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.

Submission Identification Number (SID)

T.....

Taxpayer's name	Social security number
ROHAN R NYALAPATLA	332-19-0973
Spouse's name	Spouse's social security number
Part I Tax Return Information – Tax Year Ending December 31, 2022 (Enter	r 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 62,240.
2 Total tax	2 6,458.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3 9,970.
4 Amount you want refunded to you	4 3,512.
5 Amount you owe	

Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return) Part II

Under penalties of periury. 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: check one box only

X lauthorize GLOBAL TAXES LLC to enter or generate my PIN

	er fiv n't er	as my			
9	0	9	7	3	

ERO firm name signature on the income tax return (original or amended) I am now authorizing.

I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature

Spouse's PIN: check one box only

I authorize

Rohan

to enter or generate my PIN

Date

4/4/2023

as mv Enter five digits, but don't enter all zeros

ERO firm name signature on the income tax return (original or amended) I am now authorizing.

I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ►	Date ►
Practitioner PIN Method	Returns Only—continue below
Part III Certification and Authentication – Practition	ner PIN Method Only
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five	-digit self-selected PIN. 2 2 2 4 9 6 6 1 9 8 9

I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now 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 >		Date 🕨	
ERO Must Reta Don't Submit This Form	in This Form — See to the IRS Unless		
For Paperwork Reduction Act Notice, see your tax return inst	tructions. PAA	- REV 03/22/23 PRO	Form 8879 (Rev. 01-2021)

E 1040		artment of the Treasury—Internal Revenue Serv S. Individual Income Tax		urn 20	22	OMB No. 1545	5-0074	IRS Us	e Only	–Do not	write or stap	ole in this space	€.
Filing Status Check only one box.	lf yo	Single Arried filing jointly ou checked the MFS box, enter the n son is a child but not your dependent	ame of y	ed filing separate	,				,	spc	alifying su buse (QSS s name if	S)	ing
Your first name		, ,	Last na	me						Your s	ocial secu	urity number	
ROHAN R			NYAT	APATLA							19-09	-	
	pouse's	s first name and middle initial	Last na									security num	bei
Home address	(numbe	er and street). If you have a P.O. box, see	instruction	ons.				Apt. no.		Preside	ential Elec	ction Campa	ign
6245 ES0	CENA	BLVD						3147		1		ou, or your	-
City, town, or p	ost offi	ce. If you have a foreign address, also co	mplete s	paces below.	Sta	te	ZIP	code				ointly, want \$ d. Checking	
IRVING					TX	Ζ	750	039		Ŭ		ot change	a
Foreign country	/ name		F	oreign province/st	ate/count	у	Forei	gn postal	code	your ta	x or refur	ıd.	
											Υοι	u 🗌 Spou	JSe
Digital Assets		ny time during 2022, did you: (a) rec nange, gift, or otherwise dispose of a										s 🛛 No	
Standard Deduction		eone can claim:	•	— ·		a dependent							
Age/Blindness	S You	: 🗌 Were born before January 2, 1	958	Are blind	Spouse	: 🗌 Was bo	rn bef	ore Jan	uary 2	2, 1958	ls	blind	
Dependents	s (see	instructions):		(2) Social sec	urity	(3) Relationsh	nip (4) Check	the b	ox if qua	lifies for (s	ee instruction	is):
- If more	(1) F	irst name Last name		number		to you		Child	tax c	redit	Credit for	other depende	ente
than four													
dependents, see instruction	e												
and check													
here													
Income	1a	Total amount from Form(s) W-2, b								. 1	a	68,540	•
	b	Household employee wages not re								. 11	b		
Attach Form(s) W-2 here. Also	С	Tip income not reported on line 1a								. 10	c		
attach Forms	d	Medicaid waiver payments not rep			ee instru	ctions)				. 10	d		
W-2G and 1099-R if tax	е	Taxable dependent care benefits f					• •		•	. 10			
was withheld.	f	Employer-provided adoption bene					• •		•	. 1	f		
If you did not	g	Wages from Form 8919, line 6 .					• •		·	. 1	-		
get a Form W-2, see	h	Other earned income (see instruct	,			1			·	. 11	h	0	•
instructions.	i	Nontaxable combat pay election (see instr	ructions)			_						
		Add lines 1a through 1h							·	. 1:		68,540	•
Attach Sch. B if required.	2a	' –	2a			axable interes			•	. 21			
	<u>3a</u> 4a		3a 4a			rdinary divide axable amoun			·	. 31 . 41			
Standard	4a 5a		4a 5a			axable amoun			·	· 41			
Deduction for –	6a		6a			axable amoun			•	. 6			
 Single or Married filing 	C	If you elect to use the lump-sum e		nethod check by					Г				
separately,	7	Capital gain or (loss). Attach Sche		-	•	,	• •		· L	7	,		
\$12,950Married filing	8	Other income from Schedule 1, lin								. 8		-6,300	
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7								. <u> </u>		62,240	
surviving spouse,	10	Adjustments to income from Sche								. 10			-
\$25,900 • Head of	11	Subtract line 10 from line 9. This is	-							. 1		62,240	
household, \$19,400	12	Standard deduction or itemized								. 1:		12,950	
If you checked	13	Qualified business income deduct		,	,	5-A				. 1:		, , , , , , , , , , , , , , , , , ,	
any box under Standard	14									. 14		12,950	
Deduction,	15	Subtract line 14 from line 11. If zer								. 1		49,290	
see instructions.					-								

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

Form **1040** (2022)

Form 1040 (2022	2)								Page
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 🗌 881	4 2 4972	3		. 16	6,458.
Credits	17	Amount from Schedule 2, lir	ne3					. 17	
	18	Add lines 16 and 17							6,458.
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812			. 19	
	20	Amount from Schedule 3, lir	ne8					. 20	
	21	Add lines 19 and 20						. 21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				. 22	6,458.
	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	6,458.
Payments	25	Federal income tax withheld							
,,	а	Form(s) W-2				25a	9,9	70.	
	b	Form(s) 1099				25b			
	с	Other forms (see instruction				25c			
	d	Add lines 25a through 25c	,					. 250	9,970.
	26	2022 estimated tax paymen						. 26	
If you have a l qualifying child,	27	Earned income credit (EIC)				27			
attach Sch. EIC.	28	Additional child tax credit from				28			
	29	American opportunity credit	from Form 8863	8. line 8		29			
	30	Reserved for future use .				30			
	31	Amount from Schedule 3, lir				31			
	32	Add lines 27, 28, 29, and 31					dits .	. 32	
	33	Add lines 25d, 26, and 32. T	,						
Defined	34	If line 33 is more than line 24	,					. 34	3,512.
Refund	35a	Amount of line 34 you want	-			,		35a	a 3,512.
Direct deposit?	b	Routing number 0 1 1				Checking	🗌 Sav		
See instructions.	d	Account number 4 6 6						J	
	36	Amount of line 34 you want				36			
Amount	37	Subtract line 33 from line 24	This is the amo	ount vou owe					
You Owe	•	For details on how to pay, g						. 37	
	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?	See			-
Designee			•				es. Comp	olete below	. 🗙 No
		signee's		Phone				identificatio	n <mark></mark>
	nai			no.			number (
Sign		der penalties of perjury, I declare t ief, they are true, correct, and com			1 2 0		,		, ,
Here		· · ·			Your occupation		Simation of		sent you an Identity
	ŶŎ	ur signature		Date	Your occupation				PIN, enter it here
Joint return?					SOFTWARE B	ENGINEE	ર	(see inst.)	
See instructions.	Sp	ouse's signature. If a joint return, I	both must sign.	Date	Spouse's occupat	ion			ent your spouse an
Keep a copy for your records.								Identity Pro	otection PIN, enter it her
,			-			0		(See Inst.)	
		one no. (617) 639-776		Email address	ROHAN.NYALAP	1		-1.5.1	Checkif
Paid		eparer's name	Preparer's signat			Date	PT		Check if:
Preparer		ATA SAI PAVAN KUMAR DUDIPALLI		PAVAN KUM	AR DUDIPALLI	04/04/2	023 PO	2470833	
Use Only		m's name GLOBAL TA			- 00011				(678) 965-9522
			Y CT E BRU	NSWICK N				Firm's EIN	88-2145487
Go to what in a	ov/Form	a1040 for instructions and the late	et information		DAA		000		Earm 1040 (202

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

BAA REV 03/22/23 PRO

Form **1040** (2022)

SCHEDUL	.E 1
(Form 1040))

Department of the Treasury

Additional Income and Adjustments to Income

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

OMB No. 1545-0074 2

Department of the Treasury Internal Revenue Service	Go to www.irs.gov/Form1040 for instructions and the latest information.		Attachment Sequence No. 01	
Name(s) shown on Fo	orm 1040, 1040-SR, or 1040-NR	Your soc	ial security number	
ROHAN R NYALAPATLA 332–19–				
		-		

Par	t 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			
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Atta			-6,300.
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		
- 1	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		
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			
10	Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR	, or 1040-NR, line	e 8 10	-6,300.

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

Schedule 1 (Form 1040) 2022

11 Educator expenses 11 12 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 13 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 health insurance deduction 17 17 Penalty on early withdrawal of savings 18 19a Becipient's SSN 19a c Date of original divorce or separation agreement (see instructions): 20 21 Student loan interest deduction 21 22 Reserved for future use 22 23 Archer MSA deduction 21 24 Other adjustments: 24a a Jury duty pay (see instructions) 24a b Deductible expenses related to income reported on line 81 from the rental of personal property engaged in for profit 24a c Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m 24d c Reforestation amortization and expenses <	Par	t II Adjustments to Income					
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z Other adjustments. List type and amount:	N		24k				
25 Total other adjustments. Add lines 24a through 24z 24z 25	7						
25 Total other adjustments. Add lines 24a through 24z	~		247				
5	25	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 and on 1	25 26	Add lines 11 through 23 and 25. These are your adjustments to income				20	
Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a	20					26	
BAA REV 03/22/23 PRO Schedule 1 (Form 1040)							0 1 (Earm 1040) 00

SCHEDULE	Ε
(Form 1040)	

Supplemental Income and Loss

OMB No. 1545-0074

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

Attach to Form 1040, 1040-SB, 1040-NB, or 1041

2022
Attachment Sequence No. 13

	ent of the Treasury Revenue Service		Go to www.	irs.gov/Schedule					nformation.		Attachr Seguer	nent ice No. 13
Name(s) shown on return									Your social security number			
ROHAN R NYALAPATLA										332-19-0973		
Part	Income or	Los	s From Rent	tal Real Estat	e and R	oyalties						
	Note: If you a	re in tl	ne business of r	renting personal p 3 35 on page 2, line	property, u			e instru	ictions. If you	are an ind	ividual, rep	ort farm
A D						le Form(s)	1099? 5	See in	structions .		. 🗌 Ye	es 🛛 No
		l you make any payments in 2022 that would require you to file Form(s) 1099? See instructions Yes," did you or will you file required Form(s) 1099?										
1a	Physical address											
	SAROORNAGAR			TELANGANA	-	,						
A B	SAROORINAGAR	RA	NGAREDDI		11 3000	575						
C												
1b	Type of Property	roporty li	atad		Fair Rental		Personal Use					
10	Type of Property (from list below) 2 For each rental real estate prop above, report the number of fair							F C	Days	Days		<u> </u>
Α	3						Α	365				
B	5			he requirement			B		303		0	
C			qualified joir	nt venture. See i	instructio	ns.	C					
	of Property:						Ŭ					
	Single Family Resid	dence	a 3 Vacat	tion/Short-Term	Rental	5 Lar	nd	7	Self-Rental			
	Multi-Family Reside		4 Comr		inionia		valties	-	Other (desc	ribe)		
		01100					yantioo	0				
							Prope					
	come:						Α					C
3	Rents received .						4	420.				
4		1		<u> </u>	4							
xpen					5							
5	Advertising											
6	Auto and travel (see instructions)						1 105					
7	Cleaning and maintenance						1,185.					
8	Commissions											
9												
10	Legal and other professional fees)						
11	•			950.								
12	Mortgage interest	-		-								
13	Other interest .			1 2	0.0							
14	Repairs . </td <td></td> <td colspan="3">1,300.</td> <td></td> <td></td> <td></td>						1,300.					
15		<u>15</u> <u>16</u>		1,500.								
16							1,785.					
17 18	Utilities					7	±,/	00.				
			•		10							
19 20	Other (list)	Total expenses. Add lines 5 through 19					6 7	20.				
	•					<u> </u>	0,1	20.				
21	Subtract line 20 fr result is a (loss), s											
							-6,3	00.				
22	Deductible rental											
	on Form 8582 (se						6.30	00.)	(,		
23a	Total of all amoun				0700	23a		420.				
b			-			23b						
c	Total of all amounts reported on line 4 for all royalty properties											
d	Total of all amoun							23d				
e	Total of all amoun							23e		6,720.		
24	Income. Add pos					lude anv	losses			. 24		
25	Losses. Add royal							nter t	otal losses he		(6,300.
26	Total rental real	-										.,
	here. If Parts II, I											

Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2

26

-6,300.