(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						
Submi	ssion Identification Number (SID)						
Taxpaye	er's name	Social secur	ity numl	ber			
SRIN	NISHA CHAPYALA	049-35	049-35-0749				
Spouse'	s name	Spouse's so	Spouse's social security number				
Part	Tax Return Information — Tax Year Ending December 31, 2022 (E	nter year you :	are all	thorizina	1		
	whole dollars only on lines 1 through 5.	inci year year	arc au	tilonzing.	·)		
	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.						
1	Adjusted gross income		1 1	126	,057.		
2	Total tax		2		,981.		
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	+	,286.		
4	Amount you want refunded to you		4		,200.		
5	Amount you owe		5	1	,695.		
Part		nd keep a co	by of y	our retu	rn)		
return (to send for any Agent t paymer authoriz paymer busines taxes to persona	oviledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I original or amended) I am now authorizing. I consent to allow my intermediate service provider, trail my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the originate an ACH electronic funds withdrawal (direct debit) entry to the financial institution accounts to finy federal taxes owed on this return and/or a payment of estimated tax, and the financial instruction is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to term it, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation as days prior to the payment (settlement) date. I also authorize the financial institutions involved in oreceive confidential information necessary to answer inquiries and resolve issues related to the financial my interval Carolant (PIN) below is my signature for the income tax return (original or amended and Europe Withdrawal Carolant.)	nsmitter, or elect rejection of the ne U.S. Treasury is indicated in the itution to debit thinate the authorize requests must be the processing of the payment. If use the processing of the payment. If use the processing of the payment.	ronic re transminand its tax preperently tation. The pereceins of the elerther acceins	turn origina ssion, (b) the designated paration soit to this according for revoke (eved no late lectronic packnowledge	tor (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	-	ate my PIN	0 .	7 4 9	as my		
	ERO firm name signature on the income tax return (original or amended) I am now authorizing.	ř Ei		digits, but er all zeros	as my		
Your s	I will enter my PIN as my signature on the income tax return (original or amended) I a if you are entering your own PIN and your return is filed using the Practitioner PIN n below. ignature Date	nethod. The ER		t complete			
Cnauc	o's DIN, shock and have ank						
Spous	e's PIN: check one box only	ata may DIN			as my		
I authorize to enter or generate my PIN							
	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 a if you are entering your own PIN and your return is filed using the Practitioner PIN n below.						
Spous	e's signature ▶ Date	•					
	Practitioner PIN Method Returns Only—continue be	low					
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.	1 8 9 5 Don't en	2 3	1 9 8	9		
authoriz	that the above numeric entry is my PIN, which is my signature for the electronic individual incorzed to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am sments of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS e-file Providers	ubmitting this ref	urn in a	accordance			
ERO's	signature ▶ Date	•					
	ERO Must Retain This Form — See Instruction						
	Don't Submit This Form to the IRS Unless Requested						

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 Check only one box.	If yo	Single Married filing jointly uchecked the MFS box, enter the nonis a child but not your dependent	ame of y	ed filing separately (Noor spouse. If you c					spou	ifying surv use (QSS) name if th	Ü	
Your first name			Last na	me					Vour so	cial securit	ty number	
		udie IIIItiai							Your social security number			
SRINISHA If joint roturn of		first name and middle initial	Last na	YALA mo					049-35-0749 Spouse's social security number			
ii joint retuin, s	pouse s	s ilist name and middle illitial	Lastriai	nie					Spouse	s social sec	anty number	
Home address	(numbe	er and street). If you have a P.O. box, see	instruction	ons.			Apt. no		Preside	ntial Election	on Campaign	
6301 ST	ONEWO	OOD DRIVE					3306			Check here if you, or your		
City, town, or p	ost offic	ce. If you have a foreign address, also co	mplete s	mplete spaces below. State Z			ZIP code		spouse if filing jointly, want \$3 to go to this fund. Checking a			
PLANO			TX 7			75024			box below will not change			
Foreign country	y name		F				Foreign post	oreign postal code you		our tax or refund.		
										You Spouse		
Digital Assets		ny time during 2022, did you: (a) rec ange, gift, or otherwise dispose of a					-			Yes	⊠ No	
Standard	Som	eone can claim:	pendent	Your spous	e as a	a dependent						
Deduction		Spouse itemizes on a separate retur	n or you	were a dual-status	alien							
Age/Blindness	You:	☐ Were born before January 2, 1	958	Are blind Spo	use:	☐ Was bor	rn before Ja	nuary 2	2, 1958	☐ Is bl	ind	
Dependent	s (see	instructions):		(2) Social security		(3) Relationsh	nip (4) Ched	k the b	ox if qualit	ies for (see	instructions):	
If more	,	(1) First name Last name		number		to you		d tax c	redit	Credit for oth	her dependents	
than four										[
dependents, see instruction												
and check	5 —											
here]											
Income	1a	Total amount from Form(s) W-2, b	,	,					. 1a	13	36 , 626.	
	b	Household employee wages not re							. 1b			
Attach Form(s) W-2 here. Also	С	Tip income not reported on line 1a (see instructions)							. 1c			
attach Forms	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)							. 1d			
W-2G and 1099-R if tax	е	Taxable dependent care benefits from Form 2441, line 26							. 1e			
was withheld.	f	Employer-provided adoption benefits from Form 8839, line 29							. 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 (s	see instr	ructions)		<u>1i</u>						
	Z	Add lines 1a through 1h							. 1z		36 , 626.	
Attach Sch. B	2a	· –	2a			axable interes			. 2b			
if required.	3a		3a			rdinary divide			. 3b			
	4a		4a			axable amoun			. 4b			
Standard Deduction for—	5a	-	5a			axable amoun			. 5b			
Single or	6a	,	6a			axable amoun	τ		. 6b			
Married filing separately,	c	If you elect to use the lump-sum e						L	╡┝			
\$12,950	7	1 0 ()	or (loss). Attach Schedule D if required. If not required, check here						1	10 500		
 Married filing jointly or 	8	Other income from Schedule 1, lin	line 10					. 8		10,569.		
Qualifying surviving spouse,	9										26,057.	
\$25,900	10	Adjustments to income from Sche	-						. 10	_)6 057	
 Head of household, 	11 12	Subtract line 10 from line 9. This is Standard deduction or itemized	•	-					. 11		26 , 057.	
\$19,400 If you checked	13	Qualified business income deduct							. 13		12,950.	
any box under	14	Add lines 12 and 13							. 14	_	12 050	
Standard Deduction,	15	Subtract line 14 from line 11. If zer							. 15		12 , 950. 13 , 107.	
see instructions.	.5	Caparact into 14 HOTH little 11. H Zel	0 01 108	o, onto 0 IIIIo 15 y	Jui u	azabie ilicoli			. 13	1 11	_ J , _ U / .	

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	20,981.
Credits	17	Amount from Schedule 2, lin	e3					17	
	18	Add lines 16 and 17						18	20,981.
	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	20,981.
	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	20,981.
Payments	25	Federal income tax withheld							
	а	Form(s) W-2				25a 1	9,286.		
	b	Form(s) 1099				25b			
	С	Other forms (see instructions	s)			25c			
	d	Add lines 25a through 25c						25d	19,286.
16	26	2022 estimated tax payment						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		7	
	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	19,286.
Defend	34	If line 33 is more than line 24						34	·
Refund	35a	Amount of line 34 you want	•			, .		35a	
Direct deposit?	b	Routing number X X X					Savings	550	
See instructions.	d	Account number X X X					_ oargo		
	36	Amount of line 34 you want a							
Amount You Owe	37	Subtract line 33 from line 24 For details on how to pay, g	. This is the am o	ount you owe.				37	1,695.
	38	Estimated tax penalty (see in	•	-		1 1			,
Third Party Designee		you want to allow another	person to disc	cuss this retu	n with the IRS	? See	Complete	below.	
_ 00.900	De	signee's		Phone			rsonal ident		
	nar	ne		no.		nu	mber (PIN)		
Sign Here		der penalties of perjury, I declare t ief, they are true, correct, and com							
пеге	Yo	ur signature		Date	Your occupation		Prof	tection P	nt you an Identity IN, enter it here
Joint return?				SOFTWARE DEVELOPER			(see	e inst.)	
See instructions. Keep a copy for your records.	Sp	ouse's signature. If a joint return, l	ooth must sign.	Date	Spouse's occupa	ation	Ider		nt your spouse an ection PIN, enter it here
	————Ph	one no. (469) 928-050	 5	Email address	CDINICUACUE	PYALA@GMAIL.			
		eparer's name	Preparer's signat		PUTNIBURCUE	Date	PTIN		Check if:
Paid		PRIYA RAM SAGAR GUPTA TALLAM			בווסיים יימדוד או			 2703	Self-employed
Preparer		m's name GLOBAL TAX		IVIII DUGUL	OOLIA TAHLAI	1 07/00/202			
Use Only			Y CT E BRU	INSMTCK N	J 08816			n's EIN	(678) 965-9522 84-3171965
<u> </u>				TANATON IN				1 S LIIN	84-3171965
GO TO WWW.Irs.go	v/r-orn	n1040 for instructions and the late	st information.		BAA	REV 03/22/23 PRO)		Form 1040 (2022)

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

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

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

Internal Revenue Service	Go to www.irs.gov/rorm1040 for instructions and the latest inform	auon.	Sequence No. 01		
Name(s) shown on Fo	Your soc	Your social security number			
SRINISHA CHAPY	049-35	-0749			
Part I Addition	onal Income				

Par	Additional income			
1	Taxable refunds, credits, or offsets of state and local income taxes		1	
2a			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	-10,569.
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		
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:			
		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 , 569.

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.)

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

OMB No. 1545-0074

Name(s) shown on return Your social security number 049-35-0749 SRINISHA CHAPYALA 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) 10-1-190 KARIMNAGAR TELANGANA IN 500001 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: 3 621. 4 Royalties received 4 **Expenses:** 5 5 Advertising 6 Auto and travel (see instructions) 6 7 Cleaning and maintenance. 7 2,878. 8 Commissions 8 9 9 Insurance . . 10 10 Legal and other professional fees 1,754. 11 Management fees 11 12 Mortgage interest paid to banks, etc. (see instructions) 12 13 13 2,142. 14 14 Repairs . . . 2,001. 15 Supplies 15 16 16 Taxes 17 17 2,415. 18 18 Depreciation expense or depletion 19 19 20 20 Total expenses. Add lines 5 through 19 11,190. 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 -10,569.22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) 10,569.) 621. 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 11,190. 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 10,569. 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

-10,569.

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