## 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

	1.0.1.0.1.0.0.0.1.0.0						
Submi	ssion Identification Number (SID)						
Taxpaye	r's name	Social secur	ity numl	ber			
NITI	HYA SANTHOSHINI CHANDA	896-83	-944	5			
Spouse'		Spouse's social security number					
Dout	Toy Detuy Information Toy Very Ending December 21		240 011	thorizina	<u> </u>		
Part	, \	year you a	are au	tnorizing.	)		
	whole dollars only on lines 1 through 5.						
	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.		1 4	110	250		
1	Adjusted gross income		1		<u>,350.</u>		
2 3	Total tax		3		,218.		
4			4		<u>,796.</u>		
5	Amount you want refunded to you		5	6	<u>,578.</u>		
Part		een a cor		our retu	rn)		
	penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended)						
to send for any Agent t paymen authoriz paymen busines taxes t persona	original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmit my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejected delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U. or initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indict of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution action is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate at, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requires days prior to the payment (settlement) date. I also authorize the financial institutions involved in the proceive confidential information necessary to answer inquiries and resolve issues related to the pall identification number (PIN) below is my signature for the income tax return (original or amended) I are	ction of the factorial S. Treasury a cated in the in to debit the the authorizests must be processing cayment. I full	ransmistand its of tax prepared entry entr	ssion, (b) the designated coaration soft to this according revoke (coaration) at the desired part of the desired part of the coaracter of the desired part of the desi	ne reason Financial tware for bunt. This cancel) a er than 2 syment of that the		
	nic Funds Withdrawal Consent.  yer's PIN: check one box only						
X		my DINI 3	9 4	4 4 5	as my		
	ERO firm name	ř Ei		digits, but er all zeros	as my		
	signature on the income tax return (original or amended) I am now authorizing.	u	on t ente	all Zelos			
	I will enter my PIN as my signature on the income tax return (original or amended) I am no if you are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN methodelow.						
Your s	ignature ▶ Date ▶						
Snous	e's PIN: check one box only						
Орошо	I authorize to enter or generate	my DINI			as my		
	ERO firm name	_	nter five	digits, but	as my		
	signature on the income tax return (original or amended) I am now authorizing.			er all zeros			
	I will enter my PIN as my signature on the income tax return (original or amended) I am not if you are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN method below.						
Spous	e's signature ▶ Date ▶						
	Practitioner PIN Method Returns Only—continue below						
Part	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	2 4 9	6 6	1 9 8	9		
		Don't en	ter all ze	eros			
authori	that the above numeric entry is my PIN, which is my signature for the electronic individual income taked 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 In	itting this ret	urn in a	accordance			
ERO's	signature ▶ Date ▶						
	ERO Must Retain This Form — See Instructions						
	Don't Submit This Form to the IRS Unless Requested To D	o So					

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



OMB No. 1545-007

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

Filing Status Check only one box.	If yo	Single Married filing jointly uchecked the MFS box, enter the non is a child but not your dependent	ame of y	ed filing separately your spouse. If you	. ,	_		`	,	spou	fying surv se (QSS) name if th	Ü
Your first name	and mi	ddle initial	Last nar	me					Y	our soc	cial securit	y number
NITHYA S	SANTI	HOSHINI	CHAN	DA					8	96-8	3-944	<u>5</u>
If joint return, spouse's first name and middle initial				me					Sp	ouse's	social sec	curity number
Home address	(numbe	er and street). If you have a P.O. box, see	instruction	ons.			Ap	ot. no.	Pı	esiden	itial Election	on Campaign
201 MT PARK BLVD							1	1			ere if you,	or your
		ce. If you have a foreign address, also co	omplete sp	paces below.	Sta	te	ZIP co					tly, want \$3
ISSAOUA	Η				W.A	Δ	9802	27			tnis tuna. w will not	Checking a change
Foreign countr	y name		F	Foreign province/state	count	у		postal co			or refund.	0
											You	Spouse
Digital		ny time during 2022, did you: (a) rec	,				•	,.	` '		Yes	⊠ No
Assets		ange, gift, or otherwise dispose of a		<u>-</u> _			asseiji	(See IIIs	structi	3115.)	res	Z NO
Standard Deduction	_	eone can claim:  You as a de Spouse itemizes on a separate retur	•	•		a dependent						
		<u> </u>										
	-	Were born before January 2, 1	958 _		ouse		(4)				Is bl	
•	•	(see instructions):		(2) Social securit number		(3) Relationsh to you	.				•	,
If more than four	(1) F	1) First name Last name		Tiditibol		to you		Child ta	x crea	. ,	reall for our	her dependents
dependents,									<u></u>		L	┽──
see instruction	s ——								<u></u> 7		L	<del>-</del>
and check here	1 —								<u></u>			┽──
	 1a	Total amount from Form(s) W-2, b	ox 1 (see	e instructions)						1a	1 12	 20 <b>,</b> 550.
Income	b	Household employee wages not re	`	,					·	1b		,
Attach Form(s)	С	Tip income not reported on line 1a	•	` '						1c		
W-2 here. Also attach Forms	d									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 instruct	ions) .							1h		0.
W-2, see	i											
instructions.	z	Add lines 1a through 1h								1z	12	20,550.
Attach Sch. B	2a	Tax-exempt interest	2a		b Ta	axable interest	t.			2b		
if required.	3a	Qualified dividends	3a		<b>b</b> 0	rdinary divide	nds .			3b		
	4a	IRA distributions	4a		b Ta	axable amoun	t			4b		
Standard	5a	Pensions and annuities	5a		b Ta	axable amoun	t			5b		
Deduction for—	6a	Social security benefits	6a		b Ta	axable amoun	t			6b		
<ul> <li>Single or Married filing</li> </ul>	С	If you elect to use the lump-sum election method, check here (see instructions)										
separately, \$12,950	7	Capital gain or (loss). Attach Sche	dule D if	required. If not red	quired,	check here				7		
Married filing	8	Other income from Schedule 1, lin	ie 10 .							8	-1	LO,200.
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7	, and 8.	This is your <b>total ir</b>	ncome					9	11	LO,350.
surviving spouse, \$25,900	10	Adjustments to income from Sche	dule 1, li	ine 26						10		
Head of	11	Subtract line 10 from line 9. This is	s your <b>ac</b>	djusted gross inco	ome					11	11	LO <b>,</b> 350.
household, \$19,400	12	Standard deduction or itemized	deducti	ons (from Schedul	e A)					12	1	12 <b>,</b> 950.
If you checked any box under	13	Qualified business income deduct								13		
Standard	14	Add lines 12 and 13								14		12 <b>,</b> 950.
Deduction, see instructions.	15	5 Subtract line 14 from line 11. If zero or less, enter -0 This is your <b>taxable income</b>								15		97,400.

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	17,218.
Credits	17	Amount from Schedule 2, lin	ie 3					17	
	18	Add lines 16 and 17						18	17,218.
	19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812			19	
	20	Amount from Schedule 3, lin	ie 8					20	
	21	Add lines 19 and 20						21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	17,218.
	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	17,218.
Payments	25	Federal income tax withheld							
-	а	Form(s) W-2				<b>25a</b> 23	3,796.		
	b	Form(s) 1099				25b			
	С	Other forms (see instruction	s)			25c			
	d	Add lines 25a through 25c						25d	23,796.
If	26	2022 estimated tax paymen	ts and amount a	pplied from 20	21 return			26	
If you have a qualifying child,	27	Earned income credit (EIC)			No	27			
attach Sch. EIC.	28	Additional child tax credit from				28			
	29	American opportunity credit	from Form 8863	3, line 8		29			
	30	Reserved for future use .				30			
	31	Amount from Schedule 3, lin	ie 15			31			
	32	Add lines 27, 28, 29, and 31				undable credits		32	
	33	Add lines 25d, 26, and 32. T	,	-	-			33	23,796.
Refund	34	If line 33 is more than line 24						34	6 <b>,</b> 578.
neiulia	35a	Amount of line 34 you want				•		35a	6 <b>,</b> 578.
Direct deposit?	b	Routing number 1 1 1			c Type:		Savings		
See instructions.	d	Account number 5 9 3							
	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	
rou owe	38		_	-		38		31	
The level December		Estimated tax penalty (see in							
Third Party Designee		you want to allow another structions	•				omplete b	elow	× No
Designee		signee's		Phone			onal identif		IN NO
		ne		no.			ber (PIN)	oation	
Sign		der penalties of perjury, I declare tief, they are true, correct, and com							
Here		ur signature		Date	Your occupation		If the	IRS ser	nt you an Identity IN, enter it here
Joint return?	SOFTWARE DEVELOPM								IIV, enter it nere
See instructions.	Sp	ouse's signature. If a joint return, I	ooth must sian.	Date	Spouse's occupa		IRS ser	nt your spouse an	
Keep a copy for	- 1	,					Identi	ty Prote	ection PIN, enter it here
your records.	(se						(see i	nst.)	
	Ph	one no. (660) 898-793	8	Email address	NITHYACHAN	NDA@GMAIL.C	MC		
Paid	Pre	eparer's name	Preparer's signat	ure		Date	PTIN		Check if:
Preparer	SYAM	I PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	1 03/09/2023	P02082	2703	Self-employed
Use Only	Fin	m's name GLOBAL TA	XES LLC				Phon	e no. (	678) 965-9522
————	Fin	m's address 245 ROONE	Y CT E BRU	NSWICK N	J 08816		Firm's	s EIN	84-3171965
Go to www.irs.g	ov/Forn	n1040 for instructions and the late	st information.		BAA	REV 02/24/23 PRO			Form <b>1040</b> (2022)

#### **SCHEDULE 1** (Form 1040)

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

OMB No. 1545-0074 Attachment Sequence No. 01

Department of the Treasury Internal Revenue Service

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	social security number			
NITH	YA SANTHOSHINI CHANDA	3-94	145		
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			5	-10,200.
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			
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			
	Wages earned while incarcerated	8u			
Z	Other income. List type and amount:	0-			
•	Total atherminature. Add lines On the court On	8z			
9	Total other income. Add lines 8a through 8z			9	

Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8

-10,200.

10

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 government		
	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)	24a		
b	Deductible expenses related to income reported on line 8l from the			
	, , , , , , , , , , , , , , , , , , , ,	24b		
С	Nontaxable amount of the value of Olympic and Paralympic medals			
		24c		
d	' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	24d		
е	Repayment of supplemental unemployment benefits under the Trade			
		24e		
f	· // // /	24f		
g	, , , , , , , , , , , , , , , , , , , ,	24g		
h	Attorney fees and court costs for actions involving certain unlawful			
	` ,	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		
j	Housing deduction from Form 2555	24j		
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form			
		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 adjustments to income	. Enter here and on		
	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.)

Attach to Form 1040, 1040-SR, 1040-NR, or 1041, Attachment

Sequence No. 13

Your social security number

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.

NITHYA SANTHOSHINI CHANDA 896-83-9445 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) 1-9, CHAITANYA COLONY, HUZURNAGAR, SURYAPET TELANGANA IN 508204 Α В C 1b Type of Property **Fair Rental Personal Use** For each rental real estate property listed 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: 3 550. 4 Royalties received 4 **Expenses:** 5 5 Advertising 6 Auto and travel (see instructions) 6 950. 7 Cleaning and maintenance. 7 8 Commissions 8 9 9 Insurance . . 10 10 Legal and other professional fees 1,550. 11 Management fees . . . . . . . . . 11 12 Mortgage interest paid to banks, etc. (see instructions) 12 13 13 3,450. 14 14 Repairs . . . 2,650. 15 Supplies 15 16 16 Taxes 17 17 2,150. 18 18 Depreciation expense or depletion . . . . . . . . Other (list) 19 19 20 20 10,750. Total expenses. Add lines 5 through 19 . . . . . . 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 -10,200.22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) . . . . . . . . . 10,200.) 550. 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 10,750. 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 24 25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here 25 10,200. 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

26

-10,200.

Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2

## **Passive Activity Loss Limitations**

See separate instructions.

Attach to Form 1040, 1040-SR, or 1041.

OMB No. 1545-1008 Attachment Sequence No. **858** 

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form8582 for instructions and the latest information.

Name(s	itifying number							
NITE	NITHYA SANTHOSHINI CHANDA 896							
Pai					·			
	Caution: Complete Parts IV ar	nd V before comple	eting Part I.					
	al Real Estate Activities With Active Parance for Rental Real Estate Activities			ive participation,	see <b>Special</b>			
1a	Activities with net income (enter the a	0.						
b								
С	Prior years' unallowed losses (enter th							
d						1d	-10,200.	
All Ot	ther Passive Activities							
	Activities with net income (enter the a	mount from Part V	column (a))	2a				
	Activities with net loss (enter the amount of the amount o				,			
b	Prior years' unallowed losses (enter the							
c d						2d		
						Zu		
3	Combine lines 1d and 2d. If this line i all losses are allowed, including any							
	losses on the forms and schedules no				neport the	3	-10,200.	
		•					.,	
	If line 3 is a loss and: • Line 1d is a l							
	• Line 2d is a l	oss (and line 1d is	zero or more), ski	p Part II and go t	o line 10.			
Cauti	on: If your filing status is married filing	separately and yo	ou lived with your	spouse at any tir	ne during the	vear.	do not complete	
	I. Instead, go to line 10.	, , ,	,		3	,	,	
Par	t II Special Allowance for Rer	ntal Real Estate	<b>Activities With</b>	Active Particip	ation			
	Note: Enter all numbers in Par	t II as positive amo	ounts. See instruct	ions for an exam	ple.			
4	Enter the <b>smaller</b> of the loss on line 1	d or the loss on lir	ne 3			4	10,200.	
5	Enter \$150,000. If married filing separ	ately, see instructi	ons	5	150,000.			
6	Enter modified adjusted gross income	e, but not less than	zero. See instruc	tions 6	120,550.			
	Note: If line 6 is greater than or equal	to line 5, skip line	s 7 and 8 and ent	er -0-				
	on line 9. Otherwise, go to line 7.							
7	Subtract line 6 from line 5			7	29,450.			
8	Multiply line 7 by 50% (0.50). Do not en	nter more than \$25	,000. If married filir	ng separately, see	instructions	8	14,725.	
9	Enter the <b>smaller</b> of line 4 or line 8					9	10,200.	
Par	t III Total Losses Allowed							
10	Add the income, if any, on lines 1a an	d 2a and enter the	total			10	0.	
11	Total losses allowed from all passiv		22. Add lines 9 an	d 10. See instruc	tions to find			
	out how to report the losses on your t					11	10,200.	
Par	t IV Complete This Part Before	e Part I, Lines 1	<b>a, 1b, and 1c.</b> S	ee instructions.				
		_		Prior years Ove				
	Name of activity	Currer	nt year	Prior years	Ove	rall ga	in or loss	
	Name of activity	(a) Net income (line 1a)	(b) Net loss (line 1b)	Prior years  (c) Unallowed loss (line 1c)	(d) Gair		in or loss (e) Loss	
1-9		(a) Net income (line 1a)	(b) Net loss (line 1b)	(c) Unallowed			(e) Loss	
1-9	Name of activity	(a) Net income	(b) Net loss	(c) Unallowed				

Total. Enter on Part I, lines 1a, 1b, and 1c

0.

10,200.

Form 8582 (2022)

, ,									3		
Part V Complete This Part Before	re P	art I, Lines 2	a, 2b,	<b>and 2c.</b> S	ee instruc	tions.					
Name of a state.		Current year Prior years						Overall gain or loss			
Name of activity	(a) Net income (line 2a)		(b) Net loss (line 2b)		(c) Unallowed loss (line 2c)				(e) Loss		
	+										
Total. Enter on Part I, lines 2a, 2b, and 2c											
Part VI Use This Part if an Amou	nt Is	Shown on F	Part II,	<b>Line 9.</b> S	ee instruc	tions.					
Name of activity	an to	rm or schedule ad line number be reported on se instructions)	(a	) Loss	<b>(b)</b> Ra	ıtio	(c) Special allowance		(d) Subtract column (c) from column (a).		
1-9, CHAITANYA COLONY,		E Ln 22		10,200.	1.0000	0000	10,20	0.	0.		
Total				10,200.	1.00	)	10,20	0.	0.		
Part VII Allocation of Unallowed I	Loss			S.							
Name of activity	Form or sch and line nur to be reporte (see instruct		nber d on (a) Loss		_oss	(b) Ratio		(c) Unallowed loss			
Total							1.00				
Part VIII Allowed Losses. See instr	ucti	ons.		T							
Name of activity		Form or sche and line nun to be reporte (see instruct		mber ed on (a) L		(b) Unallowed loss		(c) Allowed loss			
Total		<u></u> .	<u> </u>								