## 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

	-		_		
Submi	ssion Identification Number (SID)				
Taxpaye	er's name	Social securi	ty numl	ber	
SUN:	IL KAPOOR	565-21	-917	8	
Spouse'	s name	Spouse's soo	ial sec	urity numbe	er
Part	Tax Return Information — Tax Year Ending December 31, 2022 (Ente	 er year you a	ire au	thorizing	.)
	whole dollars only on lines 1 through 5.				,
	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.				
1	Adjusted gross income		1	42	2,700.
2	Total tax		2	3	3,368.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	4	1,262.
4	Amount you want refunded to you		4		894.
5	Amount you owe		5		
Part	Taxpayer Declaration and Signature Authorization (Be sure you get and penalties of perjury, I declare that I have examined a copy of the income tax return (original or amende				
return ( to send for any Agent t paymen authori paymen busines taxes t person	oviledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I about original or amended) I am now authorizing. I consent to allow my intermediate service provider, transit my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for redelay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the ionitiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account in the original forms of this return and/or a payment of estimated tax, and the financial institutionation 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 resist days prior to 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 all identification number (PIN) below is my signature for the income tax return (original or amended) I	mitter, or electricities of the tour street of the tour of the tour of the tour of the tour of the terms of the the authoriz quests must be processing of payment. I fur	onic reransmind its of ax prepartion. The receiff the elange of the action.	turn origina ssion, <b>(b)</b> t designated paration so to this acc To revoke ved no lat lectronic pa cknowledge	ator (ERO) he reason I Financial oftware for ount. This (cancel) a ter than 2 ayment of the that the
	nic Funds Withdrawal Consent.  yer's PIN: check one box only				
X		a my PINI	9 :	1 7 8	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	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 s	ignature ▶ Date ▶				
Snous	se's PIN: check one box only				
	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 if you are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN met below.				
Spous	e's signature ▶ Date ▶				
	Practitioner PIN Method Returns Only—continue below	N			
Part	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 2 4 9 Don't ent	6 6 er all ze		3 9
authori	with the above numeric entry is my PIN, which is my signature for the electronic individual income 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 <b>Pub. 1345,</b> Handbook for Authorized IRS e-file Providers of	tax return (orig mitting this ret	inal or urn in a	amended) 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. 1545-0074

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

Filing Status Check only	s 🗌 S	Single Married filing jointly	Marrie	ed filing separately (N	/IFS)	Head of	household (HC	H) [		fying survi se (QSS)	iving
one box.	If yo	u checked the MFS box, enter the na	ame of y	our spouse. If you cl	necke	ed the HOH or	QSS box, ent	er the		` ,	e qualifying
	pers	on is a child but not your dependent	: CF	r CFU							
Your first name	and mi	ddle initial	Last na	me				Y	our soc	ial security	number
SUNIL			KAPO	OR				5	565-21-9178		
If joint return, s	pouse's	first name and middle initial	Last na	me				S	pouse's	social sec	urity number
								1	23-4	5-6965	· >
Home address	(numbe	r and street). If you have a P.O. box, see	instruction	ons.			Apt. no.	P	residen	tial Electio	n Campaign
70 GARRON CT							ere if you,				
City, town, or p	ost offic	ce. If you have a foreign address, also co	mplete s <sub>l</sub>	paces below.	Stat	е	ZIP code				tly, want \$3 Checking a
WALNUT	CREEK	ζ			CA		94596		•	w will not	•
Foreign country	y name		F	oreign province/state/	county	/	Foreign postal of	ode y	our tax	or refund.	_
					You	Spouse					
Digital		ny time during 2022, did you: (a) rece									<b>▽</b> N
Assets		ange, gift, or otherwise dispose of a					asset)? (See ii	nstruct	ions.)	Yes	⊠ No
Standard	_	eone can claim:	•			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	n before Janu			Is bli	
Dependents	s (see	instructions):		(2) Social security		(3) Relationsh	ip (4) Check	he box	if qualifi	es for (see i	instructions):
If more	<b>(1)</b> Fi	rst name Last name		number		to you	Child	tax crec	lit (	Credit for oth	er dependents
than four											<u> </u>
dependents, see instruction	s										<u> </u>
and check											<u> </u>
here									$\perp$		<u> </u>
Income	1a	Total amount from Form(s) W-2, be	ox 1 (see	e instructions)					1a	4	2,680.
	b	Household employee wages not re	eported	on Form(s) W-2 .					1b		
Attach Form(s) W-2 here. Also	С	Tip income not reported on line 1a	(see ins	structions)					1c		
attach Forms	d	Medicaid waiver payments not rep	orted or	n Form(s) W-2 (see ii	nstru	ctions)			1d		
W-2G and 1099-R if tax	е	Taxable dependent care benefits f		·					1e		
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 instructi	,						1h		0.
instructions.	i	Nontaxable combat pay election (s	see instr	ructions)		<u>1i</u>					
	Z	Add lines 1a through 1h							1z	4	2,680.
Attach Sch. B	2a		2a			axable interes			2b		
if required.	3a		3a			rdinary divide			3b		
	4a		4a				t		4b		
Standard Deduction for—	5a	<del>-</del>	5a				t		5b		
Single or	6a	,	6a			axable amoun	τ		6b		
Married filing separately,	c	If you elect to use the lump-sum e		· ·	•	,		. 📙	-		
\$12,950	7	Capital gain or (loss). Attach Sched						. Ш	7		
<ul> <li>Married filing jointly or</li> </ul>	8	Other income from Schedule 1, lin							8	1	20.
Qualifying surviving spouse,	Qualifying 9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b>					9	$+$ $\frac{4}{}$	2,700.			
\$25,900 Adjustments to income from Schedule 1, line 20				10	1	2 700					
<ul> <li>Head of household, 12</li> <li>Standard deduction or itemized deductions (from Schedule A)</li> </ul> Subtract line 10 from line 9. This is your adjusted gross income <ul> <li></li></ul>				11		2,700.					
\$19,400 If you checked	12	Qualified business income deduction							12	+	2,950.
any box under	13									1	2 050
Standard Deduction,	14 15	Add lines 12 and 13 Subtract line 14 from line 11. If zer							15		<u>2,950.</u> 9,750.
see instructions.	13	Subtract line 14 HOITI line 11. II Zer	o or lest	s, enter -u This is y	our <b>t</b> i	avanie ilicoli			15		2,/30.

Form 1040 (2022	2)									Page 2
Tax and	16	Tax (see instructions). Check	if any from Form	(s): <b>1</b> 881	4 <b>2</b> 🗌 4972	3 🗌		. 16	3 ,	,368.
Credits	17	Amount from Schedule 2, lin	ne 3				· .	. 17		
	18	Add lines 16 and 17						. 18	3 ,	,368.
	19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812			. 19		
	20	Amount from Schedule 3, lin	ne 8					. 20		
	21	Add lines 19 and 20						. 21		
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				. 22	3 ,	,368.
	23	Other taxes, including self-e	mployment tax,	from Schedule	2, line 21 .			. 23		0.
	24	Add lines 22 and 23. This is	your <b>total tax</b>					. 24	3 ,	,368.
Payments	25	Federal income tax withheld								
_	а	Form(s) W-2				25a	4,26	2.		
	b	Form(s) 1099				25b				
	С	Other forms (see instructions	s)			25c				
	d	Add lines 25a through 25c						. 25d	4 .	,262.
If you have a	26	2022 estimated tax payment	ts and amount a	pplied from 20	21 return			. 26		
qualifying child,	27	Earned income credit (EIC)				27				
attach Sch. EIC.	28	Additional child tax credit from	m Schedule 8812			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 ref	undable credi	ts .	. 32		
	33	Add lines 25d, 26, and 32. T	hese are your <b>to</b>	tal payments				. 33	4 .	,262.
Refund	34	If line 33 is more than line 24	l, subtract line 2	4 from line 33.	This is the amou	ınt you <b>overpa</b>	id .	. 34		894.
rioraria	35a	Amount of line 34 you want			is attached, che	ck here		☐ 35a		894.
Direct deposit?	b	Routing number 1 2 1				Checking	Savir	ngs		
See instructions.	d	Account number 0 0 0	2 2 5 1	6 9 8 2	2 7					
	36	Amount of line 34 you want a	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		
104 0110	38	Estimated tax penalty (see in	_			38		. 37		
Third Party	Do	you want to allow another	person to disc	cuss this retu	n with the IRS?	See _	0	ete below.	X No	
Designee		tructions		Phone		_		dentification	△ NO	
	nar			no.			umber (P			
Sign		der penalties of perjury, I declare t								
Here		ur signature	piete. Deciaration	Date	Your occupation	asca on an innon		If the IRS se	nt you an Ide	entity
Joint return?					SOFTWARE	ENGINEER		Protection P (see inst.)	IN, enter it he	ere
See instructions.	Sp	ouse's signature. If a joint return, I	ooth must sign.	Date	Spouse's occupa	tion			nt your spous	
Keep a copy for your records.								Identity Prot (see inst.)	ection PIN, er	nter it here
	Ph	one no.		Email address						
Deid	Pre	parer's name	Preparer's signat	ure		Date	PTI	١	Check if:	
Paid	VENK	ATA SAI PAVAN KUMAR DUDIPALLI	VENKATA SAI	PAVAN KUM	AR DUDIPALLI	03/22/202	23 P02	470833	Self-en	nployed
Preparer	Firm's name CIODAI TAYES IIC					678)965	-9522			
Use Only	Fire		Y CT E BRU	NSWICK N	J 08816			Firm's EIN		45487
Go to www.irs.go	ov/Forn	1040 for instructions and the late	st information.		BAA	REV 03/09/23 PI	RO			040 (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

SUNIL KAPOOR

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. <b>U1</b>
Your soc	ial security number
565-21	-9178

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	20.
4	Other gains or (losses). Attach Form 4797		4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Atta	ach Schedule E .	5	
6	Farm income or (loss). Attach Schedule F		6	
7	Unemployment compensation		7	
8	Other income:			
а	Net operating loss	8a (	)	
b	Gambling	8b		
C	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	-	
u	Wages earned while incarcerated	8u		
Z	Other income. List type and amount:			
•	Table 1 and A LLC and Oak and O	8z		
9	Total other income. Add lines 8a through 8z		9	0.0
10	Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR	. or 1040-INK. line 8	10	20.

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 governr			
	officials. Attach Form 2106	L	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	L	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 24g			
h	Attorney fees and court costs for actions involving certain unlawful			
	discrimination claims (see instructions)			
İ	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:			
25			25	
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> . Enter here an Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a		26	
	roini 1040 oi 1040-on, iiile 10, oi roini 1040-inn, iiile 10a		20	

# SCHEDULE C (Form 1040)

# Profit or Loss From Business (Sole Proprietorship)

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/ScheduleC for instructions and the latest information. Attach to Form 1040, 1040-SR, 1040-NR, or 1041; partnerships must generally file Form 1065. Attachment Sequence No. **09** 

	of proprietor				security number (SSN)
	IL KAPOOR				21-9178
Α	Principal business or profession	on, including product o	or service (see instructions)		code from instructions
	SOFTWARE SERVICES	<del> </del>		5	1 9 2 0 0
С	Business name. If no separate	•	e blank.	D Emplo	oyer ID number (EIN) (see instr.)
	KAPOOR SOFTWARE SE				
E	Business address (including su	·			
	City, town or post office, state	·	WALNUT CREEK, CA 94596		
F	Accounting method: (1)	_			
G			nis business during 2022? If "No," see instructions for li		
Н		_	check here		
I			uire you to file Form(s) 1099? See instructions		
J		e required Form(s) 109	9?		<u> </u> Yes <u> </u> No
Part	Income				
1			nd check the box if this income was reported to you on		2 550
	•		t form was checked	1	3,570.
2					2
3					3,570.
4					2
5					3,570.
6	_	-	or fuel tax credit or refund (see instructions)		
7	Gross income. Add lines 5 an	nd 6		7	3,570.
Part			s use of your home <b>only</b> on line 30.		1 000
8	Advertising	8	18 Office expense (see instructions) .		1,380.
9	Car and truck expenses		19 Pension and profit-sharing plans .	19	
	(see instructions)	9	20 Rent or lease (see instructions):		
10	Commissions and fees .	10	<b>a</b> Vehicles, machinery, and equipment		
11	Contract labor (see instructions)	11	<b>b</b> Other business property		
12 13	Depletion	12	21 Repairs and maintenance		
10	expense deduction (not		22 Supplies (not included in Part III) .		
	included in Part III) (see		23 Taxes and licenses	23	
	instructions)	13	24 Travel and meals:	04	
14	Employee benefit programs		<b>a</b> Travel	24a	
45	(other than on line 19) .	14	<b>b</b> Deductible meals (see	046	700
15	Insurance (other than health)	15	instructions)		790. 1,380.
16	Interest (see instructions):  Mortgage (paid to banks, etc.)	160	25 Utilities	26	1,300.
a b	0 0 11	16a 16b	26 Wages (less employment credits) 27a Other expenses (from line 48)	27a	
17	Other	17	27a Other expenses (from line 48) b Reserved for future use		
28	Legal and professional services  Total expanses before expan		of home. Add lines 8 through 27a		3,550.
29	•				20.
			report these expenses elsewhere. Attach Form 8829		20.
30	unless using the simplified me	•	·		
	Simplified method filers only				
	and (b) the part of your home		. Use the Simplified		
			mount to enter on line 30	30	
31	Net profit or (loss). Subtract I	-			
	• If a profit, enter on both Sch	edule 1 (Form 1040),	line 3, and on Schedule SE, line 2. (If you and trusts, enter on Form 1041, line 3.	31	20.
	• If a loss, you <b>must</b> go to line		,		
32			r investment in this activity. See instructions.		
	If you checked 32a, enter the	e loss on both <b>Schedu</b> box on line 1, see the li	ule 1 (Form 1040), line 3, and on Schedule ine 31 instructions.) Estates and trusts, enter on	32a ∑ 32b ☐	All investment is at risk.  Some investment is not at risk.

BAA

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

Part	Cost of Goods Sold (see instructions)				
22	Method(s) used to				
33	value closing inventory: a $\square$ Cost b $\square$ Lower of cost or market c $\square$ Other (atta		planat	ion)	
34	Was there any change in determining quantities, costs, or valuations between opening and closing invento If "Yes," attach explanation		. □	Yes	☐ No
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35			
36	Purchases less cost of items withdrawn for personal use	36			
37	Cost of labor. Do not include any amounts paid to yourself	37			
38	Materials and supplies	38			
39	Other costs	39			
40	Add lines 35 through 39	40			
41	Inventory at end of year	41			
42	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4	42			
Part		truck			
43	When did you place your vehicle in service for business purposes? (month/day/year)				
44	Of the total number of miles you drove your vehicle during 2022, enter the number of miles you used your	ehicle	for:		
а	Business b Commuting (see instructions) c C	ther			
45	Was your vehicle available for personal use during off-duty hours?			☐ Yes	☐ No
46	Do you (or your spouse) have another vehicle available for personal use?			Yes	☐ No
47a	Do you have evidence to support your deduction?			☐ Yes	☐ No
b	If "Yes," is the evidence written?	<u>.</u>	<u></u>	☐ Yes	☐ No
Part	Other Expenses. List below business expenses not included on lines 8–26 or lin	e 30.	T		
		<b>-</b>			
48	Total other expenses. Enter here and on line 27a	48			

SUNIL KAPOOR 565-21-9178 1

### **Additional Information From 2022 Federal Tax Return**

#### Schedule C (SOFTWARE SERVICES): Profit or Loss from Business

Line 25 Itemization Statement

Description	Amount
INTERNET(12M*\$55PM)	660.
MOBILE(12M*\$60PM)	720.
Total	1,380.