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					
Submi	ssion Identification Number (SID)					
Taxpaye	or's name	Social securi	ty numl	per		
HEM	ASREE PAMIDIMUKKALA	729-52	-988	3		
Spouse'						
Part	Tax Return Information — Tax Year Ending December 31, 2022 (Enter	(VOOR VOU	ro ou	thorizina	<u> </u>	
	whole dollars only on lines 1 through 5.	year you a	ire au	monzing.)	
	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.					
1	Adjusted gross income		1	86	,206.	
2	Total tax		2		,738.	
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3		,853.	
4	Amount you want refunded to you		4		,115.	
5	Amount you owe		5			
Part		кеер а сор	y of y	our retu	rn)	
my know return (to send for any Agent t payment authorize payment business taxes t persona	penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended by by by any correct, and complete. I further declare that the amounts in Part I above original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmart my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejudelay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U o initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account induct 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 the transfer of the payment (settlement) date. I also authorize the financial institutions involved in the oreceive confidential information necessary to answer inquiries and resolve issues related to the pal identification number (PIN) below is my signature for the income tax return (original or amended) I a	ve are the am itter, or electrection of the t.S. Treasury a icated in the t to the authoriz uests must be processing opayment. I fur	ounts for the counts of the co	from the inc turn original ssion, (b) th designated paration sof to this acco To revoke (in ved no late ectronic pa	come tax tor (ERO) he reason Financial tware for bunt. This cancel) a er than 2 hyment of that the	
	nic Funds Withdrawal Consent. yer's PIN: check one box only					
X		mv PIN 2	9 8	8 8 3	as my	
	ERO firm name signature on the income tax return (original or amended) I am now authorizing.	ř En		digits, but er all zeros	do my	
	I will enter my PIN as my signature on the income tax return (original or amended) I am n if you are entering your own PIN and your return is filed using the Practitioner PIN meth below.					
Your s	ignature ▶ Date ▶ _					
Spous	e's PIN: check one box only					
Г	I authorize to enter or generate	my PIN			as my	
_	ERO firm name	_	ter five	digits, but	ao my	
	signature on the income tax return (original or amended) I am now authorizing.	do	n't ente	er all zeros		
	I will enter my PIN as my signature on the income tax return (original or amended) I am n if you are entering your own PIN and your return is filed using the Practitioner PIN meth below.					
Spous	e's signature ▶ Date ▶					
	Practitioner PIN Method Returns Only—continue below					
Part	Certification and Authentication — Practitioner PIN Method Only					
ERO's	EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 2 2	2 4 9 Don't ent	6 6	1 9 8	9	
		Don tem	.∪ı aıı ∠t	03		
authoriz	that the above numeric entry is my PIN, which is my signature for the electronic individual income to 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 Pub. 1345 , Handbook for Authorized IRS e-file Providers of In	nitting this retu	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 I	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	X S	Single Married filing jointly	Marrie	ed filing separatel	y (MFS)	☐ Head of	household (HOH)			surviv	ing
Check only one box.	-	u checked the MFS box, enter the nonis a child but not your dependen	-	our spouse. If yo	u check	ed the HOH or	QSS box, enter t		use (Q name	,	qualifying
Your first name		· · · · · · · · · · · · · · · · · · ·	Last nai	me				Your so	cial se	curity	number
				DIMUKKALA				729-52-9883			
			Spouse's social security number								
Home address	(numbe	er and street). If you have a P.O. box, see	instruction	ons.			Apt. no.	Preside	ntial El	ection	Campaign
8638 HUI	•						9326	Check I			
		ce. If you have a foreign address, also co	omplete si	paces below.	Sta	ite	ZIP code	1 '	_		v, want \$3
SAN ANTO		, , , , , , , , , , , , , , , , , , , ,			T		78240	to go to this fund. Checking a box below will not change			
Foreign countr			F	oreign province/sta			Foreign postal code	your tax			arige
	,			3 p		,		1		ou [Spouse
Digital		ny time during 2022, did you: (a) rec	•				,.	. ,			⊠ No
Assets		ange, gift, or otherwise dispose of		<u>_</u>			asset)? (See Instr	uctions.)	Y	es	<u> NO</u>
Standard Deduction		eone can claim:	•	•		a dependent					
Age/Blindness	You:	Were born before January 2, 1	1958	Are blind	Spouse	: Was bor	n before January	2, 1958		ls blind	t
Dependent	s (see	instructions):		(2) Social secu	urity	(3) Relationsh	ip (4) Check the b	ox if quali	fies for	(see ins	structions):
If more	(1) Fi	rst name Last name		number		to you	Child tax of	redit	Credit 1	or other	dependents
than four											
dependents, see instruction	s ——										
and check											
here											
Income	1a	Total amount from Form(s) W-2, b	ox 1 (see	e instructions) .				. 1a		96	5,529.
	b	Household employee wages not r	•	, ,				. 1b			
Attach Form(s) W-2 here. Also	С	Tip income not reported on line 1a (see instructions)									
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						. 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	,					. 1h			0.
instructions.	i	Nontaxable combat pay election (see instr	uctions)		<u>1i</u>				0.0	
	<u>z</u>	Add lines 1a through 1h			 L T			. 1z		96	5,529.
Attach Sch. B if required.	2a	Tax-exempt interest	2a			axable interes		. 2b			
	3a	Qualified dividends	3a			Ordinary divide Taxable amoun		. 3b			
24	4a 5a	IRA distributions Pensions and annuities	4a 5a			axable amoun		. 5b			
Standard Deduction for—	6a		6a			axable amoun		. 6b			
Single or	C	If you elect to use the lump-sum e		nethod check he				. 0.0			
Married filing separately,	7	Capital gain or (loss). Attach Sche		·	`	,		7			
\$12,950 Married filing	8	Other income from Schedule 1, lir						. 8			323.
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7						. 9	+		5,206.
surviving spouse,	10	Adjustments to income from Sche		•				. 10			,200.
\$25,900 • Head of	11	Adjustments to income from Schedule 1, line 26								86	,206.
household,	12	Standard deduction or itemized	-					. 11			2,950.
\$19,400 If you checked	13	Qualified business income deduct		•	,			. 13			<u>,</u>
any box under Standard	14									12	2,950.
Deduction, see instructions.	15	Subtract line 14 from line 11. If ze									3,256.
ooc monucions.											

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	11,738.
Credits	17	Amount from Schedule 2, lin	ie 3				[17	
	18	Add lines 16 and 17					[18	11,738.
	19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812		[19	
	20	Amount from Schedule 3, lir	ie 8				[20	
	21	Add lines 19 and 20					[21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0			[22	11,738.
	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	11,738.
Payments	25	Federal income tax withheld							,
	а	Form(s) W-2				25a 16	,853.		
	b	Form(s) 1099				25b			
	С	Other forms (see instructions	s)			25c			
	d	Add lines 25a through 25c	,				2	25d	16,853.
.,	26	2022 estimated tax paymen					–	26	·
If you have a qualifying child,	27	Earned income credit (EIC)				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	ne 15			31			
	32	Add lines 27, 28, 29, and 31				ndable credits		32	
	33	Add lines 25d, 26, and 32. T					🗀	33	16,853.
Refund	34	If line 33 is more than line 24						34	5,115.
neiulia	35a	Amount of line 34 you want				•	. 🗆 🖫	35a	5,115.
Direct deposit?	b	Routing number 0 1 1					Savings		
See instructions.	d	Account number 4 6 6				_			
	36	Amount of line 34 you want	applied to your	2023 estimate	ed tax	36			
Amount	37	Subtract line 33 from line 24	. This is the amo	ount you owe.					
You Owe		For details on how to pay, g						37	
-	38	Estimated tax penalty (see in	nstructions) .			38			
Third Party		you want to allow another	person to disc	cuss this retu	n with the IRS?				
Designee		structions					mplete bel		× No
		signee's me		Phone no.			nal identifica er (PIN)	tion	
Cian		der penalties of perjury, I declare t	hat I have examine		t accompanying sch		, ,	e hes	t of my knowledge an
Sign		lief, they are true, correct, and com			1 , 0		,		, ,
Here	Yo	ur signature		Date	Your occupation		If the IR	S ser	nt you an Identity
	Prot								N, enter it here
Joint return?		SOFTWARE ENG					(see ins		
See instructions. Keep a copy for	Sp	Spouse's signature. If a joint return, both must sign.		Date	Spouse's occupati	on			it your spouse an ection PIN, enter it her
your records.						(see ins		I I I I I	
	———Ph	one no. (214) 609-617	0	Email address	HEMASHREEDT	NKY@GMAIL.CO	 Vī		
		eparer's name	Preparer's signat			Date Date	PTIN		Check if:
Paid		I PRIYA RAM SAGAR GUPTA TALLAM	'		GUPTA TAT.T.AM		P020827	03	Self-employed
Preparer		m's name GLOBAL TA				-0,, 2020			678) 965-9522
Use Only			Y CT E BRU	NSWICK N	J 08816		Firm's E		84-3171965
Go to www ire or		n1040 for instructions and the late			BAA	REV 03/09/23 PRO	1 3 .		Form 1040 (202)
5 . 5					שמע	INE V UUIUUIZU FINU			

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

HEMASREE PAMIDIMUKKALA

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.

	Sequence No. 01
Your soc	ial security number
729-52	-9883

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	-10,323.
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		
u	Wages earned while incarcerated	8u		
Z	Other income. List type and amount:			
_	Total allowing and Add lines On through On	8z		
9	Total other income. Add lines 8a through 8z		9	10 202
10	Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR,	or 1040-INH, line 8	10	-10,323.

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 gov			
	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)			
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		-	
h	Attorney fees and court costs for actions involving certain unlawful			
	discrimination claims (see instructions)		-	
- 1	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			-	
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)			
-	Other adjustments. List type and amount:		-	
Z	04-			
25	Total other adjustments. Add lines 24a through 24z		25	
25 26	Add lines 11 through 23 and 25. These are your adjustments to income . Enter here		23	
20	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,

Department of the Treasury Internal Revenue Service

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

2022
Attachment Sequence No. 13

OMB No. 1545-0074

Name(s) shown on return Your social security number HEMASREE PAMIDIMUKKALA 729-52-9883 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) 305 SARDAR PATEL NAGAR KUKATPALLY, HYDERABAD TELANGANA IN 500085 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: 3 642. 4 Royalties received 4 **Expenses:** 5 5 Advertising 6 Auto and travel (see instructions) 6 7 Cleaning and maintenance. 7 1,957. 8 Commissions 8 9 9 Insurance . . 10 10 Legal and other professional fees 11 Management fees 11 2,764. 12 Mortgage interest paid to banks, etc. (see instructions) 12 13 13 1,893. 14 14 Repairs . . . 15 Supplies 15 1,720. 16 16 Taxes 17 17 2,631. 18 18 Depreciation expense or depletion Other (list) 19 19 20 20 Total expenses. Add lines 5 through 19 10,965. 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 -10,323.22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) 10,323.) 642. 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

24

25

26

Total of all amounts reported on line 18 for all properties

Total of all amounts reported on line 20 for all properties

Income. Add positive amounts shown on line 21. **Do not** include any losses

Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here

Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result

here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on

10,323.

-10,323.

23d

23e

10,965.

24

25

26