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

	1						
Submi	ssion Identification Number (SID)						
Taxpaye	er's name	Social securi	ty numl	per			
GANI	ESH SUDABATHULA	505-77	505-77-5165				
Spouse'	s name	Spouse's so	cial secu	urity numbe	r		
Part	Tax Return Information — Tax Year Ending December 31, 2022 (Ente	r vear vou a	re au	thorizina	1		
	whole dollars only on lines 1 through 5.	ycai you c	ii C aa	tilonzing	•)		
	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.						
1	Adjusted gross income		1 1	101	,945.		
2	Total tax		2		,192.		
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3		,328.		
4	Amount you want refunded to you		4		,136.		
5	Amount you owe		5				
Part	Taxpayer Declaration and Signature Authorization (Be sure you get and	keep a cop	y of y	our retu	ırn)		
my know return (to send for any Agent t payment authoria payment business taxes t persona	penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended by	we are the amulter, or electrection of the tale. S. Treasury a licated in the tale to to debit the entry that the entry that the processing opayment. I fur	ounts for the counts of the co	from the inturn original sion, (b) the designated paration so to this accuration for revoke ved no late ectronic parking when the design of th	come tax ator (ERO) he reason Financial ftware for ount. This (cancel) a er than 2 ayment of e that the		
	nic Funds Withdrawal Consent. yer's PIN: check one box only						
X		my PIN 7	5 2	1 6 5	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	ao my		
	I will enter my PIN as my signature on the income tax return (original or amended) I am r if you are entering your own PIN and your return is filed using the Practitioner PIN metholow.						
Your s	ignature ►						
Spous	se's PIN: check one box only						
Г	I authorize to enter or generate	my PIN			as my		
	ERO firm name	-	ter five	digits, but	asiny		
	signature on the income tax return (original or amended) I am now authorizing.			er all zeros			
	I will enter my PIN as my signature on the income tax return (original or amended) I am r if you are entering your own PIN and your return is filed using the Practitioner PIN metholow.						
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 Don't ent	6 6	1 9 8	9		
authori	that the above numeric entry is my PIN, which is my signature for the electronic individual income to the tax year indicated above for the taxpayer(s) indicated above. I confirm that I am subments of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS e-file Providers of In	ax return (orig nitting 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 I	Do So					

E 1040 Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Return

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	(MFS)	Head of	househo	ld (HOH)		lifying sur use (QSS)		g
one box.		u checked the MFS box, enter the on is a child but not your depende		our spouse. If you	check	ed the HOH o	r QSS bo	ox, enter	the c	hild's	name if the	ne qu	ualifying
Your first name	and m	iddle initial	Last na	me					Yo	ur so	cial securi	ty nu	ımber
GANESH			SUDA	BATHULA					50	505-77-5165			
	pouse's	s first name and middle initial	Last na						_		s social se		y number
Home address	(numbe	er and street). If you have a P.O. box, se	ee instruction	ons.			Ap	t. no.	Pr	eside	ntial Electi	on C	ampaign
2161 AS	rori <i>i</i>	A CIRCLE					11	.5			nere if you,		
		ce. If you have a foreign address, also	complete s	paces below.	Sta	te	ZIP cod	е			if filing joir		
HERNDON					V	Δ	2017	0			this fund. ow will not		
Foreign countr	y name		F	oreign province/stat	e/count	У	Foreign	postal cod			or refund		
											You		Spouse
Digital Assets		ny time during 2022, did you: (a) re lange, gift, or otherwise dispose o									Yes	×	No
Standard	Som	eone can claim: You as a c	dependent	Your spor	use as	a dependent							
Deduction	_	Spouse itemizes on a separate ret											
Age/Blindness	s You:	Were born before January 2,	1958	Are blind S	pouse	: Was bo	rn before	e Januar	y 2, 1	958	☐ Is b	lind	
Dependent	s (see	instructions):		(2) Social secui	rity	(3) Relationsh	nip (4)	Check the	e box if	quali	fies for (see	instr	uctions):
If more		irst name Last name		number		to you		Child tax	x credit	t	Credit for ot	her d	ependents
than four]				
dependents, see instruction]				
and check]				
here]				
Income	1a	Total amount from Form(s) W-2,	box 1 (see	e instructions) .						1a	1	01,	796.
	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 ins	structions)						1c			
attach Forms	d	Medicaid waiver payments not re	eported or	n Form(s) W-2 (see	e instru	ctions)				1d			
W-2G and 1099-R if tax	е	Taxable dependent care benefits	from For	m 2441, line 26						1e			
was withheld.	f	Employer-provided adoption ber		· ·						1f			
If you did not	g	Wages from Form 8919, line 6.								1g			
get a Form W-2, see	h	Other earned income (see instruc	,			1				1h	_		0.
instructions.	i	Nontaxable combat pay election	(see instr	ructions)		<u>1</u> i	i						
	z	Add lines 1a through 1h								1z		<u>JΙ,</u>	796.
Attach Sch. B if required.	2a	Tax-exempt interest	2a			axable interes				2b		—	
ii required.	3a	Qualified dividends	3a			rdinary divide				3b			
	4a	IRA distributions	4a			axable amoun				4b			
Standard Deduction for—	5a	Pensions and annuities	5a			axable amoun				5b		—	
Single or	6a	Social security benefits	6a	mothed sheet has		axable amoun	π		Ė	6b			
Married filing separately,	C	If you elect to use the lump-sum		•	•	,			H	7			
\$12,950	7 8	Capital gain or (loss). Attach Sch Other income from Schedule 1, I		•	•				ш	8			140
Married filing jointly or	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b,								9	1		149. 945.
Qualifying surviving spouse,	10	Add lines 12, 25, 35, 45, 35, 65, Adjustments to income from Sch							•	10		<u>J </u>	943.
\$25,900	11	Subtract line 10 from line 9. This	•						•	11			945.
Head of household,	12	Standard deduction or itemize	•						•	12			950.
\$19,400 If you checked	13	Qualified business income deduc		•	,	5-A			•	13		<u> ,</u>	<i></i>
any box under Standard	14	Add lines 12 and 13								14		12	950.
Deduction,	15	Subtract line 14 from line 11. If z					ne .			15			995.
see instructions.	I				-								

Form 1040 (2022	2)								Pa	age 2
Tax and	16	Tax (see instructions). Check it	any from Form	(s): 1 881	4 2 🗌 4972	3 🗌		16	15,19	2.
Credits	17	Amount from Schedule 2, line	3					17		
	18	Add lines 16 and 17						18	15,19	2.
	19	Child tax credit or credit for o	ther dependen	ts 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	15,19	2.
	23	Other taxes, including self-en	nployment tax,	from Schedule	2, line 21 .			23		0.
	24	Add lines 22 and 23. This is y	our total tax					24	15,19	2.
Payments	25	Federal income tax withheld f								
-	а	Form(s) W-2				25a	20,328			
	b	Form(s) 1099				25b				
	С	Other forms (see instructions)				25c				
	d	Add lines 25a through 25c .						25d	20,32	8.
16	26	2022 estimated tax payments	and amount a	pplied from 20	21 return			26		
If you have a qualifying child,	27	Earned income credit (EIC) .			No .	27				
attach Sch. EIC.	28	Additional child tax credit from				28				
	29	American opportunity credit f	rom Form 8863	8, 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.					ts	32	1	
	33	Add lines 25d, 26, and 32. Th	•		-				20,32	8.
D. (l	34	If line 33 is more than line 24,							5,13	
Refund	35a	Amount of line 34 you want re						_	5,13	
Direct deposit?	b	Routing number 0 4 1					☐ Saving			
See instructions.		Account number 4 1 4					caving			
	36	Amount of line 34 you want a				36				
Amount You Owe	37	Subtract line 33 from line 24. For details on how to pay, go	This is the amo	ount you owe.				37		
	38	Estimated tax penalty (see ins	structions) .			38				
Third Party Designee		you want to allow another structions	person to disc	cuss this retur	n with the IRS		. Complet	e below.	⊠ No	
Ü	De	signee's		Phone			Personal ide			
	naı	ne		no.		r	number (PIN)		
Sign Here		der penalties of perjury, I declare th ief, they are true, correct, and comp			1 , 0		,		, ,	
TICIC	Yo	ur signature		Date	Your occupation		Pi	otection P	nt you an Identity IN, enter it here	
Joint return?					SOFTWARE ENGINEER			ee inst.)		\perp
See instructions. Keep a copy for your records.	Sp	ouse's signature. If a joint return, b o	oth must sign.	Date	Spouse's occupa	tion	ld		nt your spouse an ection PIN, enter it	here
		one no. (513)836-4094		Email address	SGANESH769	6@0IITI 001/	1,	,		_
			Preparer's signat		PGWINTDU / 03	Date	PTIN		Check if:	
Paid					AR DUDIPALLI			70833	Self-employe	ed
Preparer				FAVAIN KUM	עע החאזגאוון	. 0 = / 0 / / 20.				
Use Only		m's name GLOBAL TAX m's address 245 ROONEY		MCMTAL N	J 08816				(678)965-95	
				TYDMICK INC				rm's EIN	88-21454	
Go to www.irs.go	ov/Forn	n1040 for instructions and the lates	t information.		BAA	REV 03/22/23 P	RO		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 Attach to Form 1040, 1040-SR, or 1040-NR.

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

Name	(s) shown on Form 1040, 1040-SR, or 1040-NR	Your	social s	ecurity number
GANE	-77-51	L65		
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	149.
4	Other gains or (losses). Attach Form 4797		4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedu		5	
6	Farm income or (loss). Attach Schedule F		6	
7	Unemployment compensation		7	
8	Other income:			
а	Net operating loss		_)	
b	Gambling			
С	Cancellation of debt		_	
d	Foreign earned income exclusion from Form 2555		_)	
е	Income from Form 8853			
f	Income from Form 8889			
g	Alaska Permanent Fund dividends			
h	Jury duty pay			
į :	Prizes and awards			
J	Activity not engaged in for profit income			
k	Stock options			
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 8I			
m	Olympic and Paralympic medals and USOC prize money (see			
1111	instructions)			
n	Section 951(a) inclusion (see instructions)			
0	Section 951A(a) inclusion (see instructions)			
р	Section 461(I) excess business loss adjustment			
q	Taxable distributions from an ABLE account (see instructions) 8q			
r	Scholarship and fellowship grants not reported on Form W-2 8r			
	Nontaxable amount of Medicaid waiver payments included on Form			
=	1040, line 1a or 1d)	
t	Pension or annuity from a nonqualifed deferred compensation plan or			
	a nongovernmental section 457 plan			
u	Wages earned while incarcerated 8u			
Z	Other income. List type and amount:			
	8z			

Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8

149.

9

10

Schedule 1 (Form 1040) 2022 Page **2**

Educator expenses 11	Par	Adjustments to Income			
officials. Attach Form 2106 1 Health savings account deduction. Attach Form 8889 1 Health savings account deduction. Attach Form 8889 1 Deductible part of self-employment tax. Attach Schedule SE 1 Self-employed SEP, SIMPLE, and qualified plans 1 Self-employed SEP, SIMPLE, and qualified plans 1 Self-employed health insurance deduction 1 The Penalty on early withdrawal of savings 1 Ba Alimony paid 1 Ba Pecipient's SSN 1 C Date of original divorce or separation agreement (see instructions): 2 IFA deduction 2 IFA deduction 2 IFA deduction 2 IFA deduction 2 IFA desclustion 2 IFA desclustion 2 IFA desclustion 2 IFA description of future use 2 IFA desclustion 2 IFA description of future use 2 IFA descri	11			11	
officials. Attach Form 2106 1 Health savings account deduction. Attach Form 8889 1 Health savings account deduction. Attach Form 8889 1 Deductible part of self-employment tax. Attach Schedule SE 1 Self-employed SEP, SIMPLE, and qualified plans 1 Self-employed SEP, SIMPLE, and qualified plans 1 Self-employed health insurance deduction 1 The Penalty on early withdrawal of savings 1 Ba Alimony paid 1 Ba Pecipient's SSN 1 C Date of original divorce or separation agreement (see instructions): 2 IFA deduction 2 IFA deduction 2 IFA deduction 2 IFA deduction 2 IFA desclustion 2 IFA desclustion 2 IFA desclustion 2 IFA description of future use 2 IFA desclustion 2 IFA description of future use 2 IFA descri	12	Certain business expenses of reservists, performing artists, and fee-ba	asis government		
13 Health savings account deduction. Attach Form 8889		officials. Attach Form 2106		12	
15 Deductible part of self-employment tax. Attach Schedule SE 16 Self-employed SEP, SIMPLE, and qualified plans 17 Self-employed death insurance deduction 17 Penalty on early withdrawal of savings 18 Penalty on early withdrawal of savings 19a Alimony paid 19a Alimony paid 19a Recipient's SSN 19a Becipient's SSN 19a Becipient	13	Health savings account deduction. Attach Form 8889		13	
16 Self-employed SEP, SIMPLE, and qualified plans	14			14	
17 Self-employed health insurance deduction 18 Penalty on early withdrawal of savings 18 18 19 Alimony paid 19 Recipient's SSN 10 Date of original divorce or separation agreement (see instructions): 20 IRA deduction 21 Student loan interest deduction 22 Archer MSA deduction 23 Archer MSA deduction 24 Other adjustments: 25 Jury duty pay (see instructions) 26 Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit 24 Contributions of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m 24 Reforestation amortization and expenses 24 Repayment of supplemental unemployment benefits under the Trade Act of 1974 24 Contributions to section 501(c)(18)(D) pension plans 24 Contributions by certain chaplains to section 403(b) plans 24 Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions) 24 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 24 Jeli 25 Total other adjustments. Add lines 24a through 24z 26 Add lines 11 through 23 and 25. These are your adjustments to income. Enter here and on	15			_	
18	16			-	
19a Alimony paid b Recipient's SSN c Date of original divorce or separation agreement (see instructions): 20 IRA deduction		Self-employed health insurance deduction		-	
b Recipient's SSN c Date of original divorce or separation agreement (see instructions): 20 1RA deduction	18			-	
c Date of original divorce or separation agreement (see instructions): IRA deduction	19a			19a	
20 Student loan interest deduction 21 22 23 24 22 24 24 24 24	b	Recipient's SSN			
Student loan interest deduction Reserved for future use Archer MSA deduction Other adjustments: Jury duty pay (see instructions) Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m. Reforestation amortization and expenses Repayment of supplemental unemployment benefits under the Trade Act of 1974. Contributions to section 501(c)(18)(D) pension plans Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions). 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 Housing deduction from Form 2555. Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041). Total other adjustments. List type and amount: 25 Total other adjustments. Add lines 24a through 24z Add lines 11 through 23 and 25. These are your adjustments to income. Enter here and on	С	Date of original divorce or separation agreement (see instructions):			
22 Archer MSA deduction				-	
Archer MSA deduction Other adjustments: Jury duty pay (see instructions) Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m Reforestation amortization and expenses Repayment of supplemental unemployment benefits under the Trade Act of 1974 Contributions to section 501(c)(18)(D) pension plans Contributions by certain chaplains to section 403(b) plans Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions) 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 Jeuseph Housing deduction from Form 2555 Let Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041) Cother adjustments. List type and amount: Total other adjustments. Add lines 24a through 24z Add lines 11 through 23 and 25. These are your adjustments to income. Enter here and on				$\overline{}$	
24 Other adjustments: a 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				-	
a 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 c Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m				23	
b Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit	24		_		
rental of personal property engaged in for profit		, , , , ,	la		
c Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m	b				
and USOC prize money reported on line 8m			łb	-	
d Reforestation amortization and expenses	С				
e Repayment of supplemental unemployment benefits under the Trade Act of 1974					
Act of 1974			ła		
f Contributions to section 501(c)(18)(D) pension plans	е		10		
g Contributions by certain chaplains to section 403(b) plans					
h Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions)				-	
discrimination claims (see instructions)	_		rg		
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	"		lh		
from the IRS for information you provided that helped the IRS detect tax law violations	i	·	***		
tax law violations	٠				
j Housing deduction from Form 2555			4i		
k Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)	i				
1041)	k		.,		
z Other adjustments. List type and amount:	•••		lk		
Total other adjustments. Add lines 24a through 24z	z				
Total other adjustments. Add lines 24a through 24z	_		łz		
26 Add lines 11 through 23 and 25. These are your adjustments to income. Enter here and on	25			25	
	26	,			
				26	

SCHEDULE C (Form 1040)

Profit or Loss From Business (Sole Proprietorship)

OMB No. 1545-0074 Attachment

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. Sequence No. 09

	ESH SUDABATHULA						-77-5165
A	Principal business or profession	n including	product or service (se	a inetri	ictions)		r code from instructions
^	SOFTWARE SERVICES	ni, including	product or service (se	C IIISti C	detions)		1 9 2 0 0
С	Business name. If no separate	husiness n	ame leave blank				loyer ID number (EIN) (see instr.)
•	SUDABATHULA SOFTWA					D Ellip	loyer in number (EIN) (see Instr.)
E	Business address (including su			'ORTZ	A CIRCLE, Apt. 115		
-	City, town or post office, state						
F		Cash			NII((f)		
G			· · · —	_	2022? If "No," see instructions for lin		osses X Yes No
Н							
ı					n(s) 1099? See instructions		
J							
Part	Income	·	. ,				
1	Form W-2 and the "Statutory of	employee" b	ox on that form was cl	necked	this income was reported to you on	1	11,349.
2						2	
3						3	11,349.
4						$\overline{}$	
5							11,349.
6	_				refund (see instructions)	6	11 240
7 Dort	Expenses. Enter expenses.	nd 6	business use of ve			7	11,349.
Part	-		business use or yo			40	
8	Advertising	8		18	Office expense (see instructions) .	18 19	
9	Car and truck expenses (see instructions)	9		19 20	Pension and profit-sharing plans. Rent or lease (see instructions):	19	
10	Commissions and fees .	10		20 a	Vehicles, machinery, and equipment	20a	
11	Contract labor (see instructions)	11		b	Other business property	20a	7,200.
12	Depletion	12		21	Repairs and maintenance	21	.,
13	Depreciation and section 179			22	Supplies (not included in Part III) .	22	
	expense deduction (not			23	Taxes and licenses	23	
	included in Part III) (see instructions)	13		24	Travel and meals:		
14	Employee benefit programs			а	Travel	24a	
	(other than on line 19) .	14		b	Deductible meals (see		
15	Insurance (other than health)	15			instructions)	24b	1,900.
16	Interest (see instructions):			25	Utilities	25	2,100.
а	Mortgage (paid to banks, etc.)	16a		26	Wages (less employment credits)	26	
b	Other	16b		27a	Other expenses (from line 48)	27a	
17	Legal and professional services	17		b	Reserved for future use	27b	
28	·				3 through 27a	28	11,200.
29	Tentative profit or (loss). Subtr	act line 28 f	rom line 7			29	149.
30	•	•	•	expe	nses elsewhere. Attach Form 8829		
	unless using the simplified me Simplified method filers only			(a) , (a)	ır hama:		
	-			(a) you			
	and (b) the part of your home Method Worksheet in the instr			or on I	. Use the Simplified ine 30	30	
31	Net profit or (loss). Subtract		-	.ei Oiii		30	
0.	 If a profit, enter on both Sch 			n Soh	adula SE lina 2 (If you		
	checked the box on line 1, see	•	,,		, , ,	31	149.
	• If a loss, you must go to line		,				
32	If you have a loss, check the b		cribes your investment	in this	activity. See instructions.		
	 If you checked 32a, enter the 		•)		
	SE, line 2. (If you checked the		•			32a	X All investment is at risk.
	Form 1041, line 3.			,	,	32b	Some investment is not
	• If you checked 32b, you mu	mited		at risk.			

BAA

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

Part	Cost of Goods Sold (see instructions)			
33	Method(s) used to value closing inventory: a Cost b Lower of cost or market c Other (atta	ach av	nlanation)	
34	Was there any change in determining quantities, costs, or valuations between opening and closing invento If "Yes," attach explanation	ry?	. 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	Information on Your Vehicle. Complete this part only if you are claiming car or are not required to file Form 4562 for this business. See the instructions for line 1 Form 4562.			
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	vehicle	e for:	
а	Business b Commuting (see instructions) c C	Other		
45	Was your vehicle available for personal use during off-duty hours?			☐ No
46	Do you (or your spouse) have another vehicle available for personal use?		Tes	☐ No
47a	Do you have evidence to support your deduction?			☐ No
b	If "Yes," is the evidence written?			☐ No
Part	Other Expenses. List below business expenses not included on lines 8–26 or lin	e 30.		
48	Total other expenses. Enter here and on line 27a	48		

GANESH SUDABATHULA 505-77-5165 1

Additional Information From 2022 Federal Tax Return

${\bf Schedule} \; {\bf C} \; ({\bf SOFTWARE} \; {\bf SERVICES}) \hbox{: Profit or Loss from Business}$

Line 20b Itemization Statement

Description	Amount
RENT(6M*\$1200PM)	7,200.
Total	7,200.

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

Line 25 Itemization Statement

Description	Amount
MOBILE(6M*\$40PM)	240.
INTERNET(6M*\$130PM)	780.
ELECTRICITY(6M*\$180PM)	1,080.
Total	2,100.