## 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

	5.5.1.00 53.1.00						
Submis	ssion Identification Number (SID)						
Taxpayer	's name	Social secur	ity numl	ber			
СНАН	NITHA CHANDU	763-87-8654					
Spouse's	s name	Spouse's so	cial sec	urity numbe	r		
Part	Tax Return Information — Tax Year Ending December 31, 2022 (Ente	r vear vou s	ara au	thorizina	1		
	whole dollars only on lines 1 through 5.	i yeai you a	ale au	uionzing.	· <i>)</i>		
	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.						
	Adjusted gross income		1 1	84	,450.		
	Total tax		2		,353.		
	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3		,668.		
	Amount you want refunded to you		4		,315.		
5	Amount you owe		5				
Part I	Taxpayer Declaration and Signature Authorization (Be sure you get and	keep a cop	y of y	our retu	rn)		
my know return (c to send for any c Agent to paymen authoriz paymen business taxes to persona	renalties of perjury, I declare that I have examined a copy of the income tax return (original or amended wledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I aboriginal or amended) I am now authorizing. I consent to allow my intermediate service provider, transmy return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for reddelay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the contribute an ACH electronic funds withdrawal (direct debit) entry to the financial institution account income to form the total taxes owed on this return and/or a payment of estimated tax, and the financial institution ation is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation received confidential information necessary to answer inquiries and resolve issues related to the didentification number (PIN) below is my signature for the income tax return (original or amended) I at I and I amended	ove are the amnitter, or electricity of the faction of the faction of the faction of the faction to debit the enthe authorizations must be processing of payment. I fur	ronic recreased and its of tax preparation. The receipt the electron and the electron are receipt the recreased and the recreased and the recreased are recreased are recreased and the recreased are recreased are recreased are recreased and the recreased are recrea	from the incurrence from t	come tax ttor (ERO) ne reason Financial ftware for bunt. This cancel) a er than 2 ayment of that the		
	nic Funds Withdrawal Consent.  yer's PIN: check one box only						
X	•	my PIN	8	6 5 4	as my		
	ERO firm name signature on the income tax return (original or amended) I am now authorizing.	. Er		digits, but er all zeros	asiny		
	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 met below.						
Your si	gnature ▶ Date ▶						
Spous	e's PIN: check one box only	_					
Ороцо	I authorize to enter or generate	my PIN			as my		
	ERO firm name	_	nter five	digits, but	asiny		
	signature on the income tax return (original or amended) I am now authorizing.	de	on't ente	er 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 met below.						
Spouse	e's signature ▶ Date ▶						
	Practitioner PIN Method Returns Only—continue belov	V					
Part I	I 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 4 9 <b>Don't en</b>	6 6	1 9 8	9		
		Don ren	cer dii Ze	2109			
authoriz	that the above numeric entry is my PIN, which is my signature for the electronic individual income ed 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	nitting 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	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	s 🔀 S	Single Married filing jointly	Marrie	ed filing separately	y (MFS)	☐ Head of	household (HOH)		ifying su	
Check only one box.	•	u checked the MFS box, enter the n on is a child but not your dependen	,	our spouse. If you	u check	ed the HOH or	QSS box, enter the		use (QSS name if t	,
			Last nar	ne				Your so	cial secur	rity number
CHAHNITE	ΗA		CHAN	DU				763-87-8654		
			Last nar					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 Elect	tion Campaign
_1117 ME	MOGA	CREEK DR	230					Check here if you, or your spouse if filing jointly, wan		
City, town, or p	ost offic	ce. If you have a foreign address, also co	omplete s	oaces below.	Sta	te	ZIP code	1 '	0,	ntly, want \$3. Checking a
IRVING			TX 7				75038	"	ow will no	•
Foreign country	y name		F	Foreign province/state/county				Foreign postal code your tax or ref		
 Digital	At ar	ny time during 2022, did you: (a) rec	eive (as	a reward. award.	or pavr	ment for prope	rtv or services): or	(b) sell.	You	Spouse
Assets		ange, gift, or otherwise dispose of	•				,	. ,	☐ Yes	⊠ No
Standard		eone can claim: You as a de		<u>_</u>		a dependent	, ,			
Deduction		Spouse itemizes on a separate retur	•	•		•				
Age/Blindness	S You:	☐ Were born before January 2, 1	958	Are blind	Spouse	: Was bor	n before January	2, 1958	☐ Is b	olind
Dependent	s (see	instructions):		(2) Social secu	ırity	(3) Relationsh	ip (4) Check the b	ox if quali	fies for (se	e instructions):
If more	<b>(1)</b> Fi	(1) First name Last name		number		to you	Child tax o	redit	Credit for o	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		95,000.
	b	Household employee wages not r		. ,				. 1b		
Attach Form(s) W-2 here. Also	С	1								
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 benefits from Form 8839, line 29								
If you did not	g	Wages from Form 8919, line 6.						. 1g		
get a Form W-2, see	h	Other earned income (see instruct	· 1							0.
instructions.	i	Nontaxable combat pay election (	see instr	uctions)		<u>1</u> i				05 000
	<u>z</u>	Add lines 1a through 1h	· · ·					. 1z		95,000.
Attach Sch. B if required.	2a	' -	2a			axable interes		. 2b		
ii required.	3a		3a			ordinary divide		. 3b		
	4a	_	4a			axable amoun		. 4b		
Standard Deduction for—	5a	_	5a			axable amoun		. 5b		
Single or	6a	, _	6a	nothed shoot he		axable amoun	t	. 6b		
Married filing separately,	C 7	If you elect to use the lump-sum election method, check here (see instructions)								
\$12,950	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here								10,550.
Married filing jointly or	8 9	·							_	84,450.
Qualifying surviving spouse,	10	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b>								04,430.
\$25,900	11	Adjustments to income from Schedule 1, line 26								01 150
Head of household,	12	Subtract line 10 from line 9. This is your adjusted gross income								84,450. 12,950.
\$19,400 If you checked	13	Qualified business income deduct		•	,			. 12		<u> 14,330.</u>
any box under	14									12,950.
Standard Deduction,	15		ubtract line 14 from line 11. If zero or less, enter -0 This is your <b>taxable income</b>							71,500.
see instructions.				.,	. , oai			. 15		, _ ,

Form 1040 (2022	2)								Page <b>2</b>
Tax and	16	Tax (see instructions). Check	if any from Form	n(s): <b>1</b> 881	4 <b>2</b> 🗌 4972	3 🗌		16	11,353.
Credits	17	Amount from Schedule 2, lir	-				[	17	· · · · · · · · · · · · · · · · · · ·
0.000	18	Add lines 16 and 17					[	18	11,353.
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812		[	19	
	20	Amount from Schedule 3, lir	ne 8				[	20	
	21	Add lines 19 and 20					[	21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0			[	22	11,353.
	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	11,353.
Payments	25	Federal income tax withheld							<u> </u>
,	а	Form(s) W-2				<b>25a</b> 13	,668.		
	b	Form(s) 1099				25b			
	С	Other forms (see instruction	s)			25c			
	d	Add lines 25a through 25c					:	25d	13,668.
If you have a	26	2022 estimated tax paymen	ts 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	m 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, lin	ne 15			31			
	32	Add lines 27, 28, 29, and 31	. These are your	total other pa	ayments and refu	ındable credits		32	
	33	Add lines 25d, 26, and 32. T	hese are your <b>to</b>	otal payments				33	13,668.
Refund	34	If line 33 is more than line 24	1, subtract line 2	4 from line 33.	This is the amoun	nt you <b>overpaid</b>		34	2,315.
riciana	35a	Amount of line 34 you want			is attached, chec	ck here	. 🗆 📑	35a	2,315.
Direct deposit?	b	Routing number 1 1 1			c Type: 🛛	Checking S	Savings		
See instructions.	d	Account number 2 1 2	4 5 0 7	1 6 7					
-	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	
	38	Estimated tax penalty (see in	nstructions) .			38			
Third Party Designee		you want to allow another			rn with the IRS?		mplete bel	low.	⊠ No
· ·		signee's		Phone			nal identifica	ation ,	
	nai			no.			er (PIN)		
Sign Here		der penalties of perjury, I declare tief, they are true, correct, and com			1 , 0		,		, ,
TICIC	Yo	ur signature		Date Your occupation					nt you an Identity
l=:-tt 0						(see ins		N, enter it here	
Joint return? See instructions.	Spouse's signature. If a joint return, <b>both</b> must sign.			SOFTWARE  Date Spouse's occupation				l RS ser	nt your spouse an
Keep a copy for your records.	-p						Prote	ection PIN, enter it here	
	Ph	one no. (925) 353-413	5	Email address	CHAHNITHACHAN	DU1897@GMAIL.CC	M		
Doid	Pre	eparer's name	Preparer's signat	ture		Date	PTIN		Check if:
Paid	SYAN	PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA_TALLAM	03/23/2023	P020827	03	Self-employed
Preparer	Fin	m's name GLOBAL TA	XES LLC			<u>.</u>	Phone	no. (	678) 965-9522
Use Only	Fin	m's address 245 ROONE	Y CT E BRU	NSWICK N	J 08816		Firm's	EIN	84-3171965
Go to www.irs.go	ov/Forn	n1040 for instructions and the late	st information.		BAA	REV 03/09/23 PRO			Form <b>1040</b> (2022)

## SCHEDULE 1 (Form 1040)

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

OMB No. 1545-0074

2022
Attachment
Sequence No. 01

Department of the Treasury Internal Revenue Service

CHAHNITHA CHANDU

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.

Your social security number 763-87-8654

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	ach Schedule E .	5	-10,550.
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 ( )	4	
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-		
0	Total ather income Add lines On through On	8z		
9	Total other income. Add lines 8a through 8z		9	-10,550.
10	Combine lines i inrough / and 9. Enter here and on Form 1040, 1040-58	, or 1040-NH, III18 8	10	-10 <b>,</b> 550.

Schedule 1 (Form 1040) 2022 Page **2** 

Par	II Adjustments to Income			
11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-b			
	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	, , , , , , , <sub>/</sub>	4a		
b	Deductible expenses related to income reported on line 8l from the			
		4b		
С	Nontaxable amount of the value of Olympic and Paralympic medals			
	·	4c		
d		4d		
е	Repayment of supplemental unemployment benefits under the Trade			
		4e		
f		24f		
g	, , , , , , , , , , , , , , , , , , , ,	4g		
h	Attorney fees and court costs for actions involving certain unlawful			
	,	4h		
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			
		24i	_	
J		24j		
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form	41-		
_	,	4k	_	
Z	Other adjustments. List type and amount:	4z		
25			05	
25 26	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> . E		26	
	Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a	<u> </u>		

#### **SCHEDULE E** (Form 1040)

#### Supplemental Income and Loss

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

OMB No. 1545-0074

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

Name(s) shown on return Your social security number 763-87-8654 CHAHNITHA CHANDU 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) 7/1 CHANDRAMOULI NAGAR GUNTUR ANDHRA PRADESH IN 522007 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: 3 574. 4 Royalties received 4 **Expenses:** 5 5 Advertising 6 Auto and travel (see instructions) 6 7 Cleaning and maintenance. 7 2,632. 8 Commissions 8 9 9 Insurance . . 10 10 Legal and other professional fees 11 Management fees . . . . . . . . . 11 1,486. 12 Mortgage interest paid to banks, etc. (see instructions) 12 13 13 2,089. 14 14 Repairs . . . . 2,666. 15 Supplies 15 16 16 Taxes 17 Utilities . . . . . . . 17 2,251. 18 18 Depreciation expense or depletion . . . . . . . . Other (list) 19 19 20 20 11,124. 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 -10,550.22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) . . . . . . . . . 10,550.) 574. 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 Total of all amounts reported on line 20 for all properties 23e 11,124. 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 10,550. 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 .

-10,550.