## 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

Subm	ission Identification Number (SID)					
Taxpaye	er's name	Social securi	ty numb	per		
ANU:	PRIYA BODDULURI	353-27	353-27-3216			
Spouse	's name	Spouse's soo	Spouse's social security number			
Dort	Tax Return Information — Tax Year Ending December 31, 2022 (Ent	or voor vou o	ro ou	thorizina	<u> </u>	
Part	whole dollars only on lines 1 through 5.	er year you a	re au	unonzing.	)	
	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.					
1	Adjusted gross income		1	110	,476.	
2	Total tax		2		,476. ,162.	
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3			
4			4		<u>,679.</u>	
5	,		5		<u>,517.</u>	
Part	Amount you owe	l keen a con		our retu	rn)	
	penalties of perjury, I declare that I have examined a copy of the income tax return (original or amende					
to send for any Agent to payme authori payme busines taxes to person	(original or amended) I am now authorizing. I consent to allow my intermediate service provider, transdomy return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for redelay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account in to fmy 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 terminant, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation resist days prior to the payment (settlement) date. I also authorize the financial institutions involved in the receive 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) I	ejection of the tr U.S. Treasury a adicated in the traition to debit the atte the authoriza equests must be the processing of payment. I furt	ransmised ax preparties of the electric and the electric	ssion, (b) the designated paration softo this according to this according to revoke (eved no late ectronic packnowledge	ne reason Financial ftware for bunt. This cancel) a er than 2 syment of that the	
	nic Funds Withdrawal Consent.  yer's PIN: check one box only					
X		o my DINI	3 2	2 1 6	as my	
	ERO firm name	ř En		digits, but	as my	
	signature on the income tax return (original or amended) I am now authorizing.	do	n t ente	ali 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.					
Your s	signature ▶ Date ▶					
Snous	se's PIN: check one box only					
Opous	I authorize to enter or generat	o my DINI			00 001	
	ERO firm name	-	ter five	digits, but	as my	
	signature on the income tax return (original or amended) I am now authorizing.			r 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.					
Spous	e's signature ▶ Date ▶					
	Practitioner PIN Method Returns Only—continue belo	w				
Part	III 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 4 9	6 6	1 9 8	9	
		Don't ent	er all ze	eros		
authori	y that the above numeric entry is my PIN, which is my signature for the electronic individual income zed to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am subments of the Practitioner PIN method and <b>Pub. 1345</b> , Handbook for Authorized IRS e-file Providers of	mitting this retu	ırn in a	accordance		
ERO's	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



OMB No. 1545-0074

IRS Use Only-Do not write or staple in this space.

Filing Status	<b>X S</b>	Single Married filing jointly	Marrie	ed filing separatel	y (MFS)	☐ Head of	household (HOH)		ifying s		ng
Check only one box.	If yo	u checked the MFS box, enter the n	ame of y	our spouse. If yo	u check	ed the HOH or	QSS box, enter th		use (QS: name if	,	qualifying
	pers	on is a child but not your dependen	t:								
Your first name and middle initial			Last nar	me				Your social security number			umber
ANUPRIYA	A		BODD	ULURI				353-27-3216			
If joint return, s	pouse's	first name and middle initial	Last nar	ne				Spouse's social security number			ty number
Home address	(numbe	er and street). If you have a P.O. box, see	instruction	ons.			Apt. no.	Preside	ntial Elec	ction (	Campaign
5200 GOI	RBET	DRIVE					2306	2306 Check here if			•
City, town, or p	ost offic	ce. If you have a foreign address, also co	complete spaces below. State Z			ZIP code		se if filing jointly, want \$3 to this fund. Checking a			
IRVING			TX			75039	box belo			•	
Foreign country	y name		F	Foreign province/state/county			Foreign postal code	your tax	ax or refund.		
									You	u [	Spouse
Digital		ny time during 2022, did you: (a) rec ange, gift, or otherwise dispose of a	•				, , , , , , , , , , , , , , , , , , , ,	. ,	Ye	s [5	≺ No
Assets				<u>_</u>			asset)! (See Ilistit	ictions.)		5 2	<u> </u>
Standard Deduction		eone can claim:	•			a dependent					
Age/Blindness	You:	☐ Were born before January 2, 1	958	Are blind	Spouse	: Was bor	n before January 2	2, 1958	Is	blind	I
Dependent	s (see	instructions):		(2) Social sec	urity	(3) Relationsh	ip (4) Check the b	ox if qualif	ies for (s	ee ins	tructions):
If more		rst name Last name		number	,	to you	Child tax c	redit	Credit for	other	dependents
than four											
dependents, see instruction											
and check	·										
here	]							l			
Income	1a	Total amount from Form(s) W-2, b	ox 1 (see	e instructions)				. 1a		128	<u>,853.</u>
	b	Household employee wages not r						. 1b	<del> </del>		
Attach Form(s) W-2 here. Also	С	h									
attach Forms	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)									
W-2G and 1099-R if tax	е	Taxable dependent care benefits from Form 2441, line 26									
was withheld.	f	Employer-provided adoption bene	efits 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	,					. <u>1h</u>			0.
instructions.	i	Nontaxable combat pay election (	see instr	uctions)		<u>1</u> i			4	100	0.50
	<u>z</u>	Add lines 1a through 1h		· · · · i				. 1z		128	<u>,853.</u>
Attach Sch. B if required.	2a	· -	2a			axable interes		. 2b			
ii required.	3a		3a			ordinary divide		. 3b			
	4a		4a 5a			axable amoun axable amoun		. 4b . 5b			
Standard Deduction for—	5a 6a		6a			axable amoun		. 6b			
Single or	C	-		nethod check h			Г	.   05			
Married filing separately,	7	If you elect to use the lump-sum election method, check here (see instructions)						7	1		
\$12,950 Married filing	8	Other income from Schedule 1, lin						. 8		<u>-10</u>	,377.
jointly or	9	·						. 9			,476.
Qualifying spouse,	10	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b>									<i>,</i> 170.
\$25,900 • Head of	11	Subtract line 10 from line 9. This is						. <u>10</u> . 11		118	,476.
household, \$19,400	12	Standard deduction or itemized						. 12			,950.
If you checked	13	Qualified business income deduct		`	,			. 13			,
any box under Standard	14							_		12	,950.
Deduction, see instructions.	15	Subtract line 14 from line 11. If ze									,526.
220 1101140110113.											

Form 1040 (202	2)						Page <b>2</b>
Tax and	16	Tax (see instructions). Check if any from For	m(s): <b>1</b> 881	4 <b>2</b> 4972	3 🗌	16	19,162.
Credits	17	Amount from Schedule 2, line 3					·
	18	Add lines 16 and 17				18	19,162.
	19	Child tax credit or credit for other depende	ents from Sched	lule 8812		19	)
	20	Amount from Schedule 3, line 8				20	)
	21	Add lines 19 and 20				21	
	22	Subtract line 21 from line 18. If zero or less	s, enter -0			22	19,162.
	23	Other taxes, including self-employment tax					
	24	Add lines 22 and 23. This is your total tax				24	19,162.
<b>Payments</b>	25	Federal income tax withheld from:			1 1		
	а	Form(s) W-2			<b>25a</b> 21,	,679.	
	b	Form(s) 1099			25b		
	С	Other forms (see instructions)			25c		
	d	Add lines 25a through 25c				25	d 21,679.
If you have a	26	2022 estimated tax payments and amount				26	5
qualifying child, attach Sch. EIC.	27	Earned income credit (EIC)		· · ·No ·	27		
allacii Scii. Elo.	28	Additional child tax credit from Schedule 88	12		28		
	29	American opportunity credit from Form 88	•		29		
	30	Reserved for future use			30		
	31	Amount from Schedule 3, line 15			31		
	32	Add lines 27, 28, 29, and 31. These are you	•	•		32	
	33	Add lines 25d, 26, and 32. These are your					
Refund	34	If line 33 is more than line 24, subtract line					
	35a	Amount of line 34 you want <b>refunded to y</b>					a 2,517.
Direct deposit? See instructions.	b	Routing number 0 2 1 0 0 0 3		<b>c</b> Type: 区	Checking S	Savings	
oce manactions.	d	Account number 4 8 3 0 8 2 0					
	36	Amount of line 34 you want applied to you	r 2023 estimat	ed tax	36		
Amount You Owe	37	Subtract line 33 from line 24. This is the <b>ar</b> For details on how to pay, go to <i>www.irs.g</i>				37	,
	38	Estimated tax penalty (see instructions) .			38		
Third Party Designee		you want to allow another person to distructions				mplete belov	v. 🗵 No
		signee's	Phone			nal identificatio	n — — —
		me	no.			er (PIN)	
Sign Here		der penalties of perjury, I declare that I have exami ief, they are true, correct, and complete. Declaration		1 , 0		,	, ,
TICIC	Yo	ur signature	Date	Your occupation			sent you an Identity
laint vatuus?				   SOFTWARE :	FNCTNFFP	(see inst.)	PIN, enter it here
Joint return? See instructions. Keep a copy for your records.	Sp	ouse's signature. If a joint return, <b>both</b> must sign.	Date	Spouse's occupat		If the IRS	sent your spouse an otection PIN, enter it here
	Ph	one no. (812) 236-2255	Email address	ABODDULURI	09@GMAIL.COM	 	,
Daid	Pre	eparer's name Preparer's sign	ature	<del></del>	Date	PTIN	Check if:
Paid	SYAN	PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	02/24/2023	P02082703	Self-employed
Preparer		m's name GLOBAL TAXES LLC				Phone no.	
Use Only	Fir	m's address 245 ROONEY CT E BR	UNSWICK N	J 08816		Firm's EIN	
Co to ununu !	/Γa::::	a10.40 few inatwestians and the latest info					F 1040 (0000)

# SCHEDULE 1 (Form 1040)

### **Additional Income and Adjustments to Income**

OMB No. 1545-0074

2022

Attachment
Seguence No. 01

Department of the Treasury Internal Revenue Service

ANUPRIYA BODDULURI

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.

١.		Sequence No. <b>01</b>
	Your soci	al security number
	353-27	-3216

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	
4	Other gains or (losses). Attach Form 4797		4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Att	ach Schedule E .	5	-10,377.
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		
I	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		
р	Section 461(I) excess business loss adjustment	8p		
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 (	<u>)</u>	
t	Pension or annuity from a nonqualifed deferred compensation plan or			
	a nongovernmental section 457 plan	8t		
	Wages earned while incarcerated	8u		
Z	Other income. List type and amount:			
_	T. I.	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-SP	k, or 1040-NR, line 8	10	-10,377.

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.)

Department of the Treasury Internal Revenue Service

Attach to Form 1040, 1040-SR, 1040-NR, or 1041, Go to www.irs.gov/ScheduleE for instructions and the latest information. Attachment Sequence No. 13

OMB No. 1545-0074

Name(s) shown on return Your social security number ANUPRIYA BODDULURI 353-27-3216 Part I **Income or Loss From Rental Real Estate and Royalties** Note: If you are in the business of renting personal property, use Schedule C. See instructions. If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40. Did you make any payments in 2022 that would require you to file Form(s) 1099? See instructions . . . . . 1a Physical address of each property (street, city, state, ZIP code) 19-10 -7 SHIVALAYAM STREET PONNUR, GUNTUR ANDHRA PRADESH IN 522124 Α В C 1b Type of Property For each rental real estate property listed **Fair Rental Personal Use** QJV (from list below) above, report the number of fair rental and **Davs Davs** personal use days. Check the QJV box only Α Α 365 0 if you meet the requirements to file as a В В qualified joint venture. See instructions. С C Type of Property: 3 Vacation/Short-Term Rental 1 Single Family Residence 5 Land 7 Self-Rental 8 Other (describe) 2 Multi-Family Residence 4 Commercial 6 Royalties **Properties:** Α В C Income: 3 679. 4 Royalties received . 4 **Expenses:** 5 5 Advertising 6 Auto and travel (see instructions) 6 2,054. 7 Cleaning and maintenance. 7 8 Commissions 8 9 9 Insurance . . 10 10 Legal and other professional fees 11 Management fees . . . . . . . . . 11 2,336. 12 Mortgage interest paid to banks, etc. (see instructions) 12 13 13 2,565. 14 14 Repairs . . . . 15 Supplies 15 1,894. 16 16 Taxes 17 Utilities . . . . . . . 17 2,207. 18 18 Depreciation expense or depletion . . . . . . . . 19 19 20 20 Total expenses. Add lines 5 through 19 . . . . . . 11,056. 21 Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198 . . . . . . . . . . . . . . . . . . 21 -10,377.22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) . . . . . . . . . 10,377.) 679. Total of all amounts reported on line 3 for all rental properties Total of all amounts reported on line 4 for all royalty properties 23b Total of all amounts reported on line 12 for all properties 23c 23d Total of all amounts reported on line 18 for all properties 11,056. Total of all amounts reported on line 20 for all properties 23e 24 **Income.** Add positive amounts shown on line 21. **Do not** include any losses 25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here 25 10,377. Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result 26 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 .

-10,377.