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	sission Identification Number (SID)				-						
Taxpayer's name S						Social security number					
HAR	SHA NARRA	008-91-6347									
Spouse	's name		Spouse	's socia	al secui	rity numb	er				
Part	Tax Return Information — Tax Year Ending December 31, 202	2 (Enter	year y	ou ar	e autl	norizing	g.)				
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	7	3,8	60.			
2	Total tax			<u>+</u>	2		9,0	21.			
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099			+	3		8,5	54.			
4	Amount you want refunded to you			.	4						
5	Amount you owe				5			67.			
Part	II Taxpayer Declaration and Signature Authorization (Be sure you g	jet and k	eep a	сору	of yo	our ret	urn)				
return to send for any Agent payme author payme busine taxes	owledge and belief, it is true, correct, and complete. I further declare that the amounts in F (original or amended) I am now authorizing. I consent to allow my intermediate service provided my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reast of delay in processing the return or refund, and (c) the date of any refund. If applicable, I author to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution are not of my federal taxes owed on this return and/or a payment of estimated tax, and the financial return is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to the financial the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancel as days prior to the payment (settlement) date. I also authorize the financial institutions involto receive confidential information necessary to answer inquiries and resolve issues relate that identification number (PIN) below is my signature for the income tax return (original or amounts for the Withdrawal Consort.	ler, transmison for rejective the U. count indicated institution terminated lation requived in the pd to the p	tter, or ection of S. Treas cated in to debe the autuests muprocess ayment.	electron the tra sury an the tax bit the e horizat ust be ing of I furth	nic returnsmission its distribution its	arn origin sion, (b) esignated aration so this accorrevoke ed no la ctronic p anowledg	ator of the red Final of twa count (can ter the ayme) at the the count of the count	(ERO) eason ancial are for This cel) a han 2 ent of at the			
	onic Funds Withdrawal Consent.						1				
	ayer's PIN: check one box only		511.1	1	6 3	4 7					
×	I authorize GLOBAL TAXES LLC to enter or q	generate i	my PIN			igits, but	as	s my			
	signature on the income tax return (original or amended) I am now authorizing.			don	't enter	all zeros					
	I will enter my PIN as my signature on the income tax return (original or amende if you are entering your own PIN and your return is filed using the Practitioner below.										
Your	signature	Date ► _									
Spous	se's PIN: check one box only										
Г	l authorize to enter or o	ganarata i	my DINI				20	s my			
	ERO firm name	generate	ily i ilv	Ente	er five d	iaits. but	_	3 IIIy			
	signature on the income tax return (original or amended) I am now authorizing.					all zeros					
	I will enter my PIN as my signature on the income tax return (original or amende if you are entering your own PIN and your return is filed using the Practitioner below.										
Spous	se's signature ▶	Date ►									
	Practitioner PIN Method Returns Only—continu										
Part	III Certification and Authentication — Practitioner PIN Method Only										
ERO's	s EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.	2 2	2 4	9 6			8 9	9			
			Don	i i ente	r all zer	və					
author	y that the above numeric entry is my PIN, which is my signature for the electronic individual ized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that lements of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS e-file Pro	l am subm	itting thi	s retur	n in a	ccordanc					
ERO's	s signature ►	Date ►									
	ERO Must Retain This Form — See Instruc										
	Don't Submit This Form to the IRS Unless Reques	ted To D	o So								

Form 1040-V (2022) 2022 Page **2**

IF you live in	THEN use this address to send in your payment
Alabama, Florida, Georgia, Louisiana, Mississippi, North Carolina, South Carolina, Tennessee, Texas	Internal Revenue Service P.O. Box 1214 Charlotte, NC 28201-1214
Arkansas, Connecticut, Delaware, District of Columbia, Illinois, Indiana, Iowa, Kentucky, Maine, Maryland, Massachusetts, Minnesota, Missouri, New Hampshire, New Jersey, New York, Oklahoma, Rhode Island, Vermont, Virginia, West Virginia, Wisconsin	Internal Revenue Service P.O. Box 931000 Louisville, KY 40293-1000
Alaska, Arizona, California, Colorado, Hawaii, Idaho, Kansas, Michigan, Montana, Nebraska, Nevada, New Mexico, North Dakota, Ohio, Oregon, Pennsylvania, South Dakota, Utah, Washington, Wyoming	Internal Revenue Service P.O. Box 802501 Cincinnati, OH 45280-2501
A foreign country, American Samoa, or Puerto Rico (or are excluding income under Internal Revenue Code section 933), or use an APO or FPO address, or file Form 2555 or 4563, or are a dual-status alien or nonpermanent resident of Guam or the U.S. Virgin Islands	Internal Revenue Service P.O. Box 1303 Charlotte, NC 28201-1303

MAIL FORM 1040-V TO THE INTERNAL REVENUE SERVICE CENTER AT THE ADDRESS LISTED BELOW.

Form **1040-V** 2022

▼ Detach Here and Mail With Your Payment and Return ▼

Department of the Treasury Internal Revenue Service 2022

Form 1040-V Payment Voucher

► Use this voucher when making a payment with Form 1040.

► Do not staple this voucher or your payment to Form 1040.

► Make your check or money order payable to the 'United States Treasury.'

Write your social security number (SSN) on your check or money order.

REV 02/24/23 PRO 1555

HARSHA NARRA

2102 CHRISTOPHER LANE EULESS TX 76040

INTERNAL REVENUE SERVICE P.O. BOX 1214 CHARLOTTE, NC 28201-1214

E 1040 Department of the Treasury—Internal Revenue Service
U.S. Individual Income Tax Return

2022	
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OMB No. 1545-0074

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

one box. If you checked the MRS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent: Your first name and middle initial Last name NARRA NARRA NARRA Hi print return, spouse's first name and middle initial Last name NARRA NARRA NARRA NARRA NARRA Abt. no. Presidential Election Campaign Check here if you or your Child to the Proving province/state/country Proving name and street). If you have a PO. box, see instructions. TX 76.0.40 TX 76.0.40 TX 76.0.40 TX 76.0.40 TX TYOU and the Presidential Election Campaign Check here if you, or your checked the Polity, town, or post of this province/state/country Proving name and street). If you have a foreign address, also complete spaces below. State TX 76.0.40 TX 76.0.40 TX 76.0.40 TX 76.0.40 TX TYOU and Spouse thems the Checking a big to this kind. Checking a big to this kind. Checking a big to this kind. Checking a long to the province/state/country Proving province/state/country Foreign prountry name Foreign province/state/country Foreign prountry name Foreign province/state/country Foreign prountry or services); or (b) sell, and the province/state/country Foreign province/sta	Filing Status Check only	X 5	Single Married filing jointly	Marrie	ed filing separately (MFS)	Head of	hous	ehold (HOH	l)		ifying surv ıse (QSS)	iving
HARSHA If joint return, spouse's first name and middle initial Last name Spouse's sould severify number and street, If you have a P.O. box, see instructions. Apt. no. Chock here if you, or your posteriors and street, If you have a P.O. box, see instructions. City, town, or post office. If you have a P.O. box, see instructions. City, town, or post office. If you have a foreign address, also complete spaces below. TX 76.040 DULESS Foreign country name Foreign province/state/country Foreig					our spouse. If you o	checke	ed the HOH or	r QSS	6 box, ente	r the c	hild's	name if the	e qualifying
If joint return, spouse's first name and middle initial Last name Last n	Your first name	and mi	ddle initial	Last na	me					Yo	ur so	cial security	y number
Apt. no. Presidential Election Campaign Check here if you, or your State ZiP code Check here if you, or your State ZiP code ZiP co	HARSHA			NARR	A					0.0	08-9	91-6347	7
City, town, or post office. If you have a foreign address, also complete spaces below. State	If joint return, sp	oouse's	first name and middle initial	Last na	me					Sp	ouse's	s social sec	urity number
BULESS Foreign country name Foreign province/state/country	Home address	(numbe	r and street). If you have a P.O. box, see	instruction	ons.				Apt. no.				
DIGITAL SPACE STATE AND S													
Foreign province/state/county	City, town, or p				paces below.							0,	•
Spouse instructions Gardinary Capital transfer Gardinary					TX 76			<u> </u>					change
Assets sexchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.)	Foreign country	name		F	Foreign province/state/	/county	/	Fore	eign postal co	de yo	ur tax		Spouse
Standard Deduction Deduction	Digital												
Spouse itemizes on a separate return or you were a dual-status alien	-							asse	t)? (See ins	struction	ons.)	∐ Yes	No No
Comparison Com	Standard Deduction			•			a dependent						
If more than four dependents, see instructions and check here	Age/Blindness	You:	Were born before January 2,	1958 [Are blind Sp	ouse:	☐ Was bo	rn be	fore Janua	ry 2, 1	958	☐ Is bli	nd
If more than four dependents, see instructions and check here	Dependents	s (see	instructions):			y		nip	(4) Check th	e box if	qualif	ies for (see i	instructions):
dependents, see instructions and check here	If more	(1) Fi	rst name Last name		number		to you		Child ta	x credit	t	Credit for oth	er dependents
see instructions and check here													
Income Income Income Attach Form(s) W-2 here. Also W-2 here. Also W-2 here. Also W-2 here. Also W-2 here and the forms W-2 and 1099-R if tax was withheld. If you did not get a Form W-2, see instructions Instructions. Instructions. Instructions. Income of the complete on line 1a (see instructions) If you did not get a Form W-2, see instructions Instructions. Instructions. Instructions. Instructions. Instructions. In you did not get a Form Supply line 6 If you did not get a Form Supply line 6 In you did not get a Form Supply line 6 In you did not get a Form Supply line 6 In you did not get a Form Supply line 6 In you did not get a Form Supply line 6 In you did not get a Form Supply line 6 In you did not get a Form Supply line 6 In you did not get a Form Supply line 6 In you did not get a Form Supply line 6 In you did not get a Form Supply line 6 In you did not get a Form Supply line 6 In you did not get a Form Supply line 6 In you did not get a Form Supply line 6 In you did not get a Form Supply line 6 In you did not get a Form Supply line 6 In you did not get a Form Supply line 6 In you did not get a Form Supply line 6 In you did not get a Form Supply line 2 In you did not get a Form Supply line 2 In you did not get a Form Supply line 2 In you did not get a Form Supply line 2 In you did not get a Form Supply line 2 In you supply line 3 In you did not get a Form Supply line 2 In you supply line 3 In you supply line 3 In you supply line 4 In you supply line		s ——											
Income 1a Total amount from Form(s) W-2, box 1 (see instructions)												L	
b Household employee wages not reported on Form(s) W-2 Attach Form(s) W-2 here, Also attach Forms W-2 here, Also attach Forms W-2G and Medicaid waiver payments not reported on Form(s) W-2 (see instructions) d Medicaid waiver payments not reported on Form(s) W-2 (see instructions) d Medicaid waiver payments not reported on Form(s) W-2 (see instructions) d Medicaid waiver payments not reported on Form(s) W-2 (see instructions) d Medicaid waiver payments not reported on Form(s) W-2 (see instructions) d Taxable dependent care benefits from Form 8839, line 26 f Employer-provided adoption benefits from Form 8839, line 29 Mages from Form 8919, line 6 g Wages from Form 8919, line 6 Other earned income (see instructions) 1 Nontaxable combat pay election (see instructions) 1 Add lines 1 a through 1h 2 Tax-exempt interest 2 Add lines 1 a through 1h 2 Tax-exempt interest 2 Add lines 1 a through 1h 3 Qualified dividends 3 A Ualified dividends 3 A Ualified dividends 3 A Ualified dividends 3 A Ualified dividends 4 BA Gastributions 5 Pensions and annuitities 5 A Pensions and annuities 5 A Pensions	here											<u> </u>	
Attach Forms W-2 here. Also attach Forms W-2 gand 1099-Ri ft ax was withheld. If you did not get a Form W-2, see instructions. If pincome not reported on line 1a (see instructions) If possibly with a part of the work of the possibly with a part of the possible with a part of the	Income			,	,							8	2,860.
W-2 here. Also attach Forms W-2G and 1099-Ri f tax was withheld. If you did not get a Form W-2, see instructions W-2, See instructions. If was withheld. If you did not get a Form W-2, see instructions W-2, See instructions. Add lines 1a through 1h Tax-exempt interest	Attach Form(s)												
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1099-Rif tax was withheld. f Employer-provided adoption benefits from Form 8839, line 29 1f								•					
Wages from Form 8919, line 6 1g			•							•	_		
See instructions See instruc	was withheld.									•	_		
W-2, see instructions. I Nontaxable combat pay election (see instructions)										•			
Add lines 1a through 1h Attach Sch. B B Attach Sch. Sch. Sch. Sch. Sch. Sch. Sch. Sc			,	,	, i						111		<u> </u>
Attach Sch. B if required. 2a Tax-exempt interest . 2a b Taxable interest . 2b 3a Qualified dividends . 3a b Ordinary dividends . 3b 4a IRA distributions . 4a b Taxable amount . 4b 5a Pensions and annuities . 5a b Taxable amount . 5b 6a Social security benefits . 6a b Taxable amount . 6b 7 Capital gain or (loss). Attach Schedule D if required. If not required, check here	instructions.		• •	See IIISII	uctions)		!!				17	9	2 860
If required. 3a Qualified dividends 3a b Ordinary dividends	Attach Sch. B			22	<u>i</u>	 h Та	vahla intaras	+		•	_		2,000.
4a IRA distributions . 4a b Taxable amount . 4b Standard Deduction for—Single or Married filing separately, \$12,950 Married filing jointly or Qualifying surviving spouse, \$25,900 Head of household, \$19,400 Head of household, \$19,400 To you delect to use the lump-sum election method, check here (see instructions) To Capital gain or (loss). Attach Schedule D if required. If not required, check here			· -							•	_		
Standard Deduction for—Single or Married filing separately, \$12,950 Married filing jointly or Qualifying source, \$25,900 Head of household, \$19,400 If you checked any box under Standard Deduction, \$200 checked any box under Standard Deduction Deduction, \$200 checked any box under Standard Deduction Deduction, \$200 checked any box under Standard Deduction Dedu													
Comparison of the diling separately separa	Standard												
Single or Married filing separately, \$12,950 Married filing jointly or Qualifying surviving spouse, \$25,900 Head of Household, \$19,400 If you checked any box under <i>Standard Deduction</i> , Deduction, Single or Married filing separately, \$12,950 If you elect to use the lump-sum election method, check here (see instructions) Capital gain or (loss). Attach Schedule D if required. If not required, check here 7 Add line 10 Subtract line 10 Subtract line 10 Subtract line 10 Subtract line 10 from line 9. This is your adjusted gross income 10 Standard deduction or itemized deductions (from Schedule A) 11 Capital gain or (loss). Attach Schedule D if required. If not required, check here 8 -9,000 9 73,860 10 Subtract line 10 from line 9. This is your total income 11 73,860 12 13 Qualified business income deduction from Form 8995 or Form 8995-A 13 14 14 12,950 15 Subtract line 14 from line 11 If zero or less enter -0- This is your taxable income	Deduction for—		-								_		
separately, \$12,950 Married filing jointly or Qualifying surviving spouse, \$25,900 Head of household, \$19,400 If you checked any box under Standard Deduction, Deduction, Deduction, Deduction, 15 Subtract line 10 from line 11 If zero or less enter -0- This is your taxable income 7 Capital gain or (loss). Attach Schedule D if required. If not required, check here 7 8	Single or Married filing		_		method. check here								
Married filing jointly or Qualifying 9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 9 73,860. May a department of the form Schedule 1, line 10	separately,	7	•		· ·	•	,				7		
Qualifying surviving spouse, \$25,900 4dd lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 9 73,860 Head of household, \$19,400 11 Subtract line 10 from line 9. This is your adjusted gross income 11 73,860 If you checked any box under Standard Peduction, Deduction, 15 13 Qualified business income deduction from Form 8995 or Form 8995-A 13 Deduction, 15 Subtract line 14 from line 11. If zero or less enter -0- This is your taxable income 15 60,910	Married filing	8	Other income from Schedule 1, lir	ne 10 .							8	_	9,000.
surviving spouse, \$25,900 Head of household, \$19,400 If you checked any box under Standard Deduction, Deduction, Deduction, 15 Subtract line 10 from line 9. This is your adjusted gross income 10 Adjustments to income from Schedule 1, line 26 11 Subtract line 10 from line 9. This is your adjusted gross income 11 73,860 12 12 13 Qualified business income deduction from Form 8995 or Form 8995-A 13 14 15 Subtract line 14 from line 11 If zero or less enter -0- This is your taxable income 15 60 910		9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7	, and 8.	This is your total in	come					9	7	3,860.
Head of household, \$19,400 It you checked any box under Standard Deduction, Deduction, Deduction, 15 Subtract line 10 from line 9. This is your adjusted gross income	surviving spouse,	10	Adjustments to income from Sche	edule 1, l	ine 26						10		
\$19,400	Head of	11	Subtract line 10 from line 9. This i	s your a c	djusted gross inco	me					11	7	3,860.
13 Qualified business income deduction from Form 8995 or Form 8995-A		12	Standard deduction or itemized	deducti	ions (from Schedule	e A)					12		
Standard 14 Add lines 12 and 13 1. 14 12,950 Deduction, 15 Subtract line 14 from line 11. If zero or less, enter -0. This is your taxable income. 15 60,910	If you checked	13	Qualified business income deduc	tion from	Form 8995 or Forn	า 8995	5-A				13		
	Standard	14	Add lines 12 and 13								14	1	2,950.
		15	Subtract line 14 from line 11. If ze	ro or less	s, enter -0 This is	your t a	axable incom	ne			15	6	0,910.

Form 1040 (2022	2)									Page 2
Tax and	16	Tax (see instructions). Check	if any from Form	ı(s): 1 881	4 2 🗌 4972	3 🗌		16	9	,021.
Credits	17	Amount from Schedule 2, line	e3					17		
	18	Add lines 16 and 17						18	9	,021.
	19	Child tax credit or credit for o	other dependent	ts from Sched	ule 8812			19		
	20	Amount from Schedule 3, line	e8					20		
	21	Add lines 19 and 20						21		
	22	Subtract line 21 from line 18.	If zero or less,	enter -0				22	9	,021.
	23	Other taxes, including self-er	nployment tax,	from Schedule	2, line 21 .			23		0.
	24	Add lines 22 and 23. This is	our total tax					24	9	,021.
Payments	25	Federal income tax withheld								
-	а	Form(s) W-2				25a	8,554			
	b	Form(s) 1099				25b				
	С	Other forms (see instructions	s)			25c				
	d	Add lines 25a through 25c						25d	8	,554.
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)			No .	27				
attach Sch. EIC.	28	Additional child tax credit from	n Schedule 8812	2		28				
	29	American opportunity credit	from Form 8863	3, line 8		29				
	30	Reserved for future use				30				
	31	Amount from Schedule 3, line	e 15			31				
	32	Add lines 27, 28, 29, and 31.	These are your	total other pa	yments and ref	undable credit	s	32		
	33	Add lines 25d, 26, and 32. The	nese are your to	tal payments				33	8	,554.
Refund	34	If line 33 is more than line 24	, subtract line 2	4 from line 33.	This is the amou	ınt you overpai	d	34		
nerana	35a	Amount of line 34 you want r	efunded to you	ی. If Form 8888	is attached, che	eck here	🗆	35a		
Direct deposit?	b	Routing number X X X	$X \mid X \mid X \mid X$	XX	c Type:	Checking [Savings			
See instructions.	d	Account number X X X	X X X X	X X X X	X X X X	XXX	_			
	36	Amount of line 34 you want a	pplied to your	2023 estimate	ed tax	36				
Amount You Owe	37	Subtract line 33 from line 24. For details on how to pay, go						37		467.
	38	Estimated tax penalty (see in	structions) .			38				
Third Party Designee		you want to allow another tructions	•			_	Complete	below.	× No	
		signee's		Phone			ersonal iden	tification		
	nar			no.			umber (PIN)			
Sign Here		der penalties of perjury, I declare the ief, they are true, correct, and comp			1 , 0		,		,	0
11010	Yo	ur signature		Date	Your occupation		Pro	tection P	nt you an Ide	
Joint return?					SOFTWARE		,	e inst.)		
See instructions. Keep a copy for your records.	Sp	ouse's signature. If a joint return, b	oth must sign.	Date	Spouse's occupa	tion	Ide		nt your spous ection PIN, er	
		one no. (469)427-9956		Email address	harsha.nar	ra 0 0 @ ama i 1	,			
		eparer's name	Preparer's signat		narsna.ndf	Date	PTIN		Check if:	
Paid		PRIYA RAM SAGAR GUPTA TALLAM			בווסיים ייאו. דאו.			22702		mployed
Preparer				אטאט ויוהאו	OOFIA IAUUAN	1 03/02/202			1	
Use Only		m's name GLOBAL ΤΑΣ m's address 245 ROONEΣ		MCWTCK M	J 08816			n's EIN	965 (678) 94-31	71965
0-1				TADMICK IN				II 3 LIIN		
GO TO WWW.Irs.go	ov/Forn	n1040 for instructions and the lates	at information.		BAA	REV 02/24/23 PR	0		Form 10	040 (2022)

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

HARSHA NARRA

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.

uon.		Sequence No. 01
Yo	Your soci	ial security number
	008_01	-6347

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. Atta		5	-9,000.
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	·	8k		
ı	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 ()		
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	-9,000.

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-basis governr			
	officials. Attach Form 2106	L	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	L	23	
24	Other adjustments:			
а	Jury duty pay (see instructions)			
b	Deductible expenses related to income reported on line 8l 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			
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			
h	Attorney fees and court costs for actions involving certain unlawful			
	discrimination claims (see instructions)			
İ	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:			
25			25	
25 26	Total other adjustments. Add lines 24a through 24z		25	
26	Add lines 11 through 23 and 25. These are your adjustments to income . Enter here an Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a		26	
	roini 1040 oi 1040-on, iiile 10, oi roini 1040-inn, iiile 10a		20	

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.

Attachment Attachment Attachment 115

2022 Attachment Sequence No. 13

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.

Your social security number 008-91-6347

	RSHA NARRA					008-91	-6347	•		
Pa	Income or Loss From Rental Real Estate and Note: If you are in the business of renting personal propert rental income or loss from Form 4835 on page 2, line 40.			See inst	ructions. If you a	are an indiv	idual, rep	ort farm		
A B	Did you make any payments in 2022 that would require you If "Yes," did you or will you file required Form(s) 1099? .				nstructions .					
1a				• •				JO 140	_	
<u>A</u>										
B										
C						I				
1b	(from list below) above, report the number of fair r	rental and		Fair Rental Days		Persona Day		QJV		
Α	personal use days. Check the QJ		ly A		365		0			
В	if you meet the requirements to fi		В							
С	qualified joint venture. See institu	ictions.	С	;						
1	e of Property: Single Family Residence 3 Vacation/Short-Term Rent Multi-Family Residence 4 Commercial		Land Royalties		7 Self-Rental 3 Other (desc					
					Propert	ies:				
Inco			Α		В			С		
3	Rents received	3		600.						
4	Royalties received	4								
Exp	enses:									
5	Advertising	5								
6	Auto and travel (see instructions)	6								
7	Cleaning and maintenance	7	1	,300.						
8	Commissions	8								
9	Insurance	9								
10	Legal and other professional fees	10								
11	Management fees	11	1	,000.						
12	Mortgage interest paid to banks, etc. (see instructions)	12								
13	Other interest	13								
14	Repairs	14	2	,300.						
15	Supplies	15	2	,000.						
16	Taxes	16								
17	Utilities	17	3	,000.						
18	Depreciation expense or depletion	18								
19	Other (list)	19								
20	Total expenses. Add lines 5 through 19	20	9	,600.						
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	-9	,000.						
22	Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22 (9.	000.)()(
23 a				. 23		600.				
_oc				. 231	_					
				. 23						
Ċ				. 230						
e				. 23	_	9,600.				
24	Income. Add positive amounts shown on line 21. Do not	t include a	anv losses			. 24				
25	Losses. Add royalty losses from line 21 and rental real estat		-		total losses he			9,000	.)	
26	Total rental real estate and royalty income or (loss).							-,000	•)	
20	here. If Parts II, III, IV, and line 40 on page 2 do not a Schedule 1 (Form 1040), line 5. Otherwise, include this an	apply to	you, also	enter	this amount of			-9,00	0.	