IRS e-file Signature Authorization

ERO must obtain and retain completed Form 8879. ▶ Go to www.irs.gov/Form8879 for the latest information.

Submission Identification Number (SID)

Internal Revenue Service

Taxpayer's name	Social security numb	ber										
VENKATA SESHA SAIRAM YEDLA	891-14-129	8										
Spouse's name		Spouse's social secu	urity number									
ASHVINI THOMAS		153-06-393	1									
Part I Tax Return Information – Tax Year Ending December 31, 2022 (Enter year you are authorizing.)												
Enter whole dollars only on lines 1 through 5.												
Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.												
1 Adjusted gross income		1	136,266.									
2 Total tax		2	15,515.									
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	15,268.									
4 Amount you want refunded to you		4										
5 Amount you owe			247.									
Part II Taxpayer Declaration and Signature Authorization (Be sur												

Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer	's PIN: che	ck one box only							4	1	2	0 0	
XI	authorize	GLOBAL TAXE	S LLC ERO firm name		to enter or	genera	ate m	ny PIN	En	nter fiv		9 8 ts,but	as my
S	signature on	the income tax re		amended) I am now	authorizing.				do	on't en	ter al	zeros	
i	f you are er			ome tax return (origir turn is filed using the									
t Your sign	oelow. ature ►	lot-				Date	•	03	/28	/202	23		
Spouse's	PIN: checl	c one box only											1
XI	authorize	GLOBAL TAXE	S LLC		to enter or	genera	ate m	ny PIN	6	3	9	3 1	as my
			ERO firm name									ts, but	
5	signature on	the income tax re	eturn (original or	amended) I am now	authorizing.				do	on't en	ter al	zeros	
i i				ome tax return (origir turn is filed using the									
. .		Ashvini	Thomas	>				03	1701	/202	2		
Spouse's	signature <					Date		03	1201	202	.5		
				Method Returns 0			ow						
Part III	Certific	ation and Auth	entication – H	Practitioner PIN M	lethod Only	/					_		
ERO's EF	FIN/PIN. Ent	ter your six-digit E	FIN followed by	your five-digit self-se	elected PIN.	2	2	2 4	9	6 6		-	89
								Dor	n't ent	ter all	zeros		
L certify the	at the above	numeric entry is my	PIN which is my	signature for the elect	ronic individua	Lincom	o tav	, roturn	(oria	inal o	r am	(habne	I am now

bove numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amen authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature >			
	ust Retain This Form — his Form to the IRS Unl	See Instructions less Requested To Do So	
	and any first section of the sec		E 9970 (D 01 0001)

IF you live in	THEN use this address to send in your payment
Alabama, Florida, Georgia, Louisiana, Mississippi, North Carolina, South Carolina, Tennessee, Texas	Internal Revenue Service P.O. Box 1214 Charlotte, NC 28201-1214
Arkansas, Connecticut, Delaware, District of Columbia, Illinois, Indiana, Iowa, Kentucky, Maine, Maryland, Massachusetts, Minnesota, Missouri, New Hampshire, New Jersey, New York, Oklahoma, Rhode Island, Vermont, Virginia, West Virginia, Wisconsin	Internal Revenue Service P.O. Box 931000 Louisville, KY 40293-1000
Alaska, Arizona, California, Colorado, Hawaii, Idaho, Kansas, Michigan, Montana, Nebraska, Nevada, New Mexico, North Dakota, Ohio, Oregon, Pennsylvania, South Dakota, Utah, Washington, Wyoming	Internal Revenue Service P.O. Box 802501 Cincinnati, OH 45280-2501
A foreign country, American Samoa, or Puerto Rico (or are excluding income under Internal Revenue Code section 933), or use an APO or FPO address, or file Form 2555 or 4563, or are a dual-status alien or nonpermanent resident of Guam or the U.S. Virgin Islands	Internal Revenue Service P.O. Box 1303 Charlotte, NC 28201-1303

MAIL FORM 1040-V TO THE INTERNAL REVENUE SERVICE CENTER AT THE ADDRESS LISTED BELOW.

Form **1040-V** 2022

▼ Detach Here and Mail With Your Payment and Return ▼

Department of the Treasury Internal Revenue Service



Form 1040-V Payment Voucher

Use this voucher when making a payment with Form 1040.

Do not staple this voucher or your payment to Form 1040.

Make your check or money order payable to the 'United States Treasury.'

► Write your social security number (SSN) on your check or money order.

Enter the amount of your payment.

REV 03/18/23 PRO 1555 247.

INTERNAL REVENUE SERVICE P.O. BOX 1214 CHARLOTTE, NC 28201-1214

VENKATA SESHA SAIRAM YEDLA ZAMOHT ASHVINI 300 INTEGRA DUNES CIRCLE 207 DELAND FL 32724

E1040		artment of the Treasury-Internal Revenue Servi 5. Individual Income Tax		rn 202	2	OMB No. 1545	-0074	IRS Use Or	ly—Do not	write or staple	in this space.
Filing Status Check only one box.	lf yo	Single X Married filing jointly u checked the MFS box, enter the national on is a child but not your dependent	ame of yo	d filing separately (pur spouse. If you o					spo	alifying sur buse (QSS) 's name if tl	0
Your first name	and mi	ddle initial	Last nam	ne					Your s	ocial securi	ty number
VENKATA	SESI	HA SAIRAM	YEDLA	A					891-	-14-129	8
If joint return, sp	ouse's	first name and middle initial	Last nam	ne					Spouse	e's social se	curity numbe
ASHVINI			THOMA	AS					153-	-06-393	1
Home address (numbe	r and street). If you have a P.O. box, see	instructior	ns.			A	Apt. no.	Presid	ential Electi	on Campaigr
300 INTE	GRA	DUNES CIRCLE					2	207		here if you,	
-		ce. If you have a foreign address, also co	mplete spa	aces below.	Sta	ate	ZIP c	ode			ntly, want \$3
DELAND					FI	L	327	24	Ŭ Ŭ	elow will not	Checking a change
Foreign country	name		Fo	preign province/state	'coun	ty	Foreig	n postal code		ax or refund	0
Digital Assets		ny time during 2022, did you: (a) rece ange, gift, or otherwise dispose of a						,.	()	_	🛛 No
Standard	Som	eone can claim: You as a de	pendent	Vour spous	e as	a dependent				·	
Deduction	_	Spouse itemizes on a separate return									
Age/Blindness	You:	Were born before January 2, 1	958 🗌	Are blind Sp	ouse	🙁 🗌 Was bor		ore January	· ·	🔄 ls b	
Dependents	(see	instructions):		(2) Social securit	y	(3) Relationsh	ip (4) Check the	box if qua	lifies for (see	instructions):
If more	(1) Fi	rst name Last name		number		to you		Child tax	credit	Credit for ot	ther dependents
than four											
dependents, see instructions											
and check											
here 🗌											
Income	1a	Total amount from Form(s) W-2, be	ox 1 (see	instructions) .					. 1	a 1.	49,966.
moonio	b	Household employee wages not re	ported o	on Form(s) W-2 .					. 1	b	
Attach Form(s) W-2 here. Also	С	Tip income not reported on line 1a	(see instructions)						. 1	c	
attach Forms	d	Medicaid waiver payments not rep	orted on	Form(s) W-2 (see	instru	uctions)			. 1	d	
W-2G and	е	Taxable dependent care benefits from Form 2441, line 26							. 1	е	
1099-R if tax was withheld.	f	Employer-provided adoption bene	fits from	Form 8839, line 29					. 1	f	
If you did not	g	Wages from Form 8919, line 6 .							. 1	g	
get a Form	h	Other earned income (see instructi	ons) .						. 1	h	0.
W-2, see instructions.	i	Nontaxable combat pay election (s	see instru	ictions)		1 i					
	z	Add lines 1a through 1h							. 1	z 1-	49,966.
Attach Sch. B	2 a	Tax-exempt interest	2a		bΤ	axable interest	: .		. 2	b	
if required.	3a	Qualified dividends	3a		b	Ordinary divide	nds .		. 3	b	
	4a	IRA distributions	4a		bΤ	axable amoun	t		. 4	b	
Standard	5a	Pensions and annuities	5a		bΤ	axable amoun	t		. 5	b	
Deduction for –	6a	Social security benefits	6a		bΤ	axable amoun	t		. 6	b	
 Single or Married filing 	с	If you elect to use the lump-sum e	lection m	ethod, check here	(see	instructions)					
separately, \$12,950	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here								7	
 Married filing 	8	Other income from Schedule 1, line 10									13,700.
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,	and 8. T	his is your total in	com	е			. 9		36,266.
surviving spouse, \$25,900	10	Adjustments to income from Schedule 1, line 26									
Head of	11	Subtract line 10 from line 9. This is your adjusted gross income									36,266.
household, \$19,400	12	Standard deduction or itemized deductions (from Schedule A)									25,900.
If you checked	13									3	
any box under Standard	14	Add lines 12 and 13							. 1	4	25,900.
Deduction,	15	Subtract line 14 from line 11. If zer	o or less,	, enter -0 This is	/our	taxable incom	e.		. 1		10,366.
see instructions.			- ,								

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

Form **1040** (2022)

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	15,5	15.
Credits	17	Amount from Schedule 2, lin	ie3					17		
	18	Add lines 16 and 17						18	15,5	15.
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812			19		
	20	Amount from Schedule 3, lin	ie8					20		
	21	Add lines 19 and 20						21		
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	15,5	15.
	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	15,5	15.
Payments	25	Federal income tax withheld								
-	а	Form(s) W-2				25a 15	5,268.			
	b	Form(s) 1099				25b				
	с	Other forms (see instructions	s)			25c				
	d	Add lines 25a through 25c						25d	15,2	68.
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)			No .	27				
attach Sch. EIC.	28	Additional child tax credit from	n Schedule 8812			28				
	29	American opportunity credit	from Form 8863	8, line 8		29				
	30	Reserved for future use .				30				
	31	Amount from Schedule 3, lin	ie 15			31				
	32	Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits						32		
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments				33	15,2	68.
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid								
neruna	35a	Amount of line 34 you want			3 is attached, che	eck here	🗆	35a		
Direct deposit?	b	Routing number X X X	X X X X	XX	c Type:	Checking	Savings			
See instructions.	d	Account number X X X	X X X X		x x x x x	XXX				
	36	Amount of line 34 you want a	applied to your	2023 estimate	ed tax	36				
Amount	37	Subtract line 33 from line 24	. This is the amo	ount you owe						
You Owe		For details on how to pay, g	37	2	47.					
	38	Estimated tax penalty (see in	nstructions) .			38				
Third Party	Do	you want to allow another	person to disc	cuss this retu	rn with the IRS?				_	
Designee	ins	tructions					omplete l		X No	
	De: nar	signee's		Phone no.			onal identi ber (PIN)	fication		
0:		der penalties of perjury, I declare t	hat I have exemine				. ,	the her		
Sign		ief, they are true, correct, and com								
Here	Yo	ur signature		Date	Your occupation		If the	e IRS se	nt you an Identit	ty
		0							IN, enter it here	
Joint return?						RING ENGINE	510 .	inst.)		
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, t	ooth must sign.	Date	Spouse's occupation	tion			nt your spouse a ection PIN, enter	
your records.					BI DEVELO	ਰਜ਼ਰ		inst.)		
	Ph	one no. (510)458-181	5	Email address		@GMAIL.COM				
		eparer's name	Preparer's signat		DATIVAMITAD	Date	PTIN		Check if:	
Paid		ATA SAI PAVAN KUMAR DUDIPALLI			IAR DUDIPALLI			0823	Self-empl	oved
Preparer		n's name GLOBAL TAX				. 05/20/2025	· · · · ·		678)965-9	
Use Only			Y CT E BRU	NSWICK N	J 08816			's EIN	88-2145	
<u> </u>		1040 for instructions and the late		III	BAA	REV 03/18/23 PRO	1,,,,,,,		Form 104	

SCHEDULE	1
(Form 1040)	

Department of the Treasury

Additional Income and Adjustments to Income

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

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

OMB No. 1545-0074 2

Attachment Internal Revenue Service Sequence No. 01 Name(s) shown on Form 1040, 1040-SR, or 1040-NR Your social security number VENKATA SESHA SAIRAM YEDLA & ASHVINI THOMAS 891-14-1298 Part I Additional Income Taxable refunds, credits, or offsets of state and local income taxes 1 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		5	-13,700.
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		
ĥ	Jury duty pay	8h		
i	Prizes and awards	8i		
j	Activity not engaged in for profit income	8j		
k	Stock options	8k		
T	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			
		8m		
n	Section 951(a) inclusion (see instructions)	8n		
ο	Section 951A(a) inclusion (see instructions)	80		
р	Section 461(I) excess business loss adjustment	8p		
q	Taxable distributions from an ABLE account (see instructions)	8q		
r	Scholarship and fellowship grants not reported on Form W-2	8r		
S	Nontaxable amount of Medicaid waiver payments included on Form			
	1040, line 1a or 1d	8s ()		
t	Pension or annuity from a nonqualifed deferred compensation plan or			
	a nongovernmental section 457 plan	8t		
u	Wages earned while incarcerated	8u		
z	Other income. List type and amount:			
		8z		
9	Total other income. Add lines 8a through 8z		9	
10	Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR	or 1040-NR, line 8	10	-13,700.

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

Schedule 1 (Form 1040) 2022

Par	t II Adjustments to Income					
11	Educator expenses				11	
12	Certain business expenses of reservists, performing artists, and fee			ernment		
	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		24a				
b	Deductible expenses related to income reported on line 8I from the					
		24b				
с	Nontaxable amount of the value of Olympic and Paralympic medals					
	and USOC prize money reported on line 8m	24c				
d	Reforestation amortization and expenses	24d				
е	Repayment of supplemental unemployment benefits under the Trade					
	Act of 1974	24e				
f	Contributions to section 501(c)(18)(D) pension plans	24f				
g	Contributions by certain chaplains to section 403(b) plans	24g				
ĥ	Attorney fees and court costs for actions involving certain unlawful					
	discrimination claims (see instructions)	24h				
i	Attorney fees and court costs you paid in connection with an award					
	from the IRS for information you provided that helped the IRS detect					
	tax law violations	24i				
j	Housing deduction from Form 2555	24j				
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form					
		24k				
z	Other adjustments. List type and amount:					
		24z				
25	Total other adjustments. Add lines 24a through 24z				25	
26	Add lines 11 through 23 and 25. These are your adjustments to income	. Ent	er here	and on		
	Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a			<u></u>	26	
	BAA	REV	03/18/23 PF	20	Schedul	le 1 (Form 1040) 20

	SCHEDULE E Supplemental Income and Loss											OMB No. 1545-0074			
(Form	1040)	(Fro	om re	ntal real estate	e, royalties, partners	hips, S	corporat	ions, es	states,	trusts, REMICs	, etc.)	^{etc.)} 20 22			
	ent of the Treasury				Attach to Form 1040,					formation		Attachn	nent 10		
	Revenue Service			GO LO WWW.II	rs.gov/ScheduleE fo	rinstru	uctions an	a the la	atest ir			al security	nce No. 13		
.,		SVIE	ZZM		ASHVINI THOMAS	q						4-1298			
_	Part I Income or Loss From Rental Real Estate and Royalties														
	Note: If yo	ou are	in th	e business of re	nting personal proper			c . See	e instru	ctions. If you are	an indi	vidual, rep	ort farm		
					35 on page 2, line 40.	1. Cl.	F =	0000							
					t would require you Form(s) 1099? .										
											• •		5 <u> </u> NU		
1a	-				treet, city, state, ZII										
	PRASADAMP.	ADU	V	IJAYAWADA	ANDHRA PRADES	SH IN	1 52110)8							
B C															
 1b	h Type of Property 2 For each rental real estate property listed Fair Pental Personal Use														
10	(from list below		2		the number of fair				10	Days		ays	QJV		
Α	3			personal use	days. Check the Q	JV box	x only	Α		365		0			
В					e requirements to f			В							
С				qualities joint			5.	С							
	of Property:								_						
	Single Family R				on/Short-Term Ren	ital	5 Land	-		Self-Rental	-)				
2	Multi-Family Re	esiden	nce	4 Comm	iercial		6 Roya	alties	8	Other (describ	e)				
										Properties	:				
Incom								Α		В			C		
3						3		5	20.						
4 Expon		ivea	• •			4									
Expen 5						5									
6						6									
7						7		1,4	50.						
8	-					8									
9						9									
10						10									
11						11		1,2	00.						
12					(see instructions)	12									
13 14						13 14		1 1	20.						
15						15			90.						
16						16		575							
17						17		3,5	60.						
18	Depreciation e	xpen	ise o	r depletion .		18									
19	Other (list)					19									
20				•	9	20		14,2	20.						
21					d/or 4 (royalties). If										
	file Form 6198				nd out if you must	21		-13,7	00						
22					r limitation, if any,	21		1377							
					· · · · · · · · ·	22	(13,70)0.)	()	()		
23a				-	for all rental prope	rties			23a		, 520,		,		
b	Total of all amounts reported on line 4 for all royalty properties														
С	c Total of all amounts reported on line 12 for all properties														
d															
е 24									23e		220. 24				
24 25		-			n on line 21. Do no and rental real esta		-				24	(13,700.)		
25 26					income or (loss).						20		<u></u>		
					on page 2 do not										
					wise, include this a					on page 2 .	26	·	-13,700.		
For Pa	perwork Reduct	ion Ao	ct No	otice, see the s	eparate instructions		NE	PA		-13,700.	Sc	hedule E (F	orm 1040) 2022		