(Rev. January 2021)

Department of the Treasury

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

IIILEIIIAII	levellue Service								
Submi	ssion Identification Number (SID)								
Taxpaye	r's name	Social secu	rity numl	per					
JAYA	ARAJU DIDLA	141-1	141-17-6584						
Spouse'	s name	Spouse's so	cial sec	urity nu	mber				
Part	, ,	year you	are au	thoriz	ing.)				
	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. Adjusted gross income		1 1		<i>1</i> Q	480.			
2	Total tax		2			$\frac{100.}{178.}$			
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3			170. 265.			
4	Amount you want refunded to you		4			<u>203.</u> 087.			
5	Amount you owe		5			007.			
Part			py of y	our r	eturr	<u>n)</u>			
my known return (to send for any Agent t paymer authoriz paymer busines taxes to personal	penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) and belief, it is true, 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, transmally many return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejected and processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U on initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the financial institution account indicated to the processing the 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 and the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requises days prior to the payment (settlement) date. I also authorize the financial institutions involved in the or receive 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 and income tax return (original or amended) I and income tax return (original or amended) I and its Funds Withdrawal Consent.	e are the ar tter, or elect ection of the S. Treasury cated in the en to debit the the authori lests must I processing ayment. I fu	nounts for receive transmin and its contact tax prepare entry zation. To receive the elerther acceived the acceived the second to the second t	rom the turn original turn original to this for the tendent of tend	ie inco ginato (b) the ated Fin accourt bke (ca b later ic payred edge the	ome tax or (ERO) reason inancial vare for nt. This ancel) a than 2 ment of hat the			
	yer's PIN: check one box only				\neg				
X		my PINI	7 6 !	5 8	4	as my			
	Signature on the income tax return (original or amended) I am now authorizing.	· E	nter five on't ente		but	as 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	_							
	I authorize to enter or generate	mv PIN				as my			
	ERO firm name		Enter five digits, but						
	signature on the income tax return (original or amended) I am now authorizing.	d	on't ente	r all zer	os				
	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	6 6	1 9	8	9			
			nter all ze		1-1				
authoriz	that the above numeric entry is my PIN, which is my signature for the electronic individual income to the taxpayer (s) indicated above. I confirm that I am submements of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS e-file Providers of Ir	itting this re	turn in a	accorda	anće v				
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							

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

2022

OMB No. 1545-0074

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

Filing Status Check only one box.	If yo	u checked the MFS box, enter the n	ame of y	ed filing separately (Noor spouse. If you cl					spou	se (QSS)			
Value first manne		on is a child but not your dependent							/	المناسب ما ما المنا			
Your first name		adie initial	Last na							ial security			
JAYARAJU			DIDL							7-6584			
If joint return, spouse's first name and middle initial			Last na	me					pousers	social sec	urity number		
Home address	(numbe	er and street). If you have a P.O. box, see	instruction	ons.			Apt. no.	F	residen	tial Electio	n Campaign		
3408 CAI	LICO	DR								ere if you,			
City, town, or p	ost offic	ce. If you have a foreign address, also co	gn address, also complete spaces below.		Stat	е	ZIP code	IP CODE		spouse if filing jointly, want \$3 to go to this fund. Checking a			
IRVING			TX				75038		_	w will not	_		
Foreign country	y name		Foreign province/state/co		county	/	Foreign postal	oreign postal code yo		your tax or refund.			
										You Spou			
Digital Assets		ny time during 2022, did you: (a) rec ange, gift, or otherwise dispose of a								Yes	⊠ No		
Standard		eone can claim: You as a de					, (,				
Deduction		Spouse itemizes on a separate retur	•										
Age/Blindness	s You:	☐ Were born before January 2, 1	958	Are blind Spo	use:	☐ Was bor	n before Janı	ary 2,	1958	ls blir	nd		
Dependents	s (see	instructions):		(2) Social security		(3) Relationsh	ip (4) Check	the box	if qualifi	es for (see i	nstructions):		
If more	•	rst name Last name	number			to you	Child tax cre		dit (Credit for oth	er dependents		
than four													
dependents, see instruction													
and check													
here]]		
Income	1a	Total amount from Form(s) W-2, b	ox 1 (se	e instructions)					1a	4	9,480.		
	b	Household employee wages not reported on Form(s) W-2						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>li</u>							
	Z	Add lines 1a through 1h							1z	4	9,480.		
Attach Sch. B	2a	· –	2a			axable interes			2b	-			
if required.	<u>3a</u>		3a			rdinary divide			3b				
	4a	_	4a			axable amoun			4b				
Standard Deduction for—	5a	-	5a			axable amoun			5b				
Single or	6a	,	6a			axable amoun	t		6b				
Married filing separately,	С _	If you elect to use the lump-sum election method, check here (see instructions)								1			
\$12,950	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here							7	-			
 Married filing jointly or 	8	Other income from Schedule 1, line 10							9	1			
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income								+ 4	9,480.		
\$25,900	10	Adjustments to income from Schedule 1, line 26							10	-	0 400		
 Head of household, 	11	Subtract line 10 from line 9. This is your adjusted gross income							11		9,480.		
\$19,400	12	Standard deduction or itemized deductions (from Schedule A)							12	+	2,950.		
If you checked any box under	13									1	2 050		
Standard Deduction,	14 15	Add lines 12 and 13							15		<u>2,950.</u>		
see instructions.	13	Subtract line 14 from line 11. If zero or less, enter -0 This is your taxable income									6,530.		

Form 1040 (2022	2)							Page 2	
Tax and	16	Tax (see instructions). Check if any from Form	m(s): 1 881	4 2 🗌 4972	3 🗌		16	4,178.	
Credits	17	Amount from Schedule 2, line 3				[17		
	18	Add lines 16 and 17				[18	4,178.	
	19	Child tax credit or credit for other depende	nts 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. If zero or less	, enter -0			[22	4,178.	
	23	Other taxes, including self-employment tax	, from Schedule	e 2, line 21 .		[23	0.	
	24	Add lines 22 and 23. This is your total tax				[24	4,178.	
Payments	25	Federal income tax withheld from:							
,	а	Form(s) W-2			25a 7	,265.			
	b	Form(s) 1099			25b				
	С	Other forms (see instructions)			25c				
	d	Add lines 25a through 25c					25d	7,265.	
16	26	2022 estimated tax payments and amount				[26		
If you have a qualifying child,	27	Earned income credit (EIC)		No .	27				
attach Sch. EIC.	28	Additional child tax credit from Schedule 881							
	29	American opportunity credit from Form 886	3, 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 you		32					
	33	Add lines 25d, 26, and 32. These are your t	[33	7,265.				
Defined	34	If line 33 is more than line 24, subtract line					34	3,087.	
Refund	35a								
Direct deposit?	b	Routing number 1 1 1 0 0 0 0			_	Bavings			
See instructions.	d	Account number 4 8 8 1 1 1 3							
	36	Amount of line 34 you want applied to you			36	- 1			
Amount	37	Subtract line 33 from line 24. This is the arr							
You Owe		For details on how to pay, go to www.irs.go	•				37		
	38	Estimated tax penalty (see instructions) .			38				
Third Party	Do	you want to allow another person to dis	scuss this retu	n with the IRS?	See				
Designee	ins	tructions			🗌 Yes. Co	mplete be	low.	X No	
		signee's	Phone			nal identific	ation _		
	naı		no.			er (PIN)			
Sign		der penalties of perjury, I declare that I have examinef, they are true, correct, and complete. Declaration							
Here		ur signature	Date	Your occupation				you an Identity	
	10							, enter it here	
Joint return?						st.)			
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, both must sign.	Date	Date Spouse's occupation				your spouse an	
your records.								tion PIN, enter it here	
,		(450)054 0450	- " "			(see in:	J,		
		one no. (469)864-0478	Email address	JRDIDLA@G	MAIL.COM Date	DTIN		Check if:	
Paid		parer's name Preparer's sign		AD DIID======		PTIN			
Preparer			I PAVAN KUM	AR DUDIPALLI	03/23/2023	P024708		Self-employed	
Use Only		n's name GLOBAL TAXES LLC		T 00016				78)965-9522	
		n's address 245 ROONEY CT E BR	UNSWICK N			Firm's	EIN	88-2145487	
Go to www.irs.go	ov/Forn	11040 for instructions and the latest information.		BAA	REV 03/18/23 PRO			Form 1040 (2022)	