Form 8879
(Rev. January 2021)
Department of the Treesury

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)

Taxpay	er's name	Social security number						
SAI	KRISHNA KOLANUPAKA	419-73-6088						
Spouse	's name	Spouse's social security number						
Part	Tax Return Information — Tax Year Ending December 31, 2022 (Ente	r year you a	ire aut	horizing.)				
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	89,366.				
2	Total tax		2	12,431.				
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	14,179.				
4	Amount you want refunded to you		4	1,748.				
5			5					

Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

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	I authorize	GLOBAL	TAXES	LLC	to enter or generate my PIN	Ŀ
				ERO firm name		

3	6	0	8	8	
Ent don	as my				

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.

Your signature

Date

Spouse's PIN: check one box only

I authorize

to enter or generate my PIN

as mv Enter five digits, but don't enter all zeros

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 signa	ature 🕨 🛛 Da	Date 🕨										
	Practitioner PIN Method Returns Only—continue	bel	ow									
Part III Co	ertification and Authentication – Practitioner PIN Method Only											
ERO's EFIN/P	PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.	2	2					3 all zei		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 >			
	etain This Form — See orm to the IRS Unless		
For Paperwork Reduction Act Notice, see your tax return	instructions.	REV 03/22/23 PRO	Form 8879 (Rev. 01-2021)

1040		artment of the Treasury-Internal Revenue Servi S. Individual Income Tax		202	2	OMB No. 1545	-0074	IRS Use Or	nly—Do r	not wri	te or staple in this space.		
Filing Status		Single	Married fili	ng separately (N	(IFS)	Head of	house	hold (HOH)			fying surviving se (QSS)		
one box.		u checked the MFS box, enter the nation is a child but not your dependent		spouse. If you ch	neck	ed the HOH or	QSS	box, enter	the ch	ild's r	name if the qualifying		
Your first name	and mi	ddle initial	Last name						You	r soc	ial security number		
SAI KRIS	SHNA		KOLANUP	PAKA					41	9-7	3-6088		
lf joint return, sj	oouse's	first name and middle initial	Last name						Spo	Spouse's social security number			
Home address	(numbe	er and street). If you have a P.O. box, see	instructions.					Apt. no.			tial Election Campaign		
4800 PRI					-	3021			ere if you, or your				
	ost offic	ce. If you have a foreign address, also co	mplete spaces	below.	Sta	-	ZIP c		to g	jo to t	his fund. Checking a		
FRISCO Foreign country	name		Foreig	n province/state/c	TX Count		750 Foreic	133 In postal cod			w will not change or refund.		
r oreign country	name		libroig		Journ	y	TOTOIS	n postal oou	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		You Spouse		
Digital	At ar	ny time during 2022, did you: (a) rec	eive (as a rev	vard, award, or	payr	nent for prope	rty or	services);	or (b) s	ell,			
Assets		ange, gift, or otherwise dispose of a				_	asset)	? (See inst	ructior	າຣ.)	Yes X No		
Standard Deduction	_	eone can claim:	•	Your spouse		•							
		Were born before January 2, 1			use	_	n befo	ore January	/ 2. 19	58	Is blind		
Dependents	-			(2) Social security		(3) Relationsh					es for (see instructions):		
If more		irst name Last name		number		to you		Child tax o		C	Credit for other dependents		
than four													
dependents, see instructions													
and check													
here													
Income	1a b	Total amount from Form(s) W-2, b Household employee wages not re		,	•		• •		•	1a 1b	100,063.		
Attach Form(s)	c	Tip income not reported on line 1a	•		•		• •		•	1c			
W-2 here. Also attach Forms	d	Medicaid waiver payments not rep		,					.	1d			
W-2G and	e	Taxable dependent care benefits f		., .					. 1	1e			
1099-R if tax was withheld.	f	Employer-provided adoption bene							. [1f			
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 instructions.	i	Nontaxable combat pay election (s	see instructio	ns)		1 i							
	z	Add lines 1a through 1h								1z	100,063.		
Attach Sch. B	2a	Tax-exempt interest	2a		b T	axable interest	t.			2b			
if required.	3a	Qualified dividends	3a		b 0	rdinary divide	nds .			3b			
	4a		4a			axable amoun			•	4b			
Standard Deduction for –	5a		5a			axable amoun			•	5b			
 Single or 	6a	,	6a			axable amoun	t		÷ I	6b			
Married filing separately,	c 7	If you elect to use the lump-sum e			•	,	• •		片	7			
\$12,950	7	Capital gain or (loss). Attach Scher	•	•			• •			7	10 007		
 Married filing jointly or 	8 9	Other income from Schedule 1, lin Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7					• •		•	<u> </u>	-10,697. 89,366.		
Qualifying spouse,	9 10	Adjustments to income from Sche			JUIN	9	• •		•	10	09,300.		
\$25,900 • Head of	11	Subtract line 10 from line 9. This is	,		ne .		• •		•	11	89,366.		
household,	12	Standard deduction or itemized					• •		•	12	12,950.		
\$19,400 • If you checked	13	Qualified business income deduct				5-A.			: F	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				axable incom	ie.		.	15	76,416.		

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

Form **1040** (2022)

Form 1040 (2022	2)									Pa	ige 2
Tax and	16	Tax (see instructions). Check if	any from Form	(s): 1 🗌 881	4 2 4972	3			16	12,43	1.
Credits	17	Amount from Schedule 2, line	3						17		
	18	Add lines 16 and 17						Г	18	12,43	1.
	19	Child tax credit or credit for ot	ther dependent	ts from Sched	ule 8812				19		
	20	Amount from Schedule 3, line	8						20		
	21	Add lines 19 and 20						[21		
	22	Subtract line 21 from line 18. I	lf zero or less, e	enter -0				[22	12,43	1.
	23	Other taxes, including self-em	ployment tax, t	from Schedule	e 2, line 21 .				23		0.
	24	Add lines 22 and 23. This is yo							24	12,43	1.
Payments	25	Federal income tax withheld fi									
-	а	Form(s) W-2				25a	14,	179.			
	b	Form(s) 1099				25b					
	с	Other forms (see instructions)				25c					
	d	Add lines 25a through 25c .							25d	14,17	9.
If you have a	26	2022 estimated tax payments	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				28					
	29	American opportunity credit fr	om Form 8863	, line 8		29					
	30	Reserved for future use				30					
	31	Amount from Schedule 3, line	15			31					
	32	Add lines 27, 28, 29, and 31.	These are your	total other pa	ayments and refu	Indable	credits		32		
	33	Add lines 25d, 26, and 32. The							33	14,17	9.
Refund	34	If line 33 is more than line 24,	subtract line 24	4 from line 33.	This is the amou	nt you o v	verpaid		34	1,74	8.
neiuna	35a	Amount of line 34 you want re			is attached, che	ck here		. 🗆 🛛	35a	1,74	8.
Direct deposit?	b	Routing number 1 1 1				Checkir	ng 🗌 Sa	avings			
See instructions.	d	Account number 4 8 8	1 1 2 8	9 1 1 4	1 3						
	36	Amount of line 34 you want ap	plied to your 2	2023 estimate	dtax	36					
Amount	37	Subtract line 33 from line 24.	This is the amc	ount you owe.							
You Owe		For details on how to pay, go	to www.irs.gov	/Payments or	see instructions				37		
	38	Estimated tax penalty (see ins	tructions) .			38					
Third Party	Do	you want to allow another p	person to disc	uss this retur	n with the IRS?	See					
Designee	ins	tructions				L	Yes. Cor	nplete be	elow.	X No	
	De na	signee's		Phone no.			Person numbe	al identific	cation		
<u></u>								, ,			L
Sign		der penalties of perjury, I declare that ief, they are true, correct, and compl									
Here	Yo	ur signature		Date	Your occupation			If the	RS ser	nt you an Identity	
								Protec	tion Pl	N, enter it here	
Joint return?					SOFTWARE I		EER	(see ir	,		
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, bo	o th must sign.	Date	Spouse's occupat	ion				t your spouse an ection PIN, enter it	horo
your records.								(see in	-		T
	Ph	one no. (609)721-5754		Email address	KSK.DEV870	ACMATI	COM		·		
			Preparer's signat		KOK . DE VO / (Date		PTIN		Check if:	
Paid		PRIYA RAM SAGAR GUPTA TALLAM S			СПРТА ТАТ.Т.АМ			02082	703	Self-employ	ed
Preparer		m's name GLOBAL TAX				101/1.	., 2020 1			678)965-95	
Use Only		m's address 245 ROONEY		NSWICK N.	T 08816			Firm's		84-31719	
Go to www.irc.c		a1040 for instructions and the latest						1.1110		Earm 1040	

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

BAA REV 03/22/23 PRO

Form **1040** (2022)

SCHE	DULE	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 SAI KRISHNA KOLANUPAKA 419-73-6088

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		5	-10,697.
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		
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	, or 1040-NR, line 8	10	-10,697.
D	and a second			

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

Schedule 1 (Form 1040) 2022

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)		
b			
	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)	_	
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	_	
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:		
05	Tatal ather adjustments Add lines 04s through 04s	05	
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	
	BAA REV 03/22/23 PRO	Schedule 1 (Form 1040)) 2022

					Supplementa								OMB N	o. 1545	-0074
(Form	1040)	(Fro	om r	ental real est	tate, royalties, partners	ships,	S co	orporati	ons, es	tates,	trusts, REM	Cs, etc.)	2(19	2
	ent of the Treasury Revenue Service			Go to ww	Attach to Form 1040 w.irs.gov/ScheduleE fo						formation.		Attachi Sequer	ment nce No.	13
Name(s)	shown on return											Your soci	al security	numbe	er 👘
SAI	KRISHNA KO	LAN	UPA	AKA								419-7	3-6088		
Part	Income	or L	Loss	s From Re	ntal Real Estate a	nd R	ova	Ities				l			
	Note: If yo	ou are	e in tl	he business o	f renting personal prope 4835 on page 2, line 40	erty, us			C. See	instru	ctions. If you	are an indi	vidual, rep	oort far	m
A D					that would require you			rm(c) 1	0002 9	Soo inc	structions				No
															No
	B If "Yes," did you or will you file required Form(s) 1099?														
	-				<u> </u>		,				_				
	13-104, SI	EETZ	ARA	MPURAM N	ALGONDA (DIST)	TEI	JAN	GANA	IN 5	0002	7				
B															
<u>C</u>												_			
1b	Type of Prope (from list below		2		ental real estate prop					Fa	ir Rental		nal Use	C	λſ
	, `	<i>w</i>)			ort the number of fail se days. Check the C						Days	Da	iys		
 	3				t the requirements to				A B		365		0		╡──
					oint venture. See instr			-	<u>В</u> С						╡──
	of Property:								U						
	Single Family R	osida	onco	a 3 Vac	ation/Short-Term Re	ntal	F	5 Land		7	Self-Rental				
	Multi-Family Re				nmercial	inai		5 Roya	ltion			ribe)			
~	Matti-r army rie	Sidei	nce	4 001	Innerola			5 HOya	nies	0	Other (desc				
											Proper	ies:			
Incom									Α		В			С	
3									6	74.					
		ived				4	_								
Expen						_									
5	-						_								
6									0 1						
7							_		2,4	57.					
8							_								
9 10															
11	-						_		1,8	96					
12					tc. (see instructions)	12	_		1,0	90.					
13							_								
14							-		2.3	36.					
15						_	_			86.					
16						-	_		_, -						
17							_		2,5	96.					
18	Depreciation e	xper	nse d	or depletion		18									
19	Other (list)	-				19									
20	Total expenses	s. Ad	dd lir	nes 5 throug	h19	20			11,3	71.					
21	Subtract line 2	0 fro	om li	ne 3 (rents)	and/or 4 (royalties). If	f									
					o find out if you must										
						_	\square	-	10,6	97.					
22					after limitation, if any,	´									
a -									10,69		()	()
23a					e 3 for all rental prop					23a		674.			
b					e 4 for all royalty pro	•				23b					
C					e 12 for all properties					23c					
d					e 18 for all properties					23d		1 2 7 1			
e					e 20 for all properties					23e		1,371.			
24 25		-			own on line 21. Do n 21 and rental real esta			-					(10 0	07 \
			-										1	тU,0	97.)
26	rotal rental re	ear e	stat	te and roya	Ity income or (loss).	Com	nue	+ imes 2	24 and	20. E	mer me res	սւլ			

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

 For Paperwork Reduction Act Notice, see the separate instructions.
 NPA
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here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on
