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	ission Identification Number (SID)									
Taxpaye	er's name	Social securit	ty numl	per						
PHAI	NEENDRA DEVARAPALLI	580-45	580-45-4987							
Spouse	's name	Spouse's soc	Spouse's social security number							
Part	Tax Return Information — Tax Year Ending December 31, 2022 (En	 ter year you a	ro ou	thorizina	\					
	whole dollars only on lines 1 through 5.	ter year you a	re au	uionzing	.)					
	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.									
1	Adjusted gross income		1	54	1,019.					
2	Total tax		2		1,724.					
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3		5,338.					
4	Amount you want refunded to you		4		,614.					
5	Amount you owe		5	_	.,					
Part		d keep a cop	y of y	our retu	ırn)					
my know return (to send for any Agent t payment authori payment business taxes t person	penalties of perjury, I declare that I have examined a copy of the income tax return (original or amenopuledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I all (original or amended) I am now authorizing. I consent to allow my intermediate service provider, trand 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 to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account int of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terming I, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation resolves 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 late of the income tax return (original or amended) and Funds Withdrawal Consent.	sove are the amounter, or electrorejection of the treatment of the processing of the proces	ounts for the counts of the co	rom the inturn originatesion, (b) the designated paration so to this according revoke ved no latectronic parknowledge.	acome tax ator (ERO) he reason I Financial iftware for ount. This (cancel) a er than 2 ayment of e that the					
	nic Funds Withdrawal Consent. yer's PIN: check one box only									
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	I will enter my PIN as my signature on the income tax return (original or amended) I an if you are entering your own PIN and your return is filed using the Practitioner PIN me below.									
Your s	signature ► Phaneendra Devarapalli Date ►									
Spous	se's PIN: check one box only									
	I authorize to enter or genera	te my PIN			as my					
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Spous	e's signature ▶ Date ▶									
	Practitioner PIN Method Returns Only—continue belo)W								
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 4 9 Don't ent	6 6 er all ze	1 9 8	3 9					
authori	y that 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 suments of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS e-file Providers of	e tax return (origi bmitting this retu	nal or ırn 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	o Do 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.

Age/Blindness You: Were born before January 2, 1958	Filing Status	s 🗌 S	Single Married filing jointly	X Marri	ed filing separately	(MFS)	Head of	hous	ehold (HOF	l)		ifying surv	iving	
person is a child but not your dependent: VARENYA KARUTURI Vour first name and middle initial PHANEENDRA DEVARAPALLI If joint routin, spouse's first name and middle initial Lest name Spouse's social security number \$80-45-4987 Act. no. Chock here if you or your \$9845 N LONE CACTUS DR City, town, or post office. If you have a P.O. box, see instructions. PEORIA Fereign country name Foreign province/state-becurity Foreign province/state-becu		If vo	u checked the MES box, enter the r	name of	vour spouse. If voi	ı check	ed the HOH o	r OS	S box. ente	r the c	•	` ,	e qualifying	
Your test anne and middle initial Last name Security number S80 - 5 - 4 9 87 Security number S80 - 5 - 4 9 87 Security number S80 - 5 - 4 9 87 Security number S80 - 5 - 4 9 87 Security number S81 - 5 - 1 6 9 4 Security number S81 -	0.10 00%	-		. '				ų QO.	o box, orno		11110	namo n un	o quamymg	
If joint return, spouse's first name and middle initial Last name Spouse's social security number S14 - 55 - 16 9 4	Your first name					- 01(1				Yo	our so	cial security	/ number	
If joint return, spouse's first name and middle initial Last name Spouse's social security number S14 - 55 - 16 9 4	PHANEENI	OR A		DEVA	ARAPATITIT						1			
State Stat										-				
Persidentifial Election Campaigne Persidentifial Election Persidentifial Election Persidentifial Election Persidentifial Election Persidentifial Election Persidentifial Election Persidentification Persidentifial Election Perside													-	
Check here if you, or your Source Check here if you, or your your possible Check here if you, or your your your prosess office. If you have a foreign address, also complete spaces below. State ZP code A2 85.382 So you will fill not change So you will not you were a dual-status alien So you will not yo	Home address	(numbe	er and street). If you have a P.O. box, see	e instructi	ons.				Apt. no.					
City, town, or post office. If you have a foreign address, also complete spaces below. State	9845 W I	ONE	CACTUS DR						·	- 1				
PEORIA AZ 95382 So below with act harmest province state (country Foreign province state (country				omplete s	spaces below.	Sta	te	ZIP	code			0,		
Foreign country name				-		AZ	,	85	382		_		•	
Digital Assets At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, asset (c) and a sexchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions). Someone can claim:		y name			Foreign province/sta	te/count	y	+		_			oriarigo	
Assets exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions).									- '			You	Spouse	
Assets exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions).	Digital	At an	ny time during 2022, did you: (a) red	ceive (as	a reward, award.	or pavr	nent for prope	ertv c	r services):	or (b)	sell.			
Standard Deduction												☐ Yes	⊠ No	
Spouse itemizes on a separate return or you were a dual-status alien														
Dependents (see instructions): (1) First name Last name (2) Social security number (3) Relationship to you Child tax credit Credit for other dependents Not pound in the box if qualifies for (see instructions): Child tax credit Credit for other dependents Not pound in the box if qualifies for (see instructions): Child tax credit Credit for other dependents Not pound in the box if qualifies for (see instructions): Child tax credit Credit for other dependents Not pound in the	Deduction	_		•										
Dependents (see instructions): (if more than four dependents, see instructions than four dependents, see instructions and check here Total amount from Form(s) W-2, box 1 (see instructions)	Age/Blindness	You:	Were born before January 2,	1958	Are blind S	pouse	: Was bo	rn be	fore Janua	ry 2, 1	958	☐ Is blii	nd	
If more than four dependents Credit for other dependents Cre	Dependent	s (see	instructions):		(2) Social secu	ritv	(3) Relationsh	nin	(4) Check th	e box i	f qualif	ies for (see i	nstructions):	
than four dependents, see instructions and check here	-					,			Child tax credit Credit f		Credit for oth	redit for other dependents		
see instructions and check here										7		Γ		
Income In										1		Γ		
Income Income Attach Form(s) W-2 here. Also W-2 here Also W-2 here. Also W-2 here Also W-2 here. Also W-2 here Also W-2 here. Also W-2 here. Also W-2 here Also W-2 here. Also W-2 here. Also W-2 here. Also Household employee wages not reported on Form(s) W-2 Household Household employee wages not reported on Form(s) W-2 Household		s ——												
b Household employee wages not reported on Form(s) W-2 Attach Form(s) W-2 here, Also attach Forms W-2 here, Also attach Forms W-2G and Medicaid waiver payments not reported on Form(s) W-2 (see instructions) d Medicaid waiver payments not reported on Form(s) W-2 (see instructions) d Medicaid waiver payments not reported on Form(s) W-2 (see instructions) d Medicaid waiver payments not reported on Form(s) W-2 (see instructions) d Medicaid waiver payments not reported on Form(s) W-2 (see instructions) d Taxable dependent care benefits from Form 8839, line 29 f Employer-provided adoption benefits from Form 8839, line 29 f Wages from Form 8919, line 6 g Wages from Form 8919, line 6 f Other earned income (see instructions) d Nontaxable combat pay election (see instructions) d Add lines 1 a through 1h d It Sandard Attach Sch. B a Tax-exempt interest 2a]												
b Household employee wages not reported on Form(s) W-2 Attach Form(s) W-2 here, Also attach Forms W-2 here, Also attach Forms W-2G and Medicaid waiver payments not reported on Form(s) W-2 (see instructions) d Medicaid waiver payments not reported on Form(s) W-2 (see instructions) d Medicaid waiver payments not reported on Form(s) W-2 (see instructions) d Medicaid waiver payments not reported on Form(s) W-2 (see instructions) d Medicaid waiver payments not reported on Form(s) W-2 (see instructions) d Taxable dependent care benefits from Form 8839, line 29 f Employer-provided adoption benefits from Form 8839, line 29 f Wages from Form 8919, line 6 g Wages from Form 8919, line 6 f Other earned income (see instructions) d Nontaxable combat pay election (see instructions) d Add lines 1 a through 1h d It Sandard Attach Sch. B a Tax-exempt interest 2a	Income	1a	Total amount from Form(s) W-2, b	oox 1 (se	e instructions) .						1a	5	9,319.	
W-2 here. Also attach Forms W-2G and 1099-Ri f tax was withheld. If you did not get a Form W-2, see instructions W-2, See instructions. If was withheld. If you did not get a Form W-2, see instructions W-2, See instructions. In the was withheld. If you did not get a Form W-2, see instructions W-2, See instructions. In the was withheld. If you did not get a Form W-2, see instructions W-2, See instructions. In the was withheld. If you did not get a Form W-2, see instructions W-2, see instructions. In the was withheld. If you did not get a Form W-2, see instructions W-2, see instructions. In the was withheld. If you did not get a Form W-2, see instructions W-2, see instructions. In the was withheld. If you did not get a Form W-2, see instructions) W-2 (see instructions) In the was withheld. If you did not get a Form W-2, see instructions) W-2 (see instructions) In the was withheld. In the was withheld. In the was withheld. In the was withheld. If you did not get a Form W-2, see instructions) W-2 (see instructions) In the was withheld. In the was witheld. In the was withheld. In the was witheld. In the was withheld. In the was wither was was withered. In the was withheld. In the was wither was was was withered. In the was withheld. In the was wither was	IIICOIIIC	b	Household employee wages not r	reported	on Form(s) W-2 .						1b			
attach Forms W-2G and 1099-Ri if tax was withheld. If you did not get a Form M-2e and instructions. 9 Wages from Form 8919, line 6	٠,	С	Tip income not reported on line 1	a (see in	structions)						1c			
1099-Rif tax was withheld. f Employer-provided adoption benefits from Form 8839, line 29 1f		d	Medicaid waiver payments not re	ported o	n Form(s) W-2 (se	e instru	ctions)				1d			
## was withheld. If you did not get a Form ## was withheld. If you did not get instructions ## was withheld. If you did not get instructions ## was withheld. If you did not get instructions ## was withheld. If you did not get instructions ## was withheld. If you did not get instructions ## was withheld. If you did not get instructions ## was withheld. If you did not get instructions ## was withheld. If you did not get instructions ## was withheld. If you did not get instructions ## was withheld. If you did not get instructions ## was withheld. If you did not get instructions ## was withheld. If you did not get instructions ## was withheld. If you did not get instructions ## was withheld. If you get a form ## was withheld. If you get get instructions ## was withheld. If you get get get instructions ## was withheld. If you get get get instructions ## was withheld. If you get get get instructions ## was withheld		е	Taxable dependent care benefits	from Fo	rm 2441, line 26						1e			
get a Form W2-2, see instructions. Mages from Form 8919, line 6 1g		f	Employer-provided adoption bene	efits fron	n Form 8839, line	29 .					1f			
get a Form W-2, see instructions. In h Other earned income (see instructions) It i Nontaxable combat pay election (see instructions) It i Nontaxable combat pay election (see instructions) It i Sp, 319. Attach Sch. B at Tax-exempt interest . 2a b Taxable interest . 2b		g	Wages from Form 8919, line 6 .								1g			
Instructions. Z Add lines 1 a through 1 h	get a Form	h	Other earned income (see instruc	tions)							1h		0.	
Add lines 1a through 1h Attach Sch. B Attach Sch. B if required. 2a		i	Nontaxable combat pay election	(see inst	ructions)		<u>1</u> i	i						
If required. 3a		Z	Add lines 1a through 1h								1z	5	9,319.	
dather distributions	Attach Sch. B	2a	Tax-exempt interest	2a		b T	axable interes	t			2b			
Standard Deduction for—Single or Married filing separately, \$12,950 Married filing jointly or Qualifying surviving spouse, \$25,900 Head of household, \$19,400 If you checked any box under Standard Deduction, Deduction, Deduction, Deduction, Deduction, Deduction, Deduction, Deduction, Description of Married filing 10	if required.	3a	Qualified dividends	3a			,		ds					
Colling or Married filing separately, \$12,950 Married filing jointly or Qualifying surviving spouse, \$25,900 Head of household, \$19,400 If you checked any box under Standard Deduction, and surviving to the file of the standard Deduction, and surviving 10 to the standard Deduction, and surviving 10 to the standard Deduction, and surviving 10 to the standard Deduction, and so the standard and so the standard Deduction, and so the standard Deduction, and so the standard and so the standard Deduction, and so the standard and so the standard Deduction, and so the standard and so the standard Deduction, and so the standard and so the standard Deduction, and so the standard and so the standard Deduction, and so the standard standard Deduction, and so the standard standard and so the standard and the standard and so the standard and so the standard standard and so the standard standard and so the standard standard and standard standard and standard stand		4a	IRA distributions	4a		b T	axable amoun	ıt.			4b			
Single or Married filing separately, \$12,950 Married filing jointly or Qualifying source, \$25,900 Head of household, \$19,400 If you checked any box under Standard Deduction, \$20,000 If you checked any box under Standard Deduction, \$20,000 De	Standard	5a	Pensions and annuities	5a		b T	axable amoun	ıt.			5b			
Married filing separately, 7 Married filing separately, 7 Married filing jointly or Qualifying surviving spouse, \$25,900 Head of household, \$19,400 If you checked any box under Standard Deduction, 7 Add lines 12 and 13 Add lines 12 ard 14 from line 11 If zero or less enter -0- This is your taxable income If you elect to use the lump-sum election method, check here (see instructions) Adjustments to use the lump-sum election method, check here (see instructions) Adjustments (see instructions) Ball Adjustments (see instructions) Adjustments (see instructions) Ball Adjustments (see instructions)		6a	Social security benefits	6a		b T	axable amoun	ıt.			6b			
\$12,950 Married filing jointly or Qualifying surviving spouse, \$25,900 Head of household, \$19,400 If you checked any box under Standard Deduction, Peduction, Peduction or iterative deduction from Form 8995 or Form 8995-A Peduction, Peduction from Schedule In Interventing I	Married filing	С	IRA distributions 4a b Taxable amount 4b Pensions and annuities 5a b Taxable amount 5b Social security benefits 6a b Taxable amount 6b											
jointly or Qualifying Surviving spouse, \$25,900 Head of household, \$19,400 If you checked any box under Standard Deduction, Deduction, Deduction, Deduction, Deduction, Deduction, Deduction, Subtract line 14 from line 11 If zero or less enter -0- This is your total income		7	,		f required. If not re	quired.	, check here			Ш	7			
Qualifying surviving spouse, \$25,900 4dd lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 9 54,019. Head of household, \$19,400 11 Subtract line 10 from line 9. This is your adjusted gross income 11 54,019. If you checked any box under Standard Peduction, Deduction, 12 13 Qualified business income deduction from Form 8995 or Form 8995-A 13 Deduction, 15 15 Subtract line 14 from line 11. If zero or less enter -0. This is your taxable income 15 41,069	Married filing	8	-								8		5,300.	
## Add fines 12 and 13 Add lines 14 from line 11 If zero or less enter -0- This is your taxable income 15 Add lines 12 income 15 Add lines 12 and 13 Add lines 14 from line 11 If zero or less enter -0- This is your taxable income 15 Add lines 15 Alt line 16 from line 9. This is your taxable income 16 Add lines 12 and 13 Add lines 12 and 13 Add lines 12 and 13 Add lines 14 from line 14 from line 15 Alt lines 15 Alt lines 16 from line 9. This is your taxable income	Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7	7, and 8.	This is your total	income					9	5	4,019.	
household, \$19,400 If you checked any box under Standard Deduction, Deduction, Deduction, 15 Number 12 Standard deduction or itemized deductions (from Schedule A)		10	Adjustments to income from Sche	edule 1,	line 26						10			
\$19,400 If you checked any box under Standard Poeduction, Deduction, Deduction, Deduction, 12 Standard deduction or itemized deductions (from Schedule A)	Head of	11		•							11	5	4,019.	
any box under Standard 14 Add lines 12 and 13		12			•	,					12	1	2,950.	
Standard 14 Add lines 12 and 13	If you checked	13									13	_		
	Standard													
		15	Subtract line 14 from line 11. If ze	ero or les	s, enter -0 This is	s your t	axable incom	ne			15	4	1,069.	

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	4,724.
Credits	17	Amount from Schedule 2, lin	ne 3					. 17	
	18	Add lines 16 and 17						. 18	4,724.
	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	4,724.
	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	4,724.
Payments	25	Federal income tax withheld							
-	а	Form(s) W-2				25a	6,3	38.	
	b	Form(s) 1099				25b			
	С	Other forms (see instructions	s)			25c			
	d	Add lines 25a through 25c						. 25d	6,338.
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	. 32						
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments				. 33	6,338.
Refund	34	If line 33 is more than line 24	1, subtract line 2	4 from line 33.	This is the amo	unt you over	paid .	. 34	1,614.
riciana	35a	Amount of line 34 you want			is attached, che	eck here .		□ 35a	1,614.
Direct deposit?	b	Routing number 1 2 1			c Type:	Checking	☐ Savi	ings	
See instructions.	d	Account number 3 2 5							
	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	
	38	Estimated tax penalty (see in							
Third Party Designee		you want to allow another	•				es. Comp	lete below.	X No
		signee's	identification						
	naı		PIN)						
Sign Here		der penalties of perjury, I declare t ief, they are true, correct, and com	which prepar	rer has any knowledge.					
11010	Yo	ur signature		Date	Your occupation			Protection F	ent you an Identity PIN, enter it here
Joint return?					NETWORK E	(see inst.)			
See instructions. Keep a copy for your records.	Sp	ouse's signature. If a joint return, I	ooth must sign.	Date	Spouse's occupa		ent your spouse an rection PIN, enter it here		
	——Ph	one no. (669)262-921	7	Email address	PHANEENDRA.DE		 I∆TT, C∩M	· · ·	
		eparer's name	Preparer's signat	l	THANGENDRA, DE	Date	PT	IN	Check if:
Paid		ATA SAI PAVAN KUMAR DUDIPALLI			AR DUDIPALL			2470833	Self-employed
Preparer		m's name GLOBAL TA		TUANTA ION	INC DODIEMUU.	- 03/20/2	.023 FU		(678)965-9522
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Co to warm in -				TIONICK IN		DEV.		· IIII S LIIV	Form 1040 (2022)
GO TO WWW.Irs.go	JV/FUM	n1040 for instructions and the late	st imormation.		BAA	REV 03/18/23	3 PRO		Form 1040 (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

PHANEENDRA DEVARAPALLI

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 580-45-4987

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	-5,300.
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		
I	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	-5,300.

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 adjustments to income . 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 E (Form 1040)

Supplemental Income and Loss

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

Attach to Form 1040, 1040-SR, 1040-NR, or 1041, Attachment

Department of the Treasury Internal Revenue Service

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

Sequence No. 13

OMB No. 1545-0074

Name(s) shown on return Your social security number 580-45-4987 PHANEENDRA DEVARAPALLI 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) SERELINGAMPALLY HYDERABAD TELANAGANA IN 500019 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 7 Self-Rental 5 Land 8 Other (describe) 2 Multi-Family Residence 4 Commercial 6 Royalties **Properties:** Α В C Income: 3 380. 4 Royalties received 4 **Expenses:** 5 5 Advertising 6 Auto and travel (see instructions) 6 7 Cleaning and maintenance. 7 1,100. 8 Commissions 8 9 9 Insurance . . 10 10 Legal and other professional fees 11 Management fees 11 800. 12 Mortgage interest paid to banks, etc. (see instructions) 12 13 13 1,250. 14 14 Repairs . . . 15 Supplies 15 1,230. 16 16 Taxes 17 17 1,300. 18 18 Depreciation expense or depletion 19 19 Other (list) 20 20 Total expenses. Add lines 5 through 19 5,680. 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 -5,300. 22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) 5,300.) 380. 23a 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 5,680. Total of all amounts reported on line 20 for all properties 23e 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 5,300. 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 -5,300.

E-file Signature Authorization

2022

(Arizona Forms 140, 140A, 140EZ, 140NR and 140PY) Do not mail this form to the Arizona Department of Revenue. The ERO must retain this document a minimum of four years. Your First Name and Initial Last Name Your Social Security Number* **Enter** PHANEENDRA DEVARAPALLI 580 45 ı vour Your Spouse's First Name and Initial (if filed joint) Last Name Spouse's Social Security No.* SSN(s). PART 1 – PURPOSE (If you are e-filing a Small Business Income Tax Return, also complete Form AZ-8879 SBI) *Do Not Truncate • To certify the truthfulness, correctness, and completeness of the taxpayer's electronic income tax return. • To authorize the Electronic Return Originator (ERO) to affirm that the taxpayer wishes to use the taxpayer's electronic signature to the taxpayer's federal individual income tax return as the taxpayer's signature to the taxpayer's electronic Arizona individual income tax return. PART 2 - TAX RETURN INFORMATION PART 3 - FINANCIAL INSTITUTION INFORMATION Must be present when requesting direct debit or deposit. 54,019 00 1 Arizona Adjusted Gross Income ☐ Foreign Account Deposit/Debit: See instructions below. 2 Balance Of Tax 1,101 00 ROUTING NUMBER 2,491 00 ☑ Checking ■ Savings 2 | 1 | 0 | 0 | 0 | 3 | 5 | 8 | 3 Arizona Income Tax Withheld ... ACCOUNT NUMBER Check box 4 or box 5: 3 2 5 0 4 8 2 3 6 6 7 6 1,390 00 **4 REFUND**: Enter the amount of refund..... DIRECT DEBIT REQUEST DATE ไดด DIRECT DEBIT PAYMENT AMOUNT 5 ☐ AMOUNT YOU OWE: Enter the amount owed....... 00 Box 4 Checkbox - Refund: You are due a refund based on the information Foreign Account Deposit/Debit Checkbox: Check the "Foreign Account Deposit/Debit" box if your deposit will be ultimately placed in or come provided on your tax return. Your refund amount will be deposited in the account listed in the Financial Institution Information Section (Part 3). from a foreign account. If you check this box, do not enter your account numbers. If this box is checked, we will not direct deposit or debit your Box 5 Checkbox - Amount You Owe: You owe taxes based on the information provided on your tax return. You have elected to direct debit account. If you are due a refund, we will send you a check instead. If you owe tax, you must mail a check to the Arizona Department of Revenue. for payment. The payment will be withdrawn from the account and on the PO Box 29085, Phoenix, AZ 85038-9085. date listed in the Financial Institution Information Section (Part 3). PART 4 – DECLARATION AND SIGNATURE AUTHORIZATION (Sign only after completing Part 2) I consent to my Electronic Return Originator (ERO) or On-Line Service Under penalties of perjury, I declare that I have examined a copy of my Provider (OLSP) sending my electronic Arizona individual income tax electronic Arizona individual income tax return and accompanying schedules return and accompanying schedules and statements to ADOR, and I and statements for the year ending December 31, 2022, and to the best of consent to my ERO or OLSP sending such information to ADOR through a my knowledge and belief, it is true, correct, and complete. I further declare transmitter. I consent to ADOR sending my ERO, OLSP and/or transmitter that the amounts of Arizona adjusted gross income, total tax, Arizona an acknowledgement of receipt of transmission and an indication of income tax withheld, and refund (or amount owed) listed above are the whether or not the transmission of my return is accepted and, if the return amounts shown on the copy of my electronic Arizona income tax return. is rejected, the reason(s) for the rejection. If the processing of my return 6a X I consent that my refund be directly deposited as designated in the or refund is delayed, I authorize ADOR to disclose to my ERO, OLSP and/ electronic portion of my 2022 Arizona individual income tax return. or transmitter the reason(s) for the delay, or when the refund was sent. If I have filed a joint return, this is an irrevocable appointment of If ADOR contacts my ERO for a copy of my return, any documents or the other spouse as an agent to receive the refund. schedules to my return, and/or this authorization form, I authorize my ERO **6b** \prod I do not want direct deposit of my refund or I am not receiving a to release copies of the requested documents to ADOR. refund 6c I authorize the Arizona Department of Revenue (ADOR) and its I authorize GLOBAL TAXES LLC designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account (ELECTRONIC RETURN ORIGINATOR) indicated in the tax preparation software for payment of my Arizona taxes owed on this return. I also authorize the financial institutions to make the election that I want my electronic signature to my electronic involved in the processing of the electronic payment of taxes to federal individual income tax return to serve as my signature to my receive confidential information necessary to answer inquiries and electronic Arizona individual income tax return for the year ending December 31, 2022. I understand that when my ERO makes the election resolve issues related to the payment. that my electronic signature to my federal individual income tax return will If I have filed a balance due return, I understand that if the ADOR does not serve as my signature to my Arizona individual income tax return, I will receive full and timely payment of my tax liability by April 18, 2023, I will have signed my Arizona individual income tax return and declared under remain liable for the tax liability and all applicable interest and penalties. penalties of perjury that to the best of my knowledge and belief the return When electronically filing my federal and state tax returns, I understand is true, correct and complete. that if there is an error on my federal return, my state return will also be rejected. PLEASE SIGN HERE YOUR PEN AND INK SIGNATURE DATE

DATE

SPOUSE'S PEN AND INK SIGNATURE

RETURN.			Arizon 1 4	10		Resident Personal Income Tax Return									for calendar year 2022				
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ANY ITEMS	_		RENYA nt Home Addres	s - numhe	er and stree	et rural	route]:	KARU	TURI	Apt. No.		Davti			55 10 area code			
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¥	<u> </u>		own or Post Off		<u> </u>	Sta	te		Z	ZIP Code		Last Name				Year(s) (if o	lifferent)		
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DO NOT STAPLE	ING STATUS	4 5 6		ousehold.	eturn 4a Enter name	e of qualif	ying child or	depende	ent on n	ext line:	verpayment per above.	REVENUE 88	USEC	ONLY. DO	NOT MA	RK IN THIS	AREA.		
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		0	♦ Enter the						and 11	a also asn	nplete lines 38,	1							
	10b	8 9	Blind (you	1,5	and/or spo						mplete line 49.	81 PM			80	RCVD			
	and 1	10a	1 1 "	•	age of 17.	1	0b D	epende	nts: Ag	ge 17 and	d over.								
	10a a	11a	Qualifying	parents a	and grandpa	arents													
	nts 1		(Box 10a and	10b): De	pendent In	formatic	n. See ins	truction	s. For	r more s	pace, check t	he box (d)		complete (e		1, Part 1.			
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	and	10d													屵				
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after Form 140.	Exemptions			FIRSTAN	(a) ID LAST NA rourself or spo	ME			(b)	RITY NO.	(c) RELATIONSHII	(d)) ONTHS YOUR	(e ✓ IF AGE OV	65 OR	(f) ✓ IF DI 202			
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any				敝狱	KONTAKARI (XWW					ceived for being						00		
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	Your	Name (as shown on page 1)	Your Social Security	Number	
	PHA	NEENDRA DEVARAPALLI	580-45-49	87	
Ì	35	Subtract lines 24 through 34c from line 19		35	54,019 (
	36	Other Subtractions from Income. Complete Other Subtraction from Arizona Gross Income sched			(
	37	Subtract line 36 from line 35. Enter the difference			54,019
ons	38	Age 65 or over: Multiply the number in box 8 by \$2,100			0 1 7 0 1 9
Exemptions	39	Blind: Multiply the number in box 9 by \$1,500			(
×er	40	Other Exemptions. See instructions40E Multiply the number in box 40E by \$2,300		(
					(
	41	Qualifying parents and grandparents: Multiply the number in box 11a by \$10,000			54,019
	42	Arizona adjusted gross income: Subtract lines 38 through 41 from line 37. If less than zero, enter "0". Deductions: Check box and enter amount. See instructions			12,950
	43	<u> </u>		12,550 (
	44	If you checked box 43 S and claim charitable contributions, check 44 C Complete page 3. See in		41,069	
of Tax	45	Arizona taxable income: Subtract lines 43 and 44 from line 42. If less than zero, enter "0"			1,101
o o	46	Compute the tax using amount on line 45 and Tax Tables X and Y or Optional Tax Tables			
Balance	47	Tax from recapture of credits from Arizona Form 301, Part 2, line 32			1,101
Bal	48	Subtotal of tax: Add lines 46 and 47. Enter the total			
	49	Dependent Tax Credit. See instructions			(
	50	Family income tax credit (from the worksheet - see instructions)			(
	51	Nonrefundable Credits from Arizona Form 301, Part 2, line 64			(
	52	Balance of tax: Subtract lines 49, 50 and 51 from line 48. If the sum of lines 49, 50 and 51 is greater than			1,101 (
and	53	2022 AZ income tax withheld			2,491
Cre	54	2022 AZ estimated tax payments 54a 00 Claim of Right 54b	00 Add 54a and 9		(
Total Payments and Refundable Credits	55	2022 AZ extension payment (Form 204)			(
al P	56	Increased Excise Tax Credit (from the worksheet - see instructions)			(
를 를	57	Property Tax Credit from Arizona Form 140PTC			(
	58	Other refundable credits: Check the box(es) and enter the total amount	308-l 582 3	<u> </u>	(
Tax Due or Overpayment	59	Total payments and refundable credits: Add lines 53 through 58. Enter the total		59	2,491 (
Due	60	TAX DUE: If line 52 is larger than line 59, subtract line 59 from line 52. Enter amount of tax due. Skip lines	61, 62 and 63	60	(
Verp	61	OVERPAYMENT: If line 59 is larger than line 52, subtract line 52 from line 59. Enter amount of overpayment			1,390 (
. 0	62	Amount of line 61 to be applied to 2023 estimated tax		62	(
£ts.	63	Balance of overpayment: Subtract line 62 from line 61. Enter the difference		I	1,390
Voluntary Gifts	64	- 74 Voluntary Gifts to: Solutions Teams Assigned to Schools 64 OO Arizona Wildlife		00	
ıtar		Child Abuse Prevention		00	
흥		Neighbors Helping Neighbors 69 00 Special Olympics		00	
>		I Didn't Pay Enough Fund72 00 Sustainable State Parks and Road Fund73 00 Spay/Neuter of Anima	ls 74	00	
Ξ	75	Political Party (if amount is entered on line 68 - check only one): 751 Democratic 752 Libertarian	753 Republicar	n	
enalty	76	Estimated payment penalty		76	
-	77	771 Annualized/Other 772 Farmer or Fisherman 773 Form 221 included			
_	78	Add lines 64 through 74 and 76; enter the total		78	(
Refund or Amount Owed	79	REFUND: Subtract line 78 from line 63. If less than zero, enter amount owed on line 80		79	1,390
탈		Direct Deposit of Refund: Check box 79A if your deposit will be ultimately placed in a foreign account; see ROUTING NUMBER ACCOUNT NUMBER	instructions. 79A		
Ref nou		CKI Checking or			
₹		98 S Savings			
	80	and include with your return			
		•			
		Under penalties of perjury, I declare that I have read this return and any documents with it, and to	the best of my k	nowledge aı	nd belief, they are
		true, correct and complete. Declaration of preparer (other than taxpayer) is based on all informati	on of which prepa	arer has any	knowledge.
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エ		YOUR SIGNATURE DATE OF	CCUPATION		
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SIGN		SPOUSE'S SIGNATURE DATE SF	OUSE'S OCCUPATION)N	
PLEASE		VENKATA SAI PAVAN KUMAR DUDIPALLI 03282023 GLOBAL TAXES L PAID PREPARER'S SIGNATURE DATE FIRM'S NAME (PREPARER'S II			
E		245 ROONEY CT	•	45487	
占		PAID PREPARER'S STREET ADDRESS		PARER'S TIN	
		E BRUNSWICK NJ 08816		965-952	2
		PAID PREPARER'S CITY STATE ZIP CODE		PARER'S PHON	

If you are also sending a payment, mail to Arizona Department of Revenue, PO Box 52016, Phoenix, AZ 85072-2016 (PO Box 29204, Phoenix, AZ 85038-9204 if your return has a barcode). If you are not sending a payment, mail to Arizona Department of Revenue, PO Box 52138, Phoenix, AZ 85072-2138 (PO Box 29205, Phoenix, AZ 85038-9205 if your return has a barcode).