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.

Submission Identification Number (SID)

T.....

Taxpayer's name	Social security number
SRI HARSHA SAMPARA	827-23-5714
Spouse's name	Spouse's social security number
Part I Tax Return Information – Tax Year Ending December 31, 2022 (Enter	r 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 37,040.
2 Total tax	2 2,684.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3 5,471.
4 Amount you want refunded to you	4 2,787.
5 Amount you owe	

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 lauthorize GLOBAL TAXES LLC to enter or generate my PIN

3	5	7	1	4	00 00
	er fiv n't er	as my			

ERO firm name signature on the income tax return (original or amended) I am now authorizing.

Sri Harsha Sampara

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 🕨

Spouse's PIN: check one box only

I authorize

to enter or generate my PIN

Date

		as my
nter fi		

2/16/2023

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 🕨	Date 🕨
Practitioner PIN Me	hod Returns Only—continue below
Part III Certification and Authentication – Prac	titioner PIN Method Only
ERO's EFIN/PIN. Enter your six-digit EFIN followed by you	r five-digit self-selected PIN. 2 2 2 4 9 6 6 1 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 >			
Don't			
For Denominary Deduction Act Nation	a very tex vehicle inclusions	DEV 02/05/22 DBO	Earm 8879 (Bay, 01 2021)

For Paperwork Reduction Act Notice, see your tax return instructions. BAA REV 02/05/23 PRO

1040		Internal Revenue Servi S. Individual Income Tax		202	2	OMB No. 1545	-0074	IRS Use O	nly—Do	o not wr	rite or staple in this space.
Filing Status Check only	X S	Single Married filing jointly] Married fi	ling separately (N	1FS)	Head of	housel	nold (HOH)			ifying surviving Ise (QSS)
one box.		u checked the MFS box, enter the na on is a child but not your dependent		spouse. If you ch	neck	ed the HOH or	QSS	box, enter	the cl	hild's	name if the qualifying
Your first name	and mi	ddle initial	Last name						Yo	ur soc	cial security number
SRI HARS	SHA		SAMPAR	A					82	<u>27-2</u>	23-5714
If joint return, spouse's first name and middle initial Last name Spou							ouse's	s social security numbe			
	•	r and street). If you have a P.O. box, see	instructions.					pt. no.			ntial Election Campaign
2700 E M					01			2212			ere if you, or your if filing jointly, want \$3
City, town, or p DENTON	ost offic	ce. If you have a foreign address, also co	mplete space	es below.	Sta TX	-	ZIP co 762		to	go to	this fund. Checking a ow will not change
Foreign country	name		Forei	gn province/state/c	ount	у	Foreig	n postal coc			or refund.
											You Spouse
Digital Assets		ny time during 2022, did you: (a) rece ange, gift, or otherwise dispose of a									Yes X No
Standard		eone can claim: You as a de	-	Vour spouse		-		. (
Deduction	<u> </u>	Spouse itemizes on a separate retur	n or you we	re a dual-status a	alien						
Age/Blindness	You:	Were born before January 2, 1	958 🗌 A	re blind Spo	use	: 🗌 Was bor	n befo	ore Januar	y 2, 19	958	Is blind
Dependents		,		(2) Social security		(3) Relationsh	ip (4			· 1	ies for (see instructions):
lf more than four	(1) Fi	rst name Last name		number		to you		Child tax	c credit	. (Credit for other dependent
dependents,]]	\rightarrow	<u> </u>
see instructions	s ——								」 1		
and check here]]		
Income	1a	Total amount from Form(s) W-2, b	ox 1 (see ins	structions)						1a	39,540.
Income	b	Household employee wages not re	eported on F	Form(s) W-2						1b	
Attach Form(s) W-2 here. Also	С	Tip income not reported on line 1a	ı (see instruc	ctions)						1c	
attach Forms	d	Medicaid waiver payments not rep			nstru	ctions)				1d	
W-2G and 1099-R if tax	е	Taxable dependent care benefits f								1e	
was withheld.	f	Employer-provided adoption bene			•					1f	
If you did not	g	Wages from Form 8919, line 6 .			•		• •		·	1g	
get a Form W-2, see	h	Other earned income (see instructi	,		•	· · · ·	· ·		·	1h	0.
instructions.	I	Nontaxable combat pay election (s	see instructi	ons)	•	1 i				1.	20 540
	<u>z</u>	Add lines 1a through 1h	•••••	· · · · ·			• •		·	1z	39,540.
Attach Sch. B if required.	2a	'	2a			axable interest rdinary divider			·	2b	+
	<u>3a</u> 4a		3a 4a			axable amoun			·	3b 4b	
Standard	ч а 5а		та 5а			axable amoun			•	5b	
Deduction for –	6a		6a			axable amoun			•	6b	
 Single or Married filing 	c	If you elect to use the lump-sum e							\Box	0.5	
separately,	7	Capital gain or (loss). Attach Sched				,			\square	7	
\$12,950Married filing	8	Other income from Schedule 1, lin								8	
jointly or Qualifying	jointly or Add lines to Oh. Oh. Oh. Ch. Ch. Z. and O. This is your total income						9	39,540.			
surviving spouse,	10	Adjustments to income from Sche								10	2,500.
\$25,900 • Head of	11	Subtract line 10 from line 9. This is	s your adjus	ted gross incon	ne					11	37,040.
household, \$19,400	12	Standard deduction or itemized								12	12,950.
 If you checked 	13	Qualified business income deduction	ion from For	m 8995 or Form	899	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	o or less, er	nter -0 This is ye	our t	axable incom	e.			15	24,090.
)											

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

Form **1040** (2022)

Form 1040 (2022	2)									Page 2
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 🗌 881	4 2 4972	3 🗌		16		2,684.
Credits	17	Amount from Schedule 2, lin	e3					17		
	18	Add lines 16 and 17						18		2,684.
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812			19		
	20	Amount from Schedule 3, lin	e8					20		
	21	Add lines 19 and 20						21		
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22		2,684.
	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 total tax					24		2,684.
Payments	25	Federal income tax withheld								
	а	Form(s) W-2				25a	5,471.			
	b	Form(s) 1099				25b				
	с	Other forms (see instructions	6)			25c				
	d	Add lines 25a through 25c	,					25d		5,471.
	26	2022 estimated tax payment						26		
If you have a l qualifying child,	27	Earned income credit (EIC)		• •		27				
attach Sch. EIC.	28	Additional child tax credit from				28				
	29	American opportunity credit				29		-		
	30	Reserved for future use .		,		30		_		
	31	Amount from Schedule 3, lin				31		-		
	32	Add lines 27, 28, 29, and 31.						32		
	33	Add lines 25d, 26, and 32. T						33		5,471.
	34	If line 33 is more than line 24						34		2,787.
Refund	35a	Amount of line 34 you want				•		35a		2,787.
Direct deposit?	b	Routing number 0 2 1					Savings			
See instructions.		Account number 4 8 3			· · ·		ouvingo			
	36	Amount of line 34 you want a				36				
Amount	37	Subtract line 33 from line 24						_		
You Owe	37	For details on how to pay, ge						37		
	38	Estimated tax penalty (see in				38		01		
Third Dorty		you want to allow another								
Third Party Designee		tructions	•			·	omplete	below.	× No	
Deciginee	De	signee's		Phone			onal ident			
	nar			no.			ber (PIN)			
Sign		der penalties of perjury, I declare t								
Here	bel	ief, they are true, correct, and com	plete. Declaration	of preparer (othe	r than taxpayer) is b	ased on all informati	on of whic	h prepar	er has any	knowledge.
nere	Yo	ur signature		Date	Your occupation				nt you an lo	
Latiat water 2		Spouse's signature. If a joint return, both must sign. Date Spouse's occupation				e inst.)	IN, enter it			
Joint return? See instructions.	Sn			Date		tion		,	nt your spo	L L L
Keep a copy for	op			Duic						enter it here
your records.							(see	e inst.)		
	Ph	one no. (917)744-646	7	Email address	SRIHARSHA.SA	MPARA@GMAIL.C	OM			
Daid	Pre	eparer's name	Preparer's signat	ure		Date	PTIN		Check if:	
Paid	VENK	ATA SAI PAVAN KUMAR DUDIPALLI	VENKATA SAI	PAVAN KUM	IAR DUDIPALLI	02/15/2023	P0247	0833	Self-	employed
Preparer	Firi	n's name GLOBAL TAX	XES LLC				Pho	one no. (678)96	5-9522
Use Only	Fin		Y CT E BRU	NSWICK N	J 08816		Firm	n's EIN	88-2	145487
Go to www.irs.a	ov/Forn	1040 for instructions and the late	st information.		BAA	REV 02/05/23 PRO			Form	1040 (2022)

SCHEDULE	1
(Form 1040)	

Department of the Treasury

Additional Income and Adjustments to Income

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

Go to www.irs.gov/Form1040 for instructions and the latest information.

OMB No. 1545-0074 20 2

Attachment Sequence No. **01** Internal Revenue Service Name(s) shown on Form 1040, 1040-SR, or 1040-NR Your social security number SRI HARSHA SAMPARA 827-23-5714

Par	t I Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxes		1	
2 a	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	
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		
ĥ	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	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		10	

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

Schedule 1 (Form 1040) 2022

11 Educator expenses 11 12 Cartain business expenses of reservists, performing artists, and fee-basis government for dicials. Attach Form 2106 13 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 health insurance deduction 17 17 Self-employed health insurance deduction 18 19a Alimony paid 19a b Recipient's SSN 12 c Date of original divorce or separation agreement (see instructions): 20 11 IRA deduction 21 2,500. 21 Student loan interest deduction 21 2,500. 22 23 Archer MSA deduction 22 23 Archer MSA deduction 24a 24a 24 Other adjustments: 24d 24a 24 Other adjustments: 24d 24d 24 Carter MSA deduction 24d 24d 24 Deductible expenses related	Par	t II Adjustments to Income					
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1041) 24k z Other adjustments. List type and amount:	k						
z Other adjustments. List type and amount:			24k				
2 247	z						
	_	2	24z				
25 Total other adjustments. Add lines 24a through 24z	25				. 2!	5	
26 Add lines 11 through 23 and 25. These are your adjustments to income . Enter here and on						-	
	_•					3	2,500.
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