or qualifying surviving spouse	2			
3	Enter the amount from Form 1040 or 1040-SR, line 11. But if you're filing Form 2555 or 4563, or you're excluding income from Puerto Rico, see Pub. 970 for the amount to enter instead	3			
4	Subtract line 3 from line 2. If zero or less, stop ; you can't take any education credit	4			
5	Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or qualifying surviving spouse	5		-	
6	If line 4 is: • Equal to or more than line 5, enter 1.000 on line 6		I		
	• Less than line 5, divide line 4 by line 5. Enter the result as a decimal (rou at least three places)		. J	6	
7	Multiply line 1 by line 6. Caution: If you were under age 24 at the end of the conditions described in the instructions, you can't take the refundable America skip line 8, enter the amount from line 7 on line 9, and check this box	an op	portunity credit;	7	
8	Refundable American opportunity credit. Multiply line 7 by 40% (0.40). Enter on Form 1040 or 1040-SR, line 29. Then go to line 9 below.			8	
Part	II Nonrefundable Education Credits				
9	Subtract line 8 from line 7. Enter here and on line 2 of the Credit Limit Worksheet	(see	instructions) .	9	
10	After completing Part III for each student, enter the total of all amounts from a zero, skip lines 11 through 17, enter -0- on line 18, and go to line 19			10	6 , 350.
11 12	Enter the smaller of line 10 or \$10,000			11 12	6,350. 1,270.
13	Enter: \$180,000 if married filing jointly; \$90,000 if single, head of household, or qualifying surviving spouse	13	90,000.		
14	Enter the amount from Form 1040 or 1040-SR, line 11. But if you're filing Form 2555 or 4563, or you're excluding income from Puerto Rico, see Pub. 970 for the amount to enter instead	14	38,827.		
15	Subtract line 14 from line 13. If zero or less, skip lines 16 and 17, enter -0- on line 18, and go to line 19	15	51,173.		
16	Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or qualifying surviving spouse	16	10,000.		
17	• Equal to or more than line 16, enter 1.000 on line 17 and go to line 18		I		
	• Less than line 16, divide line 15 by line 16. Enter the result as a decimal (round least three places)		.)	17	1.000
18	Multiply line 12 by line 17. Enter here and on line 1 of the Credit Limit Worksheet	•	•	18	1,270.
19	Nonrefundable education credits. Enter the amount from line 7 of the Credit instructions) here and on Schedule 3 (Form 1040), line 3	Limit 	Worksheet (see	19	1,270.

Name(s) shown on return
GOUSE MANGALAGIRI

836-84-3190



Complete Part III for each student for whom you're claiming either the American opportunity credit or lifetime learning credit. Use additional copies of page 2 as needed for each student.

Par					
20	Student name (as shown on page 1 of your tax return)	21 Student social security number (as s	hown on page 1 of		
	GOUSE	your tax return)			
	MANGALAGIRI	836-84-3190			
	Educational institution information (see instructions)				
a	. Name of first educational institution	b. Name of second educational institut	ion (if any)		
	UNIVERSITY OF THE CUMBERLANDS				
(Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions. 	(1) Address. Number and street (or P. post office, state, and ZIP code. If instructions.			
	6178 COLLEGE STATION DR				
	WILLIAMSBURG KY 40769				
(2) Did the student receive Form 1098-T	(2) Did the student receive Form 1098 from this institution for 2022?	∃-T ☐ Yes ☐ No		
	Did the student receive Form 1098-T from this institution for 2021 with box ☐ Yes ☒ No 7 checked?	(3) Did the student receive Form 1098 from this institution for 2021 with by 7 checked?			
(4) Enter the institution's employer identification number (EIN) if you're claiming the American opportunity credit or if you checked "Yes" in (2) or (3). You can get the EIN from Form 1098-T or from the institution.	(4) Enter the institution's employer ide if you're claiming the American opposite checked "Yes" in (2) or (3). You can 1098-T or from the institution.	portunity credit or if you		
	61-0470593				
23	Has the American opportunity credit been claimed for this student for any 4 prior tax years?	Yes — Stop! Go to line 31 for this student. No	— Go to line 24.		
24	Was the student enrolled at least half-time for at least one academic period that began or is treated as having begun in 2022 at an eligible educational institution in a program leading towards a postsecondary degree, certificate, or other recognized postsecondary educational credential? See instructions.		— Stop! Go to line 31 this student.		
25	Did the student complete the first 4 years of postsecondary education before 2022? See instructions.	X Yes − Stop! Go to line 31 for this student. No	— Go to line 26.		
26	Was the student convicted, before the end of 2022, of a felony for possession or distribution of a controlled substance?		Complete lines 27 ugh 30 for this student.		
CAUT	You can't take the American opportunity credit and the li you complete lines 27 through 30 for this student, don't don		in the same year. If		
	American Opportunity Credit				
27	Adjusted qualified education expenses (see instructions). Dor	n't enter more than \$4,000	27		
28	Subtract \$2,000 from line 27. If zero or less, enter -0		28		
29	Multiply line 28 by 25% (0.25)		29		
30	If line 28 is zero, enter the amount from line 27. Otherwise,	add \$2,000 to the amount on line 29 and			
	enter the result. Skip line 31. Include the total of all amounts f		30		
	Lifetime Learning Credit				
31	Adjusted qualified education expenses (see instructions). Incl	ude the total of all amounts from all Parts	31 6 350		